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

Presentation of the Final Report

Phnom Penh, March 2018
Presentation Outline

1. The CARD - UNICEF Cash Transfer Pilot
2. Pilot Implementation Area
3. Benefit Level
4. Overview of the Cash Transfer Pilot Operations
5. Evaluation Purpose, Scope and Objectives
6. Evaluation Approach and Methodology
7. Timeline of Evaluation Activities
8. Data Collection
9. Key Findings based on Relevance, Effectiveness, Efficiency, Sustainability and Equity
10. Conclusions
11. Lessons Learnt
12. Recommendations
The CARD – UNICEF Cash Transfer (CT) Pilot

**Objective:** To reduce malnutrition and improve health status of pregnant mothers and children under 5, living in poverty, through increased utilization of basic health and nutrition services and improved nutrition intake

**Eligibility:** Poor pregnant women and children under 5 (identified by ID Poor 1 & 2)

**Geographical area:** Prasat Bakong district in Siem Reap (8 communes)

**Implementation period:** May 2015 to Nov. 2017

*Source:* Photograph taken during field visit by the evaluation team

Beneficiaries assembled for education session in Sna Sangkream village
Benefit Level

➢ Basic Transfer (Unconditional): US$ 5 (20,000 Riels) per beneficiary per month

➢ Bonus Payment: 40,000 - 56,000 Riels upon completion of co-responsibilities

Total maximum benefit per year per beneficiary: US$ 90
Overview of the Cash Transfer Pilot Operations

**Implementation Timeline**
- **Start Date:** Mid 2015
- **First payment:** May 2016
- **End Date:** November 2017

**Coverage Area**
- **District:** Prasat Bakong
- **Communes:** 8; **Villages:** 57

**Beneficiary Coverage**
- **Pregnant women:** 59
- **Children (0 to 5 years):** 1,239

**Implementation Cycles**
- **No. of Education Sessions:** 8
- **No. of Payments:** 9

**Amount Disbursed**
- **To Beneficiaries:** US$ 109,344
- **AMK fees:** US$ 6,285
- **Total:** US$ 115,629

**Other Costs**
- **Operations Cost:** US$ 73,960

*Amounts may vary slightly due to exchange rate variations in each cycle.*
Evaluation Purpose, Scope and Objectives

Purpose of the evaluation was to identify good practices and draw lessons from the CARD-UNICEF cash transfer pilot regarding relevance, efficiency, effectiveness and sustainability, and incorporation of equity, gender equality and human rights considerations in the design and implementation of the project.

Scope of the assignment was 1) to undertake a formative, learning-oriented evaluation of the cash transfer pilot, examining the cash delivery from May 2016 until its current implementation, 2) to look at the project design and targeting (2013 to 2016) and 3) to inform the design of the national cash transfer programme for nationwide rollout led by the Royal Government of Cambodia (RGC).

Key objectives were:

- Analyse the extent to which the cash transfer project has been appropriately designed, efficiently and effectively implemented along with assessing its cost-effectiveness;
- Understand how the money provided is being used by the beneficiaries and assess their satisfaction and adequacy of the transfer level, along with the extent to which the spending of the money translated into benefits for children;
- Assess the institutional capacity at national and sub-national level for management and implementation of the CARD-UNICEF cash transfer project;
- Identify key gaps and bottlenecks in relation to the cash transfer pilot project life-cycle; and
- Assess the strengths and weaknesses of the CARD-UNICEF cash transfer pilot project versus other cash transfer interventions in Cambodia.
Evaluation Approach and Methodology

Phases

- **Phase I** Inception
  - Desk review of documents
  - Discussions with key stakeholders
  - Finalise methodology

- **Phase II** Data Collection
  - Development of data collection tools
  - Piloting of tools
  - Field work

- **Phase III** Analysis and Reporting
  - Collection, collation & analysis of data
  - Validation workshop
  - Report writing

Activities

- **Phase I**
  - Desk review of documents
  - Discussions with key stakeholders
  - Finalise methodology

- **Phase II**
  - Development of data collection tools
  - Piloting of tools
  - Field work

- **Phase III**
  - Collection, collation & analysis of data
  - Validation workshop
  - Report writing

**Highlights of the approach**

- A mixed methods approach – quantitative data to determine beneficiary feedback and qualitative data to assess relevance, efficiency, effectiveness and sustainability of the pilot.

- Participatory and learning-oriented, involving stakeholders in the design and development of the evaluation process, both at national and sub-national levels.
Timeline of Evaluation Activities

- **30 Aug**: Kick-off Meeting
- **7 – 14 Sept**: Inception Mission, National Level Consultations and Visit to Prasat Bakong
- **20 Sept**: Submission of Draft Data Collection Tools
- **24 Sept**: Submission of Draft Inception Report for feedback
- **27 Sept**: Presentation of the Inception Report
- **4 Oct**: Submission of Final Inception Report and Field Visit Plan
- **7 – 10 Oct**: Training of Investigators, Piloting and Finalisation of Data Collection Tools
- **11 – 27 Oct**: Field Data Collection
- **11 Dec**: Data Validation Workshop
- **14 Nov**: Submission of Draft Evaluation Report
- **11 Jan**: Presentation of Draft Evaluation Report
- **19 Jan**: Submission of Final Evaluation Report
- **31 Mar**: Submission of Final Evaluation Report
Data Collection

Focus Group Discussions
- Commune council members (n=8)
- Beneficiary households (n=4)

Key Informant Interviews
- Commune focal persons (n=8)
- Village chief (n=23)
- Beneficiaries – Pregnant women/mothers/caregivers (n=240)
- Non-beneficiaries (n=23)
- Husbands of beneficiary women (n=25)
- Health Centre staff (n=4)

In-Depth Interviews
- Key stakeholders at national and district levels (n=22)

Beneficiaries assembled for education session in Sna Sangream village
(Source: Photograph taken during field visit by the evaluation team)
Key Findings - Relevance

Key evaluation parameters being evaluated:

• Relevance of using conditional cash transfer rather than unconditional cash transfer or in-kind transfer;

• Appropriateness of targeting and enrolment mechanisms;

• Requirement of externally funded posts for project implementation; and

• Adequacy of size and regularity of the cash transfer amount.
**Key Findings - Relevance**

<table>
<thead>
<tr>
<th>Conditional cash transfer</th>
<th>Targeting and enrolment mechanisms</th>
<th>Use of existing government structures (sub-national administrations)</th>
<th>Adequacy and regularity of payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Compliance of co-responsibilities was difficult to monitor, and no direct evidence was found to support their usefulness.</td>
<td>• Targeting and use of IDPoor was appropriate; however, the migratory population was excluded.</td>
<td>• The cash transfer pilot was successful in delivering the basic cash transfers with limitations in monitoring conditionalities and in complaint-handling mechanisms and in complaint-handling mechanisms using only the existing government structures (district and commune administrations).</td>
<td>• Basic payments were insufficient to address entire nutrition deficiency and health expenses. The amount did help supplement the income of beneficiaries to buy better and more food, and in some cases to repay debt.</td>
</tr>
<tr>
<td>• In some cases, Health Centre staff did not record the growth monitoring results in the yellow book.</td>
<td>• No participatory process was adopted for finalising beneficiary selection criteria.</td>
<td>• During enrolment several beneficiaries did not have the required documents which led to delays.</td>
<td></td>
</tr>
<tr>
<td>• Cash transfer as opposed to in-kind transfer was the preference across all sets of stakeholders.</td>
<td>• Payroll processing and payments were done in a timely manner with no reported leakages.</td>
<td>• Payroll processing and payments were done in a timely manner with no reported leakages.</td>
<td></td>
</tr>
</tbody>
</table>

*"The project did not respond to daily needs, but immediate needs. Most important need is rice" – Beneficiary during FGD*
Enrolment

- 85 per cent beneficiaries were enrolled during mass enrolments at the communes. Of those enrolled under ‘admission on demand’ the most common reason was that the respondent was not present during registration day;
- 20 per cent of those who enrolled under ‘admission on demand’ reported that their name was not on the IDPoor list;
- The enrolment process was deemed smooth by stakeholders. Beneficiaries reported that no participatory process was used for finalising the criteria of beneficiary selection;
- 98 per cent respondents had reportedly participated in the enrolment orientation session. 79 per cent of respondents attributed the orientation session to having helped them receive information in an open manner; and
- At the onset of the enrolment process, several beneficiaries did not have the required documents (birth certificate, pink/yellow book), which posed a challenge and led to delays.
Key Findings - Effectiveness

Key evaluation parameters being evaluated:

• Usage of cash transfer amount and uptake of health and nutrition services;

• Change in the knowledge, attitudes and practices of women;

• Effectiveness of information dissemination mechanisms, trainings and community-based education sessions;

• Efficacy of payment mechanism and cash withdrawal patterns; and

• Availability and effectiveness of monitoring and grievance redress mechanisms.
Key Findings - Effectiveness

**Cash transfer amount and utilization**
- Beneficiaries used the cash to buy food, especially cereals and fish.
- Increase in utilization of growth monitoring and pre- and post-natal check-ups was seen.
- No evidence of cash usage on adverse items such as alcohol was found.

**Knowledge, attitudes and practices**
- Beneficiaries have increased knowledge and better practices related to hand washing, drinking boiled water and utilization of health services.
- Not including other family members in the purview of the health and education sessions was a gap.

**Information dissemination**
- Awareness regarding the project was high even among non-beneficiaries. Inter-personal communication by functionaries was the pre-dominant form of awareness generation activity.
- Mass media approaches or an Information, Education and Communication (IEC) strategy were not prepared as a part of the pilot.
- Beneficiaries were not very clear on when payments for the co-responsibilities would be made.

“The health and nutrition education session are very useful since the beneficiaries are illiterate and have limited knowledge”

– Commune focal person
Key Findings - Effectiveness continued.

**Training and capacity building**
- Village chiefs reported having received orientation from the commune council regarding targeting and enrolment of beneficiaries; however, they also mentioned not having received any formal training or any project documents.
- Health Centre staff appreciated the training received on conducting education sessions.
- The education sessions were appreciated by everyone, but making them more participatory was suggested.

**Payment mechanism**
- Beneficiaries and the administrative staff stated that the payment process was smooth and easy and is a great success of the project.
- Payment through a third party was successful and no leakages were reported.
- Some bank accounts were initially opened in the name of male members due to lack of clarity.
- Internet is required for the point of sale (POS) machine to work leading to delays where internet connectivity was poor.

**Monitoring and grievance redress**
- A detailed monitoring framework with specific indicators was not developed.
- Field visits were conducted by CARD staff to observe training and payment sessions; however, there is no documented monitoring plan as such nor were any reports prepared as a result of these field visits.
- No clear and formal grievance redress mechanism was stated by any respondent.
- Instances of informal methods, such as verbal complaints and resolutions, were provided.
Usage of cash

- 98 per cent of the beneficiaries felt that the cash transfer amount had helped address the immediate needs of their family.

- As per the beneficiary survey, 80 per cent of the beneficiaries responded that the cash transfer money helped address their food needs with 36 per cent stating that food was the only item for which the cash transfer amount was utilised.

Health and Nutrition Education Sessions (HNES)

- Commune council members observed better hygiene practices, increase in growing of vegetable gardens and consumption of more diverse food as a result of the education sessions.

- Elderly caregivers participated in the education sessions; however, it was difficult to convey the intended messages to them due factors such as age, etc.
Outcome analysis: Improved nutrition and utilization of health services

- Health Centre staff reported an increase in uptake of health services, especially growth monitoring for children and pre- and post-natal check-ups for pregnant women.

- Institutional delivery rates are very high with 99 per cent of respondents in the beneficiary survey claiming to have given birth at a health facility.

- Immunization uptake is also very high with 99 per cent respondents claiming that their baby has been immunized. 92 per cent beneficiaries get their baby immunized at the local Health Centre while others visit the provincial or district hospital.

- Knowledge and practices around consumption of IFA tablets and iodized salt was also good.
Cash withdrawal

• On an average, 95 per cent of the beneficiaries withdrew the cash amount on the cash distribution day.
• If a beneficiary is unable to collect payment on the distribution day, they need to go to AMK office to receive the cash transfer amount.
• The cash received in these bank accounts was only from the cash transfer pilot and none of the bank accounts received funds from any other source.
• 94 per cent of the respondents strongly agreed and another 2 per cent agreed that the bank account opening and the process for receiving money were respectively clear and simple. Beneficiaries, however, wanted there to be one pay point in each village.
• During the sixth payment cycle, bonus payment for only attendance of the health and education nutrition sessions was made. During the ninth cycle, payment for completion of all co-responsibilities was undertaken.

AMK staff handing money to beneficiary in Sna Sangkream village
Source: Photograph taken during field visit by the evaluation team
Key Findings - Efficiency

Key evaluation parameters being evaluated:

• Efficiency of the implementation process in the project cycle – key achievements and gaps;

• Coordination between implementation agents and UNICEF;

• Infrastructural challenges and gaps; and

• Cost efficiency of the project.
Key Findings - Efficiency

**Key achievements and gaps**
- The implementation of the cash transfer project using existing government structures was cost-efficient and well-functioning.
- Using an independent microfinance institution allowed payments to be made in a timely manner without any leakages.
- No formal mechanism to document and disseminate lessons learnt and best practices was present.

**Coordination**
- Efficient coordination between UNICEF and CARD was reported and decisions on any actions/measures were taken unanimously between the two agencies.
- A harmonized approach to cash transfer was followed wherein CARD communicated directly with AMK and the district administrations.

**Infrastructural challenges**
- Low banking penetration in rural areas.
- Lack of information technology (IT) infrastructure at the commune and village levels.
- Spotty and erratic internet connectivity.
- Connectivity of villages to neighbouring districts is also a challenge in some areas, particularly for floating villages.

**Cost-efficiency**
- Comparing cost-efficiency was constrained due to a lack of cost data for the pilot cash transfer. The project's cost efficiency cannot be compared to long-term, large-scale cash transfer projects.
### Key Findings - Efficiency continued

<table>
<thead>
<tr>
<th>Process</th>
<th>Achievements</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>• Clear demarcation of roles and responsibilities of stakeholders is seen.</td>
<td>• A common forum where stakeholders from each administrative unit and level are present, which meets on a regular basis for improved coordination, is not present.</td>
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<td></td>
<td>• No overlap in responsibilities at sub-administrative level was witnessed.</td>
<td>• Cooperation with organizations providing complementary services such as growth monitoring projects is missing.</td>
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<td>Training</td>
<td>• Orientation sessions are provided to sub-administrative staff.</td>
<td>• Monitoring or formal guidelines for dissemination of information to village chiefs were not available.</td>
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<td></td>
<td>• Trainings, including refresher training, provided to commune council members. A cascading model was applied wherein commune council dissipated information to the village chiefs.</td>
<td>• The trainings were often complex and limited written material was provided. Giving concise documents relevant to the functioning of each administrative unit may be more beneficial than providing only operational guidelines.</td>
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<td>• Bi-monthly trainings for preparation on the health and education sessions were conducted in a timely and effective manner.</td>
<td>• Due to elections and change in administrative members, materials and gains from training are lost.</td>
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<tr>
<td>Process</td>
<td>Achievements</td>
<td>Gaps</td>
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<tr>
<td>Targeting</td>
<td>• No cases of inclusion error were reported during primary data collection.</td>
<td>• Mechanism to include vulnerable communities with no IDPoor, such as</td>
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<td></td>
<td>• The guidelines were followed and individuals having IDPoor 1 or 2 were</td>
<td>migrant population and orphans, is not present.</td>
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<td>included in the project without discrimination.</td>
<td>• Coordination with other government ministries in developing</td>
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<td>• No instance of corruption was reported in</td>
<td>targeting approaches is lacking. For example, MoSVY has developed a</td>
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<td></td>
<td>targeting of beneficiaries.</td>
<td>targeting mechanism for their persons with disability project, which</td>
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<td>may be modified as needed.</td>
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<tr>
<td>Awareness</td>
<td>• For a pilot project, word-of-mouth technique to raise awareness</td>
<td>• Formal mechanisms of awareness generation have not been included,</td>
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<tr>
<td>generation</td>
<td>worked and high awareness regarding the project was seen.</td>
<td>such as mass media campaigns.</td>
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<td></td>
<td></td>
<td>• Area specific channels and participatory methods, such as plays</td>
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<td>need to be considered.</td>
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<tr>
<td>Enrolment</td>
<td>• Commune council members worked hard to ensure that the beneficiaries</td>
<td>• Beneficiaries initially did not have the required documents, such</td>
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<td>had the requisite documents for enrolment.</td>
<td>as a birth certificate for their child, yellow book, etc., which</td>
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<tr>
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<td>led to delays.</td>
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### Key Findings - Efficiency continued.

<table>
<thead>
<tr>
<th>Process and payments</th>
<th>Achievements</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Majority of the bank accounts were opened in the name of female members of the household.</td>
<td>• Use of internet for payments at the cash distribution points leads to delay due to poor connectivity.</td>
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<tr>
<td></td>
<td>• Payment of basic amount happened in a timely and efficient manner.</td>
<td>• Beneficiaries who were unable to receive cash at the pay point had to visit the AMK branch or ATM to withdraw cash. They were not given previous cycle payments in subsequent payments.</td>
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<tr>
<td></td>
<td>• No leakages were reported by any stakeholder in the payment process.</td>
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<thead>
<tr>
<th>Case management</th>
<th>Achievements</th>
<th>Gaps</th>
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<tbody>
<tr>
<td></td>
<td>• Verbal complaints and resolutions were reported.</td>
<td>• Implementation and enforcement of the formal grievance redress mechanism is required.</td>
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<td></td>
<td>• A system of grievance registration including complaint forms is available.</td>
<td>• Focal point or grievance redress officer who manages the grievance redress mechanism should be assigned at the district level.</td>
</tr>
<tr>
<td>Process</td>
<td>Achievements</td>
<td>Gaps</td>
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</table>
| Monitoring              | • Commune focal points monitor the attendance of health and education sessions along with completion of health co-responsibilities using child’s yellow health card and mother’s pink card.  
                          | • Field visits were periodically conducted by CARD staff to observe training and payment sessions.                                                                                                          | • Preparation of specific monitoring indicators and framework is required.  
                          |                                                                                                                                                | • Filling of monthly timesheets and annual performance reviews for each sub-administrative unit will help increase accountability.  
                          |                                                                                                                                                | • Beneficiary data may also be recorded at the Health Centre at the time of service delivery (along with recording in yellow and pink cards). This data can then be shared with commune focal points to improve efficiency on the pay day along with data validation.  
                          |                                                                                                                                                | • Spot-checks of Health Center activities, education sessions and payment activities with clear reporting formats.  
                          |                                                                                                                                                | • External audit mechanisms may be required for a larger scale project.  
                          |                                                                                                                                                |                                                                                                                                                      |
| Dissemination of information | • Each set of stakeholder was aware of the challenges being faced.                                                                                                                                         | • A process of documentation and dissemination of lessons learnt and best practices was missing.                                                                                                    |
Key Findings - Sustainability

Key evaluation parameters being evaluated:

• Capacity gaps and bottlenecks, at national and sub-national levels; and

• Considerations for roll out of national cash transfer project.
Key Findings - Sustainability

Capacity gaps and bottlenecks

- The use of only internal human resources added to its sustainability.
- Greater decentralization and decision-making powers can be given to sub-administrative units when project scale is increased.
- A forum which has representation from national, provincial and sub-national government along with implementation partners is crucial in having a sustainable and effective project.
- Increasing the role of the Provincial Government, particularly the Provincial Treasurer and Provincial Department of Planning may be considered.

Considerations for roll out of national cash transfer project

- Most stakeholders were of the view that a phased approach would be more suitable than rolling out the project across the country in one go.
- Some stakeholders were of the opinion that areas of high poverty with poorest nutrition indicators should be targeted in the first phase. Others were of the opinion that in the first phase, areas of better infrastructure and administrative capacity should be targeted, while improving capacities in other districts for the subsequent phases.
- Considerations of inflation, climate change and disaster resilience and dietary shifts in the design of a large-scale cash transfer project would also be key in ensuring sustainability of gains.
Key Findings – Equity, Gender Equality and Human Rights

Key evaluation parameters being evaluated:

• Equitability of the project to different social groups and genders;

• Negative effects felt by any social groups; and

• Equity and human rights considerations.
### Key Findings – Equity, Gender, and Human Rights

#### Gender equality
- As a part of the project design, pregnant women or mothers or female legal guardians were the preference to be the cash transfer account holders.
- All respondents said that the mother or female guardian had a say in utilisation of the cash transfer money.
- It was observed 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.

#### Negative effects
- 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.
- Beneficiaries rather claimed that a positive social change is seen as a result of the cash transfer project.

#### Equity and human rights considerations
- 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.
- Exclusion of migratory populations and vulnerable groups such as orphans was seen.

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“*My wife makes decision on spending the cash transfer money. But if I want to buy the machine of boat then I need to discuss with my wife*”

“I want there to be more education sessions in order for my wife to learn more on how to take care of children’s health and make better and more nutritious food” – Husband of beneficiary
Conclusions

Relevance

• The project was in line with the Government’s objectives for social protection.
• The targeting mechanism was somewhat relevant; however, exclusion of vulnerable populations was seen.
• National level scale-up should consider trimming the co-responsibilities.

Effectiveness

• The cash transfer was largely effective in terms of how the cash was used. The size of the cash transfer is inadequate to address all the nutrition and health needs of the beneficiaries.
• Use of an external agency, AMK Microfinance, was one of the key reasons for timely payment without any leakages in the payment.
• Methods to ensure that beneficiaries have all the required documents before to avoid delays remains unexplored.
• The project was successful in using internal sub-national administrative staff for implementation of basic project activities.

Efficiency

• The project was run in a smooth manner and was fairly efficient with few constraints.
• Challenges were mainly seen with management information systems monitoring and verification and case management.
• In order to change behaviour in addition to imparting information, participatory techniques are needed.
• Greater growth monitoring among IDPoor households was confirmed by both quantitative and qualitative data.
• Case management and monitoring was less effective and has scope for improvements.
• Internet connectivity in remote areas, access to floating villages and IT infrastructure for better monitoring at sub-district levels need to be examined.
• Implementation of the pilot was done in an economical manner.
Conclusions continued...

**Sustainability**

- The gaps identified in terms of project design and implementation are rectifiable at no great cost, thereby improving the sustainability of the project.
- 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, constraints in the time and overall capacity of implementation staff is foreseen for a scale-up.
- Overall, with some investment in increasing human resource capabilities and infrastructure (particularly IT and telecommunications), this project has potential as a full-fledged national level project.

**Equity**

- Project implementation was in line with the project design and women were the predominant holders of the cash transfer accounts.
- The involvement of men in the cash transfer project was not 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.
- The project was successful in having the same level of success across communes.
Lessons Learnt

**Relevance**
- Preparedness is fundamental to ensure effective delivery of cash transfers.
- It is essential to establish proper coordination mechanisms.
- Cash transfers cannot be undertaken without behaviour change.

**Effectiveness**
- Ensuring regularity of cash transfers is a key requirement to achieve intended outcomes.
- Use of external payment agencies can be effective in cash transfer delivery.
- Monitoring mechanisms need to be in place to track project performance.

**Sustainability**
- Adequate budget should be allocated towards management costs.
- Policy framework should be well defined.

**Efficiency**
- Compensation of staff for additional work may be required.
- Cost efficiency can be achieved in the longer term due to economies of scale.
- Supply side constraints need to be tackled along with demand side interventions.

**Equity, Equality and Human Rights**
- Greater involvement of husbands is required.
- Women should be the account holder to receive the cash transfer.
## Recommendations

<table>
<thead>
<tr>
<th>Size of cash transfer</th>
<th>UNICEF, MEF, MoSVY</th>
<th>Design Phase</th>
<th>A number of beneficiaries reported that the cash transfer amount is inadequate to meet their nutrition requirements. Therefore, the size of transfer need to be reassessed and adjusted for inflation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-responsibilities</td>
<td>UNICEF, MoSVY, MoH</td>
<td>Design Phase</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 of education sessions.</td>
</tr>
<tr>
<td>Targeting mechanism</td>
<td>UNICEF, MoP, MoSVY</td>
<td>Design Phase</td>
<td>Programme specific targeting mechanisms are required. Community-based targeting, in which the community collectively selects households in need of the transfers may be an effective mechanism.</td>
</tr>
<tr>
<td>Scale-up</td>
<td>UNICEF and implementing ministry</td>
<td>Design Phase</td>
<td>Considering human and fiscal capacity constraints, a phased approach is recommended for the roll-out of the national cash transfer programme.</td>
</tr>
</tbody>
</table>
**Recommendations continued . . .**

<table>
<thead>
<tr>
<th>Management information system (MIS)</th>
<th>Actors</th>
<th>Timeline</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF and implementing ministry</td>
<td>Design Phase</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>
</tr>
<tr>
<td>Roles and responsibilities</td>
<td>MoH, UNICEF, implementing ministry, commune council</td>
<td>Design Phase</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>
</tr>
<tr>
<td>Preparatory activities</td>
<td>MoI, MoH, implementing ministry</td>
<td>Pre-implementation Phase</td>
<td>Awareness campaigns and camps for birth registration, provision of child vaccination card, etc. can be started before the start of the enrolment process</td>
</tr>
<tr>
<td>Grievance redress mechanism</td>
<td>UNICEF and implementing ministry</td>
<td>Design Phase</td>
<td>For national level roll-out of the cash transfer, a clear redress mechanism needs to be present that takes into account literacy levels of the beneficiaries.</td>
</tr>
</tbody>
</table>
Thank You!

**Evaluation Team:**
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*Source:* Photograph taken during field visit by the evaluation team