

Monitoring, Evaluation and Learning Framework for Social Analysis & Action

Supporting document for Social Analysis & Action Global Implementation Manual



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For more information please contact:

[Feven Mekuria](#)

Senior advisor for SRHR global program approaches

SRHR Unit

CARE USA

151 Ellis St. NE, Atlanta, GA 30303



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Acronyms

CSC – Community Score Card
DHS – Demographic and Health Survey
GBV – Gender-based Violence
GEWV – Gender Equity & Women’s Voice
FNS – Food & Nutrition Security
LFFV – Life Free from Violence
KAP – Knowledge, Attitude & Practice
MEL – Monitoring, Evaluation & Learning
MSC – Most Significant Change
QIVC – Quality Improvement Verification Checklist
SAA – Social Analysis & Action
TOC – Theory of Change
WEE – Women’s Economic Empowerment
WE-MEASR – Women’s Empowerment– Multidimensional Evaluation of Agency, Social Capital & Relations

Introduction to Monitoring Evaluation & Learning Framework for Social Analysis & Action (SAA MEL)

Social Analysis and Action (SAA) is one of CARE’s models for *gender transformation*. It is a community-led social change process through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives. SAA uses participatory tools – some developed by CARE and some borrowed from others – to achieve the long-term goal of **empowering vulnerable communities through the advancement of equitable gender, social and power norms**.

This living document provides guidance to staff implementing SAA who are seeking to develop or strengthen their program’s comprehensive MEL framework to include SAA and gain a deeper understanding of the changes facilitated by using the model.

Specifically, this guidance offers the following:

- Presentation and explanation of the SAA’s Theory of Change (TOC)
- Guidance on Gender & Power Analysis, a minimum standard for using SAA
- Identifying what is important to monitor throughout the process of implementation
- Suggested methods and tools to monitor and evaluate changes facilitated by SAA – including qualitative methodologies and cross-cutting and sector-specific quantitative indicators for monitoring and evaluating changes in agency, relations, and structures¹

The SAA MEL Framework has been developed in conjunction with the SAA Global Implementation Manual. Therefore, staff that are new to using SAA or looking to deepen their understanding of the model should look to the Global Implementation Manual for practical guidance on how to use SAA in programming across the sectors prioritized in the CARE 2020 Program Strategy and explore and challenge the gender, social and power norms that impact on the achievement of development goals.

Do No Harm while using the MEL Framework for SAA

The principle of “Do No Harm” means that those undertaking research, projects, or providing services, should not cause harm – intentionally or unintentionally. This includes harm caused by individual development actors, processes and projects that are implemented in communities by CARE, partners, and peer organizations. “Harm” can mean a range of things, including physical, emotional, or sexual violence, denial of basic human rights (i.e. access to education, political participation), social exclusion or stigmatization, and damaging local resources.

Harmful effects are often unforeseen and unintended: well-meaning individuals or organizations can easily make mistakes. Harm can be avoided through careful consideration of the complexity and sensitivities around the gender, social and power norms that SAA addresses. This understanding of both the context and the impact of SAA on individuals and communities is the practice of Do No Harm, and therefore the MEL Framework for SAA must be sensitive to this principle and implementers should enact minimum standards while using the framework to avoid harm.

¹ These three domains of change follow CARE’s Gender Equality Framework that also supports CARE’s Gender Equity & Women’s Voice approach. For more information on these, see the Gender Equality & Women’s Voice Guidance Note: [http://gender.care2share.wikispaces.net/file/view/CI+Gender+Equality+and+Womens+Voice+Guidance+Note+\(1+april+16\).pdf](http://gender.care2share.wikispaces.net/file/view/CI+Gender+Equality+and+Womens+Voice+Guidance+Note+(1+april+16).pdf)

The following is a checklist of minimum standards for ensuring that programs using SAA do no harm during monitoring, evaluation and learning processes²:

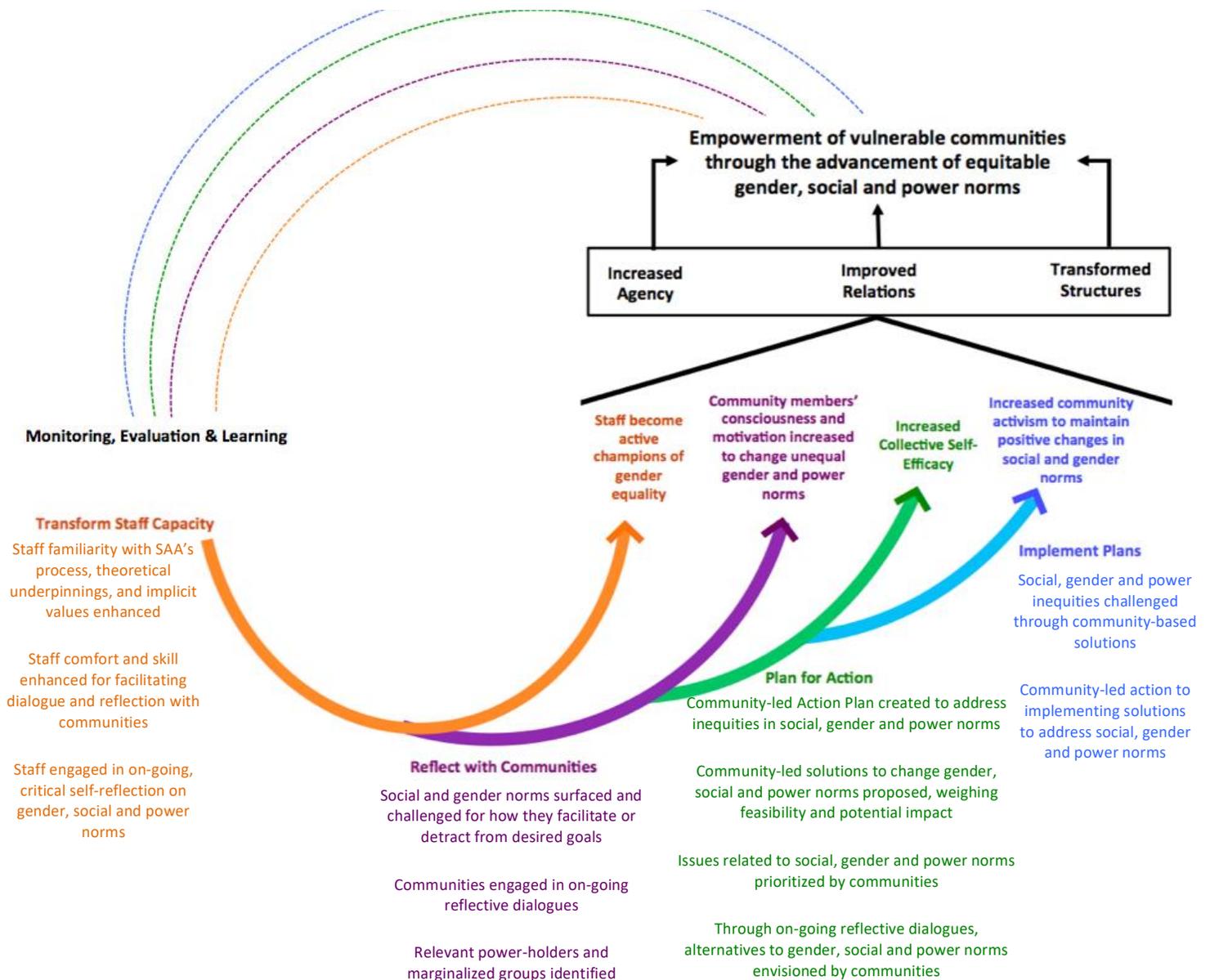
- Ensure program staff have a good grasp of the facts, perceptions, and attitudes about gender, social and power norms in the local context – including gender-based violence (GBV). This can be achieved through a Gender & Power Analysis at the start of the intervention.
- During MEL processes – such as focus group discussions, key informant interviews, or reflective dialogues with communities and staff, participants often choose to share personal stories or experiences. Facilitators should remind participants that sharing personal information is voluntary and that this type of information should be kept confidential. However, as confidentiality cannot be guaranteed, no one is obligated to participate. Participants *must* be given the ‘right to pass’; to skip any question or activity that they are not comfortable with.
- It is likely that GBV will be discussed by participants during the course of reflective dialogues and MEL processes. If a participant discloses an incident, facilitators should be ready to listen and provide a referral to services for the survivor where available.
- SAA implementers – including field-level facilitators and coordinators – should monitor how SAA groups’ dialogues and actions are developing, being prepared to provide referral to GBV services to SAA participants as there is a potential for increased GBV as a result of discussing and challenging gender and power norms.
- If MEL processes reveal that groups have chosen to implement plans that might cause harm – to either SAA participants themselves or other community members – MEL staff should alert project managers and work with the SAA group participants to identify appropriate actions to mitigate risk.
- All programs employing SAA should monitor related to GBV. [CARE’s guidance for GBV Monitoring and Mitigation with non-GBV Focused Sectoral Programs](#) should be referenced for M&E tools, processes, guidance, and ethical and safety considerations. As seen in **Table 1. Crosscutting Indicators for Intermediate and Immediate Outcomes within the SAA Theory of Change**, GBV is a crosscutting issue that can be monitored and evaluated through all three domains of change if and when project staff have the capacity to do so safely.
- SAA implementers – including field-level facilitators and coordinators – should monitor how SAA groups’ dialogues and actions are developing, providing guidance to SAA participants if there is a potential for harm.
- All programs employing SAA should monitor related to GBV. [CARE’s guidance for GBV Monitoring and Mitigation with non-GBV Focused Sectoral Programs](#) should be referenced for M&E tools, processes, guidance, and ethical and safety considerations.

² These points were adapted for SAA from Girl Effect’s How To Guide for Do No Harm Guidelines for Movements to End Female Genital Cutting, which can be found at:
<http://www.thegirlgeneration.org/sites/default/files/files/Summary%20of%20Do%20No%20Harm%20Guide.pdf>

Theory of Change for SAA

The SAA Theory of Change (TOC) is meant to demonstrate the process, relationships, and components necessary to achieve the long-term goal of SAA: *empowerment of vulnerable communities through advancement of equitable gender, social and power norms*. The gender-transformative change that SAA aims to facilitate can be examined across three key domains that are the basis of the SAA TOC as well as CARE's Women's Empowerment Framework, represented in the diagram below as the model's intermediate outcomes:

- Agency: individual or collective capacities (knowledge and skills), attitudes, critical reflection, assets, actions, and perceived access to services;
- Relations: the expectations, cooperative, or negotiation dynamics between people in the home, market, community, groups and organizations;
- Structures: informal and formal institutional rules and practices (norms, recognition and status).



All steps in the SAA process – Transform Staff Capacity, Reflect with Communities, Plan for Action, Implement Plans, and MEL – contribute to increasing agency, strengthening relations, and transforming structures to achieve improved individual and group wellbeing. Similarly, agency, relations and structures are not enhanced unless all four immediate outcomes (that occur as a result of the steps in the SAA process) are achieved, thus stressing the interdependency of the steps in the SAA process as detailed below.

1. Transform Staff Capacity

The SAA Process Cycle shows that Staff Transformation is both a foundational and continuous process that occurs throughout implementation. Through ongoing, critical self-reflection on gender, social and power norms, staff increase both comfort discussing and challenging sensitive topics and their skills for facilitating dialogue on gender and sexuality. This regular reflective practice results in staffs' increased familiarity with SAA's process, theory, and implicit values of gender equality and women's empowerment. Additionally, reflective dialogue can help staff understand each other better and work together to become a stronger team as they connect both personally and professionally about their own process of challenging norms. The process of Staff Transformation increases individual staffs' agency for reflection and facilitation, the relationships between coworkers (and, often, people in their personal lives), and the structure of the program team and Country Office itself. This increased capacity to reflect and act also provides the opportunity for staff to form a relationship with colleagues and family members as a positive role model. As staff more critically understand the social, gender, and power norms that influence their life and work, the team's "collective efficacy" is enhanced and they are better able to design and implement gender transformative programming. These increased capacities and spaces to act enable **staff to become active champions of gender equality**.

2. Reflect with Communities

Reflecting with Communities commences after Staff Transformation has begun and leads to the following intermediate outcome: **Individuals' consciousness and motivation increased to change unequal gender, social and power norms**. Much like Staff Transformation, increasing understanding and critical reflection is a continuous process of growing capacity, awareness and motivation for individuals and groups. As such, SAA dialogues are not used as one-off events or standalone activities. Before choosing which SAA tools to use to address gender, social and power norms, teams must conduct a Gender & Power Analysis to identify relevant power holders, marginalized groups, and the most relevant norms. Through on-going reflective dialogues with target groups and power holders, social and gender norms are surfaced by communities. These norms are then critically assessed for how they contribute to or undermine shared goals and desires – whether these be sector-specific measures of wellbeing or crosscutting issues that affect a marginalized groups' ability to thrive. These participatory discussions provide important spaces to enhance relationships within groups, but also the relationship between power-holders and marginalized groups. Marginalized groups are given a space to reflect and voice their opinions and needs, speaking directly and indirectly to structures that facilitate gender, social and power norms that impact their lives.

3. Plan for Action

Dialogues held during reflection with community members are critical for motivating community-led action as they offer the opportunity to envision alternatives to the current state of affairs – both in terms of healthy and productive communities but also the norms and behaviors that act as barriers. This can be done through using positive actions or examples of positive deviance to help shape what alternatives may look like and how groups can support actions to achieve change. However, as there are multiple ways to achieve collective goals, community members first prioritize the issues they wish to address and then

propose solutions. CARE's role is to *guide*, not lead, the planning process. This enhances the capacity of community members to weigh the feasibility and potential impact of solutions, and undertake joint planning and decision-making. This increases both individual and **collective efficacy**.

4. Implement Plans

The reflective dialogue and planning steps of the SAA process increase individual and collective efficacy by facilitating interactions and relationships within marginalized groups and between marginalized groups and power holders. These interactions – including the acts of dialogue and planning – can translate into structural transformation when occurring between power-holders and marginalized groups, particularly when plans are specifically utilized to change informal or formal structures in a way that addresses negative norms. When communities put their plans into action, social, gender and power inequities are challenged and sustainable change is facilitated through **increased community activism to maintain positive changes**.

5. Monitoring, Evaluation & Learning

These cyclical processes continuously drive **Monitoring, Evaluation & Learning**. As this guidance explains, gender transformative change is non-linear, and thus programs' MEL systems must seek to understand the incremental changes in agency, relations and structures happening within and surrounding the program. SAA's contribution to the enabling environment for gender equality and women's voice should be monitored and evaluated both qualitatively and quantitatively – through the use of the immediate and intermediate outcome indicators found in Tables 1 – 7 but also systematically using qualitative methodologies for staffs' and communities' own reflections on the process and changes occurring.

Learning from and adapting to the enabling environment surrounding SAA processes and activities is also crucial for the model's successful implementation, as no intervention or activity exists in a vacuum. This begins with a Gender & Power Analysis to identify the strengths, opportunities and risks of using SAA in target communities and continues with on-going, outward-facing review by staff of the factors that may be facilitating or inhibiting change processes. This could include an analysis of how other components of the program are helping or hindering the outcomes associated with SAA that seek to promote gender-equitable norms. For example:

- Is the increase in women's contribution to household income helping couples discuss financial decision-making?
- Is enhanced understanding of complementary feeding causing more equitable household food distribution?
- Are trainings for frontline health workers increasing women's perception that health services meet their needs?

Gender & Power Analysis for SAA

This guidance on Gender & Power analysis for SAA is grounded in CARE’s Good Practices Framework for Gender Analysis as it is a systematic attempt to identify key issues contributing to gender, social and power inequalities, many of which also contribute to poor development outcomes. Gender & Power Analysis for SAA aims to collect, identify, examine, and analyze information on the different power-holders, norms, networks, and roles of men and women. While understanding differences between men and women is important, examining diversity among groups of women, men, boys and girls is also critical. Key Gender & Power Analysis research questions relevant for most programs using SAA include the following:

- *What are the rights denials in this context?* How do unequal gender and power relations, including subordination and exclusion, influence rights denials? How do these rights abuses relate with other areas of discrimination – based on ethnicity, culture, class, age, disability, etc.?
- *How do gender inequalities affect the achievement of sustainable results?* For example, if the project’s sustainable result is “increased productivity among female smallholder farmers”, then gender norms in household divisions of labor and workloads may greatly influence production outcomes.
- *How will proposed results affect the relative status of men and women?* Will it exacerbate or reduce inequalities?

These questions can be explored in three phases:

Phase 1: Context Analysis: Program teams seek to understand the broader context in which to ground our understanding of gender and power norms and relations. This phase of Gender & Power Analysis, primarily done through secondary data collection, should seek to understand the following by reviewing academic and programmatic research – including quantitative and qualitative data collected throughout implementation of similar programs:

- What are the social norms and values (masculinities, femininities, values, etc.) – expectations on individuals regarding behaviors, actions, choices, rites of passage
- What are the policies and laws pertaining to rights based on gender
- What are the development outcomes, disaggregated by gender (these can be drawn from secondary data, such as population-based surveys like the Demographic and Health Survey (DHS))

Looking for a guide on conducting a desk review to support your Gender & Power Analysis?

Refer to: K Glenzer (2005). *Starter Kit for Conducting a Desk Review*. CARE USA.

Phase 2: Inquiry: Teams collect primary *qualitative* data using *participatory tools* for a deeper understanding of the characteristics and conditions of gender relations, cutting across the three domains of CARE’s Gender Equality Framework: agency, structures and relations.

Looking for tools for data collection for each area of inquiry?

Refer to the table below: *Data Collection Tools for Gender & Power Analysis*

Phase 3: Analyzing and Prioritizing Issues: Programmers and communities should examine both the key norms that affect women’s and men's well-being as well as the needed transformation in structures and relations to pursue gender equality. In this phase of Gender & Power Analysis, program teams should examine data gathered from the situational analysis in combination with information gathered from field data collection, also known as triangulation. By identifying recurring themes and differences across respondent groups and data sources, findings should reflect both the key norms that affect women and men's wellbeing as well as the needed transformation in structures and relations to pursue gender equality. Based on the analysis of the chosen areas of inquiry, teams should be able to complete the following:

- *Name and describe the gender, social and power norms that affect participants’ well-being*
This lens of analysis and its findings generally involve what men and women do or do not have or what they can and cannot do. While addressing more transformational gender issues is necessary, programs also need to address practical needs – since they are immediate and at the forefront of what individuals prioritize.
- *Identify and describe the structures that reinforce or sustain unequal gender and power norms; Identify opportunities to promote more equitable gender roles and relations*
This second lens of analysis and its findings generally involve social relations and structural issues – both formal and informal, such as social positions, laws and norms affecting gender equality, and power dynamics between groups. For example, structural issues include inequality in terms of:
 - Access to livelihood opportunities, resources and social networks;
 - Security;
 - Options in relation to economic and life choices;
 - Vulnerability to violence and exploitation;
 - Unequal political power and voice.

Important Areas of Inquiry

CARE’s Good Practices Framework for Gender Analysis identifies the following ten areas of inquiry that are useful to explore through Gender & Power Analysis for SAA:

- **Power-holders and marginalized groups:** *What are strategies for influence?*
- **Networks and Social Capital:** *What networks exist, who enjoys the benefits of being within that network, and what are the strengths and weaknesses of the network?*
- **Gendered division of labor:** *Who does what within the household? What are implications for this work in regard to opportunities, constraints and status of women and men?*
- **Decision-making:** *How are decisions made within the household? Do women or men control certain types of decisions?*
- **Claiming rights and meaningful participation in public decision-making:** *What level knowledge of rights do women and men have? Is there space and ability to fully engage in public decision-making in terms of representation, movements and spaces for negotiation?*
- **Control over productive assets:** *Who has control over and benefits from various productive assets?*
- **Access to public spaces and services:** *What are the barriers to accessing services? What influences the safety and accountability of public spaces and services?*
- **Control over one’s body:** *Do men and women have the ability to have power over one’s own body?*

- **Violence and restorative justice:** *What are the forms, characteristics, and responses to GBV? Are there approaches to restorative justice?*
- **Aspirations for oneself:** *What are women and men’s perceptions of their own self-worth, self-knowledge and aspirations for the future?*

Data Collection Tools for Gender & Power Analysis

The table below lists different tools for data collection for each area of inquiry. Some tools that can be used for multiple themes, in particular Stakeholder & Institution Mapping, focus group discussions, key information interviews. Other tools such as vignettes, storytelling or role-playing are also useful participatory research and learning activities. Tools in orange are “core” SAA tools and thus can be found in the SAA Global Implementation Manual while other tools can be found at the cited web address.

Area of Inquiry	Tool for Data Collection
Power Holders & Marginalized Groups	Network Analysis
	Stakeholder & Institution Mapping
	Power Mapping
Networks and Social Capital	Network Analysis
Division of Labor	Daily Clock³
	Household Tasks Pile Sort (SAA Tool #2)
	Seasonal Calendar
	Wage Analysis
Decision-Making	Decision-Making Pile Sort (SAA Tool #2)
	Seasonal Calendar
	Income and Expenditures Matrix
Control Over Productive Assets	Income and Expenditures Matrix
	Land Tenure Matrix
Access to Public Services and Spaces	Mobility Analysis
Control Over One's Body	Body Mapping (SAA Tool #4)
Violence and Restorative Justice	Conflict Role Playing
Aspirations for One's Self	Appreciative Inquiry⁴
	Cognitive-Semantic Mapping of Empowerment

³ Pathways Gender Tools, Tool 4.7, page 102. Accessed at http://www.care.org/sites/default/files/documents/FFBS_4_Gender_Tools.pdf

⁴ K de Boodt (2007). Empowerment Approaches for Understanding Empowerment: Learning from Practice – Appreciative Inquiry (Dialogue Valorisant) for Positive Change. CARE Burundi.

What should I monitor and evaluate?

The kinds of changes that gender-transformative models like SAA aim to create are ambitious and ambiguous, typically take a long time, and rarely develop in linear fashion. Therefore, a responsive MEL system must be able to see change as a process instead of an endpoint. This means MEL systems used with projects and programs that employ SAA must document and learn from the small, incremental changes towards the larger goal of the intervention. The following provides a description of what programs using SAA should be monitoring and evaluating.

Monitoring & Evaluating the Quality and Efficacy of Implementation

As SAA requires a commitment to quality implementation, particularly advanced facilitation skills and staff commitment to gender equality and regular reflective practice, programs employing SAA must also monitor the quality of SAA's implementation. This should include monitoring mechanisms that track the progress of an initiative and also the success of activities in making critical, reflective dialogue possible.

In addition, initiatives using SAA should use MEL techniques and activities to understand the pathways of change in gender, social and power norms. Approaches below are both qualitative and quantitative and help to understand what is changing, how it is changing, and how individual behavior and group or community-level norms changes contribute to sector-specific outcomes. Qualitative methodologies are given emphasis in this guidance as they provide a richer source of information for learning.

Monitoring, Evaluating and Learning for each step of the SAA Process

While Step 5: Evaluate comes at the end of the SAA Process Cycle, programs can monitor and learn from each step in the process. Below is a mix of process- and progress-driven learning questions to shape MEL during programs' implementation of each step: while many programs usually rely on process-driven MEL, SAA MEL also seeks to understand the progress made towards equitable gender, social and power norms as a result of SAA. Not all programs will have the resources and ability to answer all of the questions, but it is recommended that all programs implementing SAA monitor and evaluate at least one aspect listed below for each of the first four steps in the SAA Process Cycle.

1. What do we want to know about **Staff Transformation**?

- How often does staff meet to practice reflective dialogue?
- What are the issues they reflect upon?
- How are staffs' perceptions about gender equality, power structures, empowerment and SAA interventions changing?
- How are staffs' facilitation skills progressing?
- How is staffs' interaction with communities changing?
- Are there any negative consequences observed that are due to Staff Transformation activities – either within staff or communities' participation in Gender & Power Analysis?

What is the difference between process- and progress-driven learning questions?

- Process learning questions seek to understand if a program is completing all of the steps in a process of implementation, such as the activities and targets set in Detailed Implementation Plans. For instance, "Are we training the number of SAA group facilitators we originally planned?" is a process learning question.
- Progress learning questions seek to understand the effect of the completed activities. For example, "How are staffs' perceptions about gender equality, power structures, empowerment and SAA interventions changing?" is a progress learning question related to Staff Transformation.

2. What do we want to know about **Reflecting with Communities**?
 - Which community groups are included in the reflection and how often do they meet?
 - How are community members' perceptions and understanding of gender equality, power structures and empowerment changing?
 - Are community members' motivations to challenge inequitable norms changing?
 - Are there changes in agency, relations and structures occurring because of SAA?
 - Are there any negative consequences observed as a result of critical reflective dialogues?

3. What do we want to know about **Planning for Action**?
 - Have groups participating in SAA created Action Plans?
 - Are these action plans addressing the gender, social and power norms surfaced through reflective dialogues? If so, are the planned actions helpful or harmful (i.e. do they further marginalize or stigmatize community members?)
 - Are the action plans shared across gender groups and different community groups?
 - Are these action plans promoting the rights and/or addressing the needs of vulnerable groups?
 - Do community-led Action Plans call for the participation of women and girls?
 - Are there any negative consequences observed as a result of Planning for Action?

4. What do we want to know about the **Implement Plans** phase?
 - What types of collective action have taken place due to communities' participation in SAA?
 - How frequent are these actions?
 - How effective are these actions?
 - Are there changes in agency, relations and structures because of collective actions driven by SAA?
 - How are these actions supporting a social norm change?
 - Are there changes in sector-based outcomes due to these actions?
 - Are the community members able to speak out about the changed behavior in public?
 - Are there any negative consequences as a result of SAA groups' actions while Implementing Plans?

How can I monitor and evaluate changes facilitated by SAA?

Many approaches can complement one another in studies looking to understand what changes have occurred and why over the life of a program or project. However, before choosing your approach and methods, understanding and utilizing the [Do No Harm Framework](#) is an important first step given that SAA involves dialogue and debate around sensitive issues.

While some of the methods below are quantitative, other tools require qualitative data collection and analysis. For guidance on the skills needed and processes for best utilizing qualitative data, see CARE's [guide to formative research for maternal and child nutrition program planning](#).

SAA MEL Tools for Quality of Implementation

Quality of implementation is not just reflected in the completion of activities but looks at how activities are implemented. Many programs rely on community-level facilitators or partners to implement SAA dialogues, which require knowledge and advanced facilitation skills. It is therefore important to invest in these workers' and volunteers' capacity through training and mentoring. The following tools combine mentoring and monitoring:

- **[Quality Improvement and Verification Checklist \(QIVC\)](#)**: this tool provides a detailed check of development workers' performance for both monitoring and improving their performance, identify "system problems," and to encourage them. While some workers or facilitators that receive low scores (below 80%) should receive a monitoring visit on a monthly basis, supervisors can use a checklist with workers that progress or have higher scores on a semi-annual or yearly basis.⁵
- **[Supportive Supervision/Mentoring & Monitoring for Community Infant & Young Child Feeding](#)**: this 1-day session provides an introduction to how supervisors can mentor community-level workers as a part of routine monitoring activities to understand how workers are using their knowledge and skills. While the resource is written for maternal and child health and nutrition programs – particularly ones that employ counseling pregnant and lactating women – the components of facilitation skills and mentoring workers is relevant across sectors.⁶
- **[Beneficiary Feedback Systems](#)**: Tools and systems that gather feedback from program participants can increase accountability, address problems with implementation earlier, build relationships with communities, and empower beneficiaries. Face-to-face mechanisms, such as community meetings or focus group discussions, do not require literacy, are low-cost, and allow for instant responses by staff to queries from programs' beneficiaries, SMS, radio call-in shows, and anonymous feedback and complaint boxes located in communities can also facilitate this dialogue between program participants and staff if face-to-face mechanisms are not culturally appropriate.⁷

⁵ Davis, Thomas. <http://www.fsnnetwork.org/quality-improvement-verification-checklists-online-training-module-training-files-slides-qivcs-etc>

⁶ UNICEF. Supportive Supervision/Mentoring and Monitoring for Community IYCF. 2013. Accessed at: [https://www.unicef.org/nutrition/files/Supervision_mentoring_monitoring_module_Oct_2013\(1\).pdf](https://www.unicef.org/nutrition/files/Supervision_mentoring_monitoring_module_Oct_2013(1).pdf)

⁷ UKAID. Beneficiary Feedback. Accessed at: <https://www.ukaidirect.org/learning/beneficiary-feedback/>

SAA MEL Tools for Efficacy of Implementation: Understanding and Measuring Change

The following approaches and tools, used together or separately, can help programs understand community-level changes in gender, social and power norms addressed in SAA dialogues.

- **SAA tools for comparison across groups and time:** Many of the core tools found in Section 3 of Global Implementation Manual for SAA can also be utilized to monitor changes in perceptions, attitudes, and behaviors over time. By using a tool at the beginning, middle and end of implementation, program teams can reflect on the changes in dialogues, reflections by participants, or simply the rate and strength of participation by different sub-groups within the dialogue. Guidance on how to use SAA tools for MEL purposes can be found at the end of each core tool in the Global Implementation Manual.
- **[SASA! Outcome Tracking Tool](#):** Program staff observe an activity such as a community dialogue session and then rank the degree of resistance or acceptance of community members participating on the norms addressed in the dialogue. The tool's sections, which can be used separately or as a whole, are organized into SASA! outcome areas: knowledge, attitude, skills, and behaviors.⁸
- **[Knowledge, Attitude and Practice \(KAP\) Surveys](#):** a quantitative tool that generates quantitative and qualitative information. KAP surveys reveal misconceptions or misunderstandings that may represent obstacles to activities and potential barriers to behavior change. Note that a KAP survey records an "opinion" and is based on statements. In other words, the KAP survey reveals what was said, but there may be considerable gaps between what is said and what is done. Programs can use KAP surveys on a regular basis to see the changes in attitudes and reported behaviors related to the norms surfaced during community dialogues.⁹
- **[Most significant change \(MSC\)](#):** Program staff collect stories from program participants of change brought about by the program and systematically analyze them for their significance by asking "*Looking back over the last month (or specific time frame), what do you think was the most significant change in your life in terms of women's empowerment (or specific domains within it)?*". The 10-step process requires teams to define the domains of change they wish to analyze before collecting stories from the field with the most significant stories being filtered up from field staff to management teams.¹⁰ For reflection on CARE's adaptation of this technique, see Sexual Reproductive Health & Right's team's experience [here](#).
- **[Measuring Self-Esteem](#):** Individual and collective agency require knowledge, skills, and the confidence and aspirations to practice new or improved behaviors and act collectively. Measuring changes in self-esteem that contribute to the confidence and aspirations can be done through Pile Sort games

⁸ Raising Voices. "SASA! Outcome Tracking Tool". Accessed at: <http://raisingvoices.org/wp-content/uploads/2013/03/downloads/Activism/SBL/BasicMonitoringToolsOutcomeTrackingTool.pdf>

⁹ USAID SPRING Project. "The KAP Survey Model". Accessed at: <https://www.spring-nutrition.org/publications/tool-summaries/kap-survey-model-knowledge-attitudes-and-practices>

¹⁰ Davies, R. and Dart, J. "The Most Significant Change (MSC) Technique". CARE International, 2005. Accessed at: <http://www.mande.co.uk/docs/MSCGuide.pdf>

(images or cards are sorted by “Most like me” and “Least like me”), the Girls Leadership Index, or an Ideal Self-Inventory.¹¹

- **Appreciative Inquiry:** Teams use questions to form discussions with individual program participants or during small focus group discussions to discover strengths, aspirations and successes in individuals and communities through the sharing of life stories and values. Appreciative Inquiry usually works through a series of questions in four phases: Discovery (describing experiences), Dreaming (aspirations for the future), Designing (developing short- and long-term goals) and Delivery (support participants to mobilize resources). Teams analyze inquiries to understand how women and men view strengths and power, and to review how individuals’ aspirations for themselves compared. This can be done at the beginning, middle and end of the program to understand changes in the themes and responses over time.¹²

SAA MEL Tools for Staff Transformation

As the progression of staff towards becoming active gender champions is the basis upon which SAA processes are built, changes in staffs’ experience, perceptions, and action are also vital to understand and document. A note of caution: as Staff Transformation is the first step of the SAA process, many of the reflective practices may be documented for MEL purposes; however, as some of the discussions with staff may be very personal in nature, reporting and sharing out that documentation can become a challenge for creating and maintaining safe spaces for sensitive discussion. Therefore, it is important that the monitoring and evaluation methodologies are discussed with participating staff to come up with a mechanism that is acceptable for all, such as leaving out names and position titles from documentation. Many of the techniques described above can also be used to monitor and evaluate staff transformation along with the following:

- **Staff perceptions of empowerment and related interventions:** Using semi-structured interviews, teams can probe how staff and partners view empowerment, capture events and changes in the project that could explain changes reported, and identify as CARE’s role in bringing about these changes.
- **Reflective Practice:** To think critically as a group about how a project is progressing, or another priority issue, and brainstorm steps to take that may be necessary to improve impact or catalyze positive change. This can be done on a quarterly basis to document learning and appropriate actions taken by management to adjust implementation where necessary.
- **After-Action Review:** Program teams can gather key stakeholders to review trainings, activities implemented, and lessons learned with the goal of improving future performance. This review will also serve to reflect on changes seen throughout implementation, which groups should be targeted, and which norms should be addressed in future community dialogues. Important to this process is providing a safe space for staff reflection, either by ensuring confidentiality or splitting up group reflections so that supervisors and field level staff are not pressured to provide direct critical feedback if this is not appropriate for the context.

¹¹ CARE Gender Toolkit. Accessed at: <http://gendertoolkit.care.org/Pages/self-esteem%20and%20leadership%20scales.aspx>

¹² Ibid. Accessed at: <http://gendertoolkit.care.org/Pages/appreciative%20inquiry-dialogues%20valorisants.aspx>

Indicators for Measuring Changes in Gender, Social and Power Norms

SAA is not a standalone intervention and should be integrated into programs with sector-specific goals and impact-level indicators. Therefore, SAA should be viewed as a means to an end, a process that produces intermediate-level outcomes as opposed to generating impact on its own. This means that the most appropriate indicators for monitoring and evaluating SAA are outcome-level, but programs can also quantitatively monitor, evaluate and learn from each step of the SAA process via immediate outcome indicators.

As we must understand that the pathway to change facilitated by SAA is non-linear, we must also recognize that the suggested indicators in this guidance do not map a simple one-to-one relationship to the three domains of change. Each indicator, while situated in either agency, or structure, or relations in the table, reflects multiple changes that in reality cut across the three dimensions. For example, while prevalence of female-owned businesses may reflect changes in individual choices and capabilities, it may also reflect structural changes in shifting labor market incentives. Therefore, programs will most successfully monitor and evaluate SAA and the enabling environment for gender equality and women's voice if changes in agency, relations, and structures are represented in chosen indicators.

As cited in the indicator tables below, many of the indicators chosen for this guidance are adopted and adapted from existing CARE MEL resources in order to avoid duplication and utilize existing CARE resources:

- **CARE's WE-MEASR:** a set of tested and verified quantitative measures designed for use with women to measure women's empowerment in domains critical to sexual and reproductive health and in line with CARE's Women's Empowerment and Gender Equality framework: agency, relations and structure. Taken together, the WE-MEASR has a total of 20 short scales that can be integrated into baseline, mid-term and final evaluation surveys, demonstrating changes in the three domains over time. The indicators in this guidance are actually subscales and not singular indicators of change.¹³
- **CARE International Global Change & Supplementary Indicators:** The Global Indicators are a common set of 25 guiding indicators applicable to CARE projects and initiatives worldwide, allowing for the collection and consolidation of coherent and comparable outcome and impact data. The supplementary indicators are a complementary set of impact and outcome metrics that projects and initiatives can use to assess change in areas or domains of change that may not be fully captured with the use of any of the 25 Global Indicators.¹⁴
- **CARE's Women's VOICES:** Using the WE-MEASR and CARE's Governance Framework, these scales were developed to evaluate the impact of one social accountability approach, the Community Score Card (CSC)¹⁵, on governance processes and health service delivery outcomes in Sexual, Reproductive and Maternal Health programs¹⁶

¹³ CARE USA. (2014). Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WEMEASR): A tool to measure women's empowerment in sexual, reproductive and maternal health programs. Atlanta, GA:

Author. <http://familyplanning.care2share.wikispaces.net/Measuring+Women+Empowerment>

¹⁴ CARE's Global MEL page, including access to the Global Change & Supplementary Indicators can be found at:

<http://careglobalmel.care2share.wikispaces.net/CI+Global+MEL+wiki>

¹⁵ To learn more about CARE's Community Score Card visit:

<http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>

¹⁶ CARE USA. (2014). Women's Voices in Open, Inclusive Communities and Effective Spaces (Women's VOICES): A tool to measure governance outcomes in sexual, reproductive and maternal health programs. Atlanta, GA: Author.

http://familyplanning.care2share.wikispaces.net/file/view/Women%27s_VOICES_Final.pdf

- **Pathways to Empowerment:** Pathways goal is to increase the productivity and empowerment of women farmers in more equitable agriculture systems at scale by addressing the underlying causes of poverty and women’s exclusion in agriculture. The quantitative monitoring and evaluation framework focuses on capacity, access, productivity, household influence, and enabling environment.¹⁷

GBV and Other Crosscutting Indicators

While program teams may feel the need to adapt certain indicators to reflect the work of their sector-specific program, the crosscutting indicators provided here are deliberately generic to express the full breadth of empowerment. For example, if a woman has the mobility to go to the health clinic but she does not have the ability to go to the market without permission, then the limits of her empowerment remain defined by gender norms. Therefore, program teams are encouraged to explore the multiple dimensions of empowerment during implementation, monitoring and evaluation.

Similarly, as mentioned at the beginning of this guidance, all programs employing SAA should monitor and evaluate changes related to GBV. [CARE’s guidance for GBV Monitoring and Mitigation with non-GBV Focused Sectoral Programs](#) should be referenced for MEL tools, processes, and guidance with the understanding that collecting information without that preparation could increase harm.

Adapting Indicators

While the table offers multiple choices of indicators for each domain of change or expressions of agency, relations or structures, programs should only choose indicators that are relevant to the gender, social and power norms addressed through SAA dialogues. Similarly, as with SAA tools, programs should adapt indicators to the goals of the program, the context of implementation, and the age of target participants. For instance, indicators assessing changes in mobility of program participants may not be relevant for interventions targeting very young adolescents as their mobility may be affected by their relationship with their parents and the cultural expectations of asking for permission.

Indicators for Immediate and Intermediate Outcomes within the SAA Theory of Change

The following immediate outcome indicators are suggested for programs quantitatively monitoring and evaluating each step of the SAA process cycle, i.e. measuring changes related to the immediate outcomes within the SAA TOC as seen at the beginning of this guidance.

A note on Sex- and Age- Disaggregated Data: SADD

A person’s sex and age affect the way they experience life, the needs they have, and the way interventions affect them. The first step to understanding this is collecting sex- and age-disaggregated data that displays the differences between women, men, girls, boys and elderly people. Through SADD, programs have a clearer picture of who is affected, who is benefitting, and who is being left out of interventions, and therefore how programs can work better.

¹⁷ CARE Pathways Final Evaluation: Global Report. July 2016. http://www.carepathwaystoempowerment.org/wp-content/uploads/2017/04/Pathways_Endline_Global_Report_July-2016.pdf

Table 1. Immediate Outcome Indicators to support measurement of the SAA Theory of Change

SAA Process Cycle Step	Immediate Outcome	Indicator	Source
Staff Transformation	Staff become active champions of gender equality	# of staff who (report they) discuss gender norms with other staff or family members on a regular basis	None (not yet validated)
Reflect with Communities	Individuals' and communities' consciousness and motivation increased to change inequitable gender, social and power norms	% of respondents who report gender equitable attitudes (GEM Scale) (GWEV Supplementary Indicator #5)	WE-MEASR adapted this indicator from: Pulerwitz, J., & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale. <i>Men and Masculinities</i> , 10, 322-338. See CARE International Global Supplementary Indicators for guidance on using this indicator in addition to the WE-MEASR guidance document.
		% of respondents who say they want to improve attitudes towards women in their community	None (not yet validated)
Plan for Action	Increased collective efficacy	% of individuals reporting that they could work collectively with others in the community to achieve a common goal, SADD (GEVV Supplementary Indicator #7)	WE-MEASR; see CARE International Global Supplementary Indicators for guidance on using this indicator in addition to the WE-MEASR guidance document.
Action	Increased community activism to maintain positive changes in social and gender norms	% respondents that report participating in collective action	adapted from VOICES; informed by DeSilva, M.J., Harpham, T., Tuan, T., Bartolini, R., et al. (2006). Psychometric and cognitive validation of a social capital measurement tool in Peru and Vietnam. <i>Social Science and Medicine</i> , 62 (4), 941-953.

Within the tables for intermediate outcome indicators reflecting changes in either agency, relations and structures for sectors prioritized in the CARE 2020 Program Strategy, indicators are sub-divided into sub-domains, or specific ways in which each domain of change be understood. For instance, mobility as a display of agency; couples' communication as a way of understanding strength of relations; changes in the number of women in leadership positions is a sign of structural change. The sub-domains within each table are noted in grey to reveal different ways to understand changes in these domains and provide ample opportunity for programs to choose the most relevant reflection of empowerment and transformation that their program promotes.

Crosscutting and Sector-specific Intermediate Outcome Indicators for measuring changes in agency are in Tables 2 and 3, for changes in relations in Tables 4 and 5, and for changes in structures in Tables 6 and 7. Indicators written in blue have direct links to external sources, including indicator definition and guidance on data collection; otherwise, see footnotes for citations.

Table 2. Crosscutting Intermediate Outcome Indicators for Measuring Changes in Agency

Domain of Change	Crosscutting Indicators for Agency
Increasing Agency	GBV
	Proportion of respondents that reject intimate partner violence (WE-MEASR subscale)
	Decision Making
	Participation of women in household decision-making index ¹⁸
	Access to and Control over Resources
	# and % of women and men who own or control productive asset (including land)/technology and have the skills to use them productively (WEE Supplementary Indicator #3, shared with FNS)
	Mobility
	% of respondents scoring high mobility of the Female Mobility Scale (WE-MEASR subscale)
	Self-Efficacy: Knowledge, Skills, and Confidence
	% of individual reporting <u>high</u> self-efficacy (GEWV Supplementary Indicator #2)
	% of individuals who report confidence in their own negotiation and communication skills (SAAD) (GWEV Supplementary Indicator #4, shared with FNS, WEE)
	Participation in the Public Sphere
	% respondents confident speaking about gender and other community issues at the local level (Pathways to Empowerment)
	Participation in collective action (WE-MEASR subscale)
Self-efficacy to speak out in community meeting / attend community meeting (WE-MEASR subscale)	
Self-efficacy for participation at Community Meetings (VOICES subscale)	

¹⁸ MEASURE Evaluation’s Family Planning and Reproductive Health Indicators Database. Accessed from: https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/participation-of-women-in-household-decision

Table 3. Sector-Specific Intermediate Outcome Indicators for Measuring Changes in Agency

Domain of Change	Sector-Specific Indicator			
	Life Free From Violence (LFFV)	Women’s Economic Empowerment (WEE)	Food & Nutrition Security (FNS)	Sexual Reproductive Health & Rights (SRHR)
Increasing Agency	Decision Making			
	Proportion of respondents that reject intimate partner violence (WE-MEASR subscale)	# and % of women who report they are able to equally participate in household financial decision-making (WEE Indicator #17)	% of women farmers with access to, control over, or ownership of a core set of productive resources, assets, and services (FNS Supplementary Indicator #3)	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (GEVV Indicator #9, shared with SRHR and LFFV)
	Access to and Control over Resources			
	Percent of women who mainly decide how their own income will be used ¹⁹	# and % of women who are active users of financial services (disaggregated by informal and formal services) (WEE Indicator #16)	% of women farmers with access to, control over, or ownership of a core set of productive resources, assets, and services (FNS Supplementary indicator #3)	Proportion of respondents reporting agreement with the Ownership of Household Assets (WE-MEASR subscale)
		Number and value of loans to small producers, disaggregated by sex ²⁰	% of women with savings (Pathways to Empowerment)	
	Self-Efficacy: Knowledge, Skills, and Confidence			
Belief in women’s right to refuse sex (VOICES subscale)	% of individuals who report confidence in their own negotiation and communication skills (SAAD) (GWEV Supplementary Indicator, shared with FNS, WEE)	% of individuals who report confidence in their own negotiation and communication skills (SAAD) (GWEV Supplementary Indicator #4, shared with FNS, WEE)	Self-efficacy to discuss use of family planning (WE-MEASR subscale)	

¹⁹ Family Planning and Reproductive Health Indicators Database. MEASURE Evaluation: https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/percent-of-women-who-mainly-decide-how-their-own

²⁰ USAID. “Gender Training Materials: Integrating gender into Economic Growth and Environmental Programs & Analysis” Annex 3. Gender Sensitive Indicators for Economic Growth/Trade-Related Activities. March, 2007. http://pdf.usaid.gov/pdf_docs/pnadz351.pdf

	US\$ value of net income increase per day (SADD); [from selling product or service, from formal/informal employment]; [plus calculation of gender pay gap] (WEE Supplementary Indicator, shared with FNS)	# and % of women and men reporting net income increase per day; and US\$ value of increase (WEE Supplementary Indicator #1)	Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SRHR Global Indicator #9)
Proportion of girls who say they would be willing to report any experience of unwanted sexual activity ²¹	# of women who have increased capability to perform economic activity (WEE Supplementary Indicator #2)	# of women who have increased capability to perform economic activity (WEE Supplementary Indicator)	Knowledge of rights to service provision (VOICES subscale)
	# of women who own or control productive asset (including land) /technology and have the skills to use them productively (WEE Supplementary Indicator #3, shared with FNS)	# of women who own or control productive asset (including land) /technology and have the skills to use them productively (WEE Supplementary Indicator #3, shared with FNS)	

²¹ Bloom, Shelah S. "Violence against women and girls: a compendium of monitoring and evaluation indicators." (2008). <https://www.measureevaluation.org/resources/publications/ms-08-30>

Table 4. Crosscutting Intermediate Outcome Indicators for Measuring Changes in Relations

Domains of Change	Crosscutting Indicators for Relations
Strengthening Relations	GBV
	% of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months (LFFV Indicator #11)
	% of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months (LFFV Indicator #12)
	Proportion of people who agree that rape can take place between a man and woman who are married ²²
	Quality of relationships with spouse and within family, including access to and control over resources
	Percent of women who mainly decide how their own income will be used²³
	Average total # and proportion of weekly hours spent on unpaid domestic and care work, by sex, age and location (for individuals five years and above) (GEVV Supplementary Indicator #1, shared with WEE)
	Number/percent of respondents who (report they) want their daughters to finish school before marriage ²⁴
	Increased Social Capital (Bonding, Bridging)
	% of individuals reporting they can rely on a community member in times of need (GEVV Supplementary Indicator #6)
Social Cohesion (VOICES subscale)	

²² Bloom, Shelah S. "Violence against women and girls: a compendium of monitoring and evaluation indicators." (2008).

<https://www.measureevaluation.org/resources/publications/ms-08-30>

²³ MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database. Accessed from:

https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/percent-of-women-who-mainly-decide-how-their-own

²⁴ Malhotra A, Schuler SR and Boender C. 2002. Measuring women's empowerment as a variable in international development. Background Paper Prepared for the World Bank Workshop on Poverty and Gender: New Perspectives. Washington, DC: World Bank.

Table 5. Sector-Specific Intermediate Outcome Indicators for Measuring Changes in Relations

Domains of Change	Sector-Specific Indicators for Relations			
	LFFV	WEE	FNS	SRHR
Strengthening Relations	Quality of relationships with spouse and within family, including access to and control over resources			
	Frequency of incidences of family conflict (i.e. arguments or physical or sexual conflict) ²⁵	Share of men’s and women’s expenditures in healthcare, education and children’s expenses ²⁶	Dietary diversity of women and children under 5 in relation to men in the household ²⁷	Inter-spousal communication (WE-MEASR subscale)
			Men’s knowledge and accountability for health and nutrition outcomes ²⁸	% of couples who (report) increased communication around health, sexuality and reproductive decisions ²⁹
	Sexual Power Relationship Scale ³⁰	Average total # and proportion of weekly hours spent on unpaid domestic and care work, by sex, age and location (for individuals five years and above) (GEVV Supplementary Indicator #1)	Quantitative change in hours of household labor by time and task allocation for rural producers, disaggregated by sex ³¹	Percent of men (husbands) who are supportive of their partners' reproductive health practices ³²
			Equitable household negotiation processes for use and control of quality land ³³	% of men who support modern FP use for themselves or their partner ³⁴

²⁵ Hillenbrand, Emily, et al. "Measuring gender-transformative change: A review of literature and promising practices." (2015). https://cgspace.cgiar.org/bitstream/handle/10568/76514/Measuring-Gender-Transformative-Change_AAS-Working-Paper.pdf?sequence=1

²⁶ Ibid.

²⁷ Ibid.

²⁸ Helen Keller International and [Save] Save the Children. 2010. Nobo Jibon baseline follow-up and VAW survey. Dhaka: Save the Children and Helen Keller International Bangladesh.

²⁹ Bloom, Shelah S. "Violence against women and girls: a compendium of monitoring and evaluation indicators." (2008).

<https://www.measureevaluation.org/resources/publications/ms-08-30>

³⁰ Pulerwitz, J, SL Gortmaker, and W DeJong. 2000. Measuring sexual relationship power in HIV/STD research. *Sex Roles* 42(7/8): 637–660. Accessed at: <https://www.changeprogram.org/content/gender-scales-compendium/sexual.html>

³¹ USAID. "Gender Training Materials: Integrating gender into Economic Growth and Environmental Programs & Analysis" Annex 3. Gender Sensitive Indicators for Economic Growth/Trade-Related Activities. March, 2007. http://pdf.usaid.gov/pdf_docs/pnadz351.pdf

³² MEASURE Evaluation. Family Planning and Reproductive Health Indicators Database. https://www.measureevaluation.org/prh/rh_indicators/mens-health/me/percent-of-men-husbands-who-are-supportive-of

³³ Hillenbrand, Emily, et al. "Measuring gender-transformative change: A review of literature and promising practices." (2015).

https://cgspace.cgiar.org/bitstream/handle/10568/76514/Measuring-Gender-Transformative-Change_AAS-Working-Paper.pdf?sequence=1

³⁴ MEASURE Evaluation. Family Planning and Reproductive Health Indicators Database. https://www.measureevaluation.org/prh/rh_indicators/mens-health/me/percent-of-men-who-support-the-use-of-modern

			% of respondents who hold a joint land title ³⁵	Proportion of people who say that men cannot be held responsible for controlling their sexual behavior
Increased Social Capital (Bonding, Bridging)				
	% of women who report they could seek help within their family for domestic violence ³⁶	Number/percent of women Involved in local trade associations ³⁷	% of individuals reporting they can rely on a community member in times of need; SADD (GEWV Supplementary Indicator #6)	Frequency of speaking to relatives/friends/neighbors about sexual reproductive health issues within the last month

³⁵ Ibid.

³⁶ Adapted from Alsop, Ruth, and Nina Heinsohn. Measuring Empowerment in Practice: Structuring Analysis and Framing Indicators. Vol. 3510. World Bank Publications, 2005.

³⁷ Hillenbrand, Emily, et al. "Measuring gender-transformative change: A review of literature and promising practices." (2015). https://cgspace.cgiar.org/bitstream/handle/10568/76514/Measuring-Gender-Transformative-Change_AAS-Working-Paper.pdf?sequence=1

Table 6. Crosscutting Intermediate Outcome Indicators for Measuring Changes in Structures

Domains of Change	Crosscutting Indicators for Structures
Transforming Structures	GBV
	Rates of abuse, assault and harassment against women in public spaces ³⁸
	Proportion of people who would assist a woman being beaten by her husband or partner ³⁹
	Gender Norms: Perceptions and Attitudes
	% of respondents who report gender equitable attitudes (GEM Scale) (GWEV Supplementary Indicator #5)
	Community-level Structures
	Score of influence in community decision-making processes ⁴⁰
	% women holding leadership positions in formal and informal groups (Pathways to Empowerment)
	% of women reporting their sex as a barrier to participation in local groups or forums (Pathways to Empowerment)
	Service Providers
	% women reporting satisfaction with extension services (Pathways to Empowerment)
	Collective Efficacy
	% of individuals reporting high certainty that they could work collectively with others in the community to achieve a common goal; SAAD (GEV Supplementary Indicator #7)

³⁸ Golla et al. "Understanding and Measuring Women's Economic Empowerment: Definition, Framework and Indicators". 2011. Available at <https://www.icrw.org/wp-content/uploads/2016/10/Understanding-measuring-womens-economic-empowerment.pdf>

³⁹ Bloom, Shelah S. "Violence against women and girls: a compendium of monitoring and evaluation indicators." (2008). <https://www.measureevaluation.org/resources/publications/ms-08-30>

⁴⁰ Alsop R and Heinson N. 2005. Measuring empowerment in practice: Strengthening analysis and framing indicators. World Bank Policy Research Working Paper 3510. Washington, DC: World Bank.

Table 7. Sector-Specific Intermediate Outcome Indicators for Measuring Changes in Structures

Domains of Change	Sector-Specific Indicators for Structures			
	LFFV	WEE	FNS	SRHR
Transforming Structures	Gender Norms: Perceptions and Attitudes			
	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (GEWV Supplementary Indicator #8, shared with LFFV, SRHR)	# and % of women and men who are aware of/understand gender barriers at workplace (WEE Supplementary Indicator #5)	Attitudes toward women's control over land ⁴¹ Number/percent of respondents who recognize equal value of care work and subsistence work ⁴²	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (GEWV Supplementary Indicator #8, shared with LFFV, SRHR)
	Proportion of respondents that reject intimate partner violence (WE-MEASR subscale)	Cultural restrictions on the nature of women's (and men's) professions ⁴³	Average # of hours spent on paid and unpaid work (or income-producing work and non-productive work) (SADD) ⁴⁴	Percent of youth who believe they could seek sexual and reproductive health information and services if they needed them ⁴⁵
	Community-level Structures			
Number/percent of mechanisms to prevent and respond to gender-based violence within community-level structures (village councils, markets,	Number/percent of leadership positions in economic collectives, cooperatives held by women	Number/percent of respondents that report that exercising land rights does not require consultation or approval beyond what is asked of men ⁴⁷	Number/percent of schools offering comprehensive sex education ⁴⁸	

⁴¹ Hillenbrand, Emily, et al. "Measuring gender-transformative change: A review of literature and promising practices." (2015).

https://cgspace.cgiar.org/bitstream/handle/10568/76514/Measuring-Gender-Transformative-Change_AAS-Working-Paper.pdf?sequence=1

⁴² Indicators and a Monitoring Framework: Launching a data revolution for the Sustainable Development Goals. Accessed at: <http://indicators.report/indicators/i-42/>

⁴³ Alsop R, Bertelsen M and Holland J. 2006. Empowerment in practice: From analysis to implementation. Washington, DC: World Bank.

⁴⁴ Indicators and a Monitoring Framework: Launching a data revolution for the Sustainable Development Goals <http://indicators.report/indicators/i-42/>

⁴⁵ MEASURE Evaluation. Family Planning and Reproductive Health Indicators Database. https://www.measureevaluation.org/prh/rh_indicators/womens-health/arh/percent-of-youth-who-believe-they-could-seek-rh

⁴⁷ Hannay L and Scalise E. 2014. Securing women's land tenure in Northern Uganda: An empowerment approach. Annual World Bank Conference on Land Rights and Poverty. Washington, DC: Landesa.

⁴⁸ MEASURE Evaluation. Family Planning and Reproductive Health Indicators Database. https://www.measureevaluation.org/prh/rh_indicators/womens-health/arh/number-percent-of-schools-offering-comprehensive

	services and educational spaces) ⁴⁶	% of business community members display perception that women can negotiate effectively⁴⁹	% women with access to agricultural extension services in last 12 months (Pathways to Empowerment)	Percent service delivery points providing youth friendly services⁵⁰
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⁴⁶ Bloom, Shelah S. "Violence against women and girls: a compendium of monitoring and evaluation indicators." (2008).

<https://www.measureevaluation.org/resources/publications/ms-08-30>

⁴⁹ Hillenbrand, Emily, et al. "Measuring gender-transformative change: A review of literature and promising practices." (2015).

https://cgspace.cgiar.org/bitstream/handle/10568/76514/Measuring-Gender-Transformative-Change_AAS-Working-Paper.pdf?sequence=1

⁵⁰ MEASURE Evaluation. Family Planning and Reproductive Health Indicators Database. https://www.measureevaluation.org/prh/rh_indicators/womens-health/arh/percent-service-delivery-points-providing-youth

Annex 1. Additional Resources

Additional Resources for Gender & Power Analysis

The following are useful guides and resources that provide more information and assistance for planning, data collection, analysis, and programs' use of Gender & Power Analysis.

- CARE Good Practices Framework on Gender Analysis
- CARE International-East/Central Africa (2010). Situational Analysis for Program Design. Available at: http://p-shift.care2share.wikispaces.net/Analysis_Design+Compendium
- CARE International-Austria (2009). Gender Analysis Guiding Notes. Available at: <http://expert.care.at/?id=1129>
- Formative Research: A guide to support the collection and analysis of qualitative data for integrated maternal and child nutrition program planning. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2013.
- CARE (2007). Promising Practices Inquiry on Women's Empowerment: Resources. Available at Module 4 of CARE's Women's Empowerment Strategic Impact Inquiry Library: <http://pqdl.care.org/sii/pages/methods.aspx>
- Program Impact Evaluation Process – Module 2: M&E Tool Box (CARE Uganda, 1998)

Additional Resources for CARE's Monitoring, Evaluation & Learning Frameworks and Tools

- CARE International Global MEL Wiki page:
<http://careglobalmel.care2share.wikispaces.net/CI+Global+MEL+wiki>
- CARE International's Global and Supplementary Indicators for Measuring Change:
<http://careglobalmel.care2share.wikispaces.net/CARE+2020+Strategy+-+Global+Indicators+and+Markers#Global%20and%20Supplementary%20Indicators%20for%20Measuring%20Change>