

Centering Community Voices

Self Help Groups in Bangladesh,
Nigeria and Uganda



Self Help Groups: Evidence Brief #5

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Summary

The Self Help Group (SHG) model provides a critical framework for ensuring that community voices stay at the heart of humanitarian and development programming at scale. The purpose of this brief is to outline the SHG evidence for Uganda, Bangladesh and Nigeria, three countries where the [Local Coalition Accelerator](#) (LCA) is currently being implemented to highlight key lessons provided by each country’s context. The LCA is an initiative that aims to support coalitions of local and national organizations (LNOs) to shift greater funding and power to local actors, while also changing donor processes and systems to be more equipped to accompany and complement community driven initiatives. Coalition members often implement group-based models like SHGs, or work directly with existing groups, to engage community members, serve as feedback mechanisms and deliver programming, and therefore it is important to understand how SHGs meet the needs of their members and the community at large in each country.

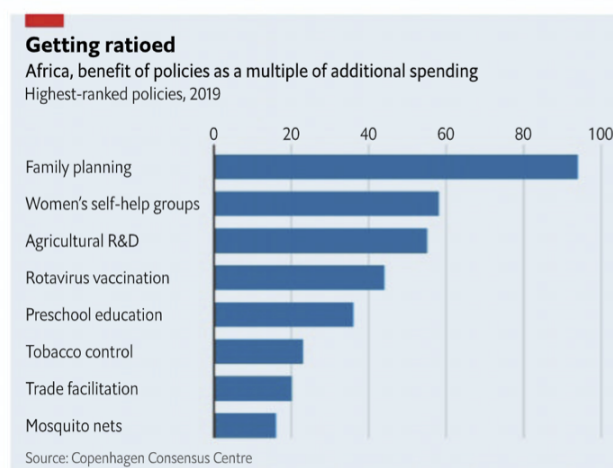
The Power of Self Help Groups

Self Help Groups (SHGs) are based on the fundamental concept that when people come together, their confidence, aspirations, self-efficacy, and trusted social networks grow, and this combination in turn creates transformational change.

These groups of 10-25 people, often women, meet to save, start small business activities, support one another, and create change both for themselves and their communities. They are one of the most well-tested approaches for promoting locally-led development among populations facing significant levels of poverty, ensuring that the most marginalized members of society are driving forward their own development objectives. They build [societal resilience, public health, and economic development](#), and serve as the foundation for local collective efforts toward [improving government accountability](#) and [ensuring the delivery of services](#).

SHGs have a holistic focus, placing equal emphasis on economic, individual, social and political empowerment. Members intend to meet indefinitely, and do not see their groups as having a distinct end point. Group members typically have a common background, sharing affinity around gender or socioeconomic situation, which provides fertile ground for solidarity and trust. As groups mature, they often become advocates for change, transforming the lives of those around them. The groups tap into the power of collective action, advocating for better access to services, and work together to overcome obstacles that lock them and their communities into poverty. These groups are so successful at channeling human energy into care for one another and creating change, that they have grown into a formalized model for addressing poverty globally.

Their popularity also stems from the fact that they offer one of the most cost-effective models to tackle poverty reduction. In 2019, they were ranked as the [second most cost-effective intervention in Africa in the Economist](#), after family planning, because of their ability to address multi-dimensional needs through a combination of empowerment and peer support.



Centering Community Voice at Scale

While SHGs are the primary catalysts for community driven collective action, they sit within a wider ecosystem of actors, such as civil society organizations, who also have a crucial role to play. SHGs are constituted of community members, who listen to the shifting needs and priorities of their families and neighbors, drive change within their communities, and advocate with local government officials for critical access to basic services. SHGs are then often

supported by Local and National Organizations (LNOs) who can provide specialized services to realize the groups' goals, like providing access to skills and training, advocating for the groups, or addressing the targeted needs of specific community members such as victims of gender-based violence (GBV) or people living with HIV/AIDS.

Networks of LNOs that have SHGs at their core ensure accountability to local communities and embed community priorities into the design and delivery of holistic, multi-sectoral programming at scale. LNOs and SHGs are uniquely placed to work together to design efficient programs that embed feedback from the community to ensure that activities are well adapted to the priorities of the target population and can quickly pivot to meet changing circumstances. As important community feedback mechanisms, SHGs can serve as a check and balance for LNO programming around communication, sensitization, inclusion, last mile registration, accountability and transparency, and risk mitigation. As mentioned above, this layered response structure is also highly cost-effective, so LNOs can reach target community members with relatively limited funds.

The Local Coalition Accelerator (LCA) is an initiative of the Share Trust and the Warande Advisory Centre that aims to support coalitions of LNOs to lead in the design and execution of such coordinated community development initiatives. The LCA provides an intensive 3-year package of financial and technical support to enable high-potential local coalitions to take on larger scale financing from bilateral agencies such as USAID, FCDO, GIZ, and others. The model is built on the principles of local ownership, delivering holistic services, and advocating for sustainable long-term financing for LNOs who represent the bedrock of community development.

The LCA is designed to catalyze the synergies between the SHG model and LNOs, working with coalitions of LNOs partnering with SHGs and other community group-based models to build the infrastructure to shift greater funding and power to local actors, while also changing donor processes and systems to be more equipped to accompany and complement community driven initiatives.

The LCA model is currently being implemented in Uganda, Bangladesh and Nigeria, and each country has their own SHG context. This evidence brief dives into the SHG ecosystem for each country, exploring how each context reflects different facets of the model:

- Bangladesh: Savings and Loans as a Tool for Empowerment
- Nigeria: Self Help Groups as a Process
- Uganda: The Power of Intentionally Layered Interventions

This evidence brief is not intended to be a comprehensive deep dive into the SHG evidence but rather an overview of the existing literature relating to the three LCA countries. The literature included in this brief is limited to SHGs and does not cover other types of group based models such as Village Savings and Loans Associations (VSLA) or Savings Groups.

Impact of Self Help Groups

Global Evidence

SHGs are created with the underlying assumption that when individuals join forces to overcome obstacles and attain social change, the combination of individual agency, group solidarity and community action has a far-reaching impact. SHGs can be lifesaving: just by being part of a group, rates of [maternal death have been found to decrease by 37% and rates of newborn death by 23%](#). That means that 4 out of every 10 mothers who would otherwise have died in childbirth now get to see their babies grow up. The groups have a transformative impact on a range of critical human outcomes, [helping parents who are caring for orphans or other vulnerable children](#), [improving child nutrition](#), [supporting women who are victims of violence](#), increasing both [family planning](#) and [women's political involvement](#).

COVID-19 has tested how groups can mitigate the effects of shocks and stresses on members. [de Hoop et al. 2020](#) looked at the implications of COVID-19 on women's groups in India, Nigeria and Uganda and found that while the groups were affected by social distancing and the economic repercussions of the lockdowns, they can strengthen their member's resilience to shocks and serve as crucial partners in community response. A five-country mixed-methods study in Ethiopia, Burkina Faso, Burundi, Malawi and Rwanda came to similar conclusions, finding that groups were able to help their members weather the economic, psychological and social impacts of COVID-19 lockdowns.¹

Country Case Studies

Bangladesh: Savings and Loans as a Tool for Empowerment

Regional Evidence: South Asia. The SHG model has been central to the Indian's government efforts to mitigate poverty and promote rural livelihoods since 2000² and thus the evidence around SHGs in South Asia is prolific, with the vast majority of studies coming from India. Here, SHGs have been found to have positive impacts on savings amounts, social capital, women's health – including maternal and child health, sexual and reproductive health (SRH) and nutrition – civic inclusion and political participation, collective action, women's empowerment, agency and decision making.

A critical element for achieving transformative impact — as will be outlined more in the Uganda case study below — is the importance of layering implicit behavior change curriculum within the SHG model. In a meta-analysis spanning eight countries in South Asia, [Kumar et al. 2018](#) looked at how women's groups improve nutrition outcomes for women and children, finding

¹ Clarey, Toscane and Courtenay Cabot Venton (2021). "Self Help Groups and COVID-19: Impact, Response and Innovation During Lockdown." *Tearfund*. Unpublished.

² Gugerty, Mary Kay, Pierre Biscaye and C. Leigh Anderson (2019). "Delivering development? Evidence on self-help groups as development intermediaries in South Asia and Africa." *Dev Policy Rev.* January 37(1): 129–151. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7269175/pdf/nihms-1591295.pdf>

that while women's groups have much potential for improving maternal and child nutrition outcomes, it is not enough to just form the groups without layering in contextually appropriate behavior change communication to improve health and nutrition awareness and knowledge.

Bangladesh SHG Context: South Asia has a long legacy of promoting the SHG model as a poverty-reduction mechanism, and Bangladesh is no exception. In fact, it has been touted as one of the birthplaces of the SHG model along with India due to the similarities between the groups and programmatic elements of the Grameen Bank, a Bangladeshi organization founded by Dr. Muhammad Yunus in 1983 that pioneered much of our modern conception of microfinance.

SHGs are a conglomeration between these microcredit movements and group-based self-help models such as Alcoholics Anonymous (AA) who use the power of the collective for the betterment of the individual. India institutionalized the model for its social protection schemes starting in 1992 when its National Bank for Agriculture and Rural Development (NABARD) launched its savings group linkage program, developing a policy framework and capacity building program from NGOs and SHGs to facilitate the linkage.³ This led to the SHG model as we know it today: one focused on promoting economic, social *and* political empowerment, particularly for the most marginalized.

While on the surface the SHG model may seem like a form of microcredit, what differentiates it from other models such as Savings Groups is its holistic focus, with SHGs utilizing savings and loans as a springboard for other impacts, including empowerment. The SHG literature in Bangladesh focuses heavily on whether the groups deliver on increasing the empowerment of their members, with empowerment measured as a process that expands people's ability and agency to make strategic life choices for themselves and others.

The Bill and Melinda Gates Foundation's (BMGF) Gender Equality strategy has hypothesized that five group elements can lead to women's empowerment: pooling savings and sharing risk, group solidarity and networks, participatory learning and life skills, critical consciousness of gender and access to markets and services.⁴ It is the combination of the economic and social elements that creates fertile ground for both individual and collective agency.

In their survey of 100 SHG members in Sylhet district in north-eastern Bangladesh, Akter 2018 discusses how economic security paired with social capital serves as a strong foundation for a sequence of cascading effects: increased agency, trust, social mobilization and collective action.⁵

³ Gugerty et al. 2019

⁴ Sivley, Anne (2020). "Insights from Investments in Adolescent Girls' Groups." Evidence Consortium on Women's Groups. <https://womensgroupevidence.org/insights-investments-adolescent-girls-groups>

⁵ Akter, Aysha, Nobaya Ahmad, Wan Munira Wan Jaafar, Dahlia Binti Zawawi, Md. Monirul Islam, Mohammad Ashraful Islam (2018). "Empowerment of Women through Entrepreneurial Activities of Self-Help Groups in Bangladesh." *Journal of International Business and Management* 1(1): 1-15
<https://rpajournals.com/wp-content/uploads/2018/05/JIBM-2018-44-Volume-1-Issue-1.pdf>

They found that elements unrelated to SHG membership, such as age and education, as well as elements that are enhanced by membership such as access to information and credit availability, were both positively associated with empowerment, and that participation in an SHG increased women's social recognition of the self, status of their family in society, size of their social circle and involvement in intra-family and entrepreneurial decision-making.

Nawaz 2017 particularly examined the effect of social networks, defined as bonding and bridging social capital, and how the accrual of trust built and strengthened by SHG networks greatly benefits women who are in the process of stepping into their own power.⁶ Bonding social capital connects people to their existing peer networks, solidifying existing bonds, whereas bridging social capital breaches divides between peer networks, connecting women who may not otherwise have interacted. Peer networks are initially what draw people to the SHG model: most SHG members in the study decided to join their SHGs and start up "entrepreneurial activities" in the first place due to peer or family influence, with some stating their own self-motivation.

Once up and running, the groups serve to increase both bonding and bridging social capital and overcome socio-economic divides, but only when this is an explicit focus. Mahmud 2002 for example found that for groups in Bangladesh that did not actively challenge social hierarchies, motivation for participation and benefits were higher for the elites and the overall effect of collective action on poor women was negative, since they were crowded out of the groups and pushed further into poverty.

SHGs provide income generating opportunities within a defined structure with inherent social capital to draw upon, leading people to feel more comfortable taking action on issues they would not feel comfortable addressing on their own. They inspire people to enact change by creating a structured space for people to articulate their vision for the future and develop strategies to realize it; building support systems through strengthened trust and social connections, harnessing pathways beyond content and resource delivery; and increasing people's confidence as they recognize their own worth.

SHG-facilitating LNOs in Bangladesh include:

- AVAS, Bandhu Welfare Society, BISAP, Coastal Education and Diversity Improvement Organization (CEDIO), Centre for Disability in Development (CDD), CNRS, Dhulashar Upakul Sarbick Gram Unnayan Shamaboy Shamity, Golap Protibondi Unnayan Songstha, Gonoshasthaya Kendra, Jago Nari, Mahideb Jubo Somaj Kallayan Somity (MJSKS), Mohila O Shishu Songothon, Nowzuwan, Orarian Development Foundation (ODF), Participatory Action for Rural Innovation (PARI), Patherkhali Miloni Jubo Shangha, Rakhain Social Development Organization (RSDO), RWWS, Sheree Alternative Way Of Women Empowerment (SheRee), Sundarban Adibasi Munda Sangstha (SAMS) and Uttaran.

⁶ Nawaz, Faraha (2017). "Strengthening Women through Group Participation, Trust and Networks: A Study on Women's Self-help Groups in Bangladesh."

Nigeria: Self Help Groups as a Process

Regional Evidence: West Africa. The evidence around SHGs in Sub-Saharan Africa is much more limited than Asia, with a greater concentration in East Africa. This evidence gap is most likely due to the fact that the model, rather than being scaled through formalized channels like in the South Asian context, was rather built on longstanding forms of collective savings and labor, described in the box below, and while some governments have tried to provide support to SHGs few have designed explicit policy frameworks linking SHGs to financial or public institutions.⁷

The evidence from West Africa is concentrated primarily on Nigeria and Ghana, with a focus on livelihoods and health. In Ghana, numerous studies⁸ have concluded that SHGs support their members on developing their livelihood opportunities, improving access to and control of credit, land and income. Billson 2005 found that SHGs in rural Ghana helped women who had accessed credit to capitalize on their skills and market opportunities to start small businesses.⁹

Mental health groups in Ghana provided social, financial and practical support to both members and caregivers, fostering greater social acceptance of people suffering from issues of mental health. Membership was also associated with more consistent treatment and better outcomes.¹⁰ In Burkina Faso, SHG membership was associated with stronger immune systems for people living with HIV, measured through the number of CD4 cells in the blood.

Nigerian SHG Context: as opposed to Bangladesh where the movement initially emphasized microcredit and economic empowerment, in Nigeria, as in many places in Africa, the foundation for the model lay rather with social empowerment and mutual support. This is grounded in a traditional culture of grassroots-level self-help at the village and kinship level.

The model was popularized in Nigeria in the 2000s because it was seen as a cost-effective way of promoting community ownership and management, useful when implementing projects with reduced government budgets due to decreased earnings from crude oil exports.¹¹

Essia et al. 2013 frame SHGs in Nigeria as being both an object with extrinsic value and a process with intrinsic value. An SHG is a group of people who have come together to help reach desirable community goals. However, they are also valuable in and of themselves, serving as an

⁷ Gugerty et al. 2019

⁸ Al-hassan and Bambangi 2006, Ntifo-Siaw and Bosompem 2008, Akudugu 2010 and Akudugu 2011; via Rathinam and Akudugu 2014

⁹ Rathinam, UshaRani and Mamudu Abunga Akudugu (2014). "Self-help Groups as a 'Livelihood Development' for Rural Women: Experiences from India and Ghana." *Journal of Economics and Sustainable Development* 5.15

¹⁰ Cohen, Alex, Shoba Raja, Chris Underhill, Badimak Peter Yaro, Adam Yahaya Dokurugu, Mary De Silva and Vikram Patel (2012). "Sitting with others: mental health self-help groups in northern Ghana." *International Journal of Mental Health Systems* 6.1

¹¹ Essia, Uwem, Peter N. Mba, Margaret Ebokpo, Nsa Ekpo and Awuken Obaji (2013). "Self Help Groups in Cross River State, Nigeria." *European Journal of Social Sciences* Vol.39, No.2, July, pp.152-173.

https://www.academia.edu/15437903/Self_Help_Groups_in_Cross_River_State_Nigeria

exploration of collective action, a process through which individuals “acquire competencies required for working sustainably in groups to solve common problems, develop their communities, and demand efficient service delivery”¹² which creates a positive feedback loop. As members gain increased self-esteem, their sense of agency increases, which pushes them to seek changes both individually and collectively, which when their efforts are fruitful, increases their desire to do more.

This relationship between self-worth, agency and collective action was explored through a structured questionnaire of 400 SHG members in Kano City (Kano State). Ibrahim et al. 2018 found that most respondents experienced high levels of participation in implementation and decision-making in their SHGs, feeling comfortable generating ideas, formulating and assessing options, making choices relevant to the group as well as formulating group plans for implementing prioritized action. For SHG members, participation in implementation led to increased self-efficacy, knowledge and skills, and self-esteem; and participation in decision making led to increased self-efficacy, self-esteem and perceived control.¹³

Badejo et al. 2017 similarly examined how SHGs create a process and channel through which community members can engage in collective action in their study of an Islamic Fulani community in Kachia Grazing Reserve (KGR) in Northern Nigeria and a primarily Christian Ron Indigene pastoral community in Jos Plateau in North-Central Nigeria. Much of the literature around the SHG model in Nigeria centers female entrepreneurship and the impact on community development, and this research found that culture, religion, and group intentionality and structure greatly impacted how the groups were able to create transformative impacts for their members.¹⁴

In this study, the Fulani in KGR found their SHGs to provide a valuable support network for counseling, mentoring, income generation and community development, enhancing group identification, cooperative spirit, self-confidence, interpersonal relationships, and confidence in the group members. However, these groups excluded the poorest in the community, and had a heavy focus on gains for the purpose of being successful wives and mothers, and therefore were not found to create the same level of transformative impact on poverty outcomes as the Ron Indigene groups in the Plateau, who had a more explicit focus on changing social and gender norms. These groups had a positive effect on women’s agency in all spheres of life, successfully reversed or minimized negative social and gender norms and provided a vibrant platform for women’s interaction and influence with state authorities.

¹² Essia et al. (2013)

¹³ Ibrahim, Abdul-Aziz, Asnarulkhadi Abu Samah and Mohammed Bashir Saidu (2018). “Participation and Empowerment among Self-Help Groups in Kano City.” *Pertanika Journal Social Sciences and Humanities* 26(T): 95 -108.

[http://www.pertanika.upm.edu.my/resources/files/Pertanika%20PAPERS/JSSH%20Vol.%2026%20\(T\)%20Jun.%202018/07%20JSSH\(T\)-0737-2018-2ndProof.pdf](http://www.pertanika.upm.edu.my/resources/files/Pertanika%20PAPERS/JSSH%20Vol.%2026%20(T)%20Jun.%202018/07%20JSSH(T)-0737-2018-2ndProof.pdf)

¹⁴ Badejo, Adedamola F., Ayodele O. Majekodunmi, Peter Kingsley, James Smith and Susan C. Welburn (2017). “The impact of self-help groups on pastoral women’s empowerment and agency: A study in Nigeria.” *Pastoralism: Research, Policy and Practice*. <https://pubmed.ncbi.nlm.nih.gov/32010440/>

The difference between these outcomes reinforces that the scale and duration of collective action benefits are correlated to whether there is an explicit focus on such behavior shifts. If there isn't a specific focus on changing the status quo, pre-existing hierarchies will be maintained, reducing the positive impacts of women's collective action. Only focusing on economic outcomes for example may achieve increased income and control over resources for women but will not cascade across other outcomes such as health or GBV.

SHG-facilitating LNOs in Nigeria include:

- Bige Weti, Community Development Trust Fund (CDTF), Community Women Association of Nigeria (CWAN), Live Above Poverty (LAPO), Peace Development Center, Country Women's Association of Nigeria (COWAN), North Star Alliance

Key programs:

- [Nigeria for Women Project](#) (NFWP): A program by the Government of Nigeria, World Bank and Bill & Melinda Gates Foundation to improve women's livelihood opportunities and access to markets through women's affinity groups (WAGs). Key components include: development of social capital, building livelihoods, partnerships and messaging around gender and discriminatory social norms.

Uganda: The Power of Intentionally Layered Interventions

Regional Evidence: East Africa. Much of the evidence to date on SHGs in East Africa focuses on contexts like Ethiopia which have more developed SHG ecosystems and looks at resilience building in particular and how the groups can serve to support this in the region. The evidence finds that groups are generally able to support members through concentrated, acute and individual shocks better than chronic, collective shocks, but as COVID-19 has demonstrated, they do serve as a critical safety net in both scenarios and show much potential as a platform for service delivery in moments of crisis. A [final evaluation](#) of a Tear Netherlands and Tearfund UK food security program in the Horn of Africa (Kenya, Ethiopia, Somaliland) found that SHG members, especially longer standing ones, were better able than non-members to withstand shocks such as drought and were better placed for recovery.

Studies from the region have also explored the cost-effectiveness of the model. In Ethiopia, SHGs were found to deliver over \$58 in benefits (such as improved incomes, education and health) for every \$1 spent.¹⁵

¹⁵ Venton, Courtenay Cabot, Ephraim Tsegay, Keith Etherington, Mulugeta Dejenu, Tadesse Dadi (2013). "Partnerships for Change: A Cost Benefit Analysis of Self Help Groups in Ethiopia." <http://learn.tearfund.org/~media/files/tilz/research/partnerships%20for%20change%20full%20report%20final%20oct%2031.pdf>

Ugandan SHG Context: The origins of Uganda’s SHG movement are similar to Nigeria’s, initially steeped in a culture of mutual aid that resembled grassroots group-based acts of community service.¹⁶ Throughout Uganda, there is a robust ecosystem of SHGs made up of groups started and run by community members, and SHGs originally implemented through LNOs and INGOs.

There is also an established federated ecosystem, sign of a scaling SHG network: an independent study project from 2013 anecdotally reported 216 Cluster Level Associations (CLAs) and 8 Federated Level Associations (FLAs) organized through Self-Help Group Approach Uganda (SHGAU) alone¹⁷, although a more recent summary on these groups was not found. The SHG model’s federated structure is a unique way of driving change at scale from the bottom-up. As the SHG movement grows, groups start to create federated structures, with group members forming CLAs and FLAs that become formally recognized. The CLA takes up social, economic, and political issues that are beyond the scope of an individual group, such as advocating for access to basic services or building linkages with finance institutions. FLAs usually focus on lobbying and building relationships with larger actors, such as government, to advocate more effectively on behalf of the SHGs.

There have been recent steps taken towards formalization by the Uganda government, notably the publication of the Uganda Microfinance Regulatory Authority (UMRA)’s [Operational Guidelines for Self-Help Groups](#) (2022) outlining formation, governance, financial protocols and registration, whose press release announced the intention to put in place a [digital registration system](#) for SHGs across the country. UMRA’s definition of an SHG is broader than the one used in this evidence review by including VSLAs, savings groups, and agricultural groups, and focuses primarily on the economic strengthening component of the model.

In the previous sections we explored how SHGs serve as a platform for transformative change, catalyzing a process for both individual and collective empowerment. SHGs are amplifiers, offering a platform for intervention delivery, reaching large groups of women at once with resources, information, and training. They are most effective when layered with auxiliary services and a specific curriculum¹⁸, and thus intentional program design is critical. For example, if layered with content related to gender-specific issues, usually through LNOs, they can address issues around GBV, bolster support for gender-equitable norms, and increase women’s decision-making power, aspirations and self-efficacy.

¹⁶ Flynn, Rebecca (2013). "A Case Study of Rural Finance Self-Help Groups in Uganda and Their Impact on Poverty Alleviation and Development." Independent Study Project (ISP) Collection.

1688. https://digitalcollections.sit.edu/isp_collection/1688

¹⁷ Flynn 2013

¹⁸ Díaz-Martin, Lucia, Akshara Gopalan, Eleonora Guarnieri, and Seema Jayachandran (2022). "Greater than the Sum of the Parts? Evidence on Mechanisms Operating in Women’s Groups." *The World Bank Research Observer*. https://seemajayachandran.com/womens_groups.pdf

SHGs that receive training and support from LNOs around child rights, protection, and best practice for child health outcomes (such as infant and young child feeding practices, nutrition and post-natal care) see substantial effects on positive outcomes for those children. By providing community groups with targeted support through LNOs, transformative impact can be leveraged: in Uganda, there was a synergy created when health education was paired with the provision of income generating skills for 14–20-year-old girls and delivered through a group model. HIV knowledge and pregnancy related knowledge were significantly increased, with a decrease in corresponding risky behaviors, and increased engagement in income generating activities.¹⁹

Only focusing on economic outcomes may achieve increased income and control over resources for women but will not cascade across other outcomes such as health or GBV. In fact, it could even inadvertently cause further harm. In a study of 10-19 year old girls living in low income areas of Kampala, Uganda, the group receiving the full intervention—safe spaces group meetings with reproductive health and financial education plus savings accounts—experienced improved health and economic assets, whereas those receiving a partial intervention of just savings accounts were more likely to have been sexually touched or harassed by men in addition to increasing their economic assets. Economic asset building on its own, without the protection afforded by strengthening social assets, including social networks, as well as reproductive health knowledge, can leave vulnerable girls at increased risk of the sexual violence.²⁰ Such examples demonstrate the critical need for a holistic approach to programming that appropriately layers interventions to meet community needs.

SHG-facilitating LNOs in Uganda include:

- AFFCAD, Charity for Peace Foundation (CPF), Child Restoration Outreach (CRO), Children of Uganda, Diocese of Kitgum, Girl Up Initiative Uganda, Kitega Community Centre, Kabubbu Development Project, Kitovu Mobile AIDS Org, Malteser International, Mukisa Foundation, New Idea for Citizenship (NifC), NUWODU, Nyaka AIDS Orphans Project, Pentecostal Assemblies of God - Uganda (PAG), REAL, Self-Help Group Approach Uganda (SHGAU), Set Her Free, Share an Opportunity (SAO), St Francis Healthcare services, StrongMinds, TEAM Uganda, Uganda Women Concern Ministry, Water Trust, With Women Kisoboka, Ssamba Foundation, SWODIA, Graben Foundation, UWOPED

Organizations with CLAs:

- Share an Opportunity Uganda (SAO) in 2014 in Tororo District
- Self-Help Group Approach Uganda (SHGAU)

¹⁹ Bandiera et al. (2012). "Empowering Adolescent Girls: Evidence from a Randomized Control Trial in Uganda." <https://econ.lse.ac.uk/staff/rburgess/wp/ELA.pdf>

²⁰ Austrian, Karen and Eunice Muthengi (2014). "Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda." Children and Youth Services Review Volume 47, Part 2, December 2014, Pages 168-175. <https://www.sciencedirect.com/science/article/abs/pii/S0190740914003107>

Conclusion

SHGs are a powerful tool that can amplify the voices of the most marginalized members of society and lead to an impressive range of positive outcomes, especially when layered with targeted services to explicitly address behavior change. The evidence from each country highlights a different aspect of the SHG model and also shows how and where LNOs can fit in to best support and complement the needs of these groups, especially when using them as a programmatic tool, and magnify the synergies that exist in the partnerships between civil society and community based groups.

Annex: Summary of Studies

It should be noted that this is not a comprehensive list of regional evidence. This sample primarily includes research papers focused on “Self Help Groups”, defined as groups of 10-25 people holistically working to support each other and their communities. This does not include research around VSLAs, SACCOs, agricultural collectives, or other kinds of livelihood/savings groups that fall under the more general women’s group category.

Country	Theme	Study
South Asia		
Regional	Economic Empowerment	<ul style="list-style-type: none"> • Javed et al. (2022)'s systemic review and meta analysis of interventions with direct or indirect effects on measures of women’s economic empowerment included a review of SHG programming in South Asia. They found that participation in an SHG positively affects saving amounts, civic inclusion, and social capital. Income and labor market outcomes are mostly insignificant, though where there are skills and vocational training layered that was found to drive labor force participation. Evidence around the impact of membership on experience of or attitudes towards violence against women, self perceptions or aspirations is insufficient.
Bangladesh	Empowerment	<ul style="list-style-type: none"> • Akter et al. (2018) examined how participation in entrepreneurial activities through SHGs is linked to empowerment by gathering data from 100 SHG members in rural Sylhet district, Bangladesh. They found that taking part in such activities had a significant impact on socio-economic empowerment through increased awareness, knowledge, skills and technology usage. • Nawaz (2017) studied how and to what extent networks and trust are established through SHGs. The qualitative study found—through 40 project participants of Bangladesh Rural Advancement Committee (BRAC) and Association for Community Development (ACD)’s SHG programs—that members used the SHG as a platform to discuss and debate socio-cultural issues and benefited greatly from the various forms of social capital nurtured through the group.
India	Health: MNCH, SRH, Nutrition	<ul style="list-style-type: none"> • Walia et al. (2020) measured whether delivering health messages through SHGs in Bihar impacted antenatal care (ANC) behaviors. They surveyed 1,204 SHG members: 597 were from SHGs that received maternal and child health messaging in at least one weekly group meeting per month and 607 were from SHGs that were not exposed to the health intervention. They found that sharing health messages in microfinance-based SHGs is associated with significant increase in ANC practice. • Hazra et al. (2020)'s quasi experimental study in Uttar Pradesh, India assessed the effects of health behavior change interventions on maternal and newborn health (MNH) practices when delivered through women’s SHGs. The study found that providing the interventions through SHGs not only helped improve maternal and

		<p>newborn practices, but also reduced disparities between most- and least marginalized populations for such behaviors.</p> <ul style="list-style-type: none"> ● Saggurti et al. (2019) assessed the effect of a newborn care intervention through SHGs on improving new-born healthcare practices in rural Bihar, India. The quasi experimental study deemed that sharing messages on appropriate new-born practices through SHGs did in fact improve new-born care practices, evident within one year of the intervention. ● Ruducha et al. (2018) explored whether social and advice networks affect the likelihood of immediate breastfeeding for recently delivered women, sampling 185 women from 36 villages in Uttar Pradesh, India. They found that women living in villages with an SHG had consistently higher numbers of relationship ties, health advice ties and higher density of health advice networks than women living in non-SHG areas. These ties then increased access to health messaging and strengthened the bond between local health providers and beneficiaries. ● In a quasi-experimental study in India, Saggurti et al. (2018) sampled 1,182 groups (810 SHG groups and 372 control groups) to determine whether an eight-session behavior-change health intervention effected healthy maternal and newborn practices (MNCH). They found that structured participatory communication on MNCH with women's groups improved positive health practices. ● Since marginalized groups are not easily reached through frontline health workers in Uttar Pradesh, India, Mozumdar et al. (2018) examined SHGs as a vehicle to improve knowledge of home based maternal and newborn care (HBMNC). Findings showed that SHGs can increase HBMNC knowledge among women as there were significant net-increases in women's knowledge for most of the topics. The most significant determinant of the increase of knowledge was the women's education level. ● In a matched comparison study in Gujarat and Karnataka, Saha, Kermode and Annear (2015) looked at the effect on maternal and child health of combining a health program with an SHG program. They found that women in SHGs were more likely to deliver their babies in an institution, to feed colostrum to their newborns and to have a toilet at home. There was however no statistically significant reduction in diarrhea among children in the intervention community nor was there a reduction in spending on treatments. ● Using national data collected from 22,825 villages across India, Saha, Annear and Pathak (2013) determined that the presence of an SHG in a village is associated with higher knowledge of family planning and maternal health service uptake. Villages with an SHG were more likely to know of and utilize family planning products and services, 19% more likely to deliver in an institution and 8% more likely to have fed their newborns colostrum. ● Findings from a cluster RCT in 55 villages in West Bengal, India, suggest that it is possible to leverage SHGs to reach women and adolescent girls with education on savings and sensitive health topics at minimal expense. Spielberg et al. (2013) reported on the impact of non-formal education on knowledge, attitudes and behaviors for HIV prevention in particular. Women and girls who received HIV
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		<p>education showed significant gains in HIV knowledge as compared to the control group.</p> <ul style="list-style-type: none"> ● Deininger and Liu (2012) used two rounds of surveys in 2004 and 2006 to examine the impact of SHGs on 2,517 households in Andhra Pradesh, India. They found that longer exposure to the state government’s District Poverty Initiatives Project (DPIP), which prominently figures SHGs, had a positive impact on nutritional intake, consumption and asset accumulation.
	Economic	<ul style="list-style-type: none"> ● Raghunathan et al. (2019) examined PRADAN’s SHG program in five states across India to see whether the groups are an effective platform for improving access to information, women’s empowerment in agriculture, agricultural practices, and production diversity. They found that SHG participation does increase women’s access to information and their participation in some agricultural decisions, but has limited impact on agricultural practices or outcomes, possibly due to financial constraints, social norms, and women’s domestic responsibilities.
	Political Participation and Collective Action	<ul style="list-style-type: none"> ● Using cross-sectional data from 2015, Kumar et al. (2019) looked into the potential for women’s SHGs to improve access to and use of public entitlement schemes in India. They found that while SHGs do not increase awareness of these schemes, SHG members are significantly more likely to make use of them. SHG members were also found to be more politically active than non-members. ● Prillaman (2017) found that women in SHGs are twice as likely to participate in local politics than women not in SHGs. Ongoing long term research evaluation is seeking to understand the indirect consequences of SHGs on women’s political behavior. ● Davidson and Sanyal (2017) explored whether women who participate in SHGs have larger social networks than non-participants in 75 villages in Karnataka, India. They found that SHG participants, despite being more socioeconomically disadvantaged than non-participants, had significantly more incoming ties from nonkin than both non-participant women and men, which improved their access to resources and increased their social capital. ● In 2005, the Government of Tamil Nadu launched its Pudhu Vaazhvu Project (PVP) in 2,300 village panchayats throughout the state. PVP used SHGs to reduce economic vulnerability and increase women’s agency and empowerment. In this study, Parthasarathy et al. (2017) used text-as-data methods to determine whether PVP induced women’s participation within village assemblies (gram sabha) and concluded that the project did in fact increase women’s attendance, propensity to speak and length of floor time. ● Das et al. (2016) evaluated the effect SHG membership had on women’s political engagement in Indian village assemblies. They found that SHG membership in 17 major states was positively and strongly associated with increased attendance in village assemblies. ● Casini et al. (2015) examined the social behavior of PRADAN’s SHGs and how it influenced the governance of rural Indian communities. As women join SHGs they tend to participate more frequently in collective actions, usually after about three years of weekly

		<p>meetings. In Mayurbhanj and Keonjhar districts in Odisha, these collective actions did have a significant impact on local government officials and the issues they focused on.</p> <ul style="list-style-type: none"> • How are the quality and accessibility of local public goods influenced by grassroots efforts such as SHGs? Desai et al. (2014) explored this question in Rajasthan, India looking at water access and found that women in villages with SHGs were more informed than those in control villages about how to address problems of water supply and deficiency. They were also more likely to contact local authorities regarding their grievances with respect to water service and also reported greater improvements in water access, quality and infrastructure compared to their counterparts in control villages. • The Self-Employed Women's Association (SEWA) in Rajasthan, India was evaluated to determine the effect of SHG membership on the autonomy of household decision making, political engagement and on inclusion in financial and labor markets. The study concluded that SEWA membership led to greater participation in group programs, increased control over domestic decision-making, greater awareness of where to express grievances (especially in regards to drinking water), willingness to take action on grievances and thus increased satisfaction with state of services.
	Empowerment, Agency, Gender Norms	<ul style="list-style-type: none"> • Sanyal et al. (2015) qualitatively evaluated four villages participating in the JEEViKA program in Bihar, India to answer the question: how do large-scale development interventions induce cultural change? A key component of JEEViKA is the formation of SHGs and it was found that this intervention successfully challenged gender norms in a relatively short period of time. • Khanna et al. (2015) conducted this project evaluation to determine the impact of the Tamil Nadu Empowerment and Poverty Alleviation (Pudhu Vaazhvu) Project on women's empowerment, political participation and household wellbeing. Significant and positive impacts were made on all targeted outcomes during the first phase of the project, which spanned 2005 to 2011. • JEEViKA is a rural poverty reduction program in Bihar, India, and this study looked at the effects it had on promoting socio-economic inclusion for rural impoverished households. The study found that JEEViKA resulted in higher levels of women's empowerment, measured through increased mobility, decision-making and potential for collective action.
Nepal	Nutrition	<ul style="list-style-type: none"> • In a two-year RCT, Miller et al. (2014) evaluated the effects of Heifer Nepal's SHGs on child health and nutrition in six communities. They found that Heifer's programming resulted in greater incremental improvement on height-for-age (HAZ) and weight-for-age (WAZ) z-scores for children under five years of age in the intervention group.
East Africa		

Ethiopia	Cost-Effectiveness	<ul style="list-style-type: none"> • A cost-benefit analysis of Tearfund’s SHGs in Ethiopia found SHGs to be high impact and low cost, with a benefit-to-cost ratio ranging from 58:1 to 173:1. The returns on donor investment were high. SHG expansion was organic and scaled quickly. SHG members reported many social benefits, as well as increased asset accumulation, food security, and environmental awareness. The model has the potential to benefit women and girls and reduce religious and ethnic tensions. • This end of project evaluation assessed Tearfund Ireland’s SHG project in Ethiopia against OECD-DAC evaluation criteria. The project ranked highly on all five criteria: it holistically empowered the poorest members of the community; improved nutrition, health, education, household income and assets; and avoided high interest rates. SHGs were highly efficient, with major changes occurring at a low cost.
	Health: Mental	<ul style="list-style-type: none"> • Fagan et al. (2020) reported on the impact of Tearfund SHG membership on the psychosocial well-being of Ethiopian women. It was found that SHG members scored positively on all the established scales of wellbeing: health, spiritual, finance, family, psychological, family social, social, family spiritual and education. There were small but significant differences between more established groups and younger groups. • Cromie et al. (2017) evaluated the impact of SHGs in Ethiopia on the psychosocial and spiritual wellbeing of their members. They studied Tearfund’s SHGs both quantitatively and qualitatively as a cross-sectional study at one point in time. The study found the impact of SHGs on psychosocial outcomes to be significant and cumulative since older groups scored more highly on psychological and social wellbeing.
	Resilience	<ul style="list-style-type: none"> • The Tufts Feinstein International Center evaluated the role of Self Help Groups in building drought resilience in the 2015/2016 drought in Ethiopia. The study found that mature Self Help Groups were better able to protect their livestock, better able to reduce their group savings without reducing payments, and better able to maintain their household food supply. • The University of Reading evaluated modalities for delivering emergency assistance to SHGs during the 2015 drought in Ethiopia. The study involved 230 groups receiving 30 USD per SHG member. The study found that SHGs with transfers saved and invested more; there was no damage to the capital accumulation from before the cash transfer; and social structures were unaffected. • The Overseas Development Institute (ODI) investigated the effect SHGs have on building resilience and food security in chronic crises and found that they were very effective when coping with idiosyncratic shocks in SNNPR, Ethiopia. Covariate shocks were more complicated, because in those cases the entire community suffered and often members diversified their incomes with climate-dependent initiatives.
Kenya	Social Support and Mutual Assistance	<ul style="list-style-type: none"> • Fafchamps and La Ferrara (2012) find that SHGs do play a mutual assistance role in urban Kenya by examining the incomes of

		<p>individuals who have joined groups in poor neighborhoods of Nairobi. Incomes of groups are more correlated among members of the same group than members of different groups, and this correlation was not found to be based on self-selection, suggesting that it is in fact membership to that particular group which drives incomes.</p> <ul style="list-style-type: none"> • Bunning et al. (2020) examined how SHGs can support caregivers of children with disabilities in low-income settings when layered with a facilitated intervention around topics such as economic empowerment, personal situation, peer support, community inclusion, access to health and education. A mixed methods approach showed that while at baseline group members characterized the caregiving experience as lonely, challenging, stigmatizing and discriminating, post-intervention they used words such as togetherness, capacity-building, acceptance and well-being. They felt that they had increased social support, that the severity of child's disability had been reduced and experienced decreased effects of extrinsic factors affecting the caregiver's role. Mechanisms of 'handling goods and money' and 'social ties and support' appeared to underpin the outcomes. Caregiver empowerment was associated with newly developed skills, social connectedness and resource mobilization.
Tanzania	Social Capital	<ul style="list-style-type: none"> • The Christian Council of Tanzania (CCT) implemented the Pamoja Kongwa project from 2014 to 2017 in 25 project villages in Kongwa district to increase access to financial and social capital. The Pamoja methodology is based on the SHG approach and was adapted for Tanzania; it is primarily conducted through the church. Through desk reviews, interviews and focus group discussions, this program evaluation determined that the Pamoja Kongwa project met and exceeded most of its objectives.
Uganda	Enabling Conditions	<ul style="list-style-type: none"> • Otim and Mwesigwa 2022 review the effectiveness of SHGs and deem them to be a useful tool for community-led poverty reduction. Centralized and formal systems of care have increasingly replaced traditional and decentralized community models and people in rural communities are subject to formal schemes that do not always take into account their actual needs. SHGs in Uganda have grown in popularity in response to this industrialization and the consequent breakdown of kinship systems. There is a critical role for government to provide an enabling environment for rural groups, providing the right incentives and social policies to make sure these groups can thrive.
	Multi-Layered Interventions	<ul style="list-style-type: none"> • Bandiera et al. (2012) conducted an RCT looking at the impact of SHGs for adolescent girls that layered life skills and vocational training on 4,800 girls over two years. They found that the programming significantly affected both behavior change and income generation, with increased knowledge around HIV and pregnancy, self-reported condom usage and the near elimination of girls reporting having recently had sex unwillingly. Girls were 35% more likely to be engaged in income generating activities. Findings suggest

		<p>combined interventions might be more effective among adolescent girls than single-pronged interventions aiming to change risky behaviors solely through related education programmes, or to improve labor market outcomes solely through vocational training.</p> <ul style="list-style-type: none"> • Austrian and Muthengi (2014) looked at the effect of multi-dimensional intervention on social, health and economic assets as well as experiences of sexual harassment for 10-19 year old girls living in low income areas of Kampala. They found that the group receiving the full intervention—safe spaces group meetings with reproductive health and financial education plus savings accounts—experienced improved health and economic assets, whereas those receiving a partial intervention of just savings accounts were more likely to have been sexually touched or harassed by men in addition to increasing their economic assets.
West Africa		
Burkina Faso	Health	<ul style="list-style-type: none"> • Artavia-Mora et al. (2020) looked at the adaptation and biomedical transition of people living with HIV to antiretroviral treatment (ART) in Burkina Faso. The study employs a representative sample of 3625 randomly selected patients and looked at both objective and subjective measures of health. SHG membership was associated with stronger immune systems, measured through the number of CD4 cells in the blood. The study recommended a shift away from a one-size-fits-all solution to stage-of-disease specific support.
Ghana	Livelihoods	<ul style="list-style-type: none"> • Rathinam and Akudugu (2014) seek to understand how rural livelihoods can be promoted through the empowerment of women using SHGs. This literature review concludes that throughout the last two decades, SHGs across India and Ghana have played critical roles in improving access to productive resources, acquisition of entrepreneurial skills, social, economic and political empowerment, improved income levels, access to healthcare, education and food security.
	Mental Health	<ul style="list-style-type: none"> • Cohen et al. (2012) conducted qualitative research with 18 SHGs, five local NGOs, community mental health nurses, administrators in Ghana Health Services, and discussions with BasicNeeds staff and found that SHGs have the potential to serve as key components of community mental health programmes in low-resource settings. SHGs can provide a range of social, financial and practical support to both mental health service users and caregivers, fostering greater acceptance of service users by their families and by communities at large, and are associated with more consistent treatment and better outcomes for those who are ill.
Nigeria	Empowerment	<ul style="list-style-type: none"> • Ibrahim et al. 2018 examined the relationship between SHG participation and empowerment among 400 SHG members in Kano City, Nigeria, and found that most respondents experienced high levels of participation in implementation and decision-making in their SHGs, feeling comfortable generating ideas, formulating and

		<p>assessing options, making choices relevant to the group as well as formulating group plans for implementing prioritized action. For SHG members, participation in implementation led to increased self-efficacy, knowledge and skills, and self-esteem; and participation in decision making led to increased self-efficacy, self-esteem and perceived control.</p> <ul style="list-style-type: none"> ● Badejo et al. 2017 looked at how culture, religion and socio-economic position affect the roles and responsibilities of women’s SHGs in Kachia Grazing Reserve and Bokkos, Jos Plateau, Nigeria. The findings showed that groups provided a valuable support network for counseling, mentoring, income generation and community development, enhancing group identification, cooperative spirit, self-confidence, interpersonal relationships, and confidence in the group members. If there was an explicit focus on changing social and gender norms, the groups also had a positive effect on women’s agency in all spheres of life, successfully reversed or minimized negative social and gender norms and provided a vibrant platform for women’s interaction and influence with state authorities.
	Ecosystem Barriers	<ul style="list-style-type: none"> ● Essia et al. 2013 specifically looked at the outreach, social role and sustainability of SHGs in Cross River State, Nigeria, by qualitatively interviewing 568 SHGs, 1,092 SHG members and Self Help Promoting Authorities (SHPAs). They determined that the groups face several challenges including registration issues, poor record keeping by SHPAs, lack of standard registration procedures and operational rules, low SHG-government dialogue and trouble accessing financing such as bank loans.
	Resilience	<ul style="list-style-type: none"> ● de Hoop et al. 2022’s evidence brief outlines the findings to date around formal and informal women’s groups in Nigeria, groups which vary widely in type, focus and structure. The available evidence is generally less rigorous than other Sub-Saharan countries, though this evidence is also limited, but shows that groups can improve women’s resilience and food security during and after large nationwide shocks such as COVID-19.