



Lessons from six evidence gap maps on women's political empowerment

Gender equality and women's political representation are key pillars of democratic legitimacy and resilience. Further, a democracy that facilitates women's full participation is thought to lead to more sustainable, peaceful, and effective governments (Brechenmacher and Hubbard 2020).

However, historical exclusion from the political sphere has had a pervasive effect on women's political participation today:

- Women are less likely to be elected to most major offices than men. Only 1 in 4 of over 3,400 ministerial and parliamentary member positions worldwide are held by women (World Economic Forum 2021).
- Women are less likely to hold national leadership positions. As of 2021, only 22 out of 193 countries have had a female head of state or government (Women's Power Index 2021).
- Violence against women in politics and public life has increased and countermeasures to address violence are currently insufficient (United Nations 2022).

Enhancing gender equality and women's empowerment is a core pillar of USAID's global strategy (USAID 2021b). To understand how related interventions have worked, we analyzed a subset of studies of these interventions, collated as part of a series of evidence gap maps (EGMs) for the USAID Center for Democracy, Human Rights, and Governance (USAID DRG). The International Initiative for Impact Evaluation produced six maps across the DRG focus areas, which include impact evaluations (IEs) and systematic reviews (SRs) of interventions on women's political participation and political empowerment in low- and middle-income countries (L&MICs).

Highlights



Overview of evidence

- We found 74 studies including 2 SRs and 72 IEs that examine WPE interventions.
- The majority of studies included are from South Asia (31) and Sub-Saharan Africa (22).
- More than 75 per cent of the studies use experimental or quasi-experimental research designs.
- Evidence is unevenly distributed across the three barriers to WPE: individual, socio-cultural, or institutional. Most studies focus on addressing institutional barriers, while less evidence is available on individual barriers.
- Only 18 of the 72 studies include a clear ToC. Of these 18 studies, at least 15 unpack individual, socio-cultural, or institutional barriers linked to identified problems.

Implications for researchers and practitioners

- Implementers should consider focusing on ways to address harmful attitudes that create risks for politically active women. Engagement with stakeholders including local authorities, associations, or religious groups can support long-term change.
- Support for existing women's networks and groups can build capacities.
- To fill in evidence gaps, consider rigorous SRs that can provide insights on "what works," and rigorous quantitative and qualitative evaluations that can guide program design and implementation.

The purpose of the brief is to consolidate evidence from the six DRG EGMs about women's political participation and women's political empowerment (WPE) interventions in L&MICs. While our maps and this brief do not include all types of research on these interventions, findings from evaluations can shed light on the impact of country-specific interventions, and those from SRs offer rigorous evaluation evidence on interventions across contexts. The analysis in this brief can help to inform investments in women's economic empowerment interventions across the program cycle. For a full list of included studies, please see Appendix A.

Our analysis addresses the following questions:

- What is the state of evidence on WPE, based on the literature from the six DRG EGMs?
- What are the trends in WPE interventions and outcomes covered by the DRG EGMs? What can practitioners and researchers do to strengthen the body of evidence on WPE?

- What are the studied pathways to change in WPE? Where is evidence needed to understand the impact of interventions along these pathways?
- What can researchers and practitioners learn from evaluations reporting a WPE intervention's theory of change (ToC) to inform program design and implementation?

In the first section, the brief presents a framework to analyze interventions from included studies based on barriers to women's political participation. The next section describes the volume and characteristics of studies included in this brief, and analyzes the interventions, outcomes, and possible pathways to change. The final section briefly summarizes considerations for implementation from studies that reported a ToC.



Conceptualizing WPE and the barriers women face

For this analysis, we define women's empowerment as the "processes that challenge patriarchal power dynamics to enfranchise women and facilitate equal and equitable access to and control over material, intellectual, and human resources" (Devi and Lakshmi 2005). Building on this definition, WPE refers to processes that disrupt formal and informal barriers within society at large, and within elite spaces where political power is concentrated, to facilitate equitable opportunities for women to participate in, have access to, and exercise power in politics (Alexander et al. 2016).

To understand these barriers and how they are addressed in various interventions, we developed a conceptual framework that outlines the **problem** addressed by the intervention, the primary **barriers** contributing to the problem, the **intervention** designed to address these barriers, and the **outcomes** measured to evaluate the impact of the intervention (Figure 1).

We define the problem as a harmful, failing, or unequal situation that a group, community, or society experiences. For example, in the context of WPE, problems include low voter participation among women, weak or underfunded civil society organizations (CSOs) supporting WPE, or poor representation of women in elected office. We define a barrier as a root cause that leads to a problem (in this sense, a problem can be caused by multiple barriers).

A range of **individual, socio-cultural, or institutional barriers** can undermine women's participation in politics and contribute to problems for WPE (National Democratic

Institute 2020b; Appendix B). As presented in the first version of the forthcoming USAID Gender Equality and Women's Empowerment Policy (2022, p.23): "to seed real change, interventions must focus on addressing barriers across the entire political ecosystem, including those at the individual, institutional, and societal levels." Interventions identified as relevant to this analysis generally aim to strengthen WPE by targeting these barriers. Following the literature on WPE, we define these barriers as follows (Brechenmacher and Hubbard 2020; National Democratic Institute 2020b, 2020a; Hughes 2016; USAID 2022):

- **Individual** barriers relate to a woman's personal capacity to participate in the political sphere, such as elections, civil society, or government. These barriers may relate to knowledge of political processes, confidence to participate, freedom of movement, basic education, or access to resources.
- **Socio-cultural** barriers are restrictive social norms that inhibit women's involvement in political participation and decision-making and benefit pre-existing power structures, such as community attitudes towards women voting or holding office.
- **Institutional** barriers are caused by the formal rules, institutions, and processes that exclude women from access and agency or empowerment in politics and public life. Institutional barriers may include insufficient mechanisms for reporting violence or legal discrimination against women in politics and public life.

Table 1: WPE intervention and outcome groups

Intervention groups

- Civic involvement
- Community engagement and accountability mechanisms
- CSO involvement
- Democracy and decision-making
- Inclusive reforms and policymaking
- Institutional access
- Networking
- Vote and electoral involvement
- Multi-component

Outcome categories

- CSO and community power and influence
- Expression of opinion
- Inclusive governance
- Independence
- Influence and leadership
- Interest and knowledge
- Use of rights
- Women as community stakeholders



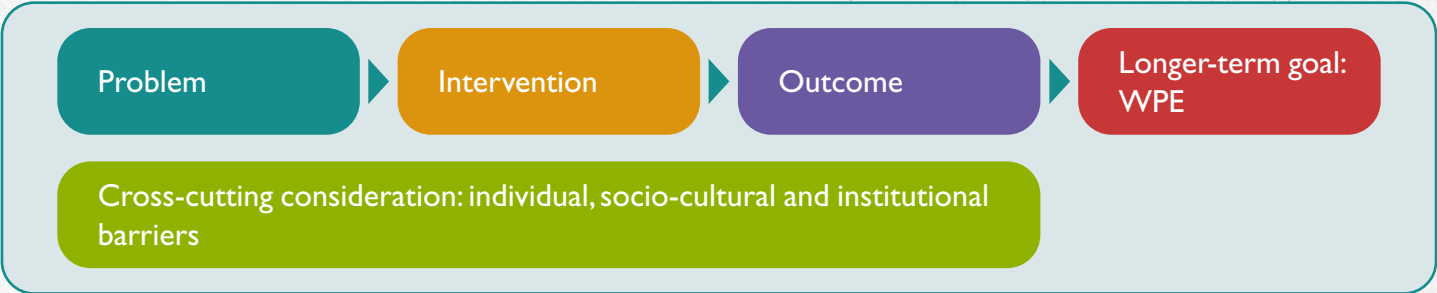
Conceptualizing WPE and the barriers women face

We distinguish between problems and barriers to identify potential differences between problem identification and program targeting. For example, multiple barriers may contribute to the problem of low voter participation among women. Women may not be familiar with candidates' platforms (individual barrier), men may believe that female family members should not vote (socio-cultural barrier) or voting stations may be located too far for women to easily travel (institutional barrier).

Following our conceptual framework (Figure 1), we reviewed each included study and extracted information about: (1) the problem the intervention aims to address (e.g., low voter participation); (2) the barrier(s) targeted by the intervention to address the problem (e.g., socio-cultural

barriers that discourage women from voting); (3) the intervention, including available information related to implementation and study design; and (4) outcomes to measure the impact (see "About this brief" for more information on our methodology).

Figure 1: Conceptual framework for program design and analysis of WPE



The state of evidence on WPE: where, when, how?

In the following section, we present an overview of the state of research on WPE from the DRG EGMs and identify trends in the production and use of evidence in this sector.

We identified 72 IEs and two SRs of programs related to WPE in L&MICs. These constitute approximately 4 per cent of the 1,868 studies included in the DRG EGMs, and 17 per cent of the 430 studies that focus on women. Although our scope is limited, the EGMs do represent a broad swath of evidence in the DRG sector. **The limited number of studies suggests a need for more evidence and research focusing on women and their political empowerment.**

We found studies ranging from 2004 to 2021, with a progressive increase in the production of evidence. There was a substantial increase in published evaluations in 2018 ($n = 17$), which suggests a recent rise in interest in WPE evidence.

The evidence is not evenly distributed across L&MICs and conflict-affected settings. Nearly half of the studies ($n = 31$) evaluated interventions in South Asia, 15 of which took place in India. About one third of studies ($n = 21$) evaluated interventions in Sub-Saharan Africa, covering 14 countries in the region. There were few

evaluations conducted in the Middle East and North Africa ($n = 3$) and in Latin America and the Caribbean ($n = 10$). Most studies were implemented in lower-middle income countries ($n = 63$) and in electoral autocracies or democracies ($n = 69$). Consistent with findings from the EGMs, few studies were implemented in more complex settings such as closed autocracies ($n = 5$) or fragile and conflict-affected states ($n = 12$). Future research should prioritize evaluating interventions in these contexts.

Most evaluations used experimental ($n = 29$) or quasi-experimental ($n = 33$) research designs. We found a small subset of 10 studies that used qualitative designs to analyze the impact of the interventions, mainly through process tracing methods ($n = 7$). We identified two SRs: one that we assessed with high-confidence findings (Waddington et al. 2019) and one assessed with low-confidence findings (Dekker 2013). More syntheses and qualitative evaluations on WPE may be needed to better understand intervention effects (through SRs) and to investigate why and how they work (including through qualitative evaluation).

How the evidence base answers the question

Despite limited evidence available on WPE interventions compared to the overall body of evidence on governance-focused interventions, we observe some trends:

- **Where:** most of the evidence focuses on South Asia and Sub-Saharan Africa; more evidence from other regions and fragile and conflict-affected states is needed.
- **When:** the amount of evidence has been growing since 2004; new research is needed to contribute to filling the remaining geographical, thematic, and methodological gaps.
- **How:** most studies use a quantitative design, and the use of qualitative evaluation and rigorous synthesis can bring more perspective on what works and how.



What are the trends in WPE interventions and outcomes covered by the DRG EGMs? What can practitioners and researchers do to strengthen the body of evidence on WPE?

In the following section, we review trends in the types of interventions evaluated and outcomes measured in WPE based on the evidence from the six DRG EGMs. We identify areas where more evidence or alternative approaches may be needed to inform policymaking and program designs.



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Interventions

The studies focus on 17 interventions, which we have mapped to nine groups (Appendix C). Among these groups, interventions for multi-component and institutional access each represent about 25 per cent of the available evidence, with 19 studies each (Appendix D). We observed different **trends in interventions and outcomes between single-component and multi-component intervention designs.**

Most **evaluations of single-component interventions on institutional access focused primarily on quotas, but 14 of the 19 studies evaluated the same reform implemented in India.** To analyze the comprehensive effect of these types of interventions on WPE, practitioners would need more evidence on quotas in cross-cultural and cross-national settings.

Across groups, most single-component interventions had five or fewer studies, with the exception of *community-driven development and reconstruction* interventions ($n = 6$). This also suggests a need for evidence on a more diverse range of single-component WPE interventions.

Among multi-component interventions, most studies evaluated community-based interventions.

Almost one quarter of studies focused on multi-component interventions ($n = 19$), including 14 of the 17 types of interventions (Appendix D). Some interventions, such as those related to *inclusive reforms and policymaking*, were only evaluated as components of multi-component interventions. Others, such as *information campaigns* and *civic education* interventions, were more commonly evaluated as components of multi-component interventions than standalone single-component interventions. In contrast to the single-component interventions, most of the multi-component interventions studied included CSOs and the community, such as *CSO capability strengthening* ($n = 11$).

Multi-component interventions are a source of evidence on several combinations of interventions.

Five studies evaluated *CSO capability strengthening* and *civic education* interventions. Three studies evaluated this combination with an additional *community engagement and behavior change* component. *CSO awareness campaigns* were also a common component of the multi-component interventions ($n = 4$). *Civic education* ($n = 7$) was often combined with *CSO capability strengthening* ($n = 5$).

In addition, two studies analyzed an *information campaign* combined with *community engagement and behavior change*. All these combinations are an opportunity to study the individual impact of those components (alongside standalone single-component studies) and also to analyze the combined effect of these interventions. Evidence from multi-component interventions may provide opportunities to learn about complementary interventions and strengthen effects for participants.

Synthesis evidence on WPE is limited in the DRG body of evidence.

The two included SRs focused on *quotas* and *participatory democracy processes* (including *community-driven development*). Dekker (2013) looked at *quotas*, and Waddington and colleagues (2019) looked at *participation, inclusion, transparency, and accountability* initiatives that include *community-driven development, participatory democracy, and community oversight* and *citizen observers'* intervention components. None of these SRs exclusively focus on WPE.

Moreover, some intervention groups such as *vote and electoral involvement, networking, or CSO involvement* are not covered by those syntheses. There is a need for more synthesized evidence on WPE interventions in areas where evidence is already available to better understand “what works” and inform a diverse range of program and intervention designs.

What are the trends in WPE interventions and outcomes covered by the DRG EGMs? What can practitioners and researchers do to strengthen the body of evidence on WPE?

Outcomes

The included studies capture 20 outcomes across eight groups (Annex D). We observe variations in the prevalence of outcomes studied across the outcome groups. This suggests opportunities for funding syntheses of evaluations that use common outcomes and the need for more primary analysis on less studied outcomes.

We observe some clusters of evidence on a series of outcome groups. Over one third of the included studies measured outcomes related to the *inclusive governance* groups ($n = 30$), particularly through a focus on *women's representation in governance* ($n = 19$). Other prevalent outcome groups include *use of rights* ($n = 30$), *expression of opinion* ($n = 26$), and *interest and knowledge* ($n = 24$). Synthesis of studies that measure those common outcomes can improve knowledge on what works to achieve those outcomes.

On the other hand, some outcome groups are less studied in our sample. Within inclusive governance, relatively few studies measured *policymaking* ($n = 11$); in the *CSO and community* group, there are few studies in outcomes such as *women's engagement in CSOs* ($n = 5$) or *CSO influence* ($n = 9$). Outcomes with a public opinion element may be more challenging to measure than outcomes that can be measured through panel or publicly available data (e.g., voting, election to public office). Behavior change, perceptions and opinions aspects may be measured through mixed methods and qualitative evaluations. However, we also observe a relatively fewer number of studies using those designs ($n = 10$). Future research should explore the need to measure outcomes with relatively less evidence, and which may be more challenging to measure.



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How the evidence base answers the question

The evidence shows an uneven spread between interventions:

- Despite the prevalence of quotas among single-component interventions, evidence from settings other than India can contribute to a better understanding of the impact of this intervention type.
- Practitioners need more evidence focusing on single-component interventions other than *quotas*, and can benefit from evidence provided by multi-component interventions, especially on the *role of CSOs* in WPE.
- Outcomes based on public opinion are less studied than those focusing on publicly available data, suggesting an opportunity for innovative approaches to study the former and synthesize the latter.
- More synthesis on the impact of WPE interventions is needed overall to understand what works, and more qualitative evaluation can contribute to understanding how it works.

What are the studied pathways to change in WVPE? Where is the evidence needed to understand the impact of interventions along these pathways?

In the following section, we grouped the studies according to whether the intervention targeted individual, socio-cultural, or institutional barriers, and mapped the pathways from problem to interventions and outcomes. This mapping can help in visualizing patterns in the pathways to change, and in areas where policymakers and practitioners can make use of evidence for decision-making.

Individual barriers

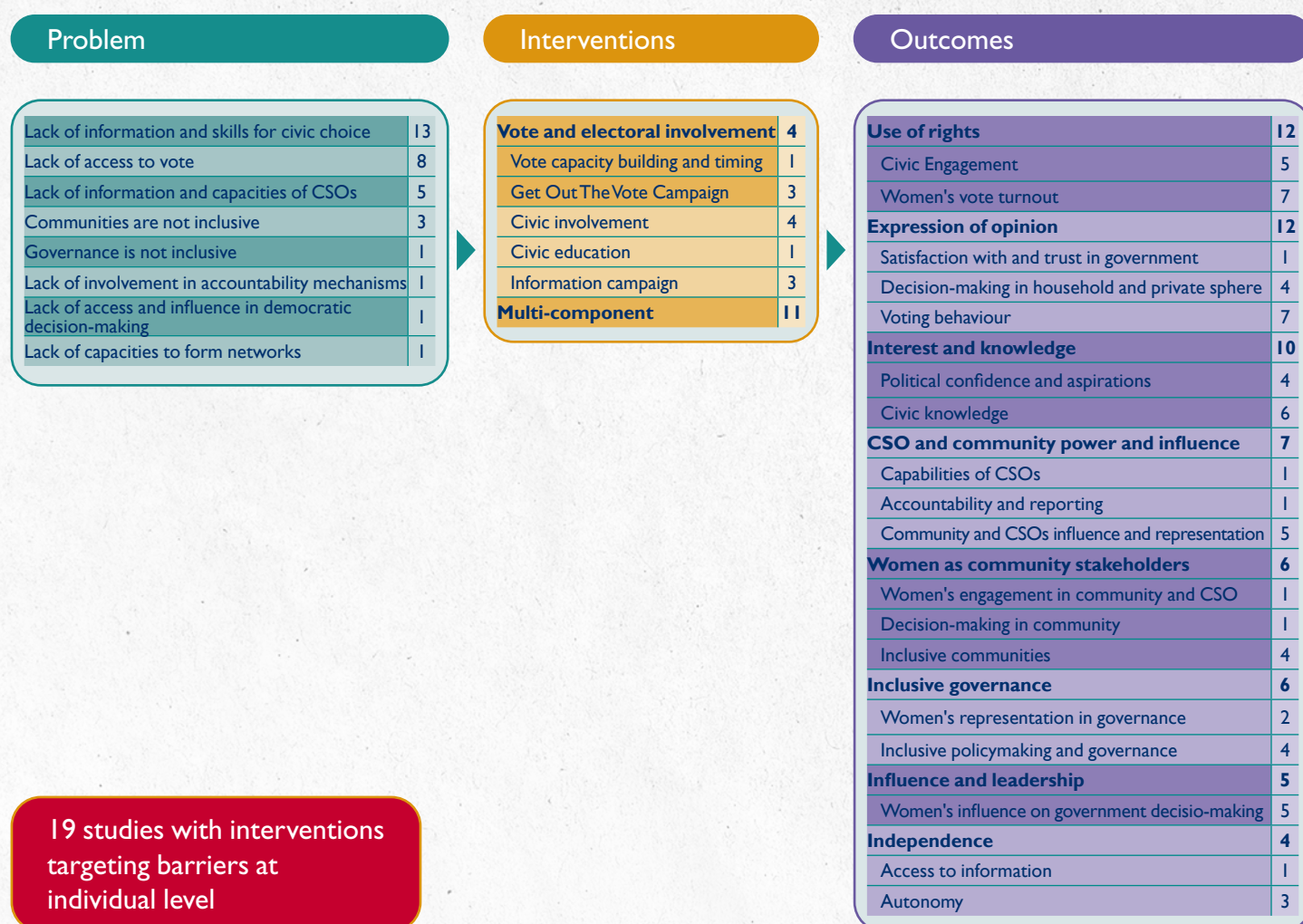
Pathways to change for interventions

Interventions that target individual barriers focus on a woman's personal capacity to participate in the political sphere. Of the 74 studies, 19 evaluate WVPE interventions that support individuals to participate in political processes (Figure 2). This is the least prevalent barrier in the body of evidence. However, this might be due to the scope of the DRG EGMs, which do not integrate interventions such as cash transfers, asset transfers, or technical and vocational education and training that can be related to this type of barrier. More mapping and

effectiveness reviews are necessary to understand the evidence around this type of interventions for WVPE.

Most authors used experimental (n = 9) or quasi-experimental (n = 8) IE designs, and we found one qualitative evaluation and one SR. Thus, as in the overall body of evidence, there is a need for additional qualitative and synthesis evidence on this specific type of barrier. We also observe geographical discrepancies: for example, 53 per cent of the studies focus on South and East Asia, while only 11 per cent focus on Latin America and the Middle East and North Africa.

Figure 2: Pathways to change for interventions that targeted individual barriers, by number of studies



What are the studied pathways to change in WVPE? Where is the evidence needed to understand the impact of interventions along these pathways?

Problems

The included studies focus on eight problems that the interventions aimed to address. The most reported problem was a lack of information and skills among individual women to take part in civic activities such as advocacy, decision-making, or debates ($n = 13$; Appendix E). Comparatively fewer studies focus on larger problems related to inclusion and participation of women with skills and resources (e.g., capacities to form networks, access and influence in democratic decision-making). As observed in the previous section, this might be related to the difficulty in measuring influence and behavioral change.

Interventions

Across the studies on individual barriers, multi-component interventions were the most common ($n = 11$). Common components included *civic education* ($n = 7$), which were often combined with *CSOs capability strengthening* ($n = 5$). For example, one study (Bishop 2012) analyzed a project in Nigeria to strengthen women's skills and capacity in influencing political decisions by working with community leaders to increase their involvement.

Other prevalent intervention types included *information campaigns* ($n = 3$) and *get-out-the-vote campaigns* ($n = 3$), where women received information on governance (Giné and Mansuri 2018; Chadha and Wadhwa 2018; Mvukiyehe and Samii 2017) or invitations and incentives to participate in electoral processes (Chong et al. 2018a, 2018b; Chowdhury et al. 2018). However, despite their prevalence in the six EGMs, interventions focusing on *vote capacity building* or civic education were less covered in WVPE-focused studies.

Outcomes

Consistent with the problems they identified, studies on interventions that targeted individual barriers measured outcomes related to *access to rights*, *expression of opinion*, and *interest and knowledge*. Despite the low number of studies focusing on vote interventions, *women's vote turnout* ($n = 7$), *voting behavior or the strategic voting choices of women* ($n = 7$), and *women's civic knowledge* ($n = 6$) were among the most reported outcomes. Few studies measured outcomes such as *women's influence and leadership*, and *independence*, which limits the capacity to understand how interventions related to individual barriers impact these.



What are the studied pathways to change in WVPE? Where is the evidence needed to understand the impact of interventions along these pathways?

Pathways to change for interventions that targeted socio-cultural barriers

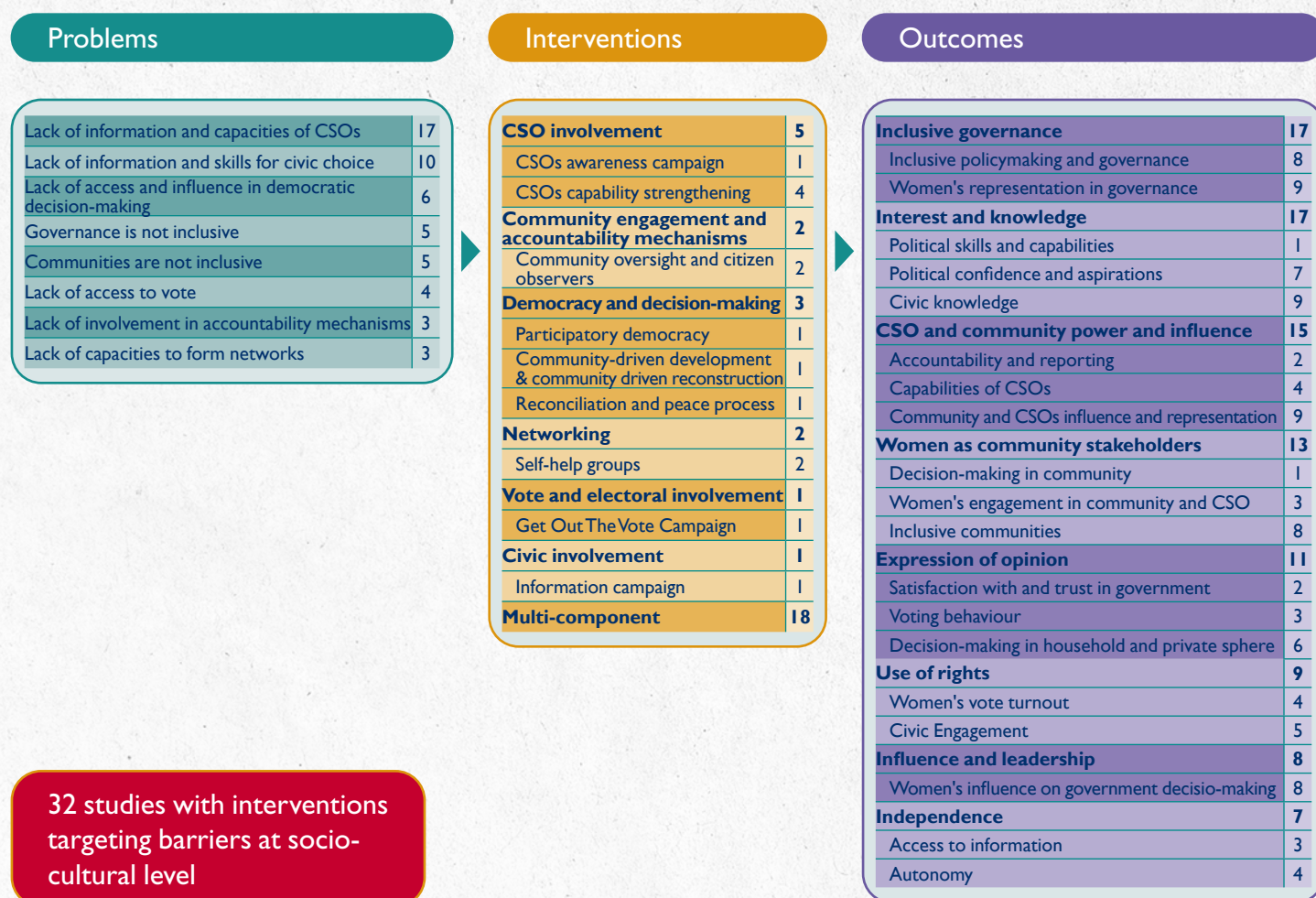
Interventions that target socio-cultural barriers aim to challenge restrictive social norms or attitudes that inhibit women's involvement in political participation and decision-making. We identified 32 studies (including one SR) evaluating interventions to empower women with a focus on socio-cultural norms or community attitudes related to political participation (Figure 3). Studies focusing on the socio-cultural barriers represent 43 per cent of our body of evidence (the second largest after institutional barriers).

In terms of methodology, experimental and quasi-experimental designs are relatively balanced (n = 9 and n = 13). Unlike the studies addressing the other two barriers, a higher proportion of studies addressing socio-cultural

barriers use qualitative evaluation methods (n = 9). They focus in particular on CSO support for WVPE, and provide additional insights on the mechanisms by which these actors change perceptions and attitudes towards women's participation in political affairs. The combination of quantitative and qualitative primary studies presents an opportunity to synthesize evidence to complement the SR focusing on this barrier.

Geographically, we observe differences to the other barriers with a specific focus on Sub-Saharan Africa (33%) and the Middle East and North Africa (30%). More evidence from other contexts including Latin America or Eastern Europe would add value.

Figure 3: Pathways to change for interventions that targeted socio-cultural barriers, by number of studies



What are the studied pathways to change in WVPE? Where is the evidence needed to understand the impact of interventions along these pathways?

Pathways to change for interventions that targeted socio-cultural barriers

Problems

The studies examining socio-cultural interventions commonly identified a lack of information and capacity among CSOs supporting WVPE ($n = 17$) as key problems. These interventions also tried to strengthen women's access to information and skills to engage in civic participation ($n = 10$). Fewer studies focused on a lack of inclusivity in communities or the absence of opportunities for women to influence democratic decisions. This finding reinforces the observed lack of evidence on influence-related barriers and outcomes.

Interventions

Of the 32 studies that addressed socio-cultural barriers, approximately 18 examined multi-component interventions. The most prevalent intervention components were CSO capability strengthening ($n = 11$), often combined with civic education ($n = 4$), community engagement and behavior change ($n = 3$), or CSO awareness campaigns ($n = 3$). For example, one study (Grillos 2015) evaluated an intervention combining support for CSO capabilities with civic education for the entire community and leadership and communication training specifically for women.

Among the single-component studies, a higher proportion assessed the work of CSOs ($n = 5$) than interventions working with other community groups to support WVPE ($n = 2$). This might be a consequence of the focus of the six EGMs, and practitioners would need to look at the wider literature on socio-cultural interventions to identify more evidence of their effect on WVPE.

Outcomes

Most studies focused on outcomes related to *inclusive governance, CSO and community power and influence, and women as community stakeholders*. Nine studies measured *women's representation in governance, community and CSO influence for WVPE, women's civic knowledge, women's influence on government decision-making, and inclusiveness of communities*. This higher prevalence of influence-related outcomes (compared to the other two barriers) is a consequence of the high number of qualitative evaluations, and strengthens the argument for more mixed-method evaluations of WVPE interventions. For example, six of the qualitative evaluations focus on CSO and community power and influence, and two on influence and leadership.



What are the studied pathways to change in WVPE? Where is the evidence needed to understand the impact of interventions along these pathways?

Pathways to change for interventions that target institutional barriers

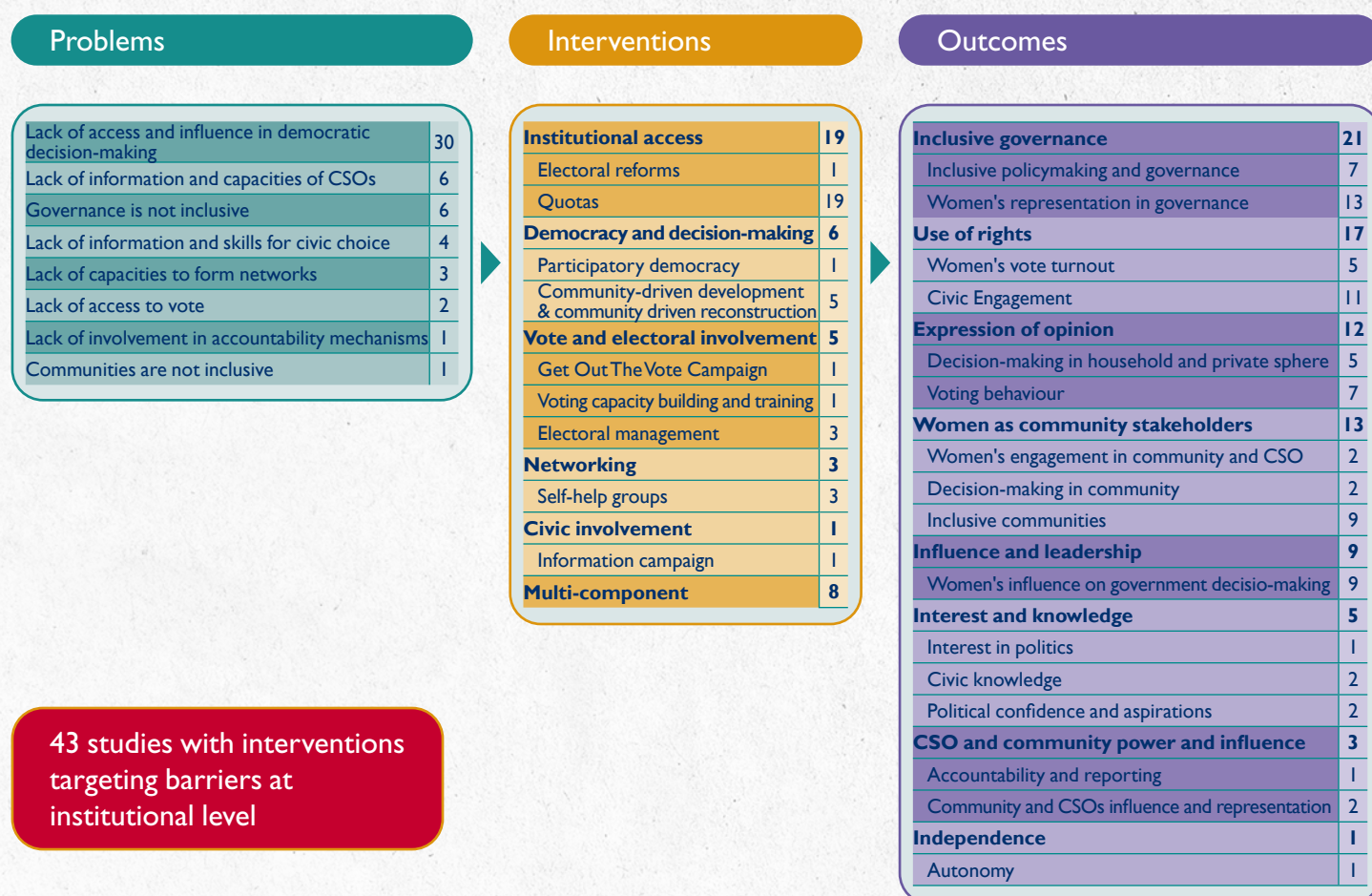
Interventions that target institutional barriers aim to challenge public institutions and processes that exclude women from the political sphere and decision-making. We identified 43 studies that evaluated interventions to empower women by addressing institutional barriers to political participation. This represented the largest cluster of available evidence (Figure 4), covering 58 per cent of our body of evidence. This observation should, however, be taken with caution, as it is related to the focus on governance and the work of institutions in the six DRG EGMs, and might not reflect the global body of evidence on WVPE.

Regarding methodologies, there is a balance of experimental and quasi-experimental designs (n = 16 and n = 19), but we

observe a discrepancy, with qualitative evaluations representing only 14 per cent of studies in this pathway. Moreover, despite the larger number of primary studies in this pathway, there are only two SRs, which do not exclusively focus on WVPE, suggesting the need for more synthesized evidence on the impact of related interventions.

In terms of geography, the highest number of studies focus on South and South East Asia (n = 26), particularly India and its quota reform (n = 24). One fifth of the studies examine interventions addressing institutional barriers in Sub-Saharan Africa, but there is need for more evidence from other contexts.

Figure 4: Pathways to change for interventions that targeted institutional barriers, by number of studies



What are the studied pathways to change in WVPE? Where is the evidence needed to understand the impact of interventions along these pathways?

Pathways to change for interventions that target institutional barriers

Problems

Nearly 75 per cent of the studies relating to institutional barriers identified the same problem: women's low access to and influence in democratic decision-making (n = 30; Appendix E). Another common problem was low inclusion in governance processes (n = 6). Several studies reported low numbers of women in institutions (Bardhan et al. 2010), low involvement in participatory democracy activities (Casey et al. 2012), and limited involvement of women in decision-making processes (Labonne et al. 2019). However, there is limited evidence related to accountability and voting mechanisms (e.g., access to voting, involvement of women in accountability mechanisms). Despite the prevalence of such problems and related interventions in the six DRG EGMs, only a minority specifically focus on women.

Interventions

Of the 43 included institutional-level studies, quotas were the most prevalent among interventions that targeted institutional barriers (n = 19). Of the 19 studies, 14 analyzed quotas for electoral positions in India (e.g., Deininger et al. 2020; Bhavnani 2008; Priebe 2017). Some also evaluated inclusive *community-driven development* interventions (n = 5). For example, a study on the National Solidarity Program in Afghanistan (Beath et al. 2015) included reservations and incentives for women's participation.

Eight multi-component interventions mainly focused on *CSO capability strengthening* (n = 5) by incorporating *capacity building of policymakers* (n = 2), *CSO awareness campaigns* (n = 2), or *institutional reform and policymaking* (n = 2). We also observe that the main intervention groups are covered by an SR focusing on women's institutional access or democracy and decision-making interventions. However, the DRG EGMs do not include an SR focusing on the work of institutions to support women during elections, despite the availability of primary evidence.

Outcomes

In line with the main problem identified in this pathway, *inclusive governance* was the most prevalent outcome group for studies of interventions that targeted institutional barriers – mainly measured by *women's representation in governance* (n = 13). Another prevalent outcome measured was *women's influence on government decisions* (n = 9). However, and similarly to the individual barrier, we observe less evidence on outcomes related to *influence*, *independence* and *autonomy*, calling for more qualitative approaches as well as innovative methodologies to better measure those outcomes.

How the evidence answers the question

This analysis shows that practitioners can build on rigorous evidence across the pathways and for each of the three barriers targeted for WVPE. However, despite the evidence in the three pathways, it is unevenly distributed, with a prevalence of focus on institutional barriers over individual and socio-cultural barriers. Although this can be linked to the focus of the six DRG EGMs, more evidence can benefit all pathways:

- On individual barriers: qualitative methods, SRs, voting and civic education intervention, and influence or independence outcomes need more evidence.
- On socio-cultural barriers: SRs, studies analyzing problems related to community and decision-making, and interventions working with community-groups other than CSOs need more evidence.
- On institutional barriers: qualitative methods, SRs, and influence or independent outcomes need more evidence.

The pathways also show the added value of mixed methods, not only to understand what works, but as a means of adding the perspectives of participants as a means of understanding the impact of political economy, influence, and attitudes on WVPE. The production of more evidence can fill the synthesis gaps to understand the impact of intervention across each of the three pathways.

What can researchers and practitioners learn from evaluations reporting a ToC of WPE interventions to inform program design and implementation?

In the following section, we analyze a sub-sample of studies that provided a ToC to better understand the alignment of the intervention with the identified problem statement and linked barriers. We also draw considerations for implementation and program design.

Among the 74 studies, 18 published a ToC in their final report (24%). This subsample includes 17 IEs and one SR. Of these studies, 10 used a qualitative design, 5 a quasi-

experimental design, and 2 an experimental design. Given this, there is a need for greater reporting of ToC in evaluations, especially studies with quantitative designs.

Considerations for researchers: mapping and matching of barriers and problems

In the subset of 18 studies providing a ToC, nine explicitly communicated problems related to specific barriers and evaluated an intervention that focused on the same barriers. For example, a study of a gender-responsive budgeting initiative in Uganda (Bamanyaki and Holvoet 2016) identified two problems: low awareness of maternal health issues and low women's participation in budget institutions. The authors identified socio-cultural norms that prevent women from receiving prenatal care, and institutional practices that excluded women from participating in budgeting processes, as the main barriers contributing to these problems. The intervention targeted both barriers by delivering educational materials to grassroots citizen groups and gender training to female counselors and technocrats on gender, advocacy, health rights, planning, and budget processes.

A study on the effects of a garment sector project in Bangladesh (Smith et al. 2018) identified two problems related to socio-cultural barriers: low respect for workers' rights (particularly women's), and low capacity of civil society to hold institutions accountable. The intervention targeted socio-cultural barriers by supporting CSOs, trade unions, and communities, and by forming solidarity groups among women workers.

Several multi-component interventions targeted multiple barriers beyond those identified in the problem statement ($n = 6$). For example, a study on the effect of a women's justice intervention in the Middle East and North Africa (Lombardini and Vigneri 2015) identified three problems that prevent women's access to justice: low levels of legal literacy, negative cultural norms on filing complaints, and patriarchal beliefs held by officials. Individual and socio-cultural barriers contribute to these problems. The intervention targeted individual, socio-cultural, and institutional barriers through awareness-raising sessions for women and community leaders, trainings, free legal consultations, and capacity-building of lawyers and judges.

A small sample of studies described programs that targeted fewer or different barriers than those identified in their problem statements ($n = 3$). For example, Bishop (2012) analyzed a women's leadership and agricultural governance intervention in Nigeria. Researchers defined the problem as women's low access to agricultural decision-making and governance, driven by individual, socio-cultural, and institutional barriers. While the evaluation highlighted individual barriers to decision-making related to women's knowledge of agriculture practices, Oxfam implemented a community-driven development intervention that focused primarily on institutional and socio-cultural barriers.



What can researchers and practitioners learn from evaluations reporting a ToC of WPE interventions to inform program design and implementation?

Considerations for practitioners: lessons from implementation

The 18 studies that reported their underlying ToC provide insights to inform future programming.

Engagement with a broad range of stakeholders, such as politicians, policymakers, civil society actors and religious groups, may support long-term change. However, implementers may encounter challenges in the establishment or enforcement of inclusive policies.

Political and civil society actors can be enablers of change if engaged through the intervention. Tahiraj (2013) reported that the positive effects of a rural development intervention in Albania can be explained in part by its work with a broad range of stakeholders. Otero (2013) also reported that support from policymakers and politicians helped to advance efforts to ratify a women's rights protocol in Kenya. Other study authors reported that stakeholder mapping exercises may facilitate such engagement (Heaner 2012; CARE 2019) and build trust to encourage broader community participation and uptake of the intervention (Gullo et al. 2020).

However, even when government officials are engaged, support for WPE is not guaranteed. Otero (2013) reported that religious groups may have influenced government ministries in Kenya to change course on the ratification process for a protocol that would support women's rights. Heaner (2012) suggested that in Liberia, although laws have been passed and community awareness campaigns related to gender equality have emerged, enforcement appears to be weak, especially for remote and rural populations, due to low accountability.

Facilitating networks and coordination among women can strengthen women's empowerment approaches.

Bamanyaki and Holvoet (2016) found that following a training intervention in Uganda, local women councilors formed informal women's groups to monitor issues

and support each other. Delgado (2013) reported that as part of an intervention for women's political participation in South America, an electoral inclusion campaign strengthened coordination among women from political parties and CSOs. Strengthening such coordination was considered of value for women running for public office or taking part in public decision-making. Women in leadership positions could also act as role models or as a source of inspiration for other women to participate and engage in political processes (Koekebakker 2016).

Harmful attitudes towards women's political participation may create risks to participating in WPE interventions.

Cheema and colleagues (2022) reported that the short-term effects of an intervention were insufficient to create sustainable change, and that longer-term engagement is required to shift attitudes in support of women running for public office. Bishop (2012) and Delgado (2014) also identified gender norms, such as attitudes about the roles of women in the household and community, as factors that could hinder their efforts to support women's leadership in agricultural decision-making and governance.

A few studies highlighted the unintended negative effects of interventions on women's safety. Smith and colleagues (2018, p.22) identified several risks faced by garment factory workers when organizing and campaigning for workers' rights in Bangladesh, including verbal or physical abuse or loss of income. In a study of a women's empowerment and peacebuilding program in the Philippines, Vonk (2021) reported that limited evidence showed that participants may have encountered more gender-based violence, such as psychological violence, compared to those who had not participated. Study authors recommended that future interventions should monitor gender-based violence among participants and develop supportive measures for survivors.

How the evidence answers the question

To better understand the targeted problem and impact of the interventions, researchers and implementers would benefit from the inclusion of a ToC in evaluation reports.

In the few studies where a ToC is reported, we observed three different program approaches: those targeting the same barriers as the ones identified in the problem statement, those targeting more barriers, and those targeting fewer barriers than those identified in the problem statement. This body of evidence can be used to analyze the differentiated impacts of these approaches.

Lessons from program implementation call for practitioners' awareness of the local context by involving a broad range of local stakeholders, supporting women's networks and agency, and being mindful of harmful attitudes towards women's participation in the interventions.

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Endnotes

¹ Each EGM focuses on one of the following six topics related to USAID's DRG portfolio: governance, rule of law, human rights, political competition, independent media, and civil society. Because the six EGMs did not focus primarily on WPE, this brief does not capture all WPE research, but draws from relevant studies included in the DRG EGMs. Readers are then invited to look at the wider body of evidence on WPE as it might complement some of the findings of this brief.

² While the simplified framework helps to visualize patterns in the pathways to change towards WPE, we acknowledge that change is not necessarily linear nor sustained over time.

³ Intervention and outcome types are mentioned in *italics* throughout the brief

⁴ Classification is based on V-Dem 2022.

⁵ Multi-component interventions are defined as activities with components across several intervention categories of the intervention-outcome framework, or activities with components in multiple intervention categories but for which a study provides an independent effect estimate for each component.

⁶ Problems and outcomes in the figures are reported at the study level. Some of the included studies are multi-component, and although one of the components targets a specific barrier, other components might target other barriers, and one study can then include multiple problems.



About the brief

This brief is based on studies identified by six EGMs developed by the International Initiative for Impact Evaluation and the USAID DRG Center on Rule of Law, Human Rights, Independent Media, Civil Society, Governance Effectiveness and Political Competition (Appendix A). The research team and USAID WPE technical experts agreed on a list of search terms that have been applied to the DRG evidence base (n = 1,868) to identify potentially relevant IEs and SRs.

Our search returned 576 studies from the six maps, of which 339 remained after deduplication. The research team then screened the studies on the relevance of their interventions and their measures of outcomes related to WPE. After title and abstract screening, 175 studies were reviewed at full text. Ultimately, 72 IEs and two SRs met the inclusion criteria and were assessed in this analysis.

The research team extracted information on the intervention evaluated, the problem statement, the individual, socio-cultural, or institutional barriers targeted, and outcomes used to measure impact.

■ **Intervention: what is the type of intervention implemented?** The team used common codes from the six EGMs and co-developed a WPE framework of intervention groups with USAID WPE experts. We mapped each intervention to this framework. We also extracted information on study design and

implementation context, including country, year of publication, and available information about barriers and facilitators to implementing interventions or achieving positive effects, as reported by study authors.

■ **Problem statement: what is the WPE challenge targeted by the intervention?** This was extracted using information provided in the study and the intervention description.

■ **Barriers: what is the barrier (individual, socio-cultural, institutional) targeted by the intervention, and who is receiving the intervention?** This was extracted using the description of the mechanism and targeting implemented by the intervention.

■ **Outcomes: how do study authors measure the intervention's impact?** This was extracted using existing coding for each study in the six EGMs and by the WPE framework of outcome groups developed with USAID WPE experts. We mapped each intervention's outcomes to our framework.

This brief was authored by Etienne Lwamba, Jane Hammaker, Ashiqun Nabi, Lina Khan, and Constanza Gonzalez Parrao. They are solely responsible for all content, errors, and omissions. It was designed and produced by Akarsh Gupta and Tanvi Lal.



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