Asia-Pacific Economic Cooperation

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MONITORING AND EVALUATION FRAMEWORK

FOR IMPLEMENTATION OF THE HEALTHY WOMEN, HEALTHY ECONOMIES TOOLKIT

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INTRODUCTION

Better health outcomes for women lead to women's greater economic participation, which leads to an economy's higher economic growth. In September 2015, APEC endorsed the Healthy Women, Healthy Economies Toolkit, which lays out various policies and practices to increase women's participation in the economy through better health. This Monitoring and Evaluation (M&E) framework supplements the toolkit by offering stakeholders guidelines and ideas on how their progress in implementing actions under the toolkit can be measured, tracked, and reported. As highlighted in the Toolkit, this may involve generating sex disaggregated data that does not currently exist. Participating governments, private sector, and non-governmental organization, partners are strongly encouraged to disaggregate economic data so that results for women can be analyzed separately and comparatively.

At the economy-level, monitoring implementation of the toolkit is important to legitimize the allocation of resources on gender-sensitive economic and workforce policies. This frameworks aims to provide implementers with a tool to do just that. It provides implementers with a menu of options of indicators that can be tailored to help track and measure progress across the toolkit's issue areas and interventions.

Indicators proposed below are intended for both private and public sector stakeholders. For private sector managers, data collection will help show impact on the bottom line. For government officials, data will contribute to demonstrating economic and social benefits to society, thus explaining why special attention to barriers to women's economic participation is justified among competing priorities. M&E also helps managers and decision-makers identify whether measures are having the intended impact. Within APEC, common indicators will help in comparing progress across economies and aggregating the impact of these measures APEC-wide. This allows participants in the concerned Working Groups[1] to analyze their progress and for APEC to communicate this progress to wider audiences.

[1] The HWHE toolkit is a joint initiative of the APEC Human Resources Development Working Group, Health Working Group, and Policy Partnership on Women and the Economy. Work to develop and implement the Toolkit, including this document, is supported by the USAID US-APEC Technical Assistance to Advance Regional Integration (US-ATAARI) project,

RESULTS FRAMEWORK

The overall goal of the HWHE initiative is higher economic growth as a result of women's greater economic participation and productivity. Better health outcomes have been demonstrated to contribute to these goals[2] and the toolkit identifies 5 issue areas to be addressed that improve women's health as it relates to their workforce participation. The intended results of each of the 5 issue areas, and their relationship to the overall goals of the HWHE initiative, are shown in Figure 1 below.

Macro-economic data is available that can help stakeholders track whether female participation rates and productivity are increasing. Due to the complexity of issues affecting women's workforce participation, movement in these data points discussed below cannot be directly attributed to changes made under the HWHE initiative. However, tracking progress of these indicators is important to demonstrate whether overall trends are positive. Suggested meta-level indicators include:

- **Outcome Indicator 1:** Female labor force participation rate (economy-level);
- **Outcome Indicator 2:** Female unemployment rate (economy level);[3]

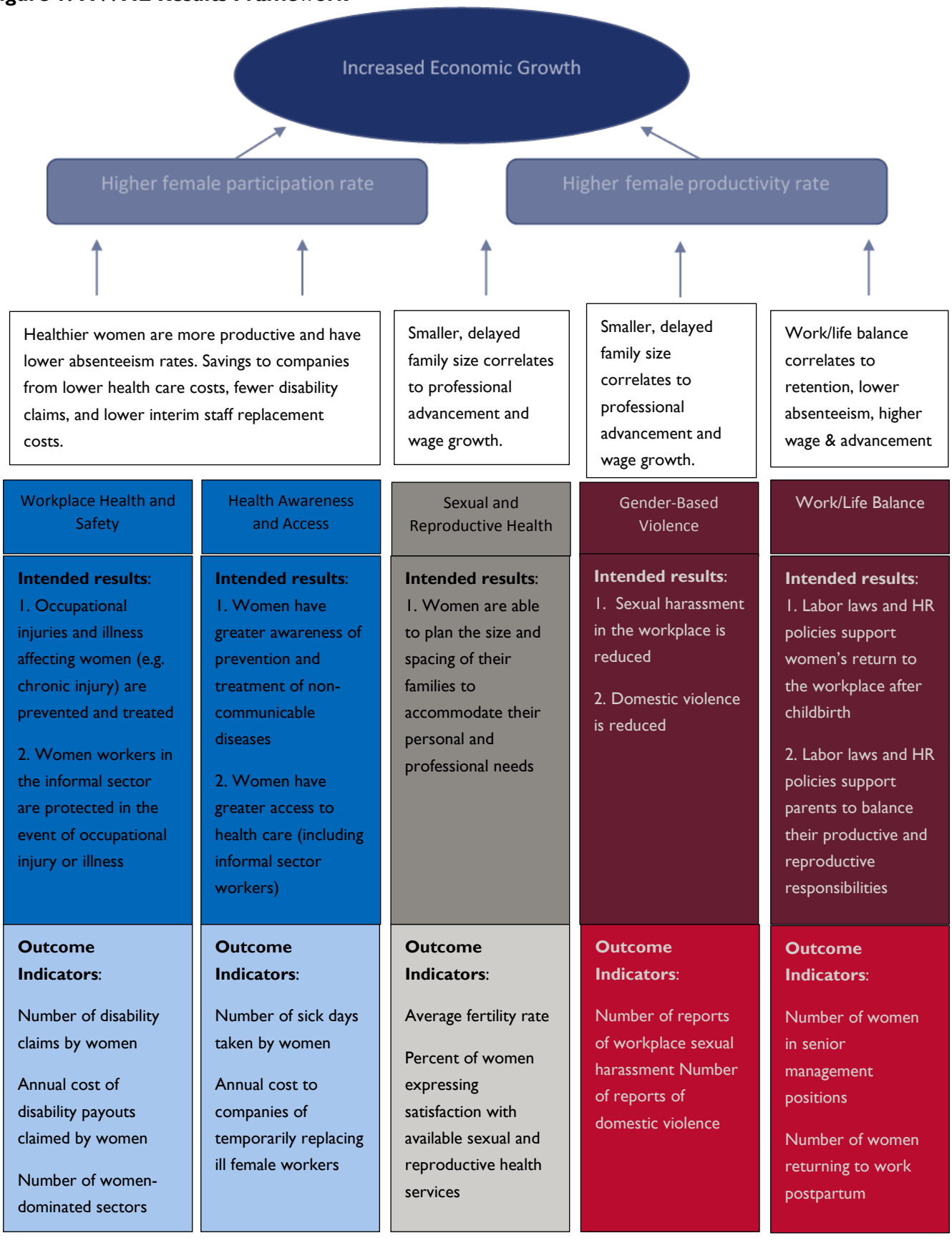
In addition, a cross-cutting indicator applicable to all 5 issue areas is proposed:

- **Outcome Indicator 3:** Female absenteeism rate (company-level)

[2] See the HWHE Literature Review (September 2015).

[3] this relates to the SDGS indicator 8.5.2

Figure 1: HWHE Results Framework



PERFORMANCE INDICATORS

In addition to the macroeconomic data discussed above, it is useful to track and measure progress at the levels of interventions (inputs), immediate results of those interventions (outputs) and at the intended result/objective level (outcomes). Results at these levels can be attributed directly to the HWHE initiative as they are generated in most cases directly by implementers. Indicative indicators for each of the 5 issue areas is provided in Table 1. A total of 35 indicators are proposed, but as for implementation of the toolkit, stakeholders are intended to select those that correspond to the actions they have volunteered to undertake.

Table 1: Illustrative Indicators by Issue Area

Issue Area	Inputs →	Outputs →	Outcomes →	Goal
1. Workplace Health and Safety	1.1 Number of (a) policies and (b) programs put in place to support increased safety in sectors predominately staffed by women 1.2 Number of healthcare workers trained to diagnose chronic work-related injuries & illness 1.3 Number of awareness-raising activities conducted for women workers in at-risk occupations	1.4 Number of women aware of occupational injury and illness prevention 1.5 Number of relevant cases (women with occupational injury or illness) diagnosed by health care workers trained through program	1.6 Number of days of disability claimed by women 1.7 Annual cost of disability payouts claimed by women 1.8 Number of women-dominated sectors covered by occupational safety laws	Increased Economic Growth ⇧ Higher female participation rate ⇧
2. Health Awareness and Access	2.1 Number of new (a) policies and (b) programs put in place to support women's access to health services 2.2 Number of healthcare workers trained on NCD and women 2.3 Number of awareness-raising activities conducted	2.3 Number of women receiving or eligible to receive health services 2.4 Number of women aware of NCD mitigation factors	2.5 Number of sick days taken by women 2.6 Annual cost to companies of temporarily replacing ill female workers	Higher productivity rate ⇧ Lower absenteeism rate
3. Sexual and Reproductive	3.1 Number of new (a) policies and (b) programs put in place to	3.4 Number of women receiving	3.7 Average fertility	

Health	support women's access to sexual and reproductive health services 3.2 Number of healthcare workers trained 3.3 Number of awareness-raising activities conducted	sexual and reproductive health services[4] 3.5 Number of licensed family planning service providers 3.6 Number of women aware of sexual and reproductive health services	rate 3.8 Percent of women expressing satisfaction with available sexual and reproductive health services	Increased Economic Growth  Higher female participation rate  Higher productivity rate  Lower absenteeism rate
4. Gender-Based Violence	4.1 Number of laws enacted criminalizing (a) sexual harassment (b) domestic violence 4.2 Number of companies with zero tolerance policies in place 4.3 Number of (a) employees (b) migrant workers trained on sexual harassment policies 4.4 Number of employees/workers trained on domestic violence	4.5 Number of men/women aware of sexual harassment policies 4.6 Number of hotlines/ complaint centers/ crisis centers established to assist victims of sexual harassment or domestic violence	4.7 Number of reports of workplace sexual harassment* 4.8 Number of reports of domestic violence* *Note that because these issues are under-reported, progress will be indicated by the number *increasing* before it decreases.	
5. Work/Life	5.1 Number of new (a) policies	5.2 Number of	5.4 Number of	

[4] Aligns with SDGS indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

Balance	and (b) programs put in place to support work/life balance	sectors covered by (a) paid leave (b) sick leave (c) maternity or parental leave 5.3 Number of companies offering (a) flexible scheduling (b) onsite daycare (c) breastfeeding facilities/ accommodation	women in senior management positions 5.5 Number of women returning to work postpartum	

When collecting data for these indicators, stakeholders will want to consider the following points regarding methodology and approach to facilitate data collection and compilation:

- **Definition of terms -** Some terms used above (sexual violence, women-dominated sectors) will need to be defined more fully to reflect the legal framework governing the particular economy and/or company policies.
- **Data Collection** – The data source for some the illustrative indicators above is employer records; this data may not be available currently and/or may be considered sensitive by firms. Other data points may be collected by government agencies but may not be currently sex-disaggregated. This will require cooperation with statistical agencies/departments to ensure that the necessary data is available.
- **Frequency of Reporting** - In general, input indicators can be reported semi-annually, while output and outcome indicators should be reported annually.
- **Data processing** - A modality for collecting and collating data from all sources within the economy or firm will need to be devised. It is recommended that a centralized institution be mandated to accept and process the data, including checking the quality of self-reported data to ensure that agreed definitions were used and numbers can be aggregated. This institution would then be responsible for reporting the aggregated data.

A sample indicator table for each Issue Area is provided in the Annexes for use by implementers

ANNEX I

ILLUSTRATIVE INDICATOR TABLE - WORKPLACE HEALTH AND SAFETY

Indicator	Definition	Data Source	Reporting Frequency	Baseline	Desired Direction of Change
1.1 Number of (a) policies and (b) programs put in place to support increased safety in sectors predominately staffed by women	Public sector- Policies refer to laws and regulations Private sector- Policies refers to internal guidelines such as HR policies Sectors staffed by women refer to domestic help, agricultural labor…	Self-reporting by Ministry of Health or other authority responsible for occupational safety Self-reporting by participating companies	Semi-annually	Existing policies and programs will need to be counted prior to implementation	More is better
1.2 Number of healthcare workers trained to diagnose chronic work-related injuries & illness	Healthcare worker refers to licensed and unlicensed care providers Female-prevalent chronic work-related injuries include…	Training attendance records by training provider (e.g. Ministry of Health/NGOs)	Semi-annually	Baseline figures for prior six months would need to be counted prior to implementation	More is better
1.3 Number of awareness-raising activities conducted for women workers in at-risk occupations	Awareness raising includes mass media campaigns, distribution of written materials (leaflets), trainings…	Self-reporting by participating governments/ companies/ NGOs	Semi-annually	Existing awareness campaigns will need to be counted prior to implementation	More is better
1.4 Number of women aware of occupational injury and illness prevention	Respondents able to correctly answer questions about occupational injury and illness	Surveys sponsored by …	Annually		More is better
1.5 Number of relevant cases (women with occupational injury	Female-prevalent chronic work-related injuries include…	Self-reporting by Ministry of Health/NGOs or others running	Annually	Baseline figures for prior year would need to be counted prior to	More is better

or illness) diagnosed by health care workers trained through program		clinics based on case records		implementation	
1.6 Number of disability claims by women	Disability refers to insurance for income lost due to an eligible work-related injury or illness.	Records of participating insurance providers (public/private)	Annually	Participating insurance providers to calculate figure for year prior to commencing new policies.	Less is better
1.7 Annual cost of disability payouts claimed by women	Disability payout refers to the amount of income replacement paid to a worker due to an eligible work-related injury or illness	Records of participating insurance providers (public/private)	Annually	Participating insurance providers to calculate figure for year prior to commencing new policies.	Less is better
1.8 Number of women-dominated sectors covered by occupational safety laws	Law refers to legislation at national or sub-national level. Women-dominated sectors include: domestic help, agriculture, light manufacturing/assembly…	Legal review conducted by??	Annually	Existing laws will need to be counted prior to implementation	More is better

ANNEX II

ILLUSTRATIVE INDICATOR TABLE - HEALTH AWARENESS AND ACCESS

Indicator	Definition	Data Source	Reporting Frequency	Baseline	Desired Direction of Change
2.1 Number of new (a) policies and (b) programs put in place to support women's access to health services	Public sector- Policies refer to laws and regulations Private sector- Policies refers to internal guidelines such as HR policies	Self-reporting by Ministry of Health Self-reporting by companies	Semi-annually	Existing policies and programs will need to be counted prior to implementation	More is better
2.2 Number of healthcare workers trained on NCD and women	Healthcare worker refers to licensed and unlicensed care providers	Training attendance records by training provider (e.g. Ministry of Health/NGOs)	Semi-annually	Baseline figures for prior six months would need to be counted prior to implementation	More is better
2.3 Number of awareness-raising activities conducted	Awareness raising includes mass media campaigns, distribution of written materials (leaflets), trainings, etc.	Self-reporting by participating governments/ companies/ NGOs	Semi-annually	Existing awareness campaigns will need to be counted prior to implementation	More is better
2.3 Number of women receiving or eligible to receive health services	Receiving health services refers to preventative or palliative care	Government or NGO statistics on number of women visiting sponsored clinics. and/or eligible company records of number of employees covered by employer-sponsored insurance plans	Annually	Baseline figures for prior year would need to be counted prior to implementation	More is better
2.4 Number of women aware of NCD mitigation factors	Respondents able to correctly answer questions about non-communicable disease prevention	Surveys sponsored by implementers (companies, NGOs, government)	Annually	Survey would have to include control group in lieu of baseline	More is better

2.5 Number of sick days taken by women	Sick days refers to absenteeism due to illness or injury	Self-reported by companies	Annually	Baseline figures for prior year would need to be counted prior to implementation	Less is better
2.6 Annual cost to companies of temporarily replacing ill female workers	Cost defined as (i) value of forgone or delayed output in the event worker is not replaced or (ii) cost of replacement worker	Self-reported by companies	Annually	Baseline figures for prior year would need to be counted prior to implementation	Less is better

ANNEX III

ILLUSTRATIVE INDICATOR TABLE - SEXUAL AND REPRODUCTIVE HEALTH

Indicator	Definition	Data Source	Reporting Frequency	Baseline	Desired Direction of Change
3.1 Number of new (a) policies and (b) programs put in place to support women's access to sexual and reproductive health services	Public sector- Policies refer to laws and regulations Private sector- Policies refers to internal guidelines such as HR policies	Self-reporting by Ministry of Health Self-reporting by companies	Semi-annually	Existing policies and programs will need to be counted prior to implementation	More is better
3.2 Number of healthcare workers trained	Healthcare worker refers to licensed and unlicensed care providers	Training attendance records by training provider (e.g. Ministry of Health/NGOs)	Semi-annually	Baseline figures for prior six months would need to be counted prior to implementation	More is better
3.3 Number of awareness-raising activities conducted	Awareness raising includes mass media campaigns, distribution of written materials (leaflets), trainings, etc.	Self-reporting by participating governments/ companies/ NGOs	Semi-annually	Existing awareness campaigns will need to be counted prior to implementation	More is better
3.4 Number of women receiving sexual and reproductive health services	Receiving sexual and reproductive health services refers to preventative or palliative obstetrics, gynecological, or family planning care	Government or NGO statistics on number of women visiting sponsored clinics and/or company records of number of employees covered for family planning services by employer-sponsored insurance plans	Annually	Baseline figures for prior year would need to be counted prior to implementation	More is better
3.5 Number of licensed family planning service	Refers to clinics/physicians /health workers that have	Self-reporting by Ministry of Health and/or relevant	Annually	Baseline figures for prior year would need to be counted	More is better

providers	received required professional certification to practice family planning advice or medicine	professional associations (e.g. AMA)		prior to implementation	
3.6 Number of women aware of sexual and reproductive health services	Respondents able to correctly answer questions about how to access obstetrics, family planning, gynecological care	Surveys sponsored by implementers (companies, NGOs, government)	Annually	Survey would have to include control group in lieu of baseline	More is better
3.7 Average fertility rate	Expressed as the number of births per 1,000 women	Ministry of Health/ Government statistical agency	Annually	Baseline figures for prior year would need to be collected prior to implementation	Target dependent on local context
3.8 Percent of women expressing satisfaction with available sexual and reproductive health services	Respondents responding "satisfied" or "very satisfied" when asked about satisfaction of the obstetrics, family planning, or gynecological care they have received.	Surveys sponsored by care providers (Ministry of Health clinics, NGOs, other care providers)	Annually	Baseline survey to be conducted prior to implementation	More is better

ANNEX IV

ILLUSTRATIVE INDICATOR TABLE - GENDER BASED VIOLENCE

Indicator	Definition	Data Source	Reporting Frequency	Baseline	Desired Direction of Change
4.1 Number of laws enacted criminalizing (a) sexual harassment (b) domestic violence	Sexual harassment defined as… Domestic violence defined as…	Self-reporting by participating economies	Annually	Baseline figures would need to be collected prior to implementation	More is better
4.2 Number of companies with zero tolerance policies in place	Policies refers to internal guidelines such as HR policies	Self-reporting by participating companies	Annually	Baseline figures would need to be collected prior to implementation	More is better
4.3 Number of (a) employees (b) migrant workers trained on sexual harassment policies	Employee defined as part or full-time staff of company; migrant worker defined as women crossing national borders to gain employment in the formal (licensed) or informal (unlicensed) sector Sexual harassment defined as…	Self-reporting by participating governments/ companies/ NGOs	Semi-annually	Baseline figures for prior year would need to be collected prior to implementation	More is better
4.4 Number of employees/workers trained on domestic violence	Employee defined as part or full-time staff of company; migrant worker defined as women crossing national borders to gain employment in the formal (licensed) or informal (unlicensed) sector	Self-reporting by participating governments/ companies/ NGOs	Semi-annually	Baseline figures for prior year would need to be collected prior to implementation	More is better

	Domestic violence defined as…				
4.5 Number of men/women aware of sexual harassment policies	Respondents able to correctly answer questions about what constitutes sexual harassment, what redress is available to victims, and what penalties apply to perpetrators	Surveys sponsored by implementers (companies, NGOs, government)	Annually	Survey would have to include control group in lieu of baseline	More is better
4.6 Number of hotlines/ complaint centers/ crisis centers established to assist victims of sexual harassment or domestic violence		Self-reporting by participating governments/ companies/ NGOs	Annually	Baseline figures for prior year would need to be collected prior to implementation	More is better
4.7 Number of reports of workplace sexual harassment	Sexual harassment defined as…	Self-reporting by participating governments/ companies/ NGOs operating complaint mechanisms	Annually	Baseline figures for prior year would need to be collected prior to implementation	More, then less
4.8 Number of reports of domestic violence	Domestic violence defined as…	Self-reporting by participating governments/ companies/ NGOs operating complaint mechanisms	Annually	Baseline figures for prior year would need to be collected prior to implementation	More, then less

ANNEX V

ILLUSTRATIVE INDICATOR TABLE – WORK/LIFE BALANCE

Indicator	Definition	Data Source	Reporting Frequency	Baseline	Desired Direction of Change
5.1 Number of new (a) policies and (b) programs put in place to support work/life balance	Public sector- Policies refer to laws and regulations Private sector- Policies refers to internal guidelines such as HR policies Work/life balance includes: paid leave, flexible workplaces, bans on discrimination due to pregnancy, etc.	Self-reporting by Ministry of Health Self-reporting by companies	Semi-annually	Existing policies and programs will need to be counted prior to implementation	More is better
5.2 Number of women-dominated sectors covered by paid leave/sick leave/maternity leave	Sectors staffed predominately by women refer to domestic help, agricultural labor… Coverage refers to legally mandated coverage or voluntary coverage by companies	Self-reporting by government Self-reporting by companies	Annually	Baseline figures would need to be collected prior to implementation	More is better
5.3 Number of companies offering (a) flexible scheduling (b) onsite daycare (c) breastfeeding facilities/accommodation	Flexible scheduling includes telecommuting, job sharing, etc.	Self-reporting by participating companies	Annually	Baseline figures for prior year would need to be collected prior to implementation	More is better
5.4 Number of women in senior management positions	Senior management position is defined as staff with title of Director (or equivalent) or higher	Self-reporting by participating companies	Annually	Baseline figures would need to be collected prior to implementation	More is better

	as well as Board members				
5.5 Number of women returning to work postpartum	Returning to work defined as taking up prior or equivalent position in the company following maternity or paternity leave	Self-reporting by participating companies	Annually	Baseline figures would need to be collected prior to implementation	More is better