



## How Can Approaches that Achieve Gender Equality Help Advance all the SDGs: Impact Evaluations Evidence from CARE Programs

### Key Findings Summary:

#### What are the Impacts of Approaches that Achieve Gender Equality?

- **Empowerment of women and girls: 8 out of 8 programs** have positive impacts on increasing women's and girls' self-efficacy, mobility, sexual and reproductive agency, egalitarian gender attitudes, and economic situations; **5 out of 8 programs** have positive impacts on reducing early marriage rates and intimate partner violence (IPV), and increasing women's intrahousehold decision-making power; **6 out of 8 programs** have positive impacts on changing community traditional gender norms and increasing women's community leadership.
- **Increased impact on other SDGs**, such as poverty reduction (SDG 1), food security (SDG 2), health (SDG 3), education (SDG 4), access to clean water and sanitation (SDG 6), decent work (SDG 8), and reduced inequalities (SDG 10).

#### How Did These Changes Happen?

- Village Savings and Loan Associations (VSLAs).
- Active engagement of men and boys, community members and leaders.
- Couples' curriculum and gender dialogues.
- Community-level social norms intervention: Social analysis and action (SAA)
- Life skills and financial management training.

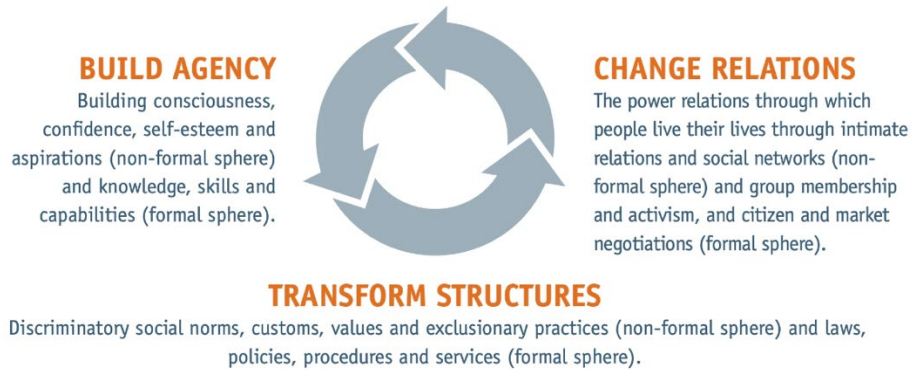
## Introduction

Approaches that achieve gender equality, that **move beyond the individual level to address greater interpersonal, socio-cultural, and community factors that influence gender attitudes and behaviors**, have been shown by rigorous impact evaluations to be impactful in promoting gender-equitable attitudes (e.g., [SASA! Program in Uganda](#)), reducing gender-based violence (e.g., [Stepping Stones and Creating Futures program in South Africa](#)), and decreasing social acceptance of intimate partner violence (e.g., [RESPECT program in Tanzania](#)).

CARE believes that promoting gender equality is not only an objective in its own right, but is also essential for contributing to greater impact across many of the Sustainable Development Goals (SDGs): poverty alleviation, food security, water access, quality education, health, decent work, reduced inequalities, and health. This report summarizes evidence from a subset of CARE and our partners' programs that have rigorously evaluated impacts not only on gender equality (SDG 5) but also on how promoting gender equality has contributed to achieving other SDGs. However, the literature ([Quisumbing et al., 2024](#)) suggests that many programs that aim to achieve sector-specific impacts in addition to gender equality goals struggle to reach both sets of goals, and may not make progress in empowerment with typical gender mainstreaming approaches alone. The evidence from CARE's programs show that it is possible to achieve both empowerment gains—at an individual, collective and structural levels—and make progress towards the SDGs.

Most of the existing programs aiming to achieve gender equality focus on [community mobilization interventions](#) such as discussion groups, counseling, and training. However, CARE's approach, focusing on structural change as well as individual empowerment, demonstrates broader impacts. Although [qualitative evidence](#) points to the effectiveness of interventions like VSLAs in transforming gender attitudes, increasing women's representation in policymaking, and enhancing access to credit and land for women, establishing clear causality of the critical importance of approaches that achieve gender equality as well as other impacts is essential. By reviewing and analyzing impact evaluations of these interventions, we seek to improve accountability and provide insights to guide future policy and program development.

When it comes to the measurement of the gender impacts of approaches aiming to achieve gender equality, CARE's Gender Equality Framework (see **Figure 1**) provides a useful structure. The framework encompasses three domains: agency, relations, and structure. **Agency** is built when women and girls exhibit significant improvements in their consciousness, self-esteem, confidence, and aspirations to change their world, and the knowledge, skills, and capabilities to do so. **Relations** are changed when women and girls gain greater influence over household decisions, and persisting inequalities are addressed in intimate relations, family, social and political networks, marketplaces, and community or citizen groups. **Structures** transform when women and girls collectively influence decisions from local to international levels, advocating against discriminatory laws and for new laws and policies to reduce discrimination, and when communities and power holders are engaged to critically reflect on and transform the norms and practices that perpetuate injustice.



**Figure 1.** [CARE Gender Equality Framework.](#)

## Overview of Evidence

This report focuses on the analysis of approaches that achieve gender equality in CARE and our partners' programs, utilizing evaluation reports that examine such interventions through rigorous quantitative methods such as randomized control trials (RCTs) and quasi-experimental design. Of over 40 CARE project evaluations identified across the organization with some evidence of impacts on gender equality, a subset of eight reports were selected with evidence of how these gender equality approaches were contributing to other Sustainable Development Goals (SDGs), beyond just SDG 5 (Gender Equality). The summary of the evaluation and data collection methods, geographic locations, intervention components, intervention participants, partners, researchers, and links to the evaluation studies of the eight programs are provided in the annex. Below are the main findings from the eight reports:

- **SDG 1 No Poverty:** 3 out of 8 programs had positive impacts on increasing female participants' likelihood of having cash income; enhancing their satisfaction with their ability to save; and improving household wealth.
- **SDG 2 Zero Hunger:** 4 out of 8 programs had positive impacts on increasing household food security; increasing the proportion of students consuming food during the day; fostering more egalitarian social norms on household food allocation; and improving women's dietary diversity and food consumption score.
- **SDG 3 Good Health and Well-Being:** 3 out of 8 programs had positive impacts on decreasing women's depressive symptoms and psychological distress; and improving women's treatment at health facilities.
- **SDG 4 Quality Education:** 3 out of 8 programs had positive impacts of increasing girls' literacy; reducing girls' drop-off rates; and decreasing the proportion of adolescent girls who never attended school.
- **SDG 5 Gender Equality:** 8 out of 8 programs had positive impacts on increasing women's and girls' self-efficacy, mobility, sexual and reproductive agency, egalitarian

gender attitudes, and economic situations; 5 out of 8 programs have positive impacts on reducing early marriage rates and intimate partner violence (IPV), and increasing women’s intrahousehold decision-making power; 6 out of 8 programs have positive impacts on changing community traditional gender norms and increasing women’s community leadership.

- **SDG 6 Clean Water and Sanitation:** 1 out of 8 programs had a positive impact on increasing access to water for food preparation.
- **SDG 8 Decent Work and Economic Growth:** 2 out of 8 programs had positive impacts on expanding access to banking and ensuring women’s access to and control over productive resources.
- **SDG 10 Reduced Inequalities:** 8 out of 8 programs had positive impacts on reducing gender and income inequalities.



SDG 1: No Poverty		
Summary	Evidence	Common Intervention Components
<p><b>4 out of 8 evaluated impacts on poverty, wealth or income</b></p> <p><b>3 out of 8 found positive impacts</b></p> <p><b>1 out of 8 found mixed impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>Indashyikirwa:</b> A significant increase in the likelihood of having cash income from 49% at baseline to 68% at endline among female participants. A nonsignificant increase in the odds of household debt payments from 81% at the baseline to 88% at the endline.</li> <li>• <b>Digital Sub-Wallets:</b> Women in the intervention group experienced a 0.63-point increase in satisfaction to 2.5 regarding their ability to save, which was statistically significant compared to the control group (p = 0.003).</li> <li>• <b>Win-Win:</b> EKATA had the greatest proportion (12.6 percentage points) of the households that moved up to the first quintile, meaning improved household wealth, as well as the largest decline in those in the third quintile (a reduction of 13%). Gender Light had the highest percentage of those to move down from the first quintile (22.6%) and the highest proportion that moved to the third quintile (27.7%), implying reduced household wealth.</li> <li>• <b>IMAGINE:</b> In Bangladesh, there was no significant difference in reported monthly income, savings, or ownership of household assets among female participants in the treatment and control group at the endline. In Niger, compared to the control group, a significantly larger percentage of the treatment group reported having savings (49.0% treatment v. 27.3% control) and capital assets (63.0% treatment v. 42.5% control). There was also an impact of the intervention on income generation, with more respondents in the treatment group reporting income-generating activity in the past week and the past year (28.5% and 56.4%, respectively) relative to respondents in the control group (19.0% and 44.2%, respectively).</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Financial management training/livelihood skills training</li> <li>• Active engagement of community and religious leaders, local government, and traditional councils</li> <li>• Active engagement with male relatives of VSLA members</li> <li>• Couples’ counseling or curriculum</li> </ul>



SDG 2: Zero Hunger		
Summary	Evidence	Common Intervention Components
<p>4 out of 8 evaluated impacts on food security</p> <p>4 out of 8 found positive impacts</p>	<ul style="list-style-type: none"> <li>• <b>Indashyikirwa:</b> Household food security increased significantly from 17% at baseline to 24% at endline for female participants.</li> <li>• <b>HATUTAN:</b> The proportion of students in treatment schools who had consumed any food during the day increased by 5.7 percentage points, compared to a 0.6 percentage point increase in comparison schools.</li> <li>• <b>Abdiboru:</b> Favorable social norms around household food allocation significantly improved in the treatment groups compared to the control groups, with a 2.06-point increase in descriptive scores and a 1.92-point increase in injunctive scores.</li> <li>• <b>Win-Win:</b> EKATA had significant positive impacts on women's dietary diversity (<math>\beta=0.089</math>) and food consumption score (<math>\beta=3.277</math>) compared to control. However, there was no significant change in the two outcomes in the Gender Light treatment arm.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Life skills training</li> <li>• Engagement of men and boys as well as community members and leaders</li> <li>• Community-level social norms intervention: Social analysis and action (SAA)</li> </ul>



SDG 3: Good Health and Well-Being		
Summary	Evidence	Common Intervention Components
<p>3 out of 8 measured impacts on health</p> <p>3 out of 8 found positive impacts</p>	<ul style="list-style-type: none"> <li>• <b>Indashyikirwa:</b> Female intervention participants compared to control group participants reported significantly lower scores on depressive symptoms (6.96 vs 8.27) and were significantly less likely to report scores <math>\geq 12</math> (indicating possible depression) at the endline (14%) compared to the baseline (22%). There was a 4 percentage point increase among female participants reporting "good" or "excellent" health at the endline assessment.</li> <li>• <b>Win-Win:</b> The proportion of EKATA women who felt they could improve how women are treated at health facilities increased by 10.5%, followed by Gender Light at 8.3% and the control group at 0%.</li> <li>• <b>Digital Sub-Wallets:</b> The HHD+DSW married women showed a statistically significant reduction in psychological distress (<math>p = 0.0001</math>) and a statistically significant increase in mastery (<math>p = 0.0001</math>) while the DSW and control groups did not.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Life skills and financial training, access to mobile banking</li> <li>• Household dialogue/couple's curriculum</li> </ul>



## SDG 4: Quality Education

Summary	Evidence	Common Intervention Components
<p><b>3 out of 8 evaluated impacts on education</b></p> <p><b>3 out of 8 found positive impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>SOMGEP-T:</b> The program led to a 3.7-point improvement in Somali literacy and a 2-point improvement in English literacy among out-of-school girls. Among in-school girls, there was a 2.1-point decline in Somali literacy and a 0.8-point improvement in English literacy.</li> <li>• <b>HATUTAN:</b> The program cut learning losses by 52% in reading fluency and by 42% in reading comprehension. It also reduced dropout rates by nearly three percentage points in treatment schools. Additionally, the proportion of teachers in treatment schools using games or exercises increased by 16 percentage points, and the proportion of classes with students copying from the board decreased by 32 percentage points.</li> <li>• <b>Abdiboru:</b> There was a significant decrease in the proportion of adolescent girls who never attended school at endline compared to baseline; by 3.68% in the double combination arm, 5.97% in the triple combination arm, and an increase of 8.42% in the control arm.</li> </ul>	<ul style="list-style-type: none"> <li>• Training for teachers</li> <li>• Training for community leaders</li> </ul>



## SDG 5: Gender Equality

Summary	Evidence	Common Intervention Components
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## Agency Impacts

## Self Efficacy, Confidence, and Leadership

**4 out of 8 evaluated gender impacts on self-efficacy**

**4 out of 8 showed significant impacts**

- **The Tipping Point Initiative:** In Bangladesh, the program reported a significant mean score increase of 0.96 points in self-efficacy among girls.
- **IMAGINE:** The program in Bangladesh led to a 0.49-point increase in adolescent girls' self-efficacy to engage in economic activities, and in Niger, a 0.26-point increase in the same metric. Additionally, self-efficacy to use and discuss family planning increased by 0.33 points due to the IMAGINE program in Niger.
- **Indashyikirwa:** The program in Rwanda led to an increase in women's self-efficacy for community engagement from 3.89 points to 4.76 points.
- **SOMGEP-T (Somali Girls Education Promotion Programme):** Schools receiving the intervention saw a nearly significant increase of 10.6 percentage points in the number of girls who reported feeling confident in answering questions in class, compared to control schools. Furthermore, the program had a positive impact on the Youth Leadership Index (YLI) for girls in the intervention group, which increased from 50.6 to 59.6 points from the baseline to the endline.

- Village Savings and Loan Associations (VSLAs)
- Creating public spaces for community members to be part of dialogues that challenge gender norms
- Engaging community leaders and members to raise awareness
- Couples' curriculum/ couples' counseling that cover the triggers of IPV, and how to manage these triggers, as well as sexual and reproductive health and rights

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Mobility</b></p>	<p>2 out of 8 evaluated gender impacts on mobility</p> <p>2 out of 8 found positive impacts</p>	<ul style="list-style-type: none"> <li>• <b>The Tipping Point Initiative:</b> The program noted a 0.96-point increase in girls' mobility in Bangladesh.</li> <li>• <b>IMAGINE:</b> The program in Bangladesh showed a significant difference in the increase of girls' social and economic mobility between the treatment group (39.5%) and the control group (27.5%), indicating the intervention's effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Community social norm activities (SAA)</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Sexual &amp; Reproductive Agency</b></p>	<p>3 out of 8 evaluated gender impacts on SRH</p> <p>3 out of 8 found positive impacts</p>	<ul style="list-style-type: none"> <li>• <b>The Tipping Point Initiative:</b> The program reported a 0.61-point increase in sexual and reproductive health knowledge among girls in Bangladesh and a 0.71-point increase in Nepal.</li> <li>• <b>IMAGINE:</b> In Bangladesh, there was a 0.38-point increase in adolescent girls' early pregnancy risk knowledge. In Niger, the likelihood of current contraception use among adolescent girls increased from 17.7% in the control group to 29.4% in the treatment group.</li> <li>• <b>Abdiboru:</b> The program improved contraceptive use among girls who reported ever having sexual intercourse from 34.8% to 41.2%.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Community social norm activities (SAA)</li> <li>• Intergroup gender dialogues</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Equitable Gender Attitudes</b></p>	<p>4 out of 8 evaluated gender impacts on equitable gender attitudes</p> <p>4 out of 8 found positive impacts</p>	<ul style="list-style-type: none"> <li>• <b>Win-Win:</b> From the baseline to the endline, there was a 16.9% increase in women in the EKTA groups reporting that domestic violence is never justified and there was a 46% increase in women in the Gender Light arm who felt it was not justified to beat a woman under any circumstances.</li> <li>• <b>IMAGINE:</b> The program resulted in a 0.21-point increase in normative expectations of girls' roles among adolescent girls.</li> <li>• <b>Indashyikirwa:</b> The program in Rwanda led to a significant decrease (1.39 points) in the acceptability of wife-beating among female participants.</li> <li>• <b>Tipping Point Initiative:</b> Girls' endorsement of control over girls by family members and justification of girl-beating were significantly reduced among the girls who received 36-40 sessions in TPP+ arm compared to those who did not receive any session.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Active engagement with community and religious leaders</li> <li>• Active engagement with male relatives of female VSLA members</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Economic Empowerment</b></p>	<p>2 out of 8 evaluated gender impacts on economic empowerment</p> <p>2 out of 8 found positive impacts</p>	<ul style="list-style-type: none"> <li>• <b>Win-Win:</b> The program significantly enhanced economic empowerment for women, particularly in female-headed households. Key achievements include an increase in women's land ownership (from 81% to 92%), a rise in large livestock ownership among women (from 59% to 69%), an uptick in cellphone ownership (from 31.7% to 39%), and improved access to credit from NGOs (from 31.8% to 40%).</li> <li>• <b>Digital Sub-Wallets:</b> The program boosted women's satisfaction with their saving ability by 0.68 points, with 72% of the participants meeting their financial goals by the project's conclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Active engagement with male relatives of female VSLA members</li> <li>• Household dialogues</li> </ul>

## Relations Impacts

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Marriage and Birth</p>	<p><b>3 out of 8 evaluated gender impacts on marriage and birth</b></p> <p><b>3 out of 8 found positive impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>Abdiboru:</b> The program achieved a 44.1% reduction in early marriage rates among girls. Additionally, it observed an increase in the proportion of girls who perceived that other girls have a say in decisions about marriage, with the perception regarding the choice of partner increasing from 70.97% to 82.04%, whom to marry from 76.13% to 88.8%, and when to marry from 72.85% to 89.14%.</li> <li>• <b>IMAGINE:</b> The program decreased the likelihood of adolescent girls getting married in Bangladesh by 0.33 points. In addition, fewer respondents in the treatment group (30.8%) than in the control group (37.7%) gave birth over the course of the study, though this difference was not statistically significant when conditioned on marriage.</li> <li>• <b>Tipping Point Initiative:</b> TPP+ intervention reduced the hazards of child marriage by 63% among girls who attended 36-40 sessions in Bangladesh.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Life skills training</li> <li>• Community activities</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">IPV</p>	<p><b>1 out of 8 evaluated gender impacts on IPV</b></p> <p><b>1 out of 8 found positive impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>Indashyikirwa:</b> Women who participated in couples' curriculum and couples' training, compared to women in the control group, reported a significant reduction (14.7%) in experience of physical and/or sexual IPV at the final 24-month outcome measure. Men who participated in the couples' curriculum and couples' training also reported significantly reduced perpetration of physical and/or sexual IPV compared to men in the control group at the endline (13%).</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Women's Safe Places</li> <li>• Couples' Curriculum</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Household Decision-Making</p>	<p><b>2 out of 8 evaluated gender impacts on household decision-making power</b></p> <p><b>2 out of 8 found positive impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>Win-Win:</b> The program led to an increase in women's decision-making regarding crop income (from 25.7% to 34.5%) and livestock income (from 5.3% to 37.7%). It also increased the likelihood of women expressing disagreement with their husbands (from 31.9% to 71.4%).</li> <li>• <b>Digital Sub-Wallets:</b> In the end-line survey of the Digital Sub-Wallet program, 61% of married women reported that "my spouse now shares household financial decision-making with me," 60% reported that "My spouse now understands that I have needs, too," and 53% noted that "My spouse now treats me with more respect regarding money than before."</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Life skills training/financial management training</li> </ul>

## Structures Impacts

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Gender Norms</p>	<p><b>5 out of 8 evaluated gender impacts on gender norms</b></p>	<ul style="list-style-type: none"> <li>• <b>Win-Win:</b> Men's rejection of domestic GBV more than doubled (101%) between baseline and end-line. The largest differences for men were in attitudes toward GBV if a woman neglects the children (-49.1%), if she comes home late at night (-34.7%), if she goes out without telling him (-34.7%), and if she refuses to have sex with him (-30.5%).</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Engagement with community leaders and men</li> <li>• SAA</li> </ul>
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5 out of 8 found positive impacts

- **Indashyikirwa:** The program led to no differences in acceptability of wife beating, actions to support victims, sources of information on IPV, or help-seeking strategies among women recently experiencing IPV, between intervention and control communities.
- **HATUTAN:** There was a decline in the percent of respondents who believed that a husband of justified in beating his wife in any scenario. Treatment households saw a slight but not significant improvement in attitudes towards spousal violence compared to comparison households.
- **Tipping Point Initiative:** In Bangladesh, TPP intervention contributed significantly to positive changes in social norms around girls' mobility, while the emphasized social norms component (TPP+) contributed significantly to positive changes in social norms around decision making regarding girls' marriage.
- **SOMGEP-T:** Perceptions by caretakers of the value of a girl's education, the likelihood that she uses it, and whether her opinions are input to the decision to re-enroll her in school have improved from baseline to endline.



SDG 6: Clean Water and Sanitation		
Summary	Evidence	Common Intervention Components
1 out of 8 evaluated impacts on clean water and sanitation	<ul style="list-style-type: none"> <li>• <b>HATUTAN:</b> Access to water for food preparation has increased by 18 percentage points – from 69% to 87% of the treatment schools; the proportion of households without toilets has decreased from 21% to 16% in treatment sites.</li> </ul>	<ul style="list-style-type: none"> <li>• School feeding program</li> <li>• Improving local food production</li> <li>• Increasing teachers' skills</li> <li>• Shifting local leaders' social norms</li> </ul>



SDG 8: Decent Work and Economic Growth		
Summary	Evidence	Common Intervention Components
<p><b>2 out of 8 evaluated impacts on decent work</b></p> <p><b>2 out of 8 found positive impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>Digital Sub-Wallets:</b> The program increased bank account ownership among female participants in both HHD+DSW and DSW intervention groups. By the end of the project, 97.6% of women in the HHD+DSW treatment said they still used their bank account compared to 91.6% in the DSW treatment (p = .034).</li> <li>• <b>Win-Win:</b> In the EKATA intervention group, from the baseline to the endline, the proportion of women owning land solely increased from 33.7% to 41.6%, the proportion of women owning non-farm business equipment increased from 11.3% to 41%.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Active engagement with male relatives of female VSLA members</li> <li>• Household dialogues</li> </ul>



SDG 10: Reduced Inequalities		
Summary	Evidence	Common Intervention Components
<p><b>8 out of 8 evaluated impacts on reduced inequalities</b></p> <p><b>8 out of 8 found positive impacts</b></p>	<ul style="list-style-type: none"> <li>• <b>Indashyikirwa:</b> The program reduced income inequalities between women and men by increasing the likelihood of having cash income from 49% at baseline to 68% at endline among female participants.</li> <li>• <b>Digital Sub-Wallets:</b> Women in the intervention group experienced a 0.63-point increase in satisfaction to 2.5 regarding their ability to save, which was statistically significant compared to the control group (p = 0.003).</li> <li>• <b>Win-Win:</b> EKATA had the greatest proportion (12.6 percentage points) of the households that moved up to the first quintile, meaning improved household wealth, as well as the largest decline in those in the third quintile (a reduction of 13%).</li> <li>• <b>SOMGEP-T:</b> The program reduced educational inequalities between girls and boys by leading to a 3.7-point improvement in Somali literacy and a 2-point improvement in English literacy among out-of-school girls.</li> <li>• <b>HATUTAN:</b> The program changed social norms on gender based violence.</li> <li>• <b>Abdiboru:</b> The program promoted social inclusion by changing the social norms on girls' education and early marriage.</li> <li>• <b>The Tipping Point Initiative:</b> The program promoted social inclusion by increasing girls' mobility and reducing early marriage.</li> <li>• <b>IMAGINE:</b> The program delayed the time of first birth, improved family planning behaviors, improved reproductive health service use, and improved family planning perceptions.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Savings and Loan Associations (VSLAs)</li> <li>• Active engagement with community and religious leaders as well as male relatives of female VSLA members</li> <li>• Life skills training/financial management training</li> <li>• Couples' curriculum and gender dialogues</li> <li>• Community social norm activities (SAA)</li> </ul>

## Conclusions and Recommendations

Based on the results from the eight CARE evaluation reports that utilized rigorous quantitative evaluation methods, this report concludes that approaches that achieve gender equality not only impact on the empowerment of women and girls, but also have broader sectoral impacts on poverty alleviation, food security, health, quality education, and water and sanitation. Achieving gender equality is not only an aim in itself (SDG 5), but of critical importance for achieving change in many other SDGs.

The main interventions that led to these positive impacts include:

- 1) Village Savings and Loan Associations ([VSLAs](#)) enable unbanked women to access financial services and provide platforms for women and girls to enhance their knowledge, confidence, leadership, and individual and collective agency;
- 2) The active engagement of community leaders and government officials to transform traditional social norms and raises awareness;
- 3) The use of a couples curriculum or household dialogue sessions to discuss gender norms, domestic violence, and household decision-making;
- 4) Community discussions and planning to address unequal gender and social norms, through Social Analysis and Action ([SAA](#)); and
- 5) Life skills and financial management training to build capacity among female participants.

Based on the findings of the review, we make the following recommendations to policymakers and development practitioners:

- **Evaluate gender equality interventions using rigorous impact evaluations:** Many programs do not include impact evaluations due to their time-consuming and costly nature. However, impact evaluations can produce more rigorous evidence that can inform more effective interventions. This is especially relevant in programming aiming to achieve gender equality, where there is much to learn about both the empowerment of women and girls as well as the broader and additional impacts such programs achieve across sectors such as poverty alleviation, food security, education and health.
- **Understand that change to promote gender equality needs to be structural, not just technical:** Beyond providing technical training and resources to women and girls, it is crucial to 1) ensure community engagement to foster internal motivation, options, and opportunities for deeper change among community members, and 2) develop women's and girls' confidence and leadership to participate in community decision-making and local to national to international policy changes.
- **Explicitly engage men and boys:** Men are powerful gatekeepers of access, mobility, and social capital. Yet, they also face harmful gender norms themselves, such as toxic masculinity, and are integral to achieving gender equality. Intentionally engaging them in discussions about shifting social norms and supporting the actions women are taking, both independently and through collective groups and reflection, is essential for creating

safe spaces, mitigating backlash in communities and achieving positive changes in gender relations and norms that bring benefits for people of all genders.

- **Scale up proven approaches that achieve gender equality:** the main interventions highlighted above across these eight programs - VSLA, engagement of community leaders, household dialogue, SAA, and individual skills training and capacity strengthening – need to be scaled up widely to achieve greater impacts not only in gender equality, but across many of the Sustainable Development Goals.

## Annex 1: Summary of CARE Program Interventions

Project Name	Geographic Location	Year	Intervention Components	Intervention Participants
<a href="#"><u>Tipping Point Initiative</u></a>	Bangladesh & Nepal	2019-2021	<ul style="list-style-type: none"> <li>• VSLAs</li> <li>• Group sessions</li> <li>• Intergroup gender dialogues</li> <li>• Community-level social norms intervention: Social analysis and action (SAA)</li> </ul>	Adolescent girls and boys and their parents, community members, religious leaders, and local government officials.
<a href="#"><u>IMAGINE</u></a>	Bangladesh & Niger	2017-2022	<ul style="list-style-type: none"> <li>• Girls' Collective sessions VSLAs</li> <li>• Livelihood training</li> <li>• Health worker transformation</li> <li>• Community-level social norms intervention: Social analysis and action (SAA)</li> <li>• Couples' counseling and events (Bangladesh only)</li> <li>• Fada groups (Niger only)</li> <li>• Community reflective dialogues (Niger only)</li> </ul>	Adolescent girls, health workers, married girls and their husbands, young men, and community leaders.
<a href="#"><u>Win-Win</u></a>	Burundi	2016-2019	<ul style="list-style-type: none"> <li>• VSLAs</li> <li>• EKATA (empowerment through Knowledge and Transformative Action) package</li> <li>• Gender light package</li> <li>• Livelihood skills, nutrition education, and market access training</li> </ul>	Female VSLA members and their husbands, and community members
<a href="#"><u>Abdiboru</u></a>	Ethiopia	2015-2020	<ul style="list-style-type: none"> <li>• Individual-level intervention: VSLAs and life skills training and dialogue</li> <li>• Government-level intervention: Community Score Card (CSC)</li> <li>• Community-level social norms intervention: Social analysis and action (SAA)</li> </ul>	Adolescent girls, government officials, community members.
<a href="#"><u>Indashyikirwa</u></a>	Rwanda	2015-2019	<ul style="list-style-type: none"> <li>• VSLAs</li> <li>• Women's Safe Spaces</li> <li>• Couples' curriculum (household-level interventions)</li> </ul>	Households (interventions focused on partners and reduction of IPV), as well as the community advocates.

## Annex 1: Summary of CARE Program Interventions

Project Name	Geographic Location	Year	Intervention Components	Intervention Participants
<a href="#">SOMGEP-T (Somali Girls Education Promotion Programme)</a>	Somalia	2017-2022	<ul style="list-style-type: none"> <li>• VSLAs</li> <li>• Training for Community Education Committees and local leaders</li> <li>• Education quality improvement:               <ul style="list-style-type: none"> <li>- Training of teachers</li> <li>- Education Committees (CECs)</li> <li>- In-school Girls' Empowerment Forums (GEFs)</li> <li>- Introduction of Mentors (psychosocial support)</li> <li>- Literacy and financial literacy classes</li> <li>- Development of girls' leadership skills</li> </ul> </li> </ul>	Ministry of Education, School leaders, girls, adolescent girls, extended community: religious leaders, authorities, elders, girls and both female and male role models.
<a href="#">HATUTAN</a>	Timor-Leste	2019-2021	<ul style="list-style-type: none"> <li>• School feeding program</li> <li>• Improving local food production</li> <li>• Increasing teachers' skills</li> <li>• Community-level social norms intervention: Social analysis and action (SAA)</li> <li>• Shifting local leaders' social norms</li> </ul>	Students, teachers, schools, community leaders, and farmers.
<a href="#">Digital Sub-Wallets</a>		2017-2020	<ul style="list-style-type: none"> <li>• VSLAs</li> <li>• Mobile banking with digital sub-wallets and financial training</li> <li>• Household dialogues</li> </ul>	Female VSLA members and their husbands.

## Anex 2: Summary of Evaluations

Project Name	Project Partners	Evaluation Researchers	Evaluation Method	Evaluation Design and Data Collection Methods
<a href="#">Tipping Point Initiative</a>	<a href="#">Siddhartha Samuyadayik Samaj</a> (Nepal) <a href="#">Dalit Social Development Center</a> (Nepal) <a href="#">Jaintia Shinnomul Songstha</a> (Bangladesh) <a href="#">Gram Bikash Kendra</a> (Bangladesh) Association of Slum Dwellers (Bangladesh)	<a href="#">International Centre for Diarrhoeal Disease Research, Bangladesh (icddr.b)</a> in Bangladesh and <a href="#">Emory University</a> & Interdisciplinary Analysts (IDA) in Nepal	<a href="#">RCT</a>	<ul style="list-style-type: none"> <li>• Tipping Point Program (TPP) arm, Tipping Point Plus Program (TPP+) arm with emphasized social norm change, control arm</li> <li>• Baseline and endline surveys</li> </ul>
<a href="#">IMAGINE</a>	<a href="#">CADEL</a> (Niger) <a href="#">MJSKS</a> (Bangladesh)	<a href="#">Far Harbor</a>	<a href="#">RCT</a>	<ul style="list-style-type: none"> <li>• Bangladesh: treatment group (girls from 35 villages) &amp; control group (girls from 55 villages)</li> <li>• Niger: treatment group (girls from 41 villages) &amp; control group (girls from 45 villages)</li> <li>• Baseline and endline surveys</li> </ul>
<a href="#">Win-Win</a>	<a href="#">Great Lakes Inkingi Development (GLID)</a> <a href="#">RBU 2000 Plus</a> <a href="#">University of Burundi</a> in partnership with the <a href="#">International Rice Research Institute (IRRI)</a>	<a href="#">Africa Center for Gender, Social Research and Impact Assessment</a>	<a href="#">RCT</a>	<ul style="list-style-type: none"> <li>• VSLA + livelihoods skills and market access (Control)</li> <li>• VSLA + livelihoods skills and market access + Gender Light (Treatment 1)</li> <li>• VSLA + livelihoods skills and market access + EKATA + active engagement with male relatives using male change agents (Abatangamuco) and reflection groups (gender norms)</li> <li>• Baseline and endline surveys</li> </ul>
<a href="#">Abdiboru</a>	<a href="#">Bill &amp; Melinda Gates Foundation</a> <a href="#">Addis Continental Institute of Public Health</a>	<a href="#">Addis Continental Institute of Public Health</a>	<a href="#">Quasi-Experimental Design</a>	<ul style="list-style-type: none"> <li>▪ Double-combination intervention arm: Individual and government levels interventions</li> <li>▪ Triple-combination arm: combined individual, community and government level interventions</li> <li>▪ Control arm (delayed intervention group)</li> <li>▪ Baseline and endline surveys</li> </ul>
<a href="#">Indashyikirwa</a>	<a href="#">RWAMREC</a> <a href="#">RWN</a>	<a href="#">South African Medical Research Council</a>	<a href="#">RCT</a>	<ul style="list-style-type: none"> <li>• Intervention couples and control couples</li> <li>• Baseline and endline surveys, cross sectional community surveys</li> </ul>

## Anex 2: Summary of Evaluations

Project Name	Project Partners	Evaluation Researchers	Evaluation Method	Evaluation Design and Data Collection Methods
<u>SOMGEP-T</u> (Somali Girls Education Promotion Programme)	<u>USAID</u> <u>UKaid</u> <u>ADRA</u> <u>Havoyoco</u> (Somali) TASS (Somali) <u>Nagaad</u> (Somali)	<u>Consilient</u>	<u>Quasi-Experimental Design</u>	<ul style="list-style-type: none"> <li>Girls in intervention schools and girls in control schools</li> <li>Baseline and endline household surveys and learning assessments, head teacher survey, and classroom observation</li> </ul>
<u>HATUTAN</u>	<u>Mercy Corps</u> <u>USDA</u> <u>WaterAid</u>	<u>Consilient</u>	<u>Quasi-Experimental Design</u>	<ul style="list-style-type: none"> <li>A total of 2,696 students from 98 treatment schools in the treatment municipalities and 1,965 students from 87 control schools in the control municipalities</li> <li>Baseline and midline household surveys, school surveys, and classroom observations</li> </ul>
<u>Digital Sub-Wallets</u>	<u>Post Bank</u> (Uganda)	<u>DoubleXconomy</u>	<u>RCT</u>	<ul style="list-style-type: none"> <li>Group 1. Mobile banking with digital sub-wallets and financial/technical training (DSW)</li> <li>Group 2. Household dialogue curriculum followed by DSW offering and training (HHD+DSW)</li> <li>Group 3. Control group that was comprised of VSLA members but did not receive any of the interventions</li> <li>Baseline and endline surveys as well as bank account data</li> </ul>



This report was written by Yingxin Zhang and Nicole Paul, in collaboration with Emily Janoch and Jay Goulden (2024).