

Investing in Women's Groups:

A Portfolio Evaluation of the Bill & Melinda Gates Foundation's Investments in South Asia and Africa

Research Brief | February 2020



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Background

Women, particularly those in low- and middle-income countries (LMICs), continue to face societal and structural barriers that affect economic, education, and health outcomes. Women's groups and collectives have emerged as a promising strategy to empower women and deliver other benefits in LMICs. The Bill & Melinda Gates Foundation (the foundation) has invested in and continues to support these groups and collectives across multiple teams.

Portfolio Evaluation: Key Takeaways

Grant and Group Characteristics

- The largest grants focus on the states of Bihar and Uttar Pradesh in India (20 grants totaling US\$104 million) and on Tanzania and Nigeria (10 grants totaling almost US\$50 million).
- Self-help groups and Village Savings and Loan Associations are the most common group types in the selected foundation portfolio.
- Most groups layer health or livelihoods programming on top of credit and savings functions.
- Seventy percent of the investments report health and women's empowerment outcomes.

Impact and Cost-Effectiveness, Based on Data From 10 Completed Impact Evaluations and One Cost-Effectiveness Study

- We found small but positive average effects on financial inclusion, political empowerment, asset ownership, and several health behaviors across studies that focused on a diverse set of women's group models.
- Some individual studies found positive effects on economic or social empowerment, but the overall synthesis did not show positive impacts, on average.
- Costs per program participant fell as the JEEViKA program in Bihar scaled up, and the program led to reductions in local informal interest rates, supporting cost-effectiveness in improving economic outcomes.

Three Key Steps for Building an Evidence Base on the Effectiveness of Women's Groups

- Articulate a testable theory of change.
- Standardize measurement, include costs and a cost-effectiveness analysis, and capture spillover effects to other community members.
- Employ mixed methods to capture important group implementation processes and intervention details.



The Evidence Consortium on Women's Groups (ECWG) is funded by a grant from the Bill & Melinda Gates Foundation and aims to address evidence gaps on how groups and collectives can contribute to achieving women's empowerment and well-being, and to understand their implementation models and cost-effectiveness. The consortium is co-led by the American Institutes for Research and the Population Council, with partners from the University of Washington, Stanford University, the Campbell Collaboration, and Makerere University. To learn more, please visit <http://www.womensgroupevidence.org> or e-mail info@womensgroupevidence.org.

To consolidate learnings and inform ongoing and new investments, the Evidence Consortium on Women’s Groups (ECWG) reviewed a selection of 46 foundation investments featuring women’s groups, made between 2005 and 2017. This research brief provides an overview of the ECWG’s portfolio evaluation findings, identifies evidence gaps, and recommends ways to improve future investments and evaluations of women’s groups and collectives.

This brief includes initial findings from the nine investments for which impact evaluation evidence was available. Although evidence on impact was only available for these nine investments, all 46 investments have surfaced learnings about the major evidence gaps and the measurement and methodological infrastructure necessary to address them, including evidence gaps on how groups operate, how much they cost, what makes them most effective, and how they can be brought to scale.¹ This brief offers researchers and funders guidance on how to invest in—and evaluate—women’s group interventions to build a stronger evidence base.

What Are Women’s Groups?

“Women’s groups” is an umbrella term commonly used to refer to different models of economic, health, and community groups with a primarily female membership. Groups vary widely in their design and implementation, and in their purpose, governance, and financing. Objectives include promoting financial inclusion and women’s economic empowerment, organizing workers in the informal sector, and improving health outcomes among group members and their communities. While groups identify by different names, they include self-help groups (SHGs)² in South Asia and Village Savings and Loan Associations (VSLAs)³ in Africa, which are formed to save and contribute to funds from which members can borrow. Other groups are focused on health, agriculture, or a particular demographic such as mothers or girls.

The foundation’s Gender Equality Strategy seeks to expand women’s power and influence through economic empowerment, underpinned by the belief that investing in Women’s Empowerment Collectives (WECs) is one way to build women’s human, financial, and social capital. WECs are a subset of women’s groups centered on five elements that the Gender Equality team considers critical for delivering these broader benefits and impacts: 1) pooling savings and sharing risks, 2) group solidarity and networks, 3) participatory learning and life skills, 4) critical consciousness of gender, and 5) access to markets and services. Within the portfolio of investments reviewed as part of the evaluation, no investments were provided to groups with all five critical elements, 28 were provided to groups with at least three critical elements, and 42 were provided to groups with at least one critical element.

To capture all pathways through which different types of women’s groups in the portfolio can achieve success, the ECWG subdivided the five WEC elements into pathways that are likely available only through a group:

- shared or pooled risk, time, financial and/or other resources;
- new or shared social networks, group commitment devices and mutual accountability;
- new or shared experiences or knowledge;
- critical consciousness around gender, agency, and norms; and

¹ Nine investments and ten evaluations included rigorous evidence on the impact of women’s groups.

² SHGs are typically groups in which female participants physically come together to collectively save funds in the name of the group in order to facilitate intragroup lending (Brody et al., 2015).

³ CARE defines VSLAs as follows: “A group of 15–25 people (most often women) who save together and take small, low interest loans from those savings” (CARE, n.d.).

- new or additional access to markets, services, or political/social bargaining power through numbers and collective action.

Women’s Group Investments in South Asia and Africa

The ECWG evaluated a portfolio of 46 foundation investments in women’s groups in South Asia and sub-Saharan Africa, made between 2005 and 2017 and totaling US\$330 million. We reviewed the proposals, midterm evaluations, budget documents, and progress reports filled out by grantees in the portfolio and estimated “typical” average effect sizes and variation in effects through several meta-analyses (which statistically pooled information about effect sizes), based on completed impact evaluations. The primary contribution of the portfolio evaluation—which included historical and ongoing investments—is informing and strengthening future investments to build a stronger evidence base.

Below we present key findings for each of the five research questions (RQs) that guided the evaluation of these 46 foundation investments, which covered 54 women’s group interventions.

RQ 1: What are the **grant characteristics**, and how do they vary across geography and context?

- Eighty percent of grant recipients were **non-governmental organizations**.
- **The largest investments were in India.** Most investments in South Asia were in the states of Bihar and Uttar Pradesh in India (20 grants totaling US\$104 million). Within sub-Saharan Africa, most investments were in Tanzania, Kenya, and Uganda (18 grants), with the largest investments in Tanzania and Nigeria (10 grants totaling almost US\$50 million).

RQ 2: What are the group characteristics and implementation models employed?

- **The composition of groups varies by gender, socioeconomic status, and rural/urban location.** The membership of most groups was exclusively female, though about one third of groups had mixed membership. Although detailed information on socioeconomic status and participants’ age was limited, most group members were low-income women of reproductive age. Just under three quarters of groups operated in rural areas.
- **Two thirds of women’s groups layered new programming onto a group that started with a different purpose.** For example, a microfinance group may have been supplemented with a health intervention or agricultural training.

RQ 3: What are the group elements or **pathways** and **theories of change**?

- Overall, grantees cited “new or additional access to markets and services” as the most common pathway to achieve outcomes, followed by pooled or shared financial resources.
- Grants in **South Asia** generally described pathways related to increased knowledge, collective bargaining, and changed norms.
- Grants in **sub-Saharan Africa** generally described pathways related to increased knowledge, changed norms, and additional access to credit and savings.

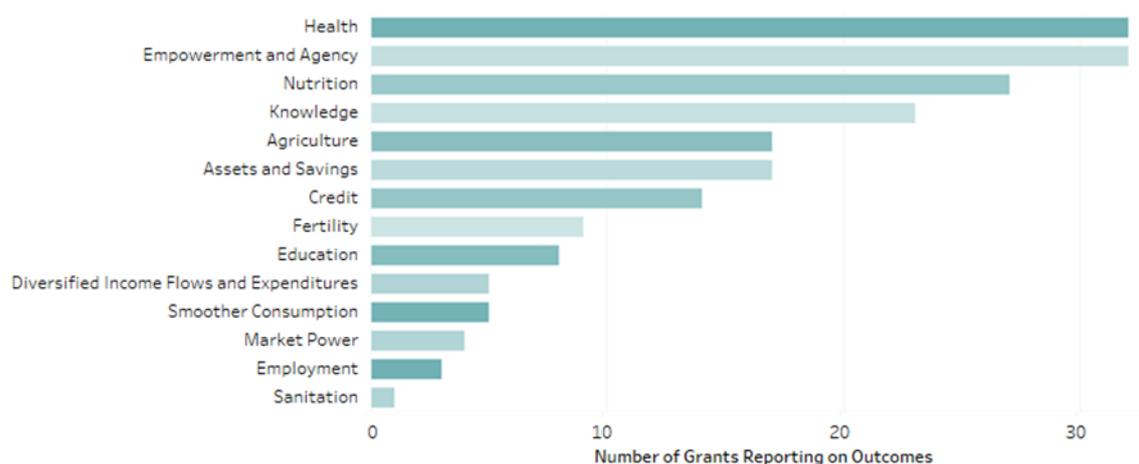
RQ 4: What **outcomes and costs** are reported in the portfolio?

- Of the 46 investments, 32 reported on outcomes related to health and women’s empowerment and agency in proposals, midterm evaluations, budget documents, and progress reports (Figure 1). Nutrition was also commonly reported, particularly in South Asia. Economic outcomes—such

as income diversification, consumption smoothing, market power, and employment—were more commonly reported in sub-Saharan Africa.

- Grant expenditures were reported against budget categories, enabling us to estimate cost per household. However, these estimates are only for foundation funding. This means that the costs of co-funded investments are underestimated, as data on funding from other donors was not commonly available. Cost estimates ranged from \$3.20 to \$175 per household.

Figure 1: Grants by Reported Outcome Area (n = 46 grants)



RQ 5: What is the **evidence base on the impact and cost-effectiveness** of women’s groups on women’s, girls’, and household outcomes?

Only nine investments reported impact estimates, and full program expenditure data (including expenditure data from co-funders) was only available for the JEEViKA program in Bihar. Taking into consideration these limitations, we present the following findings on impact and cost-effectiveness.

Impact:

- Small but positive effects on financial inclusion, political empowerment, asset ownership, and several self-reported health behaviors, such as seeking antenatal care. Most evaluations of health interventions did not estimate impacts on anthropometry, morbidity, or mortality.
- Some individual studies found positive effects on economic or social empowerment, although meta-analyses did not show these positive impacts on average.
- Program size ranged from 15,000 in a Rwandan community-based health program to 5.7 million in the JEEViKA program in Bihar. Most programs reached between 300,000 and 500,000 households.

Cost-Effectiveness:

- The available data supported one rigorous cost-effectiveness analysis, which reported a 15% return on investment (ROI) from the JEEViKA program in Bihar, despite limited program effects on women’s empowerment and productive asset ownership (Hoffmann et al., 2018).
- The positive ROI was attributed to economies of scale, which substantially lowered the costs per program participant as the number of participants increased; and spillover effects, which reduced interest rates and indebtedness for all households, and increased productive asset ownership for landless households in particular.

What Are the Evidence Gaps?

While a growing body of evidence has emerged examining the effectiveness of different types of women's groups, the collective evidence remains limited. Most commonly, research examines 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 and psychological empowerment; and health behaviors and outcomes (Barooah et al., 2019; Brody et al., 2015; Kumar et al., 2018; Orton et al., 2016; Prost et al., 2013). Evidence syntheses include considerably less research focused on implementation and the mechanisms through which groups achieve outcomes, the group elements common to success, cost-effectiveness, and scale. We found similar evidence gaps in our portfolio evaluation, as discussed below.

There is limited evidence on the pathways that are specific to women's group interventions and key outcome areas. A clear and testable theory of change is needed to understand how women's groups improve outcomes, compared to individual interventions. Outcomes and other results that do not examine the causal assumptions underlying the theory of change can answer *what* worked, but not *why*. This limits our understanding of whether the same approach will work in a new context.

There is limited evidence on how the structure, facilitation, and leadership of groups, as well as their implementation processes, contribute to or detract from potential benefits. Potentially important effects of different implementation models (for example, the use of savings or credit, facilitator characteristics) and implementation processes (such as fidelity, frequency of group meetings, and group composition) are seldom studied.

Groups are described inconsistently and outcome measures vary considerably, limiting our ability to comment on the impact of groups. Across the foundation's investments, we found very few impact evaluations that used the same outcomes for similar interventions. For example, some only reported on intermediate outcomes such as knowledge or behavior change, while others measured outcomes such as asset ownership or neonatal mortality.

Comparative cost-effectiveness analyses of groups are constrained by data and methodological limitations. We estimated that costs per household ranged from \$3.20 to \$175, with most programs costing under \$60 per household. However, most of these findings came from grantee budgets submitted to the foundation (rather than actual expenditures) and may not include co-funding.

Most Relevant Findings for Investors and Donors

The portfolio evaluation suggests that the foundation's investments have small but positive effects on financial inclusion, political empowerment, asset ownership, and several health behaviors. However, these findings are based on a very small number of programs with wide variation in contextual characteristics and implementation models. Only a few individual evaluations found positive effects on women's economic and social empowerment. A number of factors may have been responsible for these small effects. For example, the portfolio evaluation included several scaled-up programs, and it is likely that their increased outreach adversely affected the quality of implementation in some cases (as shown in Hoffman et al., 2018). Although we found some evidence of a positive ROI for the scaled-up JEEViKA program, we were only able to conduct a rigorous cost-effectiveness analysis for one study. Very few evaluations examined the causal effects of women's groups, and many questions about implementation and costs remain. This suggests that investments should focus on learning about the impact, implementation, and cost-effectiveness of women's groups. While the portfolio evaluation found limited evidence regarding impact, the larger evidence base does indicate that women's groups

are a promising investment for some outcomes (Brody et al., 2015; Hoffmann et al., 2018; Kumar et al., 2018; Prost et al., 2013).

Recommendations for Evaluation and Learning

The portfolio evaluation surfaced evidence gaps and challenges to building a robust evidence base. Understanding effective women's group models and variation across contexts is critical to identifying which evidence is transferable, and which group models are scalable. We provide several recommendations for building an evidence base that can be aggregated and can explain failure and success, help set priorities, and identify causal pathways.

Articulate a Testable Theory of Change

The absence of a common conceptual framework that examines how groups work, across both models and contexts, contributed to many ad hoc or incomplete theories of change. Developing a clear framework could help decision makers and implementers better understand the avenues and conditions through which a group platform produces desired outcomes. These conversations can lead to important inquiries into group design and implementation details, including leadership and structure, as well as external organizational connections and support. Such details are rarely reported but could be important for success. A developed and tested theory of change can further strengthen the evidence base for future group interventions.

Standardize and Expand Measurement

Increase the Consistency and Quality of Data and Sampling

We found considerable variation across objectives, indicators, designs, implementation, and reporting for women's group interventions. Inconsistencies in basic data and data quality—what is measured and how it is measured—limit what we can learn about groups in aggregate or comparatively. Prioritizing resources towards careful measurement and evaluation, consistent with professional good practices, would better enable reasonable inferences to be made about how well results will translate in different contexts.

Examine the Costs and Cost-Effectiveness of Groups

Most of the existing evidence on cost-effectiveness comes from women's groups in India (Deininger & Liu, 2009; Chandrashekar et al., 2019). There is an urgent need for more analyses that help to determine the costs, cost-effectiveness, and ROI for women's groups. This will require the collection of thorough cost data.

Measure the Interactions of Groups Within a Broader Ecosystem

Women's groups operate within a wider ecosystem of government programs and markets. For example, groups may be instrumental in linking members to public entitlements, such as public works, pensions, and cash transfer programs; or groups may influence prices, including the interest rates of informal money lenders. Women in groups may also influence social norms in a community, which in turn could support behavior change. Valuing the spillover benefits of broader health coverage, lower borrowing costs, or changed social norms requires studies that measure change in the community in which a group operates.

Use Validated Outcome Measures

It is difficult to consistently evaluate outcomes that are not easily quantified or traded in markets, such as empowerment, network growth, and collective action. The adoption of validated tools to measure women's empowerment, economic, and health outcomes is important for aggregating and comparing across evaluations. As a first step, the ECWG has compiled guides for measuring women's empowerment and economic outcomes (De Hoop, Peterman, & Anderson, 2019) and cost-effectiveness (Siwach et al., 2019) in evaluations of women's groups.

Use Mixed-Methods Research

It is likely that the outcomes of women's groups are driven by both quantitative and qualitative elements that necessitate measuring group dynamics, processes and implementation. Mixed-methods implementation research and process evaluations are required to understand *how* groups operate to improve programs, and to translate evidence across contexts. Standardized reporting on group characteristics and functioning will improve what we know about how groups work in a specific context, while mixed-methods process evaluations can help identify enablers of and barriers to implementation, effectiveness, and cost-effectiveness.

Moving Forward

Governments and donor agencies have made significant investments in women's groups in South Asia and sub-Saharan Africa, based on the idea that expanding and supporting women's groups is a promising strategy for improving gender equality, as well as women's well-being, empowerment, and access to opportunities. The National Rural Livelihood Mission (NRLM) alone has been supported by US\$5.1 billion in funding from the Government of India and US\$1 billion from the World Bank (World Bank, 2011). The World Bank has also invested considerably in women's groups in Nigeria and Uganda.

Based on the small but positive effects identified in the meta-analyses, and on the impacts identified in the broader evidence base, women's groups are clearly a promising investment. However, evidence remains mixed. More mixed-methods research is needed to understand which models and components of women's groups contribute to financial inclusion, better health, stronger livelihoods, and women's empowerment; at what cost; and through which mechanisms. This research brief and set of recommendations are intended to offer some insights from a sample of investments on **how to generate an evidence base on women's groups** that is relevant for implementers, policymakers, and donors. This will help advance the community's learning, support effective programming, and guide investments.

Suggested citation: Anderson, C. L., de Hoop, T., Desai, S., Siwach, G., Meysonnat, A., Gupta, R., Haroon, N., Howlett, M., Kolla, N., Sidhu, A., Paul, S., Belyakova, Y., & Singh, R. S. (2019). *Investing in women's groups: A portfolio evaluation of the Bill & Melinda Gates Foundation's investments in South Asia and Africa* (Research Brief). Retrieved from <http://www.womensgroupevidence.org>



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