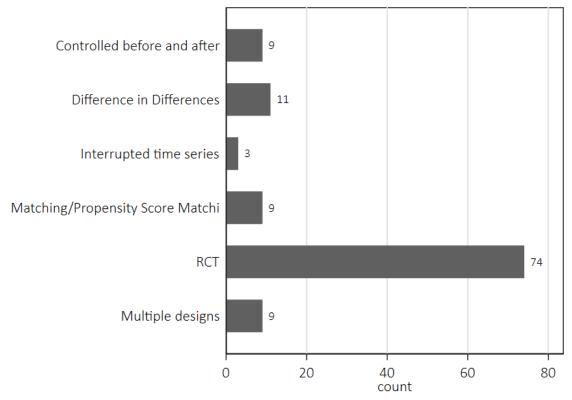
# Online appendix I

## 1 Public health sector EGM descriptive statistics: additional diagrams

#### 1.1 STUDY DESIGN

Figure 1. Number of studies per study design in health sector



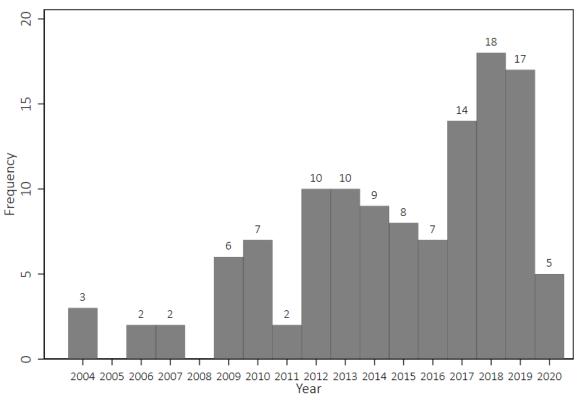
Source: Data extracted from Public Health EGM

In terms of the most commonly used method within the impact evaluations, experimental design, i.e. randomized controlled trials are the most prevalent. Other common designs are difference in differences (DiD), as well as the controlled before and after design- a common experimental method used in the health sector. There are, however, 9 studies that use multiple designs for their evaluation, where the most common methods are a matching DiD design or a RCT with another design type.

### 1.2 YEARS

Since the health sector searches were restricted to studies that were published post 2000, Figure 2 shows the distribution starting from 2004, when the first studies in the sample are found. As expected, the growth of the literature has been much larger in the later years, where the highest concentration of studies (102 out of total 113 studies) are found.

Figure 2. Number of studies by year in health sector



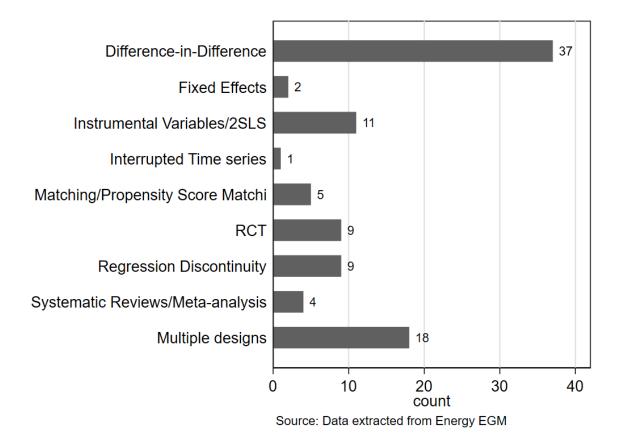
Source: Data extracted from Public Health EGM

# 2 Energy sector EGM descriptive statistics: additional diagrams

#### 2.1 STUDY DESIGN

The most frequent study design in the energy sector is "difference-in-difference". This is not surprising given our restriction to impact evaluation techniques and the fact that large-scale energy interventions are rarely rolled out through a randomized controlled trial.

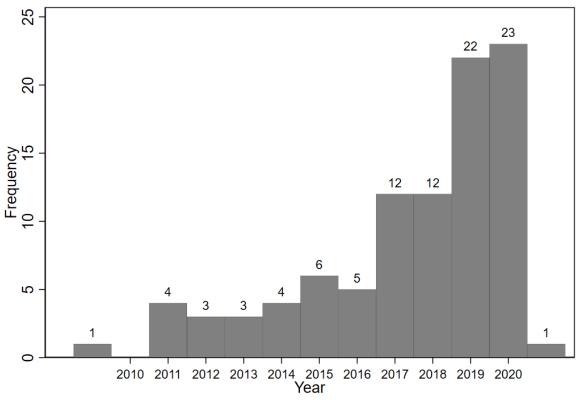
Figure 3. Number of studies per study design in the energy sector



### 2.2 YEARS

As expected, the number of studies is rising over time. Since the database searches took place in the middle of 2020, the drop in 2020 compared to 2019 is also unsurprising.

Figure 4. Number of studies by year in energy sector



Source: Data extracted from Energy EGM

### STUDIES WITH BEHAVIORAL COMPONENTS

For the sub-set of 22 studies that include behavioral intervention components and outcomes that can be classified as either "action behavior" or "consumption and purchasing behavior", we applied the same coding as in the public health sector. In the following graphs, we break down the intervention functions, the sources of behavior and the behavioral outcomes. For more information on these levels of coding, see the section on public health in the final report.

Figure 5: Number of studies by intervention function in the energy sector

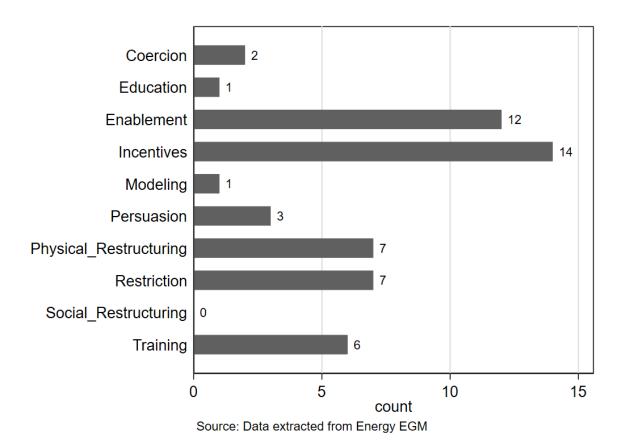


Figure 6. Number of studies per source of behavior, in the energy sector

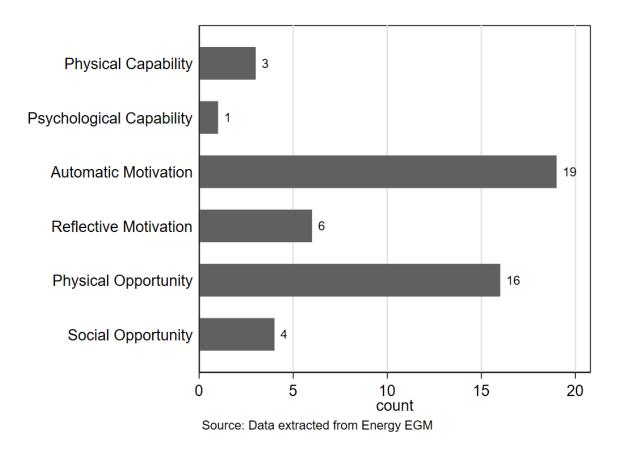


Figure 7. Number of studies by behavioral outcome in the energy sector

