Evaluation of the CARD and UNICEF Cash Transfer Pilot Project for Pregnant Women and Children in Cambodia

Cambodia has experienced robust economic growth averaging more than 7 per cent since 2011; however, the 2015 poverty data shows that around 13.5 per cent of Cambodians still live below the poverty line. Furthermore, nutrition poses a challenge for current and future human development in the country. While stunting among children under five has seen a steady decline (based on 2006 WHO Child Growth Standards), it still remains high at 32 per cent as per the Cambodia Demographic Health Survey 2014. In response, a cash transfer project was piloted by the Council for Agricultural and Rural Development (CARD), with technical support from UNICEF from May 2016 to November 2017, in eight communes within Prasat Bakong district in Siem Reap province to remove financial bottlenecks for poor families to access services and nutritious diets and to stimulate demand for services.

The pilot aimed at improving the use of basic health and nutrition services by pregnant women and children under the age of five living in poverty. It was also designed to test the viability of delivering the cash transfers using the government structure (sub-national administrations) without creating any external implementation body. Targeting of beneficiaries was based on the Government’s programme for identification of poor households (IDPoor). Cash transfers were delivered by AMK Microfinance while health and nutrition education sessions for project participants were delivered through Health Centre staff.

The target beneficiaries were provided cash transfers along with education sessions on topics of maternal and child health and nutrition once every two months. Cash transfers included a basic transfer of US$ 5 per month unconditionally upon enrolment along with bonus transfers totalling to a maximum amount of US$ 90 per year. The bonus payment was linked to fulfilment of conditions related to health seeking behaviors, namely prenatal check-ups, institutional delivery and post-natal check-ups, attending growth monitoring sessions, obtaining recommended vaccinations for children under five years of age and attending health and nutrition education sessions.

Evaluation Purpose, Objectives and Scope

In September 2017, UNICEF Cambodia, on behalf of CARD, contracted IPE Global Limited in partnership with DAC Group Co. Ltd. to undertake an independent, formative and learning-oriented evaluation of the CARD-UNICEF Cash Transfer Pilot Project. The objective of the evaluation was to identify good practices and draw lessons from the cash transfer pilot project regarding overall relevance, effectiveness, efficiency, sustainability and equity of the design and implementation of the project. The evaluation was also aimed at informing the design of the national cash transfer programme for countrywide roll-out led by the Royal Government of Cambodia (RGC) as planned under the National Social Protection Policy Framework 2016-25.
Evaluation Approach and Methodology

A mixed methods approach was followed, combining quantitative and qualitative primary data collection (a beneficiary survey, key informant interviews and focus group discussions) along with secondary review of key project documents. An important methodological aspect of this evaluation was its participatory and learning-oriented nature, involving stakeholders in the design and development of the evaluation process, both at national (ministries) and sub-national levels (district administrations, commune councils, village chiefs, Health Centres) along with implementing partners (CARD and UNICEF). The evaluation was informed by the modified Organisation for Economic Co-operation and Development’s Development Assistance Committee (OECD/DAC) criteria of relevance, efficiency, effectiveness and sustainability. Equity, gender equality and human rights considerations were additionally included as UNICEF priority areas.

A purposive sample of 23 villages was selected in Prasat Bakong district, with representation from all eight communes. Random sampling of 240 households from within the target areas was done to reduce bias on information obtained.

**Figure 2: Sample Size**

<table>
<thead>
<tr>
<th>Survey</th>
<th>240 beneficiaries, 25 husband of beneficiaries, 23 non-beneficiaries</th>
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<td>Key Informant Interviews</td>
<td>22 key stakeholders at national and district levels, 8 commune focal persons, 4 Health Centre staff, 23 village chiefs</td>
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<td>Focus Groups</td>
<td>8 commune council members, 4 beneficiary households</td>
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Beneficiaries, husbands of beneficiaries, heads of households, and non-beneficiaries were interviewed at the household level. Key informant interviews and focus group discussions were undertaken at the national, district, commune and household level (see Figure 2).

Evaluation Findings

A summary of the main findings from the interactions with various respondents, as well as field observations and desk reviews are given below.

**Relevance:** The CARD and UNICEF cash transfer pilot project was found to be relevant to Cambodia’s context with regard to the nutrition and health status of pregnant women and children under the age of five. Compliance of co-responsibilities was difficult to monitor, and no direct evidence was found to support their usefulness. The choice to receive cash rather than in-kind assistance was preferred by beneficiaries and implementers. The pilot relied on the Government’s identification of poor households’ programme (IDPoor) for targeting. Accordingly, one of the requirements for receiving cash transfer by the eligible beneficiaries was having an IDPoor card. Due to the limitations of the IDPoor system, the identification of beneficiaries under the cash transfer pilot suffered some gaps and led to the exclusion of the migratory population and other vulnerable groups who do not have access to IDPoor cards. Despite initial delays due to lack of documentation, the beneficiary enrolment mechanisms were smooth and regular.

Analysis of the survey data reveals that most beneficiaries used the cash transfer to purchase food, and the project induced health seeking behaviour and improved knowledge on nutrition. Implementation of the project without the creation of any external implementation body, but using existing government structures (district and commune administrations) was also successful with limitations in monitoring conditionalities and in complaint-handling mechanisms. It was observed that areas such as monitoring and evaluation and teaching participatory communication techniques to health workers providing education sessions could be strengthened. Beneficiaries appreciated the frequency of the cash transfers and felt that the cash transfer amount helped address their immediate needs. They, however, felt that the cash transfer amount was inadequate to address all their nutritional requirements.

**Effectiveness:** The beneficiaries and sub-national staff found the cash transfer project to be effective in increasing utilization of some health services, such as growth monitoring and consumption of more nutritious and diverse food. Most beneficiaries claimed to use the cash transfer money on food, especially cereals and fish. Improved knowledge on health and nutrition, sanitation and child care was...
reported. Regarding negative impacts, no evidence of cash usage on adverse items like alcohol or tobacco was found. A significant portion of the success of the cash transfer pilot could perhaps be attributed to the health and nutrition education sessions, which were appreciated by everyone. For these sessions to be more effective, respondents suggested use of more participatory methods, pictorial material and provision of refreshments. Having these sessions on the same day as the payment day was appreciated by the beneficiaries.

Greater effectiveness is needed in information dissemination through formal channels such as posters, pamphlets and campaigns. In some cases, the training of sub-national staff could not be easily understood, as it adopted limited participatory techniques. Another area for improvement, which can alter the effectiveness of the project, is timely delivery of the bonus transfers. During the pilot project, the majority of the bonus payments were done in a lump-sum during the last payment rather than being staggered across cycles. Evidence from other cash transfer programmes reveal that large payments that are not staggered are less likely to be used for daily nutrition expenses. Grievance redress processes and monitoring were two areas where effective implementation was deficient. There was no reporting of formal complaints being filed and only verbal complaints were stated. Similarly, detailed monitoring and results frameworks were not developed during the design of the project. A need to strengthen the management information systems and monitoring mechanisms was felt across stakeholders.

**Efficiency:** Use of the existing government structure instead of depending on externally-financed and expensive project staff helped improve cost-efficiency of the project. Timely delivery of basic payments to all beneficiaries was also one of the key successes of the cash transfer pilot. The use of an independent microfinance institution, AMK Microfinance, helped facilitate cash transfers in a seamless manner. The use of point of sale (POS) machines at the pay points, which require internet connectivity, increased the time taken to receive cash in some instances, thereby reducing efficiency of the process. Other challenges identified included infrastructural challenges like poor public transportation, lack of rural banking facilities, erratic internet connectivity and limited telecommunication networks. There was a lack of formal methods to raise awareness regarding the cash transfer project. Better designed case management, monitoring framework and management information systems were also sought by those involved in managing the pilot.

**Sustainability:** The pilot was useful for identifying gaps and bottlenecks and preparing a roadmap to tackle the shortcomings to have a better designed national cash transfer programme. Gaps identified in this pilot can be rectified and mostly require one-time expenses, which would be efficient in a larger project. The reliance on government structures added to its sustainability. However, there are constraints regarding commune administrations' capacity to deliver the cash transfer, as well as IT and telecommunication infrastructure, which are critical for project sustainability. Other aspects, which should have been considered to enhance sustainability of gains include inflation, climate change and disaster resilience, and dietary shifts. Further, the stakeholder consultations revealed that coordination with various bodies, including government departments, such as Ministry of Planning (MoP), Ministry of Economy and Finance (MEF), Ministry of Health (MoH) and Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY); information system developers; local banks or other financial institutions, is imperative for successful and sustainable design and implementation of such projects.

**Equity, gender equality and human rights:** The cash transfer project mandated that mothers and female guardians be the bank account holders. Some initial bank accounts were opened in the name of the male head of household due to lack of clarity among the implementers. However, later on all accounts were opened in the name of the female guardian or mother. It was stated by almost all beneficiaries that women predominantly decided the use of the cash transfer money. The message that husbands also need to be equally involved was not observed among the respondents. It was noted that men rarely accompanied women to the health and education sessions and considered these lessons only for the women to help them take care of the house and children. No negative social effects were observed. Most non-beneficiaries understood and accepted the reason for their non-inclusion in the project and no resentment was expressed. The project was reported to be equitable with no instances of discrimination, with respect to access to cash transfers and opportunity of participation in health and education sessions amongst beneficiaries. Yet, exclusion of migratory populations and vulnerable groups, such as orphans, was seen.
Conclusions

**Relevance**
- The project was in line with RGC’s objectives for social protection, and the targeting mechanism was relevant; however, exclusion of vulnerable populations was seen.
- National level scale-up should consider trimming the co-responsibilities and finding methods to ensure beneficiaries have all required documents.
- The project was successful in using internal sub-national administrative staff.

**Effectiveness**
- The cash transfer saw effective use of cash. The size of the cash transfer is inadequate to address all the nutrition and health needs of the beneficiaries.
- Payment was timely and without leakages due to use of an external agency.
- Participatory techniques are needed for behaviour change.
- Greater growth monitoring among IDPoor households was confirmed.
- Case management and monitoring was less effective and has scope for improvements.

**Efficiency**
- The project was run in a smooth, economical manner and was efficient with few constraints.
- Challenges were mainly seen in management information system (MIS) monitoring and verification and case management.
- To improve monitoring at sub-district levels, internet connectivity, access to floating villages and IT infrastructure need to be examined.

**Sustainability**
- The gaps in project design and implementation are rectifiable at no great cost.
- The effective and efficient use of only internal human resources in project implementation is a great success and adds to the long-term sustainability of the project.
- No serious challenges in the overall capacity of staff is foreseen for a scale-up.
- Overall, with some investment in increasing human resource capabilities and infrastructure, this project has potential as a full-fledged national level project.

**Equity**
- Women were the predominant holders of the cash transfer accounts.
- The involvement of men in the cash transfer project was not a part of the project design. Improving the knowledge and practices of husbands was not directly witnessed.
- No reports of problems from Health Centres or commune councils were reported, and the project was successful in having the same level of success across communes.

Recommendations

The recommendations were developed based on the findings from the data collection and document review. Inputs and feedback from stakeholders were sought at multiple stages and during several forums. The following recommendations are presented in order of priority based on the evaluators’ assessment and stakeholders’ opinions of the importance and timeliness of actions.

<table>
<thead>
<tr>
<th>Size of transfer</th>
<th>Several beneficiaries reported that the cash transfer amount is inadequate to meet their nutrition requirements. Therefore, the size of the transfer needs to be reassessed and also include a mechanism to adjust it regularly for inflation.</th>
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<tr>
<td>Co-responsibilities</td>
<td>Co-responsibilities for bonus payments must be reviewed and trimmed to ensure effective monitoring and cost-efficiency. Conditions should be limited only to attendance at education sessions.</td>
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<td>Targeting mechanism</td>
<td>Harmonized approach of using IDPoor may be continued; nevertheless, programme specific targeting mechanisms are required to ensure inclusion of all eligible vulnerable groups. Community-based targeting, in which the community collectively selects households in need of transfers may be explored.</td>
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<td>Scale-up</td>
<td>Considering human and fiscal capacity constraints, a phased approach is recommended for scale-up. Identification of areas can be based on poverty level, under-nutrition and health service utilization, infrastructure and human resources.</td>
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<td>Management information systems</td>
<td>A comprehensive and robust MIS, which captures the entire life cycle of the beneficiary in the project, is recommended. Physical forms should be, in a phased manner, replaced with information systems.</td>
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<td>Roles and responsibilities</td>
<td>Roles and responsibilities of national and sub-national staff need to be re-assigned. Capacities need to be enhanced to improve cash transfer operations, particularly for commune council members.</td>
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<td>Preparatory activities</td>
<td>Awareness campaigns and camps for birth registration, provision of child vaccination card, etc. can be started before the beginning of the enrolment process.</td>
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<td>Grievance redress mechanism</td>
<td>For national level roll-out of the cash transfer, a clear redress mechanism needs to be present that considers literacy levels of the beneficiaries.</td>
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