

Non-contributory Social Protection and Adolescents in Lower- and Middle-Income Countries: A review of government programming and impacts

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NON-CONTRIBUTORY SOCIAL PROTECTION AND ADOLESCENTS IN LOWER- AND MIDDLE-INCOME COUNTRIES: A REVIEW OF GOVERNMENT PROGRAMMING AND IMPACTS

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ABBREVIATIONS

ABAD	Apni Beti Apni Dhan
BISP	Benazir Income Support Programme
BSM	Bantuan Siswa Miskin
CCT	Conditional cash transfer
CSG	Child Support Grant
FSSP	Female School Stipend Programme
HSCT	Harmonised Social Cash Transfer
LEAP	Livelihood Empowerment Against Poverty
MCT	Multiple categorical targeting
NNIP	National Nutrition Improvement Programme
NSMP	National School Meals Programme
PRONAE	Programa Nacional de Empleo
PSNP	Productive Safety Net Programme
PSSN	Productive Social Safety Net
PWP	Public works programme
SCG	Senior Citizens Grant
SCT	Social cash transfer
SCTP	Social Cash Transfer Programme
SCTPP	Social Cash Transfer Pilot Programme
SESIP	Secondary Education Sector Investment Programme
SSC	Secondary School Certificate
STI	Sexually transmitted infections
UCT	Unconditional cash transfer
VFSG	Vulnerable Family Support Grant
WFP	World Food Programme

EXECUTIVE SUMMARY

Social protection programming has continued to expand globally in recent years, but coverage gaps remain, with children and adolescents having the lowest rates of coverage globally compared with other age groups. Social protection can promote the development of capabilities across the life course, but given relatively low coverage rates among children and adolescents, social protection's potential may be limited, as opportunities are missed to facilitate key inputs or address inequities early in an individual's life.

Support provided at different points in the life course can address immediate needs (such as food insecurity, barriers to health-care access, or barriers to school enrolment) and simultaneously promote enhanced capabilities and future well-being (by improving health capital and school attainment and, in turn, future earning potential and productivity). In this way, social protection programming can contribute to a 'pipeline of investments' across the life course. Applying a transformative social protection conceptualization to the adolescent phase of the life course, social protection can promote empowerment and enhance capabilities.

The case for investing in adolescents is twofold. First, adolescents face unique vulnerabilities related to mental and physical health, schooling and protection due not only to the transitions they experience and decisions they make, but also the intensification of larger societal processes, such as gender socialization, during this period of development. Second, as the generation next in line to transition to adulthood, their safe and productive transitions have major implications for the future health, economic growth and the well-being of nations.

Various forms of social protection can enhance these capabilities in myriad ways, but to date there has been no summary of the evidence on social protection coverage and impacts in adolescence. In this study we aim to understand how non-contributory social protection can promote adolescent well-being and facilitate safe and productive transitions to adulthood in lower- and middle-income countries. We examine: 1) whether and how current non-contributory social protection programmes are adolescent-sensitive and 2) what is the impact of non-contributory social protection programmes on adolescents? This review comprises: (i) a description of programme design characteristics and how these may be adolescent-sensitive; and (ii) a review of the evidence about the impacts of non-contributory social protection programming on adolescent well-being and the transition to adulthood. We focus on governmental programmes due to their potential for sustainability and reaching populations at scale.

Key findings are summarized below.

Our analysis of programme implementation and design features indicates that adolescents may benefit from an intervention to varying degrees depending on the eligibility criteria. We identified three cases. First, some interventions targeted to poor and vulnerable households are purely poverty-targeted at the household level and do not target adolescents by design. However, if adolescents are present in the households, they can benefit from the programme to varying degrees, depending on the intrahousehold allocation of benefits. The second case are programmes that directly target adolescents or households with adolescents. The third case includes programmes that have a categorical targeting component inclusive of children but not adolescents, which may: (i) produce spillover effects on adolescent siblings of younger, targeted children; or (ii) have long term effects on children when they become adolescents.

In terms of evidence, we identified three broad gaps in the existing literature: first, several papers focus on the same few programmes, while many programmes globally were not evaluated due to

data limitations. Further, among those that do have evaluations, several papers do not disentangle the effect of programmes by demographic groups. A final limitation is that, while we aimed to assess the impact of several types of non-contributory programmes on adolescents' outcomes, most existing impact evaluations focus on unconditional and conditional cash transfers. Thus, we are limited in our ability to draw conclusions about impacts on adolescent well-being of other types of non-contributory programmes. Looking specifically at the impact of programmes on adolescents' outcomes, the evidence underscores that social protection has positive effects on school enrolment, school attendance and reduction of labour outside the household. However, the evidence on schooling attainment and grade progression among adolescents is more mixed. Despite few existing studies, it appears that non-contributory social protection programmes produce a positive effect on food security and nutrition and have protective effects with respect to delaying sexual debut, reducing the number of sexual partners and age disparity with partners. However, more evidence is needed to draw stronger conclusions. Finally, there are gaps in the evidence with respect to the impact of social protection on adolescents' outcomes related to: health services use, sickness, mental health, psychosocial well-being, depression, alcohol and substance abuse, unprotected sex, early pregnancy, HIV, early marriage, violence and transactional sex. Gaps in the evidence are partially due to the fact that several studies do not disentangle effects by age groups, but this has consequences in terms of the interpretation of results and understanding of whether programmes are able to ensure a safe, healthy and positive transition to adulthood for beneficiaries.

Based on these findings we have the following research, programmatic and policy recommendations:

Research recommendations

1. Invest in more research on the following under-researched adolescent outcomes in new and ongoing evaluations of social protection programmes: use of health services, sickness, mental health, psychosocial well-being, transitions from school to the labour market, community/civic participation, depression, alcohol and substance abuse, unprotected sex, early pregnancy, HIV, early marriage, violence and transactional sex; and measure pathways of impact (for example, stress, time spent in unpaid care, social support, etc.).
2. Disaggregate programme impact by age groups to highlight the heterogeneous effects on children, young adolescents, and older adolescents.
3. Examine how contextual factors, including readiness and availability of existing health services, gender norms and diversity of formal labour market opportunities may amplify or impede social protection impacts.
4. Conduct more research examining impacts of integrated social protection programming (sometimes referred to as 'cash plus'), including linkages to livelihood support, health and social services, to improve adolescents' capabilities.
5. Conduct longitudinal studies to understand whether impacts are sustained into early adulthood and whether social protection exposure in adolescence contributes to previously undetected outcomes in early adulthood (e.g., educational attainment, labour force participation, chronic illness linked to stress, changes in gender attitudes, violence experience and perpetration, agency in marriage, health of their children).

Programme recommendations

1. Expand targeting to include adolescents including through expansion of age-related eligibility cut-offs of child grants.
2. Design programme components to respond to adolescent-specific vulnerabilities, including:
 - ❑ Increase transfer amounts to households with adolescents to offset opportunity costs of attending school;
 - ❑ Strengthen linkages to health services to address sexual and reproductive health needs and prevent sexually transmitted infections and adolescent childbearing, including through supply-side training (to make services more adolescent-friendly), premium fee waivers for enrolment in health insurance schemes, and improved access to information about available services; and
 - ❑ Strengthen linkages to social services, including through case management whereby social workers can identify adolescents' needs and connect them to available services.
3. Scale up general social protection coverage so that more adolescents in poor and vulnerable households are covered.
4. Make cash transfer payments predictable and on time, and maintain their real value, so households can invest in the health and education of adolescents and delay their transitions to adulthood (in terms of sexual debut, pregnancy and marriage).
5. Link social protection households to complementary programming, including health and social services to address their multidimensional poverty risks, which may further put adolescents at risk of adverse outcomes and early transitions to adulthood. These can include linkages to health services through supply-side strengthening, community outreach, or fee waivers for enrolment in health insurance schemes. Capacity for case management can also be strengthened through investments in the social worker workforce, to identify and address needs related to school dropout, child marriage, violence, pregnancy, and more.

Policy recommendations

1. Clearly communicate programme objectives and underlying motivation for programme design decisions to programme staff at implementing level (for example, districts, communities) to ensure that programmes are being implemented as intended and to avoid unintended consequences.
2. Analyse budget allocations to sectors that address adolescent needs and examine fiscal space for integrated programming and linkages, including social workers who can operationalize linkages and conduct case management.
3. Improve coherence and integration among programmes and sectors, including through Memoranda of Understanding between ministries that separately address aspects of multidimensional poverty (for example, social welfare and health ministries).
4. Strengthen civil registration programmes to ensure adolescents have legal identity documents to claim benefits for which they are eligible.

5. Simultaneous to investments in social protection, strengthen existing health and social services to amplify social protection impacts and reduce multidimensional poverty.
6. Increase national investments in ways that will allow adolescents to leverage their increased capabilities (enabled through social protection) once they reach adulthood. This can include investments in public infrastructure and the promotion of labour market conditions facilitating fair competition and labour-intensive job growth in the private sector.

1. INTRODUCTION

Social protection aims to reduce poverty and vulnerability and promote the development of capabilities across the life course (UNICEF, 2019a). To what degree social protection services can achieve these broad-ranging and complementary aims varies depending on when they are delivered in an individual's life. Defined as "the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life course, with a particular emphasis towards vulnerable groups,"¹ social protection programmes often promote investments in education and health to stem the intergenerational cycle of poverty (Rawlings and Rubio, 2005; Davis et al., 2016; Millán et al., 2019).

In recognition of the high rates of return to human capital development in early childhood (Heckman, 2006), many social protection programmes have focused on increasing investments in health and education during early childhood (Ranganathan and Lagarde, 2012; Manley et al., 2013; Owusu-Addoet al., 2018), including the first 1,000 days (from conception to age 2) (Ghana LEAP 1000 Evaluation Team, 2018) – a key period for preventing stunting (Black et al., 2013). Nevertheless, overall coverage rates of social protection² are lowest among children compared with other age groups (ILO, 2017).

Social protection programming has continued to expand globally in recent years (World Bank, 2018), but many gaps in coverage remain, to varying degrees based on region and demographics. While 45.2 per cent of the global population is covered by at least one social protection benefit, coverage ranges from 17.8 per cent of the population in Africa to 84.1 percent in Europe and Central Asia (ILO, 2017). Moreover, within regions, coverage based on demographic characteristics varies. The highest rates of coverage are seen among older persons in every region, with the lowest rates of coverage seen among children, persons with severe disabilities, and the unemployed (ILO, 2017). Across regions, the percentage of children and households receiving child and family benefits ranges from 87.5 per cent in Europe and Central Asia to 15.9 per cent in Africa (the global rate is 34.9 per cent) (ILO, 2017). These varying coverage rates result from a combination of factors, including targeting. Targeting and coverage of social protection is motivated by how best to achieve a programme's objectives, combined with political economy factors such as concerns about electoral success, legitimacy and popular pressures (Lavers and Hickey, 2016; Hickey et al., 2019). However, given relatively low coverage rates among children and the ability of social protection measures to reduce poverty and vulnerability across the life course is limited when opportunities are missed to facilitate key inputs or address inequities early in an individual's life.

1.1 Social protection's contribution to a pipeline of investments across the life course

Vulnerabilities that children and adolescents face have long-term effects on their life chances. These vulnerabilities include not only poverty and economic status, but also those related to age, disability, chronic illness, and social discrimination resulting from identities related to gender, race, religion, political affiliation or geographic location (UNICEF, 2019b). Support provided at different points in the life course can address immediate needs (such as food insecurity, barriers to health-care access, or barriers to school enrolment) and simultaneously promote enhanced capabilities and future well-being (by improving health capital and school attainment and, in turn, reducing the risk of future poverty). In this way, social protection programming can contribute to a 'pipeline of investments' across the life

1 Definition developed by SPIAC-B, the Social Protection Interagency Committee – Board. SPIAC-B is an inter-agency coordination mechanism composed of representatives of international organizations and bilateral institutions to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions.

2 Covered by at least one social protection benefit (effective coverage), corresponding to persons protected by contributory schemes and recipients of contributory and non-contributory benefits expressed as a percentage of the total population.

course. For example, cash transfers targeted to pregnant women can improve children's chances in utero, potentially leading to improved nutrition and other outcomes later on (Black et al., 2013; Enlow et al., 2018), while universal child benefits, either in the form of cash transfers or tax credits, can improve both intermediate outcomes (expenditure on children's goods, school attendance, access to health care) and final outcomes (cognitive development and health) among children and adolescents (UNICEF and ODI, 2020). In adulthood, both contributory and non-contributory programmes can protect against periods of unemployment, catastrophic health costs, poverty, and food insecurity. Finally, social pensions can protect against poverty in old age (HelpAge International, 2006).

Ultimately, these investments during childhood cumulatively increase children's life chances. Inequities in inputs (health, nutrition, cognitive development) or access to services at one stage can be compounded and exacerbate inequalities at later stages. Social protection aimed at encouraging inputs in early childhood may seek to prevent subsequent inequalities, while inputs targeted in adolescence may seek to remedy inequities in early childhood or mitigate against emerging inequalities, including those related to health and skills preparation. Research has shown that investments during the early childhood period, particularly those aimed at disadvantaged children, can promote fairness and social justice while simultaneously promoting productivity in the economy and society at large (Heckman, 2006). Thus, with respect to infants and young children, social protection programmes often facilitate increased investments in health, nutrition and schooling. Adolescence, while seen as a second window of opportunity, is a more complicated period of development, as outlined in the section below. Nevertheless, in recognition of this potential for future impacts, investments in adolescence are often referred to as having a 'triple dividend', given their impacts on adolescents today, tomorrow and on the next generation (Patton et al., 2014). It is also important to address inequities in adolescence for populations not exposed to investments such as social protection benefits in earlier childhood (for example, migrants or other marginalized groups).

Social protection is a potentially powerful tool for promoting healthy and productive transitions to adulthood because it aims to address persistent inequalities in economic and human development, and ultimately to facilitate sustainable development (UNICEF, 2012). Moreover, social protection addresses multidimensional aspects of poverty and has the potential to do so at a large scale. Social protection programmes may include contributory schemes (social insurance) as well as non-contributory benefits that include social assistance programmes such as cash transfers. Programmes comprising social protection include child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits (pensions), and disability benefits and survivors' benefits (ILO, 2017).

Current global trends, including population changes, climate breakdown, urbanization, and conflict and forced displacement underscore the need for social protection investments (UNICEF, 2019b). The COVID-19 pandemic also underscored the need for adequate social protection coverage and exposed existing gaps (Gentilini et al., 2021). Social protection can be implemented to respond to these increasing risks and vulnerabilities, and to break the intergenerational transfer of poverty. Social protection can also serve a transformative function through addressing structural inequalities and thus enhancing autonomy and empowerment (Sabates-Wheeler and Devereux, 2008).

1.2 The unique vulnerabilities related to adolescence

In terms of growth and development, adolescence, often defined as the period between age 10 and 19 years³, is a period of intense neurological, emotional, and physiological development. During this period, individuals experience changes leading to sexual maturity and also structural remodelling and

³ This definition is subject to debate, as research has demonstrated that the brain continues to develop beyond this period and reaches maturity later than the end of adolescence as typically defined (Blakemore & Choudhury, 2006).

neuronal reconfiguring of the brain, which ultimately leads to increased ability for reasoning (Blakemore and Choudhury, 2006; Balvin and Banati, 2017). Adolescence is also the time at which decisions are made about schooling and skills formation, sexual debut and marriage, and transitions occur that affect individuals' lifelong health and well-being. These include transitions related to schooling progression and attainment, relationship formation, sexual debut, pregnancy, and marriage, all of which have implications for current and future health and well-being. Other risks that adolescents face include barriers to school attendance, lack of opportunities for adequate skills training and formal employment opportunities, risk of violence, and HIV and other sexually transmitted infections (STIs). Adolescents also face considerable risk related to mental illness and the incidence of suicide (Petroni et al., 2015). These risks in adolescence can be exacerbated by chronic stress, violence and poverty (Balvin and Banati, 2017).

At the same time, gender-related vulnerabilities are also exacerbated during this stage of development. For example, once they reach puberty, girls face vulnerabilities related to reproductive health, including the risk of early pregnancy, and pregnancy- and maternal-related conditions are a leading cause of death globally for girls aged 15 to 19 years (WHO, 2018). Moreover, girls are at increased risk of child marriage than boys (UNICEF, 2014). Both boys and girls face the risk of various forms of violence, but among girls, these risks are exacerbated by the accompanying risk of pregnancy and marriage. In addition, the process of gender socialization intensifies during adolescence (John et al., 2017). John et al. define this process as one in which "individuals develop, refine and learn to 'do' gender through internalizing gender norms and roles as they interact with key agents of socialization, such as their family, social networks and other social institutions" (p. 6). This process varies across societal contexts, communities and families, but adolescence is a time when gender inequities manifest more acutely, and thus may constrain opportunities, in particular for girls. In this way, gender norms can moderate or hinder the impacts of interventions and policies targeted to adolescents.

Some evidence suggests that the rate of return on investment made during this period of adolescence is lower than that made in early childhood, and that there is a serious trade-off between equity and efficiency for programmes and policies targeted at adolescents and young adults (Cunha and Heckman, 2007). That is to say, investments in early childhood may be more efficient because they have larger potential gains, as skills developed at one stage increase the productivity of investments at subsequent stages. Conversely late childhood investment and remediation for adolescents from disadvantaged backgrounds have lower returns. Nevertheless, an equity argument can be made for targeting adolescents across the age distribution of childhood, and remedial investments in disadvantaged adolescents can still have high economic returns (Cunha and Heckman, 2007). Furthermore, the Convention on the Rights of the Child covers all of childhood (up until age 18), and the articles of the Convention "call for the provision of specific resources, skills and contributions necessary to ensure the survival and development of children to their maximum capability". They further require efforts to protect children from neglect, exploitation and abuse (UNICEF). Moreover, emerging scientific evidence in the field of neuroscience continues to demonstrate that brain development in adolescence, including ongoing neural plasticity, reflects a window of opportunity for specialized learning, or a period when patterns of experience shape neural connections in the developing brain (Dahl and Suleiman, 2017). Given the confluence of aforementioned factors, Dahl and Suleiman argue that early adolescence presents a unique window of opportunity for prevention and early intervention, as small positive changes in developing systems during this period may have large, enduring impacts (Dahl and Suleiman, 2017). At the same time, child populations within national boundaries may be fluid, and migrant populations, for example, may not have benefited from social protection programming in early childhood. Thus, there is an equity argument for investing across the age distribution of childhood. Taken together, these arguments make the case for continued benefits for investing in this life stage, including through social protection initiatives.

1.3 The case for investing in adolescents, and social protection's role

As underscored above, the case for investing in adolescents is largely twofold. First, adolescents face unique vulnerabilities related to mental and physical health, schooling and protection due to both the transitions they experience and decisions they make, but also due to the intensification of wider societal processes, such as gender socialization, during this period of development. Second, as the generation next in line to transition to adulthood, their safe and productive transitions have major implications for the future health, economic growth and well-being of nations. Safe transitions to adulthood ensure that adolescents reach their greatest potential, as healthier adults with increased productive potential. This, in turn, has implications for the health and well-being of future generations, as well as poverty reduction and economic growth. Because of the "triple dividend" nature of investments in adolescence (Patton et al., 2014), there are therefore implications for the investments made in adolescents today at a national level. In a number of sub-Saharan African countries, the adolescents of today are the generation that will largely determine, through their decisions related to fertility, education and employment, whether countries will be able to harness the demographic boom resulting from population changes known as the 'demographic transition'. This transition results in a one-time window of opportunity when there is a larger than normal share of the working age population, with potential for large-scale poverty reduction and/or economic growth, referred to as the 'demographic dividend'. However, the success of this process does not depend only on decisions made by adolescents and their families, but also on the response and preparation of national governments, in terms of effective social protection systems, but also adequate investments in public infrastructure, health and education systems, and the promotion of labour market conditions facilitating fair competition and labour-intensive job growth in the private sector (Locke Newhouse, 2015).

Viewing the adolescent phase of the life course from the perspective of social protection can promote empowerment and enhance capabilities (Sabates-Wheeler and Devereux, 2008; Sen, 2005), facilitating safe and productive transitions to adulthood. Adolescent capabilities can be defined across various dimensions, including education; health, nutrition and psychosocial well-being; sexual and reproductive health; and child protection. Various forms of social protection can enhance these capabilities in myriad ways, but to date there has been no summary of the evidence on social protection coverage and impacts in adolescence.

1.4 Aims of this study

In the current study, we aim to understand how non-contributory social protection can promote adolescent well-being and facilitate safe and productive transitions to adulthood in lower- and middle-income countries. More specifically, our research questions are: 1) whether and how current non-contributory social protection programmes are adolescent-sensitive and 2) what is the impact of non-contributory social protection programmes on adolescents?

We examine these questions through: (i) a description of programme design characteristics and how these may be adolescent-sensitive; and (ii) a review of the evidence about the impacts of non-contributory social protection programming on adolescent well-being and the transition to adulthood. We limit the review of the evidence and examination of programmatic characteristics to the following types of governmental non-contributory social protection programmes: cash and in-kind transfers; educational fee waivers; school feeding programmes; and other types of non-contributory interventions that are adolescent-sensitive (more details are provided in Section B). We focus on governmental programmes due to their potential for sustainability and reaching populations at scale.

The remainder of the paper is organized as follows. In Section B, we describe the method used to map programmes and to select the related impact evaluation papers. In Section C, we answer the first research question. First, we identify the criteria to define a programme as adolescent-sensitive. Second, we analyse the intended social protection coverage for adolescents and we identify the design and implementation features of existing adolescent-sensitive programmes. Third, we provide a brief review of programmes specifically designed for adolescents.

Then, in Section D, we review the impact of non-contributory programmes on adolescent outcomes. Section E concludes the paper.

2. METHODS

To examine whether existing social protection programmes are adolescent-sensitive, and what impacts they produce, we conducted an extensive review of non-contributory programmes using the following criteria. First, we define non-contributory social protection as policies and programmes implemented by governments and targeted to vulnerable or poor households and individuals. Second, our geographical focus includes low- and middle-income countries in sub-Saharan Africa, the Middle East and North Africa, South Asia, East Asia and the Pacific, and Latin America and the Caribbean.⁴ Third, we included in our mapping the following types of programmes targeted to households or individuals: unconditional and conditional in-kind transfers, unconditional and conditional cash transfers (including cash-plus programmes), educational fee waivers, and school feeding programmes. Further, there are programmes often targeted to specific categories of workers (e.g., farmers) or certain age groups (e.g., the elderly, newborn, working age adults), excluding by design adolescents as direct beneficiaries (such as labour market programmes, veterans' allowances and pensions, non-contributory health insurance schemes, sustainable livelihood programmes, smallholder farmers programmes, input vouchers and subsidies, and newborn grants). We included these interventions only if they were targeted to adolescents (e.g., active labour market policies – ALMPs – for adolescents) or if they are components of larger interventions mapped in the first group of programmes.

To answer the first research question, about whether existing non-contributory social protection programmes are adolescent-sensitive, we analysed the design and implementation features of each intervention by relying on existing inventories. As regards sub-Saharan Africa, Asia, and the Middle East and North Africa we gathered information respectively from: Cirillo and Tebaldi, 2016; Machado et al., 2018; IPC-IG and UNICEF, 2019). Regarding cash transfers and labour market interventions in Latin America and the Caribbean, we drew on the database produced by ECLAC (n.d.), while to map school feeding programmes we relied on a WFP report (WFP, 2017).⁵ Finally, we also included programmes studied by the Transfer Project (hereafter, TP) and a few other studies.

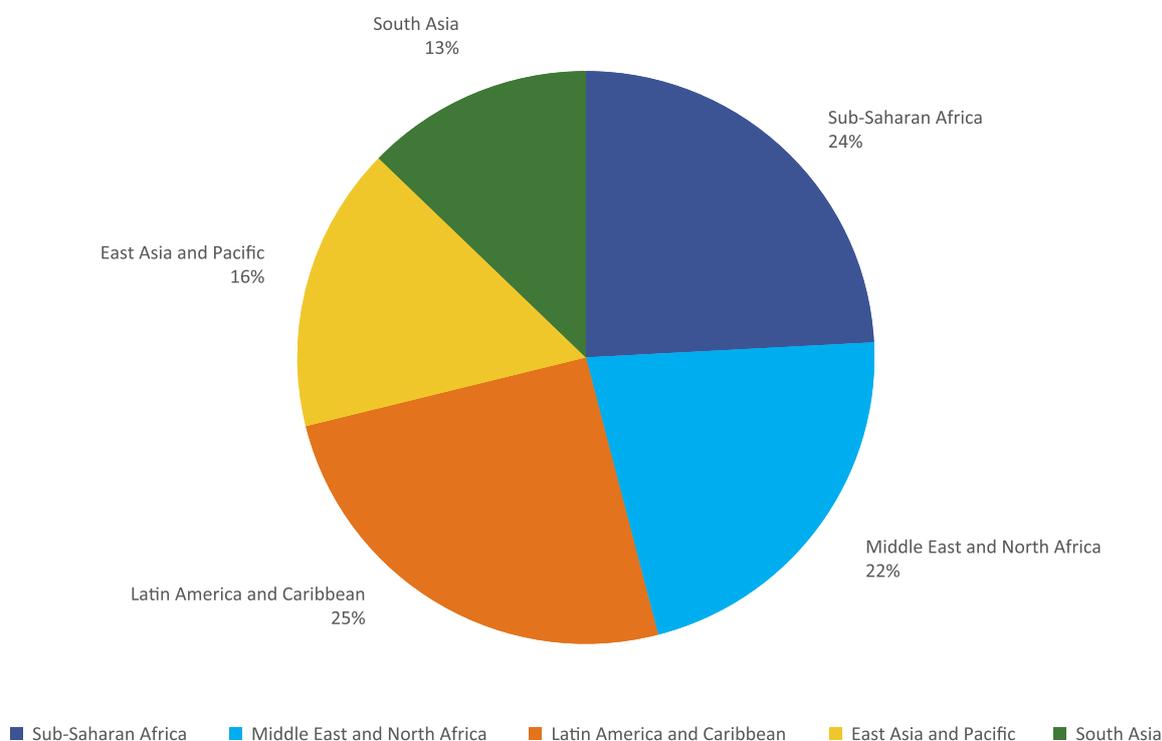
We mapped 298 programmes (and a total of 430 programme components⁶) from 101 different countries (see Annex 1 for the complete list). Figure 1 shows the geographical coverage of mapped programmes.

4 As an exception we also included some high-income countries from the mapped regions with existing social protection programmes in place: Chile, Kuwait, Oman, Palau, Panama, Qatar, Saudi Arabia, United Arab Emirates, Uruguay.

5 The inventories we mapped aimed at screening all the existing non-contributory social protection programmes for which information is available and reliable. See the original sources for more information about the methods they used to map programmes.

6 It is worth noting that each programme may involve only one component (e.g., an unconditional cash transfers) or more components depending on the target group (e.g., an unconditional cash transfers, a conditional cash transfer and a public work intervention).

Figure 1: Mapped programmes by region



(Authors' elaboration based on the programmes mapped, relying on existing inventories of non-contributory social protection programmes)

Around 38 per cent of mapped programmes are unconditional transfers (either in cash or in kind, including cash plus interventions), about 22 per cent are conditional transfers (either in cash and in kind, including cash plus interventions), 7 per cent are programmes including both conditional and unconditional components, while the remaining 31 per cent are educational fee waiver, school feeding programme, food vouchers, social support services, and labour market/training programmes). For each programme, we collected detailed information about targeting, eligibility criteria, maximum age for eligibility, conditionalities, payment mechanisms, and additional activities for beneficiaries. With this mapping we were able to assess which programmes are adolescent-sensitive and how design and implementation features can be shaped in a way to be inclusive for this age group. These findings are reported in Section C.

To answer the second research question, concerning the impact of non-contributory interventions on adolescent outcomes, we reviewed the existing literature through past reviews and single evaluation studies. We analysed several existing reviews (Pettifor et al., 2012; De Hoop and Rosati, 2014; Hindin et al., 2016; Kalamar, Lee-Rife, and Hindin, 2016; Kalamar, Bayer, and Hindin, 2016; Bastagli et al., 2016; de Walque et al., 2017; Peterman et al., 2017; Owusu-Addo et al., 2018).⁷ We also reviewed evidence from Transfer Project reports (Heinrich et al., 2012; Berhane et al., 2015; Ghana LEAP Evaluation Team, 2017; FAO and UNICEF, 2018; Tanzania PSSN Youth Study Evaluation Team, 2018), and a few additional studies

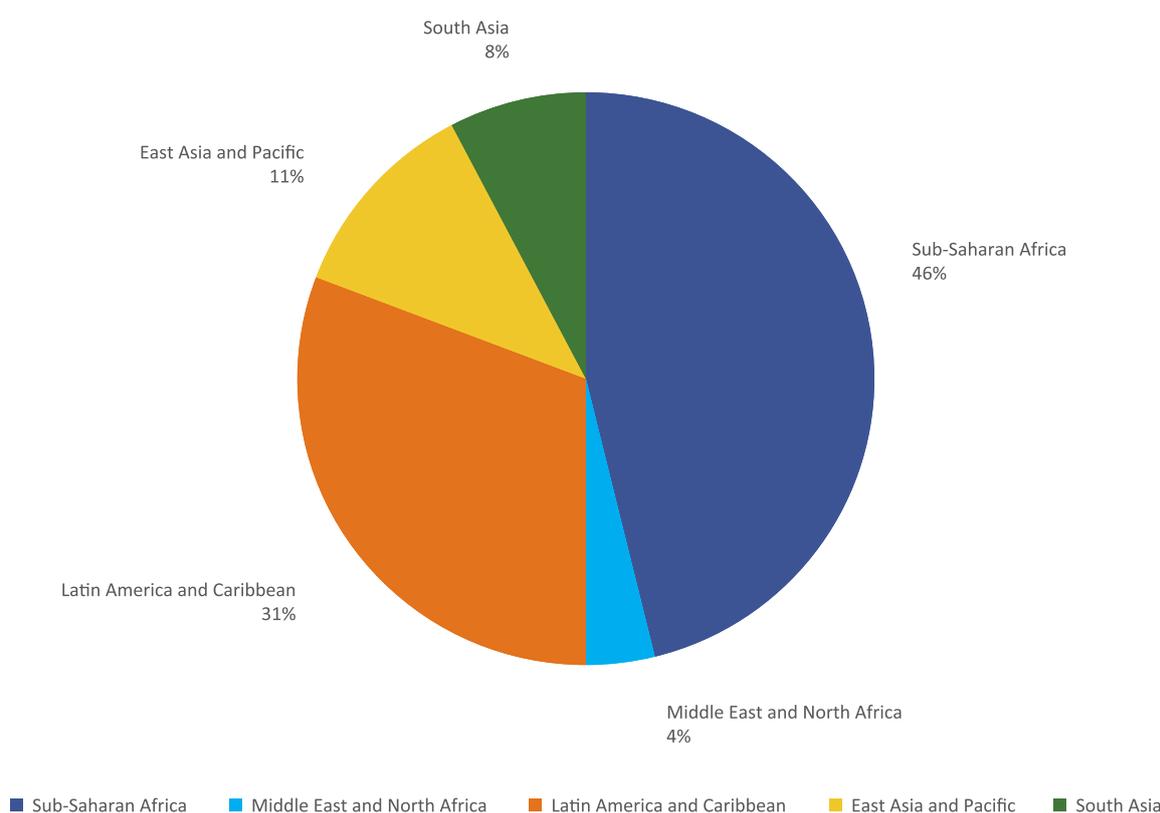
⁷ It is worth mentioning that Bastagli et al. (2016) reviewed a large number of studies and existing reviews of evidence. Hence, the papers mentioned in Bastagli et al. (2016) pertain also to other existing reviews.

which were not mapped by the aforementioned reviews and were recommended by social protection experts and researchers (Nanda et al., 2016; Hoddinott and Mekasha, 2017; Angeles et al., 2018; Dake et al., 2018; Olson et al., 2019).⁸

We used these studies as a starting point and then we disentangled, from the overall reported impacts, the effect on adolescents (see Section D). Existing studies often show heterogeneous effects by age groups, but that children and adolescents (or adolescents and young adults) are often analysed together. The outcomes of interest in the current review are classified in different domains, as follows: education, health (including physical and mental health and psychosocial well-being), sexual and reproductive health, and protection. The protection domain includes hazardous work, early marriage, and violence and exploitation.

We reviewed 85 impact evaluation studies about 34 programmes and the corresponding 43 treatment arms (among them, 53 per cent are CCTs, 35 per cent UCTs, 5 per cent are both UCTs and CCTs, and the remaining 7 per cent are PWPs and additional services). Figure 2 shows the percentage of programme components for which impact evaluations on adolescents were available, by geographic region.

Figure 2: Programme components study coverage by region



(Authors' elaboration)

⁸ Our search of the existing reviews and TP documents was completed by the end of January 2019. The review of impact evaluation papers is not systematic, but we respected the following criteria. We included only TP papers or peer reviewed articles (the 2016 report by Bastagli et al. was then published as Bastagli et al., in 2019, in a peer reviewed journal). The process to select reviews was as follows. First, we started from the Bastagli et al. (2016) review. Second, for each topic (e.g. education, health, etc.) we looked for the most updated reviews of the evidence, particularly for topics not covered by Bastagli et al. (2016). Finally, we added all the TP studies. For each of the mapped reviews, we checked the criteria used to select impact evaluation papers. We included only published reviews that we considered reliable in the selection of the impact evaluation papers. We considered impact evaluation papers based on both experimental and quasi-experimental methods and we did not include papers focused on qualitative analysis only.

From our review we found that several impact evaluation studies examine the same limited number of programmes. Additionally, several of these studies do not disentangle the effects on adolescents. Hence, the number of studies for which we mapped impacts on adolescence is limited and is lower than the number of existing impact evaluations on children's or households' outcomes.⁹

⁹ The methodological approach we used to map the impact of programmes has some limitations. In fact, we limited our searches to reviews of reviews and Transfer Project reports, as explained above. Additional impact evaluations looking at heterogeneous effects on adolescence might be found if the search of studies were enlarged.

3. ADOLESCENT-SENSITIVE SOCIAL PROTECTION

To assess which programmes are adolescent-sensitive, we set a list of criteria and collected information about programmes design and implementation features. We define a programme as adolescent-sensitive in two cases: (i) it targets poor households but its design and implementation features are differently shaped if there are adolescents within the household; (ii) it is designed specifically for adolescents. Table 1 summarizes the criteria we identify to define a programme as adolescent-sensitive.

Section C.1 includes data about the mapped programmes' intended coverage of adolescents, while Section C.2 provides examples of other programme design and implementation features (such as conditionalities, transfer amount, payment system, programme components and linkages) which are adolescent sensitive. Finally, Section C.3 identifies programmes designed specifically for adolescents.

Table 1: Criteria for adolescent-sensitive programmes

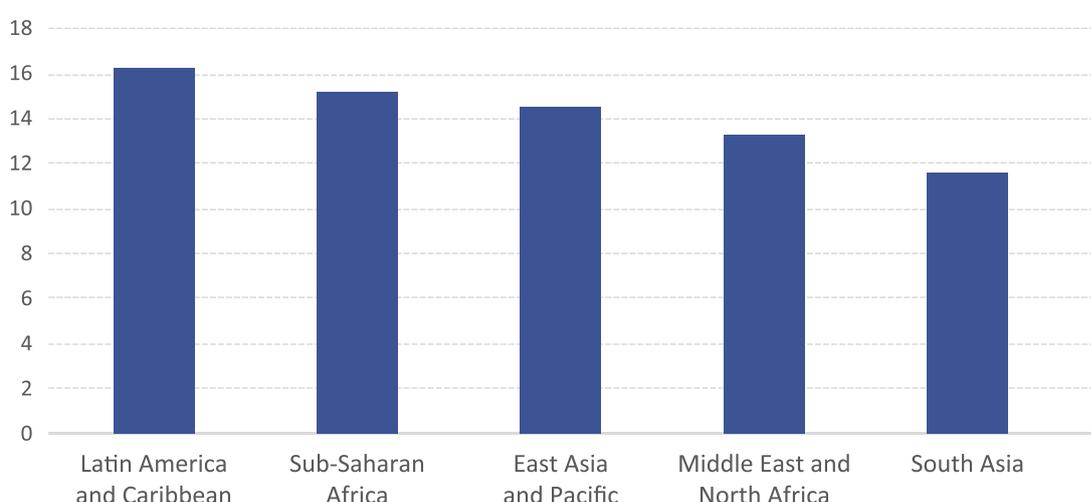
Criteria	Programme Target Group	
	Poor and vulnerable households targeted, with adaptations for adolescents in these households	Adolescents specifically targeted
Design and implementation features	Poor and vulnerable households targeted, with adaptations for adolescents in these households	Adolescents specifically targeted
Targeting method and eligibility criteria	The targeting strategy includes a categorical targeting to select households with adolescents	By design, all programmes specifically targeted and designed for individuals aged between 10 and 19 years are considered adolescent-sensitive
Conditionalities	Conditionalities are required for adolescents and are designed in a way to account for their needs and possibilities	
Transfer amount	The transfer amount increases if there are adolescents within the household	
Transfer recipient and payment Mechanism	If present, adolescents may be the direct recipient entitled to get the transfer. This may be facilitated by payment mechanisms accessible to adolescents	
Programme component and	The programme includes a specific component designed and targeted for the adolescent within the beneficiary household	
Linkages to other activities and services	The programme offers adolescents the possibility to participate in specific training, mentorship and workshop activities	

3.1 Social protection programme targeting

Targeting is a key aspect of the design of social protection programmes. Relying on our mapping, and to understand whether programmes explicitly target adolescents, we identified the intended coverage of adolescents for programmes that target ‘households with children’ and/or ‘households with adolescents’, and for which there is clear and reliable information on the maximum age or the school grade to be eligible.

Relying on our mapping, we identified the average maximum age of eligibility for programmes that target children and/or adolescents,¹⁰ and for which there is clear and reliable information on the eligibility criteria (see Figure 3).¹¹

Figure 3: Average maximum age of eligible child, by region



(Authors’ elaboration based on mapped programmes (see Annex 1))

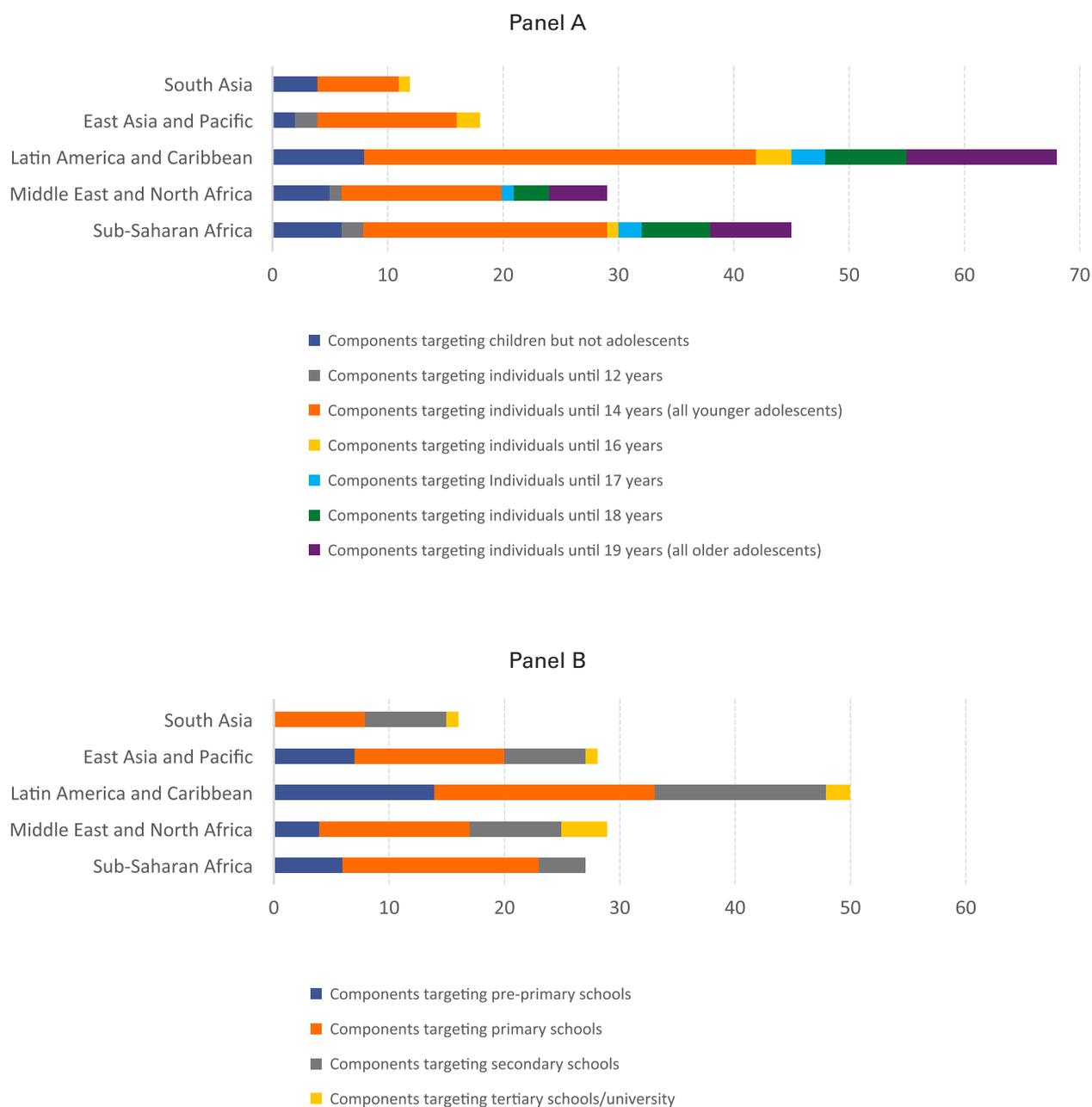
Programmes in Latin America and Caribbean countries show the highest average maximum age for adolescents’ eligibility, followed by sub-Saharan Africa and East Asia and the Pacific. It is worth mentioning that some governments have incrementally increased the age for eligibility during the programme implementation. For instance, in Argentina the maximum age to be eligible for Familias por la Inclusión Social (formerly, Jefas y Jefes de Hogar Desocupados) was 18 years, which was then raised to 19 years to include all older adolescents (ECLAC, n.d.). In the case of PRAF/IDB Tranche III, in Honduras, the age threshold was raised from 12 to 14 years old while the Atención a Crisis Pilot Programme, in Nicaragua, moved the age threshold from 13 to 15 years (ECLAC, n.d.). More interestingly, the Peruvian Juntos Programme before 2014 targeted only children and younger adolescents, while today the maximum age for eligibility is set to 19 years (Alcázar and Espinoza, 2014). Changes in the maximum age for eligibility may have implications for beneficiaries, as shown in the case of the Child Grant in South Africa, where the maximum eligible age was under 7 years when the programme rolled out in 1998 and then was increased multiple times until 2012, when it was extended to cover children until their 18th birthday (Heinrich and Brill, 2015).

¹⁰ For programmes that included ages above 19 for age-related eligibility, we right censored this data at 19 for calculation purposes in Figure 3.

¹¹ It is worth noting that there are programmes targeted generically at households with children that do not include clear information about the maximum age of child for eligibility. These are not included in Figure 3.

Figure 4 (Panel A) shows the number of programme components in each region targeting younger and/or older adolescents.

Figure 4: Programme components targeting children and adolescents, by age or by school grade



Panel A describes the number of programmes components targeting younger and/or older adolescents by age; Panel B shows the number of programmes components, targeted at students by school level. (Authors' elaboration based on mapped programmes (see Annex 1))

We found that, often, programmes that target younger adolescents cover the entire age span (10–14). Conversely, several programmes which include also older adolescents (15–19) do not cover the entire period and often stop before adolescents turn 18. Interestingly, in Asia we did not find any programmes (or components) which specifically target adolescents older than 16 years. However, programmes may not be targeted by age, but by school level. Indeed, some programme in Asia target individuals enrolled

in secondary school, and thus may include the older age range. Hence, Figure 4 (Panel A) must be read in conjunction with Panel B which shows the number of programmes components, targeted to students, and addressed at pre-primary, primary, secondary and tertiary education level.¹² Overall, very few programmes target students enrolled in tertiary education, and in sub-Saharan Africa we did not find programmes with this focus.

Figure 4 does not include programmes targeted to adolescents with disabilities, since they include an additional categorical criterion for eligibility. Often, programmes for people living with disabilities do not involve age as a criterion; however, in some case there are programmes for children and adolescents with disabilities (such as, the Allocation Forfaitaire de Solidarité in Algeria, the Care Dependency Grant in South Africa, the Place of Safety Allowance in Namibia, and Social Welfare Allowances in Mongolia). An interesting case of integration between programmes is the Child Benefit in Cook Islands, which targets children and adolescents with disability until the age of 16 and after that they become eligible for the Infirm Programme.

Although we provided an overview of the trends in each region, it is also important to examine this question country by country, as it is possible that a region may have a small number of countries with several programmes targeting adolescents, which could bias the understanding of the phenomenon. Indeed, 35.6 per cent of mapped countries do not have any programme targeting adolescents or secondary school students. In particular, the percentages of countries which do not have programmes which target specifically adolescents or secondary school children are as follows: 50 per cent in sub-Saharan Africa, 45 per cent in the Middle East and North Africa, 30 per cent in East Asia and the Pacific, 25 per cent in South Asia, and 21.7 per cent in Latin America. These gaps are even more striking if we consider that social protection programmes are not universal and they often cover only specific geographic areas within a country. However, these numbers must be read with caution, because our analysis does not include: (i) programmes for which information about eligibility criteria were unclearly reported; (ii) programmes generally targeted to poor households, regardless of the presence of adolescents; (iii) and nongovernmental programmes. Hence, these statistics are not meant to suggest that, in these countries, adolescents do not benefit from any social protection measure. For instance, we must consider that programmes related to nutrition (e.g., school feeding programmes) often target young children but they have long-term effects that continue also in adolescence. Programmes targeted at children may also have spillover effects on their adolescent siblings, and programmes targeted at poor households may benefit all family members, including adolescents (though intrahousehold allocation may differ across different households).

3.2 Adolescent-sensitive programme design and implementation features

This section uses the review and programmes mapping to describe the adolescent-sensitive programmes features.¹³ The section focuses either on programmes targeted at households but with adolescent-sensitive features, as well as programmes explicitly targeted at adolescents. For instance, programmes targeted at households may: require specific conditionalities for adolescents who are members of beneficiary households; transfer a higher amount to households with adolescent members; allow adolescents to be the direct transfer recipients.

¹² In our descriptive statistics, programmes targeted to specific age group and those targeted to students do not overlap, meaning that if the eligibility criteria set a clear age threshold we counted them in the programmes focusing on age (Figure 4-Panel A), while if the criterium is only the education level we count them apart from the first group (Figure 4-Panel B).

¹³ The source of information for each geographic region is the inventories mentioned in Section B.

3.2.1 Conditionalities

Among the mapped programmes, there are interventions (e.g., conditional cash transfers or conditional in-kind transfers) that require beneficiaries to comply with specific conditionalities or co-responsibilities in order to receive the benefits. Programmes apply different conditionalities depending on the age of children or adolescents. For instance, for very young children, programmes often require nutritional development checks, health check-ups and compulsory vaccinations.¹⁴ Conversely, for older children and adolescents, conditionalities usually require school enrolment and attendance,¹⁵ even though in some instances they also require older adolescents to attend health check-ups or receive vaccinations (as in the case of *Asignación Universal por Hijo para Protección Social* in Argentina). Other programmes may require that mothers attend prenatal check-ups, information sessions on nutrition, or obtain children's birth certificates.¹⁶ Programmes may also require households to enrol in health insurance systems, to attend information sessions or to avoid child labour.

Beyond the aforementioned typical conditionalities, conditional cash transfers may require specific co-responsibilities for adolescents, and these are sometimes also applied to young adults (*see Table 2*). In Indonesia, the *Keluarga Harapan* Programme applies different conditionalities for adolescents over 16 years, requiring them to enrol in educational programmes or to complete at least nine years of basic education (World Bank, 2017a). The *Avancemos* programme in Costa Rica was designed for families with young people, between the ages of 12 and 25 years, who face barriers keeping their children in education due to economic constraints. In addition to school attendance, this programme requires adolescents and young adults to attend health check-ups (Amarante and Brun, 2018).

Other CCT programmes may involve conditional components addressed at young beneficiaries. The 'Studying is Working' component within the *Programa de Ciudadanía Porteña* in Buenos Aires, Argentina requires older adolescents (aged 18 and 19) and young adults to pass at least two subjects per year in order to receive transfers (Gobierno de la Ciudad Autónoma de Buenos Aires), while the 'Youth with Prosperity education grant' component (within *Prospera* in Mexico) requires that students finish high school before the age of 22 in order to receive an additional transfer (ECLAC, n.d.).

A less common conditionality pertains to information sessions for adolescents, such as the one enforced by *Atención a Crisis* which requires beneficiary adolescent girls to attend training about nutrition and health practices (ECLAC, n.d.).

In some countries, educational fee waiver programmes may be integrated into CCTs. In this category, we identify three unique programmes that require unique, additional conditionalities to students. For example, in Bangladesh, programmes require (males and female) students to remain unmarried until the completion of secondary education and that females attend school continuously with no breaks in enrolment (DSHE, 2016).

14 To mention some examples: *Programa de Ciudadanía Porteña* in Argentina; *BOOST* programme in Belize; *Chile Solidario* in Chile; *Livelihood Empowerment Against Poverty (LEAP)* in Ghana; *Bono Vida Mejor* in Honduras; *Programme of Advancement Through Health and Education (PATH)* in Jamaica; *Prospera* in Mexico.

15 See, for instance: *Bono Vida Mejor* in Honduras; *Le Transfert Monétaire Conditionnel* in Madagascar; *Prospera* in Mexico; the *Conditional Cash Transfer* in Namibia; *Atención a crisis* in Nicaragua

16 *SHOMBHOB* in Bangladesh, *Bono Madre Niña-Niño Juana Azurduy* in Bolivia, *Takaful* in Morocco, *Conditional Cash Transfer for maternal and child health* (under the *SURE-P* programme) in Nigeria

Table 2: Special conditionalities for adolescents and young adults in CCT programmes

Country	Programme name	Special conditionalities for adolescents	Age (years)
Conditional cash transfer			
Argentina	Programa de Ciudadanía Porteña (component: Studying is working)	Those enrolled in primary or secondary school must attend and pass grade levels annually, while those enrolled in tertiary level or university must pass at least two subjects per year	18–29
Costa Rica	Avancemos	School attendance and comprehensive health assessment during the year by the Costa Rican Social Security Fund (CCSS)	12–25
Indonesia	Programme Keluarga Harapan (PKH)	School enrolment and attendance in primary or secondary school (for adolescents aged 7 to 21 years). Adolescents aged 16 to 21 years with incomplete education should be enrolled in an educational programme to complete nine years of basic education	under 21
Mexico	Prospera (component: Youth with Prosperity education grant)	Beneficiary of Prospera programme, to have an additional lump sum should end high school before age 22	Secondary school students
Nicaragua	Atencion a crisis pilot programme (component: Bono de seguridad alimentaria)	Beneficiary women and adolescents are required to attend a bimonthly training session; Boys and girls, adolescents and women of reproductive age should attend medical checks.	Women and adolescents
Conditional cash transfer and Education Fee Waivers			
Bangladesh	Higher Secondary Stipend Programme (HSSP)	Participating students must remain unmarried through completion of the Higher School Certificate (or equivalent examinations) and they should have an annual school attendance rate of 75 per cent. Additionally, female students should pursue their studies without breaks.	Secondary school students
Bangladesh	Secondary Education Sector Investment Programme (SESIP) and Secondary Education Stipend Programme (SESP)	Students must attend at least 75 per cent of the school year and obtain at least 40 per cent marks in annual examination. Additionally, they must stay unmarried through completion of the Secondary School Certificate (SSC)	Secondary school students
Kiribati	Free Education	Child must be enrolled and attending senior secondary schools at the ages of 10-12	10–12
Sudan	Student Support Grants (zakat-funded)	University enrolment	University students

Also, cash for work and training programmes targeted to adolescents may apply specific conditionalities related to the creation of an original business project or to the attendance of training courses (*see Table 3*).

Table 3: Conditionalities for adolescents in cash for work and training programmes

Country	Programme name	Special conditionalities for adolescents	Age (years)
Cash for work and training			
Argentina	Community Employment Programme	Participants are required to work (between four and six hours daily) in a project	Over 16
El Salvador	Temporary Income Support Program (PATI)	Participation in the labour programmes for six daily hours	16–24
Mexico	Temporary Employment Programme (PET)	Participation in projects of family and communitarian benefit	Over 16
Uganda	Youth Opportunities Program	The cash transfer is given to groups of young adults (which can be composed of 15–25 youths) interested in a vocation that submitted a successful proposal to purchase skills training, tools and other materials required to start an enterprise	16–35
Training, mentoring and social orientation			
Brazil	Projovem Integrado (component: Projovem Trabalhador; Projovem Urbano; Projovem Campo)	75 per cent attendance at training courses	18–29
Brazil	Projovem Integrado (component: Projovem Adolescente)	75 percent school attendance during the school year, 70 per cent attendance of the meetings of Projovem Adolescente, respect of the of social norms of the Social and Educational Services	15–17
El Salvador	Youth with Everything Programme	Technical training attendance	15–29
Mexico	Job Support Programme (PAE) (component: Bécate)	Technical training attendance	15–69
Tanzania (United Republic of)	Adolescent Cash Plus Pilot within Tanzania’s Productive Social Safety Net	Adolescents have to attend 12 weeks of face-to-face training and submit a business or education plan to receive an asset transfer.	14–19

A very interesting case is the one of ProJovem Adolescente, in Brazil. The programme is targeted at adolescents (aged between 15 and 17) who are beneficiaries of Bolsa Familia or at social risk and aims to offer participants tools to understand topics related to citizenship, society and social norms (ECLAC, n.d.). While, the Adolescent Cash Plus Pilot targets adolescents (ages 14–19 years) in beneficiary households of Tanzania’s Productive Social Safety Net (PSSN), and provides them with livelihoods and life skills training, mentorship, linkages to health and other services, and an asset transfer (Tanzania Cash Plus Evaluation Team, 2018). Requirements to receive the asset transfer are attendance at training and submission of a business or education plan.

Our review showed that overall there are few programmes with specific components or conditionalities for adolescents. However, a few countries have started to develop this potential to address the age-specific needs of beneficiaries, as showed above. The implementation of specific components or complementary services targeted at adolescents may have two advantages. On the one hand, it takes a life-cycle perspective and takes into account age-specific needs and vulnerabilities. On the other hand, these components may generate a further sense of empowerment and capabilities strengthening among beneficiary adolescents.

3.2.2 Transfer amount

A common feature of cash transfer programmes is to adjust the transfer amount depending on the household size. Also, programmes may vary the transfer amount if there are household members in specific age groups or school levels (see *Table 4*).

Among the interventions we mapped, we found that the most common practice is to increase the amount of the benefit for children and adolescents enrolled in higher school grades, regardless of their age. The rationale for providing higher cash transfers to students in higher grades or to adolescents is that they have higher opportunity cost (in terms of wages they could be earning by working in instead of attending school), as well as higher costs for their material needs and schooling equipment, as compared with younger children. For instance, in the Programme Indonesia Pintar, the transfer amount increases as the school level increases (IDR450,000(US\$35)-for primary school students; IDR750,000 (US\$58) for junior secondary students; IDR1million (US\$77) for senior secondary level students) (World Bank, 2017b). In Costa Rica, the Avancemos programme (targeted to households with children and adolescents aged between 12 and 25 years old) transfers ₡30,000 to students in the third cycle of education and ₡40,000 for students in the fourth cycle of education (ECLAC, n.d.). The Scholarships, in Cambodia, are targeted to students from poor households, enrolled from primary to upper secondary school level. For primary school students, the amount is US\$60 per year while for upper secondary students the yearly transfer is US\$90 (OECD, 2017). Also, the transfers in the Takaful programme (in Morocco) and Bantuan Siswa Miskin (in Indonesia) increase for higher levels of education (Larasati and Howell, 2014; World Bank, 2015).

In other cases, a lump sum can be added to the basic transfers if individuals enrol in secondary school (see the Programme of Advancement Through Health and Education in Jamaica which transfers a lump sum of J\$15,000–50,000) (ECLAC, n.d.). Prospera, in Mexico, involves a specific component, 'Youth of PROSPERA', which provides higher transfers for individuals attending university or advanced technical degrees (they receive a stimulus of Mex\$4,890 pesos upon university enrolment) (ECLAC, n.d.).

Table 4: Programmes providing higher cash transfer amount to households with adolescents or secondary school students

Requirement to increase transfer amount	Programme (Country)
Adolescent members within the household	Bolsa Familia (Brazil)
	Nahouri Cash Transfer Pilot Project (Burkina Faso)
	No Lost Generation (Lebanon)
	Child's Allowance (Mauritius)
Students enrolled in higher grades within the household	Primary Education Stipend Programme (Bangladesh)
	Scholarships (Cambodia)
	Avancemos (Costa Rica)
	Takaful (Morocco)
	Programme Indonesia Pintar (Indonesia)
	Bantuan Siswa Miskin cash transfer for poor students (Indonesia)
	Advancement Through Health and Education (Jamaica)
	Social Cash Transfer Programme (Liberia)
	Let Us Learn (Madagascar)
	Social Cash Transfer Programme (Malawi)
	Prospera (Mexico)
	Morocco's Cash Transfer for Children (Tayssir Programme)
	Student Stipends Programme (Myanmar)
	Pantawid Pamilyang Pilipino Program (Philippines)
	Conditional Cash Transfer for Orphans and Vulnerable Children (Senegal)
	TASAF III (PSSN) (Tanzania)
Back-to-School Education Benefit (Tunisia)	
Asignaciones Familiares – Plan Equidad (Uruguay)	
School Stipends (Viet Nam)	

Only a small number of programmes increase the transfer amount as the adolescent's age increases, regardless of education level. For instance, the Child's Allowance (in Mauritius) establishes that children under 10 years of age may receive MUR1,400 per month, while adolescents (aged 10 and over) should receive MUR1,500 per month (Ministry of Social Security National Solidarity and Reform Institutions [Mauritius]). Also, Bolsa Familia (in Brazil) provides older adolescents aged 16 and 17 years old with a higher benefit (R\$46(US\$14.4) monthly, up to 2 per family) with respect to children and younger adolescents (R\$39 (US\$12.2) monthly, up to 5 per family) (ECLAC, n.d.). The No Lost Generation (Lebanon) provides US\$20 per month for children and US\$65 a month for older adolescents (De Hoop et al., 2019).

There are also cases where the transfer increase depends on both age and school level, as with the Nahouri Cash Transfer Pilot Project (Burkina Faso), which provides FCFA 8,000 per year to households with children aged 7 to 10 years (or in grades 1 to 4) and FCFA 16,000 per year for each children aged 11 to 15 years (or in grades 5 or higher) (Akresh et al., 2013).

Conversely, there is also the possibility that, depending on the programme objective, the transfer increases for very young children. We found the case of Allowance for HIV and AIDS (in Viet Nam) which provides unconditional cash transfers to poor people living with HIV or AIDS, who are unable to work and do not receive other benefits. In this programme the younger the beneficiary, the higher the transfer. Indeed, children under 4 years of age may receive VND675,000 per month, children over four years receive VND540,000, and individuals over 16 years receive VND405,000 per month (IPC-IG and UNICEF, 2019). Relatedly, most school feeding programmes are targeted to primary schools but a few targeting secondary school children may provide higher calorie meals, as in the case of Cuba and Peru (WFP, 2017).

3.2.3 Transfer recipients and payment mechanisms

Social protection programmes may also be adolescent-sensitive depending on the programme recipient (the person selected and entitled to get the benefit) and on payment mechanisms. In Latin America, a number of 'cash for work' and training programmes provide money or reimbursement directly to adolescent beneficiaries. Among these programmes are: the Community Employment Programme (in Argentina); Youth and Employment Programme (Dominican Republic); Temporary Income Support Program (Dominican Republic); Temporary Income Support Program and the Youth with Everything Program (El Salvador); the Job Support Programme and the Temporary Employment Programme (in Mexico); and Godfather Entrepreneur Programme (in Panama). All these interventions are designed for older adolescents (starting from the age of 15 or 16) and young adults. We also identified a conditional cash transfer programme, the *Subsidios Condicionados a la Asistencia Escolar*, which allows older adolescents to directly receive the transfers from the age of 16 (ECLAC, n.d.).

The payment mechanism can also ensure that the adolescent is the direct recipient of the transfer. For instance, the Secondary Education Sector Investment Programme, in Bangladesh, provides the transfer by mobile phone to the guardian or directly to the student (SPFMSP Project, 2017). Relatedly, adolescent girls may be transfer recipients when the programme targets pregnant women or mothers and they fall into these categories.¹⁷

3.2.4 Programme components and linkages for adolescents

To address the needs of different demographic groups, governments may create several components within the same programme depending on the characteristics of the target group. Table 5 shows the list of programmes that involve specific components for adolescents (which may also involve young adults).

In most cases, programmes with special components for adolescents are cash for work and training programmes, mainly in Latin American countries. For instance, in Brazil the ProJovem Integrado consists of different components, which includes older adolescents and young people (aged between 18 and 29 years) who are unemployed and who did not complete secondary education. The ProJovem Adolescente component focuses specifically on adolescents (from 15 to 17) and requires recipients to

¹⁷ This is the case for two programmes not mapped by our study: Mozambique's Child Grant Programme (rolling out in 2019) and Ghana's LEAP 1000 (a pilot initiative that began in 2015 and was later included as a category in the larger, national LEAP programme). These programmes do not necessarily set out to be adolescent-sensitive, but by targeting based on reproductive status without age minimums (e.g., legal majority age) they potentially respond to life cycle and gender-related vulnerabilities of adolescent girls.

have 75 per cent school attendance during the school year, 70 per cent attendance of the meetings of Projovem Adolescente, and to respect the social norms of the Social and Educational Services.

The Programa de Ciudadanía Porteña in Argentina is a conditional cash transfer programme that involves four different components: Red Primeros Meses, targeted at pregnant women and children aged under 1 year old; Ticket social, targeted at food-insecure households; and Ciudadanía Porteña Con todo Derecho, addressed at children and adolescents below the age of 18. Although the latter component already targets adolescents (aged 18 and 19), the government introduced an additional component, Estudiar es trabajar, for older adolescents and young adults with specific conditionalities for those enrolled in tertiary education (beneficiaries are required to pass at least two subjects per year).

Table 5: Programme components for adolescents

Programme	Component for adolescents
Cash Transfers	
TASAF III (Tanzania)	Adolescent Cash Plus Pilot
Cash for Work and Training	
Programa de Ciudadanía Porteña (Argentina)	Estudiar es trabajar
Projovem Integrado (Brazil)	Projovem Adolescente
Kenya Youth Empowerment Project (Kenya)	Private sector internships and training
Job Support Programme (Mexico)	Bécate

The Job Support Programme in Mexico provides support for independent work and technical and vocational training through two components: one targeted only at adults (over 20) and one component (Becate) offering training to unemployed people over the age of 15 years.

In sub-Saharan Africa, we found only one cash for work and training programme with a special component for adolescents, the Kenya Youth Empowerment Project. The intervention involves a component for people aged between 18 and 35 (called Labour-Intensive Works and Social Support Services) and a component (the Private Sector Internships and Training) which targets older adolescents and young adults (between 15 and 29) who have at least 8 years of schooling, have been out of school for at least 1 year and are not currently employed.

The programmes described so far are cash for work and training programmes. Indeed, the only existing cash transfer programme with a livelihoods component for adolescents is Tanzania's Productive Social Safety Net (PSSN). The PSSN was rolled out in 2015 (as part of the Tanzania Social Action Fund's third phase) and in 2017 an additional programme component for adolescents was piloted in four districts: the Adolescent Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood. This is a livelihood and life skills training and mentoring programme targeted at adolescents who were aged 14–19 years in 2017 and who were members of PSSN beneficiary households. The pilot consisted of 12 weeks of face-to-face training on livelihoods and life skills, 9 months of mentoring, and an asset transfer to promote continuing education or starting a business.

3.3 Focus on social protection programmes for adolescents

Globally, very few non-contributory social protection programmes are designed specifically for adolescents. It is more common to find programmes generally targeted to households with children, who may also include adolescents. In this section, we briefly describe interventions designed for adolescents, which, in some cases, can last until young adulthood. Specific features of these programmes were discussed in detail in the previous section.

A category of programmes that are often designed for adolescents are those related to education, such as educational fee waivers and scholarships for secondary school students (*see Table 6*)¹⁸. For instance, the Avancemos programme, is a conditional cash transfer (CCT), started in 2006, and targets families with members aged between 12 and 25 who are struggling to keep adolescents and young people in education due to economic constraints. Also, programmes implemented in Bangladesh, Pakistan and Kiribati give incentives to adolescents to avoid school dropout by providing CCT or by exempting parents from paying school fees.

Table 6: CTs and educational fee waiver programmes targeted to secondary school students and adolescents

Region	Programme (Country)
Latin America and the Caribbean	Subsidios Condicionados a la Asistencia Escolar (Colombia)
	Avancemos programme (Costa Rica)
Middle East and North Africa	Education Fee Waivers and Student Support Grants (Sudan)
East Asia and Pacific	Free Education (Kiribati)
South Asia	Higher Secondary Stipend Programme (Bangladesh)
	Secondary Education Sector Investment Programme (Bangladesh)
	Secondary Education Stipend Programme (Bangladesh)
	Female School Stipend Programme (Pakistan)

As mentioned previously, several programmes for adolescents may last until they become adults. Most of these interventions are training and cash for work programmes, which are common in Latin American countries. However, we also found two sub-Saharan African countries implementing these interventions (*see Table 7*). All these programmes target older adolescents and young adults. However, it is very interesting to notice that the Brazilian programme, Projovem Integrado, includes a specific component for adolescents aged between 15 and 17 years old who are Bolsa Família beneficiaries, called Projovem Adolescente. Conversely, the other three components (Projovem Trabalhador; Projovem Urbano; Projovem Campo) target unemployed poor people between 18 and 29 years, living in municipalities with over 200,000 inhabitants, or who are literate but did not complete secondary education. The choice to have a specific component for adolescents makes it possible to address the different needs of adolescents and young adults. While it is risky to consider adolescents' needs and characteristics as similar to those of children below 10 years old, the same applies to the comparison between older adolescents and youth.

¹⁸ Additionally, in Algeria, the Bourse Nationale is aimed at university students from low-income households.

Table 7: Training and cash for work programmes for adolescents and young adults

Region	Programme (Country)
Latin America and the Caribbean	First Job National Programme (Brazil)
	Projovem Integrado (Brazil)
	PRONATEC (Brazil)
	Young Rural Entrepreneurs Programme (Colombia)
	Programa Nacional de Empleo (PRONAE) (Costa Rica)
	Youth and Employment Programme (Dominican Republic)
	Temporary Income Support Program (El Salvador)
	Youth with Everything Programme (El Salvador)
	Program of Support to Communities in Solidarity (El Salvador)
	First Job Grant (Guatemala)
	Programme of Employment Creation and Vocational Education for Young People (Guatemala)
	Vocational training for young people at risk of exclusion (Honduras)
	Building Youth for National Development (Jamaica)
	Godfather Entrepreneur Programme (Panama)
	Jóvenes Productivos (Peru)
Sub-Saharan Africa	Cash for Work (Sierra Leone)
	Youth Opportunities Programme (Uganda)

Finally, another type of intervention that may last until young adulthood is remedial education (*see Table 8*). Examples of these programmes are the Programa Nivelación de Competencias Laborales (in Chile) that offers remedial education for people over 15 years, under the poverty line, without complete basic education or without secondary education; and the Educational Commitment (in Uruguay) that aims at providing a second chance to adolescents and young people by supporting them through a scholarship.

Table 8: Remedial education programmes targeted at adolescents and young adults

Region	Programme (Country)
Latin America and the Caribbean	Programa Nivelación de Competencias Laborales (Chile)
	Educational Commitment (Uruguay)

A unique programme, whose design is very different from traditional social protection programmes, is the Apni Beti Apni Dhan (ABAD), implemented in the Indian state of Haryana in 1990. The programme targets households belonging to specific castes and/or households with an income below the poverty line and with one or more girls born between 1994 and 1998. This programme supports beneficiaries with two lump sum transfers, one at birth and one in late adolescence. The first programme component offers an unconditional cash transfer to mothers within 15 days of the birth of the girl. Then, when the girl turns 18, if she is still unmarried, she can access the second programme component, which is a CCT (a savings bond of 25,000 rupees created in her name 18 years before).

Our analysis of programme implementation and design features indicates that adolescents may benefit from an intervention to varying degrees depending on the eligibility criteria. We identified three cases. First, interventions targeted to poor and vulnerable households are purely poverty-targeted at the household level and do not target adolescents by design. However, if adolescents are present in the households, they can benefit from the programme to varying degrees, depending on the intrahousehold allocation of benefits. The second case are programmes that directly target adolescents or households with adolescents. The third case includes programmes that have a categorical targeting component inclusive of children but not adolescents, which may: (i) produce spillover effects on adolescent siblings of younger, targeted children; (ii) or have long-term effects on children when they become adolescents.

The next section considers if and how non-contributory social protection programmes improve key outcomes for adolescents.

4. IMPACT ON ADOLESCENTS

This section presents an overview of the impact of non-contributory social protection programmes on adolescents. As part of this study, we reviewed impact evaluations reported in the following reviews: (Pettifor et al., 2012; De Hoop and Rosati, 2014; Hindin et al., 2016; Kalamar, Lee-Rife, and Hindin., 2016; Kalamar, Bayer, and Hindin, 2016; Bastagli et al., 2016; de Walque et al., 2017; Peterman et al., 2017; Owusu-Addo et al., 2018); additional studies from the Transfer Project reports (Heinrich et al., 2012; Berhane et al., 2015; Ghana LEAP Evaluation Team, 2017; FAO and UNICEF, 2018; Tanzania PSSN Youth Study Evaluation Team, 2018); and other relevant literature recommended by experts (Nanda et al., 2016; Hoddinott and Mekasha, 2017; Angeles et al., 2018; Dake et al., 2018; Olson et al., 2019).¹⁹ We reviewed a total of 85 impact evaluation papers.

Given that this review focuses specifically on the impact of non-contributory social protection on adolescent outcomes, we included solely papers that study adolescents (or adolescents combined with other age groups), and we excluded papers that assess the impact on children (under 10) or on adults (over 19) only.

The following paragraphs report the evidence we found on the impact of non-contributory social protection on the selected adolescent outcomes: education; health, nutrition and psychosocial well-being; sexual and reproductive health and behaviour; and protection (including: labour, violence and sexual abuse). Table 9 summarizes the evidence included by outcomes and indicators; the columns distinguish between studies with analysis of programme impact on pooled groups of adolescents and children or adolescents and young people (columns B, C, D, E) and studies with adolescent-level disaggregation (columns H, F, G).

¹⁹ For additional information on inclusion criteria for the selection of papers see Section B and footnote 8.

Table 9: Evidence on indicators relevant for adolescents

Outcome and indicator	Studies included in review	Studies that focus the impact on adolescents with other age groups				Studies that disentangle the effect on adolescents only		
		Studies reporting at least 1 significant result	Studies reporting a significant increase in the indicator	Studies reporting a significant decrease in the indicator	Studies reporting significant increase and decrease in the indicator	Studies that disentangle the effects on adolescents	Studies reporting a significant increase in the indicator	Studies reporting a significant decrease in the indicator
	A	B	C	D	E	H	F	G
School enrolment (29 studies)								
School enrolment	29	22	22	0	0	18	15	0
School attendance (32 studies)								
Attendance (presence in school)	25	18	15	3	0	16	10	1
Attendance (absenteeism)	25	8	0	8	0	4	0	1
Learning (14 studies)								
Test score (maths)	4	1	0	1	0	1	0	1
Test score (language) / reading	4	3	2	1	0	2	0	0
Test score (composite)	2	0	0	0	0	0	0	0
Grade completion / progression / grades	10	8	6	2	0	8	4	2
Health and nutrition (9 studies)								
Health services utilization	5	3	3	0	0	0	0	0
Illness / sick days / health self-assessment	6	4	0	4	0	1	0	0
Food insecurity / food deprivation	4	3	0	3	0	1	0	1
Mental health and psychosocial well-being (6 studies)								
Depressive symptoms (CES-D)	5	2	0	2	0	1	0	1
Snyder hope scale / hope score	3	0	0	0	0	0	0	0

Self-perceived scale of social support	3	2	2	0	0	0	0	0
Aspirations	3	2	2	0	0	0	0	0
Autonomy	1	1	1	0	0	0	0	0
Alcohol and substance abuse	3	1	0	1	0	1	0	1
Sexual and reproductive health and behaviour (15 studies)								
Sexual debut	4	3	0	3	0	1	0	1
Ever had sex	4	3	0	3	0	2	0	2
Age at first sex	3	1	0	1	0	1	0	1
Contraception/condom use	7	2	2	0	0	1	0	0
Unprotected sex	3	0	0	0	0	1	0	0
Multiple sexual partners	6	3	0	3	0	3	0	3
Pregnancy	11	5	2	4	1	5	0	2
Self-assessed HIV risk	3	0	0	0	0	1	0	0
Tested for HIV	2	1	0	1	0	0	0	0
Child and adolescent labour (48 studies)								
Child/adolescent work participation	39	26	8	20	2	18	4	12
Child/adolescent work intensity	18	10	2	9	1	11	1	4
Other adolescent protection areas (14 studies)								
Probability of marriage	11	5	0	5	0	3	0	1
Transactional sex	8	2	0	2	0	2	0	1
Age disparate sex	4	3	1	2	0	2	0	2
Physical/emotional violence	2	1	1	0	0	0	0	0
Forced sex	4	3	1	2	0	1	0	1

Note 1: The number of studies with non-statistically significant effects is given by column A minus column B

Note 2: Columns B, C, D, E count the evidence looking at programme impact on pooled groups of children and adolescents or adolescents and young people, depending on the outcome areas and the specificities of the programme.

Note 3: Columns F, G, H count the evidence analysing heterogenous effects on adolescents only.

Note 4: Column E accounts for evidence that simultaneously finds a significant increase and decrease in indicators depending on age subgroups, sex, etc. We did not include a similar column for studies that disentangle the effect on adolescents because we did not find any.

4.1 Education

This section focuses on the impact of non-contributory social protection on education outcomes. It is worth noting that studies on education tend to disentangle the effect on different school levels of students (e.g., primary and secondary school) rather than on different age groups. We focused on the following outcomes of interest: school enrolment, school attendance, school achievement and grade completion.

School enrolment

In Annex 2 we report detailed information about the programmes and components for which we reviewed the impact on enrolment. We reviewed 29 studies providing evidence on 20 programmes (and 23 corresponding treatment arms) on different enrolment indicators. Among these, 16 studies disentangle the effect for adolescents and find a positive and significant effect on this group (or on subgroups).

In particular, Barrera-Osorio et al. (2008), Edmonds and Schady (2012), The Kenya CT-OVC Evaluation Team (2012), Maluccio and Flores (2005) do find a positive and significant impact of cash transfer programmes²⁰ on enrolment of adolescents. There are also studies which disentangle the effect on younger and older adolescents or by specific ages. For instance, Alam et al. (2011) do not find a significant effect of the Female School Stipend Programme on the group of girls aged 12–19 but, studying heterogeneous effect, they show that the effect is positive and significant for adolescents aged 15 and 16 years old. The authors explain this finding by noting that this age group joined the programme when there was more awareness of its existence. Overall, we found five studies that show that cash transfers positively and significantly affect at least one indicator of enrolment among younger adolescents (Barrera-Osorio et al., 2008; Akresh et al., 2013; Berhane et al., 2015; American Institutes for Research, 2015, 2016; Handa et al., 2016) and seven studies that show the same for older adolescents (Barrera-Osorio et al., 2008; Alam et al., 2011; Bustelo, 2012; Pellerano et al., 2014; Eyal et al., 2014; American Institutes for Research, 2015; Malawi SCT Evaluation Team, 2015;). For those studies that do not disentangle the effects on adolescents, but look at pooled groups of adolescents and children, five found a positive effect on school enrolment (J. Maluccio and Flores, 2005; Perova and Vakis, 2009; Seidenfeld and Handa, 2011; Akresh et al., 2013; Galiani and McEwan, 2013).

At the same time, there are very few studies that do not find a significant effect on any enrolment indicator for any age group (Mertens et al., 2013; American Institutes for Research, 2014a; Ferré and Sharif, 2014; Handa, Park, et al., 2014; De Groot et al., 2015; Ghana LEAP Evaluation Team, 2017;). A World Bank study in the Philippines however found no positive effects on enrolment for younger and older adolescents, but only significant positive effects for children aged 6–11 years (Chaudhury, Friedman, and Onishi, 2013). These studies look at 3 UCT programmes in Sub-Saharan Africa (Ghana LEAP, Kenya Hunger Safety Net, and Zimbabwe HSCT) and at 2 CCT programmes in Asia (Bangladesh SHOMBHOB, and Philippines Pantawid Pamilya), with only the Pantawid Pamilya programme having a specific component on education (conditionalities linked to enrolment in school).

In general, most of the mapped studies showed a positive and significant effect of non-contributory social protection programmes on school enrollment among adolescents. There is no evidence of different trends between adolescents and children or between younger and older adolescents.

20 Respectively for: Subsidios Condicionados a la Asistencia Escolar-Saving Treatment, Bono de Desarrollo humano and Cash Transfers for Orphans and Vulnerable Children

School attendance

Turning to school attendance, we reviewed 33 studies on 23 programmes (and the corresponding 29 UCT and CCT components).²¹ Among all studies, 18 analysed heterogeneous effects on adolescents and most of them focused on programmes that were targeted also to adolescents, therefore they were meant to produce an impact on this age group. Among these 18 studies, 9 found a positive and significant impact on at least one school attendance indicator for adolescents (Skoufias, Parker, Behrman, and Pessino, 2001; Attanasio, Battistin, Fitzsimons, and Vera-Hernandez, 2005; Barrera-Osorio et al., 2008; Macours and Vakis, 2009; Filmer and Schady, 2011; Chaudhury et al., 2013; American Institutes for Research, 2015; Malawi SCT Evaluation Team, 2015; De Hoop, Friedman, Kandpal, and Rosati, 2017), two studies found a negative and significant impact on absenteeism among adolescents (Macours and Vakis, 2009; Heinrich et al., 2012); 1 study found mixed results (World Bank, 2011); and the remaining studies found no significant effect (Levy and Ohls, 2010; Merttens et al., 2013; Handa, Park, et al., 2014; American Institutes for Research, 2014b; De Groot et al., 2015; Merttens et al., 2016; Ghana LEAP Evaluation Team, 2017; Tanzania PSSN Youth Study Evaluation Team, 2018).

If we look at studies that do not disentangle the effect between children and adolescents, we found that 5 studies report a positive and significant impact on school attendance (Alatas, 2011; Malawi SCT Evaluation Team, 2015; Benhassine, Devoto, Duflo, Dupas, and Pouliquen, 2015; Akresh, De Walque, and Kazianga, 2016; Tanzania PSSN Youth Study Evaluation Team, 2018) and 6 show a negative and significant impact on absenteeism (Covarrubias et al., 2012; Miller and Tsoka, 2012; Luseno, 2012; Handa, et al., 2014; De Groot et al., 2015; Ghana LEAP Evaluation Team, 2017); the remaining show non-significant effects (Seidenfeld and Handa, 2011; Pellerano et al., 2014; Ferré and Sharif, 2014; Cheema et al., 2014).

Overall, the impact of social transfers on school attendance (and reducing absenteeism) is positive and consistent among most of the studies with few exceptions: American Institutes for Research (2014b) even found a negative and significant impact of the Harmonised Social Cash Transfer (HSCT) on school attendance among adolescents (aged 13–17 years) in Zimbabwe; Merttens et al. (2015) found a negative and significant impact of Vulnerable Family Support Grant (VFSG) and Senior Citizens Grant (SCG) on school attendance among Ugandan children (aged 6–17). However, none of these three programmes were explicitly targeted to adolescents. In particular, the HSCT is targeted generally to households that are both labour-constrained and food-poor, with no specific targeting criteria relating to children and adolescents, the VFSG targets households based on a labour capacity and dependency score, and SCG is targeted to the elderly. Moreover, the impact evaluation of the Zimbabwe HSCT found that despite programme objectives of ‘harmonising’ various social protection programmes, implementers at the district level were causing a substitution effect among households receiving the HSCT, whereby those previously receiving a scholarship for school fees were removed from this programme once they started receiving the HSCT. This likely contributed to the negative impacts on school attendance.

In general, we do not find differences in impact between younger and older adolescents except in one case. American Institutes for Research (2015) showed that the Multiple Categorical Targeting scheme (within the Social Cash transfer programme, in Zambia) has a stronger effect on older adolescents (aged 15–17 years) than on younger adolescents (11–14 years).

²¹ See Annex 3 for more details

School achievement

We reviewed 14 impact evaluations on 12 programmes (and 16 corresponding treatment arms), of which 11 study or disentangle the effect for adolescents (*see Annex 4*). Among these 11 studies, only 4 found a positive and significant impact on at least one indicator of school achievement and grade progression for adolescents. Alam et al. (2011) showed that the Female School Stipend Programme in Pakistan significantly increases the proportion of girls (aged 15–16) who complete middle school, while the effect on the group of girls aged 12–19 is not significant. Heinrich et al. (2012) showed that the Child Support Grant positively and significantly affects grade attainment and arithmetic score for children aged 10 years old.²² Behrman et al. (2009) report a positive and significant impact of Progesa on grade progression. Finally, the CT–OVC increases the percentage of children, aged above 12, who decide to come back to school (Kenya CT-OVC Evaluation Team, 2012). The aforementioned programmes have targeting among a broad age range inclusive of adolescents, and therefore succeeded in producing an impact on this group.

Additionally, the three studies that do not disentangle the effect for children and adolescents showed a positive and significant effect of cash transfers respectively on reading test scores (Akresh et al., 2013), mean grade achieved (Merttens et al., 2013), and ‘read and write’ test for children and adolescents (Tanzania PSSN Youth Study Evaluation Team, 2018). Interestingly, Baez and Camacho (2011) showed that the programme Más Familias en Acción has a significant adverse effect on Spanish test score for children aged 7–18 years, although they state that this may be due to their inability to correct for negative selection bias in their non-parametric estimations. The Ghana LEAP Evaluation Team (2017) also reports a negative and significant effect of the LEAP programme on the correct grade progression for adolescents aged 13–17, mostly driven by the impact on older boys (Ghana LEAP Evaluation Team, 2017). The other mapped studies do not report a significant impact of social programmes on learning indicators and grade progression.²³

4.2 Health, nutrition and psychosocial well-being

Health services utilization

Unfortunately, very few studies assess the impact of social protection programmes on health services utilization among adolescents. Indeed, based on existing reviews, we found five studies examining the impacts of four programmes (and four treatment arms) on health services utilization (*see Annex 5*). Among them, three studies report positive and significant impact on children and adolescents aged from 6 to 17 years (Handa et al., 2014; Luseno et al., 2014; Ghana LEAP Evaluation Team, 2017), but these studies do not disentangle the effects between the two age groups across this distribution. One study does not find any significant impact on children and adolescents (Pellerano et al., 2014). Finally, only one study examined the impact of a non-contributory social protection programme on health services utilization among adolescents, which does not find a significant effect (Gertler and Boyce, 2001).

Illnesses and sick days

We identified six studies examining the impact of five social transfers on illnesses and sick days (*see Annex 6*) and only one (Heinrich et al., 2012), analysed the impact on adolescents, which does not find a significant impact of the Child Support Grant on illness days for South African children aged 10 years.

22 The authors sampled 10-year-old children for the evaluation for methodological reasons and based on the exposure to treatment.

23 Additionally, looking at heterogenous effects by gender, some studies found a significant impact for girls in at least one schooling indicator of enrolment, attendance or achievement (Miller & Tsoka, 2012; Berhane et al., 2014; Merttens et al., 2015; De Groot et al., 2015). In some cases, the impact of programmes on schooling outcomes is only significant for girls but not for boys, at least for some age groups (Baez & Camacho, 2011; Filmer & Schady, 2011; Miller & Tsoka, 2012; Handa et al., 2014; Berhane et al., 2015; De Groot et al., 2015; Merttens et al., 2015).

Several studies do not disentangle the effect of programmes on adolescents with respect to other age groups. For instance, Kilburn et al. (2016) found a positive and significant effect on the probability that older male adolescents and young adults (aged 15–24) feel satisfied about their health, while Luseno et al. (2014) report a negative and significant impact of the Social Cash Transfer Programme on illness among beneficiary children aged 6–17. The Ghana LEAP Evaluation Team (2017) showed that the LEAP programme significantly decreases the probability that children aged between 6 and 17 were sick but this result holds only 24 months after the start of the programme and the effect disappears in the long run (Ghana LEAP Evaluation Team, 2017).

Food and nutrition²⁴

Most of the studies examining the impact of non-contributory social transfers on food and nutrition indicators are at the level of the household or young child. We found two studies that examine the impact of social transfers on demographic groups including adolescent age ranges. In particular, Handa et al. (2014) found a negative and significant impact of LEAP on the food insecurity index for children and adolescents aged 5 to 17 years old (Handa, et al., 2014; Ghana LEAP Evaluation Team, 2017); and Pellerano et al. (2014) also showed a significant reduction in food insecurity indicators for beneficiaries of the Child Grant Programme aged below 17. The unique study that focuses on nutrition outcomes for adolescents (aged between 12 and 18) showed a significant and positive increase in the number of daily meals for beneficiaries of the *Subsidios Condicionados a la Asistencia Escolar* (Barrera-Osorio et al., 2008), and this result also holds for older adolescents (aged 15–18).

Mental health, psychosocial well-being and aspirations

There is a growing body of literature examining the psychosocial impacts of cash transfers, including as a pathway to impacts on other outcomes such as violence and physical health. That is why we chose to examine psychosocial/mental health impacts separately from physical health. Our review shows that impacts of non-contributory social protection programmes on adolescents' mental health and psychosocial well-being are less studied than for physical health. We reviewed five studies on the impact of social transfers on depressive symptoms among adolescents and young adults; unfortunately only one of them disentangles the effect for adolescents (see Annex 8).²⁵ Tanzania PSSN Youth Study Evaluation Team (2018) and American Institutes for Research (2015, 2014b) show that cash transfers do not significantly affect depression among adolescents and young adults respectively in Tanzania, Zambia and Zimbabwe (American Institutes for Research, 2014b, 2015; Tanzania PSSN Youth Study Evaluation Team, 2018). Conversely, it was found that the CT-OVC in Kenya significantly reduces the likelihood of having depressive symptoms among young male individuals (aged 15–24) (Kilburn et al., 2016), while the Malawi SCTP Evaluation Team (2016) showed a significant decrease in the depression scale on the poorest 50 per cent of adolescent beneficiaries (aged 13–19) but not on the whole sample (Malawi SCTP Evaluation Team, 2016), although the authors do not provide an explanation on why this is so.

Tanzania PSSN Youth Study Evaluation Team (2018) and American Institutes for Research (2014b, 2015) report that social transfers do not significantly affect hope indicators among adolescents and young adults.

²⁴ For additional details see Annex 7.

²⁵ It is important to note that most of these studies look at unconditional cash transfer programmes, with only one studying the impact of a programme providing cash transfers to poor and vulnerable households conditional on utilization of health and education services (Tanzania PSSN Youth Study Evaluation Team, 2018); therefore it is not possible to draw conclusions on the differences in the ability of a programme to improve mental health and psychosocial well-being outcomes based on the existence or absence of conditionalities.

The evidence on other psychosocial well-being indicators is also mixed.

Indeed, American Institutes for Research (2015) showed that the Multiple Categorical Targeting scheme (in Zambia) does not significantly affect aspirations in terms of the ideal years of education, while the Malawi SCTP Evaluation Team (2016) shows that the Social Cash Transfer Programme significantly increases the desired years of formal education among adolescents and young beneficiaries (Malawi SCT Evaluation Team, 2016). The evidence is also mixed for indicators related to the ideal age of marriage (American Institutes for Research, 2015; Malawi SCT Evaluation Team, 2016; Tanzania PSSN Youth Study Evaluation Team, 2018), while the Productive Social Safety Net Programme in Tanzania was shown to reduce the ideal number of desired children among adolescents and youth (aged 14–28 years at baseline) (Tanzania PSSN Youth Study Evaluation Team, 2018).

Interestingly, two among the three studies about the impact of social transfers on perceived social support show a positive and significant impact for programme beneficiaries (American Institutes for Research, 2015; Malawi SCT Evaluation Team, 2016). Finally, the Productive Social Safety Net Programme increased adolescents and youths' perceived autonomy (Tanzania PSSN Youth Study Evaluation Team, 2018).

Alcohol and substance abuse

We found three studies examining alcohol and substance abuse among adolescents (*see Annex 9*). The Malawi SCTP Evaluation Team (2016) reported a significant reduction in the prevalence of beneficiaries who ever smoked cigarettes (17 months after the start of the programme), but the coefficient was no longer significant in the medium term (24 months after the start of the programme) (Malawi SCT Evaluation Team, 2015, 2016). Additionally, the authors, consistent with Heinrich et al. (2017) and American Institutes for Research (2014b), do not find any programme impact on alcohol consumption. Finally, Heinrich et al. (2017) show that the Child Grant Support programme does not significantly increase drug use.

4.3 Sexual and reproductive health and behaviours

This section reviews the impact of non-contributory social protection programmes²⁶ on outcomes related to adolescents' sexual and reproductive health and behaviours with a focus on sexual behaviours, early pregnancy, and HIV and AIDS and other STIs. Although many of these indicators could have also been included in the health section, a specific section was dedicated to them because they are closely associated with a safe, healthy and productive transition from adolescence to adulthood. Annexes 10, 11 and 12 contain detailed information about the studies included in this section.

Sexual behaviours

Five different sexual behaviour outcomes were assessed, notably sexual debut, sexual activity condom use, contraceptive use and multiple sexual partners. Details about the studies, organized by outcome, can be found in Annex 10.

When reviewing impacts on sexual and reproductive health, the first outcome of interest concerns sexual debut (i.e., whether individuals ever had sexual intercourse and/or age at which this occurred). The first part of Annex 10 details the 8 studies that we reviewed, mostly focused on sub-Saharan African programmes. Only 3 of these studies disentangle the effect for adolescents above the age of 13 and found a negative and significant decrease in sexual debut (Heinrich and Brill, 2015; Malawi SCT Evaluation Team, 2016; Heinrich

²⁶ As far as we understand, none of the programmes evaluated provided any components/messaging focused on the topic of sexual and reproductive health and behavior.

et al., 2017). It is interesting to note that even though the Social Cash Transfer Programme in Malawi was not specifically targeted to children and adolescents (but in general to vulnerable households), it significantly reduced the likelihood of adolescents' (aged 13 to 19 at baseline) sexual debut 12 months after payments to households started (Malawi SCT Evaluation Team, 2016). However, the effect became non-significant 24 months after payments started (Ibid.).

The other studies do not analyse heterogeneous effects among adolescents, but rather examine impacts of social transfers on sexual debut for combined groups of adolescents and young people below the age of 30. Among these, three studies in Kenya and Zimbabwe confirm the same trend observed so far, finding a significant and negative impact of social transfers on the likelihood that adolescents and young people ever had sex (American Institutes for Research, 2014b; Handa, Halpern, et al., 2014; Handa et al., 2017). In contrast, two other studies in Tanzania and Zambia do not find any significant impacts on sexual debut (American Institutes for Research, 2015; Tanzania PSSN Youth Study Evaluation Team, 2018). Additionally, the only study that looks at the impact of a cash transfer programme in Mexico on the likelihood that adolescents and young adults are sexually active did not find any significant effect (Galarraga, 2012).

Most of the evidence included in this section on sexual and reproductive health is not disaggregated by gender. However, the few studies that disentangle the effects by gender did elucidate some differences. In terms of delaying sexual debut, three studies found a significant impact of programmes only for females (Handa, Halpern, et al., 2014; Heinrich and Brill, 2015; Heinrich et al., 2017), and one study found a significant reduction in the number of sexual partners only for females (Heinrich and Brill, 2015).

Turning to unprotected sex indicators, we reviewed seven studies examining the impact of seven government-led social transfers on condom use during sex. Among these, the two studies that look closely at adolescence and disentangle the effect for this group of individuals found no effects on condom use during sexual intercourse (Cluver et al., 2013; Malawi SCT Evaluation Team, 2016). The remaining five studies do not report heterogeneous effects among adolescents, but analyse the impact on a larger group of individuals including adolescents and young people below the age of 30 (American Institutes for Research, 2014b; Galarraga, 2012; Cluver et al., 2013; Handa, Halpern, et al., 2014; Tanzania PSSN Youth Study Evaluation Team, 2018;). Among these studies, only one found a positive and significant increase in the use of condom at first sex for individuals aged 14–21 in Zimbabwe (American Institutes for Research, 2014b). All other studies did not find any significant effect of non-contributory social protection programmes on condom use during sexual intercourse.

Finally, only two studies included in this review look more broadly at use of contraceptives: one in Tanzania for young people between 15 and 29 (Tanzania PSSN Youth Study Evaluation Team, 2018), and one in Peru, for women aged 12 and 42 (Perova and Vakis, 2012). The former did not find any effect of cash transfers on use of contraceptives, whereas the latter found a positive and significant increase in the use of contraceptives for females aged 12–49 (Tanzania PSSN Youth Study Evaluation Team, 2018; Perova and Vakis, 2012).

Finally, we reviewed six studies that analysed the impact of four programmes on multiple sexual partners. Out of these, all three studies that analysed heterogeneous effects on adolescents focused on the Child Support Grant in South Africa and found a negative and significant impact of the programme on the number of sexual partners (Cluver et al., 2013; Heinrich and Brill, 2015; Heinrich et al., 2017). Only one found negative and significant impacts for both male and female adolescents (Cluver et al., 2013), while the other two found a significant decrease in sexual partners only for female adolescents (Heinrich and Brill, 2015; Heinrich et al., 2017). The remaining three studies reviewed analysed the impact for aggregated

groups of adolescents and young people under 30 (Handa, Halpern, et al., 2014; American Institutes for Research, 2015; Tanzania PSSN Youth Study Evaluation Team, 2018), and none of them found a significant effect of non-contributory social protection programmes on the number of sexual partners.

HIV and AIDS and other STIs

Before reviewing the evidence on governmental programmes and HIV/STIs, it is worth noting that most of the evidence to date related to social protection and STIs (including HIV) comes from experiments implemented by non-governmental organizations.²⁷ Very few studies focus on the impact of government-led programmes, the focus of the current review. In fact, we did not find any study examining HIV/STI incidence from governmental non-contributory social protection programmes, but we did find evidence on HIV testing and risk perceptions (but not other STIs).

We reviewed three studies that analysed the impact of three programmes, respectively, in Malawi, Tanzania and Zimbabwe on indicators related to HIV (for detailed information on these studies see Annex 11). Out of these, one study disentangles the impact of the Malawi Social Cash Transfer Programme on adolescents and found non-significant effects on self-assessed risks of HIV,²⁸ both in the short and medium term, respectively 17 and 24 months after the cash transfer payments started (Malawi SCT Evaluation Team, 2016). The other two studies limit their analysis to groups including both adolescents and young people under 30 (American Institutes for Research, 2014b; Tanzania PSSN Youth Study Evaluation Team, 2018). The study in Tanzania found non-significant effects of the Productive Social Safety Net Programme for both self-assessed risks of HIV and percentage of young people tested for HIV (Tanzania PSSN Youth Study Evaluation Team, 2018). The impact evaluation of the social transfer programme in Zimbabwe found non-significant effects on self-perceived HIV risk, but surprisingly a significant adverse effect on the probability of receiving HIV testing in the 12 months prior to the survey (American Institutes for Research, 2014b). The authors explain that this result is surprising and unexpected and that it may be due to the limited sample sizes used to carry out the analysis, and should therefore be interpreted with caution.

Early pregnancy

The role of non-contributory social protection in reducing adolescent pregnancy was examined in 11 studies across 8 programmes (detailed information reported in the table in Annex 12). Only two out of the five studies that analyse heterogeneous effects on adolescents found negative and significant impacts of two programmes: the Child Support Grant Programme in South Africa on the likelihood of being pregnant (Heinrich et al., 2017) and Bolsa Familia on teen births (Olson et al., 2019). The other three studies did not find any significant impact (Alam et al., 2011; Heinrich and Brill, 2015; Malawi SCT Evaluation Team, 2016).

The six studies that do not disentangle the effects on adolescents as a sub-group report mixed results: the programmes in Malawi and Kenya have negative and significant impacts on the probability that adolescents and youths become pregnant, ranging from a 1.5²⁹ to a 4.9 percentage point decrease (Handa et al., 2015; Malawi SCT Evaluation Team, 2016). However, the effect of the Social Cash Transfer Programme is significant in the short term, but dissipates in the medium term (Dake et al., 2018; Malawi

27 For example, de Walque and colleagues (2014) look at the impact of the RESPECT project in Tanzania on the prevalence of various types of STIs, and Pettifor and colleagues (2016) look at the impact of the HPTN project in South Africa on HIV incidence.

28 The indicator is constructed as the percentage of adolescents between 13 and 19 years that consider themselves at moderate or high risk of contracting HIV.

29 The impact is statistically significant for the age group 15–24; however, when limiting the analysis to the age group 13–19, the authors do not find an overall impact on the probability of delaying first pregnancy.

SCT Evaluation Team, 2016). On the other hand, the Productive Social Safety Net Programme in Tanzania, the Child Grant Programme in Zambia and the Harmonised Social Cash Transfer in Zimbabwe had no significant impact on adolescent and youth pregnancy (American Institutes for Research, 2014b; Palermo et al., 2016; Tanzania PSSN Youth Study Evaluation Team, 2018). Furthermore, the Multiple Categorical Targeting Programme in Zambia had a positive and significant impact on the likelihood that adolescents and youths are pregnant 24 months after the intervention, but the effect became non-significant 36 months after the intervention (American Institutes for Research, 2015).

4.4 Child and adolescent protection

This section looks at the impact of non-contributory social protection programmes on outcomes related to child protection³⁰ among adolescents. In particular, we focus on four areas: child and adolescent participation in work and labour activities, early marriage, sexual exploitation, violence and sexual abuse. The tables in Annexes 13, 14, 15 and 16 report all the studies reviewed, by area of interest.

Child and adolescent labour

We reviewed 48 studies that look at the participation of children and adolescent in labour activities across 24 countries, 25 programmes and the corresponding 28 programme components (which include CCTs, UCTs and linkages with additional services).³¹ Most of the studies reviewed focused on children and adolescents combined or solely on adolescents.

In 21 studies out of 48, the authors analysed the heterogeneous effects of programmes designed to target adolescents on their participation in labour activities, whereas 2 studies looked at the impact on adolescents of programmes not specifically targeted at adolescents. Among these 21 studies, the majority found a negative and significant impact on at least one indicator of participation in labour activities,³² showing that social protection programmes have the potential to decrease adolescents' participation in labour activities: for unconditional cash transfers this is true in Ecuador³³ (Schady and Araujo, 2006; Edmonds and Schady, 2012) and Malawi (Covarrubias et al., 2012); for conditional cash transfers this is true in Colombia (Barrera-Osorio et al., 2008; Attanasio et al., 2010), Mexico (Skoufias et al., 2001; Behrman et al., 2011), Nicaragua (Maluccio, 2009; Gee, 2010; Del Carpio and Macours, 2010), and Pakistan (Alam et al., 2011); for mixed programmes (simultaneously unconditional and conditional) in Tanzania and Kenya (Asfaw et al., 2014; Tanzania PSSN Youth Study Evaluation Team, 2018). Three studies found instead positive and significant impacts on labour participation: a study in Zambia found a significant increase in paid or unpaid work for younger adolescents (11–14 years) 48 months after the intervention (American Institutes for Research, 2016); a study in Indonesia found a significant increase among adolescents in family enterprise work but not in wage work (Alatas, 2011); a study in the Philippines found a significant increase of 5 percentage points in the probability that 10-to-14-year-old children would engage in paid work outside their households, whereas it found no effect on work without pay, inside or outside the household, and work for pay inside the household (De Hoop et al., 2017). Covarrubias et al. (2012) found a significant increase in the involvement in family farm/non-farm businesses but a significant decrease in paid domestic labour outside the household. Interestingly, they found different trends comparing children (aged 5–9) and adolescents (aged 10–19): the involvement in family farm/non-

30 UNICEF uses the term 'child protection' to refer to prevention and response to violence, exploitation and abuse of children in all contexts. Source: <https://data.unicef.org/topic/child-protection/overview/>

31 The full list of studies ordered by country and programme can be found in Annex 13.

32 Indicators for which negative and significant impact was found looked at prevalence and intensity of participation in labour activities overall or in labour activities by subsector (market work, paid employment, family farm/non-farm business, domestic work, household chores).

33 The impact evaluations look specifically at the impact of the unconditional cash transfer component of the programme.

farm businesses increased only for adolescents, whereas the programme had a positive and significant impact on the involvement in household chores for younger children (5–9 years old). Also, the Tanzania PSSN Youth Study Evaluation Team (2018) found different impacts for different age groups, showing that the Productive Social Safety Net Programme significantly reduced paid work outside the household for adolescents aged 12–17 but not for children aged 5–11 (Tanzania PSSN Youth Study Evaluation Team, 2018). Finally, four studies found non-significant effects on adolescents' labour participation in Lesotho, South Africa, Zambia and Zimbabwe respectively (Heinrich et al., 2012; American Institutes for Research, 2014a, 2014b; Daidone, Davis, Dewbre, and Covarrubias, 2014).

Concerning studies that did not provide results disaggregated by age and looked at pooled groups of children and adolescents, 13 studies found negative and significant impact on children's and adolescents' participation in labour activities (Maluccio and Flores, 2005; Alam et al., 2011; Bustelo, 2012; Covarrubias et al., 2012; Miller and Tsoka, 2012; Galiani and McEwan, 2013; Merttens et al., 2013; Daidone, Davis, Dewbre, and Covarrubias, 2014; Fitzsimons and Mesnard, 2014; Benhassine et al., 2015; De Silva and Sumarto, 2015; Ward et al., 2010; Del Carpio et al., 2016), 5 studies found positive and significant impact on children and adolescents participation (Glewwe and Olinto, 2004; Perova and Vakis, 2009; Alatas, 2011; Malawi SCT Evaluation Team, 2016), 1 study found mixed results with a significant decrease in hours spent in physical labour but a significant increase in the hours spent in non-physical labour for children aged 8–15 (Del Carpio, 2008), and the remaining 12 studies found non-significant effects (Levy and Ohls, 2007; Pellerano et al., 2014; Handa, Park, et al., 2014; Luseno et al., 2014; Daidone, Davis, Dewbre, Gonzales-Flores, et al., 2014; Berhane et al., 2015; Merttens et al., 2015; Merttens et al., 2016; Akresh et al., 2016; Benedetti et al., 2016; Ghana LEAP Evaluation Team, 2017; FAO and UNICEF, 2018).

Overall, the impact of social cash transfers on the participation of children and adolescents in labour activities shows mixed results, with a stronger case for a reduction in adolescents' participation in labour activities outside the household.

Among all the reviewed studies that also reported sex-disaggregated effects, only a few found different results for boys and girls. In some cases, programmes have a significant impact in the reduction of labour force participation for boys but a non-significant reduction for girls (Skoufias et al., 2001; Del Carpio and Macours, 2010; Asfaw et al., 2014), or have a larger effect size for boys than for girls in reducing the intensity of labour (Barrera-Osorio et al., 2008). In Indonesia, one study found different impact of a cash transfer programme for boys and girls depending on age groups: beneficiary girls aged 7–12 significantly increased their contribution to family enterprise work, whereas the effect was not significant for girls aged 13–15; the reverse was found for boys (Alatas, 2011). In Abi Adi In Ethiopia, the SCTPP has a significant negative impact on girls' work on family businesses (Berhane et al., 2015). Conversely, all other studies that analyse gender-disaggregated effects found similar results for boys and girls. Interestingly, Alam et al. (2011) found different impacts of programmes for girls depending on their age: the Female School Stipend Programme negatively and significant affects labour force participation for girls aged 15–16 while it does not significantly affect the outcome for girls aged 12–19 (Alam et al., 2011).

Early marriage

Concerning early marriage, we reviewed 11 studies that look at the impact of 8 programmes on the probability of being married or cohabiting and on age at marriage (*see Annex 14*). Only 3 studies analysed the heterogeneous effect of programmes among adolescents: 1 study found a significant 3.5 percentage points decrease in the likelihood that adolescent girls aged 12–18 out-migrate for marriage in households benefiting from the Public Works component of the PSNP in Ethiopia (Hoddinott and Mekasha, 2017);

2 studies found no significant effect on the likelihood of 'ever been married' respectively in Pakistan and Malawi (Alam et al., 2011; Malawi SCT Evaluation Team, 2016). Regarding the study carried out in Malawi, this result holds both for the short-term impact (12 months after the intervention) and the medium-term impact (24 months after the intervention). However, they found a significant and negative effect of the programme for adolescents and young people aged 14–24 years in the short term (Malawi SCT Evaluation Team, 2016). On the other hand, Alam and colleagues (2011) examined impacts of the Female School Stipend Programme (FSSP) in Pakistan, a programme targeted to girls, and did not find a significant effect on the probability of getting married, but they found a significant increase in the age at marriage by about 1.2 years for female older adolescents (between 15 and 19 years) (Alam et al., 2011). Thus, the programme seems to be generating an intended impact on this group of individuals, by keeping adolescents in school and delaying marriage.

The other eight studies reviewed do not disentangle the effect on adolescents but rather look at the impact of programmes on pooled groups of adolescent and young people below the age of 30. Out of the eight, only three studies found negative impacts on the likelihood of ever being married or cohabiting: an impact evaluation of the HSCT programme in Zimbabwe analysing the age group 12–20 found a negative and significant impact on the likelihood of ever been married 12 months after baseline (American Institutes for Research, 2014b); another referring to the same programme and analysing the age group 13–24 found negative and significant impacts for girls but not for boys (Angeles et al., 2018); conversely, a study analysing adolescents and youth aged 14–21 found negative impacts among males, but not females, in households participating in the Malawi SCT (Dake et al., 2018). The remaining studies found non-significant impact on any of the indicators (Handa et al., 2015; Nanda et al., 2016; Tanzania PSSN Youth Study Evaluation Team, 2018).

Sexual exploitation

Only recently have authors begun to look at the impact of social protection programmes on outcomes related to violence, abuse and sexual exploitation for groups of adolescents and young people below the age of 30. Below, we consider programme impacts on sexual exploitation, defined as transactional sex, unbalanced power relations in sexual relationships proxied by large age differences with partner, and risky sexual behaviours driven by economic necessities. The second section focuses on emotional, physical and sexual violence outcomes.

Overall, we reviewed eight studies on the impact of six programmes in sub-Saharan Africa on transactional sex³⁴ and age-disparate sex (the full list of studies can be seen in Annex 15). Concerning transactional sex, six studies do not disentangle the effect on adolescents and analyse the pooled impact on groups of adolescents and young people below the age of 30 (Handa, Halpern, et al., 2014; Rosenberg et al., 2014; American Institutes for Research, 2014b, 2015; Tanzania PSSN Youth Study Evaluation Team, 2018; Angeles et al., 2018). The majority of these studies did not find a significant effect of programmes on this outcome, however Rosenberg et al. (2014) found a significant decrease in the likelihood of engaging in transactional sex but only when they limit their analysis to females currently enrolled in school (but not males, nor among the full sample of females). Also, Cluver and colleagues (2013) analysed the impact of programmes on the risk of transactional sex for adolescents aged 10–18 in CSG households in South Africa and found a protective effect against the likelihood of engaging in transactional sex for female adolescents, but a non-significant effect when it comes to male adolescents (Cluver et al., 2013). This is consistent with Rosenberg et al. (2014), which found non-significant, but negative, protective trends in the relationship between cash transfers and transactional

³⁴ Transactional sex is defined as giving or receiving money, gifts, or favours for sex with some small variations in how each study defines the indicator used.

sex among females and a positive (also not significant) point estimate among males (Rosenberg et al., 2014). Moreover, the Social Cash Transfer Programme in Malawi does not have any impact on the likelihood that adolescents give or receive money in exchange for sex; however, the authors do not disaggregate the analysis by gender, plus they suggest that a quantitative indicator may be partially unable to capture this concept (Malawi SCT Evaluation Team, 2016). These results suggest that social transfers may be more effective in reducing the likelihood of transactional sex for females than males, and that context matters.

Turning to age-disparate sexual relationships, indicative of power differentials and correlated with increased violence and HIV risk, two studies looked at heterogeneous effects on adolescents and found negative and significant decrease in the likelihood of having a disparity in age with partners or sexual partners [(Cluver et al., 2013) – for females; (Malawi SCT Evaluation Team, 2016)]. Another two studies examining age-disparate sex do not analyse the heterogeneous effect on adolescence and found a non-significant effect on age disparity with sexual partner in Tanzania (Tanzania PSSN Youth Study Evaluation Team, 2018) and a 3.9 percentage point increase in the number of youths who had their first sexual experience with a partner 10 years older in Zambia³⁵ (American Institutes for Research, 2015).

Emotional, physical and sexual violence

Fewer studies examined programme impacts on experiences of emotional, physical and sexual violence among adolescents (or among larger groups also including adolescents). We reviewed six studies examining the impact of five social transfers (and six treatment arms) that include adolescents in their analysis (see Annex 16). However, only one of these studies analysed the heterogeneous effect on adolescents (Malawi SCT Evaluation Team, 2016). The authors found a significant reduction by 13.5 percentage points in the likelihood that adolescents aged 13–19 have ever been forced to have sex (Malawi SCT Evaluation Team, 2016). The remaining five studies look at impact of programmes on violence for groups that include either adolescents and young people below the age of 30 (American Institutes for Research, 2014b, 2015; Tanzania PSSN Youth Study Evaluation Team, 2018; Angeles et al., 2018), or adolescents and children (Rodríguez, 2015).

With respect to forced sex, the results are mixed: American Institutes for Research (2014b) found a negative and significant impact for the Harmonised Social Cash Transfer (HSCT) beneficiaries aged 14–21 in Zimbabwe, while American Institutes for Research, 2015 found a positive and significant effect of the Multiple Categorical Targeting (MCT) in Zambia on the likelihood of experiencing forced sex among individuals aged 13–24, with the effect driven by the sample of females (American Institutes for Research, 2015). Additionally, American Institutes for Research (2014b) found a positive and significant impact of Zimbabwe's HSCT on the probability of adolescents and young adults experiencing physical violence, specifically having been slapped or pushed. Nevertheless violence-related impacts from the Zimbabwe HSCT should be interpreted with caution as the forced sex and pushed/slapped indicators were not balanced between treatment and control groups at baseline and differences could be attributable to factors outside of the programme (American Institutes for Research, 2014b). Moreover, a longer-term follow-up of this same sample found protective impacts on emotional and physical violence, but no impacts on sexual violence (Angeles et al., 2018). In Tanzania, a study on the impact of the productive social safety net on experiences of violence for adolescents and youths aged 15–29 years found non-significant effects for indicators of emotional abuse, physical violence and sexual violence (Tanzania PSSN Youth Study Evaluation Team, 2018).

³⁵ The authors caution that this result, driven by males in the sample, may be due to small sample sizes in their analysis (American Institutes for Research, 2015).

5. CONCLUSION

This review is the first to examine social protection coverage and impacts explicitly among adolescents and across a broad range of well-being dimensions. We reviewed evidence from non-contributory, governmental social protection programming to understand: (i) whether and how the existing social protection programmes are adolescent-sensitive through their design and implementation features, and (ii) what impacts these programmes have on adolescents' outcomes. This review demonstrates that non-contributory social protection programmes can have protective impacts among adolescents and facilitate safe transitions to adulthood, primarily through increasing school attendance, reducing adolescents' participation in labour activities outside the households and, especially for girls, by reducing risks of sexual exploitation and delaying sexual debut. We also found promising evidence on outcomes such as food security and mental health, but the evidence to date is too limited to draw strong conclusions.

We showed how governments have made their programmes adolescent-sensitive to date. However, our review underscored that very few programmes explicitly target adolescents or have components or conditionalities specifically for this age group. Adolescents often age out of eligibility for social protection programmes, and regionally, Latin America tended to have the highest average maximum age for adolescents' eligibility. The most common forms of programming or targeting to adolescents are schooling conditions, scholarships and educational fee waivers. In addition, some programmes adapt benefits for this age group, for example with an increasing transfer amount with age for adolescents or secondary school students in recognition of the increasing needs of this demographic group, as well as the higher opportunity cost of school attendance they face, in terms of lost potential wages from working.

Along the programme cycle, we identified several **design choices** that can shape a programme's adolescent sensitivity, including targeting, payment mechanism, variable amount of payment, conditionalities, and complementary programming/linkages to services. For instance, certain types of programmes can be, by design, adolescent-sensitive (e.g., educational fee waivers for adolescent age ranges). The selection of the targeting method (e.g., categorical targeting) can allow governments to focus on specific age groups given changing age-specific vulnerabilities, and the choice of the age threshold may have important consequences. As demonstrated, several programmes end during adolescence, after early adolescence or during older adolescence, meaning that when individuals start to have more material needs (e.g., food, clothing, transport) they have to exit the programme unless they have siblings who are still eligible, so that the household can continue to receive the transfer. This may have strong, and even adverse, implications, or at a minimum, represent a missed opportunity. Heinrich and Brill (2015) showed that the expanding the age eligibility of the Child Grand Support programme had many protective effects among children exposed to the programme for a longer period of time into adolescence (Heinrich and Brill, 2015). The authors also underscored the importance of ensuring that programmes cover older adolescents to protect against engaging in risky behaviours driven by economic insecurity (Heinrich and Brill, 2015). Thus, it is important to consider coverage of adolescents in programme targeting and eligibility criteria.

The payment mechanism can also facilitate adolescent-sensitivity of programming. For instance, payments could in theory be made to adolescents, and this has been done more commonly with nongovernmental programming but has also been implemented in some limited instances by governmental programming. For example, the PSSN in Tanzania received funding from the Global Fund to provide top-ups to households with adolescent girls (girls were to direct the use of these funds with the ultimate aim of preventing HIV among adolescent girls and young women) as part of a short-term pilot (2018–2020) entitled 'Timiza Malengo' (not covered in the current review due to timing of implementation and lack of an impact evaluation). Nevertheless, there is potential for backlash or undue burden among adolescents when

government social protection payments are made to them directly. Key informants interviewed said that the large amounts of cash provided to girls and young women under Timiza Malengo as compared with the bi-monthly regular PSSN payments to households caused tensions at the household level and were a source of widespread complaint at the community level (UNICEF, 2021). Somewhat similarly, Baird et al. found that the protective effects on psychological distress of cash transfers delivered to adolescent girls in Malawi were significantly smaller when conditioned on school attendance as compared with unconditional cash transfers (study not covered in the current review due to non-governmental nature of the program) (Baird et al., 2013). The authors interpreted this finding as evidence that when transfers to adolescents are an important source of income for the entire household and these depend on the adolescent's actions, then the burden of this responsibility may increase the adolescent's distress.

Designing specific conditionalities or complementary support for adolescents is also an approach that governments have taken to address adolescent needs and the incentives to which they may be sensitive. As such, a very promising way to make programmes adolescent-sensitive is the implementation of additional components, such as mentoring and training activities, and linkages to health and social services, which can be crucial at this life stage in ensuring safe and healthy transitions to adulthood. Such complementary programming can be facilitated through case management or other direct linkages to training, behaviour change communication, mentoring, or adolescent-friendly health services, for example.

We identified four main gaps in the existing evidence. First, several papers focus on the same few programmes, while many programmes do not have rigorous impact evaluations that we could summarize. Second, several studies do not disentangle the effect of programmes for adolescents separately from either younger children or young adults. Third, there are outcomes for which there is very limited available evidence, including but not limited to health services utilization, mental health, social support, HIV testing, violence, food security and nutrition, and alcohol and substance abuse. Finally, most of the existing impact evaluations examine cash transfers, and thus, there is little available evidence about other types of non-contributory social protection programmes.

We found that the impact of social transfers on adolescents' educational outcomes is in line with the findings of previous reviews (e.g., Baird et al., 2014; Bastagli et al., 2016) that looked at both children and adolescents without considering heterogeneous effects between the two groups (Bastagli et al., 2016). Indeed, most of the studies show a positive and significant impact on adolescents' school attendance and enrolment, while the evidence about the educational attainment is mixed. Finally, there is no evidence of different trends related to attendance and enrolment between adolescents and children or between younger and older adolescents. This lack of differential effects suggests that the existing social protection designs, including adaptations such as increased payment amounts for households with older children, are working well.

With regard to health outcomes, there is a significant gap in the literature about the impact of non-contributory social cash transfers on adolescents' health-care utilization and general health outcomes. Very few studies disentangle the effect of programmes on health services use, sickness indicators, and food and nutrition outcomes for adolescents. However, the few available studies about the impact of social transfers on adolescents' food security and nutrition indicators are consistent in showing a positive impact. This oversight in the evidence may be due to the fact that adolescents tend to be relatively healthy compared with other segments of the population, and thus less in need of access to health services. However, adolescence is a period when reproductive health needs emerge, and ensuring access to health services is important for ensuring safe and healthy transitions to adulthood.

The literature on impacts of social programmes on mental health, psychosocial well-being, and risky behaviours (such as alcohol and substance use) focuses mainly on adolescents and young adults combined. This literature is still recent, and the few available studies show mixed results and thus do not allow us to draw clear-cut conclusions about impacts on adolescents in particular. For example, evidence suggests that household-level cash transfers improve mental health among adolescents and young people, but impacts vary by context in terms of whether protective impacts accrue to females or males. Moreover, the existing three studies examining effect of non-contributory social protection on hope indicators consistently reported non-significant effects on adolescents.

With regard to the impact of non-contributory social protection programmes on adolescent and youth' sexual and reproductive health, there is moderate evidence. Interestingly, the existing studies underline the potential of cash transfers to increase safe transitions to adulthood in terms of delaying sexual debut and reducing the prevalence of multiple sexual partners, and these results seem to be driven by female adolescents, with mostly non-significant or adverse effects on male adolescents and youths (Bastagli et al., 2016). Additional research is needed to understand both the extent to which cash transfers can improve the sexual and reproductive health of adolescents and the mechanisms through which impacts are realized. Our findings highlight another major gap in the literature: very few studies look at the impact of government-led social protection programmes on the incidence of STIs and HIV among adolescents and youths. Most of the evidence to date on incidence of HIV and STIs, as well as testing, focuses, in fact, on the impact of small-scale interventions carried out by NGOs, universities or the World Bank. Moreover, most governmental programmes examined did not find positive impacts on HIV testing or condom use. This combined body of evidence suggests that household-targeted, non-contributory social protection has the ability to protect against economic vulnerability that drives early sexual debut and risky behaviours, but has little effect on sexual and reproductive health access (for example, condom use, HIV testing, pregnancy) once adolescents are engaged in sexual activity. Thus, more systems-level integration is needed to strengthen linkages to health services among this population. This may come in the form of supply-side strengthening of adolescent-friendly services, premium fee waivers to enrol cash transfer households into health insurance schemes, more community health worker outreach to households participating in social protection programmes, etc.

Another domain of interest for this review concerns outcomes linked to child protection, including labour activities, early marriage, violence, and sexual abuse or exploitation. In terms of participation in labour activities, most of the studies which disentangle the effects for adolescents found negative and significant impacts of non-contributory social protection programmes on at least one indicator of labour (i.e., participation in labour activities, intensity of labour and participation in labour activities by subsector). Cash transfers in particular seem to have a protective, negative impact mostly on paid or unpaid labour activities outside the households. These results are in line with previous reviews of the literature that focused on children and adolescents (Bastagli et al., 2016).

In terms of early marriage, the body of available literature is somewhat limited. Generally, the evidence suggests some short-term protective effects against early marriage and/or age at marriage, but only a few of these impacts are lasting. However, two existing studies analysing heterogeneous effects for adolescents show respectively that (i) the Female School Stipend in Pakistan significantly increases the age at marriage for beneficiary girls (Alam et al., 2011), and (ii) that the Public Works component of the PSNP in Ethiopia reduces the likelihood that adolescent girls aged 12–18 out-migrate for marriage purposes (Hoddinott and Mekasha, 2017, 2020).

Finally, with respect to violence, sexual abuse and exploitation, there is more limited evidence from government programmes, and it is mostly focused on sub-Saharan African countries. The evidence on

the efficacy of programmes to reduce sexual exploitation, defined as transactional sex and age disparity with sexual partner, is not consistent. Most of the studies examining both adolescents and young adults combined found non-significant effects and only one study (out of two) among adolescents found a significant decrease in the probability that girls and young women engage in transactional sex. The literature on impacts of non-contributory social protection on violence among adolescents is even scarcer and does not disentangle the effects on this age group. The only study that analyses the effects among adolescents found a significant reduction in the probability of being victims of sexual abuse, while two other studies on adolescents and youths combined found similar results. Overall, there is no evidence that non-contributory social protection programmes lead to an increase in violence in the household around the receipt of the transfer. This lack of adverse impacts is consistent with the broader literature on cash transfers and intimate partner violence among adult women, which finds that cash transfers lead to decreases in intimate partner violence (Buller et al., 2018). However additional research is needed on the potential risks for adolescents, especially if they are direct recipients of benefits.

Our conclusions on the state of the evidence with respect to outcomes such as violence, mental health and marriage differ from some previously published reviews (Peterman et al., 2017; Malhotra and Elnakib, 2021; Zaneva et al., 2021), and this is driven by our exclusive focus on governmental programming. Previous reviews may draw from a broader evidence base, but it is important to isolate the evidence from governmental programmes because they may differ from nongovernmental programming in their implementation with respect to intensity of inputs (e.g., implementers' time, transfer amounts, frequency of interaction, etc.) as well as programme design due to political economy factors (e.g., feasibility of direct transfers to adolescents). Governmental programmes have broader potential for sustainability and scalability, but to understand potential population-level impacts, it is important to draw from evidence that mirrors what governments can reasonably implement at scale.

To conclude, we reiterate the three main findings of this paper. In terms of programme design, governments should take into account adolescents while selecting the target group, since from our review it emerged that in several countries this age group is not explicitly targeted by any form of non-contributory social protection. Additionally, as demonstrated in some countries, strengthening linkages to social, health, and livelihood services among households in social protection programmes may be a cost-effective strategy to magnify the impact of existing programmes on the targeted population and address multidimensional poverty. Finally, concerning the impact of programmes on adolescents' outcomes, the evidence underscores how social protection has positive effects on school enrolment, school attendance and reduction of labour outside the households. However, the evidence on school attainment and grade progression among adolescents is more mixed. Despite limited studies on the topic, it appears that non-contributory social protection programmes produce a positive effect on food and nutrition and have protective effects with respect to sexual debut, number of sexual partners and age disparity with partners. However, more evidence is needed to draw stronger conclusions. Finally, there are gaps in the evidence on the impact of social protection on adolescent outcomes related to: health services use, sickness, mental health, psychosocial well-being, depression, alcohol and substance abuse, unprotected sex, early pregnancy, HIV, early marriage, violence and transactional sex. This is partially due to the fact that several studies do not disentangle effects by age groups, but this has consequences in terms of the interpretation of results and understanding of whether programmes are able to ensure a safe, healthy and productive transition to adulthood. Thus, more research is needed on these outcomes.

Given the mixed evidence on several of the indicators reviewed, it is important to note the influence of contextual factors on the potential impacts of social protection. These include gender norms, average levels of education; supply-side factors including access to and quality of schools and health facilities;

access to markets and diversity of economic opportunity in the formal sector (and thus, returns to schooling). These contextual impacts can be particularly acute among adolescents as compared with other groups, as they can influence decisions about schooling, sexual debut and marriage, which will have lifelong implications for an individual's health, earning potential, and the health and well-being of their future children. Other factors that can moderate programme impacts include programme design components such as frequency of transfers, amount of transfers (including maintenance of the real value in the face of high inflation), and linkages to other social and health services. Fidelity to design in implementation of a programme is also important. Previous research has shown how delays in payments can attenuate programme impacts or cause them to be more limited in scope, as programme participants may be unsure of when the next payment will come and therefore make different decisions about how to invest payments. Moreover, clear communication of programme objections and design choices at all administrative levels, including among district-level implementers, is important to avoid unintended consequences as was seen in Zimbabwe with the HSCT and adverse impacts on school attendance.

This review has focused on government social protection programming because these programmes generally have a broader reach, have the potential to cover some of the hardest-to-reach and vulnerable populations, and once integrated into national budgets have more potential for sustainability, as compared with nongovernmental programming. Often, nongovernmental programmes are easier to manipulate in roll-out and thus study rigorously (for example, they may find it easier to randomize treatment and control groups or combinations of treatment arms). Thus, the existing evidence base on many adolescent outcomes of interest is often overrepresented by these small-scale studies which are often not politically feasible to implement on a larger scale given controversial design characteristics (for example, payments for STI testing or cash transfers paid directly to adolescent girls) or due to the intensity of the treatment (for example, hours of mentoring, large value of asset transfers, etc.). Nevertheless, this review has demonstrated that household-targeted anti-poverty programming in the form of non-contributory social protection can still have widespread, protective impacts for adolescents.

To further contribute to the evidence base, we have the following **recommendations for future research**:

1. Invest in more research on the following under-researched adolescent outcomes in new and ongoing evaluations of social protection programmes: health services utilization, sickness, mental health, psychosocial well-being, transitions from school to the labour market, community/civic participation, depression, alcohol and substance abuse, unprotected sex, early pregnancy, HIV, early marriage, violence and transactional sex; and measure pathways of impact (for example, stress, time spent in unpaid care, social support, etc.).
2. Disaggregate programme impact by age groups to highlight the heterogeneous effects on children, young adolescents and older adolescents.
3. Examine how contextual factors, including readiness and availability of existing health services, gender norms, and diversity of formal labour market opportunities, may amplify or impede social protection impacts.
4. Conduct more research examining impacts of integrated social protection programming (sometimes referred to as 'cash plus'), including linkages to livelihood support, health and social services, to improve adolescents' capabilities.
5. Conduct longitudinal studies to understand whether impacts are sustained into early adulthood and whether social protection exposure in adolescence contributes to previously undetected outcomes in early adulthood (e.g., educational attainment, labour force participation chronic illness linked

to stress, changes in gender attitudes, violence experience and perpetration, agency in marriage, health of their children).

To further leverage the positive impacts summarized in this study, we have the following **recommendations for programming**:

1. Expand targeting to include adolescents, including through the expansion of age-related eligibility cut-offs of child grants
2. Design programme components to respond to adolescent-specific vulnerabilities, including:
 - a. Increase transfer amounts to households with adolescents to offset opportunity costs of attending school;
 - b. Strengthen linkages to health services to address sexual and reproductive health needs and prevent STIs and adolescent childbearing, including through supply-side training (to make services more adolescent-friendly), premium fee waivers for enrolment in health insurance schemes, and improved information access about available services
 - c. Strengthen linkages to social services, including through case management whereby social workers can identify adolescents' needs and connect them to available services.
3. Scale up general social protection coverage so that more adolescents in poor and vulnerable households are covered.
4. Make cash transfer payments predictable and punctual, and maintain their real value, so households can invest in the health and education of adolescents and delay their transitions to adulthood (in terms of sexual debut, pregnancy and marriage).
5. Link social protection households to complementary programming, including health and social services to address their multidimensional poverty risks, which may further put adolescents at risk of adverse outcomes and early transitions to adulthood. These can include linkages to health services through supply-side strengthening, community outreach, or fee waivers for enrolment into health insurance schemes. Capacity for case management can also be strengthened through investments in the social worker workforce, to identify and address needs related to school dropout, child marriage, violence, pregnancy and more.

To further leverage the positive impacts summarized in this study, we have the following **recommendations for policy**:

1. Clearly communicate programme objectives and underlying motivation for programme design decisions to programme staff at implementing level (for example, districts, communities) to ensure that programmes are being implemented as intended and to avoid unintended consequences.
2. Analyse budget allocations to sectors that address adolescents' needs and examine fiscal space for integrated programming and linkages, including social workers who can operationalize linkages and conduct case management.
3. Improve coherence and integration among programmes and sectors, including through Memoranda of Understanding between ministries that separately address aspects of multidimensional poverty (for example, social welfare and health ministries).

4. Strengthen civil registration programmes to ensure adolescents have legal identity documents to claim benefits for which they are eligible.
5. Simultaneous to investments in social protection, strengthen existing health and social services to amplify social protection impacts and reduce multidimensional poverty.
6. Increase national investments in ways that will allow adolescents to leverage their increased capabilities (enabled through social protection) once they reach adulthood. These can include investments in public infrastructure and the promotion of labour market conditions facilitating fair competition and labour-intensive job growth in the private sector.

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ANNEX 1: LIST OF COUNTRIES AND PROGRAMMES MAPPED

Country	Programme name
Afghanistan	Afghanistan Social Protection Programme (ASPP)
Algeria	Allocation Forfaitaire de Solidarité
	Allocation Spéciale de Scolarité (Special Allowance for School Children)
	Bourse Nationale (University Scholarship)
	Bourse Scolaire (Scholarship)
	Cantine Scolaire (School Feeding Programme)
	Fournitures Scolaires (Free School Supplies)
	Manuel Scolaire (Free Textbooks)
	Le fond d'indemnisation des victimes des événements ayant accompagné le mouvement pour le parachèvement de l'identité nationale et la promotion de la citoyenneté
Angola	Cartão Kikuia – Kikuia Card Cash Transfer Programme
	Merenda Escolar – School Feeding Programme
Argentina	Asignación Universal por Hijo para Protección Social (Universal Child Allowance)
	Familias por la Inclusión Social
	Programa de Ciudadanía Porteña
	Community Employment Programme
Bahrain	Financial Compensation
	Social Assistance Scheme
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities
	Higher Secondary Stipend Programme (HSSP)
	Maternity Allowance for the Poor Lactating Mothers
	Primary Education Stipend Programme
	Public Food Distribution System
	School Feeding Programme in the Poverty-prone Areas
	Secondary Education Sector Investment Programme (SESIP)
	Secondary Education Stipend Programme (SESP)
	SHOMBHOB (later Income Support Program for the Poorest)
Belize	Building Opportunities for Our Social Transformation, BOOST
Bhutan	School Feeding Programme
Bolivia (Plurinational State of)	Bono Juancito Pinto (Juancito Pinto Grant)
Bolivia	Bono Madre Niña-Niño Juana Azurduy (Juana Azurduy de Padilla Mother-and-Child Grant)
Bolivia	School Feeding Programme
Botswana	Destitute Persons' Allowance
	National Orphan Care Programme
	School Feeding Programme
	Vulnerable Group Feeding Programme (VGFP)

Country	Programme name
Brazil	Bolsa familia
	Cartão Alimentação (Cartão Alimentação food card)
	Programa de Erradicação do Trabalho Infantil (PETI)
	First Job National Programme (Programa Nacional de Estímulo ao Primeiro Emprego para os Jovens de Brasil)
	Programa Nacional de Promoção do Acesso ao Mundo do Trabalho “Acessuas Trabalho”
	Projovem Integrado (Programa Nacional de Inclusão de Jovens)
	PRONATEC (Programa Nacional de Acesso ao Ensino Técnico e Emprego/ National Programme for Access to Technical Education and Employment)
	School Feeding Programme
Burkina Faso	Nahouri Cash Transfer Pilot Project
Cambodia	Disability Allowance
	Scholarships
	School Feeding Programme
Cameroon	Cameroon Social Safety Nets Project
Chile	Chile Solidario (Solidarity Chile)
	Subsystem of Securities and Oportunities – SSyOO (Ethical Family Income – IEF)
	Programa Nivelación de Competencias Laborales
	School Feeding Programme
China	Di Bao (Minimum Livelihood Guarantee)
	Education, Housing, Medical and Temporary Assistance Programmes
	National Nutrition Improvement Programme (NNIP) or Nutritious Lunch Programme
	Tekun Programme for the Destitute
Colombia	Más Familias en Acción (More Families in Action)
	Red Unidos (Unidos Network formerly Juntos Network)
	Subsidios Condicionados a la Asistencia Escolar (Conditional Subsidies for School Attendance)
	Subsidios Condicionados a la Asistencia Escolar (Pilot in Suba and San Cristibal)
	Young Rural Entrepreneurs Programme
	School Feeding Programme
Congo, Republic of	LISUNGI Safety Nets Project
Cook Islands	Caregiver Allowance
	Child Benefit
	Destitute and Infirm Benefits
Costa Rica	Avancemos
	Programa Nacional de Empleo (PRONAE)
Cuba	School Feeding Programme

Country	Programme name
Djibouti	General Food Distribution Programme
	National School Feeding Programme
	Programme National de Solidarité Famille (PNSF – National Programme of Family Solidarity)
	Social Safety Net Project
Dominican Republic	Progressing with Solidarity
	Youth and Employment Programme (PJE)
	School Feeding Programme
East Timor	Bolsa da Mãe (Grant for Mothers)
	Programa de Alimentação Escolar (School Feeding Programme)
Ecuador	Bono de Desarrollo humano
	Zero Malnutrition
	School Feeding Programme
Egypt	School Feeding Programme
	Takaful and Karama
El Salvador	Program of Support to Communities in Solidarity in El Salvador (previous name: Rural Communities in Solidarity or Network of Solidarity)
	Temporary Income Support Program (PATI) (Complementary Programme to the Comunidades Solidarias Programme)
	Youth with Everything Programme
	School Feeding Programme
Ethiopia	Productive Safety Net Programme (PSNP)
	School Meals Programme (SMP)
	Tigray Social Cash Transfer Pilot Programme
Eswatini (Swaziland)	Public Assistance Grant
Fiji	Care and Protection
	Poverty Benefit Scheme
Gambia	Family Strengthening Programme
Ghana	Livelihood Empowerment Against Poverty (LEAP)
	School Feeding Programme
Guatemala	Mi Familia Progresá
	My Safety Bonus
	Protección y Desarrollo de la Niñez y Adolescencia Trabajadora
	First Job Grant
	Programme of Employment Creation and Vocational Education for Young People (Youth Employment Programme)
	School Feeding Programme
Guinea	Cash Transfer for Health, Nutrition and Education
Haiti	Ti Manman Cheri
	School Feeding Programme

Country	Programme name
Honduras	Bono Vida Mejor (previous name: Bono 10,000 Education, health and nutrition)
	PRAF/IDB Tranche III (previous name: PRAF/IDB Tranche II)
	Vocational training for young people at risk of exclusion (PROJOVEN)
	School Feeding Programme
India	Janani Suraksha Yojana (JSY)
	Mid-Day Meal (MDM)
	Pradhan Mantri Matritva Vandana Yojana (PMMVY)
	National Social Assistance Programme
	Apni Beti Apna Dhan (ABAD) Programme
Indonesia	Programme Indonesia Pintar (PIP – Smart Indonesia Programme)
	Bantuan Langsung Sementara Masyarakat (BLSM – Unconditional Cash Transfer Programme)
	Programme Kesejahteraan Sosial Anak (PKSA – Social Cash Transfer for Disadvantaged Children)
	Programme Keluarga Harapan (PKH – Family Hope Programme)
	Bantuan Langsung Tunai
	Bantuan Siswa Miskin (BSM) cash transfer for poor students
Iran (Islamic Republic of)	Cash Transfer Programmes for Vulnerable Families
	Powdered Milk and Food Supply Programmes
	Programmes Providing Support to Orphans
	School Feeding Programmes
Iraq	Iraq Public Distribution System (PDS – Ration Cards)
	Social Protection Network
Jamaica	Programme of Advancement Through Health and Education (PATH)
	Building Youth for National Development
Jordan	Emergency Cash Assistance Programme
	Recurring Cash Assistance
	Hajati Cash Transfer
	National Zakat Fund
	National School Feeding Programme
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)
	Home Grown School Meals
	Hunger Safety Net Programme (HSNP)
	Hunger Safety Net Programme
	Njaa Marufuku Kenya (NMK) – School Feeding Programme
	Kenya Youth Empowerment Project
	Persons with Severe Disability Cash Transfer (PWSD-CT)
Kiribati	Free Education
Kuwait	General Assistance
	Zakat Fund
Laos	National School Meals Programme (NSMP)

Country	Programme name
Lebanon	(Emergency) National Poverty Targeting Programme (E-NPTP)
	No Lost Generation
Lesotho	Child Grants Programme (CGP)
	OVC Bursary
	Public Assistance (PA)
	School Feeding Programme
Liberia	School Feeding Programme
	Social Cash Transfer Programme
Libya	Family Allowance
	Financial and social support provided by the Social Security Fund
	Food Baskets
Madagascar	Le Transfert Monétaire Conditionnel – Conditional Cash Transfer
	Let Us Learn (CCT LUL)
	School Feeding Programme
Malawi	Social Cash Transfer Programme (SCTP)
Malaysia	Assistance for People Living with Disabilities
Maldives	Disability Allowance Programme
	Foster Parent Allowances
	Single Parent Allowance
Mali	Jigisemejiri – Tree of Hope
	School Feeding Programme
Mauritius	Basic Invalidity Pension and Carer's Allowance
	Basic Orphan's Pension
	Child's Allowance
Mexico	Prospera (previous name: Oportunidades)
	Job Support Programme (PAE)
	Temporary Employment Programme (PET)
	School Feeding Programme
Mongolia	Allowance for Mothers and Children
	Child Money Programme (CMP)
	School Lunch Programme
	Social Welfare Allowances
Morocco	Direct Assistance to Widows in a Precarious Situation with Dependent Children
	Morocco's Cash Transfer for Children (Tayssir Programme)
	Cantines Scolaires (School Feeding Programme)
	Fond d'Entraide Familiale (Mutual Family Support Fund)
	Initiative Royale 1 Million de Cartables (One Million School Bags Royal Initiative)
Mozambique	Programa Subsídio Social Básico – Basic Social Subsidy Programme
Myanmar	National School Feeding Programme (NSFP)
	Student Stipends Programme

Country	Programme name
Namibia	Conditional cash transfer
	Disability Grant
	Foster Care Grant (or Foster Parent Grant)
	Namibia School Feeding Programme (NSFP)
	Place of Safety Allowance
Nauru	Disability Allowance
	School Meals
Nepal	Aama Programme (Safe Motherhood Programme) Country
	Child Grant
	Disability Grant
	Endangered Indigenous Peoples Allowance or Endangered Ethnicity Grant
	National School Meals Programme (NSMP) and Food for Education
	Scholarships
	Single Women's Allowance
Nicaragua	Atencion a crisis pilot programme
	School Feeding Programme
Niger	Cash Transfers for Food Security and Cash for Work
Nigeria	In Care of the Poor (COPE)
	Conditional Cash Transfer for maternal and child health under the SURE-P (Subsidy Reinvestment and Empowerment) Programme
	Home-Grown School Feeding and Health Programme
Niue	Child Allowance
	Welfare Disability
	Welfare Special Benefit
Oman	Social Aid Services and Emergency Assistance
	Social Security Benefits (Monthly Cash Assistance Programme)
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)
	Pakistan Bait-ul-Mal
	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project
	Female School Stipend Programme (FSSP)
Palau	Severely Disabled Assistance Fund
Panama	Bonos Familiares para la Compra de Alimentos (Programme of grants for families to buy food)
	Red de Oportunidades (Opportunities Network)
	Godfather Entrepreneur Programme
	School Feeding Programme
Paraguay	Abrazo
	Tekoporá
	School Feeding Programme

Country	Programme name
Peru	Juntos
	Jóvenes Productivos (Productive Youth)
	School Feeding Programme
Philippines	Pantawid Familyang Pilipino Program
	Supplementary Feeding Programme
	School-based Feeding Programme
Qatar	Zakat Fund
Republic of Congo	LISUNGI Safety Nets Project
Rwanda	Genocide Survivors Support and Assistance Fund
Samoa	School Fee Grant Scheme
Saudi Arabia	Household Allowance (Citizen's Account Programme)
	Supplementary Support Programme
Senegal	Conditional Cash Transfer for Orphans and Vulnerable Children
	Programme National de Bourses de Sécurité Familiale
Sierra Leone	Social Safety Net Programme
	Cash for Work
Solomon Island	Free Basic Education
South Africa	Child Support Grant (CSG)
	Care Dependency Grant
	Foster Child Grant
	National School Nutrition Programme (NSNP)
Sri Lanka	Divineguma Programme (previous name: Samurdhi Program)
	National Secretariat for Persons with Disabilities Programmes
	National Supplementary Food Programme (Thriposha)
	Public Welfare Assistance Allowance (PAMA)
	School Feeding Programmes
State of Palestine	Deprived Families Economic Empowerment Programme (DEEP)
	Educational Fee Waivers
	Palestinian National Cash Transfer Programme (PNCTP)
	Protection, Care and Rehabilitation of Marginalised and Vulnerable Groups
	Zakat-Funded Social Protection Transfers
Sudan	Education Fee Waivers and Student Support Grants (zakat-funded)
	Shamel Integrated Programme for Social Support
	Zakat Fund
Swaziland	Public Assistance Grant
Syrian Arab Republic	Cash Transfers to People with Disabilities
	National Social Aid Fund (NSAF)
	Social Protection Schemes for Children with Complex Disabilities
Tanzania	TASAF III (including Adolescent Cash Plus Pilot)
	TASAF II (pilot CCT)
	Food for education

Country	Programme name
Thailand	Allowances for people living with disabilities
	Allowances for people living with HIV/AIDS
	Child Support Grant
	School Lunch Programme (SLP)
Togo	Cantines Scolaires – School Feeding Programme
	Cash Transfer Programme for Vulnerable Children in Northern Togo
Tonga	Disability Welfare Scheme (A’uki ai cash assistance)
	Early Intervention Services
Trinidad and Tobago	Targeted Conditional Cash Transfer Program (TCCTP)
Tunisia	Programme National d’Aide aux Familles Nécessiteuses (PNAFN)
	Back-to-School Education Benefit (BTS)
	National School Meals Programme
Uganda	Youth Opportunities Program
	World Food Programme (WFP) Karamoja cash transfer pilot
	Social Assistance Grants for Empowerment (SAGE)
United Arab Emirates	Emergency Benefit
	Monthly Cash Benefit
	One-Time Benefit
	Periodic Benefits
Uruguay	Asignaciones Familiares – Plan Equidad (Family allowances – Equity Plan)
	Tarjeta Uruguay Social (previous name: Tarjeta Alimentaria)
	Educational Commitment
Venezuela (Bolivarian Republic of)	Gran Misión Ribas
	Gran Misión Saber y Trabajo
Viet Nam	Allowance for HIV and AIDS
	Child Benefits
	Disability Benefits
	Cơ hội thoát nghèo truyền kiếp – Opportunity to Move out of Inter-generational Poverty
	School Stipends
Yemen	Disability Welfare and Rehabilitation Fund
Yemen	Social Fund for Development
	Social Welfare Fund (SWF)
Zambia	Social Cash Transfer Programme
	Home-Grown School Feeding Programme
	Public Welfare Assistance Scheme (PWAS)
	CTP in Monze
Zimbabwe	Basic Education Assistance Module (BEAM)
	Harmonized Social Cash Transfer (HSCT)
	Community-led cash transfer programme

ANNEX 2: IMPACT ON SCHOOL ENROLMENT

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Bangladesh	SHOMBHOB (later Income Support Program for the Poorest)		CCT	Ferré and Sharif (2014)	School enrollment	0.036	Percentage	
Burkina Faso	Nahouri Cash Transfer Pilot Project		CCT	Akresh et al. (2013)	Enrollment (School Roster Report)	9-13 years: 0.094* 7-8 years: 0.172*	Percentage	Impact after 24 months. For the age group 7-15 the authors only report results by gender groups (positive and significant for girls and boys)
					School enrolment among children age 7-15	7-15 years: 0.147*	Percentage	Impact after 24 months.
			UCT		Enrollment (School Roster Report)	9-13 years: 0.076 7-8 years: 0.060	Percentage	Impact after 24 months. For the age group 7-15 the authors only report results by gender groups (positive and significant only for boys)
					School enrolment among children age 7-15	7-15 years: 0.059*	Percentage	Impact after 24 months.
Colombia	Subsidios Condicionados a la Asistencia Escolar	Basic treatment	CCT	Barrera-Osorio et al. (2008)	Enrollment	12-18 years: 0.009 12-15 years: 0.027*	Percentage	Both in San Cristobal and Suba
			CCT		Enrollment	12-18 years: 0.036*	Percentage	Only in San Cristobal
			CCT		Enrollment	15-18 years: 0.033*	Percentage	Only in Suba
Ecuador	Bono de Desarrollo humano		CCT +	Edmonds and Schady (2012)	School enrollment	10-16 years: 0.190	Percentage point	
Ethiopia	Tigray Social Cash Transfer Pilot Programme		UCT	Berhane et al. (2015)	School enrollment	6-8 years: 0.047 9-11 years: 0.037* 12-16 years: -0.027	Percentage points	Ehen looking at impacts for girls 6-11 is positive and significant
Ghana	Livelihood Empowerment Against Poverty (LEAP)		UCT	Ghana LEAP Evaluation Team (2017)	Currently enrolled	5-17 years: -0.031 5-13 years: -0.033 13-17 years: 0.041	Percentage point	Impact after 6 years
			UCT	Handa, Park, et al. (2014)	Currently enrolled	5-17 years: -0.00 5-13 years: -0.01 13-17 years: 0.07	Percentage point	Impact after 24 months
			UCT	de Groot et al. (2015)	School enrollment	5-17 years: 0.004 5-12 years: -0.007 13-17 years: 0.081	Percentage point	Impact after 24 months
Honduras	PRAF/IDB Tranche III		CCT	Galiani and McEwan (2014)	School enrollment	6-12 years: 0.08*	Percentage point	
India	Apni Beti Apna Dhan Programme		CCT	Nanda et al. (2016)	Currently Studying (enrolled in school, college or professional education)	14-21 years: 0.326	Z-score	Long-term effects

Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	The Kenya CT-OVC Evaluation Team (2012)	Children age 6-17 ever enrolled	6-17 years: 0.005	Percentage	Impact after 24 months	
					Children age 6-17 currently enrolled	6-17 years: 0.02	Percentage	Impact after 24 months	
					Children age < 13 ever enrolled	below 13 years: -0.013	Percentage		
					Children age < 13 currently enrolled	below 13 years: -0.019	Percentage		
					Children age > 12 ever enrolled	above 12 years: 0.032*	Percentage	Impact after 24 months	
					Children age > 12 currently enrolled	above 12 years: 0.078*	Percentage	Impact after 24 months	
Kenya	Hunger Safety Net Programme (HSNP)		UCT	Merttens et al. (2013)	Was child enrolled in an education facility this academic year?	6-17 years: 0.004	Percentage	Impact after 24 months	
Lesotho	Child Grants Programme (CGP) and Sustainable Poverty Reduction through Government Service Support (SPRINGS)	CGP	UCT	Pellerano et al. (2014)	Children currently enrolled in school	6-19 years: 3.144	Percentage points	Impact after two years	
					Children currently enrolled in pre-school	0-5 years: 0.177	Percentage points	Impact after two years	
					Children aged 6-8 that are currently enrolled in school	6-8 years: 0.760	Percentage points	Impact after two years	
					Children aged 9-12 that are currently enrolled in school	9-12 years: 0.0727	Percentage points	Impact after two years	
					Children aged 13-17 that are currently enrolled in school	13-17 years: 5.739	Percentage points	Impact after two years	
					Children aged 18-19 that are currently enrolled in school	18-19 years: 17.18*	Percentage points	Impact after two years	
		SPRINGS	additional services	FAO and UNICEF (2018)	Households member currently attending school	6-18 years: 0.041	Percentage points	Impact of CGP + SPRING	
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Luseno (2013)	Odds of school enrolment among children age 6-17	6-17 years: 3.59*	Odds ratio	Impact after 12 months	
					Miller and Tsoka (2012)	Enrolled in school	6-18 years: 0.05*	Percentage	Impact after 12 months
					Malawi SCTP Evaluation Team (2015)	Net enrolment among children age 6 – 13	6-13 years: 0.13*	Percentage	Impact after 17 months
						Net enrolment among children age 14 – 17	14-17 years: 0.15*	Percentage	Impact after 17 months
Nicaragua	Red de Proteccion Social		CCT	Bustelo (2011)	School enrollment	7-13 years: 0.140*	Percent points	Impact of RPS on targeted children with non-targeted siblings. The effect is significant also when disaggregating by gender, with a larger effect size for females	
				Maluccio and Flores (2005)	School enrollment	7-13 years: 0.177*	Percent points	Impact of Red de Proteccion Social (after 24 months)	
				Maluccio and Flores (2005)	School enrollment	7-13 years: 0.221*	Percent points	Impact of Red de Proteccion Social (after 12 months)	
Pakistan	Female School Stipend Programme (FSSP)		CCT	Alam et al. (2011)	Middle to High School Transition	12-19 years: 0.0102 15-16 years: 0.0554*	Proportion		
Philippines	Pantawid Pamilya Pilipino Program		CCT	Chaudhury et al. (2013)	Enrolled in school 6-11yrs	6-11 years: 0.045*	Percentage point	Impact after 30 months	
				Chaudhury et al. (2013)	Enrolled in school 12-14yrs	12-14 years: 0.039	Percentage point	Impact after 30 months	
				Chaudhury et al. (2013)	Enrolled in school 15-17yrs	15-17 years: -0.027	Percentage point	Impact after 30 months	

Peru	Juntos		CCT	Perova and Vakis (2009)	Registered at school	6–14 years: 0.04*	Percent point change	Impact after 12 months	
				Eyal and Woolard (2014)	Children enrolled in school	15–19 years: 0.08*	percentage		
South Africa	Child Support Grant (CSG)		UCT	Heinrich et al. (2012)	Probability of delayed enrolment	10 years: 0.036	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	This evaluation is about duration of enrollment in programme	
Zambia	Social Cash Transfer Programme	Child Grant Programme (CGP);	UCT	AIR (2016)	Currently enrolled	8–10 years: -0.09 11–14 years: 0.011 15–17 years: -0.049	Percentage	Impact after 24 months	
					Currently enrolled	8–10 years: 0.016 11–14 years: 0.050* 15–17 years: -0.031	Percentage	Impact after 36 months	
					Currently enrolled	8–10 years: 0.034 11–14 years: 0.056* 15–17 years: -0.032	Percentage	Impact after 48 months	
			Handa et al. (2016)	School enrolment among children	7–14 years: 0.044 11–14 years: 0.0688*	Percentage			
			Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Currently enrolled	8–10 years: 0.059* 11–14 years: 0.077* 15–17 years: 0.145*	Percentage	Impact after 24 months
		Currently enrolled				8–10 years: 0.041 11–14 years: 0.074* 15–17 years: 0.111*	Percentage	Impact after 36 months	
Zambia	CTP in Monze		UCT	Seidenfeld and Handa (2011)	Children enrolled in school	6–16 years: 0.07*	Percentage		
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	School enrolment among children	7–12 years: 0.01 13–17 years: 0.03	Percentage		

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 3: IMPACT ON SCHOOL ATTENDANCE

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Bangladesh	SHOMBHOB (later Income Support Program for the Poorest)		CCT	Ferré and Sharif (2014)	Number of days in school over past 2 weeks	6-15 years: 0.511	Unit	Impact after 13 months
Burkina Faso	Nahouri Cash Transfer Pilot Project		CCT	Akresh et al. (2013)	Percentage of school days the child attended during the entire academic year (school roster)	7-15 years: 0.134 9-13 years: 0.146 7-8 years: 0.191*	Percentage	Impact after 2 years (the effect is similar and significant for boys and girls)
				Akresh et al. (2016)	School attendance among children age 7-15	7-15 years: 0.156*	Percentage	Impact after 24 months.
			UCT	Akresh et al. (2013)	Percentage of school days the child attended during the entire academic year (school roster)	7-15 years: 0.067 9-13 years: 0.090* 7-8 years: 0.043	Percentage	Impact after 2 years (the effect becomes significant for all children in age group 9-13 and for boys in age group 7-15)
				Akresh et al. (2016)	School attendance among children age 7-15	7-15 years: -0.062	Percentage	Impact after 24 months.
Cambodia	Scholarships		CCT	Filmer and Schady (2011)	Child's presence at school during unannounced visit	12-15 years: 0.171*	Percentage	
Colombia	Más Familias en Acción (More Families in Action)		CCT	Attanasio et al. (2005)	School attendance (urban areas)	8-11 years: 0.1 12-17 years: 10.1*	Percentage point	
				Attanasio et al. (2005)	School attendance (rural areas)	8-11 years: 1.4 12-17 years: 5.2*	Percentage point	
Colombia	Subsidios Condicionados a la Asistencia Escolar (Pilot in San Cristobal and Suba, Bogotá (2005-2006, JPAL))	Basic treatment	CCT	Barrera-Osorio et al. (2008)	Verified attendance at school	12-18 years: 0.033* 12-15 years: 0.009	Percentage	San Cristobal: grades 6-11 Suba: grades 6-8
		Savings treatment	CCT	Barrera-Osorio et al. (2008)	Verified attendance at school	12-18 years: 0.028*	Percentage	San Cristóbal only
		Tertiary treatment	CCT	Barrera-Osorio et al. (2008)	Verified attendance at school	15-18 years: 0.05*	Percentage	Suba only
Ghana	Livelihood Empowerment Against Poverty (LEAP)		UCT	Ghana LEAP Evaluation Team (2017)	Missed any school	5-17 years: -0.026 5-13 years: -0.055* 13-17 years: 0.024	Percentage Point	Impact after 6 years
				Handa, Park, et al. (2014)	Whether a child missed any days of school in the reference period (absenteeism)	5-17 years: -0.08* 5-13 years: -0.10* 13-17 years: -0.05	Percentage Point	After 24 months
				Handa, Park, et al. (2014)	Whether a child did not attend any school in the last week (Absenteeism)	5-17 years: -0.05* 5-13 years: -0.07* 13-17 years: -0.04	Percentage Point	After 24 months
				de Groot et al. (2015)	Any missed school	5-17 years: -0.085* 5-12 years: -0.105* 13-17 years: -0.054	Percentage	After 24 months In the age group 13-17 the effect is negative and S for girls (effect size: -0.098)
Indonesia	Programme Keluarga Harapan (PKH—Family Hope Programme)		CCT	World Bank (2011)	Regular attendance (>85%)	7-12 years: 0.009; 13-15 years: 0.014	Percentage point	
				World Bank (2011)	Hours in school last week	7-12 years: 0.319* 13-15 years: 0.638*	Unit	

Jamaica	Programme of Advancement Through Health and Education (PATH)	Health Grant and Education grant (for children)	CCT	Levy and Ohls (2010)	School attendance	6-9 years: 0.59 10-12 years: 0.23 13-17 years: 0.59	Percentage point	
Kenya	Hunger Safety Net Programme (HSNP)		UCT	Merttens et al. (2013)	Proportion of children currently attending school	6-17 years: -0.059 6-12 years: -0.0586 13-17 years: -0.0658	Percentage	Impact after three years (effects are similar for boys and girls)
				Merttens et al. (2013)	Average number of days absent from school in the last 12 months (Absenteeism)	6-17 years: -1.047	Unit	Impact after 24 months
Lesotho	Child Grants Programme (CGP) and Sustainable Poverty Reduction through Government Service Support (SPRINGS)	CGP	UCT	Pellerano et al. (2014)	Proportion of pupils who missed school in the 30 days prior to the survey – self-reported (absenteeism)	6-19 years: 0.351	Percentage	Impact after two years
				Pellerano et al. (2014)	Average number of days missing school (children age 6-19)	6-19 years: -0.916	Unit	Impact after two years
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Covarrubias et al. (2012)	School attendance	4-18 years: -0.025	Percentage	Impact after 12 months
				Covarrubias et al. (2012)	Days of school missed per month (absenteeism)	4-18 years: -0.721*	Unit	Impact after 12 months
				Miller and Tsoka (2012)	Mean number of days absent per month (absenteeism)	6-18 years: -1*	Unit	Impact after 12 months
				Luseno (2013)	Mean number of days missed from school (children age 6-17)	6-17 years: 0.41*	Odds ratio	Impact after 12 months
				Malawi SCTP Evaluation Team (2016)	Attending school regularly	6-13 years: 0.124* 14-17 years: 0.163*	Percentage	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Attending school regularly	6-13 years: 0.129* 14-17 years: 0.157*	Percentage	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Currently attending school	6-13 years: 0.076* 14-17 years: 0.134*	Percentage	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Currently attending school	6-13 years: 0.101* 14-17 years: 0.162*	Percentage	Impact after 17 months
Mexico	Progresa		CCT	Skoufias et al. (2001)	Probability of attending school (girls)	8-11 years: 0.003 12-17 years: 0.078*	Marginal effects	PROGRESA Program Impact (CCT) - November 98 follow up
				Skoufias et al. (2001)	Probability of attending school (boys)	8-11 years: 0.013 12-17 years: 0.043*	Marginal effects	PROGRESA Program Impact (CCT) - November 98 follow up
				Skoufias et al. (2001)	Probability of attending school (girls)	8-11 years: 0.006 12-17 years: 0.075*	Marginal effects	PROGRESA Program Impact (CCT) - June 99 follow up
				Skoufias et al. (2001)	Probability of attending school (boys)	8-11 years: 0.011 12-17 years: 0.032	Marginal effects	PROGRESA Program Impact (CCT) - June 99 follow up
				Skoufias et al. (2001)	Probability of attending school (girls)	8-11 years: -0.003 12-17 years: 0.095*	Marginal effects	PROGRESA Program Impact (CCT) - November 99 follow up
				Skoufias et al. (2001)	Probability of attending school (boys)	8-11 years: 0.018* 12-17 years: 0.058*	Marginal effects	PROGRESA Program Impact (CCT) - November 99 follow up

Morocco	Morocco's Cash Transfer for Children (Tayssir Programme)		UCT	Benhassine et al. (2015)	Attendance rate during surprise school visits among those enrolled (School visits)	6–12 years: 0.007	Percentage	Labelled cash transfer, after 2 years
				Benhassine et al. (2015)	Attending School by end of year 2, among those 6–15 at baseline (Household survey)	6–12 years: 0.74*	Percentage	Labelled cash transfer, after 2 years
				Benhassine et al. (2015)	Attending school by end of year 2 if had dropped out at any time before baseline (Household survey)	6–12 years: 0.121*	Percentage	Labelled cash transfer, after 2 years
Nicaragua	Atencion a crisis		CCT	Macours and Vakis (2009)	Attending school	7–18 years: 0.05*	Percentage	impact of the programme Atencion a Crisis overall after 9 months [similar results when looking at the impact of the basic CCT only, the impact of basic CCT plus grant for productive investments and the impact of basic CCT plus scholarship for occupational training]
				Macours and Vakis (2009)	Number of days absent from school (absenteeism)	7–18 years: -1.352*	Number of days	impact of the programme Atencion a Crisis overall after 9 months [similar results when looking at the impact of the basic CCT only, the impact of basic CCT plus grant for productive investments and the impact of basic CCT plus scholarship for occupational training]
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	BISP	UCT	Cheema et al. (2014)	Proportion of children currently attending school	5–12 years : 0.0318	Percentage point	
Peru	Juntos		CCT	Perova and Vakis (2012)	Currently attending school, conditional on registration	6–14 years: 0.25*	Percentage	Impact after 5 years
				Perova and Vakis (2009)	Attendance	6–14 years: 0.001	Percentage point	Impact after 12 months
Philippines	Pantawid Pamilya Pilipino Program		CCT	de Hoop et al. (2017)	Attends	10–14 years: 0.044*	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Attends regularly	10–14 years: 0.094*	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Attends primary school regularly	10–14 years: 0.076*	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Attends secondary school regularly	10–14 years: 0.016	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Days attended school past 2 weeks	10–14 years: 0.955*	Percentage point	Impact after 30 months
				Chaudhury et al. (2013)	Attended >85% 6-11yrs	6–11 years: 0.038*	Percentage point	Impact after 30 months
				Chaudhury et al. (2013)	Attended >85% 12-14yrs	12–14 years: 0.049*	Percentage point	Impact after 30 months
				Chaudhury et al. (2013)	Attended >85% 15-17yrs	15–17 years: 0.076*	Percentage point	Impact after 30 months
South Africa	Child Support Grant (CSG)		UCT	Heinrich et al. (2012)	Average days absent from school	15–17 years: -2.22*	Unit	The impact is driven by male adolescents
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Currently attending school	5–11 years: 0.059* 12–17 years: 0.035	Percentage	PSSN (including beneficiaries who receive just cash and beneficiaries who receive both cash and PWP). The impact is stronger for Boys Differences in impacts by age group are not statistically significant
		Public Work Component	PWP					

Uganda	Social Assistance Grants for Empowerment (SAGE) consisting of Vulnerable Family Support Grant (VFSG) and Senior Citizens Grant (SCG)	Vulnerable Family Support Grant (VFSG)	UCT	Merttens et al. (2015)	Proportion of children currently attending formal education	6–17 years:-0.004	Percentage Points	Impact after one year
				Merttens et al. (2015)	Mean number of days missed in last 30 scheduled school days (absenteeism)	0.14	Mean number of days missed in last 30 scheduled days	Impact after one year
				Merttens et al. (2016)	Currently attending formal education	6–17 years:-3.4*	Percentage Point	Impact after 12 months
				Merttens et al. (2016)	Ccurrently attending formal education	6–17 years:-2.3 13-17 years: 0.37	Percentage Point	Impact after Two Years of Programme Operations
		Merttens et al. (2016)	Mean number of days missed from school	6–17 years: 0.32	Unit	Impact after Two Years of Programme Operations		
		Senior Citizens Grant (SCG)	UCT	Merttens et al. (2015)	Proportion of children currently attending formal education	6–17 years:-0.034*	Percentage Points	Impact after one year
				Merttens et al. (2015)	Mean number of days missed in last 30 scheduled school days (absenteeism)	-0.36	Mean number of days missed in last 30 scheduled days	Impact after one year
				Merttens et al. (2016)	Mean number of days missed from school	6–17 years: 0.16	Unit	Impact after Two Years of Programme Operations
				Merttens et al. (2016)	Currently attending formal education	6–17 years: -1.8 13–17 years: 1.6	Percentage Point	Impact after Two Years of Programme Operations
		Zambia	Social Cash Transfer Programme	Child Grant Programme (CGP);	UCT	AIR (2014a)	Full attendance prior week (%)	4–7 years: 0.01 7–14 years: 0.032 15–17 years: -0.005
AIR (2014a)	Number of days in attendance prior week (0–5)					4–7 years: 0.25 7–14 years: 0.249 15–17 years: -0.035	Number of Days	Impact after 36 months
AIR (2014a)	Days attended prior week if enrolled					4–7 years: 0.05 7–14 years: 0.113 15–17 years: 0.098	Number of Days	Impact after 36 months
AIR (2015)	School attendance among children					8–10 years: 0.032 11–14 years: -0.053 15–17 years: -0.063	Percentage	Impact after 48 months
AIR (2015)	Number of days in attendance					8–10 years: 0.183 11–14 years: 0.274 15–17 years: -0.353	Number of Days	Impact after 48 months

Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	Handa et al. (2016)	Currently attending school	11-17 years: 0.09*	Percentage	Impact after 36 months
				AIR (2015)	Number of days in attendance prior week	8-10 years: 0.067 11-14 years: 0.291 15-17 years: 0.581*	Unit	Impact after 24 months
				AIR (2015)	Number of days in attendance prior week	8-10 years: 0.182 11-14 years: 0.508* 15-17 years: 0.581*	Unit	Impact after 36 months
Zambia	CTP in Monze		UCT	Seidenfeld and Handa (2011)	Missed two or more days in last week (Absenteeism)	6-16 years: -0.025	Percentage	
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	School enrolment among children	7-12 years: -0.04 13-17 years: -0.07*	Percentage	

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 4: IMPACT ON SCHOOL ACHIEVEMENT

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details	
Burkina Faso	Nahouri Cash Transfer Pilot Project		CCT	Akresh et al. (2013)	Standardised maths test score	7-15 years: 0.051	Change in z-score	Impact after 2 years	
				Akresh et al. (2013)	Standardised French Test Score (Overall)	7-15 years: 0.069	Change in z-score	Impact after 2 years	
				Akresh et al. (2013)	Standardised French Test Score (reading subsection)	7-15 years: 0.196*	Change in z-score	Impact after 2 years	
				Akresh et al. (2016)	Math/French test Z-score	7-15 years: 0.033	Change in z-score	Impact after 2 years	
			UCT	Akresh et al. (2013)	Standardised maths test score	7-15 years: -0.083	Change in z-score	Impact after 2 years	
				Akresh et al. (2013)	Standardised French Test Score (Overall)	7-15 years: -0.13	Change in z-score	Impact after 2 years	
				Akresh et al. (2013)	Standardised French Test Score (reading subsection)	7-15 years: 0.003	Change in z-score	Impact after 2 years	
				Akresh et al. (2016)	Math/French test Z-score	7-15 years: -0.017	Change in z-score	Impact after 2 years	
Colombia	Más Familias en Acción (More Families in Action)		CCT	Baez and Camacho (2011)	Standardised maths test score (Icfes test)	7-18 years: -0.015	Change in Standard deviation		
				Baez and Camacho (2011)	Spanish test score (Icfes test)	7-18 years: -0.05*	Change in Standard deviation		
				Baez and Camacho (2011)	Composite test score in various subjects (Icfes test)	7-18 years: -0.025	Change in Standard deviation		
Colombia	Subsidios Condicionados a la Asistencia Escolar (Pilot in San Cristobal and Suba, Bogotá (2005-2006, JPAL))	Basic treatment	CCT	Barrera-Osorio et al. (2008)	Total Grades, Verified	12-18 years: 0.083 12-15: 0.02	Percentage	San Cristobal: grades 6-11 Suba: grades 6-8	
		Savings treatment	CCT	Barrera-Osorio et al. (2008)	Total Grades, Verified	12-18 years: 0.048	Percentage	San Cristóbal only	
		Tertiary treatment	CCT	Barrera-Osorio et al. (2008)	Total Grades, Verified	15-18 years: -0.059	Percentage	Suba only	
Ghana	Livelihood Empowerment Against Poverty (LEAP)		UCT	Ghana LEAP Evaluation Team (2017)	Correct grade for age	5-17 years: -0.053 5-13 years: -0.066 13-17 years: -0.128*	Percentage Points	Impact after 6 years	
				Handa, Park, et al. (2014)	Ever repeated grade	5-17 years: -0.11* 5-13 years: -0.15* 13-17 years: -0.10 *	Percentage Points	After 24 months	
India	Apni Beti Apna Dhan Programme		CCT	Nanda et al. (2016)	Completed 8th Grade	14-21 years: 0.118*	Average Marginal Effects	Lont-term effects	
					Completed 12th Grade	18-21 years: 0.473	Z-score	Lont-term effects	

Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)	CCT and UCT (1)	The Kenya CT-OVC Evaluation Team (2012)	Grade progression (all children)	6-17 years: 0.029	Percentage	
			The Kenya CT-OVC Evaluation Team (2012)	Grade progression (children >12)	above 12 years: 0.043	Percentage	
			The Kenya CT-OVC Evaluation Team (2012)	Grade progression (children <13)	below 13 years: 0.043	Percentage	
			The Kenya CT-OVC Evaluation Team (2012)	children > 12 returning to school	above 12 years: 0.023*	Percentage point	
			The Kenya CT-OVC Evaluation Team (2012)	Children <13 returning to school	below 13 years: -0.009	Percentage point	
Kenya	Hunger Safety Net Programme (HSNP)	UCT	Merttens et al. (2013)	Mean highest class achieved for children aged 6–17 currently in school	6-17 years: 0.0034*	Percentage	
Malawi	Social Cash Transfer Programme (SCTP) [born from the pilot Mchinji SCTP]	UCT	Malawi SCTP Evaluation Team (2016)	Highest grade completed	6-13 years: 0.314 14-17 years: -0.006	Percentage	Impact after 24 months
		UCT	Malawi SCTP Evaluation Team (2016)	Highest grade completed	6-13 years: 0.219 14-17 years: -0.000	Percentage	Impact after 12 months
Mexico	Progresa	CCT	Behrman et al. (2009)	Grades of schooling completed (girls)	6-8 years: 0.15 9-11 years: 0.25* 12-14 years: 0.40*	Unit	Medium-term impact of Progresa (only disaggregated by gender)
			Behrman et al. (2009)	Grades of schooling completed (boys)	6-8 years: 0.038 9-11 years: 0.40* 12-14 years: 0.28	Unit	Medium-term impact of Progresa (only disaggregated by gender)
			Behrman et al. (2009)	Progressing grades on time (girls)	9-11 years: 0.066* 12-14 years: 0.149*	Percent	Medium-term impact of Progresa (only disaggregated by gender)
			Behrman et al. (2009)	Progressing grades on time (boys)	9-11 years: 0.151* 12-14 years: 0.167*	Percent	Medium-term impact of Progresa (only disaggregated by gender)
Morocco	Morocco's Cash Transfer for Children (Tayssir Programme)	UCT	Benhassine et al. (2015)	Basic Arithmetic test – Summary Index (Based on ASER test developed by Pratham)	aged 6–12: 0.081	Change in Score	Impact of the labelled cash transfer, after 2 years
Pakistan	Female School Stipend Programme (FSSP)	CCT	Alam et al. (2011)	Middle School Completion	12-19 years: 0.0121 15-16 years: 0.0590*	Proportion	Whole Sample (12-19) Cohort 15-16

South Africa	Child Support Grant (CSG)		UCT	Heinrich et al. (2012)	Grade attainment	10 years children: -0.14*	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	
				Heinrich et al. (2012)	Arithmetic score	10 years children: -0.44*	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	
				Heinrich et al. (2012)	Shape recognition score	10 years children: -0.04	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	
				Heinrich et al. (2012)	Reading comprehension	10 years children: -0.08	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	
				Heinrich et al. (2012)	Early Grade Mathematics Assessment (EGMA)	10 years children: -0.77	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Can read and write	5-11 years: 0.074* 12-17 years: 0.020	Percentage	The impact is stronger for Boys differences in impacts by age group are not statistically significant
		Public Work Component	PWP	Tanzania PSSN Youth Study Evaluation Team (2018)	Can read and write	5-17 years: 0.077*	Percentage	

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 5: HEALTH SERVICES UTILIZATION

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Ghana	Livelihood Empowerment Against Poverty (LEAP)		UCT	Ghana LEAP Evaluation Team (2017)	Sought preventive health services	0-5 years: -0.004 6-17 years: 0.003	Percentage Points	Impact after 24 months
				Ghana LEAP Evaluation Team (2017)	Sought curative care if sick/injured	0-5 years: 0.280* 6-17 years: 0.121*	Percentage Points	Impact after 6 years
				Handa, Park, et al. (2014)	Children health services (curative care)	0-5 years: 0.24 6-17 years: -0.11	Percentage	Impact after 24 months
				Handa, Park, et al. (2014)	Children health services (preventive care)	0-5 years: 0.0 6-17 years: -0.1	Percentage	Impact after 24 months
				Handa, Park, et al. (2014)	Children enrolled in National Health Insurance Scheme (NHIS)	0-5 years: 0.34* 6-17 years: 0.16*	Percentage	Impact after 24 months
Lesotho	Child Grants Programme (CGP) and Sustainable Poverty Reduction through Government Service Support (SPRINGS)	CGP	UCT +	Pellerano et al. (2014)	Proportion of children (0-17) who consulted a health care provider in the 3 months prior to the survey	0-17 years: 0.255	Percentage points	Impact after 2 years
Malawi	Social Cash Transfer Programme (SCTP) [born from the pilot Mchinji SCTP]		UCT	Luseno et al (2014)	Odds of utilising health services (children age 6-17)	6-17 years: 10.98*	Odds ratio	Impact after 12 months
Mexico	Progresa		CCT	Gertler and Boyce (2001)	Health Care Utilization (number of visits)	6-17 years: 0.005	Units	Impact after 24 months
Philippines	Pantawid Family Pilipino Program		CCT	Chaudhury et al. (2013)	Deworm pills offered	6-14 years: 0.042*	Percentage point	Impact after 30 months
				Chaudhury et al. (2013)	Took deworm pills	6-14 years: 0.047*	Percentage point	Impact after 30 months
				Chaudhury et al. (2013)	Took >1 deworm pill	6-14 years: 0.093*	Percentage point	Impact after 30 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Ghana	Livelihood Empowerment Against Poverty (LEAP)		UCT	Ghana LEAP Evaluation Team (2017)	Sick/injured last 4 weeks	0-5 years: 0.078 6-17 years: 0.024	Percentage Points	Impact after 6 years
				Ghana LEAP Evaluation Team (2017)	Sick/injured last 4 weeks	0-5 years: 0.166* 6-17 years: -0.034*	Percentage Points	Impact after 24 months
				Handa, Park, et al. (2014)	Illness	0-5 years: 0.09 6-17 years: -0.05	Percentage Points	Impact after 24 months
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		UCT and CCT	Kilburn et al. (2016)	Odds of feeling healthier than 1 year ago (Males age 15-24)	15-24 years: 1.41*	Odds ratio	Impact after 24 months
				Kilburn et al. (2016)	Odds of feeling healthier than 1 year ago (Females age 15-24)	15-24 years: 1.07	Odds ratio	Impact after 24 months
Malawi	Social Cash Transfer Programme (SCTP) [born from the pilot Mchinji SCTP]		UCT	Luseno et al (2014)	Odds of reporting illness in the previous month (children age 6-17)	6-17 years: 0.63*	Odds ratio	Impact after 12 months
Mexico	Progresa		CCT	Gertler (2000)	Days in Bed Due to Illness in Last 4 Weeks -	6-17 years: -0.010	units	Impact after 24 months
South Africa	Child Support Grant (CSG)		UCT	Heinrich et al. (2012)	Number of days ill in last 15 days	10 years children: 0.416	Dose response estimate (Difference between predicted impacts at receipt at age zero and six)	

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 7: FOOD AND NUTRITION

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Colombia	Subsidios Condicionados a la Asistencia Escolar	Basic treatment	CCT	Barrera-Osorio et al. (2008)	Meals Over Last 3 Days	12-18 years: 0.191* 12-15 years: 0.065	Percentage	San Cristobal: grades 6-11 Suba: grades 6-8
		Savings treatment	CCT	Barrera-Osorio et al. (2008)	Meals Over Last 3 Days	12-18 years: 0.239*	Percentage	San Cristóbal only
		Tertiary treatment	CCT	Barrera-Osorio et al. (2008)	Meals Over Last 3 Days	15-18 years: 0.166*	Percentage	Suba only
Ghana	Livelihood Empowerment Against Poverty		UCT	Handa, Park, et al. (2014)	Child Food Insecurity	5-17 years: -0.702*	Change in index	Impact after 24 months
Lesotho	Child Grants Programme (CGP) and Sustainable Poverty Reduction through Government Service Support (SPRINGS)	CGP	UCT +	Pellerano et al. (2014)	Any child (0-17) household member had to eat a smaller meals than felt needed because there was not enough food (in the three months prior to the survey)	0-17 years: -11.21*	Percentage points	Impact after 2 years
				Pellerano et al. (2014)	Any child (0-17) household member had to eat a fewer meals than felt needed because there was not enough food (in the three months prior to the survey)	0-17 years: -11.36*	Percentage points	Impact after 2 years
				Pellerano et al. (2014)	Any child (0-17) household member went to sleep hungry because there was not enough food (in the three months prior to the survey)	0-17 years: -3.406	Percentage points	Impact after 2 years
				Pellerano et al. (2014)	Children in severe food deprivation	0-5 years: -0.1663* 6-17 years: -0.610	Percentage	

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 8: MENTAL HEALTH, PSYCHOSOCIAL WELLBEING, AND ASPIRATIONS

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Depressive Symptoms								
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Kilburn et al. (2016)	CES-D >10 (Youth age 15-24)	15-24 years: 0.76*	Odds Ratio	Impact after 48 months CES-D:Center for Disease Control Depression Index
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	CES-D (full sample of youth 13-19)	13-19 years: -1.019	Change in scale	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	CES-D (poorest 50% of youth 13-19)	13-19 years: -1.562*	Change in scale	Impact after 24 months for poorest 50% of youth
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	CES-D ≥ 10	15-29 years: -0.076	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Enhanced Life Distress Index (0-65)	15-29 years: 0.077	Change in scale	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme	UCT	AIR (2015)	CED-D index	13-24 years: 0.000	Change in scale	Impact after 24 months
				AIR (2015)	CED-D index	13-24 years: -0.54	Change in scale	Impact after 36 months
				AIR (2015)	Odds of having depressive symptoms (CES-D ≥ 20)	13-24 years: 0.03	Percentage points	Impact after 24 months
				AIR (2015)	Odds of having depressive symptoms (CES-D ≥ 20)	13-24 years: -0.02	Percentage points	Impact after 36 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	CES-D	14-21 years: 0.85	Change in scale	Impact after 12 months
				AIR (2014b)	Odds of having depressive symptoms (adolescent age 13-20)	14-21 years: -0.05	Percentage	Impact after 12 months
Hope								
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Snyder hope scale (6-30)	15-29 years: -0.066	Change in scale	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme	UCT	AIR (2015)	Individuals believing life will be better in 3 years	13-24 years: -0.00	Percentage points	Impact after 24 months
				AIR (2015)	Individuals believing life will be better in 3 years	13-24 years: 0.01	Percentage points	Impact after 36 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Hope score (adolescent age 13-20)	14-21 years: 0.30	Change in scale	Impact after 12 months

Aspirations								
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Ideal number of children	15-29 years: -0.316*	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Ideal age of marriage (unmarried youth)	15-29 years: 0.264	Percentage	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme	UCT	AIR (2015)	Ideal years of education completed	13-24 years: -0.14	Unit	Impact after 36 months
				AIR (2015)	Ideal age at first marriage	13-24 years: -0.05	Unit	impact after 36 months
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ideal formal education level (poorest 50% of youth 13-19)	14-21 years: 0.573*		Impact after 17 months for poorest 50% of youth
				Malawi SCTP Evaluation Team (2016)	Ideal age at first marriage (poorest 50% of youth 13-19)	14-21 years: 0.495*		Impact after 17 months for poorest 50% of youth
Perceived Social Support								
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Likelihood to score in the Highest tercile of Perceived Social Support scale (PCA)	14-21 years: 0.128*	Percentage point	Impact after 24 months. The Multidimensional Scale of Perceived Social Support investigate two aspects of perceived support: 1) the number of people in peer and family networks, and 2) the perceived level of social support among friends and family
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Multidimensional scale of perceived social support	15-29 years: 0.134	Change in scale	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme	UCT	AIR (2015)	Perceived social support scale (PPS)	13-24 years: 0.29*	Change in scale	Impact after 36 months
Autonomy								
Tanzania	TASAF III + Adolescent Cash Plus Pilot	Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Autonomy ('has control over their life')	15-29 years: 0.371*	Change in scale	Self-reported (subjective wellbeing)

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 9: ALCOHOL AND SUBSTANCE ABUSE

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ever smoked cigarettes - midline	13-19 years: -0.013*	Percentage point	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Ever smoked cigarettes - endline	13-19 years: -0.006	Percentage point	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Ever drank alcohol, more than a few sips - midline	13-19 years: -0.007	Percentage point	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Ever drank alcohol, more than a few sips - endline	13-19 years: -0.000	Percentage point	Impact after 24 months
South Africa	Child Support Grant (CSG)		UCT	Heinrich et al (2017)	Never drunk alcohol (females)	15-19 years: 0.049	Percentage point	Female girls only. Impact after 10-15 months
				Heinrich et al (2017)	Never drunk alcohol (males)	15-19 years: 0.124	Percentage point	Males only. Impact after 10-15 months
				Heinrich et al (2017)	Never used drugs (females)	15-19 years: 0.039	Percentage point	Female girls only. Impact after 10-15 months
				Heinrich et al (2017)	Never used drugs (males)	15-19 years: 0.024	Percentage point	Males only. Impact after 10-15 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Ever drunk alcohol	14-21 years: 0.00	Percentage	Impact after 12 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 10: SEXUAL BEHAVIOURS

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Sexual Debut								
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Handa, Halpern, et al. (2014)	Sexual debut among males and females 15–25 years in 2011	15-25 years: 0.689*	Odds ratio	Impact after 48 months. When disaggregating by gender: significant for girls but not boys
				Handa et al. (2016)	Sexual debut among youth aged 15-25	15-25 years: -0.094*	Percentage	Impact after 48 months
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ever had sex - midline	13-19 years: -0.062*	Percentage point	Impact after 17 months. When disaggregating by gender: significant and negative effect for boys; not significant for girls
				Malawi SCTP Evaluation Team (2016)	Ever had sex - endline	13-19 years: -0.024	Percentage point	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Age at sexual debut	13-19 years: -0.223*	Percentage point	Impact after 24 months (among those reporting debut) - in midline NS effect
South Africa	Child Support Grant (CSG)		UCT	Heinrich and Brill (2015)	Never had sex (Male)	13 -18 years: 0.047	Proportion	Male (receipients who never stopped receiving the transfer)
				Heinrich and Brill (2015)	Never had sex (Female)	13 -18 years: 0.055*	Proportion	Female (receipients who never stopped receiving the transfer)
				Heinrich et al (2017)	No sexual debut (females)	15-19 years: 0.111*	Percentage point	Females only. Impact after 10-15 months
				Heinrich et al (2017)	No sexual debut (males)	15-19 years: 0.033	Percentage point	Males only. Impact after 10-15 months
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Sexual debut	15-29 years: 0.018	Percentage	

Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Ever had sex	13-24 years: 0.022	Percentage point	Impact after 24 months
				AIR (2015)	Ever had sex	13-24 years: 0.008	Percentage point	Impact after 36 months
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Age at first sex	13-24 years: -0.005	Percentage point	Impact after 24 months
				AIR (2015)	Age at first sex	13-24 years: -0.101	Percentage point	Impact after 36 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Ever had sex	14-21 years: -0.13*	Percentage	Impact after 12 months
				AIR (2014b)	Age first sex	14-21 years: 0.23	Percentage	Impact after 12 months
Sexual Activity								
Mexico	Prospera (formerly Oportunidades)		CCT	Galárraga (2012)	Sexually active (girl)	12-24 years: 0.061	Percentage point	Female only
				Galárraga (2012)	Sexually active (boys)	12-24 years: -0.326	Percentage point	Female only
Unprotected Sex and Use of Contraception								
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Handa, Halpern, et al. (2014)	Reported using condom at last sex	15-25 years: 1.199	Odds ratio	Impact after 48 months. Similar results also when disaggregating by gender
				Handa, Halpern, et al. (2014)	Any unprotected sex acts in the last three months	15-25 years: 0.901	Odds ratio	Impact after 48 months. Similar results also when disaggregating by gender
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Condom used at first sex	13-19 years: -0.048	Percentage point	Impact after 24 months (among those reporting debut)
Mexico	Prospera (formerly Oportunidades)		CCT	Galárraga (2012)	Condom at last sexual intercourse (girls)	12-24 years: 0.173	Percentage point	Male only
				Galárraga (2012)	Condom at last sexual intercourse (boys)	12-24 years: 0.648	Percentage point	Male only
South Africa	Child Support Grant (CSG)		UCT	Cluver et al. (2013)	Unprotected sex (sometimes, rarely, or never using condoms when having sex)	10-18 years: 0.84	Adjusted odds ratio	Females. Impact after 10-15 months
	Child Support Grant (CSG)		UCT	Cluver et al. (2013)	Unprotected sex (sometimes, rarely, or never using condoms when having sex)	10-18 years: 0.74	Adjusted odds ratio	Males. Impact after 10-15 months
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Condom use at first sex	13-24 years: 0.007	Percentage points	Impact after 24 months
				AIR (2015)	Condom use at first sex	13-24 years: 0.010	Percentage points	Impact after 36 months

Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Condom used at first sex	14-21 years: 0.27*	Percentage	Impact after 12 months
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Currently using any contraceptive	15-29 years: -0.013	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Did not use condom at last sex (within last 12 months)	15-29 years: -0.008	Percentage	
Peru	Juntos		CCT	Perova and Vakis (2012)	Use of contraceptives	12-49 years: 0.012*	Percentage points	Females
Multiple Sexual Partners								
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Handa, Halpern, et al. (2014)	2+ partners last 12 months	15-25 years: 0.584	Odds ratio	Impact after 48 months. The effect is negative and significant for girls (effect size: 0.204)
South Africa	Child Support Grant (CSG)		UCT	Cluver et al. (2013)	Having had two or more sexual partners in the past year	10-18 years: 0.68*	Adjusted odds ratio	Females. Impact after 10-15 months
				Cluver et al. (2013)	Having had two or more sexual partners in the past year	10-18 years: 0.66*	Adjusted odds ratio	Males. Impact after 10-15 months
				Heinrich and Brill (2015)	Number of sex partners	13 -18 years: -0.144	Number	Males (receipients who never stopped receiving the transfer)
				Heinrich and Brill (2015)	Number of sex partners	13 -18 years: -0.235 *	Number	Females (receipients who never stopped receiving the transfer)
				Heinrich et al (2017)	Number of sex partners (females)	15-19 years: -0.337*	Percentage points	Females only. Impact after 10-15 months
				Heinrich et al (2017)	Number of sex partners (males)	15-19 years: -0.175	Percentage points	Males only. Impact after 10-15 months

Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Number of sexual partners (last 12 months)	15-29 years: 0.140	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Concurrent sexual relationships (last 12 months)	15-29 years: 0.017	Percentage	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Number of sexual partners last 12 months (among those with any partners)	13-24 years: -0.159	Percentage points	Impact after 24 months
				AIR (2015)	Number of sexual partners last 12 months (among those with any partners)	13-24 years: -0.332	Percentage points	Impact after 36 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 11: HIV/AIDS

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Self-Assessed Risk of HIV: % of youth considering themselves at moderate or high risk of contracting HIV	13-19 years: -0.015	Percentage point	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Self-Assessed Risk of HIV: % of youth considering themselves at moderate or high risk of contracting HIV	13-19 years: -0.030	Percentage point	Impact after 17 months
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Perceived HIV risk: moderate/high	15-29 years: 0.004	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Tested for HIV (last 12 months)	15-29 years: 0.038	Percentage	
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Ever had HIV test - lifetime	14-21 years: -0.19*	Percentage	Impact after 12 months
				AIR (2014b)	HIV Test, last 12 months	14-21 years: -0.09*	Percentage	Impact after 12 months
				AIR (2014b)	Self-perceived HIV risk moderate/high	14-21 years: -0.03	Percentage	Impact after 12 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 12: PREGNANCY

Country	Programme name	Component names (if any)	Component Type	Study	Indicator	Effect	Measure of Change	Details
Brazil	Bolsa Familia		CCT	Olson, Clark and Reynolds (2019)	Teen births	15-18 years: -0.029*	Percentage point	Effects driven by teens in urban areas
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Handa et al. (2015)	Likelihood of first pregnancy	12-24 years: -0.049*	Percentage point	Impact after 48 months
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ever been pregnant (age 13 to 19 at baseline)	13-19 years: -0.015	Percentage point	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Ever been pregnant (age 13 to 19 at baseline)	13-19 years: 0.019	Percentage point	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Ever been pregnant (age 15 to 24)	15-24 years: -0.015*	Percentage point	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Ever been pregnant (age 15 to 24)	15-24 years: 0.001	Percentage point	Impact after 24 months
				Dake et al. (2018)	Ever been pregnant (age 14 to 21 at baseline) - females	14-21 years: 0.00507	Percentage point	Impact after 30 months
Pakistan	Female School Stipend Programme (FSSP)		CCT	Alam et al. (2011)	Probability of Giving Birth	17-19 years: -0.0691	Proportion	Whole Sample (17-19)
South Africa	Child Support Grant (CSG)		UCT	Heinrich and Brill (2015)	Ever pregnant (females)	13 -18 years: - 0.046	Proportion	Females (receipients who never stopped receiving the transfer)
				Heinrich et al. (2017)	Ever pregnant (females)	15-19 years: -0.105*	Percentage point	Females only. Impact after 10-15 months
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Ever pregnant	15-29 years: 0.010	Percentage	Females
				Tanzania PSSN Youth Study Evaluation Team (2018)	Age at first pregnancy	15-29 years: -0.092	Percentage	Females
				Tanzania PSSN Youth Study Evaluation Team (2018)	Ever made female pregnant/fathered child	15-29 years: 0.042	Percentage	Males

Zambia	Social Cash Transfer Programme	Child Grant Programme (CGP);	UCT	Palermo et al. (2016)	Ever being pregnant	12-25 years: 0.011	Proportion	Impact after 48 months
				Palermo et al. (2016)	Ever had miscarriage stillbirth or abortion	12-25 years: 0.012	Proportion	Impact after 48 months
				Palermo et al. (2016)	Total fertility	12-25 years: - 0.049	Proportion	Impact after 48 months
		Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Ever pregnant	13-24 years: 0.058*	Percentage	Impact after 24 months
				AIR (2015)	Ever pregnant	13-24 years: 0.016	Percentage	Impact after 36 months
				Dake et al. (2018)	Ever been pregnant (age 14 to 21 at baseline) - females	14-21 years: 0.000716	Percentage point	Impact after 30 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Ever pregnant	12-20 years: -0.01 12-20 years (small HH): 0.01* 12-20 years (large HH): -0.03*	Percentage	Impact after 12 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 13: CHILD AND ADOLESCENT LABOUR

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Unconditional Cash Transfers								
Ecuador	Bono de Desarrollo humano	UCT component	CCT+	Shady and Araujo (2006)	Economic activities for pay or for household	6-17 years: -0.172*	Percentage point	
				Edmonds and Schady (2012)	Participation in the last 7 days in economic activity (paid employment or unpaid)	11-16 years: -0.245*	Percentage point	
				Edmonds and Schady (2012)	Participation in the last 7 days in unpaid household services	11-16 years: 0.024	Percentage point	
				Edmonds and Schady (2012)	Hours worked in the last 7 days in economic activity (paid employment + unpaid economic activity)	10-16 years: -5.110*	Unit	
				Edmonds and Schady (2012)	Hours worked in the last 7 days in unpaid household services	10-16 years: 1.166	Unit	
Ethiopia	Tigray Social Cash Transfer Pilot Programme		UCT	Berhane et al. (2015)	Child labour dummy	6-18 years: -0.024 (in Abi Adi) 6-18 years: 0.008 (in Hintalo)	Percentage point	
Ghana	Livelihood Empowerment Against Poverty (LEAP)		UCT	Ghana LEAP Evaluation Team (2017)	Paid work last 12 months	7-17 years: 0.05	Percentage point	Impact after 6 years
				Handa, Park, et al. (2014)	Days on farm	5-17 years: 0.08	Unit	Impact after 24 months
Indonesia	Bantuan Siswa Miskin (BSM) cash transfer for poor students		UCT	de Silva and Sumarto (2015)	Child is working (poorest quintile)	6-18 years: -0.032*	Percentage point	
				de Silva and Sumarto (2015)	Child is working (2nd quintile)	6-18 years: -0.0238*	Percentage point	
				de Silva and Sumarto (2015)	Child is working (3rd quintile)	6-18 years: -0.0037	Percentage point	
				de Silva and Sumarto (2015)	Child is working (4th quintile)	6-18 years: -0.0073	Percentage point	
				de Silva and Sumarto (2015)	Child is working (top quintile)	6-18 years: -0.0039	Percentage point	

Kenya	Hunger Safety Net Programme (HSNP)		UCT	Merttens et al. (2013)	Children 5–17 whose main activity is paid or unpaid work – including unpaid domestic work	5-17 years: -0.0693*	Percentage	Impact after 24 months
				Merttens et al. (2013)	Children (5–17) whose main activity is paid or unpaid work – excluding unpaid domestic work	5-17 years: -0.042*	Percentage	Impact after 24 months
Lesotho	Child Grants Programme (CGP) and Sustainable Poverty Reduction through Government Service Support (SPRINGS)	CGP	UCT	Pellerano et al. (2014)	Proportion of children who engaged in any labour activity	6-17 years: -2.392	Percentage point	Impact after 24 months
				Pellerano et al. (2014)	Proportion of children who engaged in paid work outside the household	6-17 years: 0.0709	Percentage point	Impact after 24 months
				Pellerano et al. (2014)	Proportion of children who engaged in own non-farm business activities	6-17 years: -0.194	Percentage point	Impact after 24 months
				Pellerano et al. (2014)	Proportion of children who engaged in own crop/livestock production	6-17 years: -1.766	Percentage point	Impact after 24 months (non significant effects by gender: -2.847 girls; 0.326 boys)
				Pellerano et al. (2014)	Hours engaged in labour activity during last 7 days	6-17 years: -1.283	Unit	Impact after 24 months
				Daidone, Davis, Dewbre, & Covarrubias (2014)	Participated in any labour activity in past 12 months	6-17 years: -0.02* 6-13 years (boys): -0.01 14-17 years (boys): -0.05 6-13 years (girls): -0.01 14-17 years (girls): -0.01	Percentage	Impact after 24 months
				Daidone, Davis, Dewbre, & Covarrubias (2014)	Participated in own agricultural activities	6-17 years: -0.018 6-13 years (boys): -0.03 14-17 years (boys): -0.06 6-13 years (girls): 0.00 14-17 years (girls): 0.02	Percentage	Impact after 24 months
				Daidone, Davis, Dewbre, & Covarrubias (2014)	Hours worked last week: own crop and livestock	6-17 years: -2.2* 6-13 years (boys): -2.60 14-17 years (boys): -4.10 6-13 years (girls): 0.10 14-17 years (girls): -1.20	Unit	Impact after 24 months. When disaggregated by gender it's never significant but the effect size is much larger for boys
				Daidone, Davis, Dewbre, & Covarrubias (2014)	Hours worked last week Paid labour	6-17 years: 0 6-13 years (boys): 0.20 14-17 years (boys): -1.50 6-13 years (girls): -0.10 14-17 years (girls): 1.20	Unit	Impact after 24 months
FAO and UNICEF (2018)	Child labour	5-17 years: 0.032	Percentage point	Impact of CGP + SPRING				

Malawi	Social Cash Transfer Programme (SCTP)	UCT	Covarrubias et al. (2012)	Involvement in household chores	5-9 years: 0.105* 10-17 years: 0.293	Percentage	Impact after 12 months
			Covarrubias et al. (2012)	Involvement in family farm/non farm business	5-9 years: 0.020 10-17 years: 0.014*	Percentage	Impact after 12 months
			Covarrubias et al. (2012)	Involvement in paid non household domestic labour	5-9 years: -0.037* 10-17 years: -0.112*	Percentage	Impact after 12 months
			Covarrubias et al. (2012)	Hours spent on domestic work outside the household	5-17 years: -0.261*	Unit	Impact after 12 months
			Covarrubias et al. (2012)	Hours spent on family farm/non-farm business	5-9 years: 0.040 10-17 years: 0.286	Unit	Impact after 12 months
			Luseno (2013)	Hours engaged in economic activity	6-17 years: -2.37	Unit	Impact after 12 months
			Luseno (2013)	Children engaged in child labour	6-17 years: -0.14	Percentage	Impact after 12 months
			Malawi SCTP Evaluation Team (2016)	Child labour	5-17 years: 0.090*	Percentage point	Impact after 24 months
			Malawi SCTP Evaluation Team (2016)	Hazardous economic activities	5-17 years: 0.105*	Percentage point	Impact after 24 months
			Miller and Tsoka (2012)	Household chores, boys	6-18 years: 0.080*	Percentage point	Impact after 12 months
			Miller and Tsoka (2012)	Household chores, girls	6-18 years: 0.110*	Percentage point	Impact after 12 months
			Miller and Tsoka (2012)	Work for pay, boys	6-18 years: -0.120*	Percentage point	Impact after 12 months
			Miller and Tsoka (2012)	Work for pay, girls	6-18 years: -0.100*	Percentage point	Impact after 12 months
			South Africa	Child Support Grant (CSG)	UCT	Heinrich et al. (2012)	Housework
	Probability of working outside the home	15-17 years: 0.21				Percent	This evaluation is about duration of enrollment in programme if children started receiving the grant at the age of 14
	Probability of working outside the home	15-17 years: 0.13				Percent	if they started receiving the grant at the infant or pre-school age

Uganda	Social Assistance Grants for Empowerment (SAGE)	Vulnerable Family Support Grant (VFSG)	UCT	Merttens et al. (2015)	Child is engaged in economically productive activity	6–17 years: 0.01	Proportion	Impact after 24 months
				Merttens et al. (2016)	children age 5–17 engage in child labour	5-17 years: -4	Proportion	Impact after 12 months
				Merttens et al. (2016)	children age 5–17 engage in child labour	5-17 years: -0.32	Proportion	Impact after 2 years
		Senior Citizens Grant (SCG)	UCT	Merttens et al. (2015)	Child is engaged in economically productive activity	6–17 years: -0.04	Proportion	Impact after 24 months
				Merttens et al. (2016)	children age 5–17 engage in child labour	5-17 years: 1	Proportion	Impact after 12 months
				Merttens et al. (2016)	children age 5–17 engage in child labour	5-17 years: -0.68	Proportion	Impact after 2 years
Zambia	Social Cash Transfer Programme	Child Grant Programme (CGP)	UCT	AIR (2014a)	Engaged in any work	7–14 years: 0.020 15–17 years: 0.027	Percentage	Impact after 12 months
				AIR (2014a)	Engaged in paid work	7–14 years: -0.005 15–17 years: -0.040	Percentage	Impact after 12 months
				AIR (2014a)	Unpaid hours	7–14 years: -1.143 15–17 years: -2.400	Hours	Impact after 12 months
				AIR (2016)	Paid or unpaid work	8-10 years: 0.090* 11–14 years: 0.026 15–17 years: 0.014	Percentage	UCT, impact after 24 months
				AIR (2016)	Paid or unpaid work	8-10 years: -0.010 11–14 years: 0.024 15–17 years: 0.022	Percentage	UCT, impact after 36 months
				AIR (2016)	Paid or unpaid work	8-10 years: 0.060 11–14 years: 0.048* 15–17 years: 0.032	Percentage	UCT, impact after 48 months
				AIR (2016)	Unpaid labour hours	8-10 years: -0.764 11–14 years: 0.411 15–17 years: -0.505	Unit	UCT, impact after 48 months
				Daidone, Davis, Dewbre, Gonzales-Flores, et al. (2014)	Children engaged in paid labour	5-18 years: -0.018	Percentage point	Impact after 24 months
				Daidone, Davis, Dewbre, Gonzales-Flores, et al. (2014)	Children engaged in paid labour	5-18 years: 0.039	Percentage point	Impact after 24 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)	UCT	AIR (2014b)	% children engaged in maricho labour	10-18 years: -0.03	percentage	Impact after 12 months	
			AIR (2014b)	% children in wage employment last year	10-18 years: -0.000	percentage	Impact after 12 months	
			AIR (2014b)	Days of work in maricho labour last year	10-18 years: 2.03	unit	Impact after 12 months	

Conditional Cash Transfer								
Colombia	Más Familias en Acción		CCT	Attanasio et al. (2010)	Rural child is working	10-13 years: -0.0744 14-17 years: 0.004	Percentage point	
				Attanasio et al. (2010)	Urban child is working	10-13 years: -0.1499* 14-17 years: -0.1417*	Percentage point	
				Attanasio et al. (2010)	Hours (per day) of work (rural child)	10-13 years: -0.64* 14-17 years: -0.31	Unit	
				Attanasio et al. (2010)	Hours (per day) of work (urban child)	10-13 years: -0.64* 14-17 years: -1.03*	Unit	
				Fitzsimons and Mesnard (2014)	Participates in any work including looking for work	7-17 years: -0.0257*	Marginal effect	
Colombia	Subsidios Condicionados a la Asistencia Escolar (Pilot in San Cristobal and Suba, Bogotá (2005-2006, JPAL))	Basic treatment	CCT	Barrera-Osorio et al. (2008)	Child primary activity is work	12-17 years: -0.002 12-15 years: 0.002	Percentage	
				Barrera-Osorio et al. (2008)	Hours worked last week	12-17 years: -0.375* 12-15 years: -0.178	Unit	
		Savings treatment	CCT	Barrera-Osorio et al. (2008)	Child primary activity is work	12-17 years: -0.001	Percentage	
				Barrera-Osorio et al. (2008)	Hours worked last week	12-17 years: -0.263*	Unit	
		Tertiary treatment	CCT	Barrera-Osorio et al. (2008)	Child primary activity is work	15-17 years: -0.008* 18 years: -0.149*	Percentage	
				Barrera-Osorio et al. (2008)	Hours worked last week	15-17 years: -0.793* 18 years: -7.045*	Unit	
Honduras	PRAF/IDB Tranche III		CCT	Benedetti, Ibararán & McEwan (2016)	Participated in any work in past week (aged 6–17 at baseline)	6-17 years: -0.012	Percentage point	
				Galiani and McEwan (2013)	Child works outside the home	6-12 years: -0.03*	Percentage point	
				Galiani and McEwan (2013)	Only works inside the home in previous week; intent to treat	6-12 years: -0.032*	Percentage point	
				Glewwe and Olinto (2004)	children's participation in economic activities	6-12 years: 0.45*	Percentage point	
Indonesia	Programme Keluarga Harapan (PKH—Family Hope Programme)		CCT	Alatas (2011)	Family enterprise work last week	7-12 years: 1.94* 13-15 years: 2.93*	Unit	
				Alatas (2011)	Wage work last week	7-12 years: -2.04 13-15 years: 0.814	Unit	
Jamaica	PATH			Levy and Ohls (2007)	Proportion of children performing work activities towards household maintenance	6-17 years: -0.001	Percentage	Impact after 18 months
Mexico	Prospera / Prosperity (Social Inclusion Programme) (formerly Oportunidades and Progresa)		CCT	Skoufias et al. (2001)	Probability that girls work	8-11 years: -0.005 12-17 years: -0.018	Marginal effects	PROGRESA Program Impact (CCT) - November 98 follow up
				Skoufias et al. (2001)	Probability that boys work	8-11 years: -0.013* 12-17 years: -0.032	Marginal effects	PROGRESA Program Impact (CCT) - November 98 follow up
				Skoufias et al. (2001)	Probability that girls work	8-11 years: -0.003 12-17 years: -0.011	Marginal effects	PROGRESA Program Impact (CCT) - June 99 follow up
				Skoufias et al. (2001)	Probability that boys work	8-11 years: -0.009 12-17 years: -0.033	Marginal effects	PROGRESA Program Impact (CCT) - June 99 follow up

Mexico	Prospera / Prosperity (Social Inclusion Programme) (formerly Oportunidades and Progresa)	CCT	Skoufias et al. (2001)	Probability that girls work	8-11 years: -0.000 12-17 years: -0.023	Marginal effects	PROGRESA Program Impact (CCT) - November 99 follow up
			Skoufias et al. (2001)	Probability that boys work	8-11 years: -0.011 12-17 years: -0.047*	Marginal effects	PROGRESA Program Impact (CCT) - November 99 follow up
			Behrman, Parker, and Todd (2011)	Probability that girls work	15-16 years: 0.01 17-18 years: -0.01 19-21 years: 0.064*	Percentage point	Long-term effects - follow up in 2003
			Behrman, Parker, and Todd (2011)	Probability that boys work	15-16 years: -0.14* 17-18 years: 0.06 19-21 years: -0.02	Percentage point	Long-term effects - follow up in 2003
Nicaragua	Atencion a Crisis (formerly Red de Protection Social, "RPS")	CCT	Bustelo (2011)	Child is working	7-13 years: -0.073*	Percent point change	Impact of RPS on targeted children. The effect is NS when disaggregating by gender
			Gee (2010)	Child is working	9-15 years: -0.106*	Percent point change	Impact of RPS
			Maluccio and Flores (2005)	Child is working (child aged 7–13 in first to fourth grades but not completed the fourth grade)	7-13 years: -0.049*	Percent point change	24-months Impact of RPS
			Maluccio and Flores (2005)	Child is working (child aged 7–13 in first to fourth grades but not completed the fourth grade)	7-13 years: -0.025	Percent point change	12-months Impact of RPS
			Maluccio (2009)	Child is working (10–13 year-olds who have not completed fourth grade)	10-13 years: -0.088*	Percent point change	Impact of RPS
			Del Carpio (2008)	Impact on hours of physical labour	8-15 years: -1.178*	hours	Impact of Atencion a Crisis (effect of the whole programme)
			Del Carpio (2008)	Impact on hours of non-physical labour	8-15 years: 3.504*	hours	Impact of Atencion a Crisis (effect of the whole programme)
			Del Carpio (2008)	Total hours of work, including domestic work	8-15 years: -1.102*	hours	Impact of Atencion a Crisis (effect of the whole programme)
			Del Carpio and Macours (2010)	Number of hours per week child worked in all economic activities	10-15 years: 0.707 (girls) 10-15 years: -2.840* (boys)	hours	Impact of Atencion a Crisis (effect of the whole programme)
			Del Carpio and Macours (2010)	Number of hours per week child worked in all work	10-15 years: 1.191 (girls) 10-15 years: -3.076* (boys)	hours	Impact of Atencion a Crisis (effect of the whole programme)
			Del Carpio, Loayza and Wada (2016)	Number of hours worked per child in the week previous to the survey	□ 8-15 years: -1.757* (treatment arm 1) ■ 8-15 years: -0.941* (treatment arm 2)	hours	12-months Impact of Atencion a Crisis

Pakistan	Female School Stipend Programme (FSSP)		CCT	Alam et al. (2011)	Work Intensity (days per month)	15-19 years: -0.548 15-17 years: -6.137	Unit	
				Alam et al. (2011)	Labor Force Participation	12-19 years: -0.0490* 15- 16 years: -0.0401*	Proportion	
Peru	Juntos		CCT	Perova and Vakis (2012)	Child is working in past week	6-14 years: 0.17	Percentage point	Impact after 5 years
				Perova and Vakis (2009)	Worked last week	6-14 years: 0.05*	Percentage point	Impact after 12 months
Philippines	Pantawid Pamilya Pilipino Program		CCT	de Hoop et al. (2017)	Work for pay, outside own houshold	10-14 years: 0.050*	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Work for pay, inside own houshold	10-14 years: -0.003	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Work without pay, outside own houshold	10-14 years: -0.007	Percentage point	Impact after 30 months
				de Hoop et al. (2017)	Work without pay, inside own houshold	10-14 years: 0.010	Percentage point	Impact after 30 months
Mixed: Conditional and Unconditional Csh Transfer								
Burkina Faso	Nahouri Cash Transfer Pilot Project		CCT	Akresh et al. (2016)	Hours engaged in child labour	7-15 years: 0.746	Unit	Impact after 24 months.
			UCT	Akresh et al. (2016)	Hours engaged in child labour	7-15 years: -0.441	Unit	Impact after 24 months. (When the mothers are recipients of the cash transfers the effect is positive and significant)
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		UCT and CCT	Asfaw et al. (2014)	Participation in own farm labour by children (10-15 years)	10-15 years: -0.124*	Percentage	Impact after 24 months. The effect is negative and significant for male early adolescents, however not significant for girls
				Ward et al (2010)	Children age 6-13 doing paid work	6-13 years: -0.0344*	Percentage	Impact after 24 months
Morocco	Morocco's Cash Transfer for Children (Tavssir Programme)		UCT and CCT	Benhassine et al. (2015)	Minutes spent in day prior to interview working on household business, farm or outside	aged 6-12: -31.77*	Minutes	Labelled cash transfer, after 2 years

Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Any economic activities	5-11 years: 0.011 12-17 years: -0.034 15-19 years: 0.025	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	TASAF Public Works Program	5-11 years: 0.003 12-17 years: 0.021* 15-19 years: 0.097*	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Paid work outside the household	5-11 years: -0.000 12-17 years: -0.057* 15-19 years: -0.017	Percentage	

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 14: EARLY MARRIAGE

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Ethiopia	Productive Safety Net Programme	Public Works component	PW	Hoddinot and Mekasha (2017)	Likelihood adolescent girl outmigrate for marriage	12-18 years: -0.035*	Percentage point	
					Likelihood adolescent girl outmigrate for marriage	14-18 years: -0.047*	Percentage point	
India	Apni Beti Apna Dhan Programme		CCT	Nanda et al. (2016)	Ever married - all girls in the sample	18-21 years: -0.440	Z-score	Long-term effects
					Married before 18 - all ever-married girls	18-21 years: 0.605	Z-score	Long-term effects
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Handa et al. (2015)	Likelihood of marriage or cohabitation	12-24 years: -0.003	Percentage point	Impact after 48 months
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ever been married (age 13 to 19 at baseline) - midline	13-19 years: -0.005	Percentage point	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Ever been married (age 13 to 19 at baseline) - endline	13-19 years: -0.003	Percentage point	Impact after 24 months
				Malawi SCTP Evaluation Team (2016)	Ever been married (age 15 to 24) - midline	15-24 years: -0.018*	Percentage point	Impact after 17 months
				Malawi SCTP Evaluation Team (2016)	Ever been married (age 15 to 24) - endline	15-24 years: 0.001	Percentage point	Impact after 24 months
				Dake et al. (2018)	Ever married or co-habited (age 14 to 21 at baseline)	14-21 years (girls): -0.00428	Percentage point	Impact after 30 months
				Dake et al. (2018)	Ever married or co-habited (age 14 to 21 at baseline)	14-21 years (boys): -0.0179*	Percentage point	Impact after 30 months
Pakistan	Female School Stipend Programme (FSSP)		CCT	Alam et al. (2011)	Probability of getting married	Age 15-19: 0.00814	Percentage point	Females
				Alam et al. (2011)	Age at marriage	Age 15-19: 1.222*	Years	Females
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Married or cohabiting partner	15-29 years: -0.019	Percentage	

Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Ever married or cohabited	13-24 years: 0.002	Percentage	Impact after 24 months
				AIR (2015)	Ever married or cohabited	13-24 years: 0.001	Percentage	Impact after 36 months
				Dake et al. (2018)	Ever married or cohabited	14-21 years (girls): 0.0117		Impact after 30 months
				Dake et al. (2018)	Ever married or cohabited	14-21 years (boys): - 0.00114		Impact after 30 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Ever married or co-habited	12-20 years: -0.02*	Percentage	Impact after 12 months
				Angeles et al. (2018)	Ever married or co-habited	13-24 years (girls): - 0.062*	Percentage point	Impact after 48 months.
				Angeles et al. (2018)	Ever married or co-habited	13-24 years (boys): - 0.001	Percentage point	Impact after 48 months.

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 15: SEXUAL EXPLOITATION

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Transactional Sex								
Kenya	Cash Transfers for Orphans and Vulnerable Children (CT-OVC)		CCT and UCT	Handa, Halpern, et al. (2014)	Ever received or given gifts (all)	15-25 years: 0.843	Odds ratio	Impact after 48 months. Similar results also when disaggregating by gender
				Handa, Halpern, et al. (2014)	Ever received or given gifts (females)	15-25 years: 0.979	Odds ratio	Impact after 48 months. Similar results also when disaggregating by gender
				Handa, Halpern, et al. (2014)	Ever received or given gifts (males)	15-25 years: 0.711	Odds ratio	Impact after 48 months. Similar results also when disaggregating by gender
				Rosenberg et al. (2014)	Transactional sex (female)	15-25 years: 0.79 15-21 years: 0.65*	Odds ratio	
				Rosenberg et al. (2014)	Transactional sex (male)	15-25 years: 1.57 15-21 years: 0.96	Odds ratio	
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ever gave or received money for sex	13-19 years: -0.016	Percentage point	Impact after 24 months (among those reporting debut and partnership)
				Malawi SCTP Evaluation Team (2016)	Ever gave or received money for sex	13-19 years: -0.024	Percentage point	Impact after 17 months (among those reporting debut and partnership)
South Africa	Child Support Grant (CSG)		UCT	Cluver et al. (2013)	Transactional sex (incidence) - females only	10-18 years: 0.42*	Adjusted odds ratio	Females
				Cluver et al. (2013)	Transactional sex (prevalence) - females only	10-18 years: 0.43*	Adjusted odds ratio	Females
				Cluver et al. (2013)	Transactional sex (incidence) - males only	10-18 years: 0.93	Adjusted odds ratio	Males
				Cluver et al. (2013)	Transactional sex (prevalence) - males only	10-18 years: 1.0	Adjusted odds ratio	Males
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Gave or received food, favours, gifts or money for sex	15-29 years: 0.013	Percentage	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Ever experienced transactional sex	13-24 years: 0.000	Percentage point	Impact after 36 months
				AIR (2015)	Ever experienced transactional sex	13-24 years: 0.016	Percentage point	Impact after 36 months

Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Lifetime transactional sex	14-21 years: 0.01	Percentage point	Impact after 12 months
				Angeles et al. (2018)	Lifetime transactional sex	13-24 years: -0.016	Percentage point	Impact after 48 months.
Age-disparate Sex								
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	First sex age disparate >5 years	13-19 years: -0.033*	Percentage point	Impact after 24 months (among those reporting debut)
				Malawi SCTP Evaluation Team (2016)	Age disparate partner, age >5 years	13-19 years: -0.091*	Percentage point	Impact after 24 months (among those reporting debut and partnership)
				Malawi SCTP Evaluation Team (2016)	Partner age at first sex	13-19 years: -0.513*	Percentage point	Impact after 24 months (among those reporting debut)
South Africa	Child Support Grant (CSG)		UCT	Cluver et al. (2013)	Age-disparate sex (incidence) - females only	10-18 years: 0.28*	Adjusted odds ratio	Females
				Cluver et al. (2013)	Age-disparate sex (prevalence) - females only	10-18 years: 0.36*	Adjusted odds ratio	Females
				Cluver et al. (2013)	Age-disparate sex (incidence) - males only	10-18 years: 0.69	Adjusted odds ratio	Females
				Cluver et al. (2013)	Age-disparate sex (prevalence) - males only	10-18 years: 0.68	Adjusted odds ratio	Females
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Last sex: partner 5 or more years older/younger	15-29 years: 0.010	Percentage	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT) scheme;	UCT	AIR (2015)	Partner age at first sex > 10 years older	13-24 years: 0.018	Percentage point	Impact after 24 months
				AIR (2015)	Partner age at first sex > 10 years older	13-24 years: 0.039*	Percentage point	Impact after 36 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.

ANNEX 16: EMOTIONAL, PHYSICAL AND SEXUAL VIOLENCE

Country	Programme name	Component names (if any)	Type	Study	Indicator	Effect	Measure of Change	Details
Colombia	Más Familias en Acción		CCT	Rodríguez (2015)	Violence against minors (per 10 000 people)	Under 18 years: -0.00637	Percentage	
Malawi	Social Cash Transfer Programme (SCTP)		UCT	Malawi SCTP Evaluation Team (2016)	Ever forced to have sex	13-19 years: -0.135*	Percentage point	Impact after 24 months (among those reporting debut)
				Malawi SCTP Evaluation Team (2016)	Ever forced to have sex	13-19 years: -0.080	Percentage point	Impact after 17 months (among those reporting debut)
Tanzania	TASAF III + Adolescent Cash Plus Pilot	the Productive Social Safety Net (PSSN)	UCT and CCT	Tanzania PSSN Youth Study Evaluation Team (2018)	Experienced emotional abuse	15-29 years: 0.002	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Experienced physical violence	15-29 years: -0.022	Percentage	
				Tanzania PSSN Youth Study Evaluation Team (2018)	Experienced sexual violence	15-29 years: -0.070	Percentage	
Zambia	Social Cash Transfer Programme	Multiple Categorical Targeting (MCT)	UCT	AIR (2015)	Ever experienced forced sex	13-24 years: 0.030*	Percentage point	Impact after 24 months
				AIR (2015)	Ever experienced forced sex	13-24 years: -0.007	Percentage point	Impact after 36 months
Zimbabwe	Harmonised Social Cash Transfer (HSCT)		UCT	AIR (2014b)	Experienced Physical Violence, last 12 months	14-21 years: 0.16*	Percentage	Impact after 12 months
				AIR (2014b)	Slapped/pushed, last 12 months	14-21 years: 0.16*	Percentage	Impact after 12 months
				AIR (2014b)	Experienced severe physical violence, last 12 months	14-21 years: 0.09	Percentage	Impact after 12 months
				AIR (2014b)	Ever experienced forced sex	14-21 years: -0.03*	Percentage	Impact after 12 months
				Angeles et al. (2018)	Ever forced to have sex	13-24 years: 0.051	Percentage point	Impact after 48 months

Notes: Authors' elaboration based on existing reviews; "*" denotes whether the coefficient is significant regardless of the significance level.