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CHILD LABOUR IN SOUTH ASIA: ASSESSING THE EFFECTIVENESS OF INTERVENTIONS

Rapid Evidence Assessment

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Preface

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Executive summary

This Rapid Evidence Assessment (REA) examines evidence on the effectiveness of interventions to combat the worst forms of child labour[1] in four South Asian countries. The research question for this REA is:

> '*What has been the effect of interventions to reduce the incidence and prevalence of the worst forms of child labour in Bangladesh, Pakistan, India and Nepal?*'

The studies included in this REA are taken from the Modern Slavery Evidence Map prepared by the research team for the UK Department for International Development (DFID) (Oosterhoff *et al*., 2018). The evidence map identified the availability of evidence for modern slavery interventions in Bangladesh, India, Nepal, and Pakistan. A total of 58 studies relating to child labour were found. These were filtered down to 12 studies for data extraction and inclusion in the REA. Of the 12 studies, 11 were of moderate quality and one of high quality – making the overall quality of studies moderate. The evidence base was limited in terms of geographic scope, types of child labour, types of interventions, and disaggregation of results by gender and age group; there was negligible disaggregation by disability. Studies were largely observational and therefore limited conclusions can be drawn about the effectiveness of interventions. The country-wise distribution of the studies was as follows: seven covered India either solely or with other countries; two covered Pakistan; two covered Nepal; and two covered Bangladesh.

The interventions included in the 12 studies can broadly be divided into those geared towards the general population, and those targeting specific communities or households: most (seven studies) were in the latter category. In terms of approach, the largest share (seven studies) was aimed at improving the economic situation of households, either through general population measures (such as raising the minimum wage), or targeted measures (such as provision of loans). Fewer interventions focused on tackling child labour directly, e.g. scholarships for school attendance, or the rescue and reintegration of children exploited/trafficked for labour.

It is important to stress that these are not the only approaches being taken to tackle child labour in South Asia. Others include: multilateral and bilateral efforts to eradicate the worst forms of child labour through the enforcement of trade commitments and mechanisms, and strengthening labour standards with technical assistance and funding, such as producing reports to promote accountability and training of labour inspectors.[2] Many of the bilateral interventions are also linked to larger multilateral efforts, such as Alliance 8.7, a global alliance which supports – amongst other things – a knowledge platform which brings together useful data, evidence, research, news, and which also analyses cutting-edge data.[3] DFID is one of the global leaders on promoting and funding efforts to eradicate modern slavery and the worst forms of child labour, supporting a wide range of activities implemented bilaterally and through consortia in Asia.[4] It was difficult for the

[1] Defined in Article 3 of International Labour Organization (**ILO) Convention No. 182** as:

(a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;

(b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;

(c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;

(d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

www.ilo.org/ipec/facts/WorstFormsofChildLabour/lang--en/index.htm

[2] www.dol.gov/general/apps/ilab

[3] https://unu.edu/projects/alliance-8-7-knowledge-platform.html#outline

[4] www.gov.uk/government/news/uk-leads-the-charge-in-eradicating-scourge-of-modern-slavery

REA to look at the impact of activities tackling child labour where these were only a small part of a much wider programme of interventions.

Overall, the evidence base is found to have significant gaps with regard to the countries covered, types of intervention, types of child labour (sector) addressed, and effects by gender and by age group. These shortcomings make it very difficult to draw anything more than indicative conclusions from the REA findings. Nonetheless, some lessons can be identified from the studies reviewed:

The impact of microfinance intervention programmes varies: three moderate-quality studies indicated that microinsurance programmes seem to be effective, with reduced child labour reported in a quasi-experimental and observational study, and negative (albeit imprecise) effects on child labour (reduced child labour, reduced hours worked) in a randomised control trial (RCT). However, it should be noted that one of these studies (Chakrabarty, 2015) was for a programme that provided both microinsurance and microcredit: it was the combination of these that had the greatest effect in reducing child labour. The effect of microcredit is found to be even more mixed, even leading in some cases to increased child labour. Two studies in Bangladesh found conflicting effects on child labour: as noted, Charkabarty (2015) found it reduced child labour, albeit less through microcredit alone than in combination with microinsurance, but Islam and Choe (2013) found that microcredit increased the probability of child labour. The former effect stems from a reduction in household vulnerability, the latter from adults spending more time out of the home running enterprises – forcing children to take on a greater burden of household work. Again, it should be stressed that these findings are based on just four studies. Given the mixed and limited evidence in this area, it is important that programme and research teams conduct formative observational research and pilot tests in quasi-experimental studies or RCTs before conducting large-scale studies. It will be important to monitor for adverse effects during the pilot tests.

Interventions addressing the macroeconomic conditions that drive child labour have diverse effects on child labour. Increasing the minimum wage was found to reduce child labour in urban areas and for girls in rural areas, but was found to exacerbate it among boys in rural areas. Public workfare programmes (guaranteeing 100 days of work to the rural poor per year) were found to lead to worsening education outcomes for all children.

Rescue and reintegration interventions, and the provision of direct support to affected/at-risk families, can be effective if properly resourced and implemented for a sufficient duration. Key challenges faced in such initiatives include lack of capacity of the staff involved, lack of coordination between different agencies, and inability to provide child labour survivors and their families with the services they need. Direct support in the form of cash transfers is effective in reducing child labour – but must be sustained.

Evidence within the studies regarding the impact of legislative measures was very limited, but what little evidence there is suggests such approaches are ineffective. A legal ban on employment of children under 14 years in India had the opposite to the desired effect, actually increasing child labour. Reservation of legislative assembly seats for at-risk communities was found to reduce child labour among some communities, but to increase it in others. However, the ineffectiveness of these measures could stem from weak implementation.

The above findings are consistent with those of a recent review of public policy interventions to tackle child labour (Dammert *et al*., 2018). This review found that programmes that reduced household vulnerability (e.g. through transfers) or exposure to risk (e.g. through microinsurance) were effective in reducing child labour, but policies aimed at adult members' participation in the labour market or entrepreneurial activities could lead to increased demand for child labour.

The implications of the REA findings are as follows:

- **Interventions aimed at the general population can have unintended negative consequences:** Measures to ban child employment and raise the minimum wage were found to have limited effectiveness, and in some cases led to increased child labour. However, these findings are based on just two studies (Bharadwaj *et al.*, 2013; Menon and Rodgers, 2018).
- **It could be better to take a targeted approach to tackling child labour**, directing efforts specifically at at-risk communities/households – as seen in the case of extension of insurance coverage to household members other than the spouse; this very targeted intervention aimed directly at families involved in child labour led to a significant reduction in that practice (Frolich and Landmann, 2017).
- **Interventions should be context-specific. Each situation should be assessed thoroughly and an approach taken based on the factors involved and issues faced in that particular situation:** Given the diverse effects seen in some identical interventions carried out in different locations/groups (e.g. political reservation for at-risk communities), it is **important to take a context-specific approach**, based on assessment of the particular factors involved in a specific situation – not applying a one-size-fits-all approach. Relevant factors to take into account could include gender, rural/urban location, and sector.
- **Within each specific context a holistic approach tackling all aspects that could impact child labour should be taken**: Some interventions were found to have positive effects on one aspect of child labour (e.g. microcredit increasing household income) but negative effects on others (e.g. as adults spend more time out of the home, children take on household duties). Hence, **once target groups are identified**, it is important to take **a holistic approach to them that addresses all factors driving child labour in their particular context**, and that **takes into account potential unintended consequences of interventions** at familial and community levels.
- The limited effect of **legislative measures** designed to eradicate child labour (notably the ban on the employment of children under 14 years, which was found to lead to increased child labour and lower wages) implies that these alone are not enough: appropriate mechanisms should be put in place to facilitate implementation, and laws should then be enforced.
- It is important to **ensure sufficient sustained resources and capacity to implement interventions**, in particular social protection measures that reduce household vulnerability and risk. Implicit in this, given typical resource constraints, is the need for better targeting of social protection resources so these reach those vulnerable to child labour.

The very limited evidence base on the effectiveness of interventions to tackle child labour in South Asia highlights the need for more focus on building this knowledge. As interventions are developed, research and evaluations should be carried out to explore which interventions are effective. The ILO's latest report on child labour results and trends (ILO, 2017, p. 15) stresses this point: 'There is an ongoing need for information about the *impact* of policies and interventions on child labour. With the exception of cash transfers, still too little is known about the effectiveness of interventions in policy areas of relevance to child labour, which, in turn, is impeding policy.'

It is important to understand the impact of diverse approaches: in different contexts; on combating different types of child labour; on different age groups; and by gender, by rural/urban location, and by group/community. It is also important to understand the mechanisms by which different interventions have positive/negative effects, their long-term effects, and their cost-effectiveness. Such rigorous research is critical to designing effective interventions to tackle child labour – but is not always feasible. Other forms of evaluation that can tell us about how an intervention works and in what circumstances include process tracing, realist evaluation, and qualitative contribution analysis (Vogel and Punton, 2018; Balogun *et al*., 2017; Stedman-Bryce *et al.*, 2015; Itad, 2014; Ton, 2012; Stern *et al*., 2012; White and Phillips, 2012; White, 2010).

In conclusion, **this REA was based on a limited evidence base of mainly observational studies, with studies being of overall moderate quality.** It indicates that interventions aimed at reducing household[5] vulnerability/risk are more effective in tackling child labour than those increasing household earnings. It also highlights the need for targeted, context-specific but holistic approaches. A key finding is that there is a dearth of research on the impact of interventions to combat child labour – something that needs to be addressed urgently.

[5] Households can be defined in many ways: in the South Asian context distinguishing between extended 'joined' families and nuclear families might be important in order to understand household resilience and vulnerability. In the studies assessed, households seemed to mean nuclear families.

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List of abbreviations

CSR	Corporate social responsibility
DFID	Department for International Development (UK)
FCDO	Foreign, Commonwealth and Development Office
ILO	International Labour Organization
NGO	Non-governmental organisation
NHLBI	National Heart Lung and Blood Institute
NIH	National Institute of Health
NREGS	National Rural Employment Guarantee Scheme (India)
NRSP	National Rural Support Programme (Pakistan)
QAT	Quality Assessment Tool
RCT	Randomised controlled trial
REA	Rapid Evidence Assessment
SC	Scheduled Caste
ST	Scheduled Tribe
SME	Small and medium-sized enterprise

1 Introduction

This REA addresses interventions to tackle the worst forms of child labour in four South Asian countries (Bangladesh, India, Nepal, and Pakistan). This introduction provides background information on the problem of child labour (Section 1.1) and interventions to tackle the problem (Section 1.2), and explains the aims of the REA (Section 1.3).

The term 'modern slavery' is used to refer to the variety of situations in which one person is forcibly controlled by an individual or group for the purpose of exploitation, including: slavery and forced labour; debt bondage or bonded labour; human trafficking; domestic servitude; forced or servile marriage; and the worst forms of child labour and other exploitation, including sexual and broader child exploitation. This report uses the ILO (2002) definition of the 'worst forms of child labour', which includes:

a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom, and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;

b) the use, procuring, or offering of a child for prostitution, for the production of pornography, or for pornographic performances;

c) the use, procuring, or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; and

d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children.

The worst forms of child labour include hazardous labour, defined by the ILO as 'work that is performed by children in dangerous and unhealthy conditions that can lead to a child being killed, injured or made ill as a result of poor safety and health standards or employment conditions'.[6]

The literature reviewed in this REA tended to only refer to 'child labour' as a very broad term, not disaggregated by sector and not referring (in anything more than very general terms) to the negative effects of child labour on children's physical and mental health. Hence, this REA does not make a distinction between child labour, the worst forms of child labour, and hazardous labour.

1.1 Magnitude and impact of child labour

Despite efforts to reduce child labour it remains a massive problem globally, and particularly in the South Asia region. The latest ILO report, *Global Estimates of Child Labour: Results and trends 2012–2016* (ILO, 2017), gives details of the scale and nature of the problem. Unless otherwise stated, all figures in this section are taken from that report. A total of 152 million children – 64 million girls and 88 million boys – are in child labour globally, accounting for almost one in 10 of all children worldwide. Nearly half of all those in child labour – 73 million children in absolute terms – are in hazardous work that directly endangers their health, safety, and moral development. Child labour has fallen consistently since 2000, showing that real advances are being made in tackling the problem, but progress slowed in the four-year period from 2012 to 2016. Expressed in relative terms, the share of children in child labour fell by only one percentage point during 2012 to 2016, compared to three percentage points in the previous four-year period. The decline in hazardous work slowed in a similar fashion.

[6] www.ilo.org/asia/WCMS_224118/lang--en/index.htm

Children aged 5–11 years form the largest share of those in child labour, and also form a substantial share of those in hazardous work. 48% of all those in child labour are in the 5–11 years age bracket, 28% are aged 12–14 years, and 25% fall into the 15–17 years age range.[7]

The agricultural sector accounts for by far the largest share of child labour: 71% of all those in child labour, 108 million children in absolute terms. Child labour in agriculture relates primarily to subsistence and commercial farming and livestock herding. Children in child labour in the services and industry sectors number 26 million and 18 million, respectively. **Most child labour takes place within the family unit** on family farms and in family enterprises: more than two-thirds of all children in child labour work as contributing family labourers.

A significant proportion of children are in forced labour. According to the *2016 Global Estimates of Modern Slavery* (ILO and Walk Free Foundation, 2017), there were about 4.3 million children aged below 18 years in forced labour in 2016, representing 18% of the 24.8 million total forced labour victims worldwide. This estimate includes 1 million children in commercial sexual exploitation, 3 million children in forced labour or other forms of labour exploitation, and 300,000 children in forced labour imposed by state authorities.

Boys appear to face a greater risk of child labour than girls. There are 23 million more boys than girls in child labour, and 17 million more boys than girls in hazardous work. The gender gap increases with age, from less than one percentage point for 5–11-year-olds, to three percentage points for 12–14-year-olds, and to five percentage points for 15–17-year-olds. But it is possible that these figures understate girls' work relative to that of boys: girls may be more present in less visible and therefore under-reported forms of child labour, such as domestic service in private households or 'unpaid care' for their own families. Girls are much more likely than boys to shoulder responsibility for household chores, a form of work not considered in the child labour estimates.

With regard to regional variation, the highest prevalence of child labour is found in Africa (19.6%),[8] followed by the Asia-Pacific region (7.4%). An earlier ILO study of child labour in South Asia (ILO, 2014), which drew on national survey data from seven countries, found that there were 16.7 million (5–17-year-old) children in child labour in South Asia, according to conservative estimates, and of these, 10.3 million were in the 5–14 years age range. It also found substantial variation in child labour estimates across the South Asian countries: in absolute terms, child labour for the 5–17 years age range was highest in India (5.8 million), followed by Bangladesh (5.0 million), Pakistan (3.4 million) (though these figures do not include children under 10 years of age), and Nepal (2 million). In relative terms, children in Nepal faced the highest risk of being in child labour in South Asia, with over one-quarter (26%) of all 5–17-year-olds engaged in child labour (largely in agriculture).

The negative impacts of child labour are seen in relation to children's health, their access to education, and their long-term prospects for getting out of poverty and having a decent standard of living.

Child labour can expose children to hazards and be detrimental to physical health, e.g. exposure to dangerous fumes/chemicals, risk of injury, constantly having to stay in one position, being deprived of sunlight/fresh air. Malnutrition and poor growth are also very prevalent among working children (Ibrahim *et al*., 2018). Child labour subjects children to abuse, whether verbally, physically, or sexually, which ultimately results in psychological disturbances and behavioural disorders. Working children are exposed to higher levels of physical and mental stress compared to non-working

[7] '15-17 year-olds are above the minimum working age and therefore are *not* counted as child labourers because they are too young. Rather, they are in child labour because their work is or may be physically or psychologically injurious to their health and well-being' (ILO, 2017: 13). This would account for the lower share of child labour in this age group.
[8] Africa is higher in absolute terms too: 72,113, vs. 62,077 in the Asia-Pacific region.

children and adults performing the same type of work. A systematic review looking at the impact of child labour on children's health found that the effects on psychological health can be long-lasting and devastating for the children involved (Ibrahim *et al.*, 2018).

Child labour is frequently associated with educational marginalisation. The estimates indicate that a very large number of children in child labour are completely deprived of education – for the 5–14 years age group, there are 36 million children in child labour who are out of school, 32% of all those in child labour in this age range (ILO, 2017). Even the 68% able to attend school see their education suffer because of their involvement in child labour: they tend to perform poorly with regard to educational attainment, and progress through grades more slowly than their non-working peers. A Young Lives study of violence affecting children (Pells and Morrow, 2018) conducted in Ethiopia, India, Peru, and Vietnam, found that child labourers – who often have to miss school to work – are disproportionately affected by corporal punishment in school.

Participation in child labour significantly hampers children's long-term prospects (ILO, 2015). Children who miss out on school, or who have a disrupted childhood, are less likely to have the skills needed for securing decent work. As adults they are more likely to be unemployed or to experience job insecurity. They are more likely to work in hazardous conditions and/or have a low income. As they are likely to be living in poverty, these adults are also more likely to have to rely on their own children working in order for the family to have enough money to survive and be able to afford basic necessities. This continues the child labour–poverty cycle into the next generation.

1.2 Interventions to tackle child labour

The intervention categories and sub-categories used in this REA are based on those used in the Modern Slavery Evidence Map prepared by the research team for DFID (Oosterhoff *et al*., 2018). The approach applied in the evidence map built on how interventions were categorised in a recent global evidence review of modern slavery interventions by the Walk Free Foundation (Bryant and Joudo, 2018). The categories were adapted to accommodate all types of modern slavery, from bonded to trafficked labour, based on the research team's knowledge of the types of interventions for these different forms of modern slavery. Inspiration was also taken from how categories were presented at different levels in the social ecology (individual, community, state) in the International Initiative for Impact Evaluation's (3ie) intimate partner violence Evidence Gap Map (Picon *et al*., 2017). The main intervention categories used in the evidence map are listed below.

Risk-based prevention: Interventions which target specific risks associated with falling into debt bondage/bonded labour, trafficking, domestic servitude, forced labour, and the worst forms of child labour. Interventions may be targeted at specific at-risk groups for bonded labour or trafficking (e.g. lower and backward castes), or they may target the wider community where at-risk groups reside (for cross-border trafficking, this can include community interventions with the migrant community or the host country population).

Service responses/delivery and coordination: Services and interventions provided to victims (either as they are being exploited, or after they exit an exploitative situation, including bonded labour). Services may be provided by civil society organisations or government providers. Activities providing emergency and longer-term support to victims, such as case management or reintegration and rehabilitation, fall under this category.

Industry interventions and value chains: Employer- or industry-targeted interventions which may reduce the risk of exploitation. Initiatives may be led by industry, and small and medium-sized enterprises (SMEs) themselves, or they may be led by external parties (industry coalitions,

government officials, or multinational companies for whom the SME is in the supply chain). Interventions may also target landlords using bonded labour.

Legal and policy-level interventions: Interventions targeted at the institutional level to impact factors contributing to risks of bonded labour/trafficking by changing laws and policies and enforcing existing regulation. Interventions may aim to improve the investigation and prosecution of exploitative landlords and traffickers, or enhance regional cooperation and leadership on criminal justice responses to modern slavery.

Emerging trends: A separate category for interventions not defined at a specific level (e.g. individual, community), or for interventions that cut across the above main categories (e.g. risk-based prevention, service responses/delivery and coordination, industry interventions and value chains, and legal and policy-level interventions).

The above categories have been modified slightly in this REA to reflect the available studies included in the REA (for some of the evidence map categories no/very few studies qualified for inclusion in the REA). Hence, the categories included in this REA are as follows: interventions addressing the economic factors driving child labour (including microinsurance and microcredit, a minimum wage, public works programmes); interventions directly targeting survivors/people at risk of child labour (e.g. protection services, school stipends); and interventions strengthening regulation (e.g. legislation banning child labour).

1.3 Aim of this REA

This REA has been carried out as part of a wider assignment for DFID which has the overall objective of synthesising evidence on the effectiveness of interventions that tackle modern slavery in South Asia. Two REAs have been conducted on different types of modern slavery: this one on child labour, and a second on human trafficking. This REA relates to child labour, with the main research question being: *'What has been the effect of interventions to reduce the incidence and prevalence of the worst forms of child labour for Bangladesh, Pakistan, India, and Nepal?'* The REA will help DFID country offices identify approaches in order to effectively address child labour.

It should be noted that there was not a great deal of overlap in literature in the two REAs: two studies were applicable to both child labour and labour/sexual exploitation and are included in both REAs. The remaining 10 studies on child labour interventions are exclusive to this REA.

This REA and the second REA on human trafficking complement other work underway to strengthen the evidence base on modern slavery in South Asia: in particular, DFID's Work in Freedom programme on tackling modern slavery amongst migrant women workers from Nepal, India, and Bangladesh; and a research study on bonded child labour in India.

2 Methods

This chapter describes how the REA has been conducted. It outlines the search procedures, the inclusion and exclusion criteria, quality assessment, and data extraction.

2.1 Evidence map – study identification and coding

The studies included in this REA are taken from the Modern Slavery Evidence Map (Oosterhoff *et al*., 2018). The evidence map identified the availability of evidence on modern slavery interventions in Bangladesh, India, Nepal, and Pakistan. This REA focuses only on those studies related to child labour in those countries.

The evidence map included peer-reviewed and non-peer-reviewed studies published from 2008 to 2018 in English which mentioned a modern slavery intervention. Eligible primary studies included experimental or quasi-experimental studies,[9] or evaluations of interventions to prevent modern slavery, and observational studies where they included an intervention. Quantitative and qualitative observational research studies eligible for inclusion included: cohort, longitudinal, case/control, cross-sectional studies/evaluations, qualitative studies, or case studies (featuring interviews or focus groups), including post-evaluation-only assessments and participatory approaches. Systematic reviews and other reviews were eligible for inclusion where they focused on the countries of interest or the South Asia region.

Importantly, only impact evaluations, including RCTs, can assess whether an intervention is effective at producing the outcome of interest. We included observational studies as they can still yield valuable insights to inform more rigorous intervention research, and because this field has not yet evolved to the point where intervention research is the norm. Indeed, the majority of studies included in the REA were observational, which does not allow for robust assessment of the impact or effectiveness of interventions, but nonetheless yields useful findings.

Searches for the evidence map comprised an electronic search of over 25 academic databases and sector-specific websites, and screening of the studies identified by the searches against pre-defined inclusion criteria[10] (Oosterhoff *et al*., 2018).

Screening was a two-stage process of first checking the title and abstract, and then checking the full-text report (Oosterhoff *et al*., 2018). Screening was undertaken by three individuals independently, i.e. we did not conduct double screening of abstracts and full texts. A random 5% of each reviewer's study allocation was screened by a second reviewer, to check for consistency of screening at the abstract and full-text stage. No significant inconsistencies were found at this stage in the evidence map screening.

After studies had been identified as meeting the inclusion criteria, basic information was extracted on each study, including modern slavery type, intervention type, outcomes reported, and study characteristics, such as study design and location (this process of data extraction is referred to as 'coding'). Further information on the studies that were identified by this process is available in the evidence map report (Oosterhoff *et al*., 2018). Additional reports were identified for possible inclusion by checking the reference lists of systematic reviews picked up in initial searches (i.e.

[9] Experimental studies are those where participants are randomly assigned to a treatment (intervention) or control group. Quasi-experimental studies feature participants who are assigned to intervention or control groups but not randomly. An observational study may be concerned with the effect of a treatment but participants are not assigned to intervention/control groups.

[10] www.modern-slavery-review.com/index.php

backwards citation tracking). A total of N=116 studies were included in the evidence map, including N=58 for child labour.

2.2 Inclusion and exclusion criteria

At the REA stage, we excluded reviews, as none were systematic reviews that were focused on the countries of interest or the South Asian region, and non-systematic reviews did not display a high level of methodological quality. During the evidence map searches, reviews were found on specific types of modern slavery, most commonly on child labour and sex trafficking. Reviews included both systematic and non-systemic reviews (this included literature reviews, reviews of policy and the legal system, and reviews based on secondary data and external literature related to the intervention but that were not explicitly evaluations). For the evidence map, we conducted backwards citation tracking of eight reviews and systematic reviews related to modern slavery outcomes, from which 20 primary studies (including on child labour) were identified for inclusion in the map. These studies were considered for inclusion in the REA alongside other primary and secondary studies identified from evidence map searches.

We excluded 11 reviews for child labour, leaving N=47 studies for child labour which were eligible for screening for the REA.

2.3 Quality appraisal framework

To assess the quality of the studies identified for inclusion in the REA we adapted the quality assessment tool (QAT) used in a similar two-stage systematic map and evidence synthesis study on labour trafficking in Europe (Cockbain *et al*., 2018). This QAT in turn was adapted from the version based on Critical Appraisal Skills Programme checklists[11] used by Oram and colleagues in a systematic review of the health effects of trafficking (Oram *et al*., 2012).

The tool of Cockbain *et al*. included nine items assessing study quality, including the appropriateness of the study design, the sampling method, and the analysis method. We kept eight of these items and omitted the question on conclusions being grounded in the results (as we found it to be duplicative of the results item). Furthermore, we added two items from the National Heart Lung and Blood Institute (NHLBI) and National Institutes of Health (NIH) QAT for observational cohort and cross-sectional studies (NHLBI and NIH, 2014) on whether the exposure and outcome measures were clearly defined and valid. The QAT and the accompanying scoring guide used in this REA can be found in **Error! Reference source not found.**.

The QAT covers the following domains: research question, design, ethics, sampling method, sample size, exposure measure, outcome measure, analysis, results, and limitations. The maximum quality score that is obtainable is 20. Like Cockbain *et al*. (2018), we use 50% of the total possible score (10 or below) as the cut-off for low-quality studies. Moderate-quality studies are those scoring between 11 and 15, while high-quality studies are those scoring between 16 and 20. Only studies that were moderate or high-quality were included for data extraction at the next stage since low-quality or unreliable evidence would not be suitable for inclusion or for assessing 'what works'.

Importantly, this adapted QAT was designed to be a generic tool applied across all study designs – we did not apply dedicated QATs per study design. Generic QATs allow for wide applicability and a high degree of flexibility, while maintaining transparency in study critical appraisal (Rosella *et al*.,

[11] These checklists, developed by the Oxford Centre for Triple Value Healthcare Ltd (3V) portfolio, are quality appraisal tools designed for health research and used for a variety of study types.

2016). This generic QAT allowed the researchers to work within a limited timeframe and to include studies with a range of methodologies (Cockbain *et al*., 2018).

Furthermore, considering the limitations of observational study designs, which comprise the bulk of studies in this REA, we use the term 'quality' rather than 'risk of bias' to indicate that studies/papers were assessed based on the quality of the methodology for an observational study, rather than based on theoretical grounds relating to risk of bias, where observational studies are inferior to quasi-experimental studies, which are in turn inferior to RCTs, in the hierarchy of evidence. We did not assign quality ratings based on theoretical grounds for risk of bias in the hierarchy of evidence (Liberati *et al*., 2009). For example, a qualitative trafficking study was assessed relative to what a 'good' qualitative study design would be generally – it was not assessed relative to an experimental study, which is a stronger design. In this vein, a poorly designed RCT might score similarly to a well-designed observational study. While we did pilot the QAT among the research team, one limitation is that the QAT was not formally validated in the original study (Cockbain *et al*., 2018) or in this review.

Nevertheless, the QAT measures a range of significant factors in study quality, which are listed above, and the included studies went through two rounds of quality appraisal, one of which was conducted by an external reviewer. The researchers are therefore confident that the included studies have been accurately appraised as high and moderate to the extent that the QAT, which was designed for the appraisal of multiple study designs, allows.

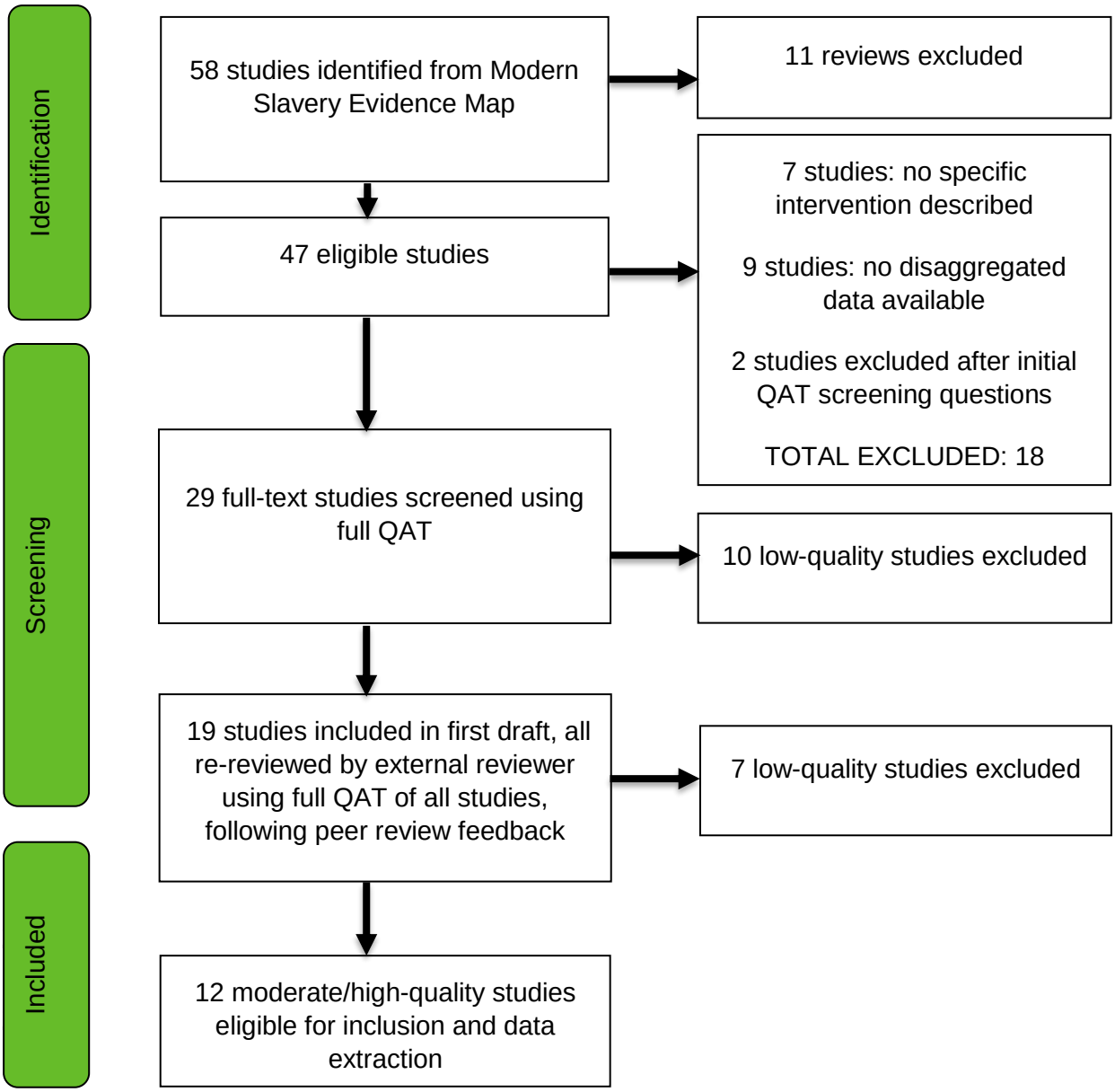
After three reviewers piloted the QAT, we revised the screening process to include two preliminary questions prior to applying the QAT (please see Annex A). These questions were:

- Is a specific intervention(s) clearly described in the study?
  - If no, exclude. If yes – continue.
- Are disaggregated data available for the study population of interest in this REA (e.g. data for child labourers only)?
  - If no, exclude. If yes – continue.

These questions were added to account for studies where modern slavery outcomes were reported but could not be attributed to a clearly described, specific intervention (for example, where a package of interventions was broadly described, or where an intervention was mentioned very briefly but not described), or where disaggregated data on the study population child labourers were not provided. Based on these criteria, 18 studies were excluded (see Figure 1).

Initially, of the remaining 29 studies, 19 studies were assessed as being of high or medium quality. However, following peer review feedback, a second round of quality appraisal was conducted by an impartial third reviewer, to ensure that all 19 studies met the inclusion criteria. The process then went from single reviewer appraisal with a 5% check on scores in the original study design, to full double-blind review of the 19 studies that were potentially eligible for inclusion. At this stage, the two reviewers agreed that seven studies were low quality and should be removed. Where scores were not exactly reconciled by the two reviewers, the lower score was taken, as a conservative approach, and reported in the quality appraisal table. A total of 12 studies were finally included in the REA. Of the 29 studies eligible for inclusion, a total of 17 studies were classified as low quality over both rounds of quality appraisal (see **Error! Reference source not found.**).

Figure 1: Flowchart of study selection for REA



2.4 Data extraction and evidence synthesis

The data extraction form was developed based on one used in an REA on the effectiveness of interventions for social inclusion and empowerment among persons with disabilities in low- and middle-income countries (White *et al*., 2018). The data extraction form is based on study summary boxes, and can be found in Annex B. We describe each study's results in narrative form, with effect estimates cited, rather than extracting data on specific outcomes in a pre-specified format.

3 Results

3.1 Studies included in the REA

A total of 12 studies, out of the 58 studies identified from the Modern Slavery Evidence Map, were included for data extraction. These are listed in Table 1, while Table 2 gives QAT scores for each. Study designs mainly comprised quasi-experimental studies (N=5) and observational studies (N=5), with just two RCTs (Figure 2). The majority of studies (N=7) focused on India (either alone or as part of multi-country studies), followed by Pakistan, Nepal, and Bangladesh with two studies each (Figure 3).

In terms of type of intervention, the biggest share related to interventions aimed at addressing economic factors driving child labour: four looked at the impact of microcredit and/or microinsurance, while two studies looked at the effect of macroeconomic measures (raising the minimum wage, and public works programmes).

Three studies looked at the impact of various interventions providing direct support to affected families/communities, e.g. school scholarships and stipends, as well as rescue and reintegration of children exploited/trafficked for labour. The remaining three studies looked at interventions strengthening regulation, e.g. a legal ban on child labour, social labelling of carpets, and giving political voice to marginalised groups.

Table 1: Studies included in the REA (N=12)

#	Study author/year	Study design	Country(s)	Participants	Sample size	Primary outcome measure*	Secondary outcome measure*
1	Landmann and Frolich 2015	RCT	Pakistan	Clients for loans and health insurance	Nine out of 13 branches of National Rural Support Programme (NRSP) in Hyderabad district (2,097 households)	Incidence of child labour	Hours worked by children, hazardous work, monthly earnings from child labour, school attendance, monthly days missed at school
2	Islam and Choe 2013	Quasi-experimental	Bangladesh	Microcredit programme borrowers	2,034 households (4,277 children)	Incidence of child labour	Not specified
3	Chakrabarty 2015	Observational – quantitative	Bangladesh	Households at risk of being affected by climate-related disasters	Two out of five administrative districts of Greater Rangpur	Community/society > incidence/prevalence of modern slavery: probability of a child having to work	Not specified
4	Frolich and Landmann 2017	Quasi-experimental	Pakistan	Microfinance institution (NRSP) clients	Nine out of 13 NRSP branches	Community/society > incidence/prevalence of modern slavery: child labour; child schooling	Not specified
5	Bharadwaj *et al*. 2013	Quasi-experimental	India	Children aged 10–17 years	National Sample Survey data	Modern slavery survivors/persons at risk > incidence/prevalence of modern slavery: probability of child employment; child wages	Decline in household welfare
6	Edmonds and Shreshta 2014	RCT	Nepal	Children aged 10–16 years whose guardians work in establishments affiliated to Nepal Goodweave Foundation	660 children	Community/society > incidence/prevalence of modern slavery: child engagement in carpet weaving; schooling attendance, grade performance	Household consumption and expenditure and remittance

7	Chakrabarty 2009	Observational – qualitative	India, Nepal	Households in districts with high concentration of carpet firms	415 households in Uttar Pradesh, India; 410 households in Kathmandu Valley, Nepal	Community/society > incidence/prevalence of child labour: probability of child being employed	Not specified
8	Donger and Bhabha 2018	Observational – qualitative	India	Dept. of Labour, federal/state govt. officials, Child Welfare Committees, law enforcers, non-profit organisations	49 key informants from diverse government departments/NGOs	Criminal justice/legal/policy > victim identification; criminal justice response; modern slavery survivors/persons at risk > consistency between policy framework and realities of implementation of reintegration efforts	Not specified
9	Gausman *et al.* 2016	Observational – mixed methods	India	Village households	1,865 households in 21 villages	Community/society > incidence/prevalence of modern slavery: incidence/prevalence of forced and bonded labour; economic and social benefits for households freed from labour exploitation	Community/society > incidence/prevalence of modern slavery
10	Kaletski and Prakash 2016	Quasi-experimental	India	Scheduled castes (SCs) and scheduled tribes (STs)	Two rounds (1982 and 1999) of data from large, nationally representative sample of rural households from 15 major states of India	Community/society > incidence/prevalence of modern slavery: incidence/prevalence of child labour	Not specified
11	Menon and Rodgers 2018	Observational – quantitative	India	Children aged 5–14 years	National Sample Survey data	Community/society > incidence/prevalence of modern slavery: child labour	Not specified

12	Shah and Steinberg 2015	Quasi-experimental	India	Children aged 5–16 years	2.5 million rural children	Community/society > incidence/prevalence of modern slavery	Not specified

*Key: >: sub-category of a main outcome measure

Figure 2: Number of studies included by study design (N=12)

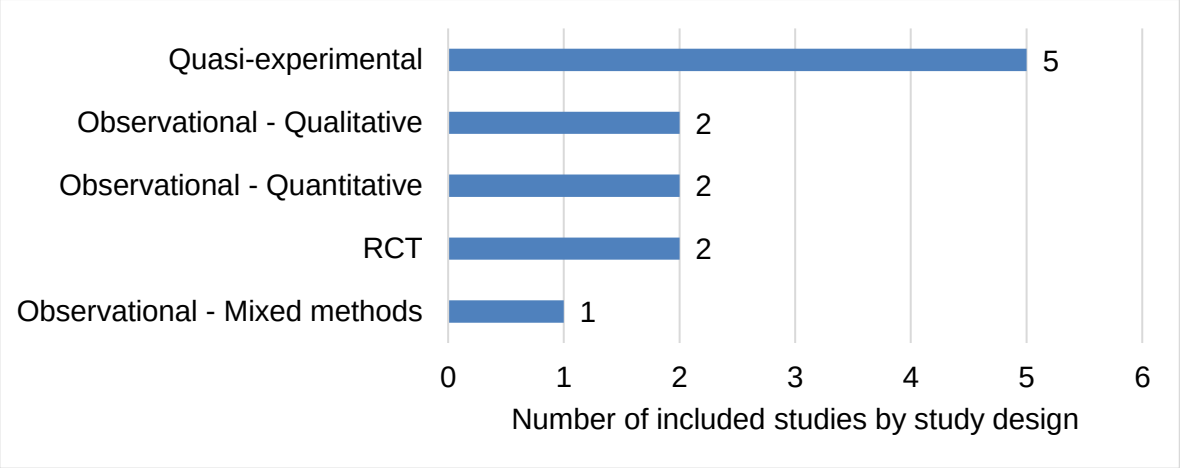
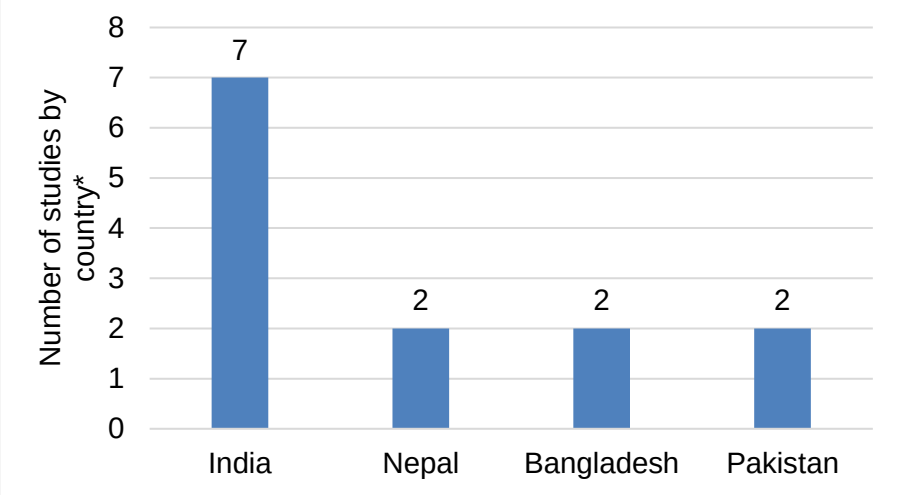


Figure 3: Number of studies included by country focus (N=13)*



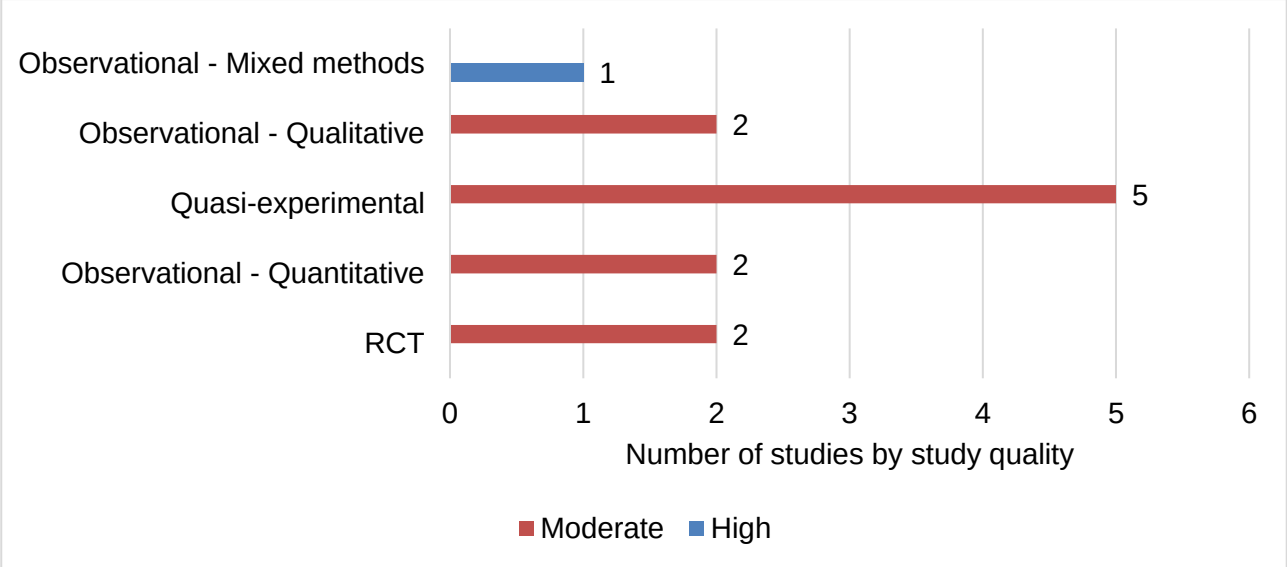
*Sums to > 12, reflects inclusion of a multi-country study

3.2 Overall study quality

A QAT was used to assess the overall study quality during data extraction. The tool measured the quality of the research question, study design, ethical considerations, sampling method, sample size, exposure measures, outcome measures, analytical procedure, clarity of results, and limitations (see Annex A).

Of the 12 studies included for data extraction, 11 were of moderate quality, with one of high quality (an observational mixed methods study of a multi-faceted community empowerment intervention). Those with the strongest study design, RCTs of a health insurance and school scholarships intervention respectively, were of moderate quality. Neither study included information about ethics processes, and the methods used to measure the exposure and the outcomes were not clear. Figure 4 shows the number of study designs by study quality rating.

Figure 4: Study design by study quality rating (N=12)



The overall strength of a body of evidence is determined by the quality of studies that constitute it, as well as by the size, context, and consistency of that body of evidence. Although all studies included in this REA were assessed as being of moderate (n=11) or high (n=1) quality, some moderately ranked studies still lacked key aspects of robust evaluation.

Common weaknesses of the moderately rated studies were an inadequate sample size and a lack of clearly defined outcome measures. This perhaps reflects the on-the-ground challenges of conducting research on child labour (finding large sample sizes and carrying out RCTs, for example, will be difficult) and the complexity of the issue. Many of the moderate-quality studies reviewed also focused on outputs rather than outcomes, which means they are limited in what they tell us about the effectiveness of interventions. Another methodological problem in some moderate-quality studies was a lack of clarity about study details. Most studies failed to properly discuss ethical considerations, which were fully addressed in just one study. Many studies (N=6) failed to identify and account for any limitations. Finally, few if any of the studies reviewed established a causal relationship between interventions and the effects on child labour.

The sole high-quality study was an observational study design, which cannot tell us about the causal effects of the intervention. In RCTs, participants are randomly assigned to an intervention or control group, which mitigates against biases in observational studies, which can include selection bias (participants with certain characteristics may choose to enter a programme) and confounding bias (where a chance variable can affect the association between an exposure and an outcome). Quasi-experimental studies do not use random allocation, which limits this type of study's ability to robustly detect cause–effect relationships between an intervention and an outcome. Given that just two moderate-quality RCTs were included, the conclusions that can be drawn about the effectiveness of the interventions considered, and the findings from this REA, are limited. However, the overall body of evidence offers insights into potential causal pathways of, and the feasibility, and acceptability of, interventions, as well as implementation challenges, which can inform future interventions and research.

Error! Reference source not found. shows the quality assessment of the included studies (N=12), with 0 representing 'no', 1 representing 'yes partially', and 2 representing 'yes fully'.

Table 2: Study quality assessment (N=12)

#	Study author/year	1. Enquiry	2. Design	3. Ethics	4. Sampling method	5. Sample size	6. Exposure	7. Outcome	8. Analysis	9. Results	10. Limitations	Total score	Study quality
1	Landmann and Frolich 2015	2	2	0	1	1	1	1	2	2	2	14	Moderate
2	Islam and Choe 2013	2	2	0	1	1	2	2	2	2	1	15	Moderate
3	Chakrabarty 2015	2	2	0	2	1	2	2	2	1	1	15	Moderate
4	Frolich and Landmann 2017	2	2	0	1	1	1	1	2	2	0	12	Moderate
5	Bharadwaj *et al.* 2013	2	2	0	0	0	2	2	2	2	1	13	Moderate
6	Edmonds and Shrestha 2014	2	2	0	2	2	1	1	2	2	1	15	Moderate
7	Chakrabarty 2009	2	2	0	2	1	1	1	2	2	0	13	Moderate
8	Donger and Bhabha 2018	2	2	2	2	1	2	2	1	1	0	13	Moderate
9	Gausman *et al.* 2016	2	2	1	2	1	2	2	2	2	2	16	High
10	Kaletski and Prakash 2016	2	2	0	0	0	2	2	2	2	0	12	Moderate
11	Menon and Rodgers 2018	2	2	0	0	0	2	2	2	2	0	12	Moderate
12	Shah and Steinberg 2015	2	1	0	2	0	2	1	2	2	0	12	Moderate

Key: 2 – fully meets criteria 1 – partially meets criteria 0 – does not meet criteria or cannot tell from information provided

3.3 Limitations of evidence base

The evidence base was limited. Given that the geographic scope of the REA covered four countries in South Asia, each with a significant prevalence of child labour, the total number of studies included for data extraction in the REA could be considered low. Furthermore, over half the studies were based in India (either exclusively or as part of a multi-country study); two covered Pakistan; two Nepal (one as part of a multi-country study); and two Bangladesh. The latter three countries are thus clearly under-represented in the evidence reviewed.

Overall, the available studies were narrow in scope. They dealt with a limited range of interventions to tackle child labour. Both studies from Bangladesh, for example, looked at the impact of microcredit programmes on child labour, i.e. just one type of intervention. Similarly, they failed to provide evidence regarding the effectiveness of interventions in tackling different types of child labour. Child labour is found in numerous sectors: brick kilns, carpet weaving, football manufacture, mining, agriculture, etc. Diverse factors drive child labour in different sectors, which means the lack of evidence regarding the effectiveness of interventions by sector (type of child labour) is a major constraint.

Some of the evidence was gender-disaggregated – e.g. studies looking at the impact of microcredit programmes in Bangladesh, or of increasing the minimum wage in India – but the bulk of findings were given for child labour overall, failing to detail any gender differences. Again, given the differing factors influencing child labour among girls and boys, this is a major shortcoming. Similarly, while some of the data were disaggregated by age, e.g. the study on the legal ban on child labour in India gave results for children aged 10–13 years, the bulk of evidence was for children of all ages.

In sum, the evidence base had significant gaps with regard to countries covered, types of intervention, types of child labour (sector) addressed, and effects by gender and by age group. These shortcomings make it very difficult to draw anything more than indicative conclusions from the REA findings.

The findings presented below are categorised according to the type of intervention they explored. The intervention categories are as follows: those addressing the economic factors driving child labour (including microinsurance and microcredit, minimum wage, and public works programmes); those directly targeting survivors/people at risk of child labour (e.g. protection services and school stipends); and those strengthening regulation (e.g. legislation banning child labour).

3.4 Interventions addressing economic factors driving child labour

The biggest share of studies reviewed related to interventions aimed at improving the economic situation of households, and thereby averting the need for them to resort to child labour. The interventions ranged from those directly targeting affected/at-risk households, e.g. provision of finance for low-income households (microfinance), to those geared at a very macroeconomic level, e.g. increase in adult minimum wage. The findings from these studies were very mixed, with some of the interventions leading to reduced child labour but some even exacerbating the problem.

Microfinance and microinsurance

Three studies looked at the impact of the provision of microfinance on child labour. Landmann and Frolich (2015) detailed the impact of an intervention to provide health insurance and assistance with claims to communities in **Pakistan**. This was one of just two studies that applied an RCT.

While there were negative effects for child labour and hours worked (i.e. the intervention reduced child labour), these estimates were imprecise, as were those for the effect of the intervention on schooling. Treatment effects appeared larger for boys than girls. This could be because boys were more likely to have been engaged in child labour. A similar intervention (using a quasi-experimental study design) in **Pakistan** extending insurance coverage to household members other than the spouse, and to children under the age of 18 years, led to a significant decrease (10%) in child labour, and to reductions in working hours (by four hours per week), days missed at school (by one day per week), and child labour in hazardous occupations (Frolich and Landmann, 2017). However, provision of assistance with claims (through monthly visits) was found to have little effect.

An intervention in **Bangladesh** entailed the provision of either microcredit alone, or microcredit and microinsurance, to households. The latter (both microcredit and microinsurance) was found (in an observational study) to have reduced the odds of child labour in treatment households by 0.62, while microcredit alone reduced the odds by 0.27 (Chakrabarty, 2015). Moreover, the effects were found to be strongest for extremely poor households, followed by moderately poor households; there was no effect on those above the poverty threshold. By contrast, an earlier (quasi-experimental) study of a microcredit programme in **Bangladesh** (Islam and Choe, 2013) found that the provision of finance to households increased the probability of child labour among girls by 14%, rising to as much as 16% when the borrowers were female. There were also significant negative effects on girls' school enrolment. The effects on child labour and school enrolment for boys were detrimental but statistically insignificant. The study concluded that, 'Overall, participation in microcredit programmes significantly increases the probability of child labour for girls' (Islam and Choe, 2013).

Macroeconomic measures: minimum wage and public works programmes

The studies looking at the effect of improvements in the macroeconomic situation on child labour all took place in India. One looked at the effect on child labour of increasing minimum wages and the second at the effect on child labour of public workfare programmes – guaranteeing 100 days of employment per year at minimum wage to eligible persons in rural areas.

Minimum wage

An analysis (observational study) of the relationship between minimum wage and child labour prevalence in **India** (Menon and Rodgers, 2018) found that the impact of the minimum wage on the employment of children differed between urban and rural areas. In urban areas, increases in the minimum wage had negative (as in caused a decrease) and statistically significant effects on child labour within the household, irrespective of gender. A 10% increase in the minimum wage reduced the odds of boys engaging in work within the household by 8.3% and girls by 9.4%. In rural areas, however, there were gender differences in effects. Estimates indicated that with an increase in the adult minimum wage, girls were less likely, but boys were more likely, to be engaged in household work. A likely explanation for this result is that boys were contributing more labour on the farm and in household enterprises because their parents responded to the minimum wage by working away from home. The study found no statistically significant impact of minimum wages on the likelihood of children working away from home in urban or rural areas. In sum, while higher minimal wages for adults lowered the household work burden for children aged 10–14 years, it could actually have exacerbated the problem of child labour for boys in rural areas.

Public works programmes

Shah and Steinberg (2015) (quasi-experimental study) assessed the impact of **India's** National Rural Employment Guarantee Scheme (NREGS) on human capital outcomes (measured as school

enrolment and attainment in maths and reading) among children aged 5–16 years; the study did not measure child labour prevalence. NREGS guarantees minimum-wage employment for 100 days per year to rural households: men and women get equal pay, and one-third of the beneficiaries must be women. Phased roll-out of NREGS across all rural districts of India allowed the effects of its introduction to be clearly seen. The study found that once NREGS entered a district, children scored significantly lower on maths and reading tests, and were significantly less likely to be enrolled in, and on track at, school. Moreover, each additional year of NREGS exposure led to further drops in maths scores (by 2%) and in school enrolment rates. The effects were strongest for children aged 13–16 years, where adolescent girls substituted for their mothers in domestic work, while adolescent boys were more likely to work outside the home for pay (being too young to be eligible for NREGS). Results for younger children were more mixed; there was little effect of overall exposure on children aged 5–8 years, but additional NREGS exposure had a significantly positive effect on children aged 2–4 years – these children were more likely to be enrolled in school and on track at five years of age. NREGS increased the opportunity time cost for families, decreasing time-intensive human capital investments, including in education.

3.5 Interventions directly targeting modern slavery survivors/at-risk persons

Three of the studies reviewed related to interventions directly supporting victims of child labour and their families. These were rescue and reintegration interventions, and provision of additional support to affected families.

Protection, and rescue and reintegration of victims

Two studies, both in **India**, looked at rescue operations and reintegration of children exploited/trafficked for labour. One focused on efforts by official agencies (Donger and Bhabha, 2018). This observational study found that while rescue operations were successful in removing a limited number of children from exploitative workplaces, operations were not carried out in a consistent manner, staff were poorly trained, and children were often exposed to additional trauma (e.g. being held in police stations). With regard to reintegration strategies, it was found that these failed to respect victims' and their families' fundamental rights (e.g. to protection, an adequate standard of living, healthcare, and education). The second study, also observational, assessed efforts by residents themselves in affected communities (Gausman *et al*., 2016). With support from an NGO, residents set up community vigilance committees, carried out rescues, and provided reintegration support. The study found that while the initiative had a strong and positive effect on reducing the odds of a household being in debt, extreme debt, or taking on debts to cover medical expenses, the effects on reducing child labour were inconclusive.

Direct support to vulnerable families

An RCT in **Nepal** compared the effect of providing scholarships to families to cover education expenses with the effect of providing scholarships and additional stipends conditional on school attendance (Edmonds and Shrestha, 2014). Scholarships alone were found to have little effect on school attendance, but payment of scholarships and stipends together significantly increased school attendance. The stipend effect was larger for girls than for boys, both with regard to school attendance and grade failure, as well as reduction in child labour. Recipients of stipends were found to spend more on food, as well as to increase their total expenditure. However, all effects only lasted for the period of support: they were not sustained once this ended.

3.6 Interventions improving regulation

The remaining studies reviewed were of interventions aimed at improving various aspects of regulation at different levels. These included legal bans on child employment, reservation of legislative assembly seats for communities particularly affected by child labour, and the use of social labelling on carpets to indicate those carpets produced under equitable working conditions.

Legislation

All four countries included in this report have legislation banning child labour, though the specific terms and scope vary from country to country and from law to law. Pakistan, for example, has the Employment of Children Act 1991, which bans the employment of children before the age of 14 years, though under the 18th Amendment to the Constitution this was raised to 16 years (Draniciar, 2016). There are diverse federal and provincial laws, and sections of laws, which cover different aspects of child labour. The same situation applies in India, Nepal, and Bangladesh.[12]

One (quasi-experimental) study looked at the impact of a legal ban on the employment of children under 14 years of age, which was introduced in **India** (Bharadwaj *et al*., 2013). Analysis of the ban's impact on child labour found that it led to a 2.6% increase in the probability of child labour overall; and a 22% increase in child labour was seen among children aged 10–13 years compared to the pre-ban period (based on National Sample Survey data). It also led to an average 7.8% drop in child wages. The study explains these findings by noting that the ban was imperfectly enforced, and that it led to higher costs for employing children – hence the reduced child wages and hence more families sending their children out to work.

Political voice

Kaletski and Prakash (2016) looked at the impact of reservation of legislative assembly seats for scheduled castes (SCs) and scheduled tribes (STs) – among the most disadvantaged socio-economic groups in **India**, the former because of their perceived low status in the Hindu caste system, the latter because of geographical isolation. This quasi-experimental study found that political reservation led to increased child labour among SCs, with the impact greater for girls than boys. However, among STs political reservation led to decreased child labour, with no gender differences. The study noted that the findings for STs were consistent with other research showing that political reservation leads to increased welfare spending and reduced poverty among STs. The study suggested the increased child labour among SCs could be due to SCs being more geographically dispersed, and political representatives therefore having to appease a broader population (as opposed to just SCs), for whom child labour might not be such a priority. Other possible explanations include increased SC political representation leading to a shift in resources towards economic activity – in turn leading to increased demand for labour, including child labour; and to generating increased jobs for SCs, which were taken by elites in the communities.

Social labelling

Chakrabarty (2009) described the influence in **India** and **Nepal** of social labelling of carpet firms – signals assuring consumers that the items were produced under equitable working conditions. The observational study found that in Nepal the odds of having a child labourer in a non-labelling household were twice as high as those of having one in a labelling household; in India the odds of

[12] For details on the legal framework for child labour in each country see US Bureau of International Labour Affairs reports: Bangladesh: www.dol.gov/agencies/ilab/resources/reports/child-labor/bangladesh; India: www.dol.gov/agencies/ilab/resources/reports/child-labor/india; Nepal: www.dol.gov/agencies/ilab/resources/reports/child-labor/nepal; and Pakistan: www.dol.gov/agencies/ilab/resources/reports/child-labor/pakistan.

having a child labourer in a household with no knowledge of social labelling were 72% higher than in a household with knowledge of it.

4 Discussion

4.1 Overview of key results

The REA points to the following overall findings by type of intervention:

Provision of microfinance/microinsurance: Attempts to tackle child labour through the provision of microfinance and/or microinsurance to affected communities were found to have very mixed effects. Studies from Bangladesh (Islam and Choe, 2013; Chakrabarty, 2015) showed contrasting impacts on child labour: while in one study a scheme for microcredit and microinsurance was found to lead to reduced odds of child labour, particularly in extremely poor households, the other study found that the provision of finance to poor households led to increased child labour among girls, and reduced school enrolment. Extension of insurance coverage to additional household members in Pakistan (Frolich and Landmann, 2017) was found to lead to reduced child labour, but the effects lasted only so long as support was provided; another study on the provision of health insurance and support with claims (Landmann and Frolich, 2015) also pointed to reduced child labour, though the findings were imprecise. **The fact that the studies found mixed – sometimes contradictory – effects on child labour, and that some of the studies looked at the provision of microcredit and microinsurance together, makes it very difficult to make definitive conclusions about the impact of such interventions.**

Macroeconomic-level interventions: Similar mixed effects were seen in the studies of interventions tackling the economic conditions that drive child labour. Increasing the minimum wage (Menon and Rodgers, 2018) was found to significantly reduce child labour in urban areas and among girls in rural areas, but was found to exacerbate it among boys in rural areas. Guaranteeing minimum wage work to eligible rural households for a significant period was found to lead to worsening human capital outcomes for children, with reduced attainment in maths and literacy tests and reduced school enrolment. **The findings indicate that such interventions cannot be considered as universally beneficial, and that their impact will be highly context-dependent.**

Rescue and reintegration of child labour survivors and direct support for families: Studies of interventions to rescue children being exploited/trafficked for labour, and to reintegrate them, pointed to the limited effectiveness of such efforts (Gausman *et al.*, 2016; Donger and Bhabha, 2018). Key issues identified included lack of capacity of the staff involved, lack of coordination between different agencies, and inability – after rescuing children – to provide them and their families with the services they needed. Non-formal education centres were found to help child labour survivors transition into mainstream education, and the provision of stipends to families (conditional on their children's school attendance) were found to be effective in getting children into schools – but only for as long as the support was sustained (Edmonds and Shrestha, 2014). **Overall, the findings suggest that rescue/reintegration efforts and direct support interventions (particularly those reducing household vulnerability) can be effective if properly resourced and implemented.**

Legal measures: The REA found that a legal ban on the employment of children under the age of 14 years in India led to an increase in child labour and a reduction in child wages (Bharadwaj *et al.*, 2013). A study of the impact of political reservation for communities particularly affected by child labour found mixed effects: in some (scheduled tribes in India) political representation reduced child labour, but in others (scheduled castes in India) it increased child labour (Kaletski, 2016). As noted above, the available evidence is extremely limited, but **what evidence there is indicates that such legislative approaches are not particularly effective. However, as seen with weak**

enforcement of the child labour ban in India, the issue could be lack of implementation rather than the measures per se.

Country-wise findings of the REA are as follows:

India: The bulk of studies related to interventions in India. Both of the 'macroeconomic' approaches – increasing the minimum wage and providing guaranteed employment for rural workers through public workfare schemes – were tried in India. Increasing the minimum wage was found to be effective in reducing child labour in urban areas but led to increased child labour among boys in rural areas (Menon and Rodgers, 2018). Public workfare programmes were found to have marked negative effects on education indicators: children scored significantly less well on maths and reading test scores, were less likely to be enrolled in school, and less likely to be on track in school (Shah and Steinberg, 2015). These effects were found to be strongest for 13–16-year-olds. However, additional NREGS exposure was found to have a significantly positive effect on children aged two to four years – these children were more likely to be enrolled in school and on track at the age of five.

Two legislative measures implemented in India were a ban on the employment of children under 14 years of age, and the reservation of legislative assembly seats for members of STs and SCs. The former was found to lead to significantly higher child labour (22% among children 10–13 years) (Bharadwaj *et al.*, 2013), while the latter was found to be effective in the case of STs (leading to increased welfare spending) but not among SCs (leading to increased child labour, especially among girls) (Kaletski and Prakash, 2016). Social labelling of carpets (indicating to consumers if carpets were produced under ethical working conditions) was found to be an effective tool to deter child labour, but only among families above subsistence level (Chakrabarty, 2009).

A number of interventions in India focused on the rescue and reintegration of children exploited/trafficked for labour. One study (Donger and Bhabha, 2018) found the effectiveness of such interventions was undermined by lack of capacity, lack of support, and failure to respect victims' and their families' fundamental rights. Another study of support services provided by an NGO, including helping community members set up vigilance committees, rescue, and reintegration, found inconclusive effects on child labour (though strong effects on reducing household debt and improving household conditions) (Gausman *et al.*, 2016).

Pakistan: The two studies on Pakistan covered interventions aimed at reducing the economic vulnerability of families, a major driver of child labour. The provision of health and accident insurance, and assistance with claims, was found to produce a reduction in child labour and hours worked, as well as to have a modest positive effect on boys' school attendance, but all these effects were imprecise (Landmann and Frolich, 2015). Extension of insurance coverage to household members other than the spouse (including children under 18 years of age) was found to lead to a significant (10%) decrease in child labour (including in hazardous occupation), as well as reductions in hours worked per week, and days missed at school (Frolich and Landmann, 2017).

Nepal: One of the two studies covering Nepal related to interventions directly combating child labour by targeting affected/vulnerable families/communities. School attendance increased as a result of the provision of scholarships for school expenses, and even more when additional stipends were given, with girls benefiting more than boys (Edmonds and Shrestha, 2014). However, these positive effects lasted only as long as support was provided: they were not sustained once the support ended. A less targeted approach – social labelling of carpet firms indicating to consumers which items had been produced under equitable working conditions – was found to be effective in deterring child labour, but only among families already above subsistence level (Chakrabarty, 2009).

Bangladesh: The REA findings for Bangladesh were confined to microcredit and microinsurance interventions. The provision of microcredit to Bangladeshi households was found to significantly increase the probability of child labour among girls, and to have negative effects on girls' school enrolment, but to have statistically insignificant effects on boys' child labour and school enrolment (Islam and Choe, 2013). Microcredit alone was found to reduce child labour, but a greater reduction was seen with a combination of microcredit and microinsurance (Chakrabarty, 2015). Clearly, there are massive gaps in evidence on the impact of interventions to combat child labour in Bangladesh.

It is difficult to apply the findings from one country to another country: The differences in results seen in the four countries, even with similar interventions (e.g. provision of microfinance in Pakistan and in Bangladesh) highlights the difficulty in applying the findings from one country to other countries in South Asia. This relates to the need for context-specific interventions – discussed in Section 4.4.

The REA findings in terms of population characteristics, notably gender and urban–rural location, are as follows:

The REA findings confirm the complexity of child labour – in terms of the factors involved – and hence the complexity of the impacts of interventions to tackle it. The studies show that the impact of particular interventions can be quite different in rural and urban areas, and on boys and girls. The provision of microinsurance in Pakistan had larger positive effects (reducing child labour) on boys than on girls (Landmann and Frolich, 2015); by contrast, the provision of microcredit to Bangladeshi households significantly increased the probability of child labour among girls and had negative effects on girls' school enrolment, but had statistically insignificant effects on boys' child labour and school enrolment (Islam and Choe, 2013). The increase in the minimum wage in India reduced child labour among both boys and girls in urban areas, but in rural areas girls were less likely and boys more likely to be engaged in household work (Menon and Rodgers, 2018). The limited evidence base did not allow any conclusions to be drawn about other population characteristics, such as age and disability. The multiplicity of factors involved in determining impact point to the need for context-specific approaches – discussed in Section 4.4.

4.2 Findings vs. previous reviews

The findings of the REA are consistent with those of a recent global review of interventions to tackle child labour by Dammert *et al*. (2018). Noting that the complexity of child labour (the many different factors involved) meant that a large set of policy instruments could be used to address it, they reviewed 33 impact evaluations, encompassing social protection (credit and microfinance, cash transfers, vouchers, food programmes) and labour programmes, to see how they affected child labour. They found that some patterns emerged:

- Programmes that addressed child labour by reducing the vulnerability of the household (notably by improving their economic situation) produced the desired effect. Thus, transfers (e.g. stipends) reduced child labour in most cases.
- Programmes that helped the household cope with exposure to risk, such as health insurance, reduced household reliance on child labour.
- But policies aimed at increasing adult household members' participation in the labour market or entrepreneurial activities could generate demand for adolescent and child work.

With regard to the latter, the authors stressed that such programmes were an important component of anti-poverty strategies but could be modified and integrated with additional interventions to ensure they did not produce adverse effects on child labour.

The findings of this REA are consistent with those of the review by Dammert *et al*.: like the latter, this REA finds that interventions providing microfinance or work opportunities for at-risk households can potentially lead to increased child labour. Similarly, policies extending insurance to vulnerable households can help reduce child labour. The Dammert *et al*. review concluded that, while progress had been made over the past decade, there is still much to learn about the effects of public policy on the labour participation of many children in developing countries. This REA, too, highlights the limited evidence base on the effectiveness of interventions to tackle child labour, and the need for much greater research on this.

The added value of this REA lies in its focus on four countries within South Asia, and the effect of diverse interventions to tackle child labour in that region. As well as having implications for the design of policies and programmes in each of the countries covered, it highlights the areas where there are gaps in the evidence and where further research is needed.

4.3 Strengths and limitations of the REA

One of the key strengths of this REA is that it is based on a systematic literature review, for which we collected studies and evaluations from a wide range of sources, both through online searches and through our informal networks of organisations working on modern slavery in the region. We identified 4,532 studies from databases and 58 from citation tracing, and used a broad range of outcomes to allow a wide range of studies to be included (Oosterhoff *et al* 2018). However, after screening of titles and abstracts, the majority of studies did not meet the criteria and were excluded, and not all the remaining studies focused on child labour. Hence the final studies included in the REA were just a tiny proportion of those initially identified.

The dearth of intervention studies on child labour in the four countries is reflected in the limited number of studies identified for this REA: only 12 were included for the final assessment. Moreover, the largest share of these were for India: there were very few studies for the other three countries. This reduces our ability to, among other things, understand if and to what extent these interventions are shaped by the local contexts, or to assess the impact of offering different packages of specific activities and interventions. The findings from this REA are also limited because the majority of study designs were observational, which does not allow for the robust assessment of the impact, or effectiveness, of the interventions. Observational research can highlight the potential effects of interventions and tell us whether interventions were well received by stakeholders, but it cannot be used to assess impact.

4.4 Implications of the REA

The limitations, in terms of the quality of studies and available evidence, mean it is very difficult to draw any definitive conclusions from the findings. At best, the results can be considered indicative. Nonetheless, there is some consistency in the findings across the studies, and even where the results are unclear or inconsistent, it is possible to identify some implications.

The following key implications for policy and practice emerge from the REA:

- **Interventions aimed at the general population can have unintended negative consequences** – The studies reviewed (particularly those for India) suggest that ‘broad brush’ measures aimed at the entire population, such as increasing the minimum wage, are not always effective in dealing with the problem of child labour. Raising the minimum wage reduced child labour in urban areas but increased it among boys in rural areas. It should be stressed, though, that these implications with regard to ‘whole population’ approaches are

based on very limited evidence (just two studies: Bharadwaj *et al.*, 2013; and Menon and Rodgers, 2018).

- **It could be more effective for interventions to specifically target affected/at-risk communities**. As seen in the case of the extension of insurance coverage to household members other than the spouse (Frolich and Landmann, 2017), this very targeted intervention – aimed directly at families involved in child labour – led to a reduction in that practice.
- **For each group, look at their particular situation and devise context-specific approaches** – This REA found political reservation for at-risk communities worked to reduce child labour among scheduled tribes in India, but the same intervention increased child labour among scheduled castes. Similarly, increasing the minimum wage in India reduced child labour in urban areas and among girls in rural areas, but exacerbated it among boys in rural areas. These results strongly suggest that in deciding on approaches and interventions, each situation should be assessed thoroughly, and an approach should be taken based on the factors involved and issues faced in that particular situation. Simply because an intervention was effective in one context does not mean it will be effective in another one: this applies both within the same country (something that worked in one rural part of India might not work in another rural area in India) and between countries (something that worked in a rural part of India might not work in a similar rural area in Nepal). Hence, it is important to understand each individual context before deciding on interventions.
- **Within each specific context a holistic approach, tackling all aspects that could impact child labour, should be taken** – A number of studies detailed the effects of individual interventions which addressed one/a few of the factors driving child labour. Providing workfare opportunities for rural households, for example, was supposed to improve their economic situation and thereby remove the need for child labour. Such interventions were not fully effective because they did not take all factors into account. In the case of workfare programmes, they increased income for rural households – which could be expected to reduce child labour – but failed to consider the implications for household duties if adults went out to work (children took these on, leading to falling school enrolment). The REA findings point to the need – within a specific context – for holistic approaches that address all factors driving child labour, and that take the potential detrimental effects of interventions into account.
- **Legislative measures need to be implemented and enforced** – The very narrow evidence base with regard to the influence of legislative measures (a ban on child employment and political reservation for at-risk communities) is insufficient to draw the conclusion that such measures are not needed. What they do point to – in particular, the Indian ban on employing children aged under 14 years – is the need for proper enforcement. They also highlight the need for holistic approaches, taking into account and addressing potential detrimental effects (in this case the higher cost of child employment leading to lower child wages and hence more children being sent by their families to work). (As noted above, the experience of political reservation for scheduled castes leading to increased child labour highlights the need for context-specific interventions.)
- **Tackling child labour needs resources and capacity** – A number of the interventions included in the REA were ineffective because of a lack of resources and/or capacity. The rescue and reintegration of child labour survivors, for example, was hampered by the inability to provide children and their families with the services they needed, e.g. protection, an adequate standard of living, healthcare, and education. Another constraint was a lack of capacity on the part of the frontline workers involved. The provision of scholarships and additional stipends to families conditional upon their children attending school was effective in reducing child labour – but the effect lasted only for the period of support. These findings point to the need for sustained resources to combat child labour, as well as capacity building of relevant agencies.

In terms of the implications for research, the REA findings clearly highlight the dearth of evidence regarding the impact of child labour interventions, because most evaluations did not use an experimental or quasi-experimental study design that allows for the assessment of impact. The limitations of the evidence base were spelled out in Section 3.3. Key gaps in the evidence include:

- the impact of other types of interventions, e.g. those strengthening labour standards, or enforcing trade commitments;
- the differential impact on rural/urban areas, by gender, and by age group;
- interventions and impact with regard to people with disabilities;
- interventions and impact in individual countries – evidence on Nepal, Bangladesh, and Pakistan was particularly thin; and
- the sustainability and cost-effectiveness of different interventions.

The observational studies detailed here can be used to inform pilot tests of well-designed, small-scale quasi-experimental studies and RCTs in each country, with accompanying process evaluations, before larger-scale experimental studies are attempted.

Further research is needed on this issue, focusing (among other things) on different types of child labour, different types of interventions, impact by area (e.g. rural vs. urban), and impact by gender and by group/community (e.g. a household in which children combine school and work will respond very differently to incentives for school enrolment to one in which children only work). It is also important to understand *how* different interventions impact child labour (either negatively or positively) via process evaluations: what are the mechanisms involved? A further aspect conveyed by some of the studies is the need to consider the immediate (short-term) and long-term effects of interventions: some appeared effective in the short-term, but sustainability was questionable. It is also important to consider cost-effectiveness in impact evaluations: how do child labour interventions compare in terms of cost and efficiency?

4.5 Conclusion

In conclusion, this REA was based on a very limited evidence base, with studies being of moderate quality overall. It found that interventions aimed at reducing household vulnerability/risk (e.g. transfers, insurance) are more effective in tackling child labour than those increasing household earnings (e.g. public workfare schemes). Rescue and reintegration efforts can be effective if they are properly resourced. Legislative measures appear to have little influence, but the evidence base is too limited to draw definitive conclusions, and the issue could be weak enforcement.

The REA highlights the need for targeted, context-specific approaches that reflect the complexity of child labour.

Perhaps the key finding is that there is a huge dearth of research on the impact of interventions to combat child labour. This is linked to both limitations in study design and to the wider challenges of conducting research on child labour (access, RCTs, etc.) – something that needs to be addressed urgently.

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Annex A QAT and scoring guide

QAT

1. **Is a specific intervention (s) clearly described in the study?**

   If no, exclude. If yes – continue

2. **Are disaggregated data available for the study population of interest in this REA?**

   If no, exclude. If yes – continue

Assessment criteria	Yes – fully	Yes – partially	No	Cannot tell	Comments
1. Does the study have a clear, explicit, and feasible research question(s) or statement of intent(s)?	2	1	0	0	
2. Is the overall study design clear and appropriate to answer the research question(s)?	2	1	0	0	
If no/cannot tell to both 1. and 2., end survey and mark as 'Low' quality					
3. Have ethical considerations been explicitly discussed and properly managed?	2	1	0	0	
4. Is the sampling method explicit and appropriate?	2	1	0	0	
5. Is the sample itself adequate?	2	1	0	0	
6. Were the exposure measure(s) clearly defined and valid?	2	1	0	0	
7. Were the outcome measure(s) clearly defined and valid?	2	1	0	0	
8. Is the analytical procedure transparent and appropriate?	2	1	0	0	
9. Are the results clear and precise?	2	1	0	0	
10. Are limitations identified and accounted for?	2	1	0	0	
TOTAL SCORE (0–20)					**Overall study assessment: Low / Moderate / High**

Overall study assessment:

Low: 0–10 (50% or less)

Moderate: 11–15

High: 16–20

Scoring

No/cannot tell: 0 – Study does not meet criteria/answer question

Yes, partial: 1 – Study partially meets criteria/gives a partially satisfactory answer to the question

Yes, fully: 2 – Study fully meets criteria/gives a fully satisfactory answer to the question

Source: Adapted from Cockbain, Bowers, and Dimitrova (2018).

QAT scoring guide

Assessment criteria	Yes – fully	Yes – partially	No	Cannot tell
1. Does the study have a clear, explicit, and feasible research question(s) or statement of intent(s)?	2 *Research aim/question is clear and it is easy to understand what the researchers were investigating	1 *Research aim stated but some elements of what is being investigated remain unclear	0	0
2. Is the overall study design clear and appropriate to answer the research question(s)?	2 ***Appropriateness*** *For qualitative studies, if the research aim was to interpret or illuminate actions/subjective experiences of participants *For quantitative studies, if the aim was to assess a beneficial or harmful effect, risk factor associations ***Clarity*** *No ambivalence about what the study design is	1 *If there is some doubt that X was the best study design to answer the research question(s) *If study design is not 100% clear	0	0
If no/cannot tell to both 1. and 2., end survey and mark as 'low' quality				
3. Have ethical considerations been explicitly discussed and properly managed?	2 *IRB approval obtained *Ethics/safety procedures described *Referral networks specified (where applicable)	1 *Ethics/safety procedures described	0 *No mention of IRB or ethics procedures	0 *No mention of IRB or ethics procedures
4. Is the sampling method explicit and appropriate?	2 *Sample characteristics, inclusion and exclusion criteria clearly described (who, where, when) prior to sample selection *Sampling method (e.g. purposive, stratified, random) is clearly described and	1 *Sample characteristics and methods somewhat described but lacking detail in some domains (e.g. when sampled, or type of sampling method)	0	0

	appropriate to the research aim			
5. Is the sample itself adequate?	2 *If qualitative study, rationale is given for sample size/authors discuss saturation of data. High response rate *If quantitative study, sample size and power calculations described to justify sample size *Response rate >=80%	1 *Some rationale for sample size offered but some concerns about clarity *Sample size or power calculations not mentioned *Response rate >=70%	0 *Small sample/not justified *Response rate <=50%	0 *No mention of rationale for sample size
6. Were the exposure measure(s) clearly defined and valid?	2 *For qualitative studies, how exposure data gathered clearly described (e.g. interviews) and methods (topic guide) *For quantitative studies, validated tools used to measure exposure, consistently implemented and exposure clearly defined	1 *Some mention but not clearly described how outcome data were gathered, or topic guides conceived *Non-validated tools used to measure exposure	0	0
7. Were the outcome measure(s) clearly defined and valid?	2 *For qualitative studies, how outcome data gathered clearly described (e.g. interviews) and methods (how topic guide conceived) *For quantitative studies, pilot testing and refining of final tools *Validated tools used to measure outcomes and outcomes clearly defined	1 *Some mention but not clearly described how outcome data were gathered, or topic guides conceived *Non-validated tools used to measure outcomes	0	0
8. Is the analytical procedure transparent and appropriate?	2 *If qualitative, in-depth description of analysis process is given (e.g. thematic, grounded theory) e.g. how themes were generated *Contradictory data are taken into account *Authors' reflexivity on their role and potential bias in findings	1 *Analysis process named (e.g. thematic) but no in-depth description	0	0

	*If quantitative, inferential analyses appropriate to research aim *Confounders were measured and adjusted for (in non-RCTs) *If mixed method, triangulation appropriate to answer research questions	*Only descriptive statistics given *Confounders not measured/adjusted for		
9. Are the results clear and precise?	2 *If qualitative, findings are explicit *Sufficient data are presented to support the findings *Credibility of findings discussed (e.g. > 1 analyst, triangulation of sources) *Adequate discussion both for and against researchers arguments *If quantitative, precision of estimates (e.g. narrow confidence intervals, small standard errors). *Clear reporting in tables and figures	1 *Findings may not include sufficient supporting data, triangulation, or alternative arguments may not be mentioned *Imprecise/noisy estimates with no explanation (e.g. exploratory data analysis) *Tables and figures somewhat clear but some information lacking	0	0
10. Are limitations identified and accounted for?	2 *Limitations of sampling, analysis, clearly described	1 *Limitations briefly mentioned/only in one domain (e.g. sampling)	0	0
TOTAL SCORE (0–20)				

Overall study assessment:

Low: 0–10 (50% or less)

Moderate: 11–15

High: 16–20

Annex B Data extraction form

DATA EXTRACTION FOR MODERATE-QUALITY AND HIGH-QUALITY STUDIES

Person entering data:

Study author/year*

Study design*

Country*

Modern slavery type*

Setting:

Participants (N, sex, age range, treatment and control where applicable):

Inclusion criteria:

Exclusion criteria:

Intervention (describe in narrative form):

Control (describe, where applicable)

Primary outcome measure (and cite main outcome category from REA Studies Excel):**

Secondary outcome measure(s) (and cite main outcome categories from REA Studies Excel):**

Results and limitations (describe in narrative form with effect estimates where appropriate. Please include one to two sentences on limitations and the overall quality score):

Notes

*Info already available in REA Studies Excel

**Cite main outcome category from REA Studies Excel

For example: Modern slavery survivors > Awareness and attitudes

Community > Economic factors

Service providers > Quality of service/care

Annex C Summaries of studies included in REA

#	Title and year	Country	Interventions	Effects	QAT score
1	Landmann and Frolich 2015	Pakistan	Provision of loans, accident and health insurance, and claims assistance	Negative effects on child labour and hours worked, albeit imprecise; modest positive effect on boys' school attendance (due to boys being more affected by hazardous child labour)	Moderate
2	Islam and Choe 2013	Bangladesh	Microcredit programme	Increased (by 13.7%) probability of child labour among girls, rising to 14–16% when borrowers are women; detrimental but insignificant effect on boys; significant negative effect on girls' school enrolment; negative but statistically insignificant effect on boys' enrolment. Overall, participation in microcredit programmes significantly increases probability of child labour for girls	Moderate
3	Chakrabarty 2015	Bangladesh	Provision of microcredit and microinsurance	Combination of microcredit and microinsurance reduced odds of child labour by 0.62; microcredit alone reduced odds by 0.27; strongest effects on extremely poor households, then on moderately poor; no impact on those above poverty threshold	Moderate
4	Frolich and Landmann 2017	Pakistan	Extension of insurance coverage to household members other than spouse, and to children under 18 years; help with claims procedures through monthly visits	Extension of insurance coverage led to significant (10%) decrease in child labour, reduction in working hours by four hours/week, reduction in days missed at school by one day/week, and reduction in hazardous occupation; help with claims had little effect	Moderate
5	Bharadwaj *et al.* 2013	India	Legal ban on employment of children under 14 years	2.6% increase in probability of child labour; 22% increase in child labour for children aged 10–13 years, cf. pre-ban period; average 7.8% drop in child wages; ban imperfectly enforced: led to higher costs for employing children, hence lower child wages and families sending more children out to work	Moderate
6	Edmonds and Shrestha 2014	Nepal	Scholarship for school expenses Scholarship + conditional (on school attendance) additional stipend	Combination of scholarship and stipend significantly increased school attendance: scholarship alone had little effect; stipend effect larger on girls than boys both for school attendance and grade failure, and reduction in child labour;	Moderate

				stipend recipients spent more on food and total expenditure; all effects only lasted for the period of support: not sustained once support ended	
7	Chakrabarty 2009	India, Nepal	Social labelling of carpet firms (signals assuring consumers that items were produced under equitable working conditions)	In Nepal, odds of having child labourer in non-labelling household twice as high as odds of having child labourer in labelling household. In India, odds of having child labourer in household with no knowledge of labelling NGOs 72% higher than odds of having one in households with knowledge of these. Overall, social labelling an effective tool to deter child labour, but only applied to families above subsistence level: for those below (in extreme poverty) no significant impact on child labour	Moderate
8	Donger and Bhabha 2018	India	Rescue and reintegration of children exploited/trafficked for labour	Rescue operations successful in removing limited number of children from exploitative workplaces; but operations not carried out in consistent manner, poorly trained staff, unsupported by centralised intelligence system, and children often exposed to additional trauma (e.g. held in police stations); integration strategies failed to respect victims' and their families' fundamental rights (e.g. to protection, adequate standard of living, healthcare, education)	Moderate
9	Gausman *et al.* 2016	India	NGO called MSEMVS provided: help to residents to set up community vigilance committees and link these in federation; direct interventions through rescues; reintegration support	Strong and significant effect on reducing odds of households having debt, extreme debt, or taking debt for medical expenses; no effect on number of households with a member reporting less than minimum wage; labour conditions improved for intervention and control groups; inconclusive effects on reducing child labour	High
10	Kaletski and Prakash 2016	India	Reservation of legislative assembly seats for scheduled castes and scheduled tribes	Political reservation led to increased child labour among SCs: negative impact greater for girls than boys; Political reservation led to decreased child labour among STs: no gender differences. Among SCs, results could be due to political representatives trying to appease broad population rather than just SCs; increased SC representation leads to increased SC jobs – taken by elites: and leads to shift in resources to economic activity, leading to increased demand for labour, including child labour Among STs political reservation leads to increased welfare spending and reduced poverty.	Moderate

				Overall, study shows consequences of affirmative action policies context-dependent. Better to directly target disadvantaged groups rather than based on broad caste groupings	
11	Menon and Rodgers 2018	India	Relationship between minimum wage and child labour prevalence	In rural areas, increase in adult minimum wage led to girls less likely to be doing household work, but boys more likely – could be due to parents substituting paid alternatives so girls do not have to fetch water, etc., but parents' increased work means boys have to help out in farm/household duties. In urban areas, increased minimum wage led to odds of boys working in the household dropping by 8.3% and girls by 9.4%. No impact on likelihood of children working outside the home in urban or rural areas. Overall, with exception of boys in rural areas, increased adult minimum wage leads to lower household work burden on children 10–14 years; in rural areas could exacerbate problem of boys' child labour	Moderate
12	Shah and Steinberg 2015	India	NREGS rolled out in three phases across rural districts of India. Scheme guarantees 100 days of minimum-wage work to rural households: one-third of beneficiaries must be women Study looks at human capital outcomes (basic literacy and numeracy skills) of children aged 5–16 years	Children scored significantly lower on maths and reading test scores once NREGS entered district, plus significantly less likely to be enrolled in school and on track in school; each additional year of NREGS exposure led to further drops (2%) in maths scores and in enrolment rates; effects strongest for 13–16-year-olds; results for younger children more mixed: additional NREGS exposure led to slightly negative effects on children aged 9–12 years, slightly positive effects on children aged 5–8 years, but significantly positive effects on children aged 2–4 years	Moderate