Technical Guidance Note on Measuring Women's Empowerment in the Global Health Sector

PUBLISHED MARCH 2021

CanWaCH
Canadian Partnership for Women and Children's Health

CanSFE
Partenariat canadien pour la santé des femmes et des enfants

About

The Canadian Partnership for Women and Children's Health (CanWaCH) is a proud membership of more than 100 non-governmental organizations, academic institutions, health professional associations and individuals partnering to improve health outcomes for women and children in more than 1,000 communities worldwide. Learn more at **www.canwach.ca**

Recommended citation: CanWaCH (March 2021). Technical Guidance Note on Measuring Women's Empowerment in the Global Health Sector. Available at **www.canwach.ca**

Acknowledgements and Disclaimers

CanWaCH gratefully acknowledges the primary authorship and research of Dr. Elizabeth Dyke, as well as the contributions of multiple editors and expert consultants from within and outside of CanWaCH. Contributions from Global Affairs Canada, CanWaCH Metrics Working Group and Gender Equality Working Group, and multiple civil society organizations and subject-matter experts from across Canada were essential for the development of this note. Thank you in particular to Talia Glickman for her vital contributions to this project.

This note uses the language of women, girls, boys, and men when talking about gender and gender equality, as it draws extensively on scientific literature and sector publications which use this language. CanWaCH recognizes the diversity of gender expression and experience across communities around the world, and acknowledges that binary language erases this experience. It is hoped that the guidance contained in this note may be applicable and useful to initiatives working on measuring empowerment with gender-diverse communities, and more broadly, that additional future guidance will be available in this regard. CanWaCH also acknowledges that the terminology of "women and girls" is used frequently throughout the note, which effectively combines the experience of females of all ages, when these experiences are in fact quite diverse. Current literature tends to put more of a focus on women, or women of a reproductive age, with no further delineation. Therefore, while much of the guidance and resources in this note will be applicable to women, girls, and adolescent girls, care should be taken to consider the unique needs of adolescents in particular. Additional guidance on measuring empowerment of adolescent girls may be needed.

This note is under active review and consultation, and recommendations are encouraged. Please contact Jessica Ferne, Director, Global Health Impact at **jferne@canwach.ca** to participate more in this process.

Acronyms

ANC	Antenatal care
CanWaCH	Canadian Partnership for Women and Children's Health
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women
DHS	Demographic Health Surveys
FIAP	Canada's Feminist International Assistance Policy
GAC	Global Affairs Canada
GBA+	Gender Based Analysis +
GEM	Gender-Equitable Men scale
GoC	Government of Canada
NGO	Non-governmental organization
PTL	Project Team Leaders
RBM	Results-Based Management
RH	Reproductive health
WHO	World Health Organization

Table of Contents

1 Introduction 5

1.1 Objectives of the Guidance Note 5

1.2 Why Measuring Women's Empowerment in Global Health is Important 5

2 Women's Empowerment in Global Health: Definitions and Concepts 6

2.1 Feminist Monitoring and Evaluation 7

3 Considerations for Measuring Women's Empowerment 8

3.1 Multiple domains of women's empowerment 8

3.2 Women's empowerment is context specific 8

3.3 Change across multiple indicators takes time 10

3.4 Developing women's empowerment measures 10

3.5 Limitations and Challenges 11

4 Guidance on Incorporating Measuring Women's Empowerment in Global Health Initiatives 12

4.1 Steps in Measuring Women's Empowerment 12

4.2 Ultimate Outcome Level Measures 13

4.3 Intermediate Outcomes Level Measures 14

4.4 Immediate Outcomes Level Measures 14

4.5 Output Level Measures 14

4.6 Example Indicators (Intermediate and Immediate Outcomes) for Different Domains 15

4.7 Data collection methods and frequency 18

4.8 Data collection ethics 18

4.9 Qualitative Data Collection Methods 19

5 Results Chain Examples from GAC 20

6 Checklist for Measuring Women's Empowerment 21

7 Appendix A: Methods Used to Develop the Guidance Note 24

8 Appendix B: List of Academic References Included in Review 25

9 Appendix C: List of Grey Literature Included in Review 28

10 Appendix D: List of External Measures, Tools and Manuals for Further Information 29

11 Appendix E: Global Affairs Documents 32

12 Appendix F: References Cited 33

1 Introduction

1.1 Objectives of the Guidance Note

Recognizing the critical role of women's empowerment in achieving global health and women's rights outcomes, the objective of this guidance note is to support measurement of women's empowerment in global health initiatives, particularly for those projects that are included as part of Canada's 10 Year Commitment to Global Health and Rights. This note is oriented toward non-governmental organizations, Global Affairs Canada (GAC), and other stakeholders that adhere to GAC's gender equality policies and Results Based Management (RBM) methodology.

This note is an accompaniment to the following GAC policies and guidance:

- The **Feminist International Assistance Policy (FIAP)**, Action Area 2.2: Human Dignity
- GAC's guidance on **Results-Based Management (RBM)**
- GAC's **Gender Equality Toolkit For Projects**

1.2 Why Measuring Women's Empowerment in Global Health is Important

This guidance note is grounded in GAC's gender equality guidance and a women's rights based approach to health, framed by **The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)** and the **Beijing Declaration on Women.**

In preparing this note, existing research suggests women's empowerment plays a key role in global health, including for reproductive health [1], maternal and child health outcomes [2], and children's nutrition [3, 4] among other health outcomes. Moreover, empowerment is critical to ensure a sustainable impact on health [5].

Furthermore, as identified in GAC's Feminist International Assistance *Gender Equality Toolkit for Projects*:

> *"The empowerment of women and girls is central to achieving gender equality. It is about women/girls – taking control over their lives, setting their own agendas, gaining skills, building self-confidence, solving problems, and developing self-reliance. It is not only a collective, social and political process, but an individual one as well – and it is not only a process but an outcome too. Outsiders cannot empower women: only women can empower themselves to make choices or to speak out on their own behalf. Through empowerment, women become aware of unequal power relations, gain control over their lives, and acquire a greater voice to overcome inequality in their home, workplace and community" [6].*

That said, the notion that women's empowerment is key for improved health outcomes is an instrumentalist framing. When measuring empowerment, it is important to primarily take a rights-based approach, with the acknowledgement that instrumentalist benefits (i.e. improved health outcomes) do exist. However, this is not always the approach employed across the academic literature - the current body of evidence on empowerment and health often primarily utilizes an

instrumentalist orientation. This note responds to the literature as it currently exists, but this should not preclude the use of a rights-based approach in global health programming.

Women's empowerment measures used in donor funded projects have multiple purposes including: accountability to citizens benefitting from the project and donors, project performance, quality improvement, and learning. At the same time, it is imperative that **the process itself of measuring women's empowerment needs to empower women**. An initiative needs to carefully consider how the selected measures of women's empowerment will function for each purpose, ensuring that the voices of women and girls are at the center of the approach to measurement.

2 Women's Empowerment in Global Health: Definitions and Concepts

There is no single definition of women's empowerment, and related concepts such as "autonomy" [7, 8] and "agency" are also interconnected with women's empowerment as pathways to gender equality [9]. Kabeer's definition of women's empowerment tends to be used the most in the scientific literature:

> *Empowerment is "the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them" [10].*

A review of the literature confirms consensus that empowerment as a construct is abstract and fluid, and that it is difficult to assess the transformational nature of empowerment [14].

Before determining measures of assessment, an initiative should develop or adapt a **conceptual model of women's empowerment**. As a companion to an initiative's theory of change, a conceptual model identifies the multiple domains of women's empowerment and their relationship to each other within the context of the initiative. This conceptual model of women's empowerment informs the gender equality strategy, the logic model, the theory of change narrative, and selected indicators, along with providing a framework for analysis of women's empowerment throughout the initiative's lifecycle.

EXAMPLES:
Kabeer's seminal three dimensional model of women's empowerment has three elements: resources, agency, and achievements [7]. Morgan et al [11] identify examples of health-specific conceptual frameworks for women's empowerment, and the Bill and Melinda Gates Foundation has developed [12] a model of women's empowerment using "power to", "power with" and "power within", approaches, also framed by Kabeer's dimensions. Many conceptual models used by non-governmental organizations similarly use the dimensions of resources, agency, and institutional structures [13] [10].

What is common to all definitions and conceptual models is the understanding that women's empowerment is multifaceted, complex, and nonlinear. It is both a process and an outcome [12, 14].

2.1 Feminist Monitoring and Evaluation

Feminist monitoring and evaluation is an approach that emphasizes participation, challenges power relations, and brings voice to those who have traditionally not held power. In feminist monitoring and evaluation, women and girls have agency as full participants in the collection, analysis, and use of data, and have power over the narratives that are told about them. Feminist monitoring should be done routinely, including engaging women and girls in data collection, analysis, and use. Detailed guidance on feminist approaches to monitoring and evaluation should be referenced and used in evaluation planning.

Feminist monitoring and evaluation can be expensive and time-consuming, and requires specific expertise. As a critical piece of women's empowerment, feminist monitoring and evaluation needs to be appropriately resourced and planned at the beginning of the project, and included in the gender strategy and monitoring and evaluation plan.

While feminist monitoring and evaluation practices, such as using a co-creation process and ensuring that women and girls have ownership over their data, are recommended throughout this note, there is much more to feminist monitoring and evaluation than is possible to be covered in the scope of this text. Furthermore, we acknowledge that there exists a tension between some of the recommended guidance available in existing literature, and feminist principles and methods. These challenges, and associated strategies, should be discussed between stakeholders as part of the project development process. For further guidance please see Appendix D.

Resources on Feminist Monitoring and Evaluation:

Haylock, L. & Miller, C. (2015). **Merging Developmental and Feminist Evaluation to Monitor and Evaluate Transformative Social Change**

Oxfam. (2020). **Guidance Note on Feminist MEAL.**

Oxfam. (2017). **Applying Feminist Principles to Program Monitoring, Evaluation, Accountability, and Learning.**

Podems, D.R. (2014). **Feminist Evaluation and Gender Approaches: There's a Difference?**

Podems, D. & Negroustoueva, S. (2016) **Feminist evaluation**. BetterEvaluation.

3 Considerations for Measuring Women's Empowerment

3.1 Multiple domains of women's empowerment

Given that women's empowerment is multifaceted, it is important to collect and analyze data across multiple relevant domains of women's empowerment [13] for the given global health initiative. Change in a single domain is generally insufficient to increase the empowerment of women and improve health outcomes.

Examples of women's empowerment domains that correlate to health include, but may not be limited to [7]:

- household decision-making,
- reproductive decision-making,
- sexual decision-making,
- mobility/freedom of movement,
- financial autonomy/economic power,
- marriage or relationship characteristics,
- freedom from control by partner of family,
- gender attitudes/beliefs of women or partner,
- exposure to public life,
- contraceptive/family planning knowledge,
- spousal communication, [1]
- self-perception/efficacy,
- freedom from violence,
- collective agency,
- representation in community groups,
- nutritional status.

It is important to measure empowerment across a number of domains

3.2 Women's empowerment is context specific

One of the reasons that concepts of women's empowerment are extremely difficult to generalize is that empowerment is complex [1, 3, 12, 14], relative, culturally specific, non-linear, and context-dependent.

There is therefore no standardized way to measure women's empowerment. There is no one measure, index, or indicator, and no conclusive agreement, on how to measure women's empowerment, or policies associated with women's empowerment [13].

3.2.1 The importance of defining empowerment locally

Historically, empowerment has rarely been locally defined [1] and has instead been defined (and imposed) by actors within a government or international NGO. It is critically important to have the girls and women from the initiative themselves define what empowerment means to them. This is necessary to ensure that the selected measures are

relevant [14] and that women and girls exercise agency in the measurement process. Definitions of what empowerment means vary by country, context, and population (such as between adult women and adolescent girls). Intersectionality and the diversity of lived experiences of women and girls (this may include: age, socio-economic status, sexual orientation, religion, ethnicity, and other factors) [12] also need to be considered in the analysis of women's empowerment measures.

INTERSECTIONAL CONSIDERATIONS:

- Country
- Region
- Rural/Urban
- Age of the women/girls
- Marital status
- Intersectionality (gender and sexual identity, socio-economic status, religion, ethnicity)
- Male involvement
- Level of measure (e.g. individual, household, policy levels)

3.2.2 Measures for empowerment differ by context

There are many indicators that have been shown to measure women's empowerment with mixed or contradictory findings, in terms of how they correlate with health outcomes. These depend on the context (for example. varying by country [15], region, age of the girls/women, rural/urban setting, etc). Some have positive associations, others negative associations, and still others show no association at all [1]. Single women's empowerment measures can also be positively or negatively associated with various healthcare behaviours or outcomes, depending on the context.

EXAMPLE:

Freedom of movement (from the Demographic Health Survey (DHS)) is a common measure that is correlated with women's empowerment [7]; however, this was largely developed and tested in Southeast Asia and is particularly applicable for this geographical region. It has not been shown to be as strongly correlated to health outcomes in many countries in sub-Saharan Africa.

EXAMPLE:

Male accompaniment of women to antenatal care (ANC) visits has been shown to be both positively or negatively associated with women's empowerment [16] in different initiatives: her solitary presence at these visits may reflect her autonomy and ability to make decisions, or may reflect the lack of support received from her partner [7].

Therefore, no single women's empowerment indicator can or should be used for all global health initiatives, as doing so is not feasible.

3.2.3 Consider the target populations

Target populations for the initiative need to be considered when measuring women's empowerment. The following are some of the nuances that are not always considered:

- Many indicators focus on married women, leaving out unmarried women [1].
- Surveys do not always include "couple data" (including measuring male involvement) [1] to compare/match what a wife might report versus what a husband reports.

- There is a lack of information on indicators for measuring adolescent girls' empowerment (particularly 10-14 years of age who are not included in the DHS) [13, 17].
- **Note:** One set of measures identified in the grey literature is the Global Early Adolescent Study [18].

UNIQUE CONSIDERATIONS WITH ADOLESCENTS:
Much of the available literature focuses on the empowerment of 'women and girls' and sometimes, this delineation unintentionally excludes a distinct age group – adolescents. While there are tools and examples including adolescents throughout the note, it is common for this age group to be aggregated with others, when in reality, the experience of adolescents is unique. Within the parameters of this guidance note, this issue cannot be explored in-depth. However, projects working with adolescents are encouraged to consult some of the resources from the Global Early Adolescent Study (see Appendix D) which may provide a useful starting point.

3.3 Change across multiple indicators takes time

It takes time to see changes across multiple indicators of women's empowerment. **It is not realistic to expect major change in a short period of time** [12, 14]. This is also why it is important to develop leading women's empowerment measures at the output, immediate outcome, and intermediate outcome levels that can be measured on a more frequent basis.

Measure empowerment at the output, immediate, intermediate, and ultimate outcome levels.

3.4 Developing women's empowerment measures

Most of the available literature focuses on indicators for women's empowerment collected using a coverage survey. Some of these measure empowerment using single variables, summative scales in a particular domain, or through the development of a composite scale or an index [1]. Gender-based analysis + (GBA+) may include development of scales or indices for the purposes of developing the initiative's gender equality strategy. For performance measurement, **single variables – as opposed to composite measures – are recommended for intermediate level outcomes** to demonstrate a change in behavior or practice. **Ultimate outcomes may use composite scales or indexes** using multiple domains to measure a change in empowerment as a state of being.

QUALITATIVE INDICATORS FOR GAC REPORTING:
Of note, GAC considers women's empowerment indicators that are collected using survey data to be "qualitative indicators" as they are categorical data. This is an important consideration for partners when reporting on data through GAC frameworks.

Depending on the project and context, much of the available literature cites the use of questions on **decision-making** to measure empowerment [7] (typically using the Demographic Health Survey) [19]. **Attitudes to violence** are another set of important indicators that measure social norms (also measured in the DHS). While indicators such as **increases in the use of contraceptives** have in the past been helpful to measure women's empowerment, changes over time including increased access to contraceptives have meant that these indicators may no longer be correlated with women's empowerment [20].

A number of scales and indices have been tested and validated to measure empowerment (depending on the context) including:

Name	Description
SWPER	14 questions tested in Africa and Asia (Social independence, decision-making, and attitude to violence domains) [21-23]
WE-MEASR	(CARE): 20 short scales measuring the domains of sexual, reproductive and maternal health [24]
Reproductive Empowerment Scale from Measure Evaluation	Used for females 15-49 who have a spouse/partner (including domains of reproductive health (RH) healthcare provider communication, RH partner communication, RH decision-making, RH social support, RH social norms) [25]
Participation of women in household decision-making index	(Measure Evaluation): measures women's participation in decisions on determining own healthcare, making large household purchases, and visiting family or relatives) [26]
Global Early Adolescent Study	This measures socio-demographic and contextual characteristics, health and behaviours (including sexual and reproductive health knowledge, violence) and perceptions of gender norms and attitudes [18].
RADAR project	(Johns Hopkins University): simplified coverage survey using the DHS methodology which includes women's empowerment measures along with guidance on analysis. **https://www.radar-project.org/coverage-survey**

Note: Male engagement should also be included in the Theory of Change and measured [13]. One of the scales suggested for this is the attitudes towards gender norms scale (GEM scale) [27].

Other organizations, particularly multilateral institutions, also have indices but it is not always clear if these are validated [28]. Some gender indices (for example: Gender Empowerment Measure, Gender-related Development Index, The Global Gender Gap Index, Gender Equity Index, Social Institutions and Gender Index, and Gender Inequality Index) may also be correlated to some health outcomes, as may other indices such as the Corruption Index [29]. The challenge with indices is that initiatives may lose the specific data that is important for program staff. Indices are usually unsuitable for project performance measurement, given that they are estimates not designed for measuring change over time [14].

Other measures and tools for women's empowerment can also be found in **Appendix D****.**

3.5 Limitations and Challenges

Validation and Contextualization: Many indicators for women's empowerment are not validated [13]. While validated tools and measures are often an excellent starting point, when piloting new measures, and/or adapting or creating measures specific to the context, validation is not always possible, and it may be necessary to pilot new measures that have not been validated. Indeed, the very process of contextualizing indicators frequently affects their validation. Therefore, validated measures can be seen as a 'gold standard' – where possible and applicable to the project and context they are ideal, but in most cases, it is not feasible to solely use validated measures. It is important to be thoughtful and deliberate when making changes to validated measures, and to investigate if others have similar

experience adapting these measures. Adapting measures can be a very involved process, so depending on the time and resources available, it may be more feasible to use measures already validated in the context.

DHS: Much of the data collected on women's empowerment is self-reported and cross-sectional; as such, causality cannot be determined [1]. While the DHS is comparable across countries, there are concerns over **lack of validation** of these indicators [7], about **applicability and specificity** depending on context, on **interpretation** if husbands and wives disagree, and on **potential bias** (such as social desirability bias - when respondents answering questions in the way that the respondent thinks the interviewer wants them answered) [30]. Comparisons, over time and between countries, are difficult as empowerment is fluid within contexts as well as between them. Additionally, available DHS data may not align with the time period of the project, significantly limiting utility.

Levels and Domains: Ecological levels beyond 'household' should be considered when developing any measures, such as policy and institutional levels. Unfortunately, there is limited research done on what indicators should be measured at other ecological levels besides household level [2]. Moreover, there has been a greater focus on certain domains of women's empowerment (such as decision-making) compared to others (such as institutional or policy measures), making it challenging to recommend indicators in the latter areas [1]. There is general agreement that more research is needed on measuring women's empowerment in a rigorous way [1], including validated measures and scales [13, 31].

Mixed Methods: There is general agreement that mixed methods is the best approach for measuring women's empowerment. However, there is a lack of searchable literature demonstrating best practice qualitative methods to monitor, evaluate, and research women's empowerment [7]. It is therefore important that organizations engaging in this work are able to share examples of their work to support collective learning in this area. See below for more discussion on qualitative methods.

However, despite these limitations, it is important that women's empowerment be measured in GAC-funded programs given their significance.

4 Guidance on Incorporating Measuring Women's Empowerment in Global Health Initiatives

4.1 Steps in Measuring Women's Empowerment

The following steps include important considerations when developing measures for women's empowerment:

1. The theoretical model or theory of change for the intervention needs to clearly articulate the selected women's empowerment domains, using GBA+ to identify those domains where women and girls are disempowered [13]. It is important to be clear what activities will lead to which outputs that will then lead to outcomes in the short and long term. The theory of change should be based on research of what is known, as well as experience of the involved organization(s) and the community(ies). More information on how to develop this theory of change can be found in GAC's RBM guidance (e.g. p. 69) [32]. As part of this work, it should be clear why you are measuring empowerment, which domains of empowerment are applicable, and what success would look like [12] for the intervention. The theory of change should be co-created with the women/girls in the communities, as well as women's organizations, where you are working. **For further resources on developing a theory of change, please see Appendix D.**

2. A combination of indicators should be used depending on the size and scope of your project and the domains covered. Some of these indicators may be evidence-based, and some may be practice based.
3. Validated measures or scales for empowerment should be used where possible, or as a starting point [13, 31]. Furthermore, measures should be adapted to the outcomes, country, and context (using an intersectional analysis lens) [13]. These measures should be based on existing evidence of what is already known about how best to measure women's empowerment in that particular context.
4. Where possible, empowerment should be measured at different socio-ecological levels, including individual, relational, institutional, and policy/structure levels.
5. Multiple measures should be used rather than relying on only one or a few measures, and these should be measured at output, immediate outcome, intermediate outcome, and ultimate outcome levels, demonstrating a clear women's empowerment change pathway– at each level, agency/autonomy and resources should be included.
6. All women's empowerment indicators must measure an outcome. There should be no orphan indicators in the PMF; that is, indicators that do not relate to the other indicators in the logic model. However, while this is true for official indicators included in the PMF, at the project level, it is often common practice to utilize specific indicators for project management purposes).
7. Data collected (even beyond empowerment indicators) must be disaggregated by sex, as well as other key demographics relevant to the project (such as age, marital status, rural/urban location, etc.). Women and girls should have ownership over their data at all stages.
8. There needs to be an analysis and use plan for all data collected on women's empowerment. Data should not be collected without a plan for use.

The GAC document **How Projects are Coded for Gender Equality** outlines examples of GE-3 coded projects (targeted/specific projects in terms of gender equality and the empowerment of women/girls), where all intermediate outcomes in the logic model focus on gender equality. GE-2 coded projects have at least one intermediate outcome on gender equality. This document includes examples of GE-3 coded projects and logic models [33].

4.2 Ultimate Outcome Level Measures

At the ultimate outcome level, results articulate a change in **state**. For global health initiatives with a focus on women's empowerment, this is usually a change in **health status alongside a measure of empowerment.**

Examples include:

- Maternal mortality (e.g. maternal deaths per 100,000 live births)
- Life expectancy for women/girls and men/boys (e.g. life expectancy at birth)
- Adolescent fertility rate
- Women's empowerment index

This data can often be found in the DHS or can be collected in coverage surveys.

4.3 Intermediate Outcomes Level Measures

At the intermediate outcome level, results articulate a change in behaviour or practice. Women's empowerment measures on **decision-making, social norms, and access to services** in global health projects can be used at the intermediate level outcome. They can be single variables, scales, or indexes.

Examples include:

- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (%) [34]
- Proportion of women aged 15-49 who make their own decisions on health care (%)

This data can often be found in the DHS or can be collected in coverage surveys. See below.

4.4 Immediate Outcomes Level Measures

At the immediate outcome level, results articulate a change in knowledge, skills, attitudes, and willingness. Women's empowerment measures can measure a change in intermediaries and/or beneficiaries. In global health projects, these can include **knowledge of rights and health, skills to provide equity-oriented health care,** and **attitudes toward harmful practices.**

Examples include:

- Proportion of men and women who agree or partially agree that a husband is justified for hitting his partner under various situations (%) [27]
- Proportion of all women who know of any contraceptive methods, by specific method (%) [12]

This data is usually primary data, collected routinely through a project's monitoring and evaluation system. See below.

4.5 Output Level Measures

Outputs are the direct products or services stemming from the project activities. Outputs should demonstrate clearly that the project is undertaking activities that are expected to result in the empowerment of women as articulated in the initiative's theory of change.

OTHER RESOURCES FROM GAC ON INDICATORS RELATED TO WOMEN'S EMPOWERMENT:

Global Affairs Canada. (2016). Results-Based Management for International Assistance Programming at Global Affairs Canada: A How-To Guide (Second Edition). Retrieved from https://www.international.gc.ca/world-monde/assets/pdfs/funding-financement/results_based_management-gestion_axee_resultats-guide-en.pdf

Global Affairs Canada. (2017). Canada's Feminist International Assistance Policy. Retrieved from https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/policy-politique.aspx?lang=eng (See Key Action Area Key Performance Indicators)

Global Affairs Canada. (2019). Feminist International Assistance Gender Equality Toolkit for Projects. Retrieved from https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-trousse_outils_egalite_genres.aspx?lang=eng

Government of Canada. (2019). Feminist International Assistance Policy Indicators. Retrieved from https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/fiap_indicators-indicateurs_paif.aspx?lang=eng&_ga=2.40801506.1714417929.1610931418-1720464358.1602633489

4.6 Example Indicators (Intermediate and Immediate Outcomes) for Different Domains

The chart below outlines some indicator examples at the intermediate and immediate outcome level by domain. Note that changes in behaviours are typically reported based on the respondent's experience and are at the intermediate outcome level. However, if the indicator is less specific (for example: assesses perceptions about what is acceptable generally in the community versus actual self-reported behaviours), these are typically measuring attitudes and are at the immediate level. This distinction is not always clear cut, and may depend on your theory of change.

Some of the indicators included below measure empowerment directly (that is, measuring areas such as agency and decision-making), and some indicators are proxies that are correlated with empowerment, often measuring the enabling environment. While these indirect indicators are important tools, proxies alone do not indicate empowerment.

Outcome Level	Change	Domain	Indicator Example	Methods/Sources
Intermediate Outcome	**Change in Behaviour or Practice (Individual)**	Decision on own health care	Proportion of women aged 15 - 49 who make their own decisions on health care (%)[1]	DHS
		Decisions on reproductive and sexual health	Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (%)[2] [34] Proportion of women age 15-49 who can say no to their husband if they do not want to have sexual intercourse (%)[3] Proportion of men who say their wife can say no to them if they do not want to have sexual intercourse (%)[4]	WHO [34] See also: Reproductive Empowerment Scale [25]
		Mobility/freedom of movement (women's freedom to leave the home)	Proportion of women aged 15-49 who are able to go alone to a relative's house inside the village (%); see other examples in footnote[5] [35]	
		Leadership/exposure to public life: Women's group membership/ participation in women's advocacy groups, support groups, micro-credit and finance/savings groups [36, 37]	Proportion of women who are members of a formal or informal group (%) [12]	Coverage survey [12]

1 Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?

2 1. Can you say no to your (husband/partner) if you do not want to have sexual intercourse? Yes, No, Depends/Not Sure 2. Would You Say That Using Contraception Is Mainly Your Decision, Mainly Your (Husband's/ Partner's) Decision, Or Did You Both Decide Together? – Mainly Respondent ,Mainly Husband/Partner, Joint Decision, Other Specify 3. Who Usually Makes Decisions About Health Care For Yourself? – You, Your (Husband/Partner), You And Your (Husband/Partner) Jointly, Someone Else? A woman is considered to have autonomy in reproductive health decision making and to be empowered to exercise their reproductive rights if they (1) can say "NO' to sex with their husband/partner if they do not want to, (2) decide on use/ non-use of contraception and (3) decide on health care for themselves

3 For calculation, see: https://dhsprogram.com/data/Guide-to-DHS-Statistics/Ability_to_Negotiate_Sexual_Relations_with_Husband.htm

4 For calculation, see: https://dhsprogram.com/data/Guide-to-DHS-Statistics/Ability_to_Negotiate_Sexual_Relations_with_Husband.htm

5 Are you allowed to go alone to a relative's house inside the village? [Follow up with] Are you allowed to go to the school alone or with friends? Are you allowed to go alone to meet your friends for any reason (to get school notes, chat, play etc.)? Have you ever gone to the market within your village to buy personal items with friends? (no guardians) Have you ever gone to the market within your village to buy personal items alone? Have you ever attended any sort of community events/activities? (Ex: fair, theatre, cultural program, religious event); [Skip if answer to question above is "No"] Have you ever attended one of these events without guardians present (either alone or with friends)?

Immediate Outcome	**Change in knowledge, skills, attitude, willingness**	Attitudes towards partner violence from males and females [16, 36, 37]	Proportion of men and women who agree or partially agree that a husband is justified for hitting his partner under various situations [6](%)	DHS [19] GEM scale [27], Coverage Survey, Project monitoring
		Gender norms (Attitudes/beliefs) (GEM scale) [27]: Couple Communication on Sex; Women's Empowerment; Gender Beliefs; Gender Equitable Men; Gender Norm Attitudes; Gender Relations; Household Decision-Making; Sexual Relationship Power	Individual indicators: Proportion of men and women who agree or partially agree that a couple should decide together if they want to have children (%) [27] Or an index from calculating the scales: Proportion of men and women who cite low equity (scores of 1-12), moderate equity (scores of 24-47) or high equity (scores of 48-72) (%) [27]	GEM scale [27] Coverage Survey Project monitoring
		Attitudes towards reproductive decision-making	Proportion of healthcare workers who believe that young women should have access to family planning services even if they aren't married (%) [12] Proportion of women who report being treated fairly by healthcare workers (%)[12] Proportion of women who report their husbands disapproval as reason for discontinuing contraceptive use (%)[12] Proportion of adolescent boys who believe it is the responsibility of the girl to avoid getting pregnant (%) [18]	Coverage Survey [12, 18] Project monitoring Pre-and post-tests (trainings) Post-clinic visits
		Knowledge about family planning	Proportion of health care workers with adequate knowledge around SRH (%) [12] Proportion of all women who know of any contraceptive methods, by specific method (%)[12]	Pre and post-tests (trainings) Project monitoring Coverage Survey [12]
		Knowledge about rights	Level of knowledge of men and women about women's sexual health rights	Pre and post-tests (trainings) Project monitoring

6 Proportion who answered yes to… (Abreha, 2020, DHS) Attitudes on partner violence: In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?

Immediate Outcome	Change in knowledge, skills, attitude, willingness	Satisfaction with spousal communication	Degree of satisfaction on inter-spousal communication reported by women [12]	Coverage Survey [12] Project monitoring

4.7 Data collection methods and frequency

Methods: Methods used may involve primary data collection (such as collecting your own survey data) or using secondary data if available (such as using data from Demographic Health Surveys, grey/scientific studies, the Health Management Information System).

Frequency: It is important to measure empowerment over the course of the project, and to ensure that data collection methods and measures are sensitive to the frequency of measurement.

Indicators measured through coverage surveys change more slowly and should be measured at baseline and endline. Data using small surveys, quality assurance assessments, and qualitative data collection methods should be collected and analyzed routinely. This helps to ensure that you are capturing empowerment as a process and not solely as an outcome. This data should be used as part of the ongoing learning for the initiative.

Further information on methods and frequency of data collection can be found in GAC's RBM document [32]. Additional non-governmental resources are available in Appendix D.

4.8 Data collection ethics

Adhering to ethical norms on collecting data from human participants is very important in the context of collecting data on women's empowerment. There are risks of harm when implementing empowerment programs [38], including putting women and girls at greater risk of gender-based violence.

Ideally, any primary data collection used for performance measurement and evaluation will go through a formal ethics approval in the country/countries where the project is taking place. If this is not possible for reasons of budget or timing, data should still be collected in accordance with ethical standards for data collection on human participants such as *The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* [39].

This means ensuring that:

- the benefits of the data collection outweigh any harm,
- participants are informed about potential harms so they can decide whether or not they want to take part,
- confidentiality of the participants is ensured and their privacy protected (for instance, data collection and storage processes, clarity around how long the data will be kept, restricting who has access to the data, anonymizing the data, etc.),
- a referral or resource form is developed to ensure participants can be referred to support services if needed,
- enumerators and facilitators are trained in research ethics,
- free and informed consent (or assent in the case of children and youth, as well as parental consent) is ensured (either verbally or in writing), and
- there is an analysis, use, and learning plan for all data collected.

It is also important to balance the need for context-specificity with the practice of maximizing existing data. To the extent possible, projects should leverage data that has been collected previously. Researching what context-specific, quality data is available helps to avoid oversampling and overburdening communities. It may be necessary to invest time and resources into this research process to determine what context-specific data may be available, and this should be accounted for in the measurement plan.

4.9 Qualitative Data Collection Methods

Mixed methods approaches are important to monitoring and evaluating women's empowerment in global health initiatives. Qualitative data collection methods are used to inform measures of women's empowerment, to triangulate data using multiple data collection methods, and for routine monitoring. Data collection methods may be more traditional (such as focus groups, interviews, or observation) or may involve more innovative approaches (such as Photovoice, vignettes, or storytelling) [40, 41]. Data should be collected using participatory methods, and should come from multiple sources including women/girls, men/boys, community leaders, and health care workers. Conducting formative research is recommended to understand norms related to gender and women's empowerment and to ensure that the voices of women and girls are included in the initiative's design.

> *"Use formative research to understand the culturally specific norms, policies and relations that relate to empowerment in your setting, and to build an understanding of what is acceptable or not acceptable in a community" [12].*

Routine qualitative data should be collected and analyzed, which provides the opportunity to have a discussion with the project team [14] about what works in terms of women's empowerment, what does not work, and what adjustments should be made to improve the project (including during the life of the project and/or for future projects [12]). Outcome mapping [42], and outcome harvesting [43] are two qualitative data methodologies that have been successfully adapted for routine qualitative women's empowerment monitoring and evaluation.

Unintended consequences or unexpected effects [14] should be examined using qualitative methods to ensure that harm is not being inadvertently caused by the work on women's empowerment.

While it can be difficult to include qualitative data or information within traditional management frameworks, there is still a clear need for robust qualitative notes and additional data. This may be included in the form of change stories, case studies, supplementary reports, and/or multimedia content. A lack of consensus on best practices for reporting qualitative data should not preclude the sector from collecting it.

5 Results Chain Examples from GAC

Below are two samples from the results chain that highlight examples that can be used for measuring women's empowerment. Please note that these examples were provided by GAC for the purposes of this document.

Outcome	Indicator	Data Source	Data Collection Method	Frequency
Ultimate outcome: Increased equal enjoyment of health rights for women and adolescent girls	**Adolescent Fertility Rate:** # of births to women 15 to 19 years of age per 1,000 women	Women and adolescent girls	Coverage survey	Baseline/ Endline
Intermediate outcome: Increased equitable use of sexual health services by men, women, adolescent girls and boys	**Access to sexual health services:** % of women of reproductive age who have an unmet need for family planning	Women, men and adolescent girls and boys	Coverage Survey	Baseline/ Endline
Immediate outcome: Enhanced capacity of health care workers to deliver equity and rights oriented sexual health services	Level of acceptability* of sexual health services for women and adolescent girls # of visits for modern contraceptives	Women and adolescent girls Health management Information System (HMIS)	Client survey HMIS	Routinely
Output: Health care workers and community health workers trained on family planning including rights-based approaches to care	# of health care workers trained on family planning including rights-based approaches to care	Project management information system	Project management information system	Routinely

**Acceptability of sexual health services should be defined by women and adolescent girls through the feminist monitoring process. Acceptability is one of the four characteristics of health care necessary to realize the right to health.*

Outcome	Indicator	Data Source	Data Collection Method	Frequency
Ultimate outcome: Increased equal enjoyment of health rights for women and adolescent girls	**Adolescent Fertility Rate:** # of births to women 15 to 19 years of age per 1,000 women	Women and adolescent girls	Coverage survey	Baseline/ Endline
Intermediate outcome: Improved sexual health behaviours that promote women's bodily autonomy	**Sexual decision-making:** % of women age 15-49 who can say no to their husband if they do not want to have sexual intercourse % of men who say their wife can say no to them if they do not want to have sexual intercourse	Women, men and adolescent girls and boys	Coverage Survey	Baseline/ Endline
Immediate outcome: Increased knowledge of men and women of women's sexual health rights	Level of knowledge of men and women about women's sexual health rights	Women, men and adolescent girls and boys	Knowledge survey	Routinely
Output: Community dialogues conducted with women, men, adolescent boys and girls on sexual health and women's right to bodily autonomy	# of community dialogues conducted # of men, women, adolescent girls and boys attending community dialogues	Project management information system	Project management information system	Routinely

6 Checklist for Measuring Women's Empowerment

On the next page is a checklist that can be used to ensure you have thought through the areas of consideration for measuring women's empowerment.

Areas for Consideration	Yes	No	Comments
Theory of Change 1. We have a clearly articulated theory of change on women's empowerment. 2. We are clear on what activities and outputs lead to the expected women's empowerment outcomes. 3. Our theory of change is evidence-based (that is, based on scientific literature, best practice, and community/organization experience).	☐	☐	
Domains of Women's Empowerment We are clear on what domains of women's empowerment we are measuring, and why we are measuring these domains. 4. These domains are clear in the theory of change	☐	☐	
Co-creation 5. We have involved women and girls in the communities where we work in the development of our women's empowerment theory of change. 6. We have involved women and girls in the communities where we work in the development of our monitoring and evaluation plan.	☐	☐	
Validated Measures 7. We are using validated measures or scales (such as from published literature or our own previous work) for women's empowerment indicators where possible.	☐	☐	
Adaptation to the Context 8. We have adapted measures based on literature/evidence or experience in the country(ies) where we are working. 9. We have adapted measures for women's empowerment (based on the theory of change) that measure outcomes outlined in our logic model. 10. We have adapted measures based on other contextual factors for our project (such as target groups, age, and other identity factors) using an intersectional lens.	☐	☐	
Socio-ecological Levels 11. We have included women's empowerment measures for different socio-ecological levels (such as individual, relational, institutional, and policy/structure), if applicable.	☐	☐	
Multiple Measures 12. We have used multiple measures of women's empowerment across outputs, immediate outcomes, intermediate outcomes, and ultimate outcomes.	☐	☐	

Disaggregated Data

13. We have disaggregated all relevant measures by sex, as well as other key intersectional demographics that are relevant to the project (such as age, marital status, rural/urban location etc.).

Related Indicators

14. We have verified that all women's empowerment measures are related to the outputs and outcomes in the logic model.
15. All measures of women's empowerment have been developed based on our theory of change.
16. We do not have any orphan indicators.

Multiple Sources and Mixed Methods

17. We are collecting data using multiple sources (such as coverage surveys, HMIS, DHS, etc).
18. Indicators are triangulated with qualitative methods/formative research (such as focus groups or interviews) to verify the data and provide additional context to what we are measuring in terms of women's empowerment.
19. We are using qualitative methods to collect data on unintended consequences or unexpected effects to ensure no inadvertent harm is caused by our work on women's empowerment.
20. We are collecting data from multiple populations as applicable (such as women/girls, men/boys, community leaders, health care workers).

Data Used for Learning and Performance

21. We have a plan to use the data collected for learning as well as performance measurement.
22. We have a plan to discuss with the project team and the community as applicable, on an ongoing basis, what is working in terms of women's empowerment, what does not work, and what adjustments may need to be made in the project (throughout the life of the project and for future projects).

7 Appendix A: Methods Used to Develop the Guidance Note

Prior to the development of this note, CanWaCH held consultations across 23 civil society organizations and subject matter experts on measuring women's empowerment. Feedback and resources were solicited through interviews and document review. Following this, a meeting was held at the start of the project with key GAC and CanWaCH staff, as well as the selected consultant, to discuss the purpose of the project and the focus of the guidance note. GAC provided additional background documentation, with additional meetings as needed.

A search of the academic literature was conducted by a librarian in December 2020 using PubMed, CINAHL, PsycInfo, and Health Business. The search strategy varied by database, but generally included the terms "women's empowerment" + "global health" + Measure* or Indicator or framework. This focused on English articles published between 2011 and 2020. Over 200 (n=201) articles were found based on the research. The consultant then reviewed all titles and abstracts for these articles. It was determined in conjunction with GAC that only articles with multi-countries would be included (e.g. systematic reviews, reviews, and multi-country studies). Hence, in total, 36 full text articles were found to be applicable to the focus of the guidance note. (See references in Appendix B). In addition, other articles were accessed and reviewed as appropriate from the reference lists of these 36 articles.

Grey literature was searched based on a Google search for the terms "women's empowerment" and "health" plus a search of the Measure Evaluation and Better Evaluation websites. The list of reports can be found in Appendix C. In addition, other reports were accessed and reviewed as appropriate from the reference lists of grey literature found. As part of this grey literature search, a number of tools and resources were also found and are listed in Appendix D.

In addition, three interviews were held with Project Team Leaders (PTL) at GAC in December 2020 and January 2021. In these interviews, PTLs were asked about what would be most useful for them in a guidance note, and what is less useful. The findings from these interviews were used to help shape the guidance note. Additional feedback from PTLs and gender specialists in GAC were also solicited, and changes were made to address this feedback.

8 Appendix B: List of Academic References Included in Review

Abreha, S. K., & Zereyesus, Y. A. (2020). Women's Empowerment and Infant and Child Health Status in Sub-Saharan Africa: A Systematic Review. Maternal and child health journal. doi:10.1007/s10995-020-03025-y [doi]

Afulani, P. A., Altman, M., Musana, J., & Sudhinaraset, M. (2017). Conceptualizing pathways linking women's empowerment and prematurity in developing countries. BMC Pregnancy & Childbirth, 17, 143-158. doi:10.1186/s12884-017-1502-6

Asaolu, I. O., Alaofè, H., Gunn, J. K. L., Adu, A. K., Monroy, A. J., Ehiri, J. E., . . . Ernst, K. C. (2018). Measuring Women's Empowerment in Sub-Saharan Africa: Exploratory and Confirmatory Factor Analyses of the Demographic and Health Surveys. Frontiers in Psychology, 9, 994. doi:10.3389/fpsyg.2018.00994 [doi]

Atake, E.-H., & Gnakou Ali, P. (2019). Women's empowerment and fertility preferences in high fertility countries in Sub-Saharan Africa. BMC Women's Health, 19(1), N.PAG-N.PAG. doi:10.1186/s12905-019-0747-9

Bishop, D., & Bowman, K. (2014). Still learning: a critical reflection on three years of measuring women's empowerment in Oxfam. *Gender & Development, 22*(2), 253-269. doi:10.1080/13552074.2014.920993

Chiao-Wen, L., Tavrow, P., & Lan, C.-W. (2017). Composite measures of women's empowerment and their association with maternal mortality in low-income countries. BMC Pregnancy & Childbirth, 17, 21-31. doi:10.1186/s12884-017-1492-4

Cunningham, K., Ruel, M., Ferguson, E., & Uauy, R. (2015). Women's empowerment and child nutritional status in South Asia: a synthesis of the literature. Maternal & Child Nutrition, 11(1), 1-19. doi:10.1111/mcn.12125

Darteh, E. K. M., Dickson, K. S., & Doku, D. T. (2019). Women's reproductive health decision-making: A multi-country analysis of demographic and health surveys in sub-Saharan Africa. PloS one, 14(1), e0209985. doi:10.1371/journal.pone.0209985 [doi]

Do, M., & Kurimoto, N. (2012). Women's Empowerment and Choice of Contraceptive Methods in Selected African Countries. International Perspectives on Sexual & Reproductive Health, 38(1), 23-33. doi:10.1363/3802312

Doku, D. T., Bhutta, Z. A., & Neupane, S. (2020). Associations of women's empowerment with neonatal, infant and under-5 mortality in low- and /middle-income countries: meta-analysis of individual participant data from 59 countries. BMJ Global Health, 5(1), e001558-002019-001558. eCollection 002020. doi:10.1136/bmjgh-2019-001558 [doi]

Ewerling, F., Lynch, J. W., Mittinty, M., Raj, A., Victora, C. G., Coll, C. V., & Barros, A. J. (2020). The impact of women's empowerment on their children's early development in 26 African countries. Journal of global health, 10(2), 020406. doi:10.7189/jogh.10.020406 [doi]

Ewerling, F., Lynch, J. W., Victora, C. G., van Eerdewijk, A., Tyszler, M., & Barros, A. J. D. (2017). The SWPER index for women's empowerment in Africa: development and validation of an index based on survey data. The Lancet.Global health, 5(9), e916-e923. doi:S2214-109X(17)30292-9 [pii]

Ewerling, F., Raj, A., Victora, C. G., Hellwig, F., Coll, C. V., & Barros, A. J. (2020). SWPER Global: A survey-based women's empowerment index expanded from Africa to all low- and middle-income countries. Journal of global health, 10(2), 020343. doi:10.7189/jogh.10.020434 [doi]

Gram, L., Morrison, J., & Skordis-Worrall, J. (2019). Organising Concepts of 'Women's Empowerment' for Measurement: A Typology. Soc Indic Res, 143(3), 1349-1376. doi:10.1007/s11205-018-2012-2

Hawken, A., & Munck, G. L. (2013). Cross-National Indices with Gender-Differentiated Data: What Do They Measure? How Valid Are They? *Social Indicators Research, 111*(3), 801-838. doi:10.1007/s11205-012-0035-7

Heckert, J., & Fabic, M. S. (2013). Improving Data Concerning Women's Empowerment in Sub-Saharan Africa. Studies in family planning, 44(3), 319-344. doi:10.1111/j.1728-4465.2013.00360.x

James-Hawkins, L., Peters, C., VanderEnde, K., Bardin, L., & Yount, K. M. (2018). Women's agency and its relationship to current contraceptive use in lower- and middle-income countries: A systematic review of the literature. Global Public Health, 13(7), 843-858. doi:10.1080/17441692.2016.1239270 [doi]

Jennings, L., Na, M., Cherewick, M., Hindin, M., Mullany, B., & Ahmed, S. (2014). Women's empowerment and male involvement in antenatal care: analyses of Demographic and Health Surveys (DHS) in selected African countries. BMC Pregnancy and Childbirth, 14, 297-2393-2314-2297. doi:10.1186/1471-2393-14-297 [doi]

Karp, C., Wood, S. N., Galadanci, H., Sebina Kibira, S. P., Makumbi, F., Omoluabi, E., . . . Moreau, C. (2020). 'I am the master key that opens and locks': Presentation and application of a conceptual framework for women's and girls' empowerment in reproductive health. Social science & medicine, 258, N.PAG-N.PAG. doi:10.1016/j.socscimed.2020.113086

Mandal, M., Muralidharan, A., & Pappa, S. (2017). A review of measures of women's empowerment and related gender constructs in family planning and maternal health program evaluations in low- and middle-income countries. BMC Pregnancy & Childbirth, 17, 119-127. doi:10.1186/s12884-017-1500-8

Mitroi, L. R., Sahak, M., Sherzai, A. Z., & Sherzai, D. (2016). The Women's Health Care Empowerment Model as a Catalyst for Change in Developing Countries. Health care for women international, 37(3), 273-289. doi:10.1080/07399332.2014.926903

Na, M., Jennings, L., Talegawkar, S. A., & Ahmed, S. (2015). Association between women's empowerment and infant and child feeding practices in sub-Saharan Africa: an analysis of Demographic and Health Surveys. Public health nutrition, 18(17), 3155-3165. doi:10.1017/S1368980015002621

Osamor, P. E., & Grady, C. (2016). Women's autonomy in health care decision-making in developing countries: a synthesis of the literature. International journal of women's health, 8, 191-202. doi:10.2147/IJWH.S105483 [doi]

Phan, L. (2016). Measuring Women's Empowerment at Household Level Using DHS Data of Four Southeast Asian Countries. Social Indicators Research, 126(1), 359-378. Retrieved from 10.1007/s11205-015-0876-y **http://search.ebscohost.com/login.aspx?direct=true&db=heh&AN=112861422&site=ehost-live**

Prata, N., Fraser, A., Huchko, M. J., Gipson, J. D., Withers, M., Lewis, S., Upadhyay, U. D. (2017). Women's Empowerment and Family Planning: a Review of the Literature. Journal of Biosocial Science, 49(6), 713-743. doi:10.1017/S0021932016000663

Pratley, P. (2016). Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: A systematic review of evidence from the developing world. Social science & medicine (1982), 169, 119-131. doi:S0277-9536(16)30408-7 [pii]

Richardson, R. A. (2018). Measuring Women's Empowerment: A Critical Review of Current Practices and Recommendations for Researchers. *Social Indicators Research, 137*(2), 539-557. doi:10.1007/s11205-017-1622-4

Sebayang, S. K., Efendi, F., & Astutik, E. (2019). Women's empowerment and the use of antenatal care services: analysis of demographic health surveys in five Southeast Asian countries. Women & health, 59(10), 1155-1171. doi:10.1080/03630242.2019.1593282

Sebayang, S. K., Efendi, F., & Astutik, E. (2017). Women's Empowerment and the Use of Antenatal Care Services in Southeast Asian Countries. *Demographic and Health Surveys, 129*.

Seidu, A. A., Oduro, J. K., Ahinkorah, B. O., Budu, E., Appiah, F., Baatiema, L., . . . Sambah, F. (2020). Women's healthcare decision-making capacity and HIV testing in sub-Saharan Africa: a multi-country analysis of demographic and health surveys. BMC Public Health, 20(1), 1592-1020-09660-y. doi:10.1186/s12889-020-09660-y [doi]

Sohn, M., & Jung, M. (2020). Effects of Empowerment and Media Use by Women of Childbearing Age on Maternal Health Care Utilization in Developing Countries of Southeast Asia. International Journal of Health Services, 50(1), 32-43. Retrieved from 10.1177/0020731419867532
http://search.ebscohost.com/login.aspx?direct=true&db=heh&AN=140372351&site=ehost-live
https://journals.sagepub.com/doi/10.1177/0020731419867532?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed

Taukobong, H. F., Kincaid, M. M., Levy, J. K., Bloom, S. S., Platt, J. L., Henry, S. K., & Darmstadt, G. L. (2016). Does addressing gender inequalities and empowering women and girls improve health and development programme outcomes? Health policy and planning, 31(10), 1492-1514. doi:czw074 [pii]

Thorpe, S., VanderEnde, K., Peters, C., Bardin, L., & Yount, K. M. (2016). The Influence of Women's Empowerment on Child Immunization Coverage in Low, Lower-Middle, and Upper-Middle Income Countries: A Systematic Review of the Literature. Maternal and child health journal, 20(1), 172-186. doi:10.1007/s10995-015-1817-8 [doi]

Upadhyay, U. D., & Karasek, D. (2012). Women's Empowerment and Ideal Family Size: An Examination of DHS Empowerment Measures In Sub-Saharan Africa. International Perspectives on Sexual & Reproductive Health, 38(2), 78-89. doi:10.1363/3807812

Yaya, S., Odusina, E. K., Uthman, O. A., & Bishwajit, G. (2020). What does women's empowerment have to do with malnutrition in Sub-Saharan Africa? Evidence from demographic and health surveys from 30 countries. Global health research and policy, 5, 1-019-0129-0128. eCollection 2020. doi:10.1186/s41256-019-0129-8 [doi]

Yaya, S., Uthman, O. A., Ekholuenetale, M., & Bishwajit, G. (2018). Women empowerment as an enabling factor of contraceptive use in sub-Saharan Africa: a multilevel analysis of cross-sectional surveys of 32 countries. Reproductive Health, 15(1), N.PAG-N.PAG. doi:10.1186/s12978-018-0658-5

9 Appendix C: List of Grey Literature Included in Review

Bill and Melinda Gates Foundation. (2017). What Gets Measured Matters: A Methods Note for Measuring Women and Girls' Empowerment. Retrieved from **https://www.kit.nl/wp-content/uploads/2019/12/BMGF_Methods-Note-Measuring-Empowerment-1.pdf**

Donald, A., Koolwal, G., Annan, J., Falb, K., & Goldstein, M. (2017). Measuring Women's Agency. Retrieved from **http://documents1.worldbank.org/curated/en/333481500385677886/pdf/WPS8148.pdf**

Glennerster, R., Walsh, C., & Diaz-Matin, L. (n.d.). A Practical Guide to Measuring Women's and Girl's Empowerment in Impact Evaluations (J-PAL). Retrieved from **https://www.povertyactionlab.org/practical-guide-measuring-womens-and-girls-empowerment-impact-evaluations**

Lombardini, S., Bowman, K., & Garwood, R. (2017). A 'How To' Guide to Measuring Women's Empowerment: Sharing experiences from Oxfam's impact evaluations. Retrieved from **https://policy-practice.oxfam.org/resources/a-how-to-guide-to-measuring-womens-empowerment-sharing-experience-from-oxfams-i-620271/**

Paul, M., Mejia, C., Mayunda, B., & Munthali, L. (2017). Developing Measures of Reproductive Empowerment: A Qualitative Study in Zambia. Retrieved from **https://www.measureevaluation.org/resources/publications/tr-17-185**

Peterman, A., & Seymour, G. (2018). Where is the standardized measure of women's empowerment? Retrieved from https://www.ifpri.org/blog/where-standardized-measure-womens-empowerment

The Hunger Project. (2017). The Women's Empowerment Index. Retrieved from https://www.thehungerproject.nl/wp-content/uploads/2020/10/Women-Empowerment-Index-The-Hunger-Project-2017.pdf

USAID and Data for Impact. (n.d.). Women and Girls' Status and Empowerment. Retrieved from **https://www.data4impactproject.org/prh/gender/women-and-girls-status-and-empowerment/**

World Health Organization. (2005). WHO Multi-country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses. Retrieved from **https://apps.who.int/iris/bitstream/handle/10665/43310/9241593512_eng.pdf;jsessionid=F78076CBED92DC21EFF48F2F474DBABA?sequence=1**

10 Appendix D: List of External Measures, Tools and Manuals for Further Information

Resources on Feminist Monitoring and Evaluation:

Haylock, L. & Miller, C. (2015). Merging Developmental and Feminist Evaluation to Monitor and Evaluate Transformative Social Change. Retrieved from **https://journals.sagepub.com/doi/abs/10.1177/1098214015578731**

Oxfam. (2020). Guidance Note on Feminist MEAL. Retrieved from **https://www.oxfam.ca/publication/guidance-note-on-feminist-meal/#:~:text=Feminist%20Monitoring%2C%20Evaluation%2C%20Accountability%20and,relations%20is%20complex%20and%20nonlinear**.

Oxfam. (2017). Applying Feminist Principles to Program Monitoring, Evaluation, Accountability, and Learning. Retrieved from **https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620318/dp-feminist-principles-meal-260717-en.pdf;jsessionid=CF5981183A3305F8BADC2A1F1565A2BA?sequence=4**

Podems, D.R. (2014). Feminist Evaluation and Gender Approaches: There's a Difference? Retrieved from **https://www.betterevaluation.org/en/resources/discussion_paper/feminist_eval_gender_approaches**

Podems, D. & Negroustoueva, S. (2016) Feminist evaluation. BetterEvaluation. Retrieved from **https://www.betterevaluation.org/en/themes/feminist_evaluation**

Resources on Adolescent Empowerment:

Global Early Adolescent Study. (2019). Download the Measures - Global Early Adolescent Study. **www.geastudy.org/download-measures-redesign**

Zimmerman, L. A., Li, M., Moreau, C., Wilopo, S., & Blum, R. (2019). Measuring agency as a dimension of empowerment among young adolescents globally; findings from the Global Early Adolescent Study. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6660556/**

Resources on Theory of Change:

NCVO Knowhow. (2020). How to Build a Theory of Change. Retrieved from **https://knowhow.ncvo.org.uk/how-to/how-to-build-a-theory-of-change#**

The Aspen Institute. (2009).The Community Builder's Approach to Theory of Change: A Practical Guide to Theory Development. tRetrieved from **https://www.theoryofchange.org/pdf/TOC_fac_guide.pdf**

Sopact. Theory of Change (TOC). Retrieved from **https://www.sopact.com/theory-of-change**

External Measures, Tools and Manuals:

Batliwala, S. & Pittman A. (2010). Capturing Change in Women's Realities: A Critical Overview of Current Monitoring & Evaluation Frameworks and Approaches. AWID. Retrieved from **https://www.awid.org/sites/default/files/atoms/files/capturing_change_in_womens_realities.pdf**

BetterEvaluation. (n.d.). Outcome Mapping. Retrieved from **https://www.betterevaluation.org/en/plan/approach/outcome_mapping**

Bill and Melinda Gates Foundation. (2017). What Gets Measured Matters: A Methods Note for Measuring Women and Girls' Empowerment. Retrieved from **https://www.kit.nl/wp-content/uploads/2019/12/BMGF_Methods-Note-Measuring-Empowerment-1.pdf**

Bishop, D., & Bowman, K. (2014). Still learning: a critical reflection on three years of measuring women's empowerment in Oxfam. *Gender & Development, 22*(2), 253-269. doi:10.1080/13552074.2014.920993 *(suite of dimensions and characteristics to measure on empowerment)*

CARE. (2014). WE-MEASR: A Tool to Measure Women's Empowerment in Sexual, Reproductive and Maternal Health Programs. Retrieved from **http://www.universalaccessproject.org/wp/wp-content/uploads/2015/06/Overview_Measuring-Womens-Empowerment-in-SRMH-Programs.pdf**

The DHS Program - Demographic and Health Surveys. (2020). DHS Model Questionnaire Phase 8. Retrieved from **https://dhsprogram.com/publications/publication-dhsq8-dhs-questionnaires-and-manuals.cfm?cssearch=229778_1**

EMERGE. (n.d.). User Tools: Evidence-based Measures of Empowerment for Research on Gender Equality. Retrieved from **emerge.ucsd.edu/user-tools/**

Glennerster, R., Walsh, C., & Diaz-Matin, L. (n.d.). A Practical Guide to Measuring Women's and Girl's Empowerment in Impact Evaluations (J-PAL). Retrieved from **https://www.povertyactionlab.org/practical-guide-measuring-womens-and-girls-empowerment-impact-evaluations**
Appendix 1: **https://www.povertyactionlab.org/sites/default/files/research-resources/practical-guide-to-measuring-women-and-girls-empowerment-appendix1.pdf**

Hillenbrand, E., Karim, N., Mohanraj, P., and Wu, D. (2015). Measuring gender-transformative change: A review of literature and promising practices. CARE USA. Retrieved from **https://www.care.org/wp-content/uploads/2020/05/working_paper_aas_gt_change_measurement_fa_lowres.pdf**

The Hunger Project. (2017). The Women's Empowerment Index. Retrieved from **https://www.thehungerproject.nl/wp-content/uploads/2020/10/Women-Empowerment-Index-The-Hunger-Project-2017.pdf**

Measure Evaluation. (2020). Reproductive Empowerment Scale. Retrieved from **https://www.measureevaluation.org/resources/publications/tl-20-81**

Measure Evaluation. (n.d.). Attitudes towards gender norms (GEM Scale). Retrieved from **https://www.measureevaluation.org/prh/rh_indicators/mens-health/me/percent-of-men-who-hold-gender-equitable-beliefs**

Measure Evaluation. (n.d.). Male Engagement in Reproductive Health Programs. Retrieved from **https://www.measureevaluation.org/prh/rh_indicators/mens-health/me**

Measure Evaluation. (n.d.). Women and Girls' Status and Empowerment. Retrieved from **https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/women-and-girls-status-and-empowerment-indicators.html**

Measure Evaluation. (n.d.). Participation of women in household decision-making index. Retrieved from **https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/participation-of-women-in-household-decision**

Meyers, L. & Jones, L. (2012). Gender Analysis, Assessment and Audit: Manual & Toolkit. ACDI/VOCA. Retrieved from **http://www.acdivoca.org/wp-content/uploads/2016/07/ACDI-VOCA-Gender-Analysis-Manual.pdf**

WHO. (n.d.). Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (%). Retrieved from **https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4986**

Wilson-Grau, R. (2015). Outcome Harvesting. BetterEvaluation. Retrieved from **http://betterevaluation.org/plan/approach/outcome_harvesting**

11 Appendix E: Global Affairs Documents

Global Affairs Canada. (2016). Results-Based Management for International Assistance Programming at Global Affairs Canada: A How-To Guide (Second Edition). Retrieved from **https://www.international.gc.ca/world-monde/assets/pdfs/funding-financement/results_based_management-gestion_axee_resultats-guide-en.pdf**

Global Affairs Canada. (2017). Canada's Feminist International Assistance Policy. Retrieved from **https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/policy-politique.aspx?lang=eng**

Global Affairs Canada. (2019). Feminist International Assistance Gender Equality Toolkit for Projects. Retrieved from **https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-trousse_outils_egalite_genres.aspx?lang=eng**

Global Affairs Canada. (n.d.). *How Projects are Coded for Gender Equality*. Ottawa: GAC.

Government of Canada. (2019). Feminist International Assistance Policy Indicators. Retrieved from **https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/fiap_indicators-indicateurs_paif.aspx?lang=eng&_ga=2.40801506.1714417929.1610931418-1720464358.1602633489**

12 Appendix F: References Cited

1. Prata, N., et al., *Women's Empowerment and Family Planning: a Review of the Literature.* Journal of Biosocial Science, 2017. **49**(6): p. 713-743.
2. Pratley, P., Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: A systematic review of evidence from the developing world. Social science & medicine (1982), 2016. **169**: p. 119-131.
3. Cunningham, K., et al., Women's empowerment and child nutritional status in South Asia: a synthesis of the literature. Maternal & Child Nutrition, 2015. **11**(1): p. 1-19.
4. Yaya, S., et al., What does women's empowerment have to do with malnutrition in Sub-Saharan Africa? Evidence from demographic and health surveys from 30 countries. Global health research and policy, 2020. **5**: p. 1-019-0129-8. eCollection 2020.
5. Heymann, J., et al., Improving health with programmatic, legal, and policy approaches to reduce gender inequality and change restrictive gender norms. Lancet, 2019. **393**(10190): p. 2522-2534.
6. Global Affairs Canada. *Feminist International Assistance Gender Equality Toolkit for Projects*. 2019; Available from: **https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-trousse_outils_egalite_genres.aspx?lang=eng.**
7. Osamor, P.E. and C. Grady, Women's autonomy in health care decision-making in developing countries: a synthesis of the literature. International journal of women's health, 2016. **8**: p. 191-202.
8. Measure Evaluation, Women and Girls' Status and Empowerment. n.d.
9. Donald, A., et al., *Measuring Women's Agency*. 2017, World Bank Group: Africa Region.
10. Kabeer, N., Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. Development and Change, 1999. **30**: p. 435-464.
11. Morgan, R., et al., How to do (or not to do)... gender analysis in health systems research. Health Policy Plan, 2016. **31**(8): p. 1069-78.
12. Bill and Melinda Gates Foundation. *What Gets Measured Matters: A Methods Note for Measuring Women and Girls' Empowerment*. 2017; Available from: **https://www.kit.nl/wp-content/uploads/2019/12/BMGF_Methods-Note-Measuring-Empowerment-1.pdf.**
13. Mandal, M., A. Muralidharan, and S. Pappa, A review of measures of women's empowerment and related gender constructs in family planning and maternal health program evaluations in low- and middle-income countries. BMC Pregnancy and Childbirth, 2017. **17**(2): p. 342.
14. Bishop, D. and K. Bowman, Still learning: a critical reflection on three years of measuring women's empowerment in Oxfam. Gender & Development, 2014. **22**(2): p. 253-269.
15. Asaolu, I.O., et al., Measuring Women's Empowerment in Sub-Saharan Africa: Exploratory and Confirmatory Factor Analyses of the Demographic and Health Surveys. Frontiers in Psychology, 2018. **9**(994).
16. Jennings, L., et al., Women's empowerment and male involvement in antenatal care: analyses of Demographic and Health Surveys (DHS) in selected African countries. BMC pregnancy and childbirth, 2014. **14**: p. 297-2393-14-297.
17. Heckert, J. and M.S. Fabic, *Improving Data Concerning Women's Empowerment in Sub-Saharan Africa.* Studies in family planning, 2013. **44**(3): p. 319-344.

18. Global Early Adolescent Study. *Download the Measures - Global Early Adolescent Study*. 2019; Available from: **www.geastudy.org/download-measures-redesign.**
19. The DHS Program - Demographic and Health Surveys. *DHS Model Questionnaire Phase 8*. 2020; Available from: **https://dhsprogram.com/publications/publication-dhsq8-dhs-questionnaires-and-manuals.cfm?cssearch=229778_1.**
20. Phan, L., Measuring Women's Empowerment at Household Level Using DHS Data of Four Southeast Asian Countries. Social Indicators Research, 2016. **126**(1): p. 359-378.
21. Ewerling, F., et al., The impact of women's empowerment on their children's early development in 26 African countries. Journal of global health, 2020. **10**(2): p. 020406.
22. Ewerling, F., et al., The SWPER index for women's empowerment in Africa: development and validation of an index based on survey data. The Lancet.Global health, 2017. **5**(9): p. e916-e923.
23. Ewerling, F., et al., SWPER Global: A survey-based women's empowerment index expanded from Africa to all low- and middle-income countries. Journal of global health, 2020. **10**(2): p. 020343.
24. CARE. *WE-MEASR: A Tool to Measure Women's Empowerment in Sexual, Reproductive and Maternal Health Programs*. 2014; Available from: **http://www.universalaccessproject.org/wp/wp-content/uploads/2015/06/Overview_Measuring-Womens-Empowerment-in-SRMH-Programs.pdf.**
25. Measure Evaluation. *Reproductive Empowerment Scale*. 2020; Available from: **https://www.measureevaluation.org/resources/publications/tl-20-81.**
26. Measure Evaluation. *Participation of women in household decision-making index*. n.d.; Available from: **https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/participation-of-women-in-household-decision**.
27. Measure Evaluation. *Attitudes towards gender norms (GEM Scale)*. n.d.; Available from: **https://www.measureevaluation.org/prh/rh_indicators/mens-health/me/percent-of-men-who-hold-gender-equitable-beliefs**.
28. The Hunger Project. *The Women's Empowerment Index*. 2017; Available from: **https://www.thehungerproject.nl/wp-content/uploads/2020/10/Women-Empowerment-Index-The-Hunger-Project-2017.pdf**.
29. Chiao-Wen, L., P. Tavrow, and C.-W. Lan, Composite measures of women's empowerment and their association with maternal mortality in low-income countries. BMC Pregnancy & Childbirth, 2017. **17**: p. 21-31.
30. Peterman, A. and G. Seymour. *Where is the standardized measure of women's empowerment?* 2018; Available from: **https://www.ifpri.org/blog/where-standardized-measure-womens-empowerment**.
31. James-Hawkins, L., et al., Women's agency and its relationship to current contraceptive use in lower- and middle-income countries: A systematic review of the literature. Global public health, 2018. **13**(7): p. 843-858.
32. Global Affairs Canada. *Results-Based Management for International Assistance Programming at Global Affairs Canada: A How-To Guide (Second Edition)*. 2016; Available from: **https://www.international.gc.ca/world-monde/assets/pdfs/funding-financement/results_based_management-gestion_axee_resultats-guide-en.pdf**.
33. Global Affairs Canada, *How Projects are Coded for Gender Equality*. n.d., GAC: Ottawa.
34. WHO. Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (%). n.d.; Available from: **https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4986**.

35. Glennerster, R., C. Walsh, and L. Diaz-Matin. *A Practical Guide to Measuring Women's and Girl's Empowerment in Impact Evaluations (J-PAL)*. n.d.; Available from: **https://www.povertyactionlab.org/practical-guide-measuring-womens-and-girls-empowerment-impact-evaluations**.
36. Taukobong, H.F., et al., Does addressing gender inequalities and empowering women and girls improve health and development programme outcomes? Health policy and planning, 2016. **31**(10): p. 1492-1514.
37. Abreha, S.K. and Y.A. Zereyesus, Women's Empowerment and Infant and Child Health Status in Sub-Saharan Africa: A Systematic Review. Maternal and child health journal, 2020.
38. Weber, A.M., et al., *Gender norms and health: insights from global survey data.* Lancet, 2019. **393**(10189): p. 2455-2468.
39. Government of Canada. *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2*. 2018; Available from: **https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html**.
40. Bisung, E., et al., Using Photovoice as a Community Based Participatory Research Tool for Changing Water, Sanitation, and Hygiene Behaviours in Usoma, Kenya. Biomed Res Int, 2015. **2015**: p. 903025.
41. International HIV/AIDS Alliance, Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. 2006, International HIV/AIDS Alliance.
42. BetterEvaluation. *Outcome Mapping*. n.d.; Available from: **https://www.betterevaluation.org/en/plan/approach/outcome_mapping**.
43. Wilson-Grau, R. *Outcome Harvesting. BetterEvaluation*. 2015; Available from: **http://betterevaluation.org/plan/approach/outcome_harvesting**.

CanWaCH
Canadian Partnership for
Women and Children's Health

CanSFE
Partenariat canadien pour la
santé des femmes et des enfants

Government of Canada
Gouvernement du Canada