CanWaCH
Canadian Partnership for Women and Children's Health

CanSFE
Partenariat canadien pour la santé des femmes et des enfants

2018 SRHR Indicators Survey Report

Prepared for Global Affairs Canada

Prepared by the Canadian Partnership for Women and Children's Health (CanWaCH)

Submitted 26 January 2018

2018 SRHR Indicators Survey Report

Dear Colleagues and Friends,

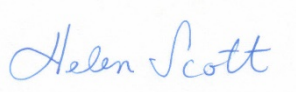
Thank you for participating in our consultation on the sexual and reproductive health and rights (SRHR) indicators proposed by Global Affairs Canada. The full achievement of SRHR for all is foundational to the achievement of all shared global development goals. SRHR and empowerment of girls and women are central to sustainable development and creating a world that is just, equitable, and inclusive.

The progress that Canadian organizations, government, and our partners have made in global SRHR over the last several years is nothing short of inspiring. Through these efforts, we have seen increasing levels of acknowledgement of SRHR as fundamental human rights around the world, as well as their inclusion in the 2015 Sustainable Development Goals targets. However, we know that daunting challenges persist. SRHR remain contentious in many contexts, with little or no integration into health systems, or effective monitoring of the true accessibility, quality, or acceptability of supplies and services. Traditionally limited funding to SRHR programming and advocacy has led to urgent gaps, particularly in adolescent SRHR, comprehensive sexual health education, humanitarian responses in SRHR, and many other areas.

It is gratifying to see, through this consultation and through Canada's flagship commitment of $650 Million in funding for SRHR initiatives, that Global Affairs Canada is committed to taking leadership in this critical dimension of health, Moreover, I am delighted to see the focus given to addressing essential gap areas in SRHR, and to prioritizing the collection of robust and relevant data in order to drive decision-making. More than 60 organizations - several of whom have significant expertise in SRHR interventions - responded in a very short timeframe to provide insight on the opportunities and challenges that we face in collecting SRHR data. In typical fashion, respondents went above and beyond, and offered suggestions that I am confident will shape where we go from here. I believe that this is indicative of a recognition within our sector that SRHR is an area where Canada can and must continue to lead.

For our part, CanWaCH has been delighted to support this process. We look forward to working with Global Affairs Canada and with Canadian organizations in the months ahead to make a lifesaving difference in the health and rights of people around the world.

Regards,



Helen Scott
Executive Director, CanWaCH

2018 SRHR Indicators Survey Report

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1. Executive Summary

Global Affairs Canada has established a number of Key Performance Indicators (KPI) in order to aggregate results from all sexual and reproductive health and rights (SRHR) programming through 2020. As part of Global Affairs Canada's consultation process, the Canadian Partnership for Women and Children's Health (CanWaCH) led a dialogue with 61 Canadian organizations involved in SRHR programming in January 2018.

Key Recommendations:

- Expand the list of indicators to include outcome measures in addition to the proposed output ones;
- Create a comprehensive data bank of indicators for partners to choose from based on the specifics of their work;
- Clarify what disaggregation methods are expected, and in what context;
- Offer opportunities for training in data collection methodologies in these areas for organizations that need it;
- Create an indicator reference guide that outlines definitions and assumptions;
- Fund robust monitoring and evaluation budgets, in order to help collect the requested information;
- Revise advocacy indicators to reflect activities, and partner contributions toward national change;
- Clarify how public engagement activities should be classified;
- Expand the list of indicators to include qualitative indicators and measurements, as well as indicators on issues of accessibility, quality, agency, or acceptability.

What next?:

Respondents felt that the gap areas were accurate, but highlighted additional areas (such as adolescent health, engaging men and boys, specific vulnerable communities (LGBTQ, refugees and displaced persons, sex workers), FGM, etc.) where work is needed.

Recommendation:

Continue dialogue with organizations on specific wording and indicator development in other gap areas, to create a suite of indicators that are feasible, useful, and Canadian-generated.

Conclusion:

Despite the short time frame, this consultation provided an opportunity for a wide range of Canadian stakeholders to give valuable and detailed feedback on the proposed list of SRHR indicators and demonstrate the extensive expertise and interest that exists within Canada to explore this topic in greater depth.

2. Introduction

Global Affairs Canada has established a number of Key Performance Indicators (KPI) in order "to aggregate results from all sexual and reproductive health and rights (SRHR) programming through 2020. The KPIs have been developed with advice from sector specialists, program focal points and external partners of Global Affairs Canada."

All initiatives counted under the $650M SRHR commitment will be expected to collect as many of the KPIs as possible, and at least 2 in total, including one focusing on advocacy activities (although partners will still be able to use or apply other indicators). These indicators will need to be disaggregated wherever possible by a variety of factors including age, sex, marital status, disability, gender identity, location, and vulnerable and marginalized populations. In addition to these established KPIs, Global Affairs Canada plans to develop a robust complementary list of SRHR indicators and sub-indicators over the coming months, together with relevant stakeholders. As such, the list being considered here was not intended to be exhaustive.

As part of Global Affairs Canada's consultation process, CanWaCH was invited to lead a dialogue with Canadian organizations involved in SRHR programming. This consultation had the primary purpose of capturing the feasibility and appropriateness of the Gap Area KPIs in SRHR from the perspective of those involved in such programs, and of experts in the sector.

3. Methodology

Given the short time period, a mixed method of online survey, virtual consultation, and opportunity for written feedback was selected as the preferred approach for securing the maximum number of perspectives from relevant Canadian stakeholders.

CanWaCH developed a survey in response to the specified indicators, and shared this with Global Affairs Canada for their feedback. The survey was written in a simple and easy-to-understand online format, with opportunities for respondents to give feedback on each indicator gap area, as well as some open text. The survey was launched on 9 January 2018 to a comprehensive list of Canadian organizations with experience working in global sexual and reproductive health and rights programming. Between 9-15 January 2018, participants were invited to complete the survey. A full list of consulted and responding members is available in Appendix A. The list of participants was generated through CanWaCH's own membership, which represents a significant percentage of actors working in development, humanitarian action, global health, women's rights, and SRHR, as well as non-members who have expertise in these fields. To facilitate response, the full list of indicators was provided to respondents in both English and French (see Appendix B for a summary of these indicators).

Participants who indicated interest were invited to attend a virtual meeting on 19 January to share comments and concerns. In advance of this meeting, CanWaCH prepared a short summary report that was circulated to support this discussion. A full list of participating organizations can be found in Appendix C.

Following this consultation, a final report was prepared to include all additional feedback. This report was then circulated to members who participated in the online dialogue for a final review and confirmation. Members were invited to give final feedback on this draft by

24 January, with final edits included and the report submitted to Global Affairs Canada on 26 January 2018.

Given the short time frame for the consultation, there are certain limitations to this consultation process that CanWaCH acknowledges:

1. While the list of participants was wide-ranging, it is possible that CanWaCH did not reach all Canadian organizations with expertise in SRHR programming. Respondents were invited to nominate individuals or organizations that they believed to have particular expertise in SRHR, to build CanWaCH's expansive network of contacts of Canadian leaders in this space.
2. The list of indicators was shared in English, and as such, the survey, consultation, and report were completed in English. To make it more accessible, a translation of the indicators was provided in French, and during the dialogue, participants were invited to ask questions in either language. For future consultations, additional time would allow for translated surveys and a consultation process in both languages.
3. As the survey was distributed in mid-January 2018 with a very short window for completion, some of CanWaCH's contacted participants were on annual holiday, and so could not be reached for the completion of the survey. However, it was observed that respondents were eager to participate, and the response rate to this survey indicates that there is a great deal of interest among Canadian organizations to be involved in a consultative process, and a great appetite to discuss urgent SRHR issues.
4. Using a survey format was a helpful way of getting a snapshot of the opinions of respondents in a limited time frame. However, this approach has limitations, and some respondents highlighted that, without specific project context, it was challenging to respond to some questions. Respondents welcomed the opportunity to give additional feedback through the dialogues and review process before the final submission of the report.

4. Summary Results

As part of this dialogue, 101 Canadian organizations or individuals were invited to share responses. Of those invited, 5 organizations specifically indicated that they did not feel that they had the relevant expertise to respond to the questions, while additional organizations were consulted based on recommendation from others. In total, 61 organizations completed this consultation. The complete results of the survey are outlined in Appendix D.

The primary purpose of this consultation is to assess the feasibility and appropriateness of the provided Gap Area KPIs in SRHR. That said, respondents were highly engaged in the process and offered robust and detailed feedback on individual indicators, asked clarification questions, and gave suggestions for sub-indicators. As well, organizations provided additional context to inform their rationale.

When responding to the specific questions posed for each indicator, respondents agreed that the given indicators were appropriate and feasible, and to a slightly lesser extent, representative of the population. Collectively, respondents identified the strongest indicators in this regard were:

GAP AREA 1: Comprehensive Sexuality Education	**Indicator B**: # of people (female/male/age) who have been reached through training, conferences, community education activities, through Global Affairs Canada funded projects
GAP AREA 2: Reproductive Health Services	**Indicator B:** # of health care service providers (female/male) trained in SRHR services (including adolescent/women friendly health services, counselling, integrated plan of care) through Global Affairs Canada funded projects
	Indicator D: # of people (female/male/age) treated with antiretroviral therapy through Global Affairs Canada funded projects
GAP AREA 3: Family Planning and Contraception	**Indicator B**: Percentage of primary health facilities that have at least 3 modern methods of contraception available on the day of assessment

However, acceptance of these indicators was not unanimous. Taken as a whole, respondents expressed greater levels of uncertainty or non-utility about the following indicators, although again, opinions were divided:

GAP AREA 2: Reproductive Health Services	**Indicator C:** # of national laws, policies or strategies relating to the provision of SRHR implemented or strengthened, through Global Affairs Canada funded projects
GAP AREA 3: Family Planning and Contraception	**Indicator A:** # of people (female/male/age) reached with modern contraception (by method) through Global Affairs Canada funded projects
	Indicator C: Percentage of women who decided to use family planning, alone or jointly with their husbands/partners
GAP AREA 4: Sexual and Gender Based Violence	**Indicator A:** # of national laws, policies, strategies (e.g. against sexual assault/rape, intimate partner violence, harmful practices and sexual harassment) implemented and strengthened to prevent violence against women and violence against children, through Global Affairs Canada funded projects
	Indicator B: # of people (female/male/age) at risk of or subjected to any form of violence, including Child, Early and Forced Marriage (CEFM), who have received services in the previous 12 months
	Indicator C: # (of total targeted) women and girls, men and boys reporting that sexual and gender-based violence, including CEFM, is not acceptable under any circumstance, (female/male/age, location)
GAP AREA 5: Safe, Legal Abortion and Post-Abortion Care:	**Indicator C**: # of women provided with a safe, legal abortion through Global Affairs Canada funded projects

In reviewing the responses, CanWaCH identified seven key themes and overall takeaways that emerged across answers from all respondents, which have a particular implication for the feasibility and utility of the selected indicators:

Theme 1: Outputs and Outcomes

The most frequently raised comment by respondents was in relation to the focus on outputs and process, rather than outcomes, in the circulated indicators. Respondents are interested in capturing effectiveness, impact, and change in addition to reach, and some felt that the ability to capture impact of programs on impact was limited in these indicators.

There was recognition of the short reporting period for Canada's $650 Million investment in SRHR, and that many outcomes would take a longer period of time to observe. At the same time, some respondents recommended considering more indicators that move away from

simple counting, examine percentage rather that strict numbers, and examine quality of services including satisfaction; changes in behaviours, practice, and knowledge; usage rates; and impact, with clear and feasible denominators. It was also observed that, in situations where information is collected by sample survey (for instance, in cases of sexual and gender based violence), only a percentage result would likely be available in any case. Respondents requested consideration of qualitative indicators as well as quantitative ones, to further assist with this process.

Theme 2: Feasibility of Disaggregation

Respondents were generally confident in their ability to disaggregate by sex, age, and location across all of the given indicators. Greater variances and uncertainty were seen in the ability to disaggregate by marital status, gender identity, poverty, and disability, and this was corroborated through the comments. Respondents agreed with the value of collecting this information, but expressed uncertainty on how to do it reliably and feasibly. Across these four categories, respondents were the least certain about how to collect information on gender, and this was reinforced through the dialogue (virtual consultation) on Friday, January 19th. Respondents highlighted that additional support in terms of resources, capacity-building, and tools would be needed in order to collect this information.

Some respondents noted that measurement in all four of these areas would be difficult to achieve, and that introducing questions on some of these topics in surveys or interviews can lead to potential risk and negative consequences as a result of stigma or cultural differences. One respondent further highlighted that data collectors may not be comfortable asking certain questions, while another noted that certain populations might not be represented in health services if they cannot access them in the first place. These challenges can lead to unclear, unverifiable data.

Theme 3: Need for Resources and Clear Processes

Some respondents highlighted the challenges, in particular for small-and-medium sized organizations, of collecting the detailed data required in these indicators in a meaningful way given their more limited resources (including in-country data collection resources, time, and finances). It was further noted that, to adequately report on these indicators or disaggregate effectively, multiple data sources might be needed. In follow-up comments, respondents commented that additional resources, training, and support for data collection (including a note on potential partnerships with academics) would be vital for increasing the quality of data, and could help to address some of the disaggregation challenges. Achieving success in measuring the above will require long-term investment in monitoring and evaluation, including the process of data collection and resources available for this. Respondents requested that Global Affairs Canada provide clarity on when and how disaggregated or specific indicators would be appropriate to collect, and how this information would be integrated and used. It was also suggested that organizations with expertise in collecting this information could serve as resources to others.

Theme 4: Clarity of Definitions

Given the survey-based format of the consultation, some respondents highlighted that without specific project context, it was challenging to respond or evaluate indicators, or that the definition of reach was too broad to assess. Respondents flagged that clearer definitions of some of the terms used (some examples included: 'at risk', 'accessible', 'women's organizations', 'reproductive health services', "reach', advocacy', 'comprehensive sexuality education', 'safe', and 'modern contraceptive methods') would be helpful, and some suggested alternative indicators that clarified these terms. Some noted that these terms could also have multiple interpretations, and thus lead to uncertainty (for instance: when tracking "number of people reached with modern contraception", does 'reach' refer to access, uptake, or use?). The suggestion of creating an indicator reference sheet was raised. Others noted that definitions of poverty, gender identities, and disability in each

context, alongside the definitions of quality health worker training, would be critical to giving each indicator meaning and make disaggregation feasible. Others commented that it would be helpful to classify the various contraceptive methods.

Theme 5: Determining Contribution and Attribution on National Policies and Laws

Particularly in response to the indicators relating to advocacy, law change, service delivery or health worker training, respondents raised questions about how to track progress against such indicators. In the case of advocacy or policy change, respondents recognize that these changes typically come about as a result of many factors, which are difficult to attribute to a specific intervention. In the case of training and delivery, services may be offered outside of Global Affairs Canada-funded programs, or in conjunction with other organizations. Some respondents suggested alternative, and more specific, measures, focusing on the recipients of advocacy work, and clarifying the scope of influence of the policies or laws being assessed (ex: national, community, etc). It was suggested that this might include assessing local skills developed, number and type of local campaigns, number of laws and policies with which partners have engaged, impact on engaged communities or leaders, specified additional training, and more, in order to be clear about contributions and how they should be measured.

It was suggested that a separation between public engagement and advocacy work would help to highlight the changes needed in both areas. Another suggestion included looking inward to Canada, measuring changes to policy and budgeting at a domestic level, as well examining advocacy work at international and regional levels. Respondents highlighted that proxy indicators could be considered for sensitive indicators (such as abortion) and would need to be flexible and adaptable.

Theme 6: Specific populations and specific needs

Some respondents requested specific indicators looking at measuring impacts on boys and men, as well as language that called out the separate needs of women, girls, boys, and men, perhaps through separate indicators.

The unique needs of adolescents were also raised, with numerous suggestions for indicators that name them and their unique needs, privacy concerns, independence and decision-making, rights, and accessibility needs. Sexual activity under reproductive age, adolescent pregnancy, and unmarried adolescent sexual health were flagged as areas where data is needed and discrimination is likely to happen. Accordingly, a focus on adolescents may support further disaggregation outside of typical age categories. The importance of engaging youth in decision-making and tracking their engagement was also flagged.

While sub-indicators may reflect this, respondents noted a particular interest in calling out the needs of more vulnerable groups with specific indicators, and have this disaggregation clear: examples of LGBTQ communities, people with disabilities, sex workers, displaced persons, and refugees, were highlighted. As with other disaggregation categories, support and resources to collect data, and acknowledgement of the risk of collecting this data, were noted. Tracking engagement of community leaders was also raised.

In terms of specific SRHR themes that were missing, respondents flagged the following: sexually transmitted infections; maternal and newborn child health-specific services; healthy spacing and timing of pregnancy; female genital mutilation; menstrual health; peer education; medically assistive reproductive technologies, support service and referral for sexual and gender-based violence, and cervical health.

Theme 7: Measuring Quality, Accessibility, Advocacy, and Agency, using a feminist, rights-based approach

Highlighting the differences between availability and accessibility, several respondents expressed concern about capturing this distinction with the given indicators. They expressed interest in capturing nuances such as: level of knowledge and attitude toward SRHR among health workers (both in general and towards specific populations such as unmarried adolescents, refugees, and persons with disabilities); social norms; beneficiary confidence and satisfaction; structural barriers to access of service and information; coverage of essential services in a given region; and the distinction between availability and accessibility of services and contraception.

Further, respondents highlighted the need for indicators that considered quality and adequacy of care, service, or information, as well as intersections of accessibility and systemic barriers. Several respondents flagged the issue of agency and how it would be measured – for example, the ability (and changes in ability) of individuals to be able to self-advocate, seek care or assistance, report violence, use contraceptive methods, access services, and more. Indicators further exploring these areas would be helpful, as they are centered on the needs of individuals, rather than a 'supply driven' approach as one respondent noted.

Respondents also asked several questions relating to advocacy indicators in general. If advocacy indicators will be required, additional support and clarification will likely be needed for Canadian organizations; in particular, on the definition of advocacy and any distinction from public engagement activities, as some organizations do not believe that their current programming would be described as advocacy. Some also inquired if this would capture Canadian-based advocacy, or only work in-country.

Overall Comments

Through the virtual dialogue, survey, and direct correspondence, participating organizations had the opportunity to provide additional context to their responses. In those conversations, there appeared to be consensus that the themes summarized in this report captured the core feedback of participants. Respondents expanded on their concerns on the above themes, in particular as related to the feasibility, utility, and safety concerns of capturing data on gender identity, and also spoke about the challenges associated with advocacy indicators, and with attributing success of an intervention to advocacy work or an individual agency's policy influence (particularly for work at a local or sub-national level). In these areas in particular, there was an expressed interest in securing resources, generating new information, and learning from subject matter experts.

A few members raised questions about whether/when and how these indicators would apply to current projects in maternal, newborn, and child health, so clarification from would be helpful here. Finally, participants highlighted the value of this consultation and their appreciation at being consulted, and suggested that this consultation process should continue, to address continued gap areas and sub-indicators. Participants noted that the selection of indicators can have significant influence on the design of a project; as such, selecting robust yet feasible indicators is critical. Many participants have flagged their interest in continuing this dialogue going forward, in collaboration with Global Affairs Canada.

5. For More Information

To discuss the contents of this report in English or French, please contact:

- Jessica Ferne, Manager, Global Health Impact: jferne@canwach.ca

6. Appendix A: List of Consultation Participants

Action Canada for Sexual Health and Rights

ADRA Canada

ADRA Rwanda

Aga Khan Foundation Canada

Amref Health Africa in Canada

BC Women's Hospital

BORN Ontario at CHEO

Canada World Youth

Canadian Association of Midwives/Association canadienne des sages-femmes

Canadian Red Cross

Canadian Society for International Health

CARE Canada

Carrefour de solidarité internationale

CAUSE Canada

cbm Canada

CCISD - Centre de coopération internationale en santé et développement

Christian Children's Fund of Canada

CowaterSogema International Inc.

Cuso International

Dignitas International

effect:hope

Ethiopiaid Canada

Femme International

Fondation Paul Gérin-Lajoie

G(irls)20

Global Canada

Grand Challenges Canada

GRID (Ghana Rural Integrated Development)

Guttmacher

Humanity & Inclusion

HealthBridge Foundation of Canada

HOPE International Development Agency

Independent Consultant

Inter Pares

IDRF (International Development and Relief Foundation)

International Development Research Centre (IDRC)

Ipas

Islamic Relief Canada

L'OEUVRE LÉGER

Marie Stopes International

Medical Women's International Association

MicroResearch

Nutrition International

Oxfam-Québec

Oxfam Canada

Plan International Canada

Presbyterian World Service and Development

Save the Children Canada

Shanti Uganda

The Jane Goodall Institute of Canada

The Primate's World Relief and Development Fund

The SickKids Centre for Global Child Health

UNICEF Canada

University of Calgary, Medicine

War Child Canada

World Accord

World Neighbours Canada

World University Service of Canada

World Vision Canada

Youth Challenge International

Youth Coalition for Sexual & Reproductive Rights

7. Appendix B: Summary of Draft 2018 Gap Areas and Indicators from Global Affairs Canada

**Humanitarian is forthcoming*

Programming Areas	***Indicators***
Gap Areas: Sexual and Reproductive Health and Rights *Canada will promote gender equality and empower women and girls around the world by addressing the gaps in sexual and reproductive health and rights, with the help of experienced global, local and Canadian partners.*	
Comprehensive Sexuality Education *Enhanced access to comprehensive sexuality education.*	• *# of teachers/facilitators/trainers (m/f) trained on Comprehensive Sexuality Education through GAC funded projects (HealthPIP, Consolidated[1])*
	• *# of people (m/f/age) who have been reached through training, conferences, community education activities, through GAC funded projects (HealthPIP, Consolidated)*
Reproductive Health Services *Enhanced access to reproductive health services.*	• *# of women and girls (age) with access to sexual and reproductive health services, including modern methods of contraception, through GAC funded projects (SDG 3.7, FP2020, Ouagadougou Partnership, Policy Indicator, consolidated)*
	• *# of health care service providers (m/f) trained in SRHR services (including adolescent/women friendly health services, counselling, integrated plan of care) through GAC funded projects (Guttmacher, Policy Indicator)*
	• *# of national laws, policies or strategies relating to the provision of SRHR implemented or strengthened, through GAC funded projects (SDG 5.1, 5.2, 5.3 Consolidated)*
	• *# of people (m/f/age) treated with antiretroviral therapy through GAC funded projects (UNAIDS)*
Family Planning and Contraception *Increased investment in family planning and contraception.*	• *# of people (m/f/age) reached with modern contraception (by method) through GAC funded projects (FP2020, Consolidated)*
	• *Percentage of primary health facilities that have at least 3 modern methods of contraception available on the day of assessment (FP2020)*
	• *Percentage of women who decided to use family planning, alone or jointly with their husbands/partners (FP2020)*
Sexual and Gender Based Violence *Reduced sexual and gender-based violence, including child, early and forced marriage (CEFM) and female genital mutilation and*	• *# of national laws, policies, strategies (e.g. against sexual assault/rape, intimate partner violence, harmful practices and sexual harassment) implemented and strengthened to prevent violence against women and violence against children, through GAC funded projects (SDG 5.2, Consolidated)*
	• *# of people (m/f/age) at risk of or subjected to any form of violence, including CEFM, who have received services in the previous 12 months (SDG 5.2, Consolidated)*

[1] Consolidated Indicators combine project indicators with others from the same 'family' to form one indicator that allows aggregation at the program and corporate level. EDRMS 5848623

cutting	• *# (of total targeted) women and girls, men and boys reporting that SGBV, including CEFM, is not acceptable under any circumstance, (m/f/age, location) (SDG 5.2, Consolidated)*
Safe, Legal Abortion and Post-Abortion Care *Enhanced access to safe and legal abortion, and post-abortion care.*	• *# of health facilities providing abortion services through GAC funded projects (Guttmacher variation)*
	• *# of health facilities providing post-abortion services, through GAC funded projects (Guttmacher variation)*
	• *# of women provided with a safe legal abortion through GAC funded projects*
Advocacy and Public Engagement *Note: Advocacy or engagement is a mandatory element of all SRHR programming. Programming in this area contributes to all SRHR Gap Areas.*	• *# of advocacy or engagement activities completed by GAC funded partners which are focused on sexual and reproductive health and rights (Consolidated, HealthPIP)*
	• *# of women's organizations and networks (international and local) advancing sexual and reproductive health and rights that receive direct GAC support or that receive support* from GAC funded partners (Policy Indicator)* **support is financial or other*

8. Appendix C: List of Participants in Discussion Consultation

Thank you to the following individuals who participated in the 19 January 2018 dialogue, in order to expand on the responses to the survey.

Tahina Rabezanahary, Mohammed Ibrahim, and Rudy Broers, Plan International Canada

David Bruer, Inter Pares

Diana Opollo, ADRA Canada

Neerika Kumar (consultant), Tina Assi, Annie Cameron, and Kristin Neudorf, Grand Challenges Canada

Simon Chorley, UNICEF Canada

Ericka Moerkerken, Sophie Bourdon, Camille Schoemaker-Marcotte, CCISD

Lubana Ahmed, CoWaterSogema Inc.

Katie McLaughlin, SickKids Hospital

Marnie Davidson, CARE Canada

Alessandra Aresu, Humanity & Inclusion

Robert Greenhill, Global Canada

Cassandra Morris, HealthBridge

Caroline Hockley, IDRF

Maggie Zeng, CCFC

Sarah Kennell, Action Canada for Sexual Health and Rights

Emmanuelle Hébert, Canadian Association of Midwives/Association canadienne des sages-femmes

Helen Scott, Ibrahim Daibes, Mélody Tondeur, and Jessica Ferne (CanWaCH)

9. Appendix D: Full Responses by Gap Area and Indicator

Note that highlighted boxes indicate the most common response for each category. In the case of multiple response scores within a 5% range, multiple answers were highlighted.

GAP AREA 1: Comprehensive Sexuality Education *Enhanced access to comprehensive sexuality education*				
Indicator A: *# of teachers/facilitators/trainers (female/male) trained on Comprehensive Sexuality Education through Global Affairs Canada funded projects*				
Source: *Global Affairs Canada Health Program Implementation Plan, Consolidated***				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*85%*	*7%*	*2%*	*7%*
Is this indicator feasible to collect?	*90%*	*5%*	*0%*	*5%*
Is this indicator representative of the population being targeted?	*59%*	*17%*	*5%*	*19%*
Is this indicator feasible to disaggregate by…				
Sex?	*97%*	*0%*	*0%*	*3%*
Age?	*61%*	*17%*	*7%*	*15%*
Marital Status?	*31%*	*19%*	*34%*	*17%*
Dis/Ability?	*34%*	*19%*	*14%*	*34%*
Gender?	*32%*	*15%*	*15%*	*37%*
Poverty (below/above poverty line)?	*20%*	*29%*	*27%*	*24%*
Location (rural/urban/etc)?	*81%*	*7%*	*2%*	*10%*
Indicator B*: # of people (female/male/age) who have been reached through training, conferences, community education activities, through Global Affairs Canada funded projects*				
Source*: Global Affairs Canada Health Program Implementation Plan, Consolidated*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*85%*	*8%*	*0%*	*7%*
Is this indicator feasible to collect?	*90%*	*5%*	*0%*	*5%*
Is this indicator representative of the population being targeted?	*68%*	*15%*	*2%*	*15%*
Is this indicator feasible to disaggregate by…				
Sex?	*92%*	*5%*	*0%*	*3%*
Age?	*75%*	*12%*	*0%*	*14%*
Marital Status?	*42%*	*24%*	*12%*	*22%*
Dis/Ability?	*41%*	*24%*	*3%*	*32%*
Gender?	*34%*	*24%*	*3%*	*39%*
Poverty (below/above poverty line)?	*29%*	*41%*	*5%*	*25%*
Location (rural/urban/etc)?	*83%*	*10%*	*0%*	*7%*

GAP AREA 2: Reproductive Health Services *Enhanced access to reproductive health services*				
Indicator A: *# of women and girls (age) with access to sexual and reproductive health services, including modern methods of contraception, through Global Affairs Canada funded projects*				
Source: *SDG 3.7, Family Planning 2020, Ouagadougou Partnership, Policy Indicator, Consolidated*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*81%*	*8%*	*0%*	*10%*
Is this indicator feasible to collect?	*73%*	*17%*	*0%*	*10%*
Is this indicator representative of the population being targeted?	*68%*	*10%*	*2%*	*20%*
Is this indicator feasible to disaggregate by…				
Sex?	*69%*	*7%*	*19%*	*5%*
Age?	*78%*	*7%*	*0%*	*15%*
Marital Status?	*53%*	*25%*	*2%*	*20%*
Dis/Ability?	*34%*	*24%*	*0%*	*42%*
Gender?	*27%*	*24%*	*3%*	*46%*
Poverty (below/above poverty line)?	*37%*	*27%*	*0%*	*36%*
Location (rural/urban/etc)?	*81%*	*7%*	*0%*	*12%*
Indicator B: *# of health care service providers (female/male) trained in SRHR services (including adolescent/women friendly health services, counselling, integrated plan of care) through Global Affairs Canada funded projects*				
Source*: Guttmacher, Policy Indicator*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*97%*	*0%*	*0%*	*3%*
Is this indicator feasible to collect?	*97%*	*3%*	*0%*	*0%*
Is this indicator representative of the population being targeted?	*73%*	*12%*	*2%*	*14%*
Is this indicator feasible to disaggregate by…				
Sex?	*98%*	*2%*	*0%*	*0%*
Age?	*69%*	*19%*	*7%*	*5%*
Marital Status?	*37%*	*14%*	*34%*	*15%*
Dis/Ability?	*39%*	*20%*	*12%*	*29%*
Gender?	*31%*	*20%*	*17%*	*32%*
Poverty (below/above poverty line)?	*31%*	*29%*	*19%*	*22%*
Location (rural/urban/etc)?	*86%*	*8%*	*0%*	*5%*
Indicator C: *# of national laws, policies or strategies relating to the provision of SRHR implemented or strengthened, through Global Affairs Canada funded projects*				

Source: *SDG 5.1, 5.2, 5.3 Consolidated*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*81%*	*7%*	*0%*	*12%*
Is this indicator feasible to collect?	*63%*	*14%*	*0%*	*24%*
Is this indicator representative of the population being targeted?	*56%*	*14%*	*8%*	*22%*
Indicator D: *# of people (female/male/age) treated with antiretroviral therapy through Global Affairs Canada funded projects*				
Source: *Source: UNAIDS*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*88%*	*3%*	*0%*	*8%*
Is this indicator feasible to collect?	*92%*	*7%*	*0%*	*2%*
Is this indicator representative of the population being targeted?	*66%*	*14%*	*2%*	*19%*
Is this indicator feasible to disaggregate by…				
Sex?	*98%*	*2%*	*0%*	*0%*
Age?	*92%*	*5%*	*0%*	*3%*
Marital Status?	*56%*	*19%*	*7%*	*19%*
Dis/Ability?	*51%*	*17%*	*3%*	*29%*
Gender?	*34%*	*17%*	*10%*	*39%*
Poverty (below/above poverty line)?	*46%*	*19%*	*2%*	*34%*
Location (rural/urban/etc)?	*92%*	*5%*	*0%*	*3%*

GAP AREA 3: Family Planning and Contraception *Increased investment in family planning and contraception*				
Indicator A: *# of people (female/male/age) reached with modern contraception (by method) through Global Affairs Canada funded projects*				
Source: *Source: Family Planning 2020, Consolidated*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*76%*	*8%*	*2%*	*14%*
Is this indicator feasible to collect?	*78%*	*8%*	*0%*	*14%*
Is this indicator representative of the population being targeted?	*59%*	*19%*	*0%*	*22%*
Is this indicator feasible to disaggregate by…				
Sex?	*93%*	*3%*	*0%*	*3%*

Age?	*83%*	*3%*	*0%*	*14%*
Marital Status?	*58%*	*19%*	*2%*	*22%*
Dis/Ability?	*39%*	*24%*	*2%*	*36%*
Gender?	*27%*	*19%*	*7%*	*47%*
Poverty (below/above poverty line)?	*41%*	*24%*	*3%*	*32%*
Location (rural/urban/etc)?	*85%*	*7%*	*0%*	*8%*

***Indicator B**: Percentage of primary health facilities that have at least 3 modern methods of contraception available on the day of assessment*

***Source**: Family Planning 2020*

Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*85%*	*3%*	*0%*	*12%*
Is this indicator feasible to collect?	*93%*	*2%*	*0%*	*5%*
Is this indicator representative of the population being targeted?	*75%*	*10%*	*2%*	*14%*
Is this indicator feasible to disaggregate by…				
Location (rural/urban/etc)?	*88%*	*3%*	*2%*	*7%*

***Indicator C:** Percentage of women who decided to use family planning, alone or jointly with their husbands/partners*

***Source**: Family Planning 2020*

Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*81%*	*5%*	*0%*	*14%*
Is this indicator feasible to collect?	*73%*	*8%*	*0%*	*19%*
Is this indicator representative of the population being targeted?	*59%*	*14%*	*0%*	*27%*
Is this indicator feasible to disaggregate by…				
Sex?	*59%*	*2%*	*36%*	*3%*
Age?	*81%*	*5%*	*0%*	*14%*
Marital Status?	*75%*	*5%*	*2%*	*19%*
Dis/Ability?	*53%*	*14%*	*5%*	*29%*
Gender?	*31%*	*14%*	*8%*	*47%*
Poverty (below/above poverty line)?	*51%*	*12%*	*3%*	*34%*
Location (rural/urban/etc)?	*88%*	*5%*	*0%*	*7%*

GAP AREA 4: Sexual and Gender Based Violence

Reduced sexual and gender-based violence, including child, early and forced marriage (CEFM) and female genital mutilation and cutting

***Indicator A:** # of national laws, policies, strategies (e.g. against sexual assault/rape, intimate partner violence, harmful practices and sexual harassment) implemented and strengthened to prevent violence*

against women and violence against children, through Global Affairs Canada funded projects				
Source: *SDG 5.2, Consolidated*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*86%*	*3%*	*2%*	*8%*
Is this indicator feasible to collect?	*63%*	*12%*	*2%*	*24%*
Is this indicator representative of the population being targeted?	*59%*	*8%*	*8%*	*24%*
Indicator B: *# of people (female/male/age) at risk of or subjected to any form of violence, including Child, Early and Forced Marriage (CEFM), who have received services in the previous 12 months*				
Source: SDG 5.2, Consolidated				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*73%*	*8%*	*0%*	*19%*
Is this indicator feasible to collect?	*56%*	*19%*	*0%*	*25%*
Is this indicator representative of the population being targeted?	*44%*	*24%*	*2%*	*31%*
Is this indicator feasible to disaggregate by…				
Sex?	*88%*	*5%*	*2%*	*5%*
Age?	*86%*	*5%*	*0%*	*8%*
Marital Status?	*63%*	*15%*	*2%*	*20%*
Dis/Ability?	*53%*	*17%*	*2%*	*29%*
Gender?	*41%*	*17%*	*5%*	*37%*
Poverty (below/above poverty line)?	*42%*	*19%*	*3%*	*36%*
Location (rural/urban/etc)?	*81%*	*10%*	*0%*	*8%*
Indicator C: *# (of total targeted) women and girls, men and boys reporting that sexual and gender-based violence, including CEFM, is not acceptable under any circumstance, (female/male/age, location)*				
Source*: SDG 5.2, Consolidated*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*73%*	*10%*	*0%*	*17%*
Is this indicator feasible to collect?	*71%*	*14%*	*0%*	*15%*
Is this indicator representative of the population being targeted?	*63%*	*15%*	*2%*	*20%*
Is this indicator feasible to disaggregate by…				
Sex?	*88%*	*3%*	*2%*	*7%*
Age?	*85%*	*5%*	*0%*	*10%*
Marital Status?	*66%*	*14%*	*3%*	*17%*
Dis/Ability?	*44%*	*17%*	*3%*	*36%*

Gender?	*36%*	*22%*	*5%*	*37%*
Poverty (below/above poverty line)?	*47%*	*17%*	*2%*	*34%*
Location (rural/urban/etc)?	*88%*	*5%*	*0%*	*7%*

GAP AREA 5: Safe, Legal Abortion and Post-Abortion Care: *Enhanced access to safe and legal abortion, and post-abortion care*				
***Indicator A**: # of health facilities providing abortion services through Global Affairs Canada funded projects*				
***Source:** Source: Guttmacher variation*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*75%*	*8%*	*3%*	*14%*
Is this indicator feasible to collect?	*80%*	*5%*	*3%*	*12%*
Is this indicator representative of the population being targeted?	*61%*	*12%*	*5%*	*22%*
Is this indicator feasible to disaggregate by…				
Location (rural/urban/etc)?	*83%*	*8%*	*3%*	*5%*
***Indicator B**: # of health facilities providing post-abortion services, through Global Affairs Canada funded projects*				
***Source**: Guttmacher variation*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*81%*	*7%*	*2%*	*10%*
Is this indicator feasible to collect?	*83%*	*3%*	*2%*	*12%*
Is this indicator representative of the population being targeted?	*66%*	*10%*	*5%*	*19%*
Is this indicator feasible to disaggregate by…				
Location (rural/urban/etc)?	*86%*	*7%*	*2%*	*5%*
***Indicator C**: # of women provided with a safe, legal abortion through Global Affairs Canada funded projects*				
***Source**: None given*				
Question	***Yes (%)***	***No (%)***	***Not Applicable (%)***	***Unsure (%)***
Is this indicator appropriate for addressing the respective gap area?	*76%*	*3%*	*3%*	*17%*
Is this indicator feasible to collect?	*75%*	*7%*	*3%*	*15%*
Is this indicator representative of the population being targeted?	*53%*	*17%*	*5%*	*25%*
Is this indicator feasible to disaggregate by…				

Sex?	*63%*	*3%*	*34%*	*0%*
Age?	*81%*	*7%*	*3%*	*8%*
Marital Status?	*59%*	*15%*	*5%*	*20%*
Dis/Ability?	*51%*	*15%*	*7%*	*27%*
Gender?	*32%*	*19%*	*17%*	*32%*
Poverty (below/above poverty line)?	*41%*	*19%*	*7%*	*34%*
Location (rural/urban/etc)?	*83%*	*10%*	*3%*	*3%*

GAP AREA 6: Advocacy and Public Engagement

***Indicator A:** # of advocacy or engagement activities completed by Global Affairs Canada funded partners which are focused on sexual and reproductive health and rights*

***Source:** Consolidated, Global Affairs Canada Health Program Implementation Plan*

Question	*Yes (%)*	*No (%)*	*Not Applicable (%)*	*Unsure (%)*
Is this indicator appropriate for addressing the respective gap area?	*78%*	*7%*	*0%*	*15%*
Is this indicator feasible to collect?	*88%*	*3%*	*0%*	*8%*
Is this indicator representative of the population being targeted?	*63%*	*14%*	*3%*	*20%*
Is this indicator feasible to disaggregate by…				
Location (rural/urban/etc)?	*80%*	*7%*	*8%*	*5%*

***Indicator B:** # of women's organizations and networks (international and local) advancing sexual and reproductive health and rights that receive direct Global Affairs Canada support or that receive support* from Global Affairs Canada funded partners*
**support is financial or other*

***Source**: Policy Indicator*

Question	*Yes (%)*	*No (%)*	*Not Applicable (%)*	*Unsure (%)*
Is this indicator appropriate for addressing the respective gap area?	*81%*	*10%*	*0%*	*8%*
Is this indicator feasible to collect?	*93%*	*3%*	*0%*	*3%*
Is this indicator representative of the population being targeted?	*58%*	*17%*	*2%*	*24%*
Is this indicator feasible to disaggregate by…				
Age?	*19%*	*19%*	*56%*	*7%*
Marital Status?	*12%*	*20%*	*59%*	*8%*
Dis/Ability?	*15%*	*20%*	*53%*	*12%*
Gender?	*12%*	*19%*	*54%*	*15%*
Poverty (below/above poverty line)?	*17%*	*17%*	*53%*	*14%*
Location (rural/urban/etc)?	*66%*	*10%*	*15%*	*8%*