Appendix C

Sample R Code to Estimate Random-Effects and Mixed Models

```
rm(list=ls())

#########################################################################
# Simple hierarchical random-effects model

# sufficient statistics for P(theta|mu, tau, Y)
suff_theta <- function(Y, mu, tau2, sigma2){
    n <- length(Y)
    m <- length(tau2)
    mean <- (matrix(Y, ncol = n, nrow = m, byrow = TRUE)*tau2 +
        matrix(sigma2, ncol = n, nrow = m, byrow = TRUE)*mu) /
        (matrix(sigma2, ncol = n, nrow = m, byrow = TRUE) + tau2)
    var <- matrix(sigma2, ncol = n, nrow = m, byrow = TRUE)*tau2 /
        (matrix(sigma2, ncol = n, nrow = m, byrow = TRUE) + tau2)
    # return the mean and variance for all e_i samples
    # in a matrix with nrow = # of e_i and ncol = # samples
    return(list(mean = mean, var = var))
}

# sufficient statistics for P(mu|tau, Y)
suff_mu <- function(Y, sigma2, tau2){
    # using lambda for the numerator of the mean of mu|tau, Y
    # omega for the denominator of the mean of mu|tau, Y and the
 variance
    lambda <- sum(Y/(sigma2 + tau2))
    omegai <- sum(1/(sigma2 + tau2))
    omega <- 1/omegai
    # return lambda and omega
    return(list(lambda = lambda, omega = omega))
}

# posterior samples from P(tau|Y)
# also gets all the sufficient statistics for P(mu|tau, Y)
post_tau2 <- function(Y, sigma2, tau2, n.sims){
    N <- length(tau2) # grid length
    log_p <- rep(NA, N)
    lambda <- log_p
    omega <- log_p
    # run all the points we choose on the tau_grid
    for(ii in 1:N){
        suff <- suff_mu(Y, sigma2, tau2[ii])
        lambda[ii] <- suff$lambda*suff$omega
        omega[ii] <- suff$omega
        log_p[ii] <- 0.5*log(omega[ii]) - 0.5*sum(log(sigma2+tau2[ii]))
        - 0.5*sum((Y - lambda[ii])^2/(sigma2 + tau2[ii]))
    }
    log_p <- log_p - max(log_p)
    p <- exp(log_p)
    p <- p/sum(p)
    # saving omega and lambda to avoid calculating them again
    index <- sample(1:N, n.sims, replace = T, prob = p)
    tau2 <- tau2[index]
    mean <- lambda[index]
    # factorizing the omega using cholesky decomposition
    omega <- (sqrt(omega))[index]
```

```
    # return all the selected tau2, mean and variance of mu|tau, Y
    return(list(tau2 = tau2, mean = mean, omega = omega))
}

# combine the above functions for a joint sample of (theta, mu, tau)
# data is the raw data from the .csv selecting a certain group
# tau2 is in the grid
# Y <- data$treatmentcoefficient
# n_sim is the number of simulations
post_mix_s <- function(data, Y, tau2, n_sim){
    sigma2 <- (data$treatmentstandarderror)^2
    # first sample tau2
    tau2 <- post_tau2(Y, sigma2, tau2, n_sim)
    # also get mean and variance for mu|tau, Y
    mean <- tau2$mean
    omega <- tau2$omega
    tau2 <- tau2$tau2
    # calculate mu
    mu <- rnorm(n_sim)
    mu <- mu*omega + mean
    # calculate sufficient statistics for theta
    theta <- suff_theta(Y, mu, tau2, sigma2)
    # sample theta
    theta <- array(rnorm(length(theta$mean), theta$mean,
 sqrt(theta$var)),
                   dim = dim(theta$mean))
    # calculate I2
    s2 <- (nrow(data)-1)*sum(1/sigma2)/((sum(1/sigma2))^2 -
 sum(1/sigma2^2))
    temp <- (mean(sqrt(tau2)))^2
    I2 <- 100*temp/(temp + s2)
    return(list(theta = t(theta), tau2 = tau2, mu = mu, I2 = I2))
}

#########################################################################
# Mixed model with moderator variable

# sufficient statistics for P(e_i|beta, tau, Y)
suff_ei <- function(X, Y, beta, tau2, sigma2){
    n <- length(Y)
    m <- length(tau2)
    tau2 <- matrix(tau2, nrow = n, ncol = m, byrow = TRUE)
    mean <- (Y - X%*%beta)*tau2/(sigma2 + tau2)
    var <- sigma2*tau2/(sigma2 + tau2)
    # return the mean and variance for all e_i samples
    # in a matrix with nrow = # of e_i and ncol = # samples
    return(list(mean = mean, var = var))
}

# sufficient statistics for P(beta|tau, Y)
suff_beta <- function(X, Y, sigma2, tau2){
    lambda <- t(Y/(sigma2 + tau2))%*%X
    omegai <- t(X)%*%(X/(sigma2 + tau2))
    omega <- solve(omegai)
    # return lambda and omega
    return(list(lambda = lambda, omega = omega))
}
```

```
# posterior samples from P(tau|Y)
# also gets all the sufficient statistics for P(beta|tau, Y)
post_tau1 <- function(X, Y, sigma2, tau2, n.sims){
    Np <- ncol(X)
    N <- length(tau2) #grid length
    log_p <- rep(NA, N)
    lambda <- matrix(NA, ncol = Np , nrow = N)
    mean <- lambda
    omega <- array(NA, dim = c(N, Np , Np ))
    # run all the points we choose on the tau_grid
    for(ii in 1:N){
        suff <- suff_beta(X, Y, sigma2, tau2[ii])
        lambda[ii,] <- suff$lambda
        omega[ii,,] <- suff$omega
        mean[ii,] <- omega[ii,,]%*%lambda[ii,]
        log_p[ii] <- - 0.5*sum(log(sigma2+tau2[ii])) +
 0.5*log(det(suff$omega)) -
            0.5*sum((Y-X%*%mean[ii,])^2/(sigma2 + tau2[ii]))
    }
    log_p <- log_p - max(log_p)
    p <- exp(log_p)
    p <- p/sum(p)
    # saving omega and lambda to avoid calculating them again
    index <- sample(1:N, n.sims, replace = T, prob = p)
    tau2 <- tau2[index]
    mean <- mean[index,]
    # factorizing the omega using cholesky decomposition
    omega <- t(apply(omega, 1, chol))
    omega <- omega[index,]
    # return all the selected tau2, mean and variance of beta|tau, Y
    return(list(tau2 = tau2, mean = mean, omega = omega))
}

# combine the above functions for a joint sample of (e_i, beta, tau)
# data is the raw data from the .csv selecting a certain group
# tau2 is in the grid
# Y <- data$treatmentcoefficient
# X <- cbind(1, data$mod1)
# n_sim is the number of simulations
post_mix <- function(data,X,Y ,tau2, n_sim){
    if(is.data.frame(X) ) X <- as.matrix(X)
    sigma2 <- (data$treatmentstandarderror)^2
    nn <- ncol(X)
    # first sample tau2
    tau2 <- post_tau1(X, Y, sigma2, tau2, n_sim)
    # also get mean and variance for beta|tau, Y
    mean <- tau2$mean
    omega <- array(tau2$omega, dim = c(nrow(tau2$omega), nn, nn))
    tau2 <- tau2$tau2
    # calculate beta
    beta <- matrix(rnorm(nn*n_sim), ncol = nn)
    beta <- do.call(rbind, lapply(seq_len(dim(omega)[1]),
              function(jj) t(beta[jj,])%*%omega[jj,,]))
    beta <- beta + mean
    # calculate sufficient statistics for e_i
    e_i <- suff_ei(X, Y, t(beta), tau2, sigma2)
    # sample e_i
    e_i <- array(rnorm(length(e_i$mean), e_i$mean, sqrt(e_i$var)),
```

```
                dim = dim(e_i$mean))
    # calculate I2
    s2 <- (nrow(data)-1)*sum(1/sigma2)/((sum(1/sigma2))^2 -
 sum(1/sigma2^2))
    temp <- (mean(sqrt(tau2)))^2
    I2 <- 100*temp/(temp + s2)
    return(list(e_i = t(e_i), tau2 = tau2, beta = beta, I2 = I2))
}

#########################################################################
# Example run

# setwd()
# read in data
# data should include group_id for intervention-outcome identifier
# treatmentcoefficient for point estimate
# treatmentstandarderror for standard error
ds <- read.csv("data.csv")
head(ds)

# number of results per group
group <- unique(ds$group_id)
groupsize <- sapply(group, function(x) sum(ds$group_id==x))

# restrict attention to those groups with at least 3 results
group <- group[groupsize>2]

# estimate true theta and tau for each group using all data
TrueResult <- list()
# number of simulations
n_sim = 1e5

# random-effects model example
set.seed(100)
for(ii in 1:length(group)){
  data <- ds[ds$group_id == group[ii], ]
  gridmax <- 10*sd(data$treatmentcoefficient)
  n.grid <- 2000
  tau.grid <- seq(gridmax/n.grid, gridmax, length=n.grid)
  # discrete distribution for tau
  tau2 <- tau.grid^2
  stat <- post_mix_s(data,Y = data$treatmentcoefficient,tau2, n_sim)
  TrueResult[[ii]] <- matrix(c(group[ii], mean(stat$tau2),
 mean(stat$mu),rowMeans(stat$theta)),nrow=1)
  colnames(TrueResult[[ii]]) <-
 c("group_id","tau2","mu",paste0("theta",1:nrow(data)))
}
names(TrueResult) <- group
head(TrueResult)

# mixed model example
# this assumes explanatory variables are being simulated;
# if the data contain an explanatory variable xi, do not need to
 simulate
set.seed(100)
for(ii in 1:length(group)){
  data <- ds[ds$group_id == group[ii], ]
  gridmax <- 10*sd(data$treatmentcoefficient)
```

```
  n.grid <- 2000
  tau.grid <- seq(gridmax/n.grid, gridmax, length=n.grid)
  # discrete distribution for tau
  tau2 <- tau.grid^2
  # this yields R^2 of 0.5. Adjust multiplier on sd for different R^2
  TrueResult[[ii]]  <- replicate(1000, {  data$xi <-
data$treatmentcoefficient+rnorm(nrow(data),0,sd=1*sd(data$treatmentcoef
ficient))
  stat1 <- post_mix(data,X=cbind(1,data$xi),
Y=data$treatmentcoefficient, tau2, n_sim=1000)

c(group[ii],mean(stat1$tau2),colMeans(stat1$beta),colMeans(stat1$e_i))
  })
  rownames(TrueResult[[ii]]) <-
c("group_id","tau2","beta0","beta1",paste0("e_",1:nrow(data)))
  }
names(TrueResult) <- group
head(TrueResult)
```

Appendix D

Derivation of Mixed Model Estimation Strategy

The model we are estimating is of the form:

$$Y_i = X_i\beta + e_i + u_i \tag{1}$$

where Y_i are the observed effect sizes, X_i are the explanatory variables, e_i captures the unexplained variance between studies ($e_i \sim N(0, \tau^2)$) and u_i captures the sampling error ($u_i \sim N(0, \sigma_i^2)$). A constant could be included in X_i, such that a model with one non-constant explanatory variable would need to be fit with a β vector of dimension 2, *e.g.* with a β_0 for the constant and a β_1 for the explanatory variable. Another way of writing this is:

$$Y_i|\beta, e_i \sim N(X_i\beta + e_i, \sigma_i^2) \tag{2}$$

$$e_i \sim N(0, \tau^2) \tag{3}$$

where $X_i\beta + e_i$ essentially takes the place of the true effect in study i, θ_i, in the random-effects model. The model can easily be extended to include other explanatory variables, and we do this to estimate Model 2. However, for the sake of exposition we focus on the simplest case.

In the fully Bayesian random-effects model, we estimated the parameters θ, μ and τ using the fact that $P(\theta, \mu, \tau|Y) = P(\theta|\mu, \tau, Y)P(\mu|\tau, Y)P(\tau|Y)$ and generating a uniformly distributed prior for τ over a large range, then simulating draws from the posteriors for τ, μ and θ.

Analogously, we can estimate the hierarchical mixed model by decomposing $P(\beta, e, \tau|Y)$:

$$P(\beta, e_i, \tau|Y_i) = P(e_i|\beta, \tau, Y_i)P(\beta|\tau, Y_i)P(\tau|Y_i) \tag{4}$$

Inspecting each term on the RHS separately, we can see a similar identification strategy: generating the prior for τ, then simulating draws from the posteriors of τ, β, and e_i. In particular, the three terms can be re-written as follows.

For the first term:

$$P(e_i|\beta,\tau,Y_i) \propto P(\beta,e_i,\tau|Y_i) \tag{5}$$

$$P(\beta,e_i,\tau|Y_i) \propto P(Y_i|\beta,e_i)P(e_i|\tau)P(\beta,\tau) \tag{6}$$

$$\propto \frac{1}{\sqrt{2\pi\sigma_i^2}}\exp\left(-\frac{1}{2\sigma_i^2}(Y_i - X_i\beta - e_i)^2\right)\frac{1}{\sqrt{2\pi\tau^2}}\exp\left(-\frac{1}{2\tau^2}e_i^2\right)P(\beta,\tau) \tag{7}$$

$$\log P(e_i|\beta,\tau,Y_i) = C - \frac{1}{2\sigma_i^2}(e_i^2 - 2(Y_i - X_i\beta)e_i) - \frac{1}{2\tau^2}e_i^2 \tag{8}$$

$$= C - \frac{\sigma_i^2+\tau^2}{2\sigma_i^2\tau^2}e_i^2 + \frac{Y_i - X_i\beta}{\sigma_i^2}e_i \tag{9}$$

$$= C - \frac{\sigma_i^2+\tau^2}{2\sigma_i^2\tau^2}\left(e_i - \frac{(Y_i - X_i\beta)\tau^2}{\sigma_i^2+\tau^2}\right)^2 \tag{10}$$

where C is a constant that can be different throughout.

For the second term:

$$P(\beta|\tau,Y) \propto P(\beta,\tau|Y) \tag{11}$$

$$P(\beta,\tau|Y) \propto P(\beta,\tau)\prod_{i=1}^{n}\frac{1}{\sqrt{2\pi(\sigma_i^2+\tau^2)}}\exp\left(-\frac{1}{2(\sigma_i^2+\tau^2)}(Y_i - X_i\beta)^2\right) \tag{12}$$

$$\log P(\beta|\tau,Y) = \log P(\beta|\tau) - \sum_{i=1}^{n}\frac{(Y_i - X_i\beta)^2}{2(\sigma_i^2+\tau^2)} + C \tag{13}$$

Gelman *et al.* (2013) suggest a noninformative prior for $P(\beta|\tau)$.

$$\log P(\beta|\tau,Y) = C - \beta'\left(\sum_{i=1}^{n}\frac{X_i'X_i}{2(\sigma_i^2+\tau^2)}\right)\beta + \left(\sum_{i=1}^{n}\frac{Y_iX_i}{(\sigma_i^2+\tau^2)}\right)\beta \tag{14}$$

$$= C - \frac{1}{2}(\beta - \Omega\lambda')'\Omega^{-1}(\beta - \Omega\lambda') \tag{15}$$

where $\Omega = \left(\sum_{i=1}^{n}\frac{X_i'X_i}{(\sigma_i^2+\tau^2)}\right)^{-1}$, $\lambda = \sum_{i=1}^{n}\frac{Y_iX_i}{(\sigma_i^2+\tau^2)}$.

For the third term:

$$P(\tau|Y) = \frac{P(\beta,\tau|Y)}{P(\beta|\tau,Y)} \tag{16}$$

For this last equation, note that $P(\beta|\tau,Y)$ is solved above, and $P(\beta,\tau|Y)$ is solved above except for the unknown term $P(\beta,\tau) = P(\beta|\tau)P(\tau)$. We already defined a uniform prior for

$P(\beta|\tau)$ and can define another uniform prior for $P(\tau)$. Then:

$$\log P(\tau|Y) = C - \frac{1}{2}\sum_{i=1}^{n}\log(\sigma_i^2+\tau^2) - \sum_{i=1}^{n}\frac{1}{2(\sigma_i^2+\tau^2)}(Y_i - X_i\beta)^2 \tag{17}$$

$$+ \frac{1}{2}\log|\Omega| + \frac{1}{2}(\beta - \Omega\lambda')'\Omega^{-1}(\beta - \Omega\lambda') \tag{18}$$

and we are ready to begin simulating draws from these posterior distributions. Sample R code is attached in an appendix.

Appendix E

Additional Figures For Each Intervention-Outcome

These figures plot: 1) the probability of making the correct inference about the sign of the underlying parameter θ_{n+1} of some new study, given a certain number of studies, n, with estimates with which to make that guess; 2) the MSE of the best guess of θ_{n+1}. Figures are generated separately for each intervention-outcome combination.

These figures are generated from real data in two alternative ways.

First, to create each point, n studies' results for the effect of the intervention on the outcome variable (point estimate and standard error) are independently drawn and a best estimate of θ_{n+1} formed, $\widehat{\theta}_{n+1}$. Since this is a random-effects model, $\widehat{\theta}_{n+1}$ is simply $\widehat{\mu}_{n+1}$. Then this estimate of θ_{n+1} is compared to a draw of θ_i generated from $\theta_i \sim N(\widehat{\mu}_N, \widehat{\tau}^2_N)$, where $\widehat{\mu}_N$ and $\widehat{\tau}^2_N$ are the estimates of μ and τ^2 that are obtained from the random-effects data using all data for that intervention-outcome combination, assuming they approximate the true underlying parameter values μ and τ^2.

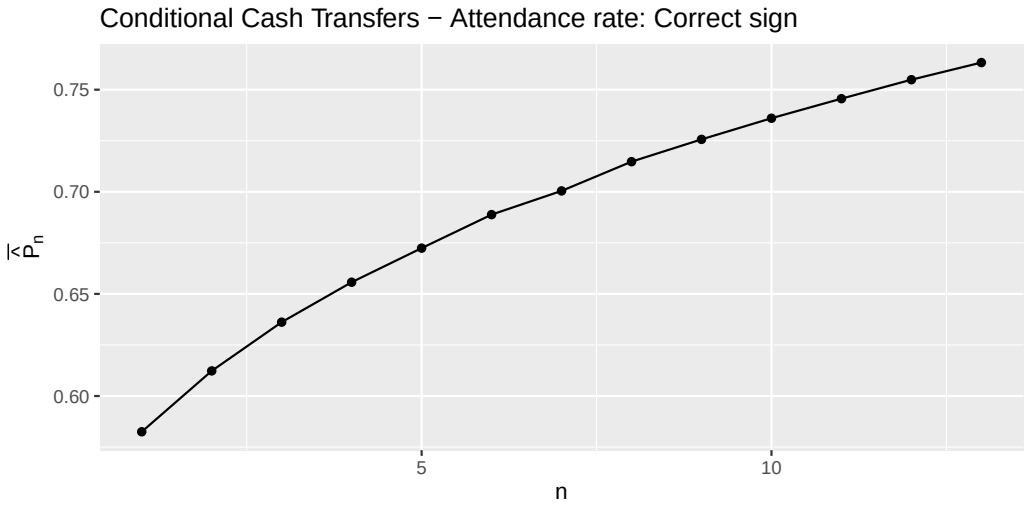
This approach requires an assumption that $\widehat{\mu}_N$ and $\widehat{\tau}^2_N$ are good estimates of μ and τ^2. We may wish to be more agnostic about the correctness of the model and simply compare estimates of $\widehat{\theta}_{n+1}$ with Y_{n+1}, another draw from the data set. The second set of figures takes this approach.

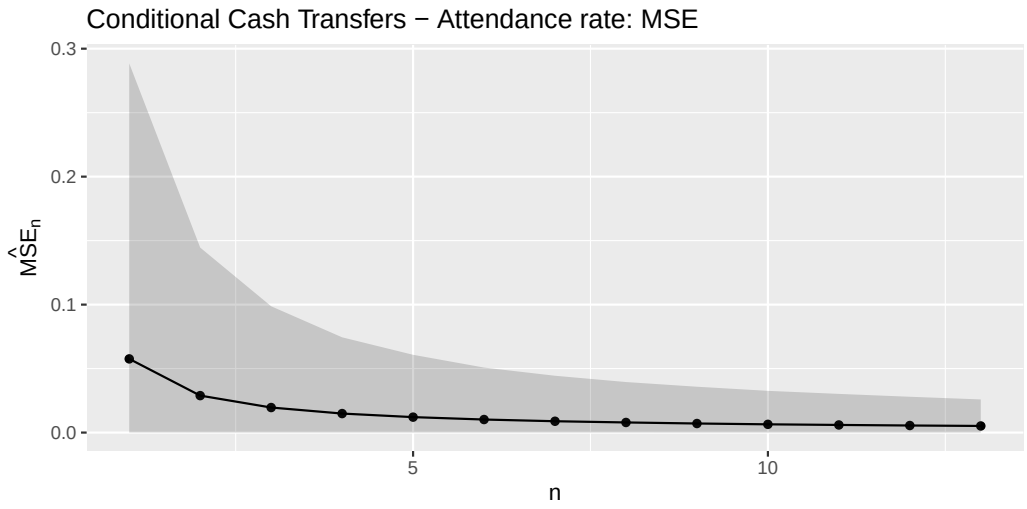
Comparing the figures from each set for each intervention-outcome, differences are generally slight. In other words, the model predicts the new results about as well as we could have hoped if we assumed the model was true.

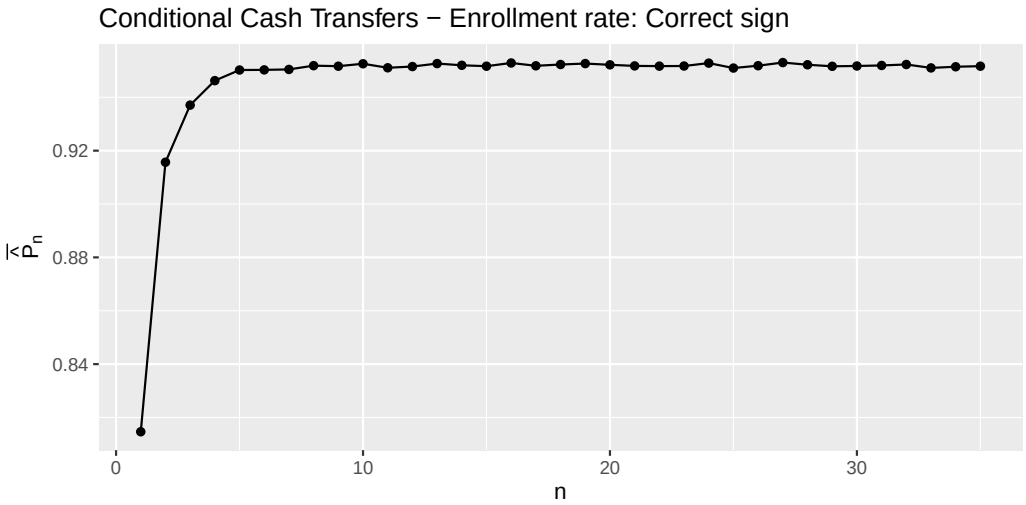
n represents the number of papers used to form the estimate, and given that we are interested in predicting a randomly-selected Y_i, for each intervention-outcome combination the maximum n used will be 1 less than the total number of papers in that cell to leave something to predict.

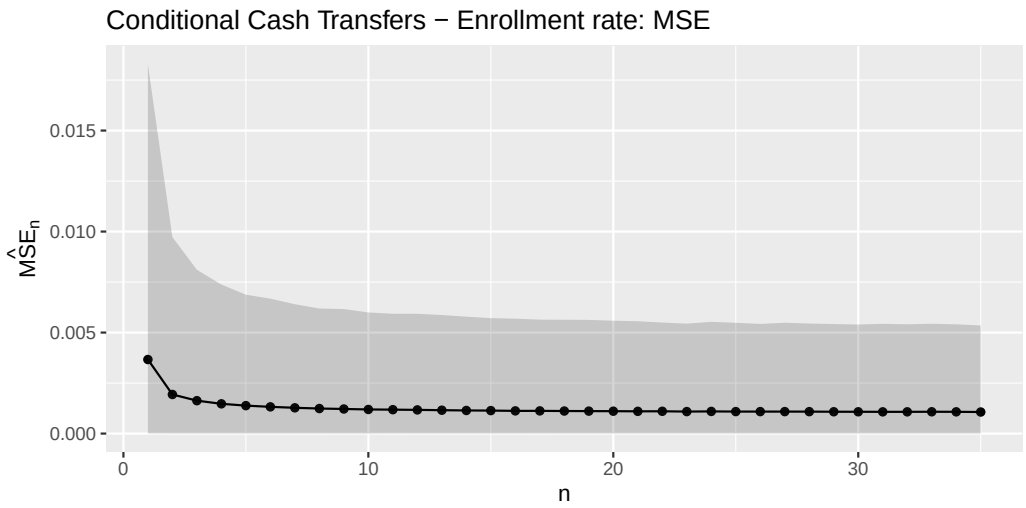
1,000 simulations are used and the mean probability of making the correct inference about the sign and the mean MSE is calculated for each n.

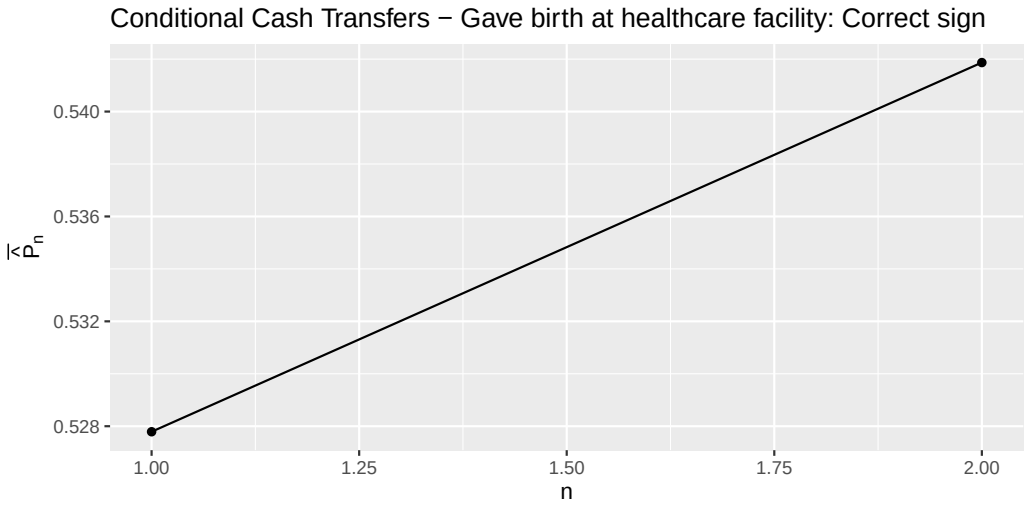
Set A: Comparing $\widehat{\theta}_{n+1}$ to a draw of θ_i from $\theta_i \sim N(\widehat{\mu}_N, \widehat{\tau}_N^2)$

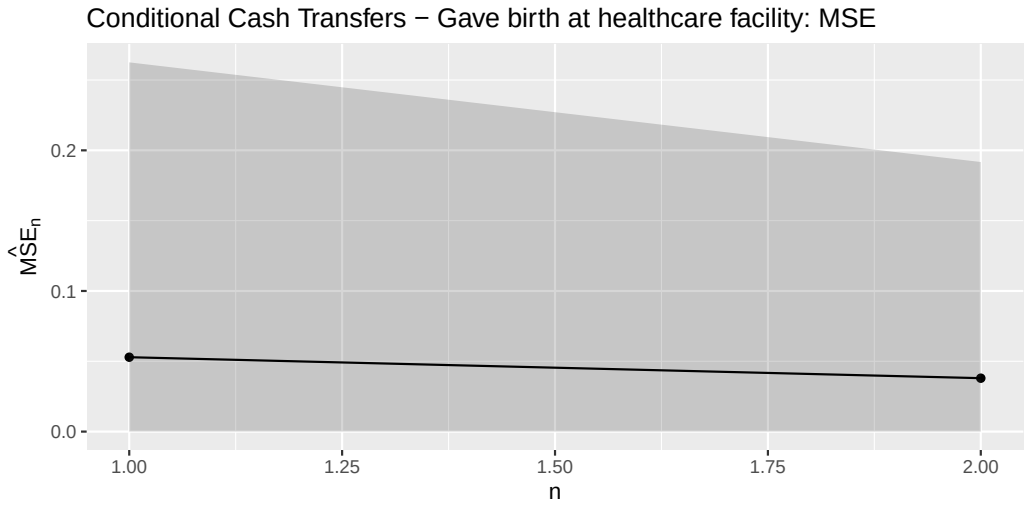


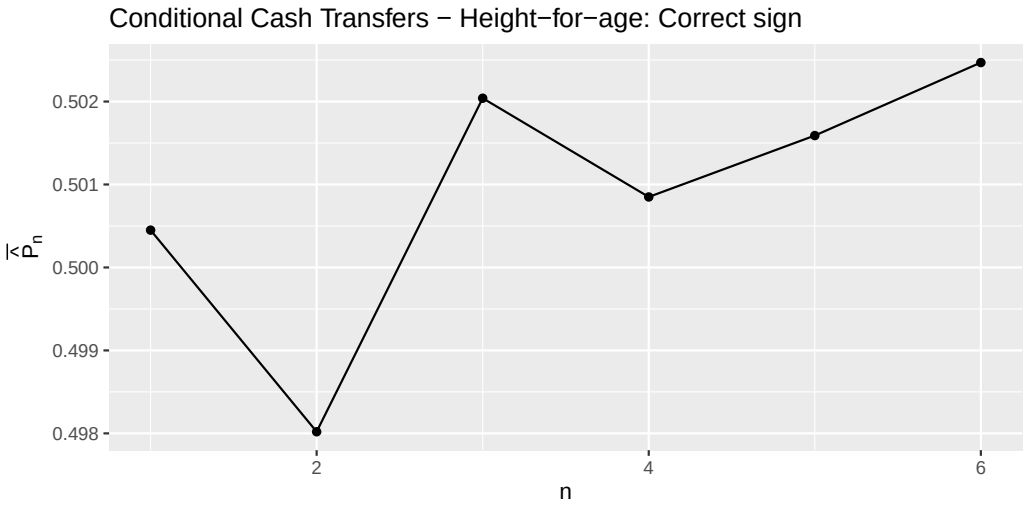


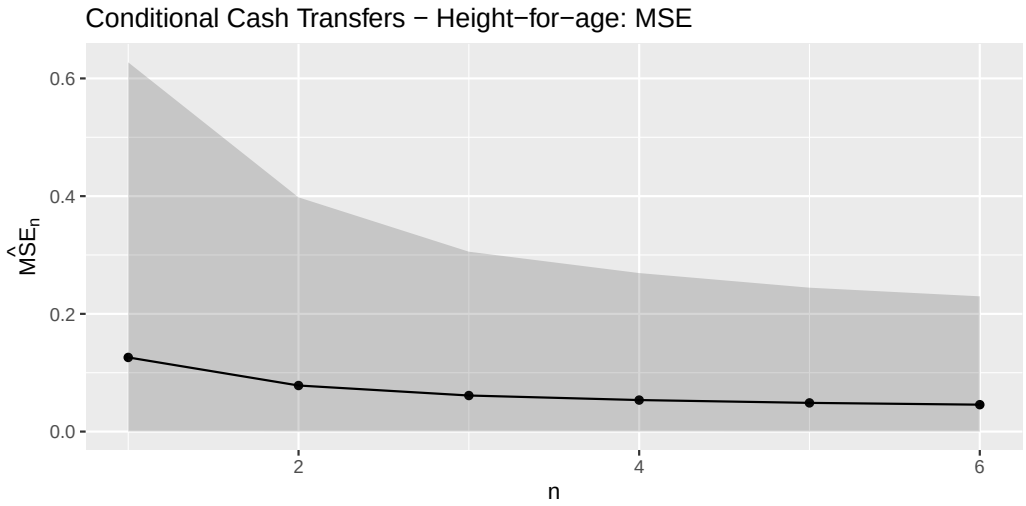

Conditional Cash Transfers − Enrollment rate: Correct sign
0.92
0.88
0.84
$\overline{<}\hat{P}_n$
0
10
20
30
n

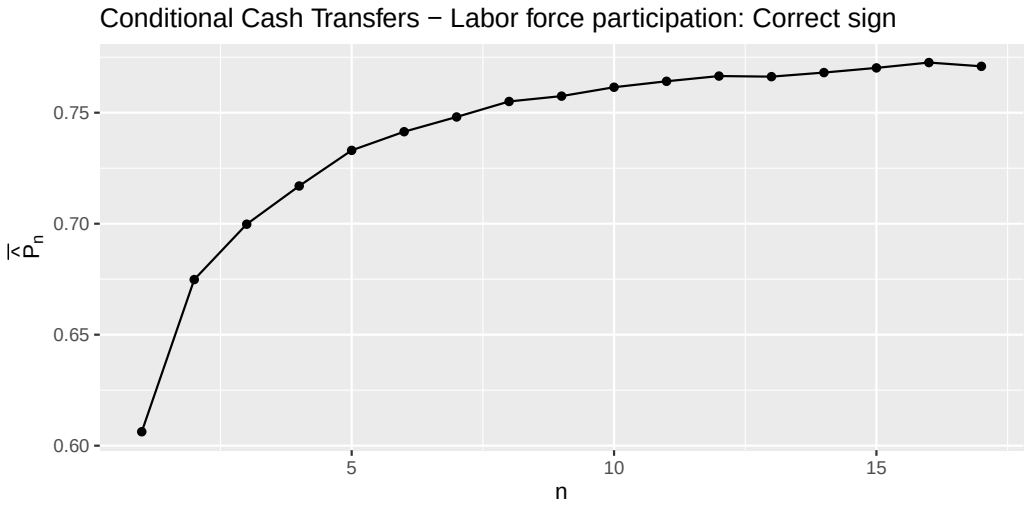

Conditional Cash Transfers − Enrollment rate: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
0
10
20
30
n

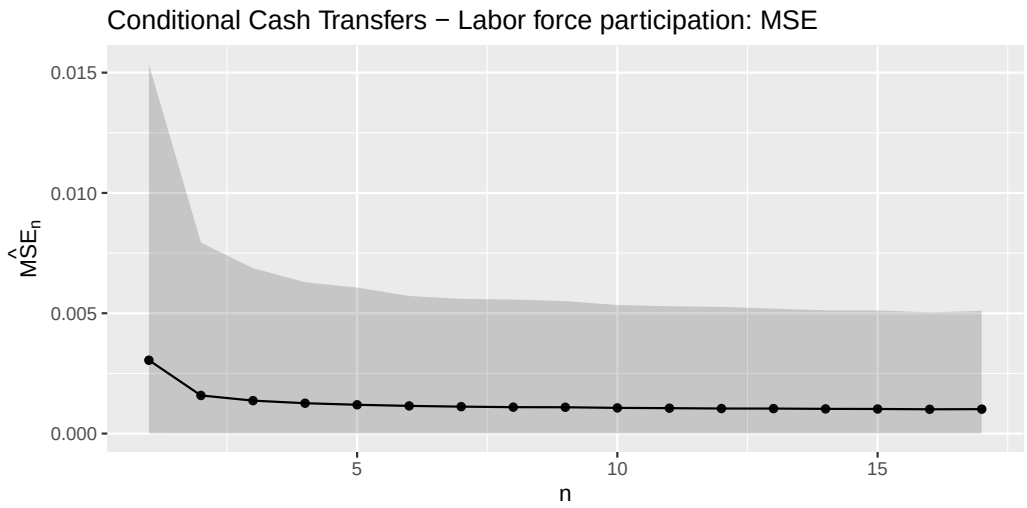

Conditional Cash Transfers − Gave birth at healthcare facility: Correct sign
0.540
0.536
0.532
0.528
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

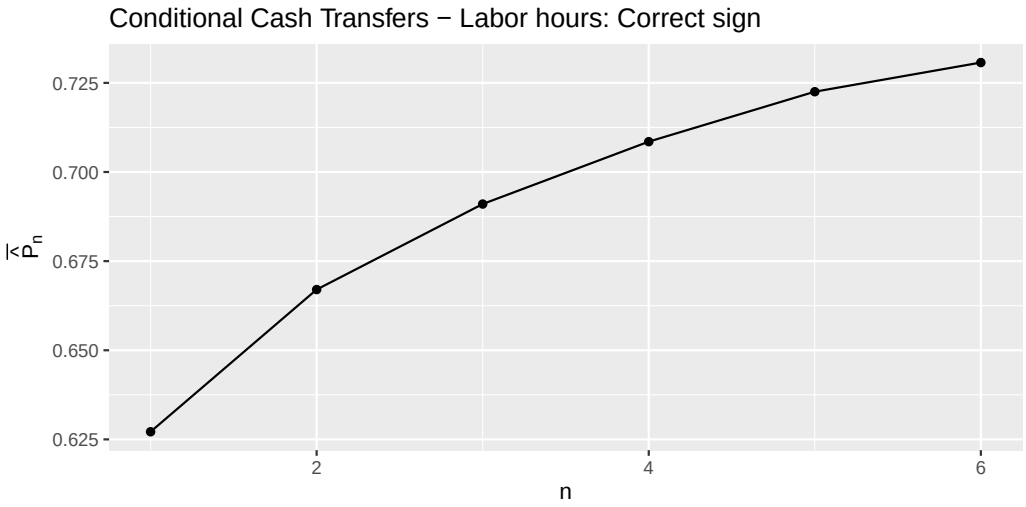

Conditional Cash Transfers − Gave birth at healthcare facility: MSE
0.2
0.1
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n


Conditional Cash Transfers − Height−for−age: Correct sign
0.502
0.501
0.500
0.499
0.498
$\overline{<}\hat{P}_n$
2
4
6
n

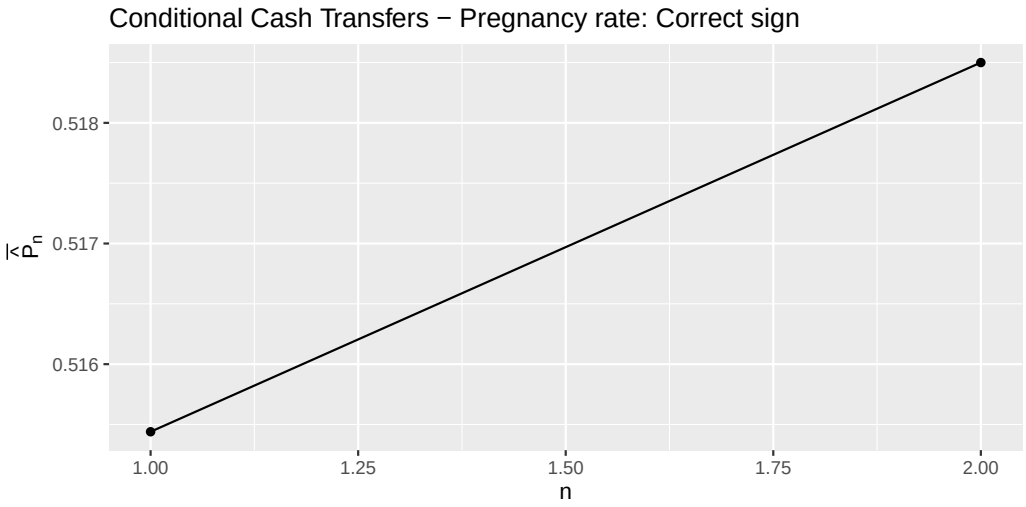

Conditional Cash Transfers − Height−for−age: MSE
0.6
0.4
0.2
0.0
$\hat{MSE}_n$
2
4
6
n

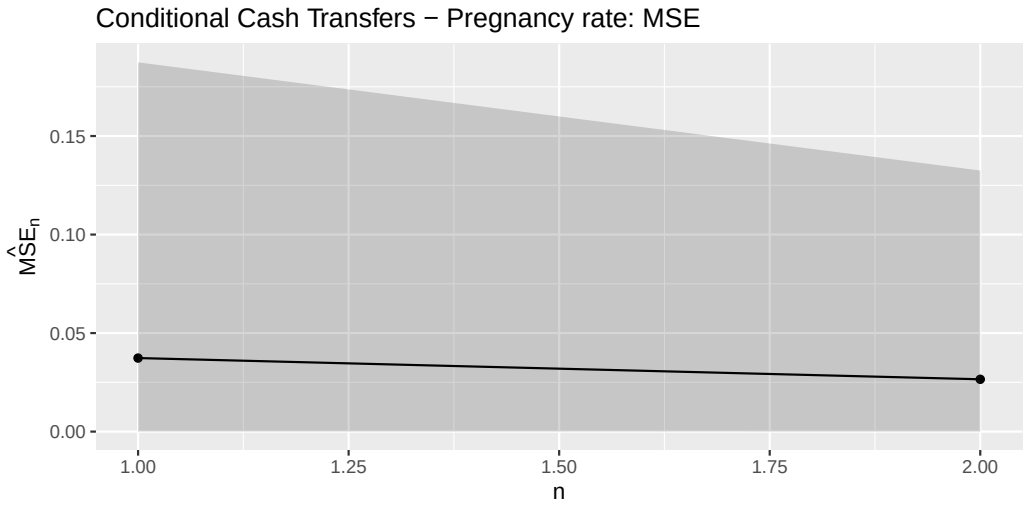

Conditional Cash Transfers − Labor force participation: Correct sign
0.75
0.70
0.65
0.60
$\overline{<}\hat{P}_n$
5
10
15
n

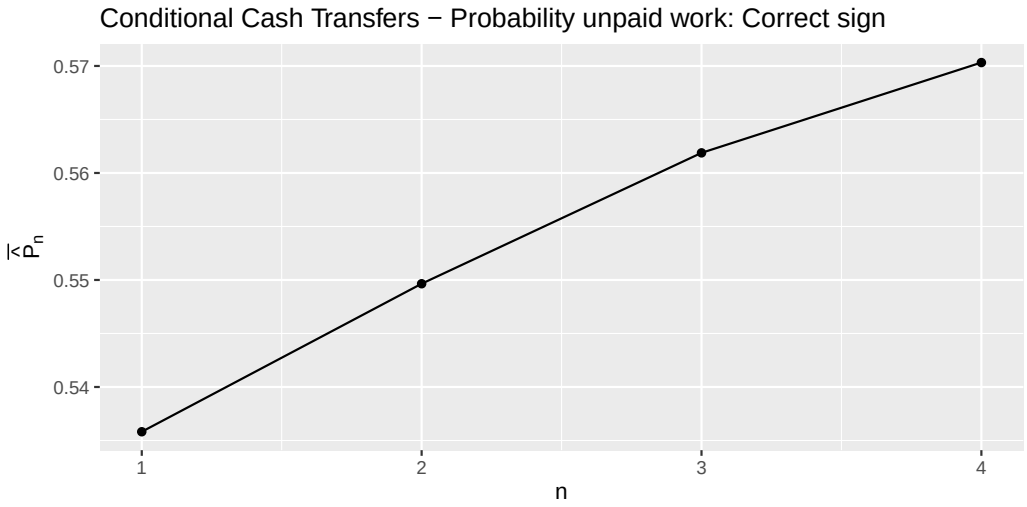

Conditional Cash Transfers − Labor force participation: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
5
10
15
n

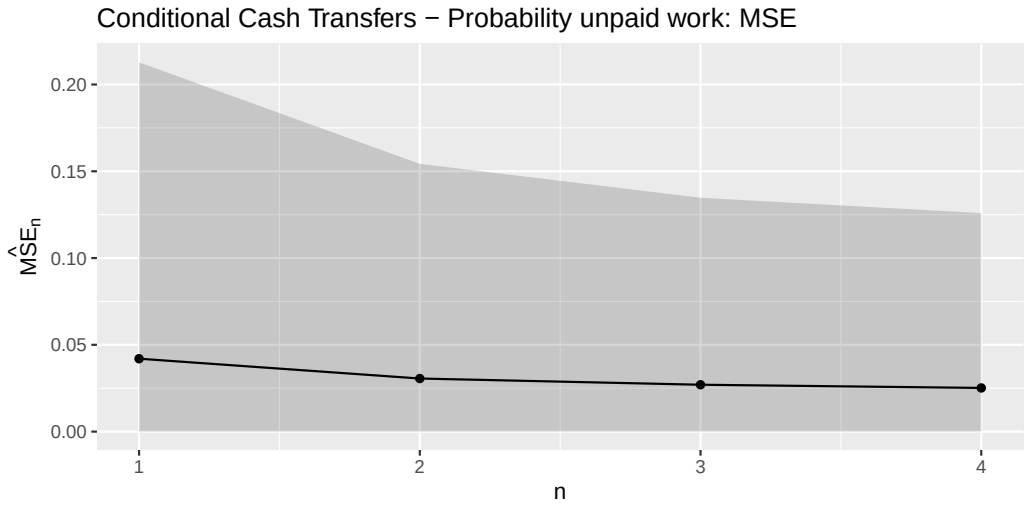

Conditional Cash Transfers − Labor hours: Correct sign
0.725
0.700
0.675
0.650
0.625
$\overline{<}\hat{P}_n$
2
4
6
n

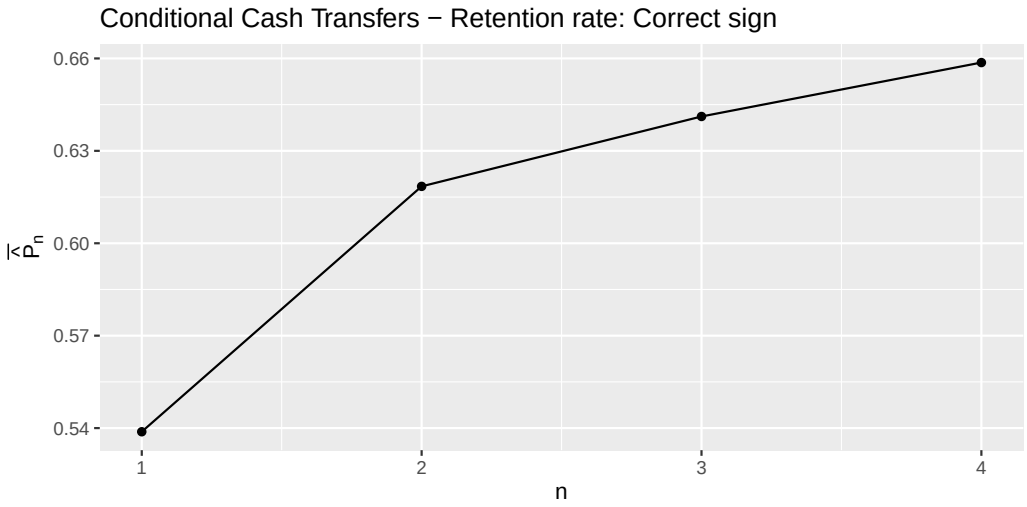

Conditional Cash Transfers − Labor hours: MSE
60
40
20
0
$\hat{MSE}_n$
2
4
6
n

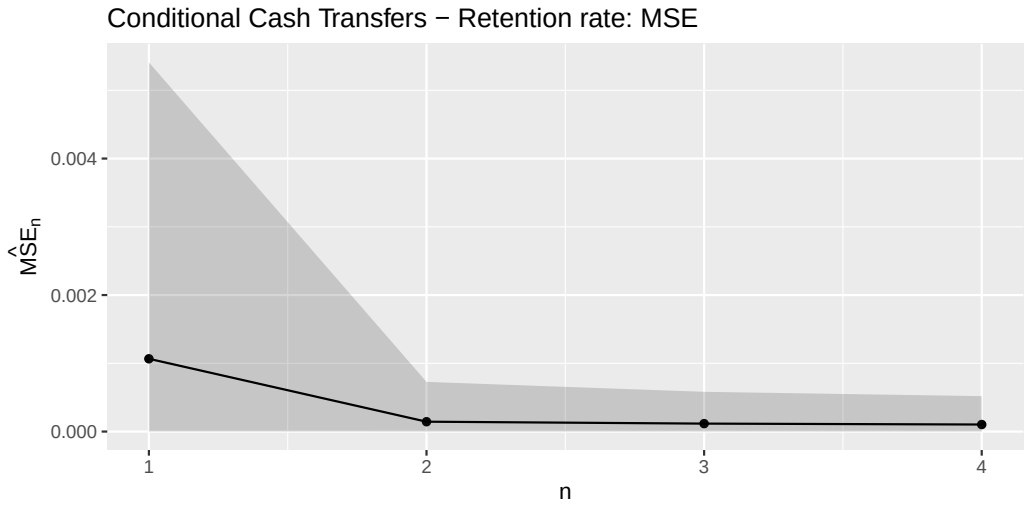

Conditional Cash Transfers − Pregnancy rate: Correct sign
0.518
0.517
0.516
$\overline{\hat{P}_n}$
1.00
1.25
1.50
1.75
2.00
n

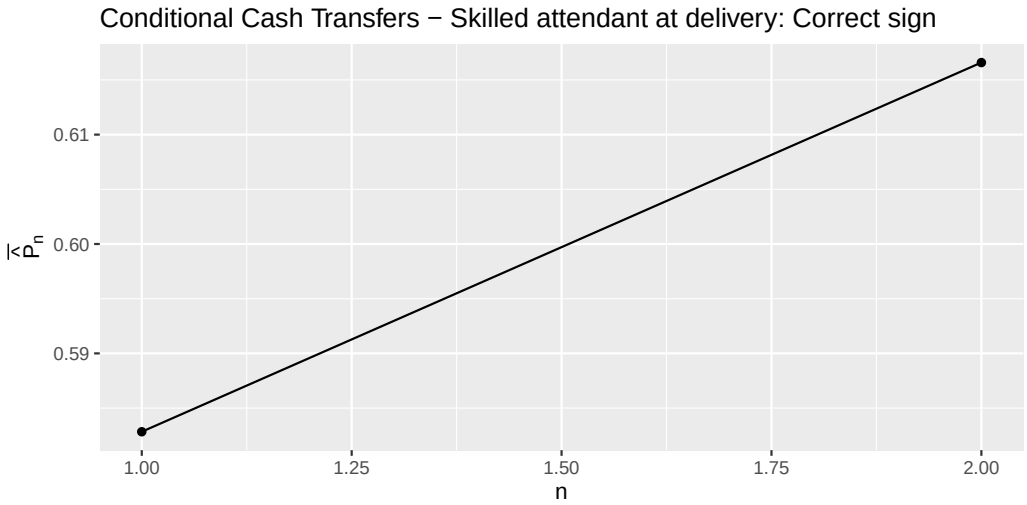

Conditional Cash Transfers − Pregnancy rate: MSE
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n


Conditional Cash Transfers − Probability unpaid work: Correct sign
0.57
0.56
0.55
0.54
$\overline{<}\hat{P}_n$
1
2
3
4
n

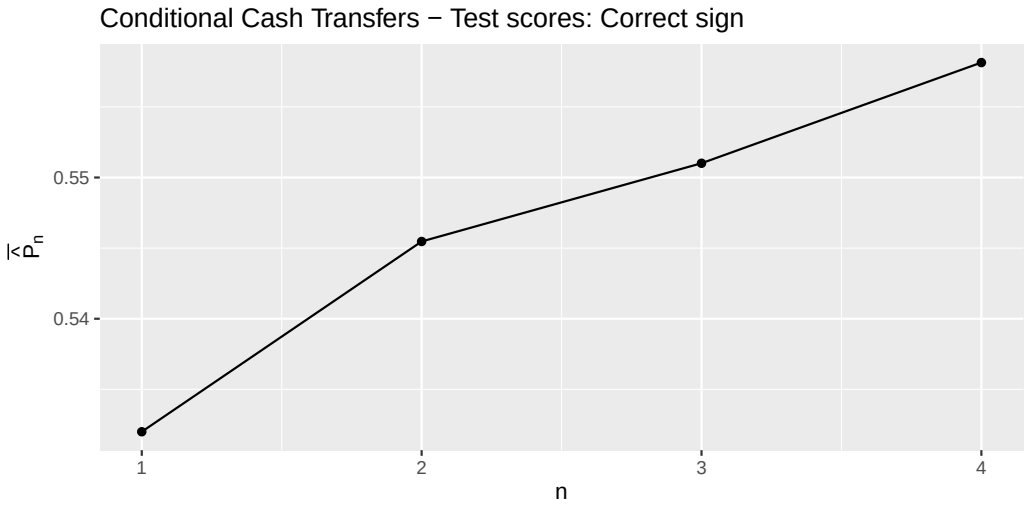

Conditional Cash Transfers − Probability unpaid work: MSE
0.20
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
1
2
3
4
n

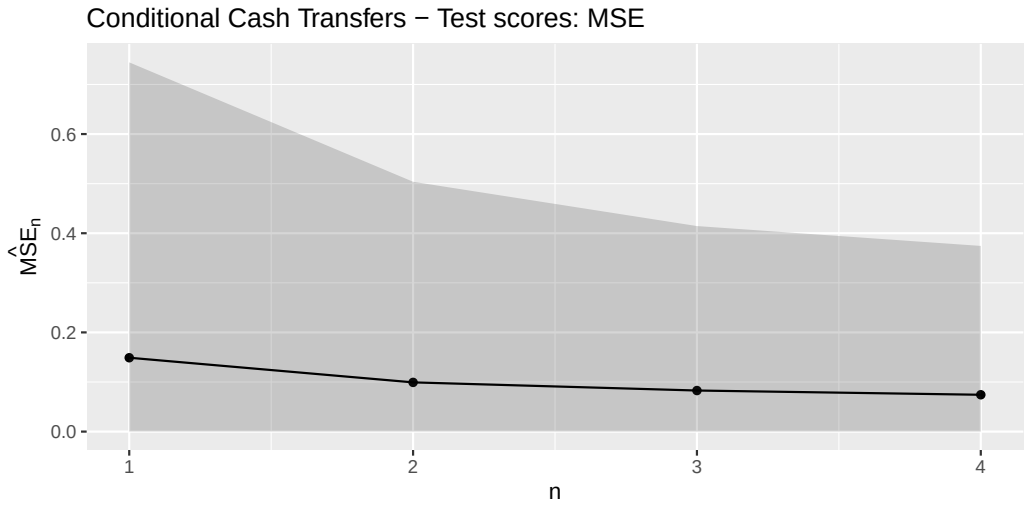

Conditional Cash Transfers − Retention rate: Correct sign
0.66
0.63
0.60
0.57
0.54
$\overline{<}\hat{P}_n$
1
2
3
4
n

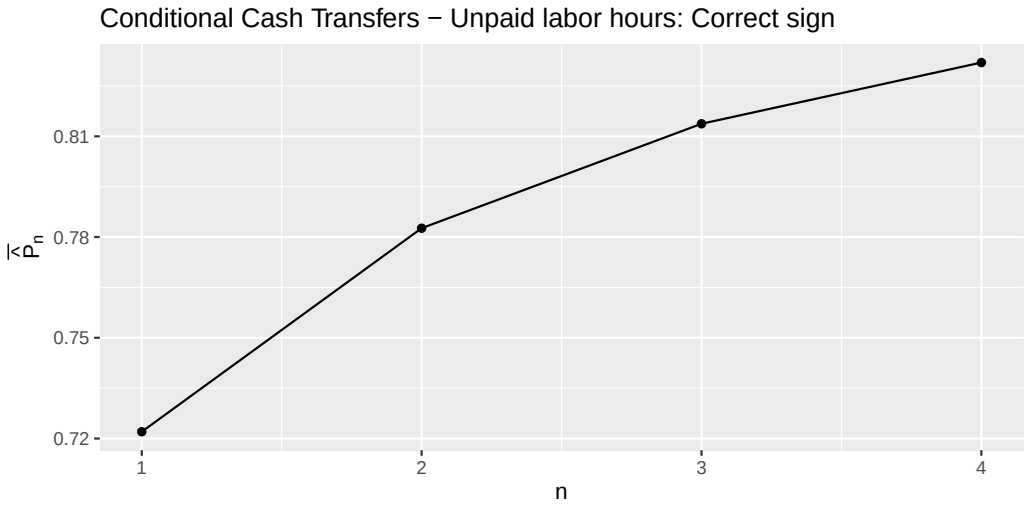

Conditional Cash Transfers − Retention rate: MSE
0.004
0.002
0.000
$\hat{MSE}_n$
1
2
3
4
n

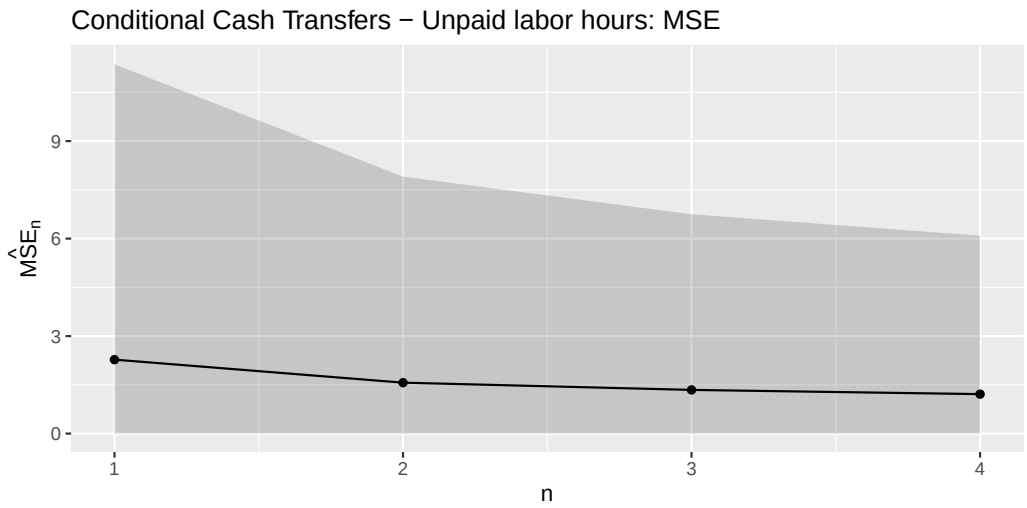

Conditional Cash Transfers − Skilled attendant at delivery: Correct sign
0.61
0.60
0.59
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

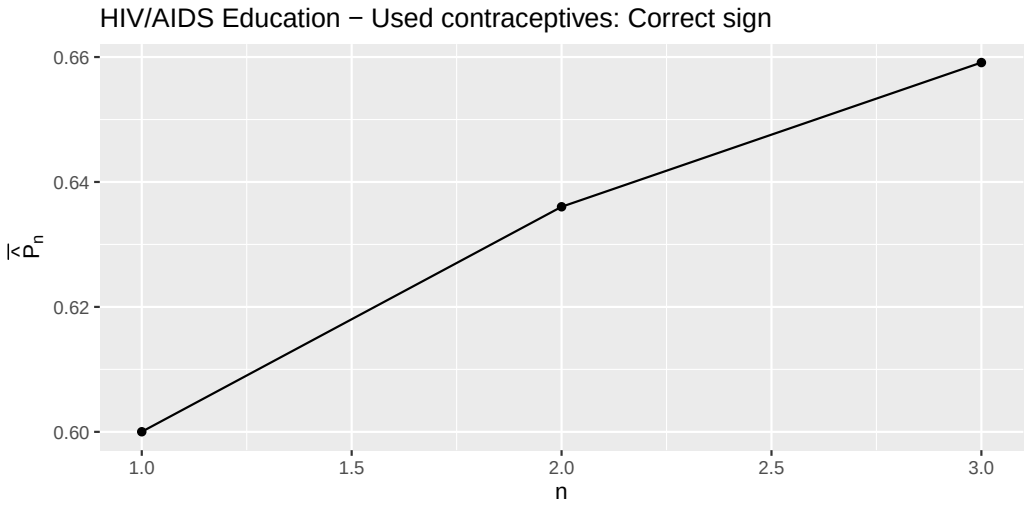

Conditional Cash Transfers − Skilled attendant at delivery: MSE
0.3
0.2
0.1
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

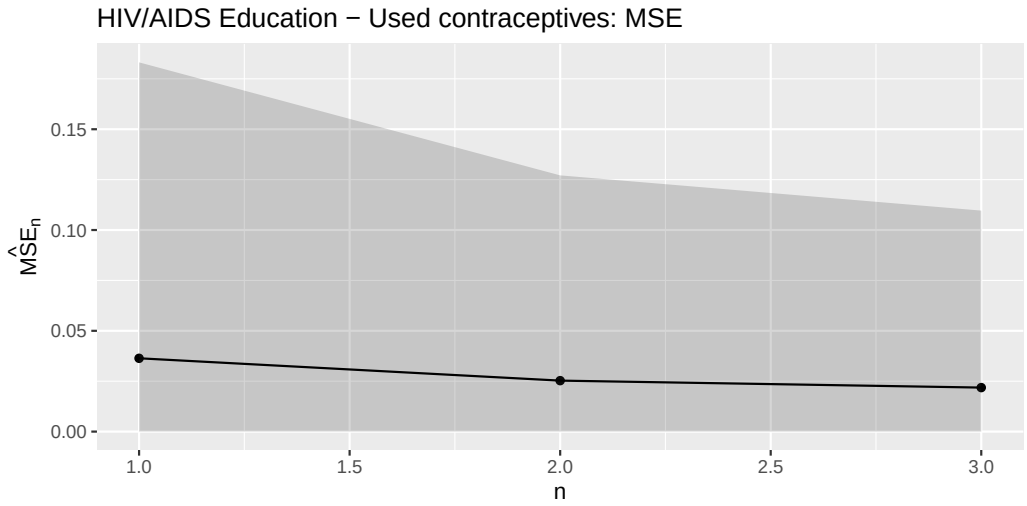

Conditional Cash Transfers − Test scores: Correct sign
0.55
0.54
$\overline{\hat{P}_n}$
1
2
3
4
n

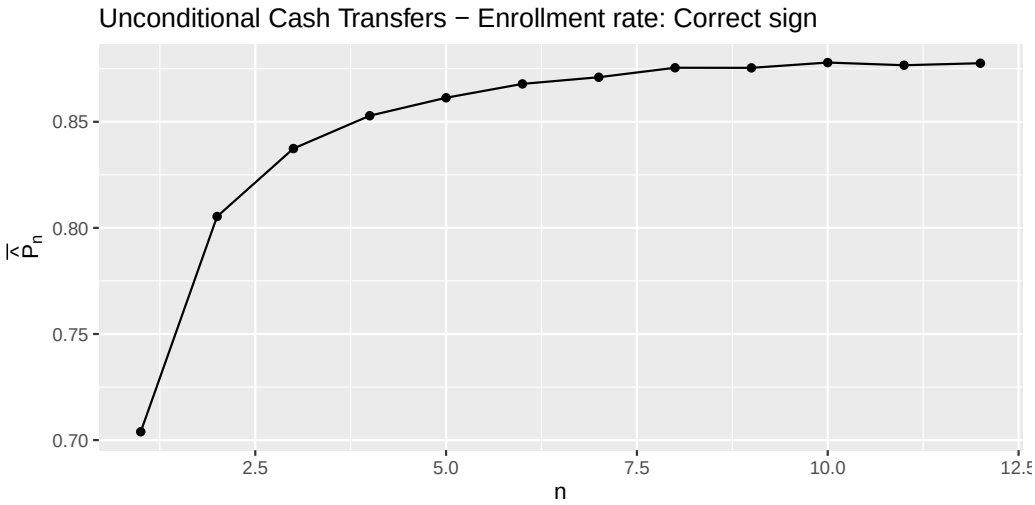

Conditional Cash Transfers − Test scores: MSE
0.6
0.4
0.2
0.0
$\hat{MSE}_n$
1
2
3
4
n

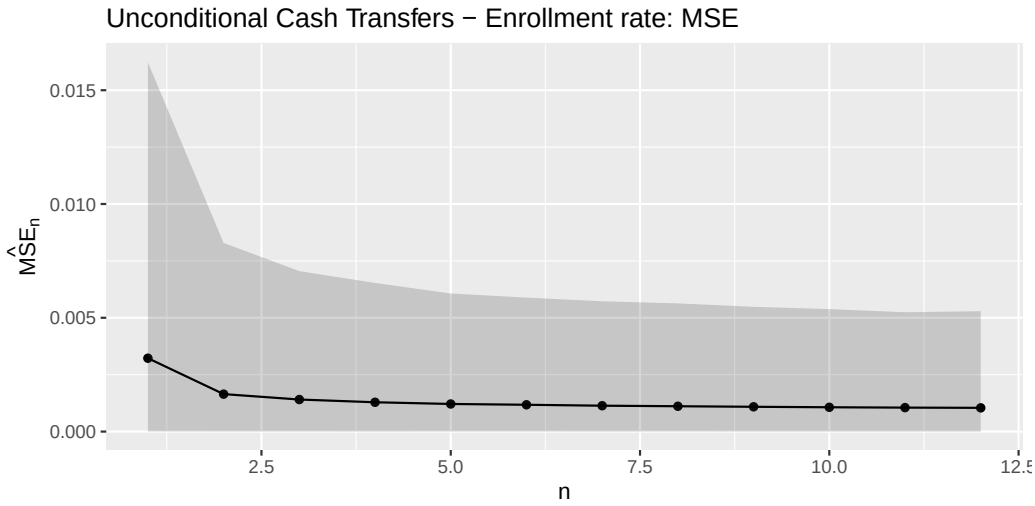

Conditional Cash Transfers − Unpaid labor hours: Correct sign
0.81
0.78
0.75
0.72
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

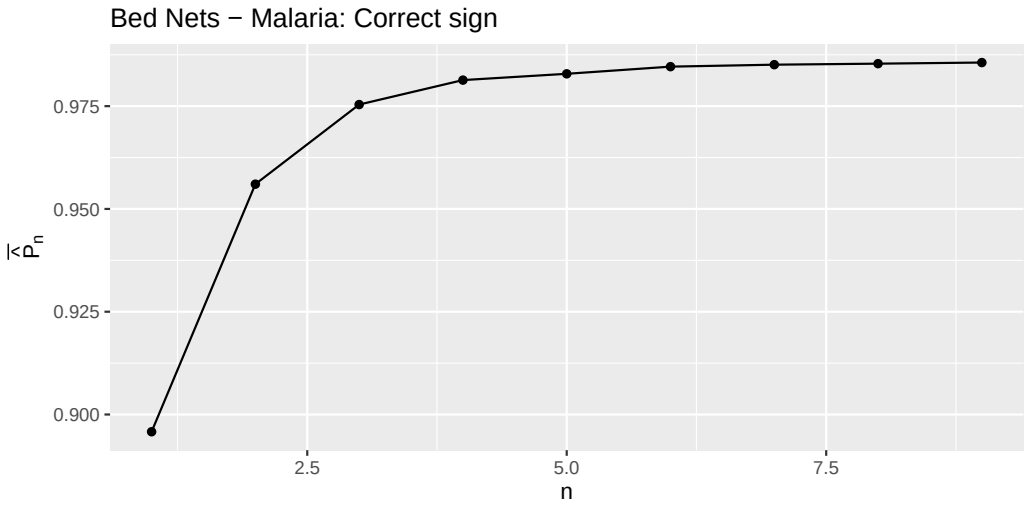

Conditional Cash Transfers − Unpaid labor hours: MSE
9
6
3
0
$\hat{MSE}_n$
1
2
3
4
n

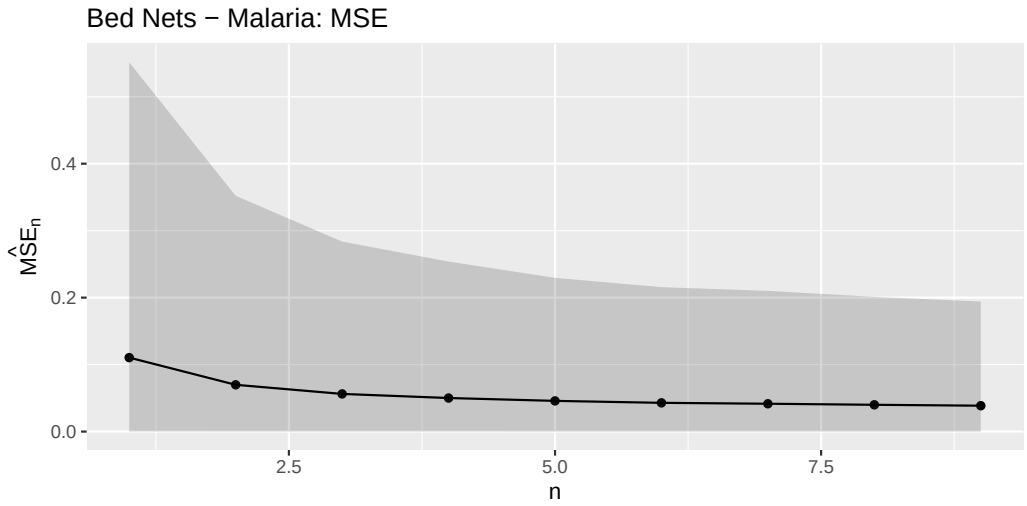

HIV/AIDS Education − Used contraceptives: Correct sign
0.66
0.64
0.62
0.60
$\overline{\hat{<}}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n

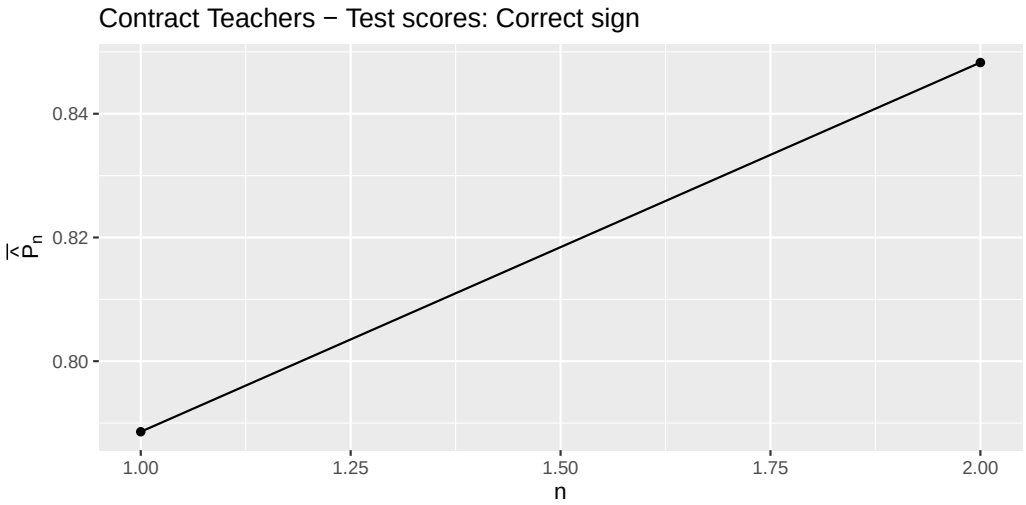

HIV/AIDS Education − Used contraceptives: MSE
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

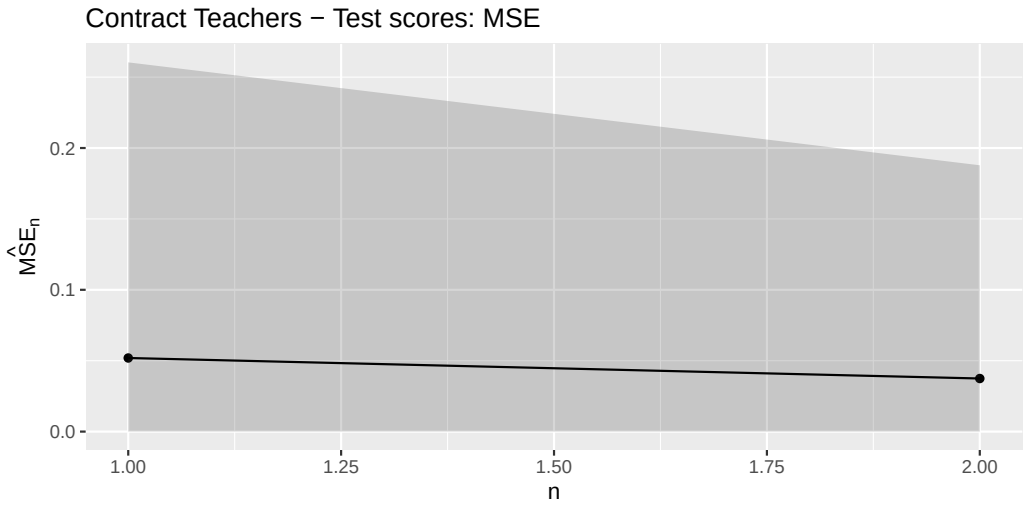

Unconditional Cash Transfers − Enrollment rate: Correct sign
0.85
0.80
0.75
0.70
$\overline{<}\hat{P}_n$
2.5
5.0
7.5
10.0
12.5
n

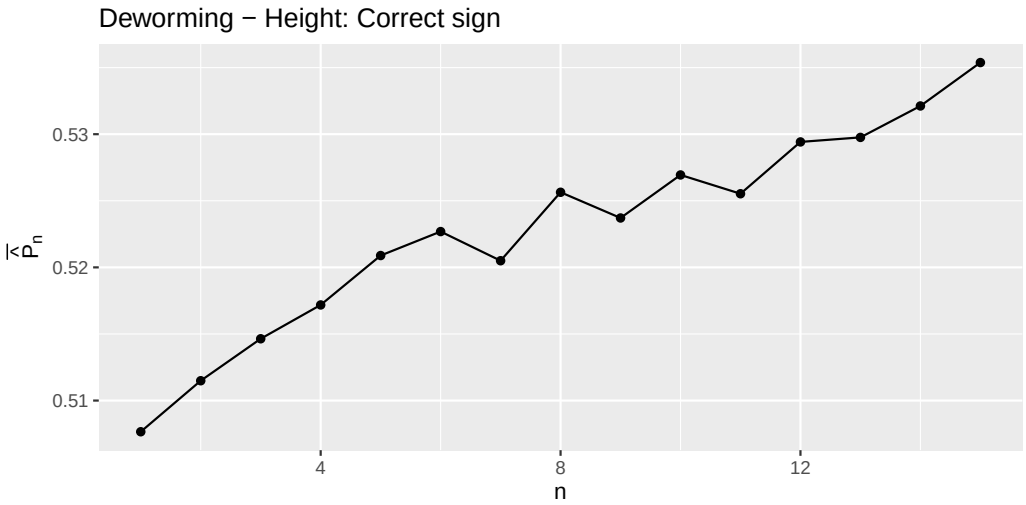

Unconditional Cash Transfers − Enrollment rate: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
12.5
n

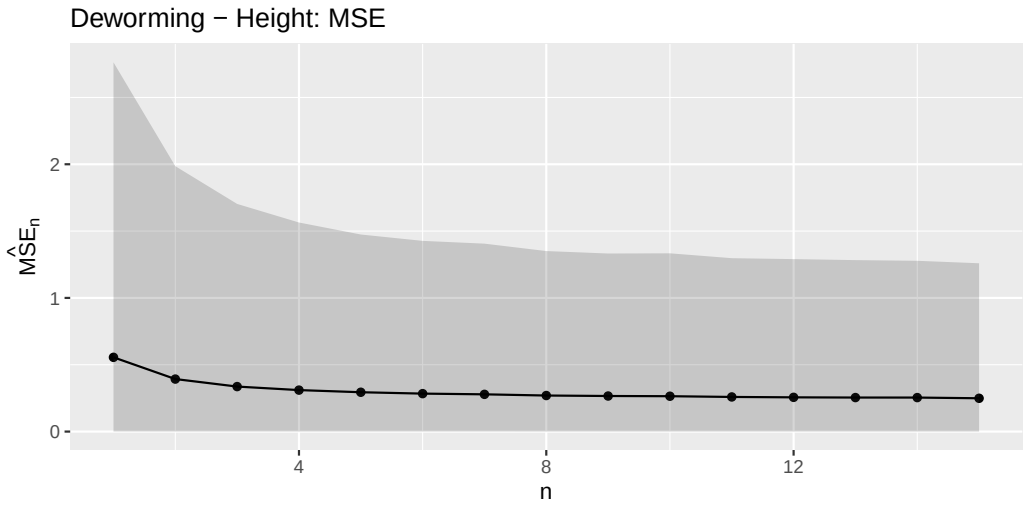

Bed Nets − Malaria: Correct sign
0.975
0.950
0.925
0.900
$\overline{<}\hat{P}_n$
2.5
5.0
7.5
n


Bed Nets − Malaria: MSE
0.4
0.2
0.0
$\hat{MSE}_n$
2.5
5.0
7.5
n

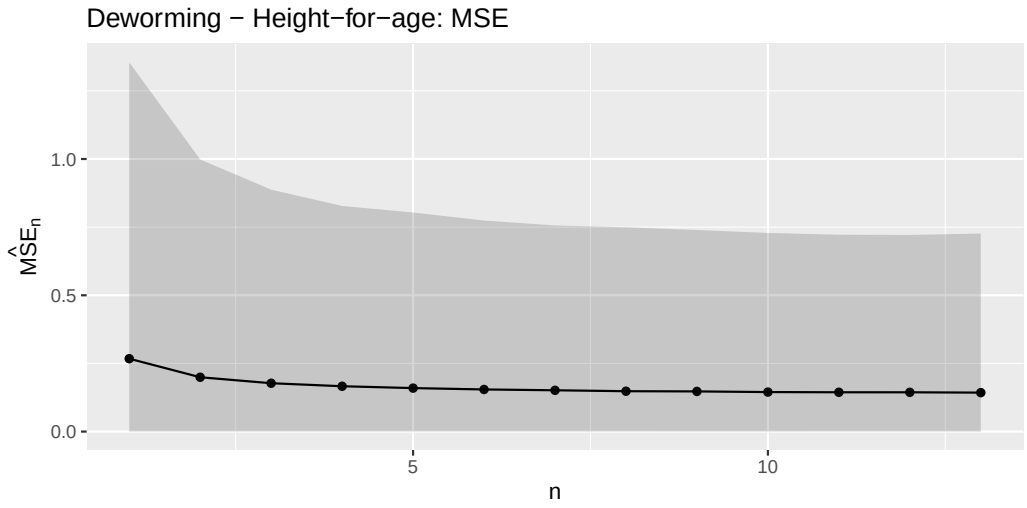

Contract Teachers − Test scores: Correct sign
0.84
0.82
0.80
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

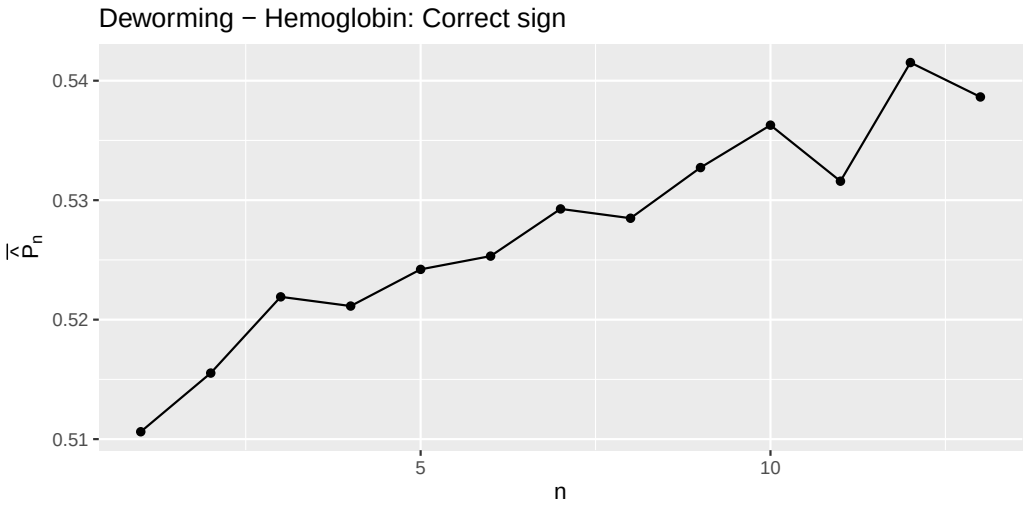

Contract Teachers − Test scores: MSE
0.2
0.1
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

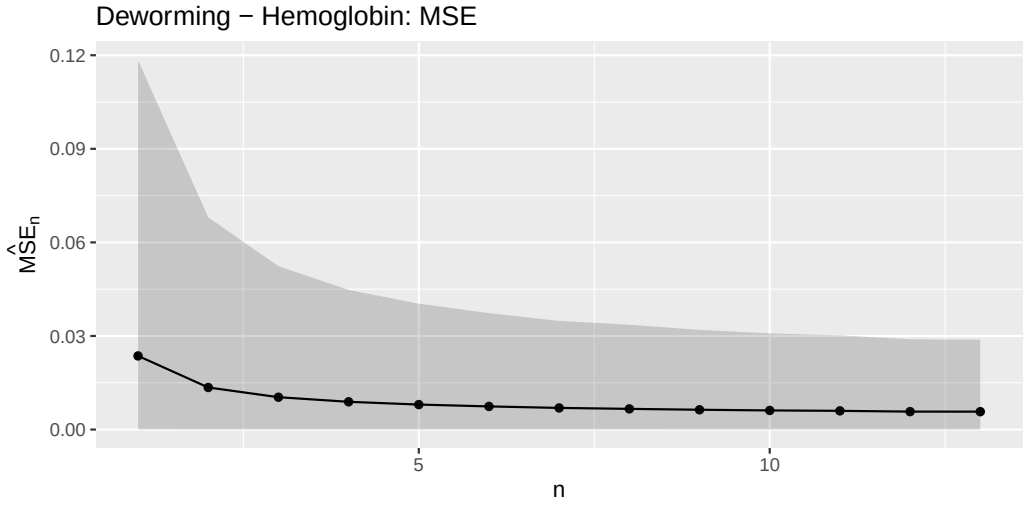

Deworming − Height: Correct sign
0.53
0.52
0.51
$\overline{\hat{<}}\hat{P}_n$
4
8
12
n

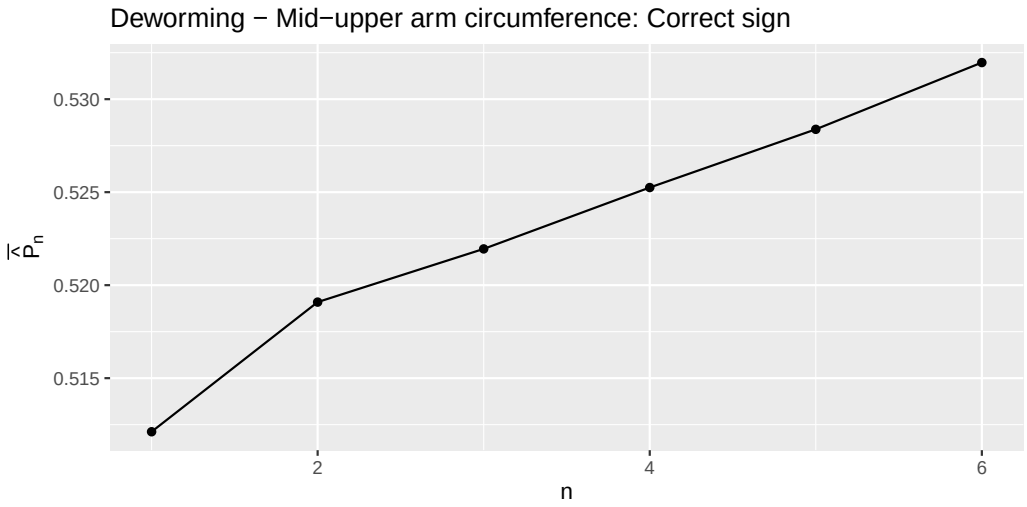

Deworming − Height: MSE
2
1
0
$\hat{MSE}_n$
4
8
12
n

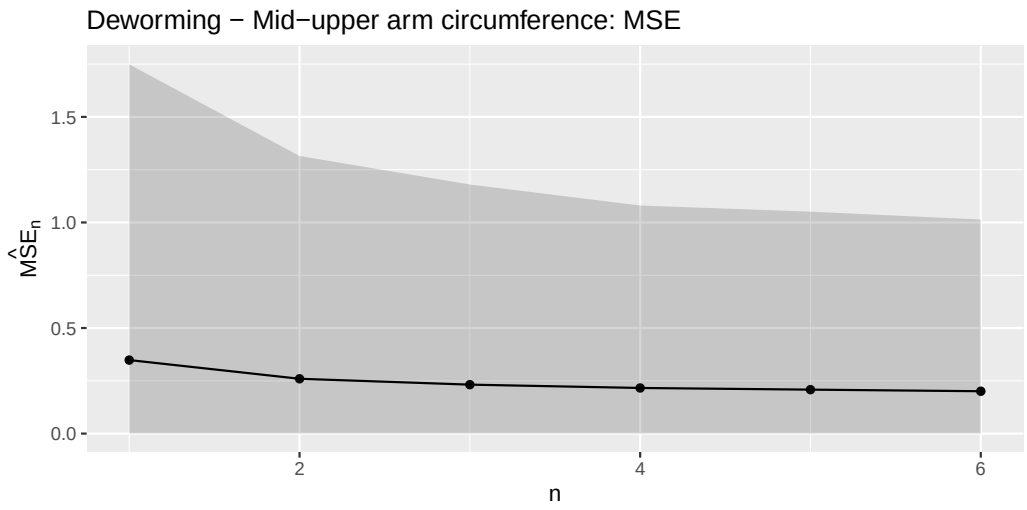

Deworming − Height−for−age: Correct sign
0.650
0.625
0.600
0.575
$\overline{<}\hat{P}_n$
5
10
n

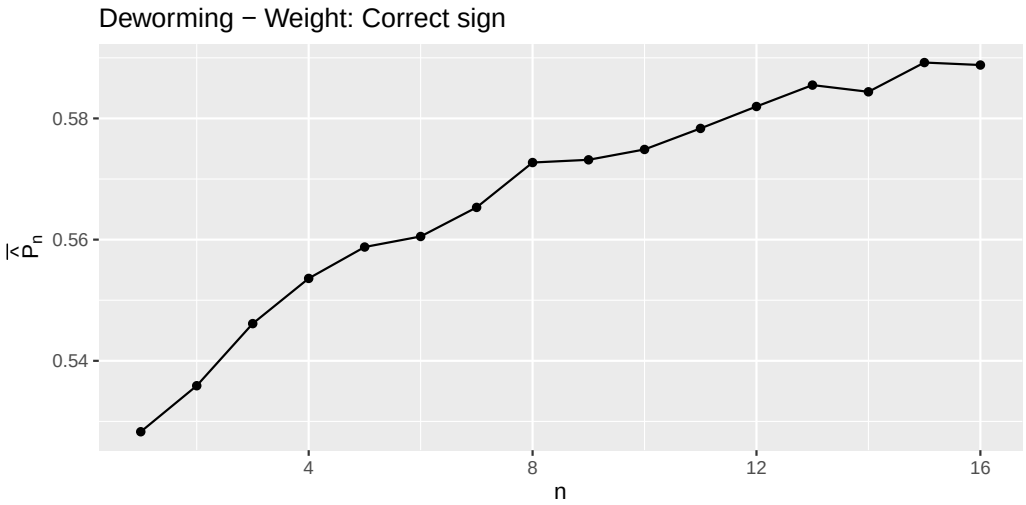

Deworming − Height−for−age: MSE
1.0
0.5
0.0
$\hat{MSE}_n$
5
10
n

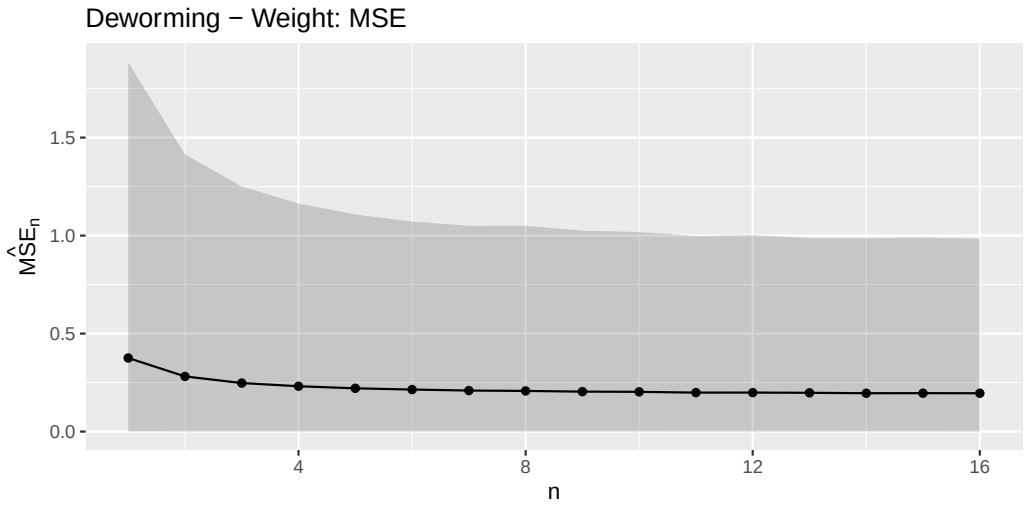

Deworming − Hemoglobin: Correct sign
0.54
0.53
0.52
0.51
$\overline{<}\hat{P}_n$
5
10
n


Deworming − Hemoglobin: MSE
0.12
0.09
0.06
0.03
0.00
$\hat{MSE}_n$
5
10
n

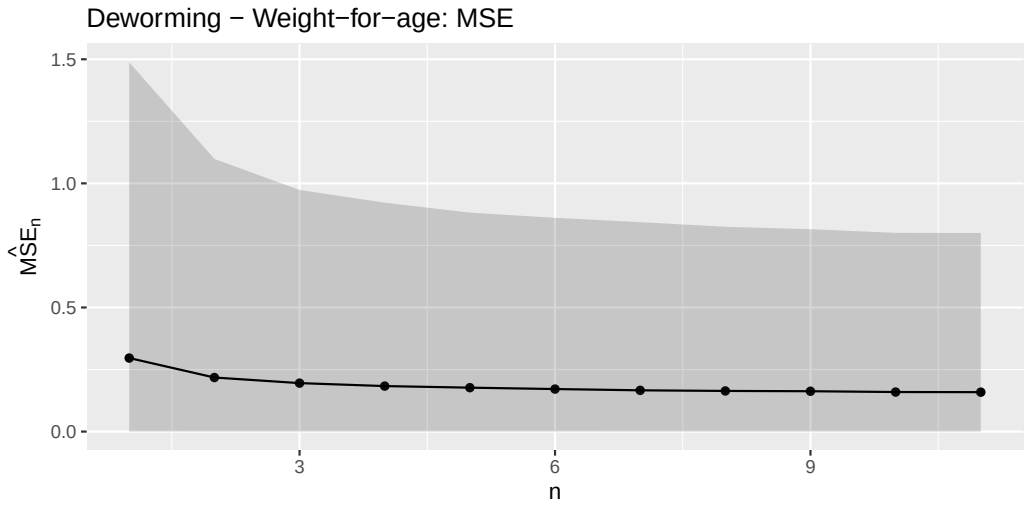

Deworming − Mid−upper arm circumference: Correct sign
0.530
0.525
0.520
0.515
$\overline{<}\hat{P}_n$
2
4
6
n

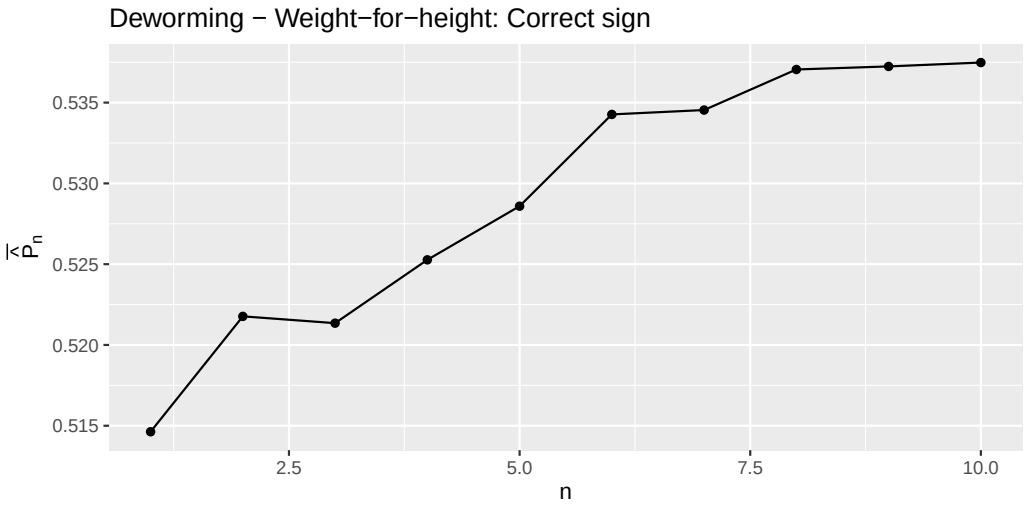

Deworming − Mid−upper arm circumference: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
2
4
6
n

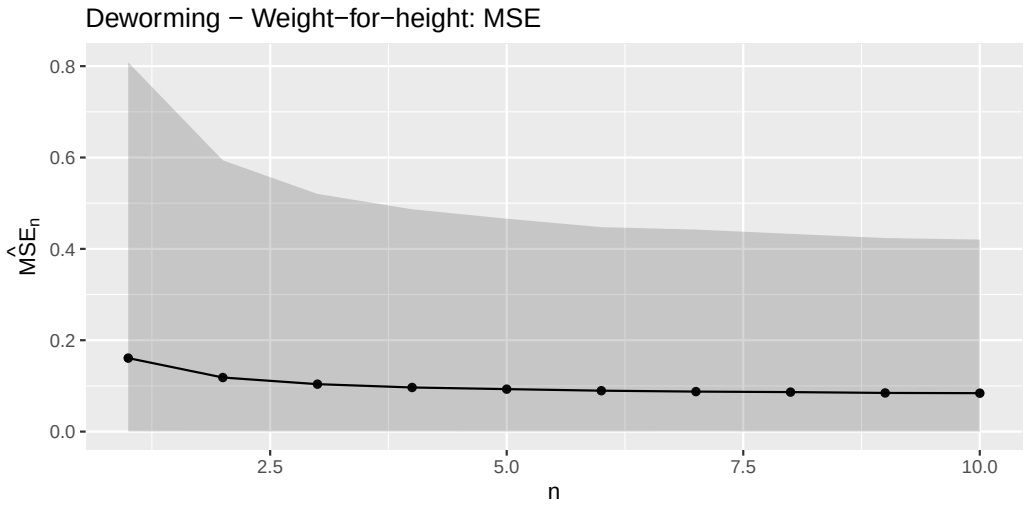

Deworming − Weight: Correct sign
0.58
0.56
0.54
$\overline{<}\hat{P}_n$
4
8
12
16
n

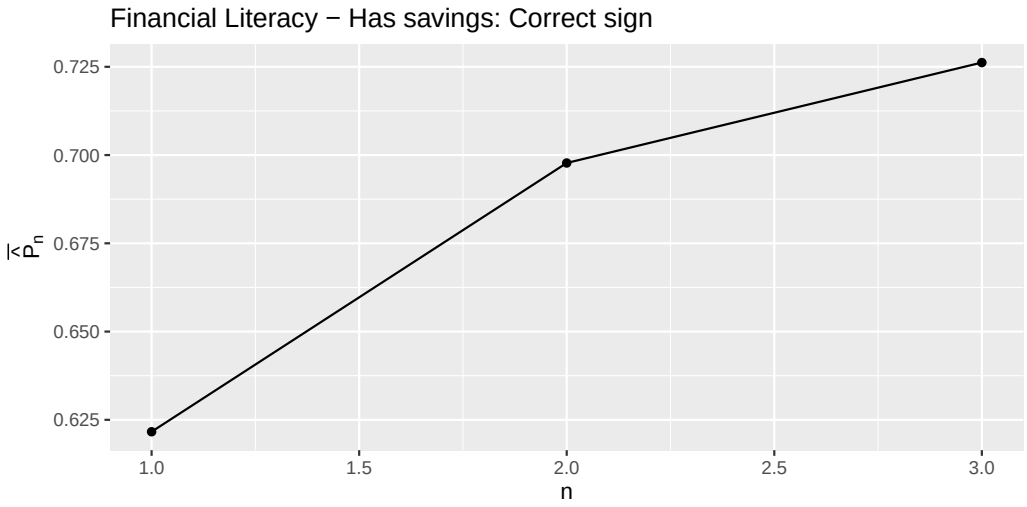

Deworming − Weight: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
4
8
12
16
n

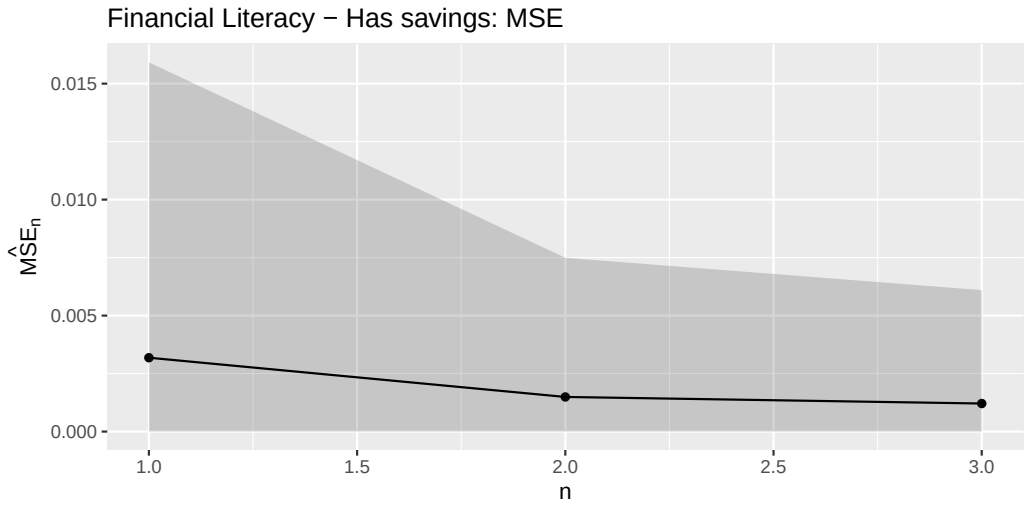

Deworming − Weight−for−age: Correct sign
0.61
0.59
0.57
0.55
$\overline{<}\hat{P}_n$
3
6
9
n

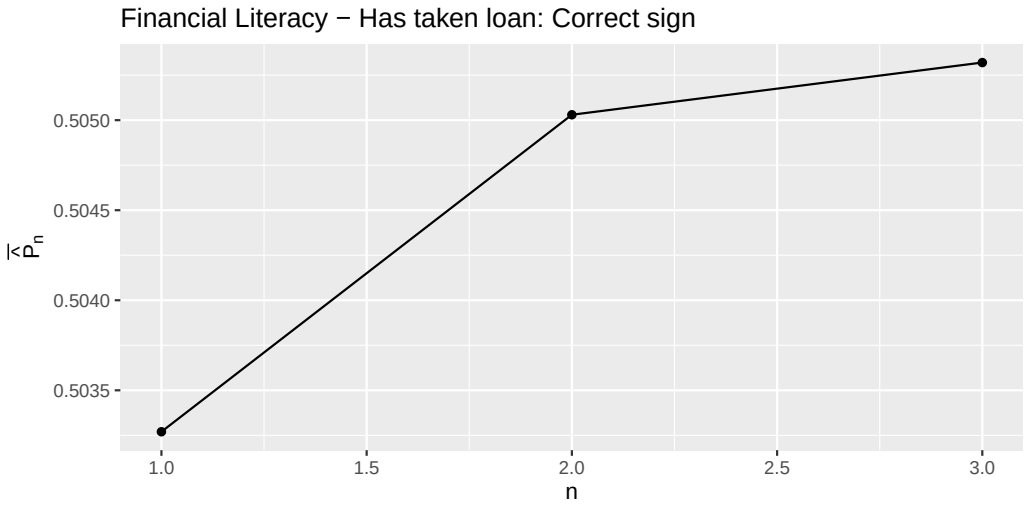

Deworming − Weight−for−age: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
3
6
9
n

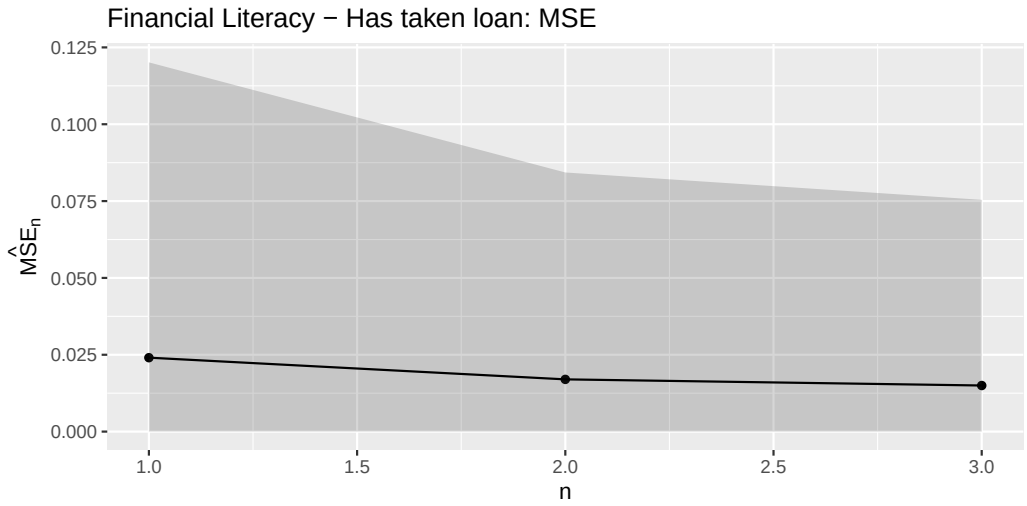

Deworming − Weight−for−height: Correct sign
0.535
0.530
0.525
0.520
0.515
$\overline{<}\hat{P}_n$
2.5
5.0
7.5
10.0
n

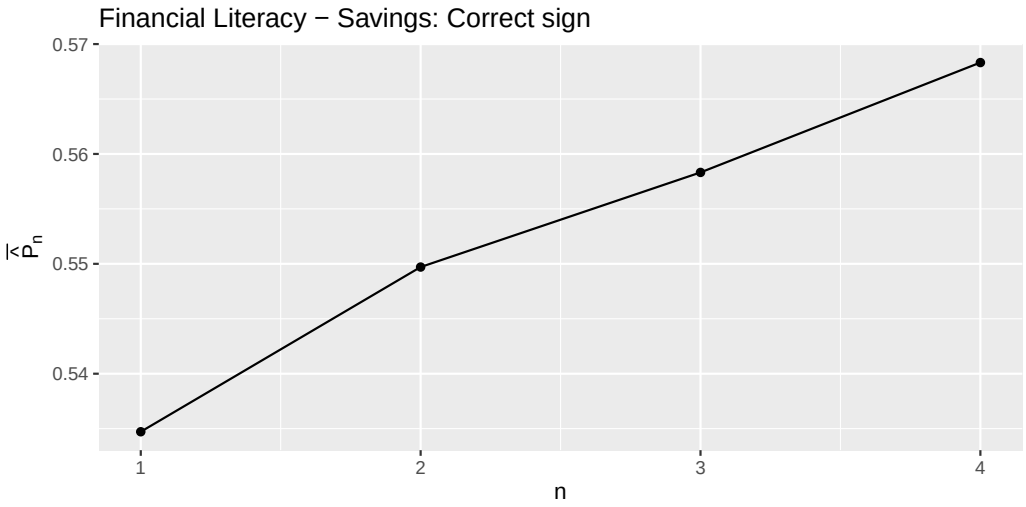

Deworming − Weight−for−height: MSE
0.8
0.6
0.4
0.2
0.0
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
n

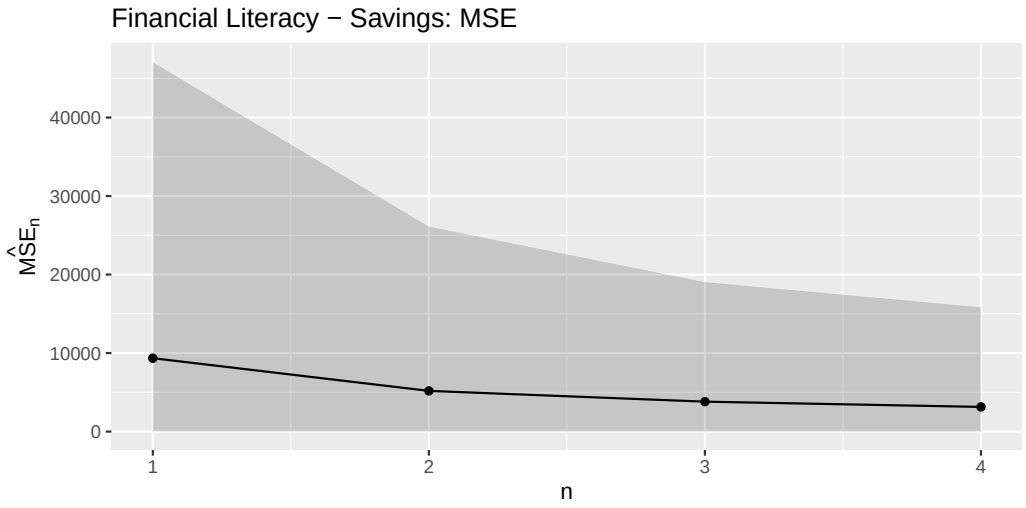

Financial Literacy − Has savings: Correct sign
0.725
0.700
0.675
0.650
0.625
$\overline{<}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n

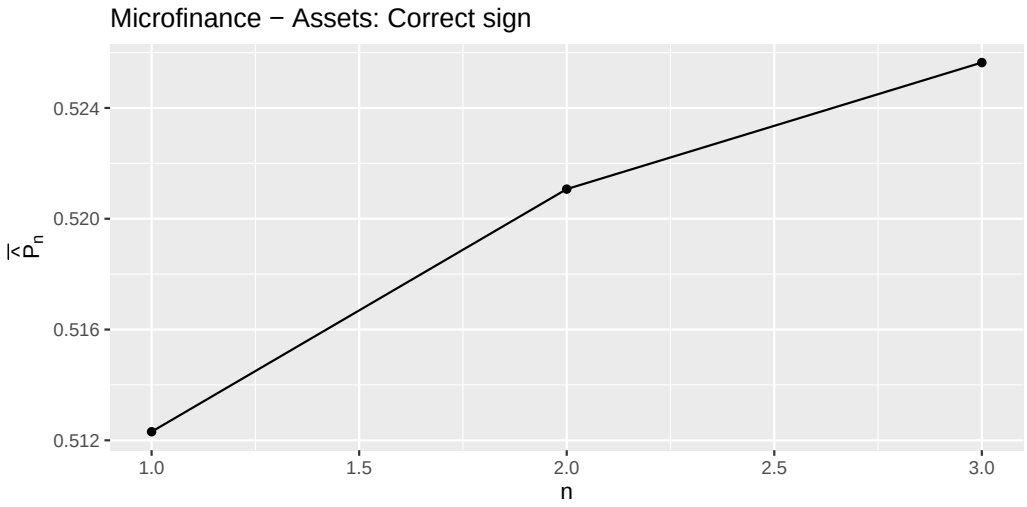

Financial Literacy − Has savings: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

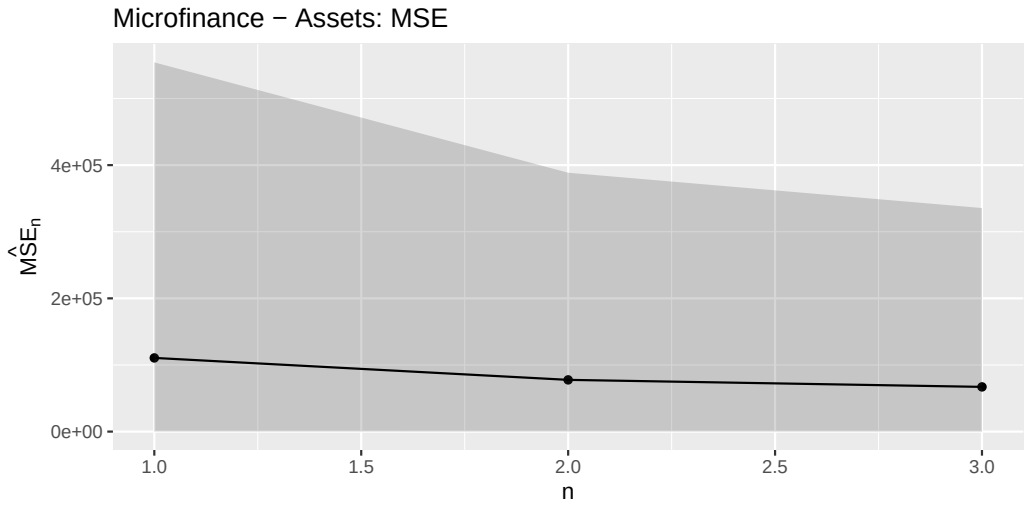

Financial Literacy − Has taken loan: Correct sign
0.5050
0.5045
0.5040
0.5035
$\overline{<}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n

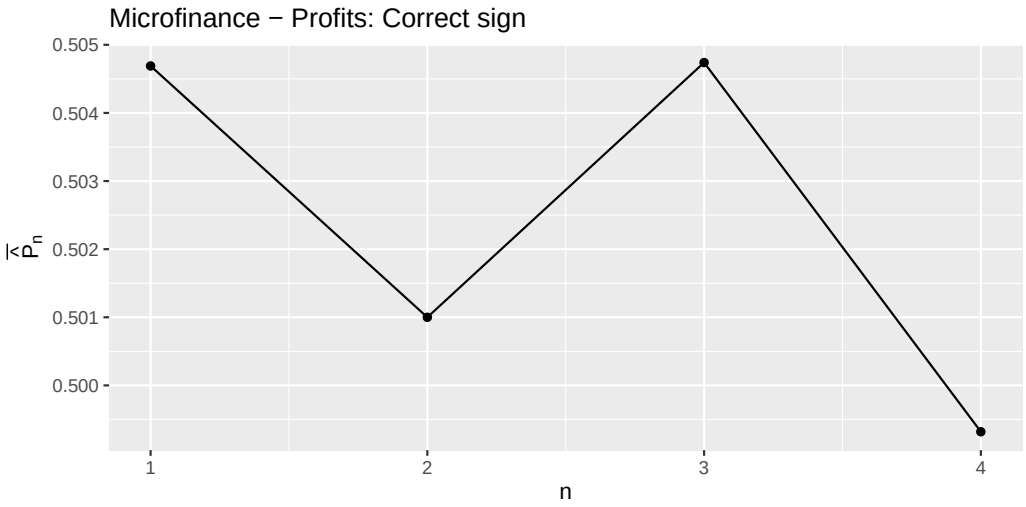

Financial Literacy − Has taken loan: MSE
0.125
0.100
0.075
0.050
0.025
0.000
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

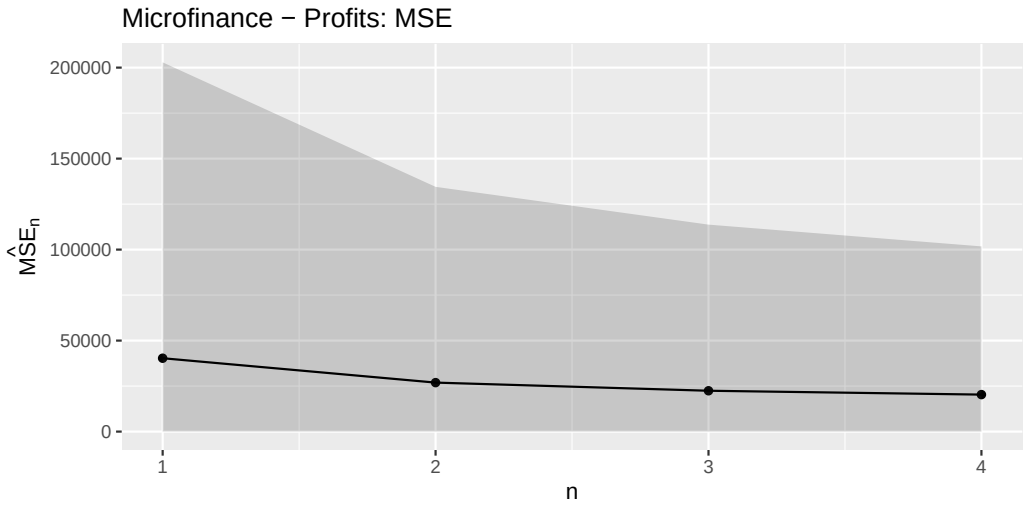

Financial Literacy − Savings: Correct sign
0.57
0.56
0.55
0.54
$\overline{<}\hat{P}_n$
1
2
3
4
n

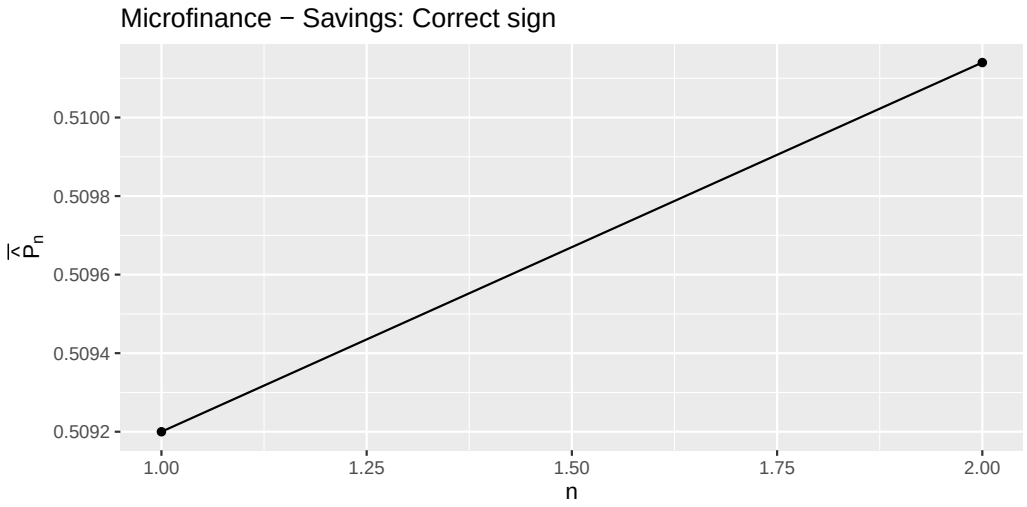

Financial Literacy − Savings: MSE
40000
30000
20000
10000
0
$\hat{MSE}_n$
1
2
3
4
n

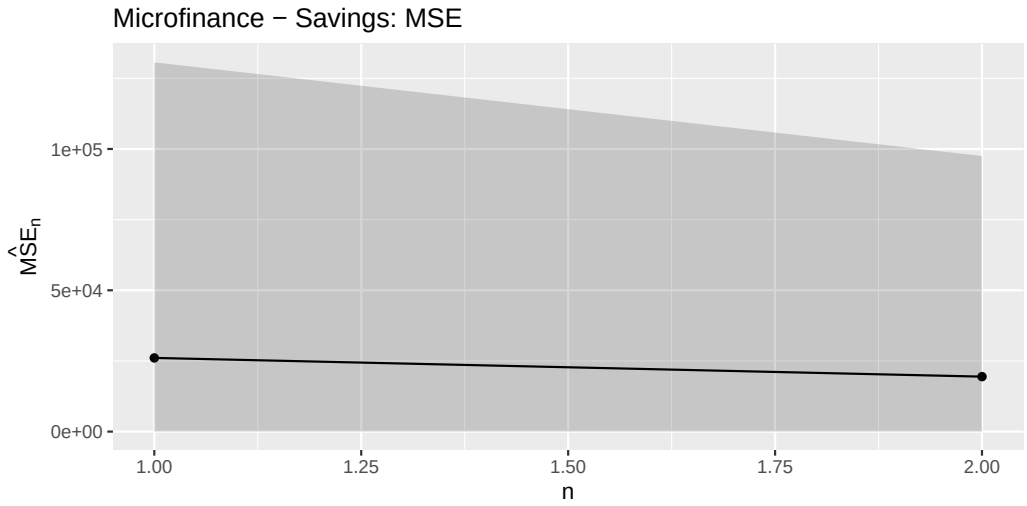

Microfinance − Assets: Correct sign
0.524
0.520
0.516
0.512
$\overline{<}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n

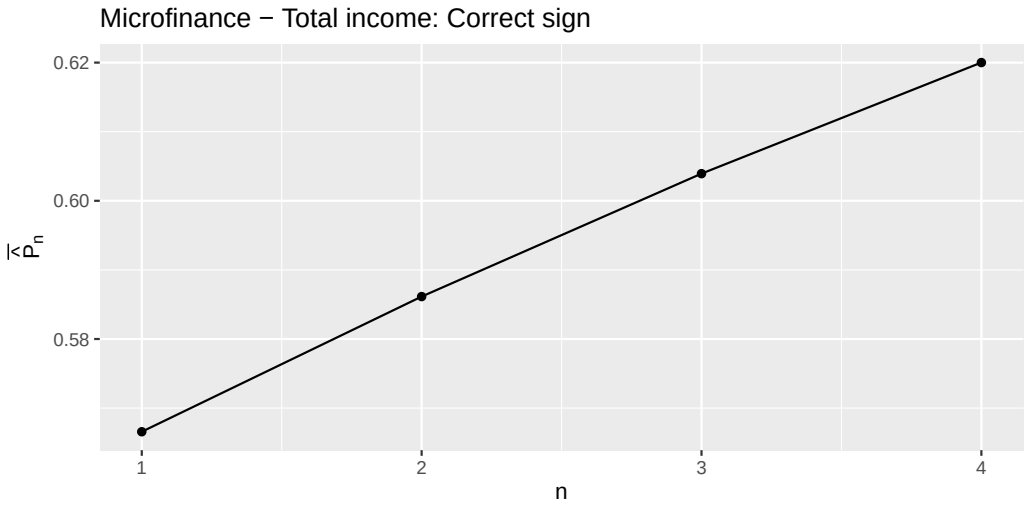

Microfinance − Assets: MSE
4e+05
2e+05
0e+00
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

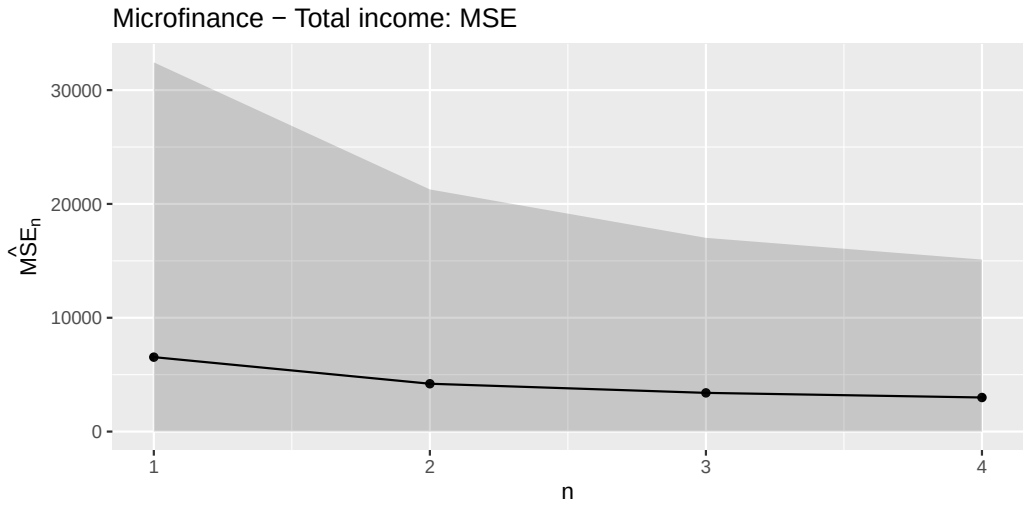

Microfinance − Profits: Correct sign
0.505
0.504
0.503
0.502
0.501
0.500
$\overline{\hat{P}_n}$
1
2
3
4
n

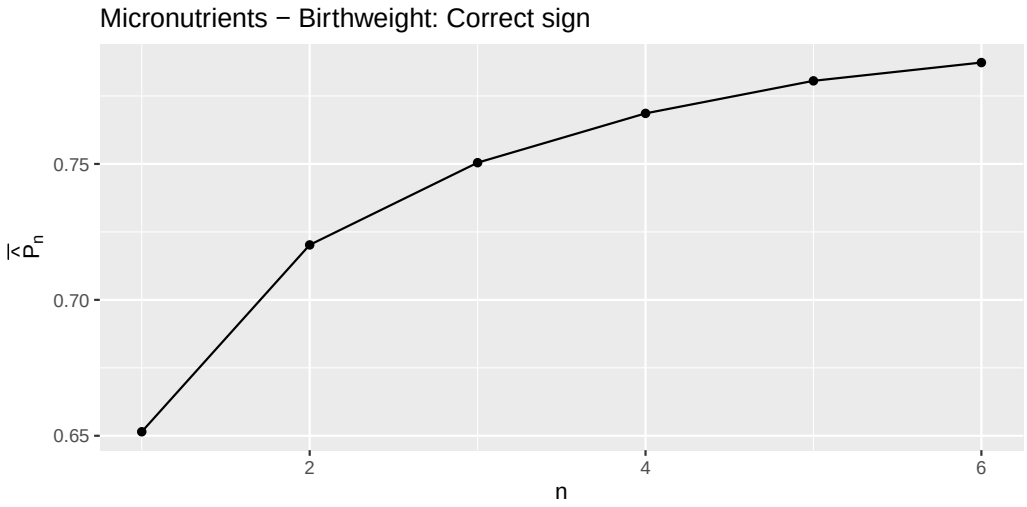

Microfinance − Profits: MSE
200000
150000
100000
50000
0
$\hat{MSE}_n$
1
2
3
4
n

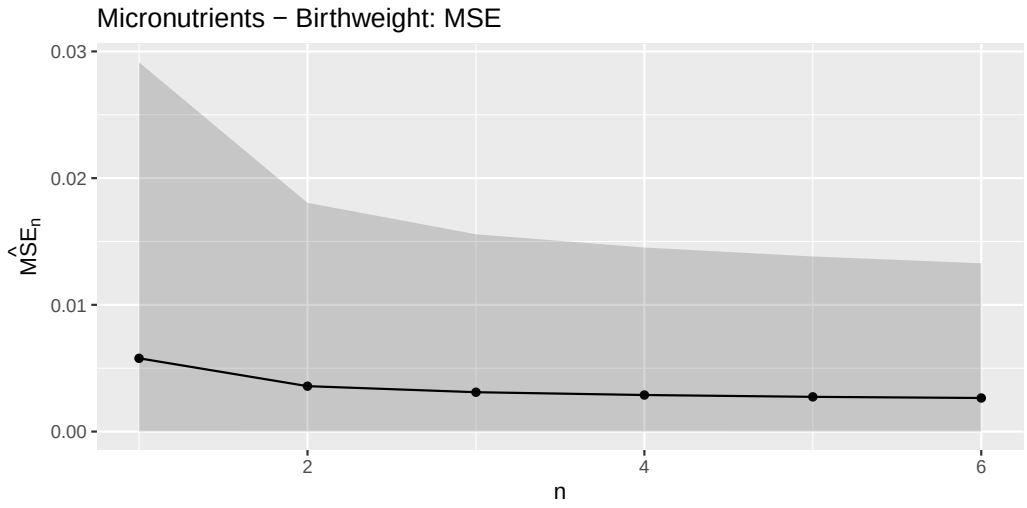

Microfinance − Savings: Correct sign
0.5100
0.5098
0.5096
0.5094
0.5092
$\overline{<}P_n$
1.00
1.25
1.50
1.75
2.00
n


Microfinance − Savings: MSE
1e+05
5e+04
0e+00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

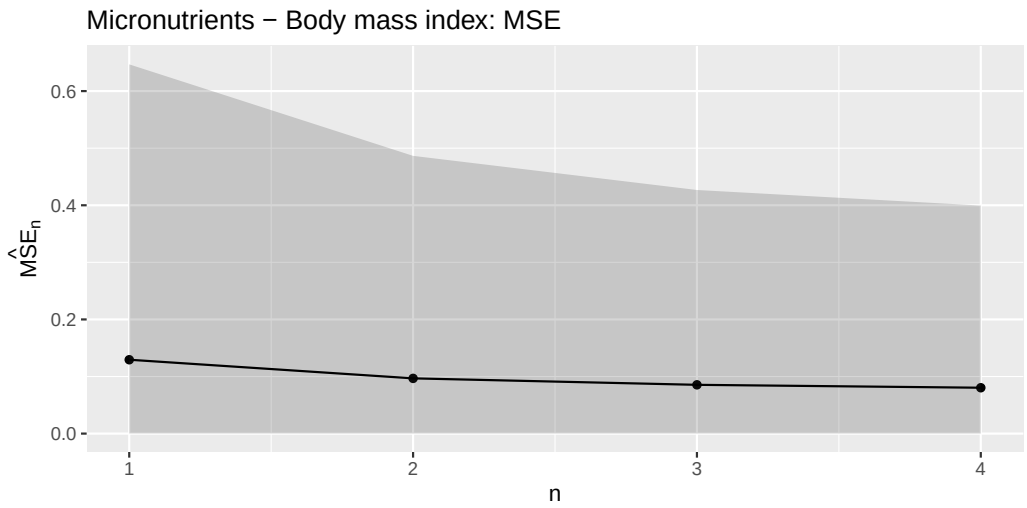

Microfinance − Total income: Correct sign
0.62
0.60
0.58
$\overline{<}\hat{P}_n$
1
2
3
4
n


Microfinance − Total income: MSE
30000
20000
10000
0
$\hat{MSE}_n$
1
2
3
4
n

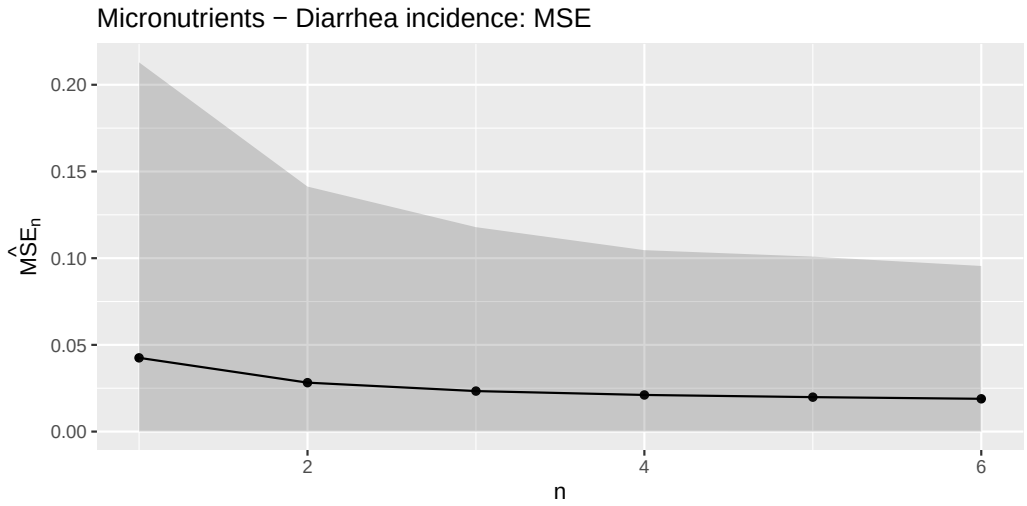

Micronutrients − Birthweight: Correct sign
0.75
0.70
0.65
$\overline{<}\hat{P}_n$
2
4
6
n

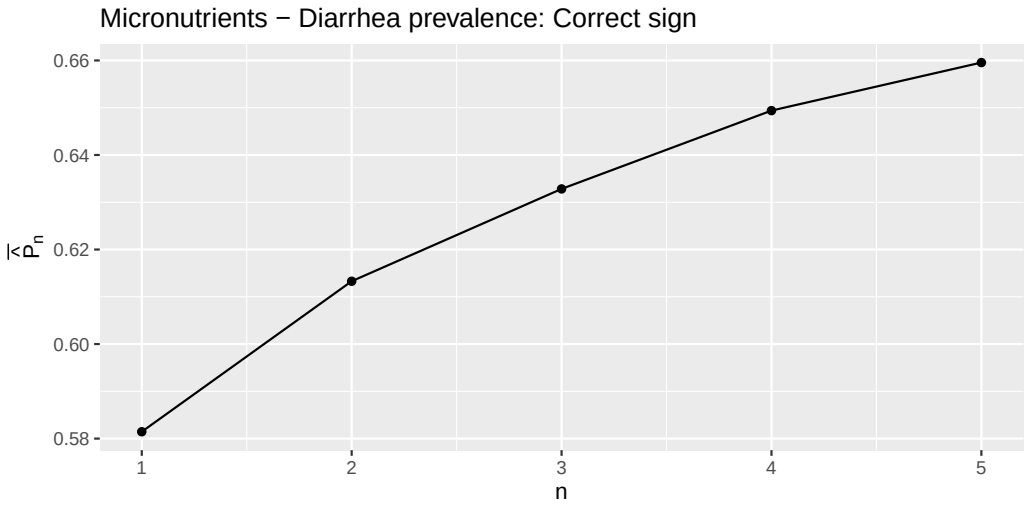

Micronutrients − Birthweight: MSE
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
2
4
6
n

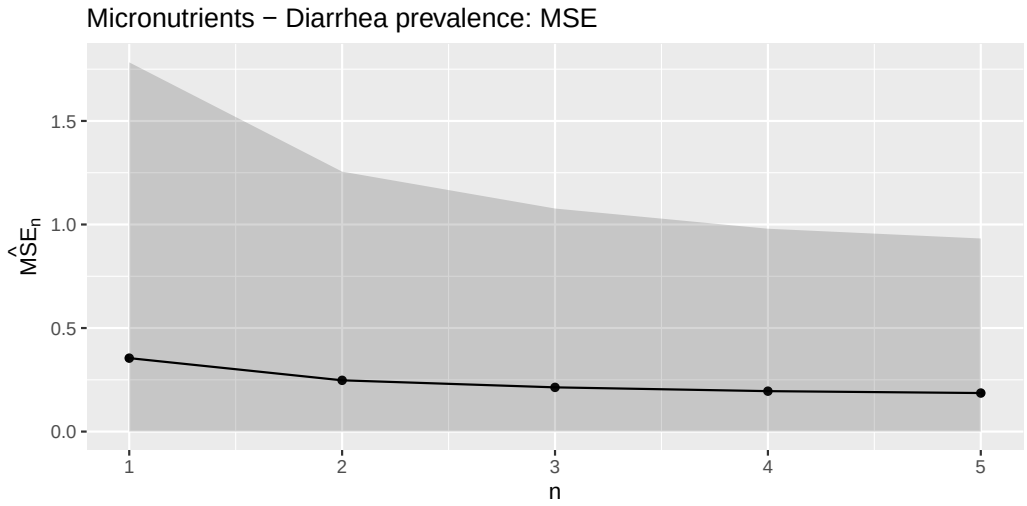

Micronutrients − Body mass index: Correct sign
0.750
0.725
0.700
0.675
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

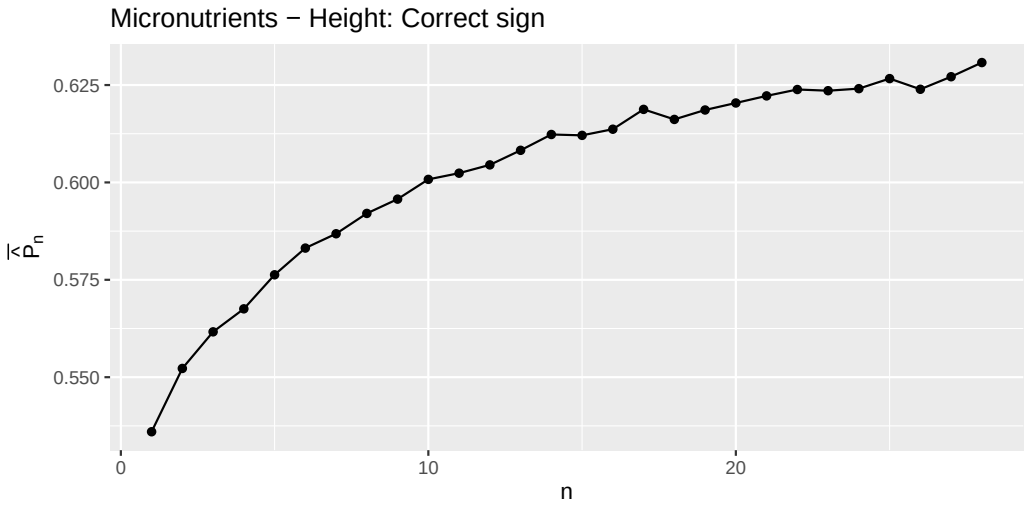

Micronutrients − Body mass index: MSE
0.6
0.4
0.2
0.0
$\hat{MSE}_n$
1
2
3
4
n

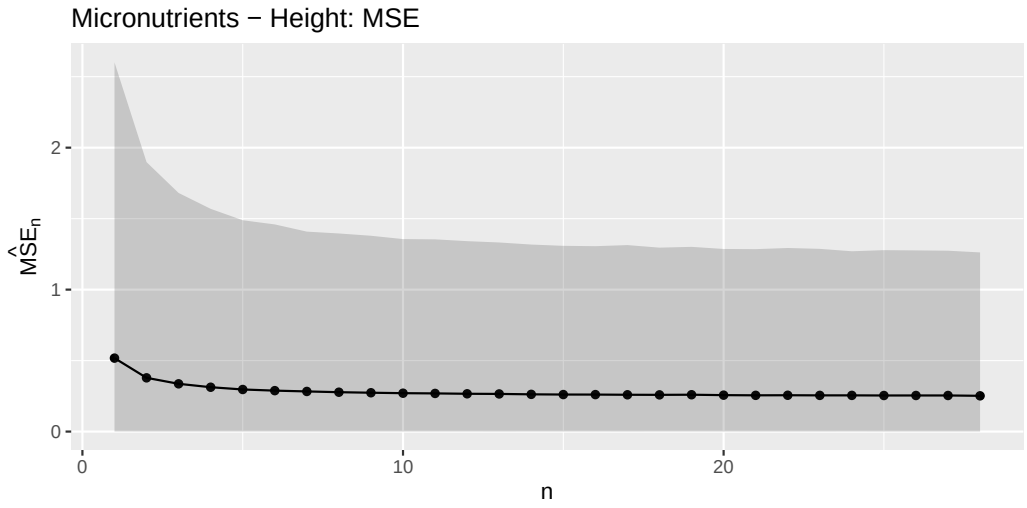

Micronutrients − Diarrhea incidence: Correct sign
0.80
0.75
0.70
$\overline{\hat{P}}_n$
2
4
6
n

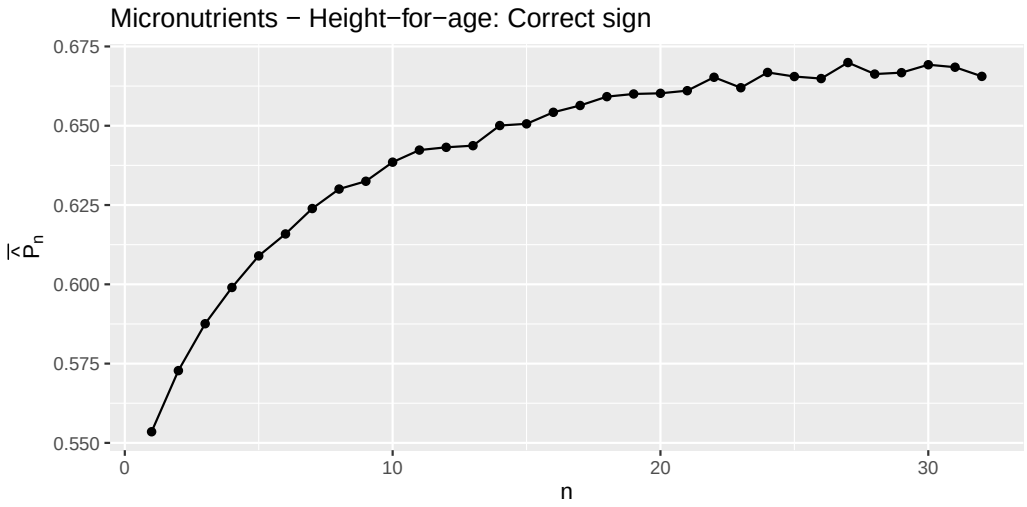

Micronutrients − Diarrhea incidence: MSE
0.20
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
2
4
6
n

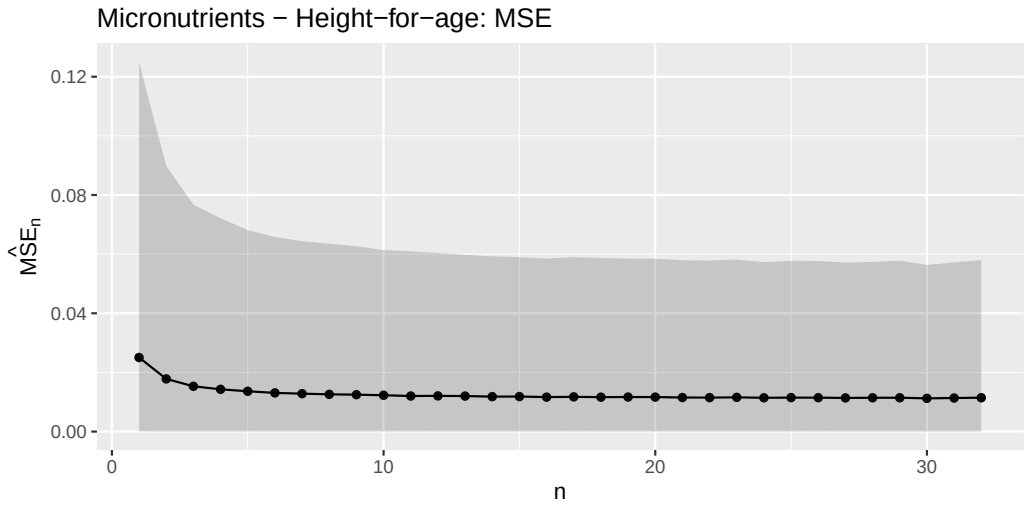

Micronutrients − Diarrhea prevalence: Correct sign
0.66
0.64
0.62
0.60
0.58
$\overline{<}\hat{P}_n$
1
2
3
4
5
n

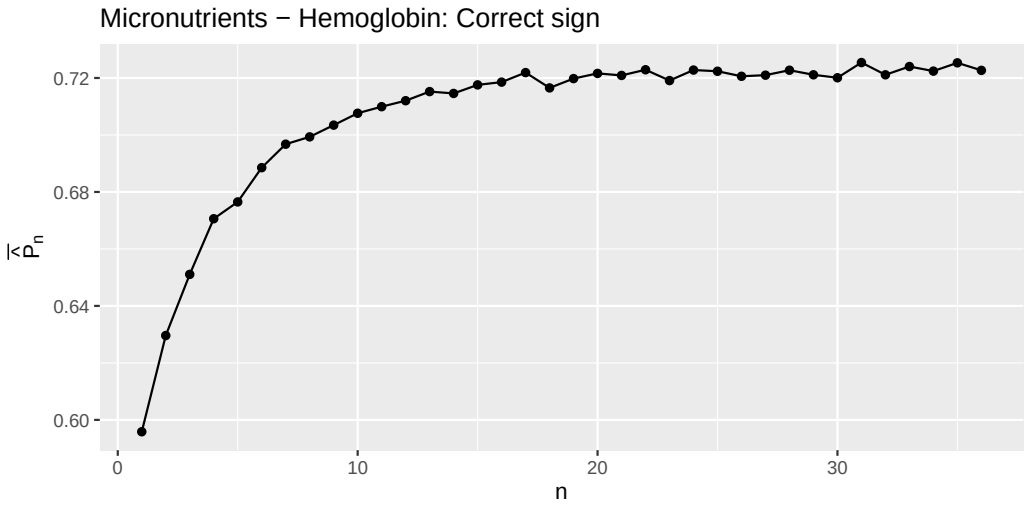

Micronutrients − Diarrhea prevalence: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
1
2
3
4
5
n

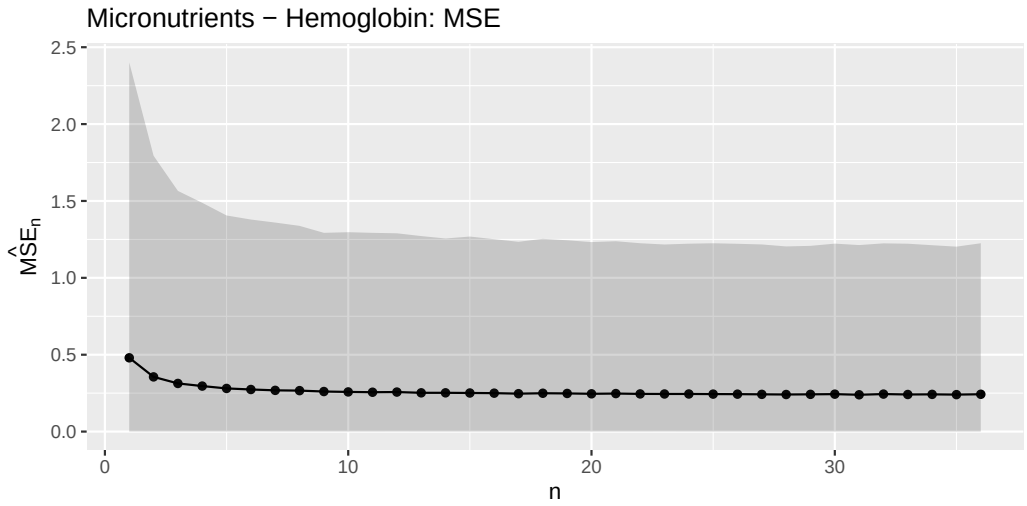

Micronutrients − Height: Correct sign
0.625
0.600
0.575
0.550
$\overline{<}\hat{P}_n$
0
10
20
n

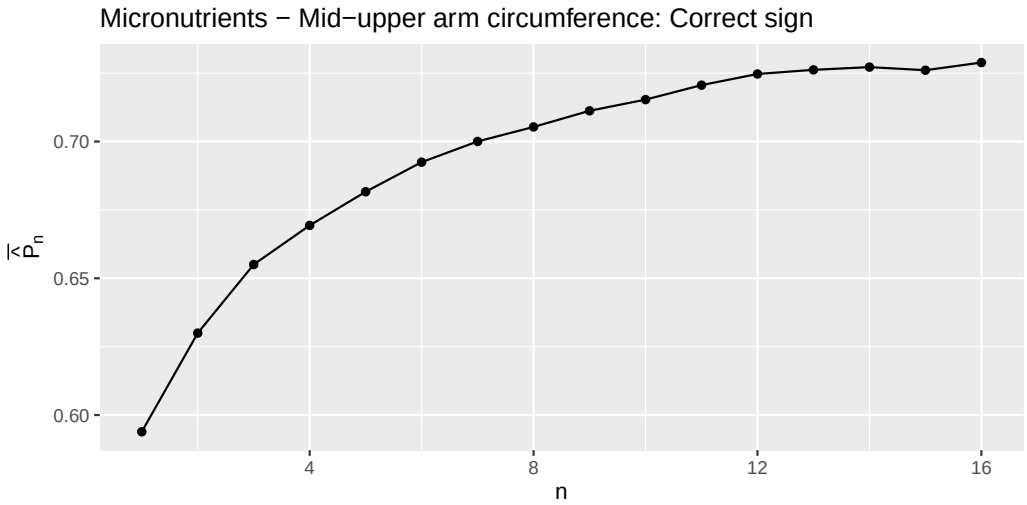

Micronutrients − Height: MSE
2
1
0
$\hat{MSE}_n$
0
10
20
n

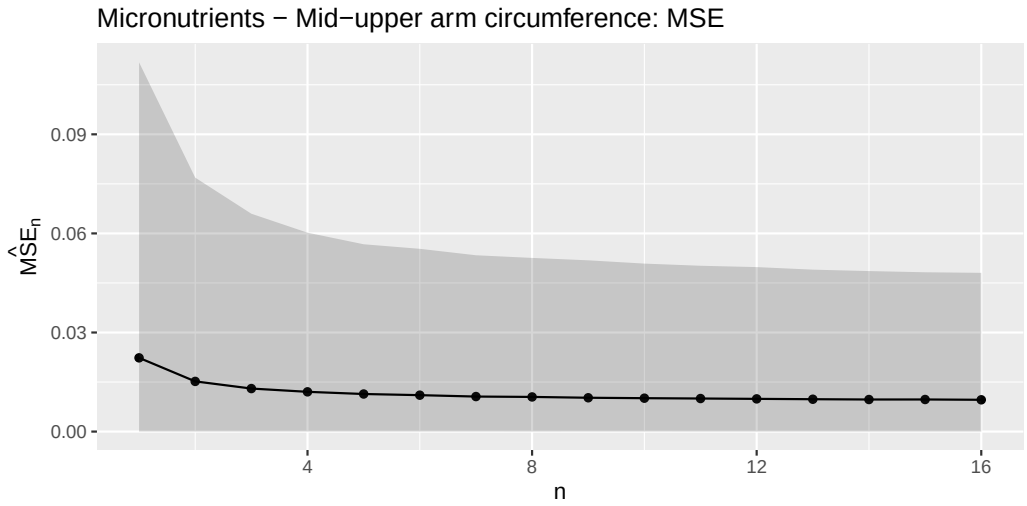

Micronutrients − Height−for−age: Correct sign
0.675
0.650
0.625
0.600
0.575
0.550
$\overline{\hat{<}}\hat{P}_n$
0
10
20
30
n


Micronutrients − Height−for−age: MSE
0.12
0.08
0.04
0.00
$\hat{MSE}_n$
0
10
20
30
n

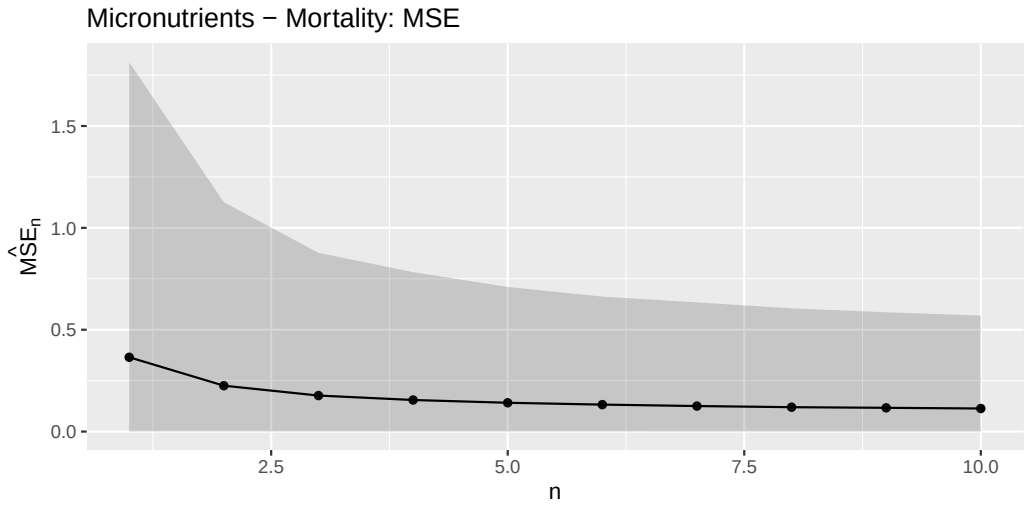

Micronutrients − Hemoglobin: Correct sign
0.72
0.68
0.64
0.60
$\overline{<}\hat{P}_n$
0
10
20
30
n

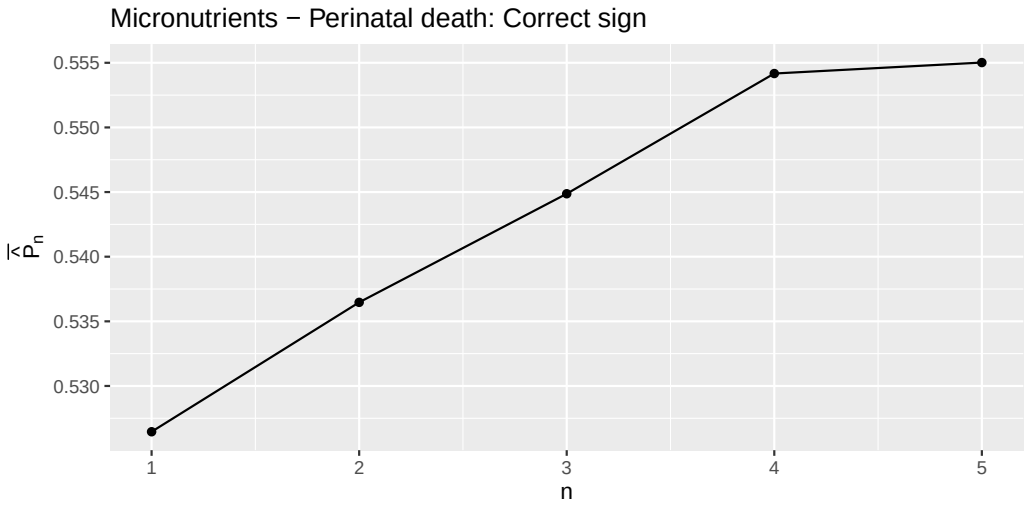

Micronutrients − Hemoglobin: MSE
2.5
2.0
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
0
10
20
30
n

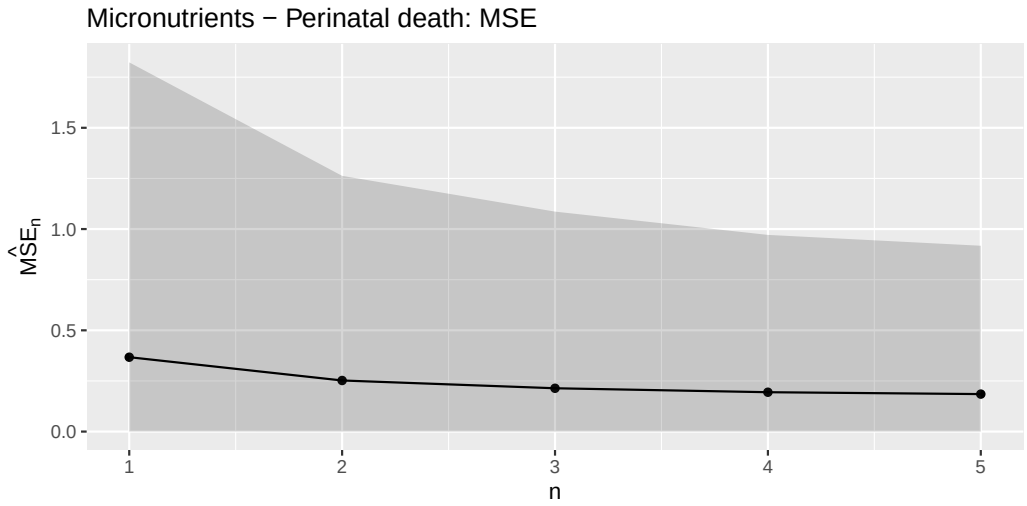

Micronutrients − Mid−upper arm circumference: Correct sign
0.70
0.65
0.60
$\overline{\hat{<}}\hat{P}_n$
4
8
12
16
n

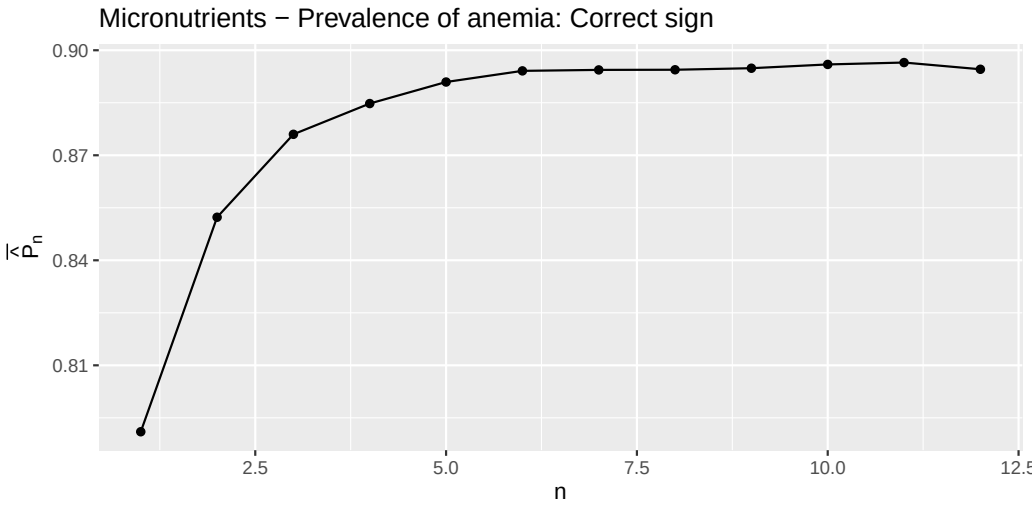

Micronutrients − Mid−upper arm circumference: MSE
0.09
0.06
0.03
0.00
$\hat{MSE}_n$
4
8
12
16
n

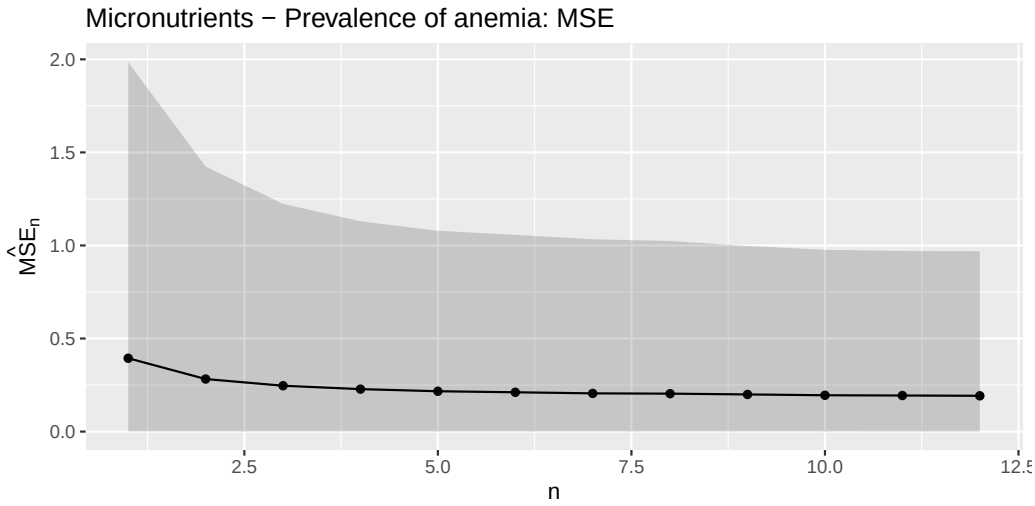

Micronutrients − Mortality: Correct sign
0.512
0.510
0.508
0.506
$\overline{<}\hat{P}_n$
2.5
5.0
7.5
10.0
n

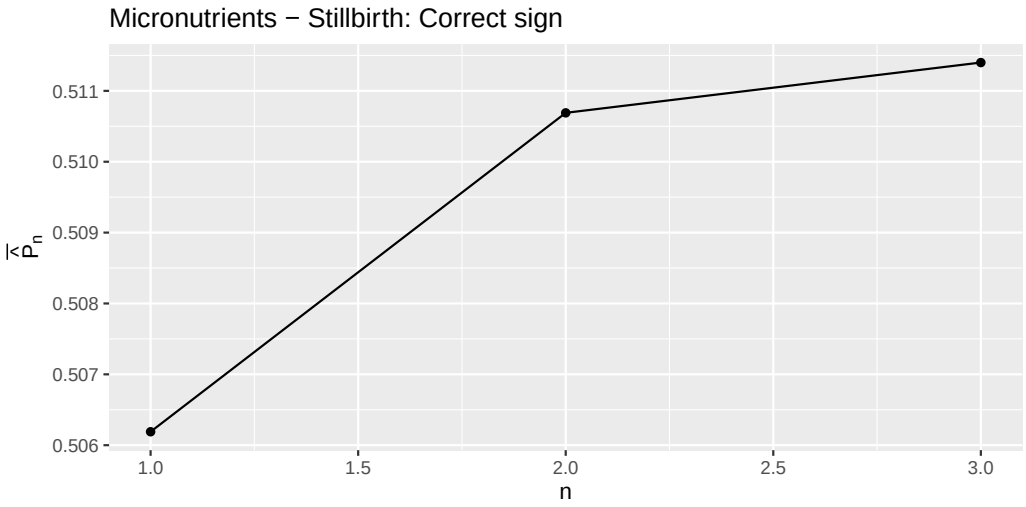

Micronutrients − Mortality: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
n

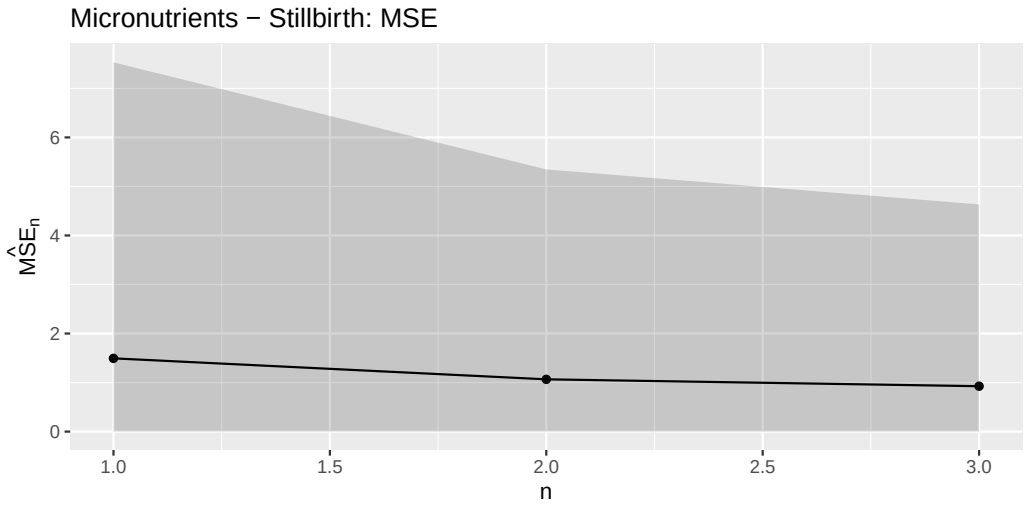

Micronutrients − Perinatal death: Correct sign
0.555
0.550
0.545
0.540
0.535
0.530
$\overline{<}\hat{P}_n$
1
2
3
4
5
n

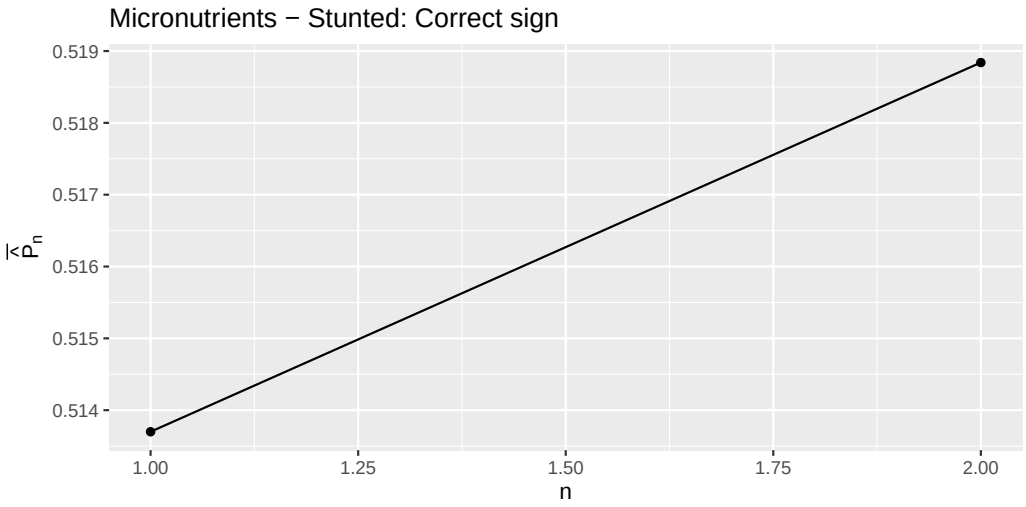

Micronutrients − Perinatal death: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
1
2
3
4
5
n

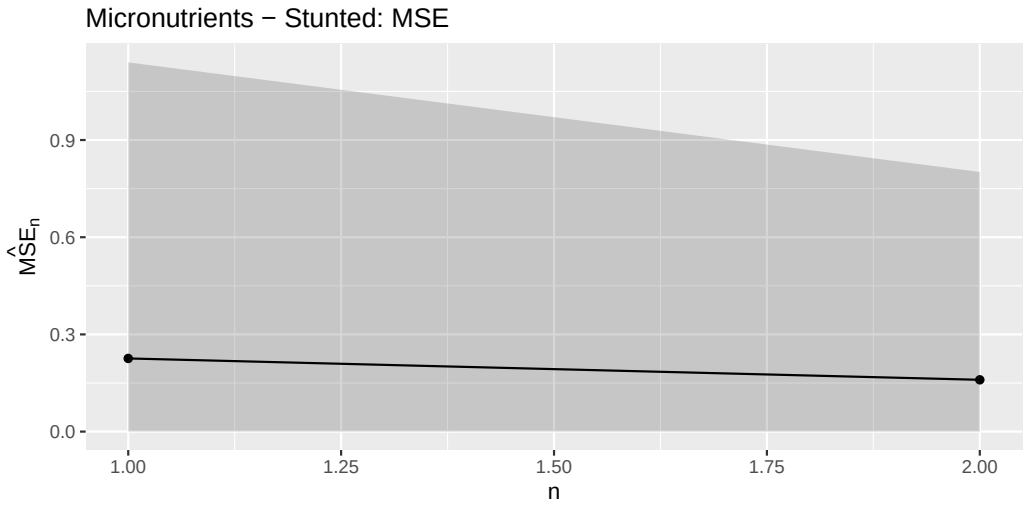

Micronutrients − Prevalence of anemia: Correct sign
0.90
0.87
0.84
0.81
$\overline{\hat{<}}\hat{P}_n$
2.5
5.0
7.5
10.0
12.5
n

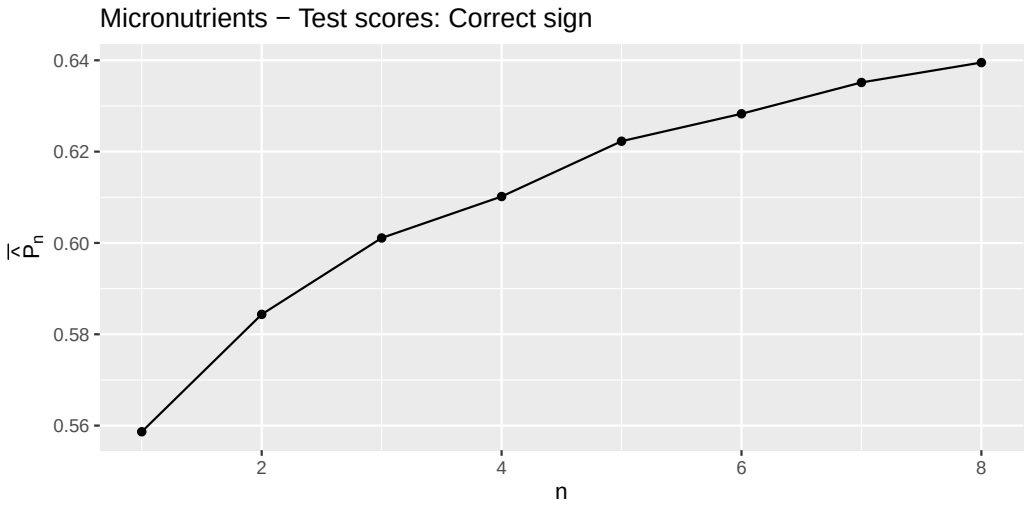

Micronutrients − Prevalence of anemia: MSE
2.0
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
12.5
n


Micronutrients − Stillbirth: Correct sign
0.511
0.510
0.509
0.508
0.507
0.506
$\overline{<}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n

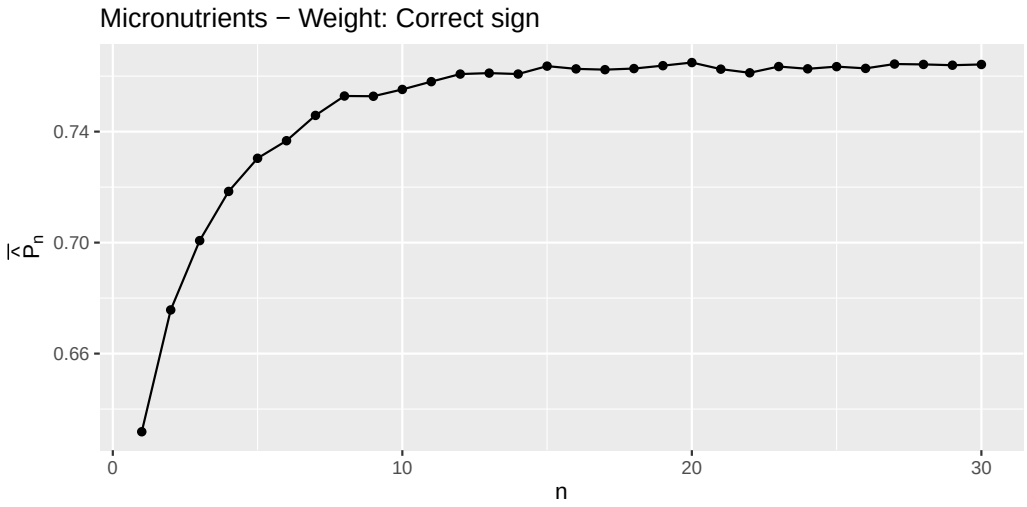

Micronutrients − Stillbirth: MSE
6
4
2
0
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

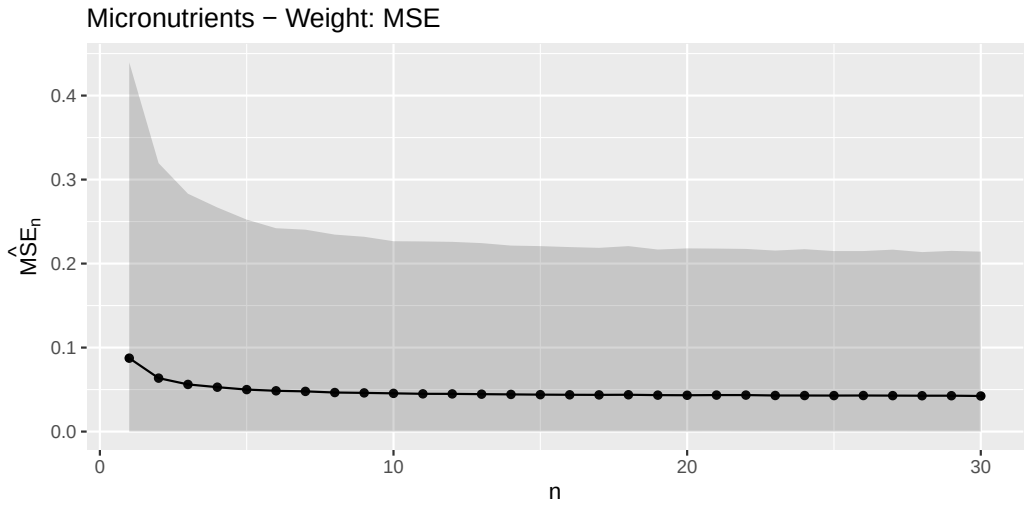

Micronutrients − Stunted: Correct sign
0.519
0.518
0.517
0.516
0.515
0.514
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

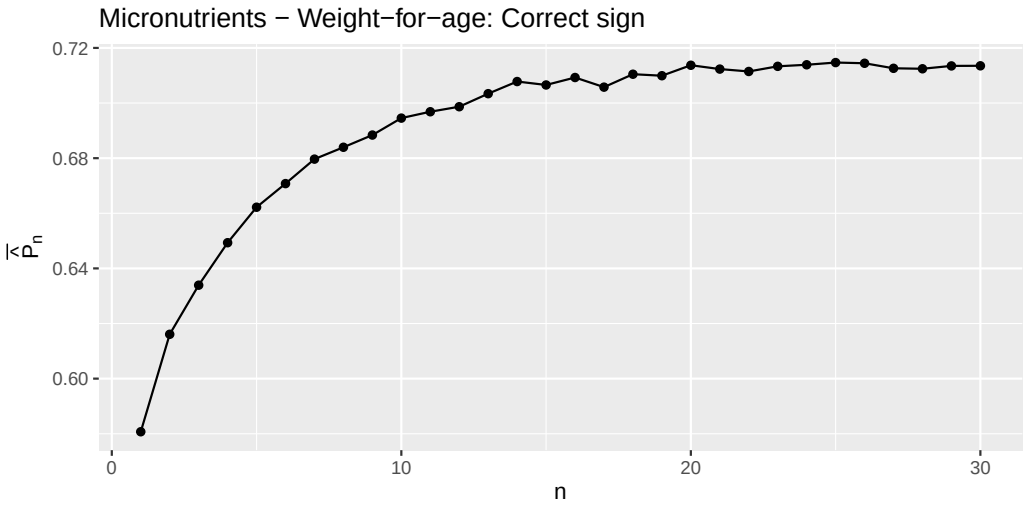

Micronutrients − Stunted: MSE
0.9
0.6
0.3
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

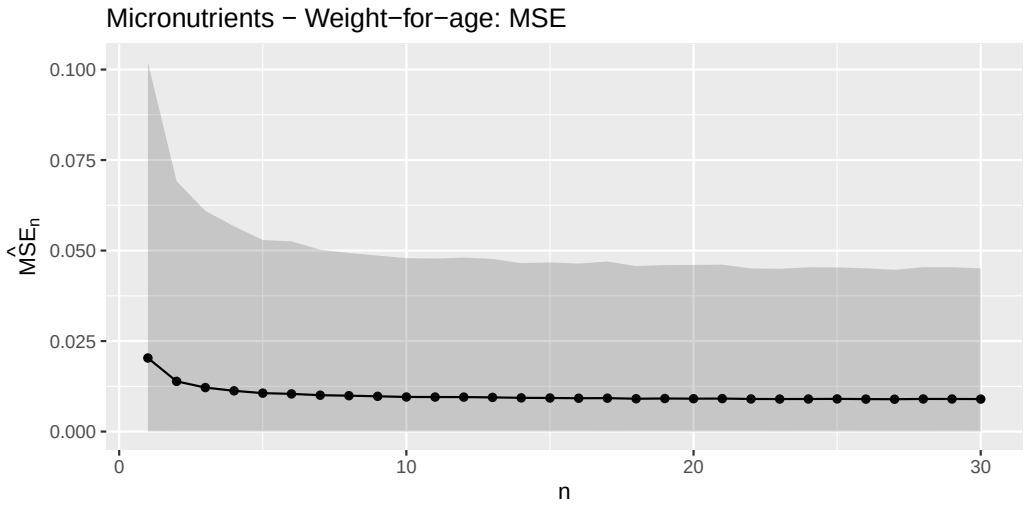

Micronutrients − Test scores: Correct sign
0.64
0.62
0.60
0.58
0.56
$\overline{<}\hat{P}_n$
2
4
6
8
n

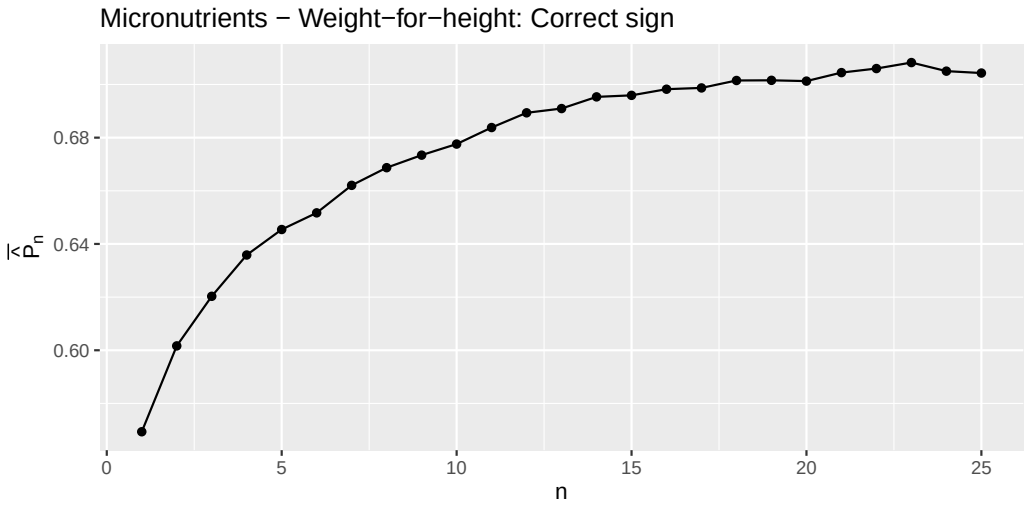

Micronutrients − Test scores: MSE
0.3
0.2
0.1
0.0
$\hat{MSE}_n$
2
4
6
8
n

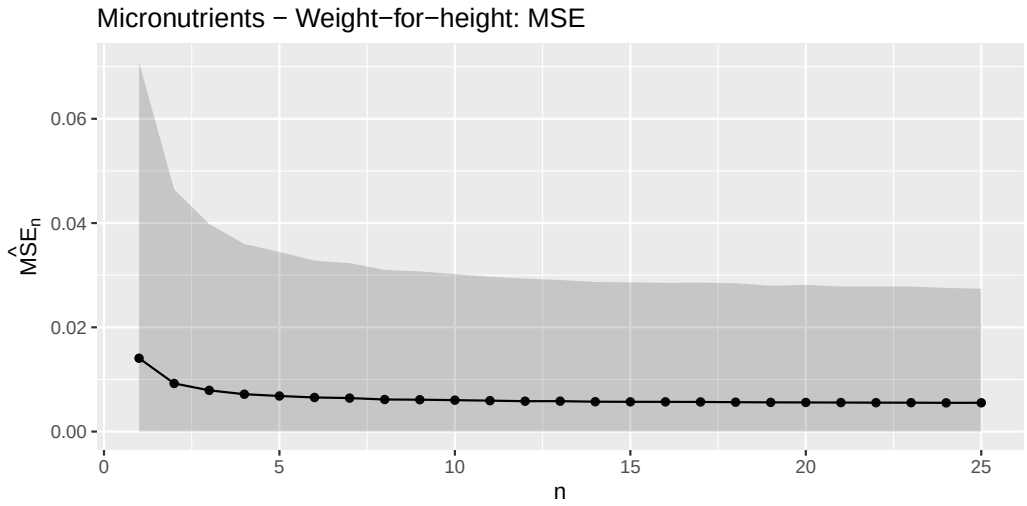

Micronutrients − Weight: Correct sign
0.74
0.70
0.66
$\overline{<}\hat{P}_n$
0
10
20
30
n

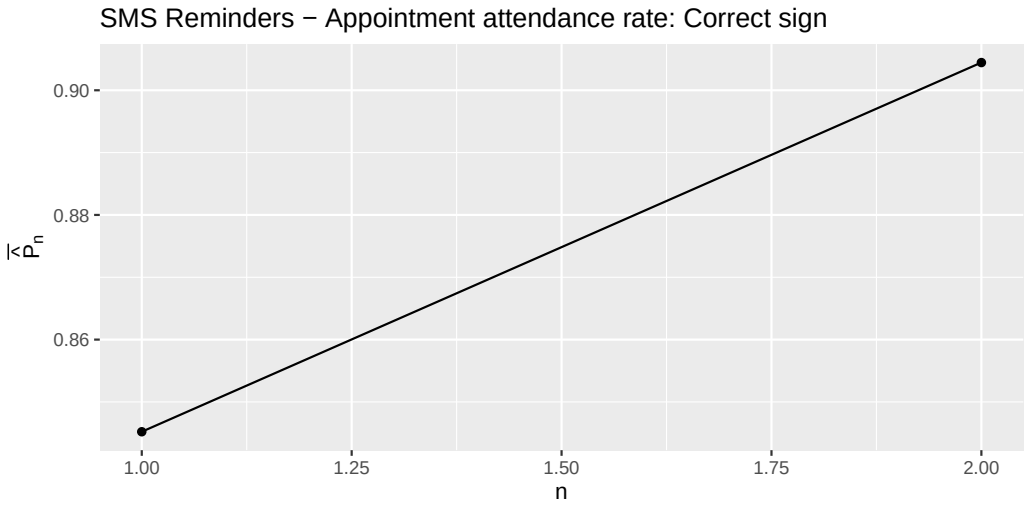

Micronutrients − Weight: MSE
0.4
0.3
0.2
0.1
0.0
$\hat{MSE}_n$
0
10
20
30
n

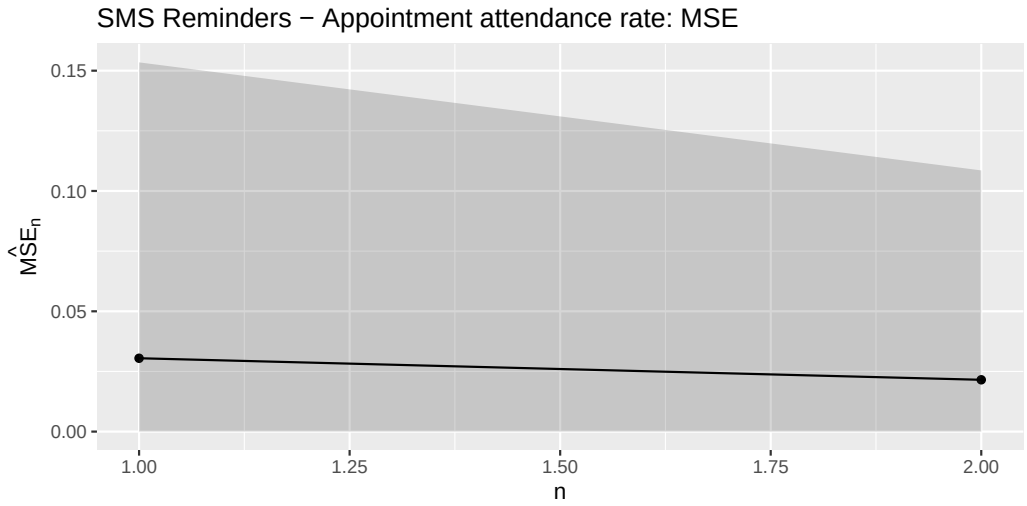

Micronutrients − Weight−for−age: Correct sign
0.72
0.68
0.64
0.60
$\overline{<}\hat{P}_n$
0
10
20
30
n

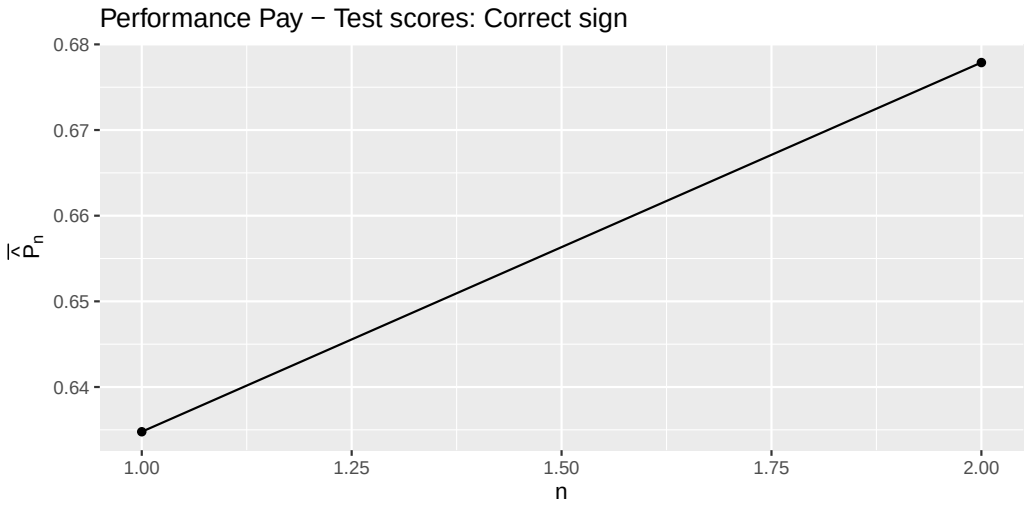

Micronutrients − Weight−for−age: MSE
0.100
0.075
0.050
0.025
0.000
$\hat{MSE}_n$
0
10
20
30
n

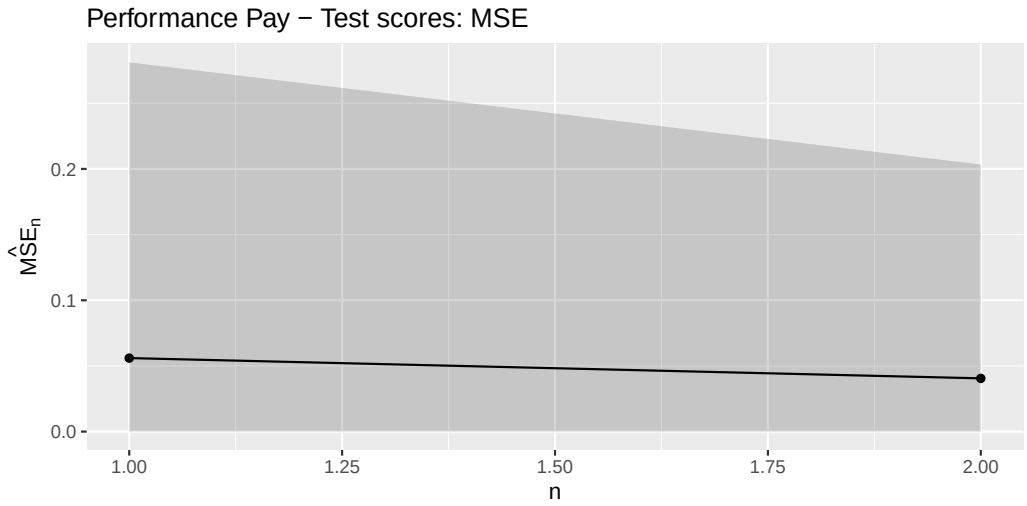

Micronutrients − Weight−for−height: Correct sign
0.68
0.64
0.60
$\overline{<}\hat{P}_n$
0
5
10
15
20
25
n

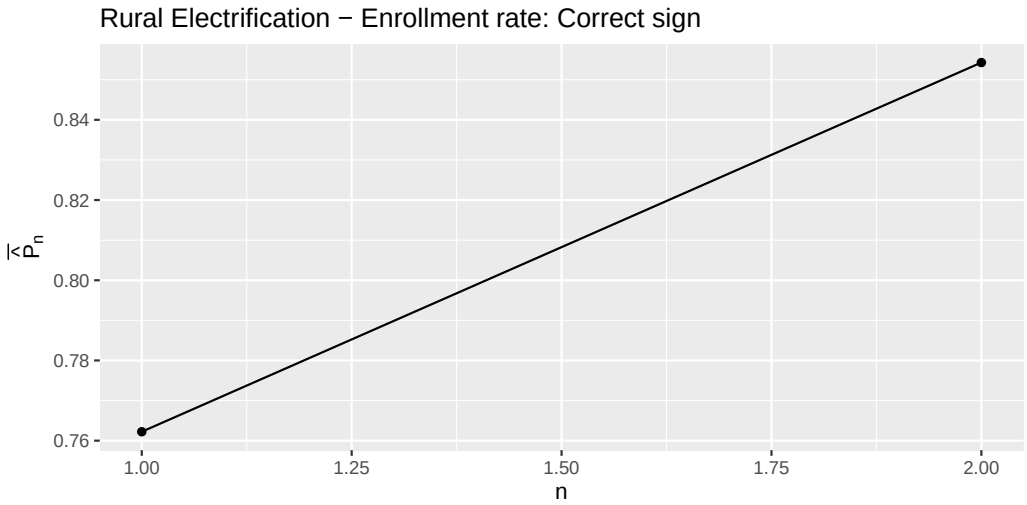

Micronutrients − Weight−for−height: MSE
0.06
0.04
0.02
0.00
$\hat{MSE}_n$
0
5
10
15
20
25
n

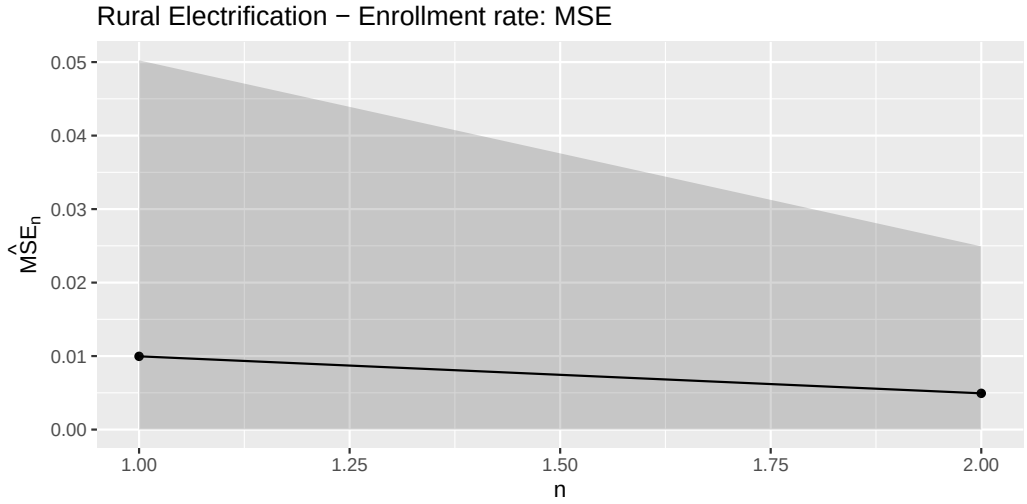

SMS Reminders − Appointment attendance rate: Correct sign
0.90
0.88
0.86
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

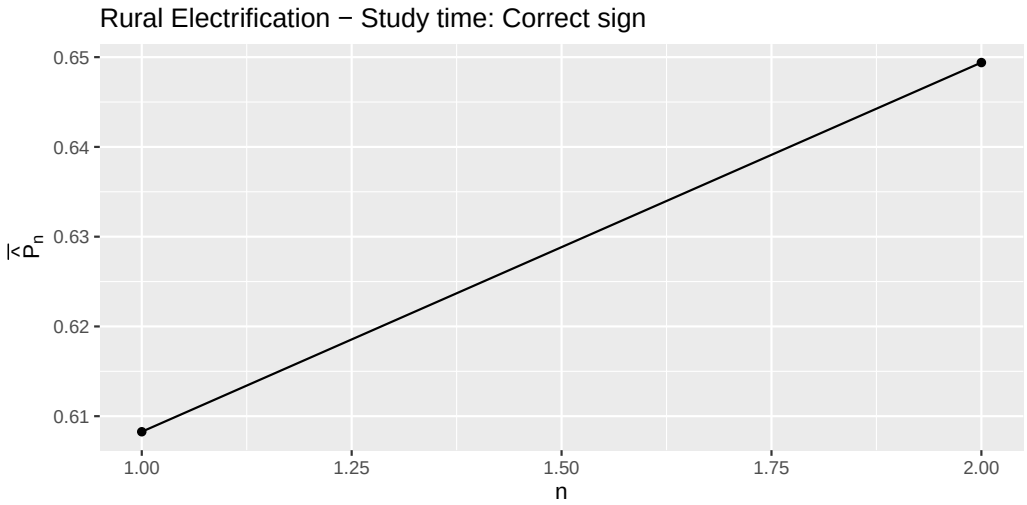

SMS Reminders − Appointment attendance rate: MSE
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

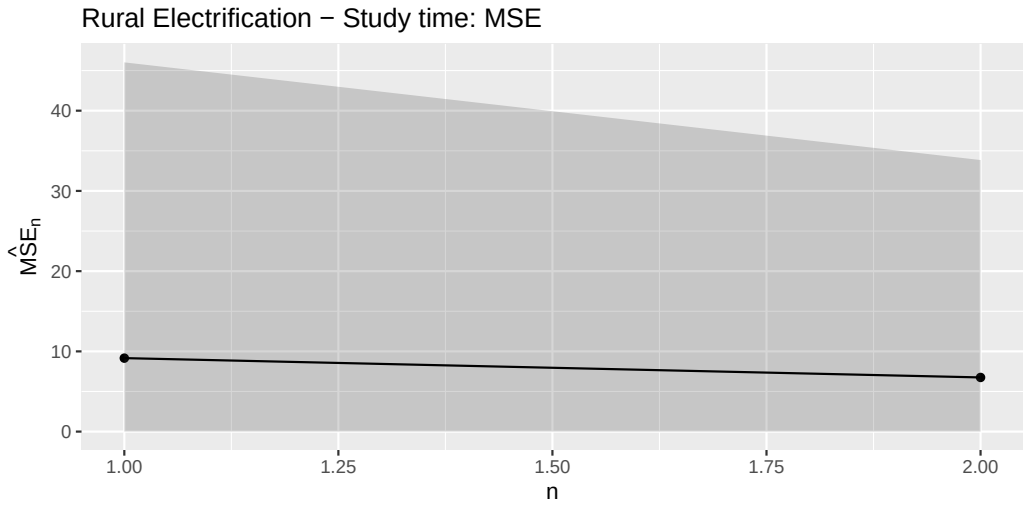

Performance Pay − Test scores: Correct sign
0.68
0.67
0.66
0.65
0.64
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

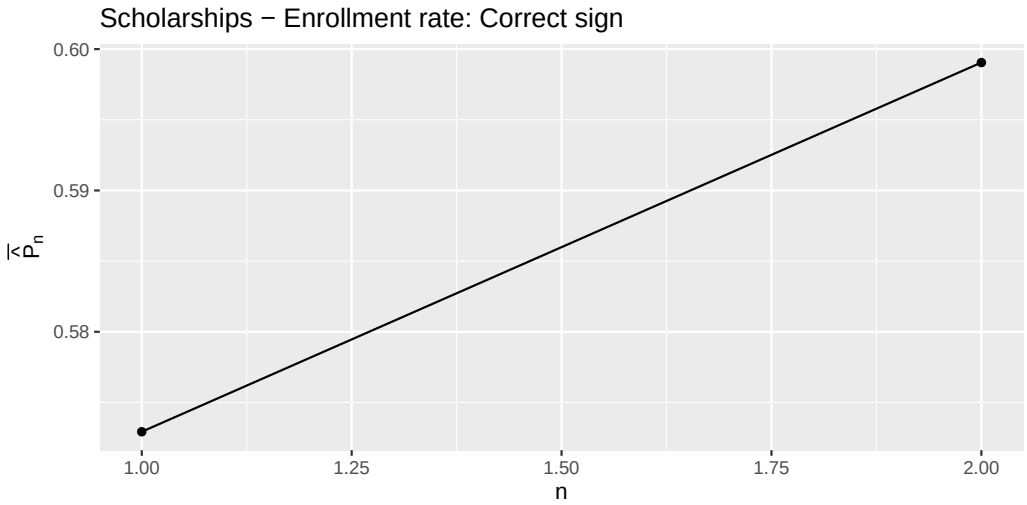

Performance Pay − Test scores: MSE
0.2
0.1
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

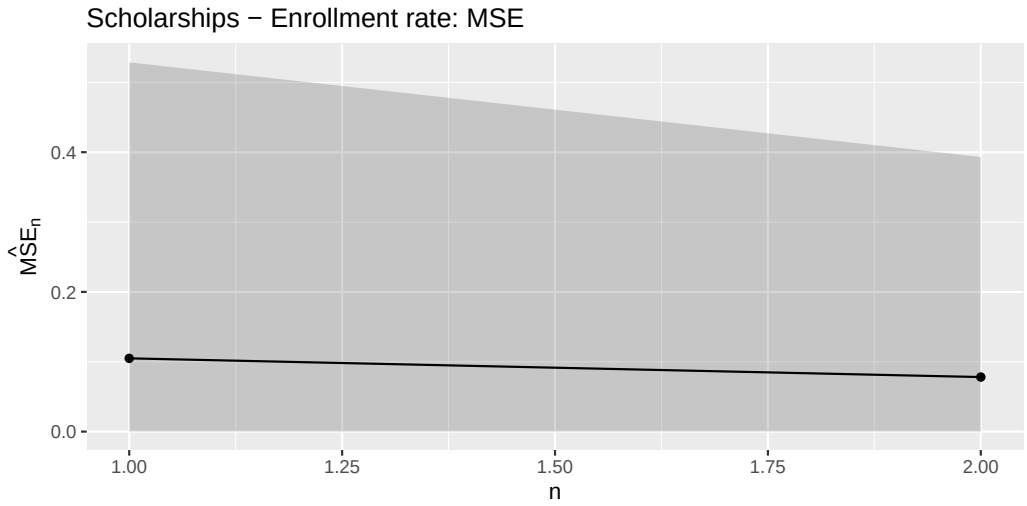

Rural Electrification − Enrollment rate: Correct sign
0.84
0.82
0.80
0.78
0.76
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

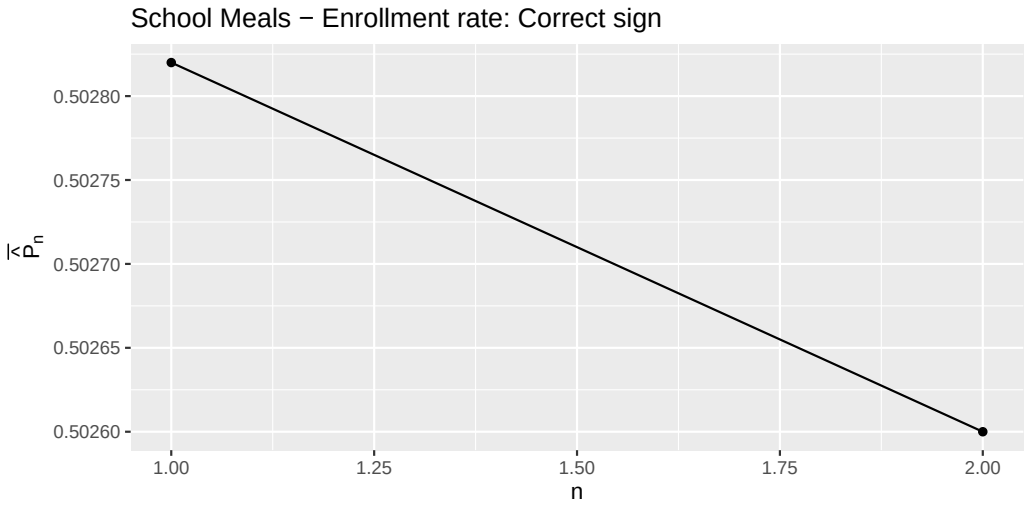

Rural Electrification − Enrollment rate: MSE
0.05
0.04
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

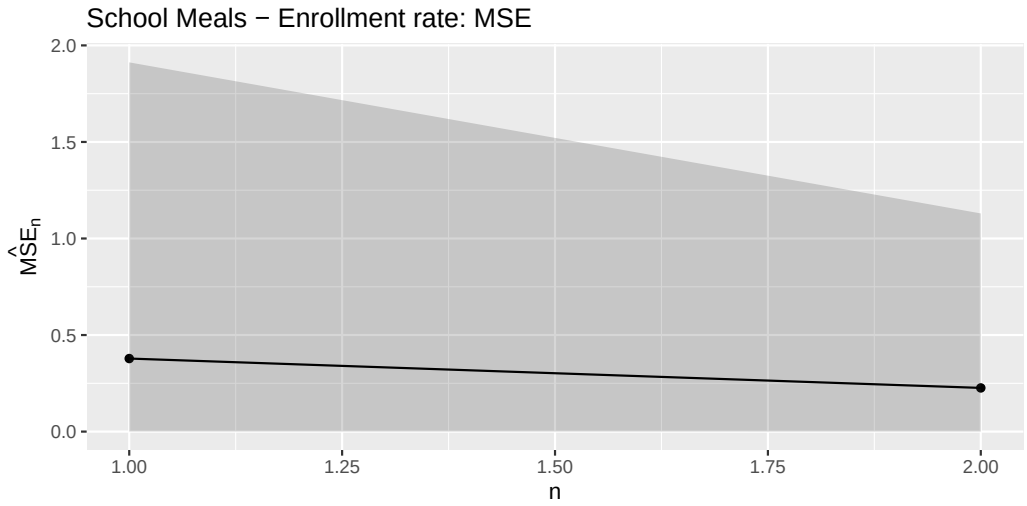

Rural Electrification − Study time: Correct sign
0.65
0.64
0.63
0.62
0.61
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

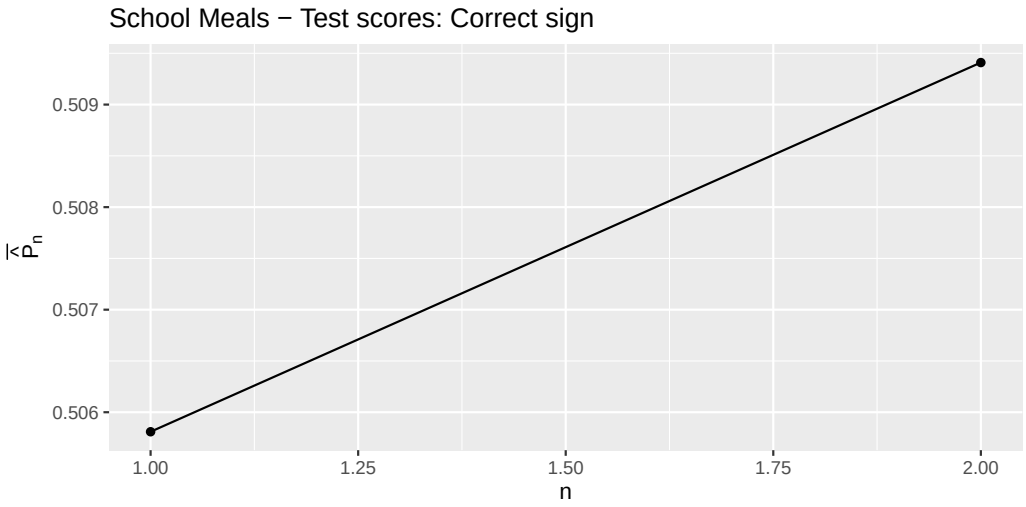

Rural Electrification − Study time: MSE
40
30
20
10
0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

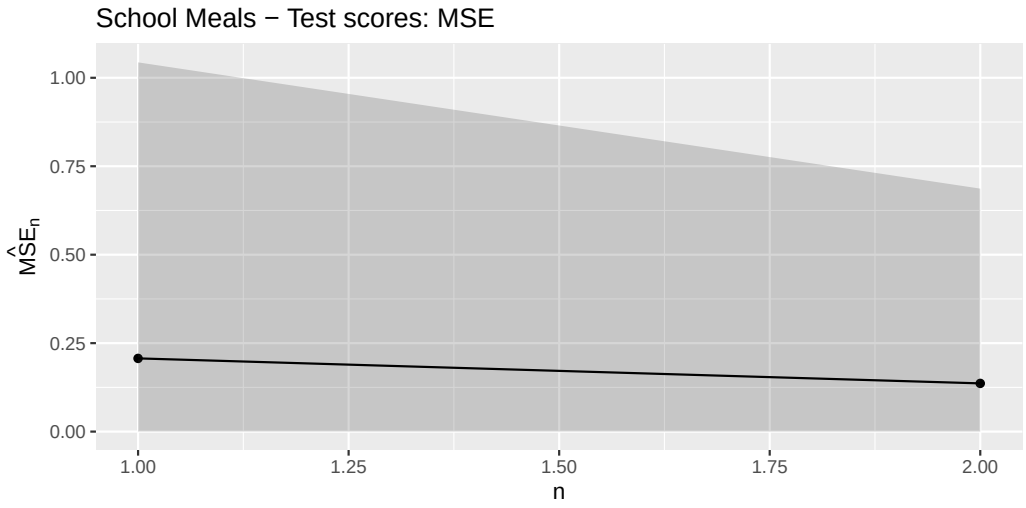

Scholarships − Enrollment rate: Correct sign
0.60
0.59
0.58
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

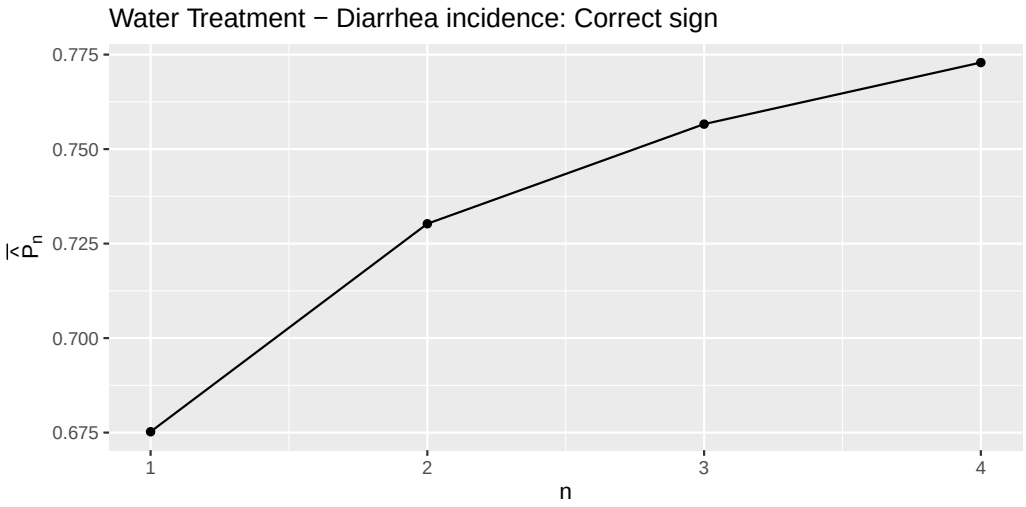

Scholarships − Enrollment rate: MSE
0.4
0.2
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

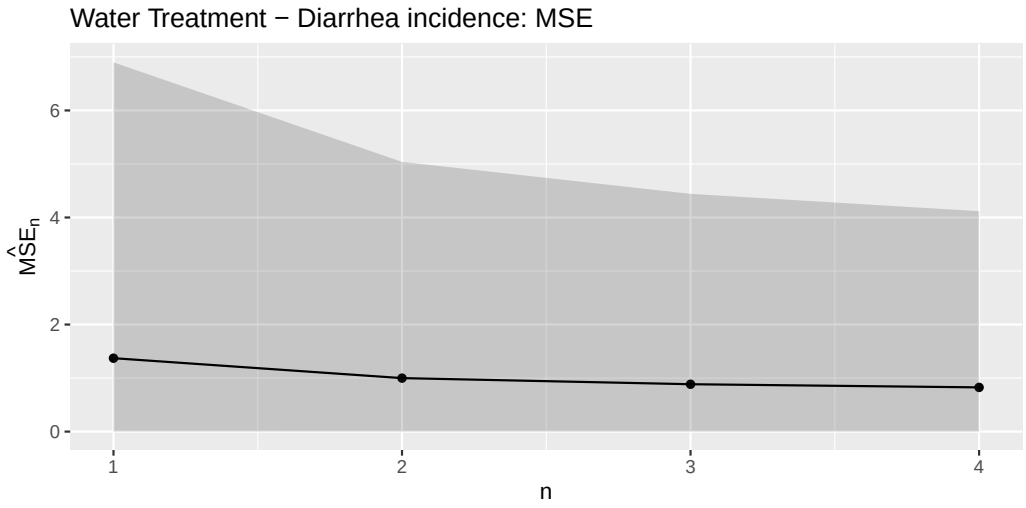

School Meals − Enrollment rate: Correct sign
0.50280
0.50275
0.50270
0.50265
0.50260
$\overline{<}P_n$
1.00
1.25
1.50
1.75
2.00
n

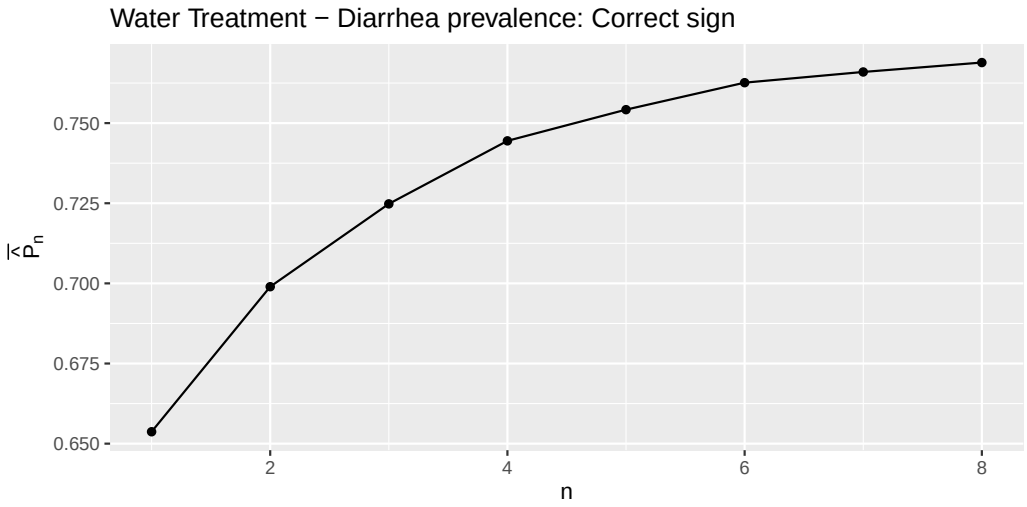

School Meals − Enrollment rate: MSE
2.0
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

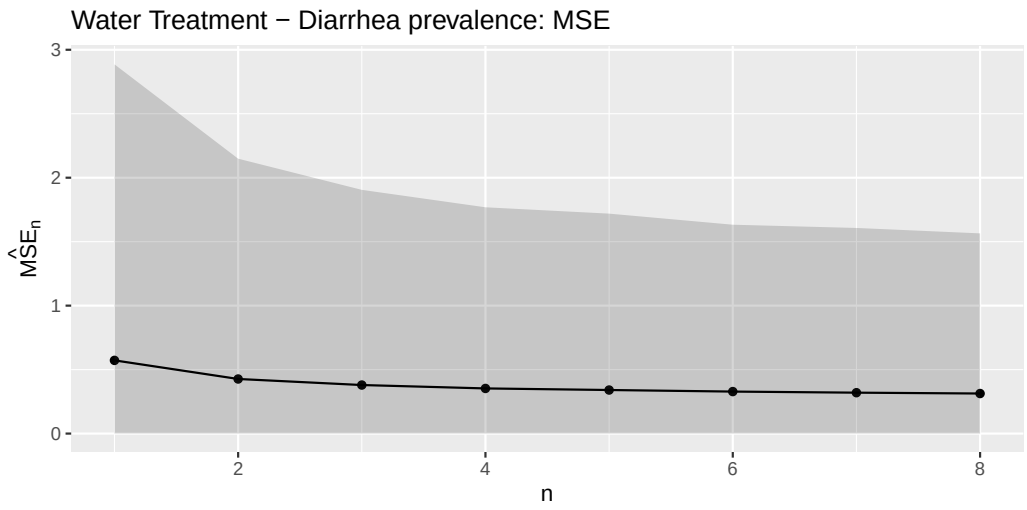

School Meals − Test scores: Correct sign
0.509
0.508
0.507
0.506
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

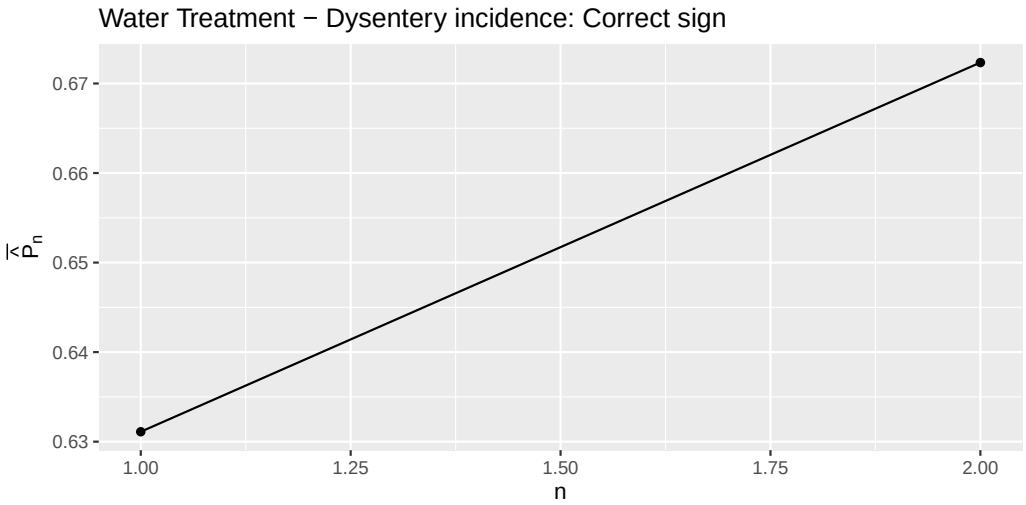

School Meals − Test scores: MSE
1.00
0.75
0.50
0.25
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

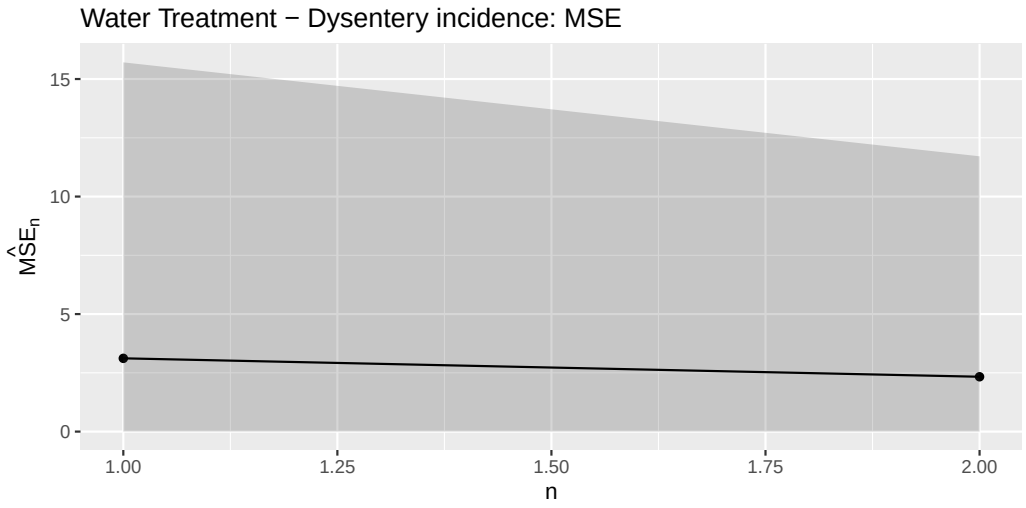

Water Treatment − Diarrhea incidence: Correct sign
0.775
0.750
0.725
0.700
0.675
$\overline{<}\hat{P}_n$
1
2
3
4
n


Water Treatment − Diarrhea incidence: MSE
6
4
2
0
$\hat{MSE}_n$
1
2
3
4
n

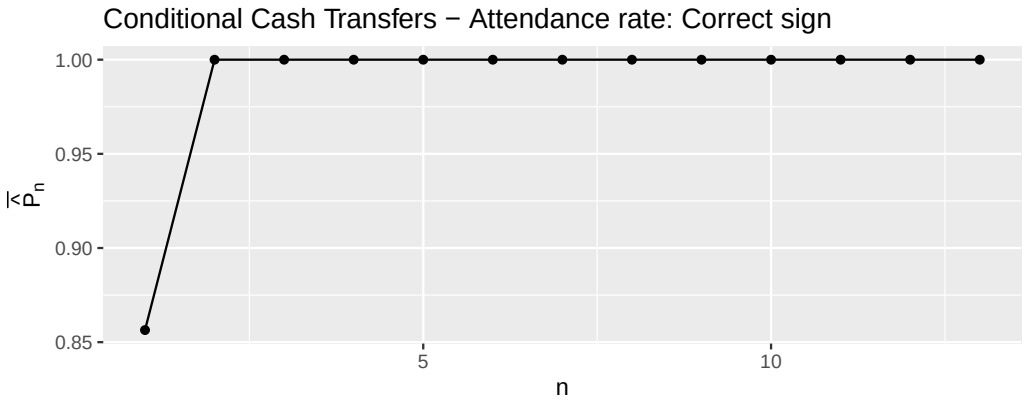

Water Treatment − Diarrhea prevalence: Correct sign
0.750
0.725
0.700
0.675
0.650
$\overline{\Psi}_n$
2
4
6
8
n

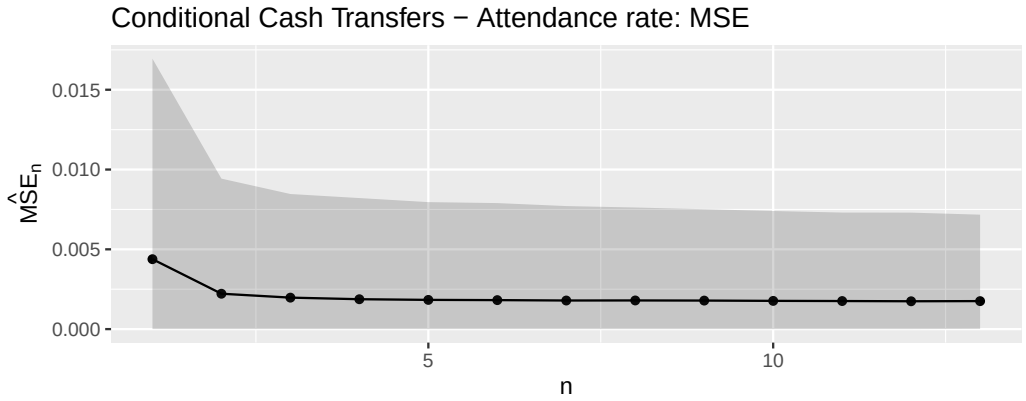

Water Treatment − Diarrhea prevalence: MSE
3
2
1
0
$\hat{MSE}_n$
2
4
6
8
n

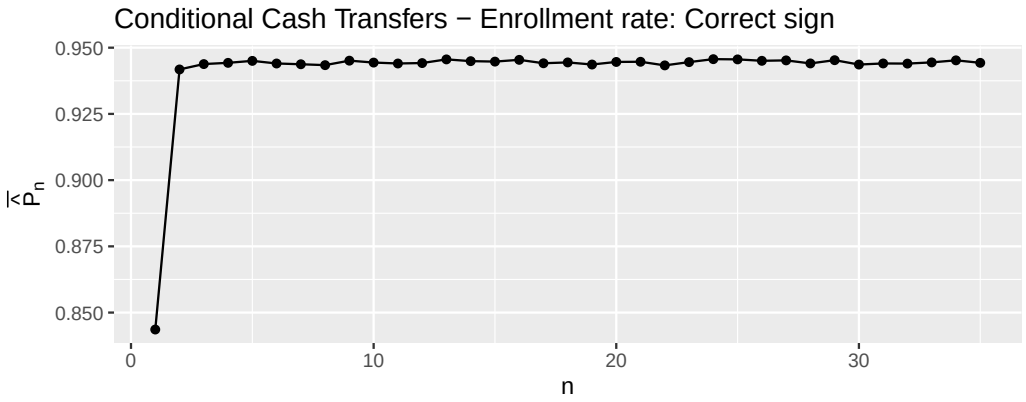

Water Treatment − Dysentery incidence: Correct sign
0.67
0.66
0.65
0.64
0.63
$\overline{\hat{<}}P_n$
1.00
1.25
1.50
1.75
2.00
n

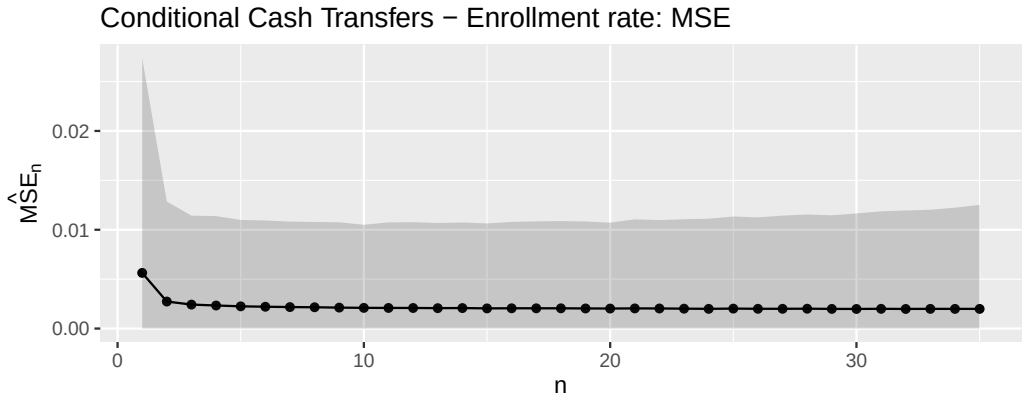

Water Treatment − Dysentery incidence: MSE
15
10
5
0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

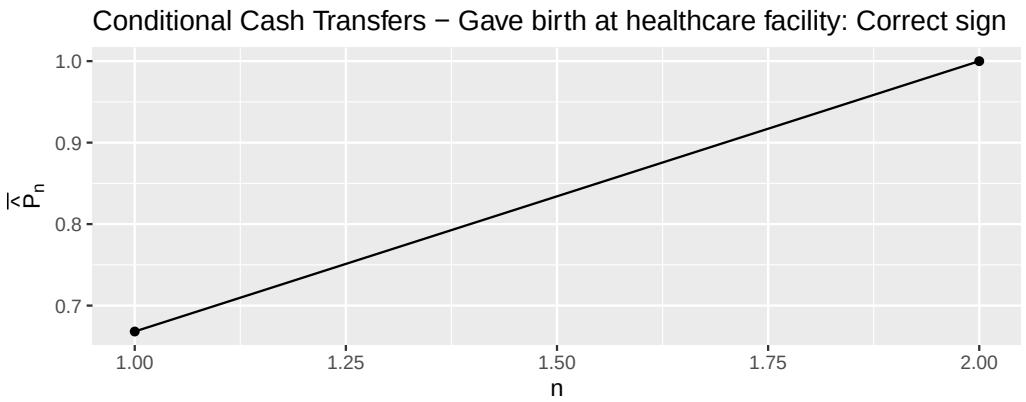
Set B: Comparing $\widehat{\theta}_{n+1}$ to a draw of Y_i

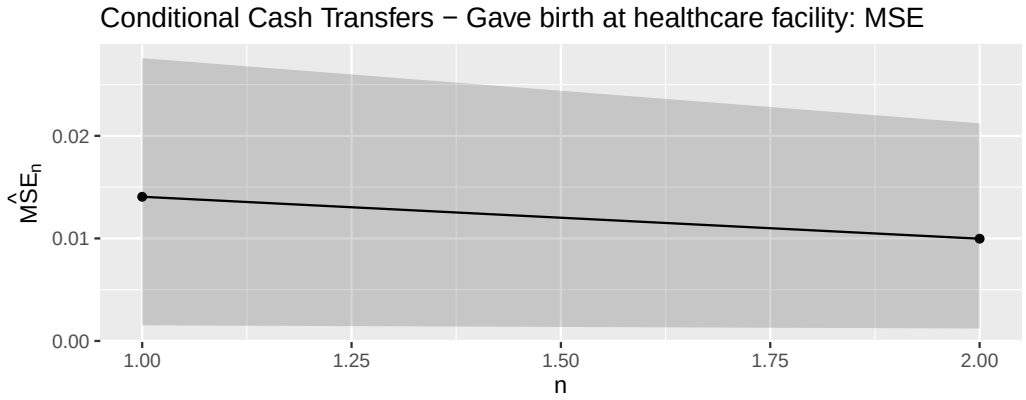


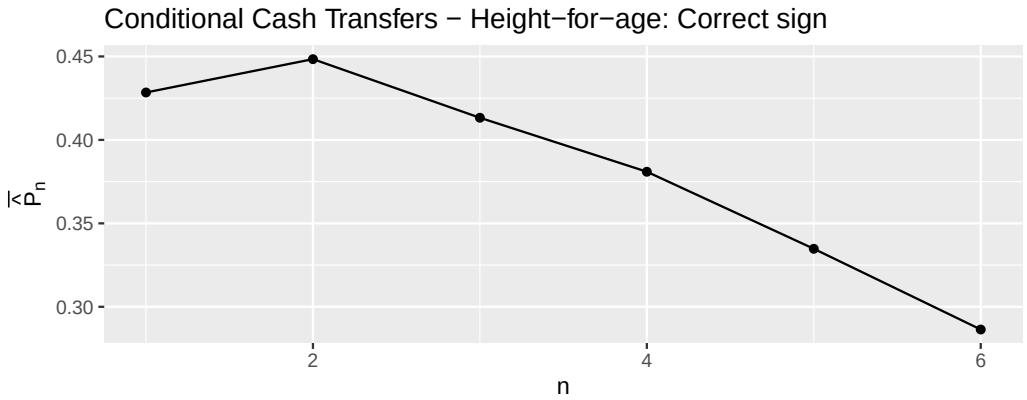


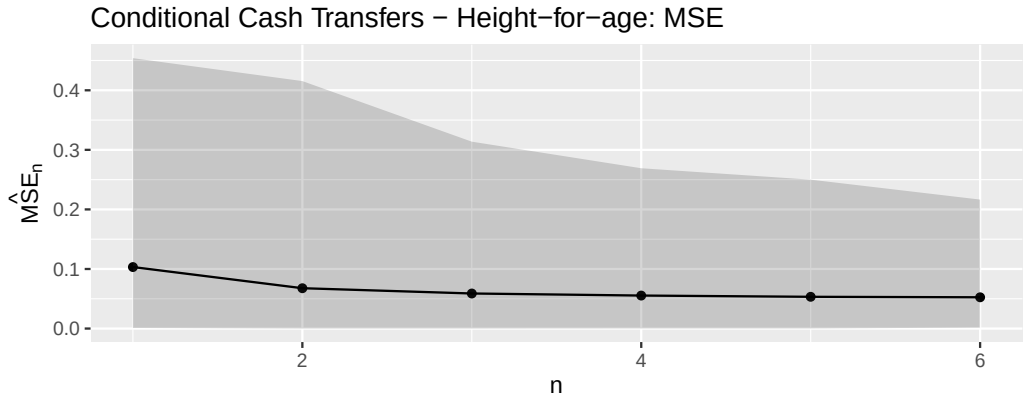

Conditional Cash Transfers − Enrollment rate: Correct sign
0.950
0.925
0.900
0.875
0.850
$\overline{\hat{<}}\hat{P}_n$
0
10
20
30
n

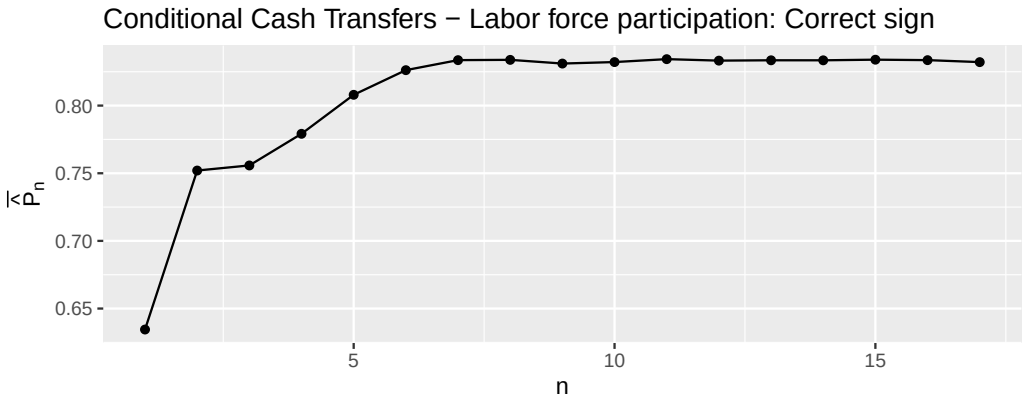

Conditional Cash Transfers − Enrollment rate: MSE
0.02
0.01
0.00
$\hat{MSE}_n$
0
10
20
30
n

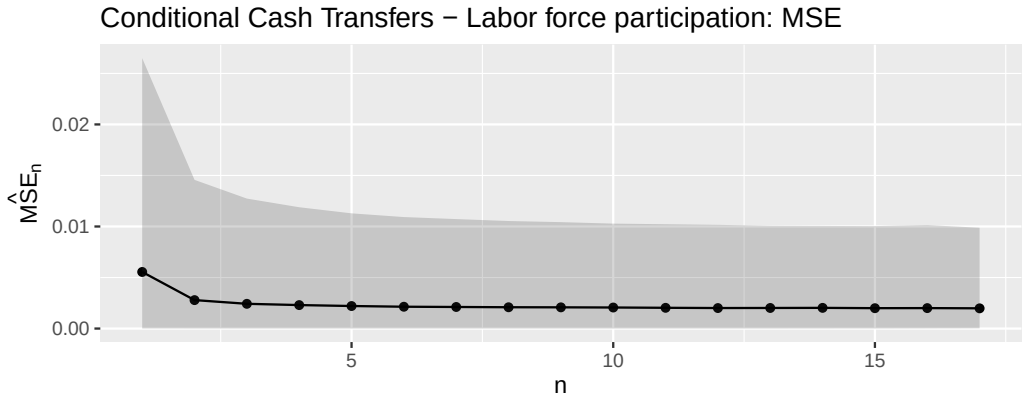

Conditional Cash Transfers − Gave birth at healthcare facility: Correct sign
1.0
0.9
0.8
0.7
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

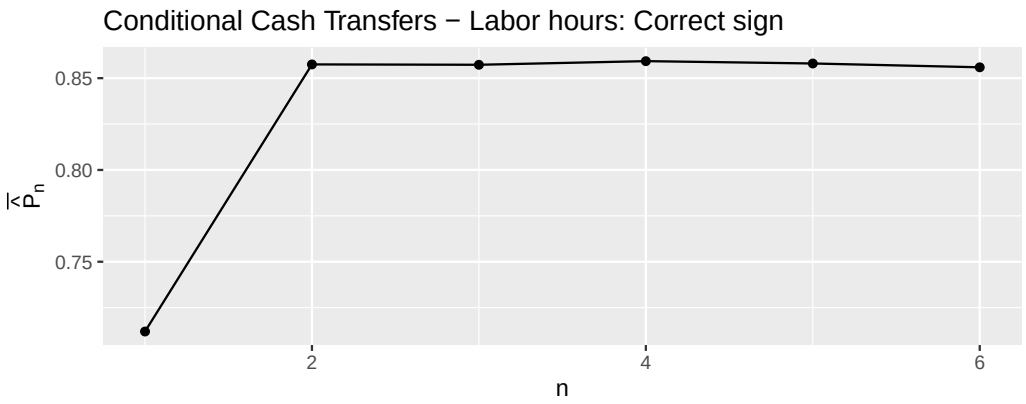

Conditional Cash Transfers − Gave birth at healthcare facility: MSE
0.02
0.01
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n


Conditional Cash Transfers − Height−for−age: Correct sign
0.45
0.40
0.35
0.30
$\overline{\hat{<}}\hat{P}_n$
2
4
6
n

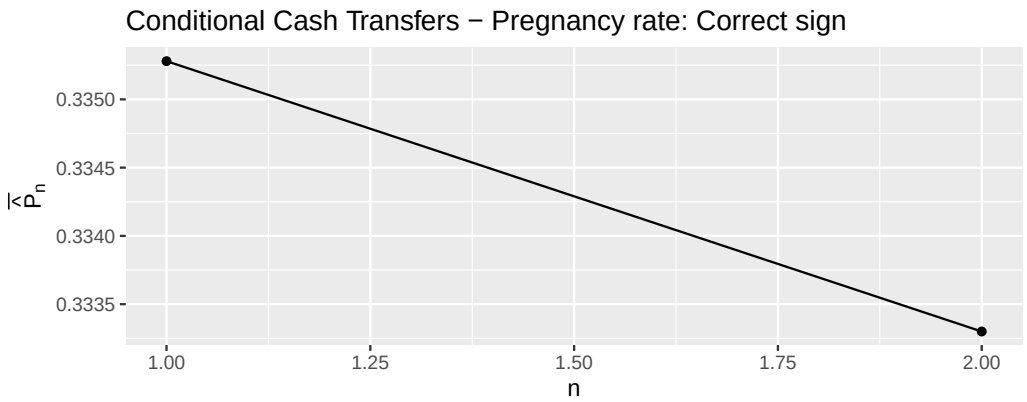

Conditional Cash Transfers − Height−for−age: MSE
0.4
0.3
0.2
0.1
0.0
$\hat{MSE}_n$
2
4
6
n

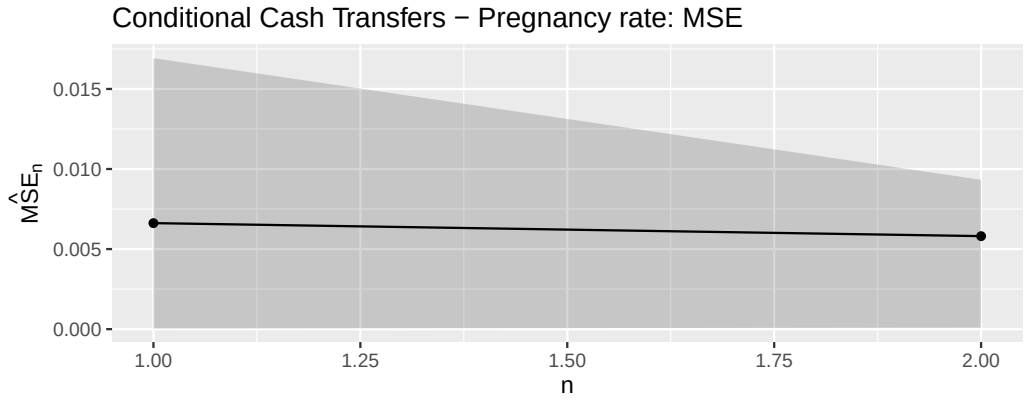

Conditional Cash Transfers − Labor force participation: Correct sign
0.80
0.75
0.70
0.65
$\overline{\hat{<}}\hat{P}_n$
5
10
15
n

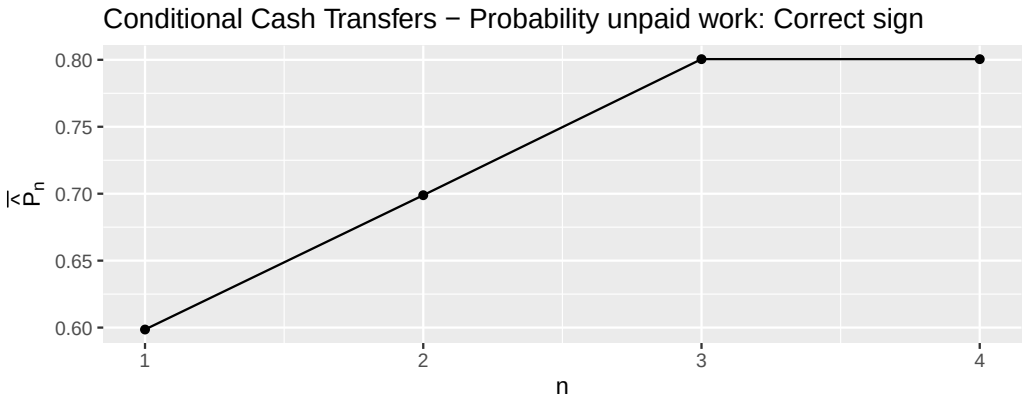

Conditional Cash Transfers − Labor force participation: MSE
0.02
0.01
0.00
$\hat{MSE}_n$
5
10
15
n

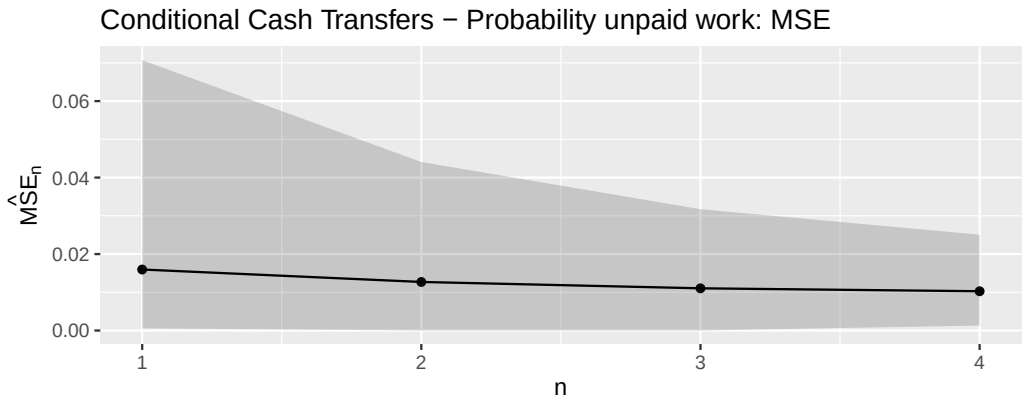

Conditional Cash Transfers − Labor hours: Correct sign
0.85
0.80
0.75
$\overline{\hat{<}}\hat{P}_n$
2
4
6
n

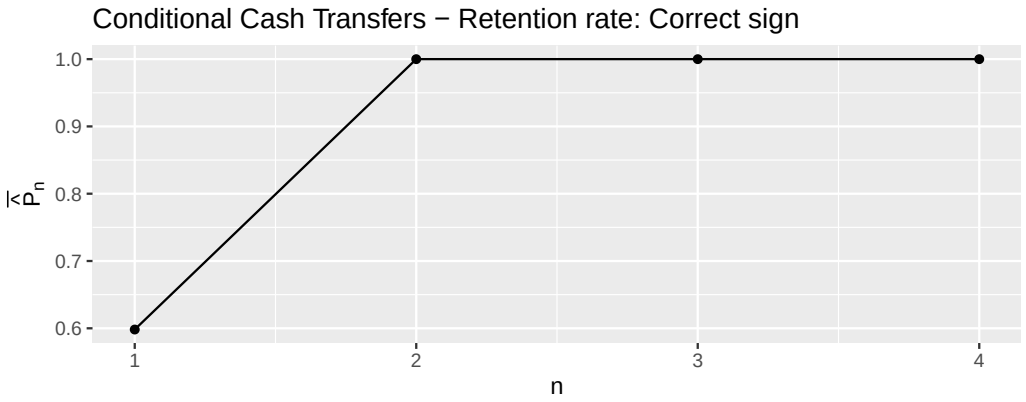

Conditional Cash Transfers − Labor hours: MSE
30
20
10
0
$\hat{MSE}_n$
2
4
6
n

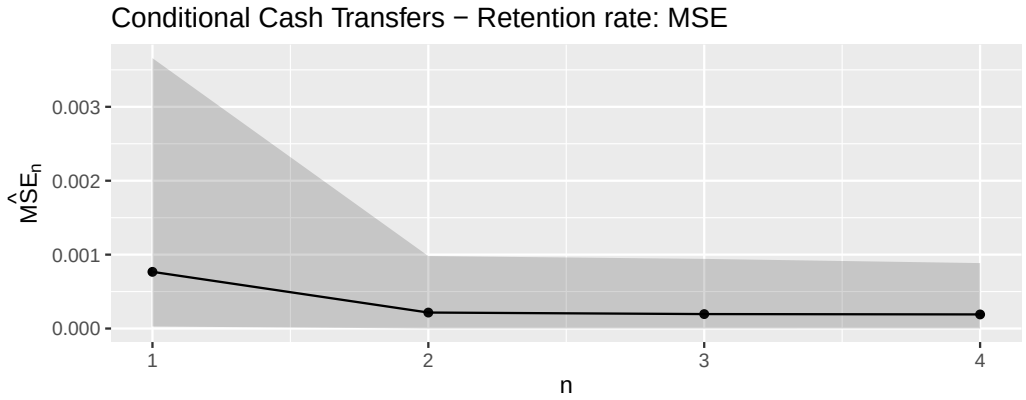

Conditional Cash Transfers − Pregnancy rate: Correct sign
0.3350
0.3345
0.3340
0.3335
$\overline{\hat{P}}_n$
1.00
1.25
1.50
1.75
2.00
n

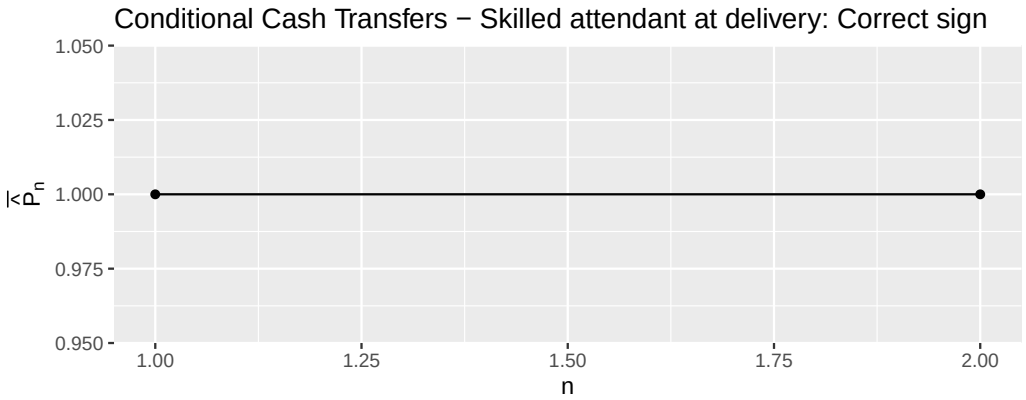

Conditional Cash Transfers − Pregnancy rate: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

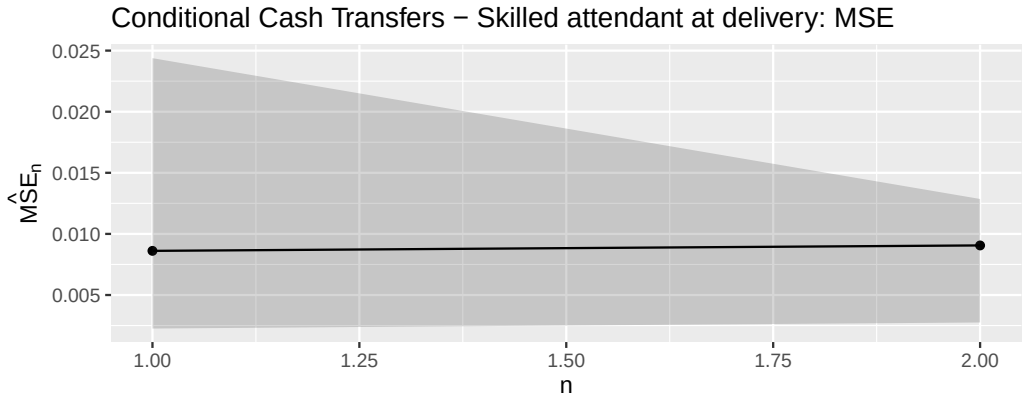

Conditional Cash Transfers − Probability unpaid work: Correct sign
0.80
0.75
0.70
0.65
0.60
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

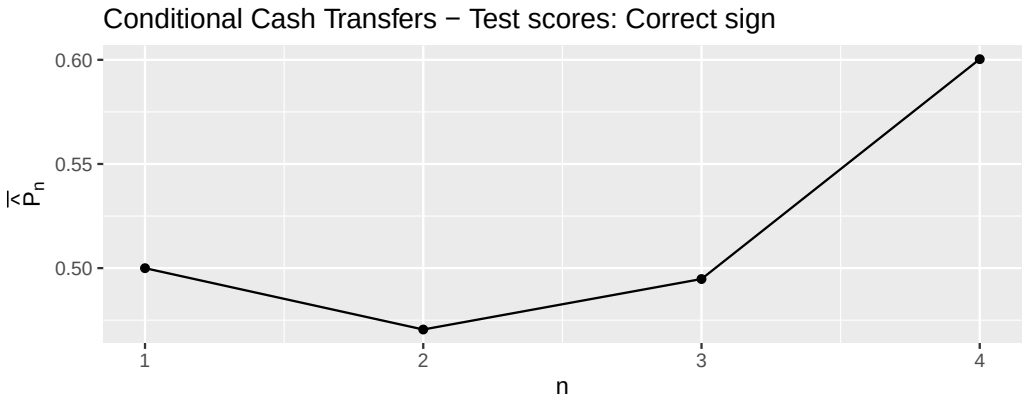

Conditional Cash Transfers − Probability unpaid work: MSE
0.06
0.04
0.02
0.00
$\hat{MSE}_n$
1
2
3
4
n

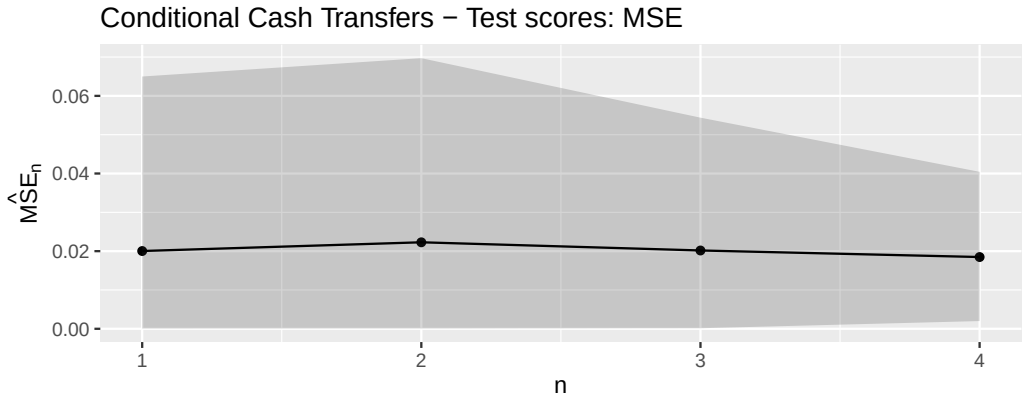

Conditional Cash Transfers − Retention rate: Correct sign
1.0
0.9
0.8
0.7
0.6
$\overline{P_n}$
1
2
3
4
n

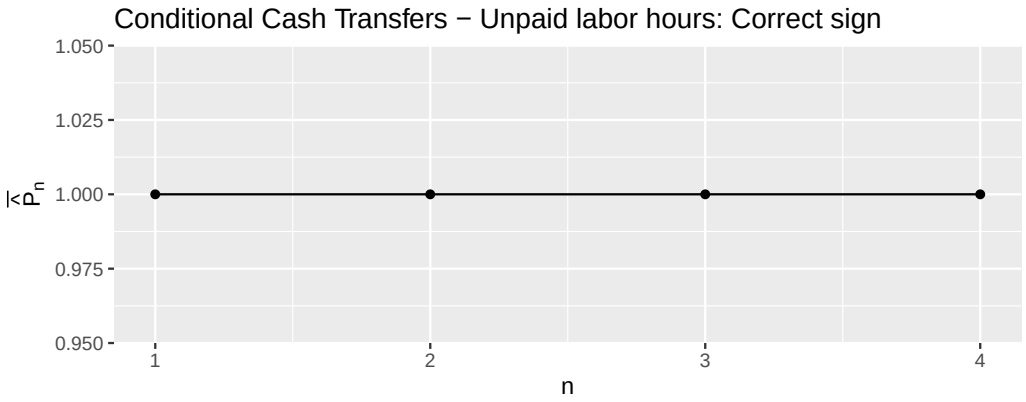

Conditional Cash Transfers − Retention rate: MSE
0.003
0.002
0.001
0.000
$\widehat{MSE}_n$
1
2
3
4
n

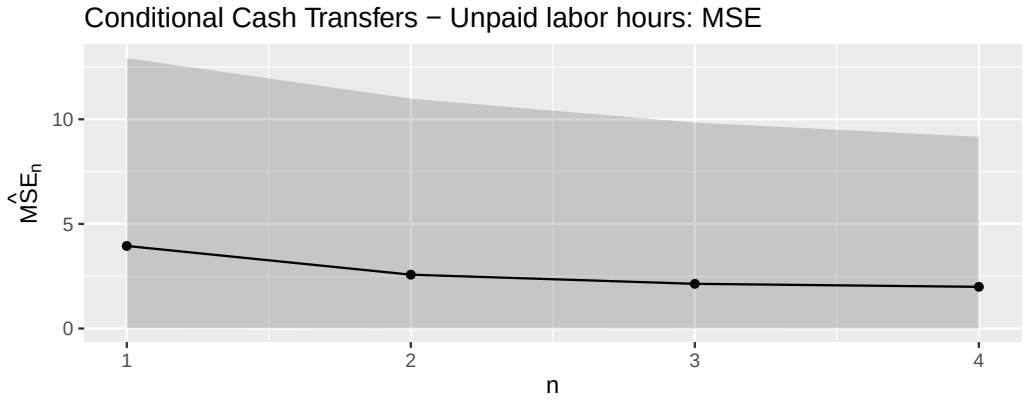

Conditional Cash Transfers − Skilled attendant at delivery: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

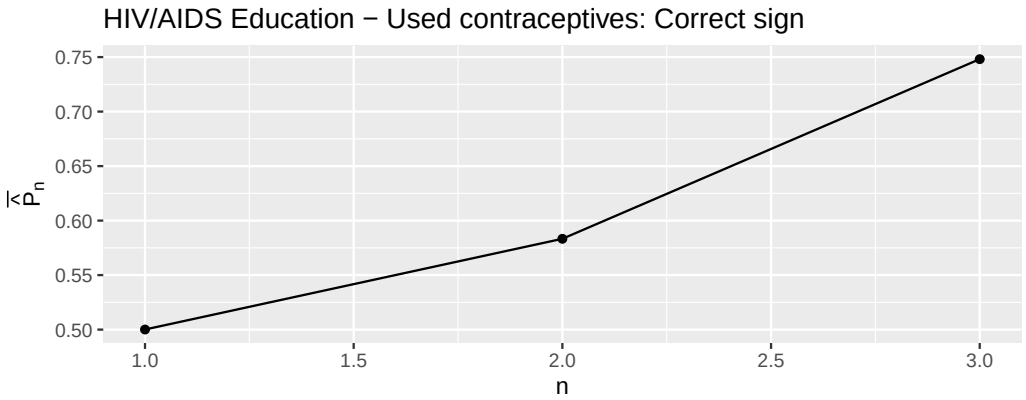

Conditional Cash Transfers − Skilled attendant at delivery: MSE
0.025
0.020
0.015
0.010
0.005
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

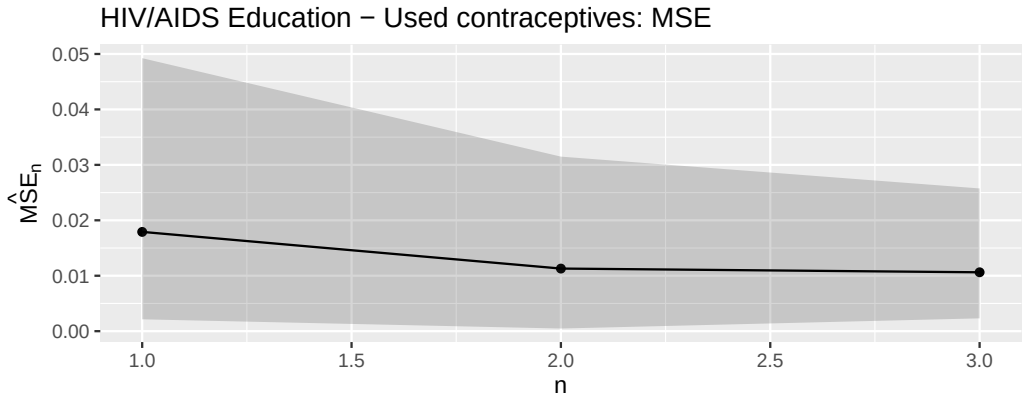

Conditional Cash Transfers − Test scores: Correct sign
0.60
0.55
0.50
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

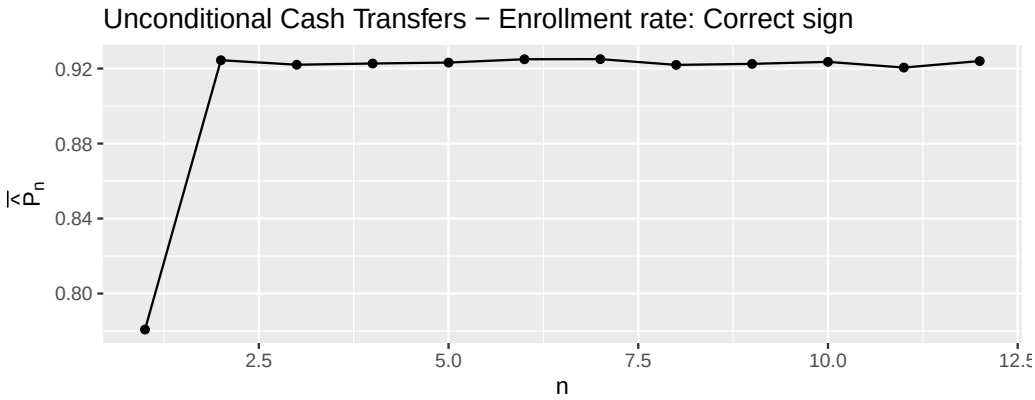

Conditional Cash Transfers − Test scores: MSE
0.06
0.04
0.02
0.00
$\hat{MSE}_n$
1
2
3
4
n


Conditional Cash Transfers − Unpaid labor hours: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{P}}_n$
1
2
3
4
n

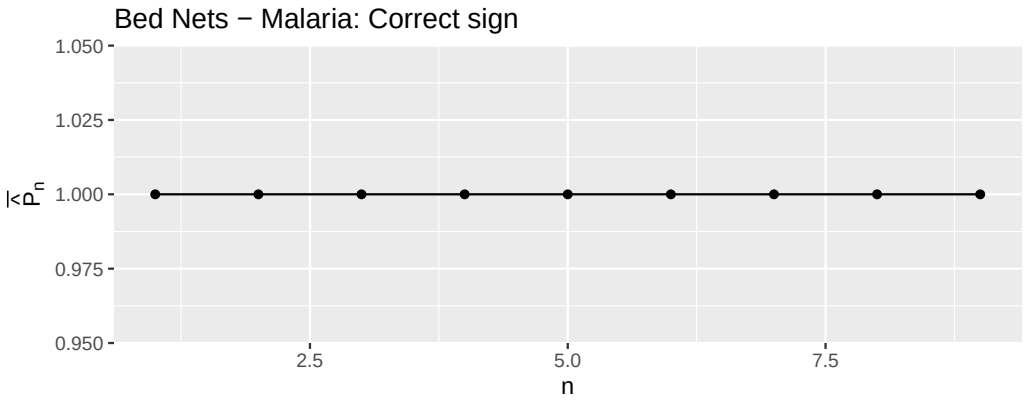

Conditional Cash Transfers − Unpaid labor hours: MSE
10
5
0
$\hat{MSE}_n$
1
2
3
4
n

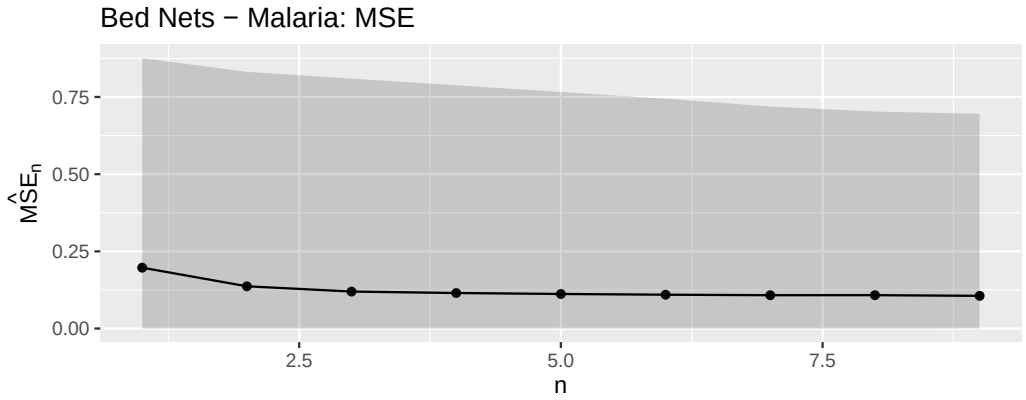

HIV/AIDS Education − Used contraceptives: Correct sign
0.75
0.70
0.65
0.60
0.55
0.50
$\overline{<}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n


HIV/AIDS Education − Used contraceptives: MSE
0.05
0.04
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

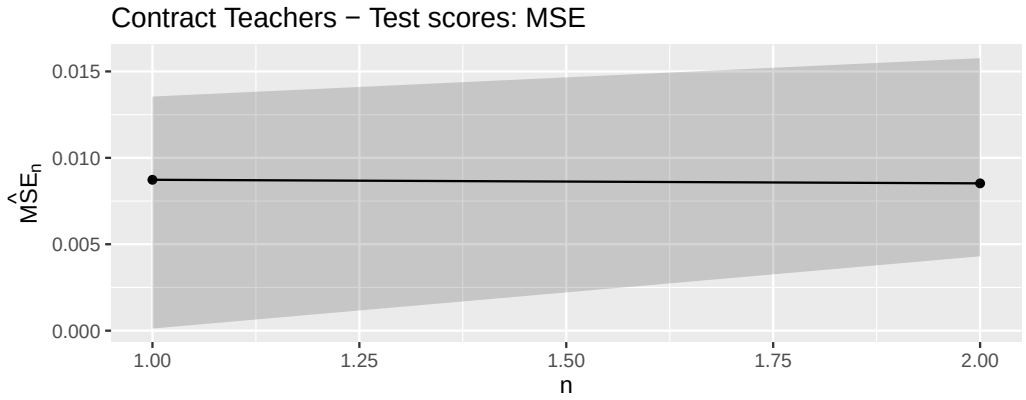

Unconditional Cash Transfers − Enrollment rate: Correct sign
0.92
0.88
0.84
0.80
$\overline{\hat{<}}\hat{P}_n$
2.5
5.0
7.5
10.0
12.5
n

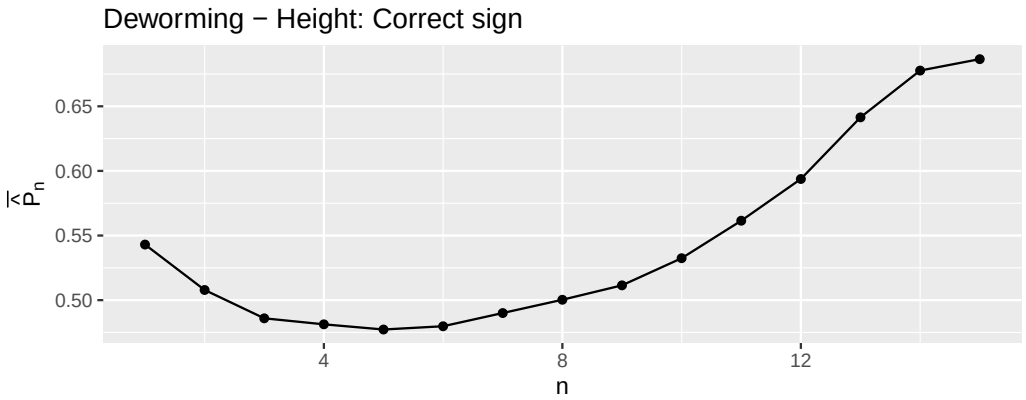

Unconditional Cash Transfers − Enrollment rate: MSE
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
12.5
n

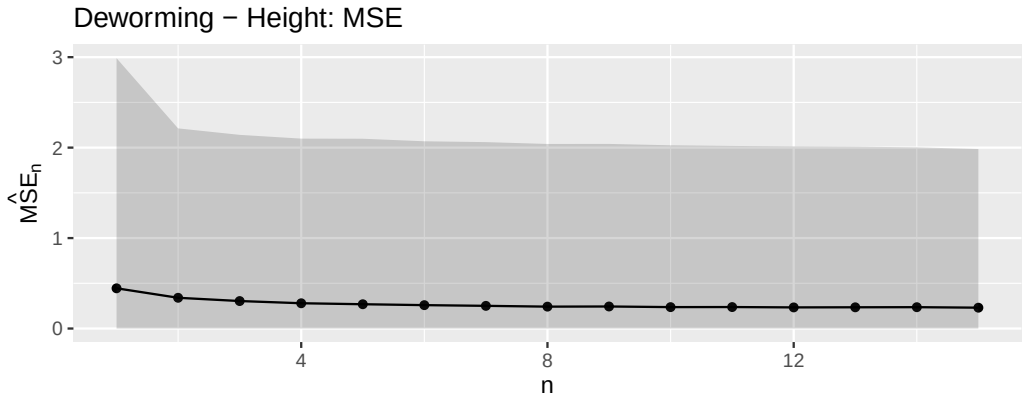

Bed Nets − Malaria: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
2.5
5.0
7.5
n

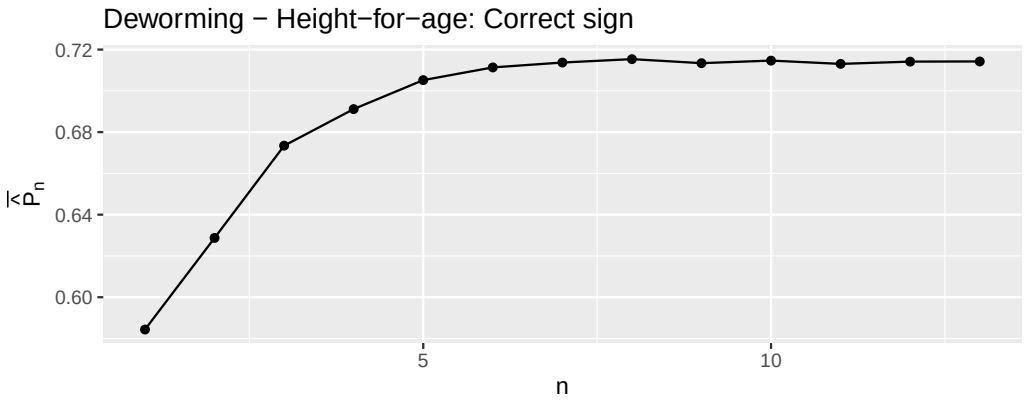

Bed Nets − Malaria: MSE
0.75
0.50
0.25
0.00
$\hat{MSE}_n$
2.5
5.0
7.5
n

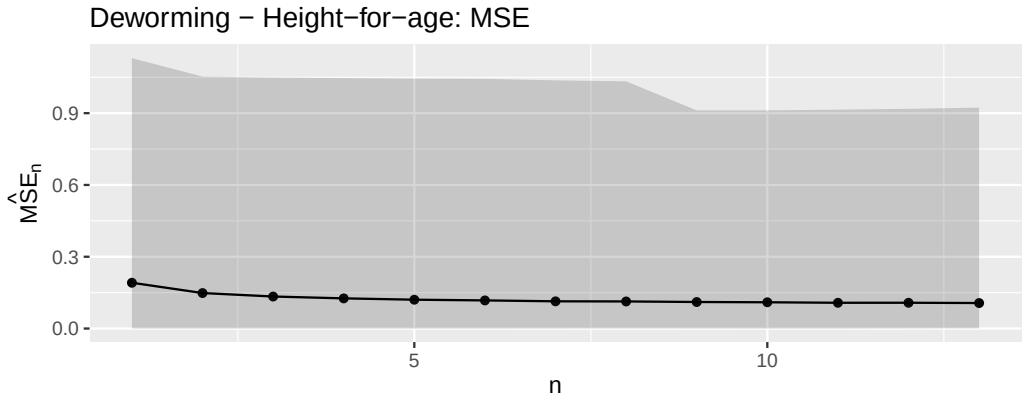

Contract Teachers − Test scores: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

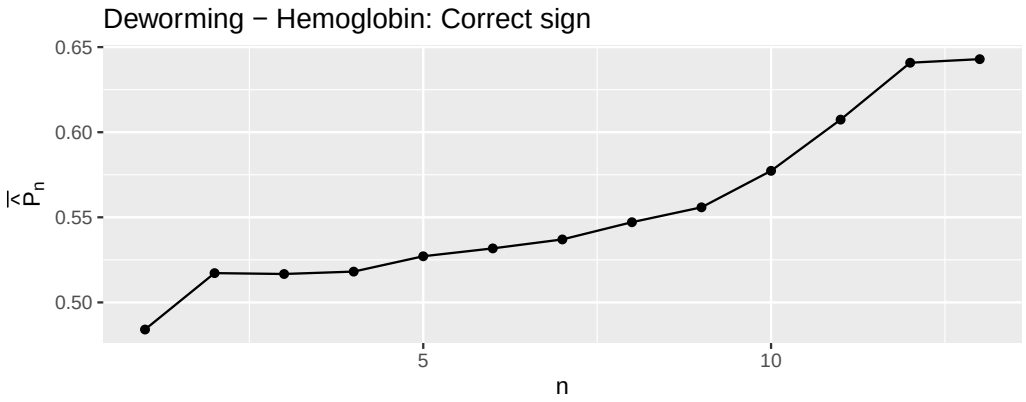

Contract Teachers − Test scores: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

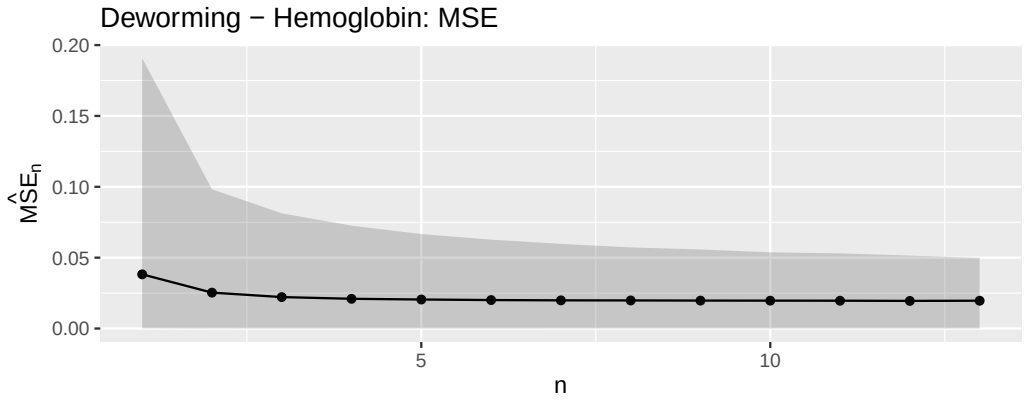

Deworming − Height: Correct sign
0.65
0.60
0.55
0.50
$\overline{\hat{<}}\hat{P}_n$
4
8
12
n

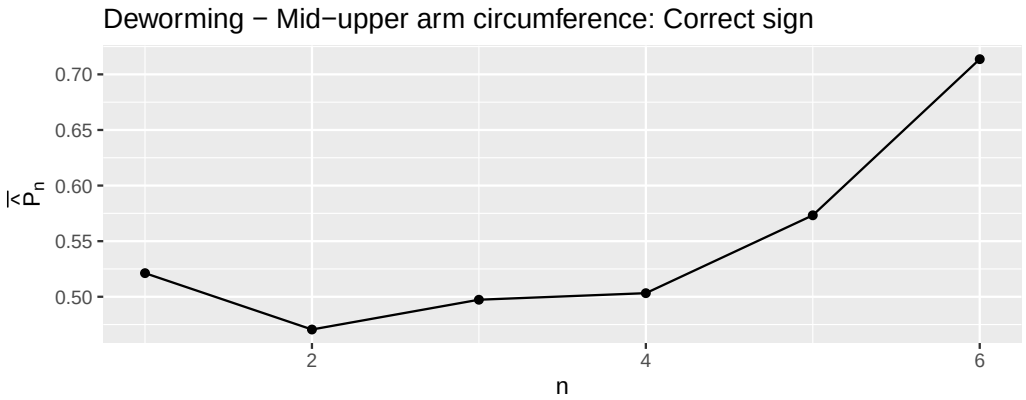

Deworming − Height: MSE
3
2
1
0
$\hat{MSE}_n$
4
8
12
n

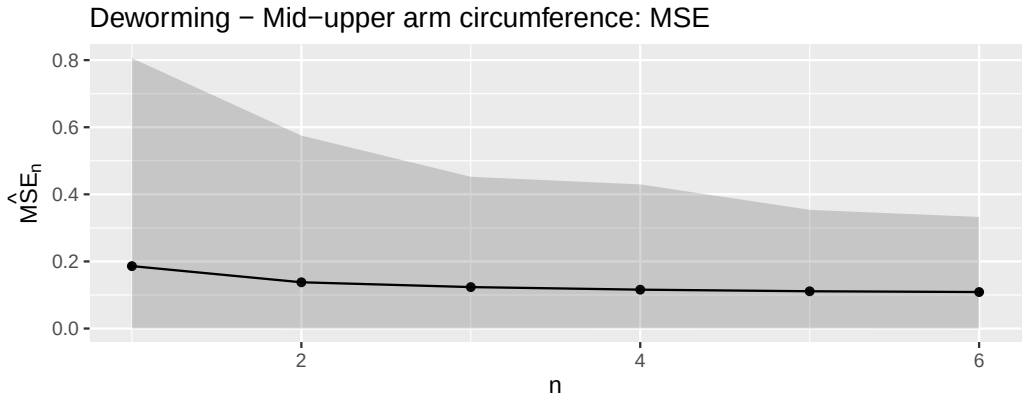

Deworming − Height−for−age: Correct sign
0.72
0.68
0.64
0.60
$\overline{\hat{<}}\hat{P}_n$
5
10
n

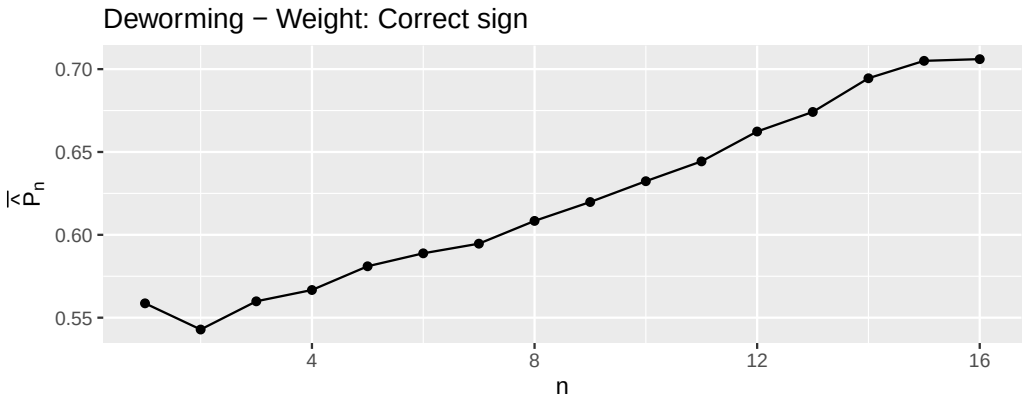

Deworming − Height−for−age: MSE
0.9
0.6
0.3
0.0
$\hat{MSE}_n$
5
10
n

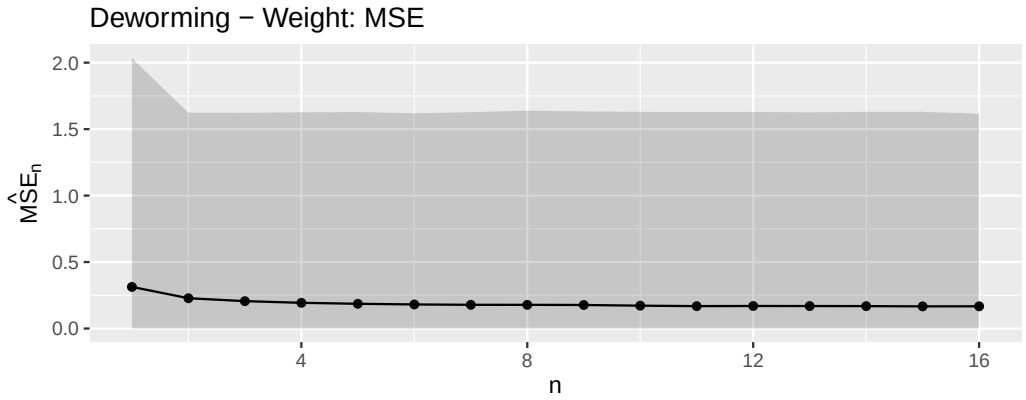

Deworming − Hemoglobin: Correct sign
0.65
0.60
0.55
0.50
$\overline{\hat{<}}\hat{P}_n$
5
10
n

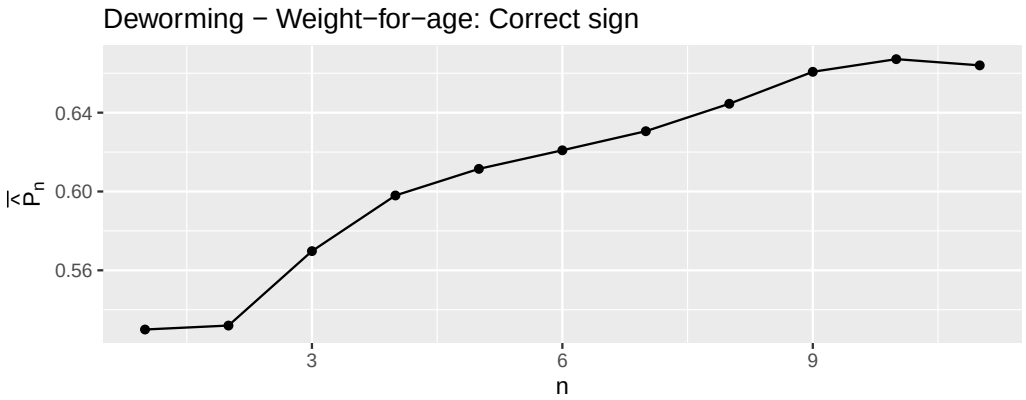

Deworming − Hemoglobin: MSE
0.20
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
5
10
n

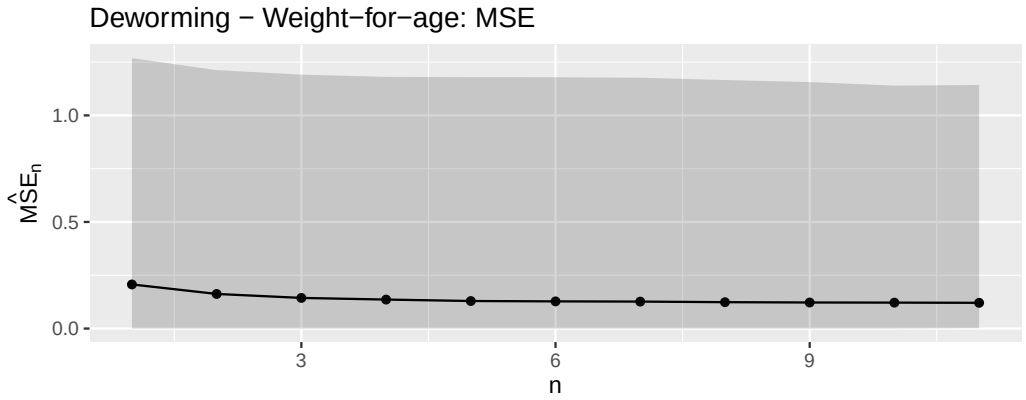

Deworming − Mid−upper arm circumference: Correct sign
0.70
0.65
0.60
0.55
0.50
$\overline{\hat{<}}\hat{P}_n$
2
4
6
n

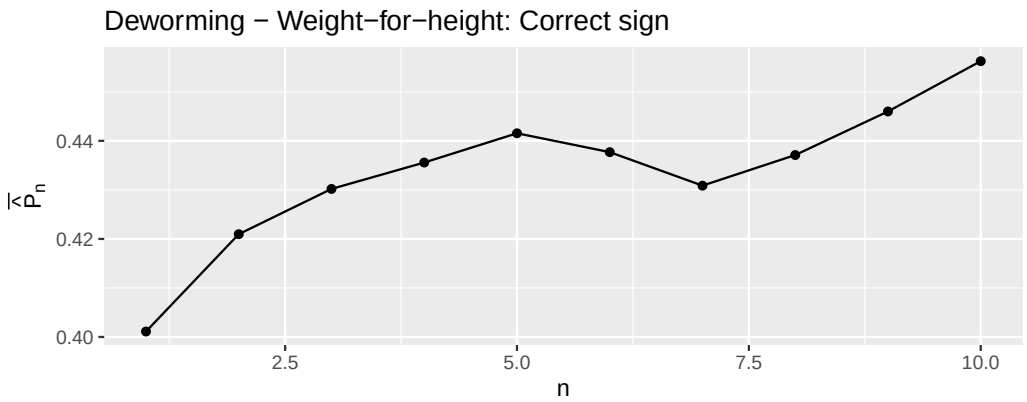

Deworming − Mid−upper arm circumference: MSE
0.8
0.6
0.4
0.2
0.0
$\hat{MSE}_n$
2
4
6
n

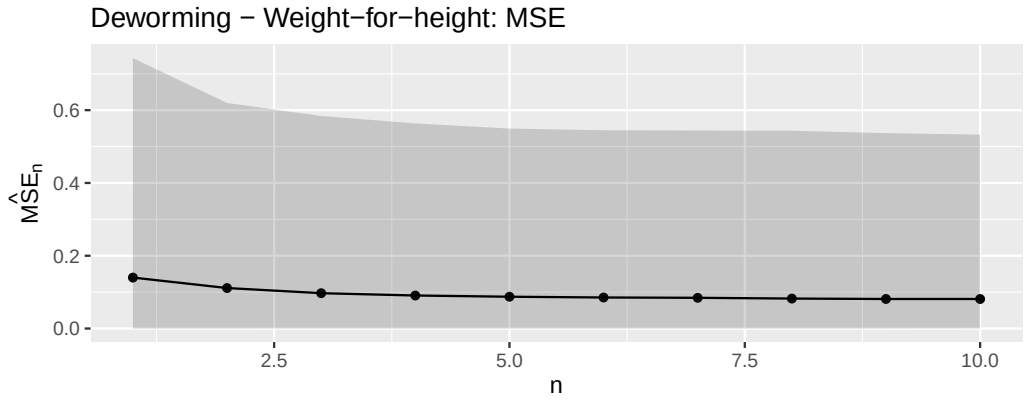

Deworming − Weight: Correct sign
0.70
0.65
0.60
0.55
$\overline{\hat{<}}\hat{P}_n$
4
8
12
16
n

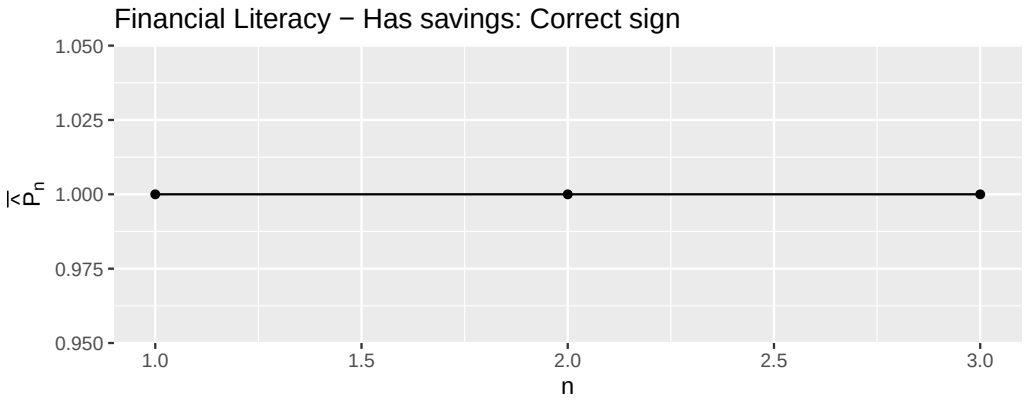

Deworming − Weight: MSE
2.0
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
4
8
12
16
n

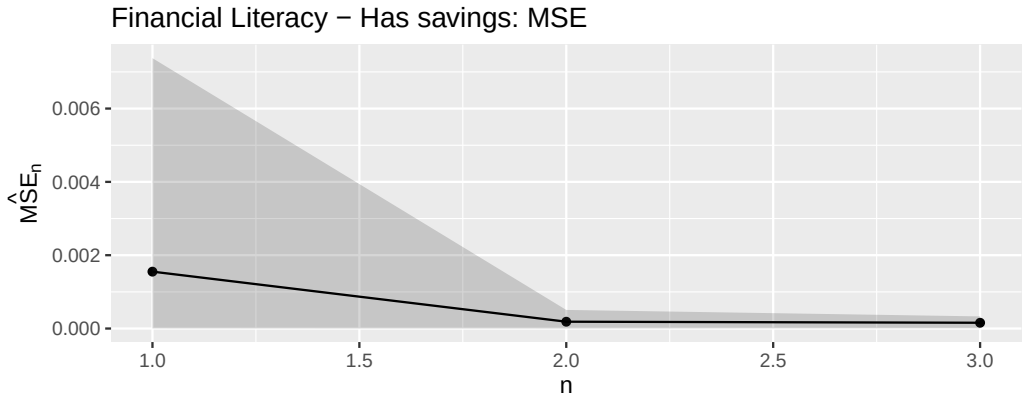

Deworming − Weight−for−age: Correct sign
0.64
0.60
0.56
$\overline{<}\hat{P}_n$
3
6
9
n

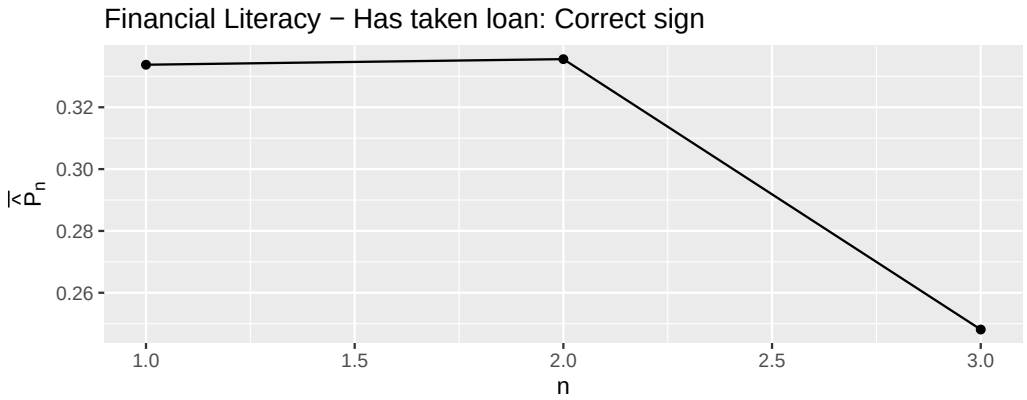

Deworming − Weight−for−age: MSE
1.0
0.5
0.0
$\hat{MSE}_n$
3
6
9
n

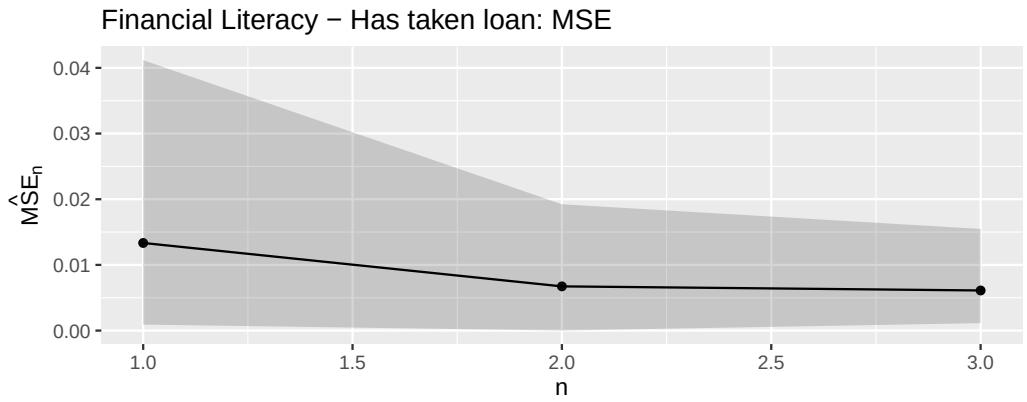

Deworming − Weight−for−height: Correct sign
0.44
0.42
0.40
2.5
5.0
7.5
10.0
n

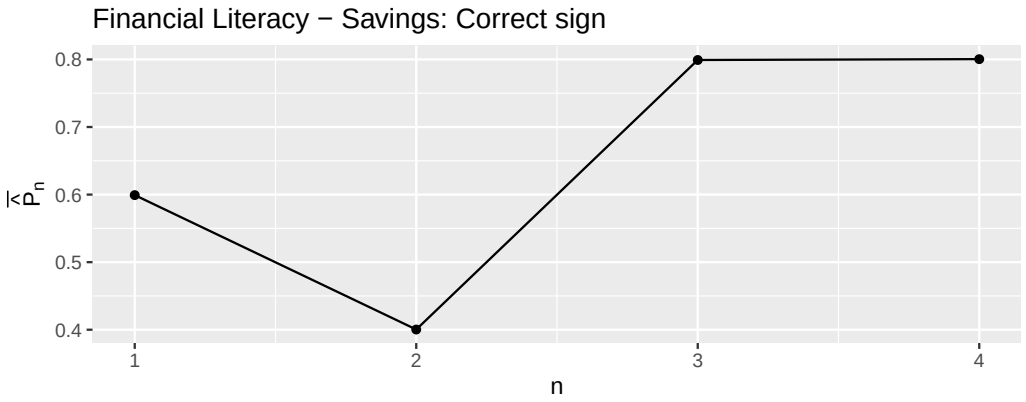

Deworming − Weight−for−height: MSE
0.6
0.4
0.2
0.0
2.5
5.0
7.5
10.0
n

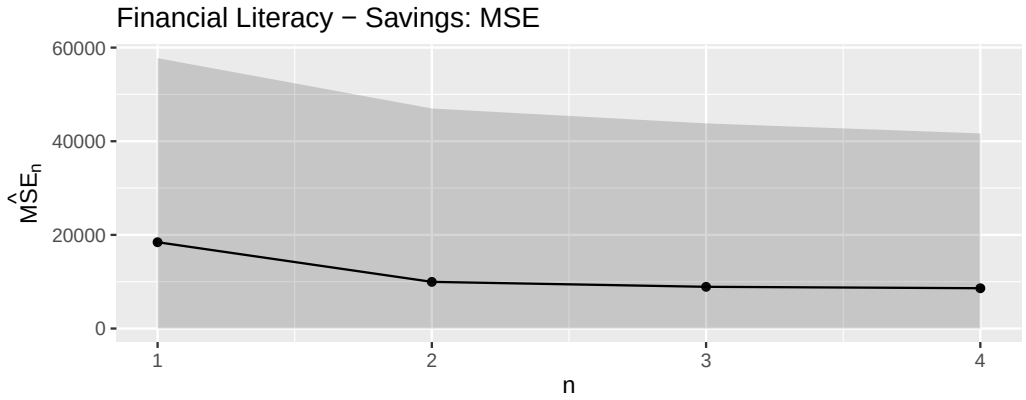

Financial Literacy − Has savings: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{P}}_n$
1.0
1.5
2.0
2.5
3.0
n

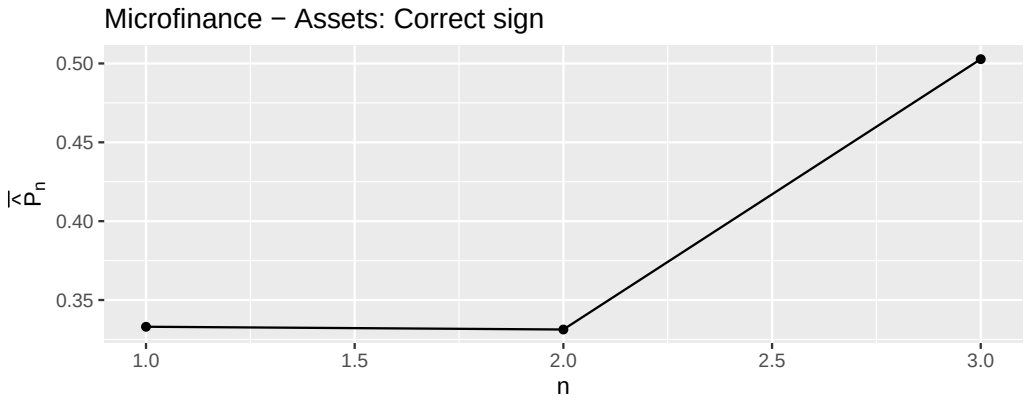

Financial Literacy − Has savings: MSE
0.006
0.004
0.002
0.000
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

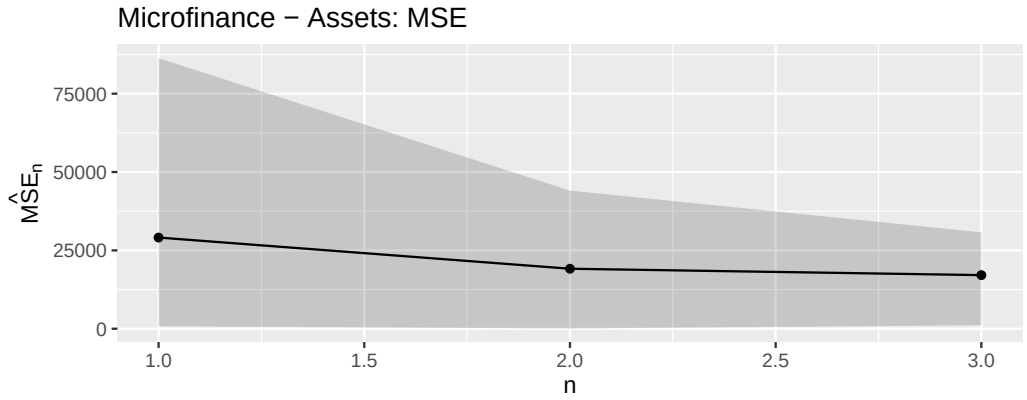

Financial Literacy − Has taken loan: Correct sign
0.32
0.30
0.28
0.26
$\overline{\hat{P}}_n$
1.0
1.5
2.0
2.5
3.0
n

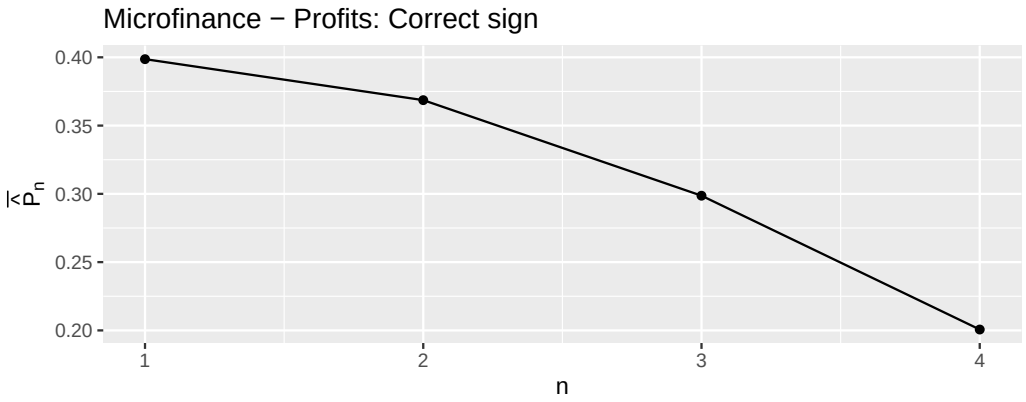

Financial Literacy − Has taken loan: MSE
0.04
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

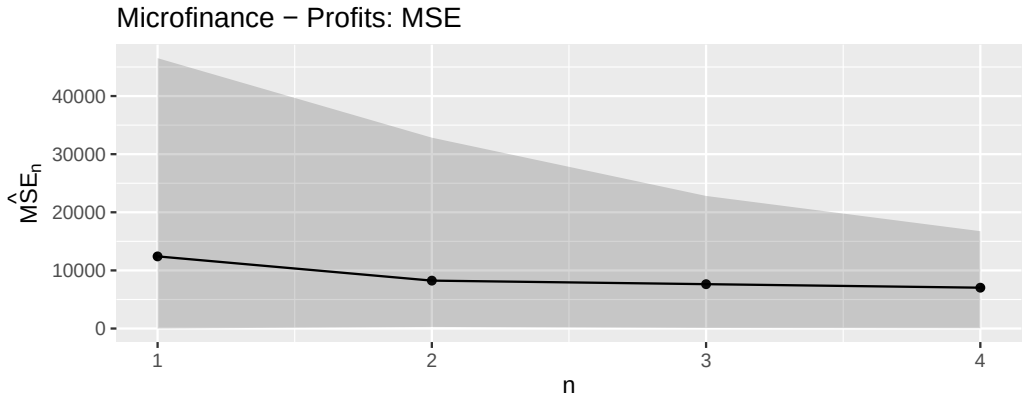

Financial Literacy − Savings: Correct sign
0.8
0.7
0.6
0.5
0.4
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

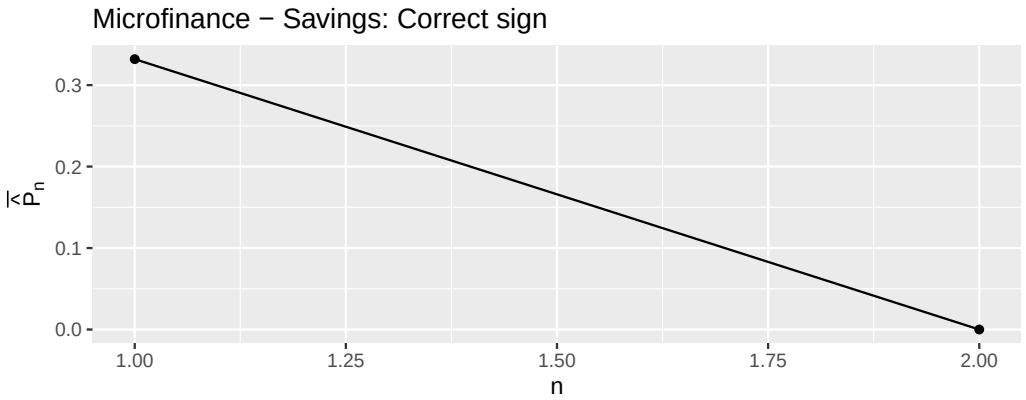

Financial Literacy − Savings: MSE
60000
40000
20000
0
$\hat{MSE}_n$
1
2
3
4
n

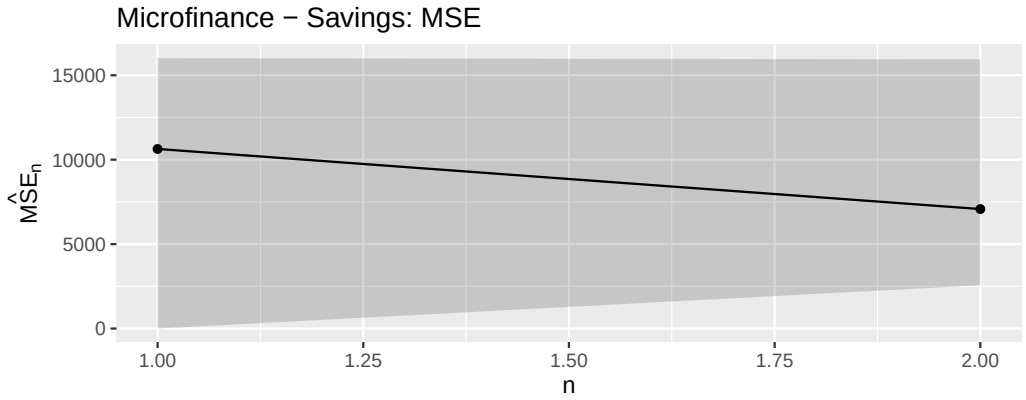

Microfinance − Assets: Correct sign
0.50
0.45
0.40
0.35
$\overline{\hat{<}}P_n$
1.0
1.5
2.0
2.5
3.0
n

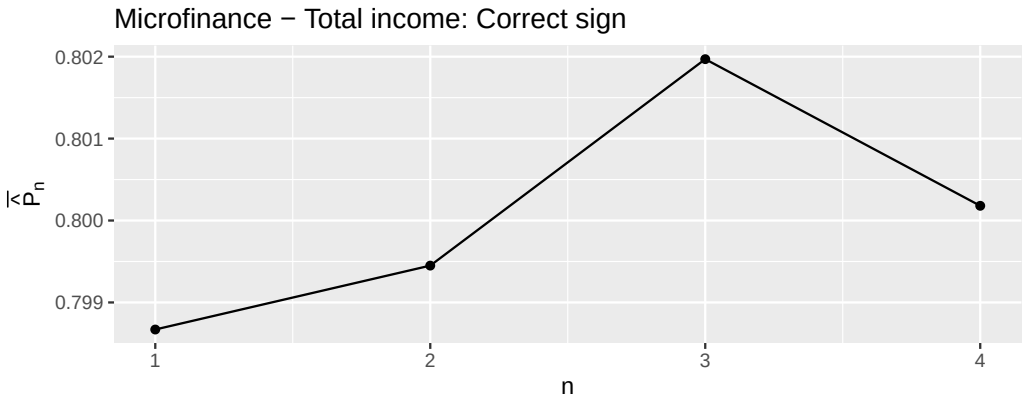

Microfinance − Assets: MSE
75000
50000
25000
0
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

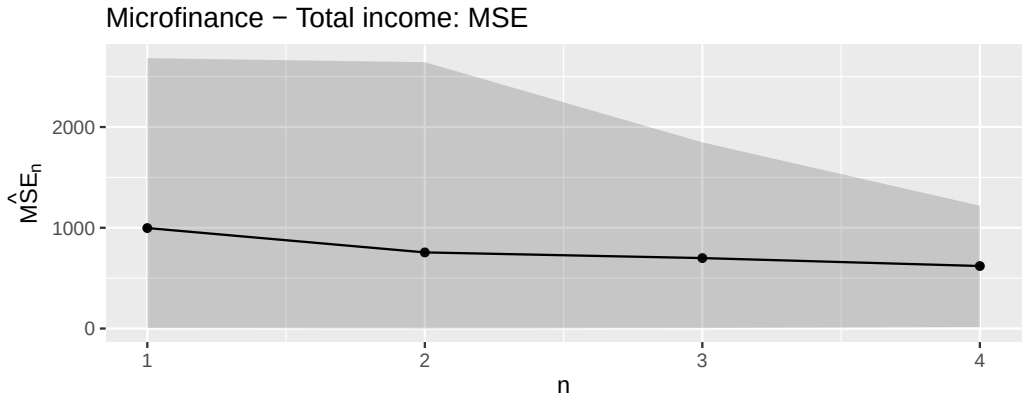

Microfinance − Profits: Correct sign
0.40
0.35
0.30
0.25
0.20
$\overline{\hat{<}}P_n$
1
2
3
4
n

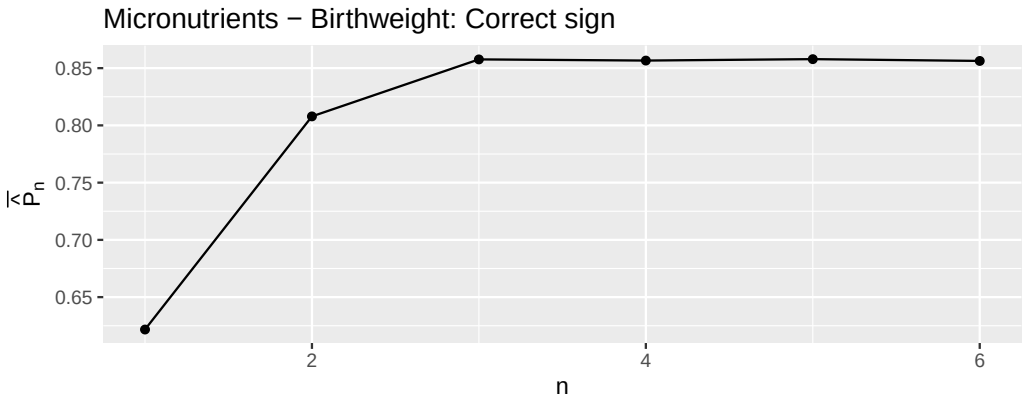

Microfinance − Profits: MSE
40000
30000
20000
10000
0
$\hat{MSE}_n$
1
2
3
4
n

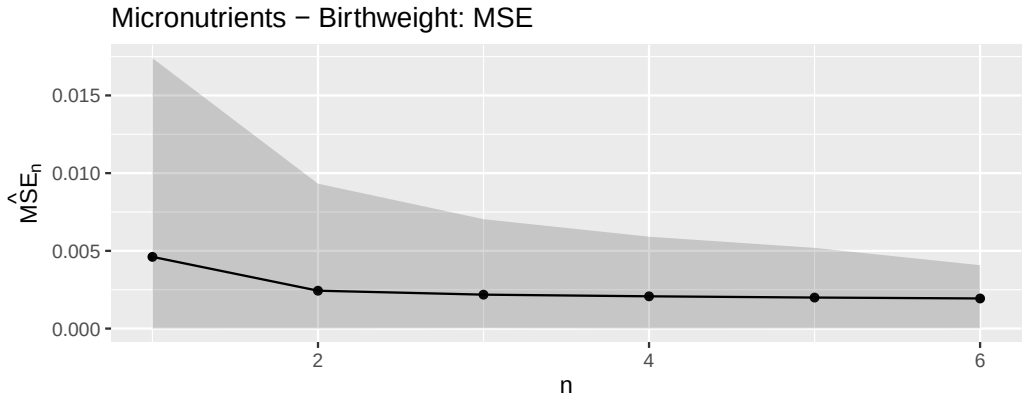

Microfinance − Savings: Correct sign
0.3
0.2
0.1
0.0
$\overline{\hat{<}}P_n$
1.00
1.25
1.50
1.75
2.00
n

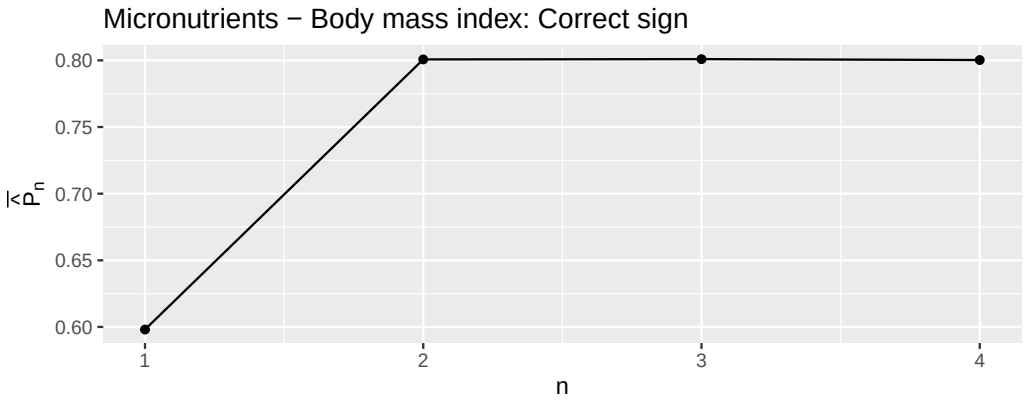

Microfinance − Savings: MSE
15000
10000
5000
0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

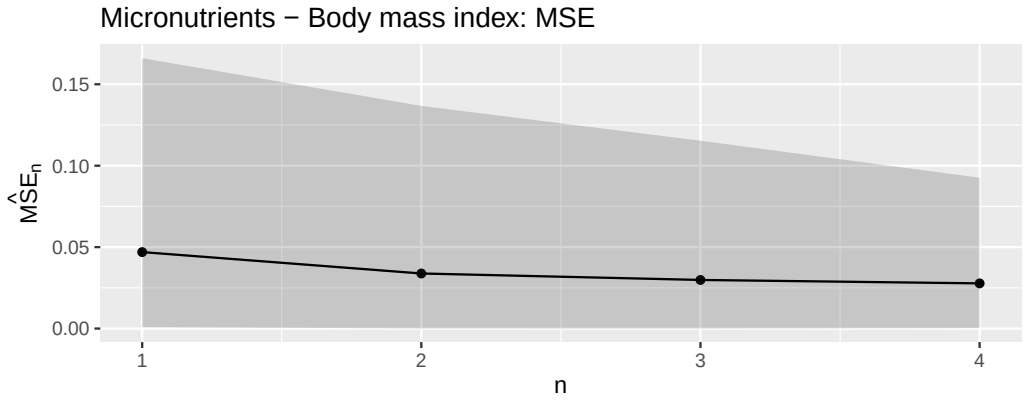

Microfinance − Total income: Correct sign
0.802
0.801
0.800
0.799
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

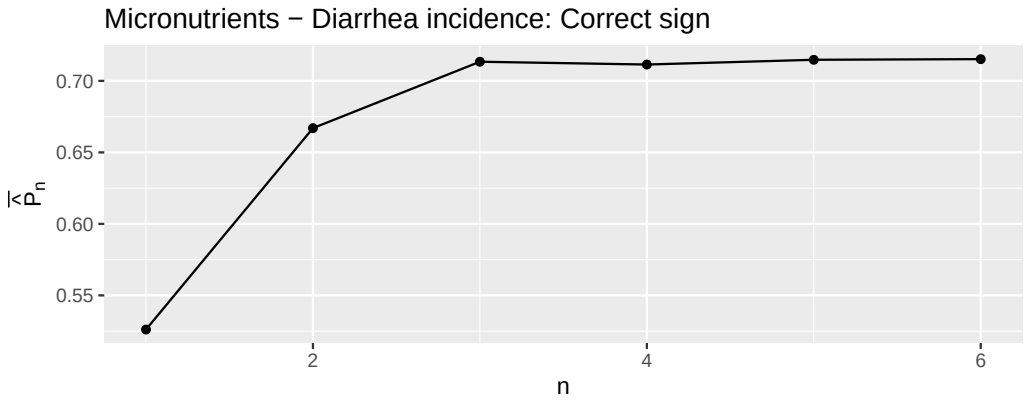

Microfinance − Total income: MSE
2000
1000
0
$\hat{MSE}_n$
1
2
3
4
n


Micronutrients − Birthweight: Correct sign
0.85
0.80
0.75
0.70
0.65
$\overline{\hat{<}}\hat{P}_n$
2
4
6
n

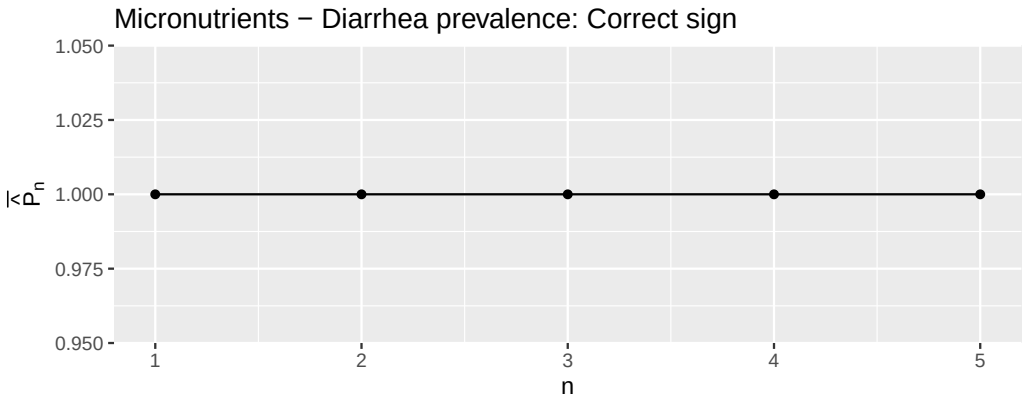

Micronutrients − Birthweight: MSE
0.015
0.010
0.005
0.000
$\hat{MSE}_n$
2
4
6
n

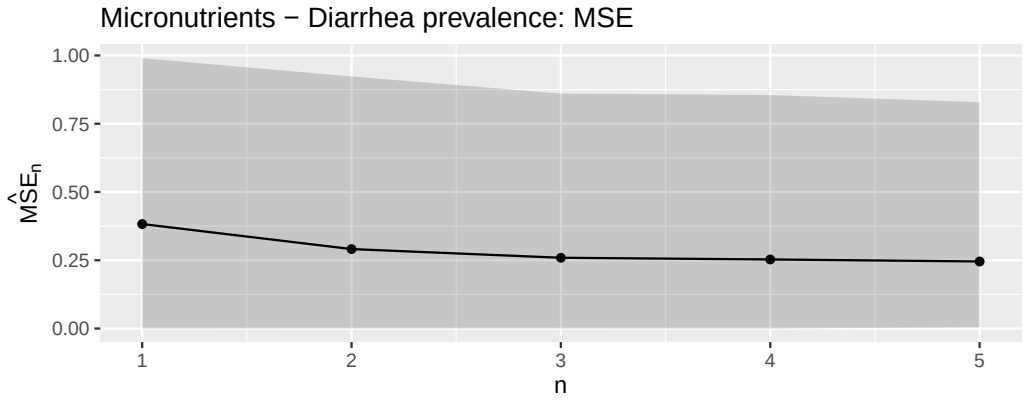

Micronutrients − Body mass index: Correct sign
0.80
0.75
0.70
0.65
0.60
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n

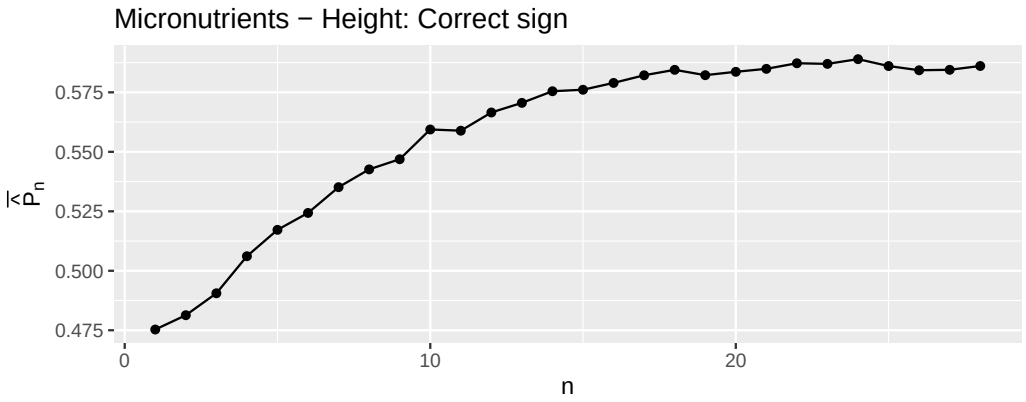

Micronutrients − Body mass index: MSE
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
1
2
3
4
n

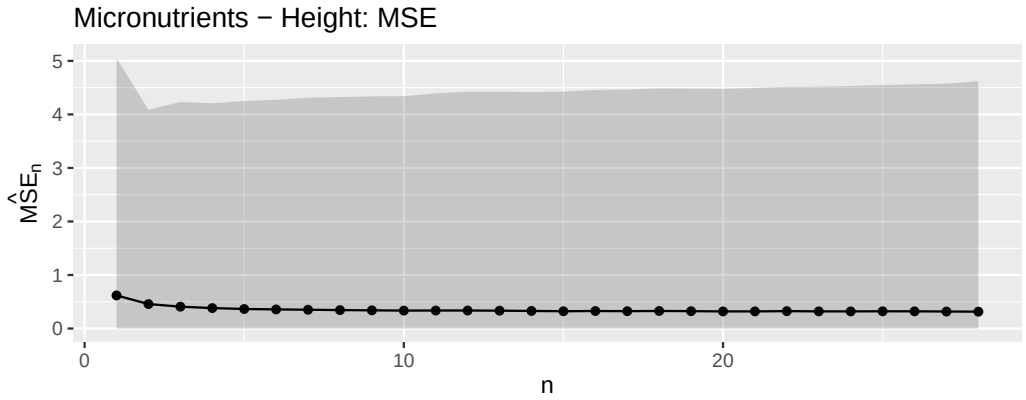

Micronutrients − Diarrhea incidence: Correct sign
0.70
0.65
0.60
0.55
$\overline{\hat{<}}\hat{P}_n$
2
4
6
n

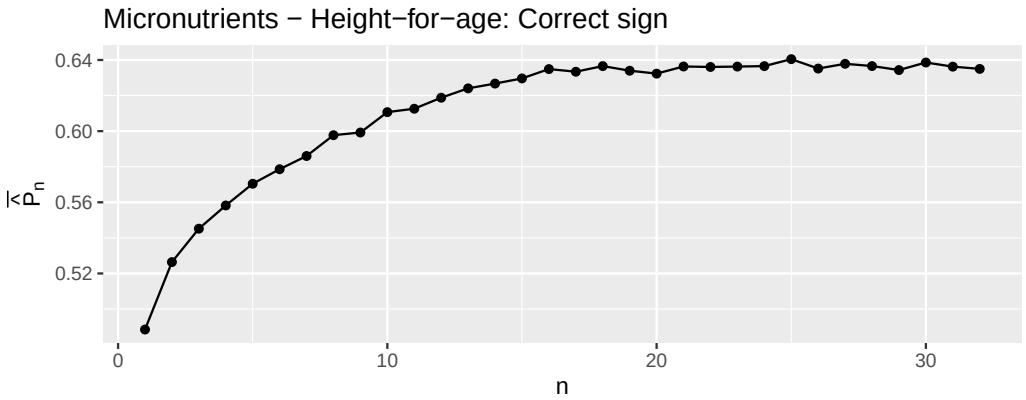

Micronutrients − Diarrhea incidence: MSE
0.100
0.075
0.050
0.025
0.000
$\hat{MSE}_n$
2
4
6
n

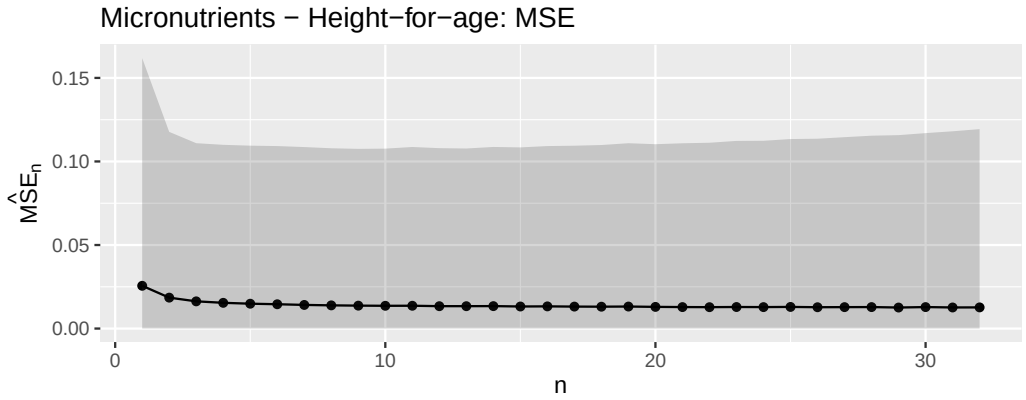

Micronutrients − Diarrhea prevalence: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
5
n

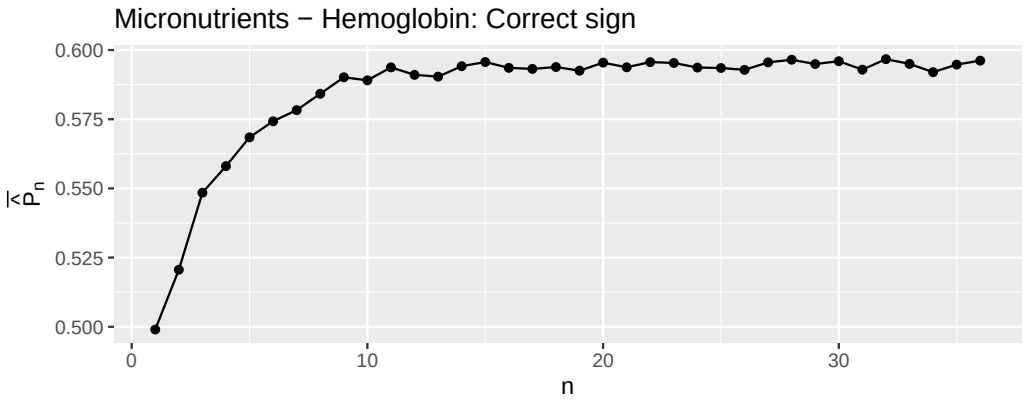

Micronutrients − Diarrhea prevalence: MSE
1.00
0.75
0.50
0.25
0.00
$\hat{MSE}_n$
1
2
3
4
5
n

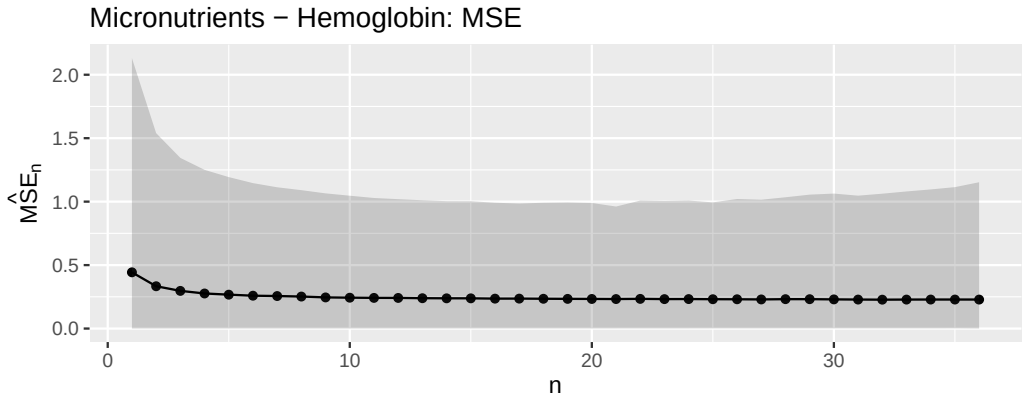

Micronutrients − Height: Correct sign
0.575
0.550
0.525
0.500
0.475
$\overline{\hat{<}}\hat{P}_n$
0
10
20
n

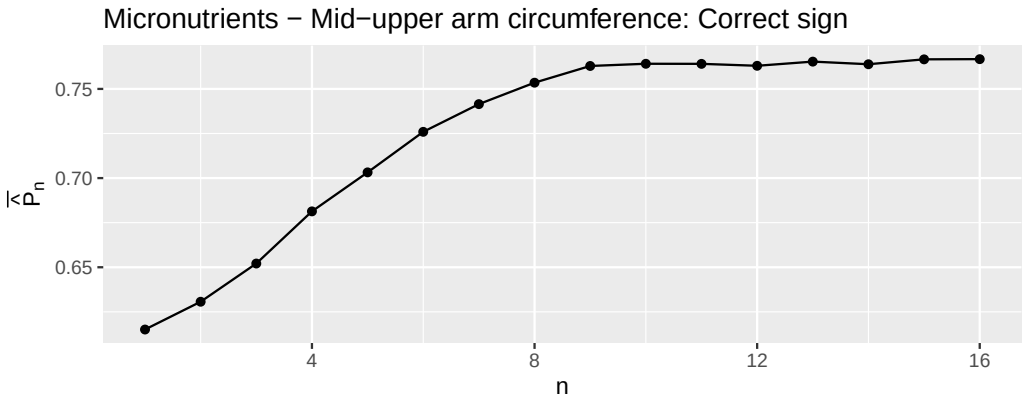

Micronutrients − Height: MSE
5
4
3
2
1
0
$\hat{MSE}_n$
0
10
20
n

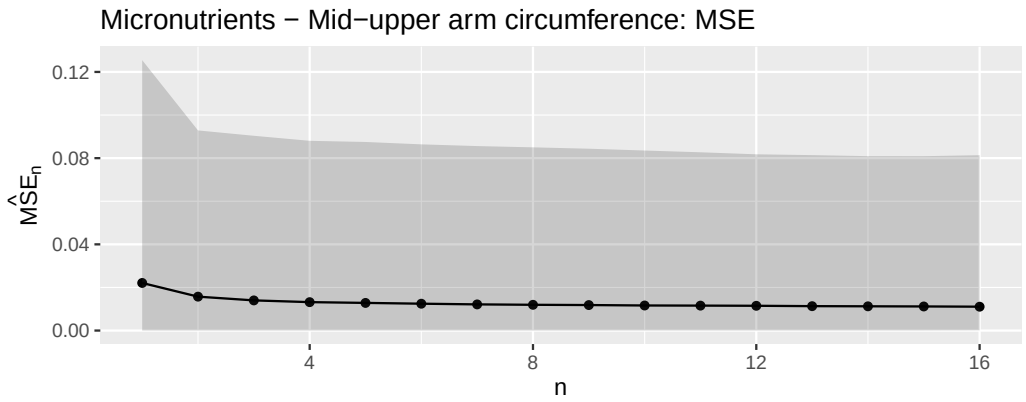

Micronutrients − Height−for−age: Correct sign
0.64
0.60
0.56
0.52
$\overline{\hat{<}}\hat{P}_n$
0
10
20
30
n


Micronutrients − Height−for−age: MSE
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
0
10
20
30
n


Micronutrients − Hemoglobin: Correct sign
0.600
0.575
0.550
0.525
0.500
$\overline{\hat{<}}P_n$
0
10
20
30
n

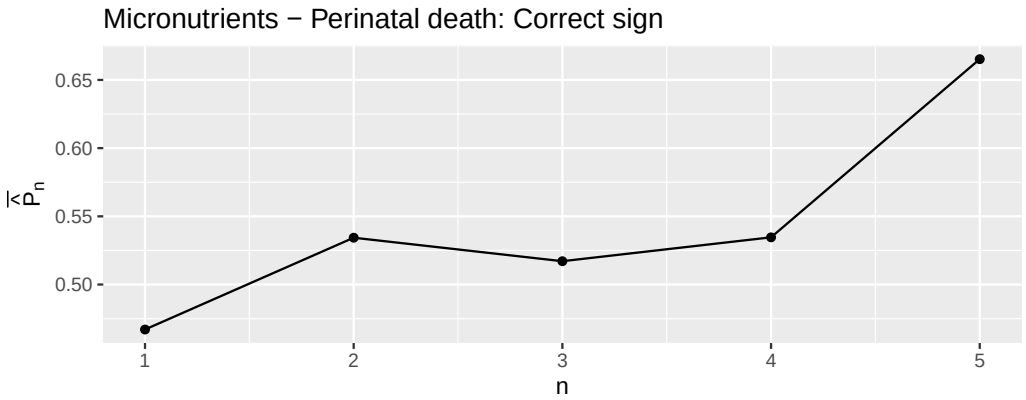

Micronutrients − Hemoglobin: MSE
2.0
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
0
10
20
30
n

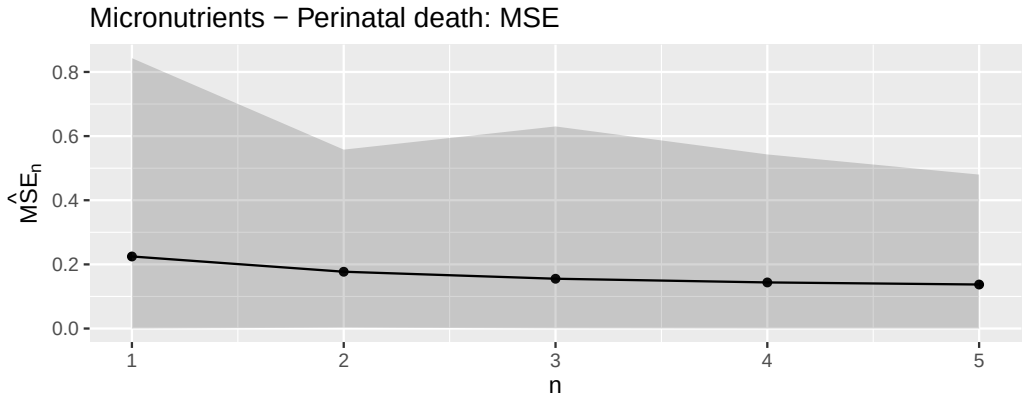

Micronutrients − Mid−upper arm circumference: Correct sign
0.75
0.70
0.65
$\overline{\hat{<}}\hat{P}_n$
4
8
12
16
n

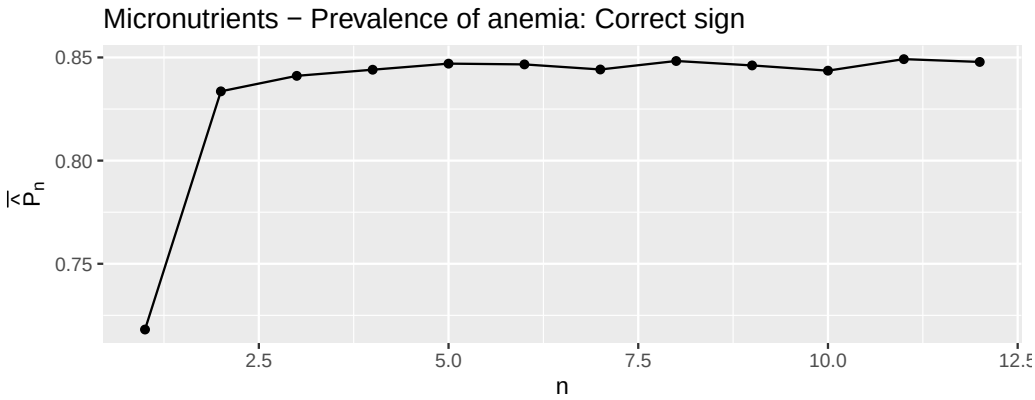

Micronutrients − Mid−upper arm circumference: MSE
0.12
0.08
0.04
0.00
$\hat{MSE}_n$
4
8
12
16
n

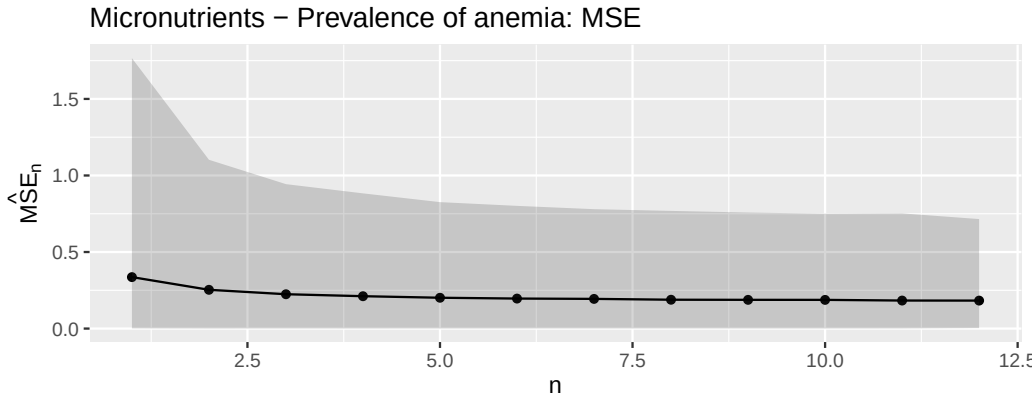

Micronutrients − Mortality: Correct sign
0.45
0.40
0.35
$\overline{\hat{<}}\hat{P}_n$
2.5
5.0
7.5
10.0
n


Micronutrients − Mortality: MSE
2.5
2.0
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
n

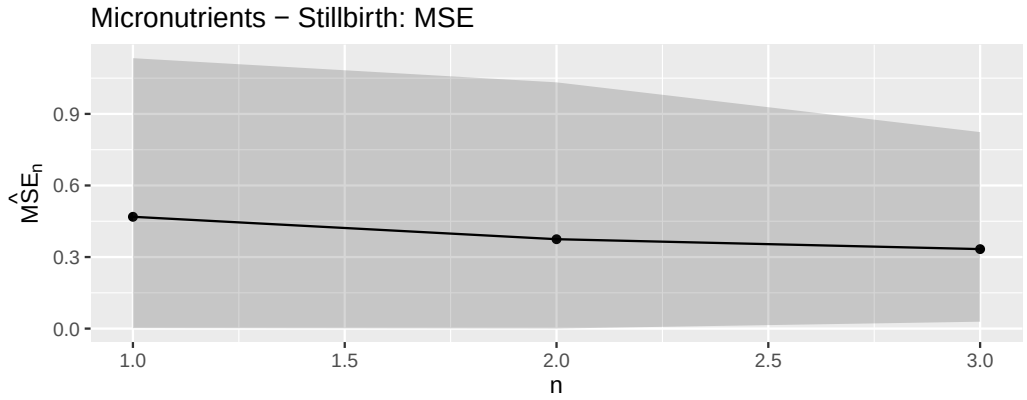

Micronutrients − Perinatal death: Correct sign
0.65
0.60
0.55
0.50
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
5
n

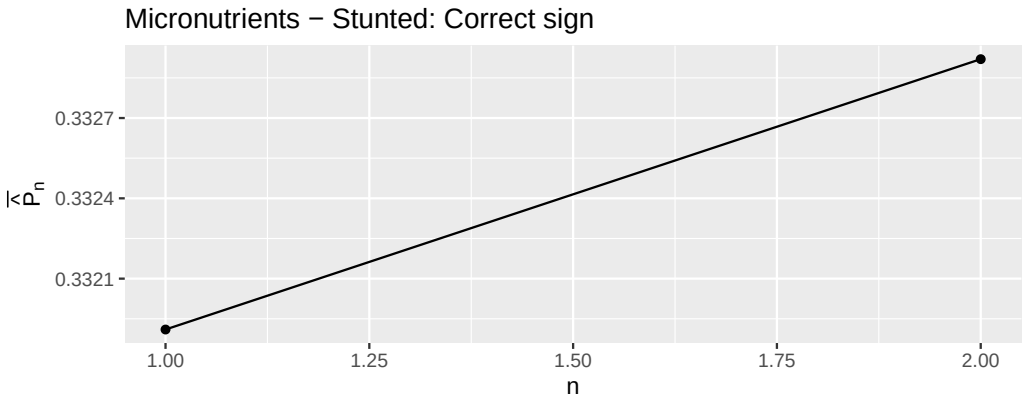

Micronutrients − Perinatal death: MSE
0.8
0.6
0.4
0.2
0.0
$\hat{MSE}_n$
1
2
3
4
5
n

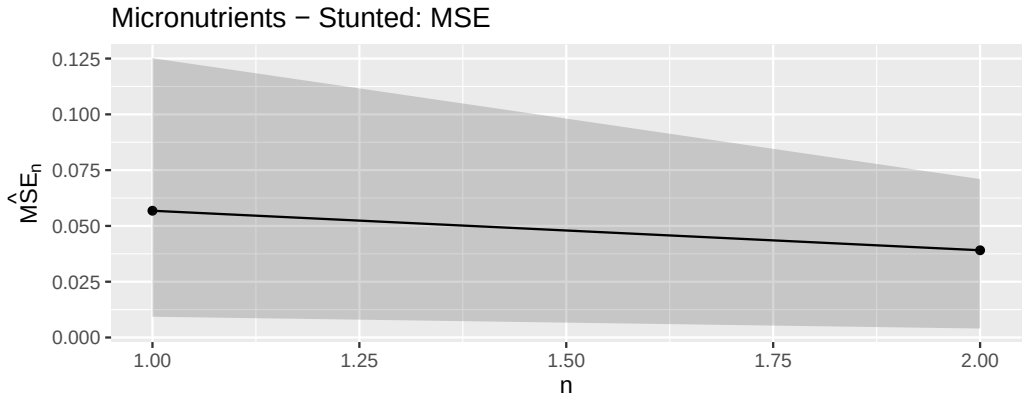

Micronutrients − Prevalence of anemia: Correct sign
0.85
0.80
0.75
$\overline{\hat{<}}P_n$
2.5
5.0
7.5
10.0
12.5
n

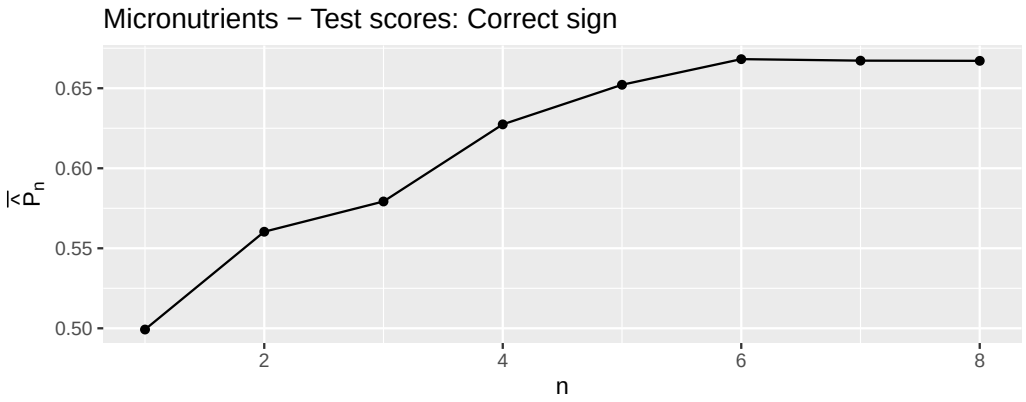

Micronutrients − Prevalence of anemia: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
2.5
5.0
7.5
10.0
12.5
n

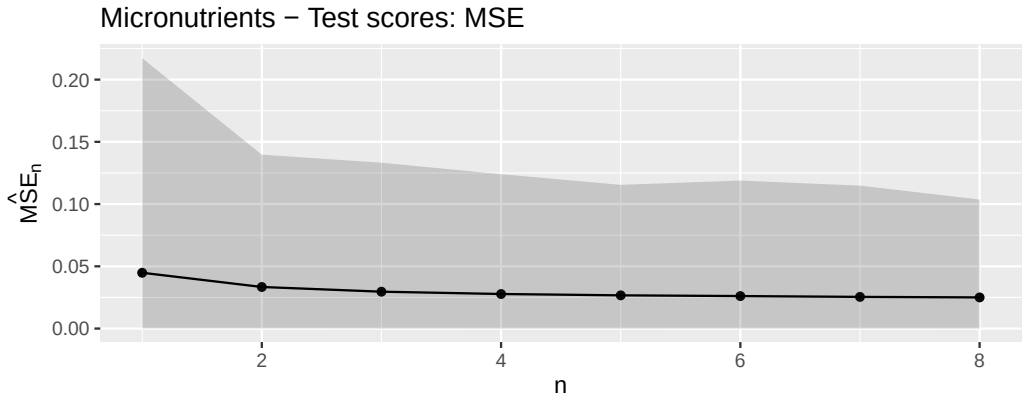

Micronutrients − Stillbirth: Correct sign
0.34
0.32
0.30
0.28
0.26
$\overline{\hat{<}}\hat{P}_n$
1.0
1.5
2.0
2.5
3.0
n

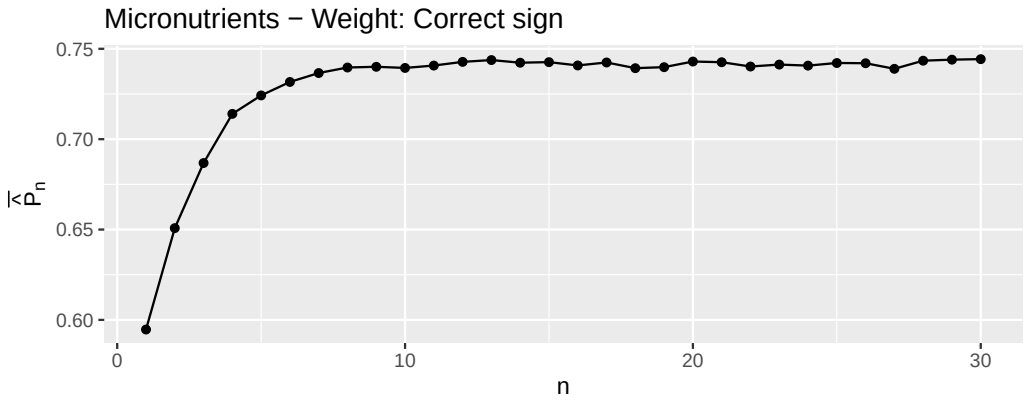

Micronutrients − Stillbirth: MSE
0.9
0.6
0.3
0.0
$\hat{MSE}_n$
1.0
1.5
2.0
2.5
3.0
n

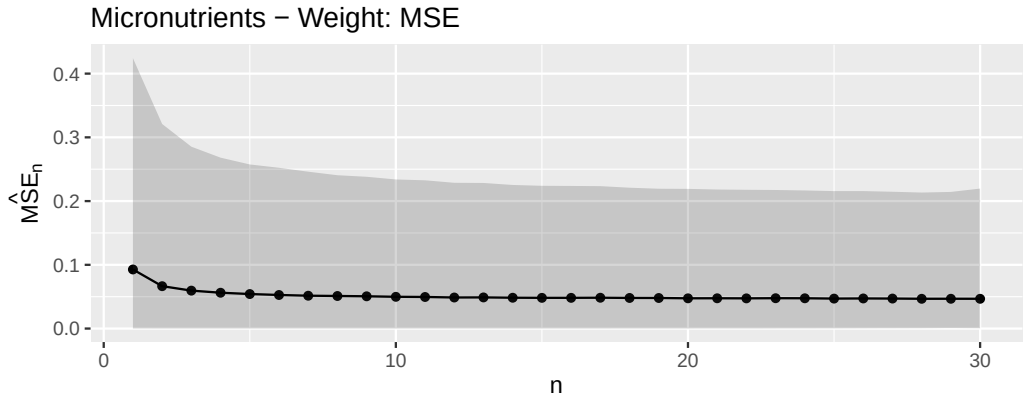

Micronutrients − Stunted: Correct sign
0.3327
0.3324
0.3321
$\overline{\hat{P}_n}$
1.00
1.25
1.50
1.75
2.00
n

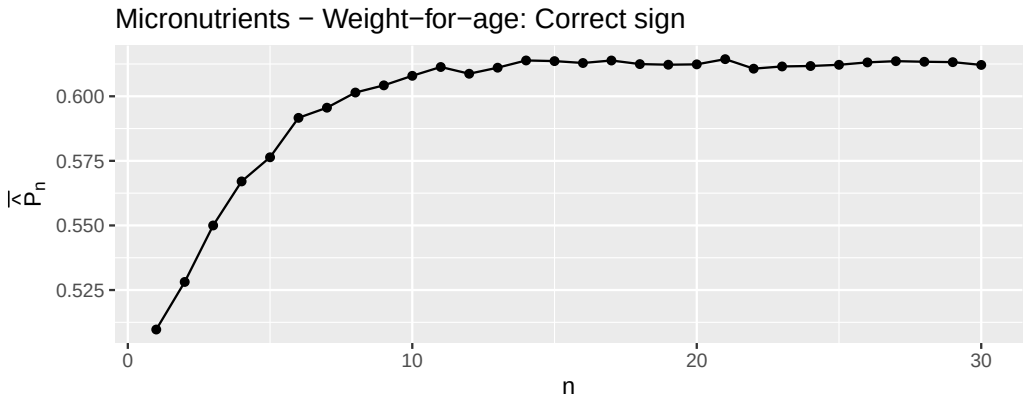

Micronutrients − Stunted: MSE
0.125
0.100
0.075
0.050
0.025
0.000
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

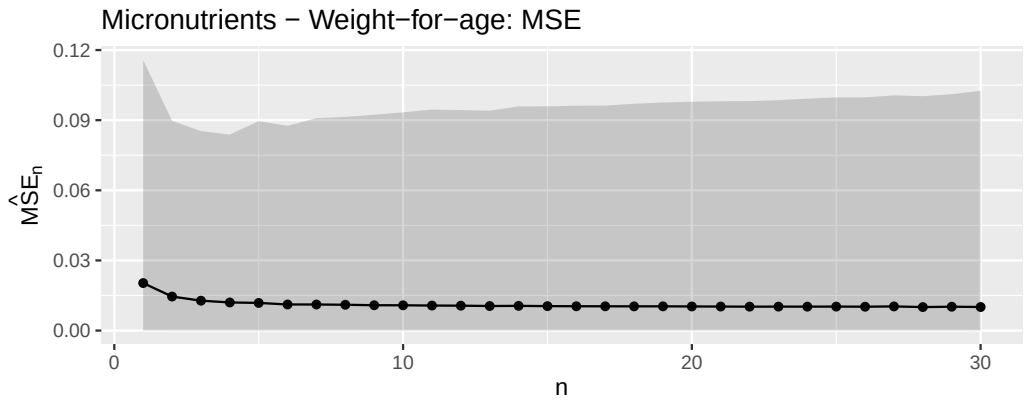

Micronutrients − Test scores: Correct sign
0.65
0.60
0.55
0.50
$\overline{\hat{<}}\hat{P}_n$
2
4
6
8
n

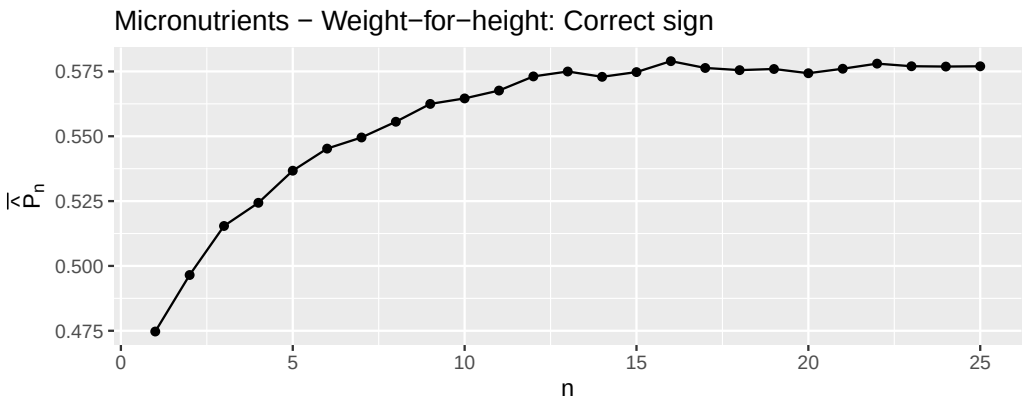

Micronutrients − Test scores: MSE
0.20
0.15
0.10
0.05
0.00
$\hat{MSE}_n$
2
4
6
8
n

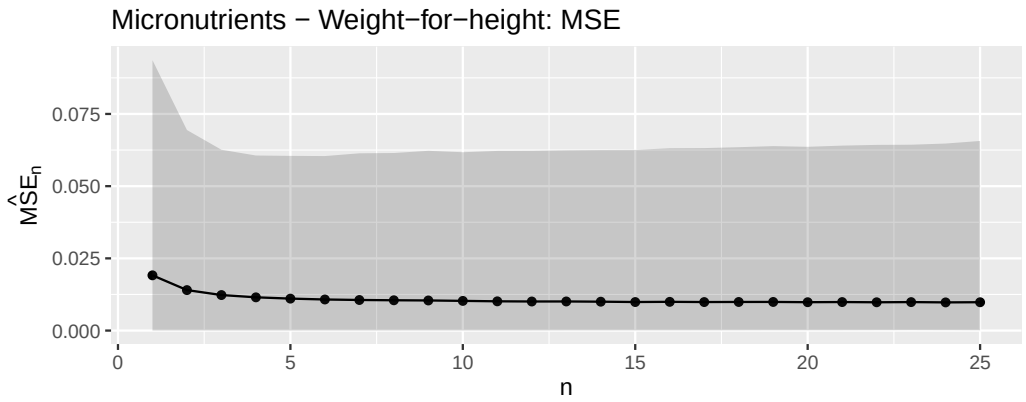

Micronutrients − Weight: Correct sign
0.75
0.70
0.65
0.60
$\overline{\hat{<}}\hat{P}_n$
0
10
20
30
n

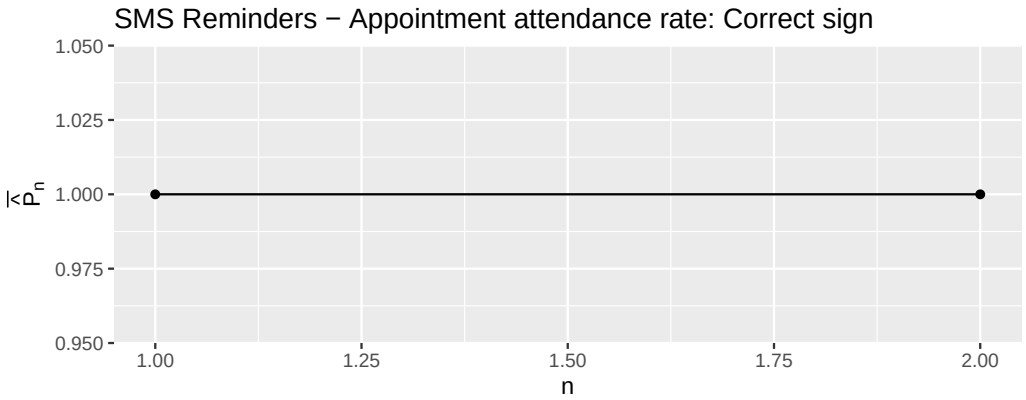

Micronutrients − Weight: MSE
0.4
0.3
0.2
0.1
0.0
$\hat{MSE}_n$
0
10
20
30
n

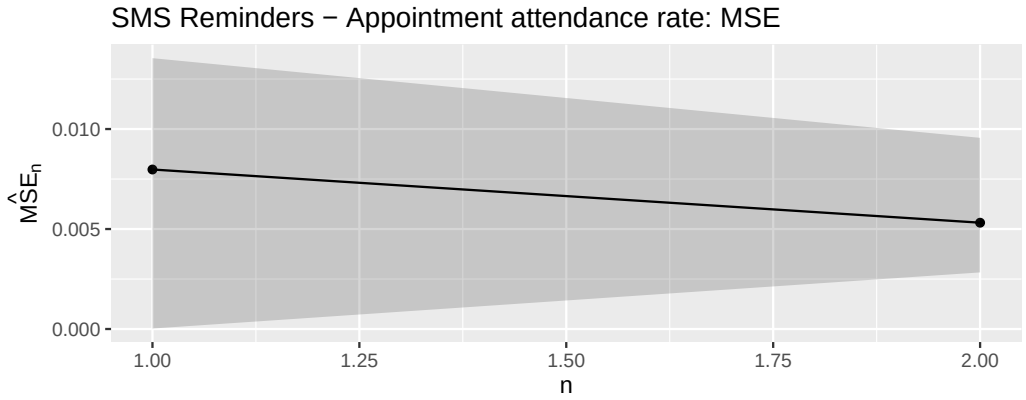

Micronutrients − Weight−for−age: Correct sign
0.600
0.575
0.550
0.525
$\overline{\hat{<}}\hat{P}_n$
0
10
20
30
n

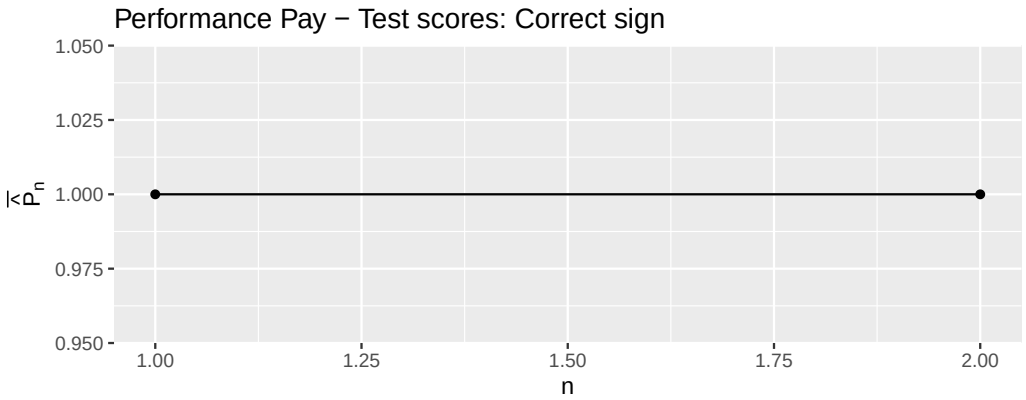

Micronutrients − Weight−for−age: MSE
0.12
0.09
0.06
0.03
0.00
$\hat{MSE}_n$
0
10
20
30
n

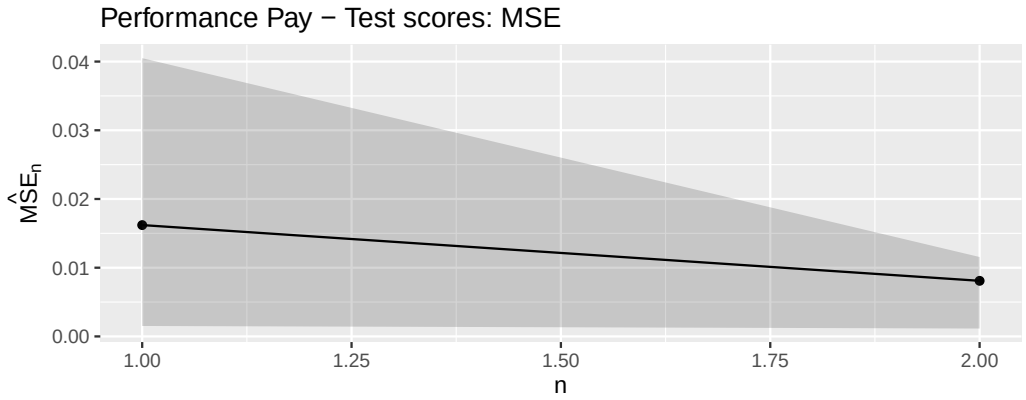

Micronutrients − Weight−for−height: Correct sign
0.575
0.550
0.525
0.500
0.475
$\overline{<}\hat{P}_n$
0
5
10
15
20
25
n


Micronutrients − Weight−for−height: MSE
0.075
0.050
0.025
0.000
$\hat{MSE}_n$
0
5
10
15
20
25
n

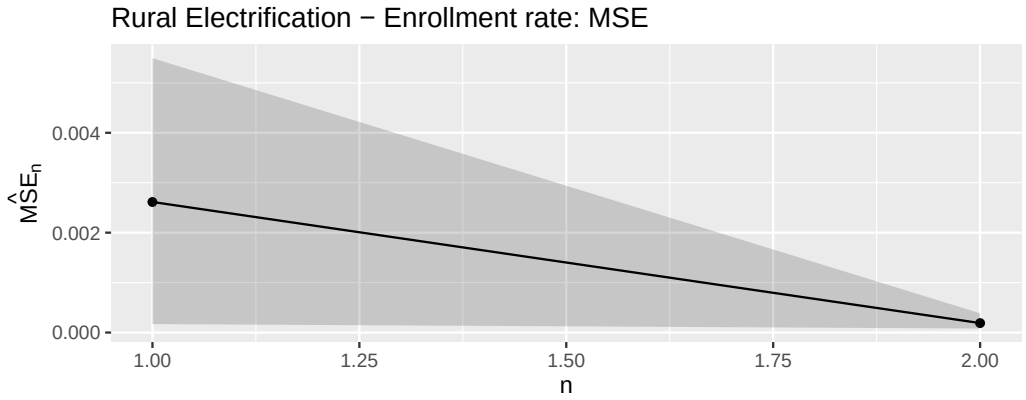

SMS Reminders − Appointment attendance rate: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}P_n$
1.00
1.25
1.50
1.75
2.00
n

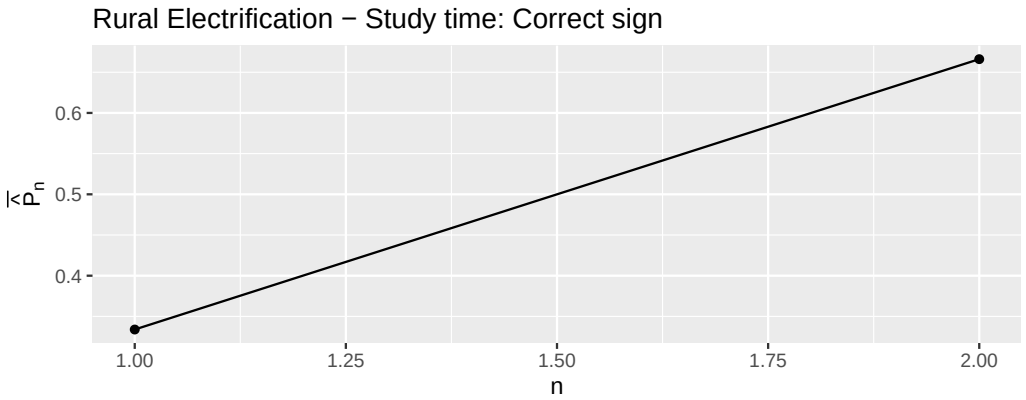

SMS Reminders − Appointment attendance rate: MSE
0.010
0.005
0.000
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

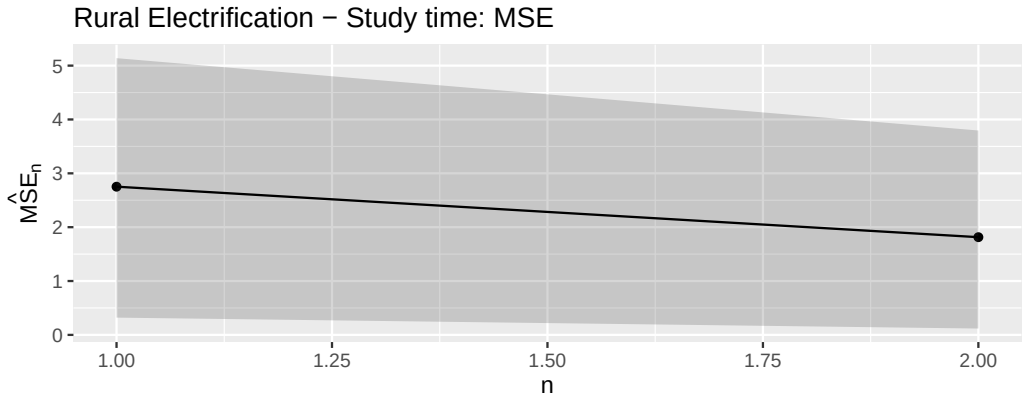

Performance Pay − Test scores: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}_n$
1.00
1.25
1.50
1.75
2.00
n

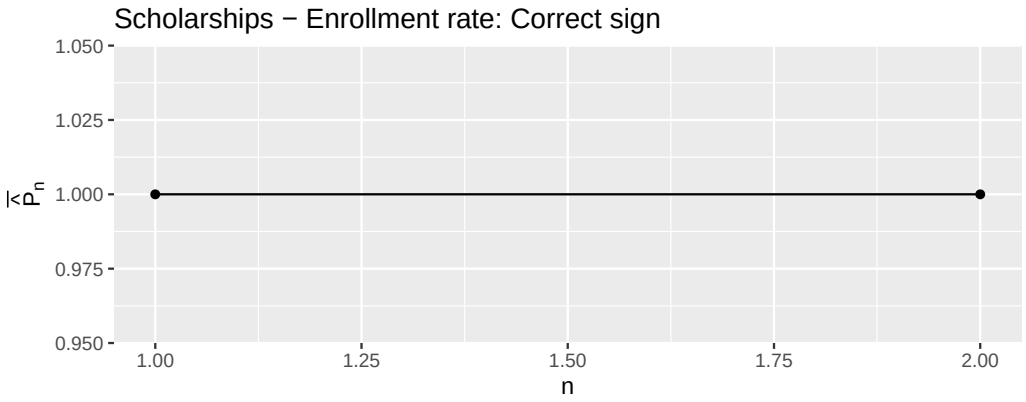

Performance Pay − Test scores: MSE
0.04
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

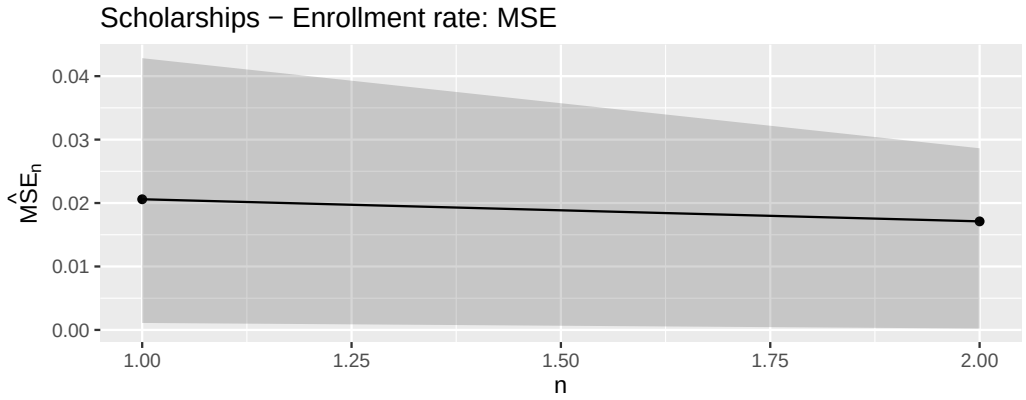

Rural Electrification − Enrollment rate: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

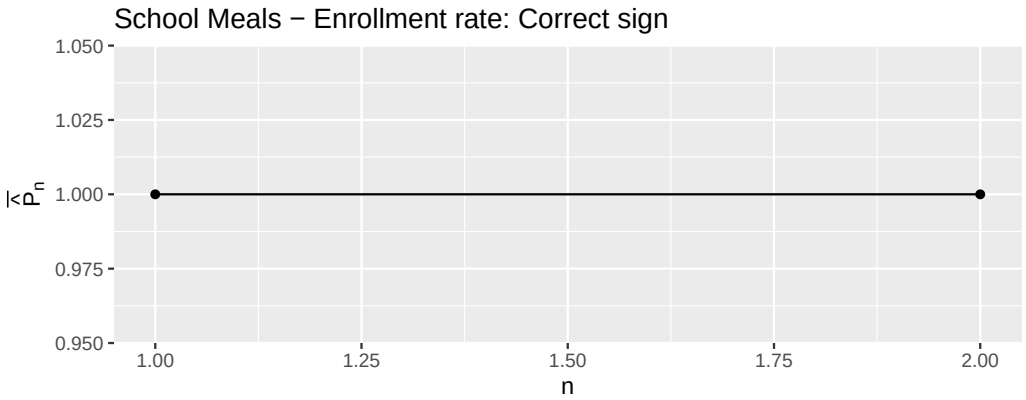

Rural Electrification − Enrollment rate: MSE
0.004
0.002
0.000
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

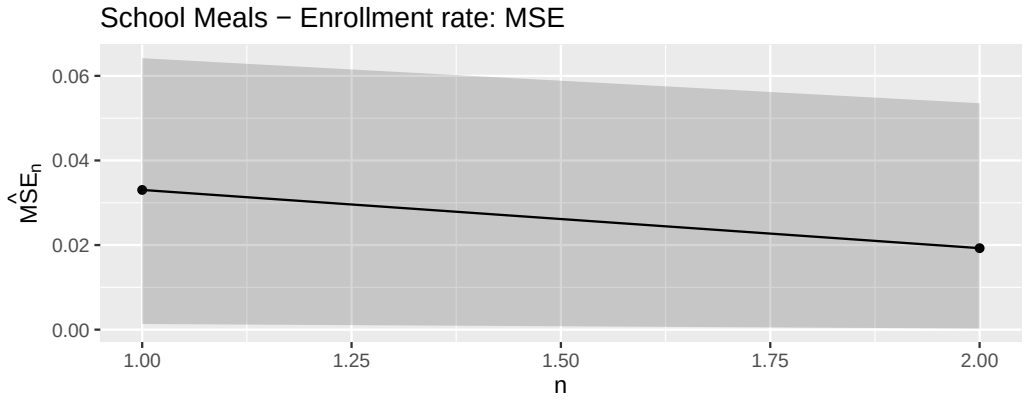

Rural Electrification − Study time: Correct sign
0.6
0.5
0.4
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n


Rural Electrification − Study time: MSE
5
4
3
2
1
0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

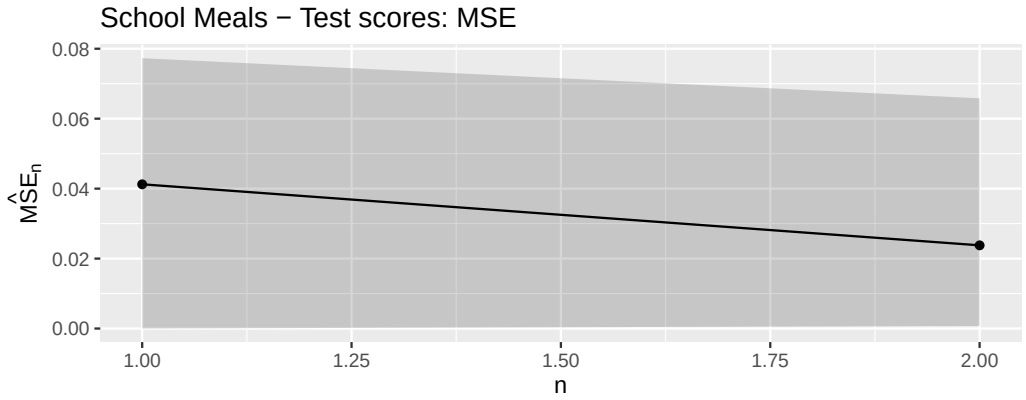

Scholarships − Enrollment rate: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n


Scholarships − Enrollment rate: MSE
0.04
0.03
0.02
0.01
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

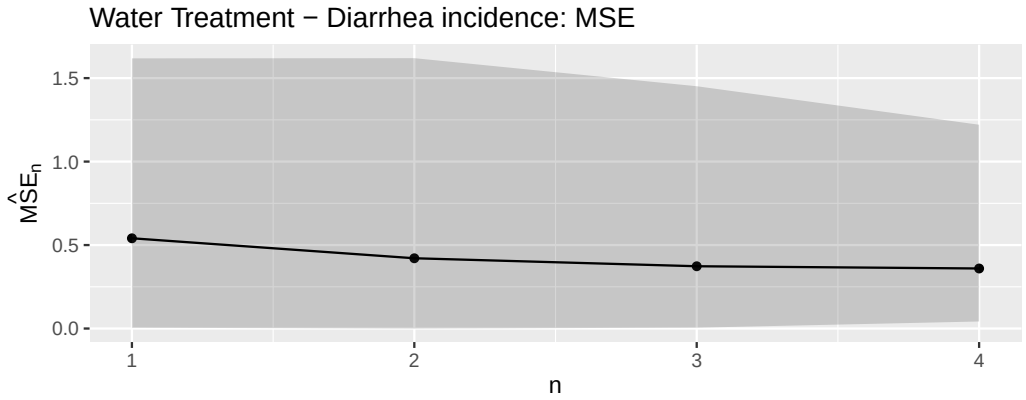

School Meals − Enrollment rate: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n

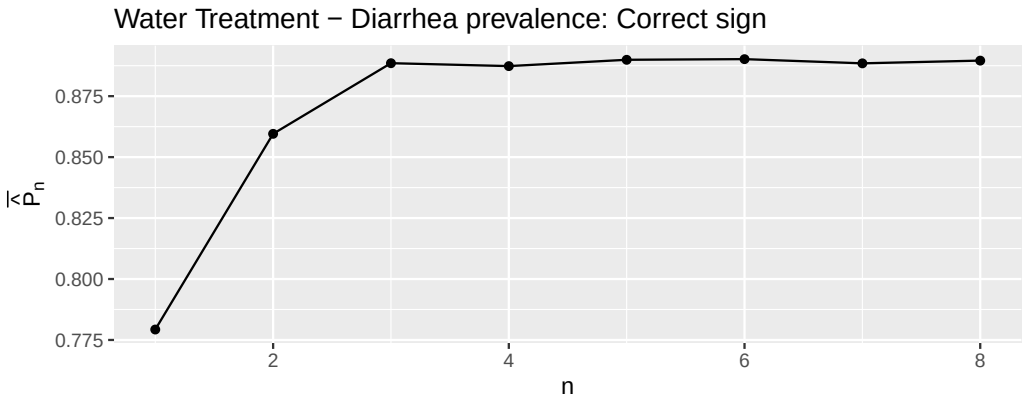

School Meals − Enrollment rate: MSE
0.06
0.04
0.02
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

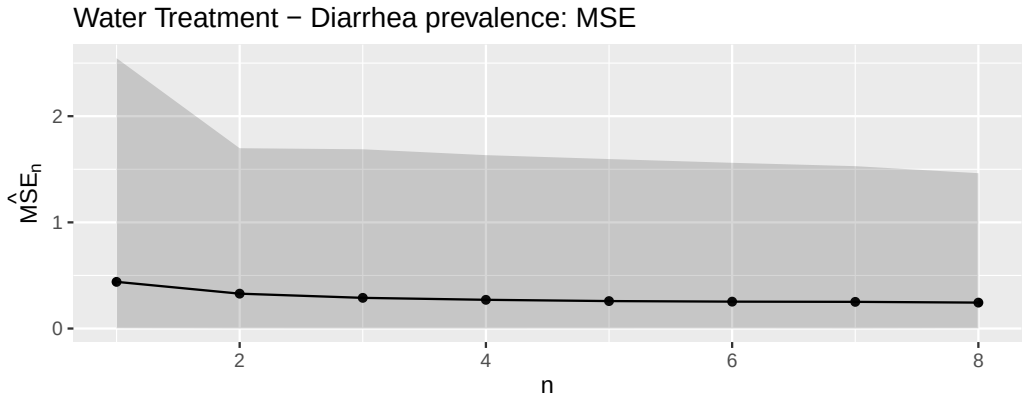

School Meals − Test scores: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n


School Meals − Test scores: MSE
0.08
0.06
0.04
0.02
0.00
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

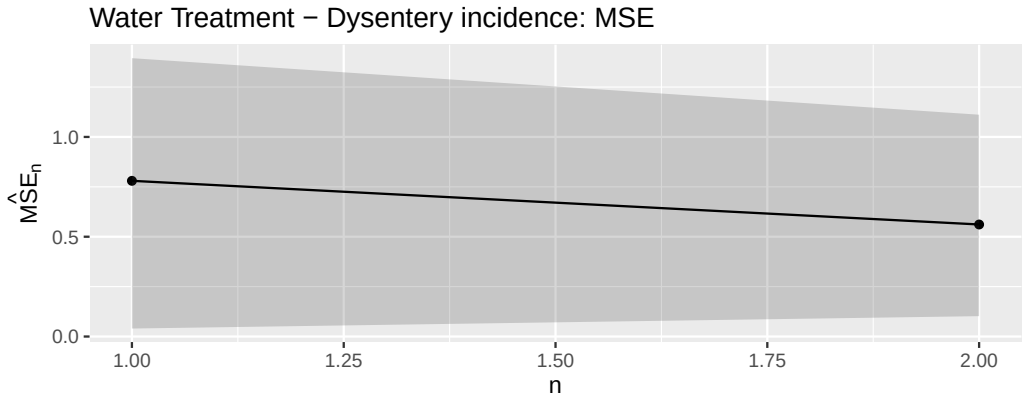

Water Treatment − Diarrhea incidence: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{\hat{<}}\hat{P}_n$
1
2
3
4
n


Water Treatment − Diarrhea incidence: MSE
1.5
1.0
0.5
0.0
$\hat{MSE}_n$
1
2
3
4
n


Water Treatment − Diarrhea prevalence: Correct sign
0.875
0.850
0.825
0.800
0.775
$\overline{\hat{<}}\hat{P}_n$
2
4
6
8
n


Water Treatment − Diarrhea prevalence: MSE
2
1
0
$\hat{MSE}_n$
2
4
6
8
n


Water Treatment − Dysentery incidence: Correct sign
1.050
1.025
1.000
0.975
0.950
$\overline{<}\hat{P}_n$
1.00
1.25
1.50
1.75
2.00
n


Water Treatment − Dysentery incidence: MSE
1.0
0.5
0.0
$\hat{MSE}_n$
1.00
1.25
1.50
1.75
2.00
n

Appendix F

Search Terms and Inclusion Criteria for Each Topic

These are organized into two groups, corresponding to each of AidGrade's two rounds of meta-analysis. The first group was started in 2012 and the second in 2013.

Please see the main text of the paper "How much can we generalize from impact evaluations?" for a description of how this was used.

Topic Search Strings

Table F.1: Topic Search Strings: Group 1

Intervention	Search terms
Conditional cash transfer	conditional cash transfer impact
Deworming	deworming randomized; de-worming randomized
Improved stoves	improved stoves
Insecticide-treated bed nets	malaria "bed nets" randomized; malaria "bed net" randomized
Microfinance	microcredit randomized; microfinance randomized
Safe water storage	water diarrhea randomized
Scholarships	scholarships randomized
School meals	school meals randomized
Unconditional cash transfers	unconditional cash transfer
Water treatment	water diarrhea randomized

Table F.2: Topic Search Strings: Group 2

Topic	with at least one of the words	with all the words	Google Scholar Search String (generated by advanced search)
Contract teachers	"contract teachers" "contract teaching" "community teachers" "para teachers" "paraprofessional teachers" "temporary teachers"	impact evaluation	"contract teachers" OR "contract teaching" OR "community teachers" OR "para teachers" OR "paraprofessional teachers" OR "temporary teachers" "impact evaluation"
Contract teachers	"contract teachers" "contract teaching" "community teachers" "para teachers" "paraprofessional teachers" "temporary teachers"	controlled trial	"contract teachers" OR "contract teaching" OR "community teachers" OR "para teachers" OR "paraprofessional teachers" OR "temporary teachers" "controlled trial"
Contract teachers	"contract teachers" "contract teaching" "community teachers" "para teachers" "paraprofessional teachers" "temporary teachers"	control trial	"contract teachers" OR "contract teaching" OR "community teachers" OR "para teachers" OR "paraprofessional teachers" OR "temporary teachers" "control trial"
Contract teachers	"contract teachers" "contract teaching" "community teachers" "para teachers" "paraprofessional teachers" "temporary teachers"	quasi-experimental	"contract teachers" OR "contract teaching" OR "community teachers" OR "para teachers" OR "paraprofessional teachers" OR "temporary teachers" quasi-experimental
Contract teachers	"contract teachers" "contract teaching" "community teachers" "para teachers" "paraprofessional teachers" "temporary teachers"	assessment program regression	"contract teachers" OR "contract teaching" OR "community teachers" OR "para teachers" OR "paraprofessional teachers" OR "temporary teachers" assessment program regression

Financial literacy training	"financial literacy training" "financial literacy education" "financial literacy intervention" "financial training" "financial education" "business education" "business literacy training"	impact evaluation	"financial literacy training" OR "financial literacy education" OR "financial literacy intervention" OR "financial training" OR "financial education" OR "business education" OR "business literacy training" "impact evaluation"
Financial literacy training	"financial literacy training" "financial literacy education" "financial literacy intervention" "financial training" "financial education" "business education" "business literacy training"	controlled trial	"financial literacy training" OR "financial literacy education" OR "financial literacy intervention" OR "financial training" OR "financial education" OR "business education" OR "business literacy training" "controlled trial"
Financial literacy training	"financial literacy training" "financial literacy education" "financial literacy intervention" "financial training" "financial education" "business education" "business literacy training"	control trial	"financial literacy training" OR "financial literacy education" OR "financial literacy intervention" OR "financial training" OR "financial education" OR "business education" OR "business literacy training" "control trial"
Financial literacy training	"financial literacy training" "financial literacy education" "financial literacy intervention" "financial training" "financial education" "business education" "business literacy training"	quasi-experimental	"financial literacy training" OR "financial literacy education" OR "financial literacy intervention" OR "financial training" OR "financial education" OR "business education" OR "business literacy training" quasi-experimental

Financial literacy training	"financial literacy training" "financial literacy education" "financial literacy intervention" "financial training" "financial education" "business education" "business literacy training"	assessment program regression	"financial literacy training" OR "financial literacy education" OR "financial literacy intervention" OR "financial training" OR "financial education" OR "business education" OR "business literacy training" assessment program regression
HIV/AIDS education programs	"education program" "prevention program" "STI education" awareness	impact evaluation	"HIV AIDS" "impact evaluation" "education program" OR "prevention program" OR "STI education" OR awareness
HIV/AIDS education programs	"education program" "prevention program" "STI education" awareness	controlled trial	"HIV AIDS" "controlled trial "education program" OR "prevention program" OR "STI education" OR awareness
HIV/AIDS education programs	"education program" "prevention program" "STI education" awareness	control trial	"HIV AIDS" "control trial" "education program" OR "prevention program" OR "STI education" OR awareness
HIV/AIDS education programs	"education program" "prevention program" "STI education" awareness	quasi-experimental	"HIV AIDS" quasi-experimental "education program" OR "prevention program" OR "STI education" OR awareness
HIV/AIDS education programs	"education program" "prevention program" "STI education" awareness	assessment program regression	"HIV AIDS" assessment program regression "education program" OR "prevention program" OR "STI education" OR awareness

Irrigation programs	"irrigation program" "irrigation intervention" "irrigation canal" "irrigation dam" "micro irrigation" "small scale irrigation" "tube wells" "pump sets" "pump irrigation"	impact evaluation	"irrigation program" OR "irrigation intervention" OR "irrigation canal" OR "irrigation dam" OR "micro irrigation" OR "small scale irrigation" OR "tube wells" OR "pump sets" OR "pump irrigation" "impact evaluation"
Irrigation programs	"irrigation program" "irrigation intervention" "irrigation canal" "irrigation dam" "micro irrigation" "small scale irrigation" "tube wells" "pump sets" "pump irrigation"	controlled trial	"irrigation program" OR "irrigation intervention" OR "irrigation canal" OR "irrigation dam" OR "micro irrigation" OR "small scale irrigation" OR "tube wells" OR "pump sets" OR "pump irrigation" "controlled trial"
Irrigation programs	"irrigation program" "irrigation intervention" "irrigation canal" "irrigation dam" "micro irrigation" "small scale irrigation" "tube wells" "pump sets" "pump irrigation"	control trial	"irrigation program" OR "irrigation intervention" OR "irrigation canal" OR "irrigation dam" OR "micro irrigation" OR "small scale irrigation" OR "tube wells" OR "pump sets" OR "pump irrigation" "control trial"
Irrigation programs	"irrigation program" "irrigation intervention" "irrigation canal" "irrigation dam" "micro irrigation" "small scale irrigation" "tube wells" "pump sets" "pump irrigation"	quasi-experimental	"irrigation program" OR "irrigation intervention" OR "irrigation canal" OR "irrigation dam" OR "micro irrigation" OR "small scale irrigation" OR "tube wells" OR "pump sets" OR "pump irrigation" quasi-experimental

Irrigation programs	"irrigation program" "irrigation intervention" "irrigation canal" "irrigation dam" "micro irrigation" "small scale irrigation" "tube wells" "pump sets" "pump irrigation"	assessment program regression	"irrigation program" OR "irrigation intervention" OR "irrigation canal" OR "irrigation dam" OR "micro irrigation" OR "small scale irrigation" OR "tube wells" OR "pump sets" OR "pump irrigation" assessment program regression
Micro health insurance	"health microinsurance" "health micro insurance" "micro health insurance" "community based health insurance" "community financed health insurance"	impact evaluation	"health microinsurance" OR "health micro insurance" OR "micro health insurance" OR "community based health insurance" OR "community financed health insurance" "impact evaluation"
Micro health insurance	"health microinsurance" "health micro insurance" "micro health insurance" "community based health insurance" "community financed health insurance"	controlled trial	"health microinsurance" OR "health micro insurance" OR "micro health insurance" OR "community based health insurance" OR "community financed health insurance" "controlled trial"
Micro health insurance	"health microinsurance" "health micro insurance" "micro health insurance" "community based health insurance" "community financed health insurance"	control trial	"health microinsurance" OR "health micro insurance" OR "micro health insurance" OR "community based health insurance" OR "community financed health insurance" "control trial"
Micro health insurance	"health microinsurance" "health micro insurance" "micro health insurance" "community based health insurance" "community financed health insurance"	quasi-experimental	"health microinsurance" OR "health micro insurance" OR "micro health insurance" OR "community based health insurance" OR "community financed health insurance" quasi-experimental

Micro health insurance	"health microinsurance" "health micro insurance" "micro health insurance" "community based health insurance" "community financed health insurance"	assessment program regression	"health microinsurance" OR "health micro insurance" OR "micro health insurance" OR "community based health insurance" OR "community financed health insurance" assessment program regression
Micronutrient supplementation programs	"micronutrient supplements" "micronutrient supplementation" "vitamin A supplement" "iron supplement" "iodine supplement" "zinc supplement" "folic acid supplement" "micronutrient fortification"	impact evaluation	"micronutrient supplements" OR "micronutrient supplementation" OR "vitamin A supplement" OR "iron supplement" OR "iodine supplement" OR "zinc supplement" OR "folic acid supplement" OR "micronutrient fortification" "impact evaluation"
Micronutrient supplementation programs	"micronutrient supplements" "micronutrient supplementation" "vitamin A supplement" "iron supplement" "iodine supplement" "zinc supplement" "folic acid supplement" "micronutrient fortification"	controlled trial	"micronutrient supplements" OR "micronutrient supplementation" OR "vitamin A supplement" OR "iron supplement" OR "iodine supplement" OR "zinc supplement" OR "folic acid supplement" OR "micronutrient fortification" "controlled trial"
Micronutrient supplementation programs	"micronutrient supplements" "micronutrient supplementation" "vitamin A supplement" "iron supplement" "iodine supplement" "zinc supplement" "folic acid supplement" "micronutrient fortification"	control trial	"micronutrient supplements" OR "micronutrient supplementation" OR "vitamin A supplement" OR "iron supplement" OR "iodine supplement" OR "zinc supplement" OR "folic acid supplement" OR "micronutrient fortification" "control trial"

Micronutrient supplementation programs	"micronutrient supplements" "micronutrient supplementation" "vitamin A supplement" "iron supplement" "iodine supplement" "zinc supplement" "folic acid supplement" "micronutrient fortification"	quasi-experimental	"micronutrient supplements" OR "micronutrient supplementation" OR "vitamin A supplement" OR "iron supplement" OR "iodine supplement" OR "zinc supplement" OR "folic acid supplement" OR "micronutrient fortification" quasi-experimental
Micronutrient supplementation programs	"micronutrient supplements" "micronutrient supplementation" "vitamin A supplement" "iron supplement" "iodine supplement" "zinc supplement" "folic acid supplement" "micronutrient fortification"	assessment program regression	"micronutrient supplements" OR "micronutrient supplementation" OR "vitamin A supplement" OR "iron supplement" OR "iodine supplement" OR "zinc supplement" OR "folic acid supplement" OR "micronutrient fortification" assessment program regression
Mobile phones	"impact evaluation" "controlled trial" "control trial" quasi-experimental	"mobile phone"	"impact evaluation" OR "controlled trial" OR "control trial" OR quasi-experimental "mobile phone"
Mobile phones	impact evaluation "controlled trial" "control trial" quasi-experimental	"cell phone"	"impact evaluation" OR "controlled trial" OR "control trial" OR quasi-experimental "cell phone"
Mobile phones	impact evaluation "controlled trial" "control trial" quasi-experimental	"text messaging"	"impact evaluation" OR "controlled trial" OR "control trial" OR quasi-experimental "text messaging"
Mobile phones	"mobile phone" "cell phone" "text messaging"	assessment program regression	"mobile phone" OR "cell phone" OR "text messaging" assessment program regression

Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	"impact evaluation" "public service"	"public service" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" "impact evaluation"
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	"impact evaluation" "public sector"	"public sector" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" "impact evaluation"
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	"controlled trial" "public service"	"controlled trial" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" "public service"
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	"controlled trial" "public sector"	"controlled trial" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" "public sector"
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	"control trial" "public service"	"control trial" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" "public service"
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	"control trial" "public sector"	"control trial" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" "public sector"
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	quasi-experimental "public service"	"public service" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" quasi-experimental

Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	quasi-experimental "public sector"	"public sector" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" quasi-experimental
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	assessment program regression "public service"	"public service" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" assessment program regression
Performance pay for public servants	"performance * pay" "pay * performance" "merit pay" "pay reform"	assessment program regression "public sector"	"public sector" "performance * pay" OR "pay * performance" OR "merit pay" OR "pay reform" assessment program regression
Rural electrification	rural electrification "energy access" "energy program" "energy programme" electricity	impact evaluation	rural electrification OR "energy access" OR "energy program" OR "energy programme" OR electricity "impact evaluation"
Rural electrification	rural electrification "energy access" "energy program" "energy programme" electricity	controlled trial	rural electrification OR "energy access" OR "energy program" OR "energy programme" OR electricity "controlled trial"
Rural electrification	rural electrification "energy access" "energy program" "energy programme" electricity	control trial	rural electrification OR "energy access" OR "energy program" OR "energy programme" OR electricity "control trial"
Rural electrification	rural electrification "energy access" "energy program" "energy programme" electricity	quasi-experimental	rural electrification OR "energy access" OR "energy program" OR "energy programme" OR electricity quasi-experimental

Rural electrification	rural electrification "energy access" "energy program" "energy programme" electricity	assessment program regression	rural electrification OR "energy access" OR "energy program" OR "energy programme" OR electricity assessment program regression
Women's empowerment programs	project training program intervention "gender equality"	women empowerment "impact evaluation"	women empowerment "impact evaluation" project OR training OR program OR intervention OR "gender equality"
Women's empowerment programs	project training program intervention "gender equality"	women empowerment "controlled trial"	women empowerment "controlled trial" project OR training OR program OR intervention OR "gender equality"
Women's empowerment programs	project training program intervention "gender equality"	women empowerment "control trial"	women empowerment "control trial" project OR training OR program OR intervention OR "gender equality"
Women's empowerment programs	project training program intervention "gender equality"	women empowerment quasi-experiment	women empowerment quasi-experiment project OR training OR program OR intervention OR "gender equality"
Women's empowerment programs	project training program intervention "gender equality"	women empowerment assessment regression	women empowerment assessment regression project OR training OR program OR intervention OR "gender equality"

Inclusion Criteria

Table F.3: Inclusion criteria: Group 1

Intervention inclusion criteria	Outcome inclusion criteria
Conditional cash transfer	attendance rates; conumption; enrollment rates; labor force participation; labor hours; pregnancy; retention rates; skilled attendant at delivery; test scores; unpaid work
Deworming	deworming randomized; attendance rates; birthweight; enrollment rates; height; height-for-age; hemoglobin; malformations; mid-upper arm circumference; neonatal deaths; stillbirths; test scores; weight; weight-for-age; weight-for-height
Improved stoves	back pain; chest pain; cough; difficuly breathing; excessive nasal secretion; headache
Insecticide-treated bed nets	anemia; malaria; mortality; parasitemia
Microfinance	assets; consumption; probability of opening business; profits; savings; stress
Safe water storage	diarrhea incidence; diarrhea prevalence
Scholarships	attendance rates; enrollment rates; test scores
School meals	attendance rates; enrollment rates; height; height-for-age; hemoglobin; test scores; weight; weight-for-age; weight-for-height
Unconditional cash transfers	attendance rates; conumption; enrollment rates; labor force participation; labor hours; pregnancy; retention rates; skilled attendant at delivery; test scores; unpaid work
Water treatment	diarrhea incidence; diarrhea prevalence; dysentery

Table F.4: Inclusion criteria: Group 2

Topic	Intervention Inclusion Criteria	Intervention Exclusion Criteria	Outcome Inclusion Criteria
Contract teachers	contract teachers; paraprofessional teachers; temporary teachers; volunteer teachers	incentive programs for permanent teachers; monitoring programs; substitute teachers	child employment; graduation/retention rates; parental satisfaction; pupil-teacher ratio; quality of instruction; rural education access; student achievement; student attendance; teacher absenteeism; test scores
Financial literacy training programs	business training programs; financial literacy campaigns through mass mediaa; financial literacy education; financial literacy edutainment; financial training programs; formal business/finance courses	microfinance programs	business formation; debt outcomes; financial awareness; financial skills; household consumption; household income; household savings; investments; stress; use of financial products
HIV/AIDS education programs	HIV/AIDS awareness programs; HIV/AIDS education programs; HIV/AIDS prevention training	antiretroviral therapy without education component; HIV/AIDS prevention only (e.g. distribution of contraceptives); STIs (not HIV/AIDS) education	abstinence rates; demand for or use of contraceptives; HIV/AIDS incidence; pregnancy; sexual behavior; understanding of disease
Irrigation programs	canals; dams; irrigation programs; irrigation techonologies; micro irrigation; pump irrigation; pump sets; small scale irrigation; tube wells	water for sanitation, drinking, or cooking	crop price; crop quality; crop yield; market price; productivity

Micro health insurance	community-based health insurance; community financed health insurance; health microinsurance; micro health insurance	formal health insurance	access to medications; access to quality healthcare; percent insured; timely access to health care; treatment of chronic disease
Micronutrient supplementation programs	iodine supplement; iron supplement; folic acid supplement; micronutrient food fortification; micronutrient supplements; vitamin A supplement; zinc supplement	food diversification programs; food fortification programs which do not involve adding micronutrients or ingesting supplements separately	birthweight; educational outcomes; height or weight gain; health outcomes; school attendance
Mobile phones	expanding telecommunication network access; extending mobile banking services; extending mobile phone services; mobile phone donations; mobile phone subsidies; text messaging programs	computer access programs; computer literacy programs; interventions related to health monitoring in the developed world	business outcomes; household consumption; household income; literacy rates; use of financial services; health monitoring and other health services
Performance pay for public servants	bonuses for public servants based on performance; merit pay for public servants; performance pay for public servants; teachers' pay linked to student outcomes		corruption rate; government program outcomes; student achievement; teacher attendence; student attendence; test scores
Rural electrification programs	expanding rural electricity access; expanding rural electricity networks; household electrical generators; rural electrificaion; rural energy program	urban electrification programs	business outcomes; percentage of households with electricity; technology uptake

Women's empowerment programs	gender equality interventions; self-help programs targeting women; women's business/finance training; women's education programs; women's empowerment programs; women's rights interventions programs	girls' education programs; girls' literacy programs; girls' schools; programs targeting women that do not have an empowerment emphasis (e.g. conditional cash transfers paid to the female head of the household)	business creation; educational outcomes; employment outcomes; health outcomes; household consumption; household income; household savings; rates of crime and violence; women's rights/gender equality outcomes

Appendix G

Bibliography of Included and Excluded Papers

The following pages present the list of papers from which data were extracted and used in this paper. Some papers are listed in multiple sections, such as a paper that tested both a conditional cash transfer treatment arm and an unconditional cash transfer treatment arm, but in the data it is clear which results come from which paper, and no results are included twice. Many did not overlap in outcomes with other papers on the same intervention, and thus were unable to be used for the analyses in this paper. Those that were used for the main results of the paper are denoted with an asterisk.

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Appendix H

Coding Manual

Coding Manual

May 31, 2013

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1. Data Extraction Form Fields

1.1 General Identifying Information

Author

This is the author's last name. If there are two authors, please follow the convention "LastName1 and Lastname2"; if there are three, "LastName1, LastName2 and LastName3"; if there are more than three, "LastName1 et al."

Number of authors

This is the number of authors.

Publication year

This is the year of the publication or working paper. Only the most recent version of the papers were collected.

Primary purpose code, secondary purpose code.

The primary purpose code provides a general description of the overall purpose of the study. The code should clarify the goal the study as a whole had in mind, as opposed to the trial name, which lists the specific outcome focused on for a single set of results within the study. Assign one purpose code for each project, representing the project's main goal.

Use the OECD CRS main purpose codes available in the Drive.

If the project has two target sectors, judge which is the secondary purpose and use it to fill out the field for the secondary purpose code. If it has three or more purposes, only code the main two.

For the secondary purpose code field:
9 = no secondary purpose code

All primary purpose code fields must be filled.

Primary activity code, secondary activity code

This field provides a more detailed description of the project. We will AidData's coding scheme, derived from the CRS coding scheme; this is also in the Drive.

Every project should be assigned at least one activity code. The primary activity code should always fall under the primary purpose code and the secondary activity code should always fall under the secondary purpose code. As an example, activity code "11220.03: Basic education infrastructure" falls under purpose code "11220: Primary education".

Publication code

0 = unpublished paper or working paper that is not part of a working paper series
1 = working paper that is part of a working paper series
2 = published in an economics journal
3 = published in a public health journal
4 = published in another journal
9 = not an article (*e.g.* it is published in a book)

This field codes whether the paper is unpublished or published, with different codes depending on the type of journal in which the paper was published.

Publication name

This is the name of the journal in which the paper was published, if it was published, or the name of the working paper series, if it is in a working paper series. Please write the name as it would be written in bibliography, such as “World Bank Policy Research Working Paper” (if it is explicitly in that working paper series; many World Bank publications are not). Never abbreviate the journal name.

.. = unpublished paper or working paper that is not part of a working paper series
9 = not an article

Organization code

This is the type of organization or group that implemented the program, such as a government agency, NGO, or academic research group. This group is usually different from the author(s) conducting the study - the organization is the one administering the treatment in question, rather than analyzing the data on the treatment.

0 = not stated
1 = government agency/program
2 = NGO/nonprofit
3 = private sector
4 = academic research institution (including professors)
9 = other

Organization name

This is the name of the organization that implemented the program, if applicable.

If it is a government program, it should be listed as “Government of X”. More detailed information, such as the name of the ministry or department running the program, instead goes under the field “Program name”.

If the organization is an NGO or nonprofit, report the name exactly as it is written in the paper itself.

Beware studies that appear to have been run by academics, because they may have been run by a local partner. If the program is truly run by academics, please list it as "Department of X, University Name".

".." = not stated

Program name

This is the name of the program, if applicable. For example, one government program was called "Familias en Acciones".

".." = not stated

Type study paper

This field uniquely identifies papers. Start with 1 and increase by 1 every time you hit a new paper; we will modify these values later, so the actual values taken are not important (instead, it is important they be unique within the dataset when they are supposed to be unique and not unique when they are supposed to not be unique).

1.2 Paper and Result Characteristics

Crossover design

0 = did not use a crossover design
1 = used a crossover design

Very few papers use a crossover design, but it is important to note those that do. If a paper did use a crossover design, it would have made a note of this in the text. Search the text for "crossover" and "cross-over", then make sure that any results returned do refer to the study's design.

Method

Coding scheme:

1 = randomized controlled trial (RCT);

2 = matching (whether "propensity score matching" or "nearest neighbour matching" or any other kind of matching);

3 = differences-in-differences (DD or diff-in-diff). For this type of study, different groups receive the treatment at different times, but it isn't randomized which group will get it first (if it is, code it as an RCT). For example, maybe the program was rolled out geographically;

4 or 5 = regression discontinuity (RD) design. In a regression discontinuity design, there was some cut-off threshold to determine who received the treatment – for example, only people below the poverty line receive the program – and the intervention explicitly looks at only those just above and just below that cut-off threshold as the control and treatment groups.

RDs can use parametric or non-parametric methods. Please code parametric RDs as 4 and non-parametric RDs as 5.

9 = None of the above. The above are the main codes, but you may encounter papers that don't appear to neatly fall into any of these categories! If you do, please code it as a 9. If you are unclear on which method was used in a paper, please email, attaching the relevant paper.

Please see the handout on IE methods to learn a bit more about each of these types of studies.

For any given paper, the authors may have used more than one type of method. In general, we want their "preferred specification". Sometimes they state which it is explicitly, sometimes it is not explicit. If it is difficult to figure out which is the best data to pull, please ask. In general, if the authors do not state which is their preferred specification, we will consider matching < DD < parametric RD < non-parametric RD < RCT, but sometimes the DD result is more credible than the RD result (this depends on whether it is likely either estimator is picking up spurious shocks).

Blinded

0 = not blinded

1 = single-blinded
2 = double-blinded
9 = not stated

Cluster randomized

0 = not cluster randomized
1 = cluster randomized
9 = not stated

To be able to tell whether a study was randomized by cluster or not, please first consider at what level the outcome variable is at – e.g. is it an effect that varies by individual? Household? Village? Then consider at what level the treatment was randomized. E.g. was it randomized by individual, household, village? If it was randomized at a higher level than the outcome variable, it was randomized by cluster.

To give a concrete example: if it was randomized by village or by school (some villages got it and others didn't, or some schools got it and others didn't), but the actual treatment effects are measured at the level of individual people, that would count as being randomized by cluster. If the effects are measured at the village or school level, that would not be randomized by cluster. Similarly, if the effects are at the individual level and the randomization was done at an individual level, then that would not be randomized by cluster.

Village, province, country

This records the village or city, province or state, and country in which the intervention took place.

Number of months after intervention

This records the number of months between the beginning of the treatment and the time of the data collection for the midline or end results being reported in the row. If weeks are reported, please convert that to months using (weeks)/7*30.

Record “0” if the entry is referring to baseline results.

If the intervention or data collection occurred over a period of months, enter the shortest period of time between the beginning of the intervention and the data collection. Do not enter any characters other than numbers in this field.

0 = baseline
999 = not stated

Certainty of number of months after intervention

0 = not clear
1 = clear
9 = not applicable: 999 was selected for the number of months after intervention

It can be difficult to tell how much time elapsed between the end of an intervention and data collection, thus the separate subjective code for whether there is uncertainty about the value given in the previous column.

Attrition reported

Attrition reported takes the value “1” if the study discusses attrition, i.e. if anyone dropped out of the study. You don't actually have to record the attrition rate, just whether it was mentioned or not. If you can find a number who dropped out, code “1”, regardless of whether any analysis is done of this attrition, otherwise “0”. Some studies might deal with attrition in a complicated way, so this is intended to keep it easier to record. The point of recording this is that some people say that whether a study reports attrition is one measure of how good a quality the study is – it’s part of a commonly used quality indicator.

Costs discussed

Costs discussed reported takes the value “1” if the study discusses the cost per treated unit in the study itself or provides enough information about costs that the costs per treated unit in the study itself could be derived. This field takes the value “2” if the study does not discuss the cost per

treated unit in the study itself but does discuss the typical cost per treated unit in another or other contexts. (If the study does both, code as “1”.) You don't actually have to record the costs, just whether they were mentioned or not. If the study did not mention costs, enter “0”.

Type study sample

This field uniquely identifies sample groups. Some papers cover more than one group of people. On the other hand, if a paper is a follow-up to another paper, it might be on the same group of people, so this would be a way of showing that. As with “Type study paper”, the actual number does not matter; start with 1 and increase by 1 every time you hit a new sample group.

Sample description

This field provides a fuller description of the sample, such as whether it was on a particular gender or age group.

Trial number

This is a unique id number we assign to a particular set of results. It generally is different for each row of data, with the exception that if different rows regard the same results (see section on: baseline, final, and change data) they should be given the same identifier. As with “Type study paper”, the actual number does not matter; start at 1 and increase by 1 every time you hit a new set of results.

Trial name

This field describes the outcome variable in words and includes the units of the reported results. It should be detailed enough for an outside reader to understand and should include definitions where applicable.

Baseline, final, change

Papers may report the baseline values of the outcome variables, the final values of the outcome variables, or the change in values of the outcome variable. Baseline, final and change are binary variables that take the value “1” if the row represents baseline, final or change data and “0” otherwise. If the results include midline data, include and code it as “final”; the difference will be clear by the “no. of months after intervention” variable. It is also important to give the different rows the same identifier in column A if they are regarding the same results.

Here is an example:

Suppose Group A receives treatment, Group B is the control. At baseline, you observe:

Group A outcome value: 10
Group B outcome value: 11

6 months later, you observe:

Group A outcome value: 15
Group B outcome value: 14

You would record all this information – in the row in which you record 15 and 14, you would record a "1" for "final", and in the row in which you record 10 and 11, "1" for "baseline". You would record these in different rows with the same identifier in column A so they can be matched later.

The paper might instead only report the values 15 and 14, and not report baseline results. Then you would just record a "1" for "final" in the same row in which you record 15 and 14.

The paper might instead only report the changes in the values:

Group A change in outcome value: 5
Group B change in outcome value: 3

Then you would record a "1" for "change" in the same row in which you record 5 and 3.

Intent-to-treat

0 = TOT
1 = ITT
7 = not stated; implied TOT
8 = not stated; implied ITT
9 = not stated; no idea

We say that an estimate is an intent-to-treat (ITT) estimate if it looks at the effect on everyone assigned to receive treatment, regardless of whether or not they actually took advantage of the program. The alternative is that it estimates the treatment effect on the treated (TOT).

Note that some papers may provide an estimate that appears to be a TOT or ITT estimate, but will not clearly state the fact. These papers should be coded as "7" or "8", respectively. If it is not possible to infer from the text whether an estimate refers to TOT or ITT results, code it as "9".

If a study includes both TOT and ITT results, code each in separate rows.

Shared control group

A paper might compare multiple treatment arms against the same control group. This may appear in the data set as several rows sharing the same control group data or may be harder to see as the comparison with the control group is implicit (as in an estimated treatment coefficient). Regardless of whether the comparison with the control group is implicit or explicit, if several treatment arms within a paper use the same control group, flag it here. If the paper only has a single treatment arm, code this as "9" – not applicable.

0 = no multiple treatment arms / each treatment arm has its own control group
1 = multiple treatment arms share the same control group
9 = not applicable

Spillover effect

A paper might report "spillover effects"; effects that a treatment had on a group that was not treated. For example, a scholarships program might only provide scholarships to girls, but boys in the same school may be affected by it. In this case, record both sets of results, but code the spillover effect accordingly.

0 = not a spillover effect
1 = spillover effect

Aggregate effect

A paper might report results for many different subgroups or many different time periods as well as all subgroups combined or all time periods combined. Record results for each subgroup if applicable, according to our conventions, and also for all the subgroups or all the time periods combined if this information is available. Use this column to record whether the result is at the most aggregate level.

For example, suppose a paper reports results separately for urban girls, urban boys, rural girls, rural boys, all rural children, all urban children, all girls, all boys, and all children. Each result would be entered in a separate row, but only the result for all children would be coded as "1" in this column. If no results for subgroups are reported, code this variable as "9".

Aggregate effects should always be recorded where available; for subgroups, refer to the section in this document on "Conventions".

0 = not an aggregate effect
1 = aggregate effect
9 = no results for subgroups reported

1.3 Results

There are several ways in which researchers may present their results. It is very important to pay attention to the difference between these data types. The next sections describe several ways in which the data could be reported, in turn.

If the data in question are not provided, please enter ".." to indicate their absence.

Treatment coefficient, treatment standard error, number of observations, reg CI lower bound, reg CI upper bound, reg t-statistic and reg p-value

First, researchers may provide the estimate of the treatment effect (as in the coefficient in a regression), its standard error, and the number of observations on which this estimate was based. This would result in 3 columns in the Excel file.

Please note that there are some regression results we cannot use as the variables are not on a scale that we can combine with the results of other regressions. For example, if we are looking at the effect of a school meals program on test scores, we cannot combine studies that report coefficients representing raw changes in test scores. Consider the case of tests out of different scores – a score of 10/10 is different than a score of 10/100. If the paper reports results using standardized values, however, in which the coefficients represent changes in terms of standard deviations, we can combine them.

If it's a regression and it doesn't use standardized values, we can still sometimes standardize the results if the paper gives enough information. If you see a paper with regression results that need standardization, write codinghelp@aidgrade.org a note about this with the paper attached and someone will look for the required data.

Occasionally a paper may provide a confidence interval, a t-statistic or a p-value instead of the standard error. In this case, please record the reported values in reg CI lower bound, reg CI upper bound, reg t-statistic or reg p-value. If the standard error is reported, you do not need to record these values.

Treatment group mean, treatment group std dev, treatment group number, control group mean, control group std dev, control group number

Second, researchers may provide the mean, standard deviation, and number of observations for each of the treatment and control group. This would result in 6 columns in the Excel file.

Treatment number of events, treatment number of possible events, control number of events, control number of possible events

Third, sometimes researchers will report the number of events that occurred in each of the treatment and control group out of a number of possible events. E.g. 3 out of 100 people in the treatment group died and 10 out of 100 people in the control group died. This would yield 4 columns.

E_e, t_e, e_c, t_c, e_e/t_e, e_c/t_c

Fourth, the paper may present rates in a relatively disaggregated form. Rates often mention units such as "person-years". Rates are more complicated to deal with and warrant a bit more explanation. For a good description of rates, see: http://www.mrc-bsu.cam.ac.uk/cochrane/handbook/chapter_9/9_4_8_meta_analysis_of_counts_and_rates.htm. We follow the same naming conventions for simplicity.

Risk ratio, risk ratio CI lower bound, risk ratio CI upper bound, risk ratio standard error, risk ratio t-statistic, risk ratio p-value, hazard ratio, hazard ratio CI lower bound, hazard ratio CI upper bound, hazard ratio standard error, hazard ratio t-statistic, hazard ratio p-value, odds ratio, odds ratio CI lower bound, odds ratio CI upper bound, odds ratio standard error, odds ratio t-statistic, odds ratio p-value, rate ratio, rate ratio CI lower bound, rate ratio CI upper bound, rate ratio standard error, rate ratio t-statistic, rate ratio p-value

Fifth, the paper may present ratios. Most often, a paper will report a point estimate and the lower and upper bound of the confidence interval around that point, but sometimes a paper may report standard errors, t-statistics or p-values instead. Please record the point estimate and the lower and upper bounds. If the confidence intervals are not reported but the standard error, t-statistic or p-value is provided, enter that instead in its respective column.

Page number

Record the page number of the pdf on which you found the result entered. If the pdf uses page numbers that do not correspond with the pages as numbered within the journal article or working paper (e.g. page 3 of the pdf corresponds to page 219 in the page numbering of the nested document), please use the page numbering of the nested document.

1.4 Notes

Notes

This field contains a description of anything you would like to flag.

2 Conventions

We have our own internal conventions.

First, say a study is done on children aged 6-11. If a researcher runs regressions on the whole sample and then on only children aged 6-7, we do not treat those latter results as completely trustworthy, because researchers generally only report sub-groups when they are significant. However, if the researchers report results for children aged 6-7, 8-9, and 10-11, we could include those data, because they would not be likely to suffer the same bias.

Similarly, we try to use results with as few control variables as possible. Control variables can be very helpful and we would like to include results that use them, but unfortunately, they can be "gamed" to ensure obtaining the results the researcher wants.

Similarly, until researchers can pre-commit to their analysis plans, we cannot trust results involving the treatment interacted with another variable. We use regressions that do not include the treatment interacted with anything else where possible.

3 Mistakes to avoid

Please note the following so that the data can be analyzed more easily:

- Don't try to combine different data types in the same column. Each different data type should go into a different column so that when you look at that column you know what was being reported. The idea is that someone should be able to look at the Excel and know the results of the paper.
- Please put the lower bound and the upper bound of confidence intervals in different columns.
- Please keep all columns for the same topic in the same Excel sheet as in the template. The data will then look very sparse, with many ".." cells coded for the results section.
- Please be specific about what the outcome variable was and what the treatment was, if it is not clear. E.g. if the outcome variable was whether the person had malaria, how was that defined clinically? If the outcome variable is height, what were the units?

- Please only mention percents in the "trial name" column and not attached to the data. (E.g. -17 rather than -17%.)
- Please distinguish between percents (%) and percentage points. (An example of the difference: if enrollment rates increase from 80% by 10%, enrollment rates are now 88%. If enrollment rates increase from 80% by 10 percentage points, enrollment rates are now 90%.)
- Please do not place asterisks next to the numbers. If something needs explaining, you can use the "notes" column for this without interfering with the numbers.
- Standard errors are different from standard deviations.
- When you see text that says something like "standard errors were clustered", this is not the same thing as the study being clustered. See the section on “cluster randomized” for an explanation.
- Do not use accents or other special characters such as “-“, “;”, “:”, etc.

This document tried to cover the most common issues that come up, but you will undoubtedly have other questions as you work through the papers. Do email codinghelp@aidgrade.org immediately if any questions arise, attaching the paper your question is in reference to.

Appendix I

Data Collection Process

1 Data

This appendix provides more details about each step in the data gathering process. AidGrade's meta-analyses followed seven steps, summarized in Figure 1. The following sub-sections are broken down to correspond to the boxes in this figure.

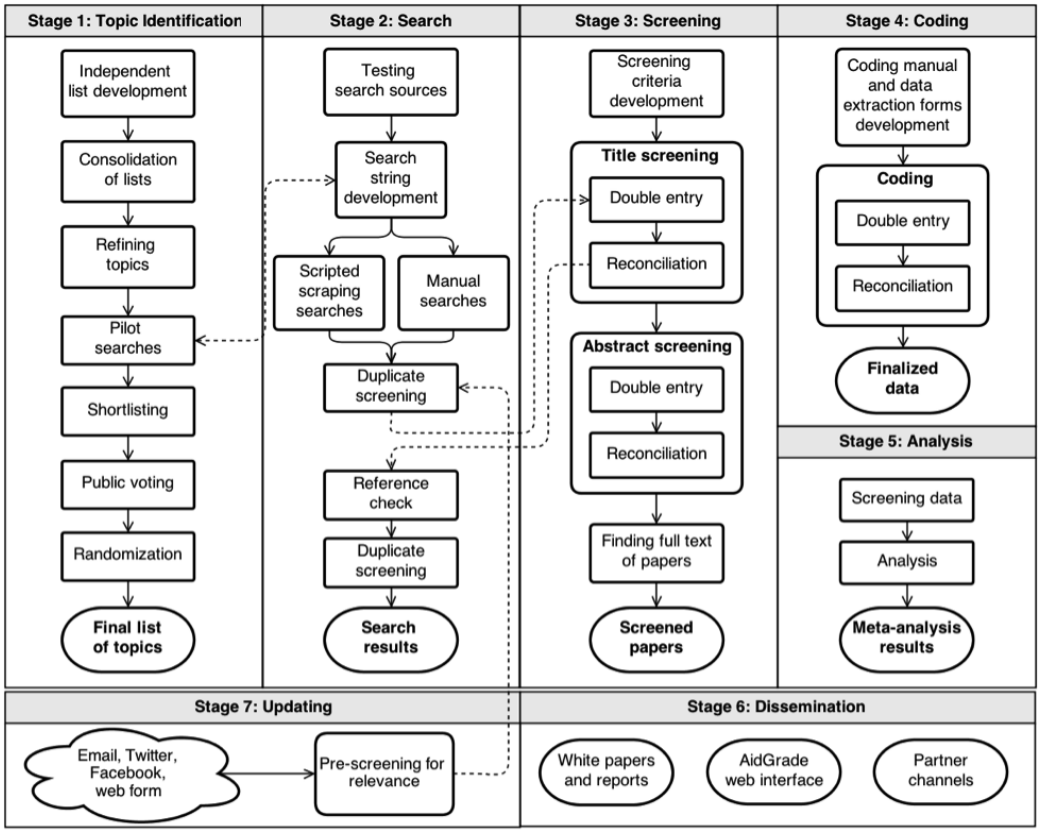

Figure I.1: Summary of Process Followed

1.1 Topic Identification

The meta-analyses were conducted in two rounds beginning in 2012 and 2013, respectively. The topics that were ultimately selected for study in each round are

listed in Table 2.[1] The process was largely the same in each round, except that in 2012 there were no staff members and so decisions about which topics to include at each step were made solely by the author. The sections below describe the process for those interventions begun in 2013; corresponding processes for those begun in 2012 are provided where they differ. The selection of interventions was the only stage of the process that substantively differed between the two rounds of meta-analyses.

Table I.1: List of Development Programs Covered

2012	2013
Conditional cash transfers	Contract teachers
Deworming	Financial literacy training
Improved stoves	HIV education
Insecticide-treated bed nets	Irrigation
Microfinance	Micro health insurance
Safe water storage	Micronutrient supplementation
Scholarships	Mobile phone-based reminders
School meals	Performance pay
Unconditional cash transfers	Rural electrification
Water treatment	Women's empowerment programs

1.1.1 Independent List Development

Four AidGrade staff members were asked to each independently make a list of at least thirty international development programs that they considered to be the most promising to study.

1.1.2 Consolidation of Lists

The independent lists were appended into one document and duplicates were tagged and removed.

[1]Three titles here may be misleading. "Mobile phone-based reminders" refers specifically to SMS or voice reminders for health-related outcomes. "Women's empowerment programs" required an educational component to be included in the intervention and it could not be an unrelated intervention that merely disaggregated outcomes by gender. Finally, "micronutrient supplementation" was initially too loosely defined; this was narrowed down to focus on those providing zinc to children, but the other micronutrient papers are still included in the greater data set, with a tag, and are used to examine other issues in other papers, such as publication bias.

1.1.3 Refining Topics

Five staff members discussed each of the remaining topics and suggested refinements to bring them all to the same narrow level of focus. Each topic had to be approved by four of the five staff members, based on whether or not it was clear and focused enough, to continue on to the next stage. 63 potential topics remained after duplicates and overly-broad or ill-defined topics were removed. Basic search strings were also drafted for each topic at this stage, in preparation for the pilot searches. 20 potential topics were identified before the pilot searches in 2012.

1.1.4 Pilot Searches

We conducted pilot searches using SciVerse and Google Scholar to get a sense of how many impact evaluations there might be on each topic.

We also used this opportunity to refine search strings that could be used for the later, more comprehensive literature searches in Stage 2. We collected quantitative and qualitative information about the results of the search strings. In particular, we recorded how many results were returned by each search and how many of the titles out of the first fifty titles on SciVerse and first ten titles on Google Scholar appeared to be impact evaluations of the effects of that program, along with qualitative assessments of how the search term might be refined.

1.1.5 Shortlisting

All the interventions for which the very basic pilot searches identified at least two impact evaluations were shortlisted, resulting in a list of 42 topics. In 2012, the author identified 12 potential topics by the pilot searches.

1.1.6 Public Voting

The shortlisted topics were posted on the AidGrade website and members of the general public were asked to vote on the topics they thought were the most relevant, in connection with a crowdfunding campaign. The voting window was eight days. Respondents were allowed to select up to three topics from among the 42 on the short list, with a space provided for adding an "other" option. 158 individuals cast 452 votes in the timeframe, with 20 selecting the "other" option. Of these, five people suggested interventions to improve animal welfare; no other suggestions were held in

common.

In 2012, a public vote was also held, but in practice it did not bind since it transpired that again, lack of overlap on common outcome variables was a constraint. We set a criterion that after the search and screening stages, relevant papers would be scanned for prospective future "strict" outcomes held in common, and if we did not find at least 3 papers covering a common outcome variable we would not include the topic; this ultimately determined the 10 interventions selected.

1.1.7 Randomization

In 2013, there were sufficiently many topics remaining to randomize among the shortlisted topics to obtain the final list, while ensuring as much balance as possible between those topics included and excluded, and also acceding to the vote for the most popular topic, women's empowerment programs. This step was not conducted in 2012.

To obtain balance among the interventions included and excluded, we first tried to match each shortlisted topic with another of the shortlisted topics based on how many likely impact evaluations the pilot searches identified for each; how many votes they received in the public voting; the overall theme of the interventions (*e.g.* education, health) according to the database of an external organization, AidData, after matching the interventions to AidData activity codes; and the recent aid commitments for the intervention as reported in AidData's database. The theme had to match exactly within each pair. For each of the three other factors, each topic was assigned a score on an index between 0 and 1 representing where it stood among the other interventions; the index took the value: (topic value - minimum value among topics) / (maximum value among topics - minimum value among topics).

32 topics were successfully matched in this way using nearest neighbor matching without replacement. We considered rural electrification programs and rural roads to both fall under the category "infrastructure" for this purpose. After matching these topics, we randomly selected one from each pair to be covered by this round of meta-analyses.

The remaining unmatched topics were singletons under their respective themes. For example, if there were an odd number of health-related interventions, the last health-related intervention would be by itself after others were matched. These last topics were independently randomized.

This process yielded a randomized list of topics to cover, to which we added the winner of the popular vote, women's empowerment programs. Again, we encountered the problem that very few impact evaluations on an intervention turned out to have outcome variables in common. Due to capacity constraints, we only covered an additional 10 interventions in the 2013 round, and given that we expected few outcomes to be shared in common we focused on the 10 of those interventions on the list that were covered by the most studies in the pilot searches, expecting the literature to grow over time and the others to become more useful to cover in the future.

1.2 Search

1.2.1 Testing Search Sources

Each search engine has its own peculiarities. In order to ensure all relevant papers and few irrelevant papers were included, a set of simple searches was conducted on different potential search engines. First, initial searches were run on: AgEcon; British Library for Development Studies (BLDS); EBSCO; Econlit; Econpapers; Google Scholar; IDEAS; JOLISPlus; JSTOR; Oxford Scholarship Online; Proquest; PubMed; ScienceDirect; SciVerse; SpringerLink; Social Science Research Network (SSRN); Wiley Online Library; and the World Bank eLibrary. The list of potential search engines was compiled broadly from those used by other systematic reviews. The purpose of these initial searches was to obtain information about the scope and usability of the search engines to determine which ones would be effective tools in identifying impact evaluations on different topics. External reviews of different search engines were also consulted, such as a Falagas *et al.* (2008) study which covered the advantages and differences between the Google Scholar, Scopus, Web of Science and PubMed search engines.

Second, searches were conducted for impact evaluations of two test topics: deworming and toilets. EBSCO, IDEAS, Google Scholar, JOLISPlus, JSTOR, Proquest, PubMed, ScienceDirect, SciVerse, SpringerLink, Wiley Online Library and the World Bank eLibrary were used for these searches. 9 search strings were tried for deworming and 33 strings for toilets, with modifications as needed for each search engine. For each search the number of results and the number of results out of the first 10-50 results which appeared to be impact evaluations of the topic in question were recorded. This gave a better sense of which search engines and which kinds of

search strings would return both comprehensive and relevant results. A qualitative assessment of the search results was also provided for the Google Scholar and SciVerse searches.

Finally, the online databases of J-PAL, IPA, CEGA and 3ie were searched. Since these databases are already narrowly focused on impact evaluations, attention was restricted to simple keyword searches, checking whether the search engines that were integrated with each database seemed to pull up relevant results for each topic.

Ultimately, Google Scholar and the online databases of J-PAL, IPA, CEGA and 3ie, along with EBSCO/PubMed for health-related interventions, were selected for use in the full searches. For those meta-analyses begun in 2012, SciVerse was also used.

1.2.2 Search String Development

After the interventions of interest were identified, search strings were developed and tested using each search source. Each search string included methodology-specific stock keywords that narrowed the search to impact evaluation studies, except for the search strings for the J-PAL, IPA, CEGA and 3ie searches, as these databases already exclusively focus on impact evaluations.

Experimentation with keyword combinations in Stages 1.4 and 2.1 was helpful in the development of the search strings. The search strings could take slightly different forms for different search engines. Search terms were tailored to the search source, and a full list is included in an appendix.

1.2.3 Scraping Searches

C# was used to write a script to scrape the results from search engines.

1.2.4 Manual Searches

Some sources were specialized and it was easier to locate papers on them using a manual search. For J-PAL, IPA, CEGA and 3ie's websites, it made more sense for the papers to be manually searched and added to the relevant spreadsheets.

1.2.5 Duplicate Screening

After the automated and manual searches were complete, duplicates were removed by matching on author and title names.

1.2.6 Reference Check

During the title screening stage, the consolidated list of citations yielded by the scraped searches was checked for any existing meta-analyses or systematic reviews. Any papers that these papers included were added to the list.

1.2.7 Duplicate Screening

With these references added, duplicates were again flagged and removed.

1.3 Screening

1.3.1 Screening Criteria Development

Generic and topic-specific screening criteria were developed.

The screening criteria were very inclusive overall. This is because AidGrade purposely follows a different approach to most meta-analyses in the hopes that the data collected can be re-used by researchers who want to focus on a different subset of papers. The motivation is that vast resources are typically devoted to a meta-analysis, but if another team of researchers thinks a different set of papers should be used, they will have scour the literature and recreate the data from scratch. AidGrade instead strives to cover the superset of all impact evaluations one might wish to include along with a list of their characteristics (*e.g.* where they were conducted, whether they were randomized by individual or by cluster, *etc.*) and let people set their own filters on the papers or select individual papers and view the entire space of possible results.

For this reason, minimal screening was done during the screening stage. Instead, data were collected broadly and re-screening was allowed at the point of doing the analysis. This is highly beneficial for the purpose of this paper, as it allows us to look at the largest possible set of papers.

Essentially, any impact evaluation which appeared to be on the intervention in question was included, barring those in developed countries.[2] Any paper that tried to

[2]High-income countries, according to the World Bank's classification system (2015).

consider the counterfactual of no intervention was considered an impact evaluation. Both published papers and working papers were included.

The full text of the search terms and inclusion criteria for all 20 topics in this paper are available in an online appendix as detailed in Appendix A.

1.3.2 Title Screening

After screening criteria were developed, two volunteers independently screened the titles to determine which papers in the spreadsheet were likely to meet the screening criteria developed in Stage 3.1. Any differences in coding were arbitrated by a third volunteer. All volunteers received training before beginning, based on the AidGrade Training Manual and a test set of entries. The training outputs were screened to ensure that only proficient volunteers would be allowed to continue, and spot checks were conducted at random by a staff member throughout the process.

1.3.3 Abstract Screening

Of those papers that passed the title screening, two volunteers independently determined whether the papers in the spreadsheet met the screening criteria developed in Stage 3.1 judging by the paper abstracts. Any differences in coding were again arbitrated by a third volunteer.

1.3.4 Finding Full Text of Papers

The full text was then found for those papers which passed both the title and abstract checks. Any paper that proved not to be a relevant impact evaluation using the aforementioned criteria was discarded at this stage.

1.4 Data Extraction

1.4.1 Coding Manual and Data Extraction Forms Development

The coding manual is a detailed instruction manual that discusses the variables and coding conventions used in the data extraction form, including a section illustrating how to avoid common coding mistakes and references to additional resources such as the Cochrane Handbook for Systematic Reviews of Interventions (Higgins and Green, 2011).

The data extraction form is organized into three sections: (1) general identifying information; (2) paper and study characteristics; and (3) results. Each section contains qualitative and quantitative variables that capture the characteristics and results of the study. These fields are described in the Coding Manual, which is attached as an online appendix.

1.4.2 Coding

Two AidGrade members each independently used the data extraction form developed in Stage 4.1 to extract data from the papers that passed the screening in Stage 3. Any disputes were arbitrated by a third AidGrade member. These AidGrade members received much more training than those who screened the papers, reflecting the increased difficulty of their work, and also coded a test set of entries before being allowed to proceed. Spot checks were, again, conducted throughout.