



Sexual and reproductive health and rights in low- and middle-income countries: An evidence gap map

The right to sexual and reproductive well-being is a human right, yet challenges to achieving sexual and reproductive health and rights (SRHR) persist, especially in low- and middle-income countries (L&MICs). SRHR policies and programs can empower individuals, address harmful gender norms and promote universal access to services. However, the evidence base on the effects of programs in L&MICs is fragmented by topic or population. A comprehensive mapping of the evidence is a critical step towards consolidating knowledge of programs that aim to strengthen SRHR in L&MICs.

The German Institute for Development Evaluation, with support from the German Federal Ministry for Economic Cooperation and Development and additional funding from Co-Impact, commissioned the International Initiative for Impact Evaluation (3ie) to produce an evidence gap map (EGM) for SRHR in L&MICs. The map visually organizes SRHR studies to highlight evidence gaps and inform future research.

The interventions in our map reflect key SRHR priorities, including family planning, maternal and newborn care, sexual and reproductive health and choice, addressing gender-based violence, and access to information and essential services. We considered a range of outcomes related to knowledge and attitudes, behaviors, service use and quality, harmful practices, health, and policy environment.

Highlights

- The SRHR EGM includes more than 1,000 studies that are unevenly distributed across SRHR priorities. For example, over half of impact evaluations (IEs) focused on maternal and newborn care.
- Interventions to improve health statistics or supply chains have few studies, which is a knowledge gap in accurately tracking SRHR data or supplies.
- Few studies focused on people who experience vulnerability—a critical gap in understanding whether SRHR programs help enable universal access or choice.
- Half of IEs studied local interventions, which indicates potential to scale programs and evaluation to SRHR needs.



Main findings

We included 999 impact evaluations (IEs), 24 systematic reviews (SRs) that we rated as high or medium confidence and **5 ongoing SRs**, and **7 qualitative studies** for a small subset of interventions.¹ About half of the IEs are from Sub-Saharan Africa, which reflects geographic trends in overall development funding for SRHR programs² (for all IEs by country, see *Figure 1*).

Frequently evaluated interventions included counselling, strengthening provider capacity and service adjustments, and those focused on maternal and newborn care. However, **the most common approach was multicomponent interventions**, which combined more than one SRHR intervention approach. **Commonly measured outcomes** included service availability and use, and knowledge, attitudes, and norms.

The SRHR evidence base is unevenly distributed. We identified **evidence gaps** in the following areas:

- Interventions to improve SRHR service delivery or management, such as civil registration and vital statistics systems, supply chains and logistics, policy advocacy and social accountability
- Safe abortion services, in-kind transfers to influence SRHR-related behavior, and interventions for more recent priorities, such as infertility or sexual function and satisfaction
- Measures of harmful practices, such as trafficking, female genital cutting, and child, early and forced marriage, which disproportionately affect adolescent girls
- Outcomes on legislative environment, international norms and registration

Only a small number of studies focused on people experiencing state conflict or fragility or other forms of vulnerability. We found few IEs for certain countries experiencing conflict or fragility and where national indicators suggest that women may be more vulnerable to reduced sexual and reproductive choices or health options, or increased conflict-related sexual violence. Very few studies focused on people in other vulnerable and marginalized situations, including people with disabilities, or people with diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC).

About half of IEs studied SRHR interventions implemented at the local level, while less than one-tenth of IEs were pilot projects. Expanding promising interventions could further SRHR aims and should be informed by the scale of the need among other considerations. Further evaluation could build insight into achieving effective programs at scale. In addition, piloting new approaches at a smaller scale as part of a deliberative approach to program design and evaluation could inform decisions about whether or how to roll out a program at a higher level.

The growing SRHR evidence base offers examples of ways to adapt evaluation approaches by setting or population. For example, in conflict-affected settings, adding multiple intervention arms might help to expand timely access to the intervention. Instead of a randomized controlled trial, quasi-experimental approaches could also be considered to help target interventions to people

whose needs existing services have met the least or who have faced more barriers in using those services.

Relatively few IEs used mixed-methods or equity-sensitive research approaches, or reported cost information. Combining quantitative with qualitative approaches can inform evaluation design and provide insights about implementation or findings. Equity-sensitive approaches can help adapt research to the needs of, or consider differences in effects for, populations in vulnerable or marginalized situations. Although costs of SRHR interventions can vary by context, cost information can inform estimates of resources needed to realize the greatest impact.

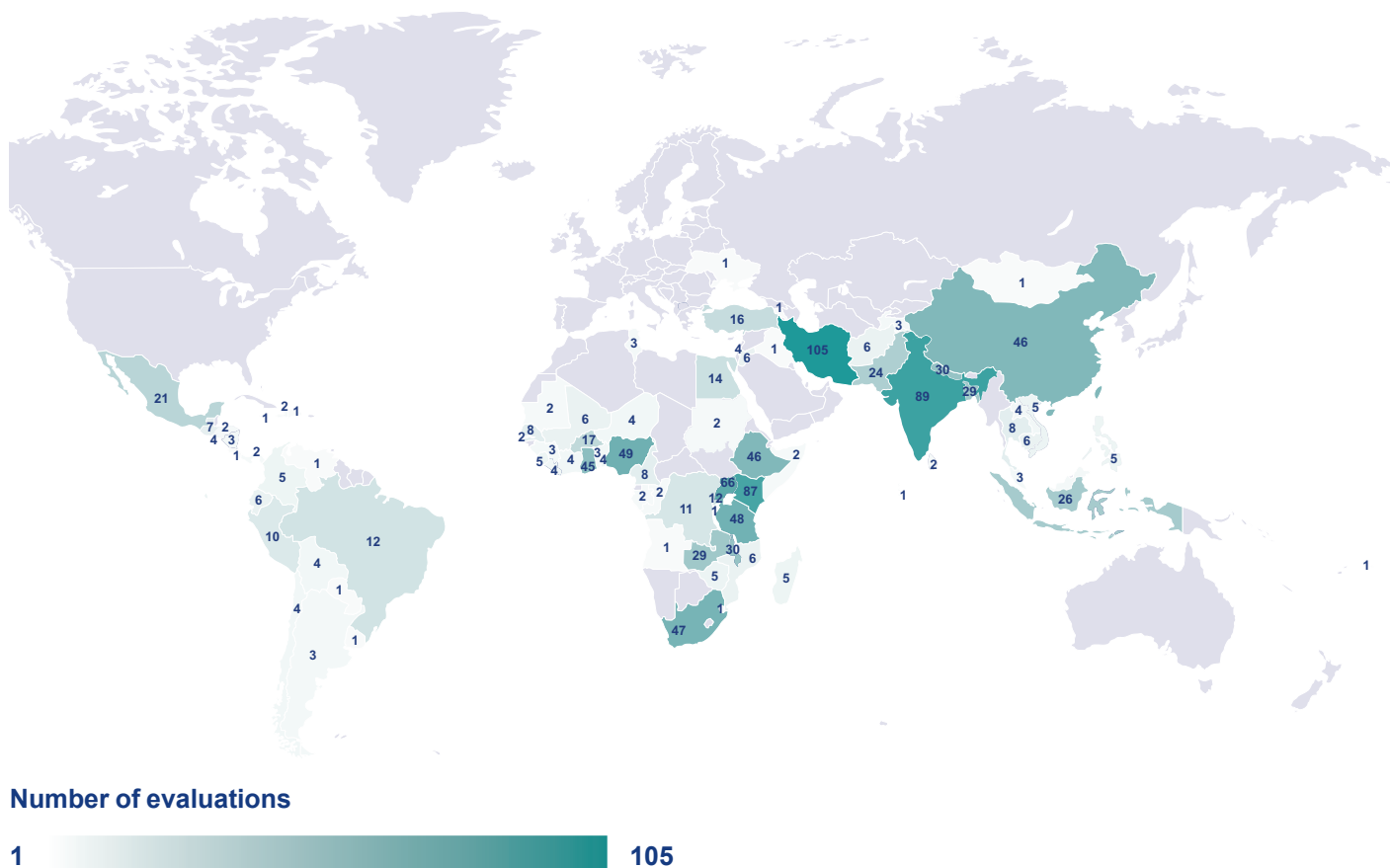
Promising areas for future research

This EGM serves as a starting point for navigating the evidence base, and we encourage funders, decision-makers, and researchers to consider their own priorities and interests. We suggest focusing primary research on the gaps identified (*Table 1*), though areas with less serious gaps, such as measuring service accessibility or affordability, could benefit from further research to improve geographical or population coverage. In addition, SRs indicate the potential of interventions to expand the use of maternal and newborn care, family planning, or safe abortion services, among other results, even as more research is needed to support their conclusions. Finally, we suggest useful areas for future synthesis work. Opportunities exist for SRs in areas with robust IE evidence. To enable decision-makers to access the most up-to-date information, we propose 'living' synthesis projects that keep this EGM current.

Table 1: Gaps in the SRHR evidence base and suggested areas of research

Type of gap	Suggested areas of research
Interventions	<ul style="list-style-type: none"> ■ Civil registration and vital statistics systems, supply chain and logistics activities, policy advocacy, social accountability, safe abortion services, and in-kind transfers ■ Interventions related to SRHR priorities such as infertility and sexual function and satisfaction
Outcomes	<ul style="list-style-type: none"> ■ Harmful practices such as trafficking, female genital cutting, and child, early, and forced marriage ■ Legislative environments, international norms and registration
Geography	<ul style="list-style-type: none"> ■ Some countries experiencing fragility or conflict, such as Central African Republic, São Tomé and Príncipe, Papua New Guinea, Yemen and South Sudan, among others
Population	<ul style="list-style-type: none"> ■ People with disabilities, people with diverse SOGIESC, and people in other vulnerable or marginalized situations including those who face intersectional systems of discrimination and disadvantage
Synthesis	<ul style="list-style-type: none"> ■ SRHR policies and health care financing schemes, and community or family mobilization and dialogue ■ Provision of certain types of SRHR services via community health workers and home visits or mHealth and technology ■ Provision of sexual and reproductive health products or cash transfers to influence SRHR behaviors

Figure 1: Number of IEs by country



Note: Studies conducted in multiple countries are included in the study count for each relevant country in the figure. The total number of studies by country is larger than the total number of studies identified.

How to read an evidence gap map

3ie presents EGMs using an interactive online platform that allows users to explore the evidence base. Bubbles that appear at intersections of interventions and outcomes denote the existence of at least one study or review. The larger

the bubble, the greater the volume of evidence in that cell. The color of each bubble represents the type of evidence and, for an SR, a confidence rating (as indicated in the legend). In the online version, hovering over a bubble displays

a list of the evidence for that cell. The links for these studies lead to user-friendly summaries in 3ie's [Development Evidence Portal](#). Users can filter the evidence by type, confidence rating (for SRs), region, country, study design, and population.

What is a 3ie evidence gap map?

3ie EGMs are collections of evidence from IEs, SRs, and in some cases, qualitative studies for a given sector or policy issue, organized according to the types of programs evaluated and the outcomes measured. They include

an interactive online visualization of the evidence base, displayed in a framework of relevant interventions and outcomes. They highlight where there are sufficient IEs to support SRs and where more studies are needed. The maps help

decision-makers target their resources to fill these important evidence gaps and avoid duplication. They also make existing research more accessible to facilitate evidence-informed decision-making.



Sexual and Reproductive Health and Rights Evidence Gap Map



Note: This image shows only a part of the Sexual and Reproductive Health and Rights Evidence Gap Map. For the full map, please visit the map [online](#).



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About this brief

This brief is based on “*Sexual and reproductive health and rights in low-and middle-income countries: An evidence gap map*” by Lina Khan, Tomasz Kozakiewicz, Megha Bhattacharyya, Tasnim Azim, Marcellina Schmidt, Tobias Polak,

Birte Snilstveit, and Shannon Shisler. The authors identify, map, and describe the evidence base regarding the impacts of SRHR interventions on outcomes that include knowledge, behavior, health and service quality. The report describes 902 completed

IEs, 97 ongoing IEs, 7 qualitative studies that used a causal attribution approach, 24 SRs rated as high- or medium-confidence and 5 SR protocols mapped on a framework of 24 interventions and 25 outcomes spanning more than 80 L&MICs.

Endnotes

¹ We included qualitative studies that used a causal inference approach for interventions where we found few or no IEs.

² As tracked by the [Organisation for Economic Co-operation and Development](#).




With funding from the



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For more information on 3ie’s evidence gap maps, contact info@3ieimpact.org or visit our website.

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March 2024