

TABLE OF STUDIES INCLUDED IN THE REVIEW

CASH TRANSFERS IMPACT ON CHILDREN'S SURVIVAL

a. Use of Preventative Healthcare Services for Children

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
D. G. Bassani 2013 (1) (SR with MA : High Confidence Rating)	Multiple within Latin America, Sub-Saharan Africa and South Asia & LMICs (Dev)	Unrestricted CCTs	Preventive Health Care Use	sig increase as per 1 CBA and 3 C-RCTs and 1 PSM ¹ of 0.14 MD (CI= -0.00 to 0.29; Heterogeneity: Tau ² =0.03; Chi ² =144.58, df=4(P<0.00001); I ² =97%) (<u>moderate impact</u>)
			Vaccination Coverage (full, age appropriate)	non-sig increase as per 3 C-RCTs and 1 RCT ² of 0.05 MD (CI=-0.01 to 0.10; Heterogeneity: Tau ² =0.00; Chi ² =3.17, df=3(P=0.37); I ² =5%) (<u>small impact</u>)
			Vaccination Coverage (BCG, DPT, MCV, OPV)	<u>no impact</u> for BCG (0.00MD), <u>very small non-sig increases</u> for DPT 1 & 3 and OPV (0.06MD, 0.01MD & 0.03MD) and <u>very small non-sig decrease</u> for MCV (-0.01 MD) as per 1 C-RCT, 1 RCT, 1 Cohort Study and 1 Longitudinal Panel Study ³
			Receipt of Vitamin A supplements	non-sig increase as per 1 C-RCT and 1 RCT ⁴ of 0.16 MD (CI=-0.01 to 0.34) (<u>moderate impact</u>)
		Unrestricted UCTs	Preventive Health Care, Receipt of Deworming, Vitamin A and iron supplements	sig increase as per 1 C-RCT study ⁵ (no pooled estimates)
E. O. Addo et.al 2014 (2) (SR with narrative synthesis: High Confidence Rating)	Multiple within Latin America & LMICs (Dev)	Unrestricted CCTs	Growth Monitoring Well child check-ups	sig increase as per 3 C-RCTs & 1 CBA ⁶ (no pooled estimates)
			Vaccination Coverage (DPT, BCG, MCV, OPV)	sig + increase as per 2 C-RCTs ⁷ (no pooled estimates) sig increase as per 4 C-RCTs ⁸ (no pooled estimates) and a non-sig + increase as per 1 C-RCT
F. Pega et.al. 2015 (3) (SR with MA: High Confidence Rating)	Multiple within Latin America and Sub-Saharan Africa & LMIC (Hum)	Unrestricted CCT	Receipt of vitamin or iron supplements	sig increase as per 1 C-RCT ⁹ no sig impact as per 1 C-RCT ¹⁰
			Receipt of deworming pills	
M. Ranganathan and M. Lagarde 2012 (4) (SR with narrative synthesis : Medium Confidence Rating)	Multiple within Latin America and Sub-Saharan Africa & LMICs (Dev)	Unrestricted CCTs	Preventive Health Care Use & Growth Monitoring	sig increase as per 4 C-RCTs and 3 before and after studies ¹¹ (no pooled estimates)
			Vaccination Coverage (DPT, BCG, MCV, OPV)	sig increase as per 3 C-RCTs and 1 CBA ¹² (no pooled estimates)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
S. Handa et.al.2014a (5) (PSM & DID: Level 3)	Ghana & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT	Preventive Health Check-ups (CCT arm)	sig increase by 5% points ($p<0.05$, clustered t -statistic=2.08) for children 0-5 yrs under male headed households ¹³
A. Shei et.al 2014 (6) (PSM: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Preventive Health Check-ups & Growth Monitoring Vaccination Coverage	sig odds (OR=1.6 95% CI 0.98-2.5) and (OR= 3.1 95% CI 1.9-5.1) respectively for children 0-7 yrs sig odds (OR=2.8 95% CI 1.4-5.4) for children 0-7 yrs
E. Perova and R. Vakis 2012 (7) (IV: Level 4)	Peru & LMIC (Dev)	Unrestricted CCT	Preventive Health Check-ups in last 3 months Vaccination Coverage in last 3 months	sig increase of 69 % points ($p<0.01$, SE=0.18) for children 0-5 yrs non-sig impact of 5 % points (SE=0.18) for children 0-5 yrs
F. Benedetti et.al 2015 (8) (C-RCT: Level 5)	Honduras & LMIC (Dev)	Unrestricted CCT	Preventive Health Check-ups Weighed in past 30 days Vaccination Coverage	sig increase of 4.1% points ($p<0.05$, SE=0.018) for children 0-3 yrs sig increase of 16. 4% points ($p<0.01$, SE=0.050) for children 0 yrs at baseline non-sig impact of 2.7 % points (SE=0.023) for children 0-3 yrs
R. Akresh et.al 2012 (9) (C-RCT: Level 5)	Burkina Faso & LMIC (Dev)	Unrestricted CCT & UCT (assigned as different treatment arms)	Preventive Health Check-ups & Growth Monitoring (CCT arm)	sig increase of 49% (0.431 more visits, $p<0.05$, SE=0.205) irrespective of who received the transfer whether mother or father, and impacts seem to be driven by girls as compared to boys
The World Bank 2013 (10) (RCT, DID & RDD: Level 5)	Philippines & LMIC (Dev)	Unrestricted CCT	Growth Monitoring (regular weighting according to age) Vaccination Coverage (BCG & Measles) Receipt of deworming & vitamin A supplements	sig increase of 15 % points ($p<0.01$, SE=0.030) for children 0-5 yrs non-sig impact of 3 & 3.6% points (SE=0.027 & 0.026) for children 0-5 yrs sig increase of 6.7 and 6.2 % points ($p<0.05$, SE=0.032 & 0.029) for children 0-5 yrs
N. Rosas & S. Sabarwal 2016 (11) (C-RCT: Level 5)	Sierra Leone & LMIC (Hum)	Unrestricted CCT	Health facility visits (general)	sig increase of 23 % for boys 0-5 yrs (0.077 $p<0.01$, SE=0.026), while non-sig -ive impact of -0.037 (SE=0.024) for girls 0-5 yrs
A. de Brauw et.al 2012 (12) (PSM & DID: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Vaccination Coverage (DPT2 & 3, Polio3) for children 6-35 months Maternal decision making on medicine for children	sig treatment effect of 0.298 ($p<0.01$, SE=0.080), 0.325 ($p<0.01$, SE=0.086) and 0.170 ($p<0.05$, SE=0.071) respectively sig increase of 8% points (by 33%)

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O. P. Attanasio et.al 2015 (13) (IV: Level 4)	Colombia & LMIC (Dev)	Unrestricted CCT & UCT ¹⁴ (assigned as different treatment arms) ¹⁵	Growth Monitoring (CCT arm)	Not provided
A. Lin & A.S. Salehi 2013 (14) (DID : Level 3)	Afghanistan & LMIC (Hum)	Unrestricted CCT	Utilization of maternal & child health services	sig increase of 8% points in total
N. Streuli 2012a & 2012b (15) (QualE: no rating)	Peru & LMIC (Dev)	Unrestricted CCT	Preventive Health Check-ups & Vaccinations	Qualitative results; an increase in visits to clinics by recipient children and in vaccinations
S. Handa et.al 2014b (16) (RCT & DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Preventive Health Check-ups for children 0-60 months	non-sig decrease of -0.045 (t statistic=-1.14)
C. Heinrich et.al 2012 (17) (PSM: Level 3)	South Africa & LMIC (Dev)	Unrestricted UCT	Vaccination Coverage (polio, DPT 1,2,3, Hep 1,2,3 & Measles) Growth Monitoring	non-sig effect estimates of 0.003 (polio), -0.012 (DPT), 0.006 (Hep) & -0.007 (Measles) sig increase of 7.7% points (p<0.10, t statistic=1.69)
S. Beck et.al 2015 (18) (C-RCT: Level 5)	India & LMIC (Dev)	Unrestricted UCT	Vaccination Coverage (BCG, DPT, Oral Polio, MMR) for children 6 months to 5 years	non-sig odds ratio (OR) of 1.04 (CI= 0.60–1.82)
R. Akresh et.al 2012 (19) (C-RCT: Level 5)	Burkina Faso & LMIC (Dev)	Unrestricted CCT & UCT (assigned as different treatment arms)	Preventive Health Check-ups & Growth Monitoring (UCT arm)	non-sig decrease of -0.079 (SE=0.195)
O. P. Attanasio et.al 2015 (20) (IV : Level 4)	Colombia & LMIC (Dev)	Unrestricted CCT ¹⁶ & UCT (assigned as different treatment arms) ¹⁷	Growth Monitoring (UCT arm)	sig decrease of -0.634 (p<0.01, SE=0.152)
AIR 2014 a and b (21) (DID : Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Maternal decision making on child health, clothing and shoes	non-sig decrease of -0.01 (t statistic=-0.34)
UNICEF 2015 (22) (QualE : no rating)	Liberia & LMIC (Hum)	Unrestricted UCT	Maternal decision making on expenditure and resource allocation to children (food, health-care etc.)	Qualitative results: reduction in marital tension and improvements in joint decision-making

b. Use of Preventative Healthcare Services for Mothers

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
M. Malqvist 2013 (23) (SR with MA: High Confidence Rating)	Multiple within South Asia and Latin America & LMICs (Dev)	Restricted UCTs	antenatal care coverage Delivery in a health facility	sig increase as per 3 CBA and 1 C-RCT studies ¹⁸ of <u>RR=1.67</u> (95% CI 1.08-2.59, $T^2=0.1852$, $I^2=97.63\%$) sig increase as per 5 CBA studies ¹⁹ of <u>RR=2.37</u> (95% CI 1.38–4.07, $T^2= 0.3487$, $I^2= 98.91\%$)
E. O. Addo et.al 2014 (24) (SR with narrative synthesis : High Confidence Rating)	Multiple within Latin America & LMICs (Dev)	Unrestricted CCTs	Use of ante-natal care services	sig increase as per 2 C-RCTs ²⁰ (no pooled estimates)
M. Ranganathan and M. Lagarde 2012 (25) (SR with narrative synthesis : Medium Confidence Rating)	Multiple within South Asia & LMICs (Dev)	Unrestricted CCTs	Skilled attendance at delivery Use of ante-natal care services Delivery in a health facility	sig increase as per 1 PSM study ²¹ (no pooled estimates) sig increase as per 1 matching with DID study ²² as per 10.9% points (no pooled estimates) sig increase as per 1 matching with DID and 1 PSM study ²³ (no pooled estimates)
A. Glassman et.al. 2013 (26) (SR with MA: High Confidence Rating)	Multiple within South Asia and Latin America & LMICs (Dev)	Unrestricted CCTs	Skilled attendance at delivery Use of ante-natal care services Delivery in a health facility	sig increase as per 2 RDD, 3 DID, 1 PSM study ²⁴ of <u>0.116</u> (95% CI-0.072-0.303) sig increase as per 2 RDD, 2 C-RCT, 1 PSM, 1 matching with DID and 1 DID study ²⁵ of <u>0.084</u> (95% CI 0.038-0.131) sig increase as per 1 RDD, 1 DID & 1 PSM study ²⁶ of <u>0.211</u> (95% CI=-0.105-0.527)
A. de Brauw et.al 2012 (27) (PSM & DID : Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Use of ante-natal care services	sig increase of 1.6 more prenatal care visits ($p<0.05$, SE= 0.800)
The World Bank 2013 (28) (RCT, DID & RDD: Level 5)	Philippines & LMIC (Dev)	Unrestricted CCT	Use of ante-natal care services Use of post-natal care services (at home) Use of skilled attendance at delivery Delivery in a health facility	sig increase of 10.5 % points ($p<0.05$, SE= 0.047) sig increase of 10% points ($p<0.05$, SE= 0.038) non-sig impact of 4% points (SE=0.053) non-sig impact of 0.2% points (SE= 0.039)
C. Kahn et.al 2015 (29) (CRCT: Level 5)	Uganda & LMIC (Dev)	Unrestricted CCT	Use of ante-natal care services (0.40 USD & 3 or > visits group) Use of ante-natal care services (0.20 USD & 3 or > visit group or 0.40 USD for one visit only group) Relationship b/w number of antenatal visits and odds of delivery in a health facility	sig increase in odds (OR=1.70, 95% CI=1.13-2.57) non-sig impact in odds (OR=0.92. CI=0.60-1.55) & (OR=1.0. CI=0.64-1.57) respectively sig increase in odds with a higher number of visits (OR=1.21, 95% CI= 1.03 – 1.42)

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T. P. Jackson et.al 2015 (30) (DID: Level 3)	India & LMIC (Dev)	Unrestricted CCT	Use of ante-natal care services Use of skilled attendance at delivery Delivery in a health facility	non-sig impact of 0.010 (SE=0.0073) for JSY coverage >50% sig increase of 6.3% points (p<0.01, SE= 0.0081) for JSY coverage >50% sig increase of 8.2% points (p<0.01, SE=0.0084) for JSY coverage >50%
F. Benedetti et.al 2015 (31) (C-RCT: Level 5)	Honduras & LMIC (Dev)	Unrestricted CCT ²⁷	Number of ante-natal care visits Use of post-natal care services Receipt of Tetanus shots before/during pregnancy	non-sig impact of 0.326 (SE= 0.202) non-sig impact of 0.061 (SE=0.049) sig increase of 0.052 (p<0.10, SE= 0.031)
C. O' Brien et.al 2013 (32) (RCT: Level 5)	Kazakhstan & LMIC (Dev)	Unrestricted CCT ²⁸	Use of ante-natal care services Use of skilled attendance at delivery Reporting having taken iron supplements during pregnancy	non-sig impact non-sig impact sig impact of 78% in treatment as opppsed to 69% in control households
E. Perova and R. Vakis 2012 (33) (IV: Level 4)	Peru & LMIC (Dev)	Unrestricted CCT ²⁹	Use of ante-natal care services Use of skilled attendance at delivery	non-sig impact of 1% point (SE=0.04) sig increase of 34% points (p<0.01, SE=0.13) for women in the program for >36 months
A. Lin & A.S. Salehi 2013 (34) (DID : Level 3)	Afghanistan & LMIC (Hum)	Unrestricted CCT	Utilization of maternal & child health services	sig increase of 8% points in total
N. Streuli 2012a & 2012b (35) (QualE: no rating)	Peru & LMIC (Dev)	Unrestricted CCT	Use of ante-natal & post-natal care services	Qualitative results; an increase in the use of both ante-natal & post-natal care services
S. Handa et.al 2015b & 2015c (36) (RCT, Diff-in-Diff : Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Use of antenatal care services (average age of mother 28 yrs.) Use of skilled attendance at delivery (average age of mother 28 yrs.) Use of skilled attendance at delivery (those who have access to better community health services)	non-sig negative impact of -0.139 (t-statistics= 0.81) non-sig impact of 0.047 (t-statistics=0.27) sig impact of 0.114 (p<0.05, t-statistics=3.09)

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E.V de Poel et.al 2014 (37) (DID: Level 3)	Cambodia & LMIC (Dev)	Restricted UCT ³⁰ (voucher)	Use of antenatal care services Delivery in a public health-care facility	non-sig impact of 3.2% point (SE=2.3) sig increase of 10.1% points (p<0.05, SE=4.4)
T. P. Jackson & K. Hanson 2012 (38) (PSM : Level 3)	Nepal & LMIC (Dev)	Restricted UCT (cash) ³¹	Use of skilled attendance at delivery (doctor or other professional health worker) Delivery in a health facility (govern or NGO)	sig increase of 5.2% points (p<0.01, t-statistic=3.17) sig increase of 4% points (p<0.01, t-statistic=2.70)
H. T.H. Nguyen et.al 2012 (39) (DID : Level 3)	Bangladesh & LMIC (Dev)	Restricted UCT ³² (voucher)	Use of antenatal care services Use of skilled attendance at delivery Institutional Delivery	sig increase of 24% point (p< 0.01, SE= 0.076) sig increase of 46% point (p<0.01, SE= 0.043) sig increase of 13.6% point (p<0.01, SE= 0.047)

c. Use of Curative Healthcare Services for Children

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
N. Rosas & S. Sabarwal 2016 (40) (C-RCT: Level 5)	Sierra Leone & LMIC (Hum)	Unrestricted CCT	Boys 0–5 who were sick and went to a health facility Girls 0-5 who were sick and went to a health facility	sig increase of 8% point (p<0.05, SE= 0.031) non-sig decrease in impact of 2.4% point (coeff=-0.024, SE= 0.027)
E. Perova and R. Vakis 2012 (41) (IV: Level 4)	Peru & LMIC (Dev)	Unrestricted CCT	Sought medical attention in the event of illness (0-5 yrs.)	sig increase of 55% point (p<0.10, SE= 0.32)
The World Bank 2013 (42) (RCT, DID & RDD: Level 5)	Philippines & LMIC (Dev)	Unrestricted CCT	Use of curative care for children sick with fever and cough (6-36 months)	sig increase of 13.2% point (p<0.01, SE= 0.035)
D.K. Evans et.al 2014 (43) (DID: Level 3)	Tanzania & LMIC (Dev)	Unrestricted CCT	Curative Healthcenter visits (0-2 yrs.) Curative Use of Medication (0-18 yrs.)	sig decrease of 3 visits a year at endline (coeff= -3.00, p<0.05, SE= 1.23) sig decrease of 11% point in the pas 4 weeks (coeff=-0.11, p<0.05, SE= 0.06)
S. Handa et.al 2014b (44) (RCT & DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted CCT	Curative health care visits for diarrhea and fever (0-60 months) Curative health care visits for ARI (0-60 months)	non-sig impact of 3.9% point (SE= 0.54) and 1.2% point (SE= 0.16) sig decrease of 14.2% point (coeff=-0.142, p<0.05, SE=-2.00)

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AIR 2014a and 2014b (45) (DID: Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Curative health care visits for diarrhea and fever (0-60 months) Curative health care visits for ARI (0-60 months)	non-sig impact of 11.6% point (coeff= 0.116, SE= 1.30) and 0.8% point (coeff=0.008, SE= 0.10) non-sig impact of 15.1% point (coeff=0.151, SE= 0.81)
S. Handa et.al.2014a (46) (PSM & DID: Level 3)	Ghana & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT	Curative health care visits (0-5. yrs., UCT arm)	non-sig impact of 24% point (coeff= 0.24, SE= 0.83)
W. K. Luseno et.al (47) 2014 (RCT: Level 5)	Malawi & LMIC (Dev)	Unrestricted UCT	Curative health care use for serious illness	sig increase in odds (OR=10.98, 95% CI 2.38-50.62)
UNICEF 2015 (48) (QualE : no rating)	Lesotho & LMIC (Dev)	Labelled UCT	Curative health care visits (0-17 yrs.)	non-sig decrease of 0.1% point
L. Pellerano et.al 2014 (49) (RCT & DID: Level 5)	Lberia & LMIC (Hum)	Unrestricted UCT	Use of Curative Health Care ³³	Qualitative result: care-seeking behavior was found to be generally similar in intervention and comparison households

d. Morbidity

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
E. O. Addo et.al 2014 (50) (SR with narrative synthesis : High Confidence Rating)	Multiple within Latin America & LMICs (Dev)	Unrestricted CCTs	Disease Morbidity (0-5 yrs.) Disease Morbidity (6-17 yrs.)	sig decrease as per 2 C-RCTs and 1 CBA ³⁴ (no pooled estimates) no sig impact as per 1 C-RCT and 1 CBA ³⁵ (no pooled estimates)
E. Tsoka et.al 2016 (51) (SR with narrative synthesis : medium confidence rating)	Multiple within Sub-Saharan Africa & LMICs (Dev)	Unrestricted CCTs & UCTs, Labelled & Restricted UCTs (including cash plus complementary programs as well)	HIV prevalence HSV2 incidence	no sig impact as per 2 RCTs and 1 C-RCT ³⁶ for children 10-16 yrs and a sig decrease as per 1 C-RCT ³⁷ for children 13-22 yrs (no pooled estimates) no sig impact as per 1 C-RCT & 1 RCT study ³⁸ for children 10-16 yrs old and a sig decrease as per 1 RCT study and 1 C-RCT study ³⁹

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
A. Shei et.al 2014 (52) (PSM: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Diarrhea, fever, cough morbidity (0-7 yrs.)	sig increase in odds of having diarrhea in last 2 weeks ⁴⁰ (OR=1.8, p=0.055) but non-sig impact on odds of cough or fever
C. O' Brien et.al 2013 (53) (RCT: Level 5)	Kazakhstan & LMIC (Dev)	Unrestricted CCT	Pneumonia morbidity (0-59 m.) Diarrhoea morbidity (0-59 m.)	sig decrease of 3% (coeff=-3, p<0.10) non-sig impact (no effect estimates reported)
D.K. Evans et.al 2014 (54) (DID: Level 3)	Tanzania & LMIC (Dev)	Unrestricted CCT	Reported being sick in the past 4 weeks (0-4 yrs. & 0-18 yrs.)	non-sig impact (coeff=0, SE= 0.06)
A. Pettifor et.al. 2016 (55) (RCT: Level 5)	South Africa & LMIC (Dev)	Unrestricted CCT	HIV prevalence (girls median age 15 yrs)	non-sig impact of 1.70% per person years (hazard ratio=1.17, 95% CI= 0.80-1.72, p=0.42)
S. Handa et.al 2014b (56) (RCT & DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Diarrhea Morbidity (0-60 m.) Fever and acute respiratory illness/ cough Morbidity ARI (0-60 m.)	sig decrease of 4.9% point (coeff=- 0.049, p<0.05, t statistic= -2.38) non-sig decrease of 1.9% point (coeff=-0.019, t statistic=-0.53) and 3.6% point (coeff=-0.036, t statistic=-1.42)
AIR 2014a and 2014b (57) (DID: Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Diarrhea Morbidity at 36 months pf the program (0-60 m.) Fever and Acute respiratory illness Morbidity ARI at 36 months of the program ⁴¹ (0-60 m.)	non-sig impact (coeff=-0.007, t-statistic=-0.39) non-sig impact (coeff= 0.004, t-statistic= 0.110 and coeff=-0.027, t-statistic=-1.30)
F. Benedetti et.al 2015 (58) (C-RCT: Level 5)	Honduras & LMIC (Dev)	Unrestricted CCT & UCT ⁴²	Diarrhea and Respiratory Morbidity in the past 2 weeks ⁴³ (0-3 yrs., UCT arm)	non-sig decrease (coeff= -0.019, SE=0.019 and coeff= -0.019, SE=0.027)
S. Handa et.al.2014a (59) (PSM & DID: Level 3)	Ghana & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT	Morbidity (0-5yrs), UCT arm Morbidity (6-17 yrs.), UCT arm	sig increase in likelihood of 9% point (p<0.05, t statistic=2.39) sig decrease in likelihood of 5% point (p<0.05, t statistic= 2.65)
C. Heinrich et.al 2012 (60) (PSM: Level 3)	South Africa & LMIC (Dev)	Unrestricted UCT	Morbidity (0-7 yrs)	boys who were enrolled later (at 6 yrs) had a higher predicted reduced likelihood of 30.3% as compared to 21.2% for boys enrolled at birth (p<0.10). The same impact not found for girls children enrolled at birth & with mothers with eight or > grades of schooling have a reduced likelihood of 8.5% point (p<0.05)

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W. K. Luseno et.al (61) 2014 (RCT: Level 5)	Malawi & LMIC (Dev)	Unrestricted UCT	Morbidity in the past month (6-17 yrs.) Morbidity that stopped normal activities in the past month (6-17 yrs.)	sig decrease in odds by 37% (OR=0.63, p<0.05, CI= 0.44-0.90) sig decrease in odds by 42% (OR=0.58, p<0.01, CI= 0.40-0.82)
L. Pellerano et.al 2014 (62) (RCT & DID: Level 5)	Lesotho & LMIC (Dev)	Labelled UCT	Flu or cold morbidity ⁴⁴ is the last month (0-5 yrs., for both girls & boys)	sig decrease by 15% point (coeff=-15.38, p<0.10)

e. Mortality

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
F. Pega et.al. 2015 (63) (SR with MA : High Confidence Rating)	Multiple within Latin America and Sub-Saharan Africa & LMIC (Hum)	Unrestricted CCT & Unrestricted UCT	Child (6-23 months) mortality in the past 3 months (UCT arm versus only food transfer)	sig decrease as per 2 PSM studies ⁴⁵ of <u>74%</u> in death rate (hazard ratio= <u>0.26</u> , 95% CI= 0.10 to 0.66, Heterogeneity Tau ² =0.08, Chi ² =1.21, df=1, P=0.27, I ² =17%)
D. Rasella et.al 2013 (64) (Fixed Effects with Interaction Terms: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	All-cause under-5 mortality rates Under-5 mortality rates for selected causes (diarrhea, malnutrition)	non-sig decrease in odds (OR=0.83, CI=0.79–0.88) sig decrease in risk from malnutrition (RR=0.35, 95% CI 0.24–0.50) and non-sig decrease in risk from diarrhea (RR=0.47, CI= 0.37–0.61)
A. Shei et.al 2013 (65) (Fixed Effects with Interaction Terms: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Overall Infant Mortality Rate (0-1 yr.) Post neonatal Mortality Rate (28 days-1 yr.) Neonatal Mortality Rate (0-28 days)	sig decrease of 9.3% ⁴⁶ (p<0.01) sig decrease of 24.3% (p<0.01) non-sig impact
T. P. Jackson et.al 2012 (66) (DID: Level 3)	India & LMIC (Dev)	Unrestricted CCT	Neonatal mortality (0-28 days) for coverage between 10-25% Neonatal mortality (0-28 days) for coverage more than 50%	non-sig decrease of 7.8 deaths per 1000 live births (as compared to 33 deaths at baseline, SE=0.0012) sig decrease of 3.1 deaths per 1000 live births (as compared to 33 deaths at baseline, p<0.10, SE=0.0016)

d. Young Child and Infant Nutrition Practices

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
C. Ferré and I. Sharif 2014 (67) (RDD & DID: Level 4)	Bangladesh & LMIC (Dev)	Unrestricted CCT ⁴⁷	Maternal knowledge about best breastfeeding practices (exclusive breastfeeding until children reach 6 ms) Dietary diversity; consumption of >4 out of the 7 food groups (6+ ms)	a sig increase of 8 percent (coeff= 0.063, p<0.01, SE=0.03) non-sig increase (coeff= 0.031, SE=0.05)
A. de Brauw et.al 2012 (68) (PSM & DID: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Likelihood of children being breastfed at birth	non-sig impact ⁴⁸
M. Hidrobo et.al 2012 (69) (RCT: Level 5)	Ecuador & LMIC (Dev)	Unrestricted CCT (food transfer), Restricted CCT (food vouchers ⁴⁹) or food basket ⁵⁰ plus, nutrition sensitization irrespective of the treatment arm (transfers were conditional on attendance at the nutrition trainings)	knowledge on early initiation of breastfeeding (within 24 hrs) Knowledge on the right age to begin complementary feeding	non-sig increase of 2% (coeff=0.02, SE=0.02) sig increase of 7% (coeff=0.07, p<0.01, SE=0.02)
The World Bank 2013 (70) (RCT, DID & RDD: Level 5)	Philippines & LMIC (Dev)	Unrestricted CCT	Initiated breastfeeding w/in 24 hrs of birth Exclusive breastfeeding for 6 months Complementary feeding practices (high-protein food for 6+ ms)	non-sig decrease of 3% point (coeff=-0.030, SE= 0.031) non-sig decrease of 4.6% point (coeff=-0.046, SE=0.042) sig increase of 9.1% point for eggs (coeff=0.091, p<0.01, SE= 0.035) and of 4.2% point for fish (coeff=0.042, p<0.10, SE= 0.025), non-sig impact of 0.1% point for meat (coeff=0.001, SE= 0.036)
A. Fox 2014 (71) (QualE with descriptive analysis: no rating provided)	Ethiopia & LMIC (Dev)	Unrestricted CCT	Breastfeeding during 1st hour of birth Exclusive Breastfeeding (0-6 months) Complementary feeding practices (6-23 months)	Qualitative result: an increase from 26% to 75% an increase from 36% to 91% an increase from from 10% to 32.7%
S. Handa et.al 2014b (72) (RCT & DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Infant and Young Child feeding (6-24 m ⁵¹)	a sig increase of 22% point (coeff= 0.217, p<0.05, t statistic= 3.54)
AIR 2014a and 2014b (73) (DID: Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Infant and Young Child feeding (6-24 m ⁵²) at 36 months into the program	a sig increase of 18% point (coeff= 0.183, p<0.05, t statistic= 2.88)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
B. Schwab et.al 2013 (74) (RCT, DID, Triple Difference: Level 5)	Yemen & LMIC (Hum)	Unrestricted UCT and food transfers ⁵³	Dietary Diversity (6-23 m., consumption of 4 or more food groups) Dietary Diversity (6-23 m., total food groups consumed) HDDS ⁵⁴ of children (24-59m.)	children in food arm are 16 percent less likely (coeff= -0.16, p<0.01, SE=0.06) children in food arm show a sig decrease of 42% (coeff= -0.42, p<0.10, SE= 0.21) children in food arm show a sig decrease of 35% (coeff= -0.35, p<0.05, SE= 0.16)

e. Anthropometric Indicators

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
E. O. Addo et.al 2014 (75) (SR with narrative synthesis : High Confidence Rating)	Multiple within Latin America & LMICs (Dev)	Unrestricted CCTs	Height for Age Z Scores (0-5 yrs) Stunting (HAZ <-2) Anemia Status (0-5 yrs) Overweight/Underweight (0-5 yrs)	sig increase as per 1 CBA ⁵⁵ and 3 C-RCT studies ⁵⁶ (no pooled estimates) sig decrease as per 3 C-RCT studies ⁵⁷ sig decrease as per 1 C-RCT study ⁵⁸ (no pooled estimates) sig decrease in underweight as per 1 C-RCT ⁵⁹ and sig decrease in overweight as per 1 C-RCT ⁶⁰ (no pooled estimates)
J. Manley et.al 2012 (76) (SR with MA: High Confidence Rating)	Multiple within South Asia, Latin America and Caribbean & Sub-Saharan Africa & LMICs (Dev)	Unrestricted CCT ⁶¹ , Unrestricted UCT	Height for age Z scores (all studies) Height for age Z scores (CCTs vs UCTs) Height for age Z scores (health specific conditionalities) Height for age Z scores (UCTs) Height for age Z scores (non-health specific conditionalities ⁶²)	sig increase by 0.04 (CI= (-0.02, 0.11, p=0.000, I ² =72.0%) as per 15 quantitative studies ⁶³ non-sig weaker effects of CCTs as opposed to UCTs by a factor of 0.11. sig increase by 0.04 as per 7 quantitative studies sig increase by 0.12 (p=0.02) as per 5 quantitative studies sig decrease by 0.37 (p=0.02)
M. Ranganathan and M. Lagarde 2012 (77) (SR with narrative synthesis : Medium Confidence Rating)	Multiple within South Asia & LMICs (Dev)	Unrestricted CCTs	Height for age Z scores (0- 5 yrs) Stunting (HAZ <-2SD) (0-5 yrs) Overweight/Underweight (0-5 yrs) Anemia Status (0-5 yrs)	sig increase as per 1CBA, 3 C-RCT studies ⁶⁴ (no pooled estimates) sig decrease as per 2 C-RCT studies ⁶⁵ (no pooled estimates) sig decrease in underweight as per 1 C-RCT ⁶⁶ and sig decrease in overweight as per 1 C-RCT ⁶⁷ (no pooled estimates) sig decrease as per 2 C-RCT studies ⁶⁸ , and no impact as per 1 C-RCT (no pooled estimates)
C. Porter and R. Goyal 2016 (78) (PSM & DID: Level 3)	Ethiopia & LMIC (Dev)	Unrestricted CCT	Height for Age Z Scores	a sig increase of 0.18sd (coeff= 0.179, p<0.01, SE= 0.068) which is aprox 2.4 cm for 8-year-old boys ⁶⁹

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
A. de Brauw et.al 2012 (79) (PSM & DID : Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Height for Age Z scores (0-5 yrs.) Weight-for-height Z scores (0-5 yrs.) Body Mass Index (0-5 yrs.)	non-sig increase from from -0.57 to -0.34 for recipients ⁷⁰ a sig increase by 0.28sd (p<0.10, SE= 0.161) a sig increase ⁷¹ by 0.39sd (p<0.05, SE=0.161)
C. Ferré and I. Sharif 2014 (80) (RDD & DID: Level 4)	Bangladesh & LMIC (Dev)	Unrestricted CCT ⁷²	Weight for Height Z Scores/wasting (10-22 m.) Weight for Height Z Scores/wasting (22-46 m.) Height for Age/stunting or Weight for Age Z/ underweight scores (10-46 m.)	sig decrease of 12.5% point (coeff=-0.125, p<0.10, SE=0.07) non-sig decrease of 3.6% point (coeff=-0.036, SE=0.04) non-sig impact of 3.4% point and 4.6% point (SE=0.05) respectively
C. T. Andersen et.al 2015 (81) (PSM & DID: Level 3)	Peru & LMIC (Dev)	Unrestricted CCT	Height for Age Z Scores (Overall Sample 5-7 yrs) Height for Age Z Scores (Boys) Stunting (HAZ <-2, Overall Sample) BMI-for-age z score (Girls) prevalence of overweight corresponding to BMI (Girls)	non-sig impact (ATT= 0.14, CI= -0.20, 0.49) sig increase for boys who participated in the program for >2yrs ⁷³ , (ATT=0.43, p=0.01, CI 0.09, 0.77), non-sig impact for girls (ATT= -0.19, p=0.54, CI -0.79, 0.41) non-sig impact on stunting for boys and girls who participated in the program for >2yrs (-ATT=14.1 & -19.0 resp) sig decrease for girls who participated in the program for >2yrs (ATT=-0.60, p<0.01, CI= -1.0, -0.21) non-sig impact for boys (ATT=-0.034, p=0.90, CI-0.56, 0.49) sig decrease for girls who participated in the program for >2yrs (ATT=-22.6, p<0.05, CI-42.5, -2.74)
The World Bank 2013 (82) (RCT, DID & RDD: Level 5)	Philippines & LMIC (Dev)	Unrestricted CCT	Height for Age, Weight for Age, Weight for Height Z scores (6-36 months)	non-sig impact (coeff=-0.026, 0.011 and 0.045 resp)
S. L. Arana et.al 2016 (83) (DID: Level 3)	Colombia & LMIC (Dev)	Unrestricted CCT	Height for Age Z scores for children 2-9yrs. Stunting (HAZ <-2) for children 2-9yrs. Stunting (for children 2-9 yrs with mothers with more than high-school education) Body Mass Index Z scores for children 2-9yrs. Thinness, overweight and obesity for children 2-9yrs	non-sig impact (coeff=0.00) non-sig impact in odds (OR=0.92; 95% CI 0.82, 1.05) sig decrease in odds ⁷⁴ (OR 0.68; 95% CI 0.52, 0.91) sig increase of 0.14 (95% CI 0.00, 0.27; p< 0.05) sig decrease in odds of thinness (OR= 0.25; 95% CI 0.09, 0.74), non-sig impacts in odds of overweight (OR 1.24; 95% CI 0.80, 1.91) or obesity (OR 0.57; 95% CI 0.21, 1.51).

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
S. R. Gitter et.al 2013 (84) (RCT & Triple Difference: Level 5)	Nicaragua & LMIC (Dev)	Unrestricted CCT	<p>Height for Age Z Scores (full sample, 0-5 yrs.)</p> <p>Height for Age Z Scores (0-5 yrs., CCT coffee households with no school-aged children)</p> <p>Height for Age Z Scores (0-5 yrs., CCT coffee households with school aged children⁷⁵)</p> <p>Height for Age Z Scores (full sample 0-5 yrs., boys' vs girls, coffee households)</p> <p>Height for Age Z Scores (full sample 0-5 yrs., mother can read=1, coffee households)</p>	<p>non-sig decrease of 1.6z scores & 2.1 z scores⁷⁶ (, SE=0.10 & 0.15)</p> <p>sig increase of 0.4 z scores (p<0.05, SE=0.21)</p> <p>sig decrease⁷⁷ of 2.9 z scores (p<0.05, SE=0.13)</p> <p>non-sig impact of 0.3 z scores (SE=0.06)</p> <p>sig increase of 3.7 z scores (p<0.01, SE=0.13)</p>
T. Barham et.al 2013a (85) (RCT: Level 5)	Nicaragua & LMIC (Dev)	Unrestricted CCT	Anthropometrics/ height and weight ⁷⁸ (boys born in 6 and 12 months of the program ⁷⁹)	non-sig impact ⁸⁰ of -0.068 and -0.086 resp (0.100, 0.118)
D.K. Evans et.al 2014 (86) (DID: Level 3)	Tanzania & LMIC (Dev)	Unrestricted CCT	Height, Weight, and Middle-upper-arm circumference (MUAC) scores (0-4 yrs)	non-sig impact at endline ⁸¹ of 0.61, 0.18 and 1.61 respectively
O. P. Attanasio et.al 2015 (87) (IV : Level 4)	Colombia & LMIC (Dev)	Unrestricted CCT & UCT ⁸² (assigned as different treatment arms) ⁸³	<p>Underweight (CCT group, 0-36 months)</p> <p>Stunting (CCT group, 0-36 months)</p> <p>Risk of wasting (CCT group, 0-36 months)</p>	<p>sig decrease of -0.124 (p<0.10, SE= 0.069)</p> <p>non-sig decrease of -0.092 (SE= 0.070)</p> <p>non-sig decrease of -0.045 (SE= 0.067)</p>
W.Z. Mkabile et.al. 2016 (88) (cross-sectional study: Level 2)	South Africa & LMIC (Dev)	Unrestricted CCT	<p>Stunting (HAZ <-2) for median age 22 months</p> <p>Stunting & maternal HIV + status</p> <p>Stunting & mothers' education (completing high school or having tertiary education)</p>	<p>non-sig impact⁸⁴ sig increase in odds (OR=2.30; 95 % CI 1.31, 4.03)</p> <p>sig decrease in odds (OR=0.42; 95 % CI 0.18, 0.96 and OR=0.16; 95 % CI 0.03, 0.83, resp)</p>

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
D. O. Gilligan et.al. 2013 and D. O. Gilligan & S. Roy 2016 (89) (CRCT, DID: Level 5)	Uganda & LMIC (Dev)	Unrestricted UCT and Food Transfers ⁸⁵	Stunting (5-6 yrs, UCT arm) Underweight (5-6 yrs, UCT arm) Severe Stunting (5-6 yrs, UCT arm) Severe Underweight (5-6 yrs, UCT arm) Severe Wasting (3-4.5 yrs) Prevalence of anemia (6 ms-6 yrs., UCT arm) Prevalence of moderate or severe anemia (6 ms-6 yrs., UCT arm)	non-sig impact of -0.018 (SE=0.038) non-sig impact of -0.033 (SE=0.050) non-sig impact of -0.007 (SE=0.022) non-sig impact of -0.049 ⁸⁶ (SE=0.035) sig decrease of 8% point ⁸⁷ (coeff=-0.080, p<0.05, SE= 0.033) sig decrease of 5.8% point (coeff=-0.058, p<0.10, SE=0.032) sig decrease of 4.3% point ⁸⁸ (coeff=-0.043, p<0.10, SE= 0.025)
S. Handa et.al 2014b (90) (RCT & DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Height for age, Weight for age, Weight for height Z Scores (0-60 m.)	non-sig impacts of 0.066 (t-statistic=0.70), 0.128 (t-statistic=1.89) and 0.118 (t-statistic=1.74) resp
AIR 2014a and 2014b (91) (DID: Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Height for age, Weight for age, Weight for height Z Scores (0-60 m.)	non-sig impacts of -0.116 (t-statistic=-1.25), -0.047 (t-statistic=-0.79) and 0.042 (t-statistic= 0.566)
S. Handa et.al 2016a (92) (DID: Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Anthropometry (stunting, wasting and underweight, 0-5 yrs.) at 36 months of the program	non-sig impact of -0.06 (t statistic=0.05)
Fred Merttens et.al 2013 (93) (RCT: Level 5)	Kenya & LMIC (Dev)	Unrestricted UCT	Anthropometry (stunting, wasting and underweight, 0-5 yrs.)	non-sig impact; poor rates of malnutrition continue ⁸⁹
F. Benedetti et.al 2015 (94) (C-RCT: Level 5)	Honduras & LMIC (Dev)	Unrestricted CCT & UCT ⁹⁰	Height-for-age, weight-for-height, weight-for-age Z score (0-3 yrs.) Anemia Status (0-3 yrs.)	non-sig impact of -0.008 (SE= 0.028), 0.007 (SE= 0.006) and 0.007 (SE=0.015) non-sig impact of 0.010 (SE= 0.029)
C. Heinrich et.al 2012 (95) (PSM: Level 3)	South Africa & LMIC (Dev)	Unrestricted UCT	Height for age z scores (boys and girls, 3 yrs) Stunting (boys and girls, 3 yrs) Height for age z scores and stunting (children at 3 yrs with mothers' education<8 grades) Height for age z scores (children at 3 yrs with mothers' education>8 grades.)	non-sig impact of 0.072 (t-statistic=1.11) non-sig impact of -0.007 (t-statistic=-0.40) non-sig impact of -0.071 (t-statistic=-0.48) and 0.030 (t-statistic=0.88) sig increase of 0.184 (p<0.05, t-statistic=2.56)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
C. Langendorf et.al. 2014 (96) (RCT: Level 5)	Niger & LMIC (Hum)	Unrestricted UCT	Severe acute malnutrition (weight-for-length Z-score = < -3 and/or mid-upper arm circumference = < 11.5 cm and/or bipedal edema) Moderate acute malnutrition (-3 ≤ WLZ < -2 and/or 11.5 ≤ MUAC < 12.5 cm)	supplementary food plus cash has significant decrease in incidence than the cash-only group (hazard ratio= 2.50, CI=1.24–5.05, p<0.05) supplementary food plus cash has significant decrease in incidence than the cash-only group (hazard ratio= 2.42, CI=1.39–4.21, p<0.05)
D. Ayuku et.al 2014 (97) (cross-sectional study: Level 2)	Kenya & LMIC (Dev)	Unrestricted UCT	Weight for height (0-5 yrs) Height for age (0-18 yrs) Weight for age z scores (0-10 yrs)	non-sig impact less likely to have height stunting for their age compared to the non-CT children (AOR: 0.65, 95% CI: 0.47-0.89). non-sig impact

f. Food Security

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
D. O. Gilligan et.al. 2013 and D. O. Gilligan & S. Roy 2016 (98) (CRCT, DID: Level 5)	Uganda & LMIC (Dev)	Unrestricted UCT and Food Transfers ⁹¹	Frequency of Starch Consumption (1-7 yrs., UCT arm) Frequency of Meat & Egg Consumption (1-7 yrs., UCT arm) Frequency of Dairy Consumption (1-7 yrs., UCT arm) Frequency of fruits, leafy green vegetables, nuts and seeds (1-7 yrs., UCT arm)	sig increase by 0.448 days in the past 7 days (p<0.01, SE=0.125) sig increase by 0.522 days in the past 7 days (p<0.01, SE=0.109) sig increase by 0.275 days in the past 7 days (p<0.10, SE=0.147) non-sig impacts of 0.021, 0.042 & 0.088 days
OPM 2014c (99) (QualE: no rating)	Malawi & LMIC (Dev)	Unrestricted UCT	Diet Diversity	Qualitative result: short-term increase in consumption of variety of a larger variety of food (eggs, meat, fish, beans, sugar or tomatoes), but the effect declined in a few days after payday and households reverted to purchasing principally maize
J. J. Foster et.al.2015 (100) (QualE: no rating)	Lebanon & LMIC (Hum)	Unrestricted UCT	Number of Meals eaten per day Diet Diversity (cereals, fruits, vegetables, proteins)	Qualitative result: treatment children ate 1 meal per day slightly more often than control group There was a .4% increase in diet diversity of treatment children
P. Pereznieto et.al. 2014 (101) (cross-sectional study: level 2)	Palestine & LMIC (Hum)	Unrestricted UCT	Negative impact on diet diversity due to unaffordable food (6m-17 yrs., girls and boys)	Qualitative result: cash transfer enabled parents to give children more diverse food such as meat, chicken, fruits and vegetables and that too more regularly

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
D.D. Hallfors et.al 2015 (102) (CRCT: level 5)	Zimbabwe & LMIC (Dev)	Restricted UCT ⁹²	Number of meals eaten per day (girls in grade 6)	sig increase ⁹³ of 0.37 (p<0.05, CI= 0.13 – 0.61)
N. Modin & D. Militante 2013 (103) (QualE: no rating)	Philippines & LMIC (Hum)	Restricted UCT ⁹⁴	Diet diversity (children with severe acute malnutrition or SAM) Food Consumption Score (FCS)	Qualitative result: children received cereals and vegetables daily, meat and fish were prepared 5 out of 7 days, but no dairy was consumed ⁹⁵ 57% of children and pregnant/lactating women had an acceptable score
L. Pellerano et.al 2014 (104) (RCT & DID: Level 5)	Lesotho & LMIC (Dev)	Labelled UCT	Meal frequency and quantity/smaller or fewer meals ⁹⁶ (6 months-17 yrs.)	a sig decrease of around 11% point (coeff=-11.21 and -11.36 resp, p <0.05) sig decrease from 31% to 24% for children
OPM 2014b (105) (QualE: no rating)	Lesotho & LMIC (Dev)	Labelled UCT	Diet Diversity	Qualitative result: children we better fed (which meant fed meat, as well as bread flour which their families could not afford before)

g. Psychosocial Wellbeing

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
S. Baird et.al. 2013 (106) (CRCT: Level 5)	Malawi & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT ⁹⁷	Psychological Distress ⁹⁸ (CCT arm)	sig decrease ⁹⁹ of 6-8% point or 17% (coeff= -0.082, p<0.05, SE=0.034)
A. Shei et.al 2014 (107) (PSM: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Psychosocial health (7-17 yrs.)	a sig increase in psychosocial health ¹⁰⁰ summary scores ($\beta = 2.6$, $p = 0.007$)
S. Baird et.al. 2013 (108) (CRCT: Level 5)	Malawi & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT ¹⁰¹	Psychological Distress (UCT arm)	sig decrease ¹⁰² of 14% point or 38% ¹⁰³ (coeff= -0.142, p<0.01, SE=0.042)
D. Ayuku et.al 2014 (109) (cross-sectional study: Level 2)	Kenya & LMIC (Dev)	Unrestricted UCT	Future outlook (10-18 yrs)	a sig increase in positive future outlook (AOR: 1.68, 95% CI: 1.10-2.54)
W.O. Ouma and F. Samuels 2012 (110) (QualE: no rating)	Kenya & LMIC (Dev)	Unrestricted UCT	Self-worth and self-esteem	Qualitative result: children talk about their future confidently & discuss how they want to succeed in school and lead a better life
J. J. Foster et.al.2015 (111) (QualE: no rating)	Lebanon & LMIC (Hum)	Unrestricted UCT	Children's psychosocial wellbeing ¹⁰⁴	Qualitative result: only 4% of beneficiary group children exhibit scores in the severe category (scores of .7 or above) as compared to 22.2% of control group children
P. Perezniето et.al. 2014 (112) (cross-sectional study: level 2)	Palestine & LMIC (Hum)	Unrestricted UCT	Self-esteem ¹⁰⁵ Self-efficacy ¹⁰⁶	Qualitative result: self-esteem scores were higher among those for cash transfer beneficiaries than non-beneficiaries Qualitative result: intervention group score higher than the comparison group (73% versus 68%)

CASH TRANSFERS IMPACT ON CHILDREN'S LEARNING

a. Cognitive and Non-Cognitive Development

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
K. Macours et.al 2012 (113) (RCT: Level 5)	Nicaragua & LMIC (Dev)	Unrestricted CCT, Unrestricted CCT plus either restricted UCT (vocational training) or restricted CCT (conditional on the household developing a business development plan) ¹⁰⁷	Cognitive and Socio-emotional indicators; TVIP, language, short-term memory, social-personal (all treatment children, 2006) Cognitive and Socio-emotional indicators; TVIP, language, assoc. & short-term memory, social-personal (all treatment children, 2008) Leg Motor skills (all treatment children, 2006) Fine Motor skills (all treatment children, 2008) Gross Motor skills (all treatment children, 2006, 2008)	sig increase by 0.12sd ($p < 0.01$, SE= 0.028) sig increase by 0.08sd ($p < 0.01$, SE= 0.029) sig increase by 0.13sd ($p < 0.10$, SE=0.076), but no impact in 2008 sig increase by 0.15sd ($p < 0.01$, SE= 0.039), but no impact in 2006 non-sig impacts in both years
T. Barham et.al 2013a (114) (RCT: Level 5)	Nicaragua & LMIC (Dev)	Unrestricted CCT	Cognition Outcomes (7 cognitive measures ¹⁰⁸ , boys born in the 1st 6 months of the program) Cognition Outcomes (7 cognitive measures, boys born in the 1st 12 months of the program)	sig increase of 0.155 ($p < 0.05$, SE=0.069) sig increase of 0.145 ($p < 0.05$, SE=0.062)
L.C.H. Fernald et.al. 2017 (115) (C-RCT: Level 5)	Mexico & LMIC (Dev)	Unrestricted CCT	General Cognitive Index Verbal Score Memory Score Perceptual Score & Quantitative Score	sig increase ($\beta=3.90$, $p= 0.03$, 95% CI 0.51, 7.30) sig increase ($\beta=4.28$, $p=0.03$, 95% CI 0.51, 8.05) sig increase ($\beta= 4.14$; $p=0.02$; 95% CI 0.62, 7.66) non-sig impacts ($\beta=2.47$ & 2.77)
D. O. Gilligan & S. Roy 2016 (116) (CRCT, DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT and Food Transfers ¹⁰⁹	Cognitive and Noncognitive Development outcome measures ¹¹⁰ (4.5-6 yrs., UCT arm)	sig increase of 0.33sd or 9% point ($p < 0.05$, SE= 3.232) in total cognitive score ¹¹¹ , but not-sig impact of 0.01sd (SE= 0.084) on non-cognitive development ¹¹² .

b. School Enrolment

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
A. Petrosino et.al. 2012 (117) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Restricted UCTs (school vouchers), Restricted CCTs (fellowships)	School enrolment & School attendance (combined)	sig increase as per 13 studies ¹¹³ unrest CCTs (ES= <u>0.17</u> , CI=0.12, 0.23), as per 6 rest CCTs (ES= <u>0.21</u> , CI=0.03, 0.38) and as per 1 rest UCT (ES= <u>0.03</u> , CI=-0.12, 0.18)
B. Sniltveit et.al.2015 (118) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCT, Labelled UCTs	School enrolment (CCTs & UCTs combined)	sig increase as per 49 studies ¹¹⁴ (SMD= <u>0.11</u> , 95% CI= 0.07, 0.15, I ² =92.85%, Q (df = 48) = 671.7829, p = <0.0001)
J. E. Saavedra and S. García 2012 (119) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs	School enrolment (primary school) School enrolment (secondary school)	sig increase as per 19 studies ¹¹⁵ of <u>5.1% point</u> (95% CI=3.70, 6.56) sig increase as per 22 studies of <u>10% point</u> (95% CI= 4.44, 7.30)
S. Baird et.al. 2013 (120) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCT,	School enrolment (CCTs) School enrolment (UCTs)	sig increase in odds as per 27 CCT ¹¹⁶ studies ¹¹⁷ (OR=1.41, 95% CI=1.27, 1.56, I ² = 86.5%, p = 0.000) sig increase in odds as per 8 UCT studies ¹¹⁸ (OR=1.23, 95% CI=1.08, 1.41, (I ² = 52.2%, p = 0.041)
C. Lehmann and D. Masterson 2014 (121) (RDD: Level 4)	Lebanon & LMIC (Hum)	Unrestricted UCT	School enrolment	39% as opposed to 33% in control group children (p=0.01)
Richard de Groot et.al.2015 (122) (PSM: Level 3)	Ghana & LMIC (Dev)	Unrestricted UCT	School enrolment (5-12 yrs) School enrolment (13-17 yrs) School enrolment (13-17 yr boys) School enrolment (13-17 yr girls)	a non-sig impact of -0.007 (t-statistics= -0.53) sig increase of 0.081 (p<0.01, t-statistic=2.44) sig increase of 0.203 (p<0.01, t-statistic= 4.31) a non-sig impact of 0.013 (t-statistic=0.25)
S. Handa et.al 2016a (123) (DID: Level 3)	Zambia & LMIC (Dev)	Unrestricted UCT	Currently enrolled in school (11-17 yrs.)	sig increase of 9% points (p<0.01, SE=0.03)
F. Battistin 2016 (124) (RDD: Level 4)	Lebanon & LMIC (Hum)	Unrestricted UCT	School enrolment	sig increase of 9% points (p<0.01, SE=0.03)
UNICEF 2015 (125) (QualE : no rating)	Liberia & LMIC (Hum)	Unrestricted UCT	School enrolment (Bomy County) School enrolment (Maryland County)	Qualitative Result ¹¹⁹ : 92% for intervention group as opposed to 88% in comparison group Qualitative Result: 87.6% for intervention group as opposed to 78.2% in comparison group

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
José Rosero 2012 (126) (DID: Level 3)	Ecuador & LMIC (Dev)	Restricted UCT (housing voucher)	School enrolment (8 to 18 yrs) School enrolment (15-18 yrs)	sig increase of 2.6% point (p<0.10, SE=0.014) sig increase of 4.6% point (p<0.10, SE=0.023) ¹²⁰
G. Berhane et.al. 2015 (127) (PSM: Level 3)	Ethiopia & LMIC (Dev)	Labelled UCT	School enrolment (6-16 yrs., Hintalo region ¹²¹) School enrolment (6-11 yrs., Girls Hintalo region)	sig increase of 5.5% point (p<0.10, SE=0.031) sig increase of 13.3% point (p<0.05, SE=0.068), no impact on boys same age or older girls

c. School Attendance

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
A. Petrosino et.al. 2012 (128) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Restricted UCTs (school vouchers), Restricted CCTs (fellowships)	School enrolment & School attendance (combined)	sig increase as per 13 studies ¹²² unrest CCTs (ES=0.17, CI=0.12, 0.23), as per 6 rest CCTs (ES=0.21, CI=0.03, 0.38) and as per 1 rest UCT (ES=0.03, CI=-0.12, 0.18)
B. Snilstveit et.al 2015 (129) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCT, Labelled UCTs, Restricted CCTs (educational scholarships conditional on performance or attendance)	School attendance (combined)	sig increase as per 38 studies ¹²³ (ES=0.13, 95% CI 0.08, 0.18, I ² = 96.069%, Q (df=37) = 941.3885, p= <0.0001)
J. E. Saavedra and S. García 2012 (130) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs	School attendance (primary school) School attendance (secondary school)	sig increase as per 10 studies ¹²⁴ of 3% (2.5% point, 95% CI=1.61, 3.34) sig increase as per 18 studies of 12% (8% point, 95% CI=6.64, 9.49)
S. Baird et.al. 2013 (131) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCTs,	School attendance (CCTs) School attendance (UCTs)	sig increase in odds as per 15 studies ¹²⁵ (OR=1.65, 95% CI=1.37-2.00, β ² =0.10, I ² =93.60%, Chi ² =217.31) sig increase in odds as per 5 studies (OR=1.42, 95% CI=1.18-1.70, β ² =0.00, I ² =0.00%, Chi ² =1.90)
R. Juras 2014 (132) (PSM: Level 3)	Argentina & LMIC (Dev)	Unrestricted CCT (public works)	School attendance	sig increase of 1.8% point (coeff=0.018, t-statistic=0.91)
Ho Lun Wong et.al 2013 (133) (RCT: Level 5)	China & LMIC (Dev)	Unrestricted CCT (conditional on attendance)	Preschool attendance	sig increase (coeff=0.18, p<0.05, SE= 0.08)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
N. Rosas & S. Sabarwal 2016 (134) (RCT: Level 5)	Sierra Leone & LMIC (Hum)	Unrestricted CCT	School attendance (boys & girls 6-14 yrs) School absenteeism (boys & girls 6-14 yrs)	non-sig decrease (coeff=- 0.025, SE=0.022) sig increase of 51% or 0.2 days ¹²⁶ (coeff= 0.213, p<0.05, SE=0.088)
Y. Tafere and T. Woldehanna 2012 (135) (PSM & DID: Level 3)	Ethiopia & LMIC (Dev)	Unrestricted CCT (public works)	Hours spent in school	sig decrease (coeff= -0.871, p<0.01, t-statistic= -3.362)
Farzana Afridi et.al 2013 (136) (IV: Level 4)	India & LMIC (Dev)	Unrestricted CCT (public works)	Time spent in school (mother's participation in NREGS) Time spent in school (father's participation in NREGS)	sig increase ¹²⁷ of 3.6 hours per day (coeff=0.224, p=0.005) sig decrease ¹²⁸ (coeff= -0.264, p=0.003)
S. Handa et.al 2014b (137) (RCT & DID: Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Likelihood of full attendance (6-13 yrs., primary school) Likelihood of full attendance (14-17 years., secondary school)	sig increase (coeff=0.070, p<0.05, t-statistic= 2.04) non-sig impact (coeff= 0.005, t-statistic=0.09)
S. Handa et.al.2014a (138) (PSM & DID: Level 3)	Ghana & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT	Likelihood of missing any school (5-13 yrs., UCT arm) Likelihood of missing any school (13-17 yrs., UCT arm)	sig decrease of 10% point (coeff=-0.10, p<0.05, t-statistic=3.87) non-sig decrease of 5% point (coeff=-0.05, t-statistic=1.53)
Richard de Groot et.al.2015 (139) (PSM: Level 3)	Ghana & LMIC (Dev)	Unrestricted UCT	Likelihood of missing any school (5-12 yrs., both boys and girls) Likelihood of missing any school (13-17 yrs., both boys and girls)	sig decrease of 10.5% point (coeff=-0.105, p<0.01, t-statistic=-3.93) non-sig impact for boys(coeff=0.004), but sig decrease for girls already enrolled in school (coeff=-0.098, p<0.10, t-statistic=-1.75)
D. Ayuku et.al 2014 (140) (cross-sectional study: Level 2)	Kenya & LMIC (Dev)	Unrestricted UCT	Likelihood of missing any school (10-18 yrs.)	sig decrease (AOR: 0.62, 95% CI: 0.42-0.94)
E. Sloane 2014 (141) (QualE: no rating)	Jordan & LMIC (Hum)	Unrestricted UCT	Return to schooling	Qualitative Result: cash support has enabled a number of Syrian children to temporarily leave the workforce and return to school
J. Żączek 2015 (142) (QualE: no rating)	Lebanon & LMIC (Hum)	Restricted UCT (money for rent)	Sending children to schools & universities (at least 2 or 3 days a week)	Qualitative Result: the program allowed parents to send their children to schools and universities at-least two or three days a week

d. Grade Attainment and Progression

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
B. Snilstveit et.al 2015 (143) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCT, Labelled UCTs, Restricted CCTs (educational scholarships conditional on performance or attendance)	Student Completion (combined)	sig increase as per 28 studies ¹²⁹ of <u>0.12</u> (95% CI= 0.01, 0.22)
Subha Mani et.al 2014 (144) (Fixed Effects with interaction terms: Level 3)	India & LMIC (Dev)	Unrestricted CCT (public works)	Grade Progression (male, 11-14 yrs) Grade Progression (female, 11-14 yrs)	sig increase of 12% (ITT estimate=0.12, p<0.01, SE= 0.04) sig increase of 9% (ITT estimate=0.09, p<0.05, SE= 0.04)
Y. Tafere and T. Woldehanna 2012 (145) (PSM & DID: Level 3)	Ethiopia & LMIC (Dev)	Unrestricted CCT (public works)	Highest grade completed Grade for Age	non-sig decrease (Coeff=-0.066, t-statistic=-0.904) sig increase (Coeff=0.043, p<0.05, t-statistic=2.267)
V.V. D'elia and A. I. Navarro 2013 (146) (PSM: Level 3)	Argentina & LMIC (Dev)	Unrestricted CCT	Average Schooling Gap (6-12 yrs) Average Schooling Gap (13-17 yrs)	sig increase (Coeff=0.081, p<0.01, SE=0.022) non-sig impact (Coeff=0.057, SE=0.060)
F. Li et.al. 2015 (147) (RCT: Level 5)	China & LMIC (Dev)	Unrestricted CCT	Matriculation into academic high or vocational school	non-sig impact (Coeff=0.009, SE=0.038; Coeff=0.025, SE= 0.028)
Kenya CT-OVC Evaluation Team 2012 (148) (C-RCT: Level 5)	Kenya & LMIC (Dev)	Unrestricted UCT	Grade progression (upto 13 yrs.) Grade for age (upto 13 yrs.)	sig increase (Coeff=0.029, p<0.10, t-statistic=1.56) children in intervention households are 0.096 fewer grades behind (about 7%; p<0.10)
S. Handa et.al.2014a (149) (PSM & DID: Level 3)	Ghana & LMIC (Dev)	Unrestricted CCT & Unrestricted UCT	Ever repeat a grade (5-17 yrs., UCT arm) Ever repeat a grade (13-17 yrs.,UCT arm)	sig decrease of 11% point (Coeff=-0.11, p<0.05, t-statistic=3.99) sig decrease of 10% point (Coeff=-0.10, p<0.05, t-statistic=2.22)
M. Shamsuddin 2015 (150) (DID: Level 5)	Bangladesh & LMIC (Dev)	Restricted CCT (conditional education stipend for girls)	Years of Education	sig increase by 0.74 years ¹³⁰ (Coeff=0.74, p<0.10, t-statistic= 5.70)
G. Berhane et.al. 2015 (151) (PSM: Level 3)	Ethiopia & LMIC (Dev)	Labelled UCT	Grade progression (children 6-16 yrs)	sig increase by 0.25 grades ¹³¹

e. School Drop-out

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
B. Snilstveit et.al 2015 (152) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCT, Labelled UCTs, Restricted CCTs (educational scholarships conditional on performance or attendance)	Drop-out rates (combined)	sig decrease ¹³² as per 16 studies ¹³³ (coeff=-0.12, 95% CI -0.16, -0.07, I ² =92.70%, Q (df =15) = 192.1435, p = < .0001)
J. E. Saavedra and S. García 2012 (153) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs	Drop-out rates (primary school children) Drop-out rates (secondary school children)	sig decrease as per 9 studies ¹³⁴ of 1% point (Coeff=-1.31, 95% CI -2.28, -0.34 ¹³⁵) sig decrease ¹³⁶ as per 6 studies of 4% point (Coeff=-3.66, 95% CI -7.02, -0.29)

f. School Performance

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
B. Snilstveit et.al 2015 (154) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCT, Labelled UCTs, Restricted CCTs (educational scholarships conditional on performance or attendance)	Math test scores (combined) Language arts test scores (combined) Composite test scores (combined)	non-sig impact as per 14 studies ¹³⁷ (Coeff=-0.01, 95% CI= 0.07, 0.05, I ² = 86.43%, $\tau^2 = 0.0118$, Q (df = 13) = 65.5800, p = 0.0001) no impact as per 14 studies (Coeff=0.00, 95% CI=-0.04, 0.04, I ² = 72.19%, $\tau^2 = 0.0039$, Q (df =13) = 46.8803, p = 0.0001) non-sig impact as per 3 studies ¹³⁸ (Coeff= 0.01, 95% CI=-0.01, 0.03, I ² = 84.99%, $\tau^2 = 0.02$, Q (df=2) = 13.95, p = 0.0009)
S. Baird et.al. 2013 (155) (SR with MA: High Confidence Rating)	Multiple within East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia & Sub-Saharan Africa & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCTs,	Standardized test scores ¹³⁹ (CCTs) Standardized test scores (UCTs) Standardized test scores (CCTs v/s UCTs)	non-sig impact as per 9 studies ¹⁴⁰ (Coeff=0.080, 95% CI=-0.002-0.162, T ² = 0.00, I ² = 50.90%, Chi ² test= 8.15) non-sig impact as per 9 studies (Coeff=0.040, 95% CI=-0.041-0.121, T ² = 0.00, I ² =21.30%, Chi ² test=2.54) non-sig impact as per 3 studies (Coeff= 0.046, 95% CI=-0.080-0.173, T ² = 0.00, I ² =43.90%)
Katharine Conn 2014 (156) (SR with MA: High Confidence Rating)	Multiple within Sub-Saharan Africa & LMIC (Dev)	Restricted CCT (merit or performance based scholarships)	Student performance ¹⁴¹	sig increase of 0.288sds as per 2 studies ¹⁴² (p<0.05, SE= 0.015, df = 1)
Subha Mani et.al 2014 (157) (Fixed Effects with interaction terms: Level 3)	India & LMIC (Dev)	Unrestricted CCT (public works)	Math test scores (11-14 yrs.) PPVT scores ¹⁴³ (11-14 yrs.)	sig increase of 5.78 percentile (p<0.10, SE=3.45) sig increase of 11.88 percentile (p<0.01, SE=3.53)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
Sarah Baird et.al 2015 (158) (RCT: Level 5)	Malawi & LMIC (Dev)	Unrestricted CCT and Labelled UCT ¹⁴⁴	Test scores ¹⁴⁵ (short-term follow-up, CCT arm) Practical Competencies ¹⁴⁶ (longer-term follow-up, CCT arm)	non-sig impact on Math scores (Coeff=0.094, SE= 0.062), but sig increase in English (Coeff= 0.149, p<0.01, SE=0.057) non-sig impacts ¹⁴⁷ on all combined of less than 0.1sd
C. Heinrich et.al 2012 (159) (PSM: Level 3)	South Africa & LMIC (Dev)	Unrestricted UCT	Arithmetic scores (comparison between children enrolled at age 0 to those enrolled at age 6) EGMA ¹⁴⁸ or Shape Recognition Score (comparison between children enrolled at age 0 to those enrolled at age 6)	for children whose mothers have 8 or> grades of schooling, enrolment at age six lowers arithmetic scores by 6.0 and 6.2% (diff=-0.44 & -0.46% points) respectively, compared to children enrolled at birth or in the first year of life (p<0.10) non-sig impact of early versus late enrolment or mothers' education on either EGMA (diff=-0.77 & -0.40) or shape recognition (diff=-0.04 & 0.33)
Sarah Baird et.al 2015 (160) (RCT: Level 5)	Malawi & LMIC (Dev)	Unrestricted CCT and Labelled UCT ¹⁴⁹	Test scores ¹⁵⁰ (short-term follow-up, Labelled UCT arm) Practical Competencies ¹⁵¹ (longer-term follow-up, Labelled UCT arm)	non-sig impact on Math (Coeff= 0.013, SE=0.100) as well as English scores (Coeff=-0.066, SE= 0.091) non-sig impacts ¹⁵² on all combined of less than 0.1sd

CASH TRANSFERS IMPACT ON CHILD PROTECTION

a. Child Labour

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
N. Kabeer & H. Waddington 2015 (161) (SR with MA: High Confidence Rating)	Multiple within Latin America and Caribbean and South Asia & LMIC (Dev)	Unrestricted CCTs	Child participation in labor activities (boys and girls ¹⁵³)	sig decrease of 7% as per 7 studies ¹⁵⁴ (ES=-0.07, 95% CL=-0.10, -0.03, I2= 13%, $\tau^2= 0.000$, $p = 0.330$)
J. De Hoop and F.C. Rosati 2013 (162) (SR with narrative synthesis: Medium Confidence Rating)	Multiple within Latin America and Caribbean, Sub-Saharan Africa, East Asia and South Asia & LMIC (Dev)	Unrestricted CCTs & Unrestricted UCTs	Child participation in wage labor (UCTs) Child participation in household chores (UCTs) Child participation in wage labor (CCTs) Weekly hours worked (CCTs) Child participation in wage labor (boys versus girls, 7-14 yrs)	sig decrease as per 5 studies ¹⁵⁵ (no pooled estimates) sig increase as per 2 studies ¹⁵⁶ (no pooled estimates) sig decrease ¹⁵⁷ as per 8 out of 15 studies ¹⁵⁸ (no pooled estimates) sig decrease as per 4 out of 7 studies ¹⁵⁹ (no pooled estimates) 3.3%-point stronger decrease ¹⁶⁰ in child labour (p<0.10) for boys versus girls ¹⁶¹ as per 9 out of 15 studies

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
E. V. Edmonds and M. Shrestha 2014 (163) (RCT: Level 5)	Nepal & LMIC (Dev)	Restricted UCT (schooling related scholarships) & Restricted UCT plus Unrestricted CCT ¹⁶² (stipend conditional on attendance)	Child participation in wage labor (past 1 year, Restricted UCT plus Unrestricted CCT) Child participation in wage labor (girls versus boys, past 1 year, Restricted UCT plus Unrestricted CCT)	sig decrease of 5.5% point or 48% (Coeff= -0.055, p<0.05, SE= 0.027) sig decrease of 10% point or 64% for girls (Coeff= -0.103, p<0.05, SE= 0.042), non-sig impact of 0.6% point for boys ¹⁶³ (Coeff= 0.006, SE= 0.030)
R. Juras 2014 (164) (PSM: Level 3)	Argentina & LMIC (Dev)	Unrestricted CCT (public works)	Probability that a child works (10-14 yrs)	non-sig decrease of 0.8% point ¹⁶⁴ (Coeff=-0.008, t-statistic= 1.16)
A. de Brauw et.al 2012 (165) (PSM & DID: Level 3)	Brazil & LMIC (Dev)	Unrestricted CCT	Child participation in any work (5-17 yrs.) Increase in age when children enter the labor force (5-17 yrs.) Child participation in domestic work ¹⁶⁵ (5-17 yrs.)	non-sig impact ¹⁶⁶ labor market entry delayed by 0.8 years (Coeff= 0.823, p<0.10, SE= 0.454) non-sig impact on the proportion of children ¹⁶⁷
B. Martorano and M. Sanfilippo 2012 (166) (PSM & DID: Level 3)	Chile & LMIC (Dev)	Unrestricted CCT	Child participation in wage labor Hours the child participates in work	non-sig impact ¹⁶⁸ (Coeff= 0.0066, SE=0.0057) non-sig impact (Coeff= 0.0077, SE=0.0613)
Y. Tafere and T. Woldehanna 2012 (167) (PSM & DID: Level 3)	Ethiopia & LMIC (Dev)	Unrestricted CCT (public works)	Hours spent per typical day on household chores Hours spent per typical day on paid activities Hours spent per typical day on all kinds of work	sig increase (Coeff= 0.500, p<0.01, t-statistic= 2.876) sig increase (Coeff= 0.314, p<0.10, t-statistic= 1.786) sig increase (Coeff= 0.671, p<0.05, t-statistic=2.551)
X.V. Del Carpio et.al. 2016 (168) (RCT: Level 5)	Nicaragua & LMIC (Dev)	Unrestricted CCT, Unrestricted CCT plus either restricted UCT (vocational training) or restricted CCT (conditional on the household developing a business development plan)	Child labor hours (Unrestricted CCT only) Child labor hours (Unrestricted CCT plus restricted CCT)	Children work 1.8 fewer hours a week (Coeff= -1.757, p<0.01, SE= 0.347) Children work 0.9 fewer hours a week ¹⁶⁹ (Coeff=- 0.941, p<0.05, SE= 0.399)
N. Rosas & S. Sabarwal 2016 (169) (RCT: Level 5)	Sierra Leone & LMIC (Hum)	Unrestricted CCT	Child participation in wage labor (6-14 yrs)	non-sig impact (Coeff= 0.006, SE=0.008)
K. Roelen et.al 2014 (170) (QualE: no rating)	Rwanda & LMIC (Hum)	Unrestricted CCT (public works)	Child hard labor and girls getting into sex-work	Qualitative Result: a decrease in participation of children in hard labor or sex-work
S. Asfaw et.al. 2016 (171) (PSM & DID: Level 3)	Kenya & LMIC (Dev)	Unrestricted UCT	Child labor participation on family farms & household chores (6-12 yrs)	sig decrease ¹⁷⁰ (Coeff= -1.085, p<0.05, SE=0.461)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
S. Handa et.al 2015b & 2015c (172) (RCT, Diff-in-Diff : Level 5)	Zambia & LMIC (Dev)	Unrestricted UCT	Child participation in any work; paid and/or unpaid (4-7 yrs., 8-10 yrs. and 11-14 yrs.) Child participation in wage labor (11-14 yrs.)	non-sig impact for children of any age sig decrease of 3-4% point (Coeff=-0.0415, t-statistic=-2.20)
P.D. de Oliveira et.al. 2017 (173) (IV & RDD: Level 4)	Brazil & LMIC (Dev)	Unrestricted UCT	Child participation in wage labor (10-15 yrs)	sig decrease (Coeff= -0.2250, p<0.10, SE= 0.1302)
The World Bank 2012 (174) (PSM & DID: Level 3)	Indonesia & LMIC (Dev)	Unrestricted UCT	Child participation in wage labor (6-18 yrs.)	sig decrease ¹⁷¹ (Coeff=-2.3, p<0.01)
S. Diadone et.al. 2014 (175) (RCT & DID: Level 5)	Lesotho & LMIC (Dev)	Unrestricted UCT	Child participation in any labor in the past week (boys, 14-17 yrs)	non-sig decrease of 12% point ¹⁷² (Coeff=-0.12, t-statistic=-1.70)
Josh Dewbre et.al. 2015 (176) (DID: Level 3)	Lesotho & LMIC (Dev)	Unrestricted UCT	Child participation in own-agricultural activities in the past 12 months (young girls only) Hours worked in non-farm enterprise in past week (older boys and young girls)	sig increase of 25% point ¹⁷³ (Coeff=0.255, p<0.10) sig increase of 14% points for both older boys ¹⁷⁴ and young girls ¹⁷⁵ (Coeff=0.14 & 0.138, p<0.10)
C. Lehmann and D. Masterson 2014 (177) (RDD: Level 4)	Lebanon & LMIC (Hum)	Unrestricted UCT	Parents having to send children to work	Only 4% in the treatment group versus 10% in the control (non-sig)
F. Battistin 2016 (178) (RDD: Level 4)	Lebanon & LMIC (Hum)	Unrestricted UCT	Child involvement in wage labor (including dangerous work)	non-sig impact (no impact estimates provided)
E. Sloane 2014 (179) (QualE: no rating)	Jordan & LMIC (Hum)	Unrestricted UCT	Limiting the number of children working	Qualitative Result: in some cases, cash allows children who were working to return to school, while in other cases ¹⁷⁶ it doesn't ¹⁷⁷
UNICEF 2015 (180) (QualE : no rating)	Lberia & LMIC (Hum)	Unrestricted UCT	Decrease in hard labor	Qualitative Result: children did less work ¹⁷⁸ when their parents were receiving social cash transfers that they did when their parents were not
J. J. Foster et.al.2015 (181) (QualE: no rating)	Lebanon & LMIC (Hum)	Unrestricted UCT	Child participation in wage labor Incidence of high risk, dangerous, or exploitative work	Qualitative Result: 9.9% of all caretakers ¹⁷⁹ have at-least one child under the age of 18 working. Qualitative Result: children are engaged in labor which is opportunistic, sporadic, and often menial
E. V. Edmonds and M. Shrestha 2014 (182) (RCT: Level 5)	Nepal & LMIC (Dev)	Restricted UCT (schooling related scholarships) & Restricted UCT plus Unrestricted CCT ¹⁸⁰ (stipend conditional on attendance)	Child participation in wage labor (past 1 year, restricted UCT arm)	non-sig decrease (Coeff= -0.007, SE= 0.028)

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
G. Berhane et.al. 2015 (183) (PSM & DID: Level 3)	Ethiopia & LMIC (Dev)	Labelled UCT	<p>Child participation in wage labor (6-24 yrs)</p> <p>Child participation in nonfarm own business labor</p> <p>Hours a child spent on household chores</p>	<p>non-sig impacts for both boys & girls (Coeff= -0.657 & 0.424, SE= 0.503 & 0.435 resp)</p> <p>sig decrease for girls (Coeff= -1.052, p<0.01, SE= 0.355) & non-sig impact on boys (Coeff= 0.172, SE= 0.372)</p> <p>non-sig impact (Coeff= 0.341, SE= 0.482, p= 0.479)</p>

b. Early Marriage and Early Pregnancy

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
K. McQueston et.al. 2013 (184) (SR with narrative synthesis: Medium Confidence Rating)	Multiple within Latin America and Caribbean, Sub-Saharan Africa, East Asia and South Asia & LMIC (Dev)	Unrestricted CCTs, Unrestricted UCTs, Restricted UCTs	<p>Age at marriage (adolescent girls, 13-22 yrs)</p> <p>Probability of childbearing (adolescent girls, 13-22 yrs)</p>	<p>sig increase as per 1 restricted UCT study¹⁸¹, sig decrease of every being married as per 1 unrestricted CCT study¹⁸² and sig increase as per 1 unrestricted CCT¹⁸³ (no pooled estimates)</p> <p>sig decrease as per 1 restricted UCT study¹⁸⁴ in total number of live births, but non-sig impact on probability of childbearing among girls aged 17–19 and sig decrease as per 1 unrestricted CCT study in teenage pregnancy¹⁸⁵</p>
Priya Nanda et.al 2014 (185) (IV: Level 4)	India & LMIC (Dev)	Unrestricted CCT (conditional on girl remaining unmarried until she turned 18)	Probability of marriage before age 18 (girls 14-18 yrs.)	sig decrease (Coeff=- 0.351, z-statistic=-1.969, p<0.05)
S. Handa et.al.2015a (186) (C-RCT: Level 5)	Kenya & LMIC (Dev)	Unrestricted UCT	Likely to have ever been pregnant (12-24 yrs.)	sig decrease ¹⁸⁶ of 5.5% point (Coeff= -0.055, t-statistic= 2.52, p<0.05)
S. Handa et.al.2016b (187) (C-RCT: Level 5)	Kenya & LMIC (Dev)	Unrestricted UCT	Sexual debut (male and female, 15-25 yrs.)	sig decrease ¹⁸⁷ for both females by 14% point (p<0.01) and males by 7-8% point (p<0.10)
L. Cluver et.al.2013 (188) (PSM: Level 3)	South Africa & LMIC (Dev)	Unrestricted UCT	<p>Incidence of transactional sex & age-disparate sex (adolescent girls, 10–18 years)</p> <p>Incidence of multiple partners (adolescent boys, 10–18 years)</p>	<p>sig decrease in odds (OR= 0.49, 95% CI 0.26–0.93; p=0.028 & OR 0.29, 95% CI 0.13–0.67; p=0.004), no impact on boys</p> <p>sig decrease in odds (0.67 95% CI 0.46–0.97, p= 0.033), no impact on girls</p>

c. Child Care Arrangements and Separation from Usual Caregivers

Study & Rating	Countries/Regions & Context	Cash Program Design	Outcome Indicator	Effect Estimate
C. O' Brien et.al 2013 (189) (RCT: Level 5)	Kazakhstan & LMIC (Dev)	Unrestricted CCT	Provision of care by primary carer (mainly parents) Provision of care by secondary carer (grandparent ¹⁸⁸ or sibling > 10 yrs. old, when parents are working ¹⁸⁹)	sig decrease of an hour less every day ¹⁹⁰ , on average (Coeff=-1.4, p<0.01) sig increase (Coeff= 0.7, p<0.05)
P. Dubois and M. Rubio-Codina 2012 (190) (RCT: Level 5)	Mexico & LMIC (Dev)	Unrestricted CCT	Time spent by mothers ¹⁹¹ in caring for her ¹⁹² younger children Time spent by adolescent girls in caring for her younger siblings Time spent by adolescent girls in schooling	sig increase of 13.9% (Coeff= 0.44, p<0.05, SE=0.128) sig decrease ¹⁹³ of 35.8% (Coeff=- 0.031, p<0.05, SE=0.011) sig increase ¹⁹⁴ of 9.8% (Ceoff= 0.07, p<0.10, SE=0.004)
K. Roelen and H.K. Chettri 2016 (191) (QualE: no rating)	South Africa & LMIC (Dev)	Unrestricted CCT	Incentivizing people towards providing foster/ kinship care Unintended impacts of adopting children	Qualitative Result: grants offered much-needed financial support for those providing kinship or foster care Qualitative Result: there were concerns raised as to the risk of the transfers, incentivising the provision of care for financial reasons only ¹⁹⁵
K. Roelen and H.K. Chettri 2014 (192) (QualE: no rating)	Ghana & LMIC (Dev)	Unrestricted CCT/UCT ¹⁹⁶	Seperation from parents	Qualitative Result: the program was able to support family reunification for households
K. Roelen et.al 2014 (193) (QualE: no rating)	Rwanda & LMIC (Hum)	Unrestricted CCT (public works)	Seperation from parents Relationship with parents Provision of care by parents Incentivizing people towards providing foster/ kinship care Unintended impacts of adopting children	Qualitative Result: the program has supported children separated from their families to return home following improved living conditions Qualitative Result: Parents feel more comfortable talking to their children and giving them advice and there is less stress in the household Qualitative Result: conflicts between work and care duties can lead to taking young children with them to the work sites, leave them in the care of older children or, in some cases, lock them in the house ¹⁹⁷ Qualitative Result: the program does incentivize people to adopt orphans and other vulnerable children. Qualitative Result: some people use the non-biological child as a source of labour or purely for material gains ¹⁹⁸

ENDNOTES

1. Colombia's FA CBA evaluation (O. Attanasio et.al. 2005); Chile's Solidario C-RCT evaluation (E. Galasso 2001); Nicaragua's Atención a Crisis C-RCT evaluation (K. Macours et.al. 2008); Nicaragua's RPS C-RCT evaluation (J.A. Maluccio & R. Flores 2004); Peru's Juntos PSM evaluation (E. Perova & R. Vakis 2009)
2. Nicaragua's RPS C-RCT evaluation (T. Barham 2009); Nicaragua's RPS C-RCT evaluation (J.A. Maluccio 2004); Zimbabwe's CCT C-RCT evaluation (L. Robertson 2012); Bangladesh's RMP RCT evaluation (S.K. Roy 2008)
3. Bangladesh's RMP RCT evaluation (S.K. Roy 2008); Jamaica's PATH Cohort Evaluation (D. Levy 2007); Nicaragua's RPS C-RCT evaluation (T. Barham 2009); Colombia's HC longitudinal panel study (O. Attanasio 2005)
4. Nicaragua's RPS C-RCT evaluation (K. Macours et.al. 2008); Bangladesh's RMP RCT evaluation (S.K. Roy 2008)
5. Ecuador's UCT C-RCT evaluation (C. Paxson 2010): an increase of 0.01 MD (CI=-0.01-0.12) for preventive health-care use, of 0.08 MD (CI=-0.01-0.15) for deworming drugs, of 0.01 MD (CI=-0.03-0.04) for vitamin A supplements and of 0.01 MD (CI=-0.03-0.05) for iron supplements.
6. Mexico's PROGRESA C-RCT evaluation (P. Gertler 2000): 30-60% increase for children 0-2 yrs and 25-45% increase for children 3-5 yrs; Colombia's FA CBA evaluation (O. Attanasio et.al. 2005): an increase in probability by 0.228 ($p=0.05$) for children 0-24 months; Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004): an increase by 15-21 % points for children 0-3 yrs; Nicaragua's RPS C-RCT evaluation (J.A. Maluccio & R. Flores 2005): an increase by 15% points for children 0-3 yrs.
7. Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004): an increase by 15-20 % points ($p=0.01$) for children 0-3 yrs; Nicaragua's RPS C-RCT evaluation (J.A. Maluccio & R. Flores 2005): an increase by 19% points for children 0-3 yrs.
8. Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004): an increase by 6.9% increase in DPT vaccine coverage and an increase from 87 to 97% for on-time vaccination coverage in 2002; Mexico's PROGRESA C-RCT evaluation (T. Barham et.al 2007): an increase from 88 to 92% for BCG coverage ($p=0.05$) and from 92 to 96% for MCV coverage ($p=0.03$); Nicaragua's RPS C-RCT evaluation (T. Barham et.al 2007): an increase from 76 to 96% for OPV3 coverage ($p=0.13$) and an increase from 54 to 84% for fully vaccinated children ($p=0.20$); Mexico's PROGRESA C-RCT evaluation (T. Barham 2005): an increase from 88 to 92% for TB vaccination coverage ($p=0.01$); Zimbabwe's CCT C-RCT evaluation (L. Robertson et.al 2013): a 1.8% non significant increase in vaccination coverage
9. Nicaragua's Atención a Crisis C-RCT evaluation (K. Macours et.al. 2008): Mean Diff= 0.10 SDs, 95% CI 0.06 to 0.14
10. Nicaragua's Atención a Crisis C-RCT evaluation (K. Macours et.al. 2008)
11. Chile's Solidario C-RCT evaluation (E. Galasso 2001): 4-6% point increase for children 0-6 yrs; Colombia's FA CBA evaluations (O. Attanasio & A. Mesnard, 2005; O. Attanasio et al., 2004): an increase in probability by 0.228 ($p=0.05$) for children 0-24 months, 0.332 ($p=0.05$) for children 24-48 months and 0.015 ($p=0.10$) for children >48 months; Jamaica's Program for Advancement through Health and Education participant and comparison group evaluation (D. Levy & J.Ohis 2007): a 37% increase for children 0-6 yrs; Nicaragua's RPS C-RCT evaluations (J.A. Maluccio & R. Flores 2004, T. Barham & J.A. Maluccio 2009): for children 0-3 years a 17.5% point increase and a 23.6% point increase respectively; Mexico's PROGRESA C-RCT IE (P. Gertler 2000): 30-60% increase for children 0-2 yrs and 25-45% increase for children 3-5 yrs
12. Mexico's PROGRESA C-RCT evaluation (T. Barham 2005): 3%-point increase in measles coverage for children 12-23 months and 5%-point non-significant increase in TB coverage for children 0-11 months old; Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004): 6.9%-point increase for children 0-3 years vaccinated for DPT ($p=0.05$), but a non-significant -0.2% point decrease in vaccination for measles; Colombia's FA CBA evaluation (O. Attanasio & A. Mesnard 2005): increase of 0.089% point ($p=0.05$) in DPT vaccination for children 0-24 months; Nicaragua's RPS C-RCT evaluation (T. Barham & J.A. Maluccio 2009): 15% point increase for full vaccination coverage for children 12-23 months.
13. For female headed households, there was a non-significant decrease of -6 % points (clustered t-statistic=1.90)
14. Children already born at the time when the household registered to the FeA programme were subject to the conditionality requirement. Children born after the FRD were not registered in the program and thus were not subject to the conditionality. Therefore, the mother would still receive the cash transfer if the children born before the FRD complied with the conditionality. This eligibility rule interacts with another important feature of the program mentioned above: to fulfil the conditionality requirements, younger children must attend more preventive care visits than older children
15. The program also encourages that mothers attend talks on nutrition, hygiene, and contraception, but this is not a condition.
16. Children already born at the time when the household registered to the FeA programme were subject to the conditionality requirement. Children born after the FRD were not registered in the program and thus were not subject to the conditionality. Therefore, the mother would still receive the cash transfer if the children born before the FRD complied with the conditionality. This eligibility rule interacts with another important feature of the program mentioned above: to fulfil the conditionality requirements, younger children must attend more preventive care visits than older children
17. The program also encourages that mothers attend talks on nutrition, hygiene, and contraception, but this is not a condition.
18. Pakistan's demand-side financing intervention CBA evaluation (S. Agha 2011); Pakistan's maternal health voucher scheme CBA evaluation (S. Agha 2011); Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004); Bangladesh's maternal healthcare voucher program CBA evaluation (U. Rob et.al. 2009)
19. Pakistan's demand-side financing intervention CBA evaluation (S. Agha 2011); Pakistan's maternal health voucher scheme CBA evaluation (S. Agha 2011); Cambodia's vouchers in health and health equity funds CBA evaluation (P. Ir et.al. 2010); India's Chiranjeevi scheme CBA evaluation (D. Mavalankar et.al. 2009); Bangladesh's maternal healthcare voucher program CBA evaluation (U. Rob et.al. 2009)
20. Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004): an increase by 15-20% points ($p<0.01$); Nicaragua's RPS C-RCT evaluations (J.A. Maluccio & R. Flores 2005): an increase by 18% points.
21. Nepal's Safe Delivery Incentive Programme PSM evaluation (T.P. Jackson et.al. 2009)
22. India's Janani Suraksha Yojana Matching with DID evaluation (S.S. Lim et al., 2010)
23. Nepal's Safe Delivery Incentive Programme PSM evaluation (T.P. Jackson et.al. 2009); India's Janani Suraksha Yojana Matching with DID evaluation (S.S. Lim et al., 2010): an increase by 49.2% points

24. El Salvador's Red Solidaria RDD & DID evaluation (A. de Brauw & A. Peterman 2011); India's Janani Suraksha Yojana Matching with DID evaluation (S.S. Lim et al., 2010); Nepal's Safe Delivery Incentive Programme PSM evaluation (T.P. Jackson et.al. 2010); Guatemala's Mi Familia Progres a DID evaluation (J.P. Gutiérrez, 2011); Uruguay's Plan de Atención Nacional a la Emergencia Social RDD with DID evaluation (V. Amarante, 2011); Mexico's Oportunidades DID evaluation (J. Urquieta et.al 2009)
25. El Salvador's Red Solidaria RDD & DID evaluation (A. de Brauw & A. Peterman 2011); Honduras PRAF C-RCT evaluation (S.S. Morris et.al.2004); India's Janani Suraksha Yojana Matching with DID evaluation (S.S. Lim et al., 2010); Nepal's Safe Delivery Incentive Programme PSM evaluation (T.P. Jackson et.al. 2010); Mexico's Oportunidades C-RCT evaluation (S.L. Barber & P.J. Gertler 2009); Guatemala's Mi Familia Progres a DID evaluation (J.P. Gutiérrez, 2011); Uruguay's Plan de Atención Nacional a la Emergencia Social RDD with DID evaluation (V. Amarante, 2011)
26. El Salvador's Red Solidaria RDD & DID evaluation (A. de Brauw & A. Peterman 2011); India's Janani Suraksha Yojana Matching with DID evaluation (S.S. Lim et al., 2010); Nepal's Safe Delivery Incentive Programme PSM evaluation (T.P. Jackson et.al. 2010)
27. The conditions were not applied uniformly across each household i.e. households received \$250 if children under 6 (and pregnant or nursing mothers) regularly visited health centers, but only in the absence of children between the ages of 6 and 18. In the presence of an older child, the household transfer was doubled, but health conditions were no longer enforced, nor was it even labeled a health transfer.
28. Coverage of antenatal care was already high (about 99%) in Kazakhstan even before the introduction of the CCT and 100% of births were delivered in a health facility
29. The conditions were not applied uniformly across each household i.e. in households with children under 6 years and pregnant and lactating women, health conditionalities were applied, for households with older children only education related conditionalities were applied
30. While in principal the voucher provided reimbursement only when all components of a package of antenatal care, delivery and postnatal care had been completed. But, in practice, a health centre may have been paid for a delivery even though it did not provide proof that the woman had completed all the required antenatal and postnatal care visits and women may not have been reimbursed for fees they paid for antenatal care after completion of the care package.
31. The cash was restricted for institutional delivery given directly to beneficiaries, and cash incentives were also given to health workers.
32. Additional cash was also provided to beneficiaries for free service access and for transportation
33. Care-seeking from a health facility for children same day or one day after the onset of an illness
34. Mexico's PROGRESA C-RCT evaluation (P. Gertler 2000): a decrease in illness rate by 12% ($p < 0.01$); Mexico's PROGRESA C-RCT evaluation (M.C. Huerta 2006): the odds of being ill with diarrhoea was 32% lower, and the odds of having acute respiratory infections (ARI) was 0.62:1; Colombia's Familias en Accion CBA evaluation (O.P. Attanasio et.al. 2005): reduced probability of reporting diarrhoea symptoms by about 0.10 ($p < 0.05$)
35. Mexico's PROGRESA C-RCT evaluation (P. Gertler 2000); Colombia's Familias en Accion CBA evaluation (O.P. Attanasio et.al. 2005)
36. Zimbabwe's cash plus care C-RCT evaluation (D.D. Hallfors et.al 2015): no difference in HIV, HSV-2 biomarkers; South Africa's unrestricted CCT RCT evaluation (Q.A. Karim 2015): Incentives conditional on participation in life skills program reduced HSV but not HIV; Kenya's unrestricted CCT RCT evaluation (E. Duflo 2011): No reduction in HIV and HSV-2.
37. Malawi's unrestricted CCT and labelled UCT study (S. Baird et.al 2012): reduced likelihood of HIV infection by about half as well as HSV2 incidence for both treatment arms.
38. Zimbabwe's cash plus care C-RCT evaluation (D.D. Hallfors et.al 2015): no difference in HIV, HSV-2 biomarkers; Kenya's unrestricted CCT RCT evaluation (E. Duflo 2011): No reduction in HIV and HSV-2.
39. South Africa's unrestricted CCT RCT evaluation (Q.A. Karim 2015): Incentives conditional on participation in life skills program reduced HSV but not HIV; Malawi's unrestricted CCT and labelled UCT study (S. Baird et.al 2012): reduced likelihood of HIV infection by about half as well as HSV2 incidence for both treatment arms.
40. estimates may lack precision due to the small sample size and infrequent occurrences of diarrhea (only 12% of the younger children under the age of seven years had diarrhea in the last two weeks)
41. Authors report that the health condition of young children improved for both groups, limiting the opportunity for the program to impact these areas.
42. There was a CCT component as well but conditions were not applied uniformly across each household i.e. households received \$250 if children under 6 (and pregnant or nursing mothers) regularly visited health centers, but only in the absence of children between the ages of 6 and 18. In the presence of an older child, the household transfer was doubled, but health conditions were no longer enforced, nor was it even labeled a health transfer.
43. none of these measures were affected over a one-year treatment period either
44. A reason behind this decrease is probably because of households buying more clothes and footwear for children, which in turn may be reducing respiratory infections.
45. Niger's multitreatment arm UCT, UCT with food transfer or only food transfer PSM evaluations (C. Langendorf 2013a & 2013b)
46. Impacts were greatest in municipalities with a) high levels of family health program coverage and b) higher infant mortality rates at baseline e.g. a 10 percent increase in Bolsa Familia program coverage was associated with, for example, a reduction of 1.15 infant deaths per 1,000 live births (0.115×10 percent) in quintile 5 (that had highest infant mortality rates at baseline)
47. Conditionalities were monthly attendance at growth monitoring of children aged 0 – 36 months, and nutrition session for mother/caregiver
48. nearly all children were already being breastfed at baseline
49. household must spend the voucher on certain types of food, however, they have some spending decisions regarding the allocation within the specific food groups
50. assigned as different treatment arms
51. child feeding is reported for children 6 to 24 months as recommended in the ZDHS
52. Infants 6–8 months old who ate 2 or more times the day prior to the survey; breastfed children 9–23 months who ate 3 or more meals the day prior to the survey; and non-breastfed children 9-23 months who ate 4 or more meals the day prior to the survey
53. assigned as different treatment arms
54. Household Dietary Diversity Score
55. Mexico's Oportunidades CBA evaluation (J.L. Leroy et.al. 2008): children aged 6–24 months in intervention group at baseline grew 1.5 cm ($p = 0.05$) more than children in comparison group

56. Mexico's PROGRESA C-RCT evaluation (J.A. Rivera et.al.2004): age-and length-adjusted height increased by 1.1 cm (26.4 cm in the intervention group vs 25.3 cm in the crossover intervention group) among infants younger than 6 months at baseline and who lived in the poorest households; Mexico's PROGRESA C-RCT evaluation (J. R. Behrman & J. Hoddinott 2005): children aged 12–36 months benefiting from PROGRESA grew by over 1 cm than nonbeneficiary children representing an increase of about one sixth in mean growth per year for children aged 12–36 months; Mexico's PROGRESA C-RCT evaluation (L.C. Fernald et.al. 2008): doubling the cash transfers to mothers was associated with higher height-for-age Z-score (b 0.20, 95 % CI 0.09–0.30; p = 0.0001) for children 24-68 months.
57. Mexico's PROGRESA C-RCT evaluation (J. R. Behrman & J. Hoddinott 2005): lower probability of stunting for children between 12-36 months; Mexico's PROGRESA C-RCT evaluation (L.C. Fernald et.al. 2008): lower prevalence of stunting (–0.10, –0.16 to –0.05; p<0.0001) for children 24-68 months; Nicaragua's RPS C-RCT evaluation (J. Maluccio & R. Flores 2004): decrease in the proportion of children under age 5 who are stunted (–5.3*)
58. Mexico's PROGRESA C-RCT evaluation (J.A. Rivera et.al.2004): age-adjusted rate of anemia (hemoglobin level <11 g/dL) was higher in the crossover intervention group than in the intervention group of children aged 0-12 yrs (54.9% vs 44.3%; P =.03);
59. Nicaragua's RPS C-RCT evaluation (J. Maluccio & R. Flores 2004): evidence of a decrease in the proportion of children under age 5 who are underweight
60. Mexico's PROGRESA C-RCT evaluation (L.C. Fernald et.al. 2008): lower prevalence of being overweight (–0.08, –0.13 to –0.03; p=0.001) for children 24-68 months
61. Only four programmes with conditionalities actually enforced the conditions, but programmes with enforcement did not show different impacts from those without enforcement
62. requiring work or savings quotas
63. Details on the studies can be reviewed here: <http://www.cashlearning.org/downloads/q33-cash-transfers-2012manley-rae.pdf> (starting from page 79)
64. Mexico's PROGRESA C-RCT evaluation (J.A. Rivera et.al.2004): age-and length-adjusted height increased by 1.1 cm (26.4 cm in the intervention group vs 25.3 cm in the crossover intervention group) among infants younger than 6 months at baseline and who lived in the poorest households; Mexico's PROGRESA C-RCT evaluation (P. Gertler 2004): treatment children between 12-26 months are 0.96 centimeters taller than control children, and this difference is statistically significant at the 1-percent level; Colombia's Families en Accion CBA evaluation (O.P. Attanasio et.al. 2004): evidence of a significant increase in Height-for-Age Z-score of children under 24 months old (0.161*); Nicaragua's RPS C-RCT evaluation (J. Maluccio & R. Flores 2004): an increase in the Height-for-Age Z score for children under 5 (0.17 pp**)
65. Mexico's PROGRESA C-RCT evaluation (L.C. Fernald et.al. 2008): lower prevalence of stunting (–0.10, –0.16 to –0.05; p<0.0001) for children 24-68 months; Nicaragua's RPS C-RCT evaluation (J. Maluccio & R. Flores 2004): decrease in the proportion of children under age 5 who are stunted (–5.3*); Mexico's PROGRESA C-RCT evaluation (P. Gertler 2004): treatment children between 12-26 months are 8.6 percent less likely to be stunted, but this difference is not statistically significant
66. Nicaragua's RPS C-RCT evaluation (J. Maluccio & R. Flores 2004): evidence of a decrease in the proportion of children under age 5 who are underweight
67. Mexico's PROGRESA C-RCT evaluation (L.C. Fernald et.al. 2008): lower prevalence of being overweight (–0.08, –0.13 to –0.03; p=0.001) for children 24-68 months
68. Mexico's PROGRESA C-RCT evaluation (P. Gertler 2004): treatment children between 12-26 months are 25.5 percent less likely to be anemic, and this difference is statistically significant at the 1-percent level; Mexico's PROGRESA C-RCT evaluation (J.A. Rivera et.al.2004): age-adjusted rate of anemia (hemoglobin level <11 g/dL) was higher in the crossover intervention group than in the intervention group of children aged 0-12 yrs (54.9% vs 44.3%; P =.03); Nicaragua's RPS C-RCT evaluation (J. Maluccio & R. Flores 2004): no change in the proportion of children 6-to-59 months with anemia (–0.2) or in their level of Hemoglobin (–0.1)
69. Improvements seem to appear at approx. age 5 after the household received PSNP transfers
70. among non-recipients the average HAZ score improves by 0.36 standard deviations
71. the change in weights can be attributed to participation in Bolsa Familia; this is not the case for height
72. Conditionalities were monthly attendance at growth monitoring of children aged 0 – 36 months, and nutrition session for mother/caregiver
73. enrolled at avg of 4.7
74. This was this was a very small group (6% of all children)
75. In coffee communities, older children are overall helpful, perhaps as they help cushion the income shock by providing childcare or leaving school to work. However, in households committed to the CCT, they become strongly negative during the shock, as older children are unable to contribute to their siblings' HAZ and instead become an added constraint on the household's potential investment in early-childhood development. As a result, younger children apparently lose out as parents dedicate more scarce resources to school-age children.
76. Results for 2000-2002 & CCT versus non CCT households
77. each additional school-age child in a CCT-recipient household reduces that gain by more than half, and that outcome is driven by the coffee community experience
78. Results are qualitatively similar when using height-for-age and BMI-for-age z-scores based on international standards
79. The follow-up data is from 10 years after the start of the program
80. The overall pattern of z-scores is consistent with those seen in developing countries, with a sharp decline over the first 24 months and then at the point the early treatment localities had received their full three years of transfers, while the late treatment localities had only recently been incorporated children in early treatment were about 0.4 standard deviation taller, however, with an additional year of program for the late treatment localities, the height differential narrows substantially and is no longer significantly different, suggesting a catch-up.
81. treatment was associated with a growth in height that was significantly higher than the growth experienced by children in the control group at midline, significant at 10% level. This implies that that even though treatment continues to have a positive effect on height at endline, the result is no longer significant.
82. Children already born at the time when the household registered to the FeA programme were subject to the conditionality requirement. Children born after the FRD were not registered in the program and thus were not subject to the conditionality. Therefore, the mother would still receive the cash transfer if the children born before the FRD complied with the conditionality. This eligibility rule interacts with another important feature of the program mentioned above: to fulfil the conditionality requirements,

younger children must attend more preventive care visits than older children

83. The program also encourages that mothers attend talks on nutrition, hygiene, and contraception, but this is not a condition.

84. stunting remained to be high

85. assigned as different treatment arms

86. weak effects might be partly due to the fact that the older children in this age range, who were 6 years old, were no longer enrolled in the ECD center and so not receiving food or cash transfers

87. this suggests that cash was playing an important role in protecting the nutritional status of children at the age to receive ECD transfers by endline

88. reduction is driven by younger children aged 4.5-5 years among whom cash transfers cause a significant decrease in moderate or severe anemia, by about 10% point

89. They find the results unsurprising given that a variety of exogenous factors affect nutrition, which a cash transfer by itself is not likely to influence

90. There was a CCT component as well but conditions were not applied uniformly across each household i.e. households received \$250 if children under 6 (and pregnant or nursing mothers) regularly visited health centers, but only in the absence of children between the ages of 6 and 18. In the presence of an older child, the household transfer was doubled, but health conditions were no longer enforced, nor was it even labeled a health transfer.

91. assigned as different treatment arms

92. Cash for school fees given directly to beneficiaries (school going girls)

93. Findings support the theory that school assistance can improve socio-economic status and access to food, even without giving cash payments to participants or their guardians, since school fees (as well as uniforms, & school supplies such as pens and writing paper) offset household expenses, leaving more money for food

94. Cash vouchers were given to beneficiaries to be used in ACF accredited partner shops. Beneficiaries were allowed to use the vouchers to buy specific items only

95. These foods were not allowable in the voucher scheme

96. children 6 months-17, that had to eat smaller meals or eat fewer meals in the three months previous to the survey because there was not enough food

97. assigned as different treatment arms (to girls only)

98. main instrument to assess mental health was the GHQ-12, which measures common mental health problems of anxiety, depression, and social withdrawal

99. Under a CCT improvement in mental health are through increased school attendance as well as reduced illness from sleeping under bed nets and increased food consumption.

100. Based on their satisfaction with friendships, satisfaction with life overall as well as on their behavior such as time acting bothered or upset

101. assigned as different treatment arms (to girls only)

102. This impact is more likely to be due to increased household support and personal consumption

103. the large difference between the CCT and UCT arms are statistically significant at the 5 percent level, but only when baseline controls are included. It is also important to note that at low levels of transfers to the parents, CCTs and UCTs are equally effective in improving mental health,

however, simply doubling the amount offered to the parents (from \$4 to \$8 / month) is sufficient to wipe out this improved effect in the CCT arm, since when transfers become an important source of income for the family and are conditional on girls actions each month, they might turn into a heavy burden for her to shoulder and become detrimental to her mental health.

104. psychosID index was created to express the overall psychosocial wellbeing of children and adults which looks at future outlook/isolation and disempowerment, feeling of safety, worry, interpersonal trust and stress. Scores range from 0 (no presence of psychosocial issues) to 1 (many psychosocial issues present, immediate attention warranted)

105. adolescents' images/perceptions about their house, clothes, school items and work

106. predicts ability to cope with daily stresses as well as adaptation after experiencing all kinds of traumatic life events

107. Assigned as 3 different treatment arms

108. These include processing speed, short and longer-term memory, visual integration, and receptive vocabulary

109. assigned as different treatment arms

110. visual reception, receptive language, expressive language, sticker test for non-cognitive development

111. about 11 percentage points or 0.3–0.4 standard deviations in visual reception, receptive language, and expressive language.

112. Lack of impact didn't mean that transfers are not linked to non-cognitive development, its mainly that the classic marshmallow test, on which the sticker test was based did not measure non-cognitive ability as intended.

113. Refer to Supplement 1: List of included studies and details: https://www.campbellcollaboration.org/media/k2/attachments/Petrosino_School_Enrollment_Review.pdf

114. Refer to Table 5.4 a: Characteristics of included studies for Cash Transfers: http://www.3ieimpact.org/media/filer_public/2016/07/12/sr24-education-review.pdf

115. Refer to Appendix Table b. Characteristics of references in final analysis sample: https://www.rand.org/content/dam/rand/pubs/working_papers/2012/RAND_WR921-1.pdf

116. effect sizes are near zero in studies with no (or low intensity) conditionalities, but increase steadily as the intensity of the conditionalities rise

117. while the odds of being enrolled in school under CCTs is 15 per cent higher than under UCTs, the difference is not statistically significant (p-value=0.183)

118. Refer to Appendix Table B: Reference Level Characteristics of Included Studies: https://www.campbellcollaboration.org/media/k2/attachments/Baird_Cash_Transfers_Review.pdf

119. the programme appears to exceed its success indicator: 20% of participating households report an increase in school enrolment.

120. a significant effect on improving the enrollment of children in post-compulsory schooling phase

121. In this region less than half of all elementary schools offer all eight grades of primary school and there is relatively poorer school access

122. Refer to Supplement 1: List of included studies and details: https://www.campbellcollaboration.org/media/k2/attachments/Petrosino_School_Enrollment_Review.pdf

123. Refer to Table 5.4 a: Characteristics of included studies for Cash Transfers: http://www.3ieimpact.org/media/filer_public/2016/07/12/sr24-education-review.pdf
124. Refer to Appendix Table b. Characteristics of references in final analysis sample: https://www.rand.org/content/dam/rand/pubs/working_papers/2012/RAND_WR921-1.pdf
125. Refer to Appendix Table B: Reference Level Characteristics of Included Studies: https://www.campbellcollaboration.org/media/k2/attachments/Baird_Cash_Transfers_Review.pdf
126. Higher absenteeism potentially signals higher drop out rates given that the endline survey was conducted in July–August and the new school year starts in September
127. Signifying a higher bargaining power of mothers
128. A rise in father’s NREGS participation might imply that a larger share of household income is earned by him. If the larger share bestows greater bargaining power to fathers relative to mothers, and fathers prefer to invest resources in goods other than children’s education, then the time spent in school by children could potentially fall. No evidence has been provided to support this claim, though it does appear that impacts are stronger for poorer households and for older boys, potentially indicating substitution of fathers time on non-NREGS work with that of children’s time.
129. Refer to Table 5.4 a: Characteristics of included studies for Cash Transfers: http://www.3ieimpact.org/media/filer_public/2016/07/12/sr24-education-review.pdf
130. Results suggest that the stipend programme has a higher effect on women who might otherwise have left school in fifth grade (effect is 0.68 years for those who have more than primary school education). It encourages girls to stay in school longer as they are getting the stipend, but not long enough to finish secondary education and continue with higher education (no effect on those with more than secondary education)
131. For children 15 & 16 (where they should be attending lower secondary school), the increase is especially large. Children aged 15 completed an average of seven grades of schooling
132. Majority of the studies find a reduction in dropout rates
133. Refer to Table 5.4 a: Characteristics of included studies for Cash Transfers: http://www.3ieimpact.org/media/filer_public/2016/07/12/sr24-education-review.pdf
134. Refer to Appendix Table b. Characteristics of references in final analysis sample: https://www.rand.org/content/dam/rand/pubs/working_papers/2012/RAND_WR921-1.pdf
135. The confidence interval for this result is relatively wide, there is considerable between study variability
136. All reported secondary dropout effects from the studies included are negative and statistically different from zero
137. Refer to Table 5.4 a: Characteristics of included studies for Cash Transfers: http://www.3ieimpact.org/media/filer_public/2016/07/12/sr24-education-review.pdf
138. Colombia’s Familias en Acción CBA evaluation (S. Garcia & J. Hill 2009); Cambodia’s CESSP Scholarship Programme RDD evaluation (D. Filmer & N. Schady, 2009, 2011, 2014); Nepal’s Schooling Incentives Project RCT evaluation (E.V. Edmonds & M. Shrestha, 2014)
139. obtained from tests developed specifically to evaluate the impact of particular interventions on learning in math and language
140. Refer to Appendix Table B: Reference Level Characteristics of Included Studies: https://www.campbellcollaboration.org/media/k2/attachments/Baird_Cash_Transfers_Review.pdf
141. Composite as well as math and language test scores
142. Benin’s Team Incentive Program C-RCT evaluation (M.P. Blimpo 2010); Kenya’s Girl Scholarship Program C-RCT evaluation (M. Kremer, E. Miguel & R. Thornton, 2009)
143. Peabody Picture Vocabulary Test
144. Assigned as different treatment arms (to girls only)
145. Mathematics, and English reading comprehension
146. Skills relevant for the labor market such as reading and following instructions to apply fertilizer; making correct change during a hypothetical transaction; sending text messages and using a calculator on a mobile phone; and calculating profits for a hypothetical business scenario
147. results suggest that either improvements in learning were too small to make a difference in the long run and that learning decays quickly or that improved test scores do not translate to more practical life skills
148. Early Grade Reading Assessment
149. Assigned as different treatment arms (to girls only)
150. Mathematics, and English reading comprehension
151. Skills relevant for the labor market such as reading and following instructions to apply fertilizer; making correct change during a hypothetical transaction; sending text messages and using a calculator on a mobile phone; and calculating profits for a hypothetical business scenario
152. results suggest that either improvements in learning were too small to make a difference in the long run and that learning decays quickly or that improved test scores do not translate to more practical life skills
153. Estimates are significant for boys (ES=-0.07, 95% CI -0.13, -0.00, I²=82.6% (p = 0.00)) but not girls (ES=-0.02) when analyzed separately. While for boys the reduction in boys’ work time was roughly equivalent to increased time in schooling, for girls the absence of effect is because of comparatively lower labour market participation of girls in rural areas, and more concentration of work in the household, which is easier to complement with schooling
154. Refer to Table 1. Programmes included in the review: <http://www.tandfonline.com/doi/abs/10.1080/19439342.2015.1068833?journalCode=rjde20>
155. Ecuador’s Bono de Desarrollo Humano IV evaluation (N. Schady & M.C. Araujo 2006; E.V. Edmonds and N. Schady, 2011): sig decrease of 6% points & 8% points respectively; Malawi’s Social Cash Transfer PSM evaluation (K. Covarrubias, B. Davis & P. Winters 2012): sig decrease of 7-8% points; Malawi’s Social Cash Transfer DID evaluation (C. Miller & M. Tsoka 2012): sig decrease of 12% points for boys and 10% points for girls; South Africa’s Child Support Grant PSM evaluation (DSD, SASSA and UNICEF 2012): sig decrease from 20% when started receiving the program at the age of 16 to 7% when started receiving the program at the age of 0 for girls, and for boys sig decrease from 28% to 23% respectively
156. Malawi’s Social Cash Transfer PSM evaluation (K. Covarrubias, B. Davis & P. Winters 2012): sig increase by 8 to 14% points; Malawi’s Social Cash Transfer DID evaluation (C. Miller & M. Tsoka 2012): sig increase of 8% points for boys and 11% points for girls
157. Each % point increase in school participation is associated with a reduction in child labour of 0.31% points, suggesting that child labour is a critical part of a decision households on human capital investments, however the correlation is not perfect since complex adjustments take place in a households behavior when cash transfers are received, implying that the impact of a cash transfer on child labour is not just the reciprocal of its impact on education.
158. Refer to Figure 2. Conditional cash transfer programs tend to reduce the prevalence of child labour: <http://ftp.iza.org/dp7496.pdf>

159. Refer to Figure 3: Conditional cash transfer programs tend to reduce weekly hours worked by children
160. The authors conduct an assessment of heterogeneity by gender of the child
161. Girls appear to experience a larger decrease than boys in household chores
162. Assigned as different treatment arms, in economic activities without pay and work at home as per 3 studies
163. Boys are less likely to be involved in weaving, the labor activity studied
164. Non-sig increase in the probability of school attendance of 1.8 % points
165. Washing clothes, cleaning, caring for children
166. There are low levels of child labor participation in the first place, and virtually no children aged 5-10 yrs old work
167. But conditional on performing any domestic work by girls 5-17 yrs, the program reduced the amount of time spent in domestic work by nearly three hours per week
168. Since an important condition that households participating in Chile Solidario must satisfy is that children under 15 should attend school rather than work, a very small number of children were involved in child labor to begin with
169. Additionally, while children in both treatment arms worked about 0.6–0.9 fewer hours per week in household chores and farming than children in the control group, children whose household benefited from the additional business grant appear to work 1 more hour per week in skill-forming activities around food production, manufacture, commerce, and services, than those who only received the basic grant or the control group for both boys and girls
170. Impacts driven by male headed households and not female.
171. Corresponding non-sig increase in school participation (Coeff=2.6)
172. As per sample baseline values this is a reduction of over 25 percent, and mostly driven by reduced time in own-farm activities, particularly since older boys who are most likely to be involved in agricultural work, are now going to school
173. Increase in time spent working for younger children is not necessarily negative and depends on how it is balanced with school and domestic work
174. There is a significant decrease in participation in wage labor for this age group however of about 18% point (Coeff=-0.181, $p<0.10$)
175. There is also a significant increase in days worked for young girls in non-farm enterprise in the past 7 weeks of about 10% point (Coeff=0.104, $p<0.10$)
176. Particularly for extremely vulnerable refugee families who might have few options for income besides sending their children to work
177. While none of the beneficiary families interviewed had pulled their children out of school in order to work, but it is evident as per the author that short-term cash assistance will not have a major impact on child labour
178. Mainly farm work and household chores
179. Recipients of MCA are the all extremely vulnerable
180. Assigned as different treatment arms
181. Pakistan's Female School Stipend RDD & DID evaluation (A. Alam, J.E. Baez & X.V Del Carpio 2010): age at marriage marginally increased by 1.2–1.5 years, $p<0.10$
182. Malawi's Zomba Cash Transfer Program C-RCT evaluation (S. Baird et.al 2010): marginal decrease among girls 13-22 yrs on having ever been married ($p<0.10$)
183. Mexico's Oportunidades Case-control evaluation (M. Gulemetova-Swan 2009): significant increase in age at marriage ($p<0.05$)
184. Pakistan's Female School Stipend RDD & DID evaluation (A. Alam, J.E. Baez & X.V Del Carpio 2010): 0.3 fewer live births ($p<0.10$)
185. Malawi's Zomba Cash Transfer Program C-RCT evaluation (S. Baird et.al 2010): teenage pregnancy during the last year significantly decreased among school dropouts ($p<0.05$) but unchanged among schoolgirls as well as self-reported sexual activity significantly decreased among school dropouts by 5.5% ($p=0.112$) but unchanged among schoolgirls
186. Schooling attainment, enrolment, being the daughter or grand-daughter of the household head are protective in predicting first pregnancy, but only school enrollment is statistically significant. Additionally, increasing age is a risk factor for early pregnancy
187. Schooling elicits a strong protective effect on sexual debut; the probability decreases by 31% points if a female was either still in school or completed grade 12 and it decrease by 12.5% point amongst males
188. It is significantly less common for beneficiary children to have an aunt or an uncle as a secondary caregiver (reduced dependence on extended family for child care)
189. However, as a result of the program those already in the household (mainly mothers) are able to take on 'main carer' responsibilities and are less dependent on older members of the household for help in the care of young children.
190. A contributing factor to children spending less time with main carer is probably the increased likelihood that they now work outside the home
191. Mothers with children younger than 3 as well as teenagers between 12 to 17 yrs and an initial participation rate in the cash program of 51.4%.
192. Findings are suggestive that the program involves gains not only in the quantity but also in the quality of the care given to the very young, since the care is being provided by the mother (the better child nurturer)
193. In-fact mothers of daughters 12 to 17 were more likely to increase the amount of time spent taking care of their younger children given treatment (Coeff=0.142, $p<0.10$, SE=0.160)
194. This suggest that girls reduce (or stop) their contribution to child care to take up full-time schooling. Alternatively, however the intervention may be affecting the allocation of time of teenage girls to other activities such as household chores
195. This potentially can lead to poor treatment of foster children and/or use of the money exclusively to provide for people's own personal use
196. Conditionality were there only for a sub-set of beneficiaries, but these were not enforced.
197. Authors also highlight that although the programme allows for labor replacement (and can prevent carers from having to leave their children unsupervised), labor replacement might not be available in the household given the large burden of other work activities, particularly in the case of single-headed households or where many under-aged children are present. The Public Works component needs to be aware of the challenges posed to carers in terms of balancing work and care responsibilities and facilitate rather than obstruct the balancing act.
198. Additionally, biological children often receive better care than non-biological children who are sometimes used as domestic servants or house workers.