

Known from Birth

Generating and using evidence to strengthen birth registration systems in low- and middle-income countries

Overview

'Known from Birth: Generating and using evidence to strengthen birth registration systems in low- and middle-income countries' is the evidence component of Strengthening Birth Registration Systems to Protect Every Child from Child Labour, a UNICEF project supported by the Government of Norway. The project focuses on implementing comprehensive programmes in Cote d'Ivoire, Mozambique and Nigeria to accelerate birth registration (BR) for all children – especially children from the most vulnerable communities – starting from birth.

The evidence component is implemented by UNICEF Innocenti – Global Office of Research and Foresight (UNICEF Innocenti) in collaboration with the South Africa Centre for Evidence (SACE). It aims to provide relevant evidence required by decision makers in Africa and specifically in the three target countries to strengthen BR systems in order to protect children from child labour, human trafficking and exploitation. The component covers all three project countries, namely, Cote d'Ivoire, Mozambique and Nigeria.

The evidence component was implemented in four phases:

- **Phase 1:** Inception – to understand the extent of the available evidence base and policy landscape.
- **Phase 2:** Design and implementation of a co-production and stakeholder engagement process to build consensus through trusted relationships to support the relevance and legitimacy of the project outputs.
- **Phase 3:** Curation of the identified evidence base through a deep-dive data extraction process guided by the evidence needs of continental and national partners and a gender equity and social inclusion (GESI) protocol.

- **Phase 4:** Tailored mobilization of the evidence base for continental and national stakeholders. The continental evidence base was visualized using an Evidence Gap Map (EGM) format, highlighting gaps in the existing evidence base and areas for future commissioning of primary and secondary research. The respective national evidence bases were visualized in a format preferred by national stakeholders and targeted at existing policy windows and evidence needs of decision makers. This evidence base is being presented in a series of publications.

The outputs of the evidence component aim to provide an African evidence base that can be rapidly applied to guide decision-making on strengthening BR systems to protect every child from child labour in Africa.

What is an evidence gap map?

An evidence map systematically sources and organizes a body of knowledge to provide a high-level overview of the size and nature of the available evidence in order to inform and facilitate the use of this evidence base. That is, evidence maps are particularly concerned with the representation and accessibility of the overall body of evidence. They do not aim to provide answers to specific research and policy questions but target broad questions and the underlying characteristics and usability of the evidence base.

Contextualization of the evidence

A co-production approach

To ensure that the curated evidence base is relevant to policymakers, this evidence component followed an explicit co-production approach. We designed an in-depth process to co-produce the evidence mapping framework to structure the evidence base. This was done through facilitated national workshops with a diverse range of stakeholders, as well as workshops with internal stakeholders and a reference group made up of BR experts who were guiding the research.

Curation of the evidence base

We followed a transparent and systematic evidence mapping methodology to curate the continental (Africa-wide) and national evidence bases with the assistance of in-country researchers and the reference group.

Explicit criteria for what constitutes relevant evidence for inclusion were co-designed with stakeholders and decision makers. Our exhaustive search for evidence that met the criteria yielded 2,001 citations, which were screened according to title and abstract, and full text. After the screening process, we included 109 studies in the evidence map.

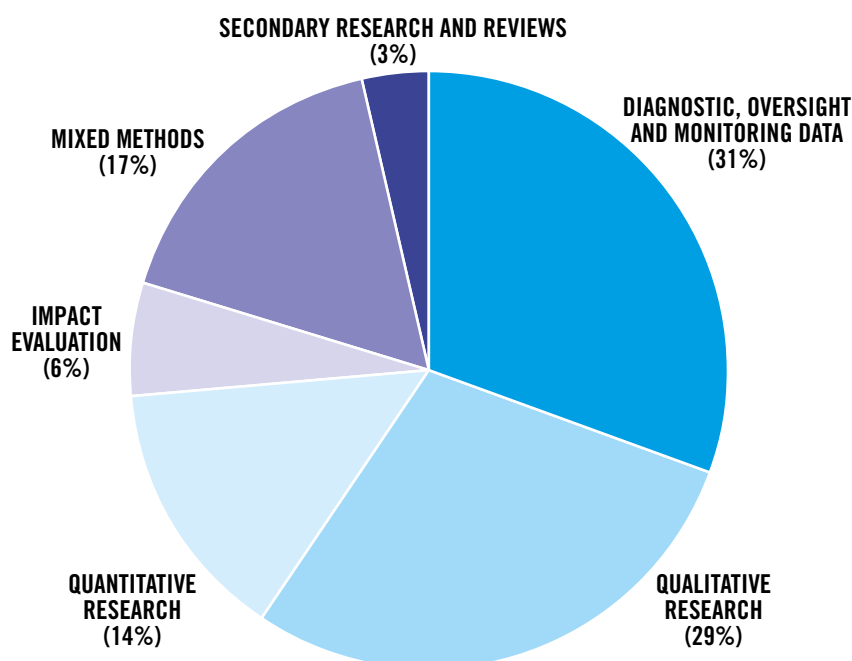
The framework of the evidence map, therefore, has interventions on the left axis and outcomes on the top axis. The evidence map is organized according to the interventions and outcomes that stakeholders had identified as key in the BR system during the co-production process.

Characteristics of the evidence base

Study design

The included evidence base is made up of studies with different study designs. Half of the evidence base is comprised of diagnostic, oversight and monitoring data (n=35) and qualitative research (n=33). These two design types cover 60 per cent of the included studies. Quantitative research and mixed methods research present the remaining two significant research design categories at 14 per cent and 17 per cent, respectively (for a total of 31 per cent). Qualitative and more descriptive study designs therefore outnumber more quantitative designs roughly by a factor of 2:1. Impact evaluation design and existing evidence synthesis represent less than 10 per cent of the existing evidence base.

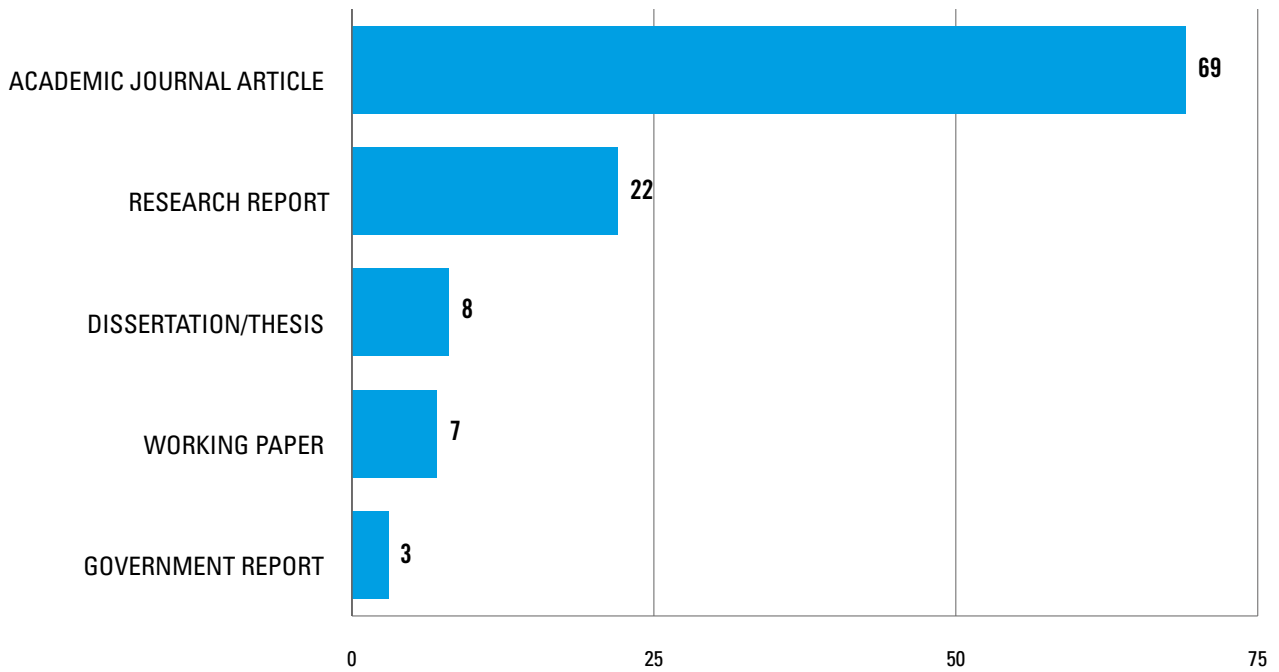
Figure 1. Study design



Types of evidence outputs

The types of evidence outputs in the evidence base are mostly academic journal articles (n=69), followed by research reports (n=22) and to a smaller extent dissertations/theses and working papers. This pattern indicates that formal academic literature predominates the evidence base.

Figure 2. Types of evidence

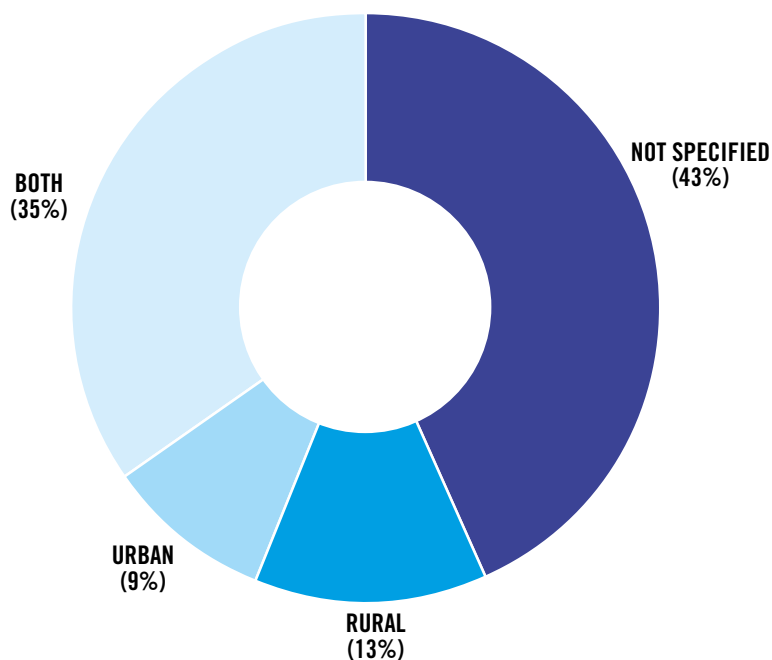


Targeted population

Living environment of the target population

We also investigated the characteristics of the populations studied. About 40 per cent of the evidence does not specify the population's context; that is, whether the population of interest is based in a rural or urban area. Of the studies that reported this information, 38 (35 per cent) indicated a context of both rural and urban areas. Only 10 studies (9 per cent) were based in urban areas and 14 studies (13 per cent) in rural areas. The figure below shows the overall distribution of the evidence base according to the target population's living environment. Drawing conclusions regarding definite evidence gaps and patterns is challenging given the large number of unspecified contexts.

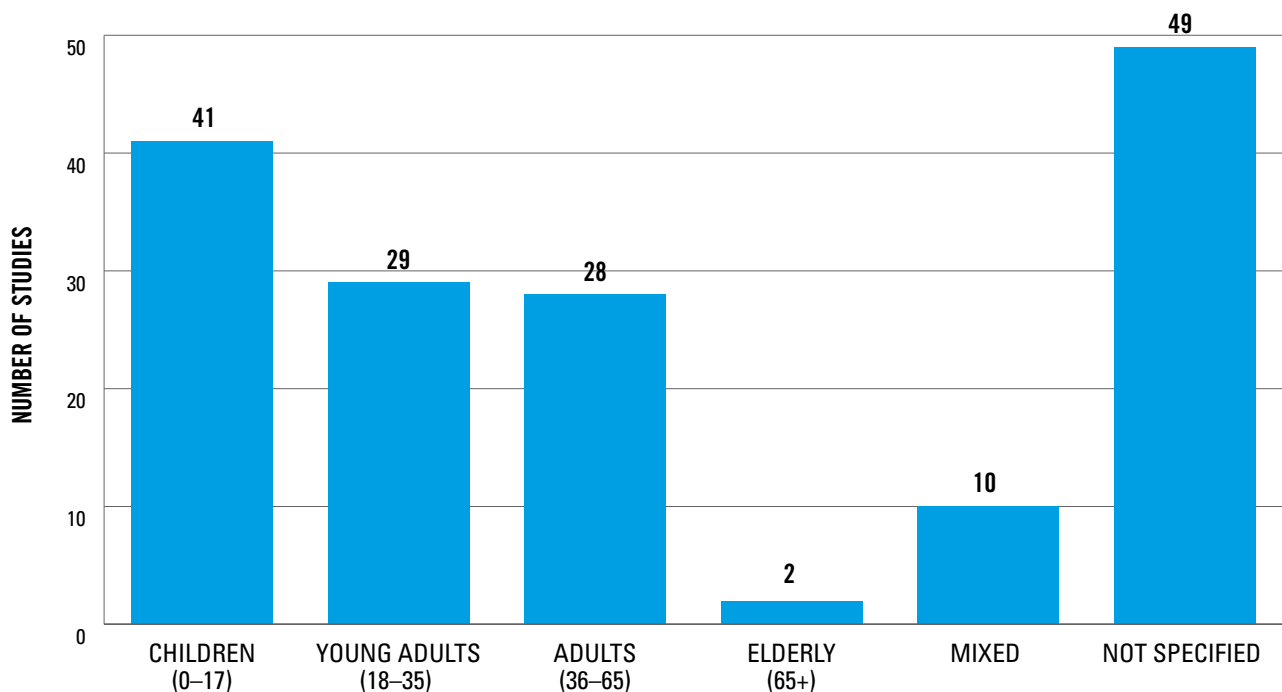
Figure 3. Target population's living environment



Age of the population

We also investigated the age of the included populations. A total of 63 studies in the evidence base provided information on the age groups of the target population. Most of these studies (n=41) targeted children aged 0–17 years. The studies also targeted young adults aged 18–35 years (n=29) and adults aged 35–65 years (n=28). Few studies (n=10) targeted mixed ages and only two targeted the elderly. The figure below shows a breakdown of the age of the population. Again, the large number of studies without reporting data on this variable pose a challenge to reaching clear conclusions regarding evidence gaps and patterns. However, given the topic of the evidence, the patterns of the age groups – where reported – seem to reflect the general focus of the BR literature.

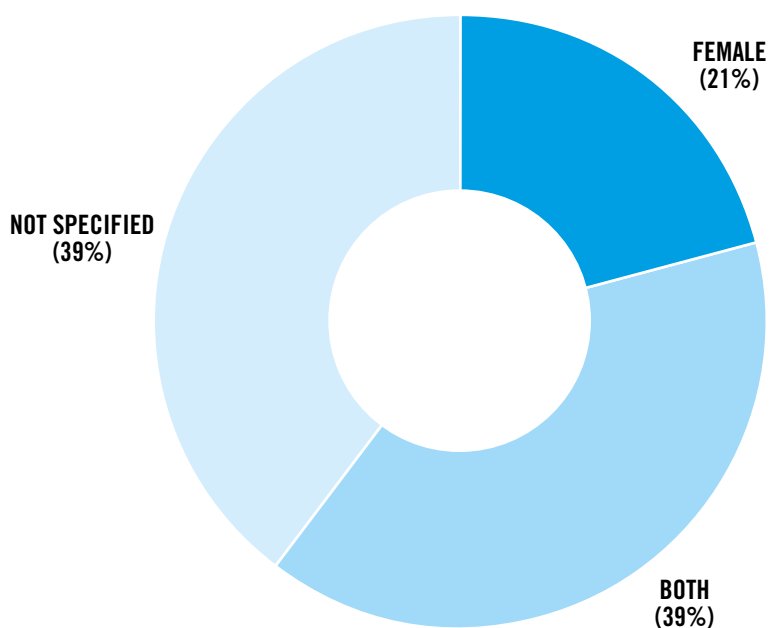
Figure 4. Population age



Sex of the target group

We assessed the reported sex of the included populations. None of the studies in the evidence base targeted males only, thus presenting a strong evidence gap. Most frequently, the included studies targeted both sexes (n=43; 39 per cent) and 21 per cent of studies targeted females only (n=23). The figure below shows the distribution of the evidence base by sex. Unfortunately, a large number of the studies (39 per cent) did not explicitly state the sex of the included populations. This too presents a stark evidence gap driven by a lack of reporting and data disaggregation.

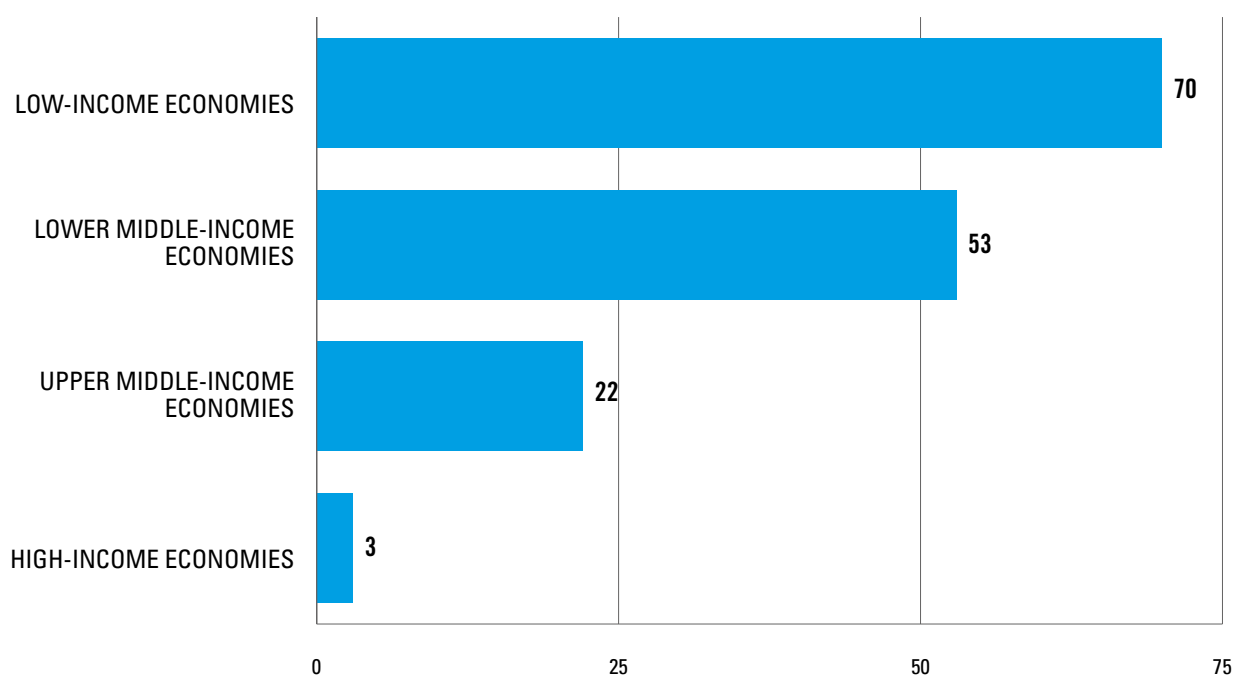
Figure 5. Sex of target group



Socioeconomic context

The figure below shows the distribution of the evidence base by income classifications. Almost half the evidence base covers low-income economies (47 per cent), followed by lower middle-income economies, which cover about 36 per cent of the evidence base. A total of 15 per cent of the evidence covers upper middle-income countries. These patterns broadly track the overall distribution of income classifications in Africa, with a slight over-representation of evidence from countries with low-income economies in the curated evidence base.

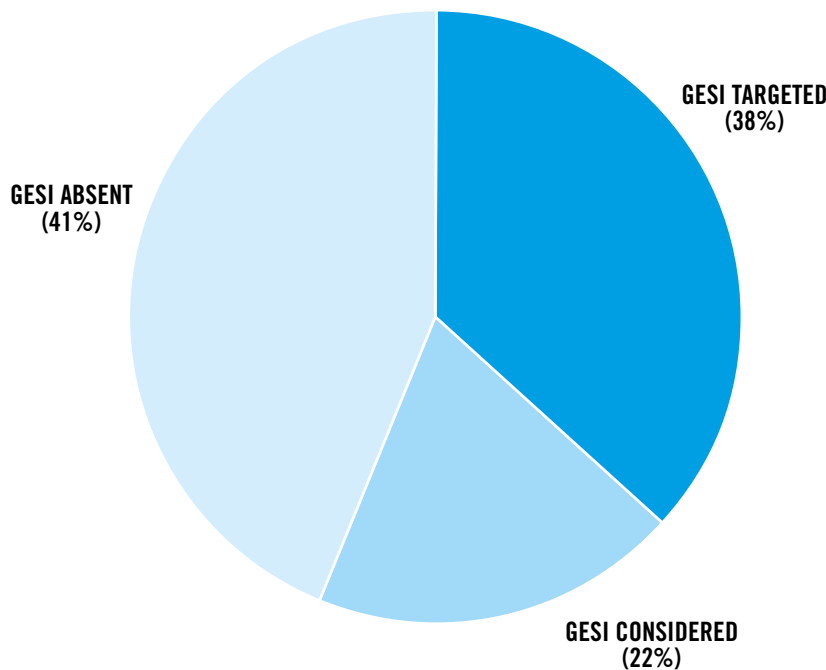
Figure 6. Socio-economic context



Gender equality and social inclusion

We also assessed the gender equality and social inclusion (GESI) sensitivity of the included evidence base. This was in an effort to understand whether the included studies incorporated GESI considerations and to allow policymakers to feed these into their decision-making processes. We rated the GESI sensitivity on a scale from 'GESI targeted' to 'GESI considered' and 'GESI absent'. In total, we found that 40 studies (38 per cent) targeted GESI; 21 studies considered GESI (22 per cent); and 48 studies (41 per cent) were not sensitive to GESI considerations (GESI absent). All in all, this leaves the evidence base split into two halves: a worryingly large body of evidence that does not consider GESI at all (41 per cent) and a balancing body of evidence that, encouragingly, incorporates GESI considerations fully (38 per cent).

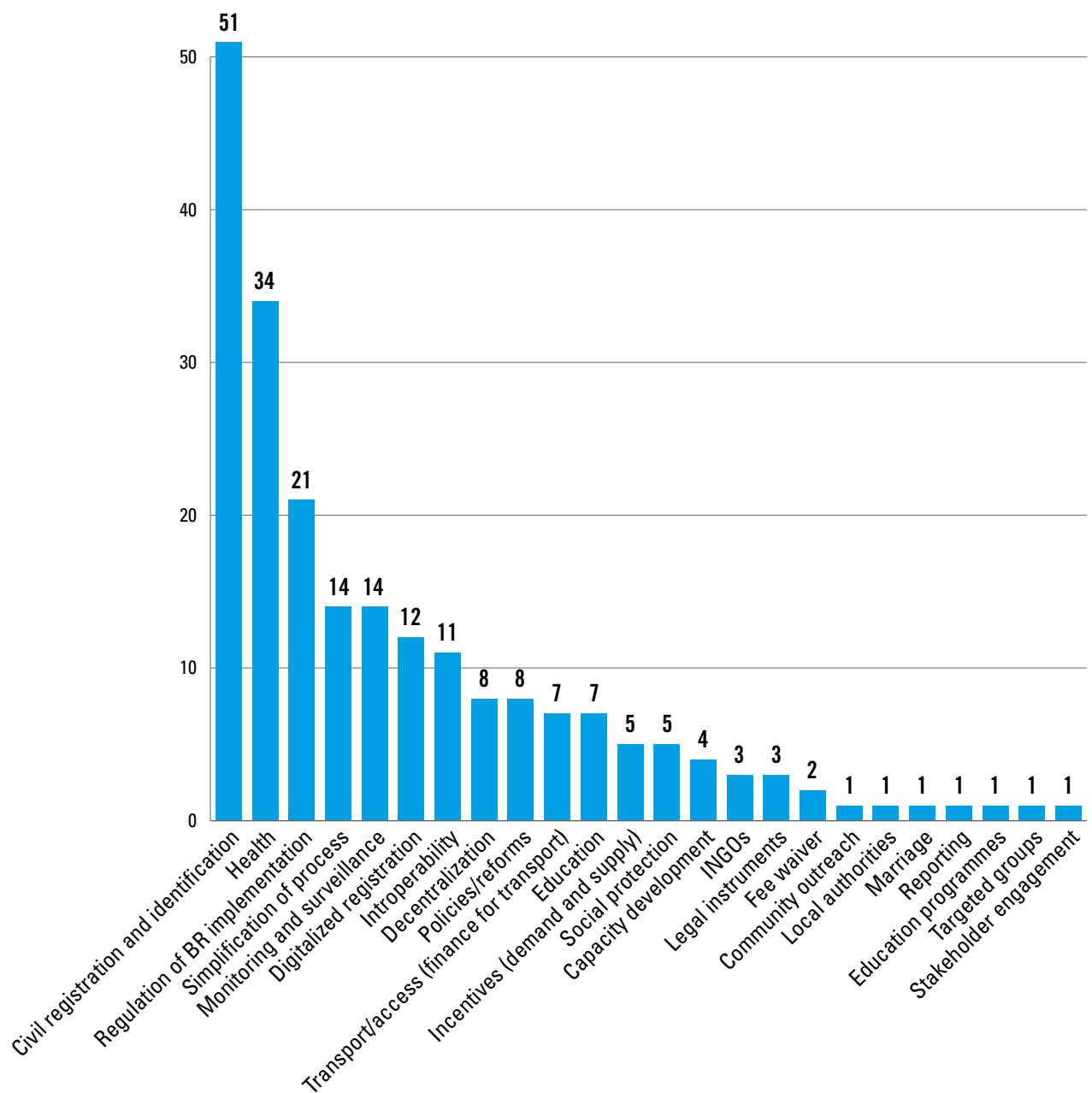
Figure 7. Gender equality and social inclusion



Interventions

The figure below shows the distribution of the evidence base by interventions. This should be complemented with the view of the full evidence map (*publication forthcoming*). About half the identified interventions are covered by fewer than five studies, resulting in a thinly distributed evidence base. Within the other half of the identified interventions covered by more than five studies, two key interventions dominate the evidence base: (i) civil registration and identification at Home Affairs offices (n=51) and (ii) integrating BR into health (n=34).

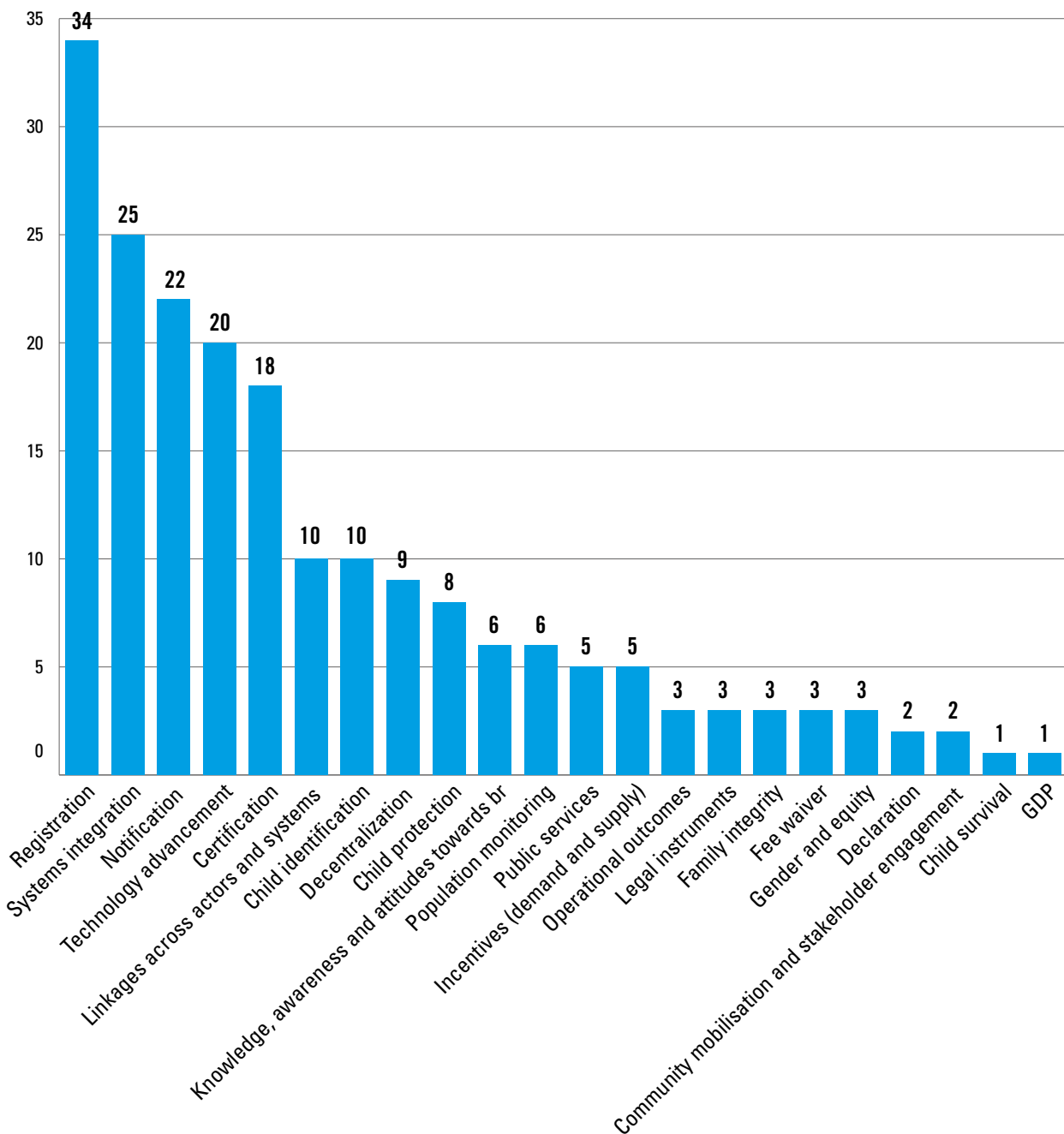
Figure 8. Evidence base by intervention



Outcomes

The figure below shows the distribution of the evidence base by outcomes. This should be complemented with the view of the full evidence map (*publication forthcoming*). As with the interventions before, about half of the outcomes are covered by fewer than five studies. However, the cluster of well-covered outcomes is more evenly distributed as compared with the interventions. Four outcomes stand out from the included evidence base: (i) registration (n=34); (ii) systems integration (n=25); (iii) technological advancement (n=25); and (iv) notification (n=22).

Figure 9. Distribution of evidence based on outcomes



Conclusion

Overall, we found a paucity of available evidence to guide BR policymakers in Africa.

We identified a total of 109 studies included in the evidence map; however, these cover only 23 per cent of the map itself. That is, of the intervention–outcome configurations that stakeholders had identified to be key in continental BR systems, 67 per cent face an evidence gap.

The evidence base is fairly evenly distributed across sub-Saharan Africa. North Africa, however, sees a pattern of relatively less available evidence. Within the fairly evenly distributed evidence base in sub-Saharan Africa, Nigeria (n=24) and Ghana (n=20) somewhat stand out.

The top three most frequent intervention–outcome configurations refer to: (i) services related to BR: health (intervention) with the outcome of systems integration; (ii) civil registration and identification (Home Affairs) with the outcome of completeness of BR; and (iii) public–private partnerships with the outcome of systems integration.

Clear evidence gaps in terms of the nature of the included evidence base include:

- A gap in research focused on men as users of registration services
- A gap in evidence published outside academic journal articles
- A relative gap in quantitative research
- A reporting gap in sex-disaggregated data, populations' living environment and population age.

In terms of the GESI sensitivity of the included evidence, we identify a balanced evidence base, with 38 per cent of the studies considering GESI in full and 41 per cent of the studies neglecting GESI.

There are various ways in which the evidence base can be used. For instance, it can be used to synthesize evidence for selected cells in the evidence map, as a tool for engagement and discussions on policy evidence needs and as a basis for organizational knowledge management.

Acknowledgments

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