Evidence and Gap Map Research Brief

UNICEF STRATEGIC PLAN 2018–2021
GOAL AREA 5: EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE

What this research brief is about

This research brief is one of a series of six briefs, which provide an overview of available evidence shown in the Campbell-UNICEF Mega-Map of the effectiveness of interventions to improve child well-being in low- and middle-income countries (LMICs). Five of the six briefs summarize evidence as mapped against the five Goal Areas of UNICEF’s Strategic Plan 2018–2021, although it is anticipated that they will also be useful for others working in the child well-being space. The sixth brief maps the COVID-19-relevant studies.

This brief provides an overview of the available evidence related to interventions to ensure that every child has an equitable chance in life.

The purpose of the research brief is to:

■ Make potential users aware of the map and its contents
■ Identify areas in which there is ample evidence to guide policy and practice, and so encourage policymakers and practitioners to use the map as a way to access rigorous studies of effectiveness
■ Identify gaps in the evidence base, and so encourage research commissioners to commission studies to fill these evidence gaps.
**Box 1: What is the Campbell-UNICEF Child Well-being Mega-Map?**

The Campbell-UNICEF Child Well-being Mega-Map maps evidence synthesis studies – evidence and gap maps and systematic reviews – here on in referenced simply as studies, which report studies of the effectiveness of interventions to improve child well-being. The evidence is structured by intervention categories, such as health and nutrition, and by outcome domains, such as morbidity.

Systematic reviews help establish which programmes are effective, for who, and in what circumstances. Evidence maps guide users to the evidence from systematic reviews and impact evaluations. The Mega-Map is an evidence and gap map (EGM) of 536 systematic reviews and 25 EGMs organized into six intervention categories and six outcome domains. This year’s update has seen an increase of 52 systematic reviews on 2020.

The map shows only evidence syntheses that summarize evidence from around the world. It does not show the individual studies. The map shows what evidence syntheses are available, not what the evidence says.


**What evidence is included for every child has an equitable chance in life?**

In the UNICEF Strategic Plan 2018–2021, strategic Goal Area 5, every child has an equitable chance in life, is most explicitly touched on in two Sustainable Development Goals (SDGs):

- SDG 5: Achieve gender equality and empower all women and girls
- SDG 10: Reduce inequality within and among countries

However, equity cuts across the SDGs and strategic Goal Area 5 is also addressed by other SDGs. For example, there is explicit reference to people with disabilities in four of the SDGs, such as “Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all” in SDG 3.

Many of the reviews in the map may present data disaggregated by, for instance, gender or disability. For example, a review of the economic effects of conditional cash transfers (CCTs) finds that CCTs reduce child labour for boys more than for girls, unless the transfer is explicitly targeted at girls (Kabeer, 2012). However, this brief focuses on reviews with an explicit equity focus. That is, reviews that either address equity or focus on a disadvantaged group, such as people with disabilities. There are 29 such studies in the Mega-Map, which are listed in Table 1. Figure 1 shows the distribution of studies by intervention category (some studies are in more than one category). See the Endnote for an explanation of how systematic review confidence is assessed.

**Figure 1: Number of studies by intervention category and systematic review (SR) confidence**

As for the Mega-Map as a whole, reviews explicitly addressing the goal of ensuring that every child has a chance to an equitable life are concentrated in health and nutrition, and education. There is just one study with respect to early child development and none at all for social protection or rights and governance.

In total, 40 per cent (8 out of 20) of the studies are rated as high confidence (see Endnote on confidence rating). The evidence and gap map shows what evidence is there but not what it says. However, to give a taste of the evidence contained in the studies, Box 2 summarizes the evidence of selected studies related to education.

**Box 2: Ensuring every child has an equal chance in education. Findings from selected reviews**

School feeding has positive effects on both attendance and learning outcomes (Kristjansson, 2007). There is a considerable evidence base on increasing girls’ participation in education (Unterhalter et al., 2014). Well-targeted interventions that provide additional resources and support teachers can have positive effects. However, there is no evidence on the effects of separate girls’ toilets (Birdthistle et al., 2011).

There is also a lack of rigorous studies on changing gender norms (Unterhalter et al., 2014). There are no rigorous studies in developing countries of inclusive education for children with disabilities (Bakhshi et al., 2013).
<table>
<thead>
<tr>
<th>Equity term</th>
<th>No.</th>
<th>Titles</th>
</tr>
</thead>
</table>
| Equity/equality | 4   | Targeted interventions for improved equity in maternal and child health in low- and middle-income settings: A systematic review and meta-analysis (Målqvist et al., 2013)  
Evidence review: Promoting adolescent girls’ health and well-being in low-resource settings in the era of COVID-19 (Blake and Temin, 2020)  
Interventions to enhance girls’ education and gender equality (Unterhalter et al., 2014)  
Addressing inequities in child health and development: Towards social justice (Spencer et al., 2019) |
| Girls       | 7   | Cognitive behavioral therapy for post-traumatic stress disorder, depression, or anxiety disorders in women and girls living with female genital mutilation: A systematic review (Adelufosi et al., 2017)  
What impact does the provision of separate toilets for girls at schools have on their primary and secondary school enrolment, attendance and completion? A systematic review of the evidence (Birdthistle et al., 2011)  
Providing access to economic assets for girls and young women in low-and-lower middle-income countries (Dickson and Bangpan, 2012)  
Interventions to enhance girls’ education and gender equality (Unterhalter et al., 2014)  
Strength-based interventions for HIV prevention and sexual risk reduction among girls and young women: A resilience-focused systematic review (LoVette et al., 2019)  
State of the evidence: A systematic review of approaches to reduce gender-based violence and support the empowerment of adolescent girls in humanitarian settings (Noble et al., 2017)  
The effects of household food production strategies on the health and nutrition outcomes of women and young children: a systematic review (Girard et al., 2012) |
| Disability  | 5   | What are the impacts of approaches to increase the accessibility to education for people with a disability across developed and developing countries and what is known about the cost-effectiveness of different approaches? (Rakhshi et al., 2013)  
Psychosocial interventions for parents of children with intellectual disabilities – A narrative review and implications for low-income settings (Masulani et al., 2018)  
Parenting programs that address physical abuse in childhood for families of children with developmental disabilities in mainland China: Systematic review and meta-regression (Fang et al., 2020)  
Systematic review of interventions for reducing stigma experienced by children with disabilities and their families in low- and middle-income countries: State of the evidence (Smythe et al., 2020)  
Systematic review of the efficacy of parenting interventions for children with cerebral palsy (Whittingham, 2011) |
| Ethnic, race | 1   | Services for street-connected children and young people in low and middle-income countries (Coren, 2014) |
Table 1: Mega-Map studies with an equity focus

<table>
<thead>
<tr>
<th>Street-connected children</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the effects of different models of delivery for improving maternal and infant health outcomes for poor people in urban areas in low income and lower middle countries? (Coast et al., 2012)</td>
<td></td>
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<tr>
<td>Unconditional cash transfers for reducing poverty and vulnerabilities: Effect on use of health services and health outcomes in low- and middle-income countries (Pega et al., 2017)</td>
<td></td>
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<tr>
<td>Academic intervention programmes for improving school outcomes for educationally disadvantaged youth and low achieving students in grade 7 to 12: A systematic review (Eiberg, 2014)</td>
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<tr>
<td>School feeding for improving the physical and psychosocial health of disadvantaged students (Kristiansson et al., 2007)</td>
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<tr>
<td>Food supplementation for improving the physical and psychosocial health of socio-economically disadvantaged children aged three months to five years (Kristiansson et al., 2015)</td>
<td></td>
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<tr>
<td>Effective interventions for unintentional injuries: A systematic review and mortality impact assessment among the poorest billion (Vecino-Ortiz et al., 2018)</td>
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<tr>
<td>Strategies to engage underrepresented parents in child intervention services: A review of effectiveness and co-occurring use (Pellecchia et al., 2018)</td>
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<tr>
<td>Addressing inequities in child health and development: Towards social justice (Spencer et al., 2019)</td>
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<tr>
<td>State of the evidence: A systematic review of approaches to reduce gender-based violence and support the empowerment of adolescent girls in humanitarian settings (Noble et al., 2017)</td>
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<td>Cognitive behavioral therapy for post-traumatic stress disorder, depression, or anxiety disorders in women and girls living with female genital mutilation: A systematic review (Adelufosi et al., 2017)</td>
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<tr>
<td>Providing access to economic assets for girls and young women in low-and-lower middle-income countries (Dickson and Bangpan, 2012)</td>
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<tr>
<td>Services for street-connected children and young people in low and middle-income countries (Coren, 2014)</td>
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<tr>
<td>Targeted interventions for improved equity in maternal and child health in low- and middle-income settings: A systematic review and meta-analysis (Målqvist et al., 2013)</td>
<td></td>
</tr>
</tbody>
</table>

| Minority, indigenous, discrimination | 0 |

PANDEMICS AND EPIDEMICS

We identified only one study with an explicit focus on response measures to pandemics and epidemics (such as COVID-19, SARS, MERS, H1N1, HIV/AIDS) or financial crises and natural disasters (such as major earthquakes, the global financial crisis, severe recession and the Indian Ocean tsunami), that fall under the Goal Area of every child has an equitable chance in life: Blake and Temin (2020), Promoting adolescent girls’ health and well-being in low-resource settings in the era of COVID-19.

What outcomes are reported?

The 29 reviews identified as addressing equity report a broad range of outcomes (see Table 2). Most of these outcomes relate to health and education. However, there are also a number related to the UNICEF strategic Goal Area that every child is protected from violence and exploitation, with child abuse and neglect being reported in 3 of the 29 studies.
Table 2: Outcomes reported in the equity-focused studies

<table>
<thead>
<tr>
<th>UNICEF Goal</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every child has an equitable chance in life</td>
<td>Mortality (5); morbidity (6); nutrition (4); disability and childhood illness (4); immunization coverage (2); mental health and psychosocial improvement (9); antenatal care including breastfeeding (2); maternal smoking (1); utilization of health services like immunization and childcare (2)</td>
</tr>
<tr>
<td>Every child learns</td>
<td>Enrolment (11); attendance (10); learning and achievement (7); drop-outs and truancy (8); quality of education (3); social skills development (6); cognitive development (5)</td>
</tr>
<tr>
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<td>Enrolment (11); attendance (10); learning and achievement (7); drop-outs and truancy (8); quality of education (3); social skills development (6); cognitive development (5)</td>
</tr>
<tr>
<td>Every child is protected from violence and exploitation</td>
<td>FGM prevalence (1); child abuse and neglect (7); child marriage (1); gender roles and decision making (10)</td>
</tr>
</tbody>
</table>

Where is the evidence from?

Systematic reviews are often global in scope. We included in the map all reviews for which studies from developing countries were eligible for inclusion, whether or not there were actually any studies from developing countries included. The screening process did not check whether the review actually included studies from developing countries. An example of a global review is Kristjansson (2007), School feeding for improving the physical and psychosocial health of disadvantaged students, which includes nine studies from low- and middle-income countries and nine from high-income countries. However, given the nature of the topic, several reviews in this area have a focus on developing countries – e.g., Coast et al. (2012), What are the effects of different models of delivery for improving maternal and infant health outcomes for poor people in urban areas in low income and lower middle income countries; and Dickson and Bangpan (2012), Providing access to economic assets for girls and young women in low-and-lower middle-income countries.

Where are the evidence gaps?

The studies focusing explicitly on either equity or programmes for disadvantaged groups and those who are discriminated against have increased threefold (from 13 to 29) since we first ran the searches in 2018; however, significant gaps still remain, both in the number of reviews and in the confidence in study findings. If governments and international agencies are to design and implement policies and programmes to ensure that every child has an equitable chance in life, a stronger evidence base is needed. The available evidence syntheses are mostly in the areas of health and education. More is needed in those areas but more still is needed in other areas where there are no studies. For example, no reviews were found regarding evidence for effective interventions for children from indigenous groups.

Implications of findings

There is a substantial research agenda to uncover what is known about successful – and unsuccessful – approaches to promoting more equitable development. This brief has identified reviews that focus on this. Other reviews may also contain relevant evidence; however, it would be necessary to delve into the review contents in more detail in order to map this information. A next step could be to produce an equity-focused version of the Mega-Map to allow identification of which reviews present evidence disaggregated for priority groups.

Regardless of what this equity-augmented version of the Mega-Map would show, it is clear that more reviews are needed to support this goal in the UNICEF Strategic Plan.

How can the map be used by UNICEF?

The evidence base for ensuring that every child has an equitable chance in life is very thin. While UNICEF staff and partners can draw on the lessons from the evidence identified in this brief, the brief’s main use should be to motivate staff to identify priority areas for which new evidence synthesis and new primary studies should be commissioned.
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Endnote: Assessing the confidence of systematic reviews

For systematic reviews, we score each study using the 16-item checklist called AMSTAR 2 (Assessing the Methodological Quality of Systematic Reviews). The 16 items cover: (1) PICOS in inclusion criteria; (2) ex ante protocol; (3) rationale for included study designs; (4) comprehensive literature search; (5) duplicate screening; (6) duplicate data extraction; (7) list of excluded studies with justification; (8) adequate description of included studies; (9) adequate risk of bias assessment; (10) report sources of funding; (11) appropriate use of meta-analysis; (12) risk of bias assessment for meta-analysis; (13) allowance for risk of bias in discussing findings; (14) analysis of heterogeneity; (15) analysis of publication bias; and (16) report conflicts of interest.

Items 2, 4, 7, 9, 11, 13 and 15 are termed ‘critical’. Study confidence is rated high if there is no more than one non-critical weakness, and medium if there are no critical weaknesses but more than one non-critical weakness. Studies with one or more critical weakness are rated low confidence.

REFERENCES


3. Bakshi, P., Kett, M. and Oliver, K. (2013). What are the impacts of approaches to increase the accessibility to education for people with a disability across developed and developing countries and what is known about the cost-effectiveness of different approaches? London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.


About this Innocenti research brief

This research brief was prepared by Howard White and Ashrita Saran with assistance from Yashika Kanojia, Campbell Collaboration. The production of the brief benefited from technical inputs provided by Kerry Albright, Laurence Chandy, Priscilla Idele and Alessandra Ipince, UNICEF.

Funding to support its production was provided by UNICEF Office of Research – Innocenti. Comments may be sent to info@campbellcollaboration.org or research@unicef.org.


