



Protocol:

The effectiveness and efficiency of cash-based approaches in emergencies: A Systematic Review

Shannon Doocy and Hannah Tappis

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BACKGROUND

The Problem, Condition or Issue

Since 1990, natural disasters have affected more than 200 million people every year (Leaning & Guha-Sapir, 2013). In addition, violent conflict affects the lives of 1.5 billion people every year across the globe (World Bank 2011). Although some crises can be directly attributed to a distinct event that occurs with little or no warning, most emergencies are complex, protracted and chronic, evolving from a series of related or unrelated events that exacerbate vulnerabilities of a population over a prolonged period of time. In many humanitarian crises, the needs of affected populations far outweigh available resources and capacity to respond.

For the purposes of this review, a humanitarian emergency (or crisis) is defined as a singular event or a series of events that threaten the health, safety or well-being of a community or large group of people (Humanitarian Coalition, 2013). There is no simple categorization of humanitarian emergencies, however, they are often classified into three broad categories: 1) natural disasters, 2) technological disasters (i.e. hazardous material spills, nuclear accidents, chemical explosions) and 3) conflict-related emergencies including civil strife, civil war and international war which are often referred to as complex emergencies. Humanitarian emergencies can also be categorized as ‘sudden onset,’ such as an earthquake or ‘slow onset’ such as a drought; for many conflict-related emergencies, this distinction is less clear and when extended over periods of many years they are considered ‘protracted.’

Internationally, the humanitarian response community has tended to distinguish between natural disasters and conflict and they respond frequently to both types of events (whereas responses by technological disasters are uncommon). The assistance provided by the humanitarian response sector in the case of a humanitarian emergency is defined as “aid to stricken population that complies with the basic principles of humanity, impartiality and neutrality” (WHO, 2014). Such assistance can be divided into three categories based on the way in which it is provided to the affected population. Direct assistance is the face-to-face distribution of goods, services or cash to affected populations; indirect assistance is one step removed from the affected population and involves activities such as transporting relief supplies or personnel; and infrastructure support that facilitate the relief effort but that are necessarily visible or solely for the benefit of the affected population.

The response to an emergency can be divided into phases which include ‘the emergency response phase’ during which initial response activities are implemented, operational capacities and systems are established, assessments are conducted and long-term planning takes place; this phase can last from several weeks to several months depending on the size, nature and complexity of the emergency. The continuing response phase includes support for recovery and may last anywhere from several months, in the case of smaller scale natural

disasters, to several years in the case of large-scale natural disasters or conflict where the situation may be protracted and extended for several years (WHO, 2008).

The Intervention

Maximizing effectiveness and efficiency of assistance efforts is one of the most important challenges for the humanitarian sector (World Humanitarian Summit, 2013). In efforts to maximize the effectiveness and efficiency of assistance efforts, there is increasing interest in and support for implementation of cash transfer programs in both sudden onset and protracted emergencies, based on the assumption that cash programs enable affected populations to make choices about their own needs, can boost local markets, are both quick and cost-effective to deliver (GHA report 2013).

Cash-based approaches have been used for development purposes for a number of decades, particularly within social protection interventions in low and middle income countries. More recently cash transfer programs from development contexts have been increasingly applied in humanitarian settings with the aim of supporting affected populations in meeting basic needs or providing assistance for livelihoods recovery by stimulating demand and purchasing power (Creti & Jaspars, 2006). Cash-based approaches are now being used by multilateral organizations, national governments, international non-governmental organizations and national civil society groups for delivering assistance across all sectors, either on their own or in conjunction with in-kind provision of goods or services.

Cash transfers in humanitarian settings have been defined as “the provision of money to individuals or households, either as emergency relief intended to meet basic needs for food and non-food items or to buy assets essential for the recovery of livelihoods” (ECHO, 2009). Cash transfers may be singular events, usually larger sums of cash such as a grant for a specific purpose such as shelter or livelihoods recovery or recurring events, such as monthly cash grants/vouchers for rent or food or cash for work programs with multiple pay outs that extend over weeks or months. The defining characteristic of cash-based approaches is that choice resides with the beneficiary and not with the implementing organization, as is the case with in-kind assistance. A variety of different cash-based approaches exist and these are collectively referred to as cash-transfer programming. The most common forms of cash transfer include:

- ***Cash grants*** which provide money to targeted households either as emergency relief to enable them to meet basic needs for food and non-food items, or as grants to facilitate livelihoods recovery. Cash grants for livelihoods recovery are sometimes accompanied by training to improve skills of the recipient and are distinct from microfinance interventions because repayment is not expected.
- ***Cash for work*** programs employ emergency-affected populations in public works programs. At an individual level, cash wages help people to meet their basic needs at

time when livelihoods are disrupted and income generating opportunities are reduced. At a community level, cash for work projects can facilitate clean-up and rebuilding after natural disasters or more generally to rehabilitate and improve community infrastructure. Cash for work programs are often implemented on a widespread basis after natural disasters and they can also be used to target the most affected, poorest or food insecure households.

- **Vouchers** are cash transfer instruments that can be exchanged for specific commodities or services. The instruments of exchange in voucher programs may include tokens, coupons or electronic entitlements and these can be exchanged in pre-defined locations, usually participating shops or market vendors. Vouchers have either a fixed monetary value (e.g. \$25) or commodity value (e.g. 5kg rice) and are most commonly used to provide food and livelihoods inputs, though they can also be used to provide access to other types goods and services. The terms vouchers, stamps, coupons or ‘near cash transfers’ are often used interchangeably (CaLP, 2014).

The above types of cash transfers may be conditional or non-conditional. Unconditional cash transfers have no conditions on actions that have to be performed to ‘earn’ the cash (i.e. no work or behavioural requirements). There is no requirement to repay any money and recipients are entitled to use the money however they wish (CaLP, 2014). The underpinning assumption of unconditional cash transfers is that money will be used to meet basic needs. An example of an unconditional cash transfer would be a cash grant to displaced household which would be used to replace basic household items that were lost in displacement, purchase food or acquire productive assets that could be used to restart livelihoods activities.

Conditional cash transfers require that recipients meet certain requirements before the transfer is fulfilled. Conditions of a cash transfer may stipulate either 1) how the cash is earned (qualifying conditions), or 2) how the cash is used (use conditions). Cash transfers with qualifying conditions is a cash transfer given after the recipients have performed some task or activity as a condition of receiving the cash transfer (CALP, 2014). Common qualifying conditions include performing physical labor to contribute to disaster clean-up efforts, public works or the creation of community assets (cash for work programs); enrolling children in school or having them vaccinated; or attending training. Cash transfers with use conditions are a type of conditional transfer where the agency puts conditions on how cash is spent (ibid). Common conditions include requiring the money to be spent on food items, educational expenses or shelter materials.

How the Intervention Might Work

The conceptual underpinning of cash programs in emergencies is in part derived from Amartya Sen’s (1981) entitlement theory. Entitlement theory states that famines are caused by an inability to gain access to, or purchase, food rather than an overall lack of food

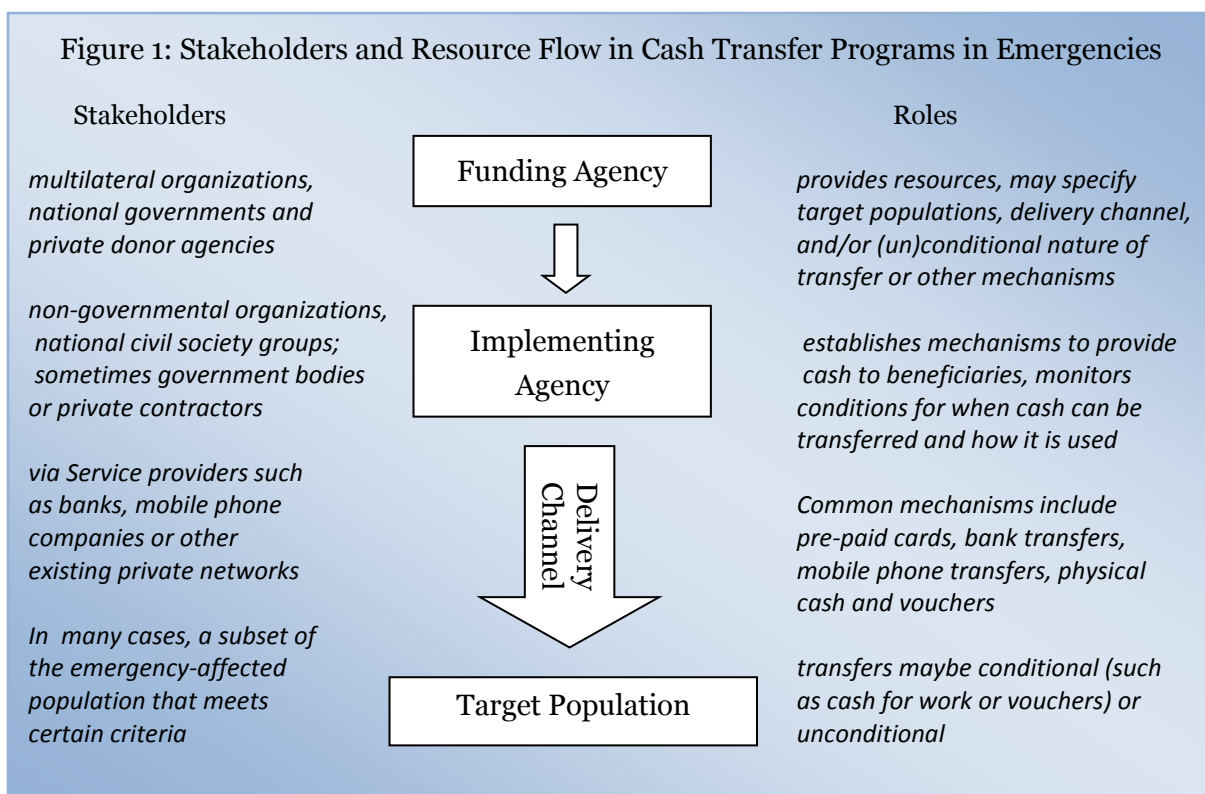
availability. Through this lens, income support measures could be an appropriate response in emergencies because people live in cash economies where they earn money and buy goods in markets, which in many emergency contexts are still functioning or quickly recover. Cash can be an effective means of meeting population needs because it increases access to food and other basic goods and services, and integrates humanitarian response with the local economy (Gairdner P, Mandelik F and Moberg L., 2011).

The conceptual roots of cash programs in emergencies are further derived from subsequent research and theories that illustrate the limits of entitlements in analysing famine in the context of war, such as de Waal's "health crisis" model which views famine as a result of various social and political pressures as well as the lack of entitlement (de Waal, 1990). Through this lens, cash transfer programming can be a more versatile means of addressing population needs than in-kind provision of goods or services so long as there is reliable supply and markets are able to respond to increases in demand resulting from cash infusions without inflation or other negative distortions (Gairdner P, Mandelik F and Moberg L., 2011).

In cash transfer programs, there are typically four groups of actors: (1) the funding source, (2) the implementing agency that administers the program, (3) the service provider that facilitates the actual transfer of cash, and (4) the recipient. These actors are outlined below:

- **Funding Sources** typically include multilateral organizations, national governments and private donor agencies.
- **Implementing Agencies** are most often international non-governmental organizations or national civil society groups, although sometimes include government bodies or private contractors. These agencies play an important role in establishing mechanisms to provide cash to recipients, monitor conditions for when cash will be transferred or how it can be used, overseeing the transfer of funds, and in the case of vouchers, contracting providers to deliver goods or services to voucher holders.
- **Service Providers** can implement cash transfer programming via various mechanisms including cash payments, bank or mobile transfers, or vouchers which have cash-equivalent value. Common delivery channels for cash and vouchers include transfers to bank accounts or mobile phones, prepaid cards and delivery of cash or paper vouchers in envelopes. Use of private networks to facilitate cash transfers is not uncommon and can be advantageous because it uses existing infrastructure which may reduce implementation time, cost and security risks and avoids the establishment of parallel systems.
- **Recipients** may be defined at an individual or household level, and may be selected based on geography, age, wealth status, vulnerabilities (such as female headed households, disabled, etc.) or other characteristics specific to the needs of the humanitarian basis.

Figure 1 (following page) describes how resources flow between the primary actors in cash transfer programs. In the case of unconditional cash transfers programs, there are no restrictions on how or where monies are spent. Conditional cash transfers may only be made upon verification that certain requirements (qualifying or use conditions) were met or vouchers may only be spent for certain goods or services from pre-designated providers. Although there is a large body of literature examining cash transfer programs and their outcomes, there is less understanding of the mechanisms and pathways by which outcomes are achieved. For example, a broad variety of theories of change models for cash transfer program exist which vary by the context and type of intervention. Most theories of change take a holistic approach and include macro- and micro-levels as well as contextual factors. In addition, theories of change draw either on human capital and productive assets theories or vulnerability and risk reduction (Browne, 2013).



Across all models, there is consensus that cash-based approaches are appropriate only within certain contexts and that appropriateness is determined by the both the characteristics of the crises and the presence of certain enabling conditions.¹ According to Gairdner, et al. (2011), the five basic enabling conditions are required for cash-based approaches to be effective, in order of priority, include local availability of commodities for basic needs and recovery, private markets exist and function at a level that is adequate to

¹ See Creti & Jaspars, 2006 p22 and ECHO, 2009 p4 frameworks on deciding between in-kind assistance and cash-based approaches.

provide the goods needed to meet the basic needs of the affected population, preference of beneficiaries for in-kind or cash-based approaches to delivering assistance, the security situation must be permissible for operations to occur, including both delivery of cash and the movement of goods, and financial infrastructure exists to facilitate cash or voucher transfers.

For example, cash-based approaches assume that goods will be channelled through local markets, that there is reliable supply and affordable prices, and that markets will be able to respond to increase in demand that result from cash infusions without inflation or other negative distortions (which can erode the value of the cash transfer and create hardships for non-beneficiaries). Whether the crisis is sudden onset or protracted can play an important role determining if markets are functioning or can be revived. In sudden onset conditions, availability of goods may be greater as markets recover from short term shocks whereas in chronic situations markets may be more difficult to revive because degradation occurred over an extended time period.

Why it is Important to do the Review

There is extensive documentation showing that individual donors and implementing agencies are delivering more of their programs through cash-based mechanisms (Gairdner P, Mandelik F and Moberg L., 2011). Spending on cash programming in emergencies has steadily increased since the 2004 Indian Ocean tsunami and a gradual shift away from in-kind food as the default response towards a broader food assistance approach that includes cash-based approaches has occurred (Harvey et al., 2010).

Cash-based approaches to assistance have increased in other humanitarian sectors as well. Cash transfers are employed to enable emergency-affected populations to pay rent, rebuild or repair shelters and damaged public infrastructure, to support livelihoods recovery, and as a mechanism to improve access to food, water, hygiene supplies, productive assets and inputs, and basic services in a range of settings. Documentation from humanitarian donors and practitioners shows that there is a high degree of variation in humanitarian contexts where cash-based approaches are being used, the mechanisms by which cash is provided, and humanitarian objectives of cash programs (CaLP, 2014; ECHO, 2013).

Where markets are functioning, there is an emerging consensus that cash transfer programs are an appropriate alternative to in-kind provision of goods or services for populations affected by emergencies (Austin 2014; Gairdner P, Mandelik F and Moberg L., 2011). Advocates for cash transfer programs argue that they allow humanitarian actors to address immediate needs more rapidly than direct provision of goods or services because of reduced logistical complexity and are a preferable because they provide support in a way that maintains dignity and choice among affected populations (CaLP, 2014; Creti & Jaspars, 2006).

However, there is a lack of a systematic assessment of the effects of cash based approaches in humanitarian settings to support such claims. Little guidance is available to help humanitarian stakeholders determine which cash-based approaches might be most effective in which contexts and why.

A large and growing body of rigorous evaluations assessing the effects of conditional and unconditional cash transfers and voucher programs in development settings has been developed in recent years. This includes a relatively large number of systematic reviews assessing the effects of these programs on a broad range of outcomes, including health, education, and social protection outcomes. For instance, Hagen-Zanker et al (2011) assess the evidence on the effects of employment guarantee schemes and cash transfers on the poor. Moreover, Kabeer et al. (2012), Gaarder et al (2010) and Baird et al. (2013) assess the effects of cash transfer programs on economic, health and education outcomes respectively. Similarly, Yoong et al. (2012) systematically review the evidence on the effects of economic resource transfers, providing a comparison of outcomes for women versus men.

All these reviews focus on programs and populations in low and middle income countries, but they do not include an explicit focus on the effects of use of cash based approaches in humanitarian emergencies. Given the wide range of difficulties posed by humanitarian emergencies with respect to the implementation of cash programs and in many cases, the differences in objectives between cash programs in emergency and development settings, the findings from the existing literature are not easily transferable to the emergency context. The use of impact evaluations to assess the effectiveness and efficiency of cash based interventions in sudden onset or protracted emergencies is limited compared to the large literature of cash based programming in LMICs. The vast majority of publications identified so far are case-studies of specific programs, discussion pieces, or economic analyses of the cost-effectiveness of cash-based approaches over in-kind food assistance. Nevertheless, there is increased attention to the need for impact evaluations in humanitarian settings and several impact evaluations have been published in recent years (Aker, 2013; Gilligan, 2013).

A preliminary search of the peer-reviewed literature published in the last ten years identified no systematic reviews of cash-based approaches in humanitarian settings. Our review includes some overlap with an ongoing systematic review focusing on the effects of unconditional cash transfers (Pega et al., 2014) on health service use and health outcomes. However, we are interested in a broader range of interventions and outcomes. We include vouchers, cash for work and conditional cash transfers. Additionally, we will also be assessing the efficiency of different delivery channels, and factors influencing the implementation of cash based approaches in different settings.

The objective of this review is to assess and synthesize the existing evidence on the effects of cash-based approaches in humanitarian emergencies. The review aims to serve as a

reference for humanitarian decisions makers and to support evidenced-based approaches to cash interventions in emergencies.

OBJECTIVES

The main objective of the review is to assess and synthesize the existing evidence on the effects of cash-based approaches in humanitarian emergencies. In doing so we aim to address the following research questions within the context of humanitarian emergencies:

Primary Research Questions:

- 1a) What are the effects of cash-based approaches on individual and household level economic outcomes in humanitarian emergencies?
- 1b) What are the effects of cash-based approaches on sector-specific outcomes and cross-cutting issues such as dignity and resilience in humanitarian emergencies?

Secondary Research Questions:

- 2a) How efficient are different cash-based approaches and delivery channels in achieving their stated objectives in humanitarian emergencies?
- 2b) What factors have hindered or facilitated realization of cash program activities and their objectives in different emergency contexts?

METHODOLOGY

I. Criteria for including studies in the review:

a. Types of participants

Populations affected by humanitarian emergencies will be the focus of this review. For the purposes of this review, a humanitarian emergency (or crisis) is defined as a singular event or a series of events that threaten the health, safety or well being of a community or large group of people (Humanitarian Coalition, 2013). Humanitarian crises can either be natural disasters, man-made disasters or complex emergencies. Each humanitarian crisis is caused by different factors and as a result, requires a response targeted towards the specific sectors and populations affected. Thus, complex emergencies occur as a result of several factors or events that prevent large groups of people from accessing fundamental needs, such as food, clean water or shelter. Types of emergencies included in the review are:

1. Sudden onset emergencies including both natural disasters and man-made or complex disasters for which there is little or no warning.
2. Slow onset emergencies that do not result from a single distinct event but rather emerge gradually over time.

3. Protracted emergencies where armed conflict and/or severe vulnerabilities to long-term disasters persist over periods of five years or more.

Affected populations could include those that were not displaced, those displaced within their home country, or refugees displaced in neighboring countries. Types of participants that will be included are individuals or households that received a cash intervention, such as vouchers, conditional or unconditional cash transfers, or cash for work beneficiaries. All beneficiaries of cash interventions meeting review criteria will be included, regardless of if the cash intervention was targeted to specific population sub-groups or the greater affected population.

b. Types of interventions

Types of cash transfer programs that will be included are: 1) cash grant programs, 2) cash for work programs and 3) vouchers programs. This includes both conditional and unconditional cash transfers that are delivered via these mechanisms. All of these interventions, as defined in the background section, are intended to benefit populations affected by emergencies.

Cash transfer programs that will be excluded are 1) fee waivers and subsidies where no cash transfer is involved, 2) microfinance interventions, including lending, saving and insurance where repayment is expected or no actual cash transfer occurred, and 3) direct budget support to organizations providing humanitarian assistance where no transfer to affected populations occurs.

c. Types of comparisons

We will include studies conducted in the context of a humanitarian emergency which compare beneficiaries that received cash or vouchers to populations that received no assistance or in-kind provision of goods or services. Comparisons of cash and voucher recipients will also be included, as will comparison of different transfer modalities (for example cards, mobile phones, physical cash). We will collect relevant information on the cash transfer(s) received by the comparison groups.

Due to the possibilities of spillovers, we will assess whether comparisons are geographically separated from intervention groups and to the extent possible, whether they were simultaneously benefiting from other similar assistance programs.

d. Types of outcome measures and other findings

Primary Research Questions

To address questions 1a and 1b, we will include studies that report the effects of cash interventions on at least one of the following outcomes:

- 1) Individual and/or household level economic outcomes such as utilization of cash, household assets or economic status;
- 2) Individual, household and/or population level sector-specific outcomes such as changes in health service utilization, food security, nutrition status, availability of shelter, access to clean water, school enrolment, etc.; or
- 3) Individual, household and/or population level measures of cross-cutting outcomes such as protection and resilience.

A broad range of outcome measures may be used to assess these outcomes, including those listed in the Inter-Agency Standing Committee Humanitarian Indicators Registry for WASH, shelter, nutrition, health, food security, or education sectors (IASC 2014).

Secondary Research Questions

To address question 2a, we will include studies that report on at least one of the following:

- 1) Costs of implementing a cash intervention
- 2) Efficiency, defined as value for money, measured in terms of cost-utility, cost-benefit, or cost-effectiveness of a cash intervention. We will also include any measure of the difference between budgeted costs (staff needs, materials, running costs, etc.) and actual costs of implementing a cash intervention.

To address question 2b, we will also include studies that report on the following factors that may have hindered or facilitated realization of program activities and objectives:

- 1) targeting of interventions
- 2) delivery mechanisms, including use of new technologies
- 3) staffing
- 4) scaling up and phasing out interventions
- 5) coordination
- 6) security risk associated with different cash transfer modalities
- 7) unintended consequences at beneficiary, organizational and societal levels
- 8) beneficiary perceptions of participation in cash programs.

e. Study Designs

Primary Research Questions

To address questions 1a and 1b on the effects of cash interventions, we will include experimental and quasi-experimental study designs that allow for attribution. Specifically we will include the following study types: 1) Experimental studies using randomised assignment of an intervention to either the individual or community level; 2) Quasi-experimental studies where assignment is based on other stated allocation rules such as exogenous geographical variation or so called ‘natural experiments’, or a threshold on a continuous variable (regression discontinuity designs); 3) Studies where assignment to the

intervention is based on other known rules such as self-selection by participants or based on program criteria, provided that data are collected on a comparison group (non-equivalent comparison group designs) and use appropriate statistical methods to control for selection bias and confounding, such as propensity score matching, covariate matching, difference-in-differences, and single difference regression analysis, instrumental variables, and ‘Heckman’ selection models); and 4) Studies where data are collected at multiple intervals before and after the interventions (interrupted time series design), provided data are collected at a minimum of three time points before and three time points after the intervention, and the study takes into account secular (trend) changes in the analysis or re-analysis is possible (Effective Practice and Organisation of Care 2013).

Studies which do not use a comparison group design, studies with a comparison group that do not use statistical analysis to address confounding, and studies that employ less than a six-period interrupted time series design will be excluded.

Secondary Research Questions

To address question 2a we will include experimental and quasi-experimental studies with an economic component/ data on costs, in addition to observational studies, process evaluations and economic evaluations. To address question 2b we will include observational or descriptive studies, qualitative studies, mixed methods studies and process evaluations. To be eligible for inclusion such studies need to be based on data collected from program beneficiaries, implementing agencies or stakeholders and report at least some information on the study’s research question, procedures for data collection, and analysis methods.

Publication types that will be considered ineligible and excluded include: 1) opinion pieces, 2) commentaries, 3) editorials, 4) debates, 5) project implementation guidelines, 6) case studies of individual beneficiaries or households, 7) other reflective non-research based reports, 8) systematic and non-systematic reviews.

f. Other criteria for including and excluding studies

We will exclude any studies published before 2000. The year 2000 cut-off date was chosen because widespread uptake of cash programming in humanitarian emergencies began after this point.

The inclusion of exclusion criteria for the review are summarised in table 1 below.

Table 1: Inclusion and Exclusion Criteria

	<i>Include</i>	<i>Exclude</i>
Intervention	Unconditional cash transfers Conditional cash transfers Vouchers Cash for work	Fee waivers Direct budget support Micro-finance

Population	Sudden onset emergency Slow onset emergency Protracted emergency	Disaster risk mitigation Development
Type of Study	Experimental designs Quasi-experimental designs Interrupted time series <i>Additional study types considered to address secondary research questions</i> Before/after without control for confounding Observational or descriptive studies Process evaluations Qualitative or mixed methods studies Economic evaluations	Frameworks/theories Guidelines Opinion pieces Commentary Editorials Debates Systematic and non-systematic reviews ²
Outcomes/ other factors	Individual and household outcomes Economic outcomes Sector-specific outcomes Safety and security outcomes Social cohesion (household or community levels) Targeting Delivery mechanisms and implementation Cost, cost-benefit, cost-effectiveness and cost-utility	

II. Search Methods for Identification of Studies

The research team will conduct an extensive systematic search for grey and peer-reviewed literature, following the guidelines provided in the Campbell Collaboration’s *Information retrieval methods group policy brief* (Hammerstrom, Wade, Hanz & Jorgensen, 2009). A common search strategy will be used to identify studies used to address the primary and secondary review objectives.

a. Electronic database searches:

To ensure a comprehensive search strategy in line with the Campbell Collaboration’s *Information retrieval methods group policy brief*, searches will be conducted in multiple databases and high sensitivity will be sought (Hammerstrom, Wade, Hanz & Jorgensen, 2009). A Johns Hopkins University Welch Medical Library Public Health information specialist developed the search strategy after input from investigators on the research team. Results of the pilot search were reviewed by the research team and the strategy was developed iteratively. We also provided the information specialist with several key papers as a test set that was used to check to completeness of the search results. The search strategy

² Systematic and non-systematic reviews will be excluded from the analysis but may inform background discussions and synthesis of findings and recommendations.

includes a combination of controlled vocabulary and keywords for cash and emergencies. Databases and basic search terms that will be used are presented in Table 2 and a detailed example of the search strategy is presented in Annex 1.

Table 2: Peer-Reviewed Literature Sources and Search Terms

	Sources	Search Terms
Multi-sector	ABI-Inform Complete, Academic Search Complete, ScienceDirect, Web of Science, Scopus	(cash OR CCT OR voucher* OR coupon* OR CFW) AND (humanitarian emergency OR emergency response* OR emergency relief OR emergency aid OR emergencies OR humanitarian OR disaster* OR Relief Planning OR Relief Work OR Mass Casualty
Economic	Econlit, IDEAS	OR rescue work OR earthquake* OR flood* OR
Health/Medicine	MEDLINE, CINAHL, Embase, Latin American Virtual Health Library	tsunami* OR Avalanche*OR Landslide* OR Rockslide* OR Mudslide* OR cyclone* OR Cyclonic Storm* OR hurricane OR Tidal Wave* OR
Social Sciences	International Bibliography of Social Sciences, PAIS International, Social Science Research Network, SocIndex, ASSIA	Tidalwaves OR typhoon* OR Volcanic Eruption* OR drought* OR famine* OR Starvation OR food insecurity OR war OR armed intervention OR armed conflict OR conflict affected OR displaced OR displacement OR refugee*)

We will limit the searches to studies published from 2000 to the present. The year 2000 cut off date was chosen because widespread uptake of cash programming in humanitarian emergencies began after this time point and a 14 year review period was consider sufficient given changes in humanitarian contexts, programming approaches and technological developments during this time period . We will include studies in any languages.

b. Other searches:

To identify an unbiased set of citations we will also identify studies in the grey literature from conference proceedings, databases of unpublished studies, studies published in supplements, theses, and dissertations (Higgins, 2005). In order to access grey literature, the peer-reviewed literature search strategy will be adapted to guide hand-searches of the following humanitarian donor, practitioner and research network collections presented in Table 3.

Table 3: Grey Literature Sources

	Sources
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Donor websites	Australian Aid Agency, Department for International Development, European Commission, Norwegian Agency for Development Cooperation, Swedish Development Agency, United Nations Children’s Fund, United Nations Development Program, United Nations Food and Agriculture Organization, United Nations High Commissioner for Refugees, United Nations Population Fund, United Nations World Food Program, United States Agency for International Development, World Bank
Humanitarian practitioner (implementing agency) websites	Action Aid, Action Contre le Faim International, Adeso, Concern Worldwide, Danish Refugee Council, International Federation of Red Cross Societies, International Rescue Committee, Mercy Corps, Norwegian Refugee Council, Oxfam, Save the Children, World Vision
Research institution and network websites	Active Learning Network for Accountability and Performance in Humanitarian Action, Cash Learning Partnership, Centre for Global Development, Eldis, Harvard Humanitarian Initiative, International Institute for Impact Evaluation, Overseas Development Institute Humanitarian Practice Network

In addition, we will conduct forward citation-tracking of included studies in Web of Science, Scopus and Google Scholar, and also review bibliographies from systematic and non-systematic reviews of cash programs to identify additional studies that were not found using search strategies outlined above. All relevant documents meeting search criteria will be catalogued in an EPPI-Reviewer database.

III. Description of methods used in primary research

Several aspects of humanitarian situations make conducting rigorous evaluations a challenge. A recent review of studies on humanitarian cash transfer programming found that most research is generally undertaken by donors, implementing agencies, and private sector actors in order to inform development of organizational strategies (Austin, 2014). Only a sub-set of this research is empirical in nature and intended for widespread dissemination to inform programming or policy on a broader scale (Austin, 2014). This sub-set of studies is the body of evidence that forms the focus of this review. Examples of studies that may be included in the review include:

Aker J. Cash or Coupons? Testing the Impacts of Cash versus Vouchers in the Democratic Republic of Congo. CGD Working Paper 320. Washington DC: Center for Global Development. 2013.

The Center for Global Development (a research institution) has published a working paper presenting the results of a randomized evaluation of an unconditional cash transfer and voucher program implemented by Concern Worldwide (an international non-governmental organization) in an informal IDP camp in the Democratic Republic of Congo. The study involved household surveys conducted with members of 252 households before, during and after the program, as well as analysis of price data collected throughout the program period

and administrative data from the agent distributing cash transfers and monitoring data collected during closed fairs where items were sold to voucher recipients. Results presented include uses of the transfer, effects on select measures of well-being and costs of each assistance modality to the implementing agency and recipients.

Gilligan D, Margolies A, Quinones E, Roy S. Impact Evaluation of Cash and Food Transfers at Early Childhood Development Centers in Karamoja, Uganda. International Food Policy Research Institute, 2013.

The International Food Policy Research Institute has published the findings an evaluation of food and cash transfers to households with children participation in Early Childhood Development centres in the Karamoja subregion of Uganda. The study was a cluster-randomized controlled study with 98 villages containing Early Childhood Development Centres randomly assigned to receive food, cash transfers or neither. Results reported include relative impact of food and cash transfers on household food security, frequency of child food consumption, child anthropometry, anaemia status, Early Childhood Development centre participation, and child cognitive and non-cognitive development.

IV. Data collection and analysis

a. Selection of studies

The screening of studies and application of inclusion and exclusion criteria will take place in two rounds. In the first round of screening, all titles and abstracts resulting from the search will be independently screened by two research assistants. Studies will be classified as either ‘exclude’ or ‘potentially eligible’. In round two, full text of all studies that have been classified as ‘potentially eligible’ or where there is a doubt or disagreement about potential eligibility, will be assessed independently by two reviewers. Studies will be classified as either ‘included’ or ‘excluded’, and reason for exclusion recorded. Disagreements will be reviewed by either Dr. Doocy, Dr. Tappis, or both, and a resolution achieved through discussion amongst the review team. The screening process will be managed using EPPI-Reviewer software to ensure completely independent reviews and resolution of disputes.

b. Data extraction

Two reviewers will independently extract and code all of the included studies using a data extraction form and codebook developed for the review (see Appendix 2 for data extraction codebook), and inter-rater reliability (i.e., percentage match) will be assessed.

Disagreements will be reviewed and when resolution is achieved a consensus code will be used. Information to be extracted will include intervention details, study details and study findings, as summarised in Table 4 below.

Table 4: Information to be extracted

All studies

Bibliographic information	Author(s), title, institution(s), citation, type of resource
Inclusion/exclusion criteria	Type of intervention (cash grant, voucher, cash for work), participants (study setting), study design, outcome measure, other findings
Emergency typology	Event type (natural disaster, conflict, other), event scale (level 1-3), government response capacity, international humanitarian presence, security level
Intervention details	Humanitarian sector, aim of program, type of intervention, coverage/scale (nationwide, regional, local), implementing agency (government, humanitarian organization, private sector partnership), channel of delivery (physical cash, bank transfer, pre-paid debit card, voucher), delivery agent (government, humanitarian organization, post-office, bank, mobile phone company, local business), direct beneficiaries, enrolment criteria, payment structure and conditions, complementary interventions, and any other program design characteristics
External validity	Generalizability of findings in terms of study population, context, intervention, and outcomes (as described by study authors)
Studies addressing questions 1a/1b	
Study details	Study design, study population and comparison group demographics, study duration, outcome measured in intervention and comparison groups, unit of measurement, data collection mechanisms
Effect sizes	Outcome measures at baseline and endline, sample size
Studies addressing questions 2a/2b	
Study details	Study design, study population, study duration, unit of measurement, data collection mechanisms, analysis methods
Key findings	Any findings on costs, cost efficiency, value for money, programmatic and contextual factors hindering implementation, unintended outcomes of intervention, beneficiary perceptions of participation

c. Critical appraisal of included studies

Studies will be stratified into three groups for critical appraisal: (1) experimental or quasi-experimental quantitative studies measuring the effectiveness of cash-based approaches for achieving sector-specific or cross-cutting outcomes; (2) quantitative studies measuring the cost-effectiveness, cost-utility, cost-benefit or cost-efficiency of cash-based approaches; and (3) observational, qualitative studies or mixed method studies that address issues related to implementation in a specific context. Studies with multiple purposes and study designs will be grouped and appraised according to their primary purpose.

Primary Research Questions

Studies will be independently assessed by two reviewers using a combination of the items from the Risk of Bias criteria outlined in *The Cochrane Handbook of Systematic Reviews of*

Interventions (Higgins and Green, 2011), and the Effective Practice and Organisation of Care (EPOC) Cochrane Review Group criteria developed for non-randomised studies (Effective Practice and Organization of Care Group, 2013). For each item, a description of the information upon which each judgement decision is based will be provided, and a judgement will be made of: high, low or unclear risk of bias. Any disagreements in judgements on risk of bias will be reviewed by either Dr. Doocy, Dr. Tappis, or both, and a resolution achieved through discussion amongst the review team. Results of the appraisal will be reported by criteria across the included studies.

The body of included literature for measuring the effectiveness of cash based approaches for achieving sector-specific or cross-cutting outcomes will be assessed using criteria adapted from the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system (Guyatt, 2008). The quality of evidence will be classified based on underlying methodology as high (randomized trials, or double-upgraded observational studies); moderate (downgraded randomized trials, or upgraded observational studies); low (double-downgraded randomized trials, or observational studies); and very low (triple-downgraded randomized trials, downgraded observational studies, or case series and case reports). Downgrading of study's quality will be based on limitations in the design and implementation of the study, indirectness of evidence, inconsistency or imprecision of results, and probability of publication bias. Upgrading of a study's quality will be based on the magnitude of effect or dose-response gradient (Guyatt, 2008).

Secondary Research Questions

Quantitative studies measuring the cost-effectiveness, cost-utility, cost-benefit or cost-efficiency will be assessed using criteria from the German Federal Ministry for Economic Cooperation and Development's Tools and Methods for Evaluating the Efficiency of Development Interventions (BMZ, 2011). The quality of evidence in these studies will be classified based on the analytic power of efficiency analysis as level 2 (cost-effectiveness analysis, cost-benefit analysis, cost-utility analysis, and multi-attribute decision making); level 1 (benchmarking of unit-costs and other efficiency indicators, stakeholder driven approaches and comparative ratings); and level 0 (entirely descriptive). Level 2 analyses are the most rigorous, assessing the efficiency of an intervention so that it can be compared with alternatives or benchmarks, while level 1 analyses with moderate analytic power identify potential for efficiency improvements within interventions. Both analyses serve specific purposes; level 2 analyses can assist in selecting the most efficient intervention strategy while level 1 analyses are needed to optimize efficiency within selected interventions (BMZ 2011).

Descriptive or qualitative studies that describe how implementation worked and effects on unintended outcomes will be assessed using the Mixed Methods Assessment Tool development by Pluye and colleagues at McGill University (2011). This tool was selected

because it is designed to deal with quantitative, qualitative and mixed-methods research within the same appraisal.

d. Criteria for determination of independent findings

Several publications or studies based on the same data set, multiple treatment arms with only one control group, outcome measurements from several time points and the use of multiple outcome measures to assess related outcome constructs can lead to issues with dependent effect sizes, where we cannot treat all outcome estimates as independent of each other (Borenstein et al., 2009). We will follow Campbell Guidance (Becker et al, 2007) so multiple measures of the same outcome within one study will not be synthesised.

Where more than one paper or report is identified on a single study, we will choose one as the ‘main’ paper (the one with the most relevant data) and the others will be considered ‘secondary reports’. We will include any additional information about that one study, including outcome measures not reported in the main paper. For studies reporting follow-up effects at multiple points in time, we will take the final follow-up measure. If studies report results for two or more analyses to assess the same participants, we will include the specification with the lowest level of bias in the synthesis.

Where a single report describes more than one study, these will be separated into two or more ‘studies’, which will be coded and analysed separately. Where individual studies report multiple outcome measures for the same outcome construct we will select the outcome that is most commonly reported across included studies, and if not available, then the outcome that is most accurately measured will be used.

If studies include multiple treatment arms with only one control group and the treatments represent separate treatment constructs we will calculate the effect size for treatment A versus control and treatment B versus control and include in separate meta-analyses according to the treatment construct. If the treatments A and B represent variations of the same treatment construct we will calculate the weighted mean and standard deviation for treatment A and B before calculating the effect size for the merged group versus control group, following the procedures outlined in Borenstein et al. (2009, chapter 25).

e. Measures of treatment effect

Effect size estimates and 95 percent confidence intervals will be extracted when possible. If feasible, standardised mean differences (SMDs) for continuous outcome variables and risk ratios (RRs) for dichotomous outcome variables will be calculated. Intervention effects will be calculated as the ratio of, or difference between, treated and control observations consistently to enable comparison of outcome measures across studies. A SMD greater than

zero (RR greater than 1) will indicate an increase in the outcome in the intervention group as compared to the comparison group. A SMD less than zero (RR between 0 and 1) will indicate a reduction in the intervention group as compared to the control group.

f. Unit of analysis issues

Unit of analysis error arises when the unit at which the intervention is allocated and the unit of analysis are different from each other, without the authors correcting for this in their analysis. For example, if the intervention is allocated at a cluster level, but the analysis of effects is carried out at the individual level. We will assess studies for unit of analysis errors, and if necessary and feasible with the information available, adjustments will be made to account for incorrectly analysed data using the formula provided in the Cochrane Handbook (Higgins and Green, 2011).

V. Synthesis Procedures and Statistical Analysis

Review questions 1a and 1b: Statistical analysis

We will synthesise evidence on the effects of cash-based interventions for only the primary objectives of the review. If meta-analysis is feasible we will synthesise studies using an inverse-variance, random effects model using Stata software due to the anticipated heterogeneity in our included studies (Stata Corporation, College Station, TX, USA). By accounting for the possibility of different effect sizes across studies, random effects meta-analysis produces a pooled effect size with greater uncertainty attached to it, in terms of wider confidence intervals than a fixed effect model (Higgins and Green, 2011).

Due to the heterogeneity of study settings, interventions and outcomes likely to be reported in the included studies, and challenges conducting research studies with comparison groups in emergency settings, statistical synthesis of effects might not be possible. We will only conduct meta-analysis of studies which we assess to be sufficiently similar. We will follow the approach adopted by Wilson et al. (2011) and conduct meta-analysis for only when we identify two or more studies with comparable effect-sizes for a common outcome construct, for the same intervention type and where the condition in the comparison group is judged to be similar.

If meta-analysis is not possible effect sizes will be calculated and presented in a common metric and to display those effect sizes using forest plots, but without producing a pooled effect size across studies (Waddington et al., 2012). In such cases a narrative synthesis of findings will be provided based on the size and direction of effects, together with 95% confidence intervals. Stata software will be used for all quantitative statistical analysis (Stata Corporation, College Station, TX, USA).

Assessment of heterogeneity

We will assess heterogeneity by inspection of forest plots for lack of overlap of confidence intervals, and test for heterogeneity statistically using the Q statistic (Hedges & Olkin, 1985).

To provide estimates of the magnitude of the variability that is due to heterogeneity we will calculate and report the I^2 , and Tau^2 (Higgins 2002, Higgins 2003).

Moderator analysis

We aim to investigate sources of heterogeneity through moderator analysis if feasible. Lipsey (2009) classifies moderators into three broad categories of extrinsic, methodological and substantive characteristics and we will use this framework to structure our moderator analysis. We aim to include the extrinsic variables funder, type of publication and publication date; we will also aim to assess methodological variables such as risk of bias/ study quality characteristics. Finally, we aim to assess the following substantive variables: program design characteristics, emergency typology, humanitarian sector, intervention aim and assistance modality. Understanding how program design characteristics, cash delivery strategies and the contexts in which programs are implemented is important for providing conclusions that are relevant and applicable to the humanitarian community.

To investigate the association between continuous moderator variables and heterogeneity of treatment effects we will use random effects meta-regression and sub-group analyses to investigate the association between dichotomous moderator variables and treatment effects (Borenstein et al., 2009). We will supplement the statistical analysis of moderators with a narrative assessment as outlined below.

Sensitivity analysis

We will conduct sensitivity analysis according to categories of risk of bias, study design (experimental and quasi-experimental, adjusted and unadjusted effect sizes), treatment effect (for example, intention to treat, average treatment effect on the treated, local average treatment effect).

Publication bias

We will search a broad range of sources of unpublished studies to try to address publication bias in the review, but if feasible (at least ten studies included in a single meta-analysis with some variability in effect size standard errors) we will also assess possible publication bias using statistical methods. We will use funnel plots and Egger et al.'s (1998) test, and use 'trim and fill' (Duvall & Tweedie, 2005) regardless of whether funnel plots suggest asymmetry.

Missing data

Where included studies do not provide the data required to calculate effect sizes, we will contact the authors of the primary studies and request the missing data. If information is still unavailable manipulations will be conducted to derive desired statistics as specified by Lipsey and Wilson (2001).

Review questions 2a and 2b: Economic and thematic data analysis

Economic, observational and qualitative data that can help explain and/or contextualize primary review findings will be synthesized to complement the findings of the effectiveness review described above. The synthesis will be driven by the research questions and the factors listed in section 1d.

To address question 2a we will use tables presenting the key characteristics and findings of each included study, providing a narrative summary discussing and comparing the studies' main findings regarding the efficiency, cost and value for money of cash-based approaches in humanitarian emergencies (Shemilt et al., 2008).

To address question 2b we will use a thematic synthesis approach (Thomas and Harden, 2008), focusing on factors listed in section 1d as well as any additional themes emerging from the findings of included studies. After having completed the detailed coding of all of the included studies as described above, we will re-review the coding of data on the factors listed in 1d above to identify descriptive themes which remain close to the findings in the primary studies (following Thomas and Harden, 2008). We will then use these descriptive findings to generate analytical themes regarding factors that hinder and facilitate realization of cash program activities.

To improve the transparency of the synthesis we will use matrices to present the synthesis (Popay et al., 2006). The matrices for the descriptive themes will be organised according to a framework of studies and coding categories, displaying the descriptive themes and the findings from the studies these themes are based on. To identify the analytical themes we will identify common themes across these descriptive findings, and then use matrices with a framework based on the categories listed in 1d and the corresponding analytical themes for each category.

VI. External validity

The generalizability of the results obtained will depend on the scope of the studies identified, the extent to which relevant information about cash-based approaches is documented, and the representativeness of different contexts. In order to assess external validity, population characteristics, details of the intervention (such as implementation issues), reach, adoption, outcomes and sustainability must be reported by research studies. Any information provided about external validity that is discussed within each included study will also be captured as this information enables practitioners to determine if findings are relevant to the setting in which they work. Generalizability of review findings will be assessed across four domains: 1) population—if the studies included in the review are representative of emergency affected populations where cash interventions have been used in the humanitarian context; 2) intervention—extent of implementation and adaptation of the interventions reviewed; 3) outcomes for decision making characterized by the review; and 4) maintenance and institutionalization of cash intervention among humanitarian responders. The RE-AIM tool, developed by Green & Glasgow (2006), corresponds to these four domains will be adapted for to assess external validity for this review.

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DECLARATIONS OF INTEREST

The authors have no financial interests in this area and have not published any prior reviews on the topic. Dr. Doocy has published three primary research papers on cash interventions

in emergencies. This should not be a significant conflict of interest because inclusion of primary research papers in the review will be governed the protocol.

REVIEW AUTHORS

Lead review author:

Name:	Shannon Doocy
Title:	Associate Professor
Affiliation:	Johns Hopkins School of Public Health
Address:	615 North Wolfe Street, Suite E8132
City, State, Province or County:	Baltimore, Maryland
Postal Code:	21205
Country:	United States
Phone:	+1-410-502-2628
Email:	sdoocy@jhsph.edu

Co-author:

Name:	Hannah Tappis
Title:	Associate
Affiliation:	Johns Hopkins School of Public Health
Address:	615 North Wolfe Street, Suite E8132
City, State, Province or County:	Baltimore, Maryland
Postal Code:	21205
Country:	United States
Phone:	917-756-4180
Email:	htappis@jhsph.edu

ROLES AND RESPONSIBILITIES

Both Dr. Doocy and Dr. Tappis have content expertise in humanitarian emergencies and methodological expertise, including prior experience conducting systematic reviews. A Johns Hopkins University informationist will provide support on retrieval in addition to student research assistants. Both Dr. Doocy and Dr. Tappis have statistical backgrounds; Dr. Tappis will lead the statistical analysis and if needed, additional support will be provided by the Johns Hopkins School of Public Health Biostatistics Consulting Service. Responsibilities for specific areas are as follows:

- Content: Doocy, Tappis
- Systematic review methods: Doocy, Tappis
- Statistical analysis: Tappis, with support from Biostatistics Consulting Service if needed
- Information retrieval: Doocy, Tappis, Johns Hopkins Informationist, Research Assistants

PRELIMINARY TIMEFRAME

Draft report	30 Dec 2014
Final report	28 Feb 2015

PLANS FOR UPDATING THE REVIEW

There are no plans to update the review at this time.

AUTHORS' RESPONSIBILITIES

By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Campbell Collaboration policy. The Campbell Collaboration will provide as much support as possible to assist with the preparation of the review.

A draft review must be submitted to the relevant Coordinating Group within two years of protocol publication. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the relevant Coordinating Group has the right to de-register the title or transfer the title to alternative authors. The Coordinating Group also has the right to de-register or transfer the title if it does not meet the standards of the Coordinating Group and/or the Campbell Collaboration.

You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review at least once every five years, or, if requested, transferring responsibility for maintaining the review to others as agreed with the Coordinating Group.

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The support of the Campbell Collaboration and the relevant Coordinating Group in preparing your review is conditional upon your agreement to publish the protocol, finished review and subsequent updates in the Campbell Library. Concurrent publication in other journals is encouraged. However, a Campbell systematic review should be published either before, or at the same time as, its publication in other journals. Authors should not publish

Campbell reviews in journals before they are ready for publication in the Campbell Library. Authors should remember to include a statement mentioning the published Campbell review in any non-Campbell publications of the review.

I understand the commitment required to undertake a Campbell review, and agree to publish in the Campbell Library. Signed on behalf of the authors:

Form completed by: Shannon Doocy and Hannah Tappis

Date: 9 October 2014

APPENDICES

Appendix 1: Example search strategy

PubMed Search Strategy

Concept 1: Cash based approaches

"cash"[tw] OR "CCT"[TW] OR "voucher"[TW] OR "vouchers"[TW] OR "coupons"[TW] OR "coupon"[TW] OR coupon*[TW] OR "CFW"[TW]

Concept 2: humanitarian Emergencies

"humanitarian emergencies"[all fields] OR "emergency responses"[TW] OR "emergency response"[TW] OR "emergency relief"[tw] OR "emergencies"[tw] OR "humanitarian"[TW] OR "disasters"[mesh] OR disaster*[TW] OR "disasters"[all fields] OR "Disaster Planning"[Mesh] OR "Relief Planning"[tw] OR "Relief Work"[Mesh] OR "Relief Work"[all fields] OR "Mass Casualty"[tw] OR "rescue work"[mesh] OR "rescue work"[all fields] OR "Earthquakes"[Mesh] OR "Earthquakes"[tw] OR "earthquake"[TW] OR "Floods"[Mesh] OR "flood"[TW] OR "floods"[TW] OR "flooding"[tw] OR "floodings"[tw] OR "tsunami"[TW] OR "Tsunamis"[Mesh] OR "Tsunamis"[tw] OR "Avalanches"[Mesh] OR "Avalanches"[tw] OR "Avalanche"[tw] OR "Landslides"[Mesh] OR "Landslide"[tw] OR "Landslides"[tw] OR "Rockslide"[tw] OR "Rockslides"[tw] OR "Mudslides"[tw] OR "Mudslide"[tw] OR "cyclone"[TW] OR "cyclones"[TW] OR "Cyclonic Storms"[Mesh] OR "Cyclonic Storms"[tw] OR "Cyclonic Storm"[tw] OR "hurricane"[TW] OR "Tidal Waves"[Mesh] OR "Tidal Waves"[tw] OR "Tidal Wave"[tw] OR "Tidalwaves"[tw] OR "typhoon"[tw] OR "typhoons"[tw] OR "Volcanic Eruptions"[Mesh] OR "Volcanic Eruptions"[tw] OR "Volcanic Eruption"[tw] OR "drought"[TW] OR "Droughts"[Mesh] OR "Droughts"[tw] OR "famine"[TW] OR "famines"[TW] OR "Starvation"[Mesh] OR "food insecurity"[TW] OR "war"[TW] OR "armed intervention"[all fields] OR "armed conflict"[TW] OR "conflict

affected"[TW] OR "displaced"[TW] OR "displacement"[all fields] OR refugee*[TW] OR
"Refugees"[mesh]

Appendix 2: Data extraction codebook

	Description	Question	Coding
Report identification	Unique study ID #		
	First author	Surname, Initial	Surname, Initial
	Author institution	Indicate institution conducting study	Open answer
	Publication date	Year, letter	XXXX (a)
	Publication type	What is the publication type?	1= Peer-reviewed journal article, 2= Book chapter/book, 3= Conference paper, 4=Report, 5=Working paper, 6=Implementation document, 7=Other
	Funding agency	Who is funding the evaluation/study?	1= Multilateral Organisation (World Bank, UN), 2= Bilateral Donor (USAID, UKAID, etc), 3= NGO, university, research institute, 4=Private foundation 8= Not clear 9= N/A
	Independent evaluation	Is it an independent evaluation (not funded by the implementing agency)?	1=Yes 2=No 8=Not clear
	Conflict of interest	Is there a potential conflict of interest associated with study which could influence results collected/reported? (eg. Is there a decalaration of conflict of interest? Is any of the authors related in any way to the funding or implenting institution?)	1=Yes 2=No 8=Not clear
Comments on Conflict of interest	If YES , comment	Open answer	

Inclusion/ Exclusion criteria	Intervention type	Indicate type of intervention	1=conditional cash transfer, 2=unconditional cash transfer, 3=voucher, 4=cash for work
	Study context	Is the study conducted in an emergency or post-emergency setting?	1=Yes 2=No 8=Not clear
	Context type	Indicate type of context	1=Sudden onset emergency, 2= Slow onset emergency, 3=Protracted emergency, 8=Not clear
	Effectiveness	Did study measure effectiveness of intervention?	1=Yes 2=No 8=Not clear
	Study design	What type of study design is used to measure effectiveness?	1=RCT (experiment with random assignment to households/individuals), 2=Cluster RCT, 3=Quasi RCT (experiment with quasi random assignment to households/individuals), 4=Cluster quasi RCT, 5= CBA (quasi-experiment with baseline and endline data collection), 6= interrupted time series, 7=economic evaluation 9=other
	Other topic	Did study assess questions other than effectiveness?	1=Yes 2=No 8=Not clear
	Other questions	Indicate other research questions	Open answer
	Other methods	If the study addresses questions other than effectiveness, what type of methods were used?	1= observational, 2=qualitative, 3=mixed methods
Outcomes	Which type of outcomes are measured in the study? (select all that apply)	1=sector-specific outcomes, 2=cross-cutting outcomes, 3=costs, 4=implementation issues	
Emergency typology	Event type	Indicate type of emergency	1=Natural disaster, 2=Conflict, 3=Other, 4=Not clear
	UN classification	Indicate scale of emergency if classified	1=L1, 2=L2, 3=L3
	Government response capacity	Indicate govt response capacity	1=Little or none, 2=Functioning govt but unable to cope with emergency, 3=Functioning govt and national response programs, 4=Govt unwilling to respond and parallel system established
	International humanitarian presence	Indicate if UN humanitarian mission and/or clusters established	1=Yes 2=No 8=Not clear

	Presence of international peacekeeping force	Indicate if UN peacekeeping force is active	1=Yes 2=No 8=Not clear
	Security risk level	Indicate UN security risk level during program period	0=No phase classification, 1=Phase 1, 2=Phase 2, 3=Phase 3, 4=Phase 4, 5=Phase 5
Intervention	Humanitarian sector	Which humanitarian sector best describes intervention?	1=health, 2=nutrition, 3=food security, 4=education, 5=WASH, 6=shelter, 7=protection, 8=early recovery, 9=other, 10=multisector
	Type of implementing agency	Indicate type of implementing agency	1=government, 2=non-government organization, 3=private company or foundation, 4=other
	Name of implementing agency	List name of implementing agency	Open answer
	Primary aim/objective of intervention	Specify primary aim/objective of intervention	Open answer
	Coverage	Specify coverage/scale of intervention	1=nationwide, 2=regional, 3=local
	Channel of delivery	Indicate channel of delivery	1=pre-paid card, 2=bank transfer, 3=mobile phone transfer, 4=physical cash, 5=physical voucher, 9=Other
	Delivery agent	Indicate delivery agent	1=bank, 2=mobile phone company, 3=post-office, 9=other
	Targeting methods	How was targeting conducted?	Open answer
	Number of beneficiaries	Indicate total number of direct beneficiaries	#
	Enrollment criteria	Describe any enrollment criteria	Open answer
Payment structure	How often was payment delivered?	1=one-time lump sum payment, 2=daily, 3=weekly, 4=more than weekly but less than monthly, 5=monthly, 6=upon completion of conditions	
Payment conditions	Describe any conditions for receipt or spending of payment	Open answer	
Use of new technologies	Did implementing agency use any new technologies in targeting, implementing or monitoring the intervention?	Open answer	
Complementary interventions	Describe any complementary interventions implemented alongside cash transfers	Open answer	

	Other information	Describe any other pertinent information about the design of the intervention	Open answer
Discussion of external validity	Representative population	Report if/how authors suggest study population is representative of emergency affected populations where cash interventions have been used in humanitarian context	Open answer
	Generalizable intervention	Report if/how authors suggest adaptation and implementation of intervention is generalizable	Open answer
	Generalizable outcomes	Report if/how authors suggest outcomes measured are generalizable	Open answer
	Institutionalization of intervention	Report if/how authors discuss maintenance and institutionalization of cash intervention among humanitarian responders	Open answer
STUDIES ADDRESSING QUESTIONS 1a/1b			
	Description	Question	Coding
Study details	Sampling frame for treatment	State the sampling frame (list of all those within a population who can be sampled for selection of study participants)	Open answer
	Participant characteristics	Report any average individual or household characteristics reported by authors	Open answer
	Number of participants in treatment/intervention group	How many participants were included in treatment group?	XXXX
	Comparison group characteristics	Report any average individual or household characteristics reported by authors	Open answer
	Number of participants in comparison group	How many participants were included in comparison group?	#
	Beneficiary outcomes	Does the study measure effects on individual or household economic outcomes?	1=Yes 2=No 8=Not clear
	Specific outcomes measured in study	Specifically, which outcomes are measured in the study?	Open answer

Study details	Sector-specific humanitarian outcomes	Does the study measure effects on sector-specific humanitarian outcomes?	1=Yes 2=No 8=Not clear
	Specific sector(s)	Specifically, which sector(s) are the focus of the study?	1=WASH, 2=shelter, 3=nutrition, 4=health, 5=food security, 6=education, 7=other, 8=Not clear
	Specific outcomes measured in study	Specifically, which outcomes are measured in the study?	Open answer
	Cross-cutting humanitarian outcomes	Does the study measure effects on cross-cutting humanitarian outcomes?	1=Yes 2=No 8=Not clear
	Specific outcomes measured in study	Specifically, which outcomes are measured in the study?	Open answer
	Unit of assignment	At which level was assignment to treatment and control group conducted?	1=Individual 2=Household 3=community/ cluster 9=N/A
	Methods of data collection	Describe methods of data collection	Open answer
	Data collection frequency	What is the frequency of outcome data collection?	1= At least weekly 2= Less frequently than weekly but more frequently than monthly 3= Less frequently than monthly 4= Once only, at endline
	Methods of data collection	Describe methods of data collection	Open answer
	Study start	Start date of collection of data on outcome	XX/XXXX
	Study end	End date of collection of data on outcome	XX/XXXX
Duration of study	Where study length is reported, code as # months	# months	
Outcome effect size data		Which page(s) contain the effect size data?	Open answer

	Sample size metric	Sample size unit of analysis	1= Individual 2= Households 3= Communities 4= Other 5= Not clear
	Sample size (treatment)	Initial sample size treatment group	#
	Sample size (control)	Initial sample size control group	#
	Treatment attrition	Number of drop-outs	#
	Control attrition	Number of drop-outs	#
	Observations (treatment)	Number of treatment observations after attrition (individuals)	#
	Observations (control)	Number of control observations after attrition (individuals)	#
	Treatment effect estimated	What treatment effect is estimated?	1=ITT 2=ATET 3=ATE 4=LATE
Outcomes - continuous	Outcome	Does the study give a precise definition of outcome X?	1=Yes 2=No 3=Partially
	Definition of outcome	What definition of outcome x given	Open answer
	Baseline outcome treatment	State result of baseline outcome for treatment group	#
	SD Baseline outcome treatment	State SD of baseline outcome measure for treatment group	#

Sample size baseline treatment	State sample size at baseline	#
Baseline outcome control	State result of baseline outcome for control group	#
SD Baseline outcome control	State SD of baseline outcome measure for control group	#
Sample size baseline control	State sample size at baseline	#
Outcome in treatment post intervention	State result of post intervention outcome for treatment group	#
SD Outcome in treatment post intervention	State SD of post intervention outcome measure for treatment group	#
Number with outcome in treatment post intervention	State sample size post intervention	#
Outcome in control post intervention	State result of post intervention outcome for control group	#
SD Outcome in control post intervention	State SD of post intervention outcome measure for control group	#
Number with outcome in control post intervention	State sample size post intervention	#
Outcome in treatment 1st follow up	State result of 1st follow up outcome measure for treatment group	#
SD Outcome in treatment 1st follow up	State SD 1st follow up outcome measure for treatment group	#
Number with outcome in treatment 1st follow up	State sample size first follow up	#

	Outcome in control 1st follow up	State result of 1st follow up outcome measure for treatment group	#
	SD Outcome in control 1st follow up	State SD 1st follow up outcome measure for treatment group	#
	Number with outcome in control 1st follow up	State sample size first follow up	#
Outcomes - dichotomous	Outcome	Does the study give a precise definition of outcome X?	1=Yes 2=No 3=Partially
	Definition of outcome	What definition of outcome x given	Open answer
	Baseline number with outcome in treatment	State result of baseline outcome for treatment group	#
	Sample size baseline treatment	State sample size at baseline	#
	Proportion with outcome at baseline in treatment	State proportion with outcome at baseline in treatment	#
	Baseline number with outcome in control	State result of baseline outcome for treatment group	#
	Sample size baseline control	State sample size at baseline	#
	Proportion with outcome at baseline in control	State proportion with outcome at baseline in control	#
	Number with outcome in treatment post intervention	State number with outcome post intervention for treatment group	#

Sample size post intervention treatment	State sample size for treatment group post intervention	#
Proportion with outcome in treatment group post intervention	State proportion with outcome post intervention in control group	#
Number with outcome in control post intervention	State number with outcome post intervention for control group	#
Sample size post intervention control	State sample size for control group post intervention	#
Proportion with outcome in control group post intervention	State proportion with outcome post intervention in control group	#
Number with outcome in treatment 1st follow up	State number with outcome at 1st follow up for treatment group	#
Sample size 1st follow up treatment	State sample size at 1st follow up for treatment group	#
Proportion with outcome in treatment group 1st follow up	State proportion with outcome at 1st follow up in treatment group	#
Number with outcome in control 1st follow up	State number with outcome at 1st follow up for control group	#
Sample size 1st follow up control	State sample size at for control group at 1st follow up	#
Proportion with outcome in control group 1st follow up	State proportion with outcome at 1st follow up in control group	#

		Repeat the above for any additional follow up measures	
STUDIES ADDRESSING QUESTIONS 2a/2b			
	Description	Question	Coding
Barriers and facilitators to implementation or achievement of objectives	Barriers of, and facilitators to, effective interventions	Does the study provide information relating to how or why the intervention was effective or not?	1=Yes 2=No
	Sampling frame	State the sampling frame (list of all those within a population who can be sampled for selection of study participants)	Open answer
	Participant characteristics	Report any average individual or household characteristics reported by authors	Open answer
	Unit of assignment	At which level was data collection conducted	1=Individual 2=Household 3=community/cluster, 4=project, 5=organization, 9= N/A
	Methods of data collection	Describe methods of data collection	Open answer
	Data collection frequency	What is the frequency of outcome data collection?	1= At least weekly 2= Less frequently than weekly but more frequently than monthly 3= Less frequently than monthly 4= Once only, at endline
	Study start	Start date of data collection	XX/XXXX

	Study end	End date of data collection	XX/XXXX
	Duration of study	Where study length is reported, code as # months	# months
	Analysis methods	Describe analysis methods	Open answer
	Targeting characteristics	Does the study report information about intervention targeting	1=Yes 2=No
	Targeting	Report key findings related to targeting	Open answer
	Uses of new technology	Does the study report information about how new technologies were used?	1=Yes 2=No
	New technologies	Report key findings related to uses of new technologies	Open answer
	Staffing	Does the study report information on project staffing structure and roles/responsibilities?	1=Yes 2=No
	Staffing	Report key findings related to staffing	Open answer
	Scale up	Does the study report information about scale-up of intervention?	1=Yes 2=No
	Scale up	Report key findings related to scale up of pilot interventions	Open answer
	Phase In out	Does the study report information about phase in-out of intervention?	1=Yes 2=No
	Phase In out	Report key findings related to phase in or out of intervention	Open answer
	Sustainabilty	Does the study report information about sustainability of intervention activities with other humanitarian stakeholders?	1=Yes 2=No
	Sustainabilty	Report key findings related to sustainability of intervention	Open answer

	Unintended consequences	Does the study report information about unintended-consequences of intervention?	1=Yes 2=No
	Unintended consequences	Report key findings related to unintended consequences (positive or negative) of intervention	Open answer
	Coordination	Does the study report information about coordination of intervention activities with other humanitarian stakeholders?	1=Yes 2=No
	Coordination	Report key findings related to coordination of intervention with other humanitarian stakeholders	Open answer
	Market impacts	Does the study report information about market impacts of the intervention?	1=Yes 2=No
	Market impacts	Report key findings related to consideration of market impacts	Open answer
	Flexibility	Does the study report information about intervention flexibility?	1=Yes 2=No
	Flexibility	Report key findings related to flexibility of intervention model	Open answer
	Security	Does the study report information about security risks?	1=Yes 2=No
	Security	Report key findings related to security risks of cash transfer intervention	Open answer
	Corruption	Does the study report information about risks of corruption?	1=Yes 2=No
	Corruption	Report key findings related to risks of corruption in implementation of cash transfer intervention	Open answer
Cost	Intervention cost analysis	Does the study provide information on cost or economic evaluation of the intervention?	1=Yes 2=No

Beneficiary perceptions	Unit of assignment	Indicate unit of measurement/analysis	1=Individual 2=Household 3=community/cluster, 4=project, 5=organization, 9= N/A
	Methods of data collection	Describe methods of data collection	Open answer
	Data source(s)	Indicate data source(s)	Open answer
	Analysis methods	Describe analysis methods	Open answer
	Cost outcomes	Does the study report outcomes related to intervention cost?	1=Yes 2=No
	Costs	Report key findings related to cost	Open answer
	Cost efficiency outcomes	Does the study report outcomes related to cost-efficiency of interventions?	1=Yes 2=No
	Cost efficiency	Report key findings related to cost efficiency	Open answer
	Cost utility outcomes	Does the study report outcomes related to cost-utility of interventions?	1=Yes 2=No
	Cost utility	Report key findings related to cost utility	Open answer
Cost benefit outcomes	Does the study report outcomes related to cost-benefit of interventions?	1=Yes 2=No	
Cost benefit	Report key findings related to cost benefit	Open answer	
Beneficiary perceptions	Does the study provide information on beneficiary perceptions of participation in cash programming?	1=Yes 2=No	

Sampling frame	State the sampling frame (list of all those within a population who can be sampled for selection of study participants)	Open answer
Participant characteristics	Report any average individual or household characteristics reported by authors	Open answer
Unit of assignment	At which level was data collection conducted	1=Individual 2=Household 3=community/cluster, 4=project, 5=organization, 9= N/A
Methods of data collection	Describe methods of data collection	Open answer
Data collection frequency	What is the frequency of outcome data collection?	1= At least weekly 2= Less frequently than weekly but more frequently than monthly 3= Less frequently than monthly 4= Once only, at endline
Study start	Start date of data collection	XX/XXXX
Study end	End date of data collection	XX/XXXX
Duration of study	Where study length is reported, code as # months	# months
Methods of data collection	Describe methods of data collection	Open answer

	Analysis methods	Describe analysis methods	Open answer
	Perceptions	Report key findings related to beneficiary perceptions of participation	Open answer