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Building peaceful societies

An evidence gap map

April 2020

Evidence
Gap Map
Report 15

Social protection



International
Initiative for
Impact Evaluation

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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 build peaceful societies in fragile contexts. 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, Ada Sonnenfeld at asonnenfeld@3ieimpact.org.

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Building peaceful societies: an evidence gap map

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Evidence Gap Map Report 15

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Abstract

This evidence gap map 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 build peaceful societies in fragile contexts.

Applying a broad conceptualisation of peacebuilding grounded in the concept of human security, this report maps the evidence base for 40 interventions, grouped into six categories hypothesised to promote peaceful societies: strengthening social well-being, empathy and conflict resolution; supporting peace processes, oversight and post-conflict justice; ending violence and building a safe and secure environment; building a strong and inclusive civil society; building inclusive and accountable state institutions at national, subnational and local levels; and building sustainable economic foundations and livelihoods.

The interventions are mapped against four key outcome groups: governance; social cohesion and trust; violence reduction; and human security and resilience. Following a systematic search process, we identified 195 completed and 47 ongoing impact evaluations, and 29 completed and 5 ongoing systematic reviews of relevant interventions in fragile contexts. The report assesses trends in the evidence base and identifies gaps and implications for future research.

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Summary

The United Nations estimates that one in 70 people worldwide is in need of humanitarian assistance (OCHA 2019), with more than 70 million people currently displaced from their homes (UNHCR 2019). Nearly a quarter of the world's population – more than 1.8 billion people – live in fragile contexts (OECD 2018), and donor funding for programming in fragile contexts has reached record levels (OCHA 2019). Policymakers and peacebuilders are increasingly employing a broad range of interventions to contribute to building and sustaining peaceful societies.

This evidence gap map (EGM) 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 build peaceful societies in fragile contexts. The EGM draws on the United Nations definition of peacebuilding as a:

range of measures aimed at reducing the risk of lapsing or relapsing into [violent] conflict ... a complex, long-term process aimed at creating the necessary conditions for positive and sustainable peace by addressing the deep-rooted structural causes of violent conflict in a comprehensive manner (UNSG, cited in UN Peacebuilding Office 2014, p.1).

This EGM adapts and expands the framework in Cameron and colleagues' 2015 peacebuilding EGM, updating the evidence base and accounting for emerging trends in the field.

Scope

Operationalising the United Nations' definition of peacebuilding into a framework of interventions, this EGM includes evidence from interventions in six categories: strengthening social well-being, empathy and conflict resolution; supporting peace processes, oversight and post-conflict justice; ending violence and building a safe and secure environment; building a strong and inclusive civil society; building inclusive and accountable state institutions at national, subnational and local levels; and building sustainable economic foundations and livelihoods.

The outcomes reported in these evaluations are grouped into four broad categories, moving roughly from those theorised to have more direct causal pathways to peace towards those with more indirect pathways: violence reduction, social cohesion and trust, governance, and human security and resilience.

Methods

Through a comprehensive search and systematic screening process covering 15 academic databases and 25 grey literature sources, we reviewed search results against a set of detailed inclusion criteria to identify rigorous impact evaluations and systematic reviews of the effectiveness of interventions aiming to build peaceful societies in fragile contexts. Data were extracted on study design, methods, intervention characteristics and outcomes. The methods applied in systematic reviews were critically appraised, and key findings were extracted from high-quality reviews.

Results

We identified 195 completed and 47 ongoing impact evaluations, and 29 completed and 5 ongoing systematic reviews. This represents a 150 per cent increase over the evidence base identified in the 2015 peacebuilding EGM (Cameron et al. 2015). This expanded evidence base is driven in part by the broader scope adopted in this EGM compared to the 2015 study; yet it is primarily due to the steadily increasing publication of impact evaluations of interventions aiming to build peaceful societies in fragile contexts.

We identified 29 completed systematic reviews of interventions aiming to build peaceful societies, including 14 high-quality reviews, from which we extracted the relevant policy findings and implications. These high-quality syntheses comprise reviews of mental health and psychosocial support (MHPSS) interventions (9 studies); violence and crime prevention interventions (3 studies); community-driven development (2 studies); and cash-based transfers (1 study).

Similar to the 2015 EGM, the largest primary study evidence base was identified for MHPSS interventions, which made up close to one third of the evidence base and have been frequently synthesised in systematic reviews. The 2019 search further identified clusters of primary evidence that have not yet been synthesised in recent, high-quality reviews, particularly for gender equality behaviour change communications.

Additional synthesis gaps comprise clusters of evidence for closely related interventions: those promoting peace education and messaging, intergroup dialogue and dispute resolution; and those promoting accountable and inclusive state institutions in fragile contexts. Finally, an emerging evidence cluster was identified for cash-transfer and subsidies interventions, which appears to have a quickly growing evidence base. Although a systematic review of this latter cluster would be premature, it will become a high-priority synthesis gap as ongoing studies are completed.

Beyond this, the evidence base remains fragmented, with limited evidence across most other categories. For 12 interventions, we were unable to find any impact evaluations, particularly within the category of ‘supporting peace processes, oversight and post-conflict justice’. Although cost-effectiveness is an important question for donors and decision makers, few studies reported measures of cost data at any level. Other key gaps identified in 2015 remain, such as studies of security sector reform, natural resource management and land reform. Although often considered critical to sustainable peace, we identified no impact evaluations of interventions supporting civil society.

We further identified a gap in impact evaluations of complex, multicomponent interventions. Despite the increasing focus on a broader, multidimensional approach to interventions for building peaceful societies, few studies assess the effects of integrated approaches. The dearth of evidence for such critical peacebuilding interventions could be partially driven by the nature of these types of interventions, which can present methodological challenges in conducting quantitative impact evaluations. However, we also searched for rigorous ‘small n’ studies and identified only one such study. Further, only roughly one third of the studies, and hardly any MHPSS studies, used key methods to address complexity in impact evaluation, such as theories of change or mixed-methods approaches.

The evidence is also unevenly spread across countries. Some countries, such as Uganda and the Democratic Republic of Congo, enjoy sizable evidence bases. However, we were unable to identify any impact evaluations for others, including countries amongst the top 10 most fragile states that received significant investments in official development assistance, such as Syria, Yemen and South Sudan.

Another gap is the low rate of evidence for key population groups of concern, such as camp-based populations, returnees or host communities, of which we identified only one to four impact evaluations. Further, studies across the evidence base rarely incorporated measures to ensure consideration and exploration of diverse experiences within a population; power dynamics; and gendered inequalities in either study design, research methods or analysis. For example, less than 20 per cent of impact evaluations present sex-disaggregated outcomes or subgroup analyses for other populations.

This trend is further noted in the low reporting of ethics approval from relevant review boards. Although much higher for evaluations of MHPSS interventions, 76 per cent of which reported ethics approval, amongst all other intervention types the frequency of reporting approval from a relevant review board was very low, at only 24 per cent of studies based on primary evidence. Although this may be driven in part by evaluations simply failing to report ethics approval despite having received it, it remains a concerning indicator.

However, certain key gaps identified in the 2015 study have begun to be addressed. For example, the frequency of reporting outcomes that specifically aim to measure peace or instances of violence increased from 20 studies in 2015 to 68 studies in 2019, with a further 19 ongoing studies that have committed to reporting such outcomes. Although this represents only 35 per cent of completed impact evaluations and 40 per cent of ongoing studies, it is still a promising trend.

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Abbreviations and acronyms

BCC	Behaviour change communication
BMZ	German Federal Ministry for Economic Cooperation and Development
CDD	Community-driven development
CDD&R	Community-driven development and reconstruction
CDR	Community-driven reconstruction
DRC	Democratic Republic of the Congo
EGM	Evidence gap map
IE	Impact evaluation
L&MICs	Low- and middle-income countries
MHPSS	Mental health and psychosocial support
ODA	Official development assistance
PTSD	Post-traumatic stress disorder
QED	Quasi-experimental design
RCT	Randomised controlled trial
SGBV	Sexual and gender-based violence
SR	Systematic review

1. Introduction

1.1 Background and rationale

1.1.1 The need to build peaceful societies

According to the 2019 Fragile States Index, the long-term trend across a number of key stability indicators is one of slow but steady improvement in most countries; however, indicators in a critical handful of countries show sustained deterioration (Fund for Peace 2019). Estimates suggest that more than 80 per cent of the world's poorest will be living in fragile contexts by 2030; more than 1.8 billion people, close to a quarter of the world's population, already live in fragile contexts (OECD 2018).

In addition, conflicts are increasingly protracted: the duration of the average crisis now stretches over nine years and the number of people in need of humanitarian support has been climbing rapidly (OCHA 2019). Compounded by the growing effects of climate change and natural disasters, there is a high risk that currently fragile areas could become more fragile and the long-term trend of improved stability could be reversed.

Fragile contexts lag the furthest behind in achieving the 2030 Sustainable Development Goals (OECD 2018). Violent conflict often exacerbates existing inequalities and comprises particular risks for vulnerable and marginalised groups. For example, displaced women are at particular risk of sexual and gender based violence (SGBV); it is estimated that one in five women in refugee camps has experienced some form of SGBV (OCHA 2019).

Refugees exposed to trauma are at higher risk of adverse psychological outcomes and vulnerability to psychosocial stress, including depressive symptoms, post-traumatic stress disorder (PTSD) and anxiety disorders (Sangalang and Vang 2017). In fragile areas, outbreaks of violence can make efforts towards stabilisation and resilience even harder, with violence having negative effects on social cohesion and greater biases against other ethnic groups among victims of violence (Mironova and Whitt 2018).

Fragility and conflict are not limited to the world's poorest countries and people. Indeed, in 2018, more than half of the fragile contexts identified in the Organisation for Economic Co-operation and Development fragility framework were classified as middle income (OECD 2018). In addition to the direct effects of human suffering, fragility and violent conflict carry high economic costs, with detrimental effects on economic and human development.

In 2017, the Institute for Economics and Peace estimated the global cost of conflict as US\$14.76 trillion in constant purchasing power parity terms (Institute for Economics and Peace 2018). For the worst-affected countries, the costs are very high: the cost of violence was equivalent to 45 per cent of gross domestic product in the 10 most-affected countries, including conflict-affected countries such as Syria, Afghanistan and South Sudan and those with high interpersonal violence such as El Salvador (OECD 2018). Such losses have serious long-term impacts on countries' ability to recover from conflict and reach development goals.

1.1.2 Policy responses

In response to this situation, policymakers and practitioners are increasingly adopting a range of interventions with the aim of contributing to building and sustaining peaceful

societies, such as countering violent extremism and conflict transformation (Berghof Foundation 2019).

A global consensus is emerging that efforts to build peaceful societies are necessary not only in active conflicts or post-conflict situations, but also to prevent future conflicts by establishing and strengthening the systems and processes that facilitate sustainable peace and development (OECD 2012). This is increasingly recognised in policymaking and programming for peacebuilding.

For example, the adoption of a new strategy for transitional development assistance within the German Federal Ministry for Economic Cooperation and Development (BMZ) aims to bridge the gap between humanitarian and development interventions in fragile contexts by building resilience amongst fragile communities to facilitate sustainable development and move away from a reliance on humanitarian aid (BMZ 2019).

There is a growing recognition that efforts to prevent violent conflict may not only save lives, but are also likely to be more cost-effective than focusing primarily on ending violent conflict. Research suggests that the benefits of preventing conflict could save anywhere from US\$5 billion to US\$70 billion per year (United Nations and World Bank 2018).

Donor funding for programming in fragile contexts has reached record levels, and development and humanitarian actors' ability to reach more people and reduce suffering has improved (OCHA 2019). In 2017, US\$56.3 billion of official development assistance (ODA) was provided to fragile states (OECD 2019; Fund for Peace 2019). Supporting fragile states is a key priority for many donors; for example, the UK has committed to spending at least 50 per cent of the DFID budget in fragile states (UK Aid 2015).

Multilateral funds have also been developed to support efforts to build peaceful societies. For example, the World Bank's State and Peacebuilding Fund was created in 2008 as a multi-donor trust fund designed to foster innovative strategies for state-building and peacebuilding in areas affected by fragility, conflict and violence by boosting resilience and supporting socio-economic conditions for peaceful, stable, and sustainable development. It is now worth over US\$342.9 million, and has supported over 200 interventions in 57 countries (SPF 2018). Similar to BMZ's transitional development assistance efforts, and in recognition of the need to address direct and underlying drivers of peace and conflict, the fund includes earmarked support for programming targeting the humanitarian-development nexus (ibid.).

1.1.3 Why this evidence gap map is important

In this context of increasing resources dedicated to policies and programmes designed to address fragility and build peaceful societies, there is also a growing recognition of the value of using evidence to inform policy and programming (Broegaard et al. 2013). At the same time, there has been an increase in the evidence base on interventions to promote peaceful societies.

A 3ie evidence gap map (EGM) of peacebuilding interventions published in 2015 (Cameron et al. 2015) identified 78 existing impact evaluations (IEs) and systematic reviews (SRs). The report found that much of the evidence was clustered within a few intervention categories, with significant evidence gaps in areas of high priority. However,

it also suggested an upward trajectory of evidence production in the sector, with more than 25 relevant studies identified as ongoing.

Changing approaches to peacebuilding programming gave rise to a demand for an EGM that both updates and expands the scope covered in the 2015 EGM. For example, the increasing focus on contexts of fragility, rather than fragile and conflict-affected states, and the emerging focus of bilateral donor institutions on interventions aimed at countering violent extremism (Austin and Giessmann 2018) are not reflected in the earlier EGM. Moreover, responding to the protracted nature of many conflicts and the complex drivers of fragility and insecurity means current peacebuilding programming has a broader scope than what was covered in the earlier report.

Thus, there is a need for an EGM that adopts an expanded framework of interventions and outcomes to gain a more comprehensive understanding of the evidence base for interventions to build peaceful societies. This report summarises the methods and findings of an EGM addressing this need.

1.2 Study objectives and questions

The overarching aim of this EGM is to identify, present and describe the existing rigorous empirical evidence on the effects of interventions that aim to promote or build peaceful societies in fragile contexts.

The EGM has two main objectives:

- To identify and describe existing evidence from high-quality IEs and SRs assessing the effects of interventions that aim to promote or build peaceful societies in fragile contexts; and
- To identify gaps in the evidence base where new IEs or SRs could add value.

To address these objectives, we aimed to answer the following research questions:

- What are the major trends in terms of the interventions and outcomes assessed in studies of interventions that aim to promote or build peaceful societies in fragile contexts?
- What is the geographic spread of research in this field, and is this reflective of where most programming is happening?
- Which IE and SR study designs are being used, and are there observable trends in the popularity of methods?
- To what extent are existing studies equity-sensitive and incorporate the needs of specific vulnerable populations (e.g. refugees, ex-combatants, youth, women and girls)?
- To what extent do evaluations draw on articulated, explicit theories of change?
- Using the matrix of peacebuilding approaches (more people versus key people, and individual or personal beliefs versus socio-political structures and/or access) developed through the Reflecting on Peace Project (Anderson 2004), are there observable trends in the evaluations of interventions pertaining to a particular quadrant or combination of quadrants?

The remainder of this report is structured as follows: Section 2 defines key terms and describes the conceptual framework adopted for the EGM and the types of studies

included; Section 3 describes the methods applied in the systematic search, screening, data extraction and analysis of the identified studies; Section 4 presents the results; Section 5 discusses the findings and suggests key evidence gaps for future research and synthesis; and Section 6 outlines implications for policymakers, programmers and researchers, and concludes the report.

2. Scope

2.1 Definitions of key terms

2.1.1 *Fragile contexts*

Situations of fragility can be understood as:

the combination of exposure to risk and insufficient coping capacity of the state, system and/or communities to manage, absorb or mitigate those risks. Fragility can lead to negative outcomes, including violence, the breakdown of institutions, displacement, humanitarian crises or other emergencies. (OECD 2016, p.22)

The concept of fragile contexts, or situations of fragility, has been replacing notions of fragile states, in recognition of the nuanced nature and large variance of stability and vulnerability within fragile states as they are traditionally understood.

2.1.2 *Human security*

Policies and programmes aiming to build peaceful societies are often designed within a framework built around the concept of human security, which can be defined as ‘a comprehensive, people-centred and prevention-oriented concept that includes protection from threats in the areas of economic, food, health, environmental, personal, community and political security’ (Giessmann et al. 2019, p.87).

The concept of human security is increasingly being used to identify drivers of and develop responses to protracted situations of conflict and fragility. For example, a recent high-level event at the United Nations recognised the application of human security as a crucial framework for strengthening responses to complex and interconnected challenges, particularly in areas of fragility and instability (United Nations 2019).

2.1.3 *Peacebuilding*

This report adopts the definition of peacebuilding as defined by the UN Secretary-General’s Policy Committee in 2007, where peacebuilding refers to:

a range of measures aimed at reducing the risk of lapsing or relapsing into [violent] conflict, by strengthening national capacities for conflict management and laying the foundations for sustainable peace. It is a complex, long-term process aimed at creating the necessary conditions for positive and sustainable peace by addressing the deep-rooted structural causes of violent conflict in a comprehensive manner (UNSG, cited in UN Peacebuilding Office 2014, p.1).

This definition reflects a growing recognition that a broader range of interventions, including those that address the underlying drivers of tensions and fragility, either directly or indirectly, may be necessary to achieve sustainable peace. ‘Big tent’ peacebuilding interventions challenge the perception of a hard delineation between humanitarian and

development interventions, and posit that all interventions implemented in fragile contexts have the potential to influence peacebuilding processes – either positively or negatively (Hoffman, 2004). This trend is also reflected in the increasing support for the nexus between humanitarian and development interventions by development agencies, such as BMZ's transitional development assistance, which includes support for infrastructure reconstruction, disaster risk reduction, (re)integration of refugees and food security (BMZ 2019).

A narrower and more widespread definition of peacebuilding considers interventions that engage directly with the actors of conflict, typically aiming to strengthen interpersonal and intergroup relations and capacities for conflict mitigation, end violence and support peace processes (Scharbatke-Church 2011). This approach is reflected in an earlier definition used by the Global Partnership for the Prevention of Armed Conflict, which focuses on addressing the social and political sources of conflict and reconciliation (Alliance for Peacebuilding 2013). However, GPPAC's work today is built around promoting sustainable peace, defined as a process incorporating efforts to address the underlying drivers of tensions and supporting a shift towards development support, as well as support to end hostilities and promote reconciliation (Schmidt and Mincieli, 2018).

In order to differentiate expansive definitions of peacebuilding (such as that of the UN, which includes a broader set of interventions and approaches) from those with a narrower scope, the term 'big-tent' peacebuilding has been used (Scharbatke-Church 2011). Thus, consistent with the aim of this EGM to cover the full range of interventions endeavouring to build peaceful societies, we use the term 'big-tent peacebuilding' to refer to this broader range of interventions. This term covers interventions targeting the underlying drivers of conflict and fragility, as well as 'small tent' peacebuilding interventions (those that target interpersonal and intergroup relations to end violence and support reconciliation).

Similar to the multiple definitions of peacebuilding used across the field, there is a broad range of theories of change proposed within the peacebuilding sector, and none is more widely accepted than the others. For example, Church and Rogers (2006) identified 10 established theories of change, including: individual change theory, which posits that change occurs through shifts in a critical mass of individuals' beliefs, behaviours and skills; root causes theory, which suggests peace is achieved through addressing underlying injustices, oppression and exploitation, and people's sense of injury or victimisation; and economics theory, which advocates for change through shifts in the economies of war-making.

The large number of existing theories of change has contributed to the development and implementation of myriad intervention strategies that aim to strengthen the context for peace. A big-tent definition of peacebuilding ensures that the full breadth of theories of change and interventions applied to build peaceful societies is captured within the EGM framework.

2.1.4 Resilience

This report applies the BMZ definition of resilience, wherein it is understood as:

the ability of people and institutions – be they individuals, households, communities or

nations – to deal with acute shocks or chronic burdens (stress) caused by fragility, crises, violent conflicts and extreme natural events, adapting and recovering quickly without jeopardising their medium- and long-term future. (BMZ n.d.)

Understood in this way, resilience comprises a ‘set of capacities that help people and institutions to absorb the effects of shocks and stresses ... adapting and transforming livelihood systems in the face of change and uncertainty, all without causing adverse consequences for others’ (GIZ 2016, p.7). In this sense, resilience is viewed as particularly critical in contexts of protracted fragility and conflict, where response efforts must meet short-term needs whilst building capacities for multilayered resilience (GIZ 2016).

2.2 EGM conceptual framework

2.2.1 Theoretical framework

The theoretical rationale for a big-tent definition of peacebuilding is grounded in the concept of multidimensional human security, which posits that to achieve sustainable peace, peacebuilding must go beyond ending violence, although that remains a critical goal. Human security recognises the interdependence of security between communities and actors with unequal power dynamics and engenders a broad range of responses to promoting security that go beyond addressing military or violence threats (Giessmann et al. 2019).

If ensuring human security addresses the underlying drivers of conflict to enable sustained peace, then conversely, situations of fragility arise where populations or subpopulations face severe threats to any element of their human security – be they environmental, economic or political. In this sense, fragility can be seen to be driven by diverse vulnerabilities and threats to human security (see e.g. Haddadin 2014; Hsiang et al. 2013; Kett and Rowson 2007).

Embedded in this approach is a recognition that the underlying drivers of peace and conflict are complex and multidimensional, and vary by context. Conflict sensitivity analyses have identified a range of stressors to human security to be drivers of tensions that increase the risk of violence (Anderson 2004).

Thus, to address the vulnerabilities that drive fragility and build sustainable peace, interventions are needed that build positive resilience by strengthening institutions’ and communities’ capacities to adapt or transform in the face of long-term stressors to their daily lives (such as those from protracted conflict or climate change). Initiatives aiming to build positive resilience are generally designed to address such stressors.

In this way, the concept of human security helps to articulate an overall theoretical framework for the concept of big-tent peacebuilding: if, in situations of fragility, communities face threats to their human security, then interventions that respond to those threats by building adaptive and transformative resilience are critical, because human security is a prerequisite for sustainable peace. Thus, for peacebuilding efforts to achieve their aims, they must go beyond ending violence to address threats to all dimensions of a population or subpopulation’s human security.

Extending this reasoning – in line with a concept of fragility that goes beyond traditional notions of fragile states (OECD, 2018) – provides a rationale for extending peacebuilding activities into areas where violence has not yet broken out, but where there are serious threats to the human security of a population or a specific group ('pre-conflict'). This includes, for example, communities plagued by gun violence, gangs and the drug trade in Central America, and communities receiving large numbers of refugees and migrants in places as varied as Bangladesh, Colombia and Kenya.

Fragile communities defined in this way may require both short-term interventions to reduce violence and improve stability, and longer-term transformative efforts to develop 'resilient cultures capable of resolving disputes without violence, meeting preconditions for sustainable development' (Andersen and Kennedy-Chouane 2013, p.3).

Starting from this broader conceptual framework of both the multidimensional outcomes that must be addressed to achieve sustainable peace (human security and ending violence) and the contexts to which they apply ('pre-conflict', ongoing conflict and post-conflict) implies a big-tent approach to peacebuilding interventions.

This framework posits that small-tent peacebuilding and human security interventions are both necessary to build sustainable peace. Small-tent peacebuilding interventions aim to strengthen social well-being, empathy and conflict resolution capacities and, where necessary, support reconciliation and end violence. Meanwhile, interventions that aim to build state institutions, civil society and an economy that are inclusive, accountable and equitable target key threats to multidimensional human security.

2.2.2 EGM intervention – outcome framework

To develop a typology that operationalises the interventions and outcomes that form the focus of this EGM, we draw on the concepts and theoretical framework outlined above, as well as consultation with key stakeholders, policy documents and broader literature.¹ The resulting intervention–outcome framework comprises six broad intervention categories and four broad outcome categories.

Outcomes

The human security construct suggests that peacebuilding interventions must address not only the core outcomes often associated with peace (e.g. governance, social cohesion and violence), but also livelihoods, health, natural resource access and outcomes associated with strengthening resilience. In grouping the outcomes within the framework, we first list the core outcomes most commonly identified as having direct causal pathways for peace. We then progress further towards those connected with human security and resilience, ending with those that are theorised to have less direct, though still important, causal effects on sustainable peace.

¹ To create and validate the framework, we worked with our advisory group and held a participatory workshop of diverse peacebuilding stakeholders. The outcome groups draw on forthcoming work by the Alliance for Peacebuilding, which reviewed and synthesised more than 7,000 indicators from across the sector. We adapted and expanded the framework such that it highlights the core outcome groups measured in the field, whilst still reflecting the full range of human security dimensions.

Interventions

To operationalise this definition into a framework of interventions categories, we started with the interventions typically implemented in small-tent peacebuilding. We then built out the framework to extend to the range of interventions that might foster positive resilience capacities within institutions and societies in fragile situations. For example, building economic foundations and livelihoods addresses key threats to economic security; and building inclusive, accountable state institutions and supporting a strong civil society address threats to political security, whilst ensuring public services are provided to ensure health security and food security.

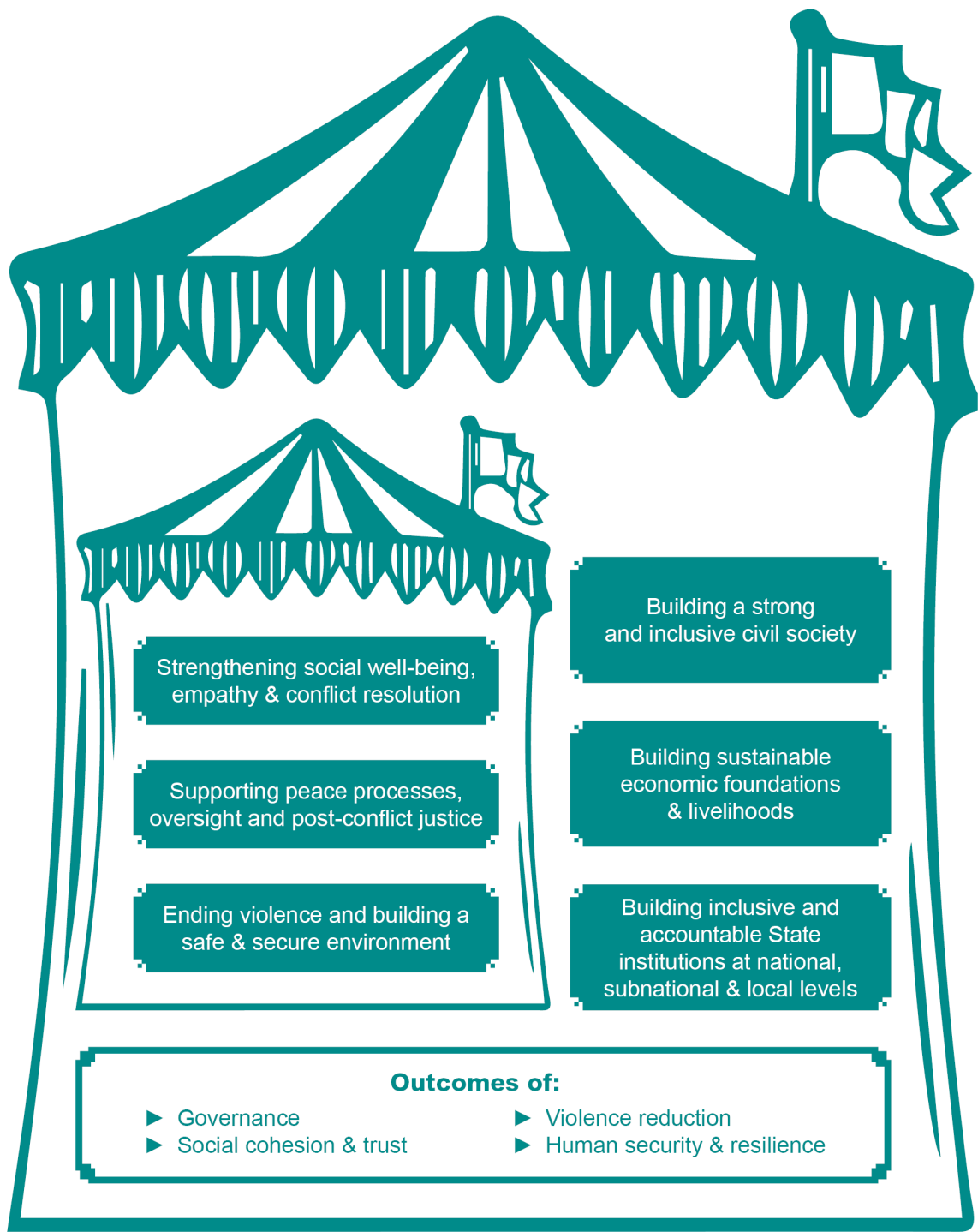
Ultimately, the interventions within the EGM framework are organised into six building blocks for a peaceful society:

- Strengthening social well-being, empathy and conflict resolution;
- Supporting peace processes, oversight and post-conflict justice;
- Ending violence and building a safe and secure environment;
- Building a strong and inclusive civil society;
- Building inclusive and accountable state institutions at national, subnational and local levels; and
- Building sustainable economic foundations and livelihoods.

The first three form the core components of small-tent peacebuilding, whilst the next three create an enabling environment for sustainable peace.

Figure 1 displays the framework graphically, capturing the small-tent peacebuilding intervention groups within the little tent. This is nested within the large tent, which also hosts the additional intervention groups that together comprise big-tent peacebuilding. All of these interventions are hypothesised to target pathways to peaceful societies by strengthening outcomes in the broad groups at the bottom. The definitions of the intervention and outcome categories developed are presented in Table 1, whilst Sections 3.1.2 and 3.1.3 detail the complete lists of interventions and specific outcomes.

Figure 1: Framework for building peaceful societies



Source: Authors

Table 1: Overarching intervention and outcome groups

Group	Description
<i>Interventions</i>	
Strengthening social well-being, empathy and conflict resolution	<p>This category of interventions aims to restore or strengthen friendly relations in an area that has been affected by conflict and/or deep social rifts. These include justice interventions that aim to resolve current disputes, psychosocial support for victims and perpetrators, peace education and efforts to end social isolation.</p> <p><i>Examples:</i> A national anti-violence campaign; a school-based social inclusion project for refugee children; narrative exposure therapy for survivors of violent conflict.</p>
Supporting peace processes, oversight and post-conflict justice	<p>This set of interventions includes activities targeted at potential or existing formal peace processes, including efforts to establish, facilitate and monitor the implementation of negotiations or peace agreements.</p> <p><i>Examples:</i> A national peacekeeping mission; targeted support for building negotiation skills amongst parties to a conflict; or a community-based reconciliation intervention.</p>
Ending violence and building a safe and secure environment	<p>These interventions focus on stabilising a conflict or violent situation, preventing the outbreak of violence and helping the population feel secure.</p> <p><i>Examples:</i> A national hate-speech monitoring programme; a police training and engagement project to repair police-community relations; or a demining project.</p>
Building a strong and inclusive civil society	<p>Civil society refers to the realm of organised social life that is autonomous from the state; it includes a wide array of non-governmental organisations, such as community groups, labour unions, professional associations and foundations (World Bank 2013). The interventions in this section aim to strengthen the function of civil society and help it effectively interact with the state.</p> <p><i>Examples:</i> A mentorship partnership that builds technical and institutional capacities of local civil society groups; a media campaign to promote political engagement; or a community-driven development (CDD) programme.</p>
Building inclusive and accountable state institutions at national, subnational and local levels	<p>These interventions look at creating and strengthening the government and public service institutions necessary to support long-term economic, social and political development (Center for Global Development 2016).</p> <p><i>Examples:</i> Support for a constitutional development process; an intervention to combat absenteeism at local medical centres; or a land reform policy.</p>
Building sustainable economic foundations and livelihoods	<p>This category of interventions aims to address some of the underlying economic drivers of instability and conflict. They usually aim to generate employment; improve access to and resilience of livelihoods, including in the context of climate change; and promote the engagement of all citizens (especially minority groups) in the economy.</p> <p><i>Examples:</i> A cash-transfer project for refugees in a camp environment; livelihoods training for vulnerable youth in fragile communities; or a national natural resource benefit-sharing policy.</p>
<i>Outcomes</i>	
Governance	<p>This category encompasses outcomes related to the quality of governance in a given area, including equity of access to rights, justice and public services.</p>

Group	Description
Social cohesion and trust	This category of outcomes captures impacts on the strength of relationships across and within communities, including for (re)integration, as well as measures of trust between different groups.
Violence reduction	This set of outcomes comprises measures of current levels of violence, as well as changes in levels of violence over time. Additionally, the category includes proxies for violent behaviour including attitudes towards violence, engagement in other risky behaviour, impact of violence, and support for armed groups.
Human security and resilience	This category comprises resilience outcomes related to a community's capabilities to resist, prevent, cope and recover from violent conflict, as well as key spheres of human security.

In addition to plotting the interventions against the above outcomes, the EGM identifies where studies report measures of cost-effectiveness. Although not an outcome itself, in order to include it on the interactive map, cost-effectiveness is included as the final column alongside the outcomes.

3. Methods

An EGM aims to establish what we know, and do not know, about the effects of interventions in a sector, sub-sector or thematic area (Snilstveit et al. 2017). It provides a graphical display of interventions and outcomes in a grid-like framework, indicating the density and paucity of evidence from IEs and SRs, and gives confidence ratings for SRs. The map is populated through systematic searching and screening for all relevant completed and ongoing IEs and SRs.

The final map is published on an online interactive platform that provides filters so users can further explore the available evidence. The EGM highlights both absolute gaps, which should be filled with new primary studies, and synthesis gaps, where SRs could add value. In this section, we summarise the methods used to conduct the study, with a more extensive description in Appendix B.

3.1 Criteria for including or excluding studies

Here we define the detailed criteria for including and excluding studies according to relevant populations, interventions, comparators, outcomes and study designs. In defining the scope of relevant interventions and outcomes, our aim was to be as comprehensive as possible whilst setting a feasible scope that was not too broad to present in a visually appealing and interpretable manner.

3.1.1 Study populations

We include studies of interventions conducted in fragile contexts only. This includes fragile states, which can be thought of as countries where the government is unwilling or unable to provide basic public services in security, the rule of law and basic social services (BMZ 2017), as well as fragile communities in non-fragile states. Defined in this way, the map covers fragile states, including those experiencing violent conflict; post-conflict contexts; and places with high levels of interpersonal violence, such as gang violence or homicides.

Additionally, all included IEs must have been conducted in low- and middle-income countries (L&MICs), as defined by the World Bank at the time of the intervention.² For SRs, we exclude reviews that include evidence only from high-income countries. For an explanation of how we applied this definition of fragile contexts in our screening, see Appendix B.

3.1.2 Interventions

We developed the framework depicted in Figure 1 into a comprehensive list of interventions theorised to build peaceful societies (Table 2). Following the search process, we added three additional intervention categories – ‘PLUS’ categories – to capture multicomponent interventions, such as a project that provided displaced families with cash transfers and psychosocial support.

Where interventions could be identified as primarily based around a single intervention type but with supplemental components of a different type, they were coded according to the primary intervention. However, certain interventions were built on equally important components; these interventions were grouped by their common component into the three PLUS categories. For definitions of each of the specific interventions, see Appendix B.

Table 2: Included interventions

Intervention categories	Interventions
Strengthening social well-being, empathy and conflict resolution (denoted on the EGM as ‘social inclusion’)	<ul style="list-style-type: none"> • Peace education • Peace messaging and media • Dispute resolution • Mental health and psychosocial support • Social inclusion/reintegration initiatives • Gender equality behaviour change communication (BCC) • Intergroup dialogues and interaction
Supporting peace processes, oversight and post-conflict justice (denoted on the EGM as ‘peace processes’)	<ul style="list-style-type: none"> • Support for peace processes and negotiation • Support for peace agreement implementation and oversight • Transitional justice processes • Peace policy influencing
Ending violence and building a safe and secure environment (denoted on the EGM as ‘safe environments’)	<ul style="list-style-type: none"> • Peacekeeping missions • Disarmament, demobilisation, reintegration and gang drop-out programmes • Conflict-focused early warning systems • Countering violent extremism • Demining • Civilian police reform • Preventative protection measures
Building a strong and inclusive civil society (denoted on the EGM as ‘civil society’)	<ul style="list-style-type: none"> • Civil society capacity building • Social funds, community-driven development and reconstruction (CDD&R) • Civic engagement initiatives • Justice and human rights support

² Available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.

Intervention categories	Interventions
Building inclusive and accountable state institutions at national, subnational and local levels (denoted on the EGM as 'state institutions')	<ul style="list-style-type: none"> • Support for foundational state design processes • Public sector governance and institutionalisation • Security sector reform • Justice system support/reform • Land reform • Support for elections
Building sustainable economic foundations and livelihoods (denoted on the EGM as 'economic foundations')	<ul style="list-style-type: none"> • Academic catch-up • Life skills and employment training • Life skills and employment training PLUS • Jobs creation • Financial inclusion • Cash transfers and subsidies • Cash transfers and subsidies PLUS • In-kind transfers and food assistance • Infrastructure development and reconstruction • Infrastructure development and reconstruction PLUS • Market development • Community-based natural resource management • Transboundary water sharing • National natural resource benefit sharing

Excluded interventions

Several types of interventions that occur in fragile contexts fall outside the scope of this map. We exclude emergency humanitarian interventions, which aim to relieve suffering in the immediate aftermath of a crisis, such as through search and rescue, provision of temporary shelter, humanitarian relief and early response interventions.

We also exclude traditional development interventions that have less well-established links to peace outcomes. These include health and education interventions that fall outside of public sector governance or (re)integration-focused educational support for displaced populations, such as immunisation campaigns or merit-based scholarships.

For interventions that do not directly target the drivers and actors in conflict or peace contexts (i.e. those that go beyond small-tent peacebuilding), we only include studies in the EGM if they include an outcome of governance, social cohesion and trust, or violence reduction (Appendix B, Section B1). For all studies meeting these criteria, all outcomes are extracted. This ensures that only interventions that explicitly aim to build peaceful societies are included in the map.

We also exclude studies that only measure outcomes of ending the use of physical punishment of children in homes or schools. There is not a well-established theory of change that links the widespread use of physical punishment of children to societal violence; thus, except where a study makes this link made explicitly, such interventions are excluded.

3.1.3 Outcomes

We include a range of outcomes organised into four broad categories (Table 3). In addition to capturing evidence by outcome, the EGM also identifies studies that report measures of cost-effectiveness for included interventions. We extracted descriptive data

and coded all outcome measures reported in included studies. For definitions of specific outcomes, see Appendix B.

Table 3: Outcome classifications

Outcome categories	Outcomes
Governance	<ul style="list-style-type: none"> • Government performance • Civic participation • Access to justice, rights and public services
Social cohesion and trust	<ul style="list-style-type: none"> • Equality and empowerment • Intergroup relations and social norms • Peace-positive behaviours • Trust and public confidence
Violence reduction	<ul style="list-style-type: none"> • SGBV • Instances of violence and displacement due to violence • Social norms regarding violence
Human security and resilience	<ul style="list-style-type: none"> • Dispute resolution • Perceptions of personal and community safety • Perceptions of political security • Sustainable and equitable resource management • Food security • Physical and psychological health security • Economic situation
Cost-effectiveness	<ul style="list-style-type: none"> • Cost-effectiveness analysis

3.1.4 Study designs

We include rigorous quantitative and mixed-methods IEs and SRs addressing intervention effects. To be included in the EGM, studies had to have applied one of the following methods:

1. Allocation of participants to intervention and control groups using a randomised or quasi-randomised mechanism at individual or cluster levels:
 - a. randomised controlled trial (RCT) with assignment at individual or cluster level; or
 - b. quasi-RCT using a quasi-randomised method of prospective assignment (e.g. alternation of clusters).
2. Non-randomised designs with selection on unobservables:
 - a. natural experiments and methods such as sharp or fuzzy regression discontinuity design;
 - b. panel, or pseudo-panel data, with analysis to account for time-invariant unobservables, including difference-in-difference, and fixed- or random-effects models; and/or
 - c. cross-sectional studies using multi-stage or multivariate approaches to account for unobservables, including instrumental variable and Heckman two-step estimation approaches.
3. Non-randomised designs with selection on observables:
 - a. cross-sectional or panel (i.e. controlled before and after) studies that use a method to statistically match individuals and groups in the intervention and comparison groups such as propensity score matching; and/or
 - b. studies that build a counterfactual through synthetic control approaches.

4. SRs that measure the effectiveness of a relevant intervention for an included outcome and describe methods used for search, data collection and synthesis.

The types of studies included in the EGM are defined in more detail in Appendix B.

3.1.5 Other criteria

We do not exclude studies based on language, publication status (i.e. whether the study has been peer-reviewed) or publication date. Where multiple papers exist on the same study (e.g. a working paper and a journal article), then the most recent open access version is included in the map. If the versions report on different outcomes, an older version is also included for the outcomes not covered in the more recent paper. An asterisk (*) at the end of the short title denotes multiple papers included for the same study.

3.2 Search, screening and data extraction

A systematic search was undertaken, covering 15 academic databases and 25 grey literature sources, including databases and key organisational websites. All results were imported to EPPI-Reviewer 4, which is software that facilitates the management of references, identification and removal of duplicates, and screening of studies at both title and abstract and full-text stages. At title and abstract and full-text stages, studies were screened independently by at least two members of the research team, and disagreements were resolved through discussions with one of the lead authors.

We used EPPI-Reviewer's machine learning functionality in title and abstract screening to increase the efficiency of the process. The software applies continuous learning as manual screening is undertaken, constantly reorganising the list of studies to be screened to prioritise those with the highest likelihood of being included in the study. As the number of screened studies rises, the accuracy of the prioritisation rises as well, as the software gets better at guessing the inclusion criteria.

Once 500 studies were excluded in a row, the likelihood of identifying further includable studies was judged sufficiently small to auto-exclude the remainder. This assumption was checked through an additional screening of a random sample of 200 studies that had been auto-excluded. For further details on the search and screening process, see Appendix B.

We extracted meta-data using a standardised template to identify trends in the evidence base, including bibliographic information, geographic location, study design, interventions, outcomes, equity focus, the use of theories of change, the programmatic strategies being evaluated, the target populations and the scope or societal level targeted by the intervention (Appendix D provides the data extraction template). Data were extracted by one research assistant, with spot checks by the lead author to ensure consistency.

Incorporating considerations of gender and equity is important in understanding how different populations respond to interventions. This is particularly important in fragile contexts, where complex social relations between different groups may influence the ways they respond to similar programming. Therefore, to assess the extent to which included studies consider gender and equity, we used a tool developed by 3ie for

systematically assessing if and how studies address and/or incorporate such considerations (included in Appendix D). For the definitions and explanations of each code applied, see Appendix D. To ensure the quality of all population data, either the lead author or an experienced research consultant assured the quality of equity and ethics findings.

Finally, we critically appraised all included SRs using a standardised checklist (3ie n.d.). The tool assesses the review with regards 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. We extracted the findings of the reviews rated as medium or high confidence. Reviews rated as low confidence may have some useful descriptive information or framing of an issue, but as we do not have confidence in the results we do not extract and present the findings.

One reviewer conducted the initial critical appraisal, and a SR methods expert conducted a final review of all appraisals. For further details on the critical appraisal process, see Appendix E. Due to the size of the IE evidence base, we did not critically appraise included IEs.

3.3 Presentation of the map

We present the results graphically on an interactive online platform.³ The main framework is a matrix of interventions and outcomes, with grey and coloured circles representing IEs and SRs. The SRs follow a traffic-light system to indicate confidence in their findings: green for high, orange for medium, red for low and blue for protocols. The size of the bubble indicates the relative size of the evidence base for that intersection of intervention and outcome.

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

Table 4: Included characteristics for filtering the evidence base

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.
Population	This filter enables users to identify studies that contain specific results for a range of key population groups: camp-based; urban/peri-urban; rural; youth (general, < 35); children (< 12); adolescents (12–18); ethnic/religious minorities; ex-combatants; host communities; displaced people (including internally displaced persons and refugees); migrants; returnees; and women. The list of population types was refined through the workshop with advisory groups to ensure policy and programming relevance.

³ Available at: <https://gapmaps.3ieimpact.org/evidence-maps/building-peaceful-societies-evidence-gap-map>.

Filter	Definition
	Studies were coded according to all population groups for which they presented unique findings, either by virtue of being the sole population targeted by the intervention or through qualitative or quantitative subgroup analysis. Thus, for example, a study that presented subgroup results for adolescent girls when reporting the results of an intervention targeting women in a rural area would be coded for rural, women and adolescent populations.
Study design	This filter enables users to identify studies that employed a particular study design, using the list of study designs in Appendix B.
Scope of change targeted	This filter addresses the scope or level at which an intervention targets change, comprising local/community, subnational, national, transnational or mixed levels.*

Note: * This filter was developed at the strong recommendation of stakeholders during the consultation workshop and advisory group meeting, in recognition of the fact that intervention strategies to achieve change differ greatly depending on the level at which they are targeted. For example, a peace messaging intervention that targets local change will be implemented very differently from one implemented at the national level. The delineation of levels builds on the evidence-based policing matrix developed by the Center for Evidence-Based Crime Policy (Lum et al. 2011).

3.4 Analysis and reporting

To answer Research Questions 1–4, data were extracted on the dates, intervention(s) studied, outcomes reported and population coverage, including regions, countries 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 5, we captured the proportion of IEs and SRs that employed a clearly defined theory of change. To answer Research Question 6, we analysed the approaches of included studies against the matrix of peacebuilding programmes developed by the Reflecting on Peace project (Anderson 2004) to identify trends in the approaches being evaluated, and whether interconnected strategies covering multiple quadrants in the matrix are being studied.

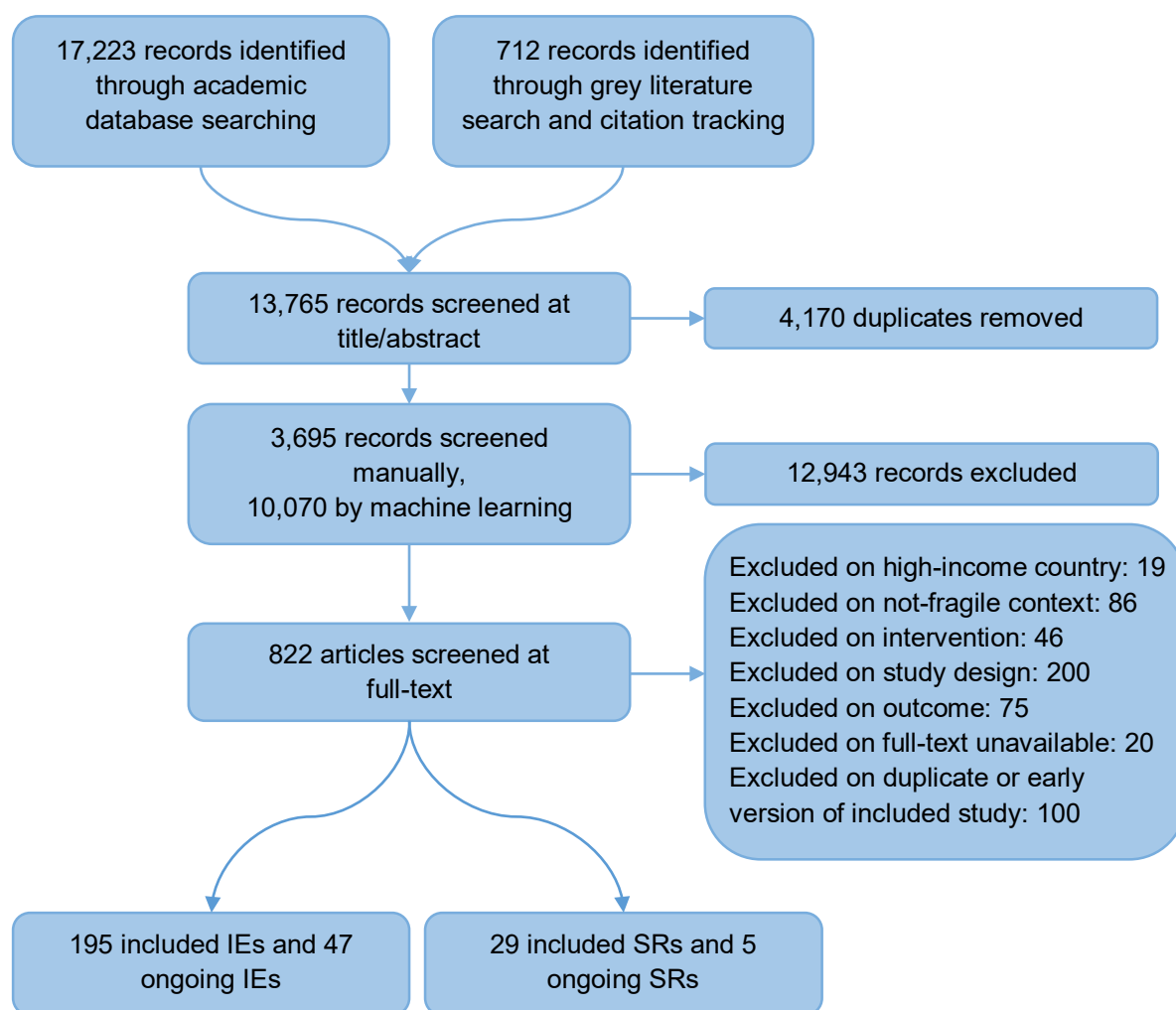
4. Findings

4.1 Search results

As the PRISMA diagram (Figure 2) shows, the systematic search process returned 17,935 records, with 13,765 records remaining for screening at the title and abstract stage after duplicates were removed. We used a combination of machine learning and manual screening at the title and abstract stage to identify 822 studies for screening at full-text. Of these, we included 195 completed and 47 ongoing IEs and 29 completed and 5 ongoing SRs.

The main reasons for exclusion at full-text were that studies did not employ a suitable study design (200 studies), duplicated an already screened study that had not been caught earlier (100 papers), were not conducted in a fragile context (86 studies) or did not report a relevant outcome (75 studies). Searches of academic databases were completed in April 2019, and reference checks and grey literature searches were concluded in June 2019.

Figure 2: PRISMA diagram of systematic search



4.2 Interventions and outcomes across the evidence base

4.2.1 Intervention coverage

Figure 3 shows the number of studies identified across the included interventions, excluding those for which we found no evidence. By a wide margin, the intervention type with the largest evidence base is mental health and psychosocial support (MHPSS); we identified 86 such studies, including 64 completed IEs, representing close to one third of the IE evidence base in the EGM (33 per cent).

Among the SRs, their share of the evidence base is even higher, accounting for more than 50 per cent of completed reviews (17 of 29). To avoid misinterpretation of the evidence base throughout the analysis of the EGM, MHPSS studies are identified as an independent group from the rest of the social inclusion and well-being studies wherever studies are grouped by intervention category.

There are also reasonably large evidence bases for interventions of social funds, CDD and community-driven reconstruction (CDR) (17); public sector governance and institutionalisation (12); life skills and employment training (12, including those in the PLUS category); gender equality BCC (11); and cash transfers and subsidies (9, including those in the PLUS category).

Of the 42 intervention categories, we did not identify any studies for the following 12 intervention categories:

- Peace policy influencing;
- Support for peace processes and negotiation;
- Support for peace agreement implementation and oversight;
- Conflict-focused early warning systems;
- Security sector reform;
- Transitional justice processes;
- Civil society capacity building;
- Support for foundational state design processes;
- Community-based natural resource management;
- National natural resource benefits sharing;
- Transboundary water sharing; and
- Demining.

The interventions covered in the SRs closely mirror those of the IEs. As such, it is unsurprising that the category with the largest primary evidence base, MHPSS, is also that with the largest number of SRs, comprising more than half of the syntheses in the dataset (17 of 29). However, in some cases, syntheses have been undertaken of intervention categories with limited numbers of IEs. For example, only one IE of a social inclusion or reintegration intervention was identified, which evaluated a support programme for refugee families in Thailand. Unsurprisingly, therefore, a high confidence SR of youth gang violence and preventative measures that included a focus on social integration interventions found zero IEs.

Figure 3: Included studies by intervention and study type



This update of the 2015 EGM on peacebuilding evidence led to the inclusion of 158 additional studies, of which 107 were published after 2014, when the search was completed for the 2015 EGM. This suggests that part of the increased evidence base captured by the 2019 EGM is due to the expanded scope, as 51 studies included were published before 2014 but not included in the earlier map.

Table 5 lists the 11 additional intervention categories that are included in the current EGM but not the 2015 EGM, and notes the number of identified and ongoing IEs. The interventions in italics might have been partially captured under broader categories in the old EGM, whilst the rest are completely new categories. For example, ‘education and academic catch-up’ interventions might have been picked up in the 2015 EGM under the category ‘provision of public services’, which included educational services. However, this is the only potentially overlapping category for which any evidence was found.

Table 5: Additional intervention categories included in the new map

Category	Impact evaluations identified
<i>Support for peace agreement implementation and oversight</i>	0
Peacekeeping missions	4 (2 pre-2015)
<i>Peace policy influencing</i>	0
Conflict-focused early warning systems	0
Countering violent extremism	3 (1 pre-2015)
<i>Civil society capacity building</i>	0
Community-based natural resource management	1 (none pre-2015)
<i>Education and academic catch-up</i>	4 (1 pre-2015)
Market development	1 pre-2015
Financial inclusion	4 (1 pre-2015)
Transboundary water sharing	0

However, as Table 5 shows, only six of the additional studies included in this EGM could have been included in the 2015 EGM if it had applied the expanded scope. The other 45 included IEs that were published in 2014 or earlier, but not captured in the 2015 EGM, were more likely to have been missed either because of differences in the search processes or the slightly different definition of fragility applied.

The 2015 map applied the term fragility to include studies in countries listed in the World Bank’s Harmonised List of Fragile Situations for 2014, alongside four other countries that had recent conflict status and current funding for peacebuilding interventions: Colombia, Nigeria, Pakistan and the Philippines (Brown et al. 2015). This might have led to slightly narrower inclusion criteria for situations of fragility; the current map applies a broader, more dynamic definition.

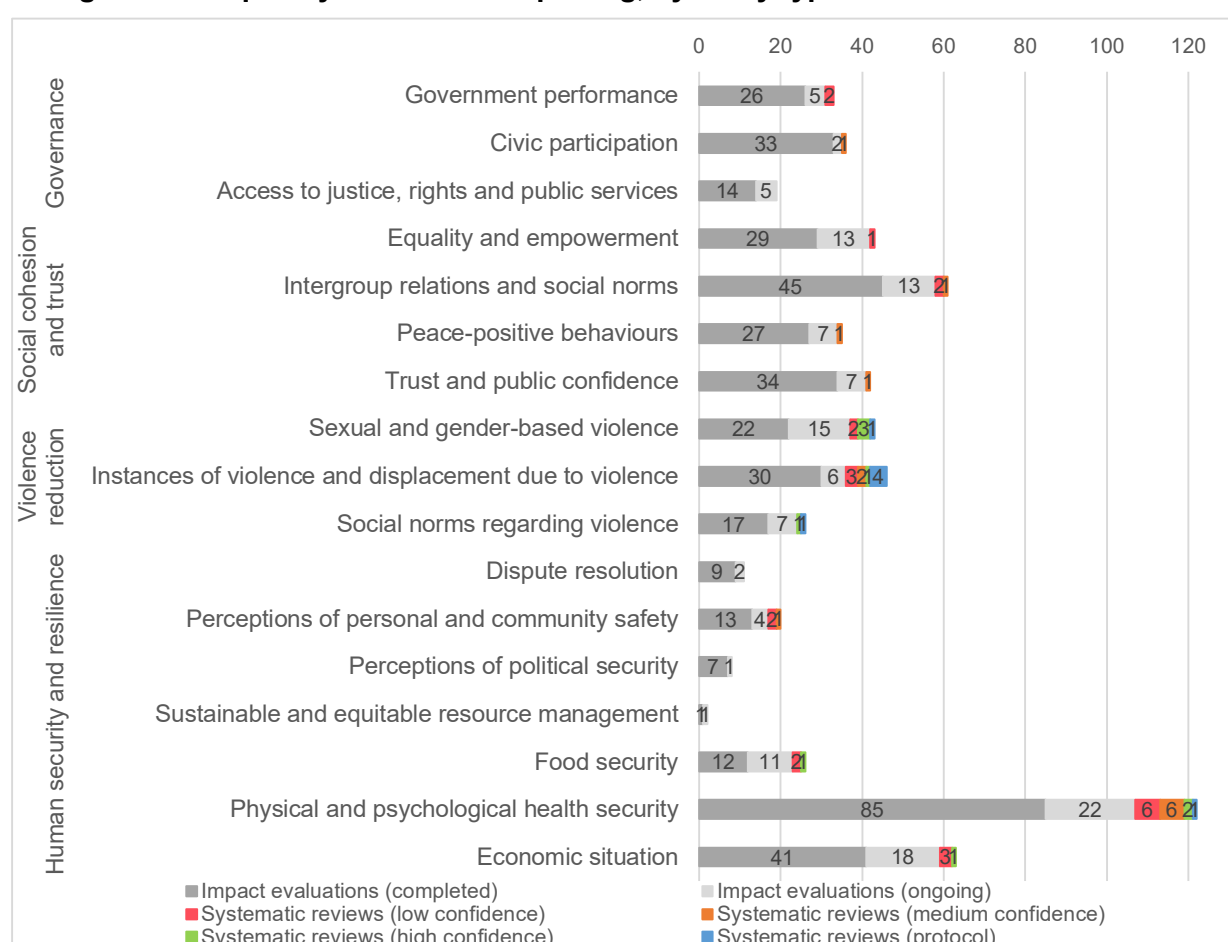
4.2.2 Outcome coverage

Figure 5 shows the studies that reported outcomes across each outcome category, by study type. Many studies reported on multiple outcomes, so the total in the figure is greater than the total number of studies included. However, each study is counted only once per outcome type (e.g. a study reporting two measures of livelihood outcomes will only be counted once under ‘economic outcomes’). It is also worth noting that the evidence for ongoing studies is likely incomplete, as the data for many ongoing studies are not based on published pre-analysis plans that include full information about outcomes to be reported.

Overall, 85 completed IEs and 14 completed SRs reported on physical and psychological health security – almost double any other outcome category. Most of these measure indicators of mental health, which aligns with MHSP being the most studied intervention. After this, measures of intergroup relations and social norms and measures of economic situations are each reported in more than 40 IEs, although notably, no high-confidence SRs report on the former.

Sustainable and equitable resource management is the least reported outcome, measured by only two studies. This is surprising, given the prevalence of the theory that distribution and access to natural resources drive conflict. We identify only one IE of a natural resource management intervention that reported at least one core peacebuilding outcome.

Figure 4: Frequency of outcome reporting, by study type and outcome



The 2015 EGM identified a key gap in the measurement of ‘peace writ large’ outcomes. The findings of this map show some progress towards addressing this gap. We found 68 unique completed IEs and 19 ongoing IEs that report, or plan to report, outcomes of peace and violence, representing a significant increase over the 20 studies identified in 2015.

For two outcomes, the number of studies measuring the outcome more than doubled: reporting of effects on instances of violence and displacement due to violence rose from 15 studies to 31 completed and 6 ongoing studies; and measurements of effects on perceptions of personal and community safety increased from 5 studies to 12 completed and 5 ongoing studies. We also include two outcomes related to ‘peace writ large’ that

were not captured in the 2015 map. These are ‘peace positive behaviours’, on which 29 completed and 7 ongoing studies report, or plan to report; and ‘social norms regarding violence’, on which 16 completed and 7 ongoing studies report, or plan to report.⁴

4.2.3 Cost-effectiveness

Very few studies report any measures of cost-effectiveness. Despite it being an important question for donors, we identified only five studies with some level of cost data. Three of these were studies of life skills and employment training, including its PLUS category. Further, one MHPSS and one gender equality study report some cost evidence, and one ongoing study of a cash transfers and subsidies intervention has committed to reporting cost evidence. No SRs report on cost-effectiveness.

4.3 Geographical coverage of the evidence base

Figure 5 shows the frequency of identified IEs by region. Sub-Saharan Africa is the region with the most studies, with Uganda (21 studies), the Democratic Republic of Congo (DRC; 19 studies) and Liberia (17 studies) having the largest evidence bases. We find similar trends in the synthesis evidence base: 22 of 29 SRs include evidence from Sub-Saharan Africa, with the other regions covered by 10–14 SRs each.

Figure 5: Number of impact evaluations per region

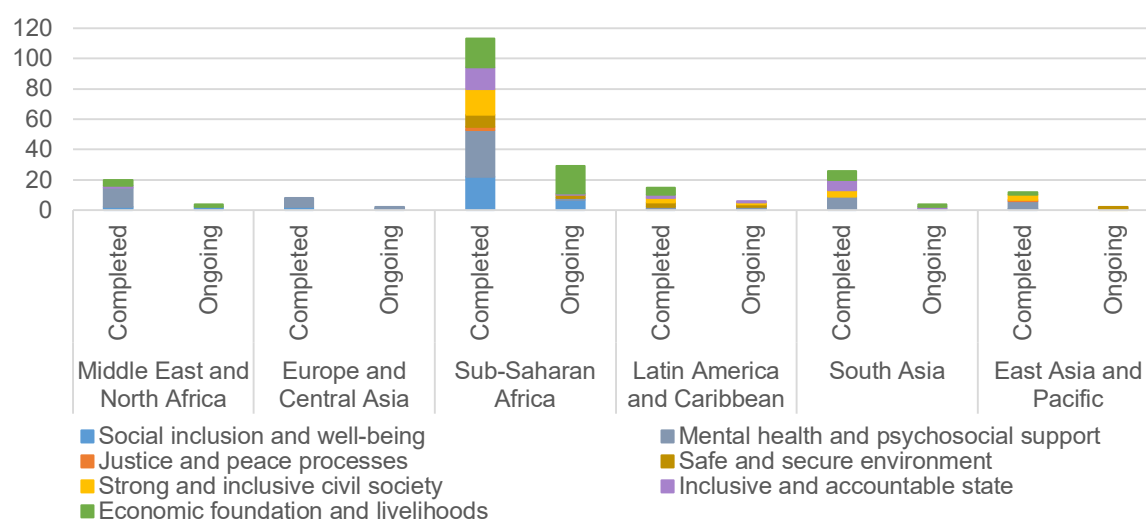


Figure 6 presents the frequency of studies by country, in a map overlaid with heat map data from the 2019 Fragile States Index (Fund for Peace 2019). The frequencies include ongoing and completed IEs and some IEs that took place in multiple countries.

Most countries had similar trends between completed and ongoing studies. For example, Uganda and DRC have the most completed IEs (22 and 16, respectively) and most ongoing IEs (5 and 6, respectively). The two exceptions to this are both fragile states – one ongoing IE identified in Yemen and one in Central African Republic – neither of which had any identified completed IEs.

⁴ In the 2015 map, the category that comprises outcomes of instances of violence and displacement due to violence is disaggregated into three specific outcomes: displacement and repatriation; interpersonal conflict and violence; and crime and gang violence. The figure for 2015 thus represents the aggregate measure of studies reporting impacts across the three outcomes.

Figure 6: Number of impact evaluations per country, by country fragility

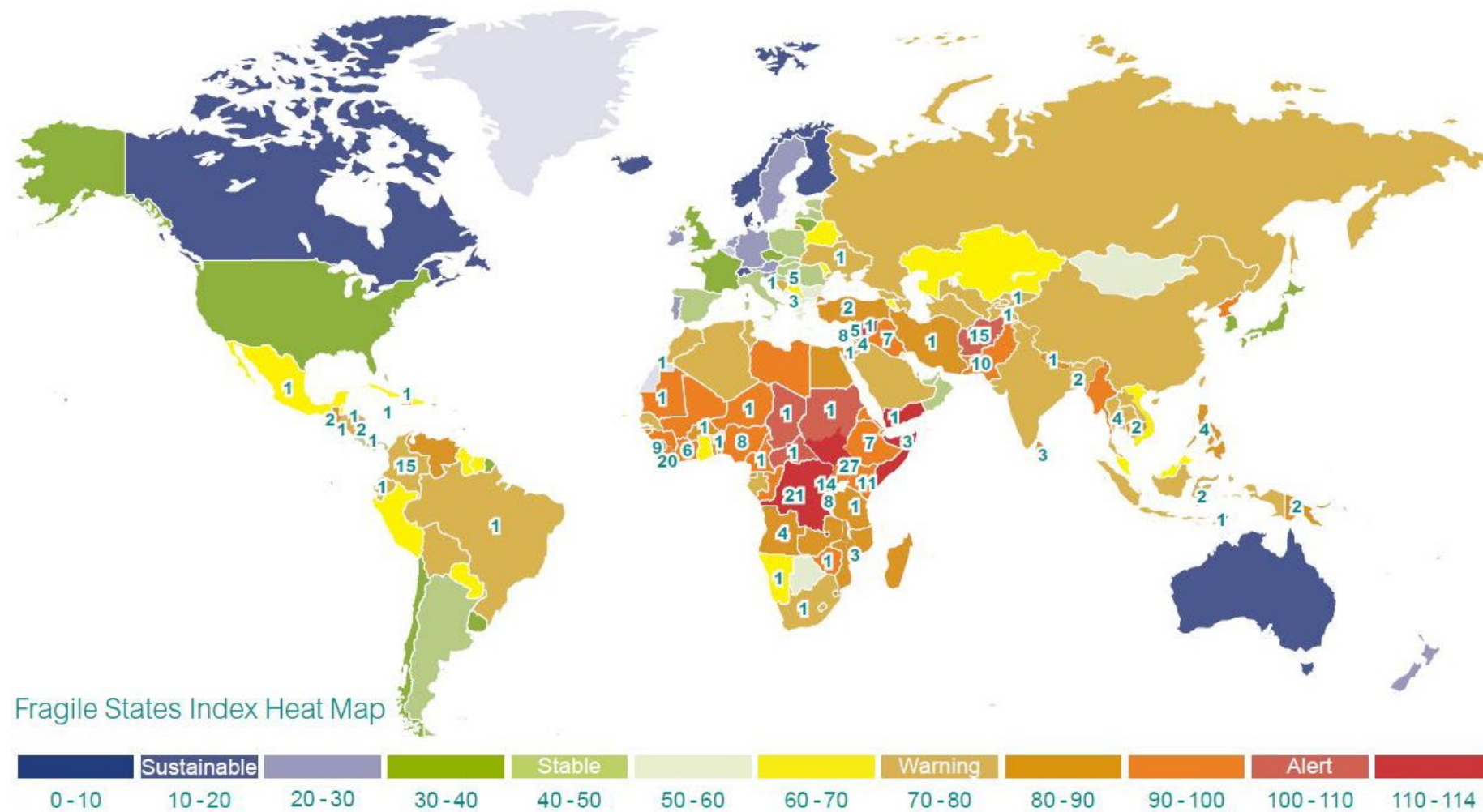


Table 6 displays the evidence base for the top 15 most fragile states in 2019 (Fund for Peace 2019) alongside ODA levels in 2017 (the most recent year for which data were available) (OECD 2017). Two of these are among the largest evidence bases identified (DRC and Afghanistan). However we found no IEs, either completed or ongoing, for five of the top 15 most fragile states, including two of the top five most fragile states, Syria and South Sudan.

There is no consistent link between investment in research and levels of ODA. We found no studies in Syria, which received more than US\$10 billion in ODA in 2017, the most of any state. At US\$3.8 billion, Afghanistan received the third most ODA, whilst DRC, at US\$2.3 billion, was 14th. Burundi has the third highest number of IEs among the top 15 fragile states but received the least ODA of the group (64th globally). However, we identified seven IEs from Nigeria, which received the fifth most ODA in 2017, and six from Iraq, which received the tenth most ODA in 2017.

Table 6: Evidence base and ODA levels for the top 15 most fragile states in 2019

Country	FSI 2019 score	ODA 2017 (in US\$ millions)	Completed IEs	Ongoing IEs
Yemen	113.5	\$3,234	0	1
Somalia	112.3	\$1,760	2	0
South Sudan	112.2	\$2,183	0	0
Syria	111.5	\$10,361	0	0
DRC	110.2	\$2,293	15	5
Central African Republic	108.9	\$508	0	1
Chad	108.5	\$648	0	0
Sudan	108	\$840	1	0
Afghanistan	105	\$3,804	12	3
Zimbabwe	99.5	\$726	1	0
Guinea	99.4	\$457	0	0
Haiti	99.3	\$981	0	0
Iraq	99.1	\$2,907	6	1
Nigeria	98.5	\$3,359	7	1
Burundi	98.2	\$428	8	0

Note: FSI = Fragile States Index

The comparatively large evidence bases for DRC and Afghanistan suggest that conducting rigorous evaluations in fragile contexts is possible. Looking more closely, half of the IEs identified in DRC are of MHPSS interventions, although no such evaluations were identified in Afghanistan. Three completed and two ongoing IEs in each country involved economic foundations interventions, whilst two in DRC and three in Afghanistan involved the large-scale CDD interventions implemented in both countries.

Of the IEs identified from DRC, the eight MHPSS interventions were all evaluated with RCTs. Of the remaining eight, one was a quasi-experimental study using instrumental variable estimation and statistical matching, whilst the other seven were additional RCTs. In Afghanistan, seven IEs were RCTs and four used quasi-experimental designs (QEDs) (two applying statistical matching analysis methods, one difference-in-difference and one regression discontinuity design). Across both countries, the interventions evaluated were

implemented at a mix of local, subnational and national levels, again highlighting the feasibility of rigorous large-scale research despite challenging contexts.

4.4 Trends over time

Figure 7 shows the number of IEs over the past decade (2008–2018).⁵ Very few were published throughout the early 2000s, although this may be partially driven by increasing digitisation of journals, with a relatively steady rise in subsequent years. This trend appears set to continue, as we also identified 47 ongoing IEs. We identified only 14 IEs that were published prior to 2008, with the majority focused on MHPSS interventions. Of these 14, all but two MHPSS studies were published between 2004 and 2007.

Figure 7: Number of impact evaluations by publication year and intervention group

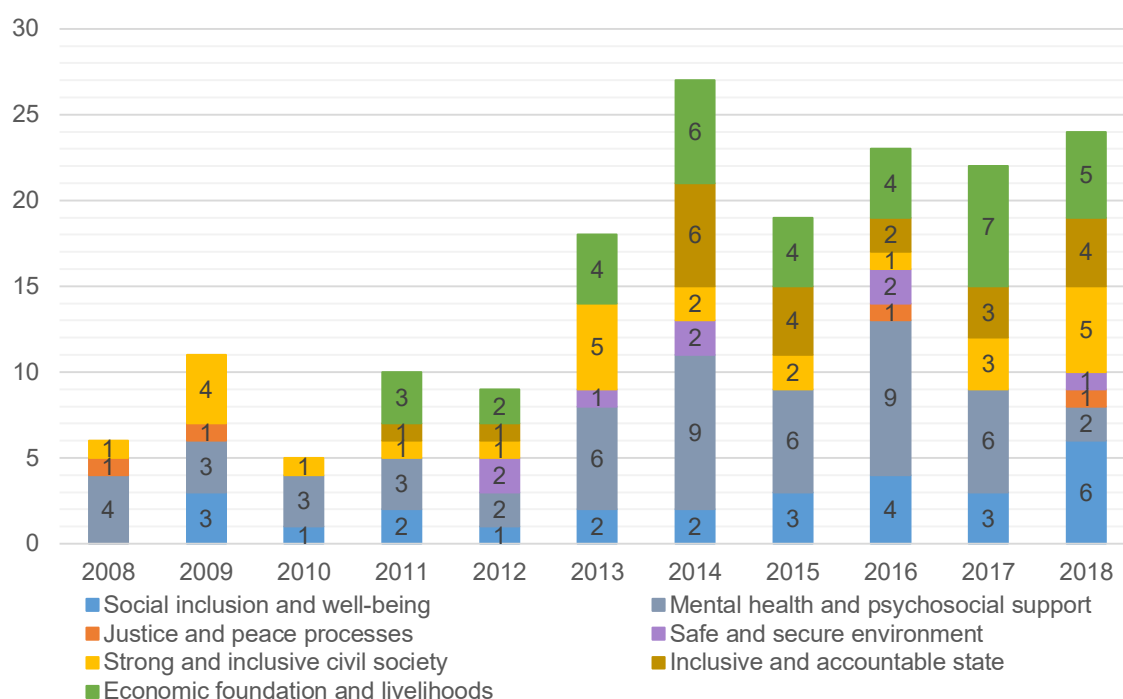


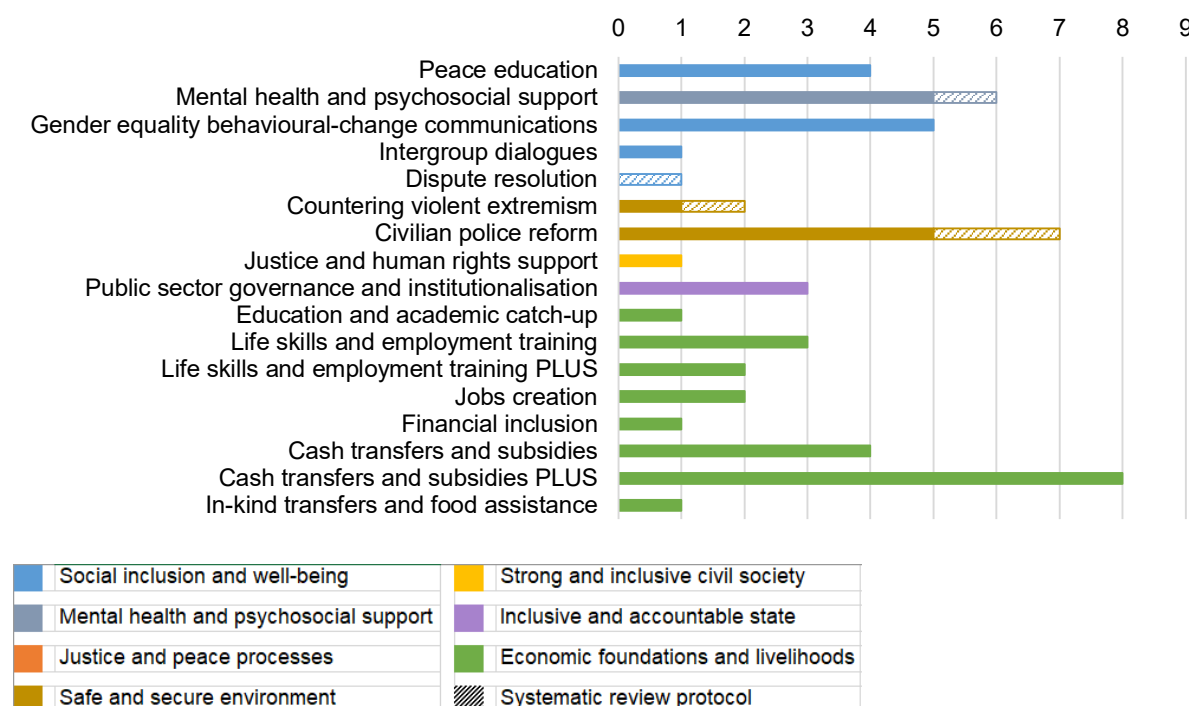
Figure 7 shows that MHPSS studies have consistently been studied more frequently than other interventions, although the frequency may be declining: only two were published in 2018. The first time any other category of interventions exceeded the number of published MHPSS IEs was in 2017. ‘Economic foundations and livelihoods’ has been the fastest growing category over the past decade, increasing from zero IEs in 2008–2010 to 16 in 2016–2018.

Looking at ongoing studies, shown by specific intervention and category in Figure 8, it is clear that ‘economic foundations and livelihoods’ is currently the most studied intervention category. This increase in the evidence base is driven by a high number of ongoing studies of cash transfers and subsidies interventions, particularly those in the related PLUS category, which together comprise 12 ongoing IEs, or 25 per cent of all ongoing IEs.

⁵ We did not include 2019 (for which we identified seven studies) in the graph so as not to display a misleading drop in publications, since the primary search of academic databases covered only the first quarter of the year.

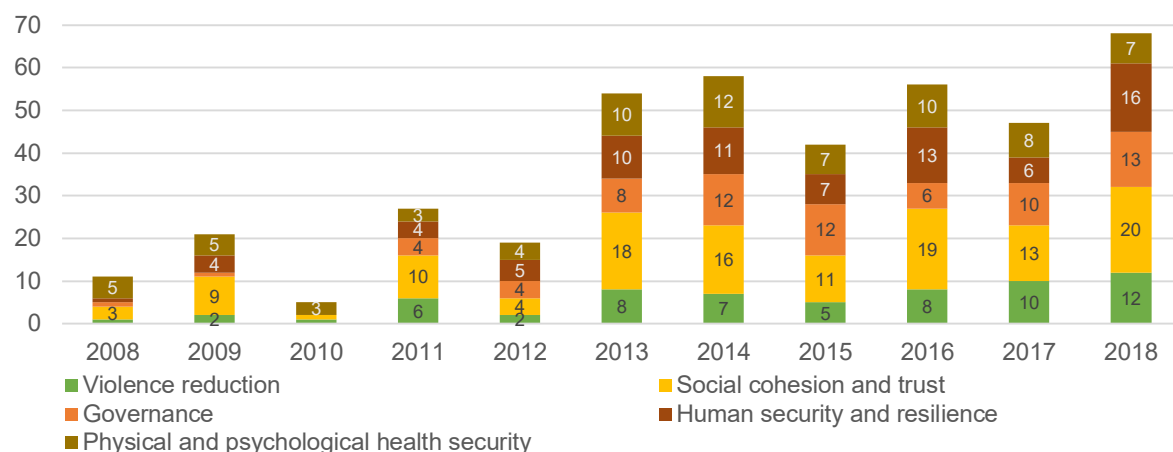
There are 10 ongoing IE studies in the category of social inclusion and well-being, followed by six ongoing IEs concerning safe and secure environment interventions, alongside three SR protocols. MHPSS continues to form a significant portion of the evidence base, comprising six ongoing IEs and one SR protocol. No ongoing studies of justice and peace process interventions were identified.

Figure 8: Ongoing studies by intervention type and category



The trend over time for the type of outcomes assessed appear relatively consistent. Figure 9 shows the frequencies with which outcomes in different categories were reported in included IEs from 2008–2018. One possible exception is the increase in reporting of ‘peace writ large’ outcomes, with reporting of violence reduction outcomes increasing from 1–2 studies per year in 2008–2010 to 8–12 studies in 2016–2018 (although the share of the overall proportion of outcomes reported has not significantly changed).

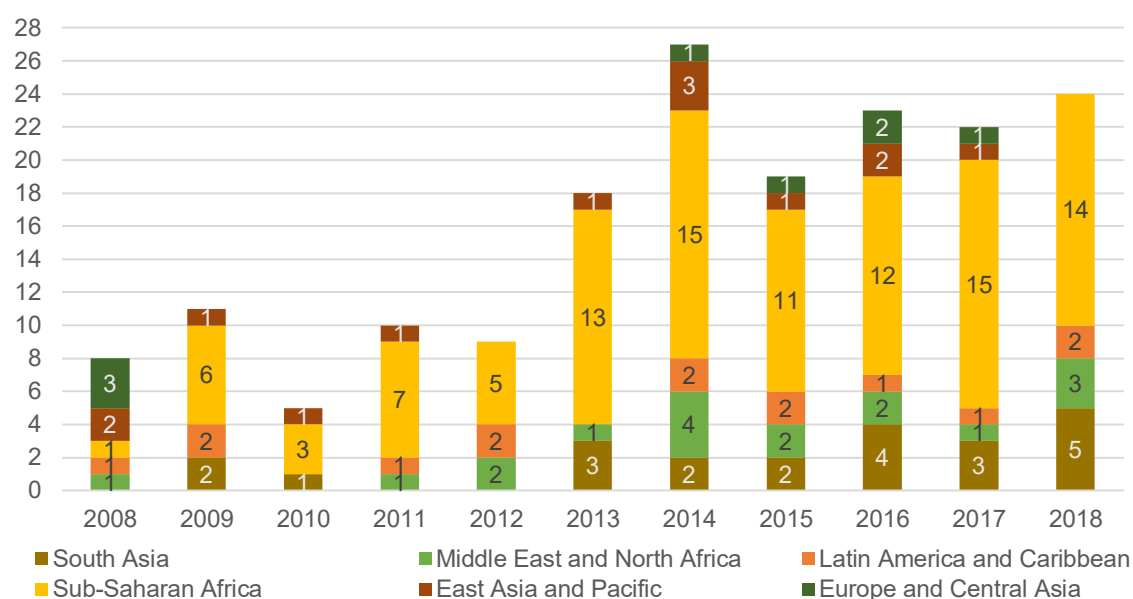
Figure 9: Frequency of outcome measures reported in impact evaluations over time



Note: Where not labelled, one study was identified reporting an outcome in that group in that year.

Figure 10 shows the number of studies published by region each year, also for 2008–2018. The proportion of IEs published by geographic region also has not seemed to shift significantly over time, with the exception of a rise in the publication of studies from South Asia. As discussed in Section 4.4, this is driven primarily by the rise in IEs from Afghanistan. In Sub-Saharan Africa, the large number of studies is driven by studies from Uganda and DRC, also as discussed above.

Figure 10: Frequency of impact evaluations published by geographic region over time



4.5 Populations, equity and ethics in the evidence base

In addition to analysing what was being studied and where, we further assessed who was being studied and how – in other words, the different population groups for whom effects were measured and the extent to which studies incorporated best practices in ethics and equity-sensitive research.

4.5.1 Population groups studied

Figure 11 shows the number of studies that present data for specific population groups. The codes are not mutually exclusive; we coded each study according to whichever types of populations it reported on, and thus the total number in the figure is greater than the total number of IEs included. For example, a study targeting female refugees would be coded for both women and displaced persons.

Studies were not coded according to every population group that might have participated in the study, but rather strictly those which presented some form of consolidated findings. In some cases, the population group comprised the complete study population (such as a study only implemented in rural areas, or targeting only refugees), whilst for others the study presented subgroup results for a population (such as gender-disaggregated data to identify effects for women).

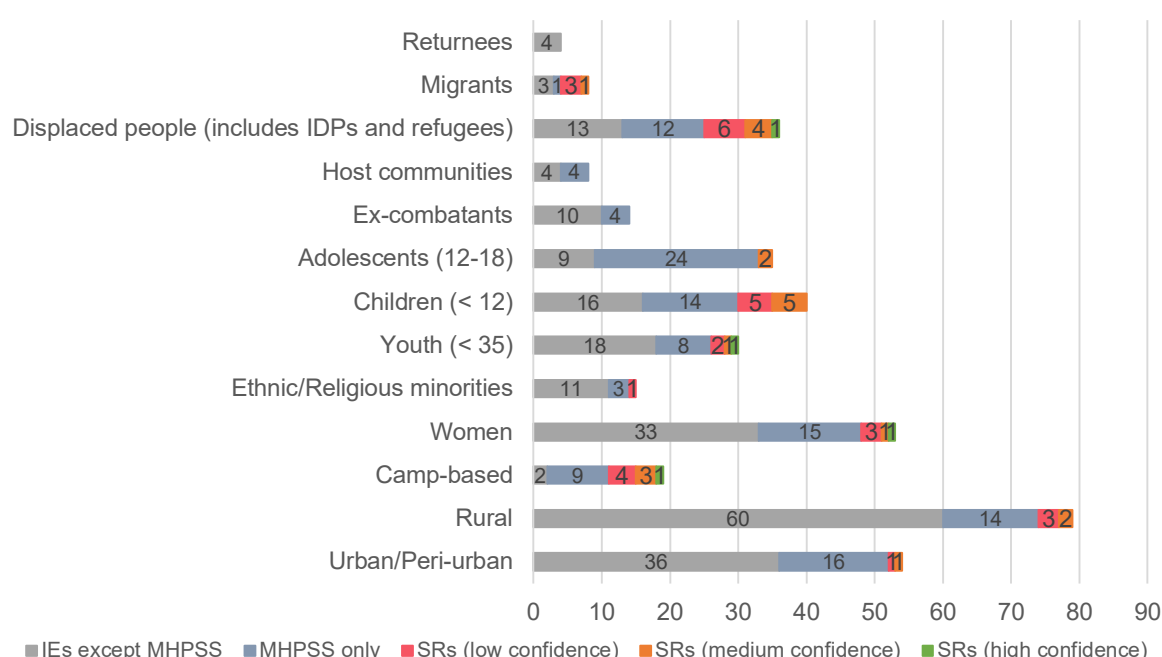
Further, the coding is in accordance with the definitions applied within a study. For example, a study that presents results for a population to which it refers as migrants has

been coded for migrant populations, even when other definitions of the term could lead to the group's being categorised differently.

The group for whom outcomes are most frequently reported among non-MHPSS IEs is rural populations (60), followed urban or peri-urban (36) and women (33). Some changes appear to be underway with regard to trends in focus populations: only two completed IEs were identified that include camp-based communities, whereas nine ongoing IEs focus on displaced people living in camps.

Among the synthesis evidence, the largest number of SRs look at displaced populations (11), followed by children (10). No reviews were found to include studies reporting on ex-combatants, host communities or returnees.

Figure 11: Populations studied in included impact evaluations and systematic reviews



4.5.2 Ethics and equity-sensitive research

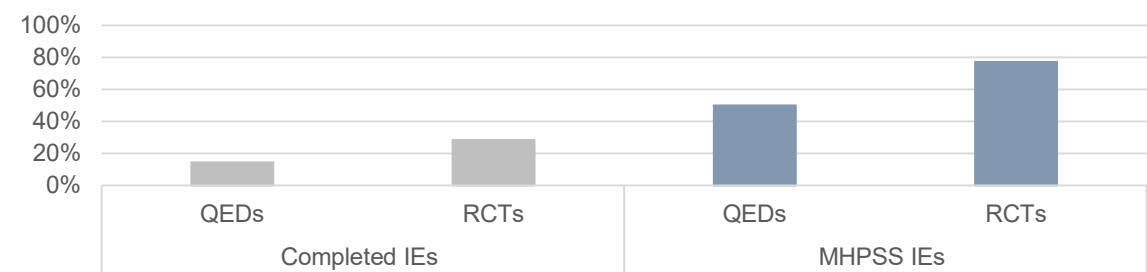
We coded studies according to the means through which they reported on ethics approval and incorporated equity-sensitive methods, such as presenting subgroup analyses for specific population groups or reporting receipt of ethics approval for the research.

Figure 12 shows the percentage rates at which completed IEs reported having received ethics approval – disaggregated by study design and separating out MHPSS studies – for all publication types (i.e. journal articles and grey literature reports). The figure excludes QED studies based on secondary data, which would not require ethics approval.

With the exception of MHPSS studies, few IEs based on primary data reported having received ethics approval from an independent review board: amongst non-MHPSS studies, only 15 per cent of those based on a QED and 29 per cent of RCTs reported ethics approval. These low levels could be partially due to a lack of reporting on approval within the IE reports.

We found that rates of ethics reporting were higher among journal articles than other publication types. Among non-MHPSS IEs published in peer-reviewed journals, 44 per cent of RCTs and 20 per cent of QED studies reported ethics approval. For non-journal publications (e.g. working papers or organisational reports) 17 per cent of RCTs and 12 per cent of QEDs reported ethics approval.

Figure 12: Impact evaluations reporting ethics approval (all publication types)



Amongst IEs, the most common form of equity considerations occurred when the intervention targeted a specific vulnerable population – perhaps unsurprising given the focus of the EGM on fragile communities. Figure 13 shows the frequency with which included studies applied different means of addressing equity. Of 195 IEs, more than half targeted a specific vulnerable population, most frequently people who had been directly affected by conflict (53 non-MHPSS and 50 MHPSS IEs).

Almost one third of IEs did not include a single equity consideration, whilst just over one third reported sex-disaggregated data. Fourteen IEs were assessed as using ‘gender and inequality sensitive methodologies’, largely through qualitative methods to assess the experiences of a marginalised group.

Because of the low reporting of ethics approval, it is difficult to ascertain whether the studies’ approaches to ethics were informed by gender and equity considerations; thus, only four studies met the criteria for this code. Figure 14 shows the frequencies with which studies were sensitive to different dimensions of equity, either by only targeting a particular subpopulation group or by investigating potential differential effects in qualitative or quantitative analysis.

Figure 13: Equity considerations of included studies

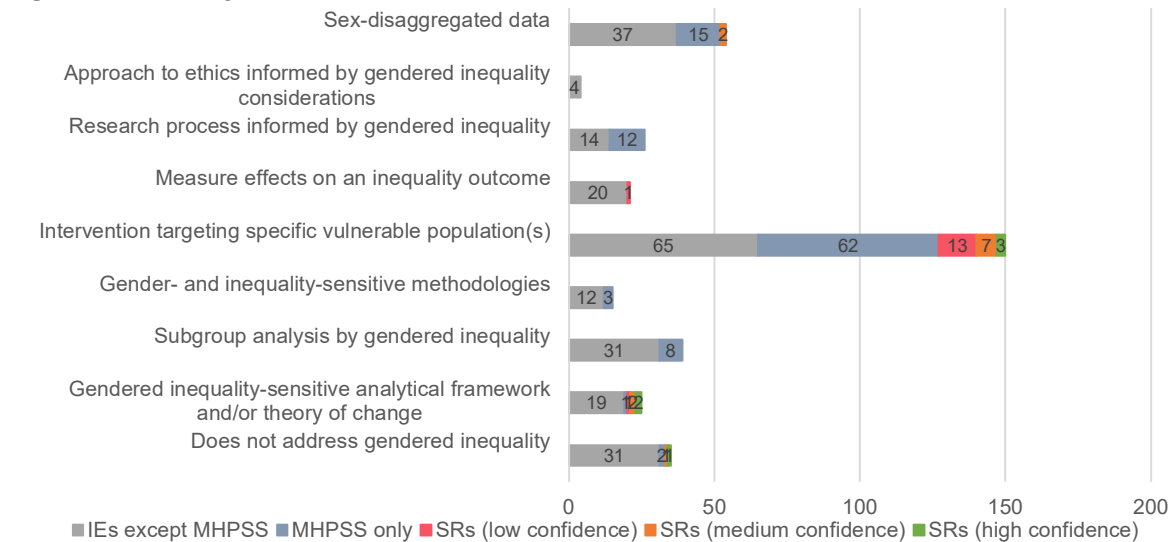
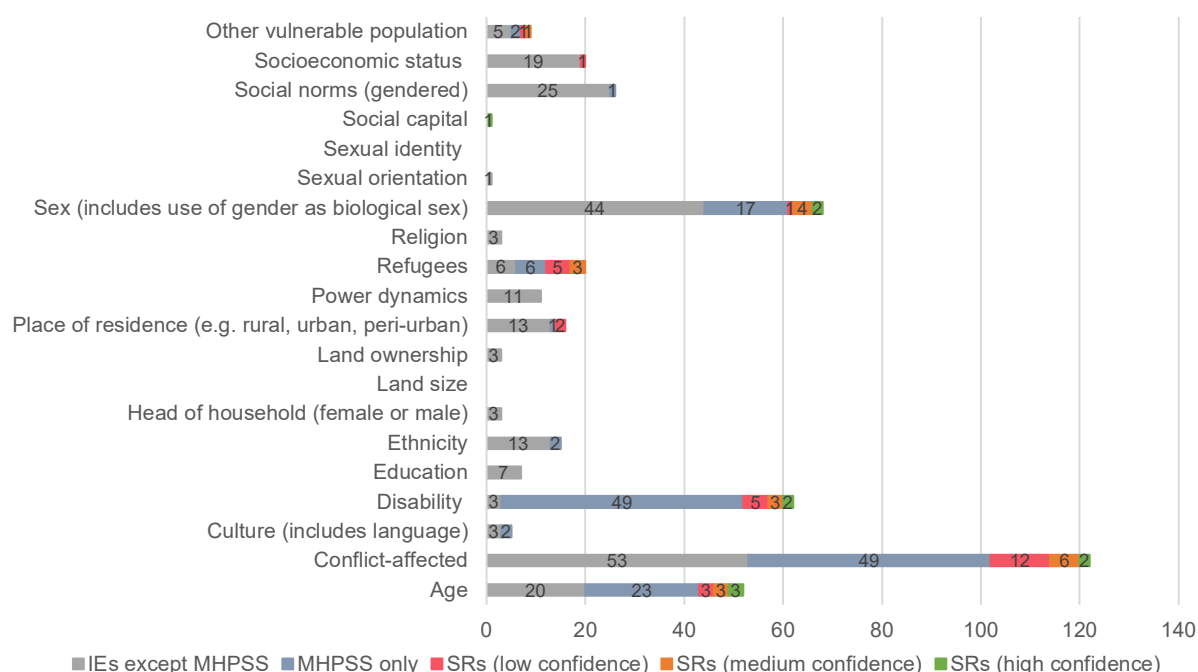


Figure 14: Equity dimensions covered by included studies



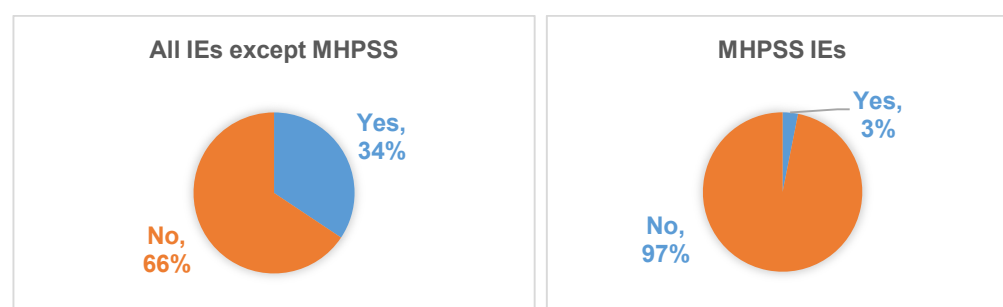
4.6 Methodologies within the evidence base

4.6.1 Theories of change

The use of theories of change in IEs helps to provide a framework for data collection and analysis (White 2009) and is promoted as a way of producing more useful and relevant findings. When evaluations are not grounded in a clear theory, it is often harder to effectively learn from them and identify where common assumptions may be invalid. For example, by looking for evidence of effects across different outcomes and structuring analyses along the causal chain, researchers can identify where the programme theory may break down and, in doing so, help explain a lack of effect on final outcomes.

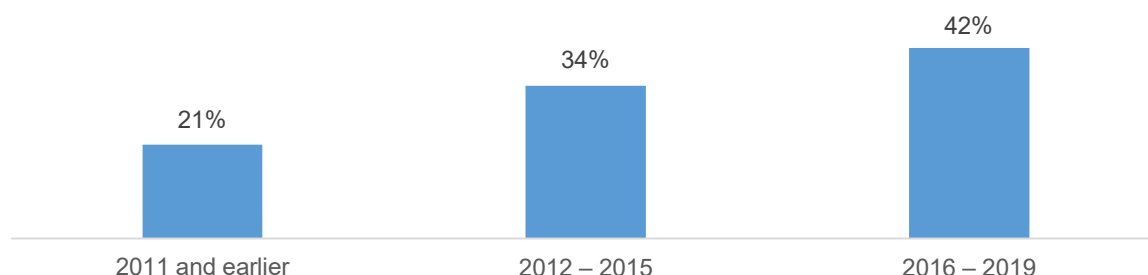
We extracted data on whether studies included an articulated, clearly defined theory of change. The results of this analysis (Figure 15) show that overall, the use of a theory of change to inform the study design and analysis is relatively infrequent, particularly for evaluations of MHPSS interventions, where only two of 64 IEs included a theory of change. Looking at the non-MHPSS interventions only, the figure rises to just over one third (45 of 131 IEs).

Figure 15: Frequency of use of theories of change amongst completed impact evaluations



The findings were similar for SRs: seven SRs, or 29 per cent, were based on a clearly defined theory of change. The use of theories of change within IEs of peacebuilding interventions appears to be increasing however, as shown in Figure 16, with a doubling in the per cent of studies between the pre-2012 period and 2016–2019, when excluding evaluations of MHPSS interventions.

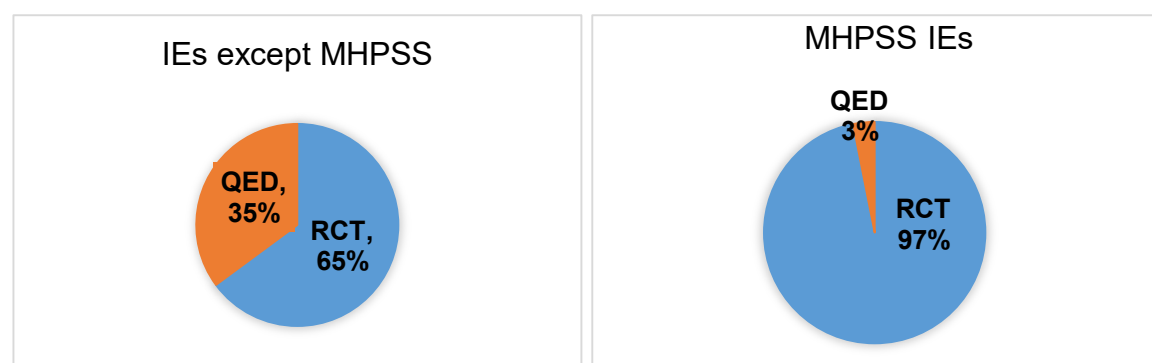
Figure 16: Trends in the use of theories of change in impact evaluations (excluding MHPSS)



4.6.2 Impact evaluation study designs and methods of analysis

Three quarters of completed IEs used an experimental study design (146 RCTs) rather than a QED (49), which means a study used an econometric analysis method to identify and develop a valid counterfactual. As Figure 17 shows, almost all evaluations of MHPSS interventions applied an RCT design rather than a QED. Of the QEDs, only one was based on a natural experiment design, which, when implemented well, can mimic random allocation to treatment (Waddington et al. 2017). Only 3 per cent of MHPSS evaluations applied QEDs; in contrast, amongst all other intervention types, 35 per cent were QEDs.

Figure 17: Proportion of impact evaluations using randomised and quasi-randomised designs

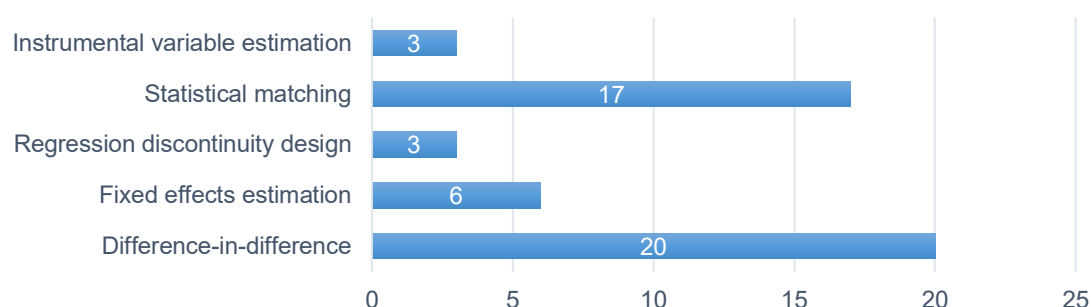


As Figure 18 shows, almost half of the studies using QEDs used a difference-in-difference method of analysis (20), followed by statistical matching (17), fixed effects estimation (6), regression discontinuity (3) and instrumental variable estimation (3). We did not identify any studies using interrupted time series analyses, synthetic controls or Heckman two-step selection.

In addition to the 195 completed studies, we identified 47 ongoing studies. Almost all of these are RCTs (42), with five QEDs using difference-in-difference (3), regression discontinuity design (1) and statistical matching (1). The larger share of ongoing

experimental studies as compared to those completed may reflect a trend towards greater use of experimental evaluation approaches; however, it could also reflect greater difficulty in identifying quasi-experimental studies before publication, as they are not typically included in study registries.

Figure 18: Impact evaluation primary method of analysis in quasi-experimental studies



Overall, around one third of included IEs adopted a mixed-methods approach (64), combining a qualitative component with the quantitative IE design. RCTs used mixed methods somewhat more frequently (35 per cent) than QED studies (27 per cent), yet there is a much wider difference when differentiating between MHPSS and other evaluations of other interventions. Among evaluations of non-MHPSS interventions based on RCT designs, 44 per cent used a mixed-methods methodology, compared to only 23 per cent of MHPSS RCT evaluations.

However, the use of mixed methods among quasi-experimental studies remained less frequent, as 28 per cent of non-MHPSS QED evaluations incorporated qualitative data. No QED studies of MHPSS interventions adopted a mixed-methods approach. Of the ongoing evaluations identified, 6 of 47 (13 per cent) stated that they would apply a mixed-methods approach.

When comparing the overlap between studies that apply mixed methods and those including theories of change, we find that only 12 per cent of RCTs and QEDs incorporate both.

To be included in the EGM, studies had to apply a quantitative evaluation method that assessed the impacts of a relevant intervention on outcomes of interest, using counterfactual-based analysis. Although we did not include qualitative studies, we did attempt to identify any study that used ‘small n’ methodologies to evaluate impacts of interventions.

Specifically, we looked for qualitative evaluations that used a recognised methodology that aimed to demonstrate contribution or attribution of an intervention to outcomes of interest, by building a case ‘beyond reasonable doubt’ for the intervention’s contributions or impacts. Such methodologies included realist evaluation, process tracing, general elimination methodology (or the ‘modus operandi’ method) and contribution analysis. Ultimately, we identified only one ‘small n’ IE: a realist evaluation of the contributions of a demining intervention to household livelihoods within the local community (Durham et al. 2016).

We identified three other studies that applied relevant methods, including two realist studies and one process tracing study. However they did not evaluate the impacts of an intervention, project, policy or programme; rather, they aimed to assess broad processes of reform at country-level.

4.6.3 Synthesis methods and confidence rating

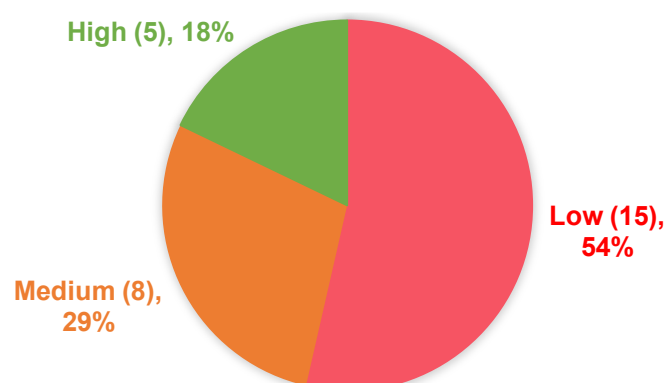
Critical appraisal of systematic reviews

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

Figure 19 shows the proportion of completed SRs assessed at each confidence level. Of the 29 completed SRs identified, the majority (n = 15, 52%) were of low confidence, meaning the findings related to intervention effects should be interpreted with caution. The most common reasons for classifying studies as low confidence were limitations to the search and screening process and/or the analysis and integration of risk of bias.

Common issues with search and screening were a low confidence that the review had captured the full evidence base, or risks of errors in screening due to single-reviewer screening. Issues regarding risks of bias were typically that no risk of bias analysis had been carried out, key sources of bias had not been assessed, or there was a lack of integration of risk of bias findings with the analysis of effects, such that readers were not easily able to interpret the effects appropriately.

Figure 19: Confidence levels of completed systematic reviews

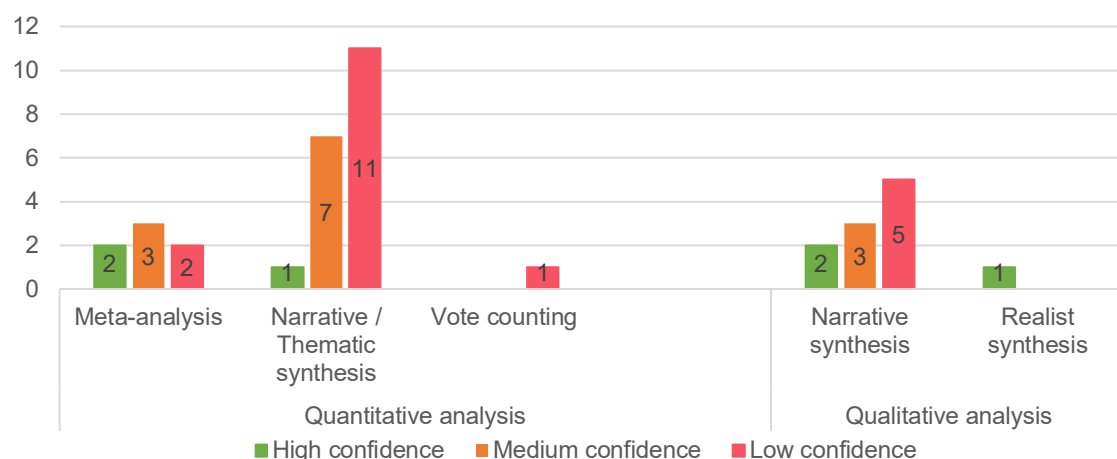


Synthesis methods applied in systematic reviews

Among SRs, the most commonly applied synthesis methodology was narrative or thematic synthesis of quantitative data (68 per cent), whilst just over one third also undertook narrative synthesis of qualitative data. Seven studies undertook meta-analyses.

Figure 20 shows the range of methods applied by the identified completed SRs. The EGM identifies two empty effectiveness reviews: one that reported no findings; and one that reported no evidence in the effectiveness review component of the study, but did identify relevant descriptive and qualitative evidence for its analysis of barriers and facilitators.

Figure 20: Study design methods applied by completed systematic reviews

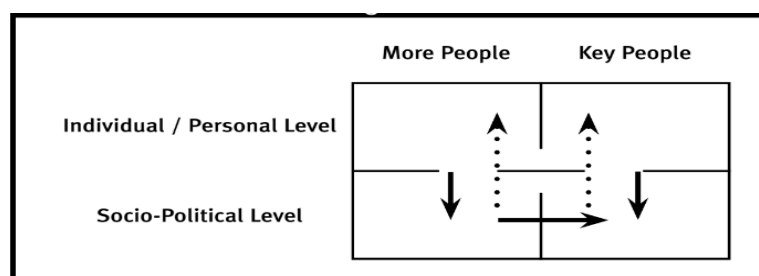


4.7 Approaches to building peaceful societies covered in the evidence base

An alternative to the way of characterising interventions reflected in our framework is according to the main approaches or mechanisms through which the studies aim to contribute to sustainable peace. The Reflecting on Peace Practice matrix (Figure 21) provides a framework for doing so. It identifies a matrix of approaches, suggesting peacebuilding interventions can be characterised according to: whether they focus either on engaging key people or engaging a wider range of people in peacebuilding processes; and whether they target changes in individual or personal beliefs or socio-political structures and access (Anderson 2004).

The researchers and practitioners who developed the matrix also theorised that to be effective, peacebuilding requires interconnected strategies spanning each quadrant. Interventions targeting individual- or personal-level beliefs must be linked to changes in socio-political structures and access in order to effectively influence the wider context for peace (rather than influencing only participants who are directly involved). Efforts to engage more people, and key people, also require links between the two in order to be effective (Anderson 2004). We coded studies according to which of these components were included in the intervention.

Figure 21: Reflecting on Peace Practice matrix of peacebuilding approaches



Source: Anderson 2004

Table 7 present the results of this exercise. Three quarters of included IEs of non-MHPSS interventions targeted only a single quadrant within the matrix. Thirty-one IEs (24%) looked at programmes targeting two quadrants, and only two studies evaluated programmes targeting all four quadrants.

Among the single-quadrant interventions, the majority (58 studies of 131 non-MHPSS IEs) applied a strategy of engaging more people in big-tent peacebuilding processes, whilst targeting individual- or personal-level changes in beliefs, attitudes or capacities. Our analysis found that only 15 per cent of non-MHPSS IEs identified in the EGM (20 studies) evaluated the impact of interventions that incorporated efforts to target both individual and socio-political level changes.

Overall, this analysis suggests that to date, most IEs continue to look at the effects of single-approach programming, and most often review approaches focused on engaging a wider range of people in peacebuilding and development processes.

Table 7: Frequency of impact evaluation of different peacebuilding approaches (excluding MHPSS)

Peacebuilding approaches	Impact evaluations	Per cent
<i>Single-quadrant programmes</i>	98	75%
Strategies of engaging more people in peace processes AND targeting socio-political change (institutional structures, power relations, access)	14	11%
Strategies of engaging more people in peace processes AND targeting individual/personal changes (beliefs, attitudes, capacities)	58	44%
Effectively engaging key people AND targeting socio-political change (institutional structures, power relations, access)	11	8%
Effectively engaging key people AND targeting individual/personal changes (beliefs, attitudes, capacities)	15	11%
<i>Two-quadrant programmes</i>	31	24%
Strategies of engaging more people in peace processes AND effectively engaging key people AND targeting socio-political change (institutional structures, power relations, access)	2	2%
Strategies of engaging more people in peace processes AND effectively engaging key people AND targeting individual/personal changes (beliefs, attitudes, capacities)	9	7%
Effectively engaging key people AND targeting socio-political change (institutional structures, power relations, access) AND targeting individual/personal changes (beliefs, attitudes, capacities)	4	3%
Strategies of engaging more people in peace processes AND targeting socio-political change (institutional structures, power relations, access) AND targeting individual/personal changes (beliefs, attitudes, capacities)	16	12%
<i>Four-quadrant programmes</i>	2	2%
Strategies of engaging more people in peace processes AND effectively engaging key people AND targeting socio-political change (institutional structures, power relations, access) AND targeting individual/personal changes (beliefs, attitudes, capacities)	2	2%

4.8 Key findings and policy implications from high-quality syntheses

This section presents the authors' relevant key findings and policy implications from the 14 medium- and high-confidence reviews represented in this EGM. The first section (4.8.1) reports the cross-cutting implications for rigorous evidence and research for

building peaceful societies, and subsequent sections report sub-sector-specific key findings from the reviews for policymaking, research and programming. Appendix C includes summaries of each of the individual SRs.

4.8.1 Common implications for research

Although sector-specific findings are presented by thematic area below, high- and medium-confidence reviews across intervention types include strikingly similar recommendations for research practice:

- *Researchers, research funders and policymakers should invest in improving the research capacity of NGOs and producing high-quality studies* that have strong theoretical grounding and focus on appropriate outcomes relevant to specific interventions and study populations;
- *Studies need to employ longitudinal approaches* to examine the impact of interventions over time. This is particularly important for assessing mental health, social cohesion and participatory governance outcomes;
- *It is important to be aware of heterogeneity* that might influence the size and direction of effects in different contexts and amongst different subsets of the target population; and
- *There should be more consistent measuring of outcomes*, particularly with respect to health outcomes, to enable comparison and meta-analysis across studies.

4.8.2 Mental health and psychosocial support

Nine reviews assessed the effectiveness of MHPSS interventions (Purgato et al. 2018a; Purgato et al. 2018b; Bangpan et al. 2017; Williamson et al. 2017; O'Sullivan et al. 2016; Tyrer and Fazel 2014; Spangaro et al. 2013; Tol et al. 2013; and Lloyd et al. 2005).

These are the main findings and recommendations drawn from the reviews on this topic:

- *There is evidence that cognitive behavioural therapy has a positive influence on a range of outcomes*, including the reduction of community crime and violence, decreased self-reported gender-based violence amongst those affected by humanitarian emergencies, and improvement of a range of psychological health outcomes amongst clinical populations of children affected by armed conflict;
- *There is evidence that MHPSS interventions for children exposed to traumatic events can have beneficial impacts* on outcomes of PTSD, functional impairment, hope and coping mechanisms, but these effects vary by age, displacement status and household size;
- Many of the studies included in the reviews examine the effects of counselling and psychotherapeutic interventions, which may skew the evidence base in favour of those studies. As such, it is necessary for *future rigorous studies* to examine other intervention types, particularly IEs of interventions:
 - *On basic emergency services and community support interventions*;
 - Comparing the effects of *group-based versus individual treatment* approaches;
 - Targeting *children and adolescents*, as effects may vary by age and there is limited high-quality evidence of effects for youth; and
 - Targeting *SGBV* in conflict contexts;
- It is important to *disaggregate effects* on psychological health by age group, displacement status and gender;

- Researchers should *employ longitudinal studies* assessing psychological health outcomes after the programme intervention (i.e. look at long-term effects); and
- When designing new interventions, practitioners should *consider contextual factors* – including the type of trauma experienced, local culture and any associated stigma – to increase the chances of positive effects and *ensure interventions do no harm*.

4.8.3 Violence and crime reduction

Five reviews included interventions that aimed to reduce violence including SGBV or crime (i.e. with violence or crime reduction indicators as primary outcomes) (Bangpan et al. 2017; Abt and Winship 2016; Higginson et al. 2015; Higginson et al. 2016; and Spangaro et al. 2013). The main findings and recommendations from these studies are as follows:

- There is *limited high-quality evidence available to enable strong conclusions* on the effect of most crime and violence interventions covered by the reviews;
- Moderate evidence, however, exists that *MHPSS programmes can reduce self-reported sexual violence* amongst populations affected by humanitarian emergencies;
- *Focused deterrence and cognitive behavioural therapy are reported as effective approaches* to crime and violence reduction, specifically in Latin America;
- Programmes are more effective when they *focus on people at most risk* of becoming involved in violence, *proactively tackle violence* before it occurs, and actively engage and/or are implemented in *partnership with key locally identified stakeholders*;
- Projects to address sexual violence should consider ways they can *strengthen local capacity, build on existing systems and protect survivors* in justice processes; and
- Interventions that seek to reduce crime and violence should be based on a *clear theory of change* and implementers should *follow programme designs faithfully*.

4.8.4 Community-driven development and reconstruction

One review assessed the effectiveness of CDD&R interventions in Sub-Saharan Africa (King et al. 2010). The key findings were:

- There is evidence that *CDD&R may create a negative effect on intergroup relations*. There are no high-confidence findings reported on positive effects, but weakly positive effects on other measures of inter-personal social cohesion (such as participation and community engagement) were reported;
- Improvements in outcomes of community engagement and participation in local decision-making that stem from CDD&R interventions may be due to attendance and participation in project activities rather than more sustained changes in practice. Thus, *studies should consider the duration of participation effects* caused by interventions; and
- Interventions should consider *how to create diverse, sustained participation* through CDD&R programmes, going beyond project activities that can lead to sustainable changes in norms and behaviours of civic and community engagement.

4.8.5 Cash provision in emergency contexts

Below are the main findings and recommendations of the one review (Doocy and Tappis 2015) that focused on livelihoods support in emergency contexts:

- Unconditional cash transfers and vouchers *can improve household food security, dietary diversity and household savings and assets*. Only one primary study reported effects on SGBV, but found some evidence that such interventions had positive impacts on reducing SGBV, whilst cash transfers had positive effects on reducing controlling behaviours and aggregate measures of violence;
- Food transfers can be an effective means of *increasing per capita caloric intake*;
- There is some evidence that *cash transfers and vouchers are more cost-efficient* than in-kind food distribution;
- Cash-based approaches may have *positive economic multiplier effects* (i.e. benefitting the local economy), particularly unconditional cash transfers;
- The *choice of modality* (cash transfer versus voucher versus in-kind transfers) should be made based on the specific *aim of the intervention and the context* in which it is being applied, as the effects of the different modalities differ; and
- The *quality of intervention design and implementation* was found to be a greater determinate of effectiveness than the emergency context. Key factors influencing intervention effectiveness include available resources, technical capacity of implementers, resilience of crisis-affected populations, beneficiary selection, technologies and the security of the environment.

5. Discussion: what are the key evidence gaps?

There is a rising trend in the publication of IEs over time, with a noticeable increase since 2013. There has been some progress towards addressing priority gaps identified in the 2015 EGM: the number of IEs reporting outcomes directly related to peace, core intermediate outcomes of instances of violence, and displacement and social norms around peace and violence, has more than doubled.

A high-priority point identified in the 2015 EGM (based on EGM findings and significant stakeholder consultation through surveys and workshops) was the need for more evidence of civilian police reform interventions (Cameron et al. 2015). There appears to be some progress towards addressing this gap, albeit slowly: we identified two completed and five ongoing IEs of civilian police reform interventions.

Below, we discuss key evidence gaps in more detail. We organise the discussion into ‘absolute’ evidence gaps, where few or no studies have been conducted, and ‘synthesis’ gaps, where we identify a cluster of primary study evidence but a lack of up-to-date, high-quality SRs (Snijlsteit et al. 2017). Finally, we also highlight several ‘methodological’ gaps – namely, the low use of key methods and approaches that have been identified as well-suited to measuring the impact of interventions aiming to build peaceful societies in fragile contexts.

5.1 ‘Absolute’ evidence gaps

Though growing in size, the evidence base is fractured and unevenly distributed among intervention types. Beyond MHPSS – and, to a lesser extent, interventions focused on gender equality BCC and CDD&R and a rapidly increasing evidence base for cash

transfer and subsidy programmes – the evidence base is insufficient to draw strong conclusions about intervention effects.

We find what can be described as ‘absolute’ evidence gaps for 12 interventions covered in this EGM, including four of the five interventions in the ‘supporting peace processes, oversight and post-conflict justice’ category. Despite the increased demand for evidence on security sector reform identified in 2015, this gap remains unaddressed. And although the importance of a strong civil society is emphasised within the field, not a single IE of an intervention supporting civil society strengthening was identified. Finally, there is also an absolute gap in the evidence base for popular interventions, such as community-based natural resource management, transboundary water sharing, national natural resource benefits sharing and land reform.

The dearth of evidence for such critical peacebuilding interventions could be partially driven by the nature of these specific interventions, which can present methodological challenges to conducting quantitative IEs. However, we also searched for rigorous ‘small n’ studies and identified only one such study.

Few studies evaluate the effects of complex interventions. The Reflecting on Peace Practice matrix analysis of programmatic approaches also suggests that there is another absolute evidence gap with regard to studies of interventions combining more than one programmatic approach.

Despite the increasing focus on a broader, multidimensional approach to interventions for building peaceful societies, very few studies assess the effects of such approaches. Seventy-five per cent of included IEs assessed interventions that pursued a single strategy for building peaceful societies – most frequently, strategies for engaging more people in peace and development processes and targeting individual-level beliefs, attitudes and/or capacities.

A number of outcomes that are at the core of efforts to reduce fragility and build peaceful societies are assessed infrequently. Overall, 85 completed IEs report on physical and psychological health security, almost double any other outcome category. Aside from this, indicators of intergroup relations and social norms, and measures of economic situations, were each reported on in just over 40 IEs.

Other outcomes that apply across a number of interventions and are at the core of efforts to reduce fragility and build peaceful societies, are assessed less frequently. These include violence and displacement due to violence, peace-positive behaviours, dispute resolution, social norms regarding violence, perceptions of personal and community safety, political security, SGBV, and sustainable and equitable resource management.

There are significant geographical evidence gaps, and the distribution of studies does not overlap much with the most fragile countries and the major recipients of ODA. For example, of the 10 most fragile countries (according to the 2019 Fragile States Index), only DRC and Afghanistan have substantial evidence bases, with 15 and 12 completed IEs identified, respectively.

However, no or very few studies were identified for other fragile states that receive significant ODA investments – for example, Syria, Yemen, Somalia, South Sudan, the

Central African Republic, Chad, Sudan, Zimbabwe, Guinea and Haiti. Collectively, and not including Syria, these nine countries received more than US\$11.3 billion in ODA in 2017. This represents a significant investment with no or little contextual evidence to inform how the funding is put to best use for improved outcomes.

There is limited evidence on key populations of interest when aiming to build peaceful societies. Four studies each reported on interventions targeting or disaggregating effects for returned refugees or communities that host displaced populations, whilst only three looked at effects for migrant populations.

5.2 Synthesis gaps

For SRs to be able to draw clear conclusions and identify generalisable and context-specific findings, a cluster of observations for comparable interventions and outcomes is generally needed. For example, whilst there appears to be a cluster of studies measuring the effects of CDD&R interventions in fragile contexts, the disparate outcomes measured means the largest number of studies available for a single intervention and outcome intersection is seven (the effect of CDD&R on civic participation); as a result, we do not consider this a synthesis gap.

As noted earlier, myriad causal pathways are hypothesised within the field of peacebuilding; this heterogeneity could partially explain why there appear to be so many gaps in the evidence base. When combined with the diversity and inconsistency in outcome measurement, these factors make it more challenging for synthesis work to draw clear conclusions that will support policymakers and programmers. The relatively fragmented evidence base limits the number of synthesis gaps, but we identify several topics with potential for evidence synthesis below.

There is a cluster of 11 studies of gender-equality BCC interventions, but no up to date high-quality SR. Almost all of these studies measure SGBV outcomes, and a handful of studies also assess similar outcomes such as norms around SGBV and empowerment outcomes. We identified one high-confidence SR, but it is from 2013 and needs updating. A more recent SR is available, but due to major limitations in its methodology, it has been rated low confidence.

There may be sufficient evidence for a synthesis on governance in fragile contexts, given the growing evidence base and absence of high-quality SR. We identified 25 completed IEs of interventions falling under the broad category of promoting accountable and inclusive state institutions in fragile situations. These comprised interventions providing support for public sector governance and institutionalisation (13); support for elections (7); justice system reform and support (3); and land reform (2).

A further eight interventions were identified concerning civic engagement initiatives, which often aim to influence governance processes and could also be included in this category. There is a broader range of outcomes measured within this group, yet small concentrations exist for outcomes of governance; civic participation; access to justice, rights and public services; equality and empowerment; and trust and public confidence.

Another potential opportunity for synthesis is assessing the effects of peace education and messaging, intergroup dialogue and dispute resolution on social cohesion and

violence reduction outcomes. We identified a cluster of 17 completed IEs that evaluated programmes in the categories of peace education, peace messaging and media, intergroup dialogues, and dispute resolution.

The outcomes measured in the IEs are more homogenous compared to other clusters; 18 of them reported outcomes related to social cohesion and trust, and/or violence reduction. Given the similarity between the outcomes reported and the good number of studies available, it would be feasible to synthesise the evidence in this area. We identified one completed SR and one protocol in this cluster. The completed and ongoing synthesis studies in this cluster are all of limited populations: the completed review limits its analysis to Latin America, and the protocol (ongoing study) is looking only at street worker outreach programmes. We thus find that this cluster may comprise a promising opportunity for synthesis.⁶

The evidence base on cash transfers and subsidies and life skills and employment training is increasing relatively rapidly and will represent a synthesis gap once ongoing studies are completed. This is particularly the case for the former category (cash transfers and subsidies), where the number of ongoing studies (12) exceeds those that are completed (9). With regard to the completed studies, the evidence base is fragmented in terms of measured outcomes, and this could make synthesising and making sense of the evidence base challenging.

Studies of MHPSS represent a large share of the overall evidence base, and there is potential to update existing SRs with new evidence. We identified eight existing SRs focusing on the effects of MHPSS interventions in fragile contexts that have been rated as medium or high confidence in the findings and published in the last decade. The evidence included in these reviews is becoming somewhat dated, with the most recent literature searches concluded in June 2016.

5.3 Methodological gaps

There is limited use of theory based, mixed-methods approaches to address complexity in the existing evidence base. Approaches that incorporate theories of change and mixed methods can help evaluations ‘open the black box’ to understand why change may or may not be happening, and how the intervention has interacted with contextual factors including barriers, facilitators and moderators. By understanding why an intervention might or might not have worked in a particular context, the evaluation findings can be more effectively interpreted to inform decisions around scaling, adoption or adaptation of the intervention to new contexts.

The use of such methods is relatively low, with roughly one third of studies adopting a mixed-methods approach and around a third of studies incorporating a theory of change. Use of these methods in studies of MHPSS interventions is particularly low, with 22 per cent of studies adopting a mixed-methods approach and just two of 64 MHPSS evaluations incorporating a theory of change.

⁶ Based on this finding, Deutsche Gesellschaft für Internationale Zusammenarbeit commissioned 3ie to undertake an SR of the effects of interventions aiming to build horizontal (intergroup) social cohesion in fragile contexts. This review is underway.

Despite cost-effectiveness being an important question for donors and decision makers, very few studies reported any measures of cost-effectiveness. We identified only five studies with some level of cost data. Three of these were studies of life skills and employment training, including its related PLUS category. One MHPSS and one gender equality study also reported some cost evidence, and one ongoing study of a cash transfers and subsidies intervention had committed to reporting cost evidence. No SRs reported on cost-effectiveness.

Less than one third of studies report ethics approval. Despite widespread recognition of the importance of approaches such as ‘do no harm’ within the peacebuilding community, few IEs outside of MHPSS studies reported having received ethics approval from an institutional review board. Across the included IEs, only 24 per cent of non-MHPSS studies using primary data refer to ethics approval, whilst for MHPSS this was much higher and reported in 76 per cent of studies.

This issue may be driven, in part, by unreported ethics approval that was in fact received; however, this low rate of reporting is nonetheless concerning. Ethics approval is a core requirement of human-subjects research, particularly when research is dealing with sensitive topics and vulnerable populations (which applies to most, if not all research covered in this EGM).

Another study design feature that can be described as a gap is the lack of attention to equity. Beyond assessing interventions that target vulnerable groups, few studies adopt an equity-sensitive approach, such as ensuring the research process was informed by gendered inequality considerations, undertaking statistical subgroup analysis or using qualitative methods to understand differential impacts for key vulnerable or marginalised population groups.

Few ongoing studies identified were based on QEDs, compared to the proportion of completed studies based on QEDs. This could be due, in part, to a lack of pre-registration of QEDs compared to RCTs. Although pre-registration is more common in general for experimental studies than for QEDs, opportunities to pre-register non-RCTs do exist, such as the Registry for International Development Impact Evaluations, hosted by 3ie. The pre-registration of studies helps ensure transparency in research, and addresses risks of bias such as publication bias or ‘p-hacking’. This is thus a further opportunity for strengthening the quality of IEs in peacebuilding.

6. Conclusions and implications

We identified 195 completed IEs, 47 ongoing IEs, 29 completed SRs and 5 ongoing SRs. This represents a much larger evidence base than was identified in the 2015 EGM, partly due to the expanded scope of the current EGM. However, it is also indicative of the relatively steady increase in rigorous IEs conducted in fragile contexts.

MHPSS remains the most frequently studied intervention category, although we also identify smaller clusters of studies on gender-equality BCC programmes, CDD&R, and cash transfer and subsidies programmes. In addition to these interventions, there are smaller clusters of evidence around peace education and messaging; intergroup dialogues and dispute resolution; building inclusive and accountable state institutions in fragile contexts; and a growing evidence base for life skills and employment training.

Beyond this, the evidence base is best described as fragmented, with only a few studies per intervention and outcome intersection and a large number of ‘absolute’ gaps. For 12 intervention types, we did not identify any studies. There is a sizeable number of IEs from some countries with high levels of fragility and ODA, such as DRC and Afghanistan; however for others, including Syria, South Sudan and Yemen, we did not identify any completed studies. Finally, most studies comprising the existing evidence base do not adequately address equity.

A large share of the world’s population resides in fragile contexts, and donors are dedicating an unprecedented level of resources to programmes that aim to reduce instability and increase resilience to build peaceful societies. The fragmentation and myriad gaps in the evidence base suggest an urgent need for investment in research. We urge researchers, funders and other stakeholders to consider a coordinated initiative to address the most critical evidence gaps in a strategic manner, ensuring new studies are comparable and avoiding duplication of efforts.

6.1 Implications for research

Conducting research in fragile contexts is challenging. Costs are often higher, there may be risks to both beneficiaries and researchers, and conducting IEs may be more methodologically difficult due to complexities of interventions, outcomes and context (Gaarder and Annan 2013). But, as this study has highlighted, a considerable number of studies have already been conducted. Although it is clear in many cases that a rigorous IE will not be feasible, there is considerable potential to apply it more widely and systematically.

When commissioning and designing new studies, we suggest that funders and researchers consider the following:

- Prioritising intervention categories and outcomes for which a theory of change is well established, but no or few IEs exist;
- Adopting a common set of outcomes and indicators across studies to enhance the value and potential for cross-study lessons and evidence synthesis;
- Incorporating measures of cost-effectiveness;
- Prioritising research that assesses the effects of complex, multicomponent interventions, as this is a noticeable evidence gap;
- Employing study designs informed by a mixed-methods, theory-based approach to IE that considers a range of questions relevant to policy and practice, including implementation, contextual factors and costs;
- Applying the most rigorous IE method that is appropriate and feasible, considering both intervention design and context. For intervention types that do not lend themselves to quantitative IE, this may mean applying rigorous ‘small n’ IE designs (White and Phillips 2012);
- Ensuring research designs and methods are sensitive to inequalities across different population groups. Taking into account diverse experiences, power dynamics and gendered inequality in study design and conduct will ensure new studies are sensitive to the needs and effects of programmes with regard to vulnerable groups. Methods to strengthen equity-sensitive research include adopting methods allowing for the identification of differential effects amongst different population groups;

- Ensuring ethical research conduct and protection of research participants, including undertaking and reporting review and approval of study protocols and procedures by relevant review boards; and
- Adhering to commonly accepted standards for research transparency and reporting, including pre-registration of all new studies (experimental and quasi-experimental, e.g. in the 3ie Research Transparency Policy 2018).⁷

6.2 Implications for policy and practice

The growing evidence base has led to a number of synthesis efforts, including 13 high- and medium-confidence SRs synthesising what we know about interventions, including MHPSS, violence and crime reduction, CDD&R and cash-based transfers in emergency settings. Although the available evidence often limits the extent to which these reviews can identify clear policy implications, we suggest consulting these syntheses in the design and development of new policies and programmes. We summarise the implications from these SRs in Section 4.8 and encourage readers to consult the full reviews for more details.

In addition, when designing programmes, policymakers and implementers should consult the EGM to find out whether rigorous evidence exists (including IEs or SRs) for the programme in question, considering the following:

- Where no evidence exists for an intervention, or none exists from the relevant geography, consider whether it would be possible to include an IE within the new programme, taking into account the implications for research noted above;
- Where relevant SRs exist, consult the studies to inform programme design. Even low-quality reviews may present useful information, such as descriptions of the evidence base or theories of change, although effectiveness findings should be interpreted with caution;
- Where there are existing IEs but no recent or high-quality SRs, consult the primary studies and take the findings into consideration for policy and programme design:
 - Use caution when interpreting the findings. Conclusions regarding intervention effectiveness should not be drawn from single studies or by counting the number of ‘successful’ interventions. Further, all results may not be directly transferable to different contexts. Policymakers and practitioners should consult IEs as well as sector and regional specialists when judging the transferability of results; and
 - If the cluster of evidence is large enough, consider commissioning an SR. Since SRs take time to develop, the EGM should be consulted as early as possible in the planning stages when designing new programmes or strategies.

⁷ Whilst we did not systematically extract data on reporting and pre-analysis plans, we identified a ‘gap’ in ongoing studies applying QEDs and interpreted this as possibly due to the infrequent registration of QED studies, despite the increasing registration of pre-analysis plans in development economics. Thus, although this implication does not arise from a specific finding of the EGM, but rather from our interpretation of one, pre-registration is a widely accepted practice for transparent, high-quality research, with which we encourage all researchers and research funders to comply.

Appendix A: The evidence gap map framework

Note that the framework here shows only the broad category groups to make it legible on one page. See Appendix B for the complete list of interventions and outcomes.

	Governance	Social cohesion and trust	Violence reduction	Human security and resilience	Cost-effectiveness
Strengthening social well-being, empathy and conflict resolution					
Supporting peace processes, oversight and post-conflict justice					
Ending violence and building a safe & secure environment					
Building a strong and inclusive civil society					
Building inclusive and accountable state institutions at national, subnational and local levels					
Building sustainable economic foundations and livelihoods					

Appendix B: Methods

B.1 Detailed scope

To put the EGM conceptual framework into action, a detailed list of intervention and outcome definitions was developed. To structure the systematic search process, detailed inclusion criteria were developed in the protocol, covering the includable interventions, outcomes, populations and study designs.

Table B1: Definitions of included interventions

Intervention categories	Subcategories	Definitions
Strengthening social well-being, empathy and conflict resolution		This category of interventions aims to restore, or strengthen, friendly relations in an area that has been affected by conflict and/or deep social rifts. These include justice interventions that aim to resolve current disputes, psychosocial support to victims and perpetrators, peace education and efforts to end social isolation.
	Peace education	Peace education interventions promote the knowledge, skills and attitudes that shape the social environment to both prevent conflict from occurring and help people to resolve it peacefully. These interventions can be run at many scales (i.e. local versus national) and often involve promoting a community dialogue. They usually cover a range of topics including non-violent conflict resolution techniques, human rights, democracy, disarmament, gender equality, tolerance and communication skills.
	Peace messaging and media	These interventions focus on building the capacity of media organisations and supporting them to provide peace messaging, amongst other content, to their local communities.
	Dispute resolution	These interventions emphasise handling disputes through informal means, including specific programmes dedicated to dispute resolution, traditional councils and cultural means of dispute resolution.
	Mental health and psychosocial support	These interventions aim to provide psychosocial support to victims and/or perpetrators to address the psychological and psychosocial problems caused, or exacerbated, by situations of violence (ICRC 2016). This can include trauma healing, psychosocial support groups, individual therapy (sometimes for specific groups, such as torture survivors or ex-combatants), arts-based therapies, and building community awareness around mental health. This support aims to help individuals and communities heal psychological wounds and rebuild social structures (UNICEF n.d.).
	Social inclusion/ reintegration initiatives	These interventions include efforts to engage marginalised groups in the social fabric of communities, including the reintegration of non-combatants affected by violence. This can include building relationships between vulnerable individuals and potential mentor figures, their

Intervention categories	Subcategories	Definitions
		families and the wider community. It can also include both formal and informal efforts to minimise social isolation. This category does not cover the reintegration of ex-combatants, which is captured elsewhere.
	Gender equality behaviour change communications	These interventions aim to change behaviours, attitudes and beliefs around gender equality and the role of women in society.
	Intergroup dialogues	These interventions aim to increase dialogue and social interaction between different groups, including different ethnic groups, displaced and host-community groups, and people of different faiths. They are not part of formal peace processes, but rather processes that use engagement with key community leaders to bring different groups together. They may include purely dialogue-focused interventions or bring groups together through activities such as arts or sports.
Supporting peace processes, oversight and post-conflict justice		This set of interventions includes activities targeted at potential or existing formal peace processes, including efforts to establish, facilitate and monitor the implementation of negotiations or peace agreements.
	Support for peace processes and negotiation	A peace process is often thought of as 'a political process in which conflicts are resolved by peaceful means' and consist of a mixture of 'politics, diplomacy, changing relationships, negotiation, mediation, and dialogue in both official and unofficial arenas' (Saunders 2001). These interventions, therefore, encompass not only supporting political institutions, but working with key actors to establish the preconditions for peace processes, establishing national and community dialogues, and ensuring that marginalised groups (such as women, youth, and ethnic minorities) participate in the process (Berghof Foundation 2015).
	Support for peace agreement implementation and oversight	This includes efforts to facilitate the implementation of a finalised peace agreement and neutral third-party oversight to ensure compliance amongst all parties to the agreement.
	Transitional justice processes	These interventions offer stand-alone (outside the standard justice system), formal and informal (or judicial and non-judicial) measures to address the legacy of human rights abuses in a country and address past injustices. These often include truth commissions (or simple truth telling by both victims and perpetrators), programmes for reparations, and actual prosecutions.
	Peace policy influencing	This includes interventions to support civil society-led efforts to influence policies to end violence and promote sustainable peace, including advocacy campaigns, conflict assessments and mass movements/collective civic action.

Intervention categories	Subcategories	Definitions
Ending violence and building a safe and secure environment		These interventions focus on stabilising a conflict or violent situation, preventing the outbreak of violence and helping the population to feel secure.
	Peacekeeping missions	This specifically covers the deployment of UN peacekeepers into countries in a post-conflict setting. This involves the deployment of international troops and police, who work with local civilian peacekeepers to provide security to an area (UN Peacekeeping n.d.).
	Disarmament, demobilisation and reintegration and gang drop-out programmes	Disarmament, demobilisation and reintegration is a complex programme for ex-combatants that brings together reconciliation, security and socio-economic dimensions. The process typically involves removing weapons from combatants' hands, taking individuals out of militarised structures, and providing them with training for new livelihoods as well as psychosocial support (UNDDR Resource Centre 2019). This also captures programmes to reintegrate former gang members into their communities, which follow similar theories of change.
	Conflict-focused early warning systems	This includes interventions that aim to create early warning systems to track fragile situations and identify conflict, or potential conflict, just before or as soon as it breaks out (e.g. through tracking the use of hate speech in traditional and social media).
	Countering violent extremism	Countering violent extremism is a security-focused approach to dealing with violent extremism, based on anti-/counter-terrorism tools and entry points and rooted in a hard-power approach (Austin and Giessmann 2018).
	Demining	This is the process of removing mines and other unexploded ordinance from an area.
	Civilian police reform	These interventions work within the system of traditional civilian police forces to restructure, reform and improve access to police services. They include higher-level and governmental reform of police forces, as well as local-level efforts such as community policing interventions, which aim to build ties between the formal police force and the community (e.g. through neighbourhood watches and encouraging civil society organisations to be involved in promoting security).
	Preventative protection measures	These interventions comprise non-police or security force-based efforts to reduce incidences of violence or criminal activity. They include making the physical environment less conducive to such acts and minimising the exposure of vulnerable groups to risky situations. This can include crime prevention through environmental design intervention, which is a multidisciplinary approach aiming to reduce criminal activity by making the physical environment less conducive for it (Crowe and Fennelly 2013). These interventions are enacted through efforts

Intervention categories	Subcategories	Definitions
		such as installing lighting in public spaces, removing obstacles so there is better line of sight and reclaiming spaces for positive community activities. They may also include interventions to reduce vulnerable groups' risk of exposure to violence (e.g. through providing firewood or alternative fuel sources to women in refugee camps).
Building a strong and inclusive civil society		Civil society refers to the realm of organised social life that is autonomous from the state; it includes a wide array of non-governmental organisations, such as community groups, labour unions, professional associations and foundations (World Bank 2013). The interventions in this section aim to strengthen the function of civil society and help it to effectively interact with the state.
	Civil society capacity building	This encompasses a fairly broad range of interventions that work with civil society organisations to develop their capacity as a force for change (i.e. capacity building of civil society organisations to advocate for and engage with citizens and the government). This can include the establishment of community interest groups, such as women and youth committees.
	Social funds, community-driven development and reconstruction (CDD&R)	These interventions, including social funds, CDD and CDR, encourage participatory planning and the inclusion of local constituents in identifying and addressing local needs. This can include social funds based on community decision-making, collaborative projects with the local government, and establishing community committees to help oversee the development or reconstruction efforts. This does not cover social safety nets or funds where decisions are not controlled by communities.
	Civic engagement initiatives	These are interventions that aim to empower individuals, often marginalised groups or youth, by providing them with formal and/or informal opportunities to make their voices heard through engaging in politics, civilian participation and oversight of public institutions and other civil society activities.
	Justice and human rights support	This includes interventions that aim to enable access to justice and human rights for individuals and groups through strengthening support from the demand-side. This can include programmes to provide pro-bono legal aid to vulnerable individuals or groups, information campaigns to improve people's knowledge of their and others' rights, and advocacy programmes to increase awareness of human rights abuses or injustices.
Building inclusive and accountable state institutions at national, subnational and local levels		These interventions look at creating and strengthening the government and public service institutions necessary to support long-term economic, social and political development (Center for Global Development 2016).

Intervention categories	Subcategories	Definitions
	Support for foundational state design processes	This includes efforts to support the design and drafting of legal foundations (e.g. constitutions), as well as political system design and state institutional design (e.g. drawing boundaries, decentralisation, federalism or division of territory into districts).
	Public sector governance and institutionalisation	These interventions work with public institutions at all levels (national, subnational and local), including core government bodies and public service institutions. They aim to build capacities and processes to strengthen governance, including through improving the accountability, transparency, responsiveness, efficiency and equity of access to government and public services. Whilst public services (e.g. health and education) are usually thought of as provided by the government, they may also be provided by NGOs, although this is usually envisioned as an intermediary step, whereas capacity is built in the government. These interventions also may include efforts to build links between civilians and state officials to strengthen state legitimacy.
	Security sector reform	These interventions work to help governments improve their provision of safety, security and justice through actors in the security sector, which includes all levels of military and civilian organisations, governmental bodies providing oversight to such organisations, and actual state security providers (including police, customs, military forces and correction officers). This can include interventions to reform armed forces, improve national security planning, and provide oversight and transparency to justice, police and corrections actors.
	Justice system support/reform	These interventions work within the formal justice sector – the ‘supply side’ of justice – to improve court systems and access. This can include integrating human rights into the legal framework, capacity building for courts and lawyers, and reforming the criminal penal code to strengthen equal protection for human rights under national laws.
	Land reform	These interventions work with the government to develop or reform and implement laws to improve the equity of land distribution for vulnerable community members, such as indigenous groups, the ultra-poor or displaced persons.
	Support for elections	Trusted elections help to establish the legitimacy of the government, and election support interventions typically work with both international actors (who often monitor elections) and local civil society organisations (and NGOs) to ensure that electoral law is followed, eligible citizens are able to vote freely, and election results are more trustworthy. Elections support also comprises interventions to increase access to information about election processes and candidates.

Intervention categories	Subcategories	Definitions
Building sustainable economic foundations & livelihoods		This category of interventions aims to address some of the underlying economic drivers of instability and conflict. They usually aim to generate employment, improve access to and resilience of livelihoods, including in the context of climate change, and promote the engagement of all citizens (especially minority groups) in the economy.
	Education and academic catch-up	These programmes aim to address the school years lost by children due to conflict and displacement (Amal for Education 2019). They are particularly important when attempting to reintegrate refugee and child soldier populations. Typically, they cover all academic areas to ensure that children have broad capacity.
	Life skills and employment training	This category provides training programmes primarily for jobs and livelihoods but can also include programmes such as music instruction for youth, which may have less obvious monetary reward but aims to provide skills and an alternative to violence. Importantly this category does not include the development of peace skills (such as conflict management).
	Life skills and employment training PLUS	This category includes multicomponent interventions, which entail a life skills and employment training intervention combined with another intervention category. These likely include employment training combined with a financial inclusion, job creation or psychosocial support intervention.
	Jobs creation	These interventions include all job creation programmes, including support for the private sector.
	Financial inclusion	This typically comprises microcredit, microinsurance, and microsavings interventions (including establishing village savings and loan associations) and financial literacy support.
	Cash transfers and subsidies	This includes interventions that provide social safety nets, in terms of cash and subsidies to community members, which might be conditional or unconditional. This category also includes short-term cash-for-work programmes, which provide assistance in the form of cash for performing labour (rather than a traditional aid hand-out).
	Cash transfers and subsidies PLUS	This includes multicomponent interventions that contain a 'cash transfers and subsidies' category intervention combined with another intervention. These other interventions may include life skills and employment training or mental health and psychological support, which are incentivised or complemented with cash transfers. In these cases, whilst the other component may be at the foreground, the cash transfer is a vital part of the theory of change.
	In-kind transfers and food assistance	This covers social safety nets in the form of in-kind transfers that directly provide goods and assistance, and specifically includes food assistance (where it is given directly to the community).

Intervention categories	Subcategories	Definitions
	Infrastructure development and reconstruction	This covers all interventions that build, or re-build, infrastructure outside of CDD&R processes, with the aim of stimulating the economy through both short-term employment and ensuring the presence of infrastructure necessary for economic development.
	Infrastructure development and reconstruction PLUS	This category includes multicomponent interventions that combine infrastructure development and reconstruction activities with another form of intervention.
	Market development	This includes interventions that aim to develop the wider economic market and provide increased opportunities at the macro-level of the economy. This includes work on trade, foreign and national investment, and business, cooperative or association formation and oversight.
	Community-based natural resource management	These interventions aim to strengthen community-level management of natural resources, including water, rangelands and forests. This may include participatory management of irrigation systems, water user associations or rangeland/forestry user associations. These interventions aim to decentralise control over resource management and benefits to a local level. Interventions to support community-based natural resource management groups often comprise elements of conflict resolution training.
	Transboundary water sharing	This includes support for (re)negotiation of transboundary water agreements (e.g. treaties) and management to improve the equity and sustainability of water use.
	National natural resource benefits sharing	This includes interventions to shape the sharing of natural resource benefits, particularly in the extractives sector, such as efforts to increase the provision of benefits to local communities or reduce risks of violent conflicts over control of resources.

Table B2 presents the definitions of includable outcome categories. The outcome groups were adapted from work by the Alliance for Peacebuilding (forthcoming), which reviewed and synthesised more than 7,000 indicators from the sector.

Table B2: Outcome definitions

Outcome categories	Subcategories	Definition
Governance		This category encompasses outcomes related to the quality of governance in a given area, including equity in access to rights, justice and public services.
	Government performance	This includes all indicators of how well state institutions are functioning (e.g. indicators of how consistent or high-quality a service is) or perceived to be functioning, as well as corruption strength of democratic practices and government capacity.
	Civic participation	This includes all indicators for participation or inclusion in civil society, state institutions and decision-making, including capacity for collective action.
	Access to justice, rights and public services	This includes all indicators of access to justice and rights, including protection of human rights (including access to documentation), and equitable access to public services (e.g. health, education).
Social cohesion and trust		This category of outcomes captures impacts on the relationships across, and within, communities, including those for (re)integration, as well as measures of trust between different groups.
	Equality and empowerment	This includes all measures of social equality and empowerment outcomes, particularly for marginalised groups, including gender equality, sense of self-efficacy and inclusion. It does not include equal access to rights and services, which is captured elsewhere.
	Intergroup relations and social norms	This includes indicators of social norms around intergroup relations, and (re)integration and reconciliation processes, including perceptions of other groups (social stigma, discrimination), and frequency of, and attitudes towards, interactions with other groups.
	Peace-positive behaviours	This includes individual-level measures of peace-positive attitudes, values and behaviours (pro-social, associative, cooperative), inclusive perceptions of community and behavioural intentions.
	Trust and public confidence	This includes all indicators of trust: in institutions and government, within communities, between conflict groups, in local leaders and in security apparatuses.
Violence reduction		This group of outcomes comprise measures of current levels of violence as well as changes in such levels over time. Additionally, the category includes proxies for violent behaviour, including attitudes toward violence, engagement in other risky behaviour, impact of violence and support for armed groups.
	Sexual and gender-based violence	This comprises any indicator that measures incidence levels, attitudes or norms related to SGBV. SGBV 'refers to any act that is perpetrated against a person's will and is based on

Outcome categories	Subcategories	Definition
		gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys' (UNHCR n.d.).
	Instances of violence and displacement due to violence	This includes reported violence (except for specific measures of SGBV), crime rates, accessibility of weapons, casualties of conflict, self-reported use of violence, and measurements of the frequency and levels of displacement due to violence.
	Social norms regarding violence	This includes norms and behaviours surrounding violence, including support for political violence or armed groups, and attitudes towards the use of violence.
Human security and resilience		This category comprises resilience outcomes related to a community's capabilities to resist/prevent, cope and recover from violent conflict, as well as strengthening elements of human security (Giessmann et al. 2019).
	Dispute resolution	This encompasses all indicators related to the peaceful resolution of disputes, such as accessibility of dispute resolution mechanisms, the capacity of communities to resolve disputes, and frequency with which conflict is resolved peacefully.
	Perceptions of personal and community safety	This includes measures of perceived safety in the home, safety in the community and freedom of movement.
	Perceptions of political security	This includes perceptions of the state of peace and conflict vulnerability in a community or country and perceptions the capacity of police and security apparatuses to ensure safety.
	Sustainable and equitable resource management	This includes indicators related to the economic and environmental sustainability and equity of resource management.
	Food security	This includes all indicators of access to sufficient and diverse food. This can include direct measures of access to food or measures of nutritional status such as body mass index and z-scores for weight.
	Physical and psychological health security	This includes indicators of key health outcomes, such as psychological well-being (e.g. levels of PTSD, anxiety), incidences of disease, vaccination rates and life expectancy. This does not cover access to health services (which appears under governance).
	Economic situation	This includes all indicators of employment status and household financial resilience (e.g. income, assets, savings).
Cost-effectiveness		This category includes all reports of cost-effectiveness.
	Cost-effectiveness analysis	This includes all analyses that use primary cost and effectiveness data to produce a cost-effectiveness analysis. This includes analysis at the intervention, activity or strategic level.

B.1.1 Fragile contexts

We include interventions conducted in fragile contexts only. This comprises fragile states, which can be thought of as countries where the government is unwilling or unable to provide basic public services in the areas of security, the rule of law and basic social services (BMZ 2017), and fragile communities in non-fragile states, such as areas with high levels of gang or inter-group violence.

For screening criteria, we include studies where the population falls within at least one of the following categories:

1. The country appears on the World Bank's Harmonised List of Fragile Situations or received a score of over 90 on the Fragile States Index (by the Fund for Peace) in the year in which the intervention was started. These lists run back to 2005/2006;
2. For studies pre-2005, the country is considered a fragile state if the intervention was implemented during an armed conflict between two or more organised groups that resulted in over 1,000 deaths in one year, or within five years after the end of said conflict; and/or
3. The community or communities where the intervention was implemented were affected by inter-group violence, including gang violence; or high levels of inter-group tension or the potential for tension (e.g. communities with a large influx of refugees and/or migrants); and this factor is defined by the study as one of the motivations for implementing the intervention (i.e. if the study does not discuss the presence of violence or tensions that do indeed exist, the study is excluded).

B.1.2 Study designs

We include both IEs and SRs. An IE is defined as a programme evaluation, or field experiment, that uses experimental or observational data to measure the effects of a programme and establish a causal link. The latter is most often, and most rigorously, done by providing a counterfactual of what would have happened to the same group in absence of the programme. We include rigorous quantitative IEs, such as RCTs. This includes natural experiments, which may provide 'as-if randomised' evidence when well-conducted (Waddington et al. 2017).

Studies must have used one of the following study designs to be included:

1. Allocation of participants to intervention and control groups using a randomised, or quasi-randomised, mechanism at individual or cluster levels:
 - a. RCT with assignment at individual or cluster level; or
 - b. Quasi-RCT using a quasi-randomised method of prospective assignment (e.g. alternation of clusters).
2. Non-randomised designs with selection on unobservables:
 - a. Natural experiments and methods such as sharp or fuzzy regression discontinuity design;
 - b. Panel, or pseudo-panel data, with analysis to account for time-invariant unobservables, including difference-in-difference and fixed- or random-effects models; or
 - c. Cross-sectional studies using multi-stage or multivariate approaches to account for unobservables, including instrumental variable and Heckman two-step estimation approaches.
3. Non-randomised designs with selection on observables:

- a. Cross-sectional or panel (i.e. controlled before and after) studies that use a method to statistically match individuals and groups in the intervention and comparison groups such as propensity score matching; or
 - b. Studies that build a counterfactual through synthetic control approaches.
4. Studies explicitly described as SRs that measure the effectiveness of a relevant intervention for an included outcome and describe methods used for search, data collection and synthesis.

We include both ongoing and completed IEs and SRs; for the former, we therefore include prospective study records, protocols and trial registries. We include IEs where the comparison groups receive no intervention (i.e. the standard treatment being provided to the community, if any) or where the study employs a pipeline (wait-list) approach. We exclude SRs that are not effectiveness reviews (i.e. those which do not aim to synthesise the evidence of the effects of a relevant intervention on priority outcomes of interest), such as SRs of driving factors of fragility or intervention approaches.

Where SRs include a mixture of evidence from both high-income and L&MICs, we include them if they present disaggregated evidence for L&MICs, or if more than 50 per cent of the evidence of non-disaggregated results is from L&MICs. Where there are no disaggregated results for L&MICs and more than 50 per cent of the evidence for consolidated findings in an SR comes from high-income countries, or where it is impossible to ascertain the composition of evidence by income level, the studies are excluded.

Additionally, although not included in the EGM, we record any rigorous ‘small n’ qualitative IEs that explicitly attempted to establish causality (White and Phillips 2012).

B.2 Detailed methodology

B.2.1 Conceptual framework development

In partnership with the German Institute for Development Evaluation, 3ie developed this project to update and expand the 2015 peacebuilding EGM. We first reviewed the existing framework from 2015, then expanded and updated it to ensure alignment with current policymaking and implementation priorities and trends. The framework was then validated and strengthened through input and feedback from an advisory group comprising policymakers, peacebuilders, funders and researchers from across the peacebuilding field.

The conceptual framework aims to identify the key groups of interventions hypothesised in the literature to contribute to securing and building peaceful societies – both directly, by strengthening the capacities for reconciliation and peaceful resolution of conflict, ending violence and promoting security; and indirectly, by addressing the underlying structural and interpersonal drivers of conflict, through to building capacities for sustainable peace and human security. It grew out of the 2015 peacebuilding EGM, broadening its scope to comprise a more holistic set of interventions in line with the recognition in the literature of the diverse components of building peaceful societies.

The six broad groups of interventions, comprising more than 40 specific interventions that are theorised to impact the context for peace, were developed through consultations

with, and feedback and insights of, the international advisory group. To define the key outcomes, we drew on the findings of forthcoming research by the Alliance for Peacebuilding to gather and synthesise as many indicators as possible from actors across the peacebuilding field. These were then synthesised and subsequently grouped into seven defined sets. Ensuring these core outcomes measured by the peacebuilding field were explicitly captured, we then incorporated additional outcomes to address other elements of multidimensional human security.

We used this work on developing our conceptual framework to then update the framework, or matrix, of interventions and outcomes in the previous 3ie EGM on peacebuilding (Cameron et al. 2015). Our current matrix (Appendix A) includes a broader set of interventions and outcomes, based on our desire to incorporate all interventions that theoretically strengthen the conditions for peace. This includes the addition of outcomes such as food security and dispute resolution, and interventions such as social inclusion and financial inclusion initiatives. Section B.1 provides definitions for all included interventions and outcomes.

The EGM has filters to highlight the evidence in particular countries and regions, using specific study designs, and targeted at particular populations. The latter is particularly important for this map, as a considerable amount of programming in this sector is targeted at specific subpopulations, such as displaced persons (including internally displaced persons and refugees), women and youth. Finally, we have placed 'N/A' markers in some cells in the matrix where there is no clear theory of change linking the intervention and outcome.

B.2.2 Search strategy

Our search strategy had five main components to identify relevant ongoing and completed studies:

1. We rescreened all studies included in the previous peacebuilding evidence gap map (Cameron et al. 2015);
2. We searched a comprehensive list of relevant academic databases and trial registries (Table B3);
3. We conducted hand-searches of relevant organisations' websites, including 3ie's IE and SR repositories, as well as those of organisations known to work on producing evidence in fragile contexts (not limited to traditional peacebuilding organisations). The list is available in Table B3;
4. We conducted bibliographic reference checks for all included papers to identify additional primary studies and SRs; and
5. We asked members of our advisory group to suggest any relevant ongoing or completed work they were aware of.

Table B3: List of databases and websites to be searched

Databases
Academic Search Complete (EBSCO)
American Economic Association RCT Registry (AEA)
Africa Wide Information (EBSCO)
Arts & Humanities Citation Index (AHCI) (Web of Science)
CAB Abstracts (Ovid)
CAB Global Health (Ovid)
Cochrane Library
EconLit (EBSCO)
IDEAS RePEc
Medline
Popline
PsycINFO
Scopus
Social Sciences Citation Index (Web of Science)
World Bank e-library
Organisation websites
Abdul Latif Jameel Poverty Action Lab (J-Pal)
African Development Bank (AfDB) – Evaluation Reports
Alliance for Peacebuilding – Peacebuilding evaluation
Asian Development Bank (ADB) – Evaluation Resources
British Library of Development Studies (BLDS)
Campbell Library
Centre for Effective Global Action (CEGA)
Department for International Development (DFID)
Experiments in Governance and Politics (EGAP)
German Institute for Development Evaluation (DEval)
Google Scholar
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Innovations for Poverty Action (IPA)
Inter-American Development Bank (IDB)
International Initiative for Impact Evaluation (3ie)
International Rescue Committee (IRC)
Mercy Corps
NBER Working Papers
Overseas Development Institute (ODI)
Registry of International Development Impact Evaluations (RIDIE)
Social Science Research Network (SSRN)
USAID Development Experience Clearinghouse
World Bank – Development Impact Evaluation Initiative (DIME)
World Bank – Independent Evaluation Group (IEG)
World Food Programme (WFP)

The following is an example of the search string that was used for academic databases and search engines; it includes terms for the suitable populations and study designs.

Example search string used for PsycINFO on OVID:

1. (((Countr* or nation* or region* or territor* or provinc* or group or groups or ethnic* or communit* or tribe* or tribal* or situation* or state or states) adj3 (fragile or weak or failed or unstable or conflict or conflicts or conflict-afflicted or

- conflict-affected or post-conflict or post-war or war-affected or war-torn or violent* or "conflict afflicted" or "conflict affected" or "post conflict" or "post war" or "war affected" or "war torn")) or genocide or "ethnic cleansing" or massacre* or "forced* displace*").ti,ab. (16963)
2. conflict resolution/ or mediation/ or war/ or peace/ or genocide/ or mass murder/ (27110)
 3. or/1-2 (41518)
 4. ("quasi experiment*" or quasi-experiment* or "random* control* trial*" or "random* trial*" or RCT or (random* adj3 allocat*) or matching or "propensity score" or PSM or "regression discontinuity" or "discontinuous design" or RDD or "difference in difference*" or difference-in-difference* or "diff in diff" or DID or "case control" or cohort or "propensity weighted" or propensity-weighted or "interrupted time series" or (before adj5 after) or (pre adj5 post) or ((pretest or "pre test") and (posttest or "post test")) or "research synthesis" or "scoping review" or "rapid evidence assessment" or "systematic literature review" or "Systematic review" or "Meta-analy*" or Metaanaly* or "meta analy*" or "Control* evaluation" or "Control treatment" or "instrumental variable*" or heckman or IV or ((quantitative or "comparison group*" or counterfactual or "counter factual" or counter-factual or experiment*) adj3 (design or study or analysis)) or QED or "realist evaluation" or "general elimination method" or "modus operandi method" or "process tracing" or "contribution analysis" or (impact adj3 (evaluation or assessment or analysis or study))).ti,ab. (700273)
 5. quasi experimental methods/ or clinical trials/ or multiple regression/ or statistical regression/ or time series/ or meta analysis/ or experimental design/ or cohort analysis/ or qualitative research/ or quantitative methods/ or programme evaluation/ (47610)
 6. or/4-5 (729774)
 7. (Afghanistan or Albania or Algeria or Angola or Argentina or Armenia or Armenian or Azerbaijan or Bangladesh or Benin or Byelarus or Byelorussian or Belarus or Belorussian or Belorussia or Belize or Bhutan or Bolivia or Bosnia or Herzegovina or Hercegovina or Botswana or Brazil or Bulgaria or Burkina Faso or Burkina Fasso or Upper Volta or Burundi or Urundi or Cambodia or Khmer Republic or Kampuchea or Cameroon or Cameroons or Cameron or Camerons or Cape Verde or Central African Republic or Chad or China or Colombia or Comoros or Comoro Islands or Comores or Mayotte or Congo or Zaire or Costa Rica or Cote d'Ivoire or Ivory Coast or Cuba or Djibouti or French Somaliland or Dominica or Dominican Republic or East Timor or East Timur or Timor Leste or Ecuador or Egypt or United Arab Republic or El Salvador or Eritrea or Ethiopia or Fiji or Gabon or Gabonese Republic or Gambia or Gaza or Georgia Republic or Georgian Republic or Ghana or Grenada or Guatemala or Guinea or Guiana or Guyana or Haiti or Honduras or India or Maldives or Indonesia or Iran or Iraq or Jamaica or Jordan or Kazakhstan or Kazakh or Kenya or Kiribati or Korea or Kosovo or Kyrgyzstan or Kirghizia or Kyrgyz Republic or Kirghiz or Kirgizstan or Lao PDR or Laos or Lebanon or Lesotho or Basutoland or Liberia or Libya or Macedonia or Madagascar or Malagasy Republic or Malaysia or Malaya or Malay or Sabah or Sarawak or Malawi or Mali or Marshall Islands or Mauritania or Mauritius or Agalega Islands or Mexico or Micronesia or Middle East or Moldova or Moldovia or Moldovian or Mongolia or Montenegro or Morocco or Ifni or

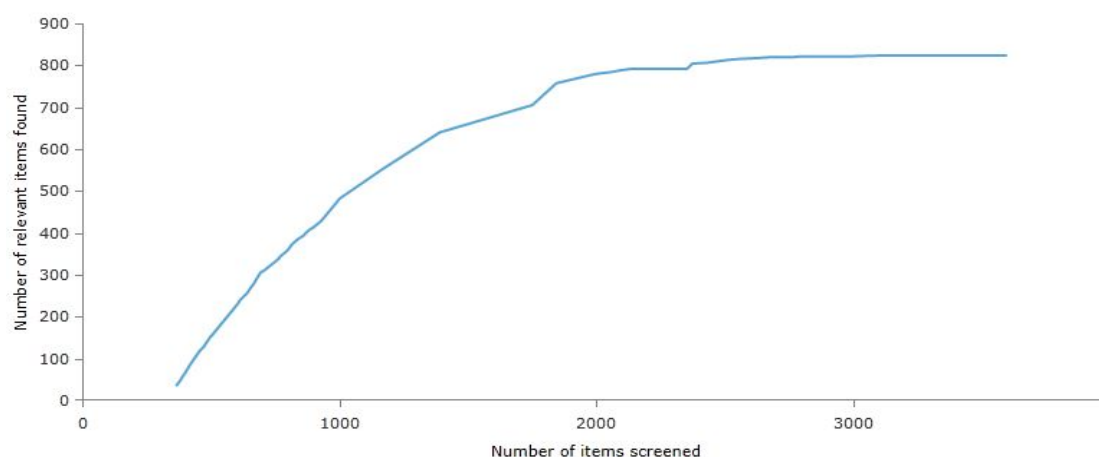
- Mozambique or Myanmar or Myanma or Burma or Namibia or Nepal or Netherlands Antilles or Nicaragua or Niger or Nigeria or Muscat or Pakistan or Palau or Palestine or Panama or Paraguay or Peru or Philippines or Philipines or Phillippines or Phillippines or Papua New Guinea or Romania or Rumania or Roumania or Rwanda or Ruanda or Saint Lucia or St Lucia or Saint Vincent or St Vincent or Grenadines or Samoa or Samoan Islands or Navigator Island or Navigator Islands or Sao Tome or Senegal or Serbia or Montenegro or Seychelles or Sierra Leone or Sri Lanka or Solomon Islands or Somalia or Sudan or Suriname or Surinam or Swaziland or South Africa or Syria or Tajikistan or Tadjhikistan or Tadjikistan or Tadjhik or Tanzania or Thailand or Togo or Togolese Republic or Tonga or Tunisia or Turkey or Turkmenistan or Turkmen or Uganda or Ukraine or Uzbekistan or Uzbek or Vanuatu or New Hebrides or Venezuela or Vietnam or Viet Nam or West Bank or Yemen or Zambia or Zimbabwe).hw,ti,ab,cp,lo. (247646)
8. (Africa or Asia or Caribbean or West Indies or Middle East or South America or Latin America or Central America).hw,ti,ab,cp,lo. (47628)
 9. ((developing or less* developed or under developed or underdeveloped or middle income or low* income or underserved or under served or deprived or poor*) adj (countr* or nation? or population? or world)).ti,ab. (16359)
 10. ((developing or less* developed or under developed or underdeveloped or middle income or low* income) adj (economy or economies)).ti,ab. (343)
 11. (low* adj (gdp or gnp or gross domestic or gross national)).ti,ab. (41)
 12. (low adj3 middle adj3 countr*).ti,ab. (2658)
 13. (Imic or Imics or third world or lami countr*).ti,ab. (1625)
 14. transitional countr*.ti,ab. (61)
 15. exp Developing Countries/ (5217)
 16. or/7-14 (272209)
 17. 3 and 6 and 16 (1244)

B.2.3 Screening protocol

We used EPPI-Reviewer software to manage references, identify and remove duplicate studies, and screen at both the title and abstract and full-text stages. At the title and abstract stage, we took advantage of EPPI-Reviewer's machine learning functionality to prioritise studies in order of likelihood of inclusion. We began by training all screeners on a random set of 100 studies, discussing discrepancies in inclusion decisions and clarifying the inclusion criteria, if needed. We then screened a further 900 studies, randomly chosen, to provide a training set of 1,000 studies for the machine-learning algorithm.

The prioritisation functionality, which uses key words in the included and excluded studies, was then applied. We then continued screening, rerunning the prioritisation regularly as the software continued learning, until we reached 500 excludes in a row. At this point, we auto-excluded the remaining studies, but checked a random sample of 200 to ensure there were no missed includes. Figure B1 shows a graph of the screening process at title and abstract stage using the machine-learning prioritisation.

Figure B1: Results of the machine-learning prioritised screening process



At the full-text stage, a further training sample of 20 studies was screened by all reviewers, and any discrepancies or clarifications were resolved through conversations with the entire research team.

Two researchers then screened each full-text, and disagreements on inclusion were resolved through discussion with a lead author.

B.2.4 Data extraction and critical appraisal

For IEs and SRs, our data extraction templates were modified from 3ie's repository coding protocol. These include the collection of bibliographic information, geographic information and standardised methods information. To ensure we had the necessary information to produce and analyse our map, we added columns to extract interventions (coded and descriptive), outcomes, population, setting, study design per our filter, and the level at which the intervention was delivered (e.g. community, national or internationally driven).

The full tools for extracting data from IEs and SRs are presented in Appendix D. After piloting the tools, training was provided to all coders (wherein they all coded the same three studies) to ensure consistency in coding and resolve any issues or ambiguities. A single researcher then conducted the data extraction for each study, whilst a sample was double coded to check for consistency.

Additionally, all included SRs were critically appraised following the 3ie SR database protocol (3ie n.d.), which draws on the work of Lewin and colleagues (2009). The tool assesses the review on 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. Overall, each SR was rated as low-, medium- or high-confidence. One reviewer conducted the initial critical appraisal, and an SR methods expert conducted a final review of all appraisals. The complete tool can be found in Appendix D.

It is important to note that we did not critically appraise primary studies. This was beyond the scope of the project, which captured information on the study design alone. Studies were classified by the relevant experimental or quasi-experimental design (see the full list above).

B.2.5 Dealing with multicomponent interventions

Because peacebuilding approaches often incorporate a multifaceted range of interventions, multicomponent interventions are common. The 2015 EGM did not find any interventions that straddled multiple intervention categories, but this EGM identifies several such studies. During data extraction, these studies of multicomponent interventions were coded accordingly and subsequently analysed to identify common combinations of interventions.

This analysis yielded three multicomponent intervention categories that were subsequently added to the map:

- Life skills and employment training PLUS;
- Cash transfers and subsidies PLUS; and
- Infrastructure development and reconstruction PLUS.

B.2.6 Engagement and communication plan

A large advisory group was established to ensure the EGM would be as useful and comprehensive as possible. The group included policymakers, peacebuilders and researchers, who provided both technical and subject-specific expertise. This group was engaged from the conceptualisation of the framework and development of the protocol through to consultation on the final report. More than 30 individuals have been involved, which has allowed us to generate awareness of the project within the sector.

The completed map will be publicised by 3ie and the German Institute for Development Evaluation, and we will engage with the advisory group to identify any other channels (e.g. listservs) we should use and the most suitable events to ensure traction with key actors not directly involved in the advisory group. The development of this EGM was initiated at the explicit request of BMZ. Results will be disseminated across relevant departments at BMZ and other actors in German transitional development assistance, such as through presentations at BMZ.

B.3 Limitations

This EGM includes a number of key limitations, many of which are noted above but which are also summarised here.

First, it is important to recognise that within the field of peacebuilding, many interventions are implemented that are highly sensitive in nature; thus, even when they are evaluated, the evaluations may not be made public. We attempted to expand our access to relevant studies by drawing on a database created by the Alliance for Peacebuilding during its work to synthesise the indicators measured across the field, which they built through significant searches and a targeted call to their extensive network. Since Alliance for Peacebuilding is not a competitor to its members, it is frequently able to access confidential or unpublished work; however, we are still cognisant that despite our best efforts, the EGM likely displays a larger set of gaps in the evidence base than may actually exist.

Second, the framework excludes evaluations of humanitarian and human security interventions that fall outside of small-tent peacebuilding and do not report a core outcome of interest (governance, social cohesion and trust, or violence reduction), due to the need to create a manageable scope. However, to fully operationalise the theoretical

framework on which this EGM is based, each of these types of interventions would be likely to interact with the drivers of conflict and conditions for peace, even where not measured by the evaluation.

A third key limitation is the restriction of includable study designs to quantitative IEs in a field that is heavily dominated by qualitative evidence. Although we aimed to address this partially by searching for and coding 'small n' qualitative evaluations that followed an established methodology and aimed to demonstrate contribution or attribution of an intervention to outcomes, study design was still the most frequent reason for which we excluded studies.

Finally, one topic that was discussed frequently with our advisory group and in stakeholder engagement efforts was whether it would be possible to categorise the evidence base according to the particular conflict context in which the intervention evaluated was implemented. However, defining whether a particular context should be categorised as pre-conflict, ongoing conflict or post-conflict requires detailed contextual knowledge of where and when the intervention was implemented, as this classification varies widely through time and within countries.

For example, an intervention implemented in one part of Uganda might be stable and therefore not included in our EGM, whilst other parts might be very fragile. In Afghanistan, certain areas are post-conflict, others are experiencing ongoing conflict, and others still are pre-conflict (generally safe but becoming less secure). It is too difficult to determine this accurately for each study as it requires significant knowledge of the local context during the time the intervention was implemented. This information is rarely included in the IEs, and it was unfortunately beyond our scope to accurately code each of the (close to 200) IEs included in the EGM.

B.4 Deviations from protocol

The framework search, screening, data extraction and analysis for this EGM were based on a protocol reviewed by our advisory group and key policymaker stakeholders. Although we aimed to follow the protocol as closely as possible, a few deviations must be noted:

- The categorisation of experimental studies is not separated into RCTs and quasi-RCTs. This was because many studies did not report sufficient information to be able to assess the method of randomisation. The definition of RCTs applied by the Cochrane group includes controlled trials that are fully randomised, stratified randomised and quasi-randomised. Thus, we do not feel that this deviation poses a risk to our analysis;
- We deleted a seventh research question from the study objectives, which had stated, 'How many evaluations analyse programmes comprising complementary interventions or multi-partner programming?' Unfortunately, few IEs provided sufficient detail of the interventions evaluated to understand whether those implemented by multiple organisations were done so in an integrated way or in isolation. Further, we felt that the inclusion of the PLUS intervention categories and the analysis under Research Question 6, looking at the different strategies applied in interventions evaluated in the evidence base, provided some insights into the extent to which multicomponent interventions were being evaluated; and

- In addition to the quality assurance methods identified in the protocol, we further undertook significant additional quality assurance, particularly of coding that was more qualitative in nature to ensure consistency. Namely, the interventions and outcomes coding of IEs was randomly spot-checked by the lead author, and all intervention and outcome coding of SRs was checked; the ethics and equity data were completely reviewed by senior research assistants to ensure quality and consistency; two thirds of the theory of change coding was reviewed by a senior research assistant to ensure that a consistent definition of theory of change was applied; and roughly three quarters of intervention levels and strategies were checked by the lead author. We felt these additional quality assurance steps were necessary due to the greater challenge in consistently coding qualitative data.

Appendix C: Summary findings and recommendations from systematic reviews

This appendix provides additional information about the findings and recommendations from each of the 14 medium- and high-confidence SRs that are analysed together in Section 4.7 of the main report.

Cash-based approaches in humanitarian emergencies: a systematic review (Doocy and Tappis 2015)

Doocy and Tappis (2015) used a mixed-methods approach to examine the impact and effectiveness of implementation of cash-based approaches in humanitarian emergencies. They examined multiple forms of livelihoods provision, including unconditional cash transfers, voucher programmes and in-kind food distribution. Whilst they found positive benefits for each of these types of programmes, the size of the effects varied for the different mechanisms on several outcomes. They claim, however, that the quality of the evidence base with respect to these interventions remains low.

The authors found that unconditional cash transfers and vouchers may improve household food security among conflict-affected populations. They may also maintain household food security during negative shocks, such as food security crises or drought. Although unconditional cash transfers led to greater improvements in dietary diversity and quality than food transfers, the latter were more successful in increasing per capita caloric intake than both cash transfers and vouchers.

In terms of increasing household savings, unconditional cash transfers may be more effective than vouchers, but they are equally effective at increasing household assets. The authors also found that mobile transfers may be a more successful asset protection mechanism than physical cash transfers.

The review also suggests that cash transfers and vouchers tend to be more cost-efficient than in-kind food distribution and that these cash-based approaches have positive economic multiplier effects. Despite these findings, the authors note a lack of rigorous evidence base on the impact and efficiency of cash-based interventions in humanitarian emergencies. They advocate for greater rigour in research with a standardised approach to comparing the costs and benefits of different methods.

What works in reducing community violence: a meta-review and field study for the Northern Triangle (Abt and Winship 2016)

Abt and Winship (2016) conducted a systematic meta-review to summarise and analyse evidence on interventions designed to reduce violence in the Northern Triangle of Latin America, which includes El Salvador, Guatemala and Honduras. Their search strategy produced 43 eligible reviews that included a total of 1,435 studies.

The authors found that a few interventions, such as focused deterrence and cognitive behavioural therapy, exhibited moderate to strong effects on crime and violence and were supported by substantial evidence. A few others, such as Scared Straight (a punitive approach for youth) and gun buyback programmes, clearly demonstrated no or negative effects. The vast majority of programmatic interventions, however, exhibited weak or modest effects.

The authors also identified six 'elements of effectiveness' shared by the most impactful interventions that should be considered when conducting future work on community violence: maintaining a specific focus on those most at risk for violence; proactive efforts to prevent violence before it occurs; increasing the perceived and actual legitimacy of strategies and institutions; careful attention to programme implementation and fidelity; a well-defined and understood theory of change; and active engagement and partnership with critical stakeholders.

Youth gang violence and preventative measures in low- and middle-income countries: a systematic review (part II) (Higginson et al. 2016)

Higginson and colleagues (2016) aimed to assess evidence on preventive interventions that focus on increasing social capacity to reduce gang membership or rehabilitate gang members outside of the criminal justice system. Prevention programmes are designed to reduce risk, build capacity or use social strategies to stop gang crime before it occurs, rather than suppressing it after the fact. Prevention programmes can be divided into three types.

Primary and secondary interventions both try to stop youths from joining gangs; however, primary interventions focus on the population more broadly and secondary interventions focus on the portion of the population identified as being at high risk of joining gangs. Tertiary prevention interventions, in contrast, target people who have already become involved in gangs.

The review comprised two parts: an effectiveness review that aimed to synthesise available evidence of the impact of such programmes on key outcomes of interest; and a barriers/facilitators analysis that aimed to identify reasons why implementation of preventive interventions may fail or succeed. The authors found no rigorous IEs that measured the impact of preventive gang interventions in L&MICs. They did find many less-rigorous studies that assert the effectiveness of interventions, as well as several ongoing programmes.

The results of the barriers/facilitators review found four studies that suggest that secondary or tertiary preventive gang interventions might be more successful when:

- The programme activities appeal to youth;
- The programme offers continuity of social ties outside of the gang;
- There is a recognition that ongoing violence and gang involvement can severely limit successful implementation; and
- There is active engagement of youth, where their agency is embraced and leadership opportunities are offered.

Policing interventions for targeting interpersonal violence in developing countries: a systematic review (Higginson et al. 2015)

Higginson and colleagues (2015) examined policing interventions that aim to reduce fear of crime, as well as citizens' perceptions of justice agencies and those that aim to reduce actual crime rates in L&MICs. The review sought to identify and assess evidence that can inform future intervention strategies and determine whether effectiveness varies by intervention type and population. The review identified five IEs assessing intervention effectiveness and 31 studies analysing barriers and facilitators to implementation success.

The small number of identified IEs meant there was insufficient evidence on any one intervention strategy to reach generalisable conclusions. The evidence they did find was mixed. For example, the effects of community-based policing were found to be limited in two studies, but positive in one. The latter study, however, was identified as having a high risk of bias. Similarly, the effect of bans and crackdowns appeared to differ based on study and geographic context.

The authors identified a range of factors that acted as barriers and facilitators during programme implementation, including political commitment to intervention strategies, police cooperation and acceptance of change, and community participation and awareness. The review highlighted the need for more rigorous evaluations to be produced in the future on the effectiveness of police training programmes, gender-based violence initiatives, changes to staffing models and police visibility, community-oriented policing, partnership policing and police crackdowns.

Interventions to promote social cohesion in Sub-Saharan Africa (King et al. 2010)

King and colleagues (2010) synthesised and reviewed evidence on the effectiveness of social cohesion interventions in Sub-Saharan Africa, focusing on CDD and curriculum-based interventions. The review identified 8 studies covering 10 interventions across 7 countries in the region.

Overall, the authors find that the interventions studied created a negative effect on intergroup relations, but that results were indeterminate with respect to other measures of social cohesion. The authors found that CDD interventions had weakly positive effects on some measures of social cohesion, such as participation in meetings and non-traditional events to discuss community issues.

It should be noted, however, that such effects may reflect short-term impacts related to project activities, rather than impacts on long-term social cohesion. Indeed, the authors note that substantive and broad-based participation was generally lacking, and highlight the need to address this gap in the design and implementation of future interventions due to its importance to theories of change in social cohesion.

Curriculum-based interventions, in contrast, appeared to have generally positive effects on social cohesion outcomes. However, King and colleagues could not assess whether the results for those interventions are robust, due to the heterogeneity between interventions. The main recommendation of the review is that more rigorous studies are required on both CDD and curriculum-based interventions in order to address the evidence gap on interventions designed to promote social cohesion.

Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises (review) (Purgato et al. 2018a)

Purgato and colleagues (2018a) sought to assess the effectiveness and acceptability of psychological therapies to treat people with mental disorders (PTSD and major depressive, anxiety, somatoform and related disorders) living in L&MICs affected by humanitarian crises. Their review included 36 eligible studies, of which 33 were RCTs. Four studies included children and adolescents between 5 and 18 years of age. Three studies included mixed populations (two studies included participants between 12 and 25

years of age, and one study included participants between 16 and 65 years of age). Remaining studies included adult populations (18 years of age or older).

The examined evidence suggests that psychological therapies have large or moderate effects on reducing PTSD, depressive or anxiety symptoms in adults, children and adolescents living in humanitarian settings in L&MICs. However, the authors caution that these findings are based on low-quality evidence.

The review also found that there was limited evidence available about the effects on children and adolescents and the impact of interventions over the longer term. The authors advocate for a stronger focus in future studies on the types of trauma and sociocultural and family contexts in which participants live, the cultural applicability of research designs, the use of pragmatic, meaningful and easily assessed outcomes, rigorous methods and assessment of bias.

Focused psychosocial interventions for children in low-resource humanitarian settings: a systematic review and individual participant data meta-analysis (Purgato et al. 2018b)

In a separate but simultaneous effort to the previous study, Purgato and colleagues (2018b) systematically analysed the impacts of MHPSS interventions for children in humanitarian settings. The study looked specifically for RCTs based on wait-list (inactive) controls of focused psychosocial support interventions for children exposed to traumatic events that took place in humanitarian settings in L&MICs, and comprised a systematic review and meta-analysis of individual participant data. The authors included 11 RCTs and pooled anonymised data from 3,143 children.

The meta-analysis identified beneficial effects of such interventions for outcomes including PTSD symptoms, functional impairment, hope, coping mechanisms and social support. Subgroup analyses by age, gender, displacement status, region and household size identified stronger effects for older children (aged 15–18 years), non-displaced children and children from smaller households. The authors recommended that future studies focus on improving outcomes for younger children, displaced children and children from larger homes.

The impact of mental health and psychosocial support programmes for populations affected by humanitarian emergencies: a systematic review (Bangpan et al. 2017)

Bangpan and colleagues (2017) undertook a review of MHPSS programmes delivered to populations affected by humanitarian emergencies. Their review looked separately at the outcomes for adults and for children and young people, and included 20 and 23 eligible RCTs for the groups, respectively. The interventions in the assessed studies included cognitive behavioural therapy, narrative exposure therapy, psychosocial programmes, psychoeducation and other therapies. The age of children and young people present in the different studies varies; however, the review includes results for populations within that category from birth to 25 years of age.

The authors classified the strength of evidence related to the impact of these programmes as strong, moderate or limited. The review found no strong evidence that MHPSS programmes have an impact on measured outcomes for the adult population, but did find some moderate evidence in favour of the interventions. For example, there is

moderate evidence that MHPSS programmes reduce PTSD, depression, anger and self-reported sexual violence.

The authors found stronger evidence of a positive effect of MHPSS programmes on children and young people, in contrast to the adult group. For example, there is strong evidence that MHPSS programmes are effective in reducing functional impairment. There is also moderate evidence that these programmes may slightly reduce symptoms of PTSD, psychological distress and conduct problems. There is also limited evidence that they can reduce emotional problems, slightly reduce somatic complaints and marginally increase hope. However, there was strong evidence that these programmes have little or no impact on anxiety.

As a result of the review, the authors advocate for improved research methods on MHPSS programmes in humanitarian emergencies and highlight the need to explore the longer-term impact of these programmes. They also underscore the need to improve the evidence base on a broader range of outcome measures that can be consistent across settings, but which also take the age and gender of the target population into account.

Psychological interventions for children and young people affected by armed conflict or political violence: a systematic literature review (O’Sullivan et al. 2016)

O’Sullivan and colleagues (2016) sought to address the effectiveness of psychological interventions employed among children and young people affected by conflict. They focused on interventions aimed at either clinical or non-clinical populations.

Based on 17 eligible studies from conflict and post-conflict contexts in a range of geographical locations, the authors concluded that group trauma-focused cognitive behavioural therapy is effective in reducing symptoms of PTSD, anxiety, depression and improving prosocial behaviour amongst clinical populations. The evidence – based predominantly on the effects of classroom-based interventions – suggests that interventions aimed at non-clinical groups are ineffective.

Although the authors identified high-quality studies in the review, they advocate for further robust trials to strengthen the evidence base and to examine replication. They also note that cognitive behavioural therapy interventions may have been identified as the most effective approach in their review because few RCTs have been conducted on other forms of intervention for these groups. The authors recommend that future research be based on theoretically grounded interventions and use appropriate outcomes. They also identify an evidence gap for interventions targeted at youths who do not meet clinical thresholds.

How effective are measures taken to mitigate the impact of direct experience of armed conflict on the psychosocial and cognitive development of children aged 0–8? (Lloyd et al. 2005)

Lloyd and colleagues (2005) explored the impact of psychosocial and educational interventions that aimed to mitigate the effects of direct experience of armed conflict on children from birth to the age of 8 years. The authors included 13 studies from Sub-Saharan Africa and former Yugoslavian countries in their evidence map. In their in-depth SR, however, they include only three studies that contain data from Bosnia and Herzegovina, Ethiopia and Eritrea.

Based only on the three synthesised studies, they found some evidence that a 'normalisation' approach (that focuses on the daily living situation of children and improving their coping mechanisms) was beneficial for children's psychosocial outcomes. The effect of interventions on children's cognitive outcomes was less clear. Based on the limited number of studies included in their review, the authors highlight the need to create more up to date and rigorous evidence on this topic and to disseminate this evidence to relevant stakeholders. To contribute to those endeavours, they advocate that NGOs invest in building the capacity of their staff and expanding research and development efforts.

What is the evidence of the impact of initiatives to reduce risk and incidence of sexual violence in conflict and post-conflict zones and other humanitarian crises in lower- and middle-income countries? (Spangaro et al. 2013)

Spangaro and colleagues (2013) reviewed the impact and implementation of interventions to reduce sexual violence. Their review included 40 studies, equally divided between those focused on reported outcomes and those focused on implementation. Most of the studies examined opportunistic forms of sexual violence committed in post-conflict settings, rather than violence in disaster settings.

Their review found limited outcome reporting with respect to incidents of violence. Three studies, however, provided some evidence of violence reduction in association with firewood distribution to reduce women's exposure. Another study – focused on the prevention of sexual exploitation and abuse by peacekeeping forces – also reported some positive results. However, Spangaro and colleagues found that the quality of outcome data for the interventions they reviewed, and the implementation of those interventions, was generally low. Their review did provide suggestions for improved interventions, including strengthening local capacity, building on local community institutions and creating mechanisms to hold offenders accountable whilst protecting survivors.

Sexual and gender-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions (Tol et al. 2013)

Tol and colleagues (2013) conducted a review of both the impact and process evaluations of interventions that aimed to prevent mental disorders, promote mental health and well-being, or treat psychological distress and mental disorders in adult populations surviving sexual and other forms of gender-based violence in the context of armed conflict.

Based on their findings, they suggest there may be some beneficial effects of mental health and psychosocial interventions for survivors of sexual violence. However, they claim that these results are very tentative and that the current evidence base is not strong enough for them to make any robust conclusion on the impacts of such interventions. They strongly argue that more rigorous research on these interventions is required.

They note a particular gap with respect to evaluations of interventions with children and men. There is also a need for more evidence from a broad geographical area, as well as evidence that considers survivors of intimate violence in conflict-affected areas. The review was confident, however, that implementation and evaluation of support programmes are possible in challenging contexts with the collaboration of humanitarian organisations.

School and community-based interventions for refugee and asylum-seeking children: a systematic review (Tyrer and Fazel 2014)

Tyrer and Fazel (2014) undertook a review of the impact of mental health interventions delivered in school or community settings for refugee and asylum-seeking children. The interventions of interest were focused on internally displaced persons, asylum seekers or refugees aged between 2 and 17 years. They were delivered in schools, refugee camps or the community.

The review included 21 eligible studies. Although some of the evidence came from populations living in high-income countries, several of the studies were focused on fragile contexts, including refugee camps. The interventions of interest were classified as either verbal processing of past experiences (including cognitive behavioural techniques, narrative exposure therapy, eye-movement desensitization and reprocessing, or trauma systems therapy) or creative art techniques (including music therapy, creative play, drama and drawing).

The authors found that whilst both of these broad types of intervention can lead to a significant reduction in symptoms of depression, anxiety, PTSD, functional impairment and peer problems, the cognitive behavioural therapy interventions had the largest effect size on these outcomes. It should be noted, however, that effect sizes were most frequently reported for interventions that used verbal processing techniques, which makes it more challenging to comment on the results of creative art techniques.

Based on their review, the authors made recommendations for future research. For example, they underscored the need to collect additional data over time on broader educational outcomes and contexts, on the comparison of different treatments across different participants, and on the factors influencing therapeutic effectiveness and acceptability of these interventions among traditionally difficult-to-access populations.

The impact of protection interventions on unaccompanied and separated children in humanitarian crises (review) (Williamson et al. 2017)

Williamson and colleagues (2017) systematically reviewed interventions undertaken with unaccompanied and separated children during their period of separation due to humanitarian crises in low- and middle-income countries. The interventions they reviewed had a focus on child protection and MHPSS.

The review includes 23 eligible studies; however, the authors found their quality to be modest. The majority of included studies had a high, high/medium or medium risk of bias. Only two of the studies were coded as having low/medium risk and none had a low risk of bias. The authors' main conclusion from the review is therefore that there is a need for more and higher-quality research on these interventions in order to make strong conclusions about their effectiveness.

Accordingly, few other strong conclusions are presented in their review with respect to outcomes. Specifically, the authors advocate for greater analysis to understand the drivers of separation, more research on both formal and informal foster care, and a greater consideration of gender analysis.

Appendix D: Data extraction template

Data extraction was conducted in Microsoft Excel®. The below template is split into three sections: data collected for IEs and SRs; data collected only for IEs; and data collected only for SRs.

Table D1: Data extraction template

Variable name	Variable description
Coder_name	Coder's name
Study_ID	Unique ID ascribed to each record
Title_name	Use only the English version of the publication's main title. If paper is not written in English and has the title translated, use the translated version of the title. If the publication does not provide an English version, include the title in its original language. Please enter title in sentence case. Ensure there are no line breaks.
Short_title	The short title format should be 'First author name <i>et al.</i> (Year) Brief description of intervention [Country]' If the study is ongoing then this should be written in year, and if there are only one or two authors then it should be just their last names.
Review_status	Indicate if this study is: completed, a protocol, or a trial registration.
Foreign_title	When publication is not written in English, code the original title using original accents and special characters. For example: Intervenção educacional em equipes do Programa de Saúde da Família para promoção da amamentação If not applicable, code 'Not applicable'
Language	Select full-text language that applies from list.
Language_other	Enter the first author's name in the format 'Last name/s', 'First name' 'Second initial/s' (if any).
Author_name	Enter all authors in the same order as they are listed on the publication. The format is 'Last name/s', 'First name' 'Second initial/s' (if any); next author. If the publication only provides first name initials and last name this is sufficient. Example: Chirgwin, Hannah ; Snilstveit, Birte Chirgwin, Hannah R. ; Snilstveit, Birte Chirgwin, H. ; Snilstveit, B.
Year_of_publication	Select the year when the print version of the study was published. The format is YYYY. If only publication online use this. If study does not have the year information, select 9999.
Publication_type	Select from list: Journal article Working paper (<i>these include discussion papers and technical reports/papers, if they are part of a series</i>) Report 3ie Series Report Book or book chapter
Journal_name	Choose journal or publisher name from the dropdown list. Select 'other' if name does not appear and leave note of journal title in comments section.
Journal_volume	Use Arabic numerals (do not use Roman numerals). For working papers, include series number.
Journal_issue	Add journal issue if any.
Pages	For example: 321–340

Variable name	Variable description
	If no page numbers given in reference (i.e. working papers that are only online), indicate 'not applicable'.
URL	If study is a journal article without full-text access, enter URL of the landing page from the journal publisher's website; If study is a journal article with full-text access, also enter URL of the landing page from the journal publisher's website; If study is a published working paper or published report, provide URL of the PDF's landing page.
Open access	If the study's (full-text) content is available, code as 'Yes'. If study has paywalls code as 'No'.
Sector_name	Select ONE sector that applies according to the intervention evaluation: Agriculture; Fishing & forestry; Education; Energy & extractives; Financial sector; Health; Social protection; Industry, trade & services; Information & communications technologies; Public administration; Transportation; or Water, sanitation & waste management. See attached taxonomy for definitions.
Sub-sector_name	Select all sub-sectors that apply, according to the sector indicated in previous column. See attached taxonomy for definitions.
Themes	Select all themes that apply (up to three), separately in each of the theme columns (i.e. there should only be one theme selected in each). See attached taxonomy for definitions. If not applicable, select 'not applicable'.
Sub-themes	Select all sub-themes that apply according to the theme indicated in previous column. See attached taxonomy for definitions. If not applicable, select 'not applicable'.
Other_topics	Select all other topics that apply. If not applicable, select 'not applicable'. See taxonomy below for definitions.
Theory_of_change	Do authors report explicitly using a theory of change to inform their programming and analysis?
Theory_of_change_pages	If the previous answer is yes, then please provide the page numbers for where the theory of change is described and/or analysed (i.e. if they test the steps in the causal chain).
Equity_focus	How does this study consider gender and/or* equity? Choose as many factors as you find from the below list: Sex-disaggregated data Does not address gender or equity Gender and/or equity-sensitive analytical frameworks Theory of change Subgroup or population analysis by gender and/or equity (trigger) Gender- and/or equity-sensitive methodologies – other Intervention targeting a specific vulnerable population(s) Measures effects on gender and/or equity outcome Research process informed by gender and/or equity Study refers to ethics approval Approach to ethics informed by gender and/or equity considerations Please see Appendix A for a detailed description of how this gender and equity coding should be applied. If unsure, mark both what you think you are finding and for a senior staff member to review that article.

Variable name	Variable description
Equity_dimension	<p>Which dimensions(s) of gender and/or equity does this study address? Please select one or more answer from the below list as applicable:</p> <p>Place of residence (rural, urban, peri-urban, informal dwellings)</p> <p>Ethnicity</p> <p>Culture (includes language)</p> <p>Sex (includes the use of the term gender, meaning the biological sex of a person)</p> <p>Religion</p> <p>Education</p> <p>Socio-economic status (income or poverty status)</p> <p>Land size</p> <p>Land ownership</p> <p>Head of household (female or male)</p> <p>Social capital</p> <p>Age</p> <p>Disability (e.g. medical, physical, neurological, mental disorders)</p> <p>Sexual orientation</p> <p>Sexual identity</p> <p>Gendered social norms</p> <p>Refugees</p> <p>Conflict-affected</p> <p>Other (vulnerable group not typified by any of the above)</p> <p>Power dynamics or relations between the studied population(s) or subpopulation and a power holder(s)</p> <p>Not applicable (choose if no equity focus)</p> <p>Please see Appendix A for a detailed description of how this gender and equity coding should be applied.</p>
Population	<p>This code is specifically for the map and varies slightly from above, as you are just describing the population in which the intervention has been conducted. Please select one or more answers from the below list:</p> <p>Camp-based</p> <p>Urban/peri-urban</p> <p>Rural</p> <p>Youth (< 35)</p> <p>Children (< 12)</p> <p>Adolescents (12–18)</p> <p>Ethnic/Religious minorities</p> <p>Ex-combatants</p> <p>Host communities</p> <p>Displaced people (including internally displaced persons and refugees)</p> <p>Migrants</p> <p>Returnees</p> <p>Women</p>
Equity_description	Open answer – provide a description of how the study considers gender and equity, and for which population to corroborate answers above (include page numbers where relevant).
Keywords	Enter all author-provided keywords; if the author does not provide any, or there are important keywords you think are missing, please add them (maximum six in total). Use the following format: 'Word 1 ; Word 2 ; Word 3...'
Continent_name	<p>Select the continent/region in which the studies were conducted:</p> <p>East Asia and Pacific</p>

Variable name	Variable description
	Europe and Central Asia Latin America and Caribbean Middle East and North Africa North America South Asia Sub-Saharan Africa Note: Select 'Not applicable' if no are studies included.
Country_name	Select the country(ies) in which the study(ies) was(were) conducted (drop down menu). Note: for protocols and titles, base this coding on what they say they will search. Put 'not applicable' if there are no studies included, and 'not reported' if it is unclear which countries are in the included in the evidence (this is particularly likely to be the case for lower-quality reviews).
Additional data extracted for SRs	
Publisher_location	For working papers, reports and books, indicate the city in which it was published. For journal articles, write 'not applicable'.
Research_funding_Agency_category	What category of funding agency funded the research? Note – only code if reported in the study; there is no need to do additional research to find this. Select one or more of the following (depending on whether there are multiple types of funders; typically, only one will be selected): Government agency International aid agency International financial institution Non-profit organisation For-profit firm Academic institution Charitable foundation or private foundation Not specified See below taxonomy for definitions.
Research_funding_Agency_name	Choose the name of the agency(ies) funding the research. You may select more than one. Choose 'other' if the name of the agency does not appear. If you chose 'not specified' in the previous cell, select 'not applicable' here.
Research_funding_agency_name_other	If you chose 'other' above, then input the name of the agency(ies) funding the research; otherwise enter 'not applicable'.
Review_type	Indicate if the review is an effectiveness review (drawing on evidence from IEs) or another type of review.
Quantitative_method	If applicable, choose the appropriate quantitative synthesis method. You may select multiple if they apply, but attempt to choose the smallest number possible. For example: narrative/thematic synthesis, meta-analysis. Note: the method used is considered a meta-analysis if authors provide a forest plot. If they did not provide a pooled estimate, leave it as a meta-analysis, put 'not reported' in the point estimate column, and add a comment flagging the issue in the comment section. Note: if the review or intervention-outcome combination includes zero or one study, please report this here as a narrative synthesis. Write the intervention and outcome studied, and write 'not applicable' for the variables related to the pooled estimate. A synthesis should include findings from more than one study. If not applicable, code 'not applicable'.

Variable name	Variable description
Quantitative_method_other	If you chose 'other' above, please describe the quantitative method used. If not, then write 'not applicable'.
Qualitative_method	If applicable, describe the qualitative synthesis method. You may select multiple if they apply, but attempt to choose the smallest number possible. For example: thematic synthesis, interpretive synthesis, meta-ethnography. Note: this refers to synthesis of qualitative evidence rather than narrative synthesis of quantitative studies (e.g. a barriers and facilitators analysis). If not applicable, code 'not applicable'.
Qualitative_method_other	If you chose 'other' above, then please describe the qualitative method used. If not, then write 'not applicable'.
Overall_no_studies	Indicate the overall number of studies included in the SR.
Overall_no_high_qual	Indicate the number of high-quality studies included in this review based on their risk of bias/quality assessment. If they make no assessment, write 'not reported'.
Overall_no_medium_qual	Indicate the number of medium-quality studies included in this review based on their risk of bias/quality assessment. If they make no assessment, write 'not reported'.
Quality_assessment_tool	Select one risk of bias/quality assessment tool used by the authors to rate the included studies from the below list: Cochrane - risk of bias tool Cochrane – other tool (non-randomised studies) IDCG EPOC Newcastle–Ottawa Other
Quality_assessment_tool_other	If you chose 'other' above, then please describe the quality assessment tool used. If not, then write 'not applicable'.
Extract_comment	Please add any information here explaining your decision to put on hold/extract/not extract findings for some intervention and outcome combinations. Note: please add a comment if there is only a Cochrane or Campbell summary, or no summary at all.
Findings_intervention	Select one, or more, interventions from the drop-down list (only code major programme components). Definitions for all interventions can be found in the evidence-gap map protocol. Only report intervention and outcome combinations where the majority of evidence is reported for L&MICs (i.e. not HIC data only or mixed L&MIC and HIC data with a large proportion of HIC data). If the study mixes L&MIC and HIC data with a high proportion of HIC data, put the study on hold for now.
Findings_intervention_descrip	Provide authors' detailed definition of the intervention(s) being included.
Findings_intervention_society_level	Select whether the synthesised intervention targets participants at a local/community level; subnational level; national level; transnational level; mixed (i.e. more than one level); or is not clear. Select 'not clear' if the intervention description does not specify the societal level at which it is typically implemented, or if it could plausibly be implemented at various levels and there is no easily assessed list of included study intervention descriptions (often in an annexed table).

Variable name	Variable description
Findings_outcome	<p>Select one, or more, outcomes from the drop-down list (only code major programme components). Definitions for all outcomes can be found in the evidence-gap map protocol.</p> <p>For more than one outcome, enter each in a new row.</p> <p>Only report intervention and outcome combinations where evidence is reported in majority for only L&MICs (i.e. not for HIC data only, or mixed L&MIC and HIC with a large proportion of HIC data). If the study mixes L&MICs and HIC data with a high proportion of HIC data, put the study on hold for now.</p>
Findings_outcome_descrip	Provide authors' definition of the reported outcome measure. Be especially clear if you have chosen 'other' in the previous section.
Findings_subgroup	<p>Are the following findings being reported for the whole population or for a specific subgroup? Please select suitable answer from below list:</p> <p>Whole population Age 0-1 month Age 0-1 year Age 0-4 years Age 1-4 years Age <2 years Age 2-5 years Age >5 years Children High and medium quality studies High quality studies only Laic's only Living with HIV/AIDS Living below the poverty line Men Women Other</p>
Findings_subgroup_other	If you chose 'other' above, please describe the subgroup here. If not, then write 'not applicable'.
Findings_format	Use the drop-down list to indicate whether the point estimate listed in the next column is a standardised mean difference (SMD), odd ratio (OR), relative risk (RR), or unstandardised (this would cover point estimates with a unit). Select 'not applicable' if there is no point estimate to extract.
Findings_point_estimate	<p>Provide the meta-analysis point estimate for the intervention and outcome combination listed above. Use the correct number of significant figures. This should usually be a unit-less standardised mean difference.</p> <p>If multiple point estimates are calculated for the same outcome and intervention combination, report the findings using the highest-quality evidence base.</p> <p>Write 'not applicable' in this section if: no meta-analysis is conducted; a meta-analysis is conducted but no pooled estimates are reported; or the analysis includes only one study.</p> <p>Note: If an SR reports both meta-analysis and meta-regression findings for an intervention-outcome combination, only extract meta-analysis findings.</p>
Findings_significance_level	Choose the significance level of reported findings or write 'not applicable'.
Findings_	Provide the low bound of the confidence interval for the above point

Variable name	Variable description
confidence_ interval_l	estimate. Use the correct number of significant figures and ensure it is consistent with the point estimate. If no meta-analysis is conducted, write 'not applicable' in this section.
Findings_ confidence_ interval_h	Provide the high bound of the confidence interval for the above point estimate. Use the correct number of significant figures and ensure it is consistent with the point estimate. If no meta-analysis is conducted, write 'not applicable' in this section.
Findings_ heterogeneity_ chi	Do they report a chi-squared statistic for this intervention-outcome? Yes No Not applicable (if no meta-analysis conducted)
Findings_ heterogeneity_ chi_no	Provide the chi-squared test statistic or indicate 'not applicable'.
Findings_ heterogeneity_l	Do they report an I-squared statistic for this intervention-outcome? Yes No Not applicable (if no meta-analysis conducted)
Findings_ heterogeneity_ l_no	Provide the I-squared test statistic or indicate 'not applicable'.
Findings_ heterogeneity_ tau	Do they report a tau-squared statistic for this intervention-outcome? Yes No Not applicable (if no meta-analysis conducted)
Findings_ heterogeneity_ tau_no	Provide the tau-squared test statistic or indicate 'not applicable'.
Finding_ no_studies	Provide the number of studies included in the above meta OR narrative analysis.
Findings_no_ high_qual_studies	Indicate the number of high-quality studies included in this analysis based on their risk of bias/quality assessment. If they make no assessment, write 'not reported'.
Findings_no_ med_qual_studies	Indicate the number of medium-quality studies included in this analysis based on their risk of bias/quality assessment. If they make no assessment, write 'not reported'.
Finding_no_ participants	Provide the number of participants included in the above meta-analysis. Indicate 'not reported' if necessary. If no meta-analysis is conducted, write 'not applicable' in this section.
Findings_ comments	This is a free comments section to note any other important details about the findings that could help with interpreting them (e.g. the patterns in a forest plot). This can include (but is not limited to): Please note if this finding is from a meta-regression instead of a meta-analysis. Note if the overall finding is positive/negative but also has some outlier results that are negative/positive (i.e. an inverse of the average). Note if the overall finding is large and statistically significant but a cluster of studies had non-significant results.
Background	Brief description of the interventions and motivation for the review. What is the problem? What is the intervention? How does it aim to have an impact

Variable name	Variable description
	on outcomes of interest? Please aim for this section to be no more than 250 words.
Objectives	Objectives of the review – here you can quote authors verbatim, using quotation marks. But the authors' stated objectives are usually a bit too long/wordy and/or any one statement does not always contain all of the objectives (this information might be at several places in the review). Rewording is almost always possible, and the resulting reworded statement is usually more concise and more easily understandable, so please reword the objectives when possible. This section should be no more than 150 words.
Headline_ findings	The next four variables should be extracted from the critical appraisal summary and broken down by category of findings (headline evidence, policy and research). If there is no summary or link to one, write a summary of the review. Please aim for all sections combined to be between 400–500 words. Here, put a brief description of findings. Summarise the conclusions of the review in one or two sentences.
Evidence_ findings	Evidence base: Number and types of studies, geographical location and thematic focus. If the review had a global scope, but found no L&MIC evidence, please flag here. The purpose of this subsection is to give the reader some context in terms of the type of evidence and where the studies are located. When there are only a few studies from L&MICs, included countries and number of studies from each country should be noted. When a larger number of studies from L&MICs are included, providing information per region (e.g. Sub-Saharan Africa, South Asia) is sufficient. If it is not clear from the texts which regions/countries the studies are from, this can often be found in the table of characteristics of included studies.
Policy_findings	Policy relevant findings: findings related to the effectiveness of the intervention including results of synthesis (if meta-analysis was conducted, include pooled effect size and confidence interval for relevant syntheses) and conclusion. Effect estimates and confidence intervals should be presented, where possible, as percentages to make the section more user-friendly. When the SR reports findings such as subgroups of interventions/outcomes, provide enough detail for this to be meaningful to the 'lay-reader'. You should not interpret the findings but provide a succinct summary of what the review found in terms of the intervention's effectiveness, key limitations noted by the authors, and any recommendations for policy and future research. Remember to keep the user/ 'lay-reader' in mind, proofread, and make sure it makes sense.
Research_ findings	Implications for further research: include any mention of issues to be addressed in future research, including issues relating to study design.
Methodology	Inclusion criteria (including population, intervention, study design such as RCTs and quasi-experimental studies, outcomes and contexts) and outline of search (including main databases and time period of search, data collection and synthesis). Please note the date of the last search. Please start with a sentence summarising the inclusion criteria (e.g. authors included STUDY DESIGNS assessing the effect of INTERVENTION on OUTCOME in POPULATION); followed by a general sentence on the included literature (using a standard sentence such as, 'The authors

Variable name	Variable description
	included published and unpublished/grey literature [possibility to add language restriction] covering the period between X and X' to describe the search); followed by one or two sentences outlining the search strategy (e.g. databases searched); and concluding with a sentence or two on quality assessment, data extraction and methods of synthesis Please aim for this section to be no more than 250 words.
External_validity	Does the review discuss how generalisable the results are/pay attention to external validity? No Yes, but they only comment on generalisability. Yes, they used a systematic approach/methodology.
External_validity_treatment	What methods, if any, does the review use to assess applicability/external validity? Do the authors take any steps to improve the applicability/external validity of the findings of the review (e.g. use a theory-based approach, drawing on a logic model or programme theory, and/ or reporting information along the causal chain)? Please aim for this section to be no more than 150 words.
Additional data extracted for IEs	
Author_affiliation_institution	Code the institution with which the author is affiliated <i>according</i> to what is noted <i>in the article</i> . Code the full name of the institution and its abbreviation (if relevant) in brackets. For example: International Initiative for Impact Evaluation (3ie) If no information is included in the reference output code as 'unidentified'. Do not spend time extracting this manually.
Author_affiliation_institution_(department)	Code identifiers such as the faculty, department and lab within the affiliated institution. For example: "Faculty of Economics"
Author_affiliation_country	If specified or obvious, select the country in which the authors institutional affiliation sits. If the institution's headquarters are in one country but the organisation has affiliates or country offices all over the world (such as the World Bank or JPAL), and the affiliation mentioned does not specify a country office, then select the HQ country. For example, if the affiliated mentioned is simply "JPAL", select United States, if it says "JPAL Africa", then select South Africa.
DOI	Code the study's DOI. If no information is found, code as 'no DOI'. For example: 10.1007/s11127-017-0452-x
Abstract	Copy and paste the study's abstract. If there is no abstract, code as: 'no abstract' If a study is missing an abstract but provides a long executive summary, code as 'no abstract'. Ensure there are no line breaks.
Country_income_level	Automatically indicates income level when the country name is selected. Do not touch.
FCV_country	Automatically indicates yes/no when the country name is selected. Do not touch.
Region_name	Enter all the regions in which the study took place, if provided in the study. This includes both intervention and control groups.
State/province_name	Enter all the states/provinces in which the study took place, if provided in the study. This includes both intervention and control groups.

Variable name	Variable description
District_name	Enter all the districts in which the study took place, if provided in the study. This includes both intervention and control groups.
City/town_name	Enter all the cities, towns or villages in which the study took place, if provided in the study. This includes both intervention and control groups.
Location_name	Enter any locations in which the study took place. This includes both intervention and control groups. Locations can be broad geographic areas that extend across regions or villages. Locations can also be specific target locations that go beyond the city, town or village level, such as municipality, parish and neighbourhood, among others.
Evaluation_design	Select one of two options defined as: 1. Experimental a) RCT defined as prospective randomised assignment, where randomisation is implemented by researchers (or by decision makers in the context of an evaluation study). 2. Quasi-experimental a) Quasi-random assignment: i) regression discontinuity design (sharp designs); or ii) natural experiment in which exposure to treatment is random. b) Non-random assignment: i) Studies that control for unobservables (DID, FE, IV, Fuzzy RDD, ITS); or ii) studies that control for observables only (e.g. statistical matching, synth control, regression adjustment).
Evaluation_method	If experimental, select: Randomised controlled trial Quasi-randomised controlled trial If quasi-experimental, select: Regression discontinuity design Instrumental variable estimation Difference-in-difference Interrupted time series analysis Fixed effects estimation Synthetic control Heckman two-step estimation
Mixed_methods	Select 'yes' if study includes quantitative and qualitative analyses, otherwise select 'no'.
Additional_methods1	Select additional method if any. If none, use 'N/A'.
Additional_methods2	Select additional method if any. If none, use 'N/A'.
Unit_of_observation	Enter all the levels of observation of the variables used for the analysis: Community Village/city Cohort (includes schools or clinics) Household Individual
Project/programme_name	Code the name of the project/programme being evaluated (if any).
Programme_implementation_agency_category	What category of agency implemented the programme being evaluated? Select one or more of the following (depending on if there are multiple different types of funders or not; typically, only one will be selected): Government agency

Variable name	Variable description
	International aid agency International financial institution Non-profit organisation For-profit firm Academic institution Charitable foundation or private foundation Not specified See below taxonomy for definitions.
Programme_ implementation_ agency_name	Input the name of the agenc(ies) implementing the programme
Programme_ funding_agency_ category	What category of funding agency funded the programme? Select one or more of the following (depending on if there are multiple different types of funders or not; typically, only one will be selected): Government agency International aid agency International financial institution Non-profit organisation For-profit firm Academic institution Charitable foundation or private foundation Not specified See below taxonomy for definitions.
Programme_ funding_agency_ name	Input the name of the agenc(ies) funding the intervention. (Note: this is not the same as organisations that fund the research of the evaluation.)
Multi_partner	Is this programme implemented or funded by multiple organisations?
Research_ funding_agency_ category	What category of funding agency funded the research? Select one or more of the following (depending on if there are multiple different types of funders or not; typically, only one will be selected): Government agency International aid agency International financial institution Non-profit organization For-profit firm Academic institution Charitable foundation or private foundation Not specified See below taxonomy for definitions.
Research_ funding_agency_ name	Input the name of the agenc(ies) funding the research. (Note: this is not the same as organisations that fund the programme.)
Findings_ intervention	Select one, or more, interventions from the drop-down list (only code major programme components). Definitions for all interventions can be found in the evidence gap map protocol.
Findings_ intervention_ descrip	Provide authors' detailed definition of the intervention(s) being included.
Multi_component	Is this a multi-intervention programme?
Findings_ outcome	Select one, or more, outcomes from the drop-down list (only code major programme components). Definitions for all outcomes can be found in the

Variable name	Variable description
	evidence gap map protocol.
Findings_ outcome_descrip	Provide authors' definition of outcome measure being reported.
Societal_level	Select the societal level targeted: local, subnational, national or transnational.
Quadrant_ analysis	Select whether the project comprised any of the following: (1) strategies of engaging more people in peace processes; (2) effectively engaging key people; (3) targeting socio-political change (institutional structures, power relations, access); or (4) targeting individual- or personal-level changes (beliefs, attitudes, capacities). See shared document for definitions of these.
Quadrant_number	How many quadrants were targeted?
Comment	Add any comments here you feel are necessary, but please specifically make a note if the only outcome that makes the study eligible for the map is intimate partner violence/domestic violence.

Note: HIC = high-income country.

Equity coding protocol and guidance

This coding guide has been designed to help us identify and extract information about how IEs and SRs address equity considerations.

The coding includes answering three questions, summarised in the table below and described in more detail in the text. The first two questions have fixed options for answers, and coders may select more than one answer as applicable. The final question is an open answer, designed to provide more detailed descriptions to corroborate the answers to Questions 1 and 2.

Definitions

Equity

Equity is the absence of avoidable and unfair conditions between or amongst people that hinder or prevent them from attaining their full potential. It is inherently a moral judgement of fairness. Since those who get to make judgements are almost always determined by a dominant power paradigm (e.g. one that considers women unequal to men), the moral basis in that society will not be fair to women and girls.

Sex and gender

Sex is commonly used to refer to genetic, biological and physiological processes. Gender refers to the roles, relationships, behaviours, relative power and other traits that societies ascribe to women, men and people of diverse gender identities (Welch et al. 2017, p.2).

Sex and gender interact with each other, and other characteristics, to influence outcomes. For example, research indicates there are significant physiological differences in cardiac function between males and females, as well as gender differences in how men and women who have heart disease are diagnosed and treated. Failure to take these differences into account, not just between men and women but also across other characteristics (e.g. sexual identity, age, income, education, ethnicity, religion, caste and location) can have serious, even life-threatening consequences for individual patients.

Gender analysis

Gender analysis is a socio-economic analytical framework for identifying and assessing inequality that comes from: (1) different gender norms, roles and relations; (2) unequal power relations between and among women and men or girls and boys; and (3) the interaction of contextual factors with gender, such as age, sexual orientation, ethnicity, education, employment status, caste and income.

Such an analysis is systematically applied to all stages of the research process, starting with the formulation of the initial research question, followed by the development of methodology, conduct of the analysis, and interpretation of the results and reflection on their implications.

Table D2: Gender and equity coding questions

Coding questions	Answers/coding guide
EQUITY FOCUS	Please select one or more answers as applicable (set up as filters):
<p>1. How does this study consider gender and/or* equity?</p> <p>Choose as many factors as you find.</p> <p>If unsure, mark both what you think you are finding and for a senior staff member to review that article.</p>	<ul style="list-style-type: none"> ✓ Does not address gender or equity ✓ Sex-disaggregated data ✓ Gender- and/or equity-sensitive analytical frameworks and/or theory of change ✓ Subgroup or population analysis by gender and/or equity (trigger) ✓ Gender- and/or equity-sensitive methodologies – other ✓ Intervention targeting a specific vulnerable population(s) ✓ Measure effects on gender and/or equity outcome ✓ Research process informed by gender and/or equity (who are the respondents, who collects data, when, where) ✓ Study refers to ethics approval
EQUITY DIMENSION	Please select one or more answers as applicable:
<p>2. Which dimension(s) of gender and/or equity does this study address?</p>	<ul style="list-style-type: none"> ✓ Place of residence (rural, urban, peri-urban, informal dwellings) ✓ Ethnicity ✓ Culture (includes language) ✓ Sex (includes the use of the term gender, meaning the biological sex of a person) ✓ Religion ✓ Education ✓ Socio-economic status (income or poverty status) ✓ Land size ✓ Land ownership ✓ Head of household (female or male) ✓ Social capital ✓ Age (e.g. old or young) ✓ Disability (e.g. medical, physical, neurological, mental disorders) ✓ Refugees

Coding questions	Answers/coding guide
	<ul style="list-style-type: none"> ✓ Conflict-affected ✓ Sexual orientation ✓ Sexual identity ✓ Gendered social norms (references to gender, meaning social norms or impact of social or structural norms on the status of women and/or girls or men and/or boys). ✓ Power dynamics or relations between the studied population(s) or subpopulations and a power holder(s) ✓ Other (vulnerable group not typified by any of the above) ✓ Not applicable
EQUITY DESCRIPTION	Provide a description of how the study considers gender and equity, and for which population to corroborate answers above (page numbers).
3. Open answer	

Below is a description and tips for coding.

How does this study consider equity? (equity focus)

Please select one or more answers as applicable.

Does not address equity: The IE does not explicitly address equity. If the analysis determines only average effects, the results are not likely to take equity into account.

Sex-disaggregated data: Find a table reporting the findings of the study. If terms such as gender, sex or female are used as the label for sex disaggregation of findings, then you know the study reports 'sex-disaggregated data'. CAUTION! Make sure you do not confuse the findings table with the table reporting the demographic composition of study participants. Reporting gender differences in baseline characteristics between intervention and control groups does not count as 'sex-disaggregated data'. Also, this needs to be disaggregated data rather than an interaction term in a regression or adjusting for sex or gender as a covariate.

Equity-sensitive analytical frameworks and/or theory of change: Does the IE discuss the role of any drivers of equity considerations around the intervention and context in their analytical framework and/or theory of change? (e.g. an IE that presents a gender framework with theoretical consideration of how gendered social relations and institutions that determine and reinforce gendered relations relate to the intervention and outcomes being considered.)

Look at the methods section. Ideally, there will be a gender analysis framework mentioned that has a reference. If not, see if there is any mention of gender analysis or any other theoretical framework that is sensitive to equity considerations (e.g. social analysis, empowerment theory, sociological theories of intimate partner violence. In either case, code 'yes' for equity-sensitive theoretical frameworks and/or theory of change being explicitly mentioned in methods. CAUTION! Even if the intervention was designed to be equity-sensitive, we would only consider this code to apply if an equity-sensitive theoretical framework is used in the analysis.

Subgroup analysis by equity dimension (trigger): Find a table reporting the findings of the study. Does the IE present outcomes *disaggregated by an equity dimension* (e.g. income, education, age, ethnicity, disability)? CAUTION! Make sure you do not confuse the findings table with the table reporting the demographic composition of study participants. (Note: this is not to be confused with reporting and/or stratification of the demographic composition of study participants.) Reporting gender differences in baseline characteristics between intervention and control groups does not count as a subgroup analysis'. Also, this needs to be disaggregated data rather than an interaction term in a regression or adjusting for 'equity dimension' (caste, poverty status) as a covariate.

Equity-sensitive methodologies – other: Does the study include any study components to assess the how and why (including mixed and qualitative methods) of differential impacts based on social and structural inequality? (e.g. in-depth interviews, focus groups or life histories with women only or a certain caste.) This information will normally be contained in the methods section.

Intervention targeting a specific vulnerable population(s) or groups: Does the IE look at the impact of an intervention that targets specific populations? (e.g. an IE on the effect of a cash transfer programme that targets any of the equity dimensions reported in Table D2.) Other equity dimensions could include orphans, HIV-positive patients (or those at risk of HIV), sex workers and survivors of sexual violence.

Measure effects on an inequality outcome: Does the IE assess the impact of the intervention on a measure of inequality? (e.g. a study on the impact of cash transfers on income inequality, or if the dependent variable is the person [man or woman] makes the decisions in the household.) This information will normally be included in the objectives, research questions and/or methods section.

Research process informed by equity considerations (who are the respondents, who collects and analyses data, when, where and who is present): Do the authors of the IE consider the equity implications of data collection, including how sampling was undertaken, who was present during interviews and who was the person collecting data?

For example, did the researchers consider the different work burdens of men and women and ensure that they chose times that were convenient for both to undertake data collection? Did they consider that if both males and females are present, this may change the quality and accuracy of the data collected, as each may be reluctant to share information about their lives and work? Did they consider the sex, age, race, ethnicity, gender norms or occupation of the person collecting data and how this may affect the data collected? Have they eliminated risks to safety of women and girls in fragile and conflict-affected contexts? Do they provide confidential reporting of sexual harassment or gender-based threats of violence? Have data collectors received adequate training and supervision to help them become aware of their gender biases and to try to minimize these biases within the research process.

Study refers to ethics approval: Does the IE refer to internal review board ethics approval? This may be mentioned in the text or in front or back matter. To identify this information, do a key word search for 'ethic,' 'IRB' or 'institutional review board'.

Open answer – provide a description of how the study considers equity, and for which population or group (equity description)

This section is meant to corroborate and elaborate on the previous answers. For example, describe the subgroup analysis undertaken, how the intervention targets a researcher-defined disadvantaged group or how the authors used an equity-sensitive framework to inform their study. Please also note if and how the study considers intersecting inequalities, and if there is any consideration of how gender norms may influence outcomes. The answer can be verbatim copy-paste from the paper, or you can summarise it in the case of lengthy passages. Please also note the page number(s) where this information can be found.

Appendix E: Critical appraisal tool

This tool was used for critically appraising systematic reviews included in the EGM (3ie n.d.)

A1.1	Did the authors specify the type of studies to be included?
A1.2	Did the authors specify participants, settings and populations to be included?
A1.3	Did the authors specify intervention(s) to be included?
A1.4	Did the authors specify outcome(s) to be included?
A1_overall	<p>Were the criteria used for deciding which studies to include in the review reported?</p> <p>Coding guide - check the answers above: YES: All four should be yes. PARTIALLY: Any other. NO: All four should be no.</p>
A1_comment	Note important limitations and any uncertainty related to the above A1 questions. Provide evidence such as page numbers for your decisions.
A2.1	Did the authors avoid a language bias in the search?
A2.2	Was grey/unpublished literature included in the search?
A2.3	Were relevant databases searched?
A2.4	Were the reference lists of included articles checked?
A2.5	Were authors/experts contacted?
A2_overall	<p>Was the search for evidence reasonably comprehensive?</p> <p>Coding guide - check the answers above: YES: All five should be yes. PARTIALLY: Relevant databases and reference lists are both reported. NO: Any other.</p>
A2_comment	Note important limitations and any uncertainty related to the above A2 questions. Provide evidence such as page numbers for your decisions.
A3	<p>Does the review cover an appropriate time period?</p> <p>Coding guide: YES: Generally this means searching the literature at least back to 1990. NO: Generally if the search does not go back to 1990. CAN'T TELL: No information about time period for search. UNSURE: Time period for the search is reported, but you are unsure if it is appropriate. If you select 'unsure', flag this in the A3 comment for review. Note: With reference to the above – there may be important reasons for adopting different dates for the search (e.g. depending on the intervention). If you think there are limitations with the timeframe adopted for the search which have not been noted and justified by the authors, you should code this item as 'NO' and specify your reason for doing so in the comment box below. Older reviews should not be downgraded, but the fact that the search was conducted some time ago should be noted in the quality assessment. Always report the time period for the search in the comment box.</p>
A3_comment	Note important limitations and any uncertainty related to the above A3 question. Provide evidence such as page numbers for your decisions.
A4.1	Were articles independently screened at full-text by at least two authors?
A4.2	Is a list of the included studies provided?
A4.3	Is a list of the excluded studies provided?

A4_overall	<p>Was bias in the selection of articles avoided?</p> <p>Coding guide:</p> <p>YES: All three should be yes, although reviews published in journals are unlikely to have a list of excluded studies (due to limits on word count) and the review should not be penalised for this.</p> <p>PARTIALLY: Independent screening and list of included studies provided are both reported.</p> <p>NO: All other. If a list of included studies is provided, but the authors do not report whether the screening has been done by two reviewers, the review is downgraded to NO.</p>
A4_comment	Note important limitations and any uncertainty related to the above A4 questions. Provide evidence such as page numbers for your decisions.
A5.1	Do the authors report the criteria used for assessing the quality/risk of bias?
A5.2	Is there a table or summary reporting the assessment of each included study for each criterion?
A5.3	<p>Were sensible criteria used that focus on the quality/risk of bias (and not other qualities of the studies, such as precision or applicability/external validity)?</p> <p>'Sensible' is defined as a recognised quality appraisal tool/checklist, or similar tool which assesses bias in included studies. Please see footnotes for details of the main types of bias such a tool should assess.</p>
A5_overall	<p>Did the authors use appropriate criteria to assess the quality and risk of bias in analysing the studies that are included?</p> <p>Coding guide:</p> <p>YES: All three should be yes.</p> <p>PARTIALLY: The first and third criteria should be reported. If the authors report the criteria for assessing risk of bias and report a summary of this assessment for each criterion, but the criteria may be only partially sensible (e.g. do not address all possible risks of bias, but do address some), we downgrade to PARTIALLY.</p> <p>NO: Any other.</p>
A5_comment	Note important limitations and any uncertainty related to the above A5 questions. Provide evidence such as page numbers for your decisions.
A6	<p>Overall, how much confidence do you have in the methods used to identify, include and critically appraise studies?</p> <p>Summary assessment score A relates to the five questions above.</p> <p>High confidence is applicable when the answers to the questions in section A are all assessed as 'YES'.</p> <p>Low confidence is applicable when any of the following are assessed as 'NO' above: not reporting explicit selection criteria (A1), not conducting a reasonably comprehensive search (A2), not avoiding bias in the selection of articles (A4), and not assessing the risk of bias in included studies (A5).</p> <p>Medium-confidence is applicable for any other (e.g. Section A3 is assessed as 'NO' or 'CAN'T TELL', and the remaining sections are assessed as 'PARTIALLY' or 'CAN'T TELL').</p>
A6_comment	Compile the important comments from Sections A1–A5 on methods used to identify, include and critically appraise studies, as an overall summary for the section.
B1.1	Were data independently extracted by at least two reviewers?
B1.2	Is there a table or summary of the characteristics of the participants, interventions and outcomes for the included studies?

B1.3	Is there a table or summary of the results of all the included studies?
B1_overall	<p>Were the characteristics and results of the included studies reliably reported?</p> <p>Coding guide:</p> <p>YES: All three should be yes.</p> <p>PARTIALLY: Criteria one and three are yes, but some information is lacking on second criterion.</p> <p>NO: None of these are reported. If the review does not report whether data were independently extracted by two reviewers (possibly a reporting error), we downgrade to NO.</p> <p>NOT APPLICABLE: There are no studies/no data.</p>
B1_comment	Note important limitations and any uncertainty related to the above B1 questions. Provide evidence such as page numbers for your decisions.
B2	<p>Are the methods used by the review authors to analyse the findings of the included studies clear, including methods for calculating effect sizes if applicable?</p> <p>If it is clear that the authors use narrative synthesis, they don't need to state this explicitly. For meta-analysis, authors should state how effect sizes were calculated.</p> <p>Coding guide:</p> <p>YES: Synthesis methods used were clearly reported. If it is clear that the authors use narrative synthesis, they don't need to state this explicitly.</p> <p>PARTIALLY: There was some reporting on methods but a lack of clarity.</p> <p>NO: Nothing was reported on methods.</p> <p>NOT APPLICABLE: There are no studies/no data.</p> <p>Note: The question is not asking you to make a judgement about the appropriateness/application of synthesis methods, but rather whether authors report their synthesis methods/make it clear which method they use.</p>
B2_comment	Note important limitations and any uncertainty related to the above B2 question. Provide evidence such as page numbers for your decisions.
B3.1	Did the review ensure that included studies were similar enough that it made sense to combine them, sensibly divide the included studies into homogeneous groups, or sensibly conclude that it did not make sense to combine or group the included studies?
B3.2	Did the review describe the extent to which there were important differences in the results of the included studies?
B3.3	If a meta-analysis was done, was the I-square or chi-square test for heterogeneity or any other appropriate statistic reported?
B3_overall	<p>Did the review describe the extent of heterogeneity?</p> <p>Coding guide:</p> <p>YES: First should be yes, and second category should be yes if applicable.</p> <p>PARTIALLY: The first category is yes.</p> <p>NO: Any other.</p> <p>NOT APPLICABLE: There are no studies/no data.</p> <p>Note: This question is interested in whether the authors DESCRIBED heterogeneity in results. Question B.6 assesses whether the authors explored reasons for observed heterogeneity in results between studies.</p>
B3_comment	Note important limitations and any uncertainty related to the above B3 questions. Provide evidence such as page numbers for your decisions.
B4.1	How was the data analysis done? Enter multiple responses if needed.

B4.2	How were the studies weighted in the analysis? Enter multiple responses if needed. Note: In the case of vote counting, equal weights are being used.
B4.3	Did the review address unit of analysis errors?
B4_overall	<p>Were the findings of the relevant studies combined (or not combined) appropriately relative to the primary question the review addresses and the available data?</p> <p>Coding guide:</p> <p>YES: If the appropriate table, graph, text summary or meta-analysis AND appropriate weights AND unit of analysis errors were addressed (if appropriate). If narrative synthesis only was used, code 'YES' if authors report and discuss the magnitude of effects for all included studies (i.e. the authors DO NOT use vote counting based on direction, statistical significance or selectively report results).</p> <p>PARTIALLY: If the appropriate table, graph, text summary or meta-analysis AND appropriate weights AND unit of analysis errors were not addressed (and should have been).</p> <p>NO: If vote counting based on the direction of effect or statistical significance was used OR authors selectively describe results OR there was inappropriate reporting of table, graph or meta-analyses.</p> <p>NOT APPLICABLE: There were no studies/no data.</p> <p>CAN'T TELL: Unsure (note reasons in comments below).</p>
B4_comment	Note important limitations and any uncertainty related to the above B4 questions. Provide evidence such as page numbers for your decisions.
B5.1	Does the review make clear which evidence is subject to a low risk of bias in assessing causality (attribution of outcomes to intervention), and which is likely to be biased, and does so appropriately?
B5.2	Where studies of differing risk of bias are included, are results reported and analysed separately by risk of bias status?
B5_overall	<p>Does the review report evidence appropriately?</p> <p>Coding guide:</p> <p>YES: Both criteria should be fulfilled (where applicable).</p> <p>NO: Criteria are not fulfilled.</p> <p>PARTIALLY: Only one criterion was fulfilled, or there is limited reporting of quality appraisal (the latter applies only when inclusion criteria for study design are appropriate).</p> <p>NOT APPLICABLE: There were no included studies.</p> <p>Note on reporting evidence and risk of bias: for reviews of effects of 'large n' interventions, experimental and quasi-experimental designs should be included (if available). For reviews of effects of 'small n' interventions, designs appropriate to attribute changes to the intervention should be included (e.g. pre-post with assessment of confounders).</p>
B5_comment	Note important limitations and any uncertainty related to the above B5 questions. Provide evidence such as page numbers for your decisions.
B6.1	Were factors that the review authors considered as likely explanatory factors clearly described?
B6.2	Was a sensible method used to explore the extent to which key factors explained heterogeneity? Enter multiple responses if needed.

B6_overall	<p>Did the review examine the extent to which specific factors might explain differences in the results of the included studies?</p> <p>Coding guide:</p> <p>YES: Explanatory factors were clearly described and appropriate methods were used to explore heterogeneity.</p> <p>PARTIALLY: Explanatory factors were described, but for meta-analyses, subgroup analysis or meta-regression they were not reported (when they should have been).</p> <p>NO: There was no description or analysis of likely explanatory factors.</p> <p>NOT APPLICABLE: For example, there were too few studies, no important differences in the results of the included studies, or the included studies were so dissimilar that it would not make sense to explore heterogeneity of the results.</p>
B6_comment	Note important limitations and any uncertainty related to the above B6 questions. Provide evidence such as page numbers for your decisions.
B7	<p>Overall, how much confidence do you have in the methods used to analyse the findings relative to the primary question addressed in the review?</p> <p>Summary assessment score B relates to the five questions in this section, regarding the analysis.</p> <p>High confidence is applicable when all the answers to the questions in section B are assessed as 'YES'.</p> <p>Low confidence is applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies were not reported (B1); the extent of heterogeneity was not described (B3); results were combined inappropriately (B4); and/or evidence was reported inappropriately (B5).</p> <p>Medium confidence is applicable for any other (i.e. the 'PARTIALLY' option is used for any of the six preceding questions, or if questions and/or B.2 and/or B.6 are assessed as 'NO').</p>
B7_comment	Compile the important comments from sections B1–B6 on methods used to analyse the findings, as an overall summary for the section.
C1	<p>Are there any other aspects of the review not mentioned before which lead you to question the results? Enter multiple responses if needed.</p> <p>Note: if one or more of the additional methodological concerns above are noted, the confidence level can be downgraded upon agreement of the reviewers.</p>
C2	<p>Are there any mitigating factors which should be taken into account in determining the review's reliability? Enter multiple responses if needed.</p> <p>Note: if the authors acknowledge limitations of the review process, and as a result do not draw strong policy conclusions, the confidence level can be upgraded upon agreement of the reviewers.</p>
C1_C2_comment	Note important limitations, mitigating factors and any uncertainty related to the above C1 and C2 questions. Provide evidence such as page numbers for your decisions.
C3	<p>Based on the above assessments of the methods, how would you rate the reliability of the review?</p> <p>Coding guide:</p> <p>High confidence in conclusions about effects: high confidence noted overall for sections A and B, unless moderated by the answer to C1.</p> <p>Medium confidence in conclusions about effects: medium confidence noted overall for sections A or B, unless moderated by the answer to C1 or C2.</p> <p>Low confidence in conclusions about effects: low confidence noted overall for sections A or B, unless moderated by the answer to C1 or C2.</p>

**Summary_of_
quality_
assessment**

Provide an overall of the assessment. Use consistent style and wording.

Start by noting what has been done well in the review.

Then note all key shortcomings using the following terminology:

Reviews assessed as **low confidence**: the review has (some) major limitations.

Reviews assessed as **medium confidence**: the review has the following limitations/some limitations.

Reviews assessed as **high confidence**: the review has the following minor limitations.

Appendix F: List of included impact evaluations and systematic reviews

Impact evaluations

Aber, JL, Tubbs C, Torrente, C, Halpin, PF, Johnston, B, Starkey, L, Shivshanker, A, Annan, J, Seidman, E and Wolf, S, 2017. Promoting children's learning and development in conflict-affected countries: testing change process in the Democratic Republic of the Congo. *Development and Psychopathology*, 29, pp.53–67.

Abera, A and Chemin, M, 2018. *Does access to the legal system increase investment? Evidence from a randomized experiment in Kenya*. New York: Cornell University, NEUDC. Available at: <http://barrett.dyson.cornell.edu/NEUDC/paper_89.pdf>

Abramsky, T, Devries, KM, Michau, L, Nakuti, J, Musuya, T, Kiss, L, Kyegombe, N and Watts, C, 2016. Ecological pathways to prevention: how does the SASA! community mobilisation model work to prevent physical intimate partner violence against women? *BMC Public Health*, 16(339), pp.1–21.

Acarturk, C, Konuk, E, Cetinkaya, M, Senay, I, Sijbrandij, M, Cuijpers, P and Aker, T, 2015. EMDR for Syrian refugees with posttraumatic stress disorder symptoms: results of a pilot randomized controlled trial. *European Journal of Psychotraumatology*, 6(27414).

Acemoglu, D, Cheema, A, Khwaja, AI and Robinson, JA, 2018. *Trust in state and non-state actors: evidence from dispute resolution in Pakistan*, NBER Working Paper No. 24611. Cambridge, MA: National Bureau of Economic Research (NBER). Available at: <<https://www.nber.org/papers/w24611>>

Aker, JC, Boumnijel, R, McClelland, A and Tierney, N, 2011. *Zap it to me: the short-term impacts of a mobile cash transfer program*, Center for Global Development Working paper 268. Available at: <<https://www.cgdev.org/publication/zap-it-me-short-term-impacts-mobile-cash-transfer-program-working-paper-268>>

Aladysheva, A, Kyzy, GA, Brück, T, Esenaliev, D, Karabaeva, J, Leung, W and Nillesen, E, 2017. *Impact evaluation of the Livingsidebyside peacebuilding educational programme in Kyrgyzstan*, 3ie Grantee Final Report. New Delhi: International Initiative for Impact Evaluation (3ie). Available at: <<https://www.3ieimpact.org/sites/default/files/2019-02/gfr-PW2.13-Kyrgyzstan-peace-building-web.pdf>>

Annan, J, Bundervoet, T, Seban, J and Costigan, J, 2013. *A randomized impact evaluation of village savings and loans associations and family-based interventions in Burundi*. New York: International Rescue Committee, pp.1–55. Available at: <https://www.mangotree.org/files/galleries/IRC-Burundi_New-Generation_Final-Evaluation_2013.pdf>

Arcand, J and Wouabe, ED, 2009. *How effective are social programs during conflicts? Evidence from the Angolan civil war*. Geneva, Auvergne: The Graduate Institute, Geneva; CERDI-CNRS, Université d'Auvergne, pp.1–29. Available at: <https://repository.graduateinstitute.ch//record/3904?_ga=2.81310046.895010402.1586803019-963687414.1586803019>

Attanasio, O, Kugler, A and Meghir, C, 2011. Subsidizing vocational training for disadvantaged youth in Colombia: evidence from a randomized trial. *American Economic Journal: Applied Economics*, 3(3), pp.188–220.

Attanasio, O, Pellerano, L and Phillips, D, 2009. *Peace and goodwill? Using an experimental game to analyse the Desarrollo y Paz initiative in Colombia*. London: Institute for Fiscal Studies (IFS), pp.1–58. Available at: <<https://www.econstor.eu/bitstream/10419/47460/1/609958739.pdf>>

Austrian, K and Muthengi, E, 2014. Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda. *Children and Youth Services Review*, 47, pp.168–175.

Avdeenko, A and Gilligan, MJ, 2014. *International interventions to build social capital: evidence from a field experiment in Sudan*. Washington, DC: World Bank, pp.1–55. Available at: <<http://documents.worldbank.org/curated/en/801721468332371348/pdf/WPS6772.pdf>>

Baldwin, K and Mvukiyehe, E, 2011. *The effects of participatory processes for selecting leaders: evidence from changes to traditional institutions in Liberia*. Gainesville, New York: University of Florida, Columbia University, pp.1–34. Available at: <http://www.columbia.edu/~enm2105/docs/liberia/clan_chief_selection_liberia.pdf>

Baldwin, K, Muyengwa, S and Mvukiyehe, E, 2017. *Reforming village-level governance via horizontal pressure: evidence from an experiment in Zimbabwe*, World Bank Policy Research Working Paper 7941. Washington, DC: World Bank, pp.1–60. Available at: <<http://documents.worldbank.org/curated/en/652451484165805083/pdf/WPS7941.pdf>>

Bandiera, O, Buehren, N, Burgess, R, Goldstein, M, Gulesci, S, Rasul, I and Sulaiman, M, 2015. *Women's economic empowerment in action: evidence from a randomized control trial in Africa*, Employment Working Paper No. 187. Geneva: International Labour Office. Available at: <<https://pdfs.semanticscholar.org/65ba/1dffd35d83354299433a902287089fffa7e.pdf>>

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