



ECWG

EVIDENCE CONSORTIUM ON WOMEN'S GROUPS

Learning Agenda on Women's Groups

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Members of a self-help group learn about routine immunization from Jeevika Sakhi. Photo Source: Rukmini Devi

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Contents

	Page
Introduction to This Learning Agenda.....	4
Section I: Context.....	5
A. Women’s Groups in Low- and Middle-Income Countries.....	5
B. The Bill & Melinda Gates Foundation’s Gender Equality Strategy	6
Section II: Evidence on Women’s Groups	7
A. Theories of Change for Economic and Health Groups	7
B. Evidence From Impact Evaluations.....	10
C. Portfolio Evaluation Findings	12
D. Evidence Gaps and Areas for Methodological Improvement.....	14
Section III: Consortium Priorities	17
A. Consortium Focus Areas for Research and Technical Assistance, 2019–2022.....	18
B. Focus Areas for Other Researchers.....	23
Section IV: Conclusion	24
References	26

Introduction to This Learning Agenda

The Evidence Consortium on Women's Groups (ECWG) was developed to strengthen, expand, and disseminate the global evidence base on women's groups and support the investments of the Gates Foundation's Gender Equality team. The ECWG includes experts from the American Institutes for Research; the Population Council; the Evans School of Public Policy and Governance, at the University of Washington; and Stanford University. By the end of 2019, Makerere University, in Kampala, and the Campbell Collaboration will also have joined the ECWG, and we anticipate that research partners from Nigeria will join in 2020.

Although evidence on women's groups is growing, several evidence syntheses—including the ECWG's portfolio evaluation of the Gates Foundation's investments in women's groups—highlight significant evidence gaps on the impact, cost-effectiveness, implementation models, and scalability of women's groups.^{1,2,3,4,5} In addition, the portfolio evaluation indicated that more uniform data collection and metrics, as well as explicit theories of change, are necessary to address global evidence gaps on women's groups.

The ECWG will work to (1) generate new evidence on the impact, cost-effectiveness, and implementation models of women's groups in South Asia and sub-Saharan Africa, with a particular emphasis on India, Nigeria, and Uganda; (2) develop guidelines for measurement and evaluation of women's groups; and (3) provide technical assistance to the Gates Foundation Gender Equality team, its evaluation partners, and other stakeholders.

This document presents a learning agenda to guide the ECWG's work. The ECWG will focus on synthesizing, generating, and disseminating rigorous research to inform the evidence-based implementation of women's groups at scale. The learning agenda will inform the ECWG's **priority research questions**, which will guide research to address key evidence gaps on the impact, the cost-effectiveness, and the implementation of women's groups at scale. In addition, it presents outstanding research questions that can be addressed by members of the broader research community who are interested in joining a community of practice on women's groups.

This document is divided into four main sections. The first section sets the context for this learning agenda, providing an overview of women's groups in low- and middle-income countries (LMICs) and the strategy of the Gates Foundation's Gender Equality team in India, Nigeria, and Uganda. Section 2 summarizes current evidence on women's groups, both from impact evaluations and the ECWG's portfolio evaluation of the Gates Foundation's investments in women's groups. It then presents key evidence gaps and methodological limitations of existing research identified by the ECWG. Section 3 presents the ECWG's priority areas for research and technical assistance and an explanation of how we chose these areas. We conclude by identifying questions that researchers outside the ECWG could address to strengthen the evidence base on women's groups in LMICs.

Section I: Context

A. Women's Groups in Low- and Middle-Income Countries

Women and girls in LMICs continue to face societal and structural barriers related to education, employment, and health that limit their opportunities and well-being. For example, only 21% of women in India participate in the formal labor force, compared with almost 75% of men.⁶ Women are also overrepresented among those without bank accounts; in India and Kenya, more than 60% of unbanked adults are women. This limits women's ability to make future investments or respond to emergencies.⁷ Women also face multiple social barriers, with 50% of women in Uganda, 39% in Kenya, and 29% in India facing lifetime physical or sexual intimate partner violence.⁸ Maternal mortality also remains a significant challenge in many sub-Saharan countries; a Nigerian woman has a one in 22 lifetime risk of dying during pregnancy or childbirth, or postpartum/post-abortion.⁹

Women's groups have emerged as an important intervention strategy to improve gender equality, women's well-being and empowerment, and women's access to opportunities in LMICs. While formal and informal women's groups and collectives have a long history in community development, group-based interventions have only recently become institutionalized and implemented at scale in South Asia and, increasingly, sub-Saharan Africa. For example, group-based approaches to improve access to savings and credit have expanded considerably after initial pilots with microfinance groups in South Asia and experiments with Village Saving and Loan Associations (VSLAs) implemented by CARE in sub-Saharan Africa.¹⁰ India's National Rural Livelihoods Mission (NRLM) aims to mobilize 70 million households into self-help groups (SHGs) and is the largest women's group initiative in the world.¹¹ Although women's groups in sub-Saharan Africa are considerably smaller, they are growing. For example, the Nigeria for Women Project aims to reach 324,000 women across six states in Nigeria using Women's Affinity Groups.¹² In Uganda, the sustainable livelihoods subcomponent (Sustainable Livelihoods Program Plus) of the Northern Ugandan Social Action Fund (NUSAF 3) was piloted in nine districts (Kitgum, Gulu, Nebbi, Lira, Masindi, Kotido, Soroti, Butaleja, and Kapchorwa).¹³

Women's groups vary in their purpose, governance, and financing. Objectives include the promotion of financial inclusion and women's economic empowerment, the organization of workers in the informal sector, and the improvement of health outcomes for group members and their communities. Although no commonly accepted typology of women's groups exists, common types include SHGs in South Asia; savings groups (SGs) in Africa; and health-focused groups, such as mothers' groups. The canonical economic SHG model starts with an initial period when women collectively save in the name of the group to facilitate intragroup lending, after which SHG members can gradually take out larger loans from formal institutions such as banks.¹⁴ In addition, SHGs often provide support in the form of training—for example, through health education or livelihoods training. SGs are defined as “groups of up to 30 people, usually women, that meet on a regular basis to save what money they can in a common fund.”¹⁵ A wide variety of these programs have now reached an estimated 100 million clients.¹⁶ In another model, community mobilization programs have worked with women through participatory

learning and action (PLA) approaches to promote women’s and children’s health, improve access to information and services, and enable collective action.¹⁷

B. The Bill & Melinda Gates Foundation’s Gender Equality Strategy

The Gates Foundation’s gender equality strategy considers women’s empowerment collectives (WECs) to be one of the cornerstones of its investments in India, Uganda, and Nigeria to advance gender equality and women’s economic empowerment. WECs encompass a range of women’s group models—including small collectives and larger federations of women—that serve to improve women’s empowerment and well-being and advance the human, financial, and social capital of their members. In India, the Gates Foundation aims to advance gender equality by amplifying the impact of the NRLM through (1) investments in pilots to generate scalable models to improve women’s agency, collective action, and institutional models to access entitlements and services, including digital platforms and social protection entitlements; and (2) investments in scalable models to provide financial services, training to stimulate business skills, network support, and private market access for SHG members and other federated women’s groups. In Nigeria, the Gates Foundation’s Gender Equality team is focused on building a platform to enhance participation in women’s groups through the World Bank–supported Nigeria for Women Project. In Uganda, the Gates Foundation aims to amplify the impact of the Sustainable Livelihoods Program Plus, an element of NUSAF 3 that aims to increase the incomes and productive assets of poor and vulnerable households in northern Uganda. The Gates Foundation’s investments aim to build the scale of SGs in a comprehensive manner by driving the public sector to build the platform, and by defragmenting the platform to create economies of scale. Working through the public sector can help to create synergies with social protection programs and other entitlement schemes. At the same time, it is critical to include the private sector—for example, by creating markets for the products offered by women’s group members. The Gender Equality team at the Gates Foundation aims to guide evidence-based inputs and support for three programs with government-led women’s collectives: the NRLM in India, the Nigeria for Women Project in Nigeria, and NUSAF’s Sustainable Livelihoods Program Plus in Uganda.

In India, the NRLM involves complex strategies and multiple program components, from social mobilization of households (into SHGs) to the development of full-scale institutions or federations. The program has multiple layers, including financial literacy and inclusion; institutional credit at subsidized rates; infrastructure development; skills and placement projects; and linking across different administrative levels, from the Panchayati Raj Institutions to the state administration.¹⁸ The State Rural Livelihood Mission handles specific components of project implementation, while state governments are in charge of handling eligible expenditures. Under the NRLM implementation framework, states have the flexibility to develop their own action plans based on their needs, making the NRLM a demand-driven approach. As a result, the NRLM has no single, standardized implementation model.¹⁹ Since 2011, the NRLM has been supported by US\$5.1 billion of funding from the Government of India and US\$1 billion from the World Bank.²⁰

In Nigeria, the World Bank has invested US\$100 million to improve financial and social capital and support livelihood generation for women through the Nigeria for Women Project. This project aims to socioeconomically empower women in Nigeria by creating an enabling environment for women to overcome institutional and market failures and barriers to enhancing productive livelihoods.²¹ The primary component of the Nigeria for Women Project is the mobilization of women into Women's Affinity Groups, which will be leveraged to provide trainings on financial literacy, monitoring the risk of gender-based violence, group management, and livelihoods, among others. Similar to the NRLM, the Nigeria for Women Project will adapt its programming to the needs of women in specific states in Nigeria, rather than use a single implementation model. The support provided to the Women's Affinity Groups and the livelihood support provided to members will use a gradual and phased approach to ensure program participants are ready to access and use the resources offered by the project.

In Uganda, the Sustainable Livelihoods Program Plus aims to improve economic outcomes of poor households in northern Uganda. Both the Gates Foundation and the World Bank are looking to expand the impact of the Sustainable Livelihoods Program Plus pilot, which preliminary evidence suggests may have increased participants' savings and income, in addition to decreasing reported illnesses at the household level and gender-based violence resulting from arguments over resources.²² The Gates Foundation and the World Bank will expand the program to increase its impact using a federation structure that can be scaled nationally if successful.

Section II: Evidence on Women's Groups

In the past few decades, a large body of evidence has emerged examining the effectiveness of different types of women's groups, particularly economic SHGs, SGs, and groups that employ PLA to improve health outcomes.^{23,24,25,26} Most commonly, research has examined the impact of women's groups on outcomes such as access to savings and credit; income, asset ownership, and household expenditures; women's economic empowerment and mobility; political empowerment; and health behaviors and outcomes.^{27,28,29,30} Below we present an overview of the theories of change for two common types of women's group (economic and health groups), followed by a synthesis of current evidence and an overview of the main findings from a portfolio evaluation conducted by the ECWG for the Gates Foundation.

A. Theories of Change for Economic and Health Groups

Economic Self-Help Group Programs and Savings Groups

The theory of change for economic SHG programs suggests that they can improve women's empowerment and well-being through several mechanisms. First, community mobilizers can provide women with the opportunity to come together in groups. This can enable women to improve access to financial and social capital through collective savings, which are used to facilitate intragroup lending, weekly or monthly meetings, group support, training, and livelihoods support. Exposure to this financial and social capital can enable women to experience an increase in asset ownership and income if they make use of the resources

available to them. Women's exposure to group support and the accumulation of social and financial capital may also enable women to make more meaningful life choices, which could in turn change their patterns of spending and saving. In addition, it could guide women to transform their choices into desired actions and opportunities, potentially resulting in improvements in women's economic and political empowerment, as well as their mobility. Finally, women who develop skills to improve their livelihoods may be able to escape poverty traps if they accumulate wealth from a low initial asset stock.³¹ This particular mechanism shows the importance of assessing the pathways that enable women to accumulate assets and achieve high returns on investment.

Economic SHG programs can also provide women with access to social protection entitlements, resulting in synergies with social protection programs. For example, the NRLM aims to provide women with access to information on how to obtain entitlements, such as job cards to participate in the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) program (the largest public works program in the world), or access to the national health insurance program. Access to entitlements such as job cards can provide opportunities to women to participate in nonagricultural labor markets, which may contribute to increases in income and asset ownership as well as consumption smoothing. Economic SHGs may achieve similar benefits in Uganda, where SG members may access jobs provided by public works programs, including labor-intensive public works, which are linked to NUSAF 3.³² We hypothesize that providing access to jobs and social protection could result in synergistic effects for economic SHGs and social protection programs when additional income is invested in the accumulation of wealth to escape poverty traps.

Economic SHGs can also result in changes in prices and wages when they are implemented at scale. For example, the JEEVIKA program resulted in a reduction in interest rates charged by informal money lenders, possibly because of reductions in demand for informal credit.³³ A change in informal interest rates could result in increased opportunities for households that depend on informal credit. For example, landless households increased their asset ownership following the reduction in informal interest rates caused by the JEEVIKA program.^{34,35}

SGs have a somewhat different implementation model from economic SHGs, with less focus on women's empowerment and fewer linkages to formal financial institutions and social protection entitlements. However, SGs have an equally strong focus on financial inclusion, particularly the accumulation of savings. Through their activities, SGs can enable women to increase their income and asset ownership and may also have positive effects on women's empowerment. In addition, SGs may facilitate the formation of enterprises or entrepreneurship by facilitating access to capital, trainings, and markets.

SHGs and SGs may achieve additional benefits through the inclusion of group-based livelihood promotion and support programs.³⁶ The NRLM, the Nigeria for Women Project, and the Sustainable Livelihoods Program Plus aim to achieve larger impacts on economic outcomes by placing greater emphasis on livelihoods in future programming. Livelihoods training may include an emphasis on business training or training for wage-based employment to develop women's skills, or grants to provide women with capital to invest in their own businesses.³⁷ Training and

investment may increase women's knowledge and resources, which may enable them to increase their income from self-employment. Alternatively, group-based livelihood promotion and support programs may aim to provide women with market linkages, which can help women entrepreneurs increase their sales and income.

Importantly, however, the effects of economic SHGs and SGs depend on community mobilizers' ability to bring together a sufficient number of women, the strength of the facilitators, trust among group members, and institutional linkages or convergence between economic SHGs and social protection programs. These moderators show the importance of examining the implementation models of economic SHGs and SGs. First, it is critical to examine the ability of community mobilisers to gather women in groups. Second, it is important to assess the quality and incentives of group facilitators, as well as the number of groups facilitators manage. Third, it is important to examine the group composition of SHGs and SGs and the level of social cohesion among SHG and SG members. Finally, it is critical to assess linkages between SHGs and SGs and the formal financial sector, as well as the institutional linkages between economic SHGs and social protection programs. Social protection programs include cash transfers, public works, and health insurance programs, all of which provide can security for the poor and vulnerable.³⁸

Further, economic SHG programs in India typically support a federated structure, consisting of a set of institutions that operate at different geographical levels and therefore differ in size. SHGs generally populate the lowest level in this structure. Both the homogeneity and limited membership of SHGs help to promote outcomes such as group savings and risk-reduction strategies through their positive effect on collective behavior. However, the small membership of SHGs can impede access to inputs and markets, thwarting efforts to improve income. To address this, a set of SHGs in India is typically federated into higher level institutions such as village organizations or cluster-level federations. We hypothesize that the increased size and group heterogeneity that characterizes these higher level institutions may influence group cohesiveness and collective action.

Health and Well-Being

Three broad approaches to women's group interventions specifically address the health and well-being of women, children, and the household, such as nutrition, access to health services, and violence against women. In one model, economic SHGs or other microfinance groups may improve health and well-being without a specific health intervention—for example, because of improvements in income or consumption smoothing, or because they address other underlying determinants of health. This approach posits that women may gain from financial interventions, the collective power of the group, increased political participation, and improved bargaining power, which can in turn improve access to entitlements, influence health-related decision making, and potentially decrease the risk of gender-based violence.^{39,40} Economic SHGs may also affect women's well-being by decreasing the risk of catastrophic health expenditures through health financing and access to savings and credit, insuring households against negative health shocks.^{41,42}

In the second model, economic SHGs can integrate specific interventions to improve well-being, such as health education, sensitization to gender-based violence, and linkages to health workers. This model capitalizes on the existing group structure and aims to target issues shared by the group, typically through structured education modules delivered during group meetings, or by using the group as a delivery channel for existing health communication initiatives. Improved knowledge and sensitization, enhanced by the underlying effects of group membership, can lead to increased preventive actions and empowerment to seek services. For example, behavior change that improves infant and child-feeding practices may reduce stunting and wasting in children, increased handwashing may reduce the incidence of diarrhea, and increased knowledge of tuberculosis can improve detection rates. These changes can operate through individual-level behavior change mechanisms, collective action, and/or shifts in social norms through groups.

In the third model, community mobilization initiatives move beyond closed groups to work with women in communities to identify and address shared problems. Working through PLA cycles to raise consciousness—and to support women to identify their own solutions—explicitly addresses both individual behaviors and collective action focused on structural issues, such as access to services. For example, women may individually change neonatal care practices and come together to address the lack of emergency transport in the community. Evidence on this model suggests that selecting a shared issue and ensuring population saturation are critical to achieving population-level health impacts.⁴³

In each of these three models, groups may engage in collective action and function as accountability measures for health systems to varying degrees, depending on the nature of the group, its aims, and facilitation. Evidence suggests that implementation factors such as the intensity of interventions, population coverage, the nature of group facilitation, and trust in the facilitators are critical for effective health interventions.^{44,45,46} Most of this evidence comes from pilot programs, with limited examination of how such programs transfer to scaled-up initiatives. Accordingly, understanding effective implementation models at scale and their interaction with specific contexts will be critical for identifying how best to (1) capitalize on existing groups, and (2) introduce wider approaches to promote both individual well-being and collective action.

B. Evidence From Impact Evaluations

Economic Outcomes

Impact evaluations and systematic reviews show mixed but promising evidence that economic SHGs and SGs have positive effects on economic outcomes, such as financial inclusion, asset ownership, income, and consumption. A systematic review by Barooah and colleagues⁴⁷ found that SHGs and SGs had positive effects on financial inclusion, but found mixed evidence of positive effects on household expenditures, asset ownership, and income. A quasi-experimental study by Deininger and Liu⁴⁸ also reported evidence that SHGs had positive effects on asset ownership and expenditure in Andhra Pradesh, India. However, Karlan, Savonitto, Thuysbaert, and Udry⁴⁹ did not find evidence of positive effects for a savings-led microfinance program in Ghana, Malawi, and Uganda in a randomized controlled trial. While Hoffmann and colleagues'

evaluation of a government-supported SHG program^{50,51} did not demonstrate positive effects of SHGs on expenditures and productive asset ownership in Bihar (except for landless households), the study did find evidence of reductions in interest rates charged by informal money lenders (particularly for landless households) due to reduced demand for informal credit. In addition, Christian, Kandpal, Palaniswamy, and Rao⁵² showed that participation in SHGs in Odisha, India, enabled women to mitigate reductions in nonfood expenditures and women's consumption caused by a cyclone. There is limited evidence on the impact of economic SHGs and SGs on employment and business outcomes, possibly because groups have only recently started placing more emphasis on livelihoods. Nonetheless, Karlan and colleagues⁵³ showed that a savings-led microfinance program in Ghana, Malawi, and Uganda led to improvements in business outcomes, including the number of employees and the number of months the business was in operation.

Empowerment

Evidence suggests that SHGs have positive but moderate effects on women's empowerment, but that their effectiveness increases when groups include a training component. A systematic review and meta-analysis demonstrated that economic SHGs had moderate but positive impacts on women's economic, political, reproductive, and social empowerment.⁵⁴ The same review showed that economic SHGs had larger effects on women's economic and reproductive empowerment when groups included a training component.⁵⁵

More recent evidence is mixed, particularly when SHG or SG programs are implemented at scale. While Karlan and colleagues⁵⁶ showed positive effects of an SG intervention in Ghana, Malawi, and Uganda, Hoffmann and colleagues^{57,58} did not find statistically significant effects on empowerment for an SHG program in Bihar, India, except for landless households. Endline results showed smaller impacts on women's empowerment than at midline. Qualitative results suggest that this reduction in impact may have been caused by a lighter program touch after the pace and scale of implementation expanded.⁵⁹

Health

Systematic reviews indicate that women's group interventions have the potential to improve the health and well-being of women, children, and adolescents in LMICs.^{60,61,62,63} For example, women's groups that employ PLA with open (rather than closed) groups have consistently demonstrated effects on neonatal mortality and child health in rural settings in South Asia and Africa, including with government health workers.^{64,65} There is little evidence to suggest that group membership alone improves health and nutrition outcomes, outside of potential effects related to increased consumption.^{66,67} However, there is a growing evidence base on the effect of women's microfinance groups that integrate specific health activities into group meetings, such as health education. Evaluations suggest improvements in certain behaviors, such as exclusive breastfeeding among group members, including for programs implemented with government groups.^{68,69,70,71} However, there is no evidence that these approaches have impacts on population-level health outcomes (rather than health behaviors). Lastly, an evaluation of an integrated microfinance and intimate violence prevention intervention, led by a nongovernmental organization, found reductions in reported physical or sexual violence in South Africa. However,

a similar evaluation of an intervention with government SHGs in a rural setting in India reported increased emotional violence and no effect on physical or sexual violence.^{72,73}

C. Portfolio Evaluation Findings

Key Findings

The ECWG's portfolio evaluation provided both an overview of the Gates Foundation's past investments in women's groups and recommendations on how to improve investments moving forward.⁷⁴ In the first phase of the portfolio evaluation, we created a sample of investments, built a framework into which information about the investments could be coded, and summarized patterns across these grants based on data provided by the Gates Foundation. In the second phase of the evaluation, we primarily used budgetary data from the Gates Foundation's investments and impact evaluations of these programs to conduct impact and cost-effectiveness analyses.

We present key findings from the portfolio evaluation about (1) grant characteristics, (2) group characteristics and implementation models, (3) pathways and outcomes, (4) reported costs and outcomes, and (5) the cost-effectiveness and impact of women's groups. The Gates Foundation funded 38 grants involving women's groups between 2011 and 2017, compared to eight grants between 2005 and 2010, though the average grant decreased from almost US\$15 million to just over US\$5.5 million. Comparing sub-Saharan Africa and India, a text-mining analysis found that digital and economic terms were used far more frequently in program documents related to sub-Saharan Africa (primarily Tanzania, Nigeria, Kenya, and Uganda), and that health and organizational or governance terms were used far more frequently in program documents related to India. Many groups employ integrated programming or have interventions layered onto existing platforms, with health groups representing the most common layering approach. Health and empowerment were the most commonly reported outcomes, followed by nutrition, particularly in South Asia. Economic outcomes—such as income diversification, consumption smoothing, market power, and employment—were more commonly reported in sub-Saharan Africa as compared to South Asia.⁷⁵

At the time of the portfolio evaluation, 10 completed impact evaluations of Gates Foundation investments were available that included rigorous evidence on the impact of women's groups. Programs had diverse goals and theories of change, and they seldom reported the same outcomes. For this reason, meta-analyses of effects only included a small sample of studies that reported on the same outcome; accordingly, we interpret the final impact estimates from the meta-analyses as "hypothesis generating" at this point. The meta-analyses showed mixed evidence that women's groups had positive effects, and overall the results showed smaller effects on women's empowerment than systematic reviews suggested. For example, a meta-analysis of SHGs and SGs showed small (<0.10 standard deviations) but positive effects on financial inclusion, savings, asset ownership, and political empowerment. Brody and colleagues' systematic review⁷⁶ found larger effects on women's empowerment than the portfolio evaluation, possibly because their review included fewer scaled-up programs, programs from sub-Saharan Africa, and/or gray literature (the latter of which may have resulted in a higher likelihood of

publication bias). A meta-analysis of SHGs and SGs in the portfolio evaluation did not show statistically significant effects on expenditures, or economic or social empowerment, but several individual studies showed positive effects. For health outcomes, a meta-analysis found that health groups or layers had small (<0.10 standard deviations) but positive and statistically significant effects on health behaviors, including the likelihood of institutional delivery and seeking antenatal care. However, most studies did not estimate impacts on health outcomes.⁷⁷

Some of the individual studies showed alternative pathways through which women's groups could deliver greater benefits. An impact evaluation of the JEEVIKA program in Bihar, India, found that the program lowered informal interest rates charged by money lenders, resulting in a 50% reduction in the differential in monthly interest rates between landless households and households with land (from 0.48 percentage points a month to 0.24 percentage points a month).⁷⁸ This enabled the program to achieve positive impacts on asset ownership among landless households, as well as cost-effectiveness.⁷⁹ In addition, private service providers' introduction of service fees to participate in the Savings and Internal Lending Communities (SILC) program in Kenya, Uganda, and Tanzania enabled the program to attract more entrepreneurial members into women's groups, resulting in a large impact on savings from business profits, amounting to US\$17 per household.⁸⁰ However, the study also suggests that the introduction of service fees could exclude some of the poorest women.⁸¹

Recommendations From the Portfolio Evaluation

The following key recommendations emerged from the portfolio evaluation, specific to grantmaking by the Gates Foundation:

1. *Improve measurement consistency across grants*

For impact evaluations in the design phase, more standardization across some of the main indicators would make investment comparisons easier and more accurate, particularly for outcomes that are difficult to quantify, such as women's empowerment. For example, it is critical to ensure that evaluations measure outcomes using validated measurement instruments and in accordance with best practices in impact evaluation (i.e., empowerment measures aligned with recent good practice, measuring health outcomes in addition to behaviors). For process evaluations, more work on the design and metrics to accommodate and accurately measure execution over the course of the investment could be useful for future programming and evaluations, particularly for comparing across investments and understanding why some programs perform "better" than others.⁸²

2. *Ensure investments incorporate a mix of research methods that capture the diversity of women's group models and pathways to impact, especially at scale*

Where feasible, it is important to include implementation research, process evaluations (mixed methods), and costing analyses to understand how interventions work, and to identify the elements and pathways of women's groups that are necessary to achieve impact, as well as the elements that contribute to costs. In addition, there is a clear need to conduct more research on how women's groups achieve scale, and on their quality when

operating at scale. Women’s groups operating at scale may be cost-effective because of economies of scale, but their individual- and household-level effects may be smaller.⁸³

3. *Invest in research to address policy-relevant evidence gaps*

The portfolio evaluation identified key areas where research can address evidence gaps to directly inform policymakers, including the following:

- The costs, cost-effectiveness, and return on investment of women’s group interventions, including layered interventions.
- The effect of delivering interventions via a group (relative to an alternative delivery platform) to fill evidence gaps on the specific effects of group implementation.
- Impact analyses on layered women’s group interventions at scale and the synergies of women’s groups with social protection programs.
- General equilibrium (spillover) effects and economies of scale to understand the additional benefits of scaled-up programs.
- The role and impact of women’s groups in sub-Saharan Africa.⁸⁴

D. Evidence Gaps and Areas for Methodological Improvement

Based on the current evidence base and the findings from the portfolio evaluation, we have identified both evidence gaps and areas for methodological improvements to advance the usability of evidence on women’s groups, and to guide ongoing and future investment for the Gates Foundation. The next section, which combines our observations from existing evidence and the portfolio evaluation, organizes evidence gaps into four themes: the conceptual framing and description of women’s groups, costs and cost-effectiveness, the role and effect of women’s groups in their wider ecosystem, and evidence syntheses. We then identify four areas to strengthen methodological approaches specific to research on women’s groups: outcome measurement, implementation and process research, costing tools, and large-scale surveys.

Evidence Gaps

1. *The conceptual framing and description of women’s groups*

Our review of the evidence identified the need for a common conceptual framework that examines how groups work—across models and contexts—to influence women’s opportunities, choices, and outcomes. The portfolio evaluation also identified a generally disconnected thread of investments and research that lacked an organizing typology and broad theory of change. For example, the portfolio evaluation of the Gates Foundation’s investments in WECs suggests that multisectoral interventions are common in over half of the foundation’s investments but are not easily categorized. Biscaye and colleagues⁸⁵ propose a taxonomy that categorizes women’s groups by distinguishing between livelihoods groups (including savings and producer groups) and health groups. Based on a synthesis of evidence of groups aiming to achieve nutrition outcomes in South Asia, Kumar and colleagues⁸⁶ propose four types of groups: microfinance, livelihoods, multisectoral, and behavior change communication. They also propose four pathways through which groups

can achieve impacts on nutrition outcomes: agriculture, income, behavior change, and rights. It is critical to improve and apply existing typologies to increasingly common types of groups and investments, such as integrated models and federations.

Further, systematic reviews consistently note the importance of—but lack of information on—group characteristics, implementation models, and intervention processes to strengthen the evidence base.^{87,88,89} We view this as both an evidence gap and a methodological limitation. For example, evaluation evidence generally fails to describe groups' governance structures, incentive structures for facilitators and community mobilizers, and integration with other services, such as entitlement schemes and social protection programs. We have not identified implementation research studies that examine specific implementation factors such as individual member characteristics and group composition, the frequency of group meetings, type of facilitation, governance and funding, and group structure.

2. *Costs and cost-effectiveness*

There are large evidence gaps on the costs and cost-effectiveness of women's groups. Most of the evidence on cost-effectiveness comes from India,^{90,91} with little to no evidence on the costs and cost-effectiveness of women's groups in sub-Saharan Africa. Despite the growing number of impact evaluations of women's groups, the ECWG's portfolio evaluation reported only one intervention with data on cost-effectiveness. Using data from the Gates Foundation and CARE, the ECWG generated cost-effectiveness estimates for six interventions in India and five African countries in the portfolio evaluation. However, we need to remain careful in interpreting the costs per program participant in these cost-effectiveness estimates, because most of the programs for which we conducted cost-effectiveness analyses did not show actual expenditures and had additional co-funding. This co-funding was not always visible during our analysis, limiting our ability to compare costs between programs and obtain accurate cost-effectiveness estimates.⁹²

To increase evidence on cost-effectiveness, it remains critical to continue investing in experimental and quasi-experimental impact evaluations, and to develop standardized approaches for measuring the costs and cost-effectiveness of women's groups. Barooah and colleagues⁹³ report that major evidence gaps remain on the impact of women's groups, and the portfolio evaluation showed very limited evidence on costs and cost-effectiveness.⁹⁴

In addition, there is very limited evidence that considers the relationship between scale and costs per beneficiary, the opportunity costs of participation in SHGs, and the difference between overall program funding and operational costs. The relationship between scale and costs per program participant is particularly critical because the ECWG's analyses of operational costs for different women's group models in Bangladesh, India, and sub-Saharan Africa show that operational costs per program participant are negatively correlated with scale in several countries.⁹⁵ It is critical to conduct more thorough assessments of how the scaling of women's groups influences costs and cost-effectiveness. Given the paucity of analysis on costs, it is vital to examine both costs (including opportunity costs) and the cost-effectiveness of different implementation models, including integrated models. Different implementation models come with different costs and different effects, as well as implications for who participates, so it is critical to examine which implementation models

can maximize both the impact and the cost-effectiveness of women's groups in different contexts. Innovations such as digital record-keeping and communication may also affect cost-effectiveness.

3. *The role and effect of women's groups in their wider ecosystem*

There is limited evidence on how the effects of women's groups interact within a wider ecosystem of local markets and social protection to achieve impacts through alternative pathways. For example, it will be critical to examine how WECs can create convergence and synergistic effects with social protection programs implemented in the same context (for example, public works programs such as MGNREGA and entitlements such as pensions in India, cash transfers and public works in Uganda, cash transfers in Nigeria, and health insurance coverage in all three countries). More evidence is needed on spillover effects on prices (such as informal money lenders' interest rates), and on how groups, federations, and other economic collectives link to markets. Evidence from the portfolio evaluation suggests that economic SHGs and SGs operating at scale may have smaller effects on women's empowerment and economic outcomes than economic SHG pilots,^{96,97} but they may achieve impacts through alternative pathways, such as changes in prices and wages.^{98,99,100} There is also limited evidence on how the cost-effectiveness of women's group-driven models compares with individual or household-level programs that seek to achieve similar outcomes, such as cash transfers, public works, and other social protection programs.¹⁰¹ Lastly, ongoing investments in adolescent girls' groups and interventions, particularly in Africa, provide an opportunity to investigate how women's groups may work across generations in a life-cycle approach.¹⁰²

4. *Evidence syntheses*

Systematic reviews point to the need to synthesize policy-relevant evidence. For example, while individual studies report effects on asset ownership—which is believed to be foundational to escaping poverty traps—the meta-analysis in the portfolio evaluation found mixed evidence for such a mechanism, highlighting the importance of synthesizing and aggregating existing research.¹⁰³ Similarly, more syntheses are required that focus on a specific context or domain in order to inform policy. Despite growing interest in “layered” or integrated approaches within government programs, there is no systematic review of evidence on the effects of integrated/layered microfinance and health components in group-based models on a range of health outcomes. Further, existing syntheses provide limited analysis on the effects of different types of groups, limiting their utility for program implementers and policymakers.^{104,105,106} Lastly, there is a need to synthesize evidence on less-examined outcomes such as agricultural outcomes.

Areas for Methodological Improvement

We note four methodological limitations that were identified through systematic reviews, desk research, and the portfolio evaluation of the Gates Foundation's investments:

1. *Inconsistent measurement of outcomes*

Researchers employ inconsistent approaches to measure women's empowerment and other outcomes relevant to women's groups, and use different definitions of these outcomes.^{107,108,109} Despite widespread use of food and nonfood expenditure modules, evidence on the reliable measurement of consumption is also scant and inconsistent.^{110,111} Although different evaluation approaches are driven by diverse theories of change and contextual considerations, it will be important to develop and apply measures for empowerment and other outcomes of interest that are common across women's group interventions to facilitate comparisons.¹¹² Measurement challenges limit the ability of impact evaluations to produce reliable and comparable estimates.

2. *Implementation research and process evaluations*

There are very few rigorous implementation research studies and mixed-methods impact and process evaluations that triangulate quantitative and qualitative data on implementation models, processes, and impacts. This limits our understanding of mechanisms and pathways to impact, as well as effectiveness across different implementation models. There is also limited analysis of the external validity of different evaluation methods, such as randomized controlled trials and quasi-experimental studies. Further, little information is available to inform the implementation of large-scale programs.

3. *Standardized costing tools*

There is a lack of standardized tools to measure the costs and cost-effectiveness of women's group evaluations. The portfolio evaluation noted the overall lack of reliable costing information on full programs. Information about costs and benefits can help investors and donors to compare cost-effectiveness across different types of women's groups to guide resource allocation decisions. However, research on the costs and cost-effectiveness of women's groups is scarce, possibly because of the lack of consistent cost data on different women's group activities and the consequent outcomes.¹¹³

4. *Large-scale surveys*

There is limited information from publicly available, large-scale population surveys on the membership and functioning of women's groups. The ECWG compared available measures in large national surveys to estimate SG participation in three African countries and found limited consistency across survey tools, and no specific question that could provide reliable estimates of adult women's current participation in SGs.¹¹⁴

Section III: Consortium Priorities

The ECWG has identified six focus areas for our research and technical assistance in India, Nigeria, and Uganda:

1. Strengthen the **conceptual framing** of women's groups through the development of (a) a meta-framework to guide research, and (b) a working typology to describe and classify women's groups.

2. Conduct research on women’s groups’ **implementation models** through primary research and secondary analyses.
3. Examine the **costs and cost-effectiveness** of women’s group interventions implemented at scale, using secondary data and in-depth case studies.
4. Examine the role and impact of **women’s groups in their wider ecosystem**—specifically, how they interact with social protection programs—using secondary data.
5. Conduct **evidence syntheses** and meta-analyses in policy-relevant areas, such as the effect of women’s groups on asset ownership, the impact of integrated microfinance and health group interventions, and country-specific evidence syntheses in Uganda and Nigeria.
6. **Improve measurement** in research on women’s groups by producing guidance on measuring women’s empowerment, costs and cost-effectiveness, and health outcomes.

A. Consortium Focus Areas for Research and Technical Assistance, 2019–2022

1. *Strengthen the conceptual framing of research on women’s groups*

The ECWG will build on existing research to develop a clear and transferable typology of women’s groups that can inform future research. We will also propose a common set or “checklist” of implementation characteristics to report on in research on women’s groups, to ensure that findings are comparable across implementation models and settings. This typology and the associated checklist of implementation characteristics will expand and build upon existing typologies. They will reflect implementation models in practice, including groups that integrate multiple activities, and will differentiate between pilot and scaled-up models as well as implementer types. Implementation challenges faced by community-based pilots and government-led groups vary significantly, as may the effects of groups that employ community mobilization focused on a specific health outcome compared to layered health education in groups at scale. A classification of group interventions beyond their initial organizing purpose will improve the use of existing evidence and drive future research that incorporates the nuances of implementation models.

The ECWG will also develop a conceptual meta-framework to rationalize and encompass the different theories of change related to how women’s groups achieve outcomes, focusing on how mechanisms unique to groups can affect women’s constraints and choices in a manner that changes their behavior from the status quo to a measurable outcome. The meta-framework will provide an overarching theory of what and how groups influence individual, household-level, group-level, and community-level outcomes, aimed at highlighting what is specific to group-based interventions. The ECWG will develop this framework by drawing from the existing body of evidence on women’s groups and implementation models, and on theories informed by the disciplines of economics, public health, and sociology.

Together, our proposed typology, checklist of implementation characteristics, and meta-framework will provide a “primer” or set of guidelines for researchers and policymakers on factors relevant to classifying and evaluating women’s group programs and implementation models. The tools will help to reveal gaps in our understanding of how a group (relative to

no group, or relative to different group models) elicits individual behavior change, and to generate specific hypotheses of intervention- and context-specific theories of change, as well as mechanisms that can be tested through quantitative and qualitative research. Classification and a meta-framework are particularly important for groups with multiple purposes and mechanisms, such as economic SHG programs that include health education or integrated livelihood programming, or health groups that include a microfinance component.

We will use the typology and meta-framework tools to develop working theories of change for different implementation models, which can then inform evidence syntheses and guide future evaluations—for example, by generating measurement guidelines and examining pathways and mechanisms. Moving forward, each theory of change for our analyses will aim to encompass the following questions:

- What enables (or prevents) women’s participation in a specific type of group? These characteristics include individual characteristics, group-level characteristics, and contextual characteristics.
- What key pathways inherent in the formation and maintenance of women’s groups are critical to achieving specific outcomes? For example, what are the mechanisms that lead to individual behavior change or a change in social norms?
- What is the role of the group in society and the economy and/or how do wider societal factors affect the group intervention, from the perspectives of sustainability; interactions with existing institutional structures, such as health and financial systems; and the introduction of technology?

2. *Conduct research on women’s group implementation models*

Most theories of change posit that economic SHGs and groups that aim to improve health and well-being can only achieve their objectives when they achieve high fidelity and quality of implementation. Beyond descriptive evidence on the type of group model, examining implementation processes is critical to distill lessons for policymakers and implementers. Moreover, implementation varies widely across settings and between pilots and programs at scale, underscoring the critical importance of documenting and analyzing contextual factors that influence the feasibility of certain implementation models. For example, it may not be possible to achieve the same implementation model at scale in Bihar as in Andhra Pradesh because limited capacity and resources in Bihar (such as lower literacy levels and less available funds) make it difficult to recruit a sufficient number of educated community mobilizers. Similarly, it may not be possible to achieve the same implementation model in northern Nigeria and southern Nigeria because social norms limit the mobility of women in northern Nigeria more than in southern Nigeria.

In an effort to bridge this evidence and methodological gap, we will conduct implementation research on models that examine five factors of programs at scale: (a) inner setting, (b) external context, (c) intervention content, (d) characteristics of implementers, and (e) implementation processes.¹¹⁵ Implementation research specific to women’s groups will identify design factors such as group purpose, group implementer/initiator, scale of

functioning, group membership, and facilitation (ratio of facilitators to groups, characteristics), as well as process outcomes such as intensity of implementation, fidelity, and coverage.¹¹⁶

As evidence on the impact of the NRLM emerges from an ongoing impact evaluation conducted by the International Initiative for Impact Evaluation (3ie), we plan to complement the findings by examining how different implementation models operating at scale are associated with the costs of women's groups, as well as economic outcomes and women's empowerment. Different implementation models may vary in terms of the number of community mobilizers, number of group facilitators, trust between group members, and institutional linkages. Each of these factors could influence the fidelity and quality of implementation of women's groups operating at scale, as well as the costs of these groups. Program adjustments (and failures) provide critical insights into the challenges faced when scaling up pilots and transferring models across contexts. We aim to focus on these issues through comparative case studies, in collaboration with 3ie. In these comparative case studies, we will also link cost data to results from the 3ie study about the impact and implementation models of the NRLM.

We will also conduct a comparative analysis on how the structure of federations influences the effectiveness of SHGs by examining their effects in different Indian states. We may, for example, examine the effectiveness of SHGs in Tamil Nadu and Odisha, where SHGs and higher level institutions operate at different geographic levels. In Tamil Nadu, higher level institutions are formed at the village level; in Odisha, these same institutions are formed at a higher geographic level (Gram Panchayat). A study that combines data from these two states would examine higher level institutions whose catchment areas vary in size, the degree of socioeconomic fragmentation, and the extent of residential segregation.

As investments expand in Africa, we will conduct research on the implementation of women's groups in Nigeria and Uganda. If feasible, we will use diary studies to understand and address the needs of participants in women's groups in these two countries. Data from diary studies can help researchers gain a better understanding of the processes that take place in the context of WECs. For example, the research team can collect data on all transactions performed by economically active adults in the household, including transactions in WECs. In addition, the research team can collect data on all topics that are discussed in the context of women's group meetings. This may require quantitative and qualitative data collection by women's group program participants, using participatory methods.

3. *Examine the costs and cost-effectiveness of programs at scale*

The ECWG plans to complete three studies to address evidence gaps on the costs and cost-effectiveness of women's groups: (a) a study that predicts the average costs of women's groups in different contexts and analyzes how these costs are influenced by program scale; (b) a study that identifies different activities and cost drivers across programs and analyzes how these evolve over time; and (c) a study that estimates cost-effectiveness and returns on investment for specific women's group programs, including the JEEVIKA program in Bihar.

We will begin with the study that examines how scale influences costs, using data from secondary sources already gathered by the ECWG. The ECWG previously responded to a request by the Gates Foundation to estimate costs of women's groups in India, East Africa, and Nigeria. To complete that request, we built a data set on annual program outreach and expenditure for several SHG and SG programs in India, Bangladesh, Nigeria, Kenya, Uganda, Tanzania, and South Africa, using information from programs' annual reports and audit reports. Based on these and potentially other data, we will conduct an analysis that includes (a) a multivariate regression analysis to examine the association between scale and cost per participant; (b) an analysis to examine changes in the proportion of resources used under each activity over scale and time; and (c) an analysis of the costs of adding other program components, such as farm- and nonfarm-based livelihood initiatives and health and sanitation programs, and how these costs vary across regions and time. We will also use the multivariate regressions to build a cost prediction model, controlling for scale as well as country-specific micro- and macroeconomic factors. Using this model, we will predict program costs in different settings, based on the regression parameters, and will aim to validate these estimated costs using existing data and out-of-sample predictions.

Recognizing that the data collected from secondary sources may not include exhaustive information on program components and activities, we also plan to conduct in-depth case studies on the costs and cost-effectiveness of the NRLM and SG programs in Uganda. The case studies will be facilitated through field visits that will incorporate primary qualitative data collection, including interviews with the implementation team as well as the collection of cost data from program expense statements. The NRLM models and SGs operate in different contexts and at very different scales, which will allow us to examine how costs vary across specific implementation factors and activities. The studies will identify primary activities conducted under the NRLM and SG programs; how these activities evolved over time; and the resources used and associated costs, disaggregated by each activity. To connect costs to different resources or cost drivers (such as manpower, equipment), we aim to collect data through a cost-ingredient approach, using the cost data collection tools we are producing as part of the cost-effectiveness guidelines on women's groups.¹¹⁷ We also aim to calculate women's opportunity costs of participating in women's groups based on time-use data or interviews with women.

In a final analysis, we will combine estimates of the costs of SHGs with program impacts to generate evidence on cost-effectiveness and the return on investment of the JEEVIKA program in Bihar. Specifically, we will use the estimates from an impact evaluation of the JEEVIKA program by Hoffman and colleagues,^{118,119} as well as potential longer term impact estimates of JEEVIKA based on a follow-up study conducted by 3ie. We will combine these impact estimates with audit data from the World Bank and cost data from program implementation in Bihar to estimate cost-effectiveness. As the audit data estimate costs of the JEEVIKA program at different levels of scale, the costing analysis will answer a critical question: If costs per beneficiary decline with scale, how does this decline compare against a potential reduction in benefits at scale, as reported by Hoffmann and colleagues.¹²⁰ This question also links to the research question on how implementation models influence scale. We aim to answer similar questions on return on investment for other (yet to be determined)

women's groups in India, Nigeria, and Uganda. Finally, we will compare return-on-investment estimates for women's groups with estimates for programs with similar goals in India, Uganda, and Nigeria, such as cash transfers, poverty graduation (through an asset transfer), and other public works programs.

4. *Examine the role and impacts of women's groups in their wider ecosystem*

The ECWG will conduct research on the synergistic effects of social protection and women's groups in India, Uganda, and/or Nigeria. In India, we plan to examine the effects of economic SHG programs on the likelihood of men's and women's participation in the MGNREGA program. We plan to either use data from impact evaluations of the NRLM or nationally representative data on the rollout of SHGs in India. We will also explore opportunities to merge data from the impact evaluations with other data on program implementation, and to examine synergies between the NRLM and other social protection programs for which data are available (e.g., health insurance or pensions), as well as the general equilibrium effects of these programs (if data are available on prices and/or wages). In Uganda and Nigeria, we aim to examine similar questions by assessing the institutional linkages between SHGs and social protection programs. If feasible, we also aim to collect and analyze quantitative data to determine the synergistic effects of women's groups and social protection programs.

5. *Conduct evidence syntheses on policy-relevant questions*

The ECWG will conduct systematic reviews and evidence syntheses on four policy-relevant topics. Specifically, we will conduct (a) a systematic review on the effects of integrating economic and health interventions with women's groups on health and well-being in LMICs, (b) a meta-analysis to determine the impacts of women's groups on asset ownership, (c) a country-specific evidence synthesis on women's groups in Uganda, and (d) a country-specific evidence synthesis on women's groups in Nigeria.

Systematic review: There is currently no systematic review of evidence on the impact of layered programs, in which health and microfinance represent the most common integrated approach. Given the substantial policy interest in this approach, this evidence synthesis will examine both impacts and implementation models in order to provide direction for policymakers and Gates Foundation investments.

Meta-analysis: The portfolio evaluation found mixed results regarding the effects of women's group interventions on asset ownership, which is considered critical to preventing poverty traps. We will build on existing systematic reviews^{121,122} to conduct a meta-analysis of the effects of SG and SHG interventions on asset ownership, with analysis by implementation model where possible. Further, we will explore opportunities to differentiate the effects of women's groups on women's and household-level asset ownership.

Country-specific evidence syntheses: We will conduct country-specific evidence syntheses on the impact, implementation, and costs of women's groups in Uganda and Nigeria. For these evidence syntheses, we will start with estimates we generated about SG participation rates in Uganda and Nigeria,¹²³ a country-specific evidence gap map that includes all evaluations that were conducted in Uganda,¹²⁴ and global evidence on the

impact of women's groups. The country-specific evidence syntheses will guide the implementation of the Sustainable Livelihoods Program Plus model in Uganda and the Nigeria for Women Project. We will describe the impacts of women's groups on financial inclusion, women's empowerment, and economic, health, and agricultural outcomes to provide a narrative and link it to the theory of change. If feasible, we will also synthesize the evidence surrounding the costs of the inputs and then associate these costs with the outputs of the intervention to assess its efficiency. In addition, we will examine implementation models by analyzing program documents.

For each of the evidence syntheses, we will start by developing a search strategy. To develop and refine this strategy, we will rely on population, indicator, comparison, and outcome (PICO) criteria, as well as consultations with other researchers and content experts, including the World Bank, government partners, and the Gates Foundation. Through this process, we will select the most relevant databases for our review. After collecting all the studies for review, we will code and critically appraise the quality of the literature. Coding and critically appraising the literature is necessary because findings from low-quality evaluation studies may be biased.

6. *Improve measurement within research on women's groups*

The portfolio evaluation highlighted the importance of developing guidelines for Gates Foundation grantees and researchers in the broader community on measurement specific to group-based interventions. Accordingly, the ECWG is in the process of developing three sets of guidelines on measurement in impact evaluations of women's groups: (a) tools to measure costs and cost-effectiveness;¹²⁵ (b) proposed measures of women's empowerment and economic outcomes;¹²⁶ and (c) methods to measure health outcomes.¹²⁷ These tools will be shared with Gates Foundation grantees and external researchers. They will also be tested where feasible—for example, through collaboration with evaluation grantees of the Gates Foundation.

B. Focus Areas for Other Researchers

The ECWG's learning agenda is not exhaustive and cannot address all of the evidence and methodological gaps that are considered important for advancing the evidence base. Based on our review of the evidence gaps, we recommend that other researchers who are interested in women's groups address research questions in the following areas:

1. **Research on groups in the wider economic and social system, such as interactions between groups and social policy or markets:** Questions of interest relate to how federations link to markets, or how elements of successful models (such as Kudumbashree in Kerala) can be replicated in states or countries without a similar institutional history. Another area of interest may be the role of regulatory frameworks and how they shape group functioning and effectiveness.
2. **Qualitative research on group functioning and mechanisms that are associated with effective interventions:** Current evidence either describes interventions in limited detail or does not report details on implementation processes, such as how often groups meet,

meeting durations, level of facilitation, and what is discussed. Rigorous, process-oriented, qualitative research will be essential to identify elements of successful programs.

3. **Evidence syntheses and primary research on the effectiveness of digital interventions across different contexts:** In India, digital reach among rural women is limited but may increase. Data from African settings indicates wider coverage and greater use of technology in group-based interventions. Potential areas for research may include identifying drivers of technology use across settings.
4. **Investigating a life-cycle approach to women's groups, such as linking adolescent girl programming with programs for adult women:** Adolescent girls' programs, such as safe space interventions, have gained traction in many African settings. In India, a national program focuses on reaching girls through peer educators and community-based programs. As women's group programs increasingly try to reach younger women, it will be critical to trace how girls and women engage with groups at different life points, and, importantly, what types of groups are effective for whom, which outcomes, and where.
5. **Examining general equilibrium effects of women's groups:** For example, the impact evaluation of the JEEVIKA program in Bihar could be replicated in other settings. Such research can examine how women's groups operating at scale influence informal interest rates, agricultural and nonagricultural wages, and local prices.
6. **Looking for opportunities to design and implement multi-arm impact evaluations to compare the impact and cost-effectiveness of women's groups with cash transfers, public works, and other social protection programs:** This may also involve developing methods to provide monetary values for improvements in women's empowerment.

Section IV: Conclusion

The ECWG's learning agenda aims to expand the evidence base on women's groups by synthesizing existing research and generating new analyses, with a focus on conceptual framing, implementation research, cost-effectiveness, the wider ecosystem, and women's group programs operating at scale in India, Nigeria, and Uganda. By consolidating what is known and by generating and disseminating evidence, we aim to provide direction and support for new research and investment in women's groups. As investments develop in Uganda and Nigeria, we will revise and expand this learning agenda, while maintaining an interest in comparative research. This approach will enable the ECWG to generate lessons on the impact, cost-effectiveness, and implementation models of women's groups in South Asia and sub-Saharan Africa, and to contribute to resolving evidence gaps in these areas.

We will disseminate evidence through peer-reviewed publications and a range of learning products, aligned with the ECWG's broader communication plan to reach researchers and policymakers with applicable evidence. Research teams composed of experienced and emerging researchers will encourage interdisciplinary research and learning on women's groups, as well as capacity building to support research beyond this agenda. Concurrently, we will work to strengthen communities of researchers focused on women's groups in Uganda, Nigeria, and India to create synergies both within and across settings.

Contact Information

For more information on the learning agenda or potential areas for collaboration with the ECWG, please contact the co-principal investigators from the American Institutes for Research and the Population Council:

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