



Guidelines for the implementation of Baseline study for women's empowerment programmes funded by Norad (2009-13)

(Burundi, Mali, Myanmar, Níger, Rwanda, Tanzania, Uganda)

CARE Norway
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I- Introduction

This is the implementation guide for the baseline study for CARE country offices that have entered into a new framework agreement with Norad for programs implemented in the period between 2009-2013. At the M&E workshop in Entebbe in April, eight common outcome indicators were identified. These indicators were revised after the workshop by CARE Norway following the feedback and comments gathered during the workshop. And finally, during the operationalization exercise, these indicators have been further refined and clarified. This document provides guidelines for the implementation of each indicator and explains methodological issues pertaining to it.

The document has four sections. The first section highlights important points CARE COs should take into consideration while implementing the baseline study and reporting. The next chapter deals with the operational definition of each of the common outcome indicators. Specific operational issues such as types of data collection methods, respondents, and fixed quantitative questions and suggestions to consider while formulating qualitative questions are included under each indicator. This section is followed by a chapter on general methodological issues that are applicable in the context of all the indicators. Finally, there is a chapter on sampling and ethical issues.

II- General instructions

In this chapter you will find general instructions on the implementation of the indicators, and points that COs should take into consideration while carrying out the baseline.

1) Monitoring the common outcome indicators

There are four thematic focus areas: economic empowerment; participation in decision making; sexual and reproductive health and rights; and gender based violence that have two indicators each except the GBV indicator. Even though some country offices do not do programming in some of these thematic focus areas, at the workshop, it was agreed that all COs will carry out baseline research on all of the common outcome indicators to make data available for advocacy and future programming purposes. This means that each CO will carry out a baseline on **a total of 9 indicators**.

2) Common outcome indicators: Cross cutting indicators

Changes in policy and attitudes were indicated as being applicable to all of the four thematic focus areas. Therefore, the indicators on policy and attitudes are framed with the four thematic focus areas as domains that COs can choose from in order to document baseline status, carry out related activities, and report observed changes at the end of the intervention period, i.e., in 2013.

(2.1) - Cross cutting indicator: Policy

Existence and enforcement of women's rights laws and policies as seen in the domains of:

- *The protection of women's economic security (their property rights, inheritance rights; etc)*
- *The protection of women's civic and political rights*
- *The protection of women's SRHR and maternal health*
- *Addressing all forms of GBV (domestic violence, sexual violence, FGM, trafficking, etc.)*

Depending on the focus of the Norad-funded program, a CO can choose to focus on one or two of these domains and monitor the changes in policies observed in this regard. Since the interest is to have an in depth analysis of policy change, we encourage COs to focus on a maximum of two domains.

(2.2)- Cross cutting indicator: Attitude

Attitudes of men and women regarding women's empowerment in the following domains:

- Women's economic security (property rights, inheritance, involvement in paid work, etc)
- Women's participation in the public sphere, decision making at community level
- Women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner etc)

The second cross-cutting indicator on attitude change has only three domains. The reason for this is because change in attitude observed with regards to GBV has been reformulated as a separate indicator under the theme GBV, **hence obligatory for all COs to report on.**

[NB] The domains that a CO chooses to monitor under Changes in Attitude should be the same as the ones chosen under Policy Change. Also be aware that the domains selected during the baseline will be the same domains evaluated during the endline. You can not change the chosen domains between the baseline and endline.

3) Common outcome indicators: GBV indicators

The previously identified GBV indicators on the prevalence of GBV and service provision have been changed into a general assessment of attitudes of men and women concerning GBV.

Some COs do not have GBV specific programming and collecting GBV related data at depth may be quite sensitive and unethical when there will not be any planned interventions in place to address the issues that could be raised during data collection. Therefore, data on GBV will be collected in the following manner:

1- COs that **have** GBV related programming:

- **These COs should choose to study Existence & enforcement of policies in 'Addressing all forms of GBV' as one of the domains selected to monitor policy change.**
- Both **qualitative** and **quantitative** data should be collected on attitude change concerning GBV in order to explore why people have certain attitudes and how such attitudes are expressed in relationships etc.

2- COs that **don't have** GBV programming:

- Are free to choose any policy domain.
- **Only quantitative** information should be collected on attitude change concerning GBV.

4) Country specific outcome indicators

Each of the Norad-funded women's empowerment programs in the different countries have **program-specific outcome indicators** beyond the nine common outcome indicators. **COs are expected to carryout baseline on these program-specific outcome indicators as well.** However, due to the diversity of these indicators, it is not possible to develop a common implementation guideline. But, we do hope that this guide that is meant for the implementation of the nine common indicators will give general directions for carrying out baseline study on the country-specific indicators as well.

5) Methodology of data collection

It is OBLIGATORY that COs collect both Quantitative and Qualitative information. The mechanism for data collection will involve the use of survey questionnaires, focus group discussions, and secondary data collection. The survey questionnaires will include close-ended questions that are quantitative in nature which will help us to capture the breadth of observed phenomena, while the open-ended questions will gather explanatory information behind a specific occurrence.

Preset close-ended quantitative questions –wherever applicable, close-ended questions have been identified for COs to incorporate into their survey questionnaires (these pre-set questions are found under each indicator in the next chapter). **These preset questions MUST be reported on**, but COs could supplement these with additional questions as is relevant.

Open-ended/ semi-structured qualitative questions – Each CO is obliged to:

- deepen the information gathered through the questionnaire-based surveys using open-ended questions within the questionnaire
- triangulate the quantitative information using qualitative data collection techniques such as focus group discussions or in-depth interviews with individuals. Such techniques will allow semi-structured discussions to take place with a small group of people (ideally 6-12 people in focus groups) concerning a common topic (e.g. women's participation in decision making).

There are suggestions as to what types of qualitative information should be collected under each indicator in the next chapter. **Based on these suggestions, COs should formulate their own semi-structured questions (for use within the questionnaires, in focus groups, in key informants' interviews or other qualitative data collection techniques). However, please make sure that each of the following topics has been covered in such participatory data collection exercises:**

1. Existence and enforcement of women's rights laws and policies
2. Attitudes of men and women towards women's empowerment
3. Women's control over assets in the household
4. Women's capacity to cope with economic shocks
5. Women's participation in decision making at community level
6. Women's perception of social inclusion in the community
7. Women's satisfaction with the availability and quality of SRHR services
8. Women's information and decision making regarding their SRHR
9. Attitudes of men and women regarding GBV (in particular regarding domestic violence, harassment, early marriage, FGC, etc)

[NB] Once the individual questionnaires have been formulated, they may be translated into local languages as is necessary. However, COs should take the necessary precaution to ensure that such translations will not make these questions lose their original meanings.

[NB] It is the responsibility of CARE COs to ensure that individuals recruited for data collection have the necessary experience in the methodology employed for the baseline study, i.e., for the quantitative techniques – prior experiences from similar surveys; for the qualitative techniques – interactive individuals with experience from participatory data collection techniques as focus groups, key informants' interviews, etc.

6) Reporting

Raw quantitative data, summarized qualitative data, and analysis of findings should be submitted to CARE Norway after the baseline has been carried out. In order to receive the data collected in the same format from different countries, each country is advised to use the CSPro software for data entry.

The CSPro is user friendly survey data entry software that could be downloaded from the internet free of charge at www.cspro.org or <http://www.census.gov/ipc/www/cspro/download.htm> (version 4.0 is now available). This program allows data to be stored and be easily transported into SPSS or STATA for detailed analysis. User guides on CSPro will be sent out together with this document.

[NB] External consultants contracted to carry out the baseline study should be able/ willing to use the CSPro program for data entry.

In addition to data and summary reports, COs are asked to share experiences and lessons from the field in using the different data collection techniques, questions, indicators etc.

[NB] COs will have to report the analysis of findings of the baseline using the common template that is in annex 4.

7) Target setting

Following the baseline, COs should revise the logframes of their respective women's empowerment programs. The revision on the logframes will:

1. Incorporate the common indicators that are relevant to that CO's program
2. Include targets for each outcome indicator (Some reference documents on target setting will be sent to COs together with this document). Please use such a matrix when reporting the targets for the indicators, if possible with the targets specified by year.

	Baseline value	Target value	
		Year X	Year Z
Outcome indicator 1. (state the indicator)			
Outcome indicator 2. (state the indicator)			

The revised logframes should be shared with CARE Norway for approval.

8. Monitoring and Evaluation plan

After the logframes have been finalized, COs are expected to submit an M&E plan indicating the routine monitoring, evaluation and reporting plan for the common outcome indicators as well as the country-specific outcome indicators. COs are advised to use the M&E plan template presented by Tom Barton at the M&E workshop in Entebbe. This template will also be sent as a supporting document with this guideline.

III- Operational definition of indicators

This chapter presents the operational definition of the concepts within each of the common outcome indicators. The definitions are followed by discussions on how to collect qualitative and quantitative information on each of the indicators. The chapter also includes preset questions and suggestions on how to develop open-ended ones.

Please note that the operational definitions specified below are only for the use of the baseline and endline studies of the concerned programmes and are not meant for wider use by other programmes or studies.

Below, a matrix of the full set of indicators is presented.

Cross-cutting indicators	
Core outcome Issue	Outcome Indicators
<u>Policy</u> - Changes in policies promoting women's rights	Existence and enforcement of women's rights laws and policies in the following domains: - Women's economic security (their property rights, inheritance rights; etc) - Women's civic and political rights - Women's SRHR and maternal health - Addressing GBV (prevention and response)
<u>Attitude</u> - Change in the attitude of men and women regarding women empowerment	Measure of attitudes of men and women towards women's empowerment as is seen in the following areas: - Women's economic security (property rights, inheritance, involvement in paid work, etc) - Women's participation in the public sphere, decision making at community level - Women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner etc)
Objective-specific indicators	
Core outcome Issue	Outcome Indicators
Objective 1: Strengthening the economic security of women and reducing their vulnerability to shocks	
1.1. Outcomes related to economic security of women	1.1.1 % of women with control over assets in household
1.2 Outcomes related to women's vulnerability	1.2.1 % of women with capacity to cope with economic shocks
Objective 2: Enhancing women's role and real say in decision making at all levels	
2.1 Decision-making, participation and social relations.	2.1.1 % of women that report meaningful participation in decision-making bodies at community level
	2.1.2 Women's perception of social inclusion in the community
Objective 3: Ensuring women's right to control fertility and body	
3.1. Changes in structures regarding sexual and reproductive health and rights (SRHR)	3.1.1 % of women reporting satisfaction with the availability and quality of SRHR related services
3.2. Women and SRHR	3.2.1 % of women making informed choices/decisions with regards to their SRHR
Objective 4: Elimination of GBV & support to survivors of all types of GBV (domestic violence, sexual violence in conflict & war, or human trafficking)	
4.1 Attitudes on GBV	4.1.1 Attitudes of men and women regarding GBV (domestic violence; harassment; harmful traditions such as FGC; early marriage; etc.)

1) Policy

Core outcome issue	Outcome indicator	Domains
Change in policies promoting women's rights	Existence and enforcement of women's rights laws and policies in the following domains:	<ul style="list-style-type: none"> - The protection of women's economic security (their property rights, inheritance rights; etc) - The protection of women's civic and political rights - The protection of women's SRHR and maternal health - Addressing all forms of GBV (domestic violence, sexual violence, FGM, trafficking, etc.)

NOTE: Each CO will choose 1 or 2 of the policy domains listed under the indicator as relevant to that CO's work. You will use the same domains every time you carry out this survey: for your baseline and for your endline. You cannot change domains between the baseline and the endline.

(1.1) Operational Definition

→ Existence of laws and policies - refers to a country's formally adopting, in legal frameworks, constitution, legal codes, policy frameworks, or other similar documents, statements in the respective policy areas.

→ Enforcement - refers to putting laws and policies into execution, and having action following from them, as opposed to only putting them "on the books" without putting them into practice.

(1.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Mixed methods	Quantitative – Score cards	Community	Refer to the section on sampling
	Qualitative – Secondary data from official documents; key informants' interviews with experts and actors	Key informants	

The quantitative information:

Quantitative information will be gathered through the community scorecard process to measure enforcement at local level. The Scorecard/report card is a two-way and ongoing participatory tool for assessment, planning, monitoring and evaluation of services. It positively influences the quality, efficiency and accountability with which services are provided at different levels. Such an approach would enable the evaluation of policy enforcement as it invites the local administrative authorities (the supply side/service provider) to come together with a sample of community representatives (the demand side/service user) to jointly analyze issues underlying service delivery related to selected governance and service delivery indicators and find a common and shared way of addressing those issues. The Scorecard is easy to use and can be adapted into any sector where there is a service delivery scenario. The complete guidelines on the implementation of score cards are available in the mini library CD distributed during the Entebbe M&E workshop (**Location:** CD\ tb - DM&E mini-library\participatory m&e\score card; **File name:** "The_Scorecard_Final - 10 nov." word doc).

The qualitative information:

With law and policy changes, we are most often interested in how they happen, or what prevents them from happening, and how they function once in place, not in the simple question of, do they exist. This focus on process and context means that quantitative information will not tell us much in terms of studying laws and policies in a single country. Further, a major issue in measuring the existence of laws and policies is that they take a long time to change, often times much longer than the life of any single CARE project – hence our emphasis on the long term in the program shift. This is one among many reasons why you should collect qualitative process-tracing (comparative-historical) information here and capture the context in which a law or policy does or does not exist, different developments that may have occurred in this context regardless of whether they have produced policy change per se or not, and how these developments influence the final outcome (i.e., whether there is a policy and how it is enforced). In constructing these histories of developments in policy areas, you should trace the actors, processes, timing, and key turning points in developments. You should also carefully consider your sources of information. Some useful sources in studying policy developments have been official legal documents; proceedings from meetings to discuss and/or decide on laws and policies; papers written by key actors; and interviews you can conduct with experts and actors, as key informants. Bear in

mind that project participants will not be good sources of information on policy developments, as most people who do not work in this area are not aware of its intricacies.

The data collection and analysis for your selected policy domain(s) should answer the questions such as:

- *Who: who are the actors, key players and institutions, shaping the debate and developments (both those for and against a given law or policy)?*
- *What: what are the different arguments advanced in this area, and how are the different points argued?*
- *How much: how much resource does each side has to advance its position, and who finances each side (i.e., who provides resources to the players you may see in the arena)?*
- *How: what is the process through which players make it to the arena or to the decision-making table; what are the channels of communication in this arena; if there are organizations that claim to represent the collective interests or voice of given groups, how do these organizations become legitimate representatives in this policy arena; how are alliances in this arena made or broken?*
- *Where: in what context is the debate or policy change/lack of policy change or policy enforcement/lack of policy enforcement happening; what other events are going on that may be influencing or providing the backdrop to what you are observing?*

Your measurement of enforcement will depend on the laws and policies you find to exist or lack in your context, and on the operational areas and questions you select under each policy.

Annex 3, gives suggestions on the aspects you could explore to understand the occurrence of policy change depending on the domains you will choose to study.

Please note that you are NOT required to answer all the questions presented in the table under Annex 3. The questions are meant only to indicate the different aspects of a certain policy domain that the baseline research could explore.

2) Attitude

Core outcome issue	Outcome indicator	Domains
Change in attitudes of men and women regarding women's empowerment.	Measure of attitudes of men and women towards women's empowerment as is seen in the following domains:	<ul style="list-style-type: none"> - Women's economic security (property rights, inheritance, involvement in paid work, etc) - Women's participation in the public sphere, decision making at community level - Women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner etc)

NOTE: 1- For this indicator, you should choose the same domains as for the previous one on laws and policies. That is, once you choose the 1 or 2 domains to focus on, you will explore these domains both in terms of laws and policies (in Cross-Cutting: Policy) and in terms of attitudes (in Cross-Cutting: Attitudes). Exception: GBV is an exception because everyone will explore attitudes regarding GBV. If you select GBV as your domain of law and policy focus, here you should choose the domain that you believe to be closest to it or that you think will give you the most helpful information to go along with your GBV focus. 2- You will use the same domains every time you carry out this survey: for your baseline and for your endline. You cannot change domains between the baseline and the endline.

(2.1) Operational Definition

→ Attitude-is an enduring positive or negative assessment of people, objects, events, or ideas. It is more than emotional reactions and includes thoughts and beliefs people may have, and may be expressed through actions or observable behaviour.

(2.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual men 15 yrs and above; Individual women 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual men 15 yrs and above; Individual women 15 yrs and above	

The quantitative information:

The most common approach to quantify attitudes, perceptions and feelings is a Likert scale. When using Likert scales to measure attitude, you will need to write out various statements on women's empowerment, and ask respondents to indicate their level of agreement or disagreement with these statements. See the preset quantitative questions below using the Likert scale. Please refer instructions under section IV-7 on the administration of a Likert scale.

Domain: Women's economic security (property rights, inheritance, involvement in paid work, etc.)

Now I would like to get your opinion on some aspects of family life.

Question Number	QUESTIONS AND FILTERS	CODING CATEGORIES				
No. 1	Please tell me the extent to which you agree or disagree with each statement:	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree
1.1	A woman's only role is to take care of the house and prepare meals for her family.	1	2	3	4	5
1.2	Women have the same rights as men to study and work outside the home.	1	2	3	4	5
1.3	A married woman should be allowed to work outside the home if she wants to.	1	2	3	4	5
1.4	Women should be able to own and control the same assets as men. (GIVE LOCAL EXAMPLE IF NEEDED)	1	2	3	4	5
1.5	Women should be able to own cash savings and decide how to use it.	1	2	3	4	5
1.6	Women should be able to inherit and keep property or assets (such as, GIVE LOCAL EXAMPLE) from their husbands, fathers, mothers, or other relatives.	1	2	3	4	5
1.7	In the household, men should make the major decisions such as buying land, or other assets (GIVE LOCAL EXAMPLE), or building a house.	1	2	3	4	5

Domain: Women's participation in the public sphere, decision making at community level, etc.

Now I would like to ask you some questions about women's participation in public decisions and processes.

Question Number	QUESTIONS AND FILTERS	CODING CATEGORIES				
No. 2	Please tell me the extent to which you agree or disagree with each statement:	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree
2.1	Women should be able to stand for election to all publicly elected bodies just like men.	1	2	3	4	5
2.2	Women should be head of state just like men.	1	2	3	4	5
2.3	Women should decide on their own whom to vote for in elections, without the influence of their husbands.	1	2	3	4	5
2.4	A woman can disagree with her husband's political opinion.	1	2	3	4	5
2.5	Women should have a say in important decisions in the community.	1	2	3	4	5
2.6	A married woman should obtain her husband's permission in order to vote.	1	2	3	4	5
2.7	A woman has no place in the decision making of the household.	1	2	3	4	5
2.8	Women should not be allowed to go to school.	1	2	3	4	5
2.9	When going to most public places, a woman should obtain the permission of her husband or the head of the household.	1	2	3	4	5

Domain: The protection of women's SRHR and maternal health

Now I would like to ask you some health-related questions.

Question Number	QUESTIONS AND FILTERS	CODING CATEGORIES				
No. 3	Please tell me the extent to which you agree or disagree with each statement:	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree
3.1	A couple should decide together how many children to have.	1	2	3	4	5
3.2	A husband and wife should decide together what kind of contraception to use.	1	2	3	4	5
3.3	When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STIs, she may decide on her own to seek the help of	1	2	3	4	5

	trained health personnel.					
3.4	If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex.	1	2	3	4	5
3.5	Women should have the same opportunities to receive health care as men	1	2	3	4	5

The qualitative information:

For the qualitative portion, you will need to follow up the Likert scale questions with open-ended questions probing into the meaning of the numbers, exploring the nature of empowerment and the attitudes and behaviours practiced. The quantitative measures can tell you the extent; the qualitative measures can tell you the nature of it, and how and why it happens or does not happen.

The qualitative questions should be focused on points such as: why people have the attitudes they do; how these attitudes play out in relationships; where these attitudes come from; what the effect of these attitudes is (and who is affected); etc.

Note: Both men and women have to be asked these questions, as the attitudes of both have to be assessed.

3) Economic security: Indicator 1

Core outcome issue	Outcome indicator	Calculation
Economic security of women	% of women with control over assets in household	NUMERATOR: All women who report control over at least one asset (i.e., choose either "2," or "3" to Question No. 5). DENOMINATOR: All women whose household owns at least one asset (under Question No. 4).

(3.1) Operational Definition

→ Asset – anything of value that a person or household owns or controls that can be converted into cash. There are different categories of assets: Productive assets – tools used for farming, e.g., hoes, water pumps, etc.; Livestock assets – animals, e.g., cattle, goats, etc.; Transport assets – e.g., bicycle, oxcart, trucks; etc.; Domestic assets – furnishings, e.g., chairs, beds, tables, pails, or refrigerators, telephones, etc. Some of the most important assets you need to ask about are LAND and a HOME/DWELLING.

→ Control – Decision making power over assets and resources. Examples include the decision to buy or sell assets, how to use income generated by putting assets to use, responsibility for maintaining the assets, etc.

(3.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual women 15 yrs and above	

When writing survey questions:

Step 1) First draw up a list of assets you will ask about. You may make it relevant to your context (i.e., choose to include bicycles rather than oxcarts, as applicable), but you need to cover the different categories listed under the operational definition of assets above.

Step 2) When writing the questions and asking about control over these assets, be sure to first ask whether the household owns or has access to the particular assets in the first place; otherwise, a woman may tell you she does not control them simply because they don't own them.

The quantitative information:

Below are preset questions for individual interviews. Please refer to the instruction on 'Confidentiality of responses' under section VI-2 when asking about assets to respondents.

(Introduction to these questions)

Now I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women.

No. Question	TYPE OF ASSETS	QUESTION 4			QUESTION 5					
		Please tell me if in your household you alone or jointly with your husband or with someone else own.....			If you ever need to, can you sell (ASSET) without your husband's or anyone else's permission? <i>[Select ONLY ONE response for each type of asset]</i>					
					QUESTION 5a FOR ASSETS JOINTLY OWNED (CODE B CIRCLED AT QUESTION 4)			QUESTION 5b FOR ASSETS OWNED ALONE (CODE C CIRCLED AT QUESTION 4)		
					I need my husband's or someone else's permission.	I need to inform my husband, but I do not have to ask his permission.	I can do it on my own without telling anyone.	I need my husband's or someone else's permission.	I need to inform my husband, but I do not have to ask his permission.	I can do it on my own without telling anyone.
1	Land	A <i>[If does not own any, GO TO No. 6]</i>	B Jointly owns	C Owns alone	1	2	3	1	2	3
2	The house/dwelling you live in?	A	B	C	1	2	3	1	2	3
3	Any other residence (house, apartment or dwelling)? (or business building?)	A	B	C	1	2	3	1	2	3
4	Jewellery or gems	A	B	C	1	2	3	1	2	3
5	Livestock such as (sheep, goats, cows, chickens, GIVE LOCAL EXAMPLES)	A	B	C	1	2	3	1	2	3
6	Tools such as (hoes, water pumps, plows, GIVE LOCAL EXAMPLES)	A	B	C	1	2	3	1	2	3
7	Transport means such as (bicycle, car, wagon, cart, GIVE LOCAL EXAMPLES)	A	B	C	1	2	3	1	2	3
8	Furnishings such as (bed, modern stove, generator, refrigerator, radio, GIVE LOCAL EXAMPLES)	A	B	C	1	2	3	1	2	3
9	Cash (savings, remittances, GIVE LOCAL EXAMPLE IF OTHER)	A	B	C	Cash - If you ever need to, can you use this cash without anyone's permission?			Cash - If you ever need to, can you use this cash without anyone's permission?		
					1	2	3	1	2	3

The qualitative information:

Once the respondents have indicated, in the quantitative part, who decides whether to buy or sell the relevant assets and how to use the income generated by putting these assets to use, you will use open-ended questions to probe how significant this control is, whether it holds negative consequences for women who try to exercise it, and so on.

The open-ended questions should ask about; what would happen if women decided to exercise this control on their own; if the respondents indicate joint decision making with their spouse about assets, then how the decision is taken, who initiates it; what negotiations or trade-offs may take place, etc.

Probing what is beyond the statements made in the quantitative questions will help you understand the nature of control and decision-making, and ultimately whether women have meaningful economic security.

4) Economic security: Indicator 2

Core outcome issue	Outcome indicator	Calculation
Economic security of women	% of women with capacity to cope with economic shocks	NUMERATOR: All women using coping strategies under Question No. 8.1. DENOMINATOR: All women whose household has gone through economic shock in the last 12 months (i.e., reporting household had to cope with at least one economic emergency under Question No. 6).

(4.1) Operational Definition

→ Economic shock – a large unplanned or unanticipated crisis event that urgently requires a lot of cash resource to deal with or recover from, e.g., a funeral, hospitalization of a household member, a fire, a drought, etc. The focus here is on events that deliver urgent economic shocks and affect the household's poverty level, or assets, and the like, not about shocks that may affect one emotionally, for example, without necessarily having an economic aspect. Examples of 'unplanned' shocks include: large urgent health care costs; funeral expenses; sudden loss of assets (especially productive assets, e.g., death of animals, hailstorm to crops, fire in building, theft, insecurity, etc.).

There can also be 'planned' stresses that strain the household economically, for example, marriages; education expenses; acquisition of a new asset worth more than monthly/quarterly/annual income, etc.

→ Coping behaviours – methods and means used to raise liquid cash when needed for an economic crisis.

(4.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual women 15 yrs and above	

Economic shocks: When asking about this in a survey:

Step 1) First draw up the list of economic shocks relevant to your area, like the examples indicated under the operational definition above. Funerals, the hospitalization or death of a household member, sudden illness, and the like are crises that tend to apply everywhere. Those related to natural or environmental causes may be area-specific.

Step 2) Once you have that list, you should draw up questions that ask which of these have occurred in a specified timeframe. It is suggested that you use a breakdown for the timeframe that is long enough to capture the long-lasting effects of such shocks, but not so long that respondents do not recall (12 month time frame is recommended for use here).

Coping strategies: When writing survey questions:

Step 3) List all the coping strategies a household may have. Some of the main examples include:

- (a) selling off assets (and you may disaggregate using the categories of assets listed in the previous economic security indicator. Note that this can include selling off crops, stored foodstuffs, or even 'futures' – the value of crops that have not yet ripened);
- (b) borrowing, e.g., using the social fund of a VSL group, if relevant; using up savings; borrowing from family or other community members; borrowing from a moneylender at high interest;
- (c) short term labour, e.g., doing casual labour (domestic work, agricultural, etc.); exchanging sex for cash;
- (d) accessing community/social safety nets (e.g., food for work programs/specify locally relevant ones); etc.
- (e) reducing critical expenses, e.g., pulling children out of school to work; eating fewer meals a day/week; eating less diverse meals (or giving up meat or other relevant foods);

Step 4) Ask which strategies the household used in order to cope with the economic shock.

The quantitative information:

Below are preset quantitative questions for individual interviews.

(Introduction to these questions)

Most households have unexpected occurrences that require money, often in amounts greater than the household may have available at the time. Now we would like to find out more about any such events for your household and how you coped with them.

Question Number	QUESTIONS AND FILTERS	CODING CATEGORIES		
No. 6	How often has your household had to cope with each of the following economic emergencies or crises during the last 12 months? <i>(Since September 2008 up to now)</i>	RECORD FREQUENCY IN THE PAST 1 YEAR:		
6.1	Sudden severe illness or injury of a family member	__ times		
6.2	Death of an immediate family member	__ times		
6.4	Crisis caused by drought, flood, or other natural disaster	__ times		
6.5	Other important crisis (specify): _____	__ times		
No. 7	Was this household able to pay immediately for all the necessary expenses for each of the above emergencies or crises when they happened (with cash money or quickly saleable items)?	Yes [1]	No [0]	
No. 8	If NO, how did the family meet the needs for money to pay for these emergencies or crises?	Used this as a main strategy:	Used it, but it was <u>not</u> the main strategy	Did not use this strategy
8.1	Use resources/produced items:			
8.1.1	Sell cash crops	1	2	3
8.1.2	Sell home produced items	1	2	3
8.1.3	Use savings	1	2	3
8.1.4	Use the social fund of a VSL group or women's solidarity group	1	2	3
8.2	Borrow			
8.2.1	Rely on help (cash) from relative or friend outside the household	1	2	3
8.2.2	Purchase necessities on credit from shop/agency	1	2	3
8.2.3	Rely on support from family or community	1	2	3
8.2.4	Borrow cash from a moneylender and pay or owe interest	1	2	3
8.3	Use productive assets:			
8.3.1	Sell land	1	2	3
8.3.2	Sell labour/time	1	2	3
8.3.3	Sell tools (Specify which: _____)	1	2	3
8.3.4	Sell transportation vehicles	1	2	3
8.3.5	Sell livestock	1	2	3
8.3.6	Sell jewellery, gems, dowry items	1	2	3
8.4	Reduce consumption and other strategies:			
8.4.1	Eat less diverse food (i.e., staple only, no vegetables or meat)	1	2	3
8.4.2	Serve fewer meals a day	1	2	3
8.4.3	Take child(ren) out of school and send them to work instead	1	2	3
8.4.4	Sell subsistence crops	1	2	3
8.4.5	Beg in the street	1	2	3
8.4.6	Other (Specify: _____)	1	2	3

The qualitative information:

Open-ended questions could help you to dig deeper into the experiences of the household in dealing with identified economic shocks. You could raise such questions to understand points such as: whether women and men resort to different coping strategies; whether the same economic shocks affect women and men in the same household differently; if women and men use their resources differently to deal with economic shocks; which kinds of shocks have been the most difficult to cope with; and why; etc.

5) Participation in decision-making: Indicator 1

Core outcome issue	Outcome indicator	Calculation
Decision-making, participation and social relations.	% of women that report meaningful participation in decision-making bodies at community level	NUMERATOR: women reporting participation AND select, "2", or "3" on influence scale in Question No. 12; DENOMINATOR: all women in the sample (all women aged 15 and above).

(5.1) Operational Definition

→ Meaningful participation – inclusion or involvement with the capacity to influence, shape, or make decisions, including in favour of the impact group

→ Decision-making bodies at community level – committees and other local governance structures for the management of communal resources, services, and issues or questions of shared communal concern and significance. Examples of communal resources and services include water/water points, schools, roads, local security, public sanitation, health care; sometimes common grazing lands, seed banks, etc. Examples of issues or questions of shared communal concern and significance include arbitrating conflicts and arguments, adjudicating legal issues, etc. Decision-making bodies can refer to formal institutions and to informal institutions (e.g., family and kinship structures, traditions, and social norms, etc.). Note that the emphasis here is on decision making, and its aspects of power, not only on participation in any groups the community may have.

(5.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual women 15 yrs and above	

When setting out to measure women's meaningful participation in community-level bodies, follow the following steps.

Step 1) You first need to ascertain which communal resources, services, and other issues exist; which and how many of these are managed by any collective or communal decision-making bodies; and which decision-making bodies allow participation from community members.

Step 2) In writing the list of relevant decision-making bodies, **you should consult the women in your impact group, in order to make sure that you have not missed institutions that they identify as important to them. Ensure that you include all the institutions they identify as important on your list!**

Step 3) Once you have this information, you can write questions that measure whether and how women participate in them.

The quantitative information:

Refer below for preset quantitative survey questions. **Please note that the list of the organizations below is meant as an example and COs should adapt the list to their context.**

		Quest 9		Quest 10		Quest 11	Quest 12	Quest 13	Quest 14
No	ORGANIZATIONS	9. Apart from a VSL group, do you participate in the following organizations?		10. Are you in the leadership committee of the organization?		11. In general during group meetings, how actively do you participate?	12. For each of these organizations, to what extent do you feel you have been able to influence its decisions in the last 12 months? <i>[For responses with codes 0 or 1, go to no. 13; for responses with codes 2 or 3, go to next line]</i>	13. What are the reasons why you feel you have not been able to influence the decisions of these groups?	14. Why do you not participate in these organizations? <i>[record all reasons the respondent mentions]</i>
		YES <i>[go to no. 10]</i>	NO <i>[go to no. 14]</i>	YES	NO				
1	Water management committee	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
2	Community school/education management committee	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
3	Community health care management committee	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
4	Funeral association	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
5	Farmers' association	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
6	Committee deciding on the use of communal lands	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
7	Political Party	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO NEXT LINE	A B C D E F X (SPECIFY) _____
8	Other bodies managing community property or resources (Specify: _____)	1	0	1	0	1 2 3	0 1 2 3	A B C X (SPECIFY) GO TO Q. 15	A B C D E F X (SPECIFY) _____

NOTE: Specific locally relevant examples of committees and other local governance bodies for the management of communal resources, services, and issues of shared significance which are run with participation by community members.

CODES			
Quest 11	Quest 12	Quest 13	Quest 14
1 = NEVER SPEAK 2 = JUST SUGGEST IDEAS 3 = SUGGEST AND ADVOCATE FOR INCLUSION OF IDEAS	0 = NOT AT ALL 1 = A LITTLE 2= MODERATE 3 = A LOT	A = AFRAID TO SPEAK UP DURING MEETINGS B = NOT CUSTOMARY FOR WOMEN TO SPEAK DURING MEETINGS C = MISSED TOO MANY MEETINGS BECAUSE OF WORKLOAD X = OTHER	A= THIS ORGANIZATION IS ONLY FOR MEN B= CANNOT ATTENDS MEETING UNACCOMPANIED C= CAN NEVER MAKE THE MEETING DUE TO WORKLOAD D= DON'T THINK IT IS NECESSARY OR IMPORTANT E= HUSBAND DOES NOT THINK SHE SHOULD PARTICIPATE F= DOES NOT FEEL WELCOME TO JOIN BECAUSE OF ETHNIC/RELIGIOUS BACKGROUND X = OTHER

The qualitative information:

For the qualitative portion, you will follow up the above tables with open-ended questions about the ‘nature of participation or inclusion.’ The quantitative measures can tell you the extent to which participation is happening as the women reporting it see it; the qualitative measures can tell you the nature of it, and how and why it happens or does not happen.

You will want to probe about: if the indicated participation or inclusion is significant or not – and why do they say so; if the participation is associated with any adverse or perverse outcomes, e.g., opportunity costs for the women who participate; if so, what are the negative outcomes; who gets most affected; what the affected persons do because of the negative outcomes (how it affect their participation and/or their lives), and so on.

6) Participation in decision-making: Indicator 2

Core outcome issue	Outcome indicator	Calculation
Decision-making, participation and social relations.	Women’s perception of social inclusion in the community	

NOTE: As presently framed, the indicator does not specify whose social inclusion women perceive: that of women or that of any excluded social groups, such as untouchables, those stigmatized by HIV/AIDS status, etc. Because the overall objective focuses on women’s role and voice, the indicator is being operationalized in the former sense, i.e., that of women’s inclusion.

(6.1) Operational Definition

→ Social inclusion – ensuring that individuals and entire communities of people have rights, opportunities, and access to resources (e.g., housing, employment, healthcare, education, civic engagement, democratic participation, etc.) that are normally available to members of the society and which are key to social integration. Inclusion in institutions can refer to formal institutions and to informal institutions (e.g., family and kinship structures, traditions, and social norms, etc.).

Social inclusion has various areas or aspects to explore. The ones to focus on here are those that are relevant on the community level. In other words, this indicator only refers to inclusion within the community, not to integration into society in general, so it would only apply to rights and services provided or managed at the community level. For example, health care and education can be community-based, but formal voting rights for political positions only apply on administrative (e.g., district) or national levels.

(6.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants’ interviews and/or focus groups	Individual women 15 yrs and above	

In preparing for data collection:

- Step 1) First draw up a list of institutions and opportunities that define one’s wellbeing, with a view to the specific communities you are going to study. Suggested areas and services include: education; health care; work or employment; housing if appropriate; and community groups or organizations or events. (The list would normally include decision-making bodies, but that is being covered by the previous indicator.)
- Step 2) Besides this list of basic services and opportunities, which you can include in entirety or by selecting what is appropriate to your context, you should also add locally specific spheres as identified by the group you are going to work with and study, as well specify what these categories mean in your context (i.e., what are locally relevant and important groups and events in these women’s community?).

The quantitative information:

The most common quantitative approach to measuring attitudes, perceptions and feelings is a Likert scale. In using Likert scales to measure perception of social inclusion, you will need to write out various statements describing social inclusion in the forums identified as important by women and ask respondents to indicate their

level of agreement or disagreement with these statements. Please refer below for preset quantitative survey questions using the Likert scales.

(Introduction to these questions)

Now I would like to ask you some questions about your relationship to your community.

Question Number	QUESTIONS AND FILTERS	CODING CATEGORIES				
No. 15	Please tell me the extent to which you agree or disagree with each statement:	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree
15.1	I have a good social network in the community.	1	2	3	4	5
15.2	I am happy with my involvement in funeral associations, informal women's support groups, etc. GIVE LOCAL EXAMPLE	1	2	3	4	5
15.3	I am frequently invited to attend community events.	1	2	3	4	5
15.4	The community members are ready to support me in case of shock or crisis.	1	2	3	4	5
15.5	The community leaders listen to my voice.	1	2	3	4	5
15.6	I feel lonely, isolated in this community.	1	2	3	4	5
15.7	I feel that I have sufficient access to the market to buy and sell things.	1	2	3	4	5
15.8	I feel that I am treated with respect and dignity when I visit the health centre/hospital/other health facility.	1	2	3	4	5

The qualitative information:

Once the women have stated the extent to which they agree/disagree that there is inclusion in the community, you should probe these statements with open-ended questions.

You should ask: why they have the feelings they do about the indicated issues; why the community behaves the way it does (with regard to inclusion or not); who else is being treated in the same way and why; whether there any other women (or people) who are even less included than the respondent; what shows that these other women (or people) are less included and why are they even less included. Ask for examples of each statement to be told in the women's own words, etc.

7) Sexual and reproductive health and rights: Indicator 1

NOTE: Adolescents (youth aged 12-15) have many SRHR issues that need support, but the criteria for quality of the support they need (as unmarried or early reproductive age persons who need youth friendly services) may be somewhat different than the needs of mature women (more likely married, and dealing with somewhat different reproductive issues). The operationalization here is done with mature women (15-49) in mind, following the thrust of workshop discussions. Should you decide that you need to focus on adolescents, your data collection instrument needs to reflect that.

Core outcome issue	Outcome indicator	Calculation
Changes in structures regarding sexual and reproductive health and rights (SRHR)	% of women reporting satisfaction with the availability and quality of SRHR related services	NUMERATOR: All women who have used at least one SRHR service and report satisfaction with at least one SRHR service in Question No. 20 (i.e., select 4 or 5 in Q. 20) DENOMINATOR: All women who have used at least one SRHR service (reported YES in Question No. 18).

(7.1) Operational Definition

→ A list of SRHR services to consider includes the following. You will need to select what is applicable from this list, as well as adding other locally available SRHR services and rights that are relevant but not included here:

- Contraceptives of different kinds, other than abortion (pill, condoms, etc.)
- Treatment for STIs, as appropriate
- HIV/AIDS testing and ART
- Information and counselling on the use of all of the above
- Antenatal screening and care
- Postnatal care
- Hospitals, clinics or birthing centres where a woman can give birth assisted by skilled health personnel (doctor, nurse, midwife) or a trained TBA

- Others

(7.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual women 15 yrs and above	

This indicator requires a few different sequential steps of measurement:

- Step 1) First you need to assess whether SRH services are available. To do this, you should not ask the respondents to tell you what services are available, as they may not know (asking them if a given service is available will produce a measure of how informed they are about services, not whether services are in fact available or not). A good source of data for the list of available services is health professionals, village health committees, or other health-trained staff, at local health centres and service provision centres.
- Step 2) After you prepare the list of available services to ask about, you need to assess whether the respondent uses or has used these services.
- Step 3) You need to assess her satisfaction with the services.

The quantitative information:

In measuring satisfaction, you can use a modified version of the Likert scales discussed above, where 1 becomes "Very Dissatisfied" and 5 becomes "Very Satisfied." It will also be important to get a sense of why respondents were not satisfied with the services through pre-selected set of reasons.

Note that the preset quantitative questions for SRHR indicators 1 & 2 are developed together in one table under SRHR indicator 2 (pages 20-21).

The qualitative information:

Because numbers, and even this pre-selected set of reasons, will only give you an abstract summary of how respondents feel, you will include some open-ended, probing questions to get at what is really going on. For instance, if the women say that they were not satisfied with a given service, you can ask questions as 'Can you tell me why? What happened when you went to the clinic/centre?' etc.

This will also help you weed out respondents who claim that they have used such services because this is the socially desirable answer that they believe the interviewer wants to hear ("social desirability bias in survey responses") when in fact they may not have used the services.

8) Sexual and reproductive health and rights: Indicator 2

Core outcome issue	Outcome indicator	Calculation
Changes in structures regarding sexual and reproductive health and rights (SRHR)	% of women making informed choices / decisions with regard to SRHR	NUMERATOR: Women who make decisions (i.e., report making decisions to use SRHR services singly or jointly with their husbands in Question 19 – and report that the decisions are based on relevant and valid information coming from options 'A' or 'B' in Question 17; DENOMINATOR: All women in the survey aged 15 to 49.

(8.1) Operational Definition

→ Informed choices – decisions based on information that is relevant, valid, and accessible to those making the decisions.

(8.2) Measurement

Method of Data Collection	Type of information	Respondents	Sampling
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Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above and men over 15 yrs	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual women 15 yrs and above and men 15 yrs and above	

For consistency in the data collection, you should use the list of available SRHR services you have identified in the first SRHR indicator, and the information you have gathered on whether respondents are using these services and reasons why not, if they are not using them. Here you will gather data on whether their use or lack of use is due to an informed decision, lack of information, lack of power to make that decision, or other reasons.

The quantitative information:

This indicator requires a few different pieces of information to be gathered in measurement.

- What decisions is the woman making?
- What decisions are made for her (i.e., the role of men, such as husbands, needs to be explicitly addressed)
- Which decisions are based on information or knowledge of some sort?
- What are the sources and quality of this information?

A standard survey approach is to list SRHR decisions you want to know about, then ask the woman who decides on these, providing the following options:

- 1 – I alone decide
- 2 – My husband decides
- 3 – My husband and I together decide
- 4 – Other. Please specify/explain

Below are quantitative questions exploring both SRHR indicators 1 and 2 that you should adopt into the survey questionnaires.

[NB] Ask only Q. 16; 18; 19 & 23 when adapting the below preset question into men's questionnaires

(Introduction to these questions)

Now I would like to ask you some questions on the extent of your satisfaction with the availability and quality of health services related to family planning, pregnancy and birth care, HIV/ AIDS etc.:

[Note to interviewer – be careful to use the codes below the table for accurate recording]

	Quest 16		Quest 17	Quest 18		Quest 19	Quest 20	Quest 21
	16. Have you ever heard about [NAME OF SERVICE]?		17. What/ who was the source of your information with regard to the mentioned service? <i>(for each response of 'other', specify detail on line)</i>	18. Have you/ your spouse used the mentioned service during the last 12 months?		19. Who decided that you/ your spouse should use it? <i>(for each response of 'other', specify detail on line)</i>	20. If you have used the mentioned services, to what extent are you satisfied with the quality? <i>For each service with code 1, 2 or 3 circled, GO TO → 21</i>	21. If you have used the mentioned service, but was not satisfied, what was the reason? <i>(for each response of 'other', specify detail on line)</i>
Name of service	YES	NO		YES	NO			
CONTRACEPTIVE – PILLS	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
CONTRACEPTIVE – CONDOMS	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
CONTRACEPTIVE – OTHERS	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
TREATMENT FOR STIS, AS APPROPRIATE	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
HIV/AIDS TESTING AND COUNSELLING	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
ANTENATAL SCREENING AND CARE	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
HOSPITALS, CLINICS OR BIRTHING CENTRES WHERE A WOMAN CAN GIVE BIRTH ASSISTED BY SKILLED HEALTH PERSONNEL (DOCTOR, NURSE, MIDWIFE) OR A TRAINED TBA	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
POSTNATAL CARE	1	0 GO TO NEXT LINE	A B C X _____	1	0 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____

		LINE			LINE			
INFORMATION AND COUNSELING	1	2 GO TO NEXT LINE	A B C X _____	1	2 GO TO NEXT LINE	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____
OTHERS (SPECIFY) _____	1	2 GO TO 22	A B C X _____	1	2 GO TO 22	1 2 3 6 _____	1 2 3 4 5	A B C D E X _____

CODES			
Quest 17	Quest 19	Quest 20	Quest 21
A = Awareness/ information from VSLA meetings B= Medical staff advice (at health centers, mobile clinics, etc.) C = Recommendation by family member/friends X= other (specify)	1= Myself 2= My spouse 3= Jointly with my spouse 6= Other (specify)	1= Very dissatisfied 2= Dissatisfied 3= Neither satisfied, nor dissatisfied 4 = Satisfied 5= Very satisfied	A= Cost was too much B= Facility was not adequately equipped (staff and medicine shortage) C= Service was too far D=No female provider E= I was treated poorly/ with disrespect/ was turned away from the service X=Other (specify)

FILTER 22. ENUMERATOR CHECK Q 18	
HAS USED AT LEAST ONE SERVICE <input type="checkbox"/>	→ 24
HAS NEVER USED ANY SERVICES <input type="checkbox"/> ↓	

No	QUESTION	CODE	GO TO
No. 23	If you have not used the mentioned service, what was the reason? <i>(circle all reasons mentioned, but do not prompt answer with any suggestions such as reading out the listed possible reasons)</i>	a) ... cost was too much b) ... facility was closed c) ... service was too far d) ... heard service was poor e) ... no female provider f) ... i was treated poorly/ with disrespect g) ... i was turned away from the service h) ... i did not think it was necessary i) ... my spouse did not think it was necessary j) ... family did not think it was necessary k) ... didn't know it existed x) ... other (specify) _____	

The qualitative information:

With open-ended questions, probe to find information on the dynamics around SRHR decisions. You should also provide respondents with the opportunity to tell you where and how they receive their information, in open-ended questions that allow for their own words and for a description they provide. You should probe the quality of the information that these decisions are based on. This will give you the full picture of how informed women's choices are.

Your questions should capture information around: how the women's husbands, or other relevant men with power, figure in their decision/s; what sorts of negotiations take place around the decisions; how the decision is actually taken, even if the women state that they alone decides; who made the decision to use the specified method/service (who initiated it, who negotiated, who informed the decision, who choice/preference counted the most – was the final word, etc.); on what information/recommendation the decision was based on (e.g., recommendation from someone who underwent this/used the service); what were the positive and negative consequences of the decision – for the women, for a couple, for the men, etc.

9) Elimination of Gender based violence

Core outcome issue	Outcome indicator	Calculation
Attitudes of men and women regarding GBV	Attitudes of men and women regarding GBV (domestic violence; harassment; harmful traditions such as FGC; early marriage; etc.)	

(9.1) Operational Definition

→ Attitude is an enduring positive or negative assessment of people, objects, events, or ideas. It is more than emotional reactions and includes thoughts and beliefs people may have, and may be expressed through actions or observable behaviour.

→ Gender-based violence is "Any act...that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women (or girls), including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." This includes, is not limited to, the following abusive acts: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

[Definition from the 1993 Declaration on the Elimination of Violence against Women.]

(9.2) Measurement

NOTE: There are 2 versions of the measurement for this indicator. If your CO does GBV-related programming, you will use Version 1. If your CO does not do GBV-related programming, you will use Version 2.

VERSION 1) [for COs with GBV-related programming]

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above and men 15 yrs and above	Refer to the section on sampling
	Qualitative - Using semi-structured questions within survey questionnaires, key informants' interviews and/or focus groups	Individual women 15 yrs and above and men 15 yrs and above	

The quantitative information:

The most common quantitative approach to measuring attitudes, perceptions and feelings is a Likert scale. When using Likert scales to measure attitude, you will need to write out various statements regarding GBV, and

ask respondents to indicate their level of agreement or disagreement with these statements. See below for preset quantitative survey questions using the Likert scale.

(Introduction to these questions)

Now I would like to ask about your opinion on various situations and decisions regarding a woman's life.

Question Number	QUESTIONS AND FILTERS	CODING CATEGORIES				
No. 24	Please tell me the extent to which you agree or disagree with each of the following statements about women and their lives:	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree
24.1	A wife should tolerate being beaten by her husband/partner in order to keep the family together.	1	2	3	4	5
24.2	[IN PLACES WHERE FGC/FGM IS PRACTICED] There are important advantages for a circumcised girl.	1	2	3	4	5
24.3	A girl is never too young to be married if a good husband is found.	1	2	3	4	5
24.4	A wife is justified in refusing to have sex with her husband/partner when she is tired or not in the mood.	1	2	3	4	5
24.5	If a wife goes out without telling her husband/partner, he is justified in hitting or beating her.	1	2	3	4	5
24.6	[IN PLACES WHERE FGC/FGM IS PRACTICED] A girl should be circumcised in order to preserve her virginity before marriage.	1	2	3	4	5
24.7	Women should choose themselves whom they want to marry.	1	2	3	4	5
24.8	It is better to send a son to school than it is to send a daughter.	1	2	3	4	5
24.9	If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her.	1	2	3	4	5
24.10	If a woman was raped, in most cases that means she must have done something to provoke it.	1	2	3	4	5

The qualitative information:

For the qualitative portion, you will follow up the Likert scale questions with open-ended questions probing into the meaning of the numbers, and exploring the attitudes expressed.

The qualitative questions you ask should be focused on asking: "why" people have the attitudes they do; some examples of how these attitudes play out in relationships; where these attitudes come from, etc.

VERSION 2) [for COs with no GBV-related programming]

Method of Data Collection	Type of information	Respondents	Sampling
Interview technique	Quantitative – Individual interviews using preset questions	Individual women 15 yrs and above and men 15 yrs and above	Refer to the section on sampling
	Qualitative - NA	NA	

The quantitative information:

Apply the guidelines provided under VERSION 1 above on how to collect quantitative data only.

The qualitative information:

NA

IV- General methodological and operationalization issues

This chapter gives practical guidelines on issues related to designing survey tools, data collection and interpretation. **It is mandatory that you read this chapter prior to designing survey tools as well as before commencing data analysis.**

1) Percentage indicators

When the indicator is about % of women who exhibit a given characteristic – e.g., % women with control over assets in household, or % women making informed decisions about SRHR – it requires a numerator and a denominator to calculate the percentage.

Numerator: Number of eligible women with a completed individual interview that exhibits the desired characteristics (for e.g. Number of women that report satisfaction on SRHR services).

Denominator: Sum of number of eligible women with a completed individual interview and may/ may not exhibit the desired characteristics.

Note that the variables that belong to the numerator and denominator depend on the definitions provided. Therefore, please look at the explanations given under the indicators formulated as a percentage.

2) Age breakdowns

For some indicators (e.g., SRHR ones), an age breakdown for the respondents will be crucial. It is strongly suggested that you use a standard age breakdown so the data can be comparable and easily aggregated to larger age groups. One example comes from the DHS survey:

<5; 5-9; 10-14; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70-74; 75-79; 80+

Generally, development organizations, like the UN agencies, use 5-year increments like the ones listed here. You might choose to collapse them to fewer categories, but keeping those larger groups divisible by the 5-year increments (e.g., 60-69, or 60-74) is still strongly suggested.

3) Control variables

The 'control variables' measure factors that influence the outcome on a given indicator, but we are not necessarily interested in how they do (e.g., because we are not doing any interventions that could realistically influence them). We use them in the study by holding them constant during the analysis so that we can separate out their effects from those of the factors we do wish to study. This means that we still have to include and measure the controls, however. For example, educational attainment is known to influence phenomena such as reproductive behaviour, use of contraception, health of children, etc. If we are studying the health of children in households, we may be interested in how poverty or household assets affect the health of children, rather than in how their parents' level of education affect it. But, we would still collect data on both poverty/household assets (called independent variable) and on the parents' level of education (called control variable), then analyze for the effects of poverty while holding education constant.

When writing your survey instruments, you should make a list of the factors known to influence the outcomes you are seeking to measure. You should then include questions on these factors in the survey. This is extremely important, as without such questions, you would not be able to tell where the effects you are observing are coming from.

4) Filtering variables

These variables will help you organize the survey responses by applicable categories. Variables commonly used for filtering are: gender; age; marital status; head of household status; school enrolment status; employment status; etc. Filtering variables are extremely important, as they help determine which questions in the survey are relevant to which respondents. For instance, you may have a set of questions asking about delivering babies in the presence of a trained birth attendant. The surveys filled out by men and by women who have never had a baby before could have blanks under these questions. If you do not have filter variables for gender and for whether the woman has had a child, you will not be able to sort out the responses relevant to the analysis of that set of questions from those that should not be counted in that particular analysis.

5) Quantitative vs. qualitative methods in surveys

A good resource for an overview of these methods is CARE's M&E Manual ("How Are We Doing?") by Tom Barton. It offers a discussion on the selection of methods and on what each entails. A copy of this document is found in the DM&E mini-library distributed at the Entebbe workshop 2009 (**Location:** cd:\tb - DM&E mini-library\99 long source documents\m&e system; **Filename:** Guidelines 1997).

6) Eligibility to respond to the questionnaires

While administering survey questionnaires, the respondents will be individual men (all men living in the household aged 15 and above) and individual women (all women above the age of 15).

It is important that socio-demographic information such as sex, age, marital status, level of education, etc. be collected. **Please include such a table in the survey questionnaires:**

SECTION 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENT

No	QUESTIONS	CODING CATEGORIES	GO TO
100	How old are you? (enumerator: write the whole number)	AGE <input type="text"/> <input type="text"/>	
101	What is your current marital status?	SINGLE (never married) 1 WIDOW 2 DIVORCED/SEPARATED 3 MARRIED MONOGAMOUS 4 MARRIED POLYGAMOUS 5	
102	Can you read and write in English/French or any other languages?	YES 1 NO 2	
103	Have you ever attended school?	YES 1 NO 2	
104	What is the highest level of schooling that you have reached?	PRIMARY 1 SECONDARY 2 COLLEGE/UNIVERSITY 3	
106	Are you a member of a VSL group?	YES 1 NO 2	→NEXT SECTION
107	When did you join the VSL group? (enumerator: write the date, month, year)	DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
108	Is the VSL group established through CARE?	CARE 1 Other 2	

7) Measuring perceptions, feelings, attitudes

The most common quantitative approach to measuring feelings, attitudes or perceptions is a Likert scale. In a Likert scale survey question, the respondents indicate their level of agreement or disagreement with a given statement, on a scale. The number at one end of the scale represents least agreement or furthest away from the perception or feelings of the respondent; the number at the other end of the scale represents most agreement or

closest to the perception or feelings of the respondent. The category in the middle of the scale is the neutral one, indicating neither agreement, nor disagreement. The typical Likert scale looks like this:

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree

Some Likert scales depart from the classic 5-point scale and use scales going up to 7 or 10 points, but preserve the mirrored positive and negative ends of the scale. It is suggested that if you use a Likert scale, you use a 5-point scale, however, as it is not clear that respondents can tell the difference between agreeing 6 points' worth or 7 points' worth, and therefore it is not clear that complicating the scale produces tangible benefits in terms of the data collected.

An example of a Likert scale survey question is:

Please circle the number that best represents how strongly you agree or disagree with the following Statement:

I am proud to work for CARE.

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree

When writing the survey questions using these scales, write out all the aspects (of social inclusion, or women's empowerment, for instance) about which you need to collect data. These need to be in the form of statements with which it is possible to say whether you agree or disagree. Then list the statements and under each, provide the scale above. **Please refer to the Likert scale type questions under indicators 2, 6, and 9. Also refer to instructions on 'Neutrality throughout the interview' under section VI-4 while formulating questions using the the Likert scale.**

V- Sampling

1) Quantitative sampling

This section explains how large your sample needs to be and how to select this sample. To ease the understanding of this section, the following definitions have been used.

Community: the general population of the intervention zones including the programs' intervention and non-intervention groups.

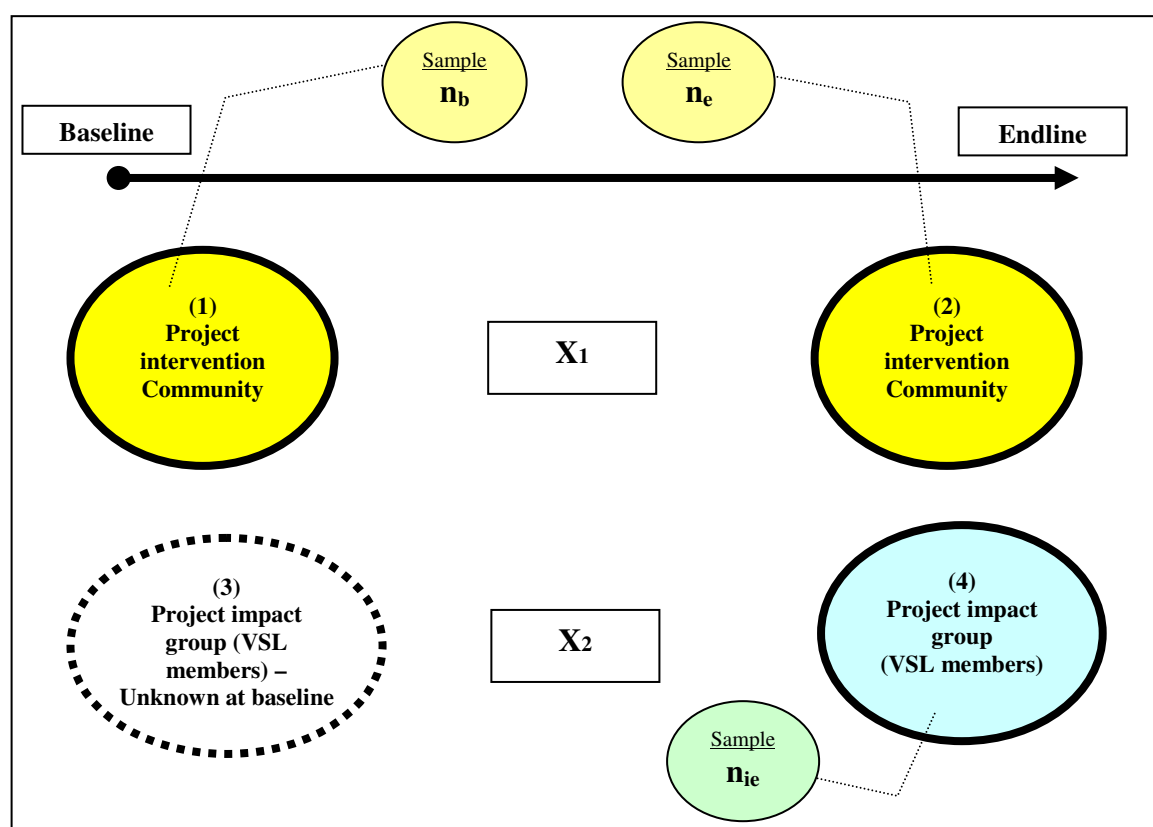
Impact group: the population group upon which the program (CARE and its partners) aims to have a positive impact with a long-term commitment to overcome their underlying causes of poverty and social injustice. As such, the impact group is at least at national level and is typically larger than the subset population directly impacted by an individual project or initiative at field level carried out by CARE or a partner.

E.g. Poor and marginalized rural women and girls (CARE Tanzania)

Sub-set population: is one of the disaggregated groups included in the impact group upon which the program strategies or initiatives are focused specifically on. For example: women, children, youth; or a smaller representation of the entire impact group.

E.g. Marginalized and poor women members of VSLs

The figure below show the sampling process from baseline to endline.



X_1 and X_2 are different types of intervention the program will implement. X_1 will reach the entire project community, through radio broadcasting on women right issues (e.g., Burundi), community change agents, peer education, etc. While X_2 is aimed at directly reaching the impact group only (through VSL groups or other type of associations). X_2 includes as mentioned in most of COs proposals direct training on women right delivered to VSL group members, awareness raising campaign at group level, training on the VSL methodology, etc.

Description: The program is planning to create new VS&L groups and work with existing VS&L groups as well. But since the groups have not yet been created, we cannot yet tell who the direct participants in them will be. Nevertheless, the program knows the number of groups it plans to create by location. **In general, according to information received from COs, the total project participants will not reach more than 13% of the community members (for most of COs it will represent around 3%-5% of the entire community).**

Sample size and methodology: The sample will be a **two stage stratified cluster sample**. The area in which the program is implemented will be stratified by region/district. In each of these stratification units, a sample of villages will be selected with a probability proportional to the size of the village (number of households in the village). This method will ensure the inclusion of the largest villages in the sample, with the advantage of giving an equal probability of selection to each household in the program area.

Once the villages are selected for inclusion in the sample, the program should establish the inventory of all households living in the selected villages¹. Since we don't yet know which households will end up being direct participants in the VS&L groups, the inventory will not take this into account. The inventory of households will be used as the sampling frame from which to select randomly the sample-households in each village, regardless of their program participation status (i.e., whether or not there is at least one VS&L member in the household).

The following table gives the sample size requirements as described above. The number of households² per category is the minimum sample size required for 90% precision and a power of 80%. In order to account for the

¹ See Annex 2 for an example of a tool used to create the inventory of households.

² We first determined the required sample size for women respondent, and based on this we computed the required number of household with the assumption of average 1.2 women per household (as given by the Demographic and Health surveys).

fact that we don't know who the direct participants in VS&L will be, we have to increase the sample size. We make an assumption that less than 30% of the entire population of the program intervention area will be directly participating in VS&L groups³.

Table: Sample size requirement

Sample Size	Sample		
	Number of households assumed <u>not</u> to be direct VS&L participants	% of households assumed to be direct VS&L participants	Total sample size for baseline
Households	530	30% ⁴	750 households

With an assumption that only 225 households will represent the direct VS&L participants in the baseline sample, this sample will not be very strong in estimating the indicators for the direct participant population. To address this limitation, a direct client survey will be carried out during the endline study, so that data on the global population in the community can be compared to data on the direct participant population.

Selection of respondents: Three types of questionnaires will be used for the survey: a household questionnaire, a man's questionnaire, and a woman's questionnaire. The operational definitions of the indicators state which questions are to be included in which questionnaire. The selection of respondents is as follows:

- All women aged 15 and above in the sampled-households will be eligible to be interviewed for the woman's questionnaire.
- All men aged 15 and above will be eligible to be interviewed for the man's questionnaire.
- The head of household will be interviewed for the household questionnaire.

Distribution of the sample across region/districts: the sample should be proportionally allocated across region/district according to their weight (% of household). The sample size will not allow comparison across region/district. Nevertheless, if a country is interested in regional or district comparison and to treat each region/district as a separate unit of analysis with the same level of precision, they should select the same number (750 household) per region/district.

2) Qualitative sampling

It is important to keep in mind that qualitative methods focus on the depth of the interview than the number of the subjects interviewed. Thus the sample sizes are small compared to sample sizes for quantitative techniques. The general rule in qualitative research is that you continue to sample until you are not getting any new information or are no longer gaining new insights. We recommend for this study, to select a sub-sample (of women and men) from the quantitative sample of less than 1/5 of the quantitative sample. For instance if you select 500 women for the quantitative data, we would recommend to conduct individual interviews and/or focus group discussions with no more than 100 individuals using qualitative techniques or until you are not getting any more new information.

How to select the sample? For the qualitative sample, random selection is not appropriate. Subjects are selected based on the quality and depth of information that they can provide, some deviant characteristics they may have that we may be interested to investigate (e.g. a woman who fully participates in decision making at household level in a context where women tend to not be involved in any decision making), or their exposure to some of the phenomena under study (for instance women being subject to GBV, or women who have been visiting SRH services, etc.).

How to organize subjects for the interview? You can use both individual interviews and focus group discussions. For sensitive subject one would prefer individual interviews to focus groups. But for general and non sensitive

³ For technical details on how the sample size has been determined, see Annex 1.

⁴ This figure will be adapted according to each country specific case. In fact some country will reach less than 30% of the household in their intervention zone (implies a reduction of the sample size) and some may reach more than 30% (implying an increase of the sample size).

subjects focus group discussions will be more appropriate. The ideal number of people to have discussions with in focus groups at one time is 6-12 people.

VI- Ethical considerations

This section covers some basic points on ethics which also have implications for how you carry out the survey:

- Informed consent
- Confidentiality of responses
- Privacy (interviewing respondents individually)
- Neutrality throughout the interview
- Avoidance of harm

1) *Informed consent*

The ethics of doing survey research require that you obtain the respondent's informed consent to participate in your study. In order to give informed consent, the respondents need to be given: (1) a clear explanation of what they are about to participate in (what the research is about) and how you plan to use the information they give you; (2) an assurance that the information they provide will be treated in confidence, and not revealed or discussed with anyone who is not on the research or project team; (3) the option to stop the interview at any time and not finish it; and (4) the option to refuse to participate in the study altogether. Below is a form, adapted from the DHS, which you can use to obtain informed consent. This should be read to every respondent prior to beginning the survey. If you cannot obtain informed consent, simply thank the person and discontinue the interview.

INTRODUCTION and INFORMED CONSENT

Hello. My name is _____ and I am working with CARE-(Tanzania/Burundi/etc./etc.).

CARE is planning to implement a program on women's economic, social and political participation. To assist in the evaluation of our program in the region, we are conducting a baseline survey. We would very much appreciate your participation in this survey.

I would like to ask you some questions about your household's economics and decision making process, and your opinion about different topics related to women's role in the society. This information will help CARE to better plan its interventions and measure its impact.

Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team. We therefore request that you feel free to provide frank and honest answers.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 → Proceed to the survey.

RESPONDENT DECLINES TO BE INTERVIEWED ... 2 → Thank the person and end the interview.

2) *Confidentiality of responses*

The survey results should be kept strictly confidential. Data collectors/supervisors should never mention interviews, discuss answers they have received, or show completed questionnaires to anyone except their supervisor on the survey team.

3) *Privacy (interviewing respondents individually)*

The presence of a third person during the interview, when you are supposed to interview a respondent individually, may affect your ability to get frank and honest answers from the respondent. Therefore, it is essential that the individual interview is conducted in private and that all questions are answered by the

respondent him/herself. Sometimes the demand to stay alone with the respondent makes other people more curious, which may encourage them to want to listen. In this case, it's up to you to make them understand that they should leave you alone with the respondent. To do this, use tact and skill to "get rid" of them. If you have to interview more than one woman in the same household, never interview one of these women in the presence of the others.

4) Neutrality throughout the interview

Most people are polite and tend to give the answer they think you want to hear. Therefore, it is very important that you stay absolutely neutral while you ask the questions. Whether by facial expression or tone of voice, never give the impression that the person being interviewed gave a "right" or "wrong" answer. Never give the impression that you approve or disapprove of the responses that the person is giving. A respondent may ask you questions during the interview. Let them know that we are interested in his/her opinion and that you can not answer his/her questions because you will slow down the work.

If a response to a question is not clear or immediately relevant, do not say things like, *"I suppose what you mean is..., right?"* Very often, respondents will agree with your interpretation of what they have said even if it is not what they meant. Instead, here are some options of what to do if you do not understand the response:

- Use neutral questions to ask for clarification, such as, *"I don't quite understand what you mean"* or *"I am not sure what you mean by that; could you tell me again/a little more."*
- Repeat the question or list the response categories (when applicable) if the respondent does not understand the question, misinterprets it, seems unable to make up his/her mind, or strays from the subject.
- Repeat the respondent's reply if it is necessary to clarify the response and prompt the respondent to enlarge upon his/her statement. However, be sure you adhere strictly to the respondent's answer and do not interject your own ideas when repeating what they have said.

Sometimes when you receive an "I don't know" answer, it does not necessarily mean that the respondent does not know. In fact, this statement can mean different things:

- The respondent does not understand the question and says "I don't know" to avoid saying that (s)he did not understand.
- The respondent is thinking and says "I don't know" to give him/her time to think.
- The respondent may be trying to evade the issue, so (s)he begs off with the "I don't know" response.
- The respondent may actually not know.

If you receive this answer, you will need to read the situation and the non-verbal clues to figure out what may be going on. If you think the respondent does not understand the question, you can repeat it, or reread the response categories as necessary. If you think the respondent needs time to think, give him/her time, do not rush on to the next question (but within reason, do not prolong the interview unnecessarily). If they are trying to evade the issue, encourage them or probe gently, stimulating discussion in which they would share the information. Most importantly, stay neutral and do not influence what they say.

5) Avoidance of harm

Active efforts must be made to minimize any possible distress caused by the research. Some topics as GBV may be sensitive and may cause unintended negative effect on those who participate in the research (to both the interviewer and the respondent). Therefore, such questions should be asked in a supportive and non-judgemental manner. In addition, care needs to be taken to ensure that the language of the questionnaire cannot be interpreted as being judgemental, blaming or stigmatizing. All interviews should end in a positive manner and for this, it is important that researchers/ data collectors undergo the appropriate psychological preparation. You will find more reading material on this topic in the mini-library at cd:\tb - DM&E mini-library\ethics.

Annexes

Annex 1. Sample size determination

The sample size is derived by the following formula⁵:

$$n = d(Z_{\alpha} + Z_{\beta})^2 \frac{P_1(1 - P_1) + P_2(1 - P_2)}{(P_1 - P_2)^2}$$

n: required minimum sample size per survey round or comparison group

d: the design effect, is related to the fact that we used a cluster sampling; d is a function of the intra-cluster unit outcome correlation. In other words, the more the outcomes of the sampling unit per-cluster are homogeneous, the more important "d" will be. In general d is equal to 2 for similar type of survey.

P1: the estimated level of an indicator measured as a proportion at the time of the first survey or for the control group/area. For instance if the indicator we wish to measure is *"the proportion of women making key decisions at household level"* P1 will be this indicator and we should find the value of P1 from previous studies (like Demographic and Health studies, for instance). If the data is not available, we should consider P1 as 50%, value that will provide the largest sample size.

P2: the *expected* level of the indicator either at some future date or for the project area such that the quantity (P2 - P1) is the size of the magnitude of change it is desired to be able to detect. More the difference between (P2 - P1) is big, less the size of the sample will be. For the determination of the sample size, we have considered (P2 - P1) = 10%. The implication being, that we are expecting at least a 10% change in each of the indicators during a 5 years period of time. If the real difference is less than 10% our sample size will be too small to assess any change that would have occurred. We could have decided to reduce this difference to 5%, with the implication to increase the sample size and the budget of the survey.

Z α = the z-score corresponding to the degree of confidence with which it is desired to be able to conclude that an observed change of size (P2 - P1) would not have occurred by chance (α - the level of statistical significance). Here α has been considered as 90%.

Z β = the z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P2 - P1) if it actually occurred (β - statistical power). Here β has been considered as 80%.

The final sample size should be corrected for expected non response. In the study we have assumed a non response rate of 5%. Thus the sample size corrected would be $n_c = n/(1-Q)$, with $Q=0.05$.

These parameters should be selected accordingly under time and budget constraints.

⁵ Please refer to Magnani, R. (1997). Sampling guide. Food and Nutrition Technical Assistance Project (FANTA) and Academy for Educational development. The document can be downloaded from www.fantaproject.org

Annex 2. Inventory of households in the village

After identifying which village will be part of the baseline study, the program should establish the inventory of all households living in the selected villages using the format below. All households present in these villages should be listed in the inventory regardless of their VSL membership. After the list is complete, it will be used as the sampling frame from which sample-households will be randomly selected for the study.

Number	Name of head of household
1	
2	
3	
4	
5	
6	
7	

Annex 3. Suggested policy areas to explore

Below are some key substantive areas, adapted from the work of women's organizations, to consider under each of these policy domains. The list comprises suggested issues that you could explore as is relevant, depending on the policy domain you decide to study.

Please read from left to right when using this table. The first column on the left hand side of the table indicates to which domain the subsequent rows belong to. For example, refer to all the rows marked '1' while investigating policy change in the protection of women's economic security in order to capture the different aspects of that domain.

Key to Reading Domains: 1 = The protection of women's economic security (their property rights, inheritance rights; etc); 2 = The protection of women's civic and political rights; 3 = The protection of women's SRHR and maternal health; 4 = Addressing all forms of GBV (domestic violence, sexual violence, FGM, trafficking, etc.)

Relevant Domains	Operational Description of Domain	Operational Questions to Help Assess State in Domain
1, 2	Married women are not autonomous legal entities from their husbands a. Married women must obtain husband's permission for routine matters such as opening bank account, or to exercise citizenship rights. b. Married women are considered property owned by their husbands.	Do married women have the same legal status as married men? Do married women have the same rights, responsibilities, and privileges as married men? Do married women have to obtain their husband's permission to open a bank account? Do married women have to obtain their husband's permission to vote? Do married women have to obtain their husband's permission to do other things that men can do without permission?
1, 4	Lack of rights to and after divorce, separation or annulment	Is divorce, separation or annulment available equally to both men and women? Is there a marriage registry? What portion (if any) of the marital assets/property are women allowed to retain?
3, 4	Women and girls are forced into marriage	Can women and girls be forced to marry someone they do not choose?
1	Lack of inheritance and property rights for married and unmarried women	Are married women allowed to inherit property? Are married women allowed to own property?
1, 2	Widows a. Widows may be stripped of all possessions b. Widows may lose rights	Are widows allowed to remarry? Do widows retain custody of the children? Are widows required to marry a brother/uncle/etc. of her dead husband? Do widows retain property (or are they subjected to property-grabbing) after the death of a husband?
1, 2	Women and girls lack equal access to and participation in education	Does a law exist prohibiting discrimination in education on the basis of sex, pregnancy or marital status? Are there laws prohibiting girls from attending school? Is the right to primary education for girls a guaranteed right?
1	Women are not provided with vocational training or existing vocational programs do not prepare women for formal sector employment a. Vocational training is limited to activities that have a marginal impact on women's economic empowerment	Are girls allowed to enter any vocational occupation? Are girls encouraged to obtain vocational training? Are there provisions to train women for skilled jobs? Does the government provide vocational training to men and women; if so, is there equal opportunity for admission to such programs?
1, 2	Women do not receive equal pay for the same work as men	Do the laws of the State ensure the equal right of women to equal pay, including benefits, and to equal treatment in respect to work of equal value, as well as equality of treatment in the evaluation of the quality of work? Do the laws of the State require equal pay for women and men? Is there a national minimum wage? If so, does it apply to all workers?
4, 1	Sexual Harassment is prevalent	Is sexual harassment prohibited by law; if so, what is sexual harassment defined as? What restrictions based on gender exist in national laws? What laws exist that may interfere with the productive employment of women?
4	Prevalence of Rape a. Stranger Rape b. Acquaintance Rape	Do laws criminalize all forms of rape? Are there exceptions to rape laws that would preclude certain types of assaults from being formally considered rape – like husband-wife or the incidence of marriage of attacker-victim?

	c. Spousal Rape Reporting Rape and Prosecuting Rape d. Women who were raped are accused of adultery if they can't meet the high evidentiary standards of proving rape. e. Impunity for Rapists	Do the laws of the State ensure the rights of women and girls to equal access to educational information on sexual violence and coercion? Is there an onerous burden on proving rape as opposed to other crimes?
4	Domestic Violence	Do laws prohibit violence against women by their husbands?
4	Trafficking	Do the laws of the State seek to suppress and criminalize all forms of trafficking of women?
4, 3	Female genital cutting and other traditional practices	Do the laws prohibit traditional or customary practices harmful to women include sex-selective abortion (son preference), dowry and dowry-related crimes, domestic violence, bride price, facial scarring, force-feeding of women, dry sex, early and forced marriage, sexual slavery and honor crimes?
4	Violence Against Women in Prostitution	Do the laws of the State prohibit the exploitation of prostitutes?
1, 2, 3, 4	Lack of Access to the Justice System; Discrimination in Laws and Administration of Justice	<p>If it is required by national law, has the State passed domestic implementing legislation, so that a woman can seek a remedy for an International Convention for Civil and Political Rights (ICCPR) violation in domestic court?</p> <p>Is there a "competent judicial, administrative or legislative" authority where women can adjudicate violations of their human rights as set forth in the ICCPR?</p> <p>Is this authority, one to which women have access? Is there national law, for example, that provides women equal access to any court in the country? Or is there a law that provides that women do not have equal access to such bodies, as a formal matter?</p> <p>Is there a mechanism to enforce judgments for ICCPR rights violations? Has an enforcement mechanism been designated?</p> <p>As a formal matter, are women afforded equal "civil and political" rights by the constitution? Is there a provision of the Constitution which grants equal civil and political rights to all citizens, or to "men and women"?</p> <p>Does a provision of the constitution or national/federal law provide that women have the "right to recognition everywhere as a person before the law"?</p> <p>Does the State have a constitutional provision or domestic legislation that embodies ICCPR Article 26's rights to equal protection of the law and freedom from discrimination?</p> <p>Has the State formally recognized the existence of discrimination against women?</p> <p>Has it made a formal commitment to ending state practices that discriminate against women?</p> <p>Are there "competent national tribunals" (i.e. courts) that will adjudicate women's claims that they have been subject to unlawful discrimination? Do women have formal access to these courts?</p> <p>Are public authorities forbidden by law from discriminating against women?</p> <p>Are there laws prohibiting sex discrimination in recruiting, hiring and promotion policies of public institutions?</p> <p>Are there laws that prohibit discrimination against women as recipients of government services, such as welfare, education, health services?</p> <p>Has the State repealed laws or amended the constitution to eliminate laws that discriminate against women? For example, under the law, do women have equal access to citizenship as men? Are they able to pass citizenship onto their children in a manner equal to that afforded men?</p> <p>Are there any criminal laws that facially discriminate against women? Are there criminal laws that are discriminatorily applied to women?</p> <p>Do all women (married, single, widowed, divorced) have the same legal capacity as men?</p> <p>Do all women have a formal right to contract and administer property in a manner equal to that of men?</p> <p>Do laws state that women should be treated equally in "all stages of procedure in courts and tribunals"? Are there laws that state that women should be treated differently at any stage of a court proceeding?</p> <p>Are women and men's testimony in court as witnesses granted equal weight?</p>
2	Women are not allowed to hold public office or perform public functions	Does the State have laws that prohibit women from holding public office or exercising public functions such as, for example, judges, legislators, administrative officials, etc.?
4	Training of Justice System Professionals	<p>Are professionals in the justice system (judges, prosecutors, administrative officials, police officers) trained to be sensitive to gender issues?</p> <p>Does this training include information about how to treat women who are victims of sexual violence?</p> <p>Are there formal mechanisms in place to ensure that the "views and concerns" of female victims of crimes are taken into consideration in the investigation and prosecution of crimes?</p>
1, 2, 3, 4	Lack of Political Structure to Address Issues Relating to Women	<p>Does the law require the creation of a national machinery (e.g., Ministry of Women's Affairs) to lead and coordinate efforts to improve the status of women?</p> <p>If so, does the law allow this machinery to hold the rest of the government accountable for promoting the advancement of women in all aspects of society?</p> <p>If so, is there a law that ensures that the national machinery is adequately funded and staffed?</p>

2	Lack of Individual Political Rights	<p>Do the laws of the State prohibit discrimination in political and public life on the basis of sex?</p> <p>Women's Political Participation as:</p> <ol style="list-style-type: none"> 1. Voters <ol style="list-style-type: none"> a. Do the laws of the State ensure the rights of women to vote in elections? b. Are women able to vote anonymously? c. Is "proxy voting" (where the husband votes for his wife) prohibited? 2. Candidates <ol style="list-style-type: none"> a. Do the laws of the State ensure the equal right of women to stand for election to all publicly elected bodies? b. Do the laws of the State ensure the equal right of women to hold public office? c. Is there a law that prohibits husbands from preventing their wives from holding public office? d. Are any seats in parliament reserved for women (i.e., gender quotas)? e. Are any positions in government other than parliament seats reserved for women? 3. Members of Civil Society <ol style="list-style-type: none"> a. Do the laws of the State ensure the equal right of women to participate in NGOs and associations concerned with the public and political life of the country? b. Are women statutorily able to run major NGOs? c. Are women guaranteed an equal right to find employment in major NGOs?
3	Lack of access to basic health care and equal access to health	<p>Do the laws of the State ensure to women voluntary, accessible, appropriate and affordable services in connection with pregnancy and post-natal period?</p> <p>What legal measures has the State undertaken to codify efforts to increase the participation of women in primary health care and to enhance their role as care providers, health workers and educators without placing an added burden on women?</p> <p>What legal measures has the state taken to guarantee women equal access to health care in rural areas?</p> <p>Any there any legal restrictions which limit women's ability to seek medical attention, such as a requirement that they must be accompanied by male relative?</p>
3	Reproductive Rights	<p>What legal measures has the State undertaken to eradicate forced sterilization, forced pregnancy and forced abortion?</p> <p>Is abortion legal?</p> <p>Do the laws of the State ensure the rights of women and girls to equal access to educational information on the health and well being of families, including information and advice on reproductive health, including family planning and prevention and treatment of sexually transmissible infections?</p>

Annex 4. Reporting format for baseline findings

CARE NORWAY FORMAT FOR BASELINE REPORT

NB: Please remember that in addition to this report, raw quantitative data on CSPro format as well as summarized qualitative data should be submitted to CARE Norway

Summary

An executive summary on the key aspects of the study (maximum 2 pages), highlighting:

- => The objective of the study
- => The methodological approach
- => A brief description of the sample
- => Finding on the global and CO specific outcome indicators
- => Discussion and conclusion

I. Introduction

- => Brief description of the project
- => Objective of the baseline study
- => Period of the study
- => Limitations of the study
- => Structure of the report

II. Methodology

- => Sampling
- => Expected sample size and actual sample size, including non response rate
- => How respondents were selected
- => Preparation for data collection
- => Data collection techniques
- => Period of data collection
- => Difficulties during data collection
- => Ethical considerations

III. Results

1. Description of the population under study :

- Socio-demographic characteristics of the community, households, women and male interviewed:
- ⇒ Background information on the community, like cultural norms, ethnicity, infrastructures, etc. (a picture of the zone can be used)
 - ⇒ For Households: repartition by geographical area, average number of people, economic characteristics, characteristics of head of households (gender, education, etc.), etc.
 - ⇒ For Women: age groups, education level, marital status, etc.
 - ⇒ For Men: age groups, education level, marital status, etc.

2. Results on Common and CO specific outcome indicators

Each indicator should be disaggregated [example of desegregation variables may include: geographical zone (region/district), age group of participants, level of education of participants (none, primary, secondary and more), gender, etc.].

The use of statistical test (CHI-2, t-test, whenever appropriate) to test for difference across desegregation variables is recommended

The comment should combine finding from quantitative and qualitative data in the interpretation to see if there is any contradiction or complementarities. The qualitative information should be use to provide more details on the findings obtained through the quantitative techniques.

Since policy and attitudes are cross-cutting issues, they should be discussed under each of the thematic focus areas: i.e., economic security; women say in decision; women's sexual and reproductive rights; and gender based violence.

a. Women economic security and vulnerability to shocks

Present the findings on the common indicators and CO-specific indicators (if any) related to women economic security and vulnerability to shocks. The common indicators are:

- => Existence and enforcement of law on women's economic security right (their property rights, inheritance rights; etc.)
- => Attitude of men and women towards women's economic security (property rights, inheritance, involvement in paid work, etc)
- => % of women with control over assets in household
- => % of women with capacity to cope with economic shocks

Provide qualitative data to support the finding from quantitative information

b. Women's role and real say in decision making

Present the findings on the common indicators and CO-specific indicators (if any) related to women's role and say in decision making. The common indicators are:

- => Existence and effective enforcement of law on women's civic and political rights
- => Attitude of men and women towards women's participation in the public sphere, decision making at community level
- => % of women that report meaningful participation in decision-making bodies at community level
- => Women's perception of social inclusion in the community

Provide qualitative data to support the finding from quantitative information

c. Women's right to control fertility and body

Present the findings on the common indicators and CO-specific indicators (if any) related to women's right to control fertility and body. The common indicators are:

- => Existence and effective enforcement of law on women's SRHR and maternal health
- => Attitude of men and women towards women's ability to make decision on their SRHR (use of contraceptives, accessing maternal health care, choosing partner etc)
- => % of women reporting satisfaction with the availability and quality of SRHR related services
- => % of women making informed choices/decisions with regards to their SRHR

Provide qualitative data to support the finding from quantitative information

d. Gender based violence

Present the findings on the common indicators and CO specific indicators (if any) related to women's role and say in decision making. The common indicators are:

- => Existence and effective enforcement of law addressing GBV
- => Attitude of men and women towards women's exposure to GBV (domestic violence, harassment, Harmful traditions as FGC, early marriage etc)

Provide qualitative data to support the finding from quantitative information

IV. Discussion on the results

Synthesize the results across the 4 components:

What are the key trends on women's rights? For instance what is the general perception of both women and male and how these perceptions influence the outcomes, how are the results across regions/district, across level of education, across group age, across gender, etc compared?

Does the results confirm each other or contradict each other? For instance are Women's decision making comparable to their economic situation etc.

Discuss the relation between qualitative and quantitative data. Is there any category that appears to need further attention in the project implementation?

Compare the results with findings from other studies organized in country or elsewhere, are these finding confirming or infirming the findings of these studies, etc.

V. Conclusion and recommendations

=> Recall the objectives of the study

=> Recall the key findings

=> Are there some findings that need immediate actions by the project?

=> How should the project focus its intervention to address such issues, for instance specify intervention need for specific sub-category of population (a particular region/district, a particular age group, a particular level of instruction, etc.)

=> Specify if there is a need for details analysis on some specific assumption made during the analysis.

=> Lessons learnt from the baseline (about the research techniques, about global and country-specific outcome indicators)

ANNEX

a. Value of the indicators and Target

Indicators	Baseline Value 2009	Target value	
		2011	2013
Outcome indicator 1. (state the indicator)			
Outcome indicator 2. (state the indicator)			

This table should be filled for all the indicators including qualitative indicators. For qualitative indicators, the value should be a description of the situation at baseline for a particular indicator. For instance, if it is related to policy, provided a description of the finding related to concerned policy.

Annex 5. Data analysis guideline

CARE Norway Baseline data analysis guideline

The format of the table to present your data in the report is very important, since it will make your report more comprehensive and readable. In this guide we are providing examples on how you should present your data using tables or graphs, depending on the type of variable you are analyzing.

We will use the following terminologies in this guide:

- **Dependent variable:** is the variable under study, in the case of this particular study it represents the common indicators. The dependent variable will provide the unit of analysis, unit from which the data is provided; this can be women, men, household, etc.
- **Background characteristics:** represent background characteristics of people based on which we will disaggregate our data. It can be geographical variables (region/district), gender (male/female), age groups, level of education, etc. These variables are very important since they help to determine which sub-category of the population needs further consideration during program implementation.
- **Nominal and Ordinal variables:** the dependant variables can be nominal or ordinal, in each case the type of analysis will differ. A nominal variable can have two or more categories, but there is no intrinsic ordering to the categories. In other words one category is not superior or inferior to the other. Example: the gender (male or female). In ordinal variable, there is a clear ordering of the values taken by the variable. Example: Level of agreements as used by the Likert scale (Strongly Disagree < Disagree < Neither agree nor disagree < Agree < Strongly Agree)

Most of our common indicators are either nominal or ordinal variable (Likert scale). The types of statistics that can be produced from such data are given in the following table:

Scale of Dependent variable	Permissible Statistics ⁶	Type of statistic test ⁷	Way to present the data
Nominal	Mode	Chi-2	Frequency of value, cross tabulation with background characteristics
Ordinal	Mode	Chi-2	
	Median		

You should disaggregate each background category of interest with the dependent variable. We are presenting below how to present such cross-tabulations.

⁶ For ordinal variable we can also produce Quartiles and Percentiles. These two measures are the extension of the median, to provide the division of the population in homogeneous categories (10% for percentiles and 4 subgroup for quartiles) based on a particular ordinal variable.

⁷ We are assuming here that background characteristics are nominal, thus the CHI-2 test is the most relevant.

1. Presentation of statistic table with nominal dependant variables

Basic statistic tables should use the following format:

(1) Background characteristics	Indicator		(4) Total Line %	(5) Number of subjects included in the analysis
	(2) % with the Yes category	(3) % with the No category		
REGION (sig. CHI-2)				
Ségou	%	%	100%	250
Mopti	%	%	100%	250
Timbuktu	%	%	100%	200
TOTAL	%	%	100%	700
SEX (sig. CHI-2)				
Male	%	%	100%	400
Female	%	%	100%	300
TOTAL	%	%	100%	700

Description of the table:

- Columns (2) and (3): The indicator will have a yes and no category. The yes category represents the people who normally will fill the criteria of the indicator; While, the no category (3) represents the people who don't show the characteristics required by the indicator.
- Column (4): Represent the sum of % in columns (2) and (3), thus 100%.
- Column (5): Represent the denominator, i.e., the total number of people eligible for the question. It is always important to provide the number retain for your denominator, since it helps to check the data quality and determine the accuracy of the sample size.
- The Total line provide the overall total, not taking into account any of the background characteristics, that is what will be used to report the value of the indicator.

In this table we are presenting “% in rows”, which means % for each subgroup of background characteristics treated as independent. We could alternatively decide to produce column percentages, percentage on the yes category and the no category for each of the background variable. But the % in the rows is more explicit and allows determining which sub-group of population, given the background characteristics, needs further attention from the project (in term of sensitization, capacity building, etc.). For presentation purpose, since we know that the sum of the Yes and No category is 100%, restricting the table to the only Yes category make sense. Thus the table can be simplified as follow:

(1) Background characteristics	Indicators	(5) Number of subjects included in the analysis
	(2) % with the Yes category	
REGION (sig. CHI-2)		
Ségou	%	250
Mopti	%	250
Timbuktu	%	200
TOTAL	%	700
SEX (sig. CHI-2)		
Male	%	400
Female	%	300
TOTAL	%	700

Example: We will take a specific example to better illustrate the presentation of statistical tables for nominal dependent variables. Let's consider the following indicator: **“% of women reporting satisfaction with the availability and quality of SRHR related services”**. We are taking a specific example on Mali⁸. The table produced by the SPSS program appears as follow:

⁸ These data are not real data but used as examples to illustrate the situation.

Table: Women reporting satisfaction with a availability and quality of SRHR related services

Categories	% of women reporting satisfaction with the availability and quality of SRHR related services		TOTAL	Number of women who have used at least one SRHR service
	Yes	No		
REGION (Prob. CHI-2= 0.000)				
Segou	30%	70%	100%	150
Mopti	15%	85%	100%	100
Timbuktu	10%	90%	100%	50
TOTAL	22%	78%	100%	300
WOMAN EDUCATION (sig.=0.000)				
None	29%	71%	100%	200
Primary	10%	90%	100%	50
Secondary and more	5%	95%	100%	50
TOTAL	22%	78%	100%	300

The same table should be simplified as follow to improve readability:

Background characteristics	% of women reporting satisfaction with the availability and quality of SRHR related services	Number of women who have used at least one SRHR service
REGION (sig. 0.0000)		
Segou	30%	150
Mopti	15%	100
Timbuktu	10%	50
TOTAL	22%	300
WOMAN INSTRUCTION (sig. 0.000)		
None	29%	200
Primary	10%	50
Secondary and more	5%	50
TOTAL	22%	300

Interpretation: The reader can easily guess that only 22% of the women who have used at least one SRHR service report being satisfied with the service. Looking at regional differentiation Timbuktu (with 10% of reported satisfaction) and Mopti (with 15% of reported satisfaction) are the regions where women are the less satisfied with the availability and quality of SRHR services. Why are the women from these regions dissatisfied compared to the women of Segou region?

Looking at the education, it appears that the level of satisfaction decreases with the education of the woman. The more the woman is educated the less satisfied she appears to be. Can we assume that the more educated women become more demanding and conscious about the quality of the services?

- **The way to triangulate this information with the qualitative data** would be to check if similar trends are revealed through the qualitative study. If so, you should explore what explanations are provided by women from focus groups and individual in-depth interviews related to the topic and support your discussions with these.

2. Presentation of statistic table with ordinal dependant variables (Likert scale)

Presenting table from Likert scale, tend to be challenging in term of format. One needs to figure out what is the best way to present such amount of data without using too much space. Sometimes the use of graphics is recommended since it allows the capturing of most of the key tendencies in the distribution.

a. Simple frequency table

The simple frequency table will provide a description of the population regarding the dependent variable, without looking at any background characteristics. The format will appears like below:

Table: Attitude of women on women's SRHR and maternal health

Statements	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree	TOTAL %	Median of the distribution	Number of women 15 years and more
A couple should decide together how many children to have.	%	%	%	%	%	100		
A husband and wife should decide together what kind of contraception to use.	%	%	%	%	%	100		
When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STIs, she may decide on her own to seek the help of trained health personnel.	%	%	%	%	%	100		
If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex.	%	%	%	%	%	100		
Women should have the same opportunities to receive health care as men	%	%	%	%	%	100		

b. Cross tabulation with background characteristics

Cross tabulation of Likert scale variable with background characteristics, will lead to produce too many tables, since for every statement one should produce a separate cross tabulation. All the statements will not fit in the same table. The following example presents one assertion from the attitude on women's SRHR:

Table: Attitude of women on women's SRHR and maternal health by some socio-demographic characteristics

Background characteristics	A couple should decide together how many children to have.					TOTAL LINE %	Number of women 15 years and more
	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree		
REGION (sig. 0.0000)							
Segou						100	200
Mopti						100	150
Timbuktu						100	150
TOTAL						100	500
WOMAN EDUCATION (sig. 0.000)							
None						100	300
Primary						100	150
Secondary and more						100	50
TOTAL						100	500

We will then end up with 5 different tables, since we should produce the same table for each statement of the women's SRHR questions. To simplify such tables and to use all the assertions in one single table, we have different options:

- produce cross table on the extreme categories (strongly agree or strongly disagree)
- produce cross table on summary statistics, like the median (average)
- Use graphics to present the most meaningful information

Table: Median value of Attitude of women on *women's SRHR and maternal health* by some socio-demographic characteristics

Background characteristics	Median value										TOTAL LINE %	Number of women 15 years and more	
	A couple should decide together how many children to have.		A husband and wife should decide together what kind of contraception to use.		When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STIs, she may decide on her own to seek the help of trained health personnel.		If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex.		Women should have the same opportunities to receive health care as men				
	Strong ly agree	Strong ly disagr ee	Strong ly agree	Strong ly disagr ee	Strong ly agree	Strong ly disagr ee	Strong ly agree	Strong ly disagr ee	Strong ly agree	Strong ly disagr ee			
REGION (sig. 0.0000)													
Segou												100	200
Mopti												100	150
Timbuktu												100	150
TOTAL												100	500
WOMAN EDUCATION (sig. 0.0000)													
None												100	300
Primary												100	150
Secondary and more												100	50
TOTAL												100	500