Method Form – W+ Domain: Health	
Method Number: W+ Health 2.0	
Name of the proponent:	WOCAN
Title of the proposed method:	Quantification of Improved Health for Women as a result of a Project or Program Level Intervention
Type to which the new proposed method (category) belongs to:	Type 1: Access to health services and products Type 2: Domestic energy projects Type 3: Water and sanitation Type 4: Other
The accompanying questionnaire may need to be adapted for specific technologies or assets that could be increased. This method is to be used in conjunction with: • W+ Program Guide • Guidance on stakeholder process (*4 Step Process for Stakeholder Analysis*) • Project Design Document Template • Health Survey Questionnaire (including Do-no-harm Assessment) • Tool for Verification of Financial Payments to Primary Beneficiaries as a result of a Project or Program Level Intervention	

Section A: Introduction

The following describes the key elements of the method:

A.1 Typical projects:

Typical projects that can apply this method are as follows:

- Improving access to quality health services and products
- Domestic energy projects (i.e. cookstoves, biogas digesters) that result in reduced air pollution
- Improving access to water and sanitation
- Decreasing incidences of gender-based violence and other acts that cause harmful physical and mental effects on women.

A.2 Type of benefit for women:

Project or program intervention result in women being able to access health benefits to more effectively overcome challenges from gender asymmetries, while becoming effective leaders in their communities and households. Additional benefits for women will result as women become more healthy, both physically and mentally.

A.3 W+ Project Design Activities:

Project Developers describe the project design elements that are implemented to build readiness for the generation of the benefits for women identified in A. 2 and to safe---guard the participation of women in relation to decisions about and control over the use of these benefits.

Typical activities include:

- Stakeholder consultations to raise awareness about the objectives and functioning of W+, identify women's empowerment needs and select domains of W+ to be used (see *W+ Program Guide*)
- Development of indicators, activities and monitoring plans and mechanisms (see *W+ Program Guide, Monitoring Report Template*)
- Establishment or use of existing women-controlled savings or micro-finance schemes for the processing of W+ linked payments (see *Tool for Monitoring, Reporting and Verification of Financial Payments to Primary Beneficiaries)*

Section B: Scope, Applicability, and Origination Period

B.1 Scope

The scope includes project interventions for use in residential, commercial or institutional applications.

B.2. Applicability

Improvements in health contribute to changes in women's status and condition beyond their physical and mental health, that can include growth in productivity, improved parenting and leadership in the household and communities.

The improvements in health outcomes must be material and relevant for women by demonstrating, i.e., as a result of a stakeholder consultation, that health is identified as a priority benefit by a simple majority of participants (refer to the guidance on stakeholder process).

B.3. W+ Unit Origination Period

The W+ Unit Origination period refers to the time-period of the project activity or program for which it is permitted to generate W+ units. The W+ Unit Origination period starts from the date of W+ project registration minus two years OR the start of project operation if project operation commenced less than two years after W+ registration.

B.4 Normative References

Project Developers need to refer to the following tools and guidance:

- W+ Program Guide
- Guidance on stakeholder process (*4 Step Process for Stakeholder Analysis*)
- W+ Education and Knowledge Survey Questionnaires (including Do-no-harm Assessment)
- Guidance on how to carry out survey and baseline (Section C, Quantification of Outcomes)
- Tool for Monitoring, Reporting and Verification of Financial Payments to Primary Beneficiaries

Section C: Quantification of Outcomes

C.1 Baseline Situation

The baseline is the prevailing practice prior to project implementation and prior to the implementation of W+ project design activities. It is established through user surveys (and potentially other means) by implementing the health survey prior to the start of project activities with identified (representative sample size) or with non-users from the same or comparable communities if implemented after a project has begun. This corrects for risk of user bias in reporting, and for lack of a baseline.

C.2 Determination of Health Improvements as Result of Project Activities

Health improvements are determined by comparing the baseline results with the measurement results generated after an appropriate period determined by the Project.

The survey design is in compliance with the general guidance on sampling, as found in *Guidelines for Sampling and Surveys for CDM project activities and program of activities*:

http://cdm.unfccc.int/Reference/Guidclarif/meth/meth_guid48.pdf.

Sample size calculations

a) Small-scale examples
For small-scale sampling, we require 90% confidence that the margin of error is not more than ±10% in relative terms.

b) Large -scale examples
For large-scale sampling, we require 95% confidence that the margin of error is not more than ±10% or ± 5% in relative terms.

C.3 Calculation approach /Formula:

The total impact of health improvements for women is calculated by the total sum of the difference between (A) changes that result from health-related activities, minus the negative health impacts as result of project implementation(B), and adjustments for days the project intervention was not operational (Pperf) multiplied by the number of women engaged in the project within a verification period.

The total health improvements for women is calculated by comparing women's health improvements among non---user households with women's health improvements among user households.

$$HI = Pperf \times \#women \times \frac{[\text{Sum of (A-B) at the time of verification - Sum of (A-B) at baseline}]}{\text{Sum of (A-B) at baseline}} \times 100$$

Where:
HI = Health Impact

Pperf refers to performance, to be calculated in cases where results are a function of an operating unit (such as biodigester, water supply unit, transport mechanism, etc.)

#women refers to the number of women aged 16 and above who have engaged in income and asset generating activities within the verification period

A refers to health improvement when project is operating as designed. Established by comparing Health survey results of users vs. non-users within the same community and calibrated on a per-person basis.

B refers to negative health impacts that are perpetuated or made worse by the intervention or technology.

A.1 = *Health improvements as a result of increased access to clean cooking fuels, that reduce women's exposure to air pollution*.

A.2 = *Health improvements as a result of increased access to clean water*.

A.3 = *Health improvements as a result of increased access to health services, including those for maternal and reproductive health*

A.4 = *Health improvements as a result of increase access to information and knowledge about health- related problems*

A.5 = *Improvements in sense of well-being, reduction in anxiety or stress (i.e., access to transport)*

A.6 = *Decrease in gender-based violence , both in terms of numbers of incidents and degree of harm.*

B.1 = *Health problems resulting from negative consequences of receiving health services*

B.2 = *Health problems resulting from negative consequences of gaining access to clean energy, clean water or other health-related interventions*

B.3 = *Health problems resulting from negative consequences (push-back) of receiving mental health or gender-based violence services*

Calculation of Pperf = % of operating unit in operation x % of usage per day

% of plant in operation = Number of days operating unit (e.g. biogas plant) is in operation /365 days
% of usage per day = Number of hours operating unit (e.g. biogas plant) is used for cooking/(total number hours for cooking cumulative of all stoves.

Section D: Monitoring Plan for Output and Outcome Indicators

Description of the Monitoring Plan and System

Describe in the Project Design Document (PDD) how the project will measure results, through specific indicators, means of verification and procedures for obtaining, recording, compiling and analyzing data and information important for quantifying and reporting of health improvements.

Explain the organization chart, and persons responsible for each task.

D.1 Data and Parameters Available at Validation and Verification of Output and Outcome Indicators

The monitoring of outcome indicators associated with Health is required for the application of the W+ Health Domain.

Provide data/parameter which will be required for calculation during validation and verification. Copy/ paste each table with parameter in the benefit evaluation document, as per the PDD Template. Samples are provided in the boxes below.

The following should be described:

- Expected Changes (based on qualitative and narrative indicators) that show a change in the status and condition of women.
- Project indicators, targets, and logic chain that links all the elements of the of the results chain.
- Details of the Baseline Study shall assess the baseline scenario and establish benchmarks in relation to the chosen indicators
- Project Developers will identify the indicators of change to evidence social impact across this domain.
- Anticipated indicators of change to evidence social impact for this project will include, but not be limited to:
  - Reduced drudgery (immediate outcome)
  - Increased discretionary time - (immediate outcome)
  - Increased sharing of tasks– men take on work that is normally considered that of women – (intermediate outcome)
  - Increased perception of well-being – (intermediate outcome)

Sample indicators to measure Outcomes:

- Increased control by women over finances and decision making
- Improved status of women in the community
- Improved family dynamics – relationships with children and partners
- Improved quality of participation in group activities and social interactions

Sample questions for discussions in focus groups

- Who makes the decisions around health issues in your family?
- What decisions can you make without consulting?

- What decisions need to be discussed jointly with husband?
- What are the consequences of making decisions without consultation with your husband?
- Who makes the decisions around health issues in your family?
- What decisions can you make without consulting?
- What decisions need to be discussed jointly with husband?
- What are the consequences of making decisions without consultation with your husband?
- Do you believe that your family wellbeing is improved?
    - How would you define economic agency?
    - Give examples?
    - Do you believe the health improvements that resulted from the introduction of the project has somehow contributed to economic agency? And if so, how? And if not, why?
    - How would improved health impact your participation in group activities and social interactions?
    - What health improvements are you seeking?

SL no.	1
Monitoring parameter name	Clean cooking fuels
	A1
Indicator	Number and frequency of women accessing clean cooking fuels
Value applied	
Data Sources	
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	

SL no.	4
Monitoring parameter name	Clean water A2
Indicator	Number and frequency of women accessing clean water.
Value applied	
Data sources	Survey/sampling
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	

SL no.	5
Monitoring parameter name	Access to health services
	A3
Indicator	Number and frequency of women accessing health services
Value applied	
Data sources	Survey/sampling (refer to the guidance on survey and baseline)
Monitoring requirements/frequency	At each verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	

SL no.	6
Monitoring parameter name	Information and knowledge
	A4
Indicator	Number and types of training and communication activities to generate awareness and knowledge of health problems and solutions/treatments.
Value applied	
Data source	Survey/sampling (refer to the guidance on survey and baseline)
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	
SL no. 9	
Monitoring parameter name	Incidence of physical and sexual violence.
	A6
Indicator	
Data source	Survey/sampling (refer to the guidance on survey and baseline)
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
Any Comment	

SL no.	13
Monitoring parameter name	Number of project Users
Value applied	
Determination method at the time of registration	National/district level/survey
Determination method at the time of verification	Survey/sampling (refer to the guidance on survey and baseline)
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	

SL no.	14
Monitoring parameter name	Number of hours project is in operation per day.
	Perf
Value applied	
Data source	Survey/sampling (refer to the guidance on survey and baseline)
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	

SL no.	4
Monitoring parameter name	Clean water
	A2
Indicator	Health improvements as a result of increased access to clean water.
Value applied	
Data source	Survey/sampling
Monitoring requirements/frequency	At each verification or fixed after 1st verification
Justification of method	Describe sampling procedure
QA/QC procedures	Describe the QA/QC procedures for data collection
Any comment	

Section E: Do No Harm Indicators

Do No harm Indicators specific to the Health Method are described below. Corresponding questions should be included in the survey questionnaire.

Do No Harm Indicators and Questions

Indicators for Health Domain	Not less than 97% of both women and men report that the project has not caused negative impacts on the health of women, either directly or indirectly, or other any unwelcome effects (check for risks of increased labor for children).
Questions for Health Domain	Have you experienced exposure to harmful materials or chemicals due to the project? Has the project led to harmful working conditions? Have you needed to spend more time on burdensome activities and drudgery due to the project? Did you need to spend money on health problems related to the project? Did project-related income loss limit your access to health services or that of your family or household? Has the quality of your water declined due to the project? Has the project caused any emotional maltreatment or physical abuse? Was information and training on maintenance and operation of the project sufficient for both men and women?

Project Developers will identify the indicators of change to evidence social impact across this domain.

Anticipated indicators of change to evidence social impact for this project will include, but not be limited to:

- Improved health (immediate outcome)
- Increased participation in decision-making (immediate outcome)
- Increased perception of well-being – (end outcome)

Section F: Stakeholder processes

Project Developers should refer to the 4 Step Process for Stakeholder Analysis document for guidance on stakeholder

Section G: Annexes

Annex A – Definitions:

Health: *The state of being free from illness or injury.*

Women: *Female members of households who are at least 16 years of age.*

processes.