Globally, CARE’s health programs prioritize addressing gender inequity and investing in women’s empowerment in order to achieve sustainable improvements in health, as well as to ensure that women realize their full human rights. In order to strengthen and standardize our measurement of women’s empowerment in our programs, CARE has developed a new, multidimensional quantitative survey tool. The tool - called WE-MEASR (Women’s Empowerment – Multidimensional Evaluation of Agency, Social Capital and Relations) - is designed for use with women, and consists of 23 short, validated scales designed to measure women’s empowerment in domains critical to sexual, reproductive and maternal health and nutrition. The scales are aligned with CARE’s theoretical framework for Women’s Empowerment, which outlines three overarching domains of change essential to ensuring meaningful empowerment of women: Individual Agency, Relations, and Structure. Programs can use the entire set of WE-MEASR scales, or select a sub-set of scales that measure the specific dimensions of empowerment that their program is designed to influence.

**Tool Development and Validation:**

In developing the measures, we built on and adapted existing validated measures, including the Gender Equitable Men (GEM) scale,\(^1,2\) the Sexual Relationship Power Scale (SRPS),\(^3\) the Demographic and Health Survey Women’s Empowerment Modules,\(^4\) and the Adapted Social Capital Assessment Tool (ASCAT).\(^5\) Because so many of CARE’s projects aim to achieve women’s empowerment by enabling collectivization and catalyzing collective action, we prioritized the inclusion of a set of items to measure structural and cognitive social capital, including membership in and help from community groups, social cohesion and collective efficacy. We also developed new measures where we found gaps, including a set of self-efficacy measures that explore how women’s confidence to enact health-promoting behaviors (e.g. use of family planning) is mediated by gender roles and gendered power dynamics in the household.

The items in the tool were tested and refined through two rounds of cognitive interviewing, including interviews with women in rural Malawi. The final measures were then field-tested through interviews with 641 married women in Malawi in both patrilineal and matrilineal communities. Data from field tests were validated using factor analysis and reliability analysis, and then further refined. We are currently completing analysis for construct validity and plan to have a field test version and guidance manual to share by summer 2013. In 2013, CARE will also integrate WE-MEASR into program evaluations in Bangladesh and Peru to assess validity of the tool in other contexts, and to explore associations between programming, empowerment and health outcomes.
### WE-MEASR Scales at a Glance (in development)

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SUB-DOMAINS</th>
<th>SCALES</th>
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| Agency                        | Attitudes and Beliefs about Gender and Women’s Right to control her body and sexuality | Tolerance of Intimate Partner Violence 4  
Belief in Women’s Right to Refuse Sex 4  
Acceptance of Male Dominance 1,2  
Belief in Women’s Health Rights  |
|                               | Self-Efficacy (SE) to perform key health-promoting behaviors under set of conditions that relate to gender roles and gendered power relations in the household ** | SE to Ask for and Use Family Planning  
SE to Go to the Health Facility  
SE to Attend Community Meetings  
SE to Speak out at Community Meetings  
SE to Ask for Help with Child Care  
SE to Ask Husbands’ Help with Household Duties  |
| Relations                     | Decision-making Power                                                      | Participation in Household Decision-making 3,4  |
|                               | Inter-spousal Communication                                                | Inter-spousal Communication 7  |
|                               | Mobility                                                                    | Mobility 4,7  |
| Structure/                     | Ownership of /Contribution to Household Assets                             | Ownership of Productive Assets/ Contribution to Household Resources  |
| Social Capital                | Social Cohesion                                                            | Social Cohesion 5,6,8  |
|                               | Community Support in Times of Crisis                                       | Support from community: if Heavy Bleeding during Pregnancy  
Support from community: if a Husband Beats His Wife  
Support from community: if a Woman has Difficulty Breastfeeding  
Support from community: if No Food in the House  |
|                               | Collective Efficacy                                                        | Collective Efficacy  |
|                               | Community Participation/Help received from Community                       | Community Participation/Help from Community (index) 5,6  |
|                               | Participation in Collective Action                                         | Participation in Collective Action 1  |

**Items Adapted from:**


2 Pulerwitz, J., et al. (2010). Promoting Gender Equity for HIV and Violence Prevention: Results from the Male Norms Initiative Evaluation in Ethiopia. PATH, Washington DC.


4 Demographic and Health Survey (DHS) 2008. Measure DHS, ICF Macro, Calverton MD.


** Additional self-efficacy measures for nutrition-related outcomes are under development.

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