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Human Rights

An evidence gap map

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Evidence
Gap Map
Report 20

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About this evidence gap map report

This report presents the findings of a systematic search to identify and map the evidence base of impact evaluations and systematic reviews of interventions that aim to strengthen human rights. The EGM was developed by 3ie with generous support from the United States Agency for International Development (USAID)'s Center for Democracy, Human Rights and Governance. All of the content of this report is the sole responsibility of the authors and does not represent the opinions of 3ie, its donors or its Board of Commissioners. Any errors and omissions are also the sole responsibility of the authors. Please direct any comments or queries to the corresponding author, Tomasz Kozakiewicz, tkozakiewicz@3ieimpact.org.

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A note from the authors

A conversation on human rights must begin with examining the language used to describe how people interact with their rights. Inherently, every person has rights. These rights, which we will define extensively in the coming pages, are meant to be enjoyed without prejudice based on historical categories used to divide humanity and deprive people of their rights, such as race, color, religion, sex (including gender identity and pregnancy), national origin, disability, age, sexual orientation, genetic information, marital status, parental status, political affiliation, veteran's status, ethnicity, caste or other status, or the compounding intersections of these identities.

This list, of course, is not exhaustive. However, we cannot assume that anyone identifying with one or multiple identities is necessarily a person deprived of rights. We strongly support the agency, voice, dignity, and worth of individuals whose rights have been violated by states, foreign powers, or other actors. Therefore, we use the process-oriented phrase 'historically marginalized' when referring to anyone identifying with one or more of these categories that has experienced exploitation or deprivation of one or more human rights.

Executive summary

According to the 1948 Universal Declaration of Human Rights, human rights are entitlements inherent to all human beings, regardless of race, gender, nationality, ethnicity, language, religion, or any other status. Each right implies an obligation of the state, and there is a direct and corresponding correlation between rights and obligations. Human rights are enshrined in international, regional, and domestic norms, laws, and policies and require protection and promotion through systems, services, and society; yet, the full and equitable realization of human rights is a task met with many challenges.

While human rights have increasingly gained constitutional recognition in the last five decades, the debate on sociological legitimacy, effectiveness, and distributive equality continues (Langford 2018). Furthermore, Oxfam International (2014) emphasizes that unequal access to basic necessities perpetuates human rights violations and poses significant barriers to the universal enjoyment of rights. Rigorous evidence on the effects of interventions aiming to support human rights can help policymakers and practitioners understand which interventions are effective and why (Snilstveit et al. 2013). It can also help them to make the case for continued or increased support for interventions to advance human rights and address rights violations and abuses.

This evidence gap map (EGM) presents the findings of a systematic search to identify and map the evidence base of impact evaluations and systematic reviews of interventions to improve outcomes in the areas of human rights around the world.

The EGM draws on an extended USAID definition of human rights as:

“...deriv[ing] from the inherent dignity of the individual and are to be enjoyed by all without distinction as to race, colour, sex, language, religion, national or social origin, property, birth, sexual orientation, gender identity, or other status. They include fundamental freedoms of expression, association, peaceful assembly and religion set out in the International Covenant on Civil and Political Rights and the Universal Declaration of Human Rights. They also include rights in labor conventions and provisions of national civil rights legislation. They reflect a common sense of decency, fairness and justice; and states have a duty to respect and ensure these rights and incorporate them into the processes of government and law.” — United States Department of State 2016

Because human rights broadly include political, civil, social, cultural, economic, and environmental rights, nearly any development program can be considered to be directly or indirectly targeting human rights. We elected to include a broad range of interventions that aim to secure civil political rights and economic, social, cultural, and environmental rights – the latter four through their intersection with discrimination. This allowed us to delineate explicitly human rights-focused programming from broader development programming that could have an implicit human-rights focus (e.g., many interventions in education, health).

The Human Rights EGM seeks to provide an up to date picture of the evidence base for programming that seeks to advance human rights in low- and middle-income countries. It does so by:

- Identifying and describing the evidence on the effects of interventions; and
- Identifying potential primary evidence and synthesis gaps.

The EGM covers a comprehensive set of interventions that have been implemented across multiple geographies, and plots the evidence base for their effects on a broad range of outcomes, including measures of prevention of human rights abuses, protection of rights defenders and historically vulnerable groups, and responses to rights violations, along with many other intermediate, social change, well-being, and development outcomes.

Methods

We implemented a comprehensive search and systematic screening process to identify all relevant studies that evaluated the effectiveness of interventions outlined in Section 2 (“Scope”). We extracted descriptive and bibliographic data from all included studies. For systematic reviews, we critically appraised the methods applied and synthesized the implications for policy and practice from medium- and high-confidence reviews.

Using 3ie’s EGM software, we created an online, interactive map of all included studies displayed according to the interventions and outcomes assessed in each study. The platform provides additional filters so that users can further explore the available evidence. For example, users can search for evidence by global regions, country income levels, or population. The EGM can be viewed at:

<https://developmentevidence.3ieimpact.org/egm/human-rights>.

Main findings

We identified over 72,000 records through our searches. After removing duplicate records, we retained 48,080 citations for screening at title and abstract. Of these, 1,419 studies were retained for full text screening, from which we included 345 completed impact evaluations, 32 ongoing impact evaluations, 42 completed systematic reviews, and 4 ongoing systematic reviews in the Human Rights EGM. The search identified studies dating back to 1990, but most were published after 2000, with an increase in publication of studies starting in 2009.

The distribution of the evidence base is uneven across geographies. Most included studies evaluating programs implemented in Sub-Saharan Africa, which accounts for just over 40 per cent of studies in the EGM, followed by South Asia with 26 per cent of studies, Latin America and the Caribbean with 20 per cent, and East Asia and the Pacific with 10 per cent. The majority of studies in the map (249) were conducted in countries considered to have “partly free” status according to the latest Freedom in the World Index (Freedom House 2021). There were relatively few studies in countries with “not free” status (n = 128) and “free” status (n = 58).

Studies are unevenly distributed across intervention groups. The majority of single-component interventions are concentrated across three of the 23 intervention categories in the EGM: behavior change communication for the public, support services for at-risk individuals or groups, and implementation of new legislation. There is a gap in rigorous evidence for programs that monitor human rights compliance, provide support for rights defenders, and remedy violations. The human rights these interventions aim to promote are also unevenly represented, with most focused on the right to freedom from torture or degrading treatment, the right to participation in public affairs, the right to non-discrimination and equality, and the right to life, liberty, and security.

Studies specifying a target population most commonly targeted adolescents and youth, with an additional focus on women. Outcomes measuring changes related to violence and attitudes, beliefs, and norms were reported twice as frequently as any other outcome category. Few studies examined outcomes that aim to capture responses to rights violations, representing a significant gap in the evidence base.

We identified some methodological gaps in the evidence base. Less than eight per cent of included evaluations were qualitative and less than one third used both quantitative and qualitative methods. Given that less than 10 per cent of included studies incorporated cost analyses (e.g. program costs, cost benefit), this is also an area where future research is needed.

In addition to extracting data on the characteristics of the evidence base, we further critically appraised the methods used in included systematic reviews. Overall, our appraisals suggest low confidence in the findings of 70 per cent of the 42 completed systematic reviews. This was typically due either to limited search and screening processes or a lack of adequate assessment of risks of bias in included primary studies. Limitations to the search and screening process may lead to situations in which relevant evidence is not identified and included, which may bias the findings. Adequate risk of bias assessments are necessary for enabling appropriate interpretation of findings on effects.

From the one high-confidence and 11 medium-confidence reviews, we extracted data on key findings and implications for policy and programming. Overall, the findings suggest that education to promote rights-affirming behaviors within psychosocial interventions and community mobilization show promise in preventing violence against women and girls. Information, education, and communication approaches, and psychosocial interventions such as psychological and counseling-based interventions, discussion groups, sexual health education, and mobilization of community members demonstrated some limited desirable effects on rights-affirming norms, behaviors, and preventing intimate partner violence.

However, the review authors emphasized the limited quantity of human rights evaluations in low- and middle-income countries and the lack of robust, high-quality evidence. For future work in the field, review authors: (1) recommend increasing the production of high-quality evaluation research; (2) offer practical suggestions for refining measurement; and (3) emphasize the importance of developing, articulating, and testing theories of change.

Conclusion and implications

Overall, the EGM identifies an unbalanced evidence base for human rights programming, which is highly concentrated in a few intervention types, rights, and outcomes. Most included studies focus on interventions to reduce or prevent violence, promote voting, and address discrimination. Outcomes concentrate on incidence of non-institutional violence followed by attitudes, beliefs, and norms around human rights or populations historically at risk of discrimination. There are multiple gaps in the evidence base for interventions that monitor human rights compliance, provide support for rights defenders, remedy violations, and for outcomes such as investigation and prosecution, redress, access to information, self-determination, and the environment.

Nonetheless, the large body of evidence identified in the EGM and its findings can be utilized by policymakers and implementers during program design, to identify relevant rigorous evidence from both impact evaluations and systematic reviews. The findings highlight multiple implications for research within the human rights sector, including the importance of conducting high-quality evaluations across a broader range of rights programming, and of using approaches that employ mixed (qualitative¹ and quantitative) research methods, subgroup analyses, and theories of change. These considerations can improve future understanding of what works, for whom, and under what conditions, to advance human rights for all.

¹ Using mixed-methods approaches or applying qualitative methods can be particularly valuable for interventions that aim to support rights defenders and groups historically at risk of discrimination and violence, because understanding subjective experience and key factors can help to contextualize the study findings.

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List of Abbreviations and Acronyms

DRG	Center for Democracy, Human Rights and Governance
EGM	Evidence gap map
GBV	Gender-based violence
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
IE	Impact evaluation
IPV	Intimate partner violence
L&MICs	Low- and middle-income countries
SR	Systematic review

1. Introduction

1.1 Background and rationale

This evidence gap map (EGM) draws on an extended USAID definition of human rights:

“...fundamental freedoms of expression, association, peaceful assembly and religion set out in the International Covenant on Civil and Political Rights [ICCPR] and the Universal Declaration of Human Rights. [Human rights] also include rights in labor conventions and provisions of national civil rights legislation. They reflect a common sense of decency, fairness and justice; and states have a duty to respect and ensure these rights and incorporate them into the processes of government and law.” — United States Department of State 2016.

Although the firm categorization of rights is itself an ongoing debate, we conceptualize human rights in three broad categories. The first are civil and political liberties, focused on attainment of fundamental freedoms within democratic rule of law systems (UNGA 1966a). The second are economic, social, and cultural rights and the duty of the state to provide essential services to constituents, such as access to food, housing, education and healthcare, and to protect cultural freedom (UNGA 1966a, 1966b). Within this group we also include the right to a healthy environment as recognized by the UN Security Council in 2021 (UNGA 2021).

The third group encompasses fundamental rights of labor conventions such as the Declaration on Fundamental Principles and Rights at Work (ILO 1998). Basing our framework at least partly on Karel Vasak’s “generations of human rights” (Vasak 1997) is useful in that it is highly recognizable and illustrates the ideological underpinning of different types of rights (Freedman and Mchangama 2016).

However, due to the interrelatedness, interdependence, and indivisibility of all rights, it is somewhat inaccurate to categorize every human right according to the above categories (Vienna Declaration and Programme of Action 1993; OHCHR n.d.[b]). They also do not capture the entirety of development interventions that fit within the ever-expanding umbrella of human rights and rights-based approaches. In response, we have attempted to acknowledge the ongoing, evolving discourse on the conceptualization of human rights in the section below.

For example, we acknowledge that our framework is biased towards the “from above” approach, as opposed to including both “from above” and “from below” interventions (Rajagopal 2003). We hope the results of our map can be used to justify future investment in research on social movements and mobilization “from below” as well as through clearer, more explicit documentation in research reports about how interventions address and measure specific human rights outcomes (i.e., as differentiated from development outcomes more generally).

1.1.1 Challenges to the protection of human rights

Worldwide, the full and equal realization of human rights is a task met with many challenges, including: (1) how human rights are realized in practice; (2) country-specific prioritization of rights; and (3) escalating threats to human rights worldwide.

Responsive and accountable legal frameworks and rule of law systems are crucial to protecting human rights; however, the legal enumeration of rights does not guarantee the enforcement of protections for all groups. Rights can be undermined by normalized discrimination, such as social norms, cultural norms, religious norms, state-sanctioned violence, and so on (OHCHR 2012). Rajagopal (2003) frames this failure as a gap in the interpretation of human rights “from above” and “from below,” identifying the need for international legal scholarship to recognize the importance of social movements in the realization of human rights.² This is particularly important as some groups have opted for alternative conceptions of rights and rights discourses (Baer and Gerlack 2015).

The conceptualization of human rights as indivisible and interdependent, in theory, often differs from legal frameworks in practice. Despite consensus in theory that rights are indivisible and interdependent, many liberal democracies do not have a well-developed set of economic, social, and cultural rights in their national constitutions, or they prioritize civil political rights over others (Langford 2009; Freedman and Mchangama 2016).

For example, while the United States has ratified the ICCPR, the International Covenant on Economic, Social and Cultural Rights (ICESCR) has not been ratified. On the other hand, while China has ratified the ICESCR, it has not ratified the ICCPR (OHCHR 2022a). This example suggests that despite the integration of rights through treaties such as the Convention on the Rights of the Child (UN 1989) or the Convention on the Rights of Persons with Disabilities (UNGA 2006), countries may prioritize some rights over others.

Threats to human rights worldwide are escalating. In the last year, over 156,000 people have died in political violence (including civil war, battles, explosions, and protest events), a number that increased following the start of the pandemic (ACLEDD 2022). The spread of COVID-19 has also led to excessive surveillance and discriminatory restrictions particularly affecting access to justice, freedoms of expression, assembly, and movement (Repucci 2020).

Climate change is a major force in deprivation of human beings and their rights to life, health, food, and water (OHCHR n.d.[a]). Unequal access to basic necessities perpetuates human rights violations and poses significant barriers to the universal enjoyment of rights (Oxfam International 2014). Gaps in access to these necessities are exacerbated among people belonging to historically marginalized groups. For example, relative to men, women face extraordinary barriers in attaining equal rights.

Over the last years, racial, ethnic, and religious minority groups worldwide have experienced an upsurge in discrimination, hatred, and violence (Bachelet 2019), which are key barriers to the promise of human rights for all people.

² One such movement led to the establishment of the Yogyakarta Principles. The Yogyakarta Principles + 10 provide guidelines and obligations to recognize harmful norms and laws that do not comply with fundamental human rights of persons of diverse sexual orientations and gender identities (Yogyakarta Principles 2017).

1.1.2 Human rights interventions operate at multiple interconnected levels

Responses to the legal and social challenges raised in the previous section are mobilized by human rights defenders (see box below) at the local, national, and international level.

Human rights defenders can be any person or group of persons working to promote human rights. They are identified by their actions, which may include acting to promote, protect or realize any human right at the local, national, or international level; collecting and disseminating information on violations; supporting victims; supporting better governance and accountability; and so on. Human rights defenders may be paid a salary for their work or volunteer, and they can range from intergovernmental organizations based in the world's largest cities to individuals working within their local communities, to labour activists or non-professional journalists, such as social-media influencers. They can be of any gender, of varying ages, from any part of the world, and from various professional or other backgrounds.
— USAID 2019; OHCHR 2022b

Responding to human rights violations often begins locally. Community leaders, grassroots organizers, and non-governmental organization participants play an indispensable role in the advancement of human rights (Merry, 2006). For example, to address the historical legacy of apartheid, South Africa's state-sanctioned segregation system, the Foundation for Human Rights was created to promote awareness, respect, protection, and fulfillment of rights within public institutions and civil society through advocacy and policy research.

In addition to direct response, local organizations also play a role in communicating needs and ideas in the global arena. Other organizations have chosen to incorporate human rights into development programming by using rights-based approaches (for more details please refer to the EGM theoretical framework section). Yet human rights will not be realized without the involvement of the public and private sectors.

At the national level, country governments are obliged to allocate resources to support the realization of human rights (OECD, 2020). In 2019, India's National Human Rights Commission spent US\$8 million investigating human rights violations, institutional capacity building, and human rights training and education, while South Africa allocated over US\$12.5 million to monitor and enhance institutional focus on human rights (South African Human Rights Commission 2018; National Human Rights Commission 2019).

On the donor side, in 2019 OECD members disbursed US\$5.8 billion to human rights issues such as freedom from all forms of violence (14% of this sum), migration and displacement (13%), civic and political participation (11% and freedom from discrimination (11%)— a 53 per cent increase in human rights funding since 2014 (Human Rights Funders Network, 2022). Official development assistance funding trends suggest that while this figure has increased, it also includes the costs of assisting refugees on OECD members' soil and shifts in spending to respond to the COVID-19 global pandemic (OECD, 2021). Country spending on human rights advocacy and programming, of course, does not necessitate that rights are guaranteed and protected therein; actors who invest into policy responses may also be human rights violators.

Charitable organizations that disburse a percentage of funds to support human rights causes or provide the source of funding for its own charitable purposes are also active within human rights work. In 2017, foundation funders spent US\$3.2 billion; their priorities differed slightly from OECD member states, with programming focused on equality rights and freedom from discrimination (22%), environmental and resource rights (11%), and education, religion, and cultural rights (10%). Top funders include the Ford Foundation (US\$386.9 million), the Bill & Melinda Gates Foundation (US\$173.1 million), the W.K. Kellogg Foundation (US\$150.6 million) and the Open Society Institute (US\$147.6 million) (Human Rights Funders Network, 2021).

Worldwide, diverse actors may collaborate through multilateral partnerships to protect and respond to violations of human rights. The 2030 Agenda for Sustainable Development, adopted by 193 countries, is also closely related to the universal attainment of a widely accepted set of fundamental human rights, with SDGs 1–6, SDG 10, SDG 13, and SDG 16 directly related to one or more human rights issues (United Nations, 2015).

1.1.3 Why map the evidence?

There remains a great need to compile evidence on strategies for protecting human rights legally and practically. The purpose of this EGM is to provide a useful tool for stakeholders to identify, review, and learn from evidence on human rights interventions in low- and middle-income country (L&MIC) settings, and to promote the integration of human-rights based approaches in the social and private sectors.

Evaluations and systematic reviews (SRs) of human rights interventions are often limited to their sector-specific scope. Our scoping efforts found that health research has a long history of applying rights-based approaches to programming, particularly in HIV/AIDS. SRs from Brown and colleagues (2003) and Stangl and colleagues (2019) that evaluate HIV/AIDS programs included studies with interventions related to offering legal services, education on rights and legal literacy, and training for healthcare providers on human rights, medical ethics, and discrimination.

While only a handful of studies included in these reviews meet the methodological criteria of this map, there is an emerging evidence base of studies that focus on women and girls. We have identified SRs of interventions aimed to prevent gender-based violence (GBV), intimate partner violence (IPV), and sexual violence, including female genital mutilation/cutting and child marriage (Berg and Denison 2013; Kalamar et al. 2016; Semahegn et al. 2019). Mapping these studies to their human rights-focused outcomes will help policymakers and practitioners to make sense of this emerging evidence base.

Existing human rights mapping initiatives are limited in scope. We identified four previous efforts to map human rights interventions, but none include interventions from more than one category of rights. Pundir and colleagues (2020) include interventions to reduce violence against children in L&MICs, with a focus on corporal punishment, peer violence and IPV, and addressing outcomes related to violence, norms, health, safety and risk factors, among other areas.

Other useful mapping processes were conducted on rule of law and access to justice programming (Sonnenfeld et al. forthcoming), justice and security sector programming (Bakrania 2015), legal empowerment (Goodwin and Maru 2017), and IPV (Dickens et al., 2019). Our map brings together evidence from seven sectors and 28 outcomes to provide a broader snapshot of the evidence landscape in the human rights sector.

Human rights and rights-based approaches should be integrated into the social and private sectors.

The human rights discourse has been present in international development for decades, and is increasingly adopted by business and environmental sectors by public demand. Yet responding to violations on moral grounds or legal justifications is not enough and “needs to be defended in terms of effectiveness and evidence” (Gready 2009). By consolidating the available evidence, the proposed EGM helps stakeholders to identify, assess, and learn from evidence on a wide variety of human rights interventions across regions, target populations, and sectors. This in turn may result in increased evidence-informed human rights-related policymaking to inform future programming and research investments.

1.2 Study objective and questions

The primary objective of this EGM is to identify, describe, and summarize evidence on human rights interventions to facilitate the use of evidence to inform policy decisions. The second is to improve access to evidence for policymakers, researchers, practitioners, and other key stakeholders in the social and private sectors. The third objective is to identify primary evidence and synthesis gaps to inform future research.

To meet these objectives, we address the following research questions:

Table 1: EGM research questions

No.	Research question	Type
RQ1	What are the extent and characteristics of empirical evidence on the effects of selected human rights interventions on rights-related outcomes in L&MICs?	Coverage
RQ2	What are the major primary and synthesis gaps in the evidence base?	Gaps
RQ3	What intervention/outcome areas could be prioritized for primary research and/or evidence synthesis?	Research needs

1.3 Report structure

The remainder of the report proceeds as follows. Section 3 defines key terms and describes the conceptual framework adopted for the EGM and describes the scope of included studies. Section 4 describes the methods applied in the systematic search, screening, data extraction, and analysis of the identified studies. Section 5 presents the findings from the map. Finally, Section 6 outlines implications for policy and future research and concludes the report.

2. Scope

2.1 Key concepts and definitions

The human rights sector is incredibly vast and encompasses all development interventions, as the right to development is an inalienable right of every human being. As such, any work trying to map the entire sector must be broad and expansive to account for the complexity of human rights interventions. To make this work practically feasible and to ensure that the EGM is functionally sound, we primarily focused on the intervention areas most directly relevant to USAID's Center for Democracy, Human Rights and Governance (DRG) programming.

We recognize that there are inherent challenges in trying to categorize or subset human rights due to issues such as (though not limited to) tensions between some individual and collective rights (Chenoweth et al. 2017) and their interrelated nature which, has spurred the integration of rights through modern human rights treaties (OHCHR 2022a). For example, individuals who cannot read and write may find it more challenging to find employment, to participate in public affairs, or to exercise their freedom of expression. On the other hand, food insecurity may be more prevalent in areas where people cannot exercise political rights, such as the right to vote (OHCHR n.d.[b]).

Nevertheless, we used a framework with three categories of rights: (1) rights enumerated by the ICCPR; (2) rights related to living free from discrimination in access to social, economic, and cultural rights as outlined in the ICESCR, including the right to a healthy environment; and (3) fundamental labor rights. While a summary of the three groups of rights and their scope can be found below, full details of the include/exclude decisions for each right are presented in Table A2 in the Appendix.

2.1.1 The first group contains the following rights from the Universal Declaration of Human Rights and the ICCPR:

- Victims' rights to a fair trial and an effective remedy;
- Right to life, liberty, and security of the person;
- Freedom of peaceful assembly;
- Freedom of association;
- Freedom of thought, belief, and religion;
- Freedom of opinion and expression;
- Freedom from torture or degrading treatment;
- Freedom from slavery, servitude, and non-consensual marriage;
- Right to participate in public affairs;
- Right to private and family life;
- Freedom of movement and to seek asylum; and
- Right to self-determination.

The ICCPR specifies that all people have the right to freely determine their political status and pursue their economic, social, and cultural development. It obliges states to guarantee the above civil and political rights to everyone and to protect each member of society from any form of discrimination in their attainment. The **right to non-discrimination** is a cross-cutting one, recognized in all human rights treaties.

Discrimination happens when a person or group is unable to enjoy rights on an equal basis with others because of an unjustified distinction made in policy, law, or treatment. There is growing recognition of the importance of capturing discrimination, and its intersecting characteristics, when several forms of discrimination combine to leave a particular group at an even greater disadvantage (Collins and Bilge 2020).

2.1.2 The second group consists of rights from the Universal Declaration of Human Rights, the ICESCR, and the right to a healthy environment (UNGA 2021) through their intersection with the right to be free from discrimination:

- Right to education;
- Right to health;
- Right to work;
- Right to social security;
- Right to food;
- Right to housing;
- Property rights; and
- Right to a healthy environment.

The ICESCR obliges states to guarantee social, economic, and cultural rights to everyone and to protect each member of society from any form of discrimination in their attainment. For the eight rights mentioned above, we only include studies of interventions whose primary objective explicitly addresses discrimination in accessing a human right (as mentioned by authors³). The aim is to retain the focus of the map's scope within the human rights domain and delineate development programming that may indirectly address discrimination (e.g., any intervention that addresses a population's healthcare, education, and economic needs, or specifically targets clients from a historically marginalized group).

2.1.3 The third group encompasses fundamental rights of labor conventions such as the Declaration on Fundamental Principles and Rights at Work (ILO 1998):

- Freedom of association and effective recognition of the right to collective bargaining (categorized with freedom of association);
- Freedom from slavery and servitude (categorized with freedom from slavery, servitude, and non-consensual marriage); and
- Freedom from discrimination in employment and other livelihood opportunities (categorized with the right to work).

Our third set of rights aims to recognize both that workers' rights are also human rights, and that economic inequality is a driving force in perpetuating historic and ongoing exploitation of human rights, particularly for historically marginalized communities. The Declaration on Fundamental Principles and Rights at Work (ILO 1998) states that economic growth "is essential but not sufficient to ensure equity, social progress and the eradication of poverty." Labor rights are also closely related to, and at times already contained under, many of the rights outlined in groups 1 and 2. We have created a separate category here to emphasize their importance.

³ Criteria used to determine whether a study was eligible for inclusion are outlined in Table 3 of the methods section.

For the full list of intervention inclusion and exclusion criteria please refer to table A2 in Appendix A.

2.2 EGM theoretical framework

The human rights conceptual framework used in this map is based on key USAID DRG documents (USAID 2013, 2016, 2019) and the human-rights based approach, supported by the intrinsic and instrumental rationales for protecting rights (UNFPA 2014). For detailed explanations of the approach and rationales, please review [the EGM protocol document](#).

Figure 1, below, depicts the map's proposed theory of change on **how empowering rights holders, promoting compliance of duty bearers, and supporting human rights defenders may impact human rights outcomes**.

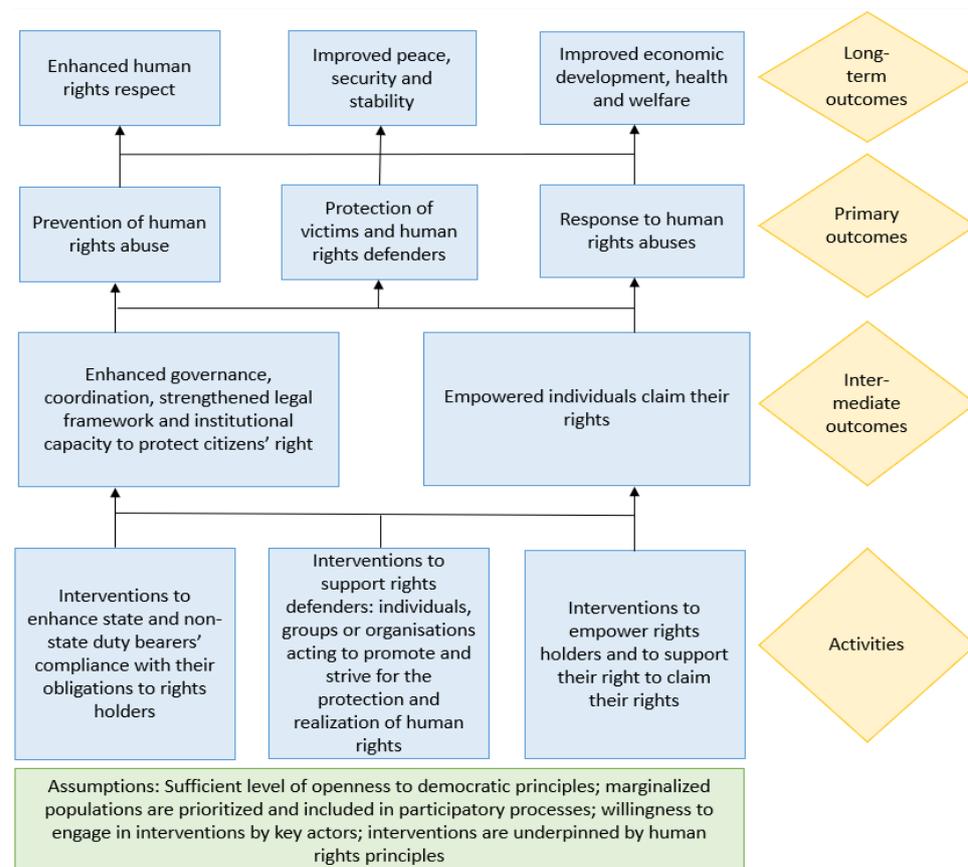
Rights holders⁴ are individuals and groups entitled to universal rights. **Duty bearers**⁵ can be state actors (e.g., public institutions) or non-state actors (e.g., corporations, armed groups) obligated by international and/or domestic laws and norms to uphold the rights of rights holders. **Human rights defenders** can be any persons or groups working to promote or protect human rights. Activities conducted by these stakeholders potentially influence intermediate, primary, and long-term outcomes.

The diagram shows three types of interventions and three levels of outcomes. Intermediate outcomes represent the first critical steps, such as changes in attitudes and behaviors, that are necessary to achieve primary and long-term human rights outcomes. Primary outcomes refer to measures of the extent of response and prevention of human rights violations, and protection of rights holders. Long-term outcomes include improved economic development, welfare, peace, security, stability, and enhanced respect for human rights. Primary and long-term outcomes represent the intrinsic and instrumental motivations for human rights.

⁴ Rights holders are individuals or groups who should be able to enjoy certain fundamental entitlements regardless of their status, such as race or citizenship. The idea of participation is central to the provision of rights to the right holders. Through participation, individuals and communities are shaping their own progress and development instead of simply being passive recipients of benefits (UNFPA 2014).

⁵ Duty bearers are expected to respect rights, which means that they do not interfere with the enjoyment of that right. They are obligated to protect rights by preventing others from interfering with the enjoyment of that right. Finally, duty bearers are expected to fulfil rights by creating laws, policies, institutions, and procedures that allow people to enjoy their rights (Ibid).

Figure 1: Theory of change for human rights activities to intermediate, primary, and long-term outcomes



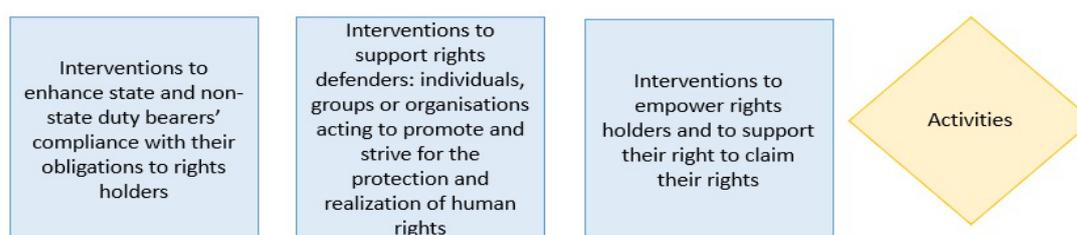
Source: 3ie (2022) adapted from USAID 2013, 2016, 2019 and UNFPA 2014.

This entire theory of change is embedded within the social context. The nature of this social context can vary from one group to another, and this context will influence both the interventions and the effects of the intervention. We also recognize that social progress is not linear and that there are feedback loops, cyclical trends, lapses, setbacks, and other elements that affect progress. In order to clearly illustrate the interventions and their effects, we have chosen not to depict the immense complexity of how social progress is achieved through the realization of human rights. We do recognize that it does exist.

2.2.1 Interventions

In order to validate and operationalize the conceptual framework, we searched institutional and academic literature in the field of human rights, identifying existing interventions of interest, and organizing them into categories. The interventions were mapped along the causal chain against three categories of outcomes: intermediate, primary, and long-term outcomes. Interventions that promote human rights may aim to increase the capacity and functioning of duty bearers to fulfill obligations, support human rights defenders, or equip rights holders to claim and exercise their rights (Figure 2).

Figure 2: Types of interventions included in the Human Rights EGM



These can have different target populations, such as those historically subject to discrimination and/or violence, the media, or the population in general. Measures taken by duty bearers, or other actors including human rights defenders or the public, to respect, protect, and fulfil human rights (which includes actions taken by the state to realize rights) have been categorized by their intervention mechanism and included under our intervention categories. The intervention activities have been categorized into nine dimensions that form the categories of the intervention framework.

Table 2: Intervention categories with definitions

Intervention category	Description and subcategories
 1. Human rights education and promotion of rights for the public	Activities to address harmful norms related to discrimination and violence, promote safe behaviors, and raise awareness and understanding of rights <ul style="list-style-type: none"> • Behavior change communication • Civic and legal education
 2. Reform of legislation	Legal reforms to ensure respect of human rights by applying international law principles as well as lessons learned and best practice <ul style="list-style-type: none"> • Implementation of new legislation • Ratification of human rights treaties
 3. Institutional strengthening of justice and security sectors	Activities that improve the ability of rule of law institutions within the justice and security sector to provide services, especially for people historically at risk of discrimination and/or violence <ul style="list-style-type: none"> • Reform of justice and security sector institutions • Human capacity development of justice and security sector
 4. Institutional strengthening of non-justice and non-security service providers	Activities to strengthen the capacity of service providers outside of justice and security institutions (such as public administration, health and social services) to carry out their day to day operations, specifically to increase capacity to protect the rights of persons historically at risk of discrimination and/or violence <ul style="list-style-type: none"> • Reform of non-justice or non-security sector institutions • Human capacity development of non-justice and non-security service providers
 5. Monitoring of human rights compliance	Activities to monitor and document human rights violations, by both state and non-state actors <ul style="list-style-type: none"> • Early warning and response • Establishment and capacity building of state oversight bodies • Safe and secure documentation • Transparency mechanisms and feedback loops • Supply chain monitoring

Intervention category	Description and subcategories
 6. Support for human rights defenders	Activities that help individuals, groups and organized civil society actors to safely articulate and amplify their demand for justice and provide support to protect rights defenders and their work <ul style="list-style-type: none"> • Improvement of capacity and security protocols for rights defenders • Strengthening of protection mechanisms for rights defenders • Incentives for rights defenders
 7. Protection of groups historically at risk of discrimination or violence	Mechanisms to ensure survivors and other at-risk populations can access health, education, work, and pensions through a variety of services <ul style="list-style-type: none"> • Support services for at-risk individuals or groups • Mainstreaming
 8. Remedies for human rights violations	Judicial and non-judicial measures implemented to redress violations leading to the accountability of perpetrators <ul style="list-style-type: none"> • Litigation to address rights abuses • Holding perpetrators to account • Truth-telling efforts • Memory efforts • Vetting and lustration
 9. Multicomponent interventions	Interventions that incorporate components from two or more subcategories from any of the eight categories above. We present the most common combinations of subcategories as distinct rows in the EGM matrix. Remaining combinations that are less common were combined in the “multicomponent – other” bucket.

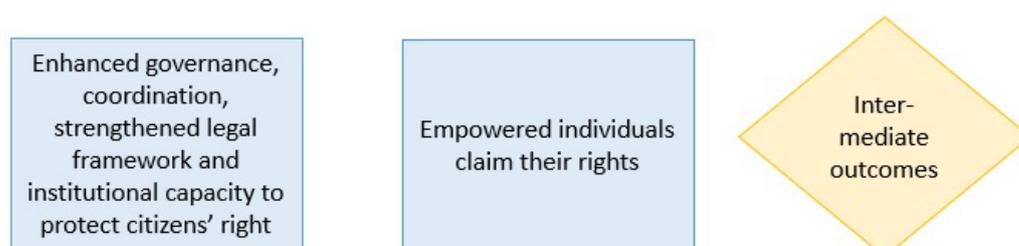
For a full list of intervention subcategories and their definitions, refer to Appendix A2.

2.2.2 Outcomes

The outcomes framework is divided into three parts: intermediate outcomes; primary outcomes of prevention, protection and response; and long-term outcomes relating to economic development, living standards, health and WASH, education, self-determination, well-being, empowerment security, and environment.

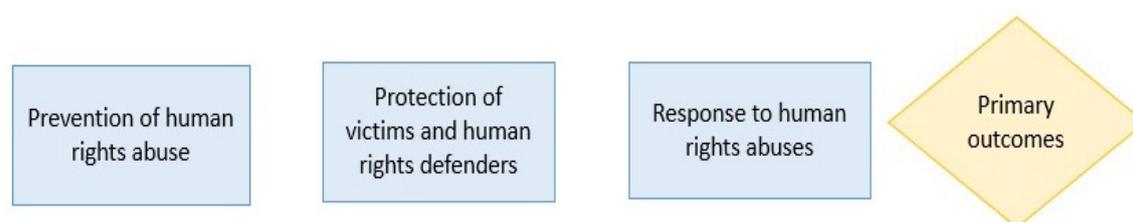
The intermediate outcomes (Figure 3) consist of outcomes that are key steps towards meeting the main aims of human rights programming. These include changing attitudes, beliefs, and norms of the society; increasing knowledge of rights defenders; and improving human rights-friendly behaviors of duty bearers, such as public servants.

Figure 3: Intermediate outcomes included in the Human Rights EGM



The primary outcomes of interest (Figure 4) relate to preventing, protecting from, and responding to human rights violations, based on the subset of rights elaborated in Section 2.

Figure 4: Primary outcomes included in the Human Rights EGM



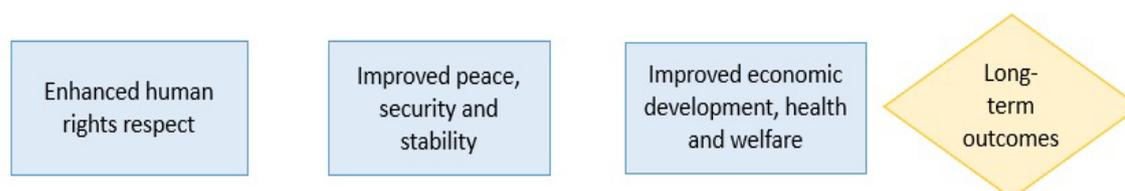
Prevention covers measures that relate to human rights violations involving general violence, institutional violence, and restrictive legal environments.

Protection outcomes are those measuring protection from human rights violations by duty bearers or third parties. This section covers measures of rights-friendly legislation and procedures, enforcement of protection, participation in public affairs, access to information, access to justice and justice outcomes (a right by itself and a way of securing other rights), and access to social services.

Response outcomes include measures of investigation and prosecution of perpetrators of human rights violations, and measures of redress for victims.

The long-term outcomes (Figure 5) consist of measures predominantly related to human development such as: economic development, living standards, health and WASH, education, self-determination, well-being, empowerment, security, and the environment.

Figure 5: Long-term outcomes included in the Human Rights EGM



These include measures of outcomes within whole populations (e.g., measures of school attainment for children) and across subpopulations (e.g., measures of school attainment for children with a disability versus children without a disability). Those subgroups could include, but are not limited to, those historically at risk of discrimination and/or violence who face specific and unique concerns, and those who face multiple barriers to attaining their rights.

3. Methods

3.1 Overall methodological approach

EGMs are tools to help policymakers and researchers working in a sector or thematic area make evidence-informed decisions. They make existing evidence more accessible and ease the prioritization of future research by mapping existing studies in a field on a framework of interventions and outcomes. We followed the standards and methods for EGMs developed by 3ie (Snilstveit et al., 2016, 2017).

The map is populated by systematically searching and screening all relevant completed, and ongoing, impact evaluations (IEs) and SRs. An IE measures the effects on targeted outcomes that can be attributed to a particular program or intervention; SRs extract and synthesize data from multiple IEs of similar interventions to generate more robust conclusions about their effectiveness than could be provided by a single study.

Using 3ie’s EGM software, we created an online, interactive matrix that maps all included studies according to the interventions evaluated and the outcomes reported. This provides a visual display of the volume of evidence for intervention-outcome combination, the type of evidence (IEs, SRs, completed or ongoing), and a confidence rating for SRs. The platform provides additional filters so that users can further explore the available evidence, for example by global regions, income levels, or population. The EGM can be viewed at <https://developmentevidence.3ieimpact.org/egm/human-rights>.

This report serves as an accompaniment to the interactive map. In this report, we address the key research questions through analysis of the characteristics of available evidence and key trends (e.g., number of IEs published over time, geography, focus on interventions and outcomes, targeted audiences).

EGMs highlight both primary evidence gaps, which should be filled with new IE studies, and synthesis gaps, wherein a cluster of IEs are ready for new or updated SRs and meta-analyses. EGMs are envisioned as a global public good, and this allows them to be used as a tool that facilitates access to high-quality research.

3.2 Criteria for including and excluding studies in the EGM

In this section, we present the criteria that we used to include or exclude studies based on population, intervention, outcomes, and study designs. The complete criteria for inclusion and exclusion can be found in Appendix A.1.

Table 3: Summary criteria for studies to be included in the Human Rights EGM

Criteria	Definition
Population	We included studies that measured effects for any population in L&MICs, as defined by the World Bank (Appendix B3), as of the first year of intervention implementation (or as of the publication year if the program start could not be extracted).
Interventions	We included interventions whose primary objective was to promote or protect any of the rights detailed in Section 2. Interventions targeting rights to education, work, social security, food, housing, property, and a healthy environment were only included if – in the title or abstract/summary and full text of the study – the intervention was described as both: (1) addressing discrimination (e.g., reducing inequities, racism, discriminatory treatment); and (2) securing a right (e.g., education, health) or using a rights-based approach (the word “right” should be used).

Table A2 of the Appendix provides additional details about the inclusion/exclusion criteria included within each right. In some cases,

Criteria	Definition
	studies may evaluate multicomponent interventions, wherein at least one but not all components correspond to one of the interventions listed in Table A2. We included evaluations of this type of intervention if effects for the human rights relevant subcomponent(s) were reported separately. We only included studies on interventions that occurred after 1950.
Outcomes	We included studies which measured at least one outcome from the three outcome groups outlined in Section 2: intermediate; primary, further divided into prevention, protection, and response; or long-term outcomes that related to economic development, living standards, health and WASH, education, self-determination, well-being, security and environment. The complete outcome list can be found in Table A4 in Appendix A.2.
Study designs	We included IEs and SRs that measured the effects of a relevant intervention on outcomes of interest. For IEs, we included counterfactual studies that used an experimental or quasi-experimental design and/or analysis method to measure the net change in outcomes that were attributed to an intervention or policy. ⁶ We included randomized and non-randomized studies that were able to take into account confounding and selection bias. For SRs, we included effectiveness reviews that synthesized the effects of an intervention on outcomes of interest. ⁷ We also included selected qualitative study designs that are described in Appendix A.1.e. We excluded reviews that only described programmatic approaches or synthesized findings on barriers and facilitators to implementation.
Language	Studies published in any language were included. Our search terms, however, were in English only.
Publication date	Studies were included if their publication date was 1990 or after.
Status of studies	We included ongoing and completed IEs and SRs. For ongoing studies, we included prospective study records, protocols, and trial registries. Providing an indication of the prevalence and characteristics of ongoing studies is expected to enrich the analysis of current evidence gaps and support decision making in relation to evidence generation.

⁶ After the protocol was published, an inaccuracy was pointed out in the inclusion criteria for IEs. Full details on the deviation from the protocol can be found in Appendix A2 (study design section).

⁷ The map inadvertently included seven SRs that used multiple methods and had a low proportion of evaluations using experimental or quasi-experimental methods. Full details on the deviation from the protocol can be found in Appendix A2 (study design section).

3.3 Search, screening, and data extraction

3.3.1 Search strategy

The project team implemented a sensitive search strategy⁸ primarily constructed through a combination of intervention and study design terms. The strategy was developed in collaboration with an information specialist, and an example of the strategy developed for the Social Sciences Citation Index is provided in Appendix A3e. The strategy was translated⁹ according to the requirements and functionalities of different databases.

The search for evidence was conducted using a range of different sources of academic and gray literature, including bibliographic databases (a combination of general social science-focused databases), repositories of IEs and SRs, specialist organizational databases, and websites of non-governmental organizations, bilateral and multilateral agencies. We conducted forward citation searches of the majority of included studies to identify further potentially relevant IEs and SRs. Where possible, the review team contacted key experts and organizations through our review advisory group (Appendix A5) and published a [blog post](#) soliciting inputs of relevant studies to identify additional studies that meet the inclusion criteria. A full list of sources searched, and the detailed process followed, can be found in Appendix A3.

3.3.2 Screening

The selection of studies for data extraction as part of the review was managed using EPPI-Reviewer 4® software (Thomas et al. 2020). Studies were imported into EPPI-Reviewer and, following the removal of duplicates, the titles and abstracts were screened independently in duplicate by two team members. We utilized the software's machine learning capabilities to streamline the process and efficiently remove clearly irrelevant studies. The full texts of studies that appeared to relate to an IE or SR of a relevant intervention were then screened independently by two reviewers against the inclusion criteria outlined above. A full list and details of each step can be found in Appendix A4.

3.3.3 Data extraction and critical appraisal

Data extraction: We systematically extracted data from all included studies using the data extraction tools available in Appendix B.2. These tools are an excel representation of the templates used on the Development Evidence Portal, which is used for data extraction across 3ie projects. The data covered the following broad areas:

- **Basic study and publication information:** This coding focused on capturing the general characteristics of the study, including authors, publication date and status, study location, intervention type, outcomes reported, definition of outcome measures, population of interest, and study and program funders.
- **Topical cross-cutting issues:** We extracted data on a number of cross-cutting issues, including gender, equity, cost-effectiveness, and other fields agreed in consultation with the USAID DRG evidence and learning team.

⁸ Sensitive search strategy: "sensitive" here is a synonym of comprehensiveness in relation to the types of studies that can be captured in a search strategy. An increase in a search's sensitivity will reduce its precision and will retrieve more non-relevant articles (Higgins et al. 2011).

⁹ The search strategy run in different databases make use of strings of keywords, often truncated and wildcards variations of the same terms, linked with Boolean operators (AND, OR, NOT or proximity operator [N3, N5, etc.]). These operators are different for each database, so they need to be "translated."

Critical appraisal: While assessing the risk of bias for IEs is beyond the scope of an EGM, we critically appraised the methods undertaken in all completed SRs. The critical appraisal tool has been adapted from the Supporting the Use of Research Evidence (SURE) guidelines (Lewin et al., 2009). It assesses the review with regard to how the search, screening, data extraction, and synthesis were conducted, and covers all of the most common areas where biases in the study design and analysis are introduced.

Based on the appraisal, each review was rated as high, medium or low confidence, indicating the level of confidence we have in the findings of the review based on the methods the authors used. A review classified as high-confidence means that the methods undertaken in the review were in line with best practices; thus, we are able to rely on their findings to draw conclusions about intervention effects. These capture the core function of an SR of intervention effects as a methodology: that the search process was sufficient to identify all potentially relevant studies, bias was avoided in the selection of studies, and appropriate methods were applied to assess risks of bias in included IEs and to synthesize the findings on effects.

For half of the reviews, one reviewer conducted the initial critical appraisal, and a staff member conducted a final review of all appraisals. The other half of the reviews were appraised by a methods expert. We extracted the findings of all high- and medium-quality reviews. The critical appraisal tool used can be found in Appendix B.2, Table A7.

3.4 Presentation of the map

We present the results graphically on an interactive online platform. The main framework is a matrix of interventions and outcomes, with gray and colored circles representing IEs and SRs. For SRs, a traffic-light system indicates confidence in their findings: green for high, orange for medium, red for low, and blue for protocols. The bubble size indicates the relative amount of evidence for that intersection of intervention and outcome. The bubbles within each cell of the matrix represent studies reporting effects for that intervention/outcome configuration. Clicking on any bubble or cell will display a list of the studies with hyperlinks to the full text.

The interactive EGM allows users to filter the results based on key variables. This facilitates efficient, user-friendly identification of relevant evidence. The filters and their definitions are provided in Table 4.

Table 4: Definition of EGM filters

Filter	Definition
Region	This filter identifies studies according to the geographic region in which the interventions were implemented, using the regions as defined by the World Bank.
Country	This filter allows users to identify the evidence base from a specific country.
Income level	This filter allows users to identify the evidence base from a particular country income group, as classified by the World Bank, and to identify evidence from low-income, lower- middle-income, or middle-income countries. The income level is based on the status of the country in the first year of intervention, or, if this is not available, the publication year.

Filter	Definition
Electoral democracy	This filter allows users to identify the evidence base from a particular country's electoral democracy categorization. It uses categories from the V-Dem Electoral Democracy Index ordinal (D) (e_v2x_polyarchy) based on the status of the country in the first year of intervention, or, if this is not available, the publication year.
Fragility, conflict, and violence status	This filter allows users to identify the evidence base from countries that are affected by fragility and conflict, as defined by the World Bank's list of fragile and conflict-affected situations from 2006–2021. It is based on the status of the country in the first year of intervention, or, if this not available, the publication year.
Population	<p>This filter enables users to identify studies that contain specific results for a range of key population groups: LGBTQI+¹⁰ sexual and gender minorities; ethnic, racial, caste-based, and religious groups; survivors of large-scale violence/displacement (includes refugees and internally displaced populations); survivors of GBV; survivors of trafficking; people living with disabilities and chronic health conditions; people with substance use issues; incarcerated people and those re-entering society; sex workers; and dissidents.</p> <p>For the first two groups, the “whole population” option was used if it was reported that a wide range of LGBTQI+ or ethnic, racial, caste-based, and religious groups was targeted. If it was not clear what type of subpopulation within the above two groups was targeted, then the “unspecified” option was chosen. More disaggregated codes were also available (LGBTQI+ lesbian, LGBTQI+ gay, LGBTQI+ bisexual, LGBTQI+ third gender/other gender, LGBTQI+ gender non-conforming, non-binary LGBTQI+ intersex, LGBTQI+ other, LGBTQI+ unspecified, racial/ethnic groups, caste-based groups, religious groups).</p>
Age	Children, adolescents, youth, adults, older adults, whole population (in cases with no age restrictions for participants)
Sex	Female, male, whole population
Setting	Urban, peri-urban, whole population
Study design	This filter enables users to identify studies that employed a particular study design, using the list of designs in Appendix A.1.e.
Cost evidence	This filter enables users to identify studies that incorporated cost evidence into their analysis.
Human rights	This filter enables users to identify studies that targeted specific human rights. The dropdown list options consisted of all 21 human rights outlined in Section 2.
Theme	This filter enables users to identify studies that are included in EGMs from other DRG Center program areas: rule of law, civil society, independent media, governance, political competition, and consensus building.

¹⁰ LGBTQI+ stands for lesbian, gay, bisexual, transgender, queer, and intersex (persons) or other sexual and gender identities affected by the issues faced by the LGBTQI community.

After applying any of the filters above, the total number of studies displayed in the top left corner of the matrix will change accordingly. A user can also customize the EGM matrix by clicking on the side filter. It allows the user to hide any interventions and/or outcomes that are not of interest. For example, to display only primary outcomes in the matrix, a user would untick intermediate and long-term outcomes and click the “apply” button. The total number of studies in the top left corner of the matrix will reflect the change.

An export button in the top right corner of the matrix allows the user to download the map as an image, or the list of studies as a csv/ris file. The exported data reflects the filters applied by the user.

3.5 Analysis and reporting

To answer research question 1 regarding the extent and characteristics of the evidence base, we extracted data on the dates, intervention(s) studied, outcomes reported and population coverage, including regions, countries, rights targeted, and specific population groups. For high- and medium-confidence SRs, we further extracted summaries of the key findings for policy implications.

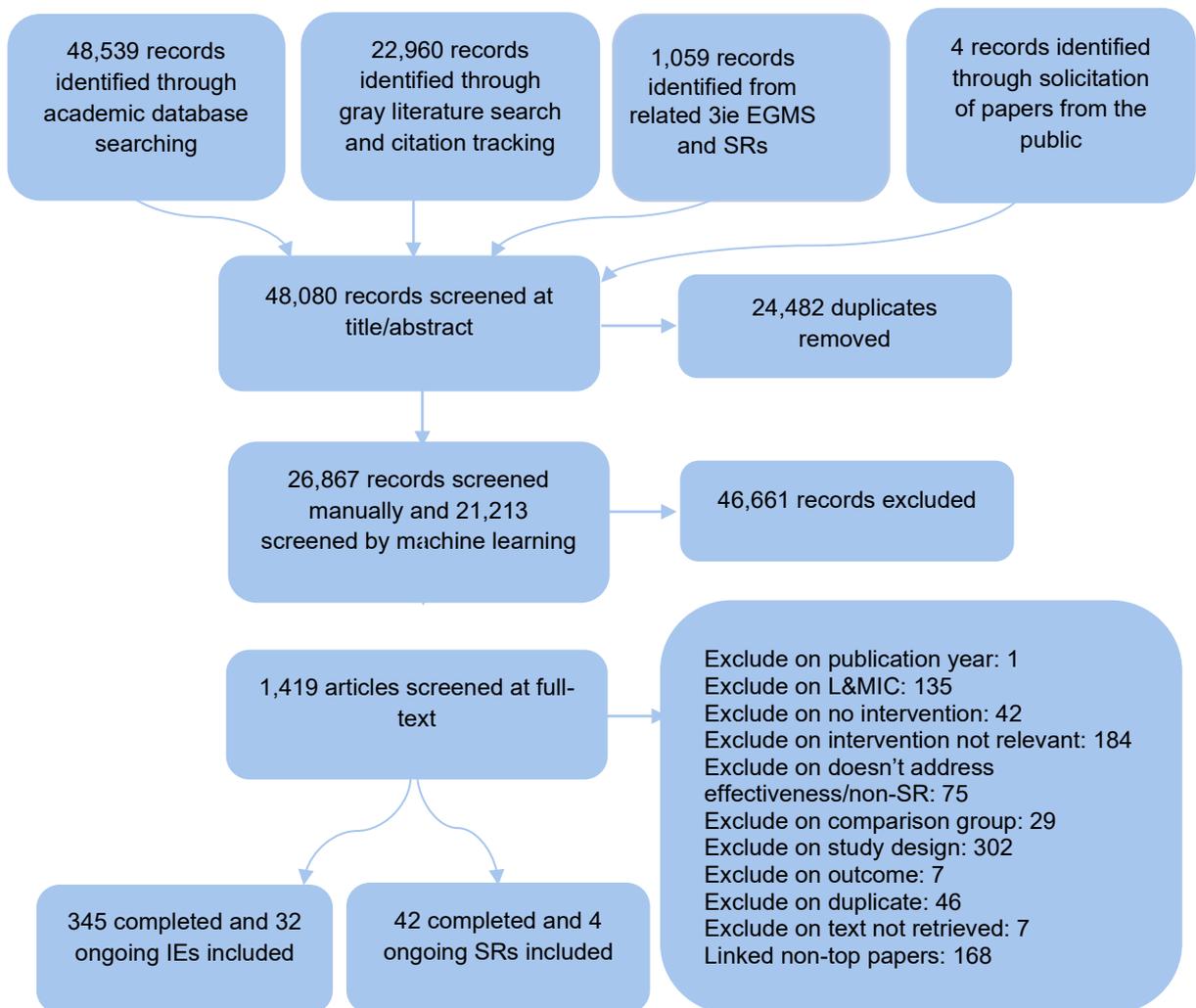
To answer research question 2 regarding gaps in the evidence, we assessed the distribution of studies across the included interventions and outcomes. We differentiated between primary evidence gaps, where no IEs exist, and synthesis gaps, where no up to date or high-confidence SRs exist, despite a cluster of IE evidence. Finally, to answer research question 3, we shared the draft findings with stakeholders at USAID and the advisory group, and solicited input regarding policymaker and practitioner priorities for future research.

4. Findings

4.1 Volume of evidence

As the PRISMA diagram (Figure 6) shows, the systematic search process returned 72,562 records, with 48,080 records remaining for screening after duplicates were removed. We used a combination of machine learning and manual screening at the title and abstract stage to identify 1,419 studies that looked possibly relevant for inclusion, for which we then screened the full texts. Of these, we included 345 completed and 32 ongoing IEs and 42 completed and 4 ongoing SRs. Searches of academic databases were completed in May 2021, and reference checks and gray literature searches were concluded in June 2021.

Figure 6: PRISMA diagram of systematic search and screening



Source: 3ie (2022).

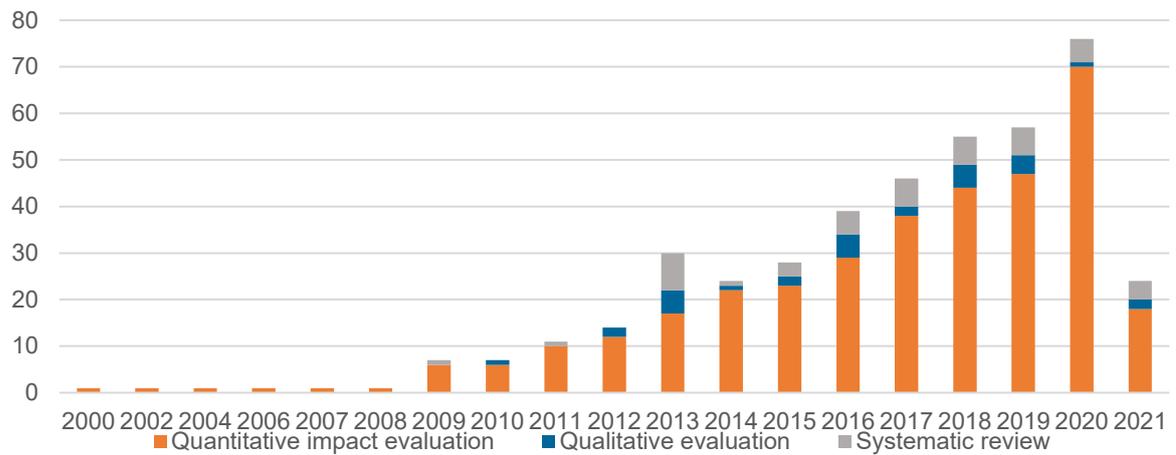
The main reasons for exclusion at full-text were that studies: (1) did not employ a suitable study design ($n = 302$); (2) did not report on a relevant intervention ($n = 184$); (3) did not address effectiveness or was a non-SR ($n = 75$); or (4) was a duplicate or an early version of an already screened study that had not been caught earlier ($n = 46$).

4.2 Characteristics of the evidence base

4.2.1 Publication over time

Few human rights studies that met our criteria were published in the early 2000s, but the number of publications increased steadily from 2009 onwards, as shown in Figure 7. Studies are disaggregated by quantitative study design (orange), qualitative study designs (blue) or SR (gray). Quantitative IEs have increased steadily from 2009 onward, while qualitative evaluations are variable from year to year. SRs are most prevalent from 2013 onward. We included studies published only up to May 2021, which is when the search was conducted.

Figure 7: Count of human rights IEs and SRs published over time

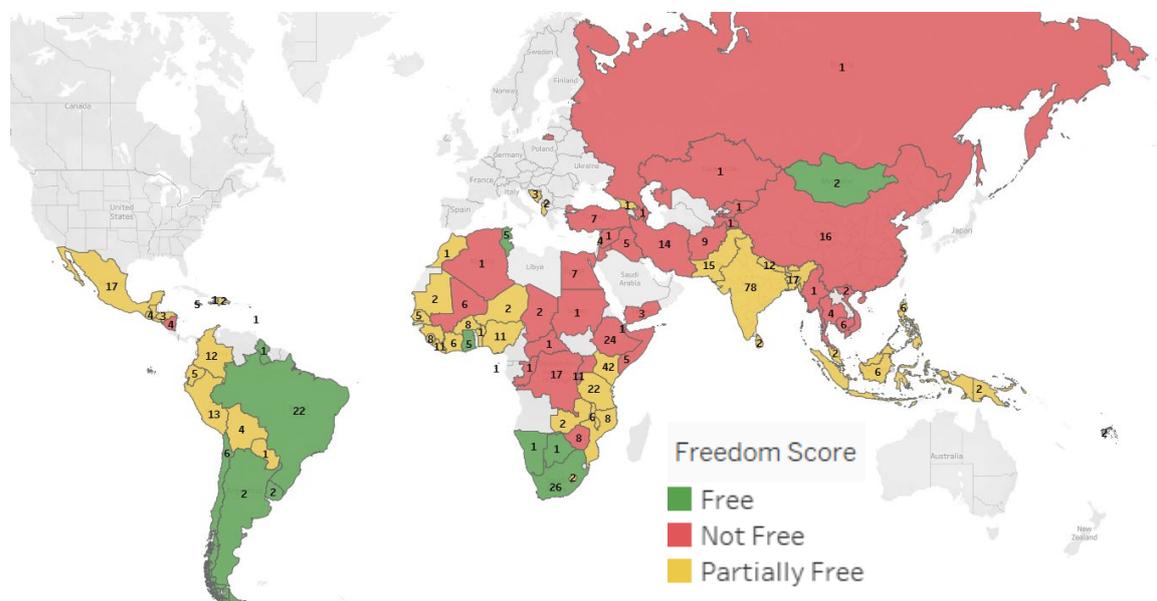


Source: 3ie (2022).

4.2.2 Population

The largest number of human rights studies included in our map took place in Sub-Saharan Africa (IEs = 147, SRs = 30, just over 40%), followed by South Asia (IEs = 94, SRs = 19), Latin America and Caribbean (IEs = 67, SRs = 19), and East Asia and the Pacific (IEs = 31, SRs = 14). At the country level, India has the highest number of included studies (n = 78), followed by Kenya (n = 42), South Africa (n = 26), Brazil (n = 22), and Tanzania (n = 22).

Figure 8: Geographical spread of the evidence base and Freedom House Human Rights Index ratings in 2021

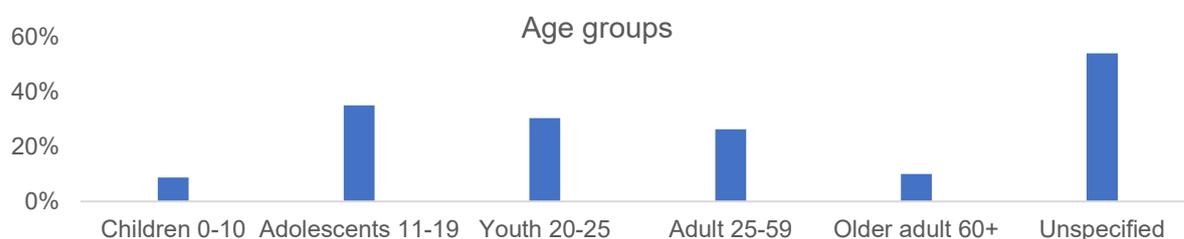


Source: 3ie (2022). Note: The figure does not include: studies that report findings from a region without making the specific countries clear; those conducted in more than 15 countries with no disaggregated effects provided for each country; and SRs that found no studies.

The majority of studies (n = 249) were conducted in countries with “partly free” status according to latest Freedom in the World Index (Freedom House 2021). This was followed by studies with “not free” status (n = 128) and “free” status (n = 58).

We coded each included study according to the key characteristics of the target population. Most IEs and SRs do not specify an age group (Figure 9) (n = 223). Of those that specify a population, the most common age group is adolescents (age 11–19; n = 145), followed by youth (age 20–25; n = 125).

Figure 9: Count of studies by targeted population’s age

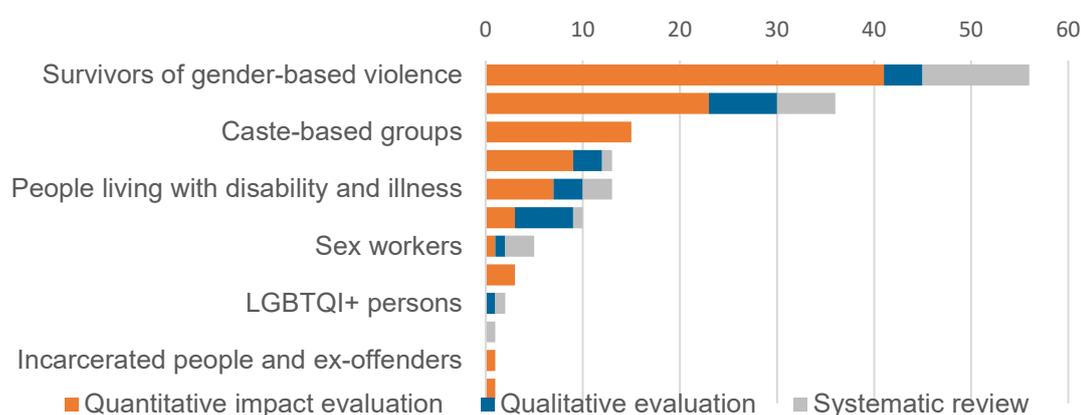


Source: 3ie (2022).

Most studies target both men and women (n = 201), but many more target only women (n = 122) than only men (n = 19). Of the studies that specify a setting, there is a fairly even distribution between rural (n = 88), urban/peri-urban (n = 75), and whole population (n = 82).

Not all studies report other characteristics of the target populations. However, of those that do, the most commonly targeted participants are survivors of GBV (n = 56) (Figure 10). This is the case for the quantitative IEs, while a greater share of the qualitative studies target survivors of large-scale violence (second largest group). Interventions involving caste-based groups were the third largest population group, though these were only targeted by quantitative evaluations.

Figure 10: Count of studies by population group (historically at risk of discrimination and/or violence) and study design



Source: 3ie (2022). Note: Figure represents the number of studies that focus on a particular population. This could be more than one population group for a single study.

4.2.3 Interventions

Studies were coded based on which human rights they target (Figure 11). Over 50 per cent of studies address issues of torture, GBV and degrading treatment such as psychosocial interventions for survivors of violence (n = 227). This is followed by studies of interventions that target the right to participation in public affairs (n = 117) – most commonly, campaigns encouraging voter registration and turnout.

The third largest group are interventions to support equal protection before the law or eliminate discriminatory treatment and access to services for at-risk groups such as gender or scheduled caste and tribe (n = 81). Finally, the right to life, liberty, and security, the fourth largest group, included programs that seek to protect the lives and security of all populations – such as radio dramas to reduce interethnic violence, or legal support to prevent unlawful detention or arrests.

While there is both quantitative and qualitative evidence for the majority of rights, quantitative IEs comprised the sole evidence base for the right to private and family life, food, and housing, while a single qualitative evaluation considered the right to freedom of assembly. Qualitative evidence also accounts for 89 per cent of the data on freedom of association and the right to collective bargaining, which is fitting given the focus of many of these studies on civil society programs.

Figure 11: Count of studies by human right and study design



Source: 3ie (2022). Note: The figure represents the number of studies that target a specific human right. A single study can target more than one right, hence the total number of studies in this figure is greater than the number of included studies in the map.

Studies are unevenly distributed across interventions, as can be seen in Figure 12. For interventions, the category with the highest count of studies is “human rights education and promotion for the public” (n = 121). The “support for rights defenders” category has the smallest evidence base (n = 3), followed by the “remedies for human rights violations” category (n = 13).

The majority of single-component interventions are concentrated across three of 23 intervention categories: behavior change communication for the public (n = 97), support services for at-risk individuals or groups (n = 78), and implementation of new legislation (n = 70). No single-component studies were found in the following six intervention subcategories:

- Establishment and capacity building of state oversight bodies;
- Safe and secure documentation;
- Strengthening of protection mechanisms for rights defenders;
- Incentives for rights defenders;
- Memory efforts; and
- Vetting and lustration within duty-bearing institutions.

Quantitative IEs comprise the only evidence in this map for civic and legal education, ratification of treaties, reform of the non-justice/non-security sector, supply chain monitoring, litigation to address rights abuses, and truth-telling efforts. Likewise, qualitative evaluations provide the only evidence in this map for early warning analysis.

Qualitative studies represented a significant proportion of the evidence for interventions to improve capacity-building for rights defenders (representing two thirds of this category) and amongst interventions to hold perpetrators to account (representing 50% of this category). SRs predominantly focus on behavior change communication and support service interventions, or a combinations of these. This is discussed in detail below.

Most of the qualitative studies evaluated interventions that operate at the community level or higher, and seek to advance human rights through civil society capacity building and mobilization. Twenty-two out of 30 qualitative studies examined programs of this nature. For example, Velez and colleagues (2018) evaluated the USAID Human Rights Activity in Colombia, which seeks to “support the [Government of Colombia] and civil society in promoting a culture of human rights, preventing abuse and violations of human rights, and responding effectively to human rights violations once they have occurred” (Velez et al. 2018, 6). Such interventions are often large-scale, complex, and aim to contribute to norm and structural change.

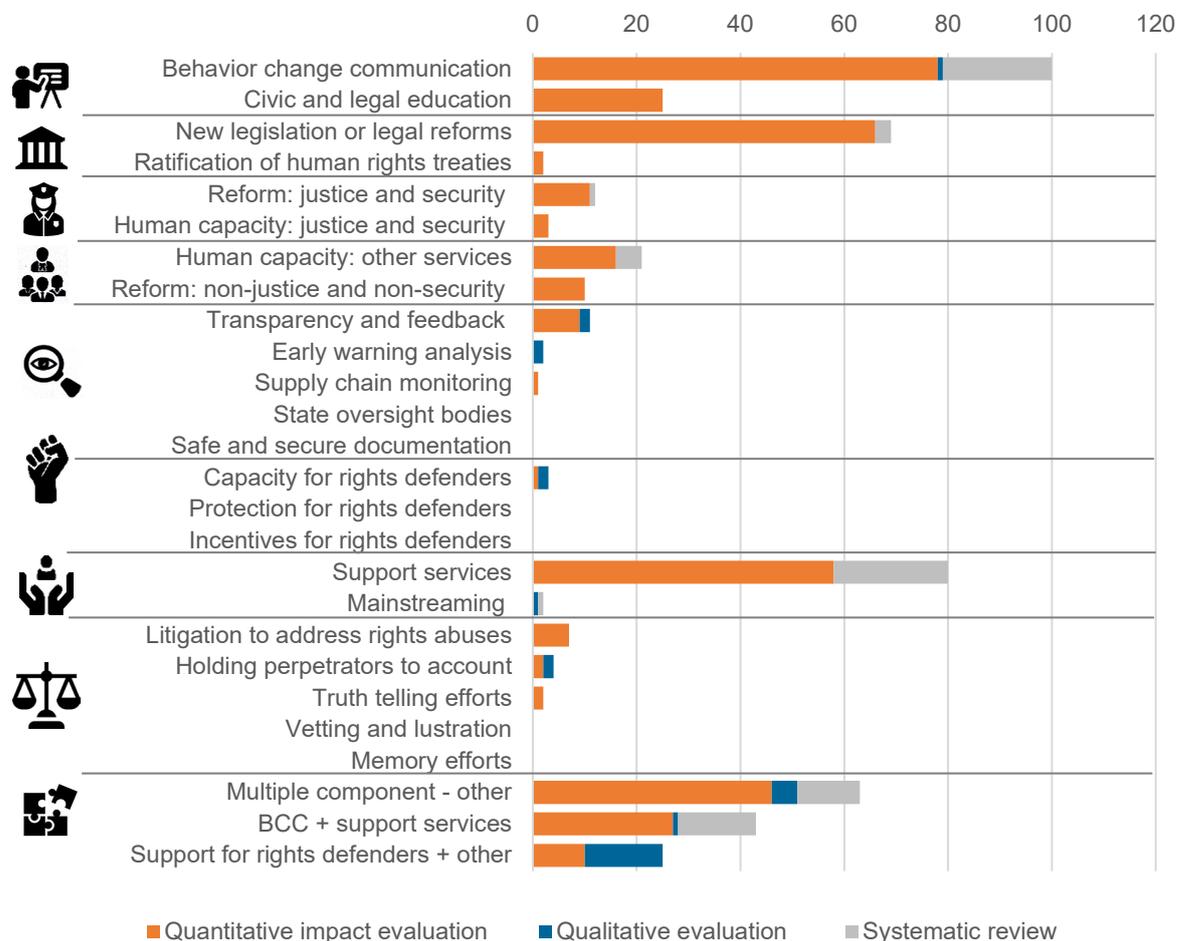
Multicomponent interventions make up the largest intervention category, accounting for 123 studies. This category also contains the greatest share of qualitative evaluations. While qualitative studies comprise 7 per cent of the overall EGM, they represent 16 per cent of multicomponent interventions.

Looking more closely at the most commonly coded multicomponent interventions (Figure 12), we can see a similar concentration of interventions, with 41 of 123 combining “behavior change communication for the public” and “support services for at-risk individuals or groups.” There is also a large share of multicomponent interventions that involve an intervention component from the “support for human rights defenders” category (n = 25).

Qualitative studies accounted for 60 per cent of the multicomponent studies that provide support to human rights defenders. Taking a closer look at the multicomponent interventions that provide this support in at least one of its components, we found that the 25 interventions were spread across 20 different multicomponent intervention combinations. Of these, two qualitative studies and one quantitative study contained only components from the “support for human rights defenders” category.

“Improvement of capacity and security protocols for rights defenders” is the most frequent human rights defender intervention component, targeted by all of these studies. Eleven studies aim to strengthen protection mechanisms for rights defenders, and no studies were found that target incentives for rights defenders.

Figure 12: Count of studies by intervention category and study design¹¹



Source: 3ie (2022). Note: One study may evaluate interventions with multiple arms; thus, the total number of studies in this figure is greater than the number of included studies.

4.2.4 Outcomes

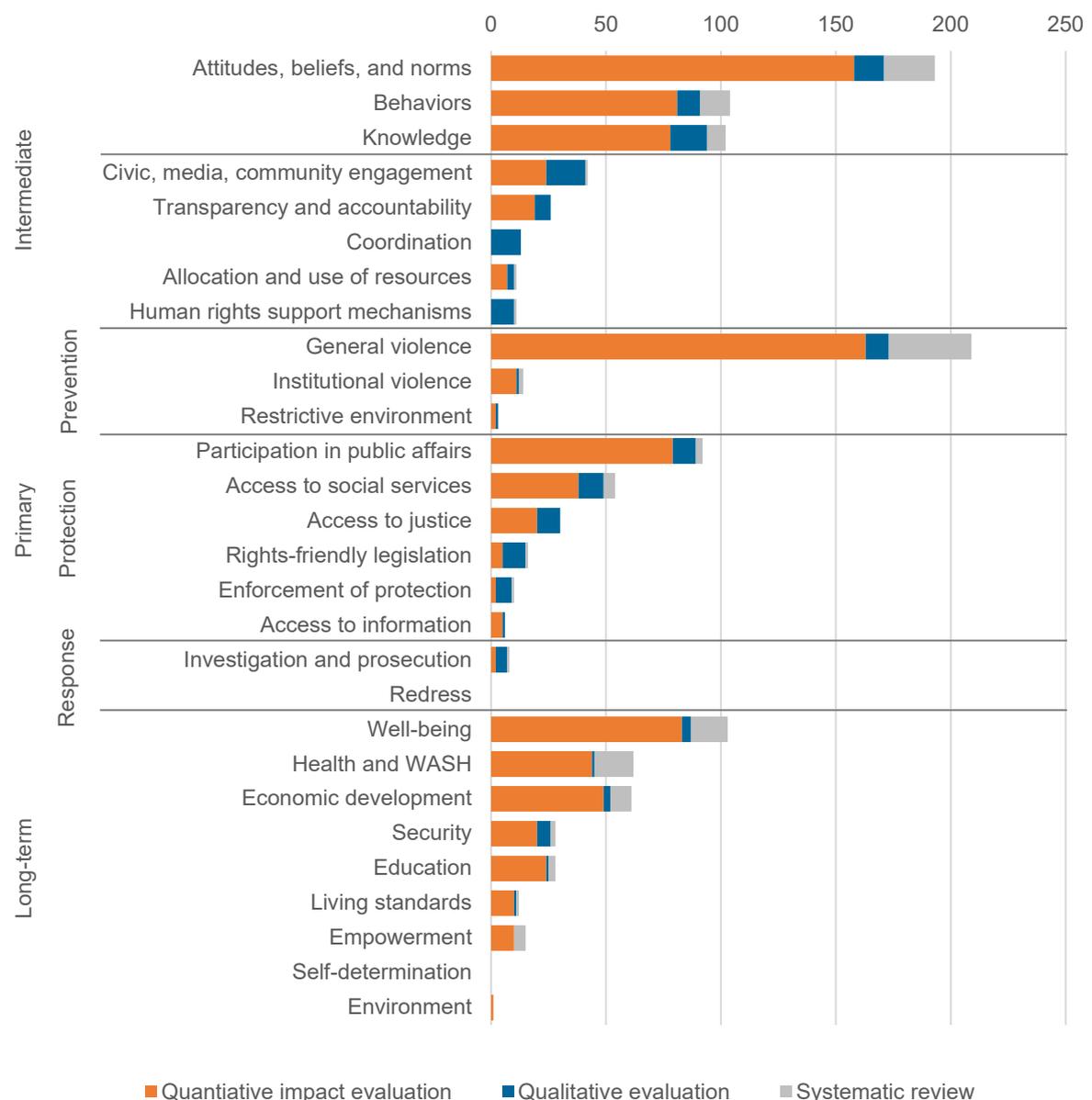
Our outcomes are divided into three sections: intermediate, primary, and long-term (Figure 13). Of the intermediate outcomes, “attitudes, beliefs and norms” such as attitudes towards IPV or towards working with persons with disabilities are measured by most studies (n = 195). This is followed by “behaviors” such as peace-positive intergroup interaction or safety-planning behaviors (n = 105), and knowledge such as understanding

¹¹The symbols represent overarching intervention categories. = human rights education and promotion of rights for the public; = reform of legislation; = institutional strengthening of justice and security sectors; = institutional strengthening of non-justice and non-security service providers; = monitoring of human rights compliance; = support for human rights defenders; = protection of groups historically at risk of discrimination or violence; = remedies for human rights violations; = multicomponent interventions

of political processes or self-defense skills (n = 104). “Human rights support mechanisms and processes,” such as referral of victims to support services, (n = 11) and “allocation and use of resources” outcomes are measured by the fewest studies (n = 13).

While quantitative IEs most frequently measure attitudes, beliefs, and norms, qualitative evaluations fill an important gap, providing all of the data on coordination outcomes, as well as the majority of the data on human rights support mechanisms. Civic engagement and transparency and accountability outcomes also feature strongly in the qualitative studies, in line with the large subset of these evaluations that focus on civil society programs.

Figure 13: Count of studies by outcome category and study design



Source: 3ie (2022). Note: Studies may report multiple outcomes, thus the total number of studies in this figure is greater than the number of included studies in the map.

The primary outcomes were further divided into three categories: prevention, protection, and response. Prevention is the largest primary outcome category, while response is the smallest. The most frequently recorded primary outcome is “general violence” (n = 205), such as incidence of IPV (physical, sexual, and emotional) or incidence of child marriage. Those types of outcomes are the most frequently recorded outcome group overall.

They are followed by “participation in public affairs” outcomes, such as voter registration, turn-out, share of women in elected position (n = 92), and “access to social services” outcomes, such as healthcare service, water sanitation, or electricity utilization (n = 51). Here too, qualitative evaluations fill an important gap, providing most of the data on rights-friendly legislation, protection enforcement, investigation and prosecution, and redress outcomes.

The most commonly measured long-term outcome is “well-being” (n = 102), which includes measures of outcomes such as quality of life or depression, followed by “health and WASH” outcomes (n = 62), such as child mortality rates or HIV incidence, and “economic development” (n = 61) outcomes, such as type of employment or women’s control over their own incomes and household spending. The most infrequently measured outcomes out of all the categories are self-determination (n = 0) and “environment” (n = 1). Security outcomes were the most common among qualitative studies.

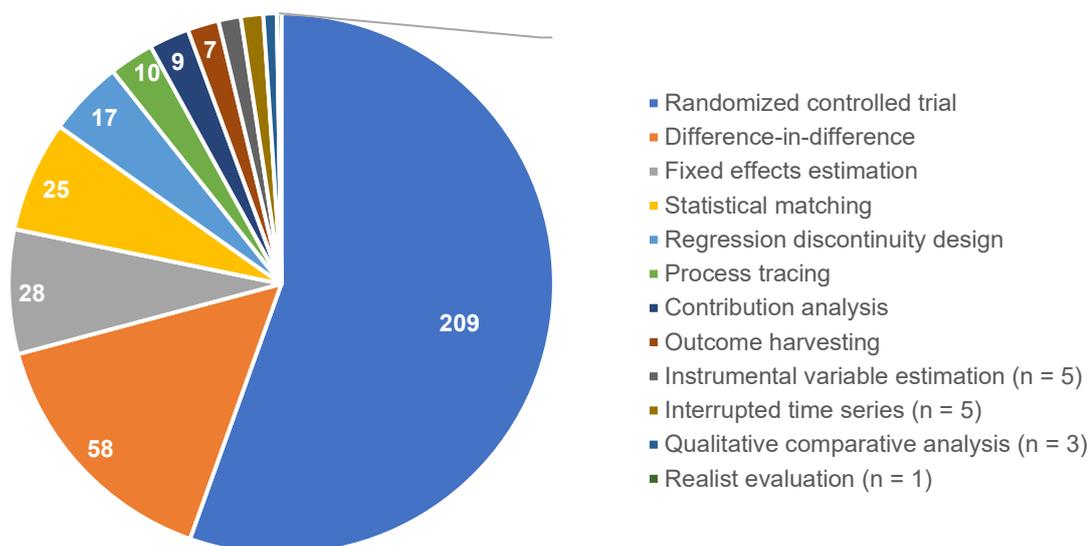
There were instances of outcomes not reflected in the map, such as social cohesion and corruption, as they did not fit into any of our specified outcome categories. A full list, along with associated studies, is accessible in Appendix A2.

4.2.5 Study design

IEs

Of the quantitative studies, approximately 55 per cent were experimental, randomized controlled trials (n = 208). Among quasi-experimental methods, 58 studies used difference-in difference approaches. The next most common methods used were fixed effects estimation (n = 28) and statistical matching, including propensity score matching (n = 24).

Figure 14: Count of evaluations by method



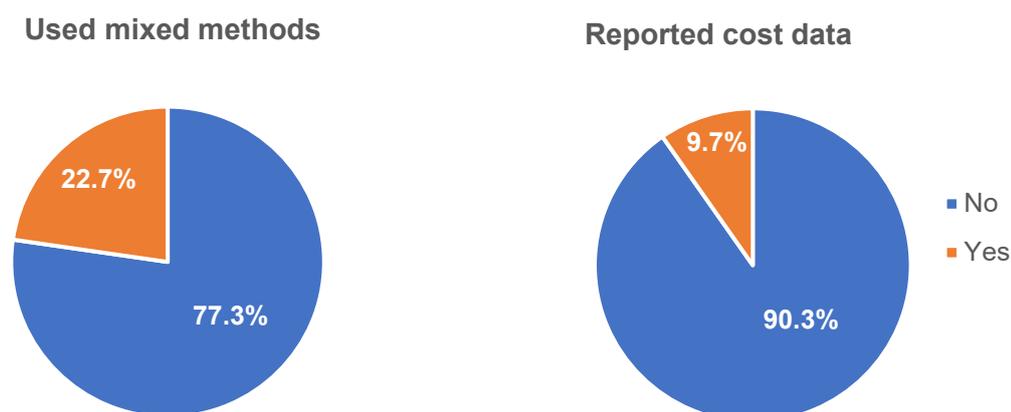
Source: 3ie (2022).

While a large share of quantitative IEs are academic publications, of the 30 qualitative evaluations included in this EGM, 83 per cent come from gray literature. They are typically commissioned by the organizations funding and/or implementing the interventions, as opposed to quantitative evaluations, which are more likely to be academic papers.

The most common evaluation designs in this category are process tracing (n = 10), contribution analysis (n = 9), and outcome harvesting (n = 7). Sometimes the choice of method is explained (often due to program complexity, preference to claim contribution over attribution, or data availability); however, qualitative methods may also be the default option where quantitative analysis capacities are limited, or a quick ex-post evaluation is required (there appears to be a significant variation in the quality of the qualitative analysis).

We also analysed the extent to which included studies used a mixed-methods approach incorporating both qualitative and quantitative components (just under 23%, n = 89), and reported findings of cost, cost effectiveness, or cost benefits. Just under 10 per cent of all IEs (n = 37) reported some form of cost data. Of these, most reported cost only (n = 24), 12 examined cost effectiveness, and 3 assessed cost benefit.

Figure 15: Proportion of studies that incorporate mixed methods and cost data



Source: 3ie (2022).

SRs

All included SRs undertook at least one form of synthesis of quantitative effects (except where no eligible studies were identified for the effectiveness portion of the review). Overall, 46 SRs were identified, 42 of which were complete, and 4 of which were protocols. Two reviews found no eligible studies to include. Of the completed reviews, just under 70 per cent were low confidence (n = 30), just under 30 per cent were medium confidence (n = 11), and one was high confidence. Just under half of the completed SRs used quantitative synthesis (n = 20).

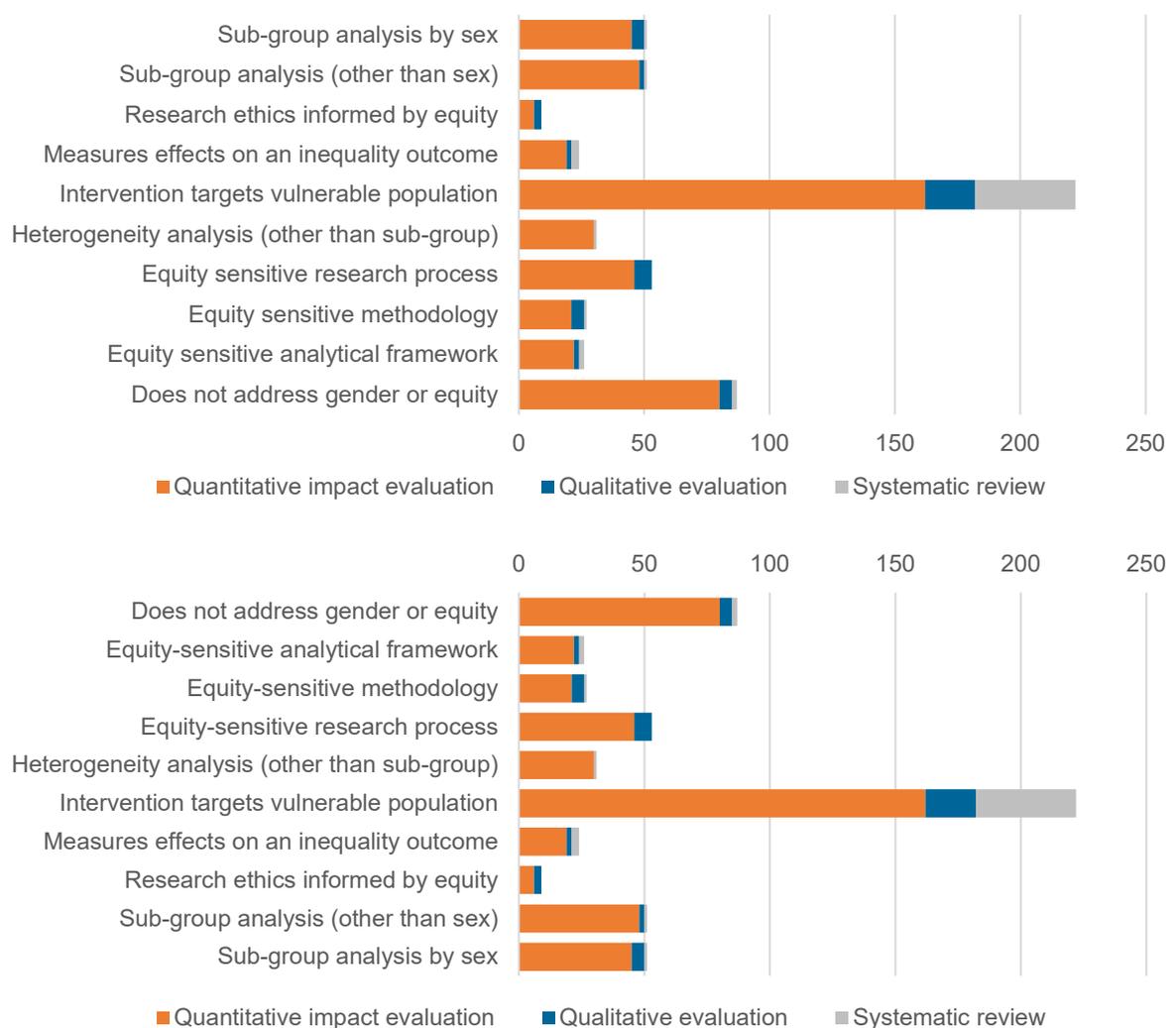
The most common quantitative synthesis method was narrative/thematic synthesis (n = 10), followed by meta-analysis (n = 7). Two studies used a description of a range of effect sizes, and one study used χ^2 and Fisher's exact tests to assess differences in study and program characteristics by income level of the country of implementation.

Thirty-one studies used qualitative synthesis methods, the most common of which was narrative synthesis (n = 24). Five studies used realist synthesis, one used content analysis, and one used thematic synthesis. Among low-confidence reviews, qualitative narrative synthesis was the most frequently used method (n = 18).

4.2.6 Equity dimensions and focus

Over 75 per cent of IEs addressed equity in some form (n = 291), as did 95 per cent of SRs (n = 44). The most common way in which IEs and SRs considered equity was by evaluating the effects of interventions specifically targeting a vulnerable population (IEs: n = 181; SRs: n = 40) (Figure 14). This was followed by studies that used an equity-sensitive research process (IEs: n = 56), subgroup analysis by sex (IEs: n = 50; SRs: n = 1), and subgroup analysis (other than sex) (IEs: n = 50; SRs: n = 1).

Figure 16: Count of ways in which included IEs and SRs considered equity



Source: 3ie (2022). A single study can address equity in multiple ways (e.g., subgroup analysis by sex and socioeconomic status); therefore, the total number of studies in this figure is greater than the number of included studies in the map.

The two least common approaches to equity applied in studies included in the HR EGM include ensuring research ethics were informed by equity (IEs: n = 9; SRs: n = 0) and by measuring the effects of interventions on an inequality outcome (IEs: n = 21; SRs: n = 3).

The most commonly considered dimension of equity in included studies was sex. Over 50 per cent of the included IEs, and over 35 per cent of SRs, took participants' sex into account when analyzing findings (IEs: n = 197; SRs: n = 31). However, many studies were coded as "sex" in the equity dimension category solely due to their evaluation of an intervention targeted at women at risk of violence or discrimination.

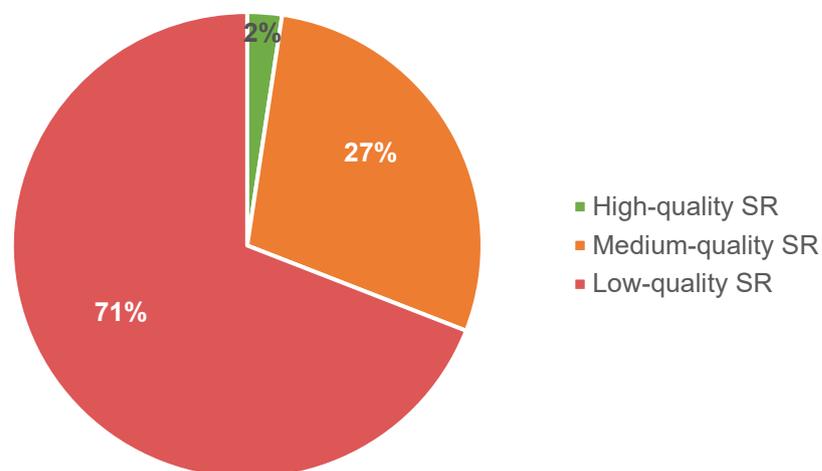
After sex, the most commonly considered dimensions were age (IEs: n = 61; SRs: n = 16), conflict-affected status (IEs: n = 40; SRs: n = 4), and socioeconomic status (IEs: n = 37; SRs: n = 5). Very few studies took into account considerations related to sexual orientation or sexual identity (IEs: n = 3; SRs: n = 1), land ownership (IEs: n = 3; SRs: n = 1), and religion (IEs: n = 3; SRs: n = 0).

4.2.7 Results of SR critical appraisal

For each completed SR, we undertook a critical appraisal to assess the rigor of the review's methodology. We rated reviews either as low, medium or high confidence, indicating our confidence in the review findings based on the methods used to arrive at those findings.

Of the 42 completed effectiveness reviews included in the EGM, over 70 per cent (n = 30) were assessed as low confidence (Figure 15). The most common reasons for which a review's methods were assessed as resulting in low confidence in the findings were: (1) the characteristics and results were not reliably reported (n = 22); (2) bias was not avoided in the selection of articles (n = 18); or (3) there was no, or there was an unclear, method applied for assessing risk of bias in included primary studies (n = 18).

Figure 17: Proportion of included SRs assessed at each confidence level



Source: 3ie (2022).

4.3 Findings from medium- and high-confidence SRs

This section presents findings and policy implications from the one high-confidence and 11 medium-confidence SRs included in this EGM. The vast majority synthesize evidence on intervention approaches under the *human rights education and promotion of rights for the public* and *protection of groups historically at risk of discrimination or violence* categories, with a few studies including elements of *institutional strengthening*.

The first section reports the cross-cutting implications and recommendations for future human rights intervention programming and research, and subsequent sections report SR findings by intervention category.

4.3.1 Cross-cutting implications from existing syntheses

Several key themes were repeated across the findings and recommendations of the 12 SRs. They include:

- **Education to promote rights-affirming behaviors within psychosocial interventions, and community mobilization, show promise in preventing violence against women and girls.** Information, education, and communication approaches, and psychosocial interventions such as psychological and/or counselling-based interventions, discussion groups, sexual health education, and mobilization of community members, demonstrated some limited desirable effects on rights-affirming norms,¹² behaviors,^{13,14} and prevention of IPV.^{15,16,17,18}
- **High-quality evaluation research is scarce.** Nearly every SR emphasized the limited quantity of human rights evaluations in L&MICs and the lack of robust, high-quality evidence.
- **Few studies present sufficient intervention details.** Review authors observe that the development practice and research communities still too often do not clearly label intervention approaches, present detailed program descriptions, nor Theories of Change.
- **More attention to outcome measurement may be needed.** Semahegn and colleagues (2019) and Tol and colleagues (2019) note the potential utility of standardized terminology and outcome definitions in IPV and Gender Based Violence (GBV) programming. Ruane-McAteer and colleagues (2019) advise transitioning from self-reported attitudinal change outcomes to bio-behavioral outcomes in such interventions.

4.3.2 SR findings by intervention category

Human rights education and promotion of rights for the public: behavior change communication for the public (based on IE and review evidence from unspecified L&MICs)

Only one SR focused predominantly on interventions that seek to advance human rights through public behavior change communication. Ruane-McAteer and colleagues' (2019) SR of reviews of gender-transformative interventions to improve sexual and reproductive health and rights identified 25 relevant reviews, with the majority (n = 18) focusing on the prevention of violence against women and girls. The authors found that 38.5 per cent of reviews reported positive and promising effects on at least one outcome; however, 23 reported inconclusive results, with the overall quality of reviews rated as low to critically low.

¹² Bourey et al. 2015, 14

¹³ Bourey et al. 2015, 14

¹⁴ Sapkota et al. 2019, 1

¹⁵ Bourey et al. 2015, 14

¹⁶ Sapkota et al. 2019, 1

¹⁷ Turner et al. 2020, 8

¹⁸ Semahegn, et al. 2019, 28

Institutional strengthening of justice and security sectors: reform of justice and security sector institutions (based on IE and meta-analysis evidence from Brazil, Chile, Colombia, and Thailand)

Higginson and colleagues (2015) presented the only SR in this category, which assessed the effectiveness of policing interventions in reducing interpersonal violent crime. This was also the only included SR deemed to be high quality. The authors found insufficient evidence of effective community-oriented policing, crime observatories, or police-enforced bans and crackdowns on violent crime reduction.

Protection of groups historically at risk of discrimination or violence

Support services for at-risk individuals or groups (Based on IE evidence from China, Kenya, India, Mongolia, Liberia, and South Africa)

Three SRs focused solely on support services (Tol et al. 2013, 2019; Tripney et al. 2015). Tol and colleagues' (2013) review of mental health and psychosocial support interventions for sexual and GBV in conflict settings covered seven evaluations; however, only one of these used a methodology with sufficient rigor for inclusion in this EGM, and the results are not statistically significant. Tol and colleagues' (2019) review of the effect of mental health interventions on IPV found positive effects on mental health and substance abuse outcomes, but inconsistent effects on IPV. Tripney and colleagues (2015) considered the mainstreaming of disability rights in employment, with support services as a means to improve labor market outcomes for persons with disabilities. Only one of the 14 included studies met this EGM's inclusion criteria.

SRs spanning multiple intervention categories

The majority of SRs included in this EGM spanned multiple intervention categories (n = 8). They are grouped by intervention category and subcategory below.

Human rights education and promotion of rights for the public, and protection of groups historically at risk of discrimination or violence

Behavior change communication for the public with support services for at-risk individuals or groups (based on IE and meta-analysis evidence from Burkina Faso, China, Côte d'Ivoire, Egypt, Ethiopia, India, Kenya, Mexico, Nigeria, Pakistan, Senegal, South Africa, Tanzania, and Uganda)

These are the most commonly combined intervention activities, accounting for five SRs (Bourey et al., 2015; Higginson et al. 2016; Esu et al. 2017; Semahegn et al. 2019; Turner et al. 2020). Higginson and colleagues (2016) found no IEs of preventive gang interventions conducted in L&MICs. Esu and colleagues' (2017) SR and meta-analysis identified five interventions providing education, community mobilization, and women's health training with the aim of ending female genital mutilation/cutting.

Intervention groups show significantly lower odds of recommending the practice for daughters, the intention to cut daughters, and fewer new reported cases of female genital mutilation/cutting. Participants were also significantly less shy to discuss the practice. Yet the authors refrain from drawing conclusions regarding effectiveness due to "very low quality" evidence (Esu et al. 2017, 76–77).

Semahegn and colleagues (2019), Tol and colleagues (2019), and Turner and colleagues (2020) all assessed IPV interventions. Semahegn and colleagues' (2019) review of eight interventions to prevent domestic violence against women found that community-mobilization and awareness-raising interventions reduced physical IPV by half, while economic empowerment and combined interventions produced mixed results (Semahegn et al. 2019, 27–28).

Similarly, Turner and colleagues (2020) examined psychosocial interventions, including community mobilisation against IPV, but performed a meta-analysis of 13 randomized controlled trials. They found significant reductions of up to 27% for any IPV, 27% for physical IPV, and 23% for sexual IPV across the longest follow-up measurements.¹⁹

Bourey and colleagues (2015) reviewed social and socioeconomic interventions to prevent IPV at the structural level. They found that social interventions such as participatory learning, community mobilization, and multimedia approaches reduced IPV, supported more equitable gender norms, reduced acceptance of IPV, enhanced relationship quality or male household participation, improved help-seeking, and increased collective action.

Human rights education and promotion of rights for the public and institutional strengthening of non-justice and non-security service providers

Behavior change communication for the public with human capacity development of non-justice and non-security service providers (based on IE evidence from Burkina Faso, Egypt, Ethiopia, Kenya, Mali, Nigeria, Senegal, and Somalia)

Berg and Dennison (2013) explored the effectiveness of training for key staff and the public regarding harm prevention. They reviewed interventions designed to reduce the prevalence of female genital mutilation/cutting through training for the general public and health personnel. They found no significant effect on health staff, and limited effectiveness of public education, although they deemed these study designs as weak.

Human rights education and promotion of rights for the public, protection of groups historically at risk of discrimination or violence, and institutional strengthening of non-justice and non-security service providers

Behavior change communication for the public with support services for at-risk individuals or groups and human capacity development of non-justice and non-security service providers (based on IE evidence from India, Kenya, Peru, and South Africa)

Sapkota and colleagues (2019) covered the widest range of intervention components. They found that counselling-based interventions delivered in healthcare settings with safety planning and referral capabilities show promise in preventing IPV among pregnant women; however, the evidence base is small, and evidence in this area is emerging (three of the five included studies were pilots).

¹⁹ Although approximately half of the randomized controlled trials showed considerable risk of bias, sensitivity analysis removing high risk of bias studies increased the magnitude of the effect on any IPV and physical IPV (Turner et al. 2020, 9).

4.4 Discussion: evidence gap analysis

4.4.1 Interpreting patterns in the evidence base

A primary objective of EGMs is to enable fast and easy access to relevant rigorous evidence for donors, implementers, and researchers in order to facilitate evidence-informed decision-making. An additional contribution of EGMs is to enable more efficient use of research investments by identifying areas where substantial evidence already exists and where it may be needed.

Evidence gaps

On the interactive online matrix, blank squares indicate intervention-outcome configurations for which no IE or SR evidence was identified. The EGM does not explain what drives these gaps, however, and the relevant explanations will vary across intervention-outcome configurations within the map. Blank squares can exist for three reasons:

1. **There is a meaningful gap in the evidence base, which should inform future research agendas.** This is particularly important where a gap exists for an intervention that has been widely implemented with the aim of achieving a particular outcome, despite a lack of rigorous impact evidence to support the causal claim.
2. **There is limited underlying theory suggesting a causal relationship.**²⁰ As EGMs aim to capture the full range of interventions implemented and outcomes measured within a sector or subsector, it is possible that not every intervention is expected to influence every outcome. However, examining the strength of the theory for each intervention-outcome configuration on the map is unfortunately beyond the scope of an EGM.
3. **There are methodological limitations that limit the utility of IEs, or ethical considerations that prevent the use of such methods.** For example, in the case of some restorative justice interventions, counterfactual IEs may not be ethical. Interventions such as those to strengthen justice and security institutions' protection of or response to human rights violations may not be easily measured through conventional quantitative IEs, especially if the interventions are targeting a national state agency (such as the country's department or ministry of justice) and have an intervention sample size of $n = 1$, which is not sufficient for most quantitative designs.

This EGM includes a broad range of methodologies which measure impact, including quasi-experimental studies and qualitative evaluation methods such as process tracing. However, human rights interventions may be evaluated using alternative methods, such as case studies or thematic, factor, or legal analysis, which answer other important research questions but do not fulfill the inclusion criteria for this EGM.

Evidence concentrations

There are two potential explanations for why concentrations of evidence may exist for a given intervention-outcome configuration:

²⁰ Per USAID ADS 201 – Program Cycle Operational Policy, all USAID-funded projects require a theory of change.

1. **Understanding the intervention’s effectiveness is of particular importance to the human rights, rule of law and justice community, and other stakeholders.** This may be because the intervention is particularly commonly implemented or substantial funding is invested in the intervention. The intervention may address a priority human rights challenge, such as GBV. Political priorities may also influence which interventions are evaluated for effectiveness against which outcomes.
2. **There is a commonly recognized theoretical link between an intervention and the outcome.** It is important to note, however, that the EGM only identifies studies that have reported effects on a particular outcome. The existence of many studies of a particular intervention and outcome does not necessarily mean that the intervention is effective at producing impacts on that outcome. Where high-confidence SRs have assessed a relationship between an intervention and an outcome, the findings are summarized above in Section 4.3. Beyond this, however, questions of which interventions are effective at producing effects on which outcomes are beyond the scope of this report.

Using the evidence patterns in the EGM

When interpreting the concentrations and apparent gaps in the evidence base identified through the EGM, it is important to consider these different possibilities. Nonetheless, there are many ways in which users may draw on the patterns identified in the EGM to support future work:

1. **Inform research agenda-setting processes.** The EGM findings can help to identify priority areas for future research investment, particularly when combined with expertise from diverse stakeholders in order to effectively interpret the different gaps.
 - a. Investments in new IEs may be particularly beneficial where they target interventions for which limited evidence exists, or where there is limited evidence for the effects of the intervention on a population or context of interest.
 - b. Where large concentrations of primary evidence already exist, such as behavior change communication for the public and support services for at-risk populations, investments in additional IEs may not provide as much value as investments in evaluations of interventions and outcomes for which little or no effectiveness evidence exists.
 - c. Where there are concentrations of IE evidence, and existing SRs do not exist, are out of date, or do not cover populations of interest, new SRs may help to ensure that policymaking and programming is informed by the best available evidence. Examples of such interventions and outcomes can be found in Table 5.
2. **Support policy and program design.** Where stakeholders are interested in targeting a particular outcome, they can utilize the EGM to identify which interventions may be likely to impact the outcome of interest. The hyperlinks within the online EGM enable easy access to rigorous evidence, which can be consulted when designing new policies and programs to identify which intervention approaches may be more or less effective at impacting the outcome of interest. Where multiple interventions have been undertaken to influence a particular outcome, stakeholders can use the EGM filters to identify which interventions may have been undertaken for geographies or population groups of interest. Similarly, the EGM can enable stakeholders to identify which

interventions have targeted a particular population group of interest, such as women and girls, or persons with disabilities.

3. **Identify the range of outcomes that have been theorized to be impacted by a particular intervention.** This can support stakeholders in understanding all outcomes that may be influenced through their intervention. This is particularly important when considering potential adverse effects, which may be captured in outcomes related to well-being, or general violence.
4. **Identifying examples of IEs undertaken in a particular context, or utilizing a particular method.** This can be useful for identifying potential challenges and strategies applied to address challenges that may strengthen the quality of future research. For example, stakeholders interested in undertaking IEs in fragile contexts may use the country filter to identify evidence from particularly fragile contexts in order to understand the methods, challenges, and approaches utilized when undertaking IEs in such complex environments.

4.4.2 Primary study evidence gaps

Gaps exist in the evidence base for interventions related to monitoring human rights compliance, supporting rights defenders, and remedying human rights violations. These three intervention categories have very few studies, and the following subcategories have no studies represented at all:

- Establishment and capacity building of state oversight bodies;
- Safe and secure documentation;
- Improvement of capacity and security protocols for rights defenders;
- Incentives for rights defenders;
- Memory efforts; and
- Vetting and lustration within duty-bearing institutions.

In addition to the six absolute evidence gaps above, the following intervention subcategories have very few studies represented in the map:

- Early warning analysis;
- Transparency and feedback;
- Supply-chain monitoring;
- Strengthening protection mechanisms for rights defenders;
- Litigation to address rights abuses;
- Truth-telling efforts; and
- Holding perpetrators to account.

This might be partly because these interventions may be harder to evaluate using a counterfactual IE design, either due to ethical considerations or efforts to find a counterfactual (especially for interventions aimed at the country level, such as vetting of state institutions). It is also possible that these intervention areas do not represent a priority for policymakers and practitioners, and therefore have received less attention.

There are gaps in the evidence base for specific population groups.

Most intervention activities were directed at the general population. Of those that specify a focus on a particular sex, 5.5 per cent target only men. There are very few studies investigating the effects of human rights interventions on trafficking survivors, dissidents, sex workers, religious groups, the LGBTQI+ community, incarcerated people and those re-entering society, and people with substance use issues.

Outcome gaps exist in the evidence base for some primary and long-term outcomes. Absolute evidence gaps exist for two outcomes: the provision of redress for victims, and increased territorial or cultural self-determination. Only a handful studies evaluate outcomes related to the presence of a restrictive environment preventing full enjoyment of rights, the investigation and prosecution of rights violations, and the quality of environment.

4.4.3 Synthesis gaps

A lack of quality synthesis studies represents a significant gap in the evidence base. We identified only one high-quality SR. Future researchers conducting SRs can improve their quality by reliably reporting results, incorporating comprehensive risk-of-bias assessments with a clear method, widening their search strategy beyond peer-reviewed journals, and using multiple reviewers to help avoid bias in article selection. Further, the majority of authors of the 12 high- and medium-confidence SRs were unable to draw firm conclusions due to low-quality assessments of the underlying primary studies.

Given the concentrations of IEs observed in behavior change communication and support services, it is perhaps surprising that there is not more conclusive synthesis in these areas. The implementation of legal reforms category presents arguably the most pressing relative synthesis gap, with 67 IEs and only three low-confidence SRs published before 2016. Other evidence clusters where a synthesis could be useful are: 156 IEs that measured protection outcomes with only one medium-quality review of reviews, and three-low confidence reviews, and 23 IEs that measured security outcomes (only two low-confidence SRs exist).

Absolute gaps

There are 25 IEs of multicomponent interventions that also provide support for rights defenders. We identified no SRs of such interventions. This is surprising given the importance of defenders in promoting and protecting human rights. No SRs were found for three intervention categories: monitoring of human rights compliance; support for human rights defenders; and remedies for human rights violations. This is not surprising as these are also the categories with the fewest IEs.

4.4.4 Methodological gaps

Methodological gaps exist in the evidence base.

Less than a third of included studies used a mixed-methods approach. For studies that focused on interventions such as addressing GBV or supporting human rights defenders, incorporating qualitative evidence can help to understand subjective experiences or key factors that can contextualize studies' effectiveness findings.

Few studies present cost analysis.

Of the 37 studies that presented cost data, less than half analyzed cost effectiveness (n = 12) or cost benefit (n = 3), representing 3.5 per cent of the overall map.

Many studies lacked attention to equity and/or ethics approval.

Many of the included human rights interventions are primarily concerned with empowering groups historically at risk of discrimination and violence. Consequently, over 75 per cent of IEs addressed equity in some form (n = 291), as did 95 per cent of SRs (n = 44). It should be noted, however, that the primary reason for such a high consideration of equity is that the included studies evaluated the effects of interventions specifically targeting a vulnerable population (IEs: n = 181; SRs, n = 40).

Should we not count the above reason as an equity focus of the study, the number of studies that addressed equity in some way would drop drastically. Overall, just over 30 per cent of IEs (n = 134) reported receiving an ethical approval from an independent review board or similar, which is crucial to ensuring the protection of study participants and their communities. It is possible, however, that this could be a symptom of insufficient reporting, rather than an absence of engagement in an ethical clearance process.

5. Conclusions and implications

We identified a total of 423 relevant studies, consisting of 345 completed and 32 ongoing IEs, and 42 completed and 4 ongoing SRs. These studies covered a broad range of L&MICs, used quantitative as well as qualitative methodologies, and engaged diverse populations. All research has been conducted since 2000. Through convenient EGM filters, users can explore the studies disaggregated by these and other factors of interest.

Just over 40 per cent (IEs = 147; SRs = 29) of the studies concentrated on Sub-Saharan Africa, and over 58 per cent (n = 249) were conducted in countries with a “partly free” status according to Freedom House. This may be because “not free” countries could have very restrictive environments (war, governments that don't tolerate dissent) while the “free” countries are more likely to be high-income and ineligible. Therefore, most published evaluations that meet our map's criteria were likely carried out in L&MICs where there is also a sufficiently free environment for rights defenders to operate (i.e., “partly free” countries).

The majority of human rights evaluations focused on programs addressing freedom from torture and degrading treatment, the right to participate in public affairs, the right to non-discrimination and equality, and the right to life, liberty, and security. Most interventions sought to reduce or prevent violence, promote voting, and address discrimination, primarily through the most frequently evaluated intervention categories: behavior change communication (n = 97), support services (n = 78), and implementation of legal reforms (n = 70).

We observed a focus on outcomes related to incidence of non-institutional violence (n = 205), followed by attitudes, beliefs, and norms around human rights and/or populations historically at risk of discrimination (n = 195). There were many multicomponent interventions (n = 123), with 41 of these combining “behavior change communication for the public” and “support services for at risk individuals or groups.” A further 25 multicomponent studies contained a “support for human rights defenders” category component; 60 per cent of these were qualitative studies. This highlights the difference in focus between quantitative and qualitative studies. These areas represent the largest concentrations in evidence.

We also note several current gaps in the human rights evidence base. There is little rigorous evidence for single-component interventions that provide support for rights defenders (n = 3), remedy human rights violations (n = 13), or monitor human rights compliance (n = 13). Likewise, few or no studies examined outcomes related to investigating and prosecuting perpetrators of human rights violations (n = 7), restrictions that prevent rights holders from free and equal enjoyment of their rights (n = 3), redress for victims of human rights violations (n = 0), access to information (n = 7), self-determination for indigenous or minority ethnic groups (n = 0), and the quality of the environment (n = 1).

Additionally, we identified a lack of high-confidence SRs of human rights interventions. Of the 42 completed SRs, 70 per cent (n = 30) were found to be low confidence, mostly due to issues in the reporting of results, search and screening, or assessment of risk of bias. The majority of SRs evaluated “support services for at-risk individuals or groups” (n = 21) or “behavior change communication for the public” (n = 21) interventions.

A further 14 focused on multicomponent interventions combining those two categories. Only three SRs, all of low confidence, fell under the “implementation of new legislation or legal reforms” category. Considering the significant number of IEs identified in this category, this represents a synthesis gap. An absolute synthesis gap exists for the 25 studies that evaluated multicomponent interventions and support for rights defenders. No review has systematically analyzed the effects of such interventions so far.

Evidence from medium-confidence (n = 12) and high-confidence (n = 1) reviews highlights the need for higher quality research, clearer program theory, and improvements in measurements. Interventions targeting IPV through behaviour change communication and support service interventions found significant effects on decreasing IPV, although in some cases the number of sample studies were too small to be conclusive, and the impact varied depending on type of intervention, participant gender, and time of follow up. Overall, small numbers of sample studies or insufficient evidence to draw strong conclusions is a concern across categories.

These gaps and concentrations in the evidence base reveal areas that could be prioritized for future primary research and evidence synthesis. The gaps indicate intervention approaches and outcome goals that may benefit from further theory development, exploration, and evaluation. The concentrations, coupled with the identified lack of high-quality synthesis work, show potential for further SRs and meta-analyses that could produce more conclusive effectiveness findings to inform future human rights work.

5.1 Implications for policy and practice

While a full analysis of the 423 studies included in the EGM is beyond the scope of this project, we draw some implications from observed patterns in the data and SR findings. Key recommendations focus on improving research quality and clarity to better assess the effectiveness of human rights programming.

Support services may not be enough to prevent violence or discrimination of historically at-risk groups. Combined multi-level interventions might be necessary to address entrenched norms. Education to promote rights-affirming behaviors within psychosocial interventions and community mobilization show promise in preventing violence against women and girls.

Both practitioners and researchers would benefit from explication of program theory and implementation. Explicitly presenting theories of change testing mechanisms, along the causal chain, using varied evaluation methodologies would help to clarify program logic and implementation pathways in a given context. It could also help to disentangle the effects of combined interventions.

5.2 Implications for future research

This EGM also provides the opportunity to identify where future research is needed, such that the evidence base can continue to be built. More IEs are needed especially for interventions that monitor human rights compliance, provide support for rights defenders, and remedy violations. There is also a need for evaluations of any intervention that measures outcomes related to: restrictive environment, investigation and prosecution, redress, self-determination, and environment.

More SRs are needed in order to better understand the effectiveness of interventions pertaining to legislation and outcomes related to security and human rights protection. Finally, a number of population groups are understudied and require more attention by researchers and their funders. Research needs are summarized below in Table 5.

Table 5: Gaps in the human rights evidence base

Gap type	Suggested area of research
Intervention	<ul style="list-style-type: none"> • Early warning analysis • State oversight bodies • Safe and secure documentation • Transparency and feedback • Supply chain monitoring • Support for rights defenders: capacity, protection, or incentives • Litigation to address rights abuses • Truth-telling efforts • Holding perpetrators to account • Vetting and lustration • Memory efforts   
Outcome	<p>Prevention</p> <ul style="list-style-type: none"> • Presence of restrictive environment preventing full enjoyment of rights <p>Response</p> <ul style="list-style-type: none"> • Increased investigation and prosecution of rights violations • Provision of redress for victims <p>Long term</p> <ul style="list-style-type: none"> • Increased territorial or cultural self-determination • Improved quality of environment
Population group	<ul style="list-style-type: none"> • Trafficking survivors • Dissidents • LGBTQI+ populations • Incarcerated people and those re-entering society • Religious minorities • People with substance use issues
Geography	<ul style="list-style-type: none"> • Regions: East Asia and the Pacific • Countries: refer to Figure 8
Synthesis	<ul style="list-style-type: none"> • Interventions with at least one support component for rights defenders • Effects of legislation reforms on rights-related outcomes • Studies that measure protection-related outcomes • Studies that measure security-related outcomes
Methodology	<ul style="list-style-type: none"> • Qualitative evaluations, mixed-methods IEs

Source: 3ie (2022). The symbols represent overarching intervention categories from the map.  = monitoring of human rights compliance;  = support for human rights defenders;  = remedies for human rights violations

There is a need for more high-quality evaluation research. Primary evidence can be improved through the adoption of more rigorous evaluation methods that allow for causal attribution, and the use of mixed-methods approaches. For intervention types that do not lend themselves to quantitative IE, this may mean applying a rigorous “small n” for small sample size IE designs (White and Phillips 2012). Investment and planning are required to incorporate more IE into program design, particularly where evidence gaps have been identified. Researchers producing primary and synthesis evidence should also make greater effort to address risk of bias in their work.

Increased clarity and standardization of measurements, terminology, and processes can aid future synthesis and generalizability of interventions. Using standardized terminology when describing outcomes, clearly labelling intervention approaches and describing activities, and providing clear descriptions of participant selection and evaluation methods can all assist comparability and discussions of generalizability.

Ensure research designs and methods are sensitive to inequalities across different population groups. Taking into account diverse experiences, power dynamics, and differential outcomes in study design and conduct will ensure that new studies are sensitive to the needs of groups historically at risk of discrimination or violence and the particular effects interventions may have on them. A summary of the possible ways to strengthen attention to equity through methods such as subgroup analysis or equity-sensitive methodologies can be found [here](#). Finally, review and approval of study protocols and procedures by relevant review boards should be promoted, as this fosters ethical research conduct and protection of research participants from the design stage through to data collection, analysis, and reporting.

Incorporate measures of cost-effectiveness and sustainability into the evaluation. Particularly in studies that demonstrate a positive impact, the provision of accompanying cost analysis can be useful for decision makers considering replication, expansion, and scaling.

Online appendices

Online appendix A: Detailed methodology

<https://3ieimpact.org/sites/default/files/2023-04/EGM20-HR-EGM-Online-appendix-A.pdf>

Online appendix B: Data extraction tools

<https://3ieimpact.org/sites/default/files/2023-04/EGM20-HR-EGM-Online-appendix-B.pdf>

Online appendix C: Links to summary findings and recommendations from systematic reviews

<https://3ieimpact.org/sites/default/files/2023-04/EGM20-HR-EGM-Online-appendix-C.pdf>

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