



Population Council  
**Knowledge Commons**

---

Poverty, Gender, and Youth

Social and Behavioral Science Research (SBSR)

---

11-30-2020

## Improving Evidence on Women's Groups: A proposed typology and reporting checklist

Sapna Desai  
*Population Council*

Thomas de Hoop

Leigh Anderson

Bidisha Barooah

Tabitha Mulyampiti

*See next page for additional authors*

Follow this and additional works at: [https://knowledgecommons.popcouncil.org/departments\\_sbsr-pgy](https://knowledgecommons.popcouncil.org/departments_sbsr-pgy)

---

### Recommended Citation

Desai, Sapna, Thomas de Hoop, Leigh Anderson, Bidisha Barooah, Tabitha Mulyampiti, Ekwaro Obuku, Audrey Prost, and Howard White. 2020. "Improving Evidence on Women's Groups: A proposed typology and reporting checklist," Evidence Consortium on Women's Groups Working Paper no. 1.

This Working Paper is brought to you for free and open access by the Population Council.

---

**Authors**

Sapna Desai, Thomas de Hoop, Leigh Anderson, Bidisha Barooah, Tabitha Mulyampiti, Ekwaro Obuku, Audrey Prost, and Howard White

# Improving Evidence on Women's Groups: A proposed typology and reporting checklist

Sapna Desai, Population Council

Thomas de Hoop, American Institutes for Research

Leigh Anderson, University of Washington's Daniel J. Evans School of Public Policy and Governance

Bidisha Barooah, International Initiative for Impact Evaluation (3ie)

Tabitha Mulyampiti, School of Women and Gender Studies, Makerere University

Ekwaro Obuku, Africa Centre for Systematic Reviews and Knowledge Translation, Makerere University and London School of Hygiene & Tropical Medicine, University of London

Audrey Prost, Institute for Global Health, University College London

Howard White, Campbell Collaboration

The authors would like to thank the Bill & Melinda Gates Foundation for supporting this study. We would especially like to thank Shubha Jayaram, and Subhalakshmi Nandi at the Gates Foundation, and David Seidenfeld from the American Institutes for Research for their valuable comments and feedback on this paper.

\*Corresponding author. Email address: [sdesai@popcouncil.org](mailto:sdesai@popcouncil.org)

## Contents

	<b>Page</b>
Abstract.....	ii
Background.....	1
How to describe a group? .....	2
A three-level typology .....	2
Implementation characteristics .....	5
Discussion .....	11
References .....	12

## Abstract

Women's groups are a widely implemented and researched development intervention, particularly in South Asia and Africa. Groups encompass many models such as self-help groups, mother's groups and workers' cooperatives and aim to address a range of objectives, such as improved livelihoods, health and community solidarity. However, there is no consistent approach to describing their varied implementation models, which hinders construct validity and accurate interpretation of evidence. Drawing from three recent evidence reviews and research experience, we propose a typology and reporting checklist to describe women's groups. Our three-level typology characterizes women's groups by membership, primary organizing purpose and secondary activities. The reporting indicators describe the intended implementation model in five categories: group purpose, governance, membership, meeting norms and facilitator characteristics. The typology expands the description of women's groups beyond umbrella terms, while the checklist ensures that key group implementation features are consistently documented. As large-scale investments in women's groups grow, these tools can support interpretation and transferability of evidence across models and settings.

# Improving Evidence on Women's Groups: A proposed typology and reporting checklist

## Background

A women's group, defined as a voluntary group in which the majority of members are women, is typically formed to serve a common interest or for members to provide social, material, or other support to one another. Women's groups have played an important role in feminist movements to advance women's economic participation, environmental activism and reproductive rights (Bhatt, 2006; Cornwall, 2016). Over the last three decades, external actors have engaged women's groups in development interventions in low and middle-income countries (LMIC)<sup>1</sup> (Baroah, et al., 2019; Brody, et al., 2015). Women's groups come together in various ways, such as through Self-Help Groups (SHG)s, adolescent or young mother's groups, community mobilization groups, trade unions and producers' collectives. Research on the effects of group-led approaches spans a range of outcomes, including financial inclusion, asset ownership, health and nutrition and women's autonomy (Brody, et al., 2015; Diaz-Martin, Gopalan, Guarnieri, & Jayachandran, 2020; Gugerty, Biscaye, & Anderson, 2019; Orton, et al., 2016; Prost, et al., 2013). However, despite widescale presence of women's groups and a growing body of research, there is no consistent approach to describing their implementation models.

Consistent descriptions of women's group models can support the transferability of evidence, as well as inform investments in large-scale programs in many settings. For example, in India, the National Rural Livelihoods Mission (NRLM) aims to mobilize 70 million households into women's SHGs (NRLM, 2011). India's National Health Mission supports the scale up of women's groups practicing participatory learning and action (PLA), facilitated by community health workers (MoHFW, 2016). In Bangladesh, the Grameen Bank, BRAC, and the Association for Social Advancement offer microloans to millions of poor households (Rahman, Luo, Ahmed, & Xiaolin, 2012). The Nigeria for Women project aims to mobilize over 300,000 women into Women's Affinity Groups (World Bank, 2018). In Uganda, several large-scale government-supported programs actively work with women's groups, such as the Project for Financial Inclusion in Rural Area (MOFPED, 2019) and the Uganda Women's Entrepreneurship Programme (EPRC, 2017).

Although they share some common features, women's groups function differently depending on their organizing purpose, membership criteria and activities. For example, a government-

---

<sup>1</sup> Abbreviations: LMIC Low and middle-income country; SHG Self-help group; NRLM National Rural Livelihoods Mission (India); PLA Participatory learning and action; and VSLA Village savings and loan association.

formed SHG in India is comprised of 10-12 women who meet weekly to collect savings in a bank, while a village savings group in Uganda often comprises 20 to 30 women and men who keep savings in a group lockbox that can be “shared out” in a predefined cycle (Karlán, Savonitto, Thuysbaert, & Udry, 2017; de Hoop et al., Forthcoming). Groups formed to mobilize communities to address health problems can have open meetings to address shared issues through a PLA cycle (Prost, et al., 2013) or gather mothers and health workers into education and discussion sessions (Perry, et al., 2015). Other groups, such as the Self-Employed Women's Association, do not prescribe meeting rules but come together at different levels to address members' needs (Bhatt, 2006). Our experience with research, evaluation and implementation of women's groups suggests that consistent description of implementation models could improve comparability and learning. In this paper, we propose: (i) a typology and (ii) a set of common reporting indicators to improve the evidence base.

## How to describe a group?

### A three-level typology

Researchers, policymakers and funders use many different terms, ranging from umbrella terms such as women's groups or women's empowerment collectives, to sector-specific categories such as livelihoods-groups, group-based microfinance or savings groups (Anderson, Biscaye, & Gugerty, 2014; Barooah, et al., 2019; BMGF, 2019; Desai, et al., 2020; Kumar, et al., 2018; Orton, et al., 2016). Several group characteristics may be used as a typology for women's groups. The most common is organizing purpose or function, e.g. health or livelihoods. Other possible dimensions for a typology include member characteristics which may refer to mixed gender, women-only groups or a specific group of women, group size or level (village, district, national) and how the group was created (e.g. by autonomous groups or facilitated by an external agency).

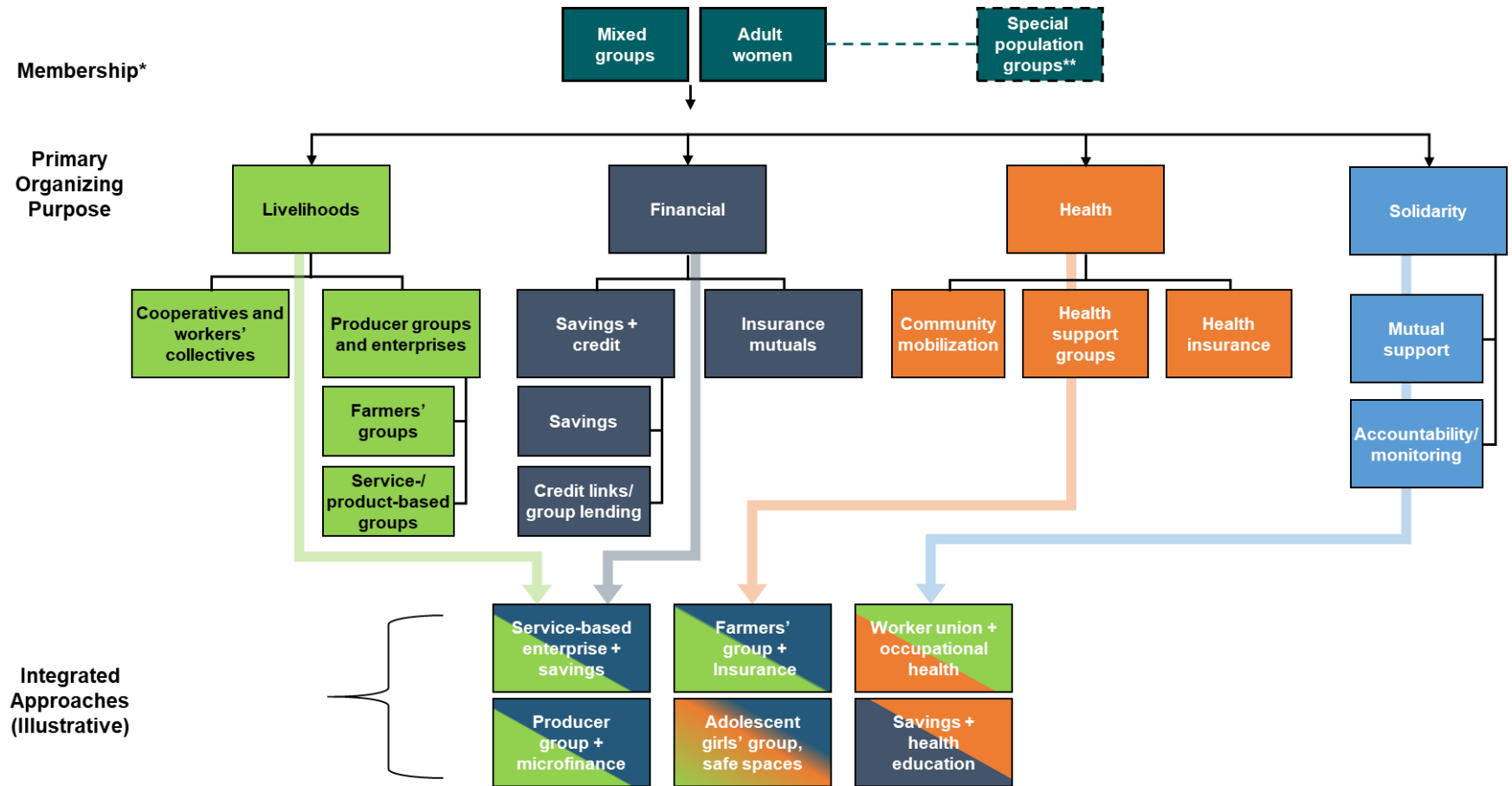
Some evidence syntheses have proposed typologies to categorize groups. For example, Kumar et al. (2018) identified four categories of groups in South Asia—microfinance, livelihoods, multi-sectoral and behavior change—that work through different pathways to improve nutrition (Kumar, et al., 2018). Anderson et al. (2018), focusing on South Asia and Africa, proposed a taxonomy of groups in which groups vary in member participation in group governance and a continuum of creating social relative to private benefits (Anderson et al., 2014). Categories that emerged included livelihood groups, informal and formal savings and credit groups, (e.g. Rotating Savings and Credit Associations and SHGs) and health groups comprised of women's health groups and health clubs (Anderson, et al., 2014). Barooah et al. (2019) proposed a categorization by informal and semi-formal institutions, with the latter subdivided into community-based, solidarity-based and livelihood-based groups (Barooah, et al., 2019). These typologies mainly focus on the primary organizing purposes of a group. However, groups typically do not perform a single function in practice. For example, a portfolio evaluation of 46 Bill & Melinda Gates Foundation investments in women's groups across over 20 countries found that 38 of 57 groups had integrated programs, wherein existing or new groups engaged in multiple activities, most commonly health and microfinance (Anderson, et al., 2019). A scoping

review of women's groups in Uganda found that the most common combination of activities was savings and credit, followed by livelihood activities combined with savings and/or credit, as well as cases in which a savings group included health activities (de Hoop, et al., Forthcoming). Groups also differ by who they intended to reach—members or the wider community—and by who initiated the group. In India's *Mahila Samakhya* program women's groups prioritized their own activities, but spillover effects reached beyond members to support community development (Janssens, 2011). In Uganda, health-oriented groups were more likely to have an exclusively female membership than other groups, sometimes targeting younger women or adolescents (de Hoop, et al., Forthcoming)

Figure 1 proposes three levels of characteristics to describe a group by: (i) membership (ii) primary organizing purpose, and (iii) secondary activities. An SHG could be described as: "an all-women savings and credit group that also implements health and livelihoods activities". Similarly, an agriculture group may be described as a "mixed producer group that provides crop and health insurance", while another may be "a sex workers collective for member solidarity, along with microfinance and health activities." Table 1 applies this typology to five examples.



Figure 1: Proposed typology of women's groups



\*Groups may be open or closed with respect to membership.

\*\* Special population groups may include adolescent girls, women with HIV, and sex workers, among others.

**Table 1: Applying a basic typology of women's groups**

Group intervention	Membership	Organizing purpose	Secondary activities
National Rural Livelihoods Mission, India	Adult women	Financial	Livelihoods, Health
Popular Knowledge Women's Initiative, farmers' group in Uganda	Mixed women and men	Livelihoods	Solidarity
IMAGINE Girls Collectives, Niger and Bangladesh	Special population group (Adolescent girls)	Solidarity	Health, Financial
Women's Development Teams, Ethiopia	Adult women/families	Health	
Durbar Mahila Samanwaya Committee, India	Special population group (Sex workers)	Solidarity	Health, Financial

Sources: (CARE, 2020; Jana, Basu, Rotheram-Borus, & Newman, 2004; Lecoutere, Conilh de Beyssac, Kamoga, & Opio, 2012; Lecoutere, 2017; NRLM, 2011; Yitbarek, Abraham, & Morankar, 2019)

## Implementation characteristics

Consistent documentation of the way groups are designed—such as who forms them, membership criteria, meeting frequency and activities—enables comparability, as well as transferability of evidence across settings (Hoffmann, et al., 2014; Masset & White, 2019). We examined four recent evidence syntheses of group-based interventions to compare how group implementation characteristics were described (Table 2). A review of 44 evaluations of the effect of groups on health outcomes in India found that less than half of the studies reported on the size of groups, and 28/44 included the frequency of meetings (Desai, et al., 2020). While most studies reported on facilitator characteristics, only a small proportion described how facilitators were trained or paid.

A scoping review to examine the evidence base on women's groups in Uganda, which included 66 studies, of which 10 were experimental or quasi-experimental evaluations, found that most studies reported the gender composition of groups, but relatively fewer on group size, meeting frequency, and less than half on facilitator characteristics (de Hoop, et al., Forthcoming). Information on group implementation models was limited in a portfolio evaluation of Gates Foundation investments of women's groups, despite access to program reporting documents (Anderson, et al., 2019). Overall, we found that groups are not described with sufficient detail or consistency to compare evidence across settings.

**Table 2: Implementation characteristics reported in evaluations\***

Review	Total studies*	Gender of members	Group size	Meeting frequency	Meeting duration	Facilitator characteristics	Facilitator training	Facilitator payment	Facilitator to group ratio
Systematic review on effects of health groups (Desai et al., 2020)	44	44	21	28	7	35	18	15	20
Scoping review on Uganda (de Hoop et al., 2020)	10	9	7	6	5	4	4	4	1
Portfolio Evaluation (Anderson et al., 2019)	13	11	9	10	1	9	7	3	3

\*Includes experimental and quasi-experimental evaluations of women's groups interventions in the three evidence reviews

Consistent reporting on implementation models also allows for comparison across seemingly distinct models. For example, Ethiopian village savings and loan associations (VSLA)s are typically informal and aimed at collective risk pooling, while Bangladeshi microfinance groups are formally linked to a bank. Yet groups in Bangladesh and Ethiopia both meet regularly, maintain similar records, and include trained facilitators. Moreover, key differences across models may determine effectiveness. Women's groups who practiced PLA in Jharkhand and Odisha, India were *open* to all community members – a factor associated with their ability to achieve population-level effects on neonatal mortality (Prost, et al., 2013). On the other hand, groups formed to conduct health education on maternal and newborn health and microfinance in Bihar were *closed* to women members who contribute savings, and thus only reached two to four pregnant women or new mothers per SHG (Saggurti, et al., 2018). However, these two models are commonly considered in one category in evidence syntheses (Diaz-Martin, et al., 2020; Kumar, et al., 2018).

Table 3 proposes a set of characteristics to describe group implementation models across five categories. The group's primary purpose and secondary activities, similar to the typology, describe both the initial purpose of the group and its additional functions. Some health groups involve entire communities, while most financial groups focus on members. In some settings, livelihoods groups are federated at a geographic level of business unit to facilitate governance, increasing access to credit and access to markets. The category of indicators on group membership, eligibility and retention requirements identify who groups include—and importantly, who they may exclude. Group meeting norms include frequency and length of meetings, as well as where and why groups meet. Lastly, we include several characteristics of group facilitators that may influence group functioning. These characteristics refer to descriptions of group

implementation as designed, or “in theory”, to facilitate comparison across models. They may also help evaluators monitor implementation quality and fidelity to intended design.

Tables 4 and 5 apply this checklist to compare two types of women’s group interventions evaluated for the same outcome. In the first example, two group-based approaches aimed to reduce violence against women in rural India. In the Do Kadam intervention, government SHGs in rural Bihar worked with a non-governmental organization to address violence against women through integrating gender sensitization sessions into SHGs (Jejeebhoy, et al., 2017). The checklist describes formation processes of the underlying group model (SHGs), not the add-on intervention. In the second model, Ekjut, a non-governmental organization in Jharkhand, conducted a PLA cycle with open women’s groups to reduce violence (Nair, et al., 2020). Both aimed to sensitize women on gender-based violence and link them to services through groups, with variation in group purpose, size and eligibility requirements. In a second example, we compare an adolescent girls group model (Bandiera, et al., 2020) with a VSLA model in Uganda (Karlan, et al., 2017). While there are some similarities, the differences in these models highlight why evidence on women’s groups should compare outcomes by implementation models, even in the same context.

**Table 3: Reporting checklist on women's group implementation models**

<b>Group characteristics</b>	<b>Options</b>
<b>Purpose</b>	
Primary objective	Livelihoods/Financial/Health/Solidarity/Other (define)/no primary objective
Secondary activities	Livelihoods/Financial/Health/Solidarity/Other
Primary target population	Group members/Household/Community
Group initiators	Govt/iNGO/NGO/Community/other [mixed/multilaterals]
Formation process	Autonomous/External agency (If external: in response to, facilitated by, or created by)
Years of operation	
<b>Governance/functioning</b>	
Group registration	Formal/Informal
Formal leadership	Elected/Appointed by group//None
Federated	Yes/No
<b>Group membership</b>	
Number of members	Range
Open/closed group	Open/Closed
<u>Eligibility criteria</u>	
Age	Range
Gender	F/M
Specific population group	FSW/Adolescents/Other
Requirements for retention	Weekly Savings/Attendance/Others
Other eligibility	Define: Poverty indicator/Occupation/Others
<b>Meeting norms</b>	
Frequency	Weekly/Fortnightly/Monthly/Other
Length	minutes/hours
Place of meeting	Fixed site/Rotating/other/virtual
Primary meeting activity	Savings/training/discussion/education/social/other
<b>Facilitators</b>	
Who	Member/govt worker/NGO worker/other/none
Gender	F/M
Educational criteria	Level
Paid	Yes/No
Must be from local community	Yes/No
Trained by	Govt/NGO/Other
Facilitator to group ratio	Number/Population/Geography

**Table 4: Two women's group models to address VAW in India**

<b>Reporting indicator</b>	<b>Govt SHGs (Jejeebhoy 2017)</b>	<b>Ekjut (Nair 2020)</b>
<b>Purpose</b>		
Primary objective	Finance	Violence against women
Secondary activities	Violence against women	
Geography	Rural	Rural
Target population/scope	Group members + HH	Community
Group initiators	Government	NGO
Formation process	External – Govt-created	External – NGO-facilitated
<b>Governance/functioning</b>		
Group registration	Formal	Informal
Formal leadership	Elected	None
Federated	Yes	No
<b>Membership</b>		
Number of members	10-12 women	20-30
Open/closed	Closed	Open
<u>Eligibility criteria</u>		
Age	18+	
Gender	Female	Female
Specific population	N/A	N/A
Requirement for retention	Weekly savings	None
<b>Meeting Norms</b>		
Frequency	Weekly	Monthly
Average duration	45 mins	1-2 hours
Place of meeting	Fixed	Varies
Primary activity in meetings	Savings and Credit	PLA cycle
<b>Facilitator</b>		
Who	Member	Govt health worker (ASHA)
Gender	Female	Female
Educational criteria	N	Y: Grade 8
Local	Yes	Yes
Paid	Yes	Yes
Trained by	NGO	Govt & NGO
Facilitator: group ratio	1:1 group	1:1000 population

**Table 5: Two women's group models to address women's empowerment and economic outcomes**

<b>Reporting indicator</b>	<b>Village Savings and Loan Associations (VSLA) (Ghana, Malawi, and Uganda) (Karlan et al., 2012)</b>	<b>Empowerment and Livelihood for Adolescents Programme (Uganda) (Bandiera et al. 2020)</b>
<b>Purpose</b>		
Primary objective	Finance	Livelihoods
Secondary activities	Livelihoods	Health
Geography	Rural	Rural and Urban
Target population/scope	Group members	Community
Group initiators	International NGO	International NGO
Formation process	External – NGO-facilitated	External – NGO-facilitated
Formation process		
<b>Governance/functioning</b>		
Group registration	Informal	Informal
Formal leadership	Elected	None
Federated	No	No
<b>Membership</b>		
Number of members	30	Unclear
Eligibility	Closed	Open
If closed, eligibility criteria	Contribute to savings	N/A
Age	18+	15-19 years old
Gender	Mixed	Girls
Specific population	N/A	Adolescent girls
Requirement for retention	Weekly savings	N/A
<b>Meeting Norms</b>		
Frequency	Weekly	Five Times per Week
Average duration	1 hour	1 Hour
Place of meeting	Flexible	Flexible
Primary activity in meetings	Savings	Vocational Training
<b>Facilitator</b>		
Who	Group Member	Community Member
Gender	Female or Male	Female
Educational criteria	No	No
Local	Yes	Yes
Paid	Yes	Yes
Trained by	NGO	NGO
Facilitator: group ratio	1:3 groups	1:1 group

## Discussion

Group-based interventions continue to grow in LMICs, with the ambition to improve a range of outcomes. While in some cases group formation is the intervention itself (Karlan, et al., 2017), we found that evaluations of an “add-on” component to women’s groups often lack adequate description of the underlying group. We propose a high-level typology to describe women’s groups, along with a checklist for researchers and implementers to use when describing a group model. Our checklist aims to provide description of the intended design, rather than intervention delivery such as dose or fidelity which are captured by existing guidelines, such as the TiDIER framework (Hoffmann, et al., 2014) and a checklist on implementation processes for group-based health behavior change interventions (Borek, Abraham, Smith, Greaves, & Tarrant, 2015).

Our typology and checklist offer two contributions to the field. One, the simplicity allows for wide usage across contexts and types of groups. We suggest researchers include a box with the checklist in intervention descriptions. Two, the checklist can contribute to better understanding of pathways to change and identifying relevant outcomes for women’s group interventions: e.g. group organizing purpose identifies impacts and outcomes; eligibility criteria can be linked to analyses of heterogeneity of impacts; and meeting norms and facilitator characteristics can point to implementation quality. We identify two major limitations. Since most of the available evidence focuses on groups in South Asia and parts of Africa, our typology may not encompass all models in LMIC. Additionally, differentiating a group’s primary and secondary objectives may not be possible for some groups, in which case the checklist will be more relevant than the typology.

Transferability of evidence on women’s groups depends on the comparability of implementation models, amongst other factors (Masset & White, 2019). Moving away from umbrella terms towards meaningful descriptions will support better understanding of the diversity of “women’s groups”. Clearly defining (i) the type of women’s group and (ii) key implementation characteristics will allow policy makers, implementers and researchers to interpret evidence with clarity, as well as strengthen transferability of evidence between contexts. It also decreases the risk that policy makers use evidence from impact evaluations of one model to support the use of different implementation models for which evidence is limited (Bold, Kimenyi, Mwabu, & Sandefur, 2018). We hope this checklist can be adapted and used widely to support accurate interpretation and application of evidence on the rich range of women’s groups in practice.



## References

- Anderson, L., Biscaye, P., & Gugerty, M. K. (2014). Self-Help Groups in Development: A Review of Evidence from South Asia and Sub-Saharan Africa. In EPAR Technical Reports (Vol. Technical Report #28): University of Washington
- Anderson, 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. J. (2019). Investing in Women's Groups: A Portfolio Evaluation of the Bill & Melinda Gates Foundation's Investments in South Asia and Africa. In.
- Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., & Sulaiman, M. (2020). Women's Empowerment in Action: Evidence from a Randomized Control Trial in Africa. *American Economic Journal: Applied Economics*, 12, 210-259.
- Barooah, B., Chinoy, S., Dubey, P., Sarkar, R., Bagai, A., & Rathinam, F. (2019). Improving and sustaining livelihoods through group-based interventions: Mapping the evidence (3ie Evidence Gap Map Report 13). New Delhi, India: International Initiative for Impact Evaluation (3ie).
- Bhatt, E. R. (2006). *We are poor but so many: The story of self-employed women in India*: Oxford University Press.
- BMGF. (2019). *Bill & Melinda Gates Foundation Gender Equality Strategy*.
- Bold, T., Kimenyi, M., Mwabu, G., & Sandefur, J. (2018). Experimental evidence on scaling up education reforms in Kenya. *Journal of Public Economics*, 168, 1-20.
- Borek, A. J., Abraham, C., Smith, J. R., Greaves, C. J., & Tarrant, M. (2015). A checklist to improve reporting of group-based behaviour-change interventions. *BMC Public Health*, 15, 963.
- Brody, C., De Hoop, T., Vojtkova, M., Warnock, R., Dunbar, M., Murthy, P., & Dworkin, S. L. (2015). Economic Self-Help group programs for improving women's Empowerment: a systematic review. *Campbell Systematic Reviews*, 11, 1-182.
- CARE. (2020). *Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE)*. In.
- Cornwall, A. (2016). Women's empowerment: What works? *Journal of International Development*, 28, 342-359.
- de Hoop, T., Mulyampiti, T., Namisango, E., Apunyo, R., Muhidini, N., Okiria, E., Alyango, R. S., Ojambo, K., Otike, C., Wangi, R., Ndagire, R., Kinengyere, A., Obuku, E. A., & White, H. (Forthcoming). *Scoping Review of the Evidence on Women's Groups in Uganda*. In ECWG (Ed.): *Evidence Consortium on Women's Groups*

- Desai, S., Misra, M., Das, A., Singh, R. J., Gram, L., Kumar, N., & Prost, A. (2020). Community interventions with women's groups to improve women's and children's health in India: a mixed-methods systematic review of effects, enablers and barriers. In. *BMJ Global Health* Forthcoming
- Díaz-Martin, L., Gopalan, A., Guarnieri, E., & Jayachandran, S. (2020). Greater than the Sum of the Parts? Evidence on Mechanisms Operating in Women's Groups.
- EPRC. (2017). Stakeholders' views on challenges of the Uganda Women Entrepreneurship Programme (UWEP) and how to address them. In E. P. R. Centre (Ed.).
- Gugerty, M. K., Biscaye, P., & Anderson, C. (2019). Delivering development? Evidence on self-help groups as development intermediaries in South Asia and Africa. *Development Policy Review*, 37, 129-151.
- Hoffmann, T., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., & Johnston, M. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *Bmj*, 348.
- Jana, S., Basu, I., Rotheram-Borus, M. J., & Newman, P. A. (2004). The Sonagachi Project: a sustainable community intervention program. *AIDS education and prevention*, 16, 405-414.
- Janssens, W. (2011). Externalities in program evaluation: the impact of a women's empowerment program on immunization. *Journal of the European Economic Association*, 9, 1082-1113.
- Jejeebhoy, S. J., Santhya, K., Acharya, R., Zavier, A. F., Pandey, N., Singh, S. K., Saxena, K., Rampa, S., Basu, S., & Gogoi, A. (2017). Empowering women and addressing violence against them through self-help groups (SHGs): Population Council New Delhi, India.
- Karlan, D., Thuysbaert, B., Udry, C., Cupito, E., Naimpally, R., Salgado, E., & Savonitto, B. (2012). Impact assessment of savings groups: Findings from three randomized evaluations of CARE Village Savings and Loan associations programs in Ghana, Malawi and Uganda. *Innovations for Poverty Action: New Haven*.
- Karlan, D., Savonitto, B., Thuysbaert, B., & Udry, C. (2017). Impact of savings groups on the lives of the poor. *Proceedings of the National Academy of Sciences*, 114, 3079-3084.
- Kumar, N., Scott, S., Menon, P., Kannan, S., Cunningham, K., Tyagi, P., Wable, G., Raghunathan, K., & Quisumbing, A. (2018). Pathways from women's group-based programs to nutrition change in South Asia: A conceptual framework and literature review. *Global food security*, 17, 172-185.

- Lecoutere, E., de Beyssac, B.C., Kamoga, E., & Opio, M. (2012). A case study of the P'KWI Farmer-to-Farmer Cooperative. SNV Netherlands Development Organisation: The Hague.
- Lecoutere, E. (2017). The impact of agricultural co-operatives on women's empowerment: Evidence from Uganda. *Journal of Co-operative Organization and Management*, 5, 14-27.
- Masset, E., & White, H. (2019). To Boldly Go Where No Evaluation Has Gone Before: The CEDIL Evaluation Agenda.
- MOFPED. (2019). Project for Financial Inclusion in Rural Areas: Will the objectives be achieved? In M. o. F. P. a. E. Development (Ed.), *Budget Monitoring and Accountability Unit (BMAU) briefing paper*. Uganda.
- MoHFW. (2016). Training Design and Strategy for improved RMNCH outcomes ASHAs Using participatory learning and action In. New Delhi.
- Nair, N., Daruwalla, N., Osrin, D., Rath, S., Gagrai, S., Sahu, R., Pradhan, H., De, M., Ambavkar, G., & Das, N. (2020). Community mobilisation to prevent violence against women and girls in eastern India through participatory learning and action with women's groups facilitated by accredited social health activists: a before-and-after pilot study. *BMC international health and human rights*, 20, 1-12.
- NRLM. (2011). Deendayal Antyodaya Yojana - National Rural Livelihoods Mission. In.
- Orton, L., Pennington, A., Nayak, S., Sowden, A., White, M., & Whitehead, M. (2016). Group-based microfinance for collective empowerment: a systematic review of health impacts. *Bulletin of the world health organization*, 94, 694.
- Perry, H., Morrow, M., Borger, S., Weiss, J., DeCoster, M., Davis, T., & Ernst, P. (2015). Care groups I: an innovative community-based strategy for improving maternal, neonatal, and child health in resource-constrained settings. *Global Health: Science and Practice*, 3, 358-369.
- Prost, A., Colbourn, T., Seward, N., Azad, K., Coomarasamy, A., Copas, A., Houweling, T. A., Fottrell, E., Kuddus, A., & Lewycka, S. (2013). Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *The Lancet*, 381, 1736-1746.
- Rahman, M. W., Luo, J., Ahmed, S., & Xiaolin, W. (2012). The synthesis of Grameen Bank, BRAC and ASA microfinance approaches in Bangladesh. *World Applied Sciences Journal*, 20, 1055-1062.

- Saggurti, N., Atmavilas, Y., Porwal, A., Schooley, J., Das, R., Kande, N., Irani, L., & Hay, K. (2018). Effect of health intervention integration within women's self-help groups on collectivization and healthy practices around reproductive, maternal, neonatal and child health in rural India. *PLoS One*, 13, e0202562.
- World Bank. (2018). Nigeria For Women Project. In: World Bank
- Yitbarek, K., Abraham, G., & Morankar, S. (2019). Contribution of women's development army to maternal and child health in Ethiopia: a systematic review of evidence. *BMJ open*, 9, e025937.

---

The Evidence Consortium on Women's Group (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 as well as understand their implementation models and cost-effectiveness. The consortium is co-led by the American Institutes for Research and 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 email [info@womensgroupevidence.org](mailto:info@womensgroupevidence.org)