



Women's VOICES: A Tool to Measure Governance Outcomes in Sexual, Reproductive & Maternal Health Programs

TOOL





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Women's Voices in Open, Inclusive Communities & Effective Spaces (VOICES):

A Tool to Measure Governance Outcomes in Sexual, Reproductive and Maternal Health Programs¹

Overview/Background: There is growing popularity, and promise, for social accountability approaches as a means to accelerate progress for maternal and newborn health,² yet there is limited and mixed evidence of the effectiveness of such approaches in improving health services and outcomes.³ Further, very few studies demonstrate the links with broader governance and empowerment goals,⁴ elements which are critical to sustainable and equitable development. To contribute to filling this gap, CARE developed two survey tools **Women's VOICES** and **Health Workers' VOICES** – to evaluate the impact of one social accountability approach, the Community Score Card (CSC)©⁵, on governance processes and health service delivery outcomes in Malawi.⁶ As global research on social accountability in health continues to expand, we hope these measures will be of use to others attempting to evaluate program effectiveness.

Underpinning these tools is CARE's Community Score Card Theory of Change, which is informed by CARE International's Governance Programming Framework,⁷ and hypothesizes that the CSC cultivates 1) empowered women and community members, 2) empowered health workers, and 3) expanded, inclusive, and effective negotiated spaces. These domains interact and influence each other, resulting in improved health behaviors, increased utilization of and satisfaction with services, and a responsive, effective, accountable health system. The ultimate result is reduced maternal and neonatal mortality.

Women's VOICES is designed for use with women and consists of 25 short scales that measure changes in a) women and community members' empowerment and b) negotiated spaces expanded, inclusive and effective.

Tool Development: To develop measures for the **Women and Community Members Empowered domain** we drew upon CARE's multidimensional quantitative survey tool WE-MEASR (*Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations*),⁸ which consists of twenty short scales that measure women's empowerment in domains critical to sexual, reproductive and maternal health. Scales adapted from WE-MEASR include attitudes and beliefs about gender roles, power dynamics in the household and social capital. Where there were gaps, CARE developed new measures, including scales to measure women's knowledge and awareness of health rights and perception of service quality.

The measures in the **Negotiated Spaces Expanded, Inclusive and Effective domain** were informed by the Governance Programming Framework, which calls for collaborative and equal engagement between power holders and citizens; transparent, equitable and high quality negotiation spaces; all parties believe that working together is the best way to achieve impact; and power-holders that are responsive and accountable. The scales developed to measure these characteristics include level of citizen and health worker participation in negotiated spaces, collective efficacy and mutual responsibility, joint monitoring and accountability, participation in collective action, and items to measure the transparency, equity and quality of negotiated spaces.

Evaluation: We examined the psychometric properties of the measures in each of these domains using baseline data from a cluster randomized trial of the Community Score Card in Malawi, with 10 matched pairs of health facilities and surrounding catchment areas; one of each pair was randomly assigned to either the intervention or the comparison arm. The Women's VOICES measures were field tested in all 20 catchment areas through interviews with 1,951 women who had given birth in the last month and whose baby was still alive. Data from field tests were analyzed using exploratory factor analysis and reliability analysis, and then further refined.

¹ Seberty Kuhlmann, A., et. al. Women's and Health Workers' VOICES: Measuring Governance Outcomes in Reproductive and Maternal Health Programmes. *Development Policy Review*. In press, 2016.

² IERG, 2013; United Nations Secretary-General BanKi-moon (2010) 'Global Strategy for Women's and Children's Health', New York: United Nations.

³ Boydell et al 2014; Fox, 2014; Gaventa and McGee, 2013; Joshi, 2013.

⁴ Gaventa & McGee, 2013; ; Joshi, 2013.

⁵ To learn more about CARE's Community Score Card visit: <http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>

⁶ To learn more about the Community Score Card project in Malawi visit: <http://familyplanning.care2share.wikispaces.net/Maternal+Health+Project>

⁷ CARE. (2011). Towards Better Governance: Monitoring and Evaluation of Governance Programmes Guidance Note. *Monitoring and Evaluation of Governance Work*. CARE International UK.

⁸ CARE USA. (2014). Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WE- MEASR): A tool to measure women's empowerment in sexual, reproductive and maternal health programs. Atlanta, GA: Author.

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Domain	Scales	# of Items	Alpha	Mean	SD	Range
Women and Community Members Empowered	Knowledge & Awareness of Rights ¹	8	α.60	4.29	.47	1-5
	Rejection of Intimate Partner Violence* ²	5	--	.87	.33	0-1
	Belief in Women's Right to Refuse Sex ²	6	α.80	3.14	1.96	0-6
	Women's Participation in Household Decision-Making ²	12	α.83	1.67	.26	1-2
	a. Healthcare Decision-making	5	α.68	1.76	.26	1-2
	b. Abbreviated Household Decision-making	8	α.80	1.59	.30	1-2
	Self-efficacy for Participation at Community Meetings ²	6	α.83	3.60	1.10	1-5
	a. Self-efficacy to Attend Community Meetings	3	α.91	3.59	1.41	1-5
	b. Self-efficacy to Speak out at Community Meetings	3	α.79	3.61	1.21	1-5
	Self-efficacy for Service Utilization ²	2	α.57	4.25	1.01	1-5
	Outcome Expectations for Participation	2	α.68	4.10	.91	1-5
	Outcome Expectations for Service Utilization* ³	6	--	3.73	.59	1-5
	Perception of Service Quality* ³	6	--	4.36	.49	1-5
	Collective Efficacy (Community Members Alone) ²	4	α.90	4.52	.67	1-5
	Social Cohesion ²	6	α.67	3.76	.74	1-5
	Community Support in Times of Crisis ²	4	α.83	3.65	1.23	1-5
	Participation in Community Groups ⁴	1	--	.18	.39	0-1
	Help from Community Groups ⁴	1	--	.09	.30	0-1
Participation in Collective Action (Community Members Alone) ⁴	1	--	.31	.46	0-1	
Negotiated Space Expanded, Inclusive & Effective	Mutual Responsibility for and Support of Services	5	α.64	1.19	.25	0-2
	<i>Collective Efficacy (Health Workers and Community Members)</i>					
	Participation in Negotiated Spaces*	4	N/A	N/A	N/A	N/A
	<i>Participation in Health Committee*</i>					
	<i>Participation in Collective Action (Health Workers and Community Members)</i>					
	Joint Monitoring and Accountability of Services	2	N/A	N/A	N/A	N/A
	Transparency (of negotiated spaces)	3	N/A	N/A	N/A	N/A
	Equity (of negotiated spaces)	3	N/A	N/A	N/A	N/A
	Quality (of negotiated spaces)	3	N/A	N/A	N/A	N/A
Health Workers Empowered	<i>Knowledge & Awareness of Rights</i>					
	<i>Self-efficacy for Participation</i>					
	<i>Self-efficacy for Delivering Quality Services</i>					
	<i>Outcome Expectations for Participation</i>					
	<i>Perception of MNCH Service Efficacy</i>					
	<i>Perception of Service Quality</i>					

	a. <i>Recommendation of Services</i>					
	<i>Collective Efficacy (Health Workers Alone)</i>					
	<i>Social Cohesion</i>					
	<i>Perception of Supervision</i>					
	<i>Perception of Supervisor Appreciation</i>					
	<i>Work Attachment & Satisfaction</i>					
	a. <i>Turnover Intention</i>					
	b. <i>Compensation Consistency</i>					
<i>Attitudes Toward Patients</i>						
*Indices, no alpha reliability reported						

Scale Items Adapted From:

¹ Developed by CARE based on the Malawi Charter on Patients’ and Health Service Providers’ Rights and Responsibilities.

² CARE USA. (2014). *Women’s Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WE-MEASR): A tool to measure women’s empowerment in sexual, reproductive and maternal health programs*. Atlanta, GA: Author.

³ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy of Sciences, 2001. Web.

⁴ DeSilva, M.J., Harpham, T., Tuan, T., Bartolini, R., et al. (2006). Psychometric and cognitive validation of a social capital measurement tool in Peru and Vietnam. *Social Science and Medicine*, 62 (4), 941-953.

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**DOMAIN:
WOMEN AND
COMMUNITY MEMBERS
EMPOWERED**

Knowledge and Awareness of Rights

Purpose: This scale measures citizen awareness of their rights to appropriate, respectful, adequate and confidential care, as well as their duties as patients and consumers of health care services. An “informed citizen” is one that not only understands these rights, but one that also has the capacity to participate in decision-making spaces to negotiate key aspects of their health care and demand their rights.

(Interviewer:) I would like to ask you some questions about services available in your community.

Knowledge and Awareness of Rights

(Interviewer:) Now, I would like to ask you some questions about health care services in your community. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

1. A healthcare provider can refuse to provide me health care because of my age or marital status.*
2. The government of Malawi ensures that maternal and child health services are provided free of charge.
3. The healthcare provider is required to keep my healthcare information private and confidential.
4. I have a right to complain if a health care worker yells at me or is disrespectful.
5. Healthcare providers are required to answer all my health related questions.
6. Every individual has the right to prompt emergency treatment from the nearest public or private health facility.
7. I do not have the right to complain about the quality of health services in this community.*
8. Community health workers (e.g. HSAs) should visit pregnant women and new mothers/babies at home.

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with * were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates a higher level of knowledge and awareness of rights.

# of Items	Alpha	Mean	SD	Range
8	α.60	4.29	.47	1-5

References

All items were developed by CARE USA SRMH Team based on the Malawi Charter on Patients’ and Health Service Providers’ Rights and Responsibilities.

Attitudes and Beliefs about Gender and Women's Rights

Purpose: These scales measure gender-related attitudes and beliefs that increase risk and vulnerability for poor health and/or inhibit the behaviors that promote and protect health, including power relations between men and women.

NOTE: These are all questions about beliefs and attitudes not questions about behaviors. They measure women's attitudes about gender equality and internalized norms and perceptions of norms. By asking individuals about attitudes and beliefs over time, we may be able to measure individual-level change over time; changes among many individuals may reflect larger-scale change in shared attitudes and beliefs.

(Interviewer:) I would like to ask you some questions about men and women and how they behave together: some of the questions will address sensitive subjects, such as your relationship with your husband. All responses will remain confidential, and you do not have to answer a question if you do not want to. Also, if interrupted by another person, I will pause the interview or change the subject in order to maintain privacy.

Rejection of Intimate Partner Violence

(Interviewer:) Sometimes a husband is angry with his wife. In your opinion, is a husband justified in hitting his wife in the following situations:

- 1. Is he justified in hitting his wife if she goes out without telling him?*
- 2. Is he justified in hitting his wife if she neglects their children?*
- 3. Is he justified in hitting his wife if she argues with him?*
- 4. Is he justified in hitting his wife if she refuses to have sex with him?*
- 5. Is he justified in hitting his wife if she did not cook the food properly?*

Item response options: Yes or No, where Yes = 1 and No = 0.

Index was constructed as follows: if respondent answers "No" to **ALL** of the five questions then scale score = 1; otherwise scale score = 0. A high scale score (1) indicates respondent does not believe hitting is justified under any circumstances and is considered an equitable gender belief.

# of Items	Alpha	Mean	SD	Range
5	--	.87	.33	0-1

References

Adapted from:

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

Belief in Women's Right to Refuse Sex

(Interviewer:) Please tell me if you think a woman is justified in refusing to have sex with her husband in the following situations:

- 1. First, is a woman justified in refusing to have sex with her husband if she knows he has a sexually transmitted disease?*
- 2. Is a woman justified in refusing to have sex with her husband if she knows he has sex with other women?*
- 3. Is a woman justified in refusing to have sex with her husband if she has recently given birth?*
- 4. Is a woman justified in refusing to have sex with her husband if she is tired?*
- 5. Is a woman justified in refusing to have sex with her husband if she is not in the mood?*
- 6. Is a woman justified in refusing to have sex with her husband if she is unhappy with her husband?*

Item response options: Yes or No, where Yes = 1 and No = 0

The scale was constructed by summing the item scores. The scale score range is 0-6, and a high scale score (6) indicates a women is justified in refusing sex in all situations and is considered an equitable gender belief.

# of Items	Alpha	Mean	SD	Range
6	$\alpha.80$	3.14	1.96	0-6

References

Adapted from:

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

Women's Participation in Household Decision-making Power

Purpose: This scale measures decision-making behavior at the household level, which across many contexts is the primary sphere of women's influence. This scale explores power relations between men and women by measuring a woman's ability to influence key decisions that affect her life.

The full 12-item scale is intended to measure a woman's influence over a range of decisions in her life, as opposed to a specific kind of decision, in order to measure her decision-making power. This scale is then divided into two sub-scales, an abbreviated 8-item household decision-making scale and a 5-item health care decision-making scale intended to measure a woman's influence over decisions specifically related to health care.

Women's Participation in Household Decision-making

(Interviewer:) Now I would like to ask you about who usually makes decisions in your household.

- 1. First, would you tell me which member of your household usually makes decisions about your health care? Would this person be: you, your husband, you and your husband jointly, your mother-in-law or father-in-law, your own mother or father, or someone else?*
- 2. Which member of your household usually makes decisions about making large household purchases?*
- 3. Which member of your household usually makes decisions about making household purchases for daily needs?*
- 4. Which member of your household usually makes decisions about when you will visit family/relatives/friends?*
- 5. Which member of your household usually makes decisions about when your whole household will visit family/relatives/friends?*
- 6. Which member of your household usually makes decisions about how to use the money that you bring into the household?*
- 7. Which member of your household usually makes decisions about how to use the money your husband brings into the household?*
- 8. Which member of your household usually makes decisions about whether you and your husband use family planning?*
- 9. Which member of your household usually makes decisions about where you will deliver your baby?*
- 10. Which member of your household usually makes decisions about when you will go to a health facility to deliver your baby?*
- 11. Which member of your household usually makes decisions about if you will be tested for the AIDS virus?*
- 12. Which member of your household makes decisions about how many children you will have?*

Item response options: You, Your Husband, You and Your Husband Jointly, Mother- or Father-in-law, Mother or Father, or Other; where You or You and Your Husband Together = 2 and all other responses = 1.

As these twelve questions pertain to household decisions, an empowered response is considered to be a decision made by a woman alone **or** a woman jointly with her husband.

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-2, and a higher scale score indicates more equitable decision-making in the household.

# of Items	Alpha	Mean	SD	Range
12	$\alpha.83$	1.67	.26	1-2

a. An abbreviated 5-item sub-scale was tested for **Health Care Decision-making**

(Interviewer:) Now I would like to ask you about who usually makes decisions in your household.

1. *First, would you tell me which member of your household usually makes decisions about your health care?*
2. *Which member of your household usually makes decisions about whether you and your husband use family planning?*
3. *Which member of your household usually makes decisions about where you will deliver your baby?*
4. *Which member of your household usually makes decisions about when you will go to a health facility to deliver your baby?*
5. *Which member of your household usually makes decisions about if you will be tested for the AIDS virus?*

Item response options: You, Your Husband, You and Your Husband Together, Mother- or Father-in-law, Mother or Father, or Someone Else; where You or You and Your Husband Together = 2 and all other responses = 1.

As these five questions pertain to household health care decisions, an empowered response is considered to be a decision made by a woman alone or a woman jointly with her husband.

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-2, and a higher scale score indicates more equitable decision-making in the household.

# of Items	Alpha	Mean	SD	Range
5	$\alpha.68$	1.76	.26	1-2

b. An abbreviated 8-item sub-scale was tested for **Household Decision-making**

(Interviewer:) Now I would like to ask you about who usually makes decisions in your household.

1. *First, would you tell me which member of your household usually makes decisions about your health care? Would this person be: you, your husband, both you and your husband together, your mother-in-law or father-in-law, your own mother or father, or someone else?*
2. *Which member of your household usually makes decisions about making large household purchases?*
3. *Which member of your household usually makes decisions about making household purchases for daily needs?*
4. *Which member of your household usually makes decisions about when you will visit family/relatives/friends?*
5. *Which member of your household usually makes decisions about when your whole household will visit family/relatives/friends?*
6. *Which member of your household usually makes decisions about how to use the money that you bring into the household?*
7. *Which member of your household usually makes decisions about how to use the money your husband brings into the household?*
8. *Which member of your household usually makes decisions about how many children you will have?*

Item response options: You, Your Husband, You and Your Husband Together, Mother- or Father-in-law, Mother or Father, or Someone Else; where responses You or You and Your Husband Together = 2 and all other responses = 1.

As these eight questions pertain to household decisions, an empowered response is considered to be a decision made by a woman alone **or** a woman jointly with her husband.

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-2, and a higher scale score indicates more equitable decision-making in the household.

# of Items	Alpha	Mean	SD	Range
8	$\alpha.80$	1.59	.30	1-2

References

Adapted from:

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

Self-efficacy

Purpose: Questions about self-efficacy measure confidence in performing a specific behavior under various conditions (personal, physical, social and environmental). The first three scales ask about self-efficacy to attend and speak out at community meetings, a social accountability process. The last scale asks about self-efficacy to go to a health facility, a key SRMH-promoting behavior.

(Interviewer:) Now I am going to ask you some questions about how confident you feel in your own ability to do certain things: for each one I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure nor unsure you could do it, somewhat unsure you could do it, or not at all sure you could do it.

Self-efficacy for Participation at Community Meetings

(Interviewer:) Now I would like to ask about attending community meetings.

- 1. How sure are you that you could attend a community meeting if your family did not encourage you to go?*
- 2. How sure are you that you could attend a community meeting if your family did not want you to go?*
- 3. How sure are you that you could attend a community meeting if your family would not help with your household duties so that you could attend?*
- 4. How sure are you that you could express your opinion at a community meeting?*
- 5. How sure are you that you could express your opinion at a community meeting if some people did not agree with that opinion?*
- 6. How sure are you that you could express your opinion at a community meeting if most people did not agree with that opinion?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to attend and speak out at community meetings.

# of Items	Alpha	Mean	SD	Range
6	$\alpha.83$	3.60	1.10	1-5

- a. An abbreviated 3-item sub-scale was tested for **Self-efficacy to Attend Community Meetings**

(Interviewer:) Now I would like to ask about attending community meetings.

- 1. How sure are you that you could attend a community meeting if your family did not encourage you to go?*
- 2. How sure are you that you could attend a community meeting if your family did not want you to go?*
- 3. How sure are you that you could attend a community meeting if your family would not help with your household duties so that you could attend?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to attend community meetings.

# of Items	Alpha	Mean	SD	Range
3	α.91	3.59	1.41	1-5

b. An abbreviated 3-item sub-scale was tested for **Self-efficacy to Speak out at Community Meetings**

(Interviewer:) Now I would like to ask about attending community meetings.

1. *How sure are you that you could express your opinion at a community meeting?*
2. *How sure are you that you could express your opinion at a community meeting if some people did not agree with that opinion?*
3. *How sure are you that you could express your opinion at a community meeting if most people did not agree with that opinion?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to speak out at community meetings.

# of Items	Alpha	Mean	SD	Range
3	α.79	3.61	1.21	1-5

Self-efficacy for Service Utilization

(Interviewer:) Now I would like to ask about going to the health facility.

1. *How sure are you that you could go to the health facility if you were worried that the staff would treat you badly?*
2. *How sure are you that you could go to the health facility if your husband objected to your going?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to go to the health facility.

# of Items	Alpha	Mean	SD	Range
2	α.57	4.25	1.01	1-5

References

Adapted from:

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

Outcome Expectations

Purpose: The following scale and index measures the degree to which the respondent expects a positive outcome from taking a particular action or engaging in a particular activity or behaviour. The first scale measures a respondent's outcome expectation for participating in a community meeting, and the second, for seeking and utilizing services at a health facility.

Outcome Expectations for Participation

(Interviewer:) Now I am going to ask you some questions about how confident you feel in your own ability to do certain things: for each one I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure nor unsure you could do it, somewhat unsure you could do it, or not at all sure you could do it.

(Interviewer:) Now I would like to ask about attending community meetings.

- 1. If you attended a community meeting, how sure are you that you would be treated fairly by the other participants?*
- 2. If you attended a community meeting, how sure are you that your opinion or suggestions would be taken into consideration?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates more positive outcome expectations for participation in a community meeting.

# of Items	Alpha	Mean	SD	Range
2	$\alpha.68$	4.10	.91	1-5

Outcome Expectations for Service Utilization

(Interviewer:) Now I would like to ask you some questions about the health facility in your community. For each of the statements below, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

- 1. The staff at [health facility] is friendly and treats me well.*
- 2. The staff at [health facility] gives me all the information I need to take care of my health.*
- 3. I often have to wait too long of a time to receive care at the health facility.**
- 4. Whenever I go to the health facility, there is a provider available to serve me.*
- 5. Whenever I go to the health facility, it rarely has the supplies and medicine I need.**
- 6. Whenever I go to the health facility, the staff involve me in decisions about my care.*

Item response options:

- 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1
- Items with * were reverse coded, where Strongly Agree = 1, Agree = 2, Neither Agree Nor Disagree = 3, Disagree = 4, and Strongly Disagree = 5

The index was constructed by summing the item scores and dividing by the number of items. The index score range is 1-5, and a higher index score indicates positive outcome expectations for service utilization.

# of Items	Alpha	Mean	SD	Range
6	--	3.73	.59	1-5

References

Outcome Expectations for Service Utilization items were developed by CARE USA SRMH Team based on the Institute of Medicine’s definition of quality.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy of Sciences, 2001. Web.

Perceptions of Service Quality

Purpose: These questions aim to measure aspects of service quality, including equity, effectiveness, and patient-centred, from the perspective of patients.

Perception of Service Quality

(Interviewer:) Now I would like to ask you some questions about the health facility in your community. For each of the statements below, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

- 1. The staff at [health facility] provides high quality health services.*
- 2. The staff at [health facility] ensures privacy and confidentiality when providing services.*
- 3. The health facility is clean.*
- 4. Men are welcome to accompany their wives during pregnancy and delivery care.*
- 5. A family member or friend is welcome to accompany a woman during delivery.*
- 6. Unmarried women can access family planning and reproductive health service at the health facility.*

Item response options: 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1

The index was constructed by summing the item scores and dividing by the number of items. The index score range is 1-5, and a higher index score indicates positive perceptions of service quality.

# of Items	Alpha	Mean	SD	Range
6	--	4.36	.49	1-5

References

Adapted from:

All items were developed by CARE USA SRMH Team based on the Institute of Medicine's definition of quality.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy of Sciences, 2001. Web.

Collective Efficacy

Purpose: To measure respondents' confidence that if a group acts together, they can effect change.

Collective Efficacy (Community Members Alone)

(Interviewer:) *Ok, now I am going to ask some questions about how the women in your community help each other and work together to improve their lives.*

1. *How sure are you that the people in your community could work together to improve maternal & newborn health services in this community?*
2. *How sure are you that the people in your community could work together to improve how women are treated at the health facility?*
3. *How sure are you that the people in your community could work together to obtain government services & entitlements?*
4. *How sure are you that the people in your community could work together to improve the health and well-being of women and children in this community?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher collective efficacy.

# of Items	Alpha	Mean	SD	Range
4	α.90	4.52	.67	1-5

References

Adapted from:

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

Social Capital

Purpose: The social cohesion and “community support in times of crisis” scales measure perceptions of mutual aid, trust, connectedness and social support. These scales thus incorporate not only cognitive social capital domains but also a major dimension of structural social capital (social support).

Social Cohesion

(Interviewer:) I would now like to ask you some questions about your community. For each of the following statements, do you strongly agree, agree, are undecided, disagree, or strongly disagree?

- 1. I can rely on people in my community if I need to borrow money.*
- 2. I can rely on people in my community to help deal with a violent or difficult family member.*
- 3. I can rely on people in my community to help take care of my children/household if I need to go to the doctor or hospital.*
- 4. The majority of people in this community can be trusted.*
- 5. The majority of people in this community generally get along with each other.*
- 6. I feel that I am really a part of this community.*

Item response options: 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher social cohesion.

# of Items	Alpha	Mean	SD	Range
6	α.67	3.76	.74	1-5

References

Adapted from:

CARE USA. (2014). *Women’s Empowerment – Multidimensional Evaluation of Agency, Social Capital & Relations (WE-MEASR): A tool to measure women’s empowerment in sexual, reproductive and maternal health programs*. Atlanta, GA: Author.

Community Support in Times of Crisis: When Pregnant and Bleeding

(Interviewer:) Now I am going to tell you about a specific situation, and I will ask you to tell me about who, apart from your immediate family, you might turn to for help in this situation.

(Interviewer:) Here is the situation: Imagine for a moment that you are eight months pregnant, and you have started bleeding heavily.

- 1. How sure are you that there is someone in your community, apart from your immediate family, who you could go to for advice?*
- 2. How sure are you that there is someone in your community, apart from your immediate family, who could take you to the hospital?*
- 3. How sure are you that there is someone in your community, apart from your immediate family, who would help care for your children or household while you are away?*
- 4. How sure are you that there is someone in your community, apart from your immediate family, who would loan you money for transport?*

Item response options: 5-point Likert scale, where Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher community support.

# of Items	Alpha	Mean	SD	Range
4	$\alpha.83$	3.65	1.23	1-5

References

Adapted from:

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

Social Participation and Collective Action

Purpose: To measure if citizens have greater capacities to articulate their aspirations and needs, to voice and negotiate their demands for change and to get organised for collective actions within existing groups or spaces in a community, as well as if citizens receive support/help from those groups.

(Interviewer:) Now, I would like to ask you a few questions about activities in your community.

(Interviewer:) Now I would like to ask about attending community meetings.

Participation in Community Groups

(Interviewer:)

1. In the past 6 months, have you been an active member in any organized group in your community, for example a women's group, a religious group, or other community group?

Item response options: Yes or No, where Yes = 1 and No = 0

# of Items	Alpha	Mean	SD	Range
1	--	.18	.39	0-1

Help from Community Groups

(Interviewer:)

1. In the past 6 months, have you received help from any organized group in your community, for example a women's group, a religious group, or other community group? Help could include emotional support, economic assistance, or helping you to learn or do things.

Item response options: Yes or No, where Yes = 1 and No = 0

# of Items	Alpha	Mean	SD	Range
1	--	.09	.30	0-1

Participation in Collective Action (Community Members Alone)

(Interviewer:)

1. In the past 6 months, have you joined together with other people in your community to improve health services for women or children?

Item response options: Yes or No, where Yes = 1 and No = 0

# of Items	Alpha	Mean	SD	Range
1	--	.31	.46	0-1

References

Adapted from:

DeSilva, M.J., Harpham, T., Tuan, T., Bartolini, R., et al. (2006). Psychometric and cognitive validation of a social capital measurement tool in Peru and Vietnam. *Social Science and Medicine*, 62 (4), 941-953.

**DOMAIN:
NEGOTIATED SPACE
EXPANDED, INCLUSIVE AND EFFECTIVE**

Mutual Responsibility

Purpose: This scale measures if women and community members believe that working together is the best way to achieve impact - improved access, utilization and provision of quality health services.

Mutual Responsibility for and Support of Services

(Interviewer:) Now, I'm going to ask about who you think is most likely to have an impact on several issues. For each question, think about whether community members alone; health providers and district government officials together, community members together with health providers and district government officials; higher level government and institutions (like the national government); or no group is likely to have much of an impact.

- 1. Who could have the most impact on making sure that women are treated with respect by health workers?*
- 2. Who could have the most impact on making sure that pregnant women have transportation to the hospital during emergencies?*
- 3. Who could have the most impact on increasing the number of days a health worker visits your community?*
- 4. Who could have the most impact on making sure the poorest and most vulnerable women and children in the community receive care?*
- 5. Who could have the most impact on getting funding to improve health services in this community?*

Item response options: Community members alone; Health Providers And District Government Officials, Community Members Together with Health Providers and District Government Officials; Higher Level Government Officials and Institutions (like the national government); or No Group is Likely to have an Impact.

Items were scored as follows:

- Community Members Together with Health Providers and District Government Officials = 2
- Community members alone, Health Providers And District Government Officials, or Higher Level Government Officials and Institutions (like the national government) = 1
- No Group is Likely to have an Impact = 0

The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 0-2, and a higher scale score indicates higher level of mutual responsibility.

# of Items	Alpha	Mean	SD	Range
5	$\alpha.64$	1.19	.25	0-2

Social Participation and Collective Action

Purpose: To measure if citizens have greater capacities to articulate their aspirations and needs, to voice and negotiate their demands for change and to get organised for collective actions within existing groups or spaces in a community, as well as if citizens receive support/help from those groups.

(Interviewer:) Now, I would like to ask you a few questions about activities in your community.

(Interviewer:) Now I would like to ask about attending community meetings.

Participation in Negotiated Spaces

(Interviewer:)

- 1. In the past 6 months, have there been meetings between the community, health providers, and government representatives?*
- 2. Were any of these meetings part of the Community Scorecard Process?*
- 3. Was your Village Health Committee part of any of these meetings?*
- 4. Did any other formal groups or committees participate in these meetings?*

Item response options: Yes = 1, No = 2, Don't Know = 8

No results available at this time.

Joint Monitoring and Accountability of Services

(Interviewer:) Now, I would like to ask more about these meetings. In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which...

- 1. Problems or other issues with health services were discussed?*
- 2. Plans for improving health services were made?*

Item response options: Yes = 1, No = 2, Don't Know = 8

No results available at this time.

Transparency, Equity and Quality of Negotiated Spaces

Purpose: In order to ensure negotiated spaces are expanded and inclusive, as well as conducive to effective negotiations between power holders, health workers and the community, spaces must be transparent, equitable and of high quality. These items aim to measure these concepts.

(Interviewer:) Now, I would like to ask you a few questions about activities in your community.

(Interviewer:) Now I would like to ask about attending community meetings.

Transparency (of negotiated spaces)

(Interviewer:) Now, I would like to ask more about these meetings. In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which...

- 1. Information about health services was shared?*
- 2. Community members voiced their concerns about health services?*
- 3. Now, I would like to ask you a few questions about community meetings. For each of the following statements, please let me know whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. --- Information on health services is widely available in this community.*

Question 1 & 2 item response options: Yes = 1, No = 2, Don't Know = 8

Question 3 item response options: 5-point Likert scale, where Strongly Agree = 5, Agree = 4, Neither Agree Nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1

No results available at this time.

Equity (of negotiated spaces)

(Interviewer:) Now, I would like to ask more about these meetings.

- 1. In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which health issues of concern to the most vulnerable and marginalized groups were discussed?*
- 2. Did at least half of the community attend these meetings?*
- 3. Were at least half of those from the community who attended these meetings women and girls?*

Item response options: Yes = 1, No = 2, Don't Know = 8

No results available at this time.

Quality (of negotiated spaces)

(Interviewer:) In the past 6 months have meetings between health workers, district government authorities and the community been...

- 1. Well run?*
- 2. Inclusive of broad participation from the community?*
- 3. Focused on important issues?*

Item response options: Yes = 1, No = 2, Don't Know = 8

No results available at this time.



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