*2000 Revised Edition*

# EVALUATING PROGRAMS
# FOR WOMEN:
## A Gender-specific Framework

**Joan McLaren**

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| Prairie Women's Health Centre of Excellence The University of Winnipeg 515 Portage Avenue Winnipeg, MB  R3B 2E9 Telephone: (204) 786-9048 Fax: (204) 774-4134 E-mail: PWHCE@uwinnipeg.ca | Prairie Women's Health Centre of Excellence University of Regina Extension Regina, SK  S4S 0A2 Telephone: (306) 585-5727 Fax: (306) 585-5825 E-mail: PWHCE@uregina.ca | Prairie Women's Health Centre of Excellence University of Saskatchewan Saskatoon, SK  S7N 5E5 Telephone: (306) 966-8658 Fax: (306) 966-7920 E-mail: PWHCE@usask.ca |

**WEBSITE: www.pwhce.ca**

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**(2000 Revised Edition)**

**Joan McLaren**

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# EVALUATING PROGRAMS FOR WOMEN: A Gender-specific Framework

# Contents

# Acknowledgements

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# Notes on the Revised Edition

The first edition of this report was published in 1999.[1] The gender-specific evaluation framework was tested in two pilot evaluations conducted by the author with:

P   the **Birth Control and Unplanned Preg nancy Counselling Program** (BCUPC) at the Women's Health Clinic in Winnipeg, Manitoba. The program evaluation report was completed in June 1999.[2]

P   the **Grandmothers' and Girls' Violence Pre vention Education Program** (GGVPE) guided by Intercultural Grandmothers Uniting in Fort Qu'Appelle, Saskatchewan.[3]

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[1]Joan McLaren, *Evaluating Programs for Women: A Gender-specific Framework,* Winnipeg, Manitoba: Prairie Women's Health Centre of Excellence, 1999.
[2]The program evaluation report entitled *Working with Women: Program Evaluation of the Birth Control/Unplanned Pregnancy Volunteer Counselling Program, Women's Health Clinic* by Joan McLaren, was completed in June 1999.
[3]The program evaluation report entitled *More Than Just Worry: Violence Prevention Education—An Evaluation in a Gender-specific Framework* by Joan McLaren and Jayne Melville Whyte, was completed in April 1999.

## LESSONS LEARNED

### ˜   Usefulness of the Model

Use of the Framework resulted in a strong, comprehensive evaluation process and outcomes that helped the programs to identify their strengths and support base, areas needing improvement, and recommendations for improving the programs. In both cases, the evaluation proved useful for program improvement. The BCUPC program appreciated the depth and usefulness of the data developed. The GGVPE program viewed the evaluation as thorough and useful, and found that the recommendations were particularly helpful in making changes to the program.

%   *Awareness of and Support for Women's Participation.* The evaluations showed the need for awareness of, and arrangements for, support for women's participation. In both evaluations, not paying attention to women's unique needs can prevent them from participating. For example, costs of the following items should be included in the evaluation budget either in whole or in part:

P honoraria for Evaluation Advisory Committee members and focus group participants to assist with costs such as transportation, meals and child care.

P community support for transportation (for the second evaluation, women in Fort Qu'Appelle called each other to ensure that grandmothers had rides to meetings—there was no bus service available).

P lodging and meals when women need to stay overnight.

% ***The Process Is Empowering.*** The stakeholder members of the two Evaluation Advisory Committees (EACs) commented on their sense of increased knowledge about the program and about evaluation as a process in which they could experience true participation and impact. The pilot evaluations demonstrated that the use of a stakeholder EAC gives real strength and grounding to the evaluation process. From the first questions set out by the Committee through to their input on final recommendations, the EACs were sources of varied perceptions which then were discussed and refined. The EACs were helpful in sorting out best ways to collect data and for verifying facts and perceptions that emerged. They supported and helped focus the evaluation process. The evaluations would not have been as rich and comprehensive if the EAC had not participated. The responsive constructionist process empowers the stakeholder groups that are involved. This is a distinct difference from traditional evaluation in which power is in the hands of the program funder or sponsor to whom the evaluator reports.

In the GGVPE evaluation, a plain language version of the process was useful in presenting and discussing concepts. The collaborating evaluator developed a plain language version of the process, which was used with the EAC. This step helped participants to understand the process and results throughout the process. The oldest of the grandmothers involved in the GGVPE evaluation, a wise Elder, commented that she "could under-stand every word" of the training and discussion, and the concepts used in explaining and working through the process with the EAC. The plain language version helped with the empowerment process, and was an important feature of the collaboration between the evaluators and the EAC.

% ***Celebration Is Important.*** Women's needs to feel connected and appreciated for their contributions to the evaluation were evident in the second evaluation. The EAC held a celebration upon completion of the work with a social afternoon with all the members, the evaluators, the program staff, funders, members of the school staff and community agencies, and the parents of student participants. Sharing a brief ceremony and food helped to provide an opportunity for thanks and congratulations for a job well done, and to bring closure to the process. The circle of sharing and grandmothers' prayers made the occasion a special one. Such a closing celebration is a valuable way to express appreciation to all of those involved.

% ***Indicators Can Be Used for Other Evaluations.*** The evaluators noted that the safety and comfort indicators used in the study were measurable, differed by gender, and verified research findings reported in the literature. Using rating scales ranging from "0 = did not have any good qualities at all" to "10 = Perfect in every way," was a tool that was culture-free in that focus group and interview participants could use it with ease, and it rendered useful data. It also gave the evaluators insight into participants' thinking and consideration of issues. It also provided respondents with a way to think about the project and the evaluation process that appealed to them, and a way to communicate about it.

˜ **Gender and Other Societal Elements Are Intertwined**

While gender and societal elements such as socio-economic levels and race can be viewed separately to some extent, the pilot evaluations dem-

onstrated how intertwined such elements are and how difficult it is to deal with specifics in isolation. On the other hand, some gender findings were clear and unmistakable. In both evaluations, gender was a clear focus.

P   In the BCUPE evaluation, there was clear awareness of gender and the impact of socioeconomic levels, race and access to resources. Gender issues did impact on the evaluation, including difficulty in gathering client information related to women's feelings of stigma in accessing reproductive and services, and for some, lack of power, resources and privacy in their own lives.

P   In the GGVPE evaluation, some participants were not sufficiently aware of how gender affects girls and classroom activities. For example, the project was originally established for girls, but staff seemed unaware that group gender composition plays a role in how girls are able to discuss and deal with issues such as violence, and how the experience of violence may differ for girls and for boys. In addition, the high proportion of Aboriginal students, and students from First Nations schools who were bussed to a mixed-race school starting in junior high, meant that racial and cultural issues received concentrated attention, whereas gender was not a focus. Classes had a larger proportion of boys than girls, which emphasized the tendency to overlook girls' issues since boys were harder to control and tended to receive higher levels of attention than did girls.

%   *The Importance of Awareness of Gender Issues.* With programs like the BCUPC, a high level of gender awareness had been developed and was evident. The evaluation raised awareness of gender, race, age, cultural, socio-economic and power issues. But the Framework also showed that not everyone is

aware of how gender affects the dynamics and evolution of programs. In program settings where there is limited gender awareness, it may be necessary to provide gender training for evaluation committee members and others. Some specific examples drawn from project experience included:

P   The GGVPE program's original mandate was to develop a program for girls. A school mandate to involve both girls and boys changed the entire program focus to one which included both boys and girls. This diffused the original intent and focus of trying to help girls deal more effectively with family, school and community violence. The changed focus was not discussed with the organization funding the program or with the participant grand mothers. Program sponsors were unaware of the magnitude of impact of the changed direction on girls. Although the program achieved good outcomes, it did not provide the opportunity to focus on girls' needs regarding violence. This demonstrates what can happen when women-oriented programs are changed to serve other interests and lose their focus on women.

P   Lack of awareness of the dynamics at school affecting girls occurred at two levels: Teachers commented they were not aware of how girls are affected differently than boys in a mixed group versus an all-girl group. They saw no reason to have a program just for girls, nor to separate the sexes for group work or focus groups. Girl students stated that there would not be any difference in their behaviour and reactions in a mixed group as opposed to an all-girls group. The research literature clearly indicates large differences in the ability to be open, to share feelings, and even to be heard or acknowledged in mixed groups. This was confirmed in that the disclosures were made by girls only in an all-girls group. In settings where there is limited gender awareness, it

may be necessary to provide gender training for evaluation committee members and others.

## *% Evaluators Can Easily Overlook or Find Difficulty in Addressing Gender Issues.*

Though both evaluators were skilled in feminist approaches, they realized how easy it is to overlook gender aspects that, when examined, were significant (for example, not planning more thoroughly for an all-girl focus group; overlooking the need for specific gender analysis on student questionnaire responses which, when done, revealed significant differences that confirmed research findings on mixed group behaviours of girls). In retrospect, the evaluators noted how difficult it was to keep gender awareness functioning at all times and at all levels of the evaluation including planning, data collection and analysis. For example:

P there was no identification by gender on original questionnaires administered prior to the evaluation. When notes were taken in Focus Group sessions where the tape recorder stopped, the note-taker failed to note whether the speaker was a boy or a girl, so no analysis on gender could be performed.

P when a research assistant conducted the initial analysis on student questionnaires developed by the evaluators, it was noticed that the data had not been analyzed by gender. When gender analysis was done, significant patterns were revealed.

P when one male and one female student assisted in the evaluation process, the male took the lead in participating in the Evaluation Advisory Committee meeting. The female student deferred to the male to speak first when asked about issues, and sought his agreement at certain points. Her involvement may have been different had she taken part alone or with another female student.

## *% Unexpected Difficulties in Data Collection.*

Data collection problems occurred in both pilot evaluations. For example:

P In the BCUPC evaluation, the attempt to obtain information from clients was difficult. Several methods were attempted to increase the number of responses, but none was sufficiently productive. When the evaluator checked with similar programs in other provinces, similar experiences were evident. The low response rate has to do with many factors, such as data being unavailable for women clients, which requires special approaches for future evaluations. It may be that data may have to be collected directly at the time client service is provided.

P In the GGVPE evaluation, data collection problems took a different form. The intention to gather gender-specific data from students was almost thwarted due to a misjudgment in planning. The plan was to hold focus groups with an entire class group in one case, and then with gender-specific groups in another class situation. The evaluators had assumed that the gender composition would be similar in both cases. They ran what was to be the first focus group with the mixed class. When they ran the gender-specific group, they discovered that the class had very few girls, and they had to use a mixed group again. It is interesting that it was in the all-girls' group during the original program that disclosure was made of violence that had not come to light before.

# FRAMEWORK REVISIONS

Much was learned about how to improve the Framework during the pilot evaluations, particularly with respect to the need to explain elements and processes in more detail. Among the more major revisions are:

## ˜ Program Logic Model

It was not clear to EAC participants why the Logic Model was important. The Framework needed to articulate the purpose of the Logic Model.

That is, it is a means of checking and sharing the vision of the program and how it attempts to bring about change. Sometimes, a program has not set out its exact focus. The Logic Model helps to articulate the focus and may indicate the need to refocus activities or direction, as it did in one evaluation. Discussion of the Program Logic Model in the EAC meetings resulted in a process of clarification and rethinking of the original intent of the program. The process was important for developing a clear vision. The Logic Model part of the Framework has been emphasized and expanded in this document.

## ˜ Evaluation Recommendations

Developing the recommendations derived from the data analysis and the process of discussion, reaching consensus, and rewording with the EAC is an important step in terms of time, energy and attention. In terms of significance, the recommendations form one of the most important parts of the evaluation process. It was clear from the pilot evaluations that the recommendations should be identified and treated as a separate step in the process. This change has been incorporated in the revised document.

## ˜ Action Plan

Inclusion of the action plan step was not appropriate for the evaluation process. It is not within the evaluators' purview to be involved in action that is taken after the evaluation. The step describing the action plan has been removed from the Framework. It could be suggested as a follow-up step the program might take, or that the recommendations be assigned to program staff to develop an action plan to implement changes. However, this would be a separate process in which the evaluator and the EAC may or may not be involved.

# Executive Summary

Social structures and processes affect health and the quality of life. A key social factor influencing health is gender. At all levels of society, awareness is expanding about the intimate links between gender and health. Gender-specific health programming is emerging as a significant focus across Canada and internationally, stemming from a growing awareness of the need for effective, gender-sensitive, woman-centred programs and a concomitant need for gender-based program evaluation approaches to examine these programs.

Program evaluation is recognized as an important part of operating programs well. If evaluation and other processes do not reflect gender differentiation, they perpetuate old models that overlook gender needs and differences, and fail to support the empowerment of women. Yet a search of the program evaluation literature reveals that little has been reported in the area of gender-specific, woman-centred evaluation models or processes. A shift to gender-specific evaluation affects how evaluation structures and processes are conceptualized, utilized, managed, analyzed and reported. In turn, the way evaluation is employed effects how woman-centred services are developed and delivered, and how effective they will be.

As policy-makers interested in women's health and women's programming review their progress in addressing key health determinants and attempt to identify what approaches are most effective, questions that have fundamental relevance to these issues emerge:

P    What are the characteristics of effective gender-specific and woman centred programs?

P    What are the elements of effective gender-specific program evaluation frameworks?

P    What indicators can be identified that could be applied in evaluating gender-specific programming?

## PROJECT OVERVIEW

This study was undertaken for the Prairie Women's Health Centre of Excellence (PWHCE)

to develop a flexible program evaluation framework to address these questions while acknowledging the unique evaluation needs of every program and jurisdiction. The objectives of the project were to:

P   describe the characteristics of effective gender-specific and woman-centred programs;

P   research what models exist for evaluating gender-specific and woman-centred programming;

P   analyze relevant existing health related evaluation frameworks; and

P   formulate recommendations for an effective gender-specific evaluation framework.

# TERMINOLOGY

A **program** is defined as an organized system of services, or a related series of activities, designed to address specified health needs of clients. Some theoretical background, gender lenses, and models of programs that support woman-centred health and development are examined. The study sets out characteristics for programs in which there is an interdisciplinary approach and individual accountability for the program administration.

In a gender-specific, woman-centred program, four key phases are involved: gender-sensitive, woman-centred needs assessment; planning; implementation; and evaluation of the extent to which the program meets women's needs. The planning, implementation and evaluation phases of the program cycle are organized around the outcomes, processes, and structures of gender-specific health services. This enables consideration of what results are achieved, as well as the incorporation of those service strategies and resource approaches appropriate for achieving the desired results.

**Program evaluation** is a process that studies the extent to which desired outcomes were achieved,

optimal resources were employed, and/or adequate structures were in place for undertaking the program processes. A gender-specific, woman-centred evaluation framework builds in gender- and woman-sensitive considerations at each step, and uses gender-based analysis as a key element.

# ORGANIZATION OF THE REPORT

## PART 1: Characteristics of Effective Gender-specific and Woman-centred Programs

P   examines gender-specific determinants of health;

P   reviews models bearing on effective gender-sensitive and woman-centred programs; and

P   enumerates key elements of effective gender-specific and woman-centred programs as set out in the literature and derived from experience.

## PART 2: The Gender-specific and Woman-centred Program Evaluation Framework

P   examines information available in the literature on approaches to program evaluation;

P   assesses existing program evaluation models, theoretical issues and challenges in developing a gender-sensitive framework; and

P   describes the gender-sensitive and woman-centred program evaluation framework—its principles, purpose, approach, and the types of programs to which it is applicable.

## PART 3: The Steps of Conducting a Gender-specific and Woman-centred

## Program Evaluation

P   sets out the ten generic steps of conducting a
    program evaluation, outlining the ways in
    which gender-specific considerations must be
    brought into play to ensure a gender-sensitive
    and woman-centred program evaluation; and

P   describes and discusses the process of gender-
    sensitive analysis.

The study sets out the goals, purposes, approach
and principles reflected in the framework. It sug-
gests the use of woman-centred and equity-sensi-
tive processes, and considerations focussing on
involvement and empowerment in establishing the
evaluation committee, gathering data, analyzing
results and developing recommendations. It is
based on a set of ten generic steps:

% **STEP 1:**
   **Set the contract and organize the**
   **Evaluation Committee**

% **STEP 2:**
   **Develop the information base about the**
   **program**

% **STEP 3:**
   **Conduct the evaluability assessment**

% **STEP 4:**
   **Specify the type of evaluation**

% **STEP 5:**
   **Identify the evaluation objectives and**
   **indicators**

% **STEP 6:**
   **Develop the data collection design**

% **STEP 7:**
   **Conduct the data collection**

% **STEP 8:**

**Analyze the data using gender analysis**

% **STEP 9:**
   **Develop the recommendations**

% **STEP 10:**
   **Write, present and disseminate the**
   **evaluation report**

At each step, the framework outlines the ways in
which gender-specific considerations must be
brought into play to ensure a gender-sensitive and
woman-centred program evaluation process and
results. It outlines questions and considerations at
each step, and invites those involved in evaluation
of woman-centred programs to consider gender
issues.

Although women's organizations and community
groups have long advocated that a greater propor-
tion of health research and service delivery fund-
ing be spent on woman-centred activities, little
evidence exists to indicate significant increases
have occurred. To support the contention that
women's health concerns merit gender-specific
approaches, the framework can help to support
the view that gender-specific programs provide
effective outcomes.

When the desirable characteristics of gender-specific, woman-centred programs and a program evaluation framework have been identified, their application to specific programs enables us to conduct useful program evaluations that can influence both programs and policies, and elicit the cooperation and participation of program staff, their clients and other stakeholders.

The framework should be viewed as a flexible instrument rather than a rigid format for achieving evaluation objectives. The framework is not a definitive work, but a provisional one upon which future efforts can be built. In that spirit, we can learn together, and continue to use the collective process essential for the progress we pursue.

# EVALUATING PROGRAMS FOR WOMEN:
## A Gender-Specific Framework

## INTRODUCTION

This framework was developed to apply specifically to health programs, but has applicability across all programs for women.

Social structures and processes affect health and the quality of life. A key social factor influencing health is gender. At all levels of society, awareness is expanding about the intimate links between gender and health. Gender-specific health and education programming is emerging as a significant focus across Canada and internationally, stemming from a growing awareness of the need for effective, gender-sensitive, woman-centred programs and a concomitant need for gender-based program evaluation approaches to examine them

Gender-focused health programs recognize that gender is an organizing principle that affects women[4] and men in all aspects of their lives, and consequently influences the outcomes of health programs and interventions. Gender is said to be a social construct because it is defined, supported and reinforced by societal structures and institutions. It is also a psycho-social construct. It is composed of social roles, behaviours, values, attitudes and social environment variables, as well as biological and physical attributes. Gender inequities in access to

[4]See Davidson *et al*, *Considering Gender as a Modifiable Health Determinant*, June 1997, for in-depth discussion on this issue.

and influence upon health programs, resources, and services suggest that a common plan is unlikely to serve men's and women's distinct needs. Gender-differentiated priorities and processes are needed to guide health policies. Governments exert a powerful impact—both positive and negative—on funding for health programs through, for example, requirements that programs must include an evaluation component. If evaluation and other processes do not reflect gender differentiation, they perpetuate old models that overlook gender needs and differences, and fail to support the empowerment of women.

Consideration of gender-specific issues and approaches must be integrated into all the phases of program development, implementation and evaluation. If programming is to be gender-sensitive, the steps of proposal development, funding, needs analysis, design, client selection, staffing, structuring, monitoring and evaluating all require a gender-specific approach. It is also important that evaluation groups consider whether the evaluation process itself supports equality for women.

Many women-centred organizations recognize the need to develop gender-specific and woman-centred programming and evaluation. The Prairie Women's Health Centre of Excellence (PWHCE), one of five Centres of Excellence for Women's Health funded by the Women's Health Bureau of Health Canada, is dedicated to conducting policy-oriented research to improve the health status of Canadian women by making the health

system more aware of and responsive to women's health needs. The purpose of developing a framework for a gender-specific approach to program evaluation is to provide a model for evaluation practice.

Significant work has been done on models that look at programs from the perspective of how to best support woman-centred health and development. Conceptual, theoretical, and methodological issues must be examined to better understand gender, its relationship to other health determinants, and its relation to health.[5] At the conceptual level, gender and health are multi-dimensional constructs, and need to be thought of and measured as such. At the theoretical level, a range of causal relations among gender, other health determinants, and health must be considered. At the methodological level, the constructs that come into play in health studies must receive attention.

An essential part of a gender-sensitive framework for program evaluation is the articulation of a concept of the social bases of health—that is, an understanding of the "social production" of health and illness as it concerns women. Such a conceptual framework is difficult to discover. One report which provides leadership in this direction is that of Walters, Lenton and Mckeary. These researchers present a framework for understanding the social bases of women's health, and then apply it to analyze 1990 Health Promotion Survey data:

> . . . the evidence in many studies in several countries is consistent. Ill health is associated with disadvantage. As income declines, so does health; each increment in income is associated with an improvement in women's health status. Social class, as measured by occupation, housing tenure and access to a car is similarly associated with health. Women in the labour force have better health than homemakers, though their health is associated with their occupational status, with women in the higher status occupa-

tions experiencing better health. Women with higher levels of education are more likely to enjoy good health. Studies are few in number, but data also indicate that racial minorities experience poorer health . . . Such patterns are . . . compelling evidence of the importance of understanding the social bases of health and illness (p. 23).

How do we explain the links with health? Explanations of social class differences are most widely discussed in the literature on the social production of health. Walters *et al* point out that the literature has classified explanations as follows:

**1.** Class differences in health are an ***artifact*** of measurement biases, and have no causal meaning. This argument is not widely accepted.

**2.** In ***processes of natural and social selection***, ill-health leads to downward mobility. There is reason to believe that this accounts for only a small proportion of class differences.

**3.** The ***cultural and behavioral*** approach states that lifestyles are associated with social class and produce inequities in mortality and morbidity. This explanation generally has been favoured, though it has been criticized for placing too much emphasis on the responsibility of the individual.

**4.** The ***materialist or structural*** approach places more emphasis on the ways in which individuals' choices are constrained by their incomes, their occupations, and other features of their lives. Walters *et al* state that:

> . . . these [choices] will shape women's control over their life chances, over the type of food they can afford, the quality of their housing and the occupational and environmental hazards to which they are likely to be exposed. And what are seen as unhealthy lifestyles (smoking and drinking, for example), are interpreted as ways of trying to cope with

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[5]Vivienne Walters, Rhonda Lenton, and Marie Mckeary. *Women's Health in the Context of Women's Lives*. A report presented to the Health Promotion Directorate, Health Canada, 1995.

stressful and uncertain lives. A particularly strong emphasis is placed on poverty and material deprivation, though this is but one particular element of a broader structure of inequality. Poverty is not an aberration but an integral element of the class structure. Discrimination against women may also compound the effects of social class (p. 16).

Similar explanations have been applied to racial and ethnic differences as well as to differences with respect to age. The authors point out that "[t]his means that in looking at women's lives it is important to recognize class differences and other structures of inequality as well as variations in the private sphere of the family" (p. 17).

Health policies and practices for the most part are not planned, implemented and evaluated to take into account the differential impacts on women and men, and on different groups of women.[6] A gender-specific program evaluation framework must incorporate recognition of issues such as the ways in which women experience their health concerns, how immigrant women and other groups of women construct their identities and the resultant impact on health, and how woman-centred health services can best be delivered to meet women's needs.

# THE HEALTH DETERMINANTS MODEL

The possibility that particular determinants, such as gender, may influence other determinants, such as health services, is often overlooked in the traditional perspective on health determinants. A

new health determinants model has been developed by Davidson *et al*,[7] which includes:

- P Income and socio-economic status
- P Education
- P Social environment
- P Cultural affiliation
- P Physical environment
- P Personal health practices
- P Coping skills
- P Employment and working conditions
- P Healthy child development
- P Biology and genetic endowment
- P Health services
- P Social support and networks

The authors point out that the measure of possible causal relations of multidimensional constructs such as gender requires that they not be assessed with single items on a survey or in a study. Instead, such constructs are better assessed with multi-item instruments. This is a significant point in program evaluation studies, which must ensure that health determinants are considered.

# GENDER EQUITY MODELS

## ˜ Practical vs. Strategic Needs Model

The concepts of "practical needs" and "strategic needs" have emerged from projects in developing countries.[8] Practical or basic needs arise from an immediate or perceived necessity such as lack of water, food shortages, lack of money, poor sanitation, and poor general health. Strategic needs are defined as:

> . . . the needs that arise from imbalances of power between men and women in most societies, in terms of social status and economic

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[6]Wilfreda E. Thurston, Cathie M. Scott and Barbara A. Crow. *Social Change, Policy Development and the Influence on Women's Health.* Synthesis Paper for the Fifth Annual Health Promotion Research Conference. Atlantic Health Promotion Research Centre and McMaster Research Centre for the Promotion of Women's Health, 1997.

[7]Karina Davidson *et al*, *Considering Gender as a Modifiable Health Determinant: From Research to Policy.* Maritime Centre of Excellence for Women's Health, June 1997.
[8]Gurr, Jane, *et al. CIIP2 Gender Equity Thematic Study and Evaluation: Final Report.* Prepared for the Canadian Public Health Association, Ottawa, August 1996.

power. Strategic interests may include increasing women's access to education; reducing the amount of domestic labour that falls to women; enhancing women's legal rights; ending family violence; providing opportunities for women to develop leadership skills; and increasing access to family planning (p. 6).

Conceptualizing women's needs, and the means and outcomes for addressing them, can be useful in evaluating program activities and approaches. The differentiation between practical or basic needs and strategic needs and the effects on women of addressing them is significant. The distinction is illustrated in **TABLE 1**.

| TABLE 1: PRACTICAL AND STRATEGIC NEEDS | |
|---|---|
| **PRACTICAL NEEDS** | **STRATEGIC NEEDS** |
| P Tend to be immediate, short-term<br>P Are unique to particular women<br>P Are related to daily needs: food, housing, income, healthy children, etc.<br>P Easily identifiable by women<br>P Can be addressed by provision of specific inputs: food, clinics, etc. | P Tend to be long-term<br>P Common to almost all women<br>P Relate to disadvantaged position: subordination, lack of resources and education, vulnerability to poverty and violence, etc.<br>P Basis of disadvantage and potential for change not always identifiable by women<br>P Can be addressed by: consciousness-raising, increasing self-confidence, education, strengthening women's organizations, political mobilization |
| **ADDRESSING PRACTICAL NEEDS** | **ADDRESSING STRATEGIC NEEDS** |
| P Tends to involve women as *beneficiaries* and perhaps as participants<br>P Can improve the *condition* of women's lives<br>P Generally does not alter traditional roles and relationships | P Involves women as *agents* or *enables* women to become agents<br>P Can improve the *position* of women in society<br>P Can *empower* women and *transform* relationships |

# DEVELOPMENT MODELS[9]

The evaluation process should be aware of the effects of the theories and practices of different models of and approaches to women's development on women's condition and gender position. The elements of five models are frequently incorporated into the strategies utilized by programs, policies, and projects. The specific model upon which the program has been founded should be identified.

## ˜ WELFARE APPROACH: Women seen as passive beneficiaries

P Helps the most vulnerable groups, including women;

P Sees women as passive recipients of development;

P Centres its perspective on the family as a unit, emphasizing the reproductive role of women;

P Views better child rearing as the principal contribution of the program;

P Uses a practical gender approach to gender equity.

## ˜ ECONOMIC SELF-RELIANCE APPROACH: Gender inequities reflect poverty, not gender subordination

P Attempts to ensure increased productivity of poor women;

P Sees women as poor because of economic limitations, not gender-structured constraints;

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[9]Pan American Health Organization, p. 95.

P   Recognizes the productive role of women;

P   Emphasizes small, income-generating projects; provides productive skills;

P   Uses a practical gender approach.

## ˜ EFFICIENCY APPROACH: Women as under-developed human capital

P   Sees women in terms of their ability to compensate for deteriorating public services;

P   Relies on women's reproductive, productive, and community roles and their supposed free or flexible time; recognizes the gender division of labour;

P   Sees women entirely in terms of their delivery capacity and supposed ability to extend working day;

P   Increases women's access to skills training, technology and resources;

P   Uses a practical gender approach.

## ˜ EQUALITY APPROACH: Affirmative action to ensure women have an active role in development

P   Identifies women as the target population of programs or projects;

P   Designs programs to reduce inequality between men and women, especially with regard to the division of labour by gender, and to increase the political and economic autonomy of women;

P   Is directed to any of the three roles (reproductive, productive, community);

P   Uses a strategic gender approach through top-

down government interventions giving political and economic autonomy to women in order to decrease their inequality.

## ˜ EMPOWERMENT APPROACH: Defines empowerment as access to and control of the use of material, economic, political, educational information and time resources

P   Has its origins in women's grassroots organizations;

P   Proposes a new relationship in health of shared power between the health sector and different groups of a population;

P   Sees women's subordination not only in relation to men at the individual level, but as part of predominant political, economic, psychological and social models;

P   Uses bottom-up mobilization around concrete health needs in a manner that incorporates strategic gender approaches—can use both practical and strategic gender approaches.

Programs may reflect a combination of approaches. This set of approaches can be used as an analytic tool to recognize and understand the relationship between gender, health, and the various programs directed at women, and to gauge the effects and the effectiveness level of programs at addressing the issues that need to be addressed. Indicators identifying inputs, process, outputs, and outcomes for each model can be developed and applied to particular programs.

# LABONTE'S EMPOWERMENT CONTINUUM

Labonte defines empowerment as a process in which individuals develop strengths and skills that

allow them to act toward their own or a collective good, either to improve their health or to improve their quality of life through education, credit, work, or other means.[10] This model also can be used as a tool for examining program strategies as to their impact on women's empowerment. Labonte identifies an empowerment continuum consisting of four "Empowerment Mechanisms:"

P  *Interpersonal encounters* facilitate self-validation through dialogue.

P  *Support groups* facilitate opportunities to overcome isolation.

P  *Community organizations* facilitate organization around common problems that go beyond personal interests.

P  *Political action coalitions* facilitate social movements that go beyond the limitations of community organization to achieve political/social change.

## THE GENDER LENS

One way to develop an evaluation framework is to bring to bear the lessons learned in fields other than evaluation, such as those of policy analysis at the federal level or of international development programs. Several gender lenses have evolved through such efforts. The concept of examining issues through a Gender Lens has been applied to policy analysis in the federal Ministry of Women's Equality since 1994.[11] This concept may be a useful process to apply to evaluation research.

Sex identifies the biological differences between men and women.[12] Gender identifies the social relationships between men and women. Gender, therefore, refers not to men or women, but to the relationship between them, and the way this relationship is constructed socially, economically and politically. The gender implications of policies and programs must be analyzed for the possible differential impact they may have for women and for men. Where appropriate, such analysis must also look at differential impact for different groups of women (such as older women, women of colour, or women living in rural areas). Further, the analysis should consider whether the policy or program supports equity for women.

Gender equity versus equality is an important concept. **Equality** between sexes is, by definition, impossible. If the sexes were equal, there would not be two sexes but only one. **Equity**, however, is possible. Equality means being the same, while equity means being fair. Some programs may target women rather than men, based on the observation that society offers more opportunities for men than it does for women in a particular area. Certainly this is not equal treatment of men and women, but it can be argued that it is equitable because it is working toward equality of opportunity which is often limited by gender.[13] To analyze the gender implications of a program requires that we be able to answer two questions:

1.  Does the program discriminate against women in its process and/or outcomes?

2.  Does it support full participation and equity for women?

Using this lens requires that we approach program

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[10]Pan American Health Organization, p. 95.
[11]*The Gender Lens: Policy Analyst Version*. Ottawa: Ministry of Women's Equality, 1994.

[12]See the Appendix A for definitions of the concepts dealt with here.
[13]Susan Pfannenschmidt *et al*, *Through a Gender Lens: Resources for Population, Health and Nutrition Projects,* US Agency for International Development, 1997, p.11.

development, implementation and evaluation with full consciousness of our prior ways of conceptualizing so as to avoid imposing our previous biases and lack of awareness on the information we collect. The full range of gender implications of a program may not be evident at first. Using the gender lens can help us focus on aspects to consider. The gender lens is viewed as having two parts, the Analytic Lens and the Factor Lens.

## ˜  The Analytic Lens

**THE ANALYTIC LENS**

℗  VALUES FRAMEWORK
℗  DATA & INFORMATION
      SOURCES
℗  CONSULTATION
℗  DIFFERENCES &
      DIVERSITY
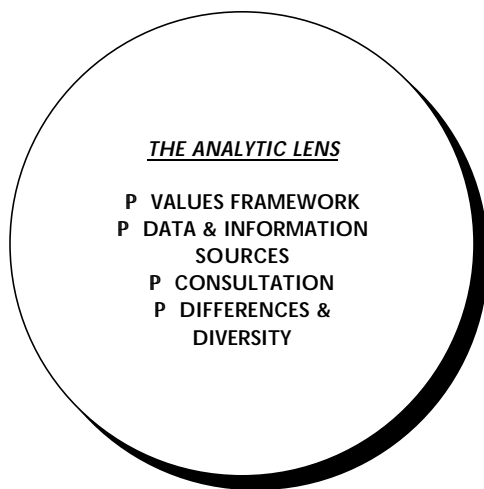
This lens asks administrators, researchers, participants, readers, users and policy-makers to look at what we bring to our work as we analyze findings, and asks us to consider our own:

%  *Values Framework.* What personal and professional experiences assumptions and background do I bring to the analysis? How have I ensured that the diverse circumstances, experiences and values of individuals and groups affected by the program are reflected in my considerations?

%  *Data and Information Sources.* Does the data used include information based on both women's and men's experience? Are they separated according to gender? Have I used

both quantitative data (such as statistics) and qualitative data (such as women's views expressed as narrative) to inform the study?

%  *Consultation.* Have I consulted with women's groups on my topic? Have I ensured that women's perspectives are known and reflected in my analysis?

%  *Differences and Diversity.* Have I considered how women from specific groups such as women of colour, lesbian women, poor women, women with disabilities and Aboriginal women would be affected by this program/program evaluation? Does this program/evaluation consider the needs of women in different regions (rural and urban)?

## ˜  The Factor Lens

**THE FACTOR LENS**

℗  LEGAL CONSIDERATIONS
℗  LIFESTYLE EXPERIENCES
℗  SYSTEMIC
      DISCRIMINATION
℗  ECONOMIC EQUITY
℗  INDEPENDENCE & DIGNITY
℗  VIOLENCE AGAINST
      WOMEN
℗  HEALTH & SOCIAL/
      POLITICAL ISSUES

The Factor Lens explores the implications of the program and its evaluation framework in terms of different factors. At least eight ways have been identified in which discrimination can occur or equity can be supported.

%  *Legal Considerations.* Some laws are drafted from a perspective that excludes the experiences of women. Legal discrimination can occur both within legislation and in its interpreta-

tion and enforcement.

% *Life Experiences.* The life experiences of wo-
men and men are not identical. Physiological
functions such as pregnancy are exclusively
female. Social experience and expectations of
women and men are different and influence
their opportunities and choices.

% *Systemic Discrimination.* Often systems are
organized so that one group prospers and oth-
ers do not. The effects of systemic discrimina-
tion show up in undesirable conditions based
on gender, culture, race or economic status.

% *Economic Equity.* Gender is a significant vari-
able in economics. Women control less money
than men and occupy different segments of
the work force. Women also perform a larger
proportion of unpaid work.

% *Independence and Dignity.* Independence
and dignity are desirable for everyone. Some
policies may incorporate restrictions on
women's ability to control their own lives or
exercise their rights and responsibilities.

Using the components of these two lenses as an
integrated part of the evaluation framework can
provide guidance toward a gender-specific model
of evaluation. Examining issues through a gender
lens can help us analyze more fully what differen-
tial impacts a program or its evaluation entails.

## ˜ Other Lenses

Investigators have looked at gender and health
through a range of lenses arrayed along a conti-
nuum from macro to micro levels of organization
and analysis:[14]

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[14]Benjamin C. Amick *et al* (eds.), *Society and Health*, NY:
Oxford, 1995, pp. 131-171.

% *Violence Against Women.* Women and chil-
dren experience the threat of violence in ways
that are often different from men's experien-
ces. Violence and the threat of violence seri-
ously affect women's lives, choices, and ex-
pectations.

% *Health and Social/Political Issues.* Gender is
a significant factor relating to health, social
and political issues. For example, when gov-
ernments reduce home care supports, the
caretaking load at home is increased; it is main
ly women who add additional caretaking to
their workloads. Therefore, reducing available
home care services differentially impacts on
women.

% *Equity.* Sometimes equity is achieved by treat-
ing people the same; sometimes it may mean
treating people differently to accommodate
their differences. Fairness may mean giving
more assistance to some to give them a fair
chance.

% *The Biomedical Lens.* This lens focuses on
biophysical theories of the causes of disease
and the effects of biomedical interventions on
health. It emphasizes individual properties and
deficiencies. It also raises questions about
whether and how gender health differences
might be a function of systems and styles of
medical practice (whether, for example, wo-
men's more active use of medical care helps
explain their greater longevity by speeding re-
covery, slowing chronic disease, and facilitat-
ing earlier detection).

% *The Psycho-social* Lens. This lens focuses on
the individual at the intra-psychic and interper-
sonal levels. It raises questions about individ-
ual and social behaviour, coping repertoires
and resources, sense of control and self-effi-

cacy, and gender differences in experiencing and reporting symptoms. The resulting prescriptions for action still focus on the individual, but at the levels of cognition, information processing, and decision-making. They include educational programs, psychotherapy, skill-building, and support groups, and are aimed at individual change.

%  ***The Epidemiological Lens.*** This lens looks at disease patterns in populations or groups and tries to identify differential risk factors, including biological predispositions and environmental factors. It continues to focus on personal behaviour as a mediating mechanism. It sorts people into specific risk categories, but does not identify the mechanisms that influence social groups to form into risk categories.

%  ***The Society-and-Health Lens.*** A society-and-health perspective focuses on large-scale cultural, economic and political processes and seeks to understand the ways in which they produce differential risks. It raises questions about how social structure may affect individ-

ual choice. It views the division of labour, the distribution of power and authority, and the stereotypes embedded in these power relations themselves as a social environment as real (and in many cases, as pathogenic) as the physical world. Where the Epidemiological Lens leaves the underlying social processes unidentified and unquestioned, the society-and-health lens brings these processes into focus. It examines the ways in which social structures and social processes affect the quality of life.

Gender offers a rich area for probing relationships between society and health because it is both a biological distinction (sex) and social function (gender). Both of these are deeply enmeshed in our
ways of carrying out our life and work. The Gender Lens is significant to integrate into our discussion of both determinants and indicators.

# CHARACTERISTICS OF EFFECTIVE GENDER-SPECIFIC AND WOMAN-CENTRED PROGRAMS

The following characteristics of gender-sensitive, woman-centred programs should be considered when assessing the extent to which gender issues are incorporated into a program, and whether a program is effective in meeting women's health and related needs. Some will be more applicable than other to a specific program.

## PROGRAM GOALS

All programs are based on goals, whether implicit or explicit (see **Table 2**). It should be noted that not all possible goals are indicated in this table, and that each program must develop its unique goal structure. Basing a program on a framework like the one shown in the table provides a strong foundation for the program and its activities.

## PROGRAM DESIGN

**Program design** is the planning and combination of the elements of a program before it is implemented. For women-centred programs, the design process includes the following elements and characteristics with a gender focus:

### ˜ Needs Analysis

P  Identifies women's specific health needs in the program area, as defined by the women themselves.

P  Develops detailed knowledge of the health needs to be addressed.

P  Identifies the reasons why women would be interested in becoming involved in the project activities.

P  Identifies why some women might oppose the program or refuse to be involved, and their reasons.

### ˜ Definition of Key Population

P  Sets out clearly that women are not a homogeneous group, but differ along age, class, status, religious and cultural lines.

P  Identifies the specific women/groups of women the program is intended to serve, and how these groups are to be contacted and served.

## TABLE 2: PROGRAM GOALS FRAMEWORK

From a presentation by Barbara Wiktorowicz, Women's Health Clinic, Winnipeg, adapted from *Building a Stronger Foundation: Framework for Planning and Evaluating Community-Based Health Services in Canada*, 1995.

| OUTCOME GOALS | PROCESS GOALS | STRUCTURAL GOALS |
|---|---|---|
| **Service Effectiveness**<br>P Improvement in health status<br>P Reduction of health risk<br>P Improvement in capacity<br>P Relevance<br>P Client satisfaction | **Management**<br>P Effective, efficient and strategic management<br>P Sound financial management | **Service Catchment**<br>P Defined service community, sub-group, or territory<br>P Identified service utilization rates by socio-economic group, age, gender, culture, etc. |
| **Economic Efficiency**<br>P Costs rationalized<br>P Costs minimized<br>P Prevent unnecessary institutionalization | **Service Delivery**<br>P Comprehensive range of services<br>P Continuity of care<br>P Coordinated across interdisciplinary service providers<br>P Collaboration with other organizations<br>P Client-centred<br>P Evidence-based practice | **Funding**<br>P Funding sufficient for a quality program<br>P Flexible funding<br>P Funding allocated to gender-centred and woman-centred aspects of program |
| **Equity**<br>P Universally available<br>P Access for special needs | | **Governance**<br>P Clear mandate for governance and structure<br>P Representation and involvement of relevant community groups |
| **Consumer/Community Empowerment**<br>P Community control and ownership<br>P Consumer control over decisions<br>P Information | | **Provider Skills**<br>P Staff trained in gender- and woman-centred skills<br>P Skills available to deliver a quality program |
| **Quality of Work Life**<br>(Intermediate goal) | | **Organizational Structure**<br>P Women represented appropriately in leadership and staff roles<br>P Program structure to deliver quality program<br>P Positioned within wider local, national and regional activities aimed at reducing gender inequities |
| | | **Information Systems**<br>P Efficient record-keeping<br>P Single-entry data system<br>P Client access to personal file |

**P** Identifies the health roles played by women and men in the community, and the forms of traditional healing systems that exist.

**P** Identifies different roles women and men take in the system.

**P** Identifies how the program is likely to affect these roles.

## ˜ Defined Goals, Objectives and Outcomes

Designing a program includes setting out specific goals for different aspects of the program. A good design specifies goals, objectives, target group(s), outcomes, and specific program activities along with how outcomes are to be achieved.

# PROGRAM IMPLEMENTATION

Characteristics related to the implementation and operation of women-centred programs might include the following goals and the elements of each as relevant to the specific program:

## ˜ Outcome Goals

### % *Service Effectiveness*

**P** Improve health status;

**P** Reduce health risk. Help women assess own health risks;

**P** Support health promotion by assisting women to modify negative lifestyle behaviours that can be influenced by the program;

**P** Provide consistency in caregiver/individual time with caregiver;

**P** Provide personalized care and control;

**P** Develop an atmosphere of free exchange that facilitates learning and develops mutual support;

**P** Assist women to use community resources;

**P** Capitalize on the "open learning" capacity of the client created by the task or stage of life women are confronting (for example, pregnancy is a time when women are often open to learning about childbearing and parenting);

**P** Demystify the recording process by giving women access to health records and the opportunity to have their questions answered; and

**P** Identify education needs through group needs assessment.

### % *Economic Efficiency*

**P** Rationalized/minimized costs; and

**P** Prevent unnecessary institutionalization.

### % *Equity/Access*

**P** Collect data disaggregated by sex, socio-economic status and age.

**P** Improve women's access to services and resources. Address restriction of services where lack of access to resources might occur (for example, fees, hours of service, transportation).

**P** Identify legal barriers that differentially affect women's and men's access to health services addressed.

**P** Make program brochures and information accessible in language and location for intended users.

P Depict women and men in non-stereotypical gender roles in program promotional and educational resources.

P Address possible constraints to use of program, health facilities and resources, taking into account client workload, daily and seasonal peaks in activities, financial resources, mobility and decision-making power.

P Identify how the program improves women's control over benefits and resources, including their own bodies, money, energy, and work.

## % *Consumer/Community Empowerment*

P Develop a community advisory committee that holds regular meetings. Balance participation on the advisory committee by socio-economic group and gender.

P Involve program participants in deciding the program activities and how they will be implemented

P Establish mechanisms for clients to give on-going feedback to program

P Equalize client-provider power base.

P Represent women in key policy-making roles affecting the program.

P Empower women to deal proactively with their situations.

P Build in opportunities for mutual support and social contacts.

P Assist women to deal with larger familial and social issues of relationships, communication and abuse.

P Identify, enhance and create opportunities for natural helping networks and communities to

support women.

## ˜ **Process Goals**

### % *Management Issues*

P Establish effective, efficient and strategic management.

P Identify gender issues facing staff. Make arrangements to support gender equity (for example, transportation, child care, flexible work ing hours for parents, adequate and fair wages).

### % *Service Delivery*

P Provide comprehensive and culturally appropriate care.

P Ensure continuity of care.

P Integrate the program within the broader context of health throughout women's life cycle.

P Coordinate the program across interdisciplinary service providers.

P Collaborate with other organizations.

P Provide service through a multidisciplinary team approach across entire course of program.

P Respect privacy.

P Establish evidence-based practice.

## ˜ Structural Goals

### % *Service Catchment*

P   Define service community, sub-group or individuals.

P   Identify service utilization rates by socio-economic groups, sex, age and cultural background. Are the desired populations being reached?

### % *Funding*

P   Assess level of funding spent on provision of a quality program.

P   Assess the flexibility of funding to meet client needs.

P   Assess level of funding being spent on gender-sensitive and women-centred aspects of the program.

### % *Governance*

P   Establish clear mandate for governance and structure.

P   Maintain adequate representation and involvement of relevant community groups in the design, implementation and evaluation of the program.

### % *Provider Skills*

P   Ensure staff possess the competencies and skill levels needed to deliver a quality program.

P   Inform and train staff about gender-sensitive operating procedures and service delivery

practices.

P   Ensure staff understand and accept gender relations and gender equity as factors influencing women's health and status.

### % *Organizational Structure*

P   Ensure occupation and roles of female and male staff are free from gender stereotyping.

P   Monitor the extent to which women are represented in leadership structures (organizational objective in place to achieve gender-equitable representation).

P   Structure program to provide cost-effective and client-oriented services.

P   Ensure effective response to issues.

P   Position program within wider local, national and regional activities aimed at reducing gender inequities and improving women's status.

P   Equalize client-provider power base.

P   Represent women in key policy-making roles affecting the program.

### % *Information Systems*

P   Maintain efficient system of record-keeping;

P   Ensure presence of single-entry systems/processes;

P   Ensure client access to personal file;

P   Disaggregate data by gender.

# PART 2

## THE GENDER-SPECIFIC AND WOMAN-CENTRED PROGRAM EVALUATION FRAMEWORK

The impact of program evaluation models on gender-specific health programming has received relatively little attention in the evaluation literature. A search of evaluation texts and sources indicates that evaluation theory to this date essentially is gender-blind. Yet because of the differential impact many programs and the evaluation process itself have on and for women, evaluation at all stages should pay heed to how evaluation affects women and, where appropriate, specific groups of women (such as older women or single mothers), and how evaluation affects programming.

## ISSUES AND CHALLENGES

A number of challenges arise when developing a gender-specific program evaluation framework. In much of current practice, the words "women" or "gender" simply are grafted onto existing evaluation traditions without any fundamental changes to the conceptual rationale of program evaluation. The assumption that gender is merely another neutral component that can be integrated into existing evaluation traditions is highly problematic. Not only are the aims and agendas of existing traditions filled with gender-blind ways of handling evaluation, the methodologies they utilize may be inappropriate. The key issue is the need to develop appropriate approaches that address gender-specific needs and provide gender-sensitive program evaluation in a comprehensive manner.

Program evaluation is a process whereby evaluators and stakeholders jointly and collaboratively move toward a consensual view or construction of the program under review. The issues and challenges to be kept in mind when conducting gender-specific evaluation include:

### ˜ Lack of Gender Awareness

An ongoing constraint is the lack of gender awareness of colleagues, the public, and governments, and the lack of capacity to translate awareness into practice.

### ˜ The Political Nature of Evaluation

Evaluation is a value-laden undertaking, and cannot be neutral. Given that the goal of gender-specific evaluation is the support and emancipation of women, and obtaining for them a fairer share of resources, the political nature of evaluation is explicit, and must be geared to discussion, negotiation and construction of consensual agreement.

### ˜ Recognizing the Differences

## Among Women

A rethinking of the directions and strategies of the women's movement has brought about new perspectives.[13] In particular, feminists have learned that efforts to work toward solidarity and sharing power do not always take adequate account of the differences among women. Challenges to this homogenizing view of empowerment have come primarily from women at the margins, for whom race, age, sexuality, disability, or some other aspects of their identity makes for an uneasy fit with a fixed category that specifies the "essential" properties or characteristics of all women. Such essentialism reduces their experiences to irrelevant deviations from the "norm."

Conceptualizing empowerment as including an analysis of power not only between men and women but also among groups of women makes it possible to forge links across differences without obscuring those differences. This perspective moves us away from theories that universalize towards an analysis of the shifting power relations in any social context.

The requirement is to develop multiple ways of viewing data so that they represent the diversity of women's experiences. This different level of inquiry has relevance to the gender specific concerns of the program evaluation framework under construction in this project. It has implications for all aspects of the model: from the objectives of the evaluation and how they are established and evaluated through to the analysis of data and the means of disseminating and acting upon evaluation findings and reports. And it requires that we recognize the diversity of women's knowledge and experience, and reflect that diversity in our methods and analysis.

### ˜ The Need for Gender-specific

## Methodology

The emerging model of gender-specific program evaluation requires methodological procedures, tools and techniques geared to practice. These are not readily available, first, because of the newness of gender-specific studies, and second, due to the overtly political nature of gender-specific evaluation. The new model challenges the view that a gender-specific methodology can simply adopt an existing "neutral" and universally applicable set of technical procedures.

### ˜ Focus on Process

The goal of gender analysis refers ultimately to changes in the relationships between groups in society, specifically focussing attention on the needs of women which have been overlooked in the past. Thus, it presages changes in the relationships between men and women. Outcomes in terms of values and strategies cannot be precisely anticipated. The focus, then, is on process, identified as the evaluation procedures through which interests and needs are mediated into strategies, policies and programs.

### ˜ The Need for Analytic Tools

There is agreement concerning the need for specific tools, such as gendered terms of reference, staff training, and gender diagnosis and analysis. Integrating ways of dealing with the issues and challenges of conducting gender-specific evaluation makes for more complex, time-consuming and expensive evaluations.[14] This section illustrates some of the difficulties of operationalizing gender-specific evaluation.

Breaking ground, then, through the development

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[13]See for example, Janice L. Ristock and Joan Pennell, *Community Research as Empowerment: Feminist Links, Postmodern Interruptions*. Don Mills, Ontario: Oxford University Press, 1996.

[14]Caroline O. N. Moser. *Gender Planning and Development: Theory, Practice and Training*. New York, NY: Routledge, 1993, p. 170.

and application of a gender-specific program evaluation framework is a crucial and telling step in facing the challenges outlined.

# THE FRAMEWORK

## ˜ Goal

The goal of the gender-based program evaluation framework is to integrate a gender perspective into program evaluation. The gender-based process:

P   is intended as a comprehensive approach to program evaluation and to enhance the current use of the evaluation process;

P   integrates gender into each step of the program evaluation process;

P   is not a check-list approach. The questions and examples are meant to stimulate reflection and further inquiry;

P   fully acknowledges and takes into consideration the full range of ways that the program itself and the evaluation process may affect women in the program under study;

P   supports full participation, equality and empowerment for women;

P   recognizes women's differences and varieties of experiences, but does not attempt to create universally authoritative statements about women (a limitation in earlier evaluation approaches); and

P   assumes that those responsible for program evaluation will adapt the process to their own style and circumstances.

## ˜ Purposes

The main purposes for developing the program evaluation framework are:

P   to apply the framework to programs which affect women and thus improve and/or deepen the evaluation process;

P   to influence policy regarding women's health programs and dollars. Policy and program decisions ideally should emerge from the continuing testing of ways to improve the social condition, and evaluation research should help to highlight areas of social change efforts that are important for women;

P   to provide a learning and empowerment process for everyone involved in evaluation and for those who read and use evaluation reports; and

P   to engage participants in program evaluation as an empowering act, a way of uniting people working for social change, enlarging restrictive ways of thinking, and transforming the social world.

## ˜ Evaluation Approach

The focus of the framework is woman-centred gender-specific program evaluation. The approach is a responsive constructionist one geared to utilization of the evaluation findings. That means that the evaluation must meet the following criteria:

P   It must be **responsive**, in that it uses a responsive focussing process, using the claims, concerns and issues of stakeholders as the organizing elements.

P   It must be **constructionist in methodology**. This means that its aim is to develop judgmental consensus among the representative stakeholder advisory committee. The effort to develop joint, collaborative or shared constructions solicits input from many stakeholders and allows them a measure of control over the

nature of the evaluation activity. It is thus empowering and educative, while also fulfilling the purposes for doing evaluations, that is, making the best and most sophisticated judgements possible about the program.

P   It is **utilization-focussed evaluation**. The program evaluation framework is pragmatic and intended for use in improving the program or making decisions about it. The framework is designed and implemented in ways that recognise the policy and program interests of both stakeholders and sponsors. It yields maximally useful information for improving the program under consideration.

The framework approach is in contrast to scientific studies which strive to meet a set of research standards set by investigative peers. While some evaluation designs coming out of this framework may meet scientific standards, that is not the major purpose of the framework. In some cases, evaluations may be justifiably undertaken that are "good enough" to answer relevant policy questions even though from a scientific standpoint they are not scientifically valid research designs (policy significance versus statistical significance). Evaluation is an art, and every evaluation should represent an idiosyncratic effort to meet the needs of program funders and stakeholders.

The main emphasis of this framework is **formative**: that is, on improving woman-centred programming. However, it can also be applied for **summative evaluation** (for decision-making about the program, for example, decreasing or increasing funding, or discontinuing the program). The intended use should be set out clearly at the outset of the evaluation.

## ˜ Program Focus

The focus is on health-related non-profit publicly-supported programs and agencies. For example:

P   a women's or seniors' centre or clinic—the entire organization or specific service pro-

grams;

P   a fitness centre and its handling of issues of women's health such as osteoporosis and heart disease;

P   a sexuality education program at a general agency; or

P   an education program aimed at improving women's health and lives.

## ˜ Principles

The principles upon which the framework operates recognise the constructed nature of findings. These principles:

**1.** are responsive, in that they determine what questions are to be asked and what information collected on the basis of stakeholder inputs.

**2.** employ the constructivist methodology, carrying out the data collection process by methods that elicit the perceptions of stakeholder groups, usually with qualitative methods. The resulting findings are treated as constructions of reality that, when discussed, analysed and negotiated with the stakeholder advisory group through dialectic dialogue, result in reconstructions of greater power and worth for the program under study.

**3.** have a utilization-focus, meeting the information needs of stakeholders and program, with the capacity to influence future program development and evaluation.

**4.** solicit commitment from stakeholders, the organization and program involved.

**5.** expect that the role of the evaluator is that of a collaborator and negotiator, a mediator of the judgmental process. The evaluator must solicit and honour stakeholder inputs not only about the substance of construction but also with respect to the methodology of the evaluation itself. The evaluator is a leading agent in the process of helping stakeholders develop their reconstruction of existing reality constructions.

**6.** are participatory, respectful of women, their time, and their privacy, and supportive of the empowerment of the individuals and women's groups served by and active in the program, with particular attention to those who are marginalized socially and/or culturally.

**7.** keep processes and model simple, emphasizing practicality.

**8.** support evaluation that looks at the entire spectrum of women's experiences and factors impinging on women's lives and their health.

**9.** respect the validity of women's own beliefs and experiences of health and illness.

**10.** use evaluation to inform health policy (for example, identifying indicators for women's health programs, what works, and what we know).

**11.** enhance cross-disciplinary approaches from diverse disciplines (for example, psychology, anthropology, information sciences, medicine).

**12.** use a range of qualitative and quantitative methodologies to develop, collect, and utilize data in gender-appropriate ways.

**13.** foster program improvement and self-determination.

**14.** build capacity for ongoing evaluation of the program and the organization.

**15.** initiate building a bank of gender-specific indicators that could prove useful across organizations and/or governments for future program planning, implementation and evaluation projects, and for policy development.

**16.** promote the participation of women evaluators.

**17.** promote distribution of evaluation results.

**18.** promote transfer of knowledge generated to the community, consumers, practitioners, researchers, and policy-makers.

**19.** promote consistent development of information for purposes of sharing with other organizations and/or governments.

**20.** evaluate the evaluation process.

**21.** support conducting periodic meta-evaluations of results (for example, every five years), examining the effect of the evaluation process from an overall perspective as to the ways it has affected women, programs and policies.

# THE STEPS OF A GENDER-SPECIFIC AND WOMAN-CENTRED PROGRAM EVALUATION

The following components of the Framework take us through the steps of conducting a program evaluation, outlining at each step the ways in which gender-specific considerations must be brought into play to ensure a gender-sensitive and woman-centred program evaluation.

You can follow these steps in planning and carrying out your evaluation to ensure that gender-specific considerations have been included at each step.

It is not the purpose of this framework to set out the generic evaluation process in detail (see **Table 3**). You can find information on the process in the resources listed at under the Program Evaluation heading in the Selected References list in Appendix "A." It is a useful idea to have an evaluation specialist work with you and your committee either as a volunteer or on a consulting basis.

The gender based Program Evaluation approach:

P   is structured according to the steps followed by those working with responsive constructionist program evaluations, with inclusion of gender implications for each step described. The sequence of evaluation may vary with circumstances, so it may double back at times, for example, with the data collection process.

P   outlines questions and considerations at each phase, and directs those involved in evaluation of woman-centred programs to consider gender issues**.**

P   suggests data, information and consultation that may be needed when carrying out gender-based program evaluation.

## GETTING STARTED: UNDERSTANDING AND ADAPTING THE PROCESS

Part 1 of the Framework presents the conceptual framework, assumptions and values that guide the gender-based process. It is an essential prelude to understanding the process.

Part 2 gives a step-by-step description of the gender-based woman-centred program evaluation framework.

You can use the program evaluation process described here to prepare an outline and plan of your program evaluation, and as a step-by-step guide to each phase.

| TABLE 3: THE TEN GENERIC STEPS OF A GENDER-SPECIFIC PROGRAM EVALUATION ||
|---|---|
| **STEP** | **ACTION** |
| **1. Set the contract and organize the evaluation** | P Select/train evaluator team and supports in evaluation and gender awareness<br>P Arrange logistics<br>P Make entry arrangements, paying attention to needs of women such as honoraria and day care to facilitate their participation<br>P Assess timing and political/local/gender factors |
| **2. Develop information about the program** | P Gather information about the program<br>P Pay attention to whether the program has included gender as one of its organizing/ information categories |
| **3. Conduct the evaluability assessment** | P Consider whether program is in a state suitable to evaluation:<br>P Logic Model<br>P Current state<br>P Length of existence |
| **4. Specify the type of evaluation** | P Formative/Summative<br>P Process/Structural/Outcomes |
| **5. Identify the evaluation objectives and indicators** | P Identify stakeholders (agents, beneficiaries, clients, those left out of the program [victims], others affected by the program)<br>P Assemble Stakeholder Advisory Committee. Pay attention to gender priority/balance. And women's needs<br>P Identify Claims, Concerns and Issues (CCI's) resolved by consensus<br>P Prioritize CCI's<br>P Set evaluation objectives based on CCI's |
| **6. Develop the data collection design** | P Prepare provisional data collection timeline and plan<br>P Discuss design with Advisory Committee<br>P Modify as necessary<br>P Plan handling of circumstances that may arise (e.g., non-response, information not available due to sensitivity of issues, etc.)<br>P Obtain ethics approval if required by agency or research sponsor |
| **7. Conduct the data collection** | P Collect information using negotiation/CCI process<br>P Gather existing information with full attention to gender issues such as time of day, workload/family impediments<br>P Use new/existing instrumentation<br>P Perform special studies<br>P Discuss with Advisory Committee at interim points |
| **8. Analyze the data using gender analysis** | P Present tentative findings to Advisory Committee<br>P Define and elucidate unresolved issues<br>P Provide training in analysis and gender<br>P Elucidate competing constructions<br>P Illuminate, support, refute items<br>P Develop consensus<br>P Shape the joint construction: |
| **9. Develop recommendations** | P Provide draft report<br>P Support and shape the joint construction of recommendations<br>P Check credibility<br>P Determine action options |
| **10. Write, present and disseminate the evaluation report** | P Findings reports from each stakeholder group<br>P Comparison and consensus across groups<br>P Final report including findings, conclusions and recommendations<br>P Plan dissemination |

Reflect on and clarify the strengths and biases you and your committee bring to the program evaluation process. Make some notes about how you can use this awareness to add to the quality of the evaluation.

Consider the questions you need to ask, who you need to involve, and what information you need at each step of the cycle.

In this framework we focus program evaluation on Outcome Goals, Process Goals, and Structural Goals as set out in Part A: Characteristics of Woman-Centred Programs.

The process may be used to prepare an outline and plan of your program evaluation, and as a step-by-step guide to each phase. Reflect on and clarify the strengths and biases you and your committee bring to the evaluation process. Make some notes about how you can use this aware-

ness to add to the quality of the evaluation. Consider the questions you need to ask, who you need to involve, and what information you need at each step. Refer to a good basic text on program evaluation for in-depth information on each step. It also is useful to have an evaluation specialist work with you and your committee either as a volunteer or on a consulting basis.

Refer to a good basic text on program evaluation for in-depth information on each step. Useful resources are the *Evaluator's Kit,* a series of ten compact handbooks on the evaluation process edited by Arlene Fink, and *Evaluation Basics: A Practitioner's Manual* by Jacqueline Kosecoff and Arlene Fink. Both are available from Sage Publishers, Newbury Park, California. Also useful is the *Guide to Project Evaluation: A Participatory Approach*, Population Health Directorate, Health Canada, 1996.

# STEP 1:  SET THE CONTRACT AND ORGANIZE THE EVALUATION COMMITTEE

These steps include that of contracting for and organizing the evaluation. Contracting often begins with a request for proposal and the presentation and acceptance of such a proposal from the evaluator. Organizing the evaluation consists of

assembling the evaluation team and support people and making entry and logistical arrangements, as well as assessing elements such as timing and political and community factors.

# STEP 2: DEVELOP INFORMATION ABOUT THE PROGRAM

## ˜ Gather Program Information

An early step for which the evaluator has responsibility is coming to a clear understanding about the program and its context. Information can be drawn from many sources:

%  ***Documents and Records.*** Documents and records are among the most available and rich sources of, information about the program and its context. Systematically tapping into existing documents and records provides a variety of information that can provide cues for asking questions during focus groups and interviews and for deepening understanding of the claims, concerns and issues (CCI's) around which the evaluation is based. There is a synergism between the data collection and document/record analysis that can be exploited.

%  ***Observation.*** Early on the evaluator should conduct some free observation to gain personal experience with the context. Such observation can lead to useful understandings and to questions.

%  ***The Professional Literature.*** Results of other studies can provide useful inputs for evaluators to consider. Evaluators have a responsibility to be open to new knowledge and aware of the constructions of others working in the same or similar fields so as to keep themselves open to consider how such knowledge ought to impinge on her existing or emerging constructions.

## Develop the Program Profile

To help you understand a program's goals and activities and identify what will be accepted as convincing evidence of success, develop the Program Profile. The Profile is a description of relevant program elements about the nature and types of current services and clients. It includes:

P  the purpose of the program;

P  a brief program history (start date, development steps taken and dates, significant changes in clientele, location or affiliations the program has experienced) The history can be important to understanding the program when it has faced struggles to survive or many disruptive changes.

P  past and current budget and cost figures;

P  a description of the target population and numbers of client groups;

P  staff functions and number and type of staff for each function;

P  leadership and advocacy roles;

P  current issues the program is facing;

P  connections with other organizations; and

P  other information deemed relevant.

The Program Profile is valuable information that is used at various points during the evaluation. It is used to inform the evaluation committee, staff, participants, and data collectors about program elements.

It is included in the information that goes to the community or other groups from whom evaluation information is collected, and forms part of the evaluation report.

When recommendations are under development, the Profile is useful for reviewing use of re-sources to promote balance and efficiency.

## ˜ Develop the Program Logic Model

With staff, develop the program Logic Model (see opposite). Many programs do not have precisely-stated goals, and the relation between goals and activities may be unclear. You may have to work with program staff to clearly articulate goals and the linkage to activities and outcomes.

The program Logic Model sets out a conceptual framework of the program for evaluation purpo-ses. The Logic Model, or theory of action, des-cribes the goals and related activities that are or have been carried out to achieve the goals. It con-sists of setting out the elements which link pro-gram components, service goals, activities, short-term and long-term outcomes.

To complete the Logic Model you will have to consult program staff, sponsors, documentation and records. To be sure that you understand the program well enough to describe it accurately, it is crucial to consult the people who created and implemented the program. Involving them in planning the evaluation may make it easier to gain cooperation for later evaluation activities.

The Program Logic Model has importance at sev-eral points in the evaluation process:

P  The precision demanded in setting out the Logic Model operationalizes the program ele-ments. That is, it makes them measurable. In this way, it highlights the particular program activities that are of interest for the evaluation, and makes them accessible to evaluate.

P  It provides a structure upon which to test ac-tivities in the program for relevance to out-comes, and to examine whether the desired outcomes are being achieved.

P  It allows for review of program elements. Which activities carry out key program func-tions? Which have been added as the program develops and possibly should not be part of the program?

### THE PROGRAM LOGIC MODEL

| | | | |
|---|---|---|---|
| PROGRAM COMPONENTS | ☐ | ☐ | ☐ |
| | o | o | o |
| SERVICE GOALS | ☐ | ☐ | ☐ |
| | o | o | o |
| ACTIVITIES | ☐ | ☐ | ☐ |
| | o | o | o |
| SHORT-TERM OUTCOMES | ☐ | ☐ | ☐ |
| | o | o | o |
| LONG-TERM OUTCOMES | ☐ | ☐ | ☐ |
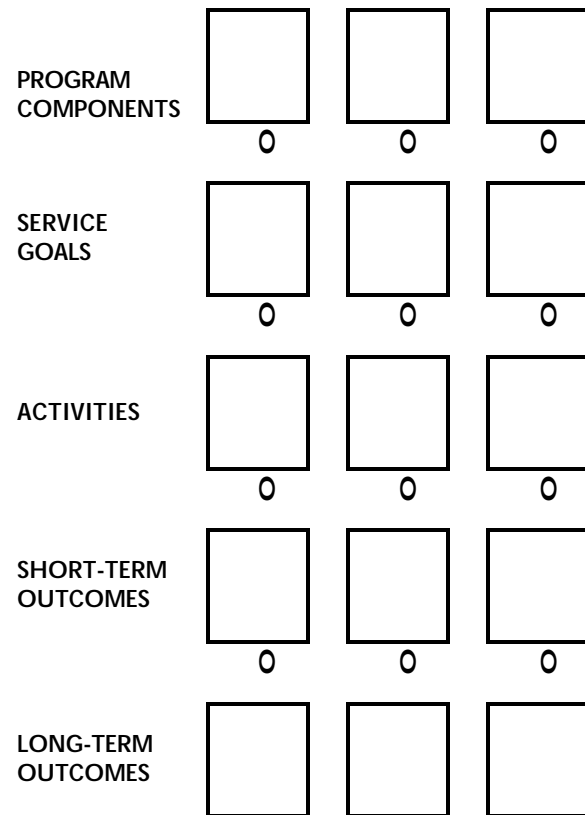
# STEP 3: CONDUCT THE EVALUABILITY ASSESSMENT

All evaluations should begin with an evaluability assessment. Based on the evaluability assessment, a decision is made as to whether the program is in a suitable state or stage to be evaluated. Similarly, activities and their allocation of resources must be identified as part of defining the readiness of the program for evaluation.

% *Program Goals and Objectives.* Have the program's goals and objectives been articulated? Is there a clear and current definition of its target population and outcomes? If there are no stated goals or objectives for the program, these must be developed before you can proceed.

% *Length of Time the Program Has Existed.* If the program is brand-new, monitoring and improving components that are problematic is appropriate, but it is inappropriate to conduct a full-scale evaluation at this point because the program has not had an opportunity to work through a full operational cycle. Similarly, if the program has undergone a recent major change, a year or two should elapse to allow the program to settle in before undertaking the evaluation.

% *Logic Model.* If no Logic Model has been developed up to this point, it should be prepared now. Identify the linkage of program goals, objectives, components, activities and how they are expected to achieve objectives, and short- and long-term outcomes.

% *Current State of the Program.* If the program is in a state of chaos due to outside influences (for example, its buildings flooded or burned down), or internal events (such as the sudden loss of several managers or staff), then an evaluation should not be undertaken until things have settled. It is the responsibility of the evaluator and evaluation team to assess program readiness for evaluation. Sample dimensions to be considered are shown in **Table 4.**

| TABLE 4: DIMENSIONS OF EVALUABILITY ASSESSMENT *(Adapted from Wanke et al, Building a Stronger Foundation, 1995)* | | |
|---|---|---|
| DIMEN-SION | INDICATOR | DATA SOURCE |
| Program Goals and Objectives | P An up-to-date statement of goals and objectives that has been developed with staff and client/community input<br>P Gendered definition of target group<br>P Identified gender objectives | P Program records |
| Length of Time Program has Operated (Stability) | P Has operated for two full cycles or more<br>P Program in a stable state. No major changes over past year. | P Program records<br>P Staff input |
| Logic Model | P Existence of an explicit Logic Model of the program which identifies linkage of goals, objectives, program components, activities, and desired short- and long-term outcomes<br>P Ongoing staff and client involvement with and utilization of the Logic Model<br>P Consistent program delivery across sites/staff | P Program records<br>P Staff input<br>P Client feedback<br>P Survey<br>P Observation |

# STEP 4: SPECIFY THE TYPE OF EVALUATION

A program evaluation committee must define the type of evaluation desired. Three types are set out here: outcome (impact) evaluation, process evaluation, and structural evaluation. A comprehensive evaluation might include all three types. More limited ones might focus on one or two types.

## ˜ Outcome (Impact) Evaluation

In an outcome or impact evaluation, the process focuses on whether and to what extent a program brings about desired changes for program clients. Which outcomes are central to the program's success? Can changes be attributed to the program? Which program components contribute to goal attainment? Identify and describe important results that are directly and logically related to the purposes and activities of the program. **Table 5** illustrates examples of possible outcome dimensions, questions, and indicators.

| TABLE 5: OUTCOME DIMENSIONS FOR PROGRAM EVALUATION (Adapted from Wanke *et al, Building a Stronger Foundation*, 1995) | | |
|---|---|---|
| OUTCOME DIMENSION | DESIRED OUTCOMES | POSSIBLE INDICATORS |
| **Program Effectiveness** | P Program has resulted in improvements or maintenance of health status of the women receiving the service<br>P Clients are satisfied with the program | P Quality of life<br>P Level of functioning<br>P Level of disability<br>P Morbidity<br>P Mortality<br>P Level of satisfaction with the outcomes, processes, and structure of services |
| **Economic Efficiency** | P Program has rationalized the cost to the health system while achieving satisfactory health status and consumer satisfaction outcomes<br>P Program costs have been minimized while achieving effective results | P Results of comparative cost analysis<br>P Use of most economically efficient processes<br>P Absence of unnecessary/duplicated processes<br>P Cost comparisons with other jurisdictions |
| **Community/ Consumer Empowerment** | P Consumers have control over managing their personal health services<br>P Consumers/community members have sufficient knowledge for making decisions | P Consumer perceptions of level of control of decisions about their care<br>P Level of knowledge |
| **Quality of Work life** | P Health workers and service providers experience a positive work environment and perceive job satisfaction | P Level of expressed satisfaction with quality of work life<br>P Rate of staff turnover attributable to working conditions<br>P Respite care need for informal providers |
| **Equity** | P Program services are available to all eligible members of the community<br>P Individuals or groups are able to access services according to their level of health need or health risk | P Population coverage<br>P Systemic barriers<br>P Inclusive entry policies and practices<br>P Proportion of resources allocated to serving vulnerable groups<br>P Assessment and treatment waiting times |

# ˜ Process Evaluation

In a process evaluation, the assessment focuses on the extent to which the program is functioning consistent with its design and serves the appropriate target population. It may examine program implementation, clients, effort, quality of program components, climate and program monitoring, and the extent to which a program is undertaken consistent with its design or implementation plan; and the extent to which it serves the appropriate group or selected population. Sample dimensions are illustrated in **Table 6.**

| TABLE 6: PROCESS DIMENSIONS FOR EVALUATION<br>(Adapted from Wanke et al, *Building a Stronger Foundation*, 1995) | | |
|---|---|---|
| **PROCESS DIMENSION** | **DESIRED OUTCOMES** | **POSSIBLE INDICATORS** |
| **Range of Services** | P  Program encompasses a comprehensive range of preventative, promotive, treatment-oriented, rehabilitative and supportive services | P  Number, frequency, and type of "core" services offered<br>P  Does the program offer the services set out in the program plan?<br>P  Gender-sensitivity training for staff |
| **Continuity of Care** | P  Program provides continuity of care to individuals and families | P  Client care is integrated across services and service providers<br>P  Evidence of continuity of individual care<br>P  High risk individuals are regularly monitored |
| **Coordination across Providers** | P  Program provides coordinated and integrated care across interdisciplinary providers | P  Presence of integrated approaches<br>P  Presence of processes that support integration, for example, record-keeping and information provision to clients |
| **Access to Information** | P  Interventions/strategies offered based on best available evidence<br>P  Single-entry information and record-keeping system | P  Clients have access to their personal file<br>P  Presence of self-help sources accessible to clients |
| **Consumer/Provider Partnership** | P  Program staff and clients are partners. Clients actively involved in decisions about their own program and interventions | P  Percentage of clients who receive adequate information regarding risks and benefits of treatment options available<br>P Percentage of women that participate in decision-making processes<br>P  Percentage of client involvement in selection and planning of intervention<br>P  Percentage of services that are adapted to values and unique needs of individuals and families |

# ˜ Structural Evaluation

A structural evaluation looks at whether the program has the capacity to support and protect women's interests according to the program's design. It examines the extent to which the program structure is integrated. It looks at issues such as how the program applies funding, how it works with other programs and organizations, what governing practices must be followed, and whether the program structure is integrated. Sample dimensions are set out in **Table 7.**

<table>
<tr><td colspan="3"><strong>TABLE 7: STRUCTURAL DIMENSIONS FOR EVALUATION</strong><br>(Adapted from Wanke <em>et al, Building a Stronger Foundation</em>, 1995)</td></tr>
<tr><td><strong>DIMENSIONS OF STRUCTURE</strong></td><td><strong>DESIRED OUTCOMES</strong></td><td><strong>POSSIBLE INDICATORS</strong></td></tr>
<tr>
<td><strong>Service Catchment Area</strong></td>
<td>P  The program serves a definable community or sub-group, defined either by territory, common need, or gendered target group</td>
<td>P  Defined jurisdiction<br>P  Defined target group</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>P  The funding model for the organization facilitates cost-effective and creative use of available health service dollars<br>P The funding is sufficient to meet mandate</td>
<td>P  Extent to which funding model demonstrates cost-effective service while ensuring equitable access to service</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td>P  The mandate of the governance structure is clear<br>P  The governance structure ensures adequate representation and involvement by the community served in the formation, implementation and evaluation of the program</td>
<td>P  Clear statement of mandate<br>P  Type of structure and appointment mechanism<br>P  Community participation in decision-making</td>
</tr>
<tr>
<td><strong>Organization of Services</strong></td>
<td>P  The program is structured to facilitate cost-effective and client-oriented service delivery<br>P  Program staff possess the necessary skills to provide input required by women</td>
<td>P  Extent to which organizational structure facilitates an integrated approach and effective response to issues</td>
</tr>
</table>

# STEP 5: IDENTIFY THE EVALUATION OBJECTIVES AND INDICATORS

For each evaluation objective, an indicator or set of indicators must be identified. This process consists of identifying:

```
CONCERNS/ISSUES
O
QUESTIONS
O
EVALUATION OBJECTIVES
O
INDICATORS
```
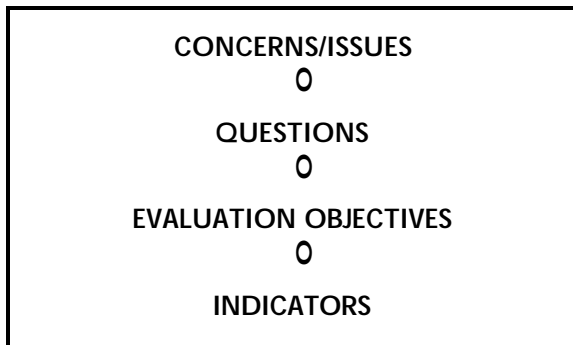
An **indicator** is a measurable attribute relating to the structure, process, or outcome of service for which data are collected in the evaluation process. An indicator is a measure expressed in a way that gives an indication of whether the desired outcome has been attained or the service standard met. "An indicator is nothing more than a signal. After you get the signal, you dig deeper to see what it means."[15] In other words, an indicator is a proxy measure indicating the direction of change or service level. Indicators can be of many kinds, for example, outcome indicators, process indicators, structural indicators or quality of life indicators.

Much work on identifying health determinants and linking them with programmatic approaches and indicators is now underway.[16] Indicators are developed when program objectives are set, and provide one means of identifying whether they have been met. There are many different and valid purposes for indicators. They can be used to monitor long-term social trends, identify problems, establish accountability, measure the positive and negative effects of programs, support public advocacy, provide a composite picture of social well-being, etc.

Defining specific indicators for use at each stage of the evaluation process is essential. It is useful to look at some examples of health determinants and indicators that might be used to evaluate them. **Table 8** and **Table 9** contain examples of individual and societal health determinants showing the area being measured and possible sources of data. These sample sets of determinants and possible indicators are only representative of hundreds of possible indicators that might be used.

Indicators must be developed specifically to fit the program, and must include standards or desired outcomes by which a judgement can be made as to whether the program has met its goal or objectives. There is no general set that can be applied in all instances.

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[15]Marika Morris, *Harnessing the Numbers: Potential Uses for Gender Equality Indicators*, 1998, p. 11.

[16]For example, the work of Health Canada in the report by Wanke *et al*, *Building a Stronger Foundation: A Framework for Planning and Evaluating Community-Based Health Services* (1995).

| TABLE 8: INDICATORS OF INDIVIDUAL DETERMINANTS OF HEALTH<br>(Adapted from Wanke *et al, Building a Stronger Foundation*, 1995) | | | |
|---|---|---|---|
| **DETERMINANT/ DIMENSION** | **INDICATOR** | **WHAT DOES IT MEASURE?** | **POSSIBLE DATA SOURCE** |
| **Socio-economic status** | P  Income level<br>P  Educational level<br>P  Occupation | P  Socio-economic status (related to health status indirectly through nutrition, living and working conditions, health knowledge, etc.) | P  Survey<br>P  Census data<br>P  Program records |
| **Disease and Injury Prevention** | P  Proportion having annual blood pressure checked<br>P  Sexual health— number of sexual partners, frequency of unprotected sex<br>P  Knowledge rating of STD prevention | P  Early detection behaviour<br>P  Sexual practices, as indicator of health risk | P  Survey<br>P  Interview<br>P  Program records |
| **Context for Personal Health** | P  Stress—perceived stress level, percentage having considered suicide<br>P Number providing caregiving for a parent/disabled child | P  Aspects of mental health status | P  Survey<br>P  Interview<br>P  Program information |

| TABLE 9: INDICATORS OF SOCIETAL DETERMINANTS OF HEALTH<br>(Adapted from Wanke *et al, Building a Stronger Foundation*, 1995) | | | |
|---|---|---|---|
| **DETERMINANT/ DIMENSION** | **INDICATOR** | **WHAT DOES IT MEASURE?** | **POSSIBLE DATA SOURCE** |
| **Socio-economic indicators** | P  Proportion of single parent families with children under 18 | P  Proxy measure of poor socio-economic conditions | P  Census data<br>P  Community survey<br>P  Program records |
| **Nutrition** | P  Food bank use | P Number of families using food banks<br>P  Food supply accessibility | P  Food bank and other agencies |
| **Physical Environment** | P  Recreational facilities—number, accessibility<br>P  Health services to support handicapped individuals/ family members—number, types, accessibility | P  Presence/absence of community recreational facilities (pools, rinks, youth organizations, etc.)<br>P  Presence/absence of supports for the disabled and family members providing care | P  Local parks and recreation authority<br>P  Local health authority/health ministry<br>P  Handicapped individuals and families |

# STEP 6: DEVELOP THE DATA COLLECTION DESIGN

You need appropriate methodologies (including data collection instruments) to address each evaluation objective. Data collection should be:

P   appropriate to data needs;

P   collected from a variety of sources;

P   collected using methods appropriate to the data and program needs

P   agreeable to the program staff and clients;

P   technically sound (the data should be valid, reliable and targeted to the evaluation questions);

P   sensitive to gender-based, woman-centred programming; and

P   allow enough time for gathering and analyzing the data using gender analysis processes as well as standard data analysis.

Strategies used to collect information for the evaluation of gender-specific and woman-centred programs include written self-report measures, performance tests, observation, record reviews, focus groups, sociometric measures and activity measures, as well as standard methods such as surveys and questionnaires (see **Table 10**). Instruments should be field-tested prior to first use. The design for data collection includes planning:

P   the type and method of data collection;

P   how data are to be analyzed;

P   the order in which data collection strategies are to be applied, to whom, and within what timelines;

P   when data analysis is to be conducted, and by whom; and

P   the timeline for developing and distributing the report.

| TABLE 10: EVALUATION OBJECTIVES AND KEY QUESTIONS | Key metrics (records) | Interview with clients (N=20) | Small group interviews (N=3) | Questionnaire to all clients (N=120) | Existing client surveys | Interviews with staff (N=21) |
|---|---|---|---|---|---|---|
| Responsiveness and accessibility for women— What medical and non-medical services are available? | T | T | T | | | T |
| To what extent are services accessible? | T | T | T | T | T | T |
| What are key stakeholders expectations? | | T | T | T | | |
| To what extent are key stakeholders' expectations being met? | | T | T | T | | T |
| How should the program be improved? | | T | T | T | | T |

# STEP 7: CONDUCT THE DATA COLLECTION

## ˜ Obtain Clearance

Data collection must be carried out carefully and sensitively. Most information collection activities are subject to restrictions on who is eligible to obtain information and the kinds of information you can collect. As a result, the instruments and procedures usually must receive clearance.

## ˜ Train Data Collectors

Data collectors might be professional researchers or members of the group being reviewed. For example, a woman from a First Nation who is part of the group might collect responses to a questionnaire or conduct and record interviews with other First Nation members. Make sure collectors get detailed information and training about the program, the evaluation, the questions, and the specific jobs they will be doing. In addition, they should receive detailed instructions about how to obtain, record, and communicate information.

## ˜ Inform Participants

Information collection involves many people and it is your job to explain what you want them to do and why. You can hold a meeting or workshop, or you can rely on the mail or telephone. Be sure to have a written description of the program as well as the evaluation plan and its data collection activities for anyone who wants to see it. Finally, thank participants and tell them what their participation meant to the project.

## ˜ Monitor Information Collection

Carefully monitor information collection to see that it is going according to plans, and that all relevant data are being collected and returned. Check information as it is returned to determine whether it was collected as you had planned, and whether there are any unexpected findings or violations of confidentiality.

## ˜ Organize Data for Analysis

Data need to be sorted and prepared for analysis. Information collected during an evaluation is sometimes returned in a form that cannot be analyzed immediately. Tests may have to be scored or interview responses coded or tallied. Since information usually is collected at different times, you will have to coordinate it so that a complete set is available.

# STEP 8: ANALYZE THE DATA USING GENDER ANALYSIS

Standard analysis may be appropriate to use with the data you have collected, using gender-disaggregated data (data separated and analyzed by gender). Gender analysis is indispensable to gender-focussed program evaluation. It assesses the impact of health programs on women's health status and upon their social and economic status and access to resources. It is essential to design, implement and monitor gender-sensitive policies and programs with the full participation of women to foster the empowerment and advancement of women. Gender analysis uses a systematic approach for examining factors related to gender in the entire process of needs assessment, program development, implementation, monitoring and evaluation.

The purpose of gender analysis is to ensure that programs fully incorporate the needs, roles, participation and impact of, and on, women. It takes place at all stages of the program and ensures that conscious attention is paid to how programs affect women and different groups of women, how they affect men, families, and communities, and how a program may produce unintended effects.

What is the relationship among gender, gender equity, and primary health care? Gender analysis has been shown to be useful to program planners and practitioners in their efforts to understand how to enhance women's participation, and how to identify unequal power relations that prevent equitable benefits for women and men. In one study,[17] based on gender equity as both a goal and a process to enhance primary health care, it was found that promoting gender equity can improve health project impact, sustainability, and capacity-building. The study used a Gender and Development (gad) framework. The key concepts of the gad applicable to the evaluation framework are:

P identifying and analyzing the extent to which programs and projects meet the practical and basic needs and the strategic interests of women;

P identifying in what ways and to what extent health determinants are linked to health program impacts;

P understanding the differences in access and control of resources by men and women, and the implications these differences have on their capacity to create long-term change in their health, households and communities; and

P understanding the impact of gender division of labour on women's and men's ability to participate and benefit from health interventions.

It starts with three key questions:

1. Who does what, with what resources, and with what impact?

2. Who has access to the resources, benefits, and opportunities?

3. Who controls the resources, benefits and opportunities?[18]

Gender analysis calls for disaggregated gender data as a basic requirement. It may use several further approaches to gender analysis, such as the four models set out in the CEPDA handbook, *Gender Equity*.

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[17]*CIIP2 Gender Equity Thematic Study and Evaluation: Final Report*. Ottawa: Canadian Public Health Association, 1996.

[18]Center for Population and Development Activities.*Gender Equity: Concepts and Tools for Development. 1996*.

% ***Contextual Analysis.*** This approach consists of analysis of systems which interact to influence the situation which the program is intended to address. Using a matrix format, it is possible to examine the ways in which the program affects or interacts with families and households, culture, political and health care systems, the legal system, institutions, communities, and small groups. For each system on the grid, the following factors are assessed: the issue(s) involved, the assumptions underlying each issue, the changes needed, constraints to change, and the action taken. The result is a complete picture of the context in which the program or issue is embedded.

% ***The Harvard Analytical Framework.*** This approach to gender analysis consists of three diagnostic tools to develop a description and analysis of gender relations in a community. It is valuable in developing a database during the implementation of a program. The instruments consist of:

P   an activity profile identifying relevant tasks and addressing the question, "Who does what?"

P   an access and control profile identifying resources and benefits associated with the roles delineated in the activity profile; and

P   a grid showing influencing factors, which identifies the dynamics that affect the gender disaggregation in the preceding two profiles.

% ***The Women's Empowerment Framework.*** This framework analyzes a program from a women's empowerment perspective. It consists of a five-level scale of increasing equality and empowerment, along with a rating of three levels of recognition of women's issues in program objectives:

P   the negative level ignores women's issues;

P   the neutral level recognizes women's issues but ensures only that women's positions are not further undermined; and

P   the positive level focuses on improving the position of women.

% ***The Gender Analysis Matrix.*** This matrix is used to understand community perceptions about gender roles impacted by a program. It is designed to be completed by women and men over the course of the program. Appropriate community and stakeholder groups review the matrix and rate the gender roles that are affected using a three-point scale according to consistency with program objectives:

P   consistent with program objectives;

P   contrary to program objectives; or

P   uncertain about effects.

None of the above tools can be applied ready-made to a program. They all require customizing to fit program objectives and context. The person leading the analysis requires expertise in designing and analyzing data collection instruments.

# STEP 9: DEVELOP RECOMMENDATIONS

The evaluator here calls on the input of the Evaluation Committee. The process involves:

P   Developing a draft report with beginning recommendations;

P  Scheduling at least two meeting times with the Evaluation Committee;

P  Sending the draft report out in advance so that everyone has the opportunity to read and reflect on it

P  Meeting with the Committee and reviewing the report findings section by section, allowing time for comments and discussion and possi-ble revision of the parts.

P  Facilitating in-depth development of the recommendations to be drawn from the analysis. With some committees, more meetings will be needed, but the Committee is in the best position to make new constructions and recommendations that will be the most useful and that will result in change.

# STEP 10: WRITE, PRESENT AND DISTRIBUTE THE EVALUATION REPORT

The evaluation report is the official record of an evaluation, the document in which you make public your activities and findings. It should be believable, truthful and easily understood. You should be able to justify your questions, indicators, and choice of methods and standards, and to show how the evaluation will help improve the program under review, bring people closer to the program goals, or contribute new knowledge about the best ways to improve women's health and situations. The evaluation report should include:

P  an introduction to the evaluation, the evaluation type and questions, and the scope and limitations of the evaluation;

P  the design strategy and sampling procedures for each evaluation question;

P  the information collection techniques and instruments, and any field activities (for example, observation);

P  the methods you used to analyze the information, and the results of each analysis;

P  the answers to each evaluation question, including findings, conclusions; and recommendations; and

P  an executive summary setting out the evaluation results in brief form for distribution to a wide audience.

Along with these standard sections, the evaluation report should detail how gender-specific, woman-centred evaluation methods were used and what results were obtained that apply to the program and its clients. It should detail policy implications for other programs and highlight how the gender-specific aspects of the program made it a more advantageous program for women, if that was the case.

The evaluation committee should discuss and plan how to share and publish the report as widely as possible. Staff and participants should have an opportunity to discuss the report at an information meeting or forum. Community groups might welcome a meeting to discuss the findings.

To what other programs, women's groups and organizations should the Executive Summary be sent? Is someone available to write the report in an appropriate format for a professional journal? Is it an appropriate document to place on the Internet?

The evaluation process and its resulting report can assist your organization to become a true learning organization. Sharing the report assist other organizations to move in a similar direction.

## A NOTE ON IMPLEMENTING THE APPROVED EVALUATION RECOMMENDATIONS

The evaluation committee is responsible for examining, refining and building upon the recommendations presented in the evaluation report.

Sometimes an evaluation committee also has responsibility for developing an action plan detailing specific actions to be taken to implement the approved recommendations, stating by whom the action is to be taken, the timeline for action, and to whom the results of the action are to be reported. This section may be added to the evaluation report, but it is beyond the purview of the evaluation process *per se*, and should not be treated as part of it.

The action plan phase is important so that staff and participants are not left with the impression that an evaluation is simply a paper exercise that does not result in change. Evaluation that is used then becomes a meaningful and valued activity. Actions and changes taken as a result of the evaluation should be reported to the larger constituency at appropriate intervals, such as quarterly or annual reviews.

# CONCLUSION

Although women's organizations and community groups have long advocated that a greater portion of health research and service delivery funding be spent on woman-centred activities, little evidence exists to indicate significant increases. To support the contention that women's health concerns merit gender-specific approaches, the program evaluation framework set
out in this report can help support the contention that gender-specific programs work and provide effective outcomes.

Consideration of gender-specific issues and approaches must be integrated into all the phases of program development, implementation and evaluation. If programming is to be gender-sensitive, the steps of proposal development, funding, needs analysis, design, client selection, staffing, structuring, monitoring and evaluating all require a gender-specific approach. It is also important that evaluation groups consider whether the evaluation process itself supports equality for women.

The gender-specific program evaluation framework outlined here should be viewed as a flexible instrument rather than a rigid format for achieving evaluation objectives. The framework is not a definitive work, but a provisional one upon which future efforts can build. In that spirit we can learn together, and continue to use the collective process essential for the progress we
pursue.

# Glossary

**Equity vs. Equality:** Gender equity versus equality are important concepts. *Equality* between the sexes is by definition impossible. If the sexes were equal, there would not be two sexes but only one. *Equity*, however, is possible. Equality means being the same, while equity means being fair. Gender equity is the outcome of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality. It is this notion of equality that is embedded in the Canadian *Charter of Rights and Freedoms*. A society which fosters gender equity benefits everyone in the long term (see Susan Pfannenschmidt *et al*, *Through a Gender Lens: Resources for Population, Health and Nutrition Projects,* US Agency for International Development, 1997, p.11). Gender equality is therefore the equal valuing by society of both the similarities and differences between women and men, and the varying roles they play. (See *Gender Based Analysis: A Guide for Policy-Making*. Ottawa: Status of Women, Canada, 1996, p. 3).

**Evaluation:** An analysis of the extent to which desired outcomes were achieved, optimal resources were employed, and structures were adequate for undertaking the processes.

**Gender-Based Analysis:** Gender-based analysis is a process that assesses the differential impact of proposed or existing policies, programs, and legislation on women and men. It makes it possible to appreciate and identify gender differences, the nature of relationships between women and men and their different social realities, life expectations and economic circumstances. It is a tool for understanding social processes and for responding with informed and equitable options or program changes. Gender-based analysis challenges the assumption that everyone is affected by policies, programs, and legislation in the same way regardless of gender—a notion often referred to as "gender-neutral policy."

**Gender vs. Sex:** *Sex* refers to the biological differences between women and men. *Gender* refers to the socially-constructed roles of women and men. It identifies the social behaviour of women and men and the relationship between them. Because it is a relational term, gender must include women and men. The concept of gender

also includes expectations about the characteristics, attitudes and likely behaviours of women and men (femininity and masculinity). These roles and expectations vary across time, economics and societies. Davidson *et al* suggest that the term "gender" has been used to refer to "attributes, stereotypes, characteristics, social environment, and genetic status" (p. 2), and that such a multifaceted definition does not explicate the relation of gender to health. They suggest dividing the study of gender into three components: biological, psychological, and social, and further define each component as follows:

P *biological sex* meaning gender differences examined at the biological level;

P *gendered selves* referring to gender differences that can be examined at a psychological level: individual differences in health practices, personality, coping skills and self-concept; and

P *social bases for gender* are gender differences that can be examined at a social and/or cultural level. The social bases for gender are shared beliefs about what constitutes appropriate behaviours and the cultural, social, and economic environments characteristic for each sex.

Distinguishing the various meanings of "gender" allows separate examination of biological, psychological and social determinants that may influence health outcomes.

**Health Determinants:** Factors of human biology; cultural, physical, and social environment; behaviour and lifestyle (including the health care delivery system), and public policy that influence health.

**Indicator:** A measurable attribute or phenomenon relating to the structure, process, or outcome of care for which data are collected in the monitoring or evaluation process. An indicator is a proxy measure indicating the direction of change or service level. There can be indicators of many kinds—for example, process indicators, outcome indicators, structural indicators and quality of life indicators.

**Program:** An organized system of services or inter-related series of activities designed to address the health needs of clients. The approach is inter-disciplinary and there is an individual accountable for the administration of the program.

**Program Design:** The planning and combination of the significant elements in a program before it is implemented.

**Program Evaluation:** A process that studies the extent to which desired outcomes were achieved, optimal resources were employed, and structures were adequate for undertaking the program processes. A gender-specific woman-centred evaluation framework builds in gender- and woman-sensitive considerations at each step as described in the model, and uses gender-based analysis as a key element.

**Systemic Discrimination:** Caused by policies and practices that are built into systems and that have the effect of excluding women and other groups and/or assigning them to subordinate roles and positions in society or organizations. Although discrimination may not exclude all members of a group, it will have a more serious effect on one group than on others. The remedy often requires affirmative action to change systems. Employment equity practices are examples of attempts to address systemic discrimination against women, aboriginal peoples, visible minorities, and people with disabilities.

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