















# Implementation and effectiveness of social assistance interventions to reach the furthest behind

A PROTOCOL FOR A MIXED-METHODS SYNTHESIS OF EVALUATIVE EVIDENCE RELATED TO THE PEOPLE PILLAR OF THE SDGS (SDGS 1-5)

# Implementation and Effectiveness of Social Assistance Interventions to Reach the Furthest Behind: A protocol for a mixed-methods synthesis of evaluative evidence related to the People Pillar of the SDGs (SDGs 1-5)

A protocol for a synthesis of evaluative evidence related to the people pillar of the Sustainable Development Goals

Copyright © The Global SDG Synthesis Coalition May 2025

This publication, produced by the Center for Evaluation and Development with inputs from the Global SDG Synthesis Coalition partners does not necessarily reflect the views of the individual organizations, entities and bodies partnering with the Global SDG Synthesis Coalition. Individual partners of the Global SDG synthesis Coalition (including staff and personnel) cannot ensure the accuracy, completeness or currency of the data included in this work and they do not assume responsibility for any errors, omissions, or discrepancies in the information, or liability with respect to the use of or failure to use the information, methods, processes or conclusions set forth.

Citation: Pasha, A., Urueña V., Kamal, Z., Kern J. (2025). "Implementation and effectiveness of social assistance interventions to reach the furthest behind: A protocol for a mixed-methods synthesis of evaluative evidence related to the people pillar of the SDGs (SDGs 1-5)". New York: The Global SDG Synthesis Coalition.

https://www.sdgsynthesiscoalition.org/pillar/people-pillar

# **Abstract**

# **Background:**

Despite global commitments under the Sustainable Development Goals, progress on reducing poverty, inequality, and exclusion—particularly across SDGs 1–5—has been severely impacted by intersecting crises such as COVID-19, conflict, and climate change. Although substantial evidence exists on cash transfers, little is known about the implementation and effectiveness of other social transfer modalities, particularly vouchers and in-kind transfers, especially for gender, age-, and disability-vulnerable groups. This synthesis responds to this evidence gap, commissioned by the Global SDG Synthesis Coalition's People Pillar co-chaired by UNICEF, UNDP, UN Women, UNFPA, WFP, and UNESCO.

### Scope:

This protocol outlines a mixed-methods synthesis focused on gender-, age-, and disability-responsive vouchers and in-kind transfers in low- and middle-income countries. It incorporates peer-reviewed impact evaluations, and country programme or project level evaluations from United Nations agencies.

### **Objectives and Synthesis Questions:**

The main objective is to synthesize evidence on the design, implementation, and effectiveness of vouchers and in-kind transfers targeted at vulnerable populations. The synthesis aims to answer four overarching questions:

- 1. What gender/age/disability- responsive vouchers and in-kind transfer interventions work for the furthest left behind among different gender, age and disability groups?
- 2. How and why do gender/age/disability- responsive vouchers and in-kind transfer interventions work for reaching the furthest behind among different gender, age and disability groups?
- 3. What factors contribute to progress towards Sustainable Development Goals 1-5?
- 4. What evidence gaps on the impact of gender/age/disability-responsive vouchers and in-kind transfers on those left furthest behind currently exist?

### Inclusion criteria for interventions and outcomes:

The review considers gender-, age-, and disability-responsive voucher and inkind transfer programs implemented in low- and middle-income countries. Outcomes of interest include individual-level impacts (e.g., health, education, living standards, women empowerment), and implementation science. The synthesis applies the SPIDER framework for inclusion and uses narrative synthesis to analyze and summarize both quantitative and qualitative evidence

### **Proposed Publication Date:**

The findings are intended to support upcoming global consultations, including the 2025 UN World Social Summit, with a proposed publication date of last quarter 2025.

### **Keywords:**

Social assistance, vouchers, in-kind transfers, implementation science, genderresponsive, age-responsive, disability, no poverty (SDG 1), zero hunger (SDG 2), good health and well-being (SDG 3), quality education (SDG 4), gender equality (SDG 5), mixed-methods synthesis, evidence gap map.

# **Acknowledgements**

The Global SDG Synthesis Coalition would like to thank all those who have contributed to this synthesis protocol.

# Synthesis Team (Center for Evaluation and Development, Germany):

Atika Pasha (Team Leader), Viviana Urueña (Synthesis Expert), Zahra Kamal (Data Expert), Johanna Kern (Subject Matter Specialist)

### **Management Group Co-Leads:**

UNICEF Evaluation Office: Kerry Albright (Deputy Director/Principal Adviser -Evaluation), Thomas Rossmueller (Evaluation Specialist)

UNDP Independent Evaluation Office: Shivit Bakrania (Senior Evaluation Specialist), Taeyoung Kim (Partnerships and Evaluation Specialist)

WFP Office of Evaluation: Judith Friedman (Senior Evaluation Officer, Head of Global and Synthesis)

UNESCO Evaluation Office: Claudia Ibarguen (Head), Martina Rathner (Principal Evaluation Specialist), Maxwell Mutukwa (Evaluation Consultant)

UN Women Independent Evaluation Service: Inga Sniukaite (Chief), Ross Tanner (Evaluation Specialist)

### **Management Group Members:**

UNODC Independent Evaluation Section: Emanuel Lohninger (Evaluation Officer), Moritz Schuberth (Evaluation Officer)

UNFPA Independent Evaluation Office: Deborah McWhinney (Former Evaluation Advisor), Camilla Buch von Schroeder (Humanitarian Evaluation Specialist)

WHO Evaluation Office: Anand Sivasankara Kurup (Senior Evaluation Officer), Lisa Askie (Scientist, Methods Lead, Quality Norms and Standards), Tanja Kuchenmüller (Unit Head, Evidence to Policy and Impact)

PAHO Office of Independent Evaluation: Roberto La Rovere (Former Head)

The Global Fund to Fight AIDS, Tuberculosis and Malaria: John Grove (Chief Evaluation and Learning Officer), Jutta Hornig (Team Coordinator)

## **Technical Advisory Panel Members:**

Becky Francis (CEO, Education Endowment Foundation), Patrick Okwen (Team Lead, EBase Africa), Edoardo Aromataris (Director of Synthesis Science, JBI), Francesca Bastagli (ead of Research, Fondazione Agnelli), Flavio Comim (Associate Professor, Ramon Lllull University), John Puvimanasinghe (Senior Evaluation Specialist, The Global Fund to Fight AIDS, Tuberculosis and Malaria), Lindiwe Sibanda (Chair, CGIAR Board), Martin Benavides (Director, IIBE), Milena Buchs (Professor, University of Leeds), Naila Kabeer (Professor, London School of Economics), Stephen Deveraux (Development Economist, Institute of Development Studies), Vivian Welch (Editor in Chief, Campbell Collaboration), Zulfigar Bhutta (Founding Director, Institute for Global Health and Development, The Aga Khan University)

### **Publication and Communications:**

UNICEF Evaluation Office: Elena Panetti (Graphic Designer Consultant)

### **Donors:**

UNICEF, WFP, UN Women, UNESCO, UNDP

# **Table of Contents**

Abstract	iii
Acknowledgements	V
Abbreviations	X
ntroduction	13
Background, scope, and objectives	13
Conceptual framework and theory of change	17
Social protection	17
Social assistance and social transfers	18
Responsiveness	20
Target groups	21
The Role of Responsive Social Assistance in Addressing Vulnerabilities	23
Implementation Science	27
Theory of Change	29
Synthesis questions	32
Methodology	35
Step 1: scope refinement	36
1.A. Inclusion and Exclusion Criteria	37
1.B. Search Strategy	42
Step 2: systematic search and acquisition of studies	42
Limitations of search terms	44
Benchmark studies and refinement of search strategies	44
Step 3: data management and extraction	45
3.A. Title and abstract screening of impact evaluations	45

3.B. Pre-screening of UN-led evaluations	46
3.C. Full-text screening	47
3.D. Data extraction	47
3.E. Quality appraisal	49
Step 4: analysis and reporting	51
Potential limitations of Review Methods	54
Work plan	55
Bibliography	58
Appendix synthesis protocol	70
List of Low- and middle-income countries	70
Search strategy	78
Main search	79
Additional search: 43 studies	96
Screening Protocol for selection of impact evaluation studies	107
TITLE AND ABSTRACT SCREENING (4 STEPS):	107
DECISION RULE (SUMMARY):	108
FULL-TEXT SCREENING:	109
DECISION RULE (SUMMARY):	112
Screening Protocol for selection of UN-LED evaluations	113
PRE-SCREENING IN R - SEARCH TERMS	113
TITLE PAGE AND EXECUTIVE SUMMARY SCREENING (4 STEPS):	114
DECISION RULE (SUMMARY):	115
(Preliminary) Data Extraction Form	116
Draft Deductive Coding Framework (QUALITATIVE DATA EXTRACTION)	125

Risk of bias tool for impact evaluation studies	128
SUSRE Assessment Sheet and Scoring for systematic reviews	135
Quality appraisal form for qualitative review protocol studies (UN-led evaluations)	143
List of Tables	
Table 1: Synthesis questions and sub-questions	32
Table 2: Inclusion Criteria based on SPIDER Framework	38
Table 3: Indicative work plan	55
List of Figures	
Figure 1. Taxonomy of social protection instruments	18
Figure 2: Simplified Implementation Logic Model (SILM)	29
Figure 3: Theory of Change (simplified illustration)	30
Figure 4: Overview of Synthesis Methodology	35

# **Abbreviations**

3ie	International Initiative for Impact Evaluation
Al	Artificial Intelligence
C4ED	Center for Evaluation and Development
CFIR	Consolidated Framework for Implementation Research
CwD	Children with Disabilities
EGM	Evidence Gap Map
FAO	Food and Agriculture Organization of the United Nations
GEROS	Global Evaluation Reports Oversight System
HDRO	Human Development Report Office
HLPE	High Level Panel of Experts
IEs	Impact Evaluations
ILO	International Labour Organization
ЮМ	Internation Organization for Migration
IR	Implementation Research
IRLM	Implementation Research Logic Model
ıs	Implementation Science
LMICs	Low- and Middle-Income Countries
LNOB	Leaving No One Behind

M&E	Monitoring and Evaluation
мс	Management Group of the Global SDG Synthesis Coalition 'people' pillar
OECD	The Organization for Economic Cooperation and Development
OECD-DAC	The OECD's Development Assistance Committee
OKR	The World Bank Open Knowledge Repository
ОРНІ	Oxford Poverty & Human Development Initiative
PACES	Programa de Ampliacion de Cobertura de la Education Secundaria
P&P Evals	Process and Performance Evaluations
PICOS	Population, Interventions, Comparator, Outcomes, Study design
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RoB	Risk of Bias
ROBINS-I	Risk Of Bias In Non-randomized Studies - of Interventions
PwD	People with Disabilities
RCT/CRCT	Randomized Control Trial / Clustered Randomized Control Trial
RDD	Regression Discontinuity Design
SDGs	Sustainable Development Goals
SILM	Simplified Implementation Logic Model
SPIDER	Sample, Phenomenon of Interest, Design, Evaluation, Research type
sQ	Synthesis Question
SR	Systematic Review

STEM	Science, Technology, Engineering, and Math
SURE	Supporting the Use of Research Evidence
SWEO	UN Sustainable Development Group System-Wide Evaluation Office
ТАР	Technical Advisory Panel of the Global SDG Synthesis Coalition 'people' pillar
ToR	Terms of References
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNEG	United Nations Evaluation Group
UNEP	United Nations Environment Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGA	General Assembly of the United Nations
UNICEF	United Nations Children's Fund
WB	The World Bank
WFP	World Food Programme

# Introduction

The Center for Evaluation and Development (C4ED) was commissioned by the United Nations Children's Fund (UNICEF) on behalf of the People Pillar co-chairs to develop a "Synthesis of Implementation and Effectiveness of Social Assistance Interventions to Reach the Furthest Behind". More specifically, evaluative evidence on the effectiveness, impacts, barriers and facilitators, and implementation features of gender-, age-, and disability-responsive vouchers and in-kind transfer interventions will be synthesized to provide a comprehensive overview of what works, for whom, and under what conditions. This approach will ensure that the existing high-quality evidence is organized and accessible, offering valuable insights to policymakers, practitioners, and stakeholders. This protocol presents the scope, objectives, methodology, and the overall work plan of the assignment.

# Background, scope, and objectives

The 2015 Sustainable Development Goals (SDGs) aim to tackle poverty, inequality, and environmental degradation but are off track for 2030 due to crises like COVID-19, wars, displacement, and climate change. Despite research on SDG-related programs, gaps remain between evidence and action, highlighting the need to understand and address the "why" and "how" behind effective program implementation.

The Global SDG Synthesis Coalition (from here onwards the Coalition) is a collaborative initiative aimed at accelerating progress towards the SDGs by synthesizing rigorous and evaluative evidence to create a living evidence platform under each of the five pillars of SDGs: People, Planet, Prosperity, Peace and Partnership. While fragmented evidence often limits the ability of policymakers to make informed decisions, by synthesizing evidence and leveraging technologies

such as Artificial Intelligence (AI), the Coalition works to harness the power of evaluations and synthesis to accelerate progress on the SDGs.<sup>1</sup>

The People pillar is identified as the cornerstone of the global agenda for sustainable development reflected in SDGs 1 to 5: no poverty (SDG1); zero hunger (SDG2); good health and well-being (SDG3); quality education (SDG4); and gender equality (SDG5). For the Coalition, it is the third pillar where evidence synthesis will be conducted, after the Peace and Partnership Pillars.<sup>2</sup>

An initial scoping exercise conducted in 2022 identified three key guidelines to shape the objectives and methodology of the first synthesis under the People Pillar, namely (1) focusing on **social protection** as a critical topic; (2) addressing aspects of **implementation science** in social protection interventions where evidence is relatively scarce; and (3) emphasis on the principle of **Leaving No One Behind (LNOB)** to understand who is left behind and why. The co-Chairs of the People Pillar conducted a rescoping exercise in 2023, which pinpointed the nature and quantity of evidence underpinning the People Pillar.

Furthermore, considering the multitude of evidence under social protection, another rapid scoping exercise was conducted by C4ED in consultation with the UNICEF Evaluation Office and the co-Chairs of the People Pillar in 2024, which determined "social assistance interventions" as the most frequently used means to address the needs of those furthest behind. Among the various intervention types under social assistance, social transfers -encompassing cash transfers, vouchers, and in-kind transfers- are often considered as the first institutionalized layer of protection in many low- and middle-income countries (Schuering, 2021). Nevertheless, an extensive body of literature, including numerous reviews and syntheses, focuses on cash transfers as the primary policy instrument widely used

<sup>&</sup>lt;sup>1</sup> The Coalition is led by a Steering Committee composed of high-ranking political representatives co-led by the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF). This committee guides the Coalition's efforts by identifying critical learning needs essential for achieving the SDGs, fostering inclusive participation and ownership, and ensuring that findings and lessons are effectively communicated and utilized. Each thematic synthesis pillar is co-led by various partners and supported by a Management Group (MG), which is responsible for defining the scope and objectives, engaging strategic collaborators, mobilizing resources, ensuring timely completion of synthesis outputs, and promoting the dissemination and uptake of results. Also, each synthesis pillar is supported by a Technical Advisory Panel (TAP), composed of experts in relevant subject areas and methodologies who are nominated by the respective MG. This panel ensures the quality of the synthesis outputs, aids in effectively communicating key findings to stakeholders, and facilitates the adoption of these insights at appropriate decision-making levels.

<sup>&</sup>lt;sup>2</sup> Please see "Peace Pillar | The global SDG synthesis coalition" for reference on Peace Pillar Synthesis, and "Partnership Pillar | The global SDG synthesis coalition" for reference on Partnership Pillar Synthesis.

across the globe.<sup>3</sup> Thus, in order to offer a deeper examination of other relatively underexplored social transfer interventions, this synthesis exclusively focuses on **"vouchers and in-kind transfers"** as the interventions under study.

The scope of the synthesis was further refined to focus on the "gender-, age-, and disability-responsiveness of vouchers and in-kind transfers interventions," aiming to address inequalities and vulnerabilities among the most marginalized populations.<sup>4</sup> Accordingly, the primary objective of this assignment is to synthesize the existing evaluative evidence on the implementation features, barriers and facilitators, and the effectiveness of gender-, age-, and disability-responsive vouchers and in-kind transfers, targeting outcomes related to the SDGs 1 through 5. More specifically, relevant outcomes in the realm of health, education, living standards and consumption (i.e. all three dimensions of multidimensional poverty<sup>5</sup>), gender equality and empowerment, implementation aspects of vouchers and in-kind transfer programs- will be examined.

Given the focus on gender-, age-, and disability-responsive vouchers and in-kind transfer interventions, this synthesis significantly contributes to address the synthesis gap by highlighting understudied areas related to the scope and focusing on vulnerable population groups. Additionally, this synthesis will delve into the principles of implementation science, exploring the processes, actors, systems, and practical approaches that may drive successful program delivery. To illustrate, rather than focusing solely on the impact, this synthesis aims to also shed light on the process of program implementation and factors that potentially influence program effectiveness. It will also explore whether and which contextual factors may influence program delivery and effectiveness. Another significant contribution of this synthesis lies in its focus on leveraging an untapped goldmine - the wealth of UN-led evaluations, including country program evaluations and

<sup>&</sup>lt;sup>3</sup> See for example, Zimmerman et al. (2021), Cooper et al. (2020), Bastagli et al. (2016), Deveroux, et al. (2005), Gertler et al. (2005), and the Evidence Gap Map on "Cash Transfers and Cash Plus Programs in Low- and Middle-Income Countries" published by C4ED and German Institute for Development Evaluation (DEval) via: <a href="https://socialprotection.org/discover/databases/egm-cash-transfers-and-cash-plus-programs-low-and-middle-income-countries">https://socialprotection.org/discover/databases/egm-cash-transfers-and-cash-plus-programs-low-and-middle-income-countries</a>.

<sup>&</sup>lt;sup>4</sup> Given the vast number of studies on the selected interventions, and the timeline for potential consultations as part of the General Assembly of the United Nations (UNGA) Summit of the Future, the scope of the synthesis was further refined to contain certain target groups, the most and furthest left behind.

<sup>&</sup>lt;sup>5</sup> Based on the structure of the global Multidimensional Poverty Index presented by Oxford Poverty & Human Development Initiative (OPHI) and Human Development Report Office (HDRO) of United Nations Development Programme (UNDP), available at: <a href="https://www.undp.org/india/stories/what-makes-one-poor-understanding-multidimensional-poverty-index">https://www.undp.org/india/stories/what-makes-one-poor-understanding-multidimensional-poverty-index</a>.

project-level evaluations conducted by various UN agencies. These resources, which have remained typically underutilized, offer unique insights into the real-world application, operational challenges, and practical outcomes of development initiatives. Unlike conventional syntheses that predominantly rely on evidence from academic, peer-reviewed journals and occasionally incorporate other types of studies, this synthesis seeks to broaden the scope by incorporating a much wider array of evidence. By doing so, it aims to capture diverse perspectives and practical lessons that are often hardly obtained by merely including studies from academic literature. This inclusive approach not only enriches the understanding of program effectiveness but also sheds light on the nuanced dynamics of implementation and performance, ultimately contributing to more comprehensive and actionable findings for advancing sustainable development efforts.

By organizing the existing evidence and highlighting the lessons learned in a structured way using tools such as Evidence Gap Maps (EGMs), the synthesis provides insights into the "why" and "how" of effective SDG implementation within different (socio-cultural, legal, policy, and macro-economic context) contexts, thus showcasing strategies to bridge the divide between research and action. This supports the design of contextually relevant, data-driven programs, improving the effectiveness, equity, and impact of social protection policies in achieving their objectives. The EGM will also highlight critical gaps with limited or no evidence, suggesting potential areas for future research focus.

This report presents the methodological protocol for this evidence synthesis. After describing the conceptual framework and outlining the Theory of Change (ToC), the synthesis questions will be presented in section 2. In section 0, this protocol will present the methodological approach to conduct the synthesis, illustrating the search strategy, the approach for identifying and including impact evaluation studies as well as process and performance evaluations in the synthesis, screening, analysis and reporting. Lastly, some considerations and limitations for the evidence synthesis are presented in Section 00.

<sup>6</sup> The "UN-led evaluations" in this protocol/synthesis refer to "process and performance evaluations" according to the terminology used in the Terms of References (ToR) for this assignment. These studies encompass both country programs included in the System-Wide Evaluation Office (SWEO) database and project-level evaluations provided by individual UN agencies.

16 | SDGSYNTHESISCOALITION.ORG | C4ED.ORG

# Conceptual framework and theory of change

Given the focus on gender-, age-, and disability-responsive social assistance interventions and the emphasis on implementation science, this section elaborates on the key underlying concepts to ensure that the scope and methodological aspects are clearly defined.

# **Social protection**

Social protection refers to a set of public actions that deal with "both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the nonpoor for security in the face of shocks and the particular demands of different stages of the life cycle" (Norton et al. 2001). The SDGs emphasize the importance of universal social protection, urging countries to ensure that everyone has access to a basic level of social security. Social protection includes a wide range of policies and programs designed to reduce poverty, vulnerability, and inequality, which often encompasses benefits for children and mothers, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection (ILO, 2017). Countries often provide these benefits either at community or national levels (labor market policies and interventions) or at individual/household level in terms of contributory or non-contributory schemes. In contributory schemes, beneficiaries need to make regular financial contributions, often through payroll deductions or premiums, to meet the conditions for accessing benefits such as pension, unemployment insurance, or healthcare services. In contrast, non-contributory schemes mainly target individuals living in extreme poverty who often lack the financial means to participate in contributory systems, providing benefits without requiring prior payments or contributions (ILO, 2017).

Figure 1 illustrates a taxonomy of social protection instruments used by countries to cover various groups of individuals in their population.<sup>7</sup>

<sup>&</sup>lt;sup>7</sup>This framework for social protection programs has been introduced by O'Brien et al. (2018), and further developed by Carter et al. (2019).

**Social Protection** Contributory Non-contributory Labour market policies and Social Social assistance Social care insurance interventions ≻Healtl Social Public work Subsidies ➤ Family support Fee waivers Active: Passive: Maternity benefits, transfers programmes Work sharing ➤Home-based ➤Insurance for ➤Training

➤Job search sen Cash transfers - Unemploy - Maternity/ Cash for workFood for work for those in work ≽In-kind >Voucher for - Disability legislation (e.g. minimum wage, safe working conditions) ➤Old age >Crop/livestock

Figure 1. Taxonomy of social protection instruments

Source: Carter et al. (2019).

# Social assistance and social transfers

Social assistance constitutes the largest category within the non-contributory schemes. Over the last decades, social protection systems in most developing countries have primarily focused on social assistance, and much less so on social insurance and passive and active labor market interventions (Carter et al., 2019). Social assistance programs aim to provide immediate relief while promoting long-term resilience through access to basic needs, social services, and opportunities for economic empowerment. In essence, they help individuals and households cope with poverty, destitution, and vulnerability (Carter et al., 2019). These programs often address the needs of those furthest behind providing social transfers, fee waivers, subsidies, or through public work programs. Under the umbrella scheme of social assistance, social transfers are the most widely used instruments, constituting the first institutionalized layer of protection in most developing countries against extreme and persistent deprivation (Barrientos & Nino-Zarazua, 2011; Schuering, 2021).

Social transfers are delivered through various modalities, including cash transfers (conditional or unconditional), vouchers, and in-kind transfers, each designed to address specific socio-economic needs and ensure effective support for targeted populations (High Level Panel of Experts (HLPE), 2012). Cash transfers are direct, regular and predictable money transfers which provide recipients with direct financial support offering the freedom to choose whatever they wish to consume, whether it be food or other necessities such as schooling and health-related

expenditures.8 Cash transfers can also be distributed through digital and mobile money platforms, which enhance speed, improve transparency, secure transactions, and reduce costs. In-kind transfers are direct, regular and predictable provision of goods or services to the recipients without monetary exchange. These transfers include tangible goods or services such as food, healthcare, or housing for individuals in need (Alderman et al., 2017). In-kind transfers can take the form of commodities given to beneficiaries through unconditional public distribution programs or conditional initiatives like school meal programs. One specific in-kind modality is rationing where governments use quotas to restrict the amount of food commodities available for purchase in markets, often during crises, such as world wars (Alderman et al., 2017). In-kind transfers have been instrumental in supporting low-income consumers by providing essential goods and services. However, they often involve significant administrative and logistical costs and are frequently linked to broader agricultural support and food price risk management initiatives. (ibid). A **voucher** is an instrument issued by an organization or government (principal) that can be redeemed by the recipient for a service, money, commodity, or other such benefit provided by the principal or by a third-party agent. Vouchers, also known as "near-cash" or "stamps", provide the recipients a means to purchase specific food or services for a given value or quantity in pre-defined private or public outlets (Valkama et al., 2010; Alderman et al., 2017). These interventions lie midway on the transfer modality spectrum, with cash and in-kind transfers at either end (Alderman et al., 2017). Building on the advancements and widespread use of digital platforms, many governments and organizations are adopting electronic vouchers to enhance transparency, reduce fraud, and improve accessibility. For instance, the World Food Programme (WFP) uses electronic vouchers, facilitated through blockchain and biometric identification technology, in refugee camps in Jordan, allowing beneficiaries to purchase essential goods from designated vendors (WFP, 2023).

Historically, countries have been shifting from in-kind provisions to cash-based transfers, with vouchers often serving as a transitional step. Cash transfers are typically favored for their flexibility and lower distribution costs (Alderman et al., 2017; HLPE, 2012; Wicker, 2017). Nevertheless, their effectiveness can be compromised by market distortions and higher prices (HLPE, 2012; Brune, 2022). Therefore, in-kind transfers and vouchers remain highly prevalent, particularly in context where cash may not be effectively utilized (Alderman et al., 2017).

8 See an example: <a href="https://www.wfp.org/stories/cash-provides-vital-lifeline-somalia">https://www.wfp.org/stories/cash-provides-vital-lifeline-somalia</a>

According to the World Bank report (2017), around 1.5 billion people worldwide have been covered by in-kind food programs. Meanwhile, the UN WFP used vouchers to deliver food assistance to localities, such as southern Somalia and risk areas across war-torn Sudan, where security considerations preclude the delivery of either food or cash.<sup>9</sup>

As mentioned in the introductory section, given the vast body of literature and syntheses on cash transfers, this synthesis exclusively focuses on gender-, age-, and disability-responsive interventions that use *vouchers and in-kind transfers* to address the needs of the most vulnerable and marginalized groups of society.

# Responsiveness

While social transfers are well established as a poverty reduction tool in many contexts, their potential in addressing specific needs of vulnerable groups is not always realized (UNICEF & FCDO, 2022). In order to address such vulnerabilities, specific considerations should be explicitly incorporated into the design and implementation of the program. Program **responsiveness** is defined as "close alignment with the needs of individuals, groups, and societal trends to make adjustments for improvement" (Boutelier & Anderson, 2022). Under this definition, a program is responsive when on one hand addresses the specific needs of diverse vulnerable populations, and on the other hand, adapts to the changing circumstances faced by vulnerable groups.

Since understanding intervention features is a key objective and contribution of this synthesis, examining the responsiveness of social assistance interventions naturally becomes an essential component, forming the next layer in defining the synthesis scope.

20 | SDGSYNTHESISCOALITION.ORG | C4ED.ORG

<sup>&</sup>lt;sup>9</sup> See for example, an overview on the UN WFP in Sudan via <a href="https://www.wfp.org/news/operational-update-surge-food-aid-sudan">https://www.wfp.org/news/operational-update-surge-food-aid-sudan</a>, and in Somalia though <a href="https://www.wfp.org/operations/200844-reducing-malnutrition-and-strengthening-resilience-shocks-food-secure-somalia">https://www.wfp.org/operations/200844-reducing-malnutrition-and-strengthening-resilience-shocks-food-secure-somalia</a>.

# **Target groups**

The next step is to define the target group of this synthesis. While vulnerable and marginalized groups may encompass various subgroups of society, including ethnic minorities, displaced persons, refugees, and low-income communities, this synthesis will focus on vouchers and in-kind transfers that target the needs of disadvantaged groups whose marginalization arises from their gender (particularly women and girls), age (particularly children, adolescents, and elderly), or disability status, and the intersectionality across these factors with other vulnerabilities. The rationale behind the decision on the target group is threefold: first, those groups are considered the most vulnerable; second, they are sufficiently broad to encompass intersectionality (e.g., women refugees), and third, these groups are the primary beneficiaries of social transfer programs (Pasha et al., 2023).

Women and girls have a critical role in society and their inclusion and empowerment have a great influence on health, nutrition, education, and the overall well-being of societies as well as of the children and households. However, women often face various structural and social barriers due to gender discrimination, unequal access to education and employment, and imbalanced caregiving and domestic responsibilities (UN Women, 2023). In comparison with their male counterparts, women and girls tend to have lower levels of education, limited access to healthcare and employment opportunities and lower ability to make independent decisions about their lives (Saluja et al., 2023). This inequity, particularly in access to education, undermines their financial growth and perpetuates income inequality (Wei et al., 2021).

**Children** are considered a vulnerable population against the effects of poverty, malnutrition, and lack of access to essential services such as education and healthcare (van Delden & Ho, 2015; Seher, 2023). Early childhood is instrumental for physical, cognitive, and emotional development of children, and adverse conditions during this time can have long-term consequences on their well-being and future opportunities (Jopling & Vincent, 2016). Such deprivation can lead to long-term impacts on their growth, reducing their ability to escape poverty and contribute meaningfully to society as adults. Additionally, children around the world experience insidious forms of violence, exploitation and abuse in places where they should be most protected – their homes, schools and communities.<sup>10</sup>

<sup>&</sup>lt;sup>10</sup> https://www.unicef.org/child-protection.

This vulnerability is exacerbated in contexts such as war, natural disasters, and socio-economic challenges, where children face heightened risks of injury, malnutrition, and psychological trauma (Marshall et al., 2020; Awuah et al., 2022).

**Elderly individuals** often lack access to stable income, healthcare, and social support, leaving them reliant on inadequate pensions or family assistance. This vulnerability is further exacerbated by declining physical capabilities, age-related health issues and social isolation, which diminish their quality of life and ability to live independently (Montserrat et al., 2022, Moslehi et al., 2023) In humanitarian contexts, elderly individuals are posed to increased risk of injury and death, due to physical issues, making it difficult for them to respond effectively. Many elderly individuals may also have mobility issues, which can hinder their ability to evacuate or seek help during disasters (Chung & Yang, 2022).

Finally, **people with disabilities (PwD)** are the last group considered in this review. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines persons with disabilities as "individuals with long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others". Approximately 15% of the global population has some form of disability, with 80% residing in low- and middle-income countries (LMICs). Those with disabilities are among the most vulnerable populations, facing a heightened risk of poverty due to a combination of increased medical costs, limited educational opportunities, poorer health outcomes, and lower employment rates (Nuri et al., 2020). PwD face systemic discrimination, and exclusion from timely information, economic opportunities and essential services, due to physical, social, and institutional barriers, mobility challenges and their reliance on inadequate support systems (Nuri et al., 2020; Vuong & Palmer, 2024). These challenges are often compounded by stigma and discrimination, which limit their access to education and public infrastructure, further marginalizing them from society (Pallavi, 2020; Giuntoli, et al., 2024). Additionally, negative societal attitudes can lead to social isolation, making it difficult for individuals to form supportive relationships and access necessary services (Subakozhoeva, 2022).

It is important to note that **intersectionality** of the above-mentioned vulnerabilities exposes individuals with overlapping marginalized identities to further challenges. For instance, women with disabilities face dual forms of marginalization, are often excluded from decision-making processes and face heightened risks of violence, exploitation, and neglect (Ziegler, 2014). Research also shows that negative societal attitudes towards women with disabilities persist (Hridaya et al., 2019). Similarly, children with disabilities (CwD) experience compounded disadvantages, as they are more likely to face barriers to education.

healthcare, and social inclusion, further limiting their opportunities for development and well-being. According to the "UNICEF Disability and Inclusion Policy and Strategy" report, as many as 240 million CwD continue to be left behind (UNICEF, 2022). CwD are 49% more likely to have never attended school, 34% more likely to experience stunting, 25% more likely to suffer from wasting, 41% more likely to feel discriminated against, and 51% more likely to feel unhappy (ibid). These disparities highlight that the intersectionality of different vulnerability factors as overlapping forms of marginalization can significantly amplify the challenges faced by disadvantaged and marginalized populations.

The next section presents an overview of the related literature to illustrate how age-, gender-, and disability-responsive social assistance in general, and social transfer programs in particular, can enhance the outcomes of these vulnerable groups.

# The Role of Responsive Social Assistance in Addressing Vulnerabilities

A wealth of literature underscores how social assistance programs with responsive considerations in design, targeting, and implementation address the needs of the aforementioned vulnerable groups and improve their outcomes.

Broadly speaking, social transfers aim to enhance the well-being of vulnerable populations by breaking down barriers to education, healthcare, and economic opportunities, ultimately fostering greater social and economic inclusion. These programs can alleviate immediate financial stress, enabling the recipients to invest in nutrition, education, or healthcare, and equip with trainings and skills for better job opportunities (Chaudhury & Parajuli, 2010; Hidrobo et al., 2012; Gobin et al., 2017; Camilletti, 2020; Stoner et al., 2021; Zimmerman et al., 2021). Studies show that food transfers and vouchers increase calorie intake as well as dietary diversity and quality of food consumed (Hidrobo et al., 2012; Banerjee et al., 2021; Gadenne et al., 2021). Moreover, voucher-based interventions that follow a propoor approach have been shown to enhance healthcare access for disadvantaged and marginalized communities, reducing health disparities in

23 | SDGSYNTHESISCOALITION.ORG | C4ED.ORG

<sup>&</sup>quot;Kindly refer to, for example, Chaudhury & Parajuli (2010), ), Macours and Shady (2012), Prennushi and Gupta (2014), Kilburn et al. (2018), Peterman et al. (2019), Camilletti (2020), Borraz & Munyo (2020), UNICEF (2020a), Pereznieto and Holmes (2020), Alfers et al. (2021), Camilletti et al. (2021), Little et al. (2021), Stoner et al. (2021), Gulnoza (2022), Bulus (2022), and Perera et al. (2022). These studies provide evidence of the transformative impact of targeted interventions, such as cash transfers, child benefits, disability allowances, and social pensions on reducing poverty, enhancing access to essential services, and promoting social inclusion.

developing countries (Ali et al., 2018). Wicker (2017) established that both cash and in-kind transfers can be beneficial if planned, and that transfer models should be designed for long-term growth and empowerment.

More specifically, gender-responsive social assistance programs can play a pivotal role in empowering women by addressing the structural inequalities that limit their access to resources and opportunities. By enhancing women's access to resources, these programs can cause redistribution of unpaid care work responsibilities, resulting in reduced women's caregiving burdens, increased participation in decision-making, greater financial inclusion and economic independence, and ultimately creating pathways for women to achieve economic and social empowerment (Gobin et al., 2017; Camilletti, 2020; Pereznieto & Holmes, 2020; Alfers et al., 2021; Tanner et al., 2024). Studies also show that social transfers targeted to women can reduce the incidence of violence against women and girls (Bastagli et al., 2016; Peterman et al., 2017; Buller et al., 2018). In their systematic review of reviews on the impact of social protection in low- and middle-income countries, Perera et al. (2022) establish that social assistance programs could increase school enrolment and school attendance among girls, and savings, investments, labor force participation, the utilization of health care services and contraception use among women. They reduce unintended pregnancies among young women, risky sexual behavior, and symptoms of sexually transmitted infections among women.

Additionally, research shows that when women have access to education, employment opportunities, and decision-making power, they are more likely to allocate resources toward essential needs such as nutrition, healthcare, and education, benefiting their families, particularly children (Gakidou et al., 2010; Osorio et al., 2014; Badejo et al., 2017; Wei et al., 2021; Noghanibehambari & Noghani, 2023). Empowered women are better equipped to advocate for their children's well-being, ensuring improved access to healthcare and higher school attendance rates. Additionally, women's financial inclusion and economic independence enhance household income stability and reduce poverty risks (Rui & Feng-ying, 2021). Moreover, it is found that women's empowerment has a great impact on the reduction of income poverty and multidimensional poverty (Wei et al., 2021).

Social assistance programs targeting children typically address their basic needs to ensure their access to adequate nutrition, education, and medical care (Pace, et al., 2021; ILO & UNICEF, 2023).12 Hoynes et al. (2016) examined the rollout of the Food Stamp Program from 1961 to 1975 and found significant long-term benefits. Children with access to the program had lower metabolic syndrome index scores—indicating better health outcomes in adulthood—while women who benefited from the program exhibited greater economic self-sufficiency, including higher rates of high school graduation, employment, and earnings, compared to those in counties where the program had not yet been implemented. Additionally, school vouchers and school feeding programs are crucial social protection interventions that ensure children receive proper nutrition, supporting cognitive development and boosting academic performance. These programs also enhance school attendance through reducing the opportunity costs associated with attending school.13 International organizations such as FAO and WFP have recognized and potentiated the capacity of SFPs to address food insecurity (FAO, 2015). In their analysis of a school voucher program in Colombia,14 Angrist et al. (2002) discovered that, regardless of gender, voucher lottery winners completed an additional 0.12-0.16 years of schooling, had a 10 percentage point higher likelihood of finishing eighth grade, were less likely to repeat grades, and performed slightly better on achievement exams. In the humanitarian context of Mali, children receiving hot school meals were 10 percentage points more likely to be enrolled in school and completed an additional half-year of education on average, compared with children not receiving meals (Aurino et al. 2019). In rural Burkina Faso, both hot school meals and take-home rations increased school enrolment (Kazianga et al. 2009). As another example, a randomized control trial (RCT) in South Sudan, which combined food transfers with livelihood promotion, skill development, and financial training, resulted in a 10-percentage point increase in girls' school enrolment (Sulaiman, 2010). To sum up, by directly addressing children's needs, responsive social assistance programs can break cycles of intergenerational poverty, improve children's quality of life, and contribute to building healthier, more educated, and productive societies.

<sup>-</sup>

<sup>&</sup>lt;sup>12</sup> These programs might also aim to reduce chances of children's engagement in labor. See for example Sabates-Wheeler et al., (2023).

<sup>&</sup>lt;sup>13</sup> See for example, Angrist et al. (2002); FAO, (2015), and Bekri et al. (2023).

<sup>&</sup>lt;sup>14</sup> Using a lottery system, the Colombia's Programa de Ampliacion de Cobertura de la Education Secundaria (PACES) provided school vouchers for private secondary schooling to over 125,000 pupils from low-income families, conditional on maintaining excellent academic performance.

In-kind transfers and vouchers can improve the quality of life and well-being of the elderly by providing access to essential goods and services, ensuring better nutrition, healthcare, and overall support for their daily needs. In an analysis of voucher schemes implemented in Hong Kong, Fung et al. (2020) found an increase in the utilization of private primary healthcare services for acute episodes among elderly residents. The vouchers, however, have not been effective in addressing chronic disease management and rehabilitation due to insufficient financial entitlements and a lack of awareness among the elderly about the services available under the scheme. The Autonomy Voucher policy in the Lombardy Region seeks to address social isolation and encourages the inclusion of the elderly and individuals with disabilities by offering access to local services that promote autonomy and help them remain in their homes. An analysis of the policy's implementation highlights several factors that have undermined its effectiveness, as evidenced by empirical data gathered from focus groups and semi-structured interviews with stakeholders and key informants (Maino et al., 2022). Overall, social assistance interventions responsive to elderly's needs have the potential to not only improve their quality of life but also to reduce their vulnerability to neglect and poverty, fostering intergenerational solidarity and a more inclusive society.

Social assistance for PwD is grounded in principles such as human dignity and subsidiarity, encompassing various forms of support to enhance their quality of life and address their unique challenges (Warchoł, 2024). Additionally, PwD are often exposed to lack of information and poor targeting when it comes to their access to social assistance programs, leading to their exclusion from these supports (Zhang & Fun, 2023). Nevertheless, local government initiatives, such as food assistance programs, have shown significant improvements in the outcomes of individuals with disabilities and low-income families (Mulia & Afif, 2024). By providing financial support through disability grants or allowances to cover medical expenses, assistive devices, or daily living costs, disability-responsive social assistance programs can empower PwD to live more independently, enhance their quality of life, and help them contribute meaningfully to their communities.<sup>15</sup>

<sup>15</sup> The literature on the impact of social transfers for PwD is not as large as for children, girls, and women. See for example Ma et al. (2023) for a review of the existing evidence.

# **Implementation Science**

An important aspect of this synthesis is its emphasis on implementation science (IS), which plays a key role in understanding how evidence-based interventions are applied and sustained in real-world settings. The relatively new field of IS emerged in health systems to enhance the uptake of evidence-based practices and thereby increase their public health impact (Bauer & Kirchner, 2020). As a central element of IS, implementation research (IR) has been defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services" (Eccles and Mittman, 2006). The approach, however, holds a significant relevance and is widely used in development economics and public policy research. It includes all aspects of research in implementation, the critical gateway between the decision to adopt an intervention and the routine use of that intervention (Damschroder et al., 2009). Implementation is the process of putting policies, programs, practices, or services (interventions) into effect, and implementation research focuses on understanding this process, exploring why and how interventions succeed or fail in real-world settings, and identifying ways to improve their effectiveness (UNICEF Innocenti, 2022). IR sheds light on system-level factors behind successful implementation, tests strategies for optimization, and examines alternative approaches when interventions fall short.

While the concept of IR may appear simple, the work involved is inherently complex, requiring nuanced analysis and adaptation to diverse and dynamic contexts. (UNICEF Innocenti, 2022). The basic idea relies on the linkages between determinants of context which potentially affect both the design of the intervention (actions to improve the conditions of beneficiaries) as well as the implementation strategies (actions to implement the intervention and for delivery to beneficiaries). All these components lead to changes in targeted outcomes at various levels (Ramly & Brown, 2023).

Figure 2 depicts a graphic representation of how an intervention and its implementation relate to one another and the contextual factors which affect

both.<sup>16</sup> The framework integrates multiple IS theories, representing the key concepts of IS as the building blocks:<sup>17</sup>

- Determinants of context include characteristics of the intervention, individuals involved in implementation, inner context (cultural and institutional setting), outer context (external needs and resources), system context (political and legislation environment), and the implementation process.<sup>18</sup>
- Implementation strategies encompass specific actions aimed at aligning programs, services, or policies with their operating contexts.<sup>19</sup> A crucial aspect is the systematic analysis of the operating environment, identifying barriers and facilitators to guide the purposeful selection of strategies that address challenges and leverage opportunities effectively (UNICEF Innocenti, 2022).
- Outcomes are generally classified as iii) intervention outcomes and implementation outcomes. The former entails beneficiary outcomes, which measure the intervention's impact on individuals (e.g., health, education, or income), and service outcomes, which evaluate improvements in system performance (e.g., efficiency, responsiveness, or safety). This category is distinct from implementation outcomes which reflect the success of execution efforts, focusing on factors like adoption and fidelity.<sup>20</sup>

This framework outlines our overall approach for *qualitative* data extraction and analysis (from process and performance evaluations) in this synthesis. While research on SQ 2.3 and 2.4 will focus on ascertaining implementation strategies, determinants of context and their influence on intervention outcomes within the framework of the OECD DAC criteria, SQ 3.2 will link those to implementation outcomes related to system-level changes. SQ 3.1 on the other hand will examine to what extent the interventions themselves have incorporated implementation

<sup>&</sup>lt;sup>16</sup> The model is based on the Simplified Implementation Logic Model (SILM) presented by Ramly and Brown (2023), which adapts the well-established Implementation Research Logic Model (IRLM) from Smith et al. (2020). The terms and constructs included in each module are drawn from UNICEF Innocenti's paper on "Cross-Sectoral Learning in Implementation Science" (2022) to align with the related concepts in the area of social protection.

<sup>17</sup> See Damschroder et al., 2009; Powell et al., 2015; Proctor et al. (2011).

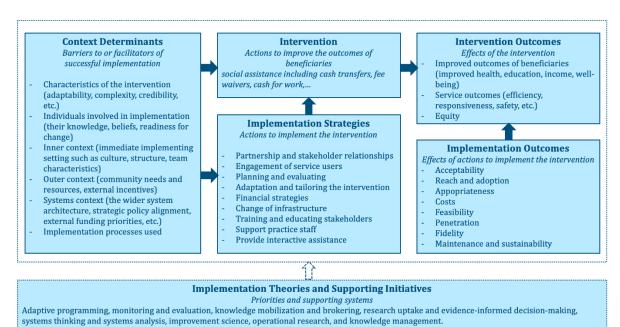
<sup>&</sup>lt;sup>18</sup> The domains in determinants of context come from the widely-used Consolidated Framework for Implementation Research (CFIR) developed by Damschroder et al. (2009). This framework also sheds light on determinants of implementation, that is, the wide range of factors containing the facilitators of and barriers to effective implementation.

<sup>&</sup>lt;sup>19</sup> Implementation strategies are based on the taxonomy proposed by Powell et al. (2015).

<sup>&</sup>lt;sup>20</sup> The outcome domains are drawn from Proctor et al. (2011).

research, by exploring the extent and effectiveness of evidence-based program planning and implementation.

Figure 2: Simplified Implementation Logic Model (SILM)



Source: Adapted from Ramly & Brown (2023) with own elaboration

Following the literature on the role of social assistance interventions in addressing vulnerabilities and describing important aspects of implementation science stated above, the next section outlines the pathway through which interventions are expected to lead to desired outcomes, linking activities, inputs, and impacts to improve the well-being of vulnerable populations.

# Theory of Change

Figure 3 depicts a simplified ToC linking vouchers and in-kind transfer interventions, mostly accompanied by components or activities such as social and behavioral change communication, to different outcome areas (related to the first five SDGs) for targeted vulnerable groups, presenting intermediate outcomes and expected long-term impacts.

The ToC begins with identifying the unique challenges of marginalized populations, such as food insecurity, limited access to education, healthcare, or employment opportunities (initial conditions). Vulnerable populations face multiple, interconnected challenges that hinder their well-being and development. Limited household income (SDG1), food insecurity (SDG2), poor access to clean water, sanitation, and healthcare (SDG3), lack of quality

education (SDG4), and systemic inequalities (SDG5) create barriers that perpetuate cycles of poverty and exclusion. These initial conditions disproportionately affect vulnerable population, i.a. women, children, the elderly, and persons with disabilities, leaving them with fewer opportunities to thrive.

To address these challenges, targeted interventions are implemented through gender-, age-, and disability-responsive vouchers and in-kind transfers. These programs provide maternal and child nutrition support, school feeding initiatives, vouchers for the elderly, specialized healthcare for persons with disabilities, and education assistance. Additionally, activities such as social and behavioral change communication and provision of awareness and sensitization sessions may promote public knowledge and awareness, likely leading to improved access of the left-behind populations to essential services and resources.

Long-term Outcomes **Intermediate Outcomes Initial Conditions** Activities (Impacts) Sustained financial Limited access to resources Increased access to improvement for vulnerable Gender/age/disability and household income household resources population (SDG1) responsive vouchers and through vouchers and in-kind transfers targeted income-generation activities Enhanced knowledge of at vulnerable population healthy diet, and increased Food insecurity and limited consumption of nutritious access to nutritious food Improved nutrition and Women (e.g. maternal and child (SDG2) dietary diversity through utrition programs, menstrual food transfers and food health support, safe shelters)
- Children (e.g. school feeding Reduced health risks for Limited access to clean stamps vulnerable population programs, early childhood development kits, vaccination and healthcare programs, cashwater, sanitation, and (fewer home-based delivery, hygiene facilities (WASH), Enhanced access to basic child mortality rates, etc.) healthcare (antenatal. Limited access to basic and for-food vouchers) Elderly (e.g. elderly vouchers) Improved mental health quality healthcare postnatal, immunization, health check-ups) through Increased school PwD (e.g. accessible public transport, specialized healthcare and rehabilitation (SDG3) health service vouchers completion rates, enhanced educational outcomes Limited access to high services, educational support) Increased school attendance quality inclusive education (SDG4) Shift in social norms and and performance through elimination of barriers to Social and Behavioral reduced cost of education equality Communication and Social and institutional Senstitization sessions Empowerment through System-level changes barriers and inequality of targeted at the left-behind enhanced access to (aspects of environment, access to support systems population resources and decisionpolicies, laws and (SDG5) making power legislation, etc.)

Figure 3: Theory of Change (simplified illustration)

Source: Own illustration

As a result, intermediate outcomes such as household resources, nutrition and dietary diversity, access to healthcare, and school attendance will be improved among marginalized population. By reducing financial barriers and expanding access to essential services, these social assistance interventions empower vulnerable individuals with greater decision-making power and self-sufficiency.

In the long term, these efforts result in sustained financial stability, improved health and nutrition, higher school completion rates, and overall well-being. Furthermore, they drive systemic changes by shifting social norms, eliminating barriers to equality, and influencing policies to create a more inclusive and supportive environment. Through these multi-dimensional strategies, social assistance fosters long-lasting improvements in human development and resilience.<sup>21</sup>

It is also important to note that while this framework presents a simplified causal pathway, these interventions potentially have cross-cutting effects, influencing multiple outcome domains simultaneously—for example, school feeding programs not only improve schooling outcomes but also contribute to better health and nutrition.

<sup>21</sup> Several research and reports were used in the formulation of this simplified theory of change. See for example, Borraz & Munyo, (2020), Bulus, (2022), Camilletti, (2020), Chung & Yang, (2022), Pace et al., (2021), & UN Women, (2019).

# **Synthesis questions**

The synthesis of evidence on "gender-, age-, and disability-responsive vouchers and in-kind transfers" seeks to answer the following main synthesis questions (SQs) as stated in Table 1 below. More specifically, each of the overarching SQs contains several sub-questions which will be investigated in the synthesis.

Table 1: Synthesis questions and sub-questions

Synthesis Question	Sub-question :	Sources/Tools		
		Impact Evaluation Studies	UN evaluations	Evidence Gap Mapping
SQ1. (Effectiveness) What gender/age/disabilit y- responsive vouchers and in-	SQ1.1. What is known about the effectiveness of gender-, age-, disability- responsive vouchers and in-kind transfers and policies that attempt to reach the furthest behind?	×		×
kind transfer interventions work for the furthest left behind among different gender, age and disability groups?	SQ1.2. How does effectiveness of gender-, age-, disability- responsive vouchers and in-kind transfers differ for different vulnerable groups and populations?	×	×	
	SQ1.3. How does effectiveness of gender-, age-, disability- responsive vouchers and in-kind transfers differ across various contexts (e.g. rural/urban, low-income/middle-income countries)	×	×	
SQ2. (Design and Implementation)	SQ2.1. Which vulnerable groups (e.g. women, children, elderly, persons with disabilities) are being reached?	×	×	

How and why do gender/age/disabilit y- responsive vouchers and inkind transfer interventions work for reaching the furthest behind among different gender, age and disability groups?	SQ2.2. What does the evidence say about how those further behind among different gender, age and disability groups are targeted or prioritized?  SQ2.3. What are the barriers or facilitators to reaching those furthest behind among different gender, age and disability groups?	×	×	
	SQ2.4. Under what conditions (contextual or policy) have gender-, age-, disability- responsive vouchers and in-kind transfers been most effective, coherent, relevant, and sustainable in reaching those furthest behind among different gender, age and disability groups?		×	
SQ3. What factors contribute to progress towards SDGs 1-5?	SQ3.1. To what extent were the design and implementation of gender-, age-, disability- responsive vouchers and in-kind transfers informed by evidence to reach those furthest behind among different gender, age and disability groups? What are the most important implementation factors for success?		×	
	SQ3.2. How and in what ways did interventions contribute to system-level changes, such as improvements in service delivery, policy formulation, or resource allocation to improve gender-, age-, disability- responsive vouchers and in-kind transfers?		×	
	SQ3.3. What lessons can be drawn for catalyzing or accelerating progress across and between within the People Pillar?	×	×	
SQ4. What evidence gaps on the impact of gender/age/disabilit y- responsive	SQ4.1. What are the evidence gaps on the impact of gender-, age-, disability- responsive vouchers and in-kind transfers in various vulnerable settings (e.g. low- and middle-income			×

vouchers and in- kind transfers on	countries, country fragility status <sup>22</sup> , rural/urban areas etc.)?		
those left furthest behind currently exist?	SQ4.2. What are the evidence gaps on the impact of gender-, age-, disability- responsive vouchers and in-kind transfers on targeted vulnerable groups (different gender, age and disability groups)?		×

Source: Main questions are derived from the Terms of References (ToR), and further elaborated and refined by the authors based on the synthesis scope.

The above synthesis questions were developed according to the Terms of References (ToR) of this assignment, as well as C4ED elaborations based on the specific scope. These questions guided the development of data extraction tools for qualitative (deductive coding framework) and quantitative studies (see Appendix). Since information on the various aspects mentioned below might not be reported consistently in the studies, the feasibility of each question will be determined during the pilot phase of data extraction. The set of SQs will be thus finalized at that stage and will be in consultation with the Management Group (MG) and the Technical Advisory Panel (TAP), as well as experts from People pillar co-Chairs and academia.

34 | SDGSYNTHESISCOALITION.ORG | C4ED.ORG

<sup>&</sup>lt;sup>22</sup> Fragility status to be assessed based on: https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/classification-of-fragile-and-conflict-affected-situations

# Methodology

This section explains our methodological approach to the synthesis and describes different steps including 1) scope refinement, 2) systematic search and acquisition of studies, 3) data management and extraction, and 4) analysis and reporting. Figure 4 presents an overview of the methodology and different steps, as well as intermediate and final products of the synthesis process.

1. Scope Refinement 1.A. Determining inclusion & exclusion criteria 1.B. Determining search strategy 2. Systematic Search and Acquisition of Studies Systematic search for impact evaluations in **Methodological Protocol** Academic Repositories (Cochrane Database of and Systematic Reviews, EconLit, International **Data Extraction Tool** Initiative for Impact Evaluation, Scopus, Web of Science), The World Bank Open Knowledge Repository, and Campbell Collaboration Systematic Reviews Acquisition and retrieval of UN-led evaluations 3. Data Management and Extraction 3.A. Title & Abstract Screening of Impact Evaluations 3.B. Pre-screening of UN-led evaluations 3.C. Full-text 3.E. Ouality 3.C. Data Extraction Screening Appraisal **Final List of Studies** Impact Evaluations (Experimental and quasi-experimental studies from academic repositories) • Process and Performance Evaluations (UN-led evaluations—including Project-level evaluations received from UN agencies, and country-level program evaluations from SWEO Database) Systematic Reviews and Meta-analyses 4. Analysis and Reporting Synthesis Report, **Synthesis Process Summary Brief, and EGM** (Time)

Figure 4: Overview of Synthesis Methodology

Source: Own elaboration

After the refinement of the scope which mainly occurred during the inception period, to address the synthesis questions, C4ED will collect relevant evidence through a systematic search of pre-determined databases as well as retrieval of UN-led evaluations listed by individual UN agencies or included in the System-Wide Evaluation Office (SWEO) database. After the acquisition of all studies, the data management and extraction phase will commence. All studies will first undergo a pre-screening stage, followed by full-text screening, leading to the list of selected studies for data extraction. Quantitative and qualitative data will be extracted from impact evaluation and from process and performance evaluations respectively, with a critical appraisal of the selected evidence. All extracted data will be analyzed using narrative synthesis method, and an evidence gap map will be developed to highlight the areas where sufficient evidence is missing.

The following sections outline the activities and procedures included in each step.

# Step 1: scope refinement

The synthesis framework was developed in consultation with the co-Chairs of the People Pillar, the TAP and the MG. Three main exercises where conducted when defining and refining the synthesis' scope: i) a scoping exercise running searches across multiple electronic databases (Cochrane, 3ie, and Web of Science) to gain a deeper understanding of the evidence base for interventions under the social protection umbrella; ii) a screening exercise both within the internal databases of the MG and UN agencies and of the SWEO database, focusing on country program studies, to have a better understanding on the number of interventions within each type of social protection program; and iii) meeting sessions with the cochairs of the People Pillar, TAP, and MG to assess interests, needs, and present results from exercises i) and ii).

While gender-, age-, and disability-responsive vouchers and in-kind transfer interventions have been established as the focus of this synthesis, the scope refinement is not yet fully completed. As the interventions are linked to a broad spectrum of development target groups and outcomes aligned with SDGs 1-5 under the People Pillar, the scope will be continuously refined through a systematic approach -from identifying priority areas and selecting studies. This iterative process ensures that the final set of included studies is both comprehensive in covering relevant evidence and manageable within the project's timeframe.

#### 1.A. Inclusion and Exclusion Criteria

The **SPIDER** framework (Cooke et al., 2012) will be used to guide the methodology and determine the eligibility of evidence to be included in this synthesis.<sup>23</sup> This framework is a tailored and suitable approach to developing the inclusion and exclusion criteria and the search strategy for the syntheses that contain qualitative and mixed-method studies, in addition to quantitative studies. Accordingly, the acronym "SPIDER" stands for:

- **S Sample** refers to the population or subgroup of the population being studied. Sample size is typically smaller in qualitative research with the data collated being richer and more detailed than quantitative data. Thus, instead of population, the SPIDER approach refers to sample
- PI Phenomenon of Interest focuses on the experiences, behaviors, or issues being explored. Since in qualitative studies, an intervention/exposure is not always evident, the SPIDER approach refers to the Phenomenon of Interest as the second component
- **D Design** refers to the design of a study (including any supporting theoretical framework) which influences the robustness of the study and analysis. Comparison group, which is frequently excluded from qualitative studies is therefore replaced by design in the SPIDER approach
- **E Evaluation** refers to the specific outcomes in impact evaluation studies or the "why" and "how" in process and performance dimensions being assessed. Qualitative research metrics will have a strong focus on implementation science. Thus, the SPIDER approach refers to the term evaluation instead of outcomes.
- R Research Type specifies the type of research included in the synthesis. By the added component research type, the SPIDER framework emphasizes

<sup>&</sup>lt;sup>23</sup> The SPIDER framework is based on commonly used PICOS tool (Population, Interventions, Comparator, Outcomes, Study design). The PICOS model, first introduced by Richardson et al. (1995), is a framework commonly used to structure research questions and search strategies in systematic reviews, particularly for clinical and health research. PICOS stands for Population, Intervention, Comparison, Outcome, and Study design. Population refers to the group or population of interest (e.g., age, condition, or demographic). Intervention describes the treatment, program, or exposure being investigated. Comparison outlines alternative interventions or control groups against which the primary intervention is measured. Outcome focuses on the desired or measured effects (e.g., improved health, reduced symptoms). Study design specifies the type of research study (e.g., randomized controlled trials, cohort studies). The PICOS model helps ensure a clear, focused research question and quides systematic reviews by providing a structured approach for searching and synthesizing evidence (Jahanshahlou) et al., 2024). Due to the challenges of applying PICOS to identify qualitative and mixed-methods studies for metasynthesis, the SPIDER approach was developed by Cooke et al. (2012) to address the limitations such as lack of large sample size and population in many qualitative studies, lack of explicit interventions or comparison groups in qualitative studies.

facilitating the inclusion of qualitative and mixed-method studies in evidence synthesis

The SPIDER approach is particularly useful for qualitative syntheses where the focus is on understanding experiences, perceptions, or contexts rather than measuring the outcomes of the intervention and comparison groups quantitatively. Since this synthesis will contain qualitative and mixed-method research and focus on implementation research besides impact evaluations and quantitative studies, the SPIDER model will constitute the basis for the screening protocol and the data extraction tool. This approach will support focusing on specific elements of the SQs to gather and synthesize data effectively.

#### **Criteria for inclusion of studies**

The inclusion of studies in our synthesis relies on several domains including the components of SPIDER framework as well as publication years and accessibility of the studies. Table 2 summarizes the inclusion criteria:

Table 2: Inclusion Criteria based on SPIDER Framework

Domain	Inclusion Criteria
Sample	Focuses on women, girls, children, or persons with disabilities in low- and middle-income countries (LMICs) according to the World Bank classification of fiscal year 2025 <sup>24</sup> (see Appendix for a list).
Phenomenon of Interest	Focuses on the experiences with vouchers and in-kind transfer programs with a gender/age/disability element in targeting and assesses the disaggregated impacts or process/performance by gender/age/disability status.
	In order to capture the effectiveness of vouchers and in-kind transfers alone, the inclusion of impact evaluation studies is conditional on the existence of either of the following comparisons: i) vouchers vs. no intervention, ii) in-kind transfers vs. no intervention, iii) vouchers vs. other modalities (with or without a

<sup>&</sup>lt;sup>24</sup>To more clearly define the sample, studies on programs in countries classified as low-income, lower-middle-income, and upper-middle-income countries according to the WB classification (2025) will be included. The list of these countries is provided in the World Bank webpage accessible through: <a href="https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups">https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups</a>

	"no-intervention" group), iv) in-kind transfers vs. other modalities (with or without a "no-intervention" group). <sup>25</sup>
Design	Impact evaluations with sample size larger than or equal to 30,26 performance or process evaluations (i.e. UN-led evaluations — including UN-led country program and project-level evaluations), mixed-methods studies, meta-analyses and SRs.
Evaluation	For Impact evaluations: Outcomes related to SDGs 1 to 5 in areas of health, education, living standards and consumption, gender equality and empowerment, implementation aspects of vouchers and in-kind transfer programs.
	For process and performance evaluations: outcomes related to system-level changes; design, processes and contributing factors for change.
Research Type	Peer reviewed or grey literature or thesis (Bachelor or Master or Doctoral) with impact evaluations (experimental or quasi-experimental), mixed-method studies, systematic evidence syntheses (systematic reviews and meta-analyses)  UN-led evaluations.
Publication year	2015-2024
Accessibility	Impact evaluations accessible in one of the academic repositories including Cochrane Database of Systematic Reviews, EconLit, International Initiative for Impact Evaluation (3ie), Scopus, Web of Science, World Bank.
	UN-led evaluations accessible through the list of project-level evaluations provided by individual UN agencies as well as country programs listed in the SWEO database <sup>27</sup>

Source: Own elaboration

<sup>&</sup>lt;sup>25</sup> It is important to note that "no intervention" means that participants do not receive any kind of treatments. Yet, information is collected also from this group of participants to serve as a "counterfactual" (i.e. comparison group) to unfold the causal impact of the interventions. An equivalent term for "no intervention" group is "pure control group".

<sup>&</sup>lt;sup>26</sup> A commonly referred general rule for central limit theorems to hold is a sample size of 30 (see e.g., Chang et al 2006). Further, the sample size required to detect an effect size of one standard deviation is approximately 30 for impact evaluations.

<sup>&</sup>lt;sup>27</sup> See the list of studies in the Appendix.

#### Criteria for Exclusion of Studies<sup>28</sup>

To ensure the inclusion of only the most relevant high-quality evidence, the following exclusion criteria will be used to filter out studies that do not align with the objectives and scope of this synthesis. Most exclusion criteria apply to all studies, while some apply only to a specific type of studies.

Exclusion criteria for all studies include:

- Studies published before 2015.
- Studies that merely include programs and interventions other than vouchers and in-kind transfers.
- Studies that measure the impact or assess the performance or process of a program that does not contain any of the gender, age, or disability components in targeting.
- Studies that measure the impact of the programs/ assess the performance or process of programs that focus on improving outcomes other than those related to SDGs 1-5. For instance, outcomes such as crime rates, arrest, safety, access to clean energy, infrastructure development, job creation in certain sectors, and so forth.
- Studies that do not measure the impact of the programs/ do not assess the performance or process of programs with regard to gender/age/disability marginalized groups (e.g., EGMs).
- Studies in high-income countries based on the WB classification of 2025.

Additional exclusion criteria for *impact evaluations* include:

- Clinical studies—such as those testing pharmaceuticals, biomedical, nutritional supplements, or medical treatments—are excluded.
- Small-scale programmatic interventions—such as those evaluating the effects of specific supplements, dietary components, or localized health or

<sup>&</sup>lt;sup>28</sup> If the number of studies to be included for full-text screening is too large, the team can consider using the PROGRESS+ equity framework as an additional exclusion criterion.

- education programs—that do not fall within the scope of social protection will be excluded. <sup>29</sup>
- Studies that do not focus on outcomes in the area of health, education, and standard of living for gender/age/disability marginalized groups will be excluded.
- Quantitative studies that do not use the (quasi-)experimental designs will be excluded. Therefore, impact evaluations with the following designs will be excluded:
  - i) Granger causality
  - ii) Correlation analysis
  - iii) Cross-sectional studies
  - iv) Cohort designs
  - v) Random effects
  - vi) Input-output models
  - vii) General equilibrium models
  - viii) Theoretical, modeling, and simulation studies
  - ix) Case-control studies, controlled before and after studies
  - x) (Interrupted) time series designs
  - xi) Lab-experiments
- In addition, traditional narrative reviews, opinion pieces, editorials, perspectives, and non-systematic reviews will be excluded.

Additional exclusion criteria for UN-led evaluations entail:

 UN-led evaluations that do not meet a "satisfactory" or "highly satisfactory" level of internal rating.<sup>30</sup>

<sup>&</sup>lt;sup>29</sup> For the purposes of this review, social protection interventions are defined as non-clinical programs that aim to deliver direct social or economic benefits at a population level. Studies are included if the intervention targets more than 5,000 individuals. Interventions reaching between 1,000 and 5,000 individuals, or where the target population is unclear, are further assessed based on implementation scale. In such cases, studies reporting more than 20 clusters (e.g., schools, villages, districts) are included. Studies with 8 to 20 clusters are included only if the total sample size exceeds 1,000 individuals across clusters. Studies with fewer than 8 clusters or with individual-level interventions involving fewer than 1,000 participants are excluded. This ensures the focus remains on large-scale, policy-relevant interventions aligned with the social protection framework.

<sup>&</sup>lt;sup>30</sup> The Global Evaluation Reports Oversight System (GEROS) tool will be used for UN-led evaluations. Please see explanations here: <a href="https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros">https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros</a>. The rating has been done for most UN-led evaluations, see for example UNICEF Reports webpage:

<a href="https://www.unicef.org/evaluation/reports#/">https://www.unicef.org/evaluation/reports#/</a>

#### 1.B. Search Strategy

Our search strategy is guided by inclusion and exclusion criteria tailored to each study type (qualitative and quantitative). For quantitative studies, we will perform an electronic systematic search in academic repositories. For qualitative studies, we will conduct an automated pre-screening of UN-led evaluations using R. The following sections provide details on our search strategy for each study type.

# Step 2: systematic search and acquisition of studies

We aim to conduct a systematic search in the following electronic databases to identify the impact evaluation studies that meet the SPIDER:

- Cochrane Database of Systematic Reviews: The Cochrane Database of Systematic Reviews<sup>31</sup> is a leading resource for high-quality, evidence-based systematic reviews (SRs) in healthcare and related fields. Published by the Cochrane Collaboration, it provides rigorously analyzed reviews that summarize the best available research on the effectiveness of interventions, diagnostic tests, and public health practices.
- **EconLit:** EconLit<sup>32</sup> is a comprehensive database of literature in economics, maintained by the American Economic Association. It provides access to a vast collection of peer-reviewed journal articles, working papers, books, dissertations, and conference proceedings covering all aspects of economics, including microeconomics, macroeconomics, international trade, and public finance. EconLit offers abstracts and indexing for more than 1,000 journals, along with links to full-text content when available.
- International Initiative for Impact Evaluation (3ie) Development Evidence Portal

The International Initiative for Impact Evaluation<sup>33</sup> (3ie) is one of the largest free repositories of evidence on the effectiveness of development programs and interventions worldwide. Managed by 3ie, the portal provides access to a vast collection of impact evaluations, systematic reviews, and evidence gap maps, covering diverse sectors such as health, education, governance, and poverty reduction.

<sup>31</sup> https://www.cochranelibrary.com/cdsr/about-cdsr

<sup>32</sup> https://www.aeaweb.org/econlit/

<sup>33</sup> https://developmentevidence.3ieimpact.org/

- **Scopus:** Scopus<sup>34</sup> is a comprehensive abstract and citation database that provides access to a vast collection of peer-reviewed literature across disciplines, including science, technology, medicine, social sciences, arts, and humanities. Maintained by Elsevier, Scopus indexes millions of journal articles, conference papers, books, and patents, offering tools for tracking citations, analyzing research trends, and evaluating scholarly impact.
- **Web of Science:** Web of Science<sup>35</sup> is a multidisciplinary research platform and citation database that provides access to high-quality scholarly literature across a wide range of fields, including sciences, social sciences, arts, and humanities. The Web of Science indexes peer reviewed journal articles, conference proceedings, books, and patents, offering powerful tools for citation analysis and tracking research trends.
- The World Bank Open Knowledge Repository: The World Bank Open Knowledge Repository (OKR)<sup>36</sup> is an online platform that provides free access to a vast collection of the World Bank's research, reports, and data. The repository serves as a valuable resource for researchers, policymakers, and the general public, offering insights on global development issues such as poverty, education, climate change, and economic growth. The relevant evaluations and analyzes included in this rigorous database will also be incorporated into our synthesis.
- The Campbell Collaboration Systematic Reviews: The Campbell Collaboration Systematic Reviews<sup>37</sup> is a collection of high-quality, evidence-based research systematic reviews that focus on the effectiveness of social interventions and policies. The relevant systematic reviews and evaluations from this reputable collection will also be included in our analysis.

C4ED will retrieve all **UN-led evaluations** — including project-level evaluations provided by individual agencies, as well as country programs accessible through the SWEO database.

 The SWEO Database of Evaluation Reports is a repository of all publicly available evaluation reports of UN agencies. The database serves as a repository of evaluation reports, tools, guidelines, and other knowledge products related to the evaluation of UN activities, programs, and policies. It

<sup>34</sup> https://www.elsevier.com/products/scopus

<sup>35</sup> https://clarivate.com/academia-government/scientific-and-academic-research/research-discovery-and-referencing/web-of-science/

<sup>&</sup>lt;sup>36</sup> https://openknowledge.worldbank.org/community-list

<sup>&</sup>lt;sup>37</sup> https://onlinelibrary.wiley.com/journal/18911803

contains various evaluation types including project/program evaluations, outcome/country evaluations, regional evaluations, thematic evaluations, strategic/policy evaluations, and impact evaluations, all tagged against the SDGs. The country programs included in this repository will be used as part of the evidence base for process and performance evaluations in this synthesis.

 As a complementary evidence base for UN-led evaluations, the list of project-level evaluations shared by different UN agencies will be considered.

The list of all UN-led evaluations by agency can be found in the Appendix.

#### Limitations of search terms

The databases and websites listed above differ with regards to their requirements for search queries. Some databases only allow for certain number of characters, and some might not allow for comprehensive search terms at all, while others such as 3ie and EconLit, allow for more detailed search terms with a wide selection of Boolean operators and restrictors. Given these differences, the search terms are customized for each search engine, while aiming to maintain a high degree of comparability between the individual searches.

A search documentation protocol for each of the above-mentioned databases is presented in the Appendix.

#### Benchmark studies and refinement of search strategies

The assessment of the relevance of the search strategy regarding the search objective will be based on the inclusion rate of benchmark studies in the final search results. Refinement of the search strategy will continue until 95% of a maximum number of 20 benchmark studies are retrieved from the electronic databases (post-duplication).<sup>38</sup>

<sup>&</sup>lt;sup>38</sup> The search strategy first included 11 of 23 identified benchmark studies (19 studies being impact evaluation and four systematic reviews). Therefore, the search was re-run on the 14<sup>th</sup> of March including the term "food transfer" and 43 studies were added. It is not clear why the other benchmark studies could not be identified as the search terms were found in the title and abstract. As there is no wish from the Coalition to increase the scope too much (agreed on the meeting with the Coalition on the 28.02.2025), C4ED decided to stop the search with the inclusion of 61% of the 23 identified benchmark studies.

# Step 3: data management and extraction

To initiate the data management phase, C4ED will upload the titles and abstracts of the impact evaluation studies obtained from the academic repositories to the EPPI Reviewer 6 software. Additionally, all UN-led evaluations —including country programs in the list of SWEO database as well as project-level evaluations in the lists shared by individual UN agencies—will be saved in a folder for a prescreening. Once duplicate studies across the various databases are removed, the data management phase will commence. There are five stages in data management and extraction phase:

- 3.A. Title and abstract screening (TiAb screening) of the impact evaluation studies
- 3.B. Pre-screening of UN-led evaluations
- 3.C. Full-text screening (FT screening) of selected impact evaluations
- 3.D. Data extraction
- 3.E. Quality appraisal

While the pre-screening stages (3.A and 3.B) occur largely in parallel, the subsequent stages follow a more sequential process.

#### 3.A. Title and abstract screening of impact evaluations

For impact evaluations the screening stage of data management contains two steps: TiAb and FT screening. For both steps, a brief pilot will first be performed before all papers are screened.

In the pilot phase for TiAb screening, a sample of 5% of titles and abstracts will be double-screened, that is, each study will be screened by two individual reviewers. All disagreements will be resolved in order to optimally prime the priority screening function of EPPI Reviewer 6. For the same reason, the reviewers will select inclusion and exclusion codes for each paper based on a sequential screen process (hierarchy codes based on the first to the last reason for exclusion). Based on these codes, EPPI will apply supervised machine learning to sort papers by relevance based on words contained in titles and abstracts. Initially, all screening and coding tools will be trialed to ensure feasibility and to refine the tools before entering them in EPPI Reviewer 6.

After the TiAb pilot, and conditional on achieving 80% agreement among reviewers, single screening will be conducted until saturation, which C4ED defines as including not more than one paper for every 100 screened papers. Therefore, if 100 papers are screened without including more than one paper, the screening

process stops. Remaining titles and abstracts will be discarded, assuming that the EPPI priority screening algorithm has moved the least relevant studies to the end of the screening sample.<sup>39</sup> The TiAb screening will use predetermined criteria based on SPIDER model. In the Appendix the TiAb screening protocol can be found. As a result of this screening process, the list of studies for full-text screening will be achieved.

#### 3.B. Pre-screening of UN-led evaluations

UN-led evaluations will undergo two stages of pre-screening. First, C4ED will perform an automated full-text screening The purpose of this automated screening is to refine the sample, ensuring that only studies relevant to the synthesis are included. This process involves text analysis with R programming, where the frequency of specific search terms—including all relevant interventions in four languages—is counted across the entire text of the acquired UN-led evaluations.<sup>40</sup> As a decision rule, C4ED applies a threshold of 10 occurrences: Studies with fewer than 10 mentions of keywords related to the "phenomenon of interest" will be excluded. Furthermore, among the studies that meet this threshold, those that do not mention either "social protection" or "social assistance" at least once will also be excluded from the sample. The keywords used to screen the UN-led evaluations with R are provided in the appendix.

Second, title and executive summary of the filtered UN-led evaluations will be screened in EPPI. Given that the qualitative analysis primarily focuses on implementation factors, success factors, barriers, facilitators, and similar aspects, UN-led studies should provide sufficient information on the type and characteristics of the intervention. Since titles and executive summaries in UN-led evaluations are often too general, making it difficult to determine the intervention type, the automated pre-filtering of studies with R helps to exclude studies that do not meet the inclusion criteria. Before the title/executive summary screening in EPPI, a brief pilot will be performed. In the pilot phase, a sample of 2% of titles and executive summaries will be double screened.

<sup>&</sup>lt;sup>39</sup> EPPI Reviewer has a sorting by relevance algorithm, which updates the order in which studies are shown on the basis of studies that are included versus those excluded. Using this algorithm, based on C4ED's previous experience, we believe that the review of the entire sample will not be needed, and that the review can stop within the first 30–50% of the set of prioritized studies. This can be determined during the inception stage, upon consultation with the MG.

<sup>&</sup>lt;sup>40</sup> See the appendix for key word search protocol.

If during the screening process many performance and process evaluations are identified, C4ED may sample the included studies to further narrow the scope applying principles of saturation. Researchers have argued that qualitative synthesis should be grounded in principles of qualitative research rather than trying to transfer quantitative synthesis approaches (e.g., Booth, 2019). Accordingly, reviews can apply the saturation principle to limit the number of studies coded for the synthesis. Qualitative syntheses increasingly apply the saturation principle using stratification or purposeful sampling (e.g., Hennegan et al., 2019; Rohwer et al., 2021; Jain et al., 2022). If feasible and necessary, C4ED will use weighted stratified purposeful sampling that ensures agency variation, geographic representation and variation in evaluation type in the included studies. It may also be necessary to assess the extent to which various intervention categories have enough studies to ensure depth of coverage. For example, if only two studies provide evidence on sustainability, this category may not be synthesized. C4ED will note the lack of evidence in those areas as part of the synthesis.

While in total around 250 studies with different research type will be selected for this assignment, the number of process and performance evaluations to be analyzed shall not exceed 100 studies. The exact number depends on the final list of all included studies, their focus, and the available time for analysis. As sampling and saturation decisions can only be taken after the screening process is concluded, C4ED will discuss these decisions in consultation with the MG.

#### 3.C. Full-text screening

For impact evaluations the full texts of the studies selected in TiAb-screening phase will be retrieved and uploaded to EPPI Reviewer 6. Conducting a pilot full-text screening text, double screening and coding will be conducted for 30 pilot papers, or 5% of the total number of studies included at this stage, whichever is fewer, in order to ensure common understanding of the inclusion criteria and data extraction tool. All disagreements among the reviewers will be resolved by discussion and, if necessary, third-member involvement. This will ensure consistent data extraction and increase the quality of synthesis results. All further papers after this pilot will be single-screened and coded by one reviewer per paper.

#### 3.D. Data extraction

For all included studies, coding of intervention and outcome categories takes place after the full-text screening, making sure the extraction form is previously piloted. C4ED will also differentiate between papers that satisfy different study

design criteria at this stage and sort into evidence to be included in the quantitative or qualitative evidence. The reviewers will use one main data extraction form, making sure to mark the type of the study they review (impact evaluation, systematic reviews, mixed-method studies, process or performance evaluations). In addition, for the qualitative analysis, a coding tree will be developed from the process and performance evaluations included after TiAb screening. The preliminary data extraction form and qualitative coding tree can be found in the Appendix. The results of the screening process will be presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram (Page et al., 2021), with a potential extension for equity considerations (Welch et al., 2016).

For the qualitative data extraction and analysis based on process and performance evaluations, C4ED will import the full-text PDFs ofcode selected studies which meet the inclusion criteria and pass the critical appraisal (and if necessary stratified purposeful sampling) into the qualitative coding software MaxQDA.using EPPI reviewer. Importing and reviewing the full texts of the studies will enable C4ED to account for the studies 'context and any characteristics that may have influenced the implementation of an intervention. C4ED will focus on extracting relevant second-order data from report sections findings, authors' conclusions, and authors' recommendations, organizing data into a coding framework that incorporates both deductive (top-down) and inductive (bottomup) codes. Using a deductive approach C4ED will apply predefined codes to the data framed by the relevant Sub-SQs and drawing on the insights from similar syntheses of process and performance evaluations, particularly lessons learned from the synthesis of SDG 17 (de Hoop et al., 2023) and SDG 5 (Tanner et al., 2024). In the Appendix we include an indicative list of deductive codes which will be refined during the pilot.

To ensure intercoder reliability, C4ED will develop a codebook where we will define each of the predetermined codes and provide examples whenever possible. Subsequently researchers will pilot the deductive framework by coding the same two evaluations. The team members will compare coding, discussing inconsistencies in the understanding of codes and the type of data extracted from each of the pilot studies. During this process researchers will refine the coding framework and codebook itself, the definitions of deductive codes, and the process for adding inductive codes throughout the coding process. After the pilot, studies will be single-screened and coded by one reviewer per paper. Supplementing deductive coding, inductive coding will enable analysts to identify thematic patterns, emergent themes, and notable outliers from the data. Analysts will nest emerging findings within each of the deductive codes as patterns emerge in the data. Key to this approach is using open coding, in which

researchers keep an ongoing log of observations as patterns emerge. Researchers will meet regularly throughout the coding process to discuss any questions, emerging themes and inductively developed codes and any other divergences from the agreed approach.

#### 3.E. Quality appraisal

A **Risk of Bias (RoB)** assessment will be performed to assess the quality of the impact evaluation studies. The RoB tool evaluates key domains that may introduce bias, including selection bias, performance bias (related to contamination and spillovers), outcome and analysis reporting bias, and other potential biases. Each domain in the RoB tool includes a set of signaling questions designed to gather detailed information about aspects of the trial that may contribute to bias. These questions help assess factors such as study design, implementation, and reporting practices. Based on the responses, a decision rule generates a preliminary judgment on the risk of bias for each domain, categorizing it as "Low Risk", "High Risk", or "Some Concerns-Medium Risk". The overall risk of bias for a trial outcome is determined by the least favorable assessment across all domains, meaning that if any domain is rated as high risk, the overall rating may be affected. However, reviewers have the flexibility to override the algorithm's judgments—both at the domain and overall level—if they provide a clear justification for their decision. This approach ensures that risk assessments of the included studies were carried out in a systematic way, yet adaptable to the specific context of each study (Higgins et al., 2024).

The RoB tool was developed based on the work by Hombrados & Waddington (2012), who designed a checklist to assess the risk of bias in quasi-experimental studies, particularly within the field of development economics. The checklist evaluates various bias domains, including selection bias and performance bias, etc., making it suitable for appraising both randomized controlled trials and quasi-experimental designs. The *signaling questions* also build on the Partnership Pillar Synthesis developed by the American Institutes for Research (AIR). For each study, four different risks of biases are assessed (risk of selection bias; risk of performance bias; risk of outcome and analysis reporting bias; risk of other bias) and an aggregated RoB is calculated following the decision rules presented in the Appendix.

The confidence level for the quality of SRs will be appraised using the 3ie Supporting the Use of Research Evidence (SURE) checklist. The SURE checklist for systematic reviews consists of three sections. Section A assesses the level of confidence of a SR's search strategy (high, medium, or low confidence), whereas Section B assesses the level of confidence of a SR's methods of analysis. Each of

these two sections consists of multiple subsections that pose various screening questions, and checklists. The overall assessment of a review's reliability (again, high, medium, or low confidence) is determined based on the confidence levels of Sections A and B, as well as various mitigating factors considered in Section C. The Appendix presents the full checklist, and the method by which overall confidence levels are assigned to SRs.

We expect that UN process and performance evaluations have already undergone quality appraisal procedures that UN agency evaluation offices have in place using their respective quality assessment tools. We will include evaluations that were rated Highly Satisfactory or Satisfactory (or equivalent ratings in different UN evaluation office quality assessment systems). Depending on the final scope of the data extraction and analysis, lack of existing quality appraisals may become an exclusion criterion so that studies without existing UN ratings would be excluded from the synthesis.

Alternatively, and in case the number of included studies without quality appraisal is low, C4ED can apply the quality review protocol developed by de Hoop et al. (2024). This tool, developed for the quality appraisal of qualitative evaluations within the systematic review of SDG 17, combines 16 overall questions and 35 subquestions from quality appraisal approaches across the UN system, including UNICEF's Global Evaluation Reports Oversight System (UNICEF, 2020), UNDP's evaluation quality assessment (UNDP Independent Evaluation Office, 2021), United Nations Environment Programme's evaluation criteria and ratings (UNEP, n.d.), United Nations Population Fund's (UNFPA's) quality assurance and assessment tools (UNFPA, 2020), WFP's evaluation quality assurance system (WFP, 2020), International Organization for Migration's (IOM's) evaluation quality control tool (IOM, 2022), and the UN Peace Building Support Office's Evaluation Quality Assessment tool. The qualitative review protocol is displayed in the Appendix.

# Step 4: analysis and reporting

Through comprehensive extraction and systematic comparison of codes, C4ED will interpret existing evidence, synthesizing evaluation findings and conclusions, presenting patterns and themes in order to answer the SQs.

We will use narrative synthesis to analyze and summarize both quantitative and qualitative evidence. Narrative synthesis is commonly used when meta-analysis is not feasible – due to diverse study designs or unsuitable data – to systematically describe and organize study results without statistical pooling. This approach brings together findings from multiple studies by relying primarily upon the use of textual descriptions, tabulation, or other elements, to build an overall picture of the current knowledge in a way that tells a compelling story in relation to the established research questions (Popay et al. 2006). Narrative synthesis is a useful approach to inform policy and decision-making which provides a structured way to explore how and why interventions work, considering the complexity of the evidence and the broader context in which studies were conducted.

We will follow the key steps of the general framework for narrative synthesis developed by Popay and colleagues that has been proved useful for synthesizing both evidence 1) on the effects and 2) the factors impacting on the implementation of an intervention/program.

We will integrate findings from quantitative and qualitative studies when feasible, primarily looking to answer the synthesis questions listed above. Given the diverse nature of the quantitative and qualitative studies, triangulation of findings may be unlikely; however, the analysis will seek to follow a complementary mixed-method design. The synthesis process will be tailored to each type of evidence as follows.

#### Quantitative evidence synthesis (effectiveness)

First, we will develop preliminary synthesis – based on the adopted theory of how social assistance interventions may work, why, and for whom – using tabulation of the study characteristics based on SPIDER. We will thematically organize and summarize the recurring themes and concepts identified across the evidence base. When possible, we will report the overall direction of effects of vouchers and in-kind transfers for each outcome, disaggregated by gender, age, and disability status.

Next, we will explore relationships in the data, looking for factors that may explain impact variations., When available, we will report potential mechanisms and pathways of impact, which might explain any differences in direction of effect across the included studies and allow us to have a better understanding of the

main channels linking vouchers and in-kind transfers to our outcomes of interest, across various vulnerability groups.

Finally, we will assess the robustness of the synthesis, evaluating the evidence strength based on methodological quality, relevance, and consistency across studies to be able to draw and generalize conclusions about the likely direction of the effects of various relevant outcomes for the different vulnerable population groups and/or contexts

By synthesizing the key findings on the responsiveness of current social assistance programs in alignment with the specified research questions, the report will enable key stakeholders and non-specialists such as policymakers, practitioners, and researchers to extract key insights and make informed decisions based on the available data. The synthesis report will also identify important research gaps that require further exploration.

#### **Qualitative evidence synthesis**

The overarching approach to qualitative evidence synthesis will follow the narrative synthesis framework, while maintaining a strong focus on implementation science. Aligning with Popay's element of developing a theoretical model, we will situate our analysis within Implementation Research Logic Models, guiding our understanding of how contextual factors, implementation strategies, and program design interact to influence outcomes.

Addressing Popay's preliminary synthesis element, our analysis begins during data extraction, using both deductive and inductive coding approaches. This process will identify program-internal and contextual barriers and drivers affecting the relevance, effectiveness, cohesion, and sustainability of social assistance interventions. We will also code for evidence-based program design, implementation factors, and system-level changes. We will further conduct a thematic analysis to identify broader patterns across the data. This involves grouping similar codes, exploring connections and contradictions, and refining themes as needed. Our analysis will go beyond description to interpret the significance of themes in relation to our research questions and theoretical frameworks.

Focusing on Popay's element of exploring relationships within and between studies, a key aspect of our synthesis will be examining findings on vulnerable groups. We will compare and contrast data related to gender, age, and disability while considering intersectionality with other factors. This approach allows us to uncover nuanced insights into how implementation factors operate in different settings and for diverse populations. Continuing to explore relationships, we will

align our thematic analysis with Implementation Research Logic Models. This will help us map barriers and enablers to specific stages of implementation, analyze how evidence-based program design influences outcomes, and highlight the role of adaptations in diverse contexts.

Addressing Popay's element of assessing the robustness of the synthesis, we will critically evaluate the quality of included studies and conduct sensitivity analyzes to ensure the reliability of our findings.

This comprehensive approach, grounded in Popay's framework and implementation science, will generate insights into not only what works in social assistance interventions but also how and why they are effective in different contexts and for various vulnerable populations.

#### **Development of an Evidence Gap Map**

In addition to this analytical process, the team will develop an Evidence Gap Map (EGM) to visually map the studies, categorize them by intervention type, target group, and outcomes, and pinpoint areas where evidence is lacking. This dual approach ensures both a deep understanding of the existing evidence base and a clear identification of gaps that can guide future research and programmatic focus. We will use the EPPI mapper to visualize the EGM. The interactive map will showcase various interventions against the outcome categories, differentiating the evidence based on magnitude, quality, and, where possible (statistical) robustness.<sup>41</sup> Additionally, extracted information such as the geographical region and study type (e.g. experimental or non-experimental) will be accessible through filters.

The final results, lessons learned, and policy implications will be presented in various formats to ensure accessibility to a wide audience, including but not limited to policymakers, civil society, technical experts, and non-professionals.

53 | SDGSYNTHESISCOALITION.ORG | C4ED.ORG

<sup>&</sup>lt;sup>41</sup> This depends on whether the EGM shows individual studies or individual interventions, which will be discussed with the MG and the TAP.

#### **Potential limitations of Review Methods**

Two temporal factors may introduce bias into this synthesis. The first is the constraint of considering only evidence published from 2015 onwards. While this allows for the inclusion of interventions implemented earlier, provided their evidence was published in 2015 or later, relevant studies published before 2015 will be excluded from both the EGM and the synthesis.

The second aspect is related to the choice of LMICs based on the World Bank classification for the fiscal year 2025. This sets a clear boundary, specifying which countries are included and excluded as potential sites for program implementation. However, this restriction does not account for the possibility that the income status of the country might differ between the time of program implementation and the time of the related study's publication.

### **Work plan**

During the inception phase in October 2024 to February 2025, C4ED in consultation with the MG and co-Chairs of the People Pillar conducted a pilot search and a rapid scoping exercise to examine the areas under social protection where the synthesis gap is larger. After prioritization of various areas (social protection interventions and relevant outcomes), the scope of the synthesis was defined as "Gender/Age/Disability Responsiveness of Social Assistance Interventions" in the context of LMICs to address the principle of LNOB. This methodological protocol presents an updated work plan reflecting the progress of work made so far and the expected timeline of the assignment.

Table 3 outlines the planned activities and indicative timeline. Throughout the year 2025, we plan to finalize the methodological protocol in February, present interim findings by the end of June, submit the brief summary in October and the draft synthesis report in November, and submit the final report and EGM also in November with presentations and knowledge exchange taking place in the last month of the year 2025.

Table 3: Indicative work plan

	202	25										
Phase / Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Phase 1 – Inception (continued)												
Feedback and review of the draft methodological protocol												
*** Deliverable 1. Methodological Protocol												
Phase 2 – Search and Selection of Studies												
Implement search strategy across selected databases												

Dharan / Activity		25										
Phase / Activity	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pilot title and abstract screening _ Impact Evaluations												
Conduct title and abstract screening _ Impact Evaluations												
Retrieve all studies for full-text screening												
Pre-screening of UN-led Evaluations by text analysis using R												
Title and executive summary screening _ UN-led Evaluations												
Pilot full-text screening _ Impact Evaluations												
Conduct full-text screening _ Impact Evaluations												
Phase 3 – Quality Appraisal and Date	a Ext	racti	ion									
Conduct quality appraisals of included studies												
Extract information from studies included in synthesis												
Conduct preliminary analysis with preliminary included studies												
Presentation of interim findings												//
*** Deliverable 2. Plain-language summary brief												

	202	)5										
Phase / Activity	202											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Phase 4 – Synthesis and analysis												
Perform final analysis with all included studies												
Writing final synthesis report												
Phase 5 – Communication and Know	Phase 5 – Communication and Knowledge Exchange											
Submit draft synthesis report for comments from TAP												
Generating interactive EGM												
Review and integration of comments to the report												
*** Deliverable 3. Final synthesis report, brief & PPT												
Develop communication products												
*** Deliverable 4. Consolidated package of final outputs												

# **Bibliography**

Aker, J. C. (2017). Comparing Cash and Voucher Transfers in a Humanitarian Context: Evidence from the Democratic Republic of Congo. World Bank Economic Review. Published by Oxford University Press on behalf of the World Bank. http://hdl.handle.net/10986/30128 License: CC BY-NC-ND 3.0 IGO.

Alderman, H., Gentilini, U., & Yemtsov, R. (2017). The 1.5 billion people question: food, vouchers, or cash transfers? The World Bank. <a href="https://doi.org/10.1596/978-1-4648-1087-9">https://doi.org/10.1596/978-1-4648-1087-9</a>.

Alfers, L., Holmes, R., McCrum, C., Quarterman, L. 2021. Gender and social protection in the COVID-19 economic recovery: Opportunities and challenges. Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd.

Ali, M., Farron, M., Azmat, S. K., & Hameed, W. (2018). The logistics of voucher management: the underreported component in family planning voucher discussions. Journal of Multidisciplinary Healthcare, 11, 683–690. https://doi.org/10.2147/JMDH.S155205

Angrist, J., Bettinger, E., Bloom, E., King, E. & Kremer, M. (2002). "Vouchers for Private Schooling in Colombia: Evidence from a Randomized Natural Experiment." American Economic Review, 92 (5): 1535–1558.

Aurino, E., Tranchant, J. Sekou Diall, A., & Gelli, A. (2019) School Feeding or General Food Distribution? Quasi-Experimental Evidence on the Educational Impacts of Emergency Food Assistance during Conflict in Mali, The Journal of Development Studies, 55:sup1, 7-28, DOI:10.1080/00220388.2019.1687874

Awuah, W., A., Ng., J., C., Aashna, M., Rohan, Y., Khor., K., S., Toufik, A., Hussain., A., Mrinmoy, K., Meghdeep, S., Hasan, M. M. (2022). 1. Vulnerable in silence: Paediatric health in the Ukrainian crisis. Annals of medicine and surgery, doi: 10.1016/j.amsu.2022.104369

Badejo A.F., Majekodunmi A.O., Kingsley P., Smith J., Welburn S.C. (2017). The impact of self-help groups on pastoral women's empowerment and agency: A study in Nigeria. Pastoralism.7:28. doi: 10.1186/s13570-017-0101-5.

Barrientos, A., & Nino-Zarazua, M. (2011). The Chronic Poverty Research Centre (CPRC), ISBN 978-1-906433-84-0, Retrieved from:

# https://www.issa.int/sites/default/files/external-references/files/socialtransfersfullreport-57787.pdf

Bastagli, F. Hagen-Zanker, J., Harman, L., Barca, V., Sturge, G., and Schmidt, T. with Pellerano, L. 2016. Cash transfers: What does the evidence say? A rigorous review of programme impact and of the role of design and implementation features. ODI Report. Overseas Development Institute.

Bauer, M. S., & Kirchner, J. (2020). Implementation science: What is it and why should I care? Psychiatry Research, 283, https://doi.org/10.1016/j.psychres.2019.04.025.

Booth, A. (2019). "Harnessing Energies, Resolving Tensions: Acknowledging a Dual Heritage for Qualitative Evidence Synthesis," Qualitative Health Research 29(1), pp. 18–31, doi:10.1177/1049732318808247.

Borraz, F., & Munyo, I. (2020). Conditional cash transfers, women's income and domestic violence. International Review of Applied Economics, 34(1), 115-125. 10.1080/02692171.2019.1649641

Boutelier, S., & Anderson, M. (2022). Program Responsiveness: Increasing Professional Dispositions With Vulnerability in Graduate Teacher Education, Dispositional Development and Assessment in Teacher Preparation Programs. DOI: 10.4018/978-1-6684-4089-6.ch001.

Brune, C. (2022). Cash versus in-kind transfer programs in humanitarian operations: An optimization program and a case study. Socio-Economic Planning Sciences, 82, 101224. https://doi.org/10.1016/j.seps.2022.101224.

Bulus, S. (2022). 7. Public social assistance and social services for people with disabilities. Yıldırım Beyazıt hukuk dergisi, doi: 10.33432/ybuhukuk.1136491

Camilletti, E. (2020), Social Protection and Its Effects on Gender Equality: A Literature Review. Innocenti Working Paper 2020-06. Florence: UNICEF Office of Research – Innocenti.

Camilletti, E., Cookson, T.P., Nesbitt-Ahmed, Z., Sandoval, R., Staab, S. and Tabbush, C. (2021). Mainstreaming gender into social protection strategies and programmes: Evidence from 74 low- and middle-income countries, UNICEF Innocenti and UN Women, New York.

Carter, B., Roelen, K., Enfield S. & Avis, W. (2019). Social Protection Topic Guide.

Revised Edition. K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies.

Chang, H. J. (2006). Determination of sample size in using central limit theorem for Weibull distribution, International Journal of Information and Management Science, pp. 31-46.

Chaudhury, N., & Parajuli, D. (2010). Conditional Cash Transfers And Female Schooling: The Impact Of The Female School Stipend Program On Public School Enrollments In Punjab, Pakistan. Applied Economics, 42(28), 3565-3583. <a href="https://doi.org/10.1080/00036840802167376">https://doi.org/10.1080/00036840802167376</a>

Chung., W., & Yang, G. (2022). 3. Alleviating Disaster Vulnerability and Improving Resilience of the Elderly. Journal of safety and crisis management, doi: 10.14251/jscm.2022.1.35

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER Tool for Qualitative Evidence Synthesis, Qualitative Health Research, 22 (10), pp. 1435-1443.

Cooper JE, Benmarhnia T, Koski A, King NB. Cash transfer programs have differential effects on health: A review of the literature from low and middle-income countries. Soc Sci Med. 2020 Jan 25;247:112806. doi: 10.1016/j.socscimed.2020.112806. Epub ahead of print. PMID: 32086171.

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. Implement Science, 4 (50). DOI: 10.1186/1748-5908-4-50

de Hoop, T., Coombes, A., Chakrabarti, A., de Milliano, M., Warren, A., Holla, C., Guven, O., Card, B. A., Panagoulias, P., Rodgers, M. (2023). What works to accelerate progress on the Partnership Pillar of the Sustainable Development Goals: A synthesis of evaluative evidence. New York: The Global SDG Synthesis Coalition), https://www.sdgsynthesiscoalition.org/pillar/partnership-pillar.

de Hoop, T., Coombes, A., Warren, A., Holla, C., Mutea, E., Malhotra, S.K., Namisango, E., Mantri, S., Jain, S., Bhumika T.V., White, H. (2024). The impacts of violence prevention and peace-building programmes on homicides and conflict- related deaths and their implementation: A protocol for a synthesis of evaluative evidence related to the peace pillar of the Sustainable Development Goals. New York: The Global SDG Synthesis Coalition.

Devereux, Stephen, Marshall, Jenni, MacAskill, Jane and Pelham, Larissa (2005).

Making Cash Count. Lessons from Cash Transfer Schemes in East and Southern

Africa for Supporting the Most Vulnerable Children and Households. London and

Brighton: Save the Children UK, HelpAge International and Institute of Development

Studies (IDS). Eccles, M.P., Mittman, B.S., 2006. Welcome to implementation science. Implement. Sci. 1 (1). https://doi.org/10.1186/1748-5908-1-1.

Food and Agriculture Organization of the United Nations (FAO). (2015). School Feeding and Possibilities for Direct Purchase from Family Farming, Case Studies from Eight Countries, FAO. Santiago, ISBN 978-92-5-107885-3. Retrieved from https://openknowledge.fao.org/server/api/core/bitstreams/b9a5d374-9339-4fef-8728-f235f09ea4b0/content.

Fung, V. L. H., Lai, A. H. Y., Yam, C. H. K., Wong, E. L. Y., Griffiths, S. M., & Yeoh, E.-K. (2020). Healthcare vouchers for better elderly services? Input from private healthcare service providers in Hong Kong. Health & Social Care in The Community. https://doi.org/10.1111/HSC.13203.

Gadenne, L., Norris, S., Singhal, M., & Sukhtankar, S. (2021). In-Kind Transfers as Insurance. National Bureau of Economic Research. https://www.nber.org/papers/w28507

Gakidou E., Cowling K., Lozano R., Murray C.J. (2010). Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis. Lancet. 376:959-974. doi: 10.1016/S0140-6736(10)61257-3.

Gertler, Paul, Martinez, Sebastian and Rubio-Codina, Marta (2005). Investing Cash Transfers to Raise Long Term Living Standards. Washington, DC: World Bank.

Giuntoli, G., Idle, J., Newman., C. E., Fisher., K. R., Edwards, Y., Robinson, S. (2024). Towards a More Inclusive Society: A Scoping Review of Interventions and Policies for Changing Attitudes Towards People with Disability. Scandinavian Journal of Disability Research, 26(1):315-334. doi: 10.16993/sjdr.1084

Gobin, V.J., Santos, P., & Toth, R. (2017). No Longer Trapped? Promoting Entrepreneurship Through Cash Transfers to Ultra-Poor Women in Northern Kenya. American Journal of Agricultural Economics, 99(5), 1362-1383. 10.1093/ajae/aax037

Gulnoza, I. (2022). 1. Social assistance programme impacts on women's and children's diets and nutritional status. Maternal and Child Nutrition, doi: 10.1111/mcn.13378

Hennegan, J., Shannon, A. K., Rubli, J., Schwab, K. J., & Melendez-Torres, G. J. (2019). "Women's and girls' experiences of menstruation in low- and middle-income countries: A systematic review and qualitative metasynthesis," PLoS Med 16(5): e1002803. https://doi.org/10.1371/journal.

Hidrobo, M., Hoddinott, J., Peterman, A., Margolies, A., & Moreira, V. (2012). Cash, food, or vouchers?: Evidence from a randomized experiment in northern Ecuador. Research Papers in Economics. <a href="https://ideas.repec.org/p/fpr/ifprid/1234.html">https://ideas.repec.org/p/fpr/ifprid/1234.html</a>

Higgins J., Chandler J., Cumpston M., Li T., Page M., Welch V. (eds) (2019), Cochrane Handbook for Systematic Reviews of Interventions version 6.0 (updated July 2019).

Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). Cochrane Handbook for Systematic Reviews of Interventions version 6.5 (updated August 2024). Cochrane, 2024. Available from www.training.cochrane.org/handbook.

Hoynes, H., Schanzenbach, D. W., & Almond, D. (2016). "Long-Run Impacts of Childhood Access to the Safety Net." American Economic Review 106 (4): 903–34.

Hombrados, J. G., & Waddington, H. (2012). Risk of bias assessment in credible quasi-experimental studies: A checklist for systematic reviews. London School of Hygiene & Tropical Medicine.

https://researchonline.lshtm.ac.uk/id/eprint/4647481/1/Quasi-experimental-study-designs-series-paper-6-risk-of-bias-assessment.pdf.

HPLE (High Level Panel of Experts) on Food Security and Nutrition. (2012), Social protection for food security, A report by the High Level Panel of Experts on Food Security and Nutrition, Committee on World Food Security, Rome, Retrieved from: <a href="https://www.fao.org/fileadmin/user\_upload/hlpe/hlpe\_documents/HLPE\_Reports/HLPE-Report-4-Social\_protection\_for\_food\_security-June\_2012.pdf">https://www.fao.org/fileadmin/user\_upload/hlpe/hlpe\_documents/HLPE\_Reports/hlpe-Report-4-Social\_protection\_for\_food\_security-June\_2012.pdf</a>

Hridaya, R., D., Kett., M., & Groce. N. (2019). 7. Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood. BMC Pregnancy and Childbirth, doi: 10.1186/S12884-019-2171-4.

ILO & UNICEF. (2023). More than a billion reasons: The urgent need to build universal social protection for children. Second ILO-UNICEF Joint Report on Social Protection for Children. Geneva and New York.

ILO. (2017). World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals International Labour Office – Geneva.

Jahanshahlou, F., Akbarzadeh, M. A., Zarei, M., Vaez-Gharamaleki, Y. (2024). Formulating research questions for evidence-based studies, Journal of Medicine, Surgery, and Public Health 2.

Jain, S., Skinner, G., Laksminarayanan, M., Alva, D., Bond, A., Oprea, E. & White, H. (2022). "An Evidence and Gap Map of research and literature related to systems of

support for children and young people who are at risk of or involved in violence," <a href="https://youthendowmentfund.org.uk/wp content/uploads/2022/06/Systems-EGM-Technical-report-June-2022.pdf">https://youthendowmentfund.org.uk/wp content/uploads/2022/06/Systems-EGM-Technical-report-June-2022.pdf</a>.

Jopling, M. & Vincent, S. (2016). Vulnerable Children: Needs and Provision in the Primary Phase, CPRT Research Survey 6 (new series), Cambridge Primary Review Trust, Cambridge, <a href="http://www.cprtrust.org.uk">http://www.cprtrust.org.uk</a>.

Justine, Burns., Malcolm, Keswell., Murray, Leibbrandt. (2005). 3. Social assistance, gender, and the aged in South Africa. Feminist Economics, doi: 10.1080/13545700500115944

Kazianga, H., de Walque, D., Alderman, H. (2009). Educational and Health Impacts of Two School Feeding Schemes: Evidence from a Randomized Trial in Rural Burkina Faso, Retrieved from

file:///C:/Users/ZahraKamal/Downloads/Educational\_and\_Health\_Impacts\_of\_T wo\_School\_Feedi.pdf

Kilburn, K.N., Pettifor, A., Edwards, J.K., Selin, A., Twine, R., MacPhail, C., Wagner, R., Hughes, J.P., Wang, J., & Kahn, K. (2018). Conditional cash transfers and the reduction in partner violence for young women: an investigation of causal pathways using evidence from a randomized experiment in South Africa (HPTN 068). Journal of the International AIDS Society, 21, e25043. 10.1002/jia2.25043

Little, M.T., Roelen, K., Lange, B.C.L., Steinert, J.I., Yakubovich, A.R., Cluver, L., & Humphreys, D.K. (2021). Effectiveness of cash-plus programmes on early childhood outcomes compared to cash transfers alone: A systematic review and meta-analysis in low- and middle-income countries. PLoS Medicine, 18(9), e1003698. 10.1371/journal.pmed.1003698

Ma, B. H., Badji, S., Petrie, D., Llewellyn, G., & Chen, G. (2023). Social interventions to support people with disability: A systematic review of economic evaluation studies. PLOS ONE, 18(1), e0278930. <a href="https://doi.org/10.1371/journal.pone.0278930">https://doi.org/10.1371/journal.pone.0278930</a>.

Macours, K., Schady, N., & Vakis, R. (2012). Cash Transfers, Behavioral Changes, and Cognitive Development in Early Childhood: Evidence from a Randomized Experiment. Applied Economics, 4(2).

Maino, F., Madama, I., & Bruno, F. (2022). The Autonomy Voucher for the elderly and people with disabilities in the context of local welfare transformation: potentials and limits of Lombardy Region's policy. Social Policy Review 34, pp. 158-178. DOI:10.46692/9781447365815.009.

Marshall, J., Wiltshire., J., Delva, J., Bello, T., Masys, A. J. (2020). 2. Natural and Manmade Disasters: Vulnerable Populations. doi: 10.1007/978-3-030-23491-1\_7

Montserrat, G., López., J., & Hincapie, S. (2022). 2. The vulnerability of the elderly. doi: 10.15406/ijfcm.2022.06.00294.

Moslehi., S., Dehghani., A., Masoumi., G., Barghi Shirazi, F. (2023). 6. Vulnerability Management of the Elderly During COVID-19 Pandemic: A Systematic Review. Health in emergencies and disasters quarterly, doi: 10.32598/hdq.8.2.310.3

Mulia, J. R., & Afif, A. (2024). Simulasi Monte Carlo untuk Memprediksi Jumlah Penerimaan Bantuan Sosial Pangan. JR: Journal Responsive Teknik Informatika. https://doi.org/10.36352/jr.v7i02.758

Noghanibehambari, H. & Noghani, F. (2023). Long-run intergenerational health benefits of women empowerment: Evidence from suffrage movements in the US, Health Economics, 32 (11), pp. 2583-2631.,

Norton, A., Conway, T. & Foster, M. (2001). Social protection concepts and approaches: implications for policy and practice in international development, ODI Working Paper, ODI, London, UK.

Nuri, R. P., Ghahari, S., Aldersey, H. M., & Huque, A. S. (2020) Exploring access to government-ledsupport for children with disabilities in Bangladesh. PLoS ONE 15(7): e0235439. https://doi.org/10.1371/journal.pone.0235439.

O'Brien, C., Scott, Z., Smith, G., Barca V., Kardan, A., Holmes, R., Watson, C. & Congrave, J. (2018), Shock-Responsive Social Protection Systems research: Synthesis report, Oxford Policy Management, Oxford, UK.

OECD. (2019). What is child vulnerability and how can it be overcome?, Changing the Odds for Vulnerable Children: Building Opportunities and Resilience, OECD Publishing, Paris. Doi: <a href="https://doi.org/10.1787/23101e74-en">https://doi.org/10.1787/23101e74-en</a>

Osorio, M., Peric, M. & Battista, F. (2014). Gender Inequalities in Rural Employment in Tanzania Mainland, Food and Agriculture Organization of the United Nations (FAO), Tanzania Mainland Country Profile. Retrieved from:

https://openknowledge.fao.org/server/api/core/bitstreams/11e3543b-a2ab-477a-b208-ed236f81f8fc/content.

Pasha, A., V. Urueña, S. Knoll, K. Wolf, C. De Swardt, M. Featherston-Lardeux & D. Hörner (2023), Cash Transfers and Cash Plus Programs in Low-and Middle-Income Countries: Evidence Gap Map, Center for Evaluation and Development (C4ED) and German Institute for Development Evaluation (DEval), Bonn.

Pace, N., Daidone, S. Bhalla, G, & Prifti, E. (2021), Impact evaluation of Lesotho's Child Grants Programme (CGP) and Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services (SPRINGS) project, Food and Agriculture Organization of the United Nations (FAO) and United Nations Children's Fund (UNICEF), Rome.

Page, M.J., McKenzie, J.E., Bossuyt, P.M. et al. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Systematic Reviews, 10(89), https://doi.org/10.1186/s13643-021-01626-4

Pallavi, K. (2020). 8. Attitudes of Society Towards People With Neurodevelopmental Disorders: Problems and Solutions. doi: 10.4018/978-1-7998-3069-6.CH001

Perera, C., Bakrani, S., Ipince, A., Nesbitt-Ahmed, Z., Obasola, O. and Richardson, D., Van de Scheur, J., Yu, R. 2022. Impact of social protection on gender equality in low- and middle-income countries: A systematic review of reviews. Campbell Collaboration, 18(2). DOI: 10.1002/cl2.1240.

Pereznieto, P., & Holmes, R. (2020). Gender-sensitivity Analysis of the Sahel Adaptive Social Protection Programme, High-Quality Technical Assistance For Results (HEART), Retrieved from:

https://assets.publishing.service.gov.uk/media/5f22cbb88fa8f57acf2d205f/Gende r\_sensitive\_SASPp\_Jan28\_final-23Junedocx\_\_002\_.pdf.

Peterman, A., Kumar, N., Pereira, A., & Gilligan, D. O. (2019). 4. Towards gender equality: A review of evidence on social safety nets in Africa. Research Papers in Economics, doi: 10.2499/P15738COLL2.133551

Peterman, A., Neijhoft, A., Cook, S. and Palermo, T.M. 2017. Understanding the linkages between social safety nets and childhood violence: A review of the evidence from low- and middle-income countries. Health Policy and Planning, 32(7), pp. 1049-1071. https://doi.org/10.1093/heapol/czx033.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). Guidance on the Conduct of Narrative Synthesis in Systematic Reviews, A Product from the ESRC Methods Programme, Journal of Epidemiology and Community Health, Publisher: Lancaster University. DOI:10.13140/2.1.1018.4643.

Powell BJ, Waltz TJ, Chinman MJ, et al. (2015). A refined compilation of implementation strategies: results from the expert recommendations for implementing change (ERIC) project. Implement Sci. 10 (21). doi:10.1186/s13012-015 0209-1. [PubMed: 25889199]

Prennushi, G., & Gupta, A. (2014). 5. Women's Empowerment and Socio-Economic Outcomes: Impacts of the Andhra Pradesh Rural Poverty Reduction Program. Social Science Research Network, doi: 10.1596/1813-9450-6841

Proctor E, Silmere H, Raghavan R, et al. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Admin Pol Ment Health, 38(2), ppp. 65–76. doi:10.1007/s10488-010-0319-7.

Ramly, E., Brown, H. W. (2023). Beyond Effectiveness: Implementation Science 101 for Clinicians and Clinical Researchers, Urogynecology (Phila), 29 (3), p 307-312, doi:10.1097/SPV.000000000001322.

Richardson, W.S., Wilson, M.C, Nishikawa, J. and Hayward, R.S.A. (1995) 'The well-built clinical question: a key to evidence-based decisions.' ACP Journal Club, 123(3) pp. A12.

Rui, G., & Feng-ying, N. (2021). Does empowering women benefit poverty reduction? Evidence from a multi-component program in the Inner Mongolia Autonomous Region of China, Journal of Integrative Agriculture, 20(4), pp. 1092–1106.

Sabates-Wheeler, R., Roelen, K., Mitchell, R., & Warmington, A. (2023), Blurred Definitions and Imprecise Indicators: Rethinking Social Assistance for Children's Work, Children's Work in African Agriculture, pp. 174-203. DOI:10.56687/9781529226072-012.

Seher, K.. (2023). 5. Dynamics in the Education of Children in Vulnerable Situations. doi: 10.4324/9781003370222-20.

Smith, J. D., Li, D. H., & Rafferty, M. R. (2020), The Implementation Research Logic Model: a method for planning, executing, reporting, and synthesizing implementation projects, Implementation Science, 15 (84), https://doi.org/10.1186/s13012-020-01041-8.

Sterne JA, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, Henry D, Altman DG, Ansari MT, Boutron I, Carpenter JR, Chan AW, Churchill R, Deeks JJ, Hróbjartsson A, Kirkham J, Jüni P, Loke YK, Pigott TD, Ramsay CR, Regidor D, Rothstein HR, Sandhu L, Santaguida PL, Schünemann HJ, Shea B, Shrier I, Tugwell P, Turner L, Valentine JC, Waddington H, Waters E, Wells GA, Whiting PF, Higgins JP. (2016) ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ.;355:i4919. doi: 10.1136/bmj.i4919. PMID: 27733354; PMCID: PMC5062054.

Stoner, M.C.D., Kilburn, K., Godfrey-Fausset, P., Ghys, P., & Pettifor, A.E. (2021). Cash transfers for HIV prevention: A systematic review. PLoS Med, 18(11), e1003866. 10.1371/journal.pmed.1003866

Subakozhoeva. C. T. (2022). 2. Attitudes of Society Towards People With Neurodevelopmental Disorders. doi: 10.4018/978-1-6684-3542-7.ch101.

Sulaiman, M. (2010). Incentive and crowding out effects of food assistance: evidence from randomized evaluation of food-for-training project in Southern Sudan. Economic Organisation and Public Policy Discussion Papers (EOPP 019). Suntory and Toyota International Centres for Economics and Related Disciplines, London, UK.

Tanner, R, Boender, C, Vela, P, Nabiyeva, K, Hasni, A, Tsuruyama, E. Yuvshanova, S (2024). Are We Getting There? A synthesis of UN system evaluations of SDG 5. UN Women, UNDP, UNFPA, UNICEF, WFP.

https://www.unwomen.org/sites/default/files/2024-05/are-we-getting-there-a-synthesis-of-un-system-evaluations-of-sdg-5-en.pdf

UN Women. (2023). Progress on the Sustainable Development Goals, The Gender Snapshot 2023. Retrieved from:

https://www.unwomen.org/sites/default/files/2023-09/progress-on-the-sustainable-development-goals-the-gender-snapshot-2023-en.pdf.

UN Women. (2024). Women's Economic Empowerment Strategy. New York, January 2024.

UNICEF & FCDO. (2022). Gender-Responsive Cash Plus Programming: Lessons from Practice in LMICs, Rapid Review of Selected Case Studies from Tanzania, Nepal, Turkey, and Ethiopia.

UNICEF Innocenti, by Lewis, J., Mildon, R., Steele, T., (2022), Cross-Sectoral Learning in Implementation Research: Harnessing the potential to accelerate results for children, UNICEF Office of Research – Innocenti, Florence, Italy.

United Nations Children's Fund (UNICEF). (2020a). Gender-Responsive Age-Sensitive Social Protection: A conceptual framework. Innocenti Working Paper 2020-10. UNICEF Office of Research – Innocenti.

United Nations Children's Fund (UNICEF). (2022). Disability Inclusion Policy and Strategy (DIPAS)2022–2030. UNICEF, New York.

Valkama, P., Bailey, S. J., & Elliott, I. (2010). Vouchers as Innovative Funding of Public Services (pp. 228–252). Palgrave. https://doi.org/10.1057/9780230282063\_11

van, Delden., J. J. M., & Ho, C. W. (2015). 4. Vulnerability in Healthcare and Research involving Children. Asian Bioethics Review, doi: 10.1353/ASB.2015.0016

Vuong., V., & Palmer, M. (2024). 4. Love Thy Neighbour? Social Attitudes Towards Persons With Disabilities. World Development, doi: 10.1016/j.worlddev.2023.106464.

Warchoł, I. (2024). Social Assistance for People with Disabilities – a Systemic Analysis. Teka Komisji Prawniczej PAN Oddział w Lublinie/Teka Komisji Prawniczej, 17(1), 319–330. https://doi.org/10.32084/tkp.8472

Wei, W., Saker, T., Zukiewicz-Sobczak, W., Roy. R., Munir Alam, G. M., Rabbany, M. G., Hossain, M. S., Aziz, N. (2021). The Influence of Women's Empowerment on Poverty Reduction in the Rural Areas of Bangladesh: Focus on Health, Education and Living Standard, International Journal of Environmental Research and Public Health, 18: 13, doi: 10.3390/ijerph18136909.

Welch, V., Petticrew M, Tugwell P, Moher D, O'Neill J, Waters E, Petkovic, J., White, H., and the PRISMA-Equity Bellagio group. (2016). PRISMA-Equity 2016 Extension: Extending the PRISMA statement to equity-focused systematic reviews (PRISMA-E 2012: explanation and elaboration). Journal of Development Effectiveness, 8 (2), pp. 287-324. https://doi.org/10.1080/19439342.2015.1113196.

Ziegler, S., (2014). Desk Study on the Intersection of Gender and Disability in International Development Cooperation. Handicap International. Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ).

Wicker, S. (2017). Cash Versus In-Kind Transfers: Comparative Differences and Individual Best Practices to Benefit Recipient Communities. https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=1828&context=ho nors

World Bank. (2018). The State of Social Safety Nets 2018. Washington, DC: World Bank. http://hdl.handle.net/10986/29115 License: CC BY 3.0 IGO."

Zhang, Y., & Fan, Y. (2023). Social assistance dilemma for rural disabled people based on social exclusion theory. 2(2), 48–50. https://doi.org/10.54097/ajmss.v2i2.7532 Zimmerman, A., Garman, E., Avendano-Pabon, M., Araya, R., Evans-Lacko, S., McDaid, D., Park, A., Hessel, P., Diaz, Y., Matijasevich, A., Ziebold, C., Bauer, A., Paula, C. S., & Lund, C. (2021). The impact of cash transfers on mental health in children and young people in low-income and middle-income countries: a systematic review and meta-analysis. BMJ Global Health 2021;6:e004661. doi:10.1136/bmjgh-2020-004661

# **Appendix synthesis protocol**

# List of Low- and middle-income countries

The table below presents the list of low- and middle-income countries based on World Bank's classification in 2025.

Economy	Code	Region	Income group
Afghanistan	AFG	South Asia	Low income
Albania	ALB	Europe & Central Asia	Upper-middle income
Algeria	DZA	Middle East & North Africa	Upper-middle income
Angola	AGO	Sub-Saharan Africa	Lower middle income
Argentina	ARG	Latin America & Caribbean	Upper-middle income
Armenia	ARM	Europe & Central Asia	Upper-middle income
Azerbaijan	AZE	Europe & Central Asia	Upper-middle income
Bangladesh	BGD	South Asia	Lower middle income
Belarus	BLR	Europe & Central Asia	Upper-middle income
Belize	BLZ	Latin America & Caribbean	Upper-middle income
Benin	BEN	Sub-Saharan Africa	Lower middle income
Bhutan	BTN	South Asia	Lower middle income

Economy	Code	Region	Income group
Bolivia	BOL	Latin America & Caribbean	Lower middle income
Bosnia and Herzegovina	BIH	Upper-middle income	
Botswana	BWA	Sub-Saharan Africa	Upper-middle income
Brazil	BRA	Latin America & Caribbean	Upper-middle income
Burkina Faso	BFA	Sub-Saharan Africa	Low income
Burundi	BDI	Sub-Saharan Africa	Low income
Cabo Verde	CPV	Sub-Saharan Africa	Lower middle income
Cambodia	КНМ	East Asia & Pacific	Lower middle income
Cameroon	CMR	Sub-Saharan Africa	Lower middle income
Central African Republic	CAF	Sub-Saharan Africa	Low income
Chad	TCD	Sub-Saharan Africa	Low income
China	CHN	East Asia & Pacific	Upper-middle income
Colombia	COL	Latin America & Caribbean	Upper-middle income
Comoros Islands	СОМ	Sub-Saharan Africa	Lower middle income
Congo, Dem. Rep.	COD	Sub-Saharan Africa	Low income
Congo, Rep.	cog	Sub-Saharan Africa	Lower middle income
Costa Rica	CRI	Latin America & Caribbean	Upper-middle income

Economy	Code	Region	Income group
Côte d'Ivoire	CIV	Sub-Saharan Africa	Lower middle income
Cuba	CUB	Latin America & Caribbean	Upper-middle income
Djibouti	DJI	Middle East & North Africa	Lower middle income
Dominica	DMA	Latin America & Caribbean	Upper-middle income
Dominican Republic	DOM	Latin America & Caribbean	Upper-middle income
Ecuador	ECU	Latin America & Caribbean	Upper-middle income
Egypt, Arab Rep.	EGY	Middle East & North Africa	Lower middle income
El Salvador	SLV	Latin America & Caribbean	Upper-middle income
Equatorial Guinea	GNQ	Sub-Saharan Africa	Upper-middle income
Eritrea	ERI	Sub-Saharan Africa	Low income
Eswatini	SWZ	Sub-Saharan Africa	Lower middle income
Ethiopia	ETH	Sub-Saharan Africa	Low income
Fiji	FJI	East Asia & Pacific	Upper-middle income
Gabon	GAB	Sub-Saharan Africa	Upper-middle income
The Gambia	GMB	Sub-Saharan Africa	Low income
Georgia	GEO	Europe & Central Asia	Upper-middle income

Economy	Code	Region	Income group
Ghana	GHA	Sub-Saharan Africa	Lower middle income
Grenada	GRD	Latin America & Caribbean	Upper-middle income
Guatemala	GТM	Latin America & Caribbean	Upper-middle income
Guinea	GIN	Sub-Saharan Africa	Lower middle income
Guinea-Bissau	GNB	Sub-Saharan Africa	Low income
Haiti	НТІ	Latin America & Caribbean	Lower middle income
Honduras	HND	Latin America & Caribbean	Lower middle income
India	IND	South Asia	Lower middle income
Indonesia	IDN	East Asia & Pacific	Upper-middle income
Iran, Islamic Rep.	IRN	Middle East & North Africa	Upper-middle income
Iraq	IRQ	Middle East & North Africa	Upper-middle income
Jamaica	JAM	Latin America & Caribbean	Upper-middle income
Jordan	JOR	Middle East & North Africa	Lower middle income
Kazakhstan	KAZ	Europe & Central Asia	Upper-middle income
Kenya	KEN	Sub-Saharan Africa	Lower middle income

Economy	Code	Region	Income group
Kiribati	KIR	East Asia & Pacific	Lower middle income
Korea, Dem. People's Rep.	PRK	East Asia & Pacific	Low income
Kosovo	XKX	Europe & Central Asia	Upper-middle income
Kyrgyz Republic	KGZ	Europe & Central Asia	Lower middle income
Lao PDR	LAO	East Asia & Pacific	Lower middle income
Lebanon	LBN	Middle East & North Africa	Lower middle income
Lesotho	LSO	Sub-Saharan Africa	Lower middle income
Liberia	LBR	Sub-Saharan Africa	Low income
Libya	LBY	Middle East & North Africa	Upper-middle income
Madagascar	MDG	Sub-Saharan Africa	Low income
Malawi	MWI	Sub-Saharan Africa	Low income
Malaysia	MYS	East Asia & Pacific	Upper-middle income
Maldives	MDV	South Asia	Upper-middle income
Mali	MLI	Sub-Saharan Africa	Low income
Marshall Islands	MHL	East Asia & Pacific	Upper-middle income
Mauritania	MRT	Sub-Saharan Africa	Lower middle income
Mauritius	MUS	Sub-Saharan Africa	Upper-middle income

Economy	Code	Region	Income group
Mexico	MEX	Latin America & Caribbean	Upper-middle income
Micronesia, Fed. Sts.	FSM	East Asia & Pacific	Lower middle income
Moldova	MDA	Europe & Central Asia	Upper-middle income
Mongolia	MNG	East Asia & Pacific	Upper-middle income
Montenegro	MNE	Europe & Central Asia	Upper-middle income
Morocco	MAR	Middle East & North Africa	Lower middle income
Mozambique	MOZ	Sub-Saharan Africa	Low income
Myanmar	MMR	East Asia & Pacific	Lower middle income
Namibia	NAM	Sub-Saharan Africa	Upper-middle income
Nepal	NPL	South Asia	Lower middle income
Nicaragua	NIC	Latin America & Caribbean	Lower middle income
Niger	NER	Sub-Saharan Africa	Low income
Nigeria	NGA	Sub-Saharan Africa	Lower middle income
North Macedonia	MKD	Europe & Central Asia	Upper-middle income
Pakistan	PAK	South Asia	Lower middle income
Papua New Guinea	PNG	East Asia & Pacific	Lower middle income
Paraguay	PRY	Latin America & Caribbean	Upper-middle income

Economy	Code	Region	Income group
Peru	PER	Latin America & Caribbean	Upper-middle income
Philippines	PHL	East Asia & Pacific	Lower middle income
Rwanda	RWA	Sub-Saharan Africa	Low income
Saint Lucia	LCA	Latin America & Caribbean	Upper-middle income
Samoa	WSM	East Asia & Pacific	Lower middle income
São Tomé and Príncipe	STP	Sub-Saharan Africa	Lower middle income
Senegal	SEN	Sub-Saharan Africa	Lower middle income
Serbia	SRB	Europe & Central Asia	Upper-middle income
Sierra Leone	SLE	Sub-Saharan Africa	Low income
Solomon Islands	SLB	East Asia & Pacific	Lower middle income
Somalia	SOM	Sub-Saharan Africa	Low income
South Africa	ZAF	Sub-Saharan Africa	Upper-middle income
South Sudan	SSD	Sub-Saharan Africa	Low income
Sri Lanka	LKA	South Asia	Lower middle income
St Vincent and the Grenadines	VCT	Latin America & Caribbean	Upper-middle income
Sudan	SDN	Sub-Saharan Africa	Low income
Suriname	SUR	Latin America & Caribbean	Upper-middle income

Economy	Code	Region	Income group
Syrian Arab Republic	SYR	Middle East & North Africa	Low income
Tajikistan	TJK	Europe & Central Asia	Lower middle income
Tanzania	TZA	Sub-Saharan Africa	Lower middle income
Thailand	THA	East Asia & Pacific	Upper-middle income
Timor-Leste	TLS	East Asia & Pacific	Lower middle income
Togo	TGO	Sub-Saharan Africa	Low income
Tonga	TON	East Asia & Pacific	Upper-middle income
Tunisia	TUN	Middle East & North Africa	Lower middle income
Turkey	TUR	Europe & Central Asia	Upper-middle income
Turkmenistan	TKM	Europe & Central Asia	Upper-middle income
Tuvalu	TUV	East Asia & Pacific	Upper-middle income
Uganda	UGA	Sub-Saharan Africa	Low income
Ukraine	UKR	Europe & Central Asia	Upper-middle income
Uzbekistan	UZB	Europe & Central Asia	Lower middle income
Vanuatu	VUT	East Asia & Pacific	Lower middle income
Venezuela, RB	VEN	Latin America & Caribbean	Upper-middle income*
Vietnam	VNM	East Asia & Pacific	Lower middle income

Economy	Code	Region	Income group
West Bank and Gaza	PSE	Middle East & North Africa	Lower middle income
Yemen, Rep.	YEM	Middle East & North Africa	Low income
Zambia	ZMB	Sub-Saharan Africa	Lower middle income
Zimbabwe	ZWE	Sub-Saharan Africa	Lower middle income

Source: World Bank classification, available through:

https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bankcountry-and-lending-groups.

# **Search strategy**

The table below presents a summary of the number of studies that will be through title and abstract screening based on the searches conducted and the UN studies received from the agencies.

Database Name	Platform	Date of search	# of results
Scopus	Elsevier	February 6, 2025	3,103
Social Science Citation Index (SSCI—1900-present) (Web of Science)	Clarivate	February 6, 2025	1,198
EconLit	EbscoHOST	February 6, 2025	217
3ie Development Evidence Portal	3ie	February 6, 2025	322
Cochrane Database of Systematic Reviews	Cochrane Library	February 4, 2025	72
Campbell Systematic Reviews	Wiley	February 6, 2025	76
World Bank	Open Knowledge Repository	February 6, 2025	30

<sup>\*</sup> Venezuela, RB classified as an upper-middle income country until FY21, has been unclassified since then due to the unavailability of data.

Additional search		March 13, 2025	43
Total results from all da	tabases	•	5,061
Total results after dedu	olication		4,183
UN evaluations	ILO		309
	OHCHR		2
	UNDP		21
	UNESCO		42
	UNFPA		27
	UNICEF		35
	WFP		94
	SWEO database (Country Programme Evaluations)		310
Total UN evaluations		840	
Total studies to be screened			5,023

## **Main search**

#### **SCOPUS Search**

((TITLE-ABS(gender\* OR women OR woman OR girl\* OR female\* OR Sample mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\*OR equit\*) OR AUTHKEY(gender\* OR women OR woman OR qirl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\*OR equit\*)) OR (TITLE-ABS(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) W/2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*) OR AUTHKEY(child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) W/2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*)) OR (TITLE-ABS(disabil\*, OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR

"blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) W/5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) W/5 disorder\*)) OR AUTHKEY(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) W/5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) W/5 disorder\*))) OR (TITLE-ABS(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") OR AUTHKEY(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*"))) AND (TITLE-ABS-KEY(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR

	türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda* OR ukrain* OR Uzbekistan OR uzbek OR vanuatu OR venezuela* OR vietnam* OR "viet
	nam" OR "west bank" OR yemen* OR zambia* OR zimbabwe* OR Imic OR
	Imics OR "third world" OR "lami countr*" OR "developing countr*" OR
	"developing nation*" OR "transitional countr*")) AND
Phenomenon	((TITLE-ABS(voucher* OR "e-voucher*" OR stamp* OR coupon* OR (("in-
of Interest	kind") W/3 (transfer* OR assistance OR aid OR handout* OR "hand out*"
	OR grant OR grants OR credit* OR benefit* OR conditional OR
	unconditional)) OR "social protection" OR ((humanitarian OR
	emergency) W/1 (response* OR assistance OR setting* OR aid OR relief))
	OR "disaster response*" OR "humanitarian disaster*") OR
	AUTHKEY(voucher* OR "e-voucher*" OR stamp* OR coupon* OR (("in-
	kind") W/3 (transfer* OR assistance OR aid OR handout* OR "hand out*"
	OR grant OR grants OR credit* OR benefit* OR conditional OR
	unconditional)) OR "social protection" OR ((humanitarian OR
	emergency) W/1 (response* OR assistance OR setting* OR aid OR relief))
	OR "disaster response*" OR "humanitarian disaster*")) OR (TITLE-
	ABS((feeding OR "school-feeding" OR "school-meal" OR "school-milk" OR
	"school milk" OR meal* OR snack* OR breakfast OR "break-fast" OR lunch*
	OR mid-day OR "mid day" OR dinner* OR supper* OR "take home" OR
	ration* OR nutrition OR food*) AND (school* OR kindergarten OR
	parvularia OR "pre-primary" OR preschool OR "pre-school" OR daycare
	OR "day care" OR student* OR pupil* OR universit* OR "higher ed" OR
	college OR ((higher OR adult OR basic OR continuing OR elementary OR
	primary OR middle OR secondary) W/0 (education)))) OR
	AUTHKEY((feeding OR "school-feeding" OR "school-meal" OR "school-
	milk" OR "school milk" OR meal* OR snack* OR breakfast OR "break-fast"
	OR lunch* OR mid-day OR "mid day" OR dinner* OR supper* OR "take
	home" OR ration* OR nutrition OR food*) AND (school* OR kindergarten
	OR parvularia OR "pre-primary" OR preschool OR "pre-school" OR
	daycare OR "day care" OR student* OR pupil* OR universit* OR "higher ed"
	OR college OR ((higher OR adult OR basic OR continuing OR elementary
Dooign	OR primary OR middle OR secondary) W/0 (education)))))) AND
Design	(TITLE-ABS-KEY("program* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment*" OR quasiexperiment* OR
	quasiexperiment* OR "random* control* trial*" OR "random* trial*" OR rct
	OR randomi* OR "matching study" OR "matching procedure" OR
	"propensity score" OR psm OR "regression discontinuity" OR "regression
	discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp
	regression" OR rdd OR "difference in difference*" OR "difference-in-
	difference*" OR "diff in diff" OR "diff-in-diff" OR "random allocat*" OR
	"random assign*" OR "random select*" OR "select random*" OR "research
	synthesis" OR "fixed effect*" OR "control evaluation" OR "control treatment"
	OR "instrumental variable*" OR "as instrument" OR heckman OR
	"treatment group" OR "intervention group" OR "comparison group" OR

	"control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment*" OR "random* stud*" OR causal* OR "control group*" OR "comparison group*" OR "control communit*" OR "treatment communit*" OR "control village*" OR "treatment village*" OR experiment* OR iv OR itt OR "treatment effect*" OR "intervention effect*" OR "intention-to-treat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact* stud*" OR "natural experiment*" OR (systematic* W/2 review*) OR "meta-analy*" or "meta analy*" OR metaanaly*))
Evaluation	No restriction on outcomes at search stage
Research	Peer-reviewed journal/Academic Journal
type	Report/Grey literature (e.g. Discussion Papers, Working Papers)
	Thesis (Bachelor, Master or PhD)
Publication	2015-present
year	

# Social Science Citation Index (exact search)

Sample	TS=(gender* OR women OR woman OR girl* OR female* OR mother* OR
·	maternal OR wife* OR wives OR feminization OR feminization OR inclusi* 3ieOR equit*) <b>OR</b>
	TS=(newborn* OR neonat* OR baby OR babies OR child* OR youth* OR juvenile* OR youngster* OR child* OR boy OR boys OR girl OR girls OR "young individual*" OR "young population*" OR elder* OR ((old* OR retired) NEAR/2 (people* OR person* OR individual* OR woman OR women OR man OR men OR age)) OR geriatr* OR gerontolog* OR senior* OR senescen* OR retiree* OR sexagenarian* OR septuagenarian* OR octagenarian* OR nonagenarian* OR centenarian* OR supercentenarian* OR veteran* OR menopaus*) <b>OR</b>
	TS=(disabil* OR disabled OR "differently abled" OR handicap* OR "visual impair*" OR "visually impair*" OR "hearing impair*" OR deaf* OR "blind person" OR "blind people" OR ((intellectual* OR mental* OR psychological* OR developmental*) NEAR/5 (impair* OR retard* OR deficien* OR handicap* OR ill*)) OR ((communication OR language OR speech OR learning) NEAR/5 disorder*)) OR
	TS=(adolescen* OR juvenil* OR teen* OR youth* OR highschool* OR "high school*" OR "grade school*" OR "secondary school*" OR "young population*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult*") <b>AND</b>
	TS=(afghan* OR albania* OR algeria* OR angola OR argentin* OR armenia OR armenian OR azerbaijan* OR bangladesh* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan* OR bolivia* OR bosnia* OR herzegovina OR botswana* OR brazil* OR brasil* OR bulgaria* OR "burkina faso" OR "burkina fasso" OR burundi* OR cambodia* OR "khmer republic" OR cameroon* OR cameroons OR "cape"

verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*") **AND** TS=(voucher\* OR "e-voucher\*" OR stamp\* OR coupon\* OR (("in-kind") Phenomenon NEAR/3 (transfer\* OR assistance OR aid OR handout\* OR "hand out\*" OR grant OR grants OR credit\* OR benefit\* OR conditional OR unconditional)) OR "social protection" OR ((humanitarian OR emergency) NEAR/1 (response\* OR assistance OR setting\* OR aid OR relief)) OR "disaster response\*" OR "humanitarian disaster\*") OR TS=((feeding OR "school-feeding" OR "school-meal" OR "school-milk" OR "school milk" OR meal\* OR snack\* OR breakfast OR "break-fast" OR lunch\* OR mid-day OR "mid day" OR dinner\* OR supper\* OR "take home" OR ration\* OR nutrition OR food\*) AND (school\* OR kindergarten OR parvularia OR "pre-primary" OR preschool OR "pre-school" OR daycare OR "day care" OR student\* OR pupil\* OR universit\* OR "higher ed" OR college OR ((higher OR adult OR basic OR continuing OR elementary OR primary OR middle OR secondary) NEAR/0 (education)))) AND TS=("program\* evaluation" OR "project evaluation" OR "evaluation" research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct/

Design

of Interest

	OR randomi* OR "matching study" OR "matching procedure" OR
	"propensity score" OR psm OR "regression discontinuity" OR "regression
	discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp
	regression" OR rdd OR "difference in difference*" OR "difference-in-
	difference*" OR "diff in diff" OR "diff-in-diff" OR "random allocat*" OR
	"random assign*" OR "random select*" OR "select random*" OR "research
	synthesis" OR "fixed effect*" OR "control evaluation" OR "control treatment"
	OR "instrumental variable*" OR "as instrument" OR heckman OR
	"treatment group" OR "intervention group" OR "comparison group" OR
	"control group" OR "subsidy group" OR "counterfactual analysis" OR
	"counter factual analysis" OR "counter-factual analysis" OR
	"counterfactual experiment*" OR "random* stud*" OR causal* OR "control
	group*" OR "comparison group*" OR "control communit*" OR "treatment
	communit*" OR "control village*" OR "treatment village*" OR experiment*
	OR iv OR itt OR "treatment effect*" OR "intervention effect*" OR "intention-
	to-treat" OR "intention to treat" OR "econometric analysis" OR "impact
	evaluation" OR "impact* stud*" OR "natural experiment*" OR (systematic*
	NEAR/2 review*) OR "meta-analy*" or "meta analy*" OR metaanaly*)
Evaluation	No restriction on outcomes at search stage
Research	Peer-reviewed journal/Academic Journal
type	Report/Grey literature (e.g. Discussion Papers, Working Papers)
	Thesis (Bachelor, Master or PhD)
Publication	2015-present
year	

## **EconLit**

Sample	TI(gender* OR women OR woman OR girl* OR female* OR mother* OR
	maternal OR wife* OR wives OR feminization OR feminization OR inclusi*
	OR equit*) OR AB(gender* OR women OR woman OR girl* OR female* OR
	mother* OR maternal OR wife* OR wives OR feminization OR feminization
	OR inclusi* OR equit*) OR SU(gender* OR women OR woman OR girl* OR
	female* OR mother* OR maternal OR wife* OR wives OR feminization OR
	feminization OR inclusi* OR equit*) <b>OR</b>
	TI(newborn* OR neonat* OR baby OR babies OR child* OR youth* OR
	juvenile* OR youngster* OR child* OR boy OR boys OR girl OR girls OR
	"young individual*" OR "young population*" OR elder* OR ((old* OR
	retired) N2 (people* OR person* OR individual* OR woman OR women OR
	man OR men OR age)) OR geriatr* OR gerontolog* OR senior* OR
	senescen* OR retiree* OR sexagenarian* OR septuagenarian* OR
	octagenarian* OR nonagenarian* OR centenarian* OR
	supercentenarian* OR veteran* OR menopaus*) OR AB(newborn* OR
	neonat* OR baby OR babies OR child* OR youth* OR juvenile* OR
	youngster* OR child* OR boy OR boys OR girl OR girls OR "young

individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) N2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*) OR SU(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) N2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*) OR

TI(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) N5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) N5 disorder\*)) OR AB(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) N5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) N5 disorder\*)) OR SU(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) N5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) N5 disorder\*)) OR

TI(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") OR AB(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") OR SU(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") **AND** 

TI(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR

"burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*") OR AB(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*") OR SU(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR

somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*") OR GE(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*")

#### **AND**

Phenomenon of Interest

TI(voucher\* OR "e-voucher\*" OR stamp\* OR coupon\* OR (("in-kind") N3 (conditional OR unconditional OR transfer\* OR assistance OR aid OR

handout\* OR "hand out\*" OR grant OR grants OR credit\* OR benefit\*)) OR "social protection" OR ((humanitarian OR emergency) N1 (response\* OR assistance OR setting\* OR aid OR relief)) OR "disaster response\*" OR "humanitarian disaster\*") OR AB(voucher\* OR "e-voucher\*" OR stamp\* OR coupon\* OR (("in-kind") N3 (conditional OR unconditional OR transfer\* OR assistance OR aid OR handout\* OR "hand out\*" OR grant OR grants OR credit\* OR benefit\*)) OR "social protection" OR ((humanitarian OR emergency) N1 (response\* OR assistance OR setting\* OR aid OR relief)) OR "disaster response\*" OR "humanitarian disaster\*") OR SU(voucher\* OR "e-voucher\*" OR stamp\* OR coupon\* OR (("in-kind") N3 (conditional OR unconditional OR transfer\* OR assistance OR aid OR handout\* OR "hand out\*" OR grant OR grants OR credit\* OR benefit\*)) OR "social protection" OR ((humanitarian OR emergency) N1 (response\* OR assistance OR setting\* OR aid OR relief)) OR "disaster response\*" OR "humanitarian disaster\*") **OR** 

TI((feeding OR "school-feeding" OR "school-meal" OR "school-milk" OR "school milk" OR meal\* OR snack\* OR breakfast OR "break-fast" OR lunch\* OR mid-day OR "mid day" OR dinner\* OR supper\* OR "take home" OR ration\* OR nutrition OR food\*) AND (school\* OR kindergarten OR parvularia OR "pre-primary" OR preschool OR "pre-school" OR daycare OR "day care" OR student\* OR pupil\* OR universit\* OR "higher ed" OR college OR ((higher OR adult OR basic OR continuing OR elementary OR primary OR middle OR secondary) N0 (education)))) OR AB((feeding OR "school-feeding" OR "school-meal" OR "school-milk" OR "school milk" OR meal\* OR snack\* OR breakfast OR "break-fast" OR lunch\* OR mid-day OR "mid day" OR dinner\* OR supper\* OR "take home" OR ration\* OR nutrition OR food\*) AND (school\* OR kindergarten OR parvularia OR "pre-primary" OR preschool OR "pre-school" OR daycare OR "day care" OR student\* OR pupil\* OR universit\* OR "higher ed" OR college OR ((higher OR adult OR basic OR continuing OR elementary OR primary OR middle OR secondary) N0 (education)))) OR SU((feeding OR "school-feeding" OR "school-meal" OR "school-milk" OR "school milk" OR meal\* OR snack\* OR breakfast OR "break-fast" OR lunch\* OR mid-day OR "mid day" OR dinner\* OR supper\* OR "take home" OR ration\* OR nutrition OR food\*) AND (school\* OR kindergarten OR parvularia OR "pre-primary" OR preschool OR "pre-school" OR daycare OR "day care" OR student\* OR pupil\* OR universit\* OR "higher ed" OR college OR ((higher OR adult OR basic OR continuing OR elementary OR primary OR middle OR secondary) NO (education)))) AND

## Design

TI("program\* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp

regression" OR rdd OR "difference in difference\*" OR "difference-indifference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR "comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment\*" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intentionto-treat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* N2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*) OR AB("program\* evaluation" OR "project evaluation" OR "evaluation" research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression" discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-indifference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR "comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment\*" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intentionto-treat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* N2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*) OR SU("program\* evaluation" OR "project evaluation" OR "evaluation" research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-indifference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "resear<mark>ch</mark>

	synthesis" OR "fixed effect*" OR "control evaluation" OR "control treatment"
	OR "instrumental variable*" OR "as instrument" OR heckman OR
	"treatment group" OR "intervention group" OR "comparison group" OR
	"control group" OR "subsidy group" OR "counterfactual analysis" OR
	"counter factual analysis" OR "counter-factual analysis" OR
	"counterfactual experiment*" OR "random* stud*" OR causal* OR "control
	group*" OR "comparison group*" OR "control communit*" OR "treatment
	communit*" OR "control village*" OR "treatment village*" OR experiment*
	OR iv OR itt OR "treatment effect*" OR "intervention effect*" OR "intention-
	to-treat" OR "intention to treat" OR "econometric analysis" OR "impact
	evaluation" OR "impact* stud*" OR "natural experiment*" OR (systematic*
	N2 review*) OR "meta-analy*" or "meta analy*" OR metaanaly*)
Evaluation	No restriction on outcomes at search stage
Research	Peer-reviewed journal/Academic Journal
type	Report/Grey literature (e.g. Discussion Papers, Working Papers)
	Thesis (Bachelor, Master or PhD)
Publication	2015-present
year	

## **3ie Development Evidence Portal**

Sample	title:((gender* OR women OR woman OR girl* OR female* OR mother* OR
•	maternal OR wife* OR wives OR feminization OR feminization OR inclusi*
	OR equit* OR newborn* OR neonat* OR baby OR babies OR child* OR
	youth* OR juvenile* OR youngster* OR child* OR boy OR boys OR girl OR
	girls OR "young individuals" OR "young population" OR "young
	popoulations" OR elder* OR "older people" OR "older populations" OR
	"older men" OR retired OR geriatr* OR gerontolog* OR senior* OR
	senescen* OR retiree* OR sexagenarian* OR septuagenarian* OR
	octagenarian* OR nonagenarian* OR centenarian* OR
	supercentenarian* OR veteran* OR menopaus* OR disabil* OR disabled
	OR "differently abled" OR handicap* OR "visually impaired" OR "visual
	impairment" OR "hearing impaired" OR deaf* OR "blind person" OR "blind
	people" OR disorder* OR adolescen* OR juvenil* OR teen* OR youth* OR
	highschool* OR "high school" OR "grade school" OR "secondary school" OR
	"young population" OR "young man" OR "young men" OR "young woman"
	OR "young women" OR "young adult" OR "young adults")) <b>OR</b>
	(abstract:((gender* OR women OR woman OR girl* OR female* OR
	mother* OR maternal OR wife* OR wives OR feminization OR feminization
	OR inclusi* OR equit* OR newborn* OR neonat* OR baby OR babies OR
	child* OR youth* OR juvenile* OR youngster* OR child* OR boy OR boys
	OR girl OR girls OR "young individuals" OR "young population" OR "young
	popoulations" OR elder* OR "older people" OR "older populations" OR
	"older men" OR retired OR geriatr* OR gerontolog* OR senior* OR

	senescen* OR retiree* OR sexagenarian* OR septuagenarian* OR octagenarian* OR nonagenarian* OR centenarian* OR supercentenarian* OR veteran* OR menopaus* OR disabil* OR disabled OR "differently abled" OR handicap* OR "visually impaired" OR "visual impairment" OR "hearing impaired" OR deaf* OR "blind person" OR "blind people" OR disorder* OR adolescen* OR juvenil* OR teen* OR youth* OR highschool* OR "high school" OR "grade school" OR "secondary school" OR "young population" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adults")) OR keywords:((gender* OR women OR woman OR girl* OR female* OR mother* OR maternal OR wife* OR wives OR feminization OR feminization OR inclusi* OR equit* OR newborn* OR neonat* OR baby OR babies OR child* OR youth* OR juvenile* OR youngster* OR child* OR boy OR boys OR girl OR girls OR "young individuals" OR "young population" OR "young populations" OR elder* OR "older people" OR "older populations" OR "older men" OR retired OR geriatr* OR gerontolog* OR senior* OR senescen* OR retiree* OR sexagenarian* OR septuagenarian* OR octagenarian* OR nonagenarian* OR centenarian* OR supercentenarian* OR veteran* OR menopaus* OR disabil* OR disabled OR "differently abled" OR handicap* OR "visually impaired" OR "visual impairment" OR "hearing impaired" OR deaf* OR "blind person" OR "blind people" OR "high school" OR "grade school" OR "secondary school" OR "young population" OR "young men" OR "young woman" OR "young men" OR "young men" OR "young woman" OR "young men" OR "young men" OR "young woman" OR "young men" OR "young men" OR "young woman" OR "young women" OR "young men" OR "young men" OR "young women" OR "young men" OR "young men" OR "young women" OR "young men" OR "young men" OR "young women" OR "young men" OR "young men" OR "young women" OR "young men" OR "young men" OR "young women" OR "young men" OR "young men" OR "young men" OR "young women" OR "young men"
Sample (2)	Limit Region to Sub-Saharan Africa, South Asia, Latin America and Caribbean, Middle East and North Africa, East Asia and the Pacific
Phenomenon of Interest	title:((voucher* OR "e-vouchers" OR stamp* OR coupon* OR "in-kind" OR "social protection" OR humanitarian OR "disaster response" OR "schoolfeeding" OR "school-meal" OR "school-milk" OR "school milk"))) OR abstract:((voucher* OR "e-vouchers" OR stamp* OR coupon* OR "in-kind" OR "social protection" OR humanitarian OR "disaster response" OR "school-feeding" OR "school-meal" OR "school-milk" OR "school milk"))) OR
	keywords:((voucher* OR "e-vouchers" OR stamp* OR coupon* OR "in-kind" OR "social protection" OR humanitarian OR "disaster response" OR "school-feeding" OR "school-meal" OR "school-milk" OR "school milk")))
Design	The 3ie portal has a focus on (quasi-)experimental IEs and syntheses in developing countries. Therefore methodology filtering terms are not required.
Evaluation	No restriction on outcomes at search stage
Research type	No restriction

Publication 2015-2024 year

## **Cochrane Database of Systematic Reviews**

## Sample

1 (gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\*OR equit\*):ti,ab,kw

2 (newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR (young NEXT individual\*) OR (young NEXT population\*) OR elder\* OR ((old\* OR retired) AND (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*):ti,ab,kw **OR** 

3 (disabil\* OR disabled OR "differently abled" OR handicap\* OR (visual NEXT impair\*) OR (visually NEXT impair\*) OR (hearing NEXT impair\*) OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) AND (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) AND (disorder\*))):ti,ab,kw OR

4 (adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR (high NEXT school\*) OR (grade NEXT school\*) OR (secondary NEXT school\*) OR (young NEXT population\*) OR "young man" OR "young men" OR "young woman" OR "young women" OR (young NEXT adult\*) OR minors):ti,ab,kw AND

7 (afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR (costa NEXT rica\*) OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR (el NEXT salvador\*) OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR (georgia\* NEXT republic) OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\*

OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR (middle NEXT east\*) OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR (new NEXT guinea\*) OR rwanda\* OR (saint NEXT lucia\*) OR (st NEXT lucia\*) OR (saint NEXT vincent\*) OR (st NEXT vincent\*) OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR (sierra NEXT leone\*) OR (sri NEXT lanka\*) OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR (south NEXT africa\*) OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR (lami NEXT countr\*) OR (developing NEXT countr\*) OR (developing NEXT nation\*) OR (transitional NEXT countr\*)):ti,ab,kw

#7 AND #8 AND #9

#### **AND**

## Phenomenon of Interest

5 (voucher\* OR e-voucher\* OR stamp\* OR coupon\* OR (("inkind") AND (transfer\* OR assistance OR aid OR handout\* OR (hand NEXT out\*) OR grant OR grants OR credit\* OR benefit\* OR conditional OR unconditional)) OR "social protection" OR ((humanitarian OR emergency) AND (response\* OR assistance OR setting\* OR aid OR relief)) OR (disaster NEXT response\*) OR (humanitarian NEXT disaster\*)):ti,ab,kw OR

6 ((feeding OR "school-feeding" OR "school-meal" OR "schoolmilk" OR "school milk" OR meal\* OR snack\* OR breakfast OR "break-fast" OR lunch\* OR mid-day OR "mid day" OR dinner\* OR supper\* OR "take home" OR ration\* OR nutrition OR food\*) AND (school\* OR kindergarten OR parvularia OR "pre-primary" OR preschool OR "pre-school" OR daycare OR "day care" OR student\* OR pupil\* OR universit\* OR "higher ed" OR college OR ((higher OR adult OR basic OR continuing OR elementary OR primary OR middle OR secondary) AND (education)))):ti,ab,kw/

Design	The Cochrane platform is a database for systematic reviews (SRs) in health care. The search was limited to SRs and protocols were excluded as they belong to another database.
Evaluation	No restriction on outcomes at search stage
Research type	No restriction
Publication year	2015-present

## **Campbell Systematic Reviews**

Sample	The platform lacks the sophistication to process complex searches involving multiple terms and truncation operators for quoted phrases, so only key terms related to the intervention were included
Phenomenon of Interest	Anywhere: voucher* OR "school feeding" OR "in-kind transfer" OR "in-kind transfers"
Design	No restriction but protocols shall be excluded
Evaluation	No restriction on outcomes at search stage
Research type	No restriction
Publication year	01-01-2015 to 12-31-2025

## World Bank Open Knowledge Repository

Sample	The platform lacks the sophistication to process complex searches involving multiple terms and truncation operators for quoted phrases, so only key terms related to the intervention were included
Phenomenon of Interest	Two searchers were run separately:
	"in-kind transfers" OR "school-feeding" OR "school feeding" OR "school meal" = 85 studies
Design	No limitations were included
Evaluation	No restriction on outcomes at search stage
Research type	No restriction
Publication year	2015-present

Studies found from the search: 154 studies

After basic screening considering phenomenon of interest and design: 30 studies

## Additional search: 43 studies

## **Database name: Scopus**

((TITLE-ABS(gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\*OR equit\*) OR AUTHKEY(gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\*OR equit\*)) OR (TITLE-ABS(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) W/2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*) OR AUTHKEY(child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) W/2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*)) OR (TITLE-ABS(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) W/5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) W/5 disorder\*)) OR AUTHKEY (disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) W/5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) W/5 disorder\*))) OR (TITLE-ABS(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") OR AUTHKEY(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*"))) AND (TITLE-ABS-KEY(food W/2 transfer\*)) AND (TITLE-ABS-KEY(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR

iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraquay\* OR peru\* OR philippin\* OR "papua new quinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR lmics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*")) AND (TITLE-ABS-KEY("program\* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-in-difference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR "comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counterfactual analysis" OR "counterfactual experiment\*" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intention-to-treat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* W/2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*))

2015-present

n = 45

## **Database name: Social Science Citation Index**

**EXACT SEARCH on** 

1. TS=(gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* 3ieOR equit\*)

2. TS=(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) NEAR/2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*)

- 3. TS=(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) NEAR/5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) NEAR/5 disorder\*))
- 4. TS=(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young women" OR "young adult\*")
- 5. #1 OR #2 OR #3 OR #4
- 6. TS=(food NEAR/2 transfer\*)
- 7. TS=(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*")

8. TS=("program\* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-in-difference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR "comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment\*" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intention-totreat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* NEAR/2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*)

9. #5 AND #6 AND #7AND #8

Limit 2015-present

n=39

#### Database name: EconLit

- 1. TI(gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* OR equit\*) OR AB(gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* OR equit\*) OR SU(gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* OR equit\*)
- 2. TI(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) N2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*) OR AB(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young population\*" OR elder\* OR ((old\* OR retired) N2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*) OR SU(newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individual\*" OR "young

population\*" OR elder\* OR ((old\* OR retired) N2 (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*)

- 3. Tl(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) N5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) N5 disorder\*)) OR AB(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) N5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) N5 disorder\*)) OR SU(disabil\* OR disabled OR "differently abled" OR handicap\* OR "visual impair\*" OR "visually impair\*" OR "hearing impair\*" OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) N5 (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) N5 disorder\*))
- 4. TI(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") OR AB(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult\*") OR SU(adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school\*" OR "grade school\*" OR "secondary school\*" OR "young population\*" OR "young man" OR "young men" OR "young woman" OR "young adult\*")
- 5. SI OR S2 OR S3 OR S4
- 6. TI(food N2 transfer\*) OR AB(food N2 transfer\*) OR SU(food N2 transfer\*)
- 7. TI(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brazil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall"

islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraquay\* OR peru\* OR philippin\* OR "papua new quinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR toqo\* OR "timor leste" OR "toqolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*") OR AB(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina faso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR quatemala\* OR quinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraquay\* OR peru\* OR philippin\* OR "papua new quinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR lmics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR transitional countr\*") OR SU(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR" armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina faso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR

comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR quatemala\* OR quinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "sri lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*") OR GE(afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina faso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR "costa rica\*" OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR "el salvador\*" OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR "georgia\* republic" OR ghana\* OR grenada OR quatemala\* OR quinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR "middle east\*" OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR "papua new guinea\*" OR rwanda\* OR "saint lucia\*" OR "st lucia\*" OR "saint vincent\*" OR "st vincent\*" OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR "sierra leone\*" OR "srj lanka\*" OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR "south africa\*" OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR

vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR "lami countr\*" OR "developing countr\*" OR "developing nation\*" OR "transitional countr\*")

8. TI("program\* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-in-difference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR "comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment\*" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intention-totreat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* N2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*) OR AB("program\* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-in-difference\*" OR "diff in diff" OR "diffin-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR "comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment\*" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intention-to-treat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* N2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*) OR SU("program\* evaluation" OR "project evaluation" OR "evaluation research" OR "quasi experiment\*" OR quasiexperiment\* OR quasiexperiment\* OR "random\* control\* trial\*" OR "random\* trial\*" OR rct OR randomi\* OR "matching study" OR "matching procedure" OR "propensity score" OR psm OR "regression discontinuity" OR "regression discontinuity" OR "regression kink" OR "fuzzy regression" OR "sharp regression" OR rdd OR "difference in difference\*" OR "difference-in-difference\*" OR "diff in diff" OR "diff-in-diff" OR "random allocat\*" OR "random assign\*" OR "random select\*" OR "select random\*" OR "research synthesis" OR "fixed effect\*" OR "control evaluation" OR "control treatment" OR "instrumental variable\*" OR "as instrument" OR heckman OR "treatment group" OR "intervention group" OR

"comparison group" OR "control group" OR "subsidy group" OR "counterfactual analysis" OR "counter factual analysis" OR "counter-factual analysis" OR "counterfactual experiment" OR "random\* stud\*" OR causal\* OR "control group\*" OR "comparison group\*" OR "control communit\*" OR "treatment communit\*" OR "control village\*" OR "treatment village\*" OR experiment\* OR iv OR itt OR "treatment effect\*" OR "intervention effect\*" OR "intention-to-treat" OR "intention to treat" OR "econometric analysis" OR "impact evaluation" OR "impact\* stud\*" OR "natural experiment\*" OR (systematic\* N2 review\*) OR "meta-analy\*" or "meta analy\*" OR metaanaly\*)

9. S5 AND S6 AND S7 AND S8

2015 to present

n=21

## Database name: 3ie Development Evidence Portal

(title:((gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* OR equit\* OR newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individuals" OR "young population" OR "young popoulations" OR elder\* OR "older people" OR "older populations" OR "older men" OR retired OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\* OR disabil\* OR disabled OR "differently abled" OR handicap\* OR "visually impaired" OR "visual impairment" OR "hearing impaired" OR deaf\* OR "blind person" OR "blind people" OR disorder\* OR adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school" OR "grade school" OR "secondary school" OR "young population" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult" OR "young adults")) AND title:(("food transfer" OR "food transfers"))) OR (abstract:((gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* OR equit\* OR newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individuals" OR "young population" OR "young popoulations" OR elder\* OR "older people" OR "older populations" OR "older men" OR retired OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\* OR disabil\* OR disabled OR "differently abled" OR handicap\* OR "visually impaired" OR "visual impairment" OR "hearing impaired" OR deaf\* OR "blind person" OR "blind people" OR disorder\* OR adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school" OR "grade school" OR "secondary school" OR "young population" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult" OR "young adults")) AND abstract:(("food transfer" OR "food transfers"))) OR (keywords:((gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\* OR equit\* OR newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR

youngster\* OR child\* OR boy OR boys OR girl OR girls OR "young individuals" OR "young population" OR "young populations" OR elder\* OR "older people" OR "older populations" OR "older men" OR retired OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\* OR disabil\* OR disabled OR "differently abled" OR handicap\* OR "visually impaired" OR "visual impairment" OR "hearing impaired" OR deaf\* OR "blind person" OR "blind people" OR disorder\* OR adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR "high school" OR "grade school" OR "secondary school" OR "young population" OR "young man" OR "young men" OR "young woman" OR "young women" OR "young adult" OR "young adults")) AND keywords:(("food transfer" OR "food transfers")))

Limit Year of Publication 2015-2024

Limit Region to Sub-Saharan Africa, South Asia, Latin America and Caribbean, Middle East and North Africa, East Asia and the Pacific

n=25

## Database name: Cochrane Database of Systematic Reviews

- 1 (gender\* OR women OR woman OR girl\* OR female\* OR mother\* OR maternal OR wife\* OR wives OR feminization OR feminization OR inclusi\*OR equit\*):ti,ab,kw
- 2 (newborn\* OR neonat\* OR baby OR babies OR child\* OR youth\* OR juvenile\* OR youngster\* OR child\* OR boy OR boys OR girl OR girls OR (young NEXT individual\*) OR (young NEXT population\*) OR elder\* OR ((old\* OR retired) AND (people\* OR person\* OR individual\* OR woman OR women OR man OR men OR age)) OR geriatr\* OR gerontolog\* OR senior\* OR senescen\* OR retiree\* OR sexagenarian\* OR septuagenarian\* OR octagenarian\* OR nonagenarian\* OR centenarian\* OR supercentenarian\* OR veteran\* OR menopaus\*):ti,ab,kw
- 3 (disabil\* OR disabled OR "differently abled" OR handicap\* OR (visual NEXT impair\*) OR (visually NEXT impair\*) OR (hearing NEXT impair\*) OR deaf\* OR "blind person" OR "blind people" OR ((intellectual\* OR mental\* OR psychological\* OR developmental\*) AND (impair\* OR retard\* OR deficien\* OR handicap\* OR ill\*)) OR ((communication OR language OR speech OR learning) AND (disorder\*))):ti,ab,kw
- 4 (adolescen\* OR juvenil\* OR teen\* OR youth\* OR highschool\* OR (high NEXT school\*) OR (grade NEXT school\*) OR (secondary NEXT school\*) OR (young NEXT population\*) OR "young man" OR "young men" OR "young woman" OR "young women" OR (young NEXT adult\*) OR minors):ti,ab,kw
- 5 ((food NEXT transfer\*)):ti,ab,kw
- 6 (afghan\* OR albania\* OR algeria\* OR angola OR argentin\* OR armenia OR armenian OR azerbaijan\* OR bangladesh\* OR benin OR belarus OR belorussian OR belorussia OR belize

OR bhutan\* OR bolivia\* OR bosnia\* OR herzegovina OR botswana\* OR brazil\* OR brasil\* OR bulgaria\* OR "burkina faso" OR "burkina fasso" OR burundi\* OR cambodia\* OR "khmer republic" OR cameroon\* OR cameroons OR "cape verde" OR "central african republic" OR chad OR china OR chinese OR colombia\* OR comoros OR "comoro islands" OR comores OR mayotte OR congo\* OR (costa NEXT rica\*) OR "cote d'ivoire" OR "ivory coast" OR cuba\* OR djibouti OR dominica\* OR "dominican republic" OR ecuador\* OR egypt\* OR (el NEXT salvador\*) OR eritrea\* OR ethiopia\* OR eswatini\* OR fiji OR gabon\* OR gambia\* OR gaza OR (georgia\* NEXT republic) OR ghana\* OR grenada OR guatemala\* OR guinea\* OR haiti\* OR hondura\* OR india\* OR maldives OR indonesia\* OR iran\* OR iraq\* OR jamaica\* OR jordan\* OR kazak\* OR kenya\* OR kiribati\* OR korea\* OR kosovo\* OR kyrgyzstan\* OR "kyrgyz republic" OR "lao pdr" OR laos OR lebanon\* OR lesotho OR liberia\* OR libya\* OR macedonia\* OR madagascar OR malaysia\* OR malaya OR malay OR malawi\* OR mali\* OR "marshall islands" OR mauritania\* OR mauritius OR mexico OR mexican OR micronesia\* OR (middle NEXT east\*) OR moldova\* OR moldovia OR moldovian OR mongolia\* OR montenegro OR morocco OR moroccan OR mozambique OR mozambi\* OR myanmar OR namibia\* OR nepal\* OR nicaragua\* OR niger\* OR nigeria OR pakistan\* OR palau OR palestin\* OR paraguay\* OR peru\* OR philippin\* OR (new NEXT guinea\*) OR rwanda\* OR (saint NEXT lucia\*) OR (st NEXT lucia\*) OR (saint NEXT vincent\*) OR (st NEXT vincent\*) OR grenadines OR samoa\* OR "sao tome" OR senegal\* OR serbia\* OR montenegro OR (sierra NEXT leone\*) OR (sri NEXT lanka\*) OR "solomon islands" OR somalia\* OR sudan\* OR suriname OR swaziland OR (south NEXT africa\*) OR syria\* OR tajik\* OR tanzania\* OR thailand OR thai OR togo\* OR "timor leste" OR "togolese republic" OR tonga\* OR tunisia\* OR turkey OR türkiye OR turkmenistan OR turkmen OR tuvalu OR uganda\* OR ukrain\* OR Uzbekistan OR uzbek OR vanuatu OR venezuela\* OR vietnam\* OR "viet nam" OR "west bank" OR yemen\* OR zambia\* OR zimbabwe\* OR Imic OR Imics OR "third world" OR (lami NEXT countr\*) OR (developing NEXT countr\*) OR (developing NEXT nation\*) OR (transitional NEXT countr\*)):ti,ab,kw

7 #1 OR #2 OR #3 OR #4

8 #7 AND #5 AND #6

Date: 2015-present

n=1

## **Database name: Campbell Systematic Reviews**

Advanced Search

Anywhere: "food transfer" OR "food transfers"

Publication Date: 01-01-2015 to 12-31-2025

n=2

# Screening Protocol for selection of impact evaluation studies

## TITLE AND ABSTRACT SCREENING (4 STEPS):

- 1. Read title first, get first impression of what the text is about
  - (a) If title is clear and study is **not relevant** → *EXCLUDE* from full text screening
  - (b) If title is relevant or unclear or does not give enough information to exclude proceed to step 2

**Note:** Keep record whether a study was included or excluded on the basis of just the title or both title and abstract. Reasons for inclusion or exclusion based on the abstract must be recorded.

2. Is the publication date within the specified interval (from 2015 onwards)?

Yes OR unclear → proceed to step 3

No → EXCLUDE from full-text screening

3. Country of analysis

Does the study relate to interventions in any low- and middle-income countries and NOT ONLY in high-income countries (consult the list of LMICs for 2024)?

Yes OR unclear → proceed to step 4

No → EXCLUDE from full-text screening

4. For the next step, scan the abstract

**Note:** Do not read every word carefully or look at background information at this stage.

(a) Aim of the study: Is the research question **relevant** for our topic? Is there an intervention/phenomenon of interest (see below)?

#### Social assistance

- (1) in-kind transfers (e.g., food, non-food items, health services, housing, free training, childcare, education, other in-kind transfers),
- (2) school feeding (free nutritious meal at school)
- (3) vouchers (commodity vouchers, monetary vouchers)

Yes OR unclear → proceed to step 4 (b)
No → EXCLUDE from full-text screening

- (b) Does the method used include...?
  - (i) Experimental designs; such as cluster and individual randomized controlled trials (CRCTs or RCTs)? or,
  - (ii) Quasi-experimental designs; we include difference-in-difference, instrumental variables, regression-discontinuity-designs, propensity score matching and synthetic control methods or,
  - (iii) Systematic evidence syntheses (Systematic reviews/metaanalysis) that only include quantitative studies following experimental or quasi-experimental study designs, or

Yes OR unclear → *INCLUDE* into full-text screening
No → *EXCLUDE* from full-text screening

## **DECISION RULE (SUMMARY):**

If the paper has met <u>all</u> the above criteria (time of publication, country, interventions, and methods) → INCLUDE

If the paper has met some criteria and the rest are unclear → INCLUDE

If the paper has NOT met one or more criteria, even if it has met others  $\rightarrow$  EXCLUDE

#### **FULL-TEXT SCREENING:**

#### **Step 1. General observation**

 Sample. Does the study present evidence either only from low- and middle-income countries or if not only, then disaggregated so it is possible to separate effects measured for low- and middle-income countries from aggregated effects?

Yes → proceed to 2
No → *EXCLUDE* from full-text review

2. Research type. Is the study a systematic review or meta-analysis of experimental or quasi-experimental studies discussing the effects of vouchers or in-kind interventions on outcomes related to health, education, or living standards?

Yes → INCLUDE into full-text review

Not clear → Consult the **METHODS** section of the paper

No relevant synthesis → EXCLUDE from full text review

This is not a synthesis → proceed to Step 2

## Step 2. Review of the RESULTS section of the paper (the table of results)

- 3. Phenomenon of Interest and Evaluation
  - (a) Can the interventions be put into one or more of the predefined categories (vouchers or in-kind transfers)?

Yes → proceed to 4(b)

Not clear → Consult the **METHODS** section and the **DESCRIPTION** of the study

No → *EXCLUDE* from full-text review

- (b) Can the intervention be considered as a social intervention (under social protection)?
  - (b1) Is it a clinical study?

Yes → *EXCLUDE* 

Not clear  $\rightarrow$  Consult the **METHODS** section and the **DESCRIPTION** of

the study

No  $\rightarrow$  proceed to (b2)

(b2) What is the size of the population of beneficiaries? study?

Larger than 5000  $\rightarrow$  proceed to 3(c)

Between 1000 and 5000 → proceed to (b3)

Smaller than 1000 → EXCLUDE

Not clear → proceed to (b3)

(b3) How many clusters does the study cover to estimate the impact of the intervention?

None, it is an individual-level study → proceed to (b5)

Fewer than 8 clusters → *EXCLUDE* 

Between 8 and 20 → proceed to (b4)

Larger than 20  $\rightarrow$  proceed to 3(c)

(b4) What is the sample size of the study within all clusters?

Above  $1000 \rightarrow \text{proceed to } 3(c)$ 

Lower than 1000  $\rightarrow$  EXCLUDE

(b5) In the individual-level study, how many individuals are included in the study?

Above  $1000 \rightarrow \text{proceed to } 3(c)$ 

Lower than 1000 → EXCLUDE

(c) Can the outcomes be put into one or more of the predefined categories?

Yes  $\rightarrow$  proceed to 3(d)

Not clear -> Consult the **METHODS** section and the **DESCRIPTION** of

the study

No → EXCLUDE from full-text review

(d) Is the outcome of interest measured immediately after the start of the intervention (e.g., lab experiments)?

Yes → *EXCLUDE* from full-text review

Not clear ightarrow Consult the **METHODS** section and the **DESCRIPTION** of

the study

No → proceed to 4(a)

#### 4. Research Type

(a)There is an attempt to evaluate causal effect of an intervention on the outcome (experimental or quasi-experimental studies)

Yes  $\rightarrow$  proceed to 4(b)

Not clear ightarrow Consult the **METHODS** section and the **DESCRIPTION** of

the study

No → EXCLUDE from full-text review

(b) There is a clearly defined comparison group that falls into one of the following categories:

Treatment vs. pure control

- i. Vouchers vs. control group
- ii. In-kind transfers vs. control group

Treatment vs. other modalities

- iii. Vouchers vs. other modalities
- iv. In-kind transfers vs. other modalities

Yes  $\rightarrow$  proceed to 4(c)

Not clear -> Consult the METHODS section and the DESCRIPTION of

the study

No → EXCLUDE from full-text review

(c) There is a clearly defined unit of observation AND there are >= 30 observations in the comparison group and >= 30 observations in relevant treatment arm(s)

Yes → *INCLUDE* into full-text review

Not clear -> Consult the **METHODS** section and the **DESCRIPTION** of

the study

No → EXCLUDE from full-text review

# **DECISION RULE (SUMMARY):**

If the study satisfies ALL of the criteria → INCLUDE into full text review

If the paper has met some criteria and the rest are still somehow unclear → START READING FROM THE START OF THE PAPER TO FIGURE WHICH STEP YOU NEED TO START FROM

If the paper has NOT met some criteria, even if it has met others  $\rightarrow$  EXCLUDE

# Screening Protocol for selection of UN-LED evaluations

#### **PRE-SCREENING IN R - SEARCH TERMS**

"in kind", "in-kind", "transfert en nature", "transferts en nature", "transferencia en especie", "transferencias en especie", "transferência em espécie", "P: transferências em espécie",

"voucher", "vouchers", "bon d'échange", "vale", "bons d'échange", "vales", "e-voucher", "e-vouchers", "bon électronique", "bons électroniques", "e-bon", "e-bons", "vale electrónico", "vales electrónicos", "e-vale", "e-vales", "vale eletrônico", "vales eletrônicos",

"food transfer", "food transfers", "transfert alimentaire", "transferts alimentaires", "transferencia de alimentos", "transferencias de alimentos", "transferência alimentar", "transferências alimentares", "food programm", "food programme", "food programmes", "programme d'alimentation", "programmes d'alimentation", "programa de alimentación", "programas de alimentares", "programa alimentar", "programas alimentares",

"school-feeding", "cantines scolaires", "alimentación escolar", "alimentação escolar", "feeding", "alimentation", "alimentación", "alimentação",

"social protection", "protection sociale", "Protección social", "Proteção social", "social assistance", "assistance sociale", "asistencia social", "assistência social"

# TITLE PAGE AND EXECUTIVE SUMMARY SCREENING (4 STEPS):42

- 1. Read title page first, get first impression of what the text is about
  - (a) If title is clear and study is **not relevant** EXCLUDE from synthesis study
  - (b) If title indicates that the document is not a full evaluation report **EXCLUDE** from synthesis study
  - (c) If title is relevant or unclear or does not give enough information to exclude

    → proceed to step 2

**Note:** Keep record whether a study was included or excluded on the basis of just the title. Reasons for inclusion or exclusion based on the title must be recorded.

2. Is the publication date within the specified interval (from 2015 onwards)?

Yes OR unclear → proceed to step 3a

No → *EXCLUDE* from synthesis study

- 3. Sample
  - (a)Does the evaluation assess one intervention (project or program) that is specific to one country?

Yes OR unclear → proceed to step 3b
No → EXCLUDE from synthesis study

(b) Does the study relate to an intervention in a low- or middle-income country (consult the list of LMICs for 2024)?

Yes OR unclear → proceed to step 4
No → *EXCLUDE* from synthesis study

4. For the next step, **scan** the executive summary<sup>43</sup>

**Note:** Do not read every word carefully or look at the overall purpose, scope, and methodology at this stage.

(a)Does the evaluated intervention promote social assistance for one or several of the following vulnerable groups?

<sup>&</sup>lt;sup>42</sup> For studies in languages other than English, use Deepl.com

<sup>&</sup>lt;sup>43</sup> In case there is no executive summary, kindly review the Introduction, Objectives/Purpose/Scope, Methodology sections.

- (1) Women or girls,
- (2) Children (0-13 years old)
- (3) Adolescents (4-19 years old)
- (4) Elderly (+65 years old)
- (5) Persons with disabilities

Yes OR unclear → proceed to step 4 (b)
No → EXCLUDE from synthesis study

(b) Does the evaluation have a strong focus on **implementation research** (see below)?

Does the evaluation refer to **at least two of the OECD DAC criteria coherence, relevance, efficiency, effectiveness or sustainability, OR** does the evaluation aim to **explain in-depth "why" and "how**" effects or impacts of social assistance have materialized?

AND/OR does the evaluation asses systemic changes, contextual factors and UN/intervention contributions?

Yes OR unclear → include in sample for coding and data extraction)

No → EXCLUDE from synthesis study

## **DECISION RULE (SUMMARY):**

If the evaluation has met **ALL the above criteria** (1a, 1b, 2, 3a, 3b, 4a, 4b)  $\rightarrow$  INCLUDE

If the paper has met **some criteria** and the rest are **unclear** → INCLUDE

If the paper has **NOT met one or more criteria**, even if it has met others <del>></del> EXCLUDE

# (Preliminary) Data Extraction Form

r.	ID of novement automatic and at a		
1	ID of person extracting data		
2	Publication ID (from EPPI)	(Select one with search)	
3	Author names and title	(Confirm from preload. If incorrect make adjustments)	
4	Article title	(Confirm from preload. If incorrect make adjustments)	
5	Publication Year	(Confirm from preload. If incorrect make adjustments)	
		Peer-reviewed journal/Academic Journal	
6	Dublication type	Report/Grey literature (e.g. Discussion Papers, Working Papers)	
	Publication type	Thesis (Bachelor, Master or PhD)	
		UN evaluation	
		Can't tell	
		Impact evaluation / (Quasi-)experimental study	
_	Study type	Systematic review or meta-analysis	
7		Process or performance evaluation (if marked in 6 "UN evaluation")	
		Can't tell	
		East Asia and Pacific	
		Europe and Central Asia	
	Region	Sub-Saharan Africa	
8	(Select all that apply)	Middle East and North Africa	
		South Asia	
		Latin American and Caribbean	
	Does the study include one of the following methods?	Yes	
	(i) Experimental designs;		
	such as cluster and individual randomized controlled trials		
9	(CRCTs or RCTs)?		
	(ii) Quasi-experimental designs; we include difference-	No	
	in-difference, instrumental		
	variables, regression-		

	discontinuity-designs, propensity score matching and synthetic control methods		
	Does the study include several (quasi-)experimental studies?	Yes	
10	This means that impact evaluations for more than one country/context are included and separately discussed	No	
11	Countries (List all that apply)	LMICs list	
		Both urban and rural	
	Is the study implemented in an	(Predominantely) Urban	
12	urban or rural environment?	(Predominantely) Rural	
		Can't tell or not specified	
	What is the fragility status of	High levels of institutional and social fragility	
13	this country?  If multiple countries select the most predominant	Affected by violent conflict	
		Monetary voucher	
		Commodity voucher	
		School vouchers	
	What are the types of	School feeding	
14	interventions under study?	Food transfers	
	(Select all that apply)	Non-food transfers	
		Service transfers (health, education, housing)	
		Other in-kind transfer	
		Other, please specify:	
	Was the intervention	Yes	
15	implemented as part of a humanitarian action or	No	
	emergency response?	Can't tell	
	Who was the main actor that was responsible for the	Government (local or national)	
16	intervention?  Note that this refers to the actor primarily responsible for	Non-government	Ø
	administering the intervention,	Unspecified	

19	treatment arm is a lower bound.  How was the targeting	Can't tell  Census data	
		Can't tell	
	but the sample size of the	> 10000	
18	the respective treatment arm,	5001-10000	
10	Note that this is not necessarily the same as the sample size of	1001-5000	
	there?	500-1000	
	How many recipients are	< 500	
here	Taladion doos not morado (quas		
If I IN	 evaluation does not include (auas	i-) experimental methods, end the extraction	
		Other: Specify	
		World Food Programme (WFP)	
		World Health Organization (WHO)	П
		World Bank Group (WBG)	
		United Nations Children's Fund (UNICEF)  United Nations Population Fund (UNFPA)	
		Refugees (UNHCR) United Nations Children's Fund (UNICEF)	
		United Nations High Commissioner for	
	that apply)	United Nations Environment Programme (UNEP)	
17	(if question above is market "non-government". Select all	United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)	
	Who was the non- governmental actor?	United Nations Development Programme (UNDP)	
		United Nations Educational, Scientific and Cultural Organization (UNESCO)	
		International Rescue Committee (IRC)	
		International Labour Organization (ILO)	
		International Fund for Agricultural Development (IFAD)	
		Food and Agriculture Organization (FAO)	
		Concern Worldwide	
	both in cases where both are involved in implementation, even when only certain parts of intervention are evaluated.		
	and not necessarily the actor responsible for financing. Mark		

	(Select all that apply)	Secondary data other than census	
	Usually this is described in the	Open call	
	design section	Can't tell	
		Other (Please specify)	
		Parent or caregiver	
		Infants (0-5 years)	
		Kids (6-13 years)	
20	Who is the recipient of the	Adolescents (14-17 years)	
20	vouchers or in-kind transfers?	Young adults (18-34 years)	
		Adults (35-64 years)	
		Elderly (65 and more years)	
		Person with disabilities	
21	Is the recipient of the vouchers	Yes	
	or in-kind transfers the intended beneficiary?	No	
22	Who is the intended	Infants (0-5 years)	
	beneficiary?	Kids (6-13 years)	
	(if question 20 is marked as "No")	Adolescents (14-17 years)	
	NO )	Youg adults (18-34 years)	
		Adults (35-64 years)	
		Elderly (65 and more years)	
	Does the beneficiary have a	No	
	gender condition for eligibility?	Females	
23	Note that this refers to the beneficiary for which	Males	
	conditions have to be met for receiving the vouchers and/or in-kind transfer	Can't tell	
	Dogg the hone of its investigation	No	
	Does the beneficiary have an age condition for eligibility?	Infants (0-5 years)	
	(Select all that apply)	Kids (6-13 years)	
24	Note that this refers to the	Adolescents (14-17 years)	
24	beneficiary for which	Young adults (18-34 years)	
	conditions have to be met for	Adults (35-64 years)	
	receiving the vouchers and/or in-kind transfer	Elderly (65 and more years)	
		Can't tell	

	Does the beneficiary need to have a disability condition for	Yes	
25	eligibility?  Note that this refers to the beneficiary for which conditions have to be met for receiving the vouchers and/or in-kind transfer	No	
	Was there targeting based on	No	
	gender?	Females	
	(if question 19 is marked as "Parent or caregiver")	Males	
26	(Select all that apply)	Can't tell	
	Note: This specifically refers to the person receiving the voucher and/or in-kind transfer		
	Man the intervention toward	None (apart from poverty and location)	
	Was the intervention targeted towards one or more of the following specific	Refugees, Migrants, and Internally Displaced Persons	
	subpopulations?	Pregnant women or mothers with infants	
27	(Select all that apply)	Ethnic, Religious, or Indigenous Minorities	
	Note that this means that only	LGBTQ+ Individuals	
	members that belong to the selected populations receive	Rural and Remote Populations	
	the voucher or in-kind transfer.	Other (specify)	
		Can't tell	
		Experimental design – RCT or CRCT	
		Quasi-experimental design – difference-in- difference	
28		Quasi-experimental design – instrumental variable	
	What is the study design?	Quasi-experimental design -regression discontinuity	
	(Select all that apply)	Quasi-experimental design -matching (e.g. PSM, Kernel matching, IPWRA etc.)	
		Quasi-experimental design-synthetic control method	
		Systematic review or meta-analysis	
		Process or performance evaluation	
		Other (specify)	

effect estimates based on? (Select all that apply)    Select all that apply)			Vouchers vs. control group	
Select all that apply    Vouchers vs. other modalities		What comparisons are the	·	
In-kind transfers vs. other modalities	29		• .	
30 What is the total sample size?    101-250		(Select all that apply)		
What is the total sample size?   101-250				
Begin repeat intervention type / Repeat over each selected type of intervention Intervention characteristics    How was the voucher and/or in-kind transfer provided? (Select all that apply if there is more than one modality)    What is the frequency of the voucher and/or in-kind transfer? (Select all that apply if there is more than one modality)    What is the frequency of the voucher and/or in-kind transfer? (Select all that apply if there is more than one modality)    What is the frequency of the voucher and/or in-kind transfer? (Select all that apply if there is more than one modality)    What is the length of time over which the voucher or in-kind transfer is transferred?   One-time   One-t			30-100	
Solicition   Sol	30	What is the total sample size?	101-250	
Segin repeat intervention type / Repeat over each selected type of intervention   Intervention characteristics			251-500	
Begin repeat intervention type / Repeat over each selected type of intervention			501-1000	
Intervention characteristics  How was the voucher and/or in-kind transfer provided? (Select all that apply if there is more than one modality)  What is the frequency of the voucher and/or in-kind transfer? (Select all that apply if there is more than one modality)  What is the frequency of the voucher and/or in-kind transfer? (Select all that apply if there is more than one modality)  What is the length of time over which the voucher or in-kind transfer is transferred?  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Physically  Digitally (e.g., e-vouchers, mobile money vouchers)  Other, please specify:  Can't tell  One-time  Whothly Every other week  Monthly  Bimonthly/ Every other month  Quarterly  Annually  Less frequently  Other (specify)  Can't tell  One-time  6 months  6-12 months  1-2 years  >-2-5 years			> 1000	
How was the voucher and/or in-kind transfer provided? (Select all that apply if there is more than one modality)  What is the frequency of the voucher and/or in-kind transfer? (Select all that apply if there is more than one modality)  Physically  Digitally (e.g., e-vouchers, mobile money vouchers)  Other, please specify:	Begir	n repeat intervention type / Repea	it over each selected type of intervention	
How was the voucher and/or in-kind transfer provided?  (Select all that apply if there is more than one modality)  What is the frequency of the voucher and/or in-kind transfer?  (Select all that apply if there is more than one modality)  What is the frequency of the voucher and/or in-kind transfer?  (Select all that apply if there is more than one modality)  What is the length of time over which the voucher or in-kind transfer is transferred?  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was)  Digitally (e.g., e-vouchers, mobile money vouchers)  Other, please specify:  Can't tell  One-time  How was the vouchers in Digitally (e.g., e-vouchers, mobile money vouchers)  Other, please specify:  Can't tell  One-time  Annually  Less frequently  One-time  4 6 months  6-12 months  1-2 years  >-2-5 years  >-2-5 years	Inter	vention characteristics		
in-kind transfer provided? (Select all that apply if there is more than one modality)  Other, please specify:		,	Physically	
Select all that apply if there is more than one modality   Other, please specify:	31		, , , ,	
What is the frequency of the voucher and/or in-kind transfer?  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  One-time  Biweekly/Every other week  Monthly  Bimonthly/ Every other month  Quarterly  Annually  Less frequently  Other (specify)  Can't tell  One-time  (6 months  6-12 months  > 1-2 years  > 2-5 years  > 5 years	0.		,	
What is the frequency of the voucher and/or in-kind transfer?  (Select all that apply if there is more than one modality)  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was)  Biweekly/Every other week  Monthly  Bimonthly/ Every other month  Quarterly  Annually  Less frequently  Other (specify)  Can't tell  One-time  4 6 months  6-12 months  >1-2 years  >2-5 years  >= 5 years		more than one modality)	,	
What is the frequency of the voucher and/or in-kind transfer?  (Select all that apply if there is more than one modality)  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Monthly  Bimonthly/ Every other month  Quarterly  Annually  Less frequently  One-time  < 6 months  6-12 months  > 1-2 years  > 2-5 years    -2-5 years   -3-5 years   -3-6 years   -3-7 y			One-time	
what is the frequency of the voucher and/or in-kind transfer?  (Select all that apply if there is more than one modality)  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was)  Bimonthly/ Every other month  Quarterly  Annually  Less frequently  One-time  < 6 months  6-12 months  > 1-2 years  > 2-5 years    0 months   0 m			Biweekly/Every other week	
voucher and/or in-kind transfer?  (Select all that apply if there is more than one modality)  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Bimonthly/ Every other month  Quarterly  Annually  Less frequently  One-time  < 6 months  6-12 months  > 1-2 years  > 2-5 years  □  > 5 years		What is the frequency of the	Monthly	
(Select all that apply if there is more than one modality)  Annually  Less frequently  Other (specify)  Can't tell  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Annually  Less frequently  One-time  < 6 months  6-12 months  > 1-2 years  > 2-5 years  > 2-5 years    3		• • • • • • • • • • • • • • • • • • • •	Bimonthly/ Every other month	
more than one modality)  Less frequently Other (specify)  Can't tell  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Less frequently  One-time  < 6 months  6-12 months  > 1-2 years  > 2-5 years  □  > 5 years  □    1	32	transfer?	Quarterly	
Other (specify)  Can't tell  What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Less frequently  Other (specify)  One-time  < 6 months  6-12 months  > 1-2 years  > 2-5 years  > 5 years  □			Annually	
What is the length of time over which the voucher or in-kind transfer is transferred?  If transfers are implemented by government, with no prespecified end date, answer 5+ years (unless intervention was  Can't tell  One-time				

34	For which outcome categories are effects estimated based on an (quasi-)experimental design? (Select all that apply) Note that for systematic reviews or process/performance evaluations select those that are discussed.	<ul><li>☐ Health</li><li>☐ Education</li><li>☐ Living standar</li></ul>	rds	
		alth		
		Child health (inclindicators such a	uding nutritional status s stunting)	
		Sexual, reproduct	ive and maternal health	
		Mental health and	d well-being	
		Access and use o	of health services	
		and young child f	d consumption, infant feeding practices, nutritional biomarkers)	
		Child labour		
		Other health outc	comes	
	What is the specific outcome subcategory investigated? (Select all that apply)	ucation		
35		Learning and ac	hievement (test scores, nitive development, uation)	
			ducation (enrolment, outs, and truancy)	
		ng standards		
		•	ty and water, sanitation, SH) infrastructure	
		Household incom	e	
		Food security		
		Other non-f consumption in g or household asso	general, non-productive	
		Reduction of geducation or labor	gender-gaps (e.g., in or market outcomes)	

		6. Production decisions (i.e., decision- making regarding productive activities of the household)	
		7. Control over household resources and income (e.g., ownership of/access to and decision-making power regarding assets, credit, and household income and spending)	
_	-	repeat for each outcome subcategory and/or	
popu	lation		1
36	What are the specific indicators used to assess the outcome subcategory?  Please provide a list of the specific indicators used in the	(Open text question)	
	study, separated with a comma (e.g. "stunting, severe stunting, infant mortality")		
	Are effect sizes significant?	Yes	
37	Answer "yes" if at least one		
	effect size significant	Unsure	
	Is the significant effect in the	Yes	
38	favorable direction?	No	
	If answered 'Yes' to previous question	Some favorable and some unfavorable	
	Are effects reported based on sex?	No, there are pooled effects	
	(Select all that apply)	Females	
39	Note that this can also apply if no heterogenous effects are discussed but when the study	Males	
	has a particular target group. In these cases, effects of the whole sample are effects for this subpopulation only.		
	Are effects reported based on	No, there are pooled effects	
	age?	Infants (0-5 years)	
	(Select all that apply)	Kids (6-13 years)	
40	Note that this can also apply if	Adolescents (14-17 years)	
	no heterogeneous effects are	Young adults (18-34 years)	
	discussed but when outcomes are only measured based on a	Adults (35-64 years)	
	and any medical bacca on a	` ' '	

	specific age group or if there is	Elderly (65 and more years)		
	a specific target population. In these cases, effects of the whole sample are effects for this subpopulation only.	Can't tell		
41	Are the effects reported for	No, there are pooled effects		
	Persons with Disabilities?	Yes		
42	Are effects reported for other	None (apart from poverty and location)		
	specific subpopulations? (Select all that apply)	Refugees, Migrants, and Internally Displaced Persons		
	Note that this can also apply if	Pregnant women or mothers with infants		
	no heterogeneous effects are discussed but when the study	Ethnic, Religious, or Indigenous Minorities		
	has a particular target group.	LGBTQ+ Individuals		
	In these cases, effects of the	Rural and Remote Populations		
	whole sample are effects for	Other		
	this subpopulation only.	Can't tell		
End re	End repeat outcome subcategory and or population group			
End re	epeat intervention type			

# Draft Deductive Coding Framework (QUALITATIVE DATA EXTRACTION)

		•	
Sub-Questions (Program/performance evaluation synthesis)	Code	Sub-code (1st order)	Sub-code (2nd order)
SQ2.3 What are the barriers or facilitators to reaching those		Affecting program relevance (incl. targeting & coverage, comprehensiveness, accessibility)	General     Reaching vulnerable (sub-)groups
furthest behind?	Barriers /	Affecting program effectiveness	<ul><li>General quality, adequacy, responsiveness</li><li>Outcomes vulnerable (sub-)groups</li></ul>
SQ2.4. Under what conditions (contextual or policy) have	facilitators program	Affecting program coherence	<ul><li>Internal coherence</li><li>External coherence</li></ul>
gender-, age-, disability- responsive vouchers and in-kind transfers been most effective, coherent, relevant, and sustainable in reaching those furthest behind among different gender, age and disability groups?	design & responsiveness	Affecting program sustainability	<ul> <li>Financial &amp; institutional sustainability</li> <li>Social &amp; cultural sustainability</li> <li>Risk &amp; resilience sustainability</li> <li>Political &amp; technological sustainability</li> <li>others</li> </ul>
	-	Affecting program relevance	<ul> <li>Political &amp; governance</li> <li>Disasters, macro-economic &amp; geo-political events</li> <li>Socio-cultural / socio-demographic factors</li> <li>Others</li> </ul>
		Affecting program effectiveness	<ul> <li>Political &amp; Governance</li> <li>Disasters, macro-economic &amp; geo-political events</li> <li>Socio-cultural / socio-demographic factors</li> <li>Others</li> </ul>
		Affecting program coherence	Political & governance

Sub-Questions (Program/performance evaluation synthesis)	Code	Sub-code (1st order)	Sub-code (2nd order)
			<ul> <li>Disasters, macro-economic &amp; geo-political events</li> <li>Socio-cultural / socio-demographic factors</li> <li>Others</li> </ul>
		Affecting program sustainability	<ul> <li>Political &amp; governance</li> <li>Disasters, macro-economic &amp; geo-political events</li> <li>Socio-cultural / socio-demographic factors</li> <li>Others</li> </ul>
		Availability Needs/context/stakeholder analyzes	<ul><li>General</li><li>Vulnerable (sub-)groups</li></ul>
SQ 3.1To what extent were the design and implementation of gender-, age-, disability-	tation of ty- and in-kind  • Extent & Effect Evidence- based Program	Stakeholder Engagement during planning	General     Vulnerable (sub-)groups
responsive vouchers and in-kind transfers informed by evidence		Evidence-based program design choices	General     Vulnerable (sub-)groups
to reach those furthest behind among different gender, age		Barriers and drivers (for evidence-based design)	
and disability groups? What are the most important implementation factors for success?	Extent & Effect	(Evidence from) Feedback and complaint mechanisms	General     Vulnerable (sub-)groups
	Evidence- based Program	(Evidence from) monitoring, reporting and learning mechanisms	General     Vulnerable (sub-)groups
	Implementation	Course corrections through generated evidence	General     Vulnerable (sub-)groups

Sub-Questions (Program/performance evaluation synthesis)	Code	Sub-code (1st order)	Sub-code (2nd order)
		Barriers and drivers (for evidence-based implementation)	
CO 2.2 How and in what wave do	System-level changes	<ul> <li>laws</li> <li>policies</li> <li>law/policy enforcement /implementation<sup>44</sup></li> <li>Others</li> </ul>	
SQ 3.2 How and in what ways do social protection interventions contribute to system-level changes, such as improvements in service delivery, policy formulation, or resource allocation?	<ul> <li>Intervention drivers for system level change</li> </ul>	<ul> <li>Advocacy</li> <li>Capacity development</li> <li>resource allocation (time, money &amp; other inputs)</li> <li>Partnerships &amp; stakeholder particip.</li> <li>Others</li> </ul>	
	External drivers for system level change	<ul> <li>Political &amp; governance</li> <li>Disasters, macro-economic &amp; geo-political events</li> <li>Socio-cultural/socio-demographic factors</li> <li>Others</li> </ul>	

<sup>&</sup>lt;sup>44</sup> Including institutional frameworks and mechanisms, resource allocation, and service delivery, digital innovation

# Risk of bias tool for impact evaluation studies

A. Study type		□ Experimental □ Quasi-experimenta □ Quasi-experimenta □ Quasi-experimenta □ Quasi-experimenta	al – DiD al – Mat	
	distributio baseline s	ean values or the ons of the covariates at statistically different for the comparison group	_ _ _	Yes No Unclear
B. General	using cov	Are these differences controlled for using covariate analysis in the impact evaluation?		Yes No Unclear
questions	•	ce-in-difference n used? (in addition to cification)		Yes No Unclear
4) If the stu in-differ for base		y does not use difference- nce, does the study control ne values of the outcome ((ANCOVA)?	_ _ _	Yes No Unclear
Q. Atteition	1) Is the attri below 10%	tion rate from the study ?	_ _ _	Yes No Unclear
significo		tion rate statistically tly different between the and comparison group?		Yes No Unclear
D. Spillovers and Contamination	isolated fr control or	arisons sufficiently rom the intervention (e.g., comparison group are y geographically d)?		Yes No Unclear
	=	ation: does the control eive the intervention?		Yes No Unclear

	3) Contamination: if the control group receives the intervention but for a shorter amount of time, does the study assess the likelihood that the control group has received equal benefits as the treatment group?	□ Yes □ No □ Unclear	
E. Sample size	<ol> <li>Does the study account for lack of independence between observations within assignment clusters if the outcome variables are clustered?</li> </ol>	□ Yes □ No □ Unclear	
	2) Is the sample size likely to be sufficient to find significant effects of the intervention?	□ Yes □ No □ Unclear	
If "Experimental" is marke	d in set A,		
F. Randomization	Does the study apply randomized assignment?	□ Yes □ No □ Unclear	
If "Quasi-experimental – RDD" is marked in set A,			
G. RDD	Is the allocation of the program based on a pre-determined continuity on a continuous variable and blinded to the beneficiaries or, if not blinded, individuals cannot reasonably affect the assignment variable in response to knowledge of the participation rule?	□ Yes □ No □ Unclear	
If "Quasi-experimental – DiD" is marked in set A,			
H. DiD	If the study is quasi-experimental and uses difference-in-difference estimation, is it showing that the parallel trends assumption is valid?	□ Yes □ No □ Unclear	

If "Quasi-experimental - Matching" is marked in set A,

	l. Matching	Are the characteristics of the treatment and comparison group similar? (based on statistical significance tests) after matching?		Yes No Unclear
I	f "Quasi-experimental –	IV" is marked in set A,		
		<ol> <li>Does the study describe clearly the instrumental variable(s)/identifier used and why it is exogenous?</li> </ol>		Yes No Unclear
	J. IV	2) Are the instruments jointly significant at the level of F ≥ 10? If an F test is not reported, does the author report and assess whether the R-squared of the instrumenting equation is large enough for appropriate identification (R-sq > 0.5)?		Yes No Unclear
Decision rule per bias for randomized studies				
	• <b>M</b> e	w risk (1 pt): Good RCT; RCT with moderate (1 d convincing robust checks  O Questions B1 and B2 are replied with "Yes"  Question C1 is replied with "Yes"  Question C2 is replied with "No"  Question E1 is replied with "Yes" or "Uncle  Question E2 is replied with "Yes" or "Uncle  edium risk (2 pt): Underpowered RCT and/or  oblems, moderate attrition and no convincing  Questions B1 and B2 are replied with "Yes"	ear" ear" ear" with sign g robust	nificant balance checks.
١	Risk of			

# Selection Bias:

- Question C1 is replied with "Yes" ONLY if attrition lower than 30%
- Question C2 is replied with "No"
- O Question El is replied with "Yes" or "Unclear"
- o Question E2 is replied with "No"
- **High risk (3 pt):** RCT with very large balance problems, high attrition, and no convincing robustness checks.
  - o Questions B1 and B2 are replied with "Unclear"
  - Question C1 is replied with "No"
  - o Question C2 is replied with "Yes" or "Unclear"
  - o Question E1 is replied with "No" or "Unclear"
  - o Question E2 is replied with "No"

Low risk (1pt): cluster-randomized controlled trial and no evidence that control group received the program. Researchers have a convincing methodology to estimate spillovers and no evidence that control or comparison group received the program, and beneficiaries are not in contact with non-beneficiaries.      Question D1 is replied with "Yes"     Question D2 is replied with "No"      Medium risk (2 pt): If some percentage of the control or comparison group receives the intervention (<20%).      Question D1 is replied with "Yes" or "Unclear"     Question D2 is replied with "No" – ONLY if contamination is lower than 20%     Question D3 is replied with "Yes" or "Unclear"      High risk (3 pt): If a significant percentage (>20%) of the control or comparison group receives the intervention. If there is evidence that the treatment and control or comparison group compete for the same jobs (vocational training) or sales (business training).      Question D1 is replied with "No"     Question D2 is replied with "Yes"     Question D3 is replied with "Yes"
<ul> <li>Low risk (1 pt): if there is no evidence for selective reporting</li> <li>Medium risk (2 pt): if there is evidence that the authors prioritize outcome variables with statistically significant effects over outcome variables that do not show statistically significant effects but nonetheless report all effects in tables</li> <li>High risk (3 pt): If there is evidence that the authors prioritize outcome variables with statistically significant effects over outcome variables that do not show statistically significant effects and do not show the results of the non-statistically significant effects</li> <li>Low risk (1 pt): If there is no evidence for other bias</li> <li>Medium risk (2 pt): if authors are supposed to cluster standard errors but do not do so.</li> </ul>
Low     Med

### **Decision for aggregating scores**

Risk of Bias	Criteria
Low risk of bias	If total of points =< 5
Medium risk of bias	If total of points =< 7
High risk of bias	If total of points > 7

#### Decision rule per bias for quasi-experimental studies

#### Low risk (Matching and Fuzzy RDDs are never low) – 1pt:

- RDD (only sharp RDD):
  - Questions B1 and B2 are replied with "Yes"
  - Question C1 is replied with "Yes"
  - Question C2 is replied with "No"
  - Question El is replied with "Yes" or "Unclear"
  - Question E2 is replied with "Yes" or "Unclear (sufficient sample size on both sides of the cut point)
  - Question G is replied with "Yes"
  - if all the robustness checks support that the beneficiaries and comparison just above and just below the cut-off point are comparable to each other, there is a clear-cut point
- o IV:
- Questions B1 and B2 are replied with "Yes"
- Question C1 is replied with "Yes"
- Question C2 is replied with "No"
- Question E1 is replied with "Yes" or "Unclear"
- Question E2 is replied with "Yes" or "Unclear
- ONLY if randomization is the instrumental variable

#### o DiD:

- Questions B1 and B2 are replied with "Yes"
- Question C1 is replied with "Yes"
- Question C2 is replied with "No"
- Question E1 is replied with "Yes" or "Unclear"
- Question E2 is replied with "Yes" or "Unclear
- Question H is replied with "Yes"

#### • Medium risk (2pt):

- o RDD (sharp or fuzzy):
  - Questions B1 and B2 are replied with "Yes" or "Unclear"
  - Question C1 is replied with "Yes" ONLY if attrition lower than 30%
  - Question C2 is replied with "No"
  - Question E1 is replied with "Yes" or "Unclear"
  - Question E2 is replied with "No" RDD with a lower sample on both sides of the cut-off point.
  - Question G is replied with a "Yes" or "Unclear"

#### o IV

- Questions B1 and B2 are replied with "Yes" or "Unclear"
- Question C1 is replied with "Yes" ONLY if attrition lower than 30%
- Question C2 is replied with "No"
- Question El is replied with "Yes" or "Unclear"
- Question E2 is replied with "No"

### Risk of Selection Bias:

- Question J1 is replied with "Yes" or "Unclear"
- Question J2 is replied with "Yes" or "Unclear"

#### o DiD:

- Questions B1 and B2 are replied with "Yes" or "Unclear"
- Question C1 is replied with "Yes" ONLY if attrition lower than 30%
- Question C2 is replied with "No"
- Question E1 is replied with "Yes" or "Unclear"
- Question E2 is replied with "No"
- Question H is replied with "No"
- Controls for trends before the start of the program.

#### Matching:

- Questions B1 and B2 are replied with "Yes" or "Unclear"
- Question C1 is replied with "Yes" ONLY if attrition lower than 30%
- Question C2 is replied with "No"
- Question El is replied with "Yes" or "Unclear"
- Question E2 is replied with "No"
- Question I is replied with "Yes"
- Matching algorithm uses baseline variables

#### • High risk (3 pt):

- o RDD
  - Questions B1 and B2 are replied with "Unclear"
  - Question C1 is replied with "No"
  - Question C2 is replied with "Yes" or "Unclear"
  - Question E1 is replied with "No" or "Unclear"
  - Question E2 is replied with "No"
  - Question G is replied with "No"
- o IV
- Questions B1 and B2 are replied with "Unclear"
- Question C1 is replied with "No"
- Question C2 is replied with "Yes" or "Unclear"
- Question E1 is replied with "No" or "Unclear"
- Question E2 is replied with "No"
- Question J1 is replied with "No"
- Question J2 is replied with "No"
- o DiD:
  - Questions B1 and B2 are replied with "Unclear"
  - Question C1 is replied with "No"
  - Question C2 is replied with "Yes" or "Unclear"
  - Question E1 is replied with "No" or "Unclear"
  - Question E2 is replied with "No"
  - Question H is replied with "No"
  - Study does not control for trends before the start of the program.
- Matching:

Risk of performance	<ul> <li>Questions B1 and B2 are replied with "Unclear"</li> <li>Question C1 is replied with "No"</li> <li>Question C2 is replied with "Yes" or "Unclear"</li> <li>Question E1 is replied with "No" or "Unclear"</li> <li>Question E2 is replied with "No"</li> <li>Question I is replied with "Yes"</li> <li>Matching algorithm does not use baseline variables</li> <li>Low risk (1 pt):</li> <li>Question D1 is replied with "Yes"</li> </ul>
Bias (Related to contamination and spillovers)	<ul> <li>Question D2 is replied with "No"</li> <li>Questions D2 &amp; D3 is replied with "Yes" BUT researchers have a convincing methodology to estimate spillovers</li> <li>Medium risk (2 pt): If some percentage of the control or comparison group receives the intervention (&lt;20%).</li> <li>Question D1 is replied with "Yes" or "Unclear"</li> <li>Question D2 is replied with "No" – ONLY if contamination is lower than 20%</li> <li>Question D3 is replied with "Yes" or "Unclear"</li> <li>High risk (3 pt): If a significant percentage (&gt;20%) of the control or comparison group receives the intervention. If there is evidence that the treatment and control or comparison group compete for the same jobs (vocational training) or sales (business training).</li> <li>Question D1 is replied with "No"</li> <li>Question D2 is replied with "Yes"</li> <li>Question D3 is replied with "Yes"</li> </ul>
Risk of outcome and analysis reporting bias	<ul> <li>Low risk (1 pt): if there is no evidence for selective reporting</li> <li>Medium risk (2 pt): if there is evidence that the authors prioritize outcome variables with statistically significant effects over outcome variables that do not show statistically significant effects but nonetheless report all effects in tables</li> <li>High risk (3 pt): If there is evidence that the authors prioritize outcome variables with statistically significant effects over outcome variables that do not show statistically significant effects and do not show the results of the non-statistically significant effects</li> </ul>
Risk of other bias	<ul> <li>Low risk (1 pt): If there is no evidence for other bias</li> <li>Medium risk (2 pt): if authors are supposed to cluster standard errors but do not do so.</li> <li>High risk (3 pt): If authors make other clear analytical mistakes</li> </ul>

### Decision for aggregating scores

Risk of Bias	Criteria
Low risk of bias	If total of points =< 5
Medium risk of bias	If total of points =< 7
High risk of bias	If total of points > 7

# SURE Assessment Sheet and Scoring for systematic reviews<sup>45</sup>

This version is still to be shortened and contexualized.

Section A: Methods used to identify, include and critically appraise studies

Λ 1 W.c	ere the criteria used for deciding which studies	□ Yes
to include in the review reported?		☐ Partially
Did the	e authors specify:	□ No
☐ Types of studies☐ Participants/ settings/ population		Coding guide - check the answers above
	Intervention(s) Outcome(s)	YES: All four conditions should be yes
		NO: All four conditions should be no
		PARTIALLY: All other cases
Comn	nents (note important limitations or uncertainty):	
A.2 W	as the search for evidence reasonably	□ Yes
comp	rehensive?	□ Partially
Were t	the following done:	□No
	Language bias avoided (no restriction of inclusion based on language)	□ Can't tell
	No restriction of inclusion based on publication status	
	Relevant databases searched (Minimum criteria: All reviews should search at least one source of grey literature such as Google; for health: Medline/ Pubmed + Cochrane Library; for social sciences IDEAS + at least one database of general social science literature and one subject specific database)  Reference lists in included articles checked Authors/experts contacted	Coding guide - check the answers above  YES: All five conditions should be yes  PARTIALLY: Only relevant databases and reference lists are both reported, while other conditions not met  NO: All other cases  CAN'T TELL: If unclear
Comn	nents (note important limitations or uncertainty):	
	· · · · · · · · · · · · · · · · · · ·	

<sup>&</sup>lt;sup>45</sup> 3ie's adjusted SURE critical appraisal assessment sheet. Taken from Snilstveit et al. (2013).

A.3 Does the review cover an appropriate time	□ Yes	
period?	□ Can't tell (only use if no	
<ul> <li>Is the search period comprehensive enough that relevant literature is unlikely to be</li> </ul>	information about time period for search)	
omitted?	□ No	
	□ Unsure	
	Coding guide:	
	YES: Literature search goes back at least 15 years from SR's publication date	
	NO: Literature search does not go back 15 years from SR's publication date	
	CAN'T TELL: No information about time period for search	
	Report the time period for the search in the comment box.	
Comments (note search period, any justification provid uncertainty):	ed for the search period, or	
A.4 Was bias in the selection of articles avoided?	□ Yes	
Did the authors specify:	□ No	
□ Independent screening of full text by at least two	Coding guide:	
reviewers	YES: Both conditions should be yes	
☐ List of included studies provided	NO: If only one or zero conditions	
	are yes	
Comments (note important limitations or uncertainty):		
A.5 Did the authors use appropriate criteria to assess	□ Yes	
the quality and risk of bias in analyzing the studies	□ Partially	
that are included?	□ No	
☐ The criteria used for assessing the quality/ risk of	Coding guide:	
bias were reported	YES: All three conditions should be	
A table or summary of the assessment of each included study for each criterion was reported	yes	
Sensible criteria were used that focus on the quality/	PARTIALLY: The first and third	
risk of bias (and not other qualities of the studies, such	condition should be met. If the	
as precision or applicability/external validity).	authors report the criteria for	
"Sensible" is defined as a recognized quality appraisal	assessing risk of bias and report a	
tool/ checklist, or similar tool which assesses bias in	summary of this assessment for each criterion, but the criteria may	
	be only partially sensible (e.g. do	
	not address all possible risks of	

included studies. Please see footnotes <sup>46</sup> for details of	bias, but do address some),
the main types of bias such a tool should assess.	downgrade to PARTIALLY.
	□ NO: All other cases
Comments (note important limitations or uncertainty):	
A.6 Overall – how much confidence do you have in	□ <b>Low confidence</b> (limitations are
the methods used to identify, include and critically	important enough that the results
appraise studies?	of the review are not reliable)
Summary assessment score A relates to the 5 questions above.  High confidence applicable when the answers to the questions in section A are all assessed as 'yes'  Low confidence applicable when any of the following are assessed as 'NO' above: not reporting explicit selection criteria (A1), not conducting reasonably comprehensive search (A2), not avoiding bias in selection of articles (A4), not assessing the risk of bias in included studies (A5)	□ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found) □ High confidence (only minor limitations)
Medium confidence applicable for any other – i.e. section A3 is assessed as 'NO' or can't tell and remaining sections are assessed as 'Yes', 'partially' or 'can't tell'	
Comments (note important limitations):	

<sup>&</sup>lt;sup>46</sup> Risk of bias is the extent to which bias may be responsible for the findings of a study. Bias is a systematic error or deviation from the truth in results or inferences. In studies of the effects of social, economic and health care interventions, the main types of bias arise from systematic differences in the groups that are compared (selection bias), the intervention that is provided, or exposure to other factors apart from the intervention of interest (performance bias/contamination), withdrawals or exclusions of people entered into a study (attrition bias) or how outcomes are assessed (detection bias) and reported (reporting bias). Reviews of social science studies may be particularly affected by reporting bias, where a biased subset of all the relevant data and analyzes is presented. Assessments of the risk of bias are sometimes also referred to as assessments of the validity or quality of a study. Validity is the extent to which a result (of a measurement or study) is likely to be true. Quality is a vague notion of the strength or validity of a study, often indicating the extent of control over bias.

# **Section B:** Methods used to analyze the findings

B.1 Were the characteristics and results of	□ Yes	
the included studies reliably reported?	□No	
Was there:	□ Partially	
□ Independent data extraction by at	□ Not applicable (e.g. no included studies)	
least two reviewers	Coding guide:	
<ul> <li>A table or summary of the characteristics of the participants,</li> </ul>	YES: All three conditions should be yes	
interventions, and outcomes for the	PARTIALLY: Conditions one and three are	
included studies	yes, but some information is lacking on	
☐ A table or summary of the results of all	second condition.	
the included studies	No: None of these are reported, or	
	condition one is not met.	
	NOT APPLICABLE: if no studies/no data	
Comments (note important limitations or un	certainty):	
B.2 Are the methods used by the review	□ Yes	
authors to analyze the findings of the	□ Partially	
included studies clear, including methods	□No	
for calculating effect sizes if applicable?	□ Not applicable (e.g. no studies or no data)	
	Coding guide:	
	YES: Methods used clearly reported. If it is	
	clear that the authors use narrative	
	synthesis, they don't need to say this explicitly.	
	PARTIALLY: Some reporting on methods but lack of clarity	
	NO: Nothing reported on methods	
	NOT APPLICABLE: if no studies/no data	
Comments (note important limitations or un	certainty):	
B.3 Did the review describe the extent of	□ Yes	
heterogeneity?	□ Partially	
□ Did the review ensure that included	□No	
studies were similar enough that it	□ Not applicable (e.g. no studies or no	
made sense to combine them,	data)	
sensibly divide the included studies into homogeneous groups, or sensibly		
conclude that it did not make sense to		
combine or group the included studies?	Coding guide:	

□ Did the review discuss the extent to	YES: First two conditions should be yes, and
which there were important	third condition should be yes if applicable
differences in the results of the	PARTIALLY: The first category is yes and all
included studies?	other categories are 'No' or 'Partial'
If a meta-analysis was done, was the I², chi	NO: All other cases
square test for heterogeneity or other	□ NOT APPLICABLE: if no studies/no data
appropriate statistic reported? If no	ŕ
statistical test was reported, is a qualitative	
justification made for the use of random effects?	
Comments (note important limitations or un	
Comments (note important limitations or un	certainty):
B.B.4 Were the findings of the relevant	□ Yes
studies combined (or not combined)	□ Partially
appropriately relative to the primary	□No
question the review addresses and the available data?	□ Not applicable (e.g. no studies or no
	data)
How was the <b>data analysis</b> done?	□ Can't tell
□ Descriptive only	Coding guide:
□ Vote counting based on direction of	YES: If appropriate table, graph or meta-
effect	analysis AND appropriate weights AND
□ Vote counting based on statistical	extent of heterogeneity taken into account
significance	NO: If narrative OR vote counting (where
□ Description of range of effect sizes	quantitative analyzes would have been
□ Meta-analysis	possible) OR inappropriate table, graph or
□ Meta-regression	meta-analyzes OR unit of analysis errors
□ Other: specify	not addressed (and should have been).
□ Not applicable (e.g. no studies or	NOT APPLICABLE: if no studies/no data
no data)	PARTIALLY/CAN'T TELL: if unsure (note
How were the studies <b>weighted</b> in the	reasons in comments below)
analysis?	
□ Equal weights (this is what is done	
when vote counting is used)	
□ By quality or study design (this is rarely done)	
☐ Inverse variance (this is what is	
typically done in a meta-analysis)	
☐ Number of participants (sample	
size)	
☐ Other: specify	
□ Not clear	

□ Not applicable (e.g. no studies or	
no data)	
Did the review address <b>unit of analysis</b>	
errors?	
☐ Yes - took clustering into account in the analysis (e.g. used intra-cluster correlation coefficient)	
□ No, but acknowledged problem of unit of analysis errors	
□ No mention of issue	
Not applicable - no clustered trials or studies included	
Comments (note important limitations or un	certainty):
B.5 Does the review report evidence	□Yes
appropriately?	□No
☐ The review makes clear which	□ Partially
evidence is subject to low risk of bias in	□ Not applicable
assessing causality (attribution of outcomes to intervention), and which is	Coding guide:
likely to be biased, and does so appropriately	YES: Both conditions fulfilled, or only first condition fulfilled if no studies with different risk of bias
are included, results are reported and	NO: No conditions fulfilled
analyzed separately by risk of bias status	PARTIALLY: Only one condition fulfilled even though both are applicable, or when quality of study reporting limited
	□ NOT APPLICABLE: No included studies
Comments (note important limitations or un	certainty):
Please specify included study designs and a limitations or uncertainty):	ny other comments (note important
<i>//</i> *	

B.6 Did the review examine the extent to	□ Yes					
which specific factors might explain	□ Partially					
differences in the results of the included studies?	□No					
	□ Not applicable					
☐ Were factors that the review authors considered as likely explanatory	Coding guide:					
factors clearly described?	YES: Explanatory factors clearly described					
☐ Was a sensible method used to explore	and the methods used explore					
the extent to which key factors	heterogeneity					
explained heterogeneity?	PARTIALLY: Explanatory factors described					
□ Descriptive/textual	but for meta-analyses, sub-group analysis					
□ Graphical	or meta-regression not considered (when					
□ Meta-analysis by sub-groups	they should have been)					
D Meta-regression	NO: No description or analysis of likely					
Other	explanatory factors					
Culoi	NOT APPLICABLE: e.g. too few studies, no					
	important differences in the results of the					
	included studies, or the included studies were so dissimilar that it would not make					
	sense to explore heterogeneity of the					
	results					
Comments (note important limitations or un	, , , )					
Comments (note important limitations or un	certainty):					
·	,					
B.7 Overall - how much confidence do you have in the methods used to analyze the	□ <b>Low confidence</b> (limitations are					
B.7 Overall - how much confidence do you	,					
B.7 Overall - how much confidence do you have in the methods used to analyze the	□ <b>Low confidence</b> (limitations are important enough that the results of the					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question	□ <b>Low confidence</b> (limitations are important enough that the results of the review are not reliable)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?	□ <b>Low confidence</b> (limitations are important enough that the results of the review are not reliable) □ <b>Medium confidence</b> (limitations are					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above:	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies not reported (BI), not describing	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies not reported (B1), not describing the extent of heterogeneity (B3),	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies not reported (B1), not describing the extent of heterogeneity (B3), combining results inappropriately (B4),	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies not reported (B1), not describing the extent of heterogeneity (B3), combining results inappropriately (B4), reporting evidence inappropriately (B5).	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies not reported (B1), not describing the extent of heterogeneity (B3), combining results inappropriately (B4),	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found)					
B.7 Overall - how much confidence do you have in the methods used to analyze the findings relative to the primary question addressed in the review?  Summary assessment score B relates to the six questions in this section, regarding the analysis.  High confidence applicable when all the answers to the questions in section B are assessed as 'yes'.  Low confidence applicable when any of the following are assessed as 'NO' above: critical characteristics of the included studies not reported (B1), not describing the extent of heterogeneity (B3), combining results inappropriately (B4), reporting evidence inappropriately (B5).  Medium confidence applicable for any	□ Low confidence (limitations are important enough that the results of the review are not reliable) □ Medium confidence (limitations are important enough that it would be worthwhile to search for another systematic review and to interpret the results of this review cautiously if a better review cannot be found) □ High confidence (only minor limitations)					

# Section C: Overall assessment of the reliability of the review

C.1 Are there any other aspects of the	□ One person performing title and
review not mentioned before which lead	abstract screening
you to question the results?	□ Robustness
	□ Interpretation
	$\square$ Conflicts of interest (of the review
	authors or for included studies)
C.2 Are there any mitigating factors which	□ Limitations acknowledged
should be taken into account in	□ No strong policy conclusions drawn
determining the reviews reliability?	(including in abstract/ summary)
Use comments to specify if relevant, to flag u	incertainty or need for discussion:
C.3 Based on the above assessments of the	methods how would you rate the reliability
of the review?	
□ <u>Low confidence in conclusions about effe</u>	<u>ects</u> :
The systematic review has the following majo	or limitations
□ Medium confidence in conclusions about	t effects:
The systematic review has the following limit	ations
□ <u>High confidence in conclusions about eff</u>	<u>ects</u> :
If applicable: The review has the following mi	nor limitations
Coding guide:	
High confidence in conclusions about effect	<b>s</b> : high confidence noted overall for sections
A and B, unless moderated by answer to C1.	
Medium confidence in conclusions about ef	
sections A or B, unless moderated by answer	
Low confidence in conclusions about effects	s: low confidence noted overall for sections A
or B, unless moderated by answer to C2.	
Where 'moderated' means that, if any condit	
confidence level lower (e.g. from 'Medium' to	
is rated one confidence level higher (e.g. from	•
Limitations should be summarized above, ba	sea on what was noted in Sections A, B and

# Quality appraisal form for qualitative review protocol studies (UN-led evaluations)

Number	Question	High: mentioned & well explained	Med: Mentioned, but missing at least one element	Low: Alluded to, but not described in full or explicitly	Not Applicable	Not Mentioned	Reason for assessment of H/M/L and supporting text, where Necessary
SECTION A	A: EVALUATION PURPOSE, OBJEC	TIVES, AND SC	OPE				
Question 1.	Is the purpose of the evaluation clearly described?						
i	Purpose of evaluation is clearly defined, including why it was needed at that point in time, its intended use, and key intended users.						
ii	Clear and relevant description of the scope of the evaluation: what will and will not be covered (thematically, chronologically, geographically with key terms defined), as well as, if applicable, the reasons for						

	this scope (e.g., specifications by the ToRs,				
	lack of access to particular				
	geographic areas for				
	political or safety reasons at				
	the time of the evaluation,				
	lack of data/evidence on				
	particular elements of the				
	intervention).				
Question	Is the Theory of Change,				
2.	results chain, or logic well				
	articulated?				
i	Clear description of the				
	intervention's intended				
	results, or of the parts of				
	implementation that are				
	applicable to, or are being				
	assessed by, the evaluation.				
SECTION E	: EVALUATION DESIGN AND MET	HODOLOGY			
Question	Does the evaluation use				
3.	questions and the relevant				
	evaluation criteria that are				
	explicitly justified as				//
	appropriate for the purpose				
	of the evaluation?				
i	Evaluation questions and			/	
	sub-questions are				
	appropriate for meeting the				

	objectives and purpose of the evaluation. The relevant criteria are specified and are aligned with the questions.			
ii	In addition to the questions and sub- questions, the evaluation matrix includes indicators, benchmarks, assumptions, and/or other processes from which the analysis can be based and conclusions drawn.			
Question 4.	Does the report specify adequate methods for data collection, analysis, and sampling?			
i	Evaluation design and set of methods is relevant and adequately robust for the evaluation's purpose, objectives, and scope, and are fully and clearly described.			
ii	Qualitative and quantitative data sources are appropriate and are clearly described.			

		•		
iii	Sampling strategy is			
	provided. It should include a			
	description of how diverse			
	perspectives are captured			
	(or if not, provide reasons for			
	this), with articulated			
	consideration and/or			
	inclusion of			
	vulnerable/marginalized			
	groups, equity, and			
	intersectionality			
iv	Clear and complete			
	description of the methods			
	of data analysis.			
V	Clear and complete			
	description of limitations and			
	constraints faced by the			
	evaluation, including gaps in			
	the evidence that was			
	generated and mitigation of			
	bias, and how these were			
	addressed by the evaluators			
	(as feasible).			
Question	Are ethical issues and			
5.	considerations described?			

			I		1
ii	Description of ethical				
	safeguards for participants				
	appropriate for the issues				
	relevant to methodology and				
	how they are applied				
	(respect for dignity and				
	diversity, right to self-				
	determination, fair				
	representation, compliance				
	with codes for vulnerable				
	groups, confidentiality, and				
	avoidance of harm).				
SECTION C	EVALUATION FINDINGS		-		
Question	Do the findings clearly				
6.	address all evaluation				
	objectives and scope?				
i	Findings marshal sufficient				
	levels of evidence to				
	systematically address all of				
	the evaluation's questions,				
	sub-questions, and criteria.				
Question	Are evaluation findings				
7.	derived from the				
	conscientious, explicit, and				
	judicious use of the best				
	available, objective, reliable,				
	and valid data and by				
	accurate quantitative and				

	qualitative analysis of							
	evidence.							
i	Evaluation uses credible							
	forms of qualitative and							
	quantitative data. It presents							
	both output and outcome-							
	level data as relevant to the							
	evaluation framework.							
	Triangulation is evident							
	through the use of multiple							
	data sources.							
ii	Findings are clearly							
	supported by, and respond							
	to, the evidence presented,							
	including both positive and							
	negative. Findings are based							
	on clear performance							
	indicators, standards,							
	benchmarks, or other means							
	of comparison as relevant							
	for each question.							
SECTION E	SECTION D: EVALUATION CONCLUSIONS & LESSONS							
Question	Do the conclusions clearly						//	
8.	present an objective overall							
	assessment of the							
	intervention?							

i	Conclusions are clearly formulated and reflect the purpose and objectives of the evaluation. They are sufficiently forward looking (if a formative evaluation or if the implementation is expected to continue or have additional phase).			
ii	Conclusions are derived appropriately from findings, and present a picture of the strengths and limitations of the intervention that adds insight and analysis beyond the findings.			

















- sdgsynthesiscoalition.org@SDGSynthesis
- **The Global SDG Synthesis Coalition**