

Women's Health Hub Monitoring, Evaluation and Learning Report (2022–2025)

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We acknowledge the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.

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About Australian Women's Health Alliance

The [Australian Women's Health Alliance](#) is the national voice on women's health. We aim to achieve gender equity in health for all women. We do this:

- by highlighting how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental and political factors
- by drawing attention to the issues, often far reaching, that impact women's health
- as a national health peak body, by working closely with our members, partners and government to effect change.

The Alliance is a national leader in developing, advancing, and responding to public policy and practice as it impacts women's health. We provide independent, evidence-based advice to promote a gendered approach to women's health care.

This publication is available free to download at the [Women's Health Hub: AustralianWomensHealth.Org](#)

Preface

The Women's Health Hub is a vital national resource supporting those working to improve health outcomes for women and gender diverse people across Australia. By expanding the evidence base on gender-responsive approaches to health and prevention and making it more accessible, we can build a more equitable and effective health system.

This evaluation report contributes to that evidence base, offering insights into intersectional practice and gender-responsive capacity building, evaluation and systems change. It supports advocates, practitioners, policymakers, governments and funders to embed a gender equity lens throughout the health ecosystem.

Women's health experts play a critical role in strengthening prevention and driving systemic reform. Women need to be included to lead the design and implementation on policy, research and services that aim to support their health and wellbeing. Health is a human right, and advancing gender and health equity is essential to achieving it.

Sandra Creamer AM
Chief Executive Officer



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Executive summary

This Monitoring, Evaluation and Learning (MEL) Report captures the breadth and depth of the Women's Health Hub project delivered by the Australian Women's Health Alliance (AWHA) from 2022-23 to 2024-25. This project revitalised previous iterations of AWHA's Women's Health Hub through an emergent co-development and continuous improvement cycle. It responded to a growing need for tools and frameworks to guide the implementation of national strategies, particularly the National Preventive Health Strategy 2021–2030 and the National Women's Health Strategy 2020–2030, through an intersectional gender and health equity lens.

The refreshed Hub is a central resource designed to support organisations and individuals across the health ecosystem in advancing women's health through research, policy and practice. Across the 3 years, the project demonstrated measurable impact in strengthening gender-responsive health systems, expanding the evidence base for equity-driven policy and embedding intersectional gender-responsive approaches in capacity building and co-development.

Over the last 3 years the Women's Health Hub project, has not only met, but significantly exceeded, many of its intended outputs. The refreshed Women's Health Hub was launched in Year 2, supported by co-development processes and a substantial expansion of policy-aligned resources, reaching 900 by 30 June 2025. Key advocacy infrastructure such as the Gendered Framework for Action on Prevention and Healthcare (Gendered Framework) and an expanded Policy Advisory Group were established early and matured over time. The Hub became a platform for shared learning and for amplifying women's health expert voices, with 21 co-development sessions and 16 Communities of Practice (CoP) sessions held, far exceeding original targets.

5 e-learning modules were released, supported by rigorous user testing and evaluation. Online events were delivered consistently across all years, expanding awareness of gender-responsive health across systems.

These achievements illustrate the Alliance's ability to adapt, scale and deliver high-quality capacity-building outputs, strengthening gender-responsive practice nationally.



Through policy publications, including the Gendered Framework, e-learning modules and community-based capacity building, the Hub has strengthened the national ecosystem for gender-responsive health.

Feedback from members, partners, and stakeholders consistently highlights how Hub activities and resources have been used to inform internal policy development, influence external advocacy, and shift institutional cultures toward more inclusive, evidence-based and intersectional practice. In this way, the Women's Health Hub has exceeded its original scope, playing a key role in building momentum for systems reform and sector-wide advocacy grounded in lived experience.

While the project was not initially conceived as an advocacy initiative, the data and engagement across the 3-year project clearly demonstrate that the Hub supports AWH's role as the national voice on women's health to lead advocacy and systems change.

Strategic wins and outputs summary (2022–2025)

Output category	Intended output (3-year total)	Actual output	Performance
Women's Health Hub	1 refreshed Hub	1 refreshed Hub launched in Year 2	☑ Achieved
Resources on Hub	550 resources	900 total	☑ Exceeded target
Co-development sessions	14 sessions total	21 total	☑ Exceeded target
Community of Practice sessions	9 sessions total	16 total	☑ Exceeded target
Policy publications published	31 total	21 total	☐ Under target
Online events	3 total (1 per year)	5 total	☑ Exceeded target
E-learning modules released	5 modules (in Years 2 and 3)	5 total (2 foundational + 3 bonus modules)	☑ Achieved



Gendered Framework	Developed and published	Published in Year 2	☑ Achieved
Policy Advisory Group	Established and expanded	Established in Year 1, expanded in Year 2 to include diverse lived experience	☑ Achieved
User testing and training needs analysis	Not explicitly listed in intended outputs	Completed in Year 2 and 3 for e-learning development	☑ Achieved as part of MEL framework

Strategic wins



Substantial reach and engagement: The Hub attracted more than 98,600 views since its launch, with almost 58,500 originating in Australia. 900 resources were made publicly accessible, far exceeding initial targets.



Sector-led co-development and e-learning innovation: 21 co-development sessions, 16 Community of Practice (CoP) events and 5 e-learning modules, co-developed with sector representatives and people with lived experience, supported capacity building across diverse organisations and individuals. Feedback showed strong appreciation for peer learning and practical relevance.



Policy influence with intersectional depth: The Hub's most-accessed resources reflected strong demand for content centring lived experience and structural reform. Notably, The National Women's Health Strategy 2020-2030, a Gendered Lens on Acquired Brain Injury and The Gendered Experience of Chronic Conditions attracted 1,210, 630 and 555 views respectively.

Resource pages addressing intersectional health needs (such as chronic conditions, mental health and trauma), featured prominently among the top 5 most viewed, affirming the Hub's relevance for diverse practitioners, advocates and service providers nationwide.



Embedding change in practice: Workplaces and groups that participated in the 6-Week Challenge reported tangible changes to workplace policies, service delivery practices and internal training. Many identified improvements to enhance inclusive data collection, gender-disaggregated analysis and trauma-informed frameworks.



Evidence of change includes the following:

- Participants reported increased knowledge and confidence to advocate for, and implement, gender-responsive approaches.
- 6-Week Challenge reflections and user testing feedback confirmed the training modules were relevant, accessible and actionable across service settings.
- The Gendered Framework was used to inform various written communications such as policy submissions and reports, accreditation documentation, as well as program design.

Barriers and challenges that impacted the project included small-scale staffing and constrained operational capacity for high administrative demands, uneven engagement across regions (for example, participation was lower in the Northern Territory and South Australia) and lower clinical engagement due to time constraints and preference for accredited training. Despite these challenges, MEL data shows the project achieved its intended outcomes.

Strategic relevance and investment case

The Hub has become a cornerstone for gender-responsive practice, and this report offers clear evidence of demand and success. With continued investment, AWhA can scale its role as a national coordinating body, support more jurisdictions and under-resourced sectors, and empower women's health experts as leaders influencing the health ecosystem.

The trends identified in Year 3 reinforce a growing recognition that women's health experts are essential in driving systemic change across the broader health ecosystem. Women's health organisations bring deep community insight, policy leadership, intersectional gender-responsive expertise, and long-standing experience in addressing structural health inequities. These skills are increasingly being drawn upon by actors outside the women's health sector, who are seeking guidance on how to embed gender responsiveness in mainstream health systems.

The Women's Health Hub has acted as a conduit for this expertise, offering resources as well as a model of values-led, rights-based, and community-informed health leadership.

As one participant noted:

'It helps us centre women's voices when working in the recovery space from trauma.' – Hub user



Recommendations

Drawing on strong evidence of reach, relevance, and impact across 3 years of delivery, the following strategic recommendations aim to expand the adoption of gender-responsive practice through the Women's Health Hub and e-learning platform. These are grounded in the Monitoring, Evaluation and Learning (MEL) outcomes: knowledge, confidence, capacity, action taken, and policy and systems influence.

That the Australian Government:

1. guarantees long-term funding for Australian Women's Health Alliance to continue to provide robust, intersectional national policy advice
2. integrates e-learning into workforce development and sector strategies in health and social service departments by including e-learning modules in training platforms and professional development offerings
3. increases strategic engagement and use of AWHHA policy publications, the Women's Health Hub more broadly and existing mechanisms such as the AWHHA's role on the National Women's Health Advisory Council for advice and policy influence.

That state and territory governments:

4. integrate e-learning into workforce development and sector strategies in health and social service departments by including e-learning modules in training platforms and professional development offerings
5. increase strategic engagement and use of AWHHA policy publications and the Women's Health Hub more broadly for gender-responsive policy advice and implementation at the state/territory level
6. invest in and draw on women's health expertise to support health policy implementation, including by partnering with women's health organisations and experts to inform gender-responsive policy design, program delivery and evaluation across health and social care systems.

That public and private health sectors, including training bodies/associations:

7. embed gender-responsive training into hospital, primary care and allied health induction and continuing professional development (CPD), including drawing on the Introduction to Gender-Responsive Health e-learning course and particularly for those in clinical and health promotion roles
8. improve uptake and recognition of e-learning across clinical and non-clinical professions, including nursing, social work and other health and social care fields, by integrating modules into professional development pathways and partnering with AWHHA to achieve endorsement by training bodies/associations.



That the community sector and non-government organisations (NGOs):

9. support sector-wide adoption of Hub resources, including e-learning, to build shared language and practice by promoting cross-organisational uptake among women's services, health promotion projects, Aboriginal Community Controlled Organisations (ACCOs), LGBTQIA+ and disability-led organisations via communities of practice or existing peaks.

That the academic and education sector:

10. embed Hub resources in teaching, curricula and policy, including the Gendered Framework and e-learning modules.

It is essential that this leadership continues to shape national health reform efforts, including universal healthcare design, prevention strategies, and digital innovation, to build a system that works for all. Women's health leaders are not only translators of complex gendered evidence, with expertise to guide the broader health system, they are also trusted advocates who can bridge communities and policy, ensuring that marginalised voices are not left behind.

This report outlines opportunities for sustained impact through embedding peer learning, maintaining cross-sector partnerships, supporting First Nations and disability-led leadership, and deepening digital education offerings. The evidence presented makes a strong case for future investment in gender-responsive health capacity building as a core pillar of the Australian health system.





Introduction

Between 2022–23 and 2024–25, the Australian Women's Health Alliance (AWHA) led a national initiative to revitalise the Women's Health Hub, a central resource designed to support organisations and individuals across the health ecosystem in advancing women's health through research, policy and practice. This project revitalised previous iterations of AWHA's Women's Health Hub through an emergent co-development and continuous improvement cycle. It responded to a growing need for tools and frameworks to guide the implementation of national strategies, particularly the National Preventive Health Strategy 2021–2030 and the National Women's Health Strategy 2020–2030, through an intersectional gender and health equity lens.

As Australia's national peak body for women's health, AWHA undertook this work to strengthen the capacity of health and social care systems to deliver gender-responsive, inclusive and equitable health approaches. The refreshed Hub aims to foster cross-sector knowledge exchange, provide accessible and policy-aligned resources and embed gender equity into health system reform efforts.



Fig 1. The Women's Health Hub audience of 'prevention partners' across sectors

Over the life of the project, what has become evident, through feedback, reflection and data, is that the Hub has also become a powerful platform for advocacy.



This emergent advocacy role reflects the strength of the co-development model and the trust AWhA has built with stakeholders. The use of Hub tools in policy submissions, public advocacy and workforce policy indicates sector recognition of the Hub as credible and impactful infrastructure in national health discourse.

This was not the project's initial design. However, as the health and social care workforce increasingly engages with the Gendered Framework for Action on Prevention and Healthcare (Gendered Framework), and as organisations embed its principles in internal policy, program design, and external campaigns, the Hub's role as an enabler of collective advocacy has become clear. In this evolving context, the Hub strengthens AWhA's capacity to provide well-informed, evidence-based advice to Government and other stakeholders, reinforcing its role as a national health peak body committed to advancing gender-responsive health policy and practice.

The Hub now supports a growing movement of individuals and organisations committed to transforming systems, addressing health inequities and centring lived experience in health responses, especially for priority populations. The momentum generated has implications for how future work is resourced and sustained, with many stakeholders calling for continued national leadership through this platform.

Report objectives

This Monitoring, Evaluation and Learning (MEL) Report documents the achievements, challenges and strategic learning arising from the project's delivery between 2022 and 2025. It is a key deliverable of the Health Peak Advisory Bodies (HPAB) Program Activity Work Plan and provides critical evidence for future investment in gender-responsive health and prevention.

The report serves multiple purposes, it aims to:

- inform AWhA's ongoing strategic direction and project design
- contribute to the evidence base on gender-responsive health approaches, capacity building and inclusive health systems
- provide accountability to funders, members and sector partners
- advocate for increased investment in women's health infrastructure, digital training, and gender-responsive knowledge mobilisation.

The report is structured to reflect AWhA's MEL framework, which takes an intersectional approach to outputs, quality, outcomes, and learnings. It draws on mixed methods data sources across 3 years, including policy analytics, co-development documentation, participant feedback, Hub analytics, survey data, and qualitative reflections from partner organisations.

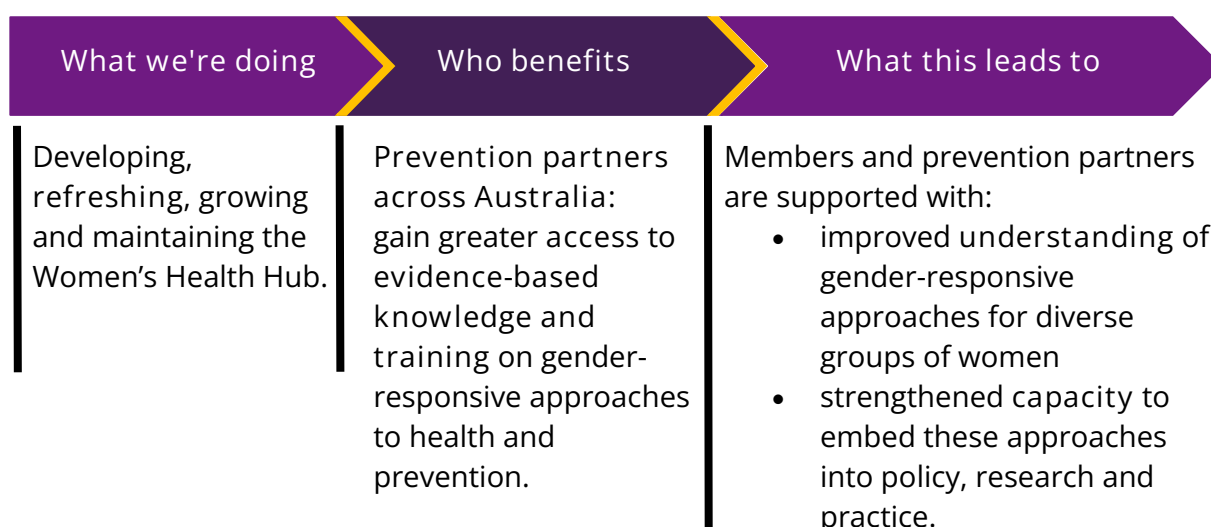


Grounded in an intersectional gender-responsive approach, this report amplifies lived experience, highlights systemic gaps and celebrates collective progress. It is designed to be accessible to a wide audience, including AWHH members, policymakers, funders, peak bodies, training bodies, health professionals, researchers and community advocates.

Approach to monitoring, evaluation and learning (MEL)

This section outlines the monitoring, evaluation and learning (MEL) framework guiding the Women's Health Hub project. The MEL approach was designed to embed intersectional and gender responsive principles of co-development, transparency and reflexivity while enabling real-time learning and accountability.

Theory of change



Over the long-term* the Women's Health Hub will contribute to improved gender-responsive decision-making, informed health policy and implementation and strengthened advocacy by prevention partners nationally.

This will improve the gender-responsiveness and quality of health services, policy and research across the health care system.

**For example, by 2030 at the end of the National Preventive Health Strategy (2021-2030) and National Women's Health Strategy (2020-2030)*



AWHA's MEL approach integrates both traditional methods (for example, outcomes focused frameworks such as Results Based Accountability and program logics) and gender-responsive evaluation methods. Throughout the 3-year project we engaged members and prevention partners across sectors (such as those identified in the National Preventive Health Strategy 2021-2030) in co-development activities and sought feedback on the Women's Health Hub to inform this report.

The MEL approach prioritises:

- participatory and iterative design
- lived experience leadership
- mixed methods: quantitative and qualitative data
- action-oriented and developmental learning cycles.



Data collection methods

- web analytics: Hub traffic, resource views
- surveys: e-learning, mini-surveys, project evaluation
- reflections from 6-Week Challenge participants
- user testing data
- outputs tracker and internal project reports
- Community of Practice feedback
- direct quotes and thematic analysis using coding framework.



Indicators mapped to program logic

Data was collected on the following indicators (see Appendix 1 for a summary of indicators mapped to the program logic and key supporting evidence):

- Outputs: number of policy publications, events and users
- Quality: usefulness, accessibility, intersectionality, relevance
- Outcomes: knowledge, confidence, capacity, action taken, policy/practice influence.



Learning agenda

- What supports embedding gender-responsive practice?
- How are resources being used across the health system?
- What supports intersectional gender-responsive practice in systems change?



Methodology: coding and synthesis approach

The qualitative analysis of monitoring and evaluation data followed a 4-step coding process (see Appendix 3 for thematic coding):

1. Source identification: All narrative feedback from participants and stakeholders across documents was extracted and assigned a unique identifier.
2. Thematic coding: Each quote was analysed using the predefined coding schema. Codes were applied inductively and deductively to ensure both consistency and openness to emerging themes.
3. Quote integration: High-value quotes representing common themes, illustrative examples, or divergent views were selected for inclusion.
4. Triangulation: Quantitative data (for example, module completion rates, website views, event attendance) were overlaid with qualitative findings to contextualise quality, engagement and reach.

This process yielded rich thematic clusters highlighting successes, challenges and opportunities for improvement across the project's life cycle.

Key activities and outputs

This section outlines core project activities and their outputs from July 2022 to June 2025.

Refreshed Women's Health Hub

- 900 curated resources published, exceeding the total target of 550.
- 98,689 total page views, including 58,487 domestic views.
- Top 5 AWhA policy publications accessed:
 1. Why Women's Health (3,063 views)
 2. The Gendered Framework (1,976 views)
 3. Reproductive Health and Rights for PALM Scheme Workers Statement (769 views)
 4. A Gendered Lens on Acquired Brain Injury (630 views)
 5. The Gendered Experience of Chronic Conditions (555 views)
- Hub content developed in collaboration with lived experience and policy experts, informed by user feedback and ongoing evaluation data.

Co-development sessions

- 21 co-development sessions held, exceeding the target of 14.
- Sessions shaped Hub structure, resource priorities and e-learning content.
- Participants included member organisations, government stakeholders, clinicians and non-clinicians, regional stakeholders and young people.



Communities of practice (CoP)

- 16 CoP sessions held, exceeding the target of 9.
- Themes explored in these sessions included gendered health data, health equity, impacts of gender-based violence, communicating about gender equity in health, and trauma-informed care.
- These sessions informed the co-development of the Hub, including policy publications and e-learning modules.

Policy publications

- 21 major policy publications were developed and disseminated (see Appendix 3 for the complete list). These publications gained 10,863 views and were featured in online events, newsletters and social media.

Online events

- 5 events held, exceeding the target of 3.
- Events included the Women's Health Hub launch, Maintaining the Momentum webinar, and sector-specific discussions including responses to gender-based violence in the alcohol and other drug, disability and women's health sectors.
- These events helped drive resource traffic and external engagement.

E-learning modules

- Launch of the Introduction to Gender-Responsive Health self-paced e-learning course with 5 modules:
Foundational modules:
 1. What's Gender Got to Do with It? Understanding Gender-Responsive Health
 2. What Can Gender-Responsive Health Look Like? Gendered Inequities vs. Gender-Responsive Approaches
Bonus modules:
 3. The Gendered Framework for Action on Prevention and Healthcare
 4. What's Policy Got to Do with It? Gender Equity in Public Health and Workplace Policy
 5. What's Next? Taking Action
- User testing and survey feedback showed that more than 80% of participants found the foundational modules accessible and applicable to their work.
- Training was complemented by workplaces and groups in the live 6-Week Challenge in 2025, further embedding learning into organisational practice.



6-Week Challenge

- 7 organisations completed the Challenge, including national health peak bodies and services, regional women's services, a local community organisation and a grassroots advocacy group.
- Each week, organisational representatives:
 - completed the self-paced e-learning modules from the Introduction to Gender-Responsive Health course
 - accessed resources from the Women's Health Hub and engaged in community of practice discussions and peer learning
 - identified strategies and actions to embed the principles learned into policies and practices within their organisations and communities.
- Participants reported strengthened confidence and capacity to:
 - review and update internal workplace policies
 - identify ways to support inclusive practice
 - embed the Gendered Framework into operational processes and written communications.
- Several used the Challenge to review and improve workplace policies or expand their health equity approaches.

Advocacy

The Hub's emergent role as an enabler of collective advocacy was seen in AWhA's coordinated efforts to influence policy, amplify community and member voices, providing leadership to advocate for systemic reforms in women's health, such as:

- publications, submissions and supportive templates, coordinated joint statements including:
 - Achieving Equal Access: Abortion Care in Australia report
 - Reproductive Health and Rights for PALM Scheme Workers Statement
 - Submission to the Consultation on the Draft NDIS Supports List
 - Submission Template for Menopause and Perimenopause Senate Inquiry.
- guest speaking at webinars and conferences advocating for gender and health equity in policy and practice such as for Australian Health Promotion Association, Fair Agenda, Multicultural Centre for Women's Health and Western CapeHER
- partnering with organisational member Women's Health Tasmania to co-host the 2025 Access and Quality: Tasmanian Reproductive Health Conference
- supporting organisational and individual member led advocacy, such as raising awareness and gender-responsive support for acquired brain injury (ABI), Asherman's Syndrome, autism, bilingual health education, climate action, disability rights, gynaecological cancers and universal access to contraception.
- representation on various women's health and equity networks, including:
 - Climate and Health Alliance
 - Health Equity Learning Lab Oz by Stretton Institute, University of Adelaide
 - LGBTIQ+ Health Australia
 - Our Watch's Policy Officers Network.



How well did we do?

‘Contributing to the Women’s Health Hub project has been incredibly rewarding, in particular having the opportunity to have a greater voice in the women’s health sector and to feel more connected to a team that is dedicated to advancing women’s health, to make a positive impact on so many lives.’ – Co-development participant

This section presents an integrated assessment of delivery quality across the Women’s Health Hub project, drawing on mixed-methods data and using the established MEL framework. All feedback was analysed using a thematic coding framework (Appendix 3), allowing for consistent synthesis across diverse data sources, including:

- Community of Practice reports (Years 2 and 3)
- e-learning user testing surveys and reflections
- 6-Week Challenge organisational reflections
- website usage statistics
- Hub pop-up evaluation surveys
- Mid-point project evaluation
- End of project evaluation.

We synthesised survey findings, event metrics, user testing feedback, and qualitative reflections from diverse stakeholders to analyse:

- feedback from users and participants
- evidence of usefulness, relevance and accessibility
- trends across sectors, geography and priority populations
- key limitations and challenges.

Snapshot

- 92% (n=205) rated e-learning content as very good’ or ‘excellent’.
- Community of Practice sessions were rated highly for their practical value and sharing of lived expertise.
- The 6-Week Challenge was described as a ‘motivating and impactful’ by multiple organisations.



Reach

The Hub achieved exceptional reach:

- 98,689 page views from launch (July 2023 to June 2025), with 58,487 from Australian IPs, demonstrating significant domestic engagement.
- Over 13,700 individual views across AWAHA resources.
- Strong event attendance: for example, 410 live attendees for the Strengthening Responses to Gender-Based Violence webinar, hosted in collaboration with health peaks Australian Alcohol and other Drugs Council and Deafness Forum Australia.

Engagement activities throughout the Hub's development and implementation strengthened alignment across organisations and services, particularly women's health and broader gender equity work. Users described a sense of encouragement, motivation and shared direction through community of practice sessions and co-development activities.

'Feeling encouraged that there are many other organisations committed to gender-responsive health and working towards the same goals.' – 6-Week Challenge organisation.

'Hearing about women's health from non-healthcare employees has been refreshing and also outlines where our health systems fall short and can be improved upon (education, access to research).'" – CoP participant

Despite strong overall engagement, several challenges were identified:

- Minimal reach into Northern Territory and South Australia, linked to systemic infrastructure challenges such as lack of funding for independent state/territory women's health peaks. This impacted Alliance membership, engagement and reach in these jurisdictions, which staff capacity and resourcing were unable to respond to within the timeframe.
- Lower engagement from clinical stakeholders, attributed to resourcing gaps and challenges with drawing on clinical networks, as well as consistent feedback of time constraints for clinicians to participate in engagement activities during and after usual business hours.
- Minimal suggestions from external users of resources to add to the Hub library, suggesting scope to improve community-driven contribution pathways.
- Some challenges with collecting quantitative disaggregated data by sector and geographic location, as well as survey fatigue, that were unable to be rectified with the resources available for the project.



- While the 6-Week Challenge was designed to be a 'taster' that allowed organisations to identify initial actions to take in their workplaces, many participants commented that 6 weeks was a very short period to complete the modules and take action. They noted the value of having more time to integrate learning and reflect with colleagues, and then iteratively take further action.

Usefulness and relevance

Respondents consistently reported that resources and frameworks were highly relevant to their work and community context. Users described the Hub as timely, practical and relevant to contemporary social determinants and challenges such as cost of living, reproductive justice and mental health.

'I really liked the e-learning module. More of those on particular topics would be very welcome.' – Hub user.

'Getting involved with the Women's Health Hub after a few years away from professional roles in the women's health/gender sectors, the resources are highly informative, practical and useful for refreshing and improving knowledge.'
– Hub user.

'[Our] work directly relates to health and gender equity... we recognise that sexual healthcare is a human right.' – 6-Week Challenge organisation.

'[The Gendered Framework] informed both my personal experiences navigating the health system and my professional work as a designer. I now prioritise inclusive, accessible design that supports agency and helps people feel informed and empowered to advocate for their health needs.' – Hub user.

Participants across the 6-Week Challenge, e-learning modules and Community of Practice (CoP) sessions found the materials highly relevant and timely. As one regional women's health service noted:



‘The Gendered Framework has helped me reflect on how agency and structural barriers impact health, particularly for migrants and gender-diverse people.’ – Hub user.

Across 16 CoP sessions (years 1–3, including the 6-Week Challenge), participants affirmed the Hub’s role in fostering cross-sectoral dialogue.

- Participants represented sexual and reproductive health, LGBTQIA+ health, disability advocacy, women’s safety and multicultural organisations, along with individual lived experience advocates.
- Feedback praised AWHa’s facilitation style and session value.
- Peer connections were commonly cited as a key takeaway.

Accessibility and usability

Users described Hub content, including e-learning modules, as accessible, relevant and practical. E-learning user testing revealed a strong preference for plain language, multimedia content and inclusive examples. One 6-Week Challenge participant spoke to the quality of the material they encountered and were motivated to: ‘Share resources and training with team members.’

The Hub’s flexible structure and iterative co-development allowed organisations and individuals to tailor resources to their contexts. Users appreciated being able to integrate frameworks into different stages of organisational maturity.

‘In my own work, this course provides me with plain English definitions and explanations of concepts related to gender-responsive health that I could use to better communicate these concepts to others and advocate for change in my own workplace as well as in my personal projects as a pelvic pain advocate.’ – Introduction to Gender-Responsive Health e-learning course participant.

Summary

The project consistently met or exceeded benchmarks for delivery quality, as evidenced by participant feedback, usage data and thematic alignment with intended MEL outcomes. Despite some resourcing challenges in equitably engaging all jurisdictions and more clinical audiences, the co-development and implementation of the Hub reached a national footprint. AWHa successfully created trusted spaces for gender-responsive learning and exchange, produced high-quality content and catalysed organisational change in diverse health and community settings.



Key insight:

AWHA's gender-responsive facilitation model, centring lived experience, embedding intersectionality and enabling peer learning, was widely recognised as a strength, particularly by participants from structurally excluded populations.

Outcomes and impact

This section highlights the measurable and narrative outcomes achieved across the 3-year lifecycle of the Women's Health Hub project.

Intended short-term outcome

- Prevention partners (users) nationally have increased access to evidence-based knowledge on gender-responsive approaches.

Intended medium-term outcomes

Members and other prevention partners (users) have:

- an improved understanding of gender-responsive approaches for diverse groups of women
- a strengthened capacity to embed these approaches into policy, research and practice.

Drawing on survey data, evaluation reflections, analytics and thematic analysis, it presents early and emerging indicators of strengthened knowledge, practice change and policy influence across sectors.

Snapshot

- 100% (n=223) Hub user respondents reported increased knowledge of gender-responsive approaches to health.
- 90% (n=176) of Hub user respondents reported greater access to an evidence base on gender-responsive health approaches for priority populations.



Snapshot cont'd.

- 88% (n=211) of e-learning user respondents reported that the e-learning modules increased their understanding of gender-responsive health.
- 87% (n=194) of e-learning user respondents felt more confident applying gender-responsive health concepts in their work.
- 84% (n=187) Hub users agreed they have more capacity to take gender-responsive action.

'The co-development sessions and e-learning course have been particularly helpful in brushing up and expanding my knowledge of gender-responsive healthcare within an Australian setting. It has informed some of my current business practices (healthcare web design and communications), and I intend to apply more of the knowledge and resources as I plan to shift into a career in the digital health space.'

– Hub user.

'The Gendered Framework gave me awareness and a better understanding of the sector.' – Hub user.

'It has encouraged me to adopt a critical lens in thinking about the gendered nature of information, and where there may be gaps.' – Hub user.

The Women's Health Hub achieved significant short- and medium-term outcomes:

Outcome 1: Increased knowledge and confidence

Key findings:

- 87% of e-learning participants (n=79) reported increased knowledge of gender-responsive health after completing Module 1 of the Introduction to Gender-Responsive Health course.
- Reflections from 6-Week Challenge participants highlighted new awareness across all organisational levels, with all organisation respondents explicitly referencing strengthened staff knowledge or renewed commitment to learning.



- Across data sources, there was evidence of increased skill development and confidence to advocate for change. This included technical policy knowledge as well as relational and cultural capability.

'I have more knowledge of gender-responsive approaches to health and prevention.' – Hub user.

'Representatives were able to identify organisational values and practices that embody our commitment to gender-responsive health with new clarity.'
– 6-Week Challenge organisation.

Outcome 2: Capability building and evidence-based action

Key findings:

AWHA publications were widely applied in real-world contexts such as policy submissions, workforce training and program design. For example:

- A Gendered Lens on Acquired Brain Injury and The Gendered Experience of Chronic Conditions were cited in disability sector planning and awareness raising.
- 5 out of 7 organisations who participated in the 6-Week Challenge adapted specific checklists, guides, or templates provided through the Challenge or accessed from the Hub.
- 3 organisations in the 6-Week Challenge reported updates to communication materials and online presence to reflect more inclusive language and framing.

'We are considering including the completion of the e-learning program as part of our onboarding processes.' – 6-Week Challenge organisation.

'Since [organisation] is still in early stages of development, we have been thinking about developing internal policies that are gender-responsive.' – 6-Week Challenge organisation.



‘We redesigned our onboarding forms with guidance from the Challenge materials.’ – 6-Week Challenge organisation.

Outcome 3: Supporting systems change and embedding practice

It is our aim that over the long-term, for example, by 2030 at the end of the National Preventive Health Strategy (2021-2030) and National Women’s Health Strategy (2020-2030), the Women’s Health Hub will contribute to improved gender-responsive decision-making, informed health policy and implementation and strengthened advocacy by prevention partners nationally. This will improve the gender-responsiveness and quality of health services, policy and research across the health care system.

Emerging evidence of supporting systems change and prevention partners embedding gender-responsive practice was most strongly identified through the 6-Week Challenge.

Key findings from 6-Week Challenge:

- 5 of 7 organisations participating in the 6-Week Challenge implemented policy changes informed by the Hub, ranging from more inclusive leave and intake policies to new data collection processes for gender and disability.
- At least 4 organisations commenced integrating the e-learning course into onboarding or professional development pathways.
- Several described the experience as significant in embedding trauma-informed and intersectional practice at the organisational level.

‘We redesigned our onboarding forms with guidance from the Challenge materials.’ – 6-Week Challenge organisation.



Spotlight: 6-Week Challenge

The Challenge effectively built momentum for gender-responsive health across participating organisations. 5 of 7 groups identified workplace policies to review and improve, including leave entitlements and intake and data collection processes to better reflect diverse needs, caring responsibilities and health conditions that disproportionately impact women (for example menopause and endometriosis).

Designed as an intensive introduction, the Challenge supported participants to move from reflection to action, informing:

- internal policy reviews and onboarding improvements
- advocacy strategies
- service delivery improvements
- external communications.

More than 85% (n=6) of reflections reported organisational impact, with nearly half describing strengthened advocacy or systemic reform efforts. Participants applied tools and resources in practical ways, deepened their understanding and expressed a strong commitment to continuing this work.

Cross-organisational collaboration emerged as a key outcome, with shared resources and joint initiatives supporting community education and inclusive health access. The Challenge also prompted stronger integration of gender-responsive research and community voices, particularly for First Nations, CALD, LGBTQIA+ and disabled communities.

Despite time and resourcing constraints, early implementation and sustained interest signal the value of continued support and investment in this model.

The Women's Health Hub also elicited several positive unintended outcomes not identified in the original MEL framework but that were grounded in the co-development strategy principles of the project. These can be considered enablers to supporting systems change and embedding practice, aligning with and promoting effective implementation of existing national strategies (for example, principles and enablers of the National Preventive Health Strategy 2021-2030, principles of the National Women's Health Strategy, 2020-2030 and priority areas in Working for Women: A Strategy for Gender Equality).



Outcome 5: Equity-centred and community-informed approaches

Key findings:

- 4 Challenge reflections (C1) explicitly referenced improved inclusion of First Nations, CALD, LGBTQIA+ or disabled communities.
- 4 organisations who participated in the Challenge shared examples of applying frameworks to engage underrepresented groups in program planning and health education sessions.

‘We plan to design programs based on more co-design with communities, particularly for people impacted by violence and discrimination.’ – 6-Week Challenge organisation.

Outcome 6: Collaboration and shared learning

Key findings:

- 20 reflections (O2) described cross-organisation collaboration sparked through Hub activities.
- Examples included co-hosted events, resource sharing and mutual support around gender equity action plans.
- 2 organisations from the Challenge have planned to collaborate on joint outreach sessions to increase local women’s access to sexual and reproductive health information.

‘Learning from another participating organisation... services for young people are lacking in [major city] — this may be something we can support.’ - 6-Week Challenge organisation.

Outcome 7: Public visibility and strategic communication

Key findings:

- 4 Challenge participants (C2) started planning for new external communications strategies informed by gender-responsive health approaches, including podcasts, website updates and public education.
- The project enabled individual and organisational reflection, particularly around intersectionality, policy design and gender as a social determinant of health.



Many users highlighted how engaging in Hub resources or activities shifted their language and awareness.

Over the 6 weeks, we have learnt that we can provide spaces for women to discuss, pain and reproductive health. This helps women to understand women's symptoms for heart disease, diabetes and other common lifestyle diseases which have predominantly been promoted for symptoms for men, ... so women have more information on their own health care. – 6-Week Challenge organisation.

Cumulative impact

The project catalysed a ripple effect of change across sectors and geographies, with tangible shifts in:

- internal workplace practice, for example, policy updates, staff onboarding
- sectoral collaboration, for example, peer-learning, co-hosted events
- policy engagement, for example, submissions, advocacy campaigns.

'It has helped me reflect on how agency and structural barriers impact health, particularly for migrants and gender-diverse people.' - Hub user.

'We are now embedding gender-responsive frameworks into leadership strategy and service design. The Hub has reshaped our approach.' - 6-Week Challenge organisation.

While resourcing limitations, staff turnover and geography (for example, minimal reach in Northern Territory and South Australia) presented barriers to uniform uptake, there is strong evidence of meaningful short- and medium-term outcomes across the project's priority indicators.

'Congratulations for providing the practitioners and the community access to a better understanding of women's health resources and what it is to serve the sector.' - Hub user.



Learnings and reflection

This section captures what enabled the success of the refreshed Women's Health Hub, the challenges encountered and the critical lessons that emerged through sustained feminist, intersectional, gender-responsive and collaborative practice. Reflections from participants, the project team and partners reveal what it takes to build and sustain meaningful change in gender-responsive health.

Enabling factors

Several factors enabled the Hub's strong delivery and impact:

- **Trusted, iterative co-development:** Regular feedback loops and sector-led input shaped resources, training modules and implementation activities, ensuring continued relevance and uptake.
- **Funding continuity:** Multi-year investment allowed for deeper partnerships and relationship-building across a diverse national network.
- **Sector readiness:** There was clear demand for inclusive, evidence-based resources on gender, health equity and intersectionality, particularly from organisations and individuals in the public sector (for example, public health and policy), community sector (for example, women's health services, domestic, family and sexual violence, and grassroots women's health and gender equity advocacy groups). Anecdotal feedback also showed access to national networks of peak bodies and associations, including through the Health Peak Advisory Bodies Program supported collaboration and engagement.

Barriers and challenges

Despite strong engagement in the Hub's co-development, key challenges included the following:

- **Project scale versus team capacity:** A small part-time team (less than 1.5 FTE staff) held all responsibility for content development, administration, marketing communications and facilitation across a large national initiative.
- **Uneven engagement across jurisdictions and sectors:** Where stakeholder participation was limited (including in Northern Territory, South Australia and to some extent Western Australia), a larger investment is required to equitably reach regions and sectors with less women's health infrastructure, relationships and buy in.
- **Engagement of clinical and mainstream health practitioners:** Clinician engagement was hindered by time constraints, high workloads and a preference



for accredited training. Without formal recognition, many clinicians may not perceive the value of participating in co-development initiatives or non-accredited learning opportunities, limiting the project's reach and impact.

- Administrative load: Facilitation of small group-based learning, discussions and network building are critical to gender-responsive practice and co-development and require significant investments in time. These demands on top of content development, and the lack of a dedicated communications staff member to implement the communications strategy hindered reach to less engaged sectors (for example, private health), particularly during periods of intensive delivery.

Gender-responsive practice in action

The Hub modelled best practice by embedding intersectional principles throughout its processes:

- Shared authorship and voice: Co-authored publications and collaborative design ensured visibility of lived experience, grassroots knowledge and sector expertise.
- Trauma-informed, culturally responsive approaches: Every element, from community of practice sessions to online training, was designed with care to enable psychological safety, cultural inclusivity and accessibility.
- Accessible content design: Use of plain language, visual guides and inclusive real-world examples in e-learning and Hub resources increased usability, though opportunities remain to strengthen Easy Read and multilingual access.

Intersectional insights and practice shifts

Participants highlighted how intersectional framing shaped both what was created and how it was used:

- Lived and living expertise mattered: Input from First Nations women, people with disability, young people, and LGBTQIA+ communities influenced the content, language, tone and structure of resources. Some resources were co-authored with lived experience advocates. Processes such as recruiting the Policy Advisory group were also inclusive of and centred lived and living experience alongside professional experience.
- Inclusive language matters: Gender-inclusive, culturally safe and community-relevant language improved uptake and trust, particularly in policy and program materials. This also informed shifts in language amongst participants and the outputs they created such as policy publications and submissions.



- Responsive environments enabled change: Workplaces that supported open reflection and participatory learning demonstrated stronger embedding of gender equity practice.

Implications for future

This section outlines implications for future operations to maintain the Women's Health Hub and support AWhA's role as the national voice for women's health.

Sustainability and future investment needs

To scale and deepen the Hub's impact, future investment should prioritise the following:

- Increased resourcing: Invest in dedicated staffing to expand reach and access through ongoing administrative support, project coordination, and increase investment in ICT and marketing communications expertise.
- Long-term engagement mechanisms: Secure core funding and partnerships to deliver webinars, communities of practice and in-person sessions, particularly in rural and remote areas, as part of membership and stakeholder engagement. These sessions will align with e-learning objectives, contribute to and draw from Hub resources and expand access to improve research, policy and practice. They will also strengthen member-led advocacy and reinforce AWhA's leadership and expertise in women's health.
- Maintaining and evolving the Hub (including e-learning): Resource administrative support to manage resources uploads, quality control and expand the Hub's reputation as a core knowledge platform. Maintain continuous improvement of e-learning modules through scheduled reviews and updates to ensure accessibility, responsiveness to policy shifts and inclusive learning design.
- Targeted outreach strategies: Support targeted engagement with underrepresented jurisdictions, clinical stakeholders, and settings that may or may not specialise in women's health, are critical to health reform and ready to strengthen gender responsiveness. Enhance and expand the online e-learning challenge to strengthen the Alliance's cross-sector reputation as a leading voice in women's health.



Cross-sector strategic opportunities

The following opportunities across sectors can be adopted to expand reach and effectiveness of the Hub's influence across the broader health ecosystem.

- Formal endorsement by professional bodies: Seek endorsement of e-learning modules as continuing professional development (CPD) from peak health bodies, training bodies and associations (for example, Australian Primary Health Care Nurses Association (APNA), to improve uptake and recognition of e-learning in professional settings. Formal recognition would accelerate system-wide integration and elevate the Hub as a national reference point for gender-responsive learning, development and promotion of lived experience. Note that funding is required to resource the staffing required to achieve accreditation and endorsement.
- Embedding into pre-service education: Collaborate with universities and TAFEs to integrate the Gendered Framework and Hub resources into teaching materials for relevant health and social disciplines such as medicine, nursing, health sciences, public health, psychology, social work, midwifery, allied health, paramedicine and community services.
- Supporting cross-sector collective care infrastructure and practice: Institutionalise peer learning, mentoring and facilitated exchange with workplaces, organisations and groups across the broader health ecosystem to sustain momentum beyond the funding cycle, such as regular communities of practice sessions, 6-Week Challenge alumni events and cross-sector knowledge sharing. Consider how this can be integrated with leadership from organisational and individual members.

Strengthening strategic advocacy

AWHA's advocacy efforts are central to advancing gender-responsive health reform. The following strategies can support the Hub's role as a knowledge platform for joint member and supporter advocacy:

- Use this report and evaluation findings to demonstrate the importance of gender-responsive capacity building for health system reform.
- Continue to link the Hub to national policy priorities (for example, Working for Women Strategy, National Women's Health Strategy, National Preventive Health Strategy and Disability Royal Commission recommendations) and use it to advocate for gender-responsive health approaches throughout policy cycles.
- Draw on and expand Alliance membership to promote women's health expertise and support health peaks and institutions in integrating gender-responsive and equity-based approaches.



- Explore opportunities to advance health rights and improve access to information, resources and advocacy mechanisms for community members through the Hub.

'I'd like to see sustained ongoing up to date information on social trends, gaps and ways to successfully support women navigating them.' - Hub user.

'I'd love to see a more practical, easy-to-follow guide on how to find a GP or access support services. Navigating the health system in Australia can still feel overwhelming, especially for migrants or those unfamiliar with it.' - Hub user.

Enabling intersectional gender-responsive practice

The co-development model to refresh the Women's Health Hub has demonstrated the power of policy and content development that centres diverse lived and living experience, promoting the goal of gender and health equity for priority populations women and gender diverse people. Key recommendations to strengthen intersectional co-development include:

- Fund participatory evaluation, co-design activities and co-authored publications that embed lived experience and structural analysis.
- Support member organisations led by, and for, marginalised populations with core operating grants.
- Strengthen mechanisms for diverse member participation and representation in governance and policy influence.
- Expand future scope of Hub content and activities to encompass gender-transformative approaches. This will support more advanced organisations and individuals to build on their gender-responsive practice towards gender-transformative research, policy and service delivery.



Conclusion

The Women's Health Hub project has demonstrated the transformative potential of gender-responsive, intersectional and community-informed approaches to health system reform. Over 3 years, AWWA successfully delivered a revitalised Hub, expanded its reach and catalysed meaningful change across policy, practice and advocacy. The evidence presented in this report confirms that the Hub is a trusted national platform for knowledge mobilisation, capacity building and collective action. It has supported prevention partners to strengthen their understanding, confidence and capability to embed gender equity in health systems while amplifying the voices and leadership of women's health experts and lived experience advocates.

Key outcomes include:

- increased access to evidence-based resources and training
- strengthened organisational practice and policy reform
- expanded cross-sector collaboration and shared learning
- enhanced visibility and strategic communication around gender equity in health.

Importantly, the Hub has exceeded its original scope, emerging as a vehicle to support systemic advocacy. It has helped bridge gaps between sector insight and institutional change, offering a model for inclusive, rights-based health leadership.

As Australia continues to pursue a more gender-equal nation, including through a health system that responds to the needs of people of all genders, sustained investment in women's health leadership is essential.

The success of the Women's Health Hub affirms the value of long-term, intersectional and feminist approaches to health equity and the critical role of women's health organisations in shaping a system that works for all.



Appendices

Appendix 1: Mapped program logic indicators and supporting evidence

Indicator type	Indicator	Evidence source	Key insights
Outputs	Number of policy publications	Project records	21 policy publications developed and released including the Gendered Framework.
	Number of events	Project records	21 co-development sessions, 16 CoP sessions.
	Number of online education and training materials released	Project records	5 e-learning modules (2 foundational + 3 bonus modules).
	Number of users/views	Website analytics	>98,600 total Hub views, >58,400 from Australian users. Top viewed resources ranged from 550 to >3,000 views.
Quality	Usefulness	E-learning surveys, End-of-project evaluation survey	High engagement reported across modules. 86%+ found learning useful; multiple quotes refer to applying knowledge in policy, services, and design.
	Accessibility	Website, surveys and feedback quotes	Hub users praised access to downloadable, easy-to-use resources. E-learning was described as 'refreshing,' with reflective language and relevance to rural/remote contexts.
	Intersectionality	Surveys, usage data	Resources on culturally and linguistically diverse (CALD) women, LGBTQIA+ communities, women with disability, trauma and mental health were among most accessed.
	Relevance	CoP, e-learning, policy publication use	Strong uptake in mainstream and community organisations. Users applied tools to workplace policy reviews, inclusive service design and funding applications.



Outcomes	Knowledge	Pre- and post- e-learning data	Increased awareness of trauma, intersectionality and gender in health systems.
	Confidence	6-Week Challenge data and end-of-project evaluation survey	Participants reported increased confidence in applying gender lens in program design, advocacy and team conversations.
	Capacity and action taken	6-Week Challenge action plans, e-learning user survey quotes	Evidence of action at organisational level: policy review, gender-based language use in written communications and funding submissions. See Appendix 2 for list of intended actions.
	Policy/practice influence	End-of-project evaluation surveys, resource downloads	Use in grant writing, policy frameworks, sector strategies. The Gendered Framework used in women's health services and health peak bodies.



Appendix 2: Summary list of intended actions

The following is a condensed summary of intended actions by e-learning users after completing modules.

Organisational and public policy

- Review and update organisational policies and procedures to ensure gender responsiveness.
- Integrate gender-responsive frameworks into workplace practices and planning.
- Rethink and revise intake forms using inclusive language.
- Apply a gender-critical lens to public policy analysis, identify and address gaps.

Awareness and education

- Promote awareness of gender equity and health disparities.
- Educate colleagues and teams on gender-responsive healthcare.
- Share resources (including from the Women's Health Hub).
- Share examples of gender-responsive actions.
- Encourage engagement with e-learning modules and training.

Language and communication

- Use inclusive, gender-appropriate language in all communications.
- Clarify and respect pronouns in service delivery.

Intersectionality and equity

- Consider intersectionality in daily interactions, service design and policy writing.
- Address barriers faced by rural and remote communities.
- Address barriers experienced by culturally and linguistically diverse women.
- Tailor interventions to diverse beneficiary groups.

Research and evaluation

- Read and apply research on gender, trauma and health.
- Improve evaluation methods to reflect gender equity.

Advocacy and influence

- Advocate for gender-responsive care.
- Involve people with lived experience in resource development.
- Discuss issues of gender with family, friends and colleagues.



Appendix 3: Thematic coding

Code	Theme	Project objective alignment	MEL outcome alignment
A1	Advocacy Priorities	Inform advocacy and evidence-based policy positioning for gender-responsive health.	Increased visibility and reach of AWhA's national role, strengthened advocacy outputs.
A2	Health System Reform	Contribute to systems-level improvements in women's health.	Improved gender-responsive approaches to prevention and health system navigation.
A3	Research and evidence	Build gender-responsive knowledge base and share policy-relevant research.	Evidence base strengthened for priority populations; resources used in program/policy design.
R1	Resources and tools	Create accessible, sector-informed, intersectional tools.	Hub resources accessed, applied and shared, capacity building of member organisations and stakeholders.
R2	Events and learning	Deliver capacity building activities and shared learning forums (CoP, webinars, e-learning).	Knowledge and skills increased across diverse organisations, broadened reach through webinars and training.
C1	Community engagement and representation	Centre diverse lived experiences, ensure inclusion of First Nations, rural, disabled, CALD, LGBTIQA+ voices.	Priority populations meaningfully represented and participating, sector-wide intersectionality embedded.
C2	Communication and visibility	Amplify women's health work and expand reach.	Media, newsletters, and Hub viewed by wide and relevant audience, increased recognition.
O1	Organisational role or direction	Clarify AWhA's leadership, coordination, and future capacity as a peak body.	Strengthened strategic role of AWhA, support for AWhA articulated by stakeholders.
O2	Collaboration and partnerships	Support cross-sector partnerships, shared learning and resource development.	Broadened stakeholder engagement, cross-sector co-authorship and co-development, shared ownership.



Appendix 4: Policy publications

The following policy publications were developed, published and disseminated during the Women's Health Hub project. Visit AustralianWomensHealth.org to access:

1. A Gendered Lens on Acquired Brain Injury
2. Glossary of Terms
3. Organisational Anti-Discrimination Statement
4. Policy Brief: Abortion
5. Policy Brief: Addressing Intersecting Gendered Barriers to Universal Access and Equity
6. Policy Brief: Addressing the Gendered Nature of Violence and its Health Impacts
7. Policy Brief: Eliminating Gendered Health Discrimination
8. Policy Brief: Enabling Agency in Health Care
9. Policy Brief: Investing in Official Development Assistance
10. Policy Brief: Making Models of Care Gender-Responsive
11. Policy Brief: Menopause and Perimenopause
12. Policy Brief: Rebalancing Care, Work and Health
13. Policy Brief: Reproductive Health Leave
14. Policy Brief: Strengthening Gender Equity Through Research and Evidence
15. Policy Brief: Why Women's Health
16. Reflection on the National Aboriginal and Torres Strait Islander Women's Health Strategy (2010–2020)
17. Statement on the Importance of Displaying Flags in Health Care Settings
18. The Gendered Experience of Chronic Conditions: Insights, Challenges and Opportunities
19. The Gendered Framework for Action on Prevention and Healthcare
20. The Importance of Women's Health: 2024–25 Federal Budget Policy Brief
21. Towards Climate, Health and Gender Justice: Addressing the Intersecting Impacts of Climate Change

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