COUNTRY-LED FORMATIVE EVALUATION

The Maternal and Child Cash Transfer Programme in Chin and Rakhine States in Myanmar

Volume 2 - Annexes

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Department of Social Welfare (DSW)/Ministry of Social Welfare, Relief and Resettlement (MSWRR) and UNICEF Myanmar produces and publishes evaluation reports to fulfil a corporate commitment to transparency. The reports are designed to stimulate the free exchange of ideas among those interested in the study topic and to assure those supporting Department of Social Welfare (DSW)/Ministry of Social Welfare, Relief and Resettlement (MSWRR) and UNICEF work that it rigorously examines its strategies, results and overall effectiveness.

The evaluation report of the Maternal and Child Cash transfer programme in Chin and Rakhine States in Myanmar was prepared by Ashish Mukherjee, Kriti Gupta and Rai Sengupta on behalf of IPE Global Limited. The country-led evaluation was jointly commissioned by the Department of Social Welfare under the Ministry of Social Welfare, Relief and Resettlement, Myanmar and UNICEF Country Office, Myanmar and managed by the Evaluation Management Team comprising U Kyaw Lin Htin, Director, Social Protection Section, DSW/MSWRR, Erica Mattellone, Evaluation Specialist, UNICEF Cambodia; Samman Thapa, Chief, Social Policy and Child Rights Monitoring, UNICEF Myanmar; Nangar Soomro, Social Policy Specialist, UNICEF Myanmar and Phyu Phyu Win, Social Policy Officer, UNICEF Nay Pi Taw.

The purpose of this report is to facilitate exchange of knowledge among UNICEF and DSW personnel and its partners. The contents do not necessarily reflect the policies or views of UNICEF. The text has not been edited to official publication standards and UNICEF accepts no responsibility for error. The designations in this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

Title	Country-Led Formative Evaluation of the Maternal and Child Cash Transfer Programme in Chin and Rakhine States in Myanmar
Geographic region of evaluation	Chin and Rakhine States
Timeframe of the evaluation	January 2019 – February 2020
Date of the report	21 January 2020
Country	Myanmar
Evaluators	Ashish Mukherjee, Kriti Gupta and Rai Sengupta
Name of the organization commissioning the evaluation	Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Resettlement, Myanmar in partnership with UNICEF Myanmar

Contents

Abbreviations and Acronyms

DAC	Development Assistance Committee
DoPH	Department of Public Health
DSW	Department of Social Welfare
EAPRO	East Asia and Pacific Regional Office
ECD	Early Childhood Development
EMT	Evaluation Management Team
FGD	Focus Group Discussion
GAD	General Administrative Department
IDP	Internally Displaced Person
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
IVRS	Interactive Voice Response System
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interview
LIFT	Livelihoods and Food Security Fund
M&E	Monitoring and Evaluation
MCCT	Maternal and Child Cash Transfer Programme
MICS	Multiple Indicator Cluster Surveys
MNAPFNS	Myanmar National Action Plan for Food and Nutrition Security
MoALI	Ministry of Agriculture, Livestock, and Irrigation
MoE	Ministry of Education
MoHS	Ministry of Health and Sports
MoSWRR	Ministry of Social Welfare, Relief and Resettlement
MSG	Mother Support Group
MS-NPAN	Myanmar Multisectoral National Plan of Action on Nutrition
NRC	National Registration Card
NSPSP	National Social Protection Strategic Plan
OECD	Organisation for Economic Co-operation and Development
PDM	Post Distribution Monitoring
SBCC	Social Behaviour Change Communication
SC	Save the Children
SPS	Social Protection Section
TOC	Theory of Change
TOR	Terms of Reference
TRG	Technical Reference Group
UNEG	United Nations Evaluation Guidelines
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WASH	Water Sanitation and Hygiene
WFP	World Food Programme

ANNEXES

Annex 1: Terms of Reference (RFPS Version)

1. Introduction

The Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement with the technical and financial support of UNICEF, is commissioning a ***Formative Evaluation of the Maternal and Child Cash Transfer (MCCT) Programme in Chin and Rakhine States in Myanmar***. These Terms of Reference (ToR) outline the purpose and objectives, methodological options and operational modalities for an institution to examine the cash delivery from June 2017 until its current implementation. The evaluation will also look at the inception phase of the cash delivery (2015-2016) thus covering the programme design, cash transfer cycle and implementation aspects of the MCCT programme in Chin and Rakhine State. This independent evaluation will inform further expansion of the cash transfer programme systems, and be formative in nature. DSW and the United Nations Children's Fund (UNICEF) are, hence, looking for institutions with deep commitment to, and strong background in the evaluation of social protection and social cash-based interventions. **The evaluation is expected to start in January and be completed by June 2019 for a total duration of approximately 16 working weeks (80 days).** It will be supervised by an Evaluation Management Team led by the Evaluation Specialist (Evaluation Manager, UNICEF) to ensure independence, working together with the Social Policy Specialist (UNICEF) and a focal point from DSW, in coordination with the Social Policy section, DSW, MCCT Monitoring and Evaluation (M&E) Taskforce and M&E Committee.

2. Background and Rationale

The MCCT Programme in Chin and Rakhine States is one of the eight social protection programmes laid out by the Government of Myanmar in the National Social Protection Strategic Plan (NSPSP).The NSPSP was endorsed at the end of 2014, with a view to promote human and socio-economic development, strengthen resilience to cope with disasters, enable productive investments and improve social cohesion. Rooted in Myanmar's context, the NSPSP endorses the principles of universality (i.e, everyone is entitled to social protection) and integrated approach (i.e., addressing multiple vulnerabilities in a coordinated manner that maximizes linkages with other services). This Programme is key to provide social assistance, and UNICEF is supporting technical assistance to the Government to manage the Programme in coordination with other development partners: the Livelihoods and Food Security Fund (LIFT) managed by United Nations Office for Project Services (UNOPS), the World Bank, the World Food Programme (WFP), Save the Children (SC) and the International Rescue Committee (IRC).

In Myanmar undernutrition continues to be a challenge. In 2016, 29 per cent of under-five children were stunted with wasting at seven per cent, compared to 35 per cent and eight per cent in 2009. Nutrition disparities prevail in some parts of the country, with stunting as high as 41 per cent in Chin State, and 37 per cent in Rakhine. 51 per cent only of children under six months are exclusively breastfed and approximately 47 per cent of women aged 5-49 years are anaemic. The ultimate outcome of the MCCT Programme in Chin and Rakhine States is to improve nutrition of mothers and children during the first critical 1,000 days of life. It is well-known in fact that unmet needs during the first 1,000 days of life (from conception to 24 months of age) can perpetuate an intergenerational cycle of poor nutritional status.

The MCCT Programme intends to empower pregnant and lactating women with additional purchasing power (MMK 15,000 per month3) to meet their unmet needs during the first 1,000 days. For administrative ease, the payment is processed once every two months in Chin and every three months in Rakhine. It is expected that this cash transfer will enable pregnant/lactating women to:

- Improve their dietary intake;
- Improve their dietary diversity;
- Afford basic healthcare essential during pregnancy and birth;
- Improve feeding of their young children; and
- Afford basic healthcare essential during early childhood.

Apart from the bi-monthly cash transfer in Chin State and quarterly cash transfer in Rakhine State, pregnant and lactating women enrolled in the MCCT Programme are provided with monthly awareness raising sessions on a range of topics related to improved nutritional outcomes. These awareness-raising sessions will be delivered by the local auxiliary midwife in the local language and will strive to be as interesting and interactive as possible, adapting to the needs and interests of the local women and building on their existing knowledge and practices in the areas of health, nutrition, and hygiene.

The roll-out of the programme began in June 2017 in Chin State and January 2018 in Rakhine State thus all pregnant women in Chin and Rakhine State eligible to be enrolled in the MCCT Programme will continue to receive the benefits until their new-born reaches the age of 24 months. Enrolment in the Programme is on a rolling basis, therefore in addition to the mothers enrolled in 2017, newly pregnant women will be enrolled as they become pregnant. Pregnant or lactating women can register to the MCCT Programme once in any given 32-month period to promote adequate birth spacing.

To summarize, once enrolled into the MCCT Programme, pregnant and lactating women receive:

- MMK 30,000 every two months in Chin and MMK 45,000 every three months in Rakhine; and
- Monthly awareness-raising sessions on nutrition, health and hygiene.

The components of the MCCT Programme and the expected results at various levels are presented in the theory of change in Annex I.

Responsibility for implementation is scattered among DSW at the Union, State, District, Township and Village levels, in partnership with the General Administration Department (GAD) and the Department of Public Health (DPH). According to the Operations Manual, the implementation is taking place at five levels: 1) at the Union level, with a DSW Union Social Protection Section that has assumed the primary role to guide and support the implementation of the MCCT Programme in Chin and Rakhine State; 2) at the State level, where the newly established MCCT Coordination Committee ensures coordination between Union DSW and the State Government and the MCCT Programme Coordinator in Chin and the State Director (DSW) in Rakhine is responsible for approving beneficiary registration and submitting budgets once every two or three months for payments; 3) at the District level, where the Assistant MCCT Programme Coordinators will assure financial management and reporting, as well as managing beneficiary complaints; 4) at the Township level, where the Township GAD Officers are engaged with the ward or village administrators to enable the implementation and ensure ownership of the MCCT Programme and newly appointed DSW Case Managers have statutory case management responsibilities for child protection issues as well as for the implementation of the MCCT Programme in terms of monitoring at the ward or village level and actual execution of the transfer of funds; and 5) at the village level, where ward or village/IDP Camp Social Protection Committees will be established to support the implementation of the MCCT Programme, together with a midwifes or auxiliary midwifes and ward or village administrators that will be the first point of contact for programme beneficiaries.

Currently, programme as enrolled approximately 25,000 beneficiaries in Chin State and 65,000 beneficiaries in Rakhine State (as of September, 2018). This evaluation is expected to be formative (*learning-oriented*) in nature, and to produce reliable, credible and useful **evidence on the systems and processes from the cash transfer programme – what is working well, what is working less well, how and why – to inform the expansion of the programme.** As per Dissemination Plan, the evaluation will be widely shared to foster learning and innovation in the implementation of cash-based interventions.

1. Purpose, Objectives and Scope of Work

The MCCT Programme as part of the NSPSP, the evaluation will therefore assess both programme design and implementation mechanism (i.e., to what extent the MCCT Programme has been implemented as intended), assess its programmatic effectiveness, women's preferences and satisfaction, and what adjustments and improvements are required moving forward. The evaluation will also compare the MCCT Programme with other cash transfer interventions in the region (i.e., Thailand, Cambodia).

The primary users of the evaluation include the Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement (MSWRR), the Department of Public Health (DoPH) of the Ministry of Health and Sports (MoHS), the General Administration Department (GAD) of the of the Ministry of Home Affairs and development partners: UNICEF, LIFT, the World Bank, WFP, SC and IRC (duty bearers). Secondary users include other agencies involved in cash transfer programming in Myanmar directly or indirectly, civil society organisations, other partners, UNICEF's Regional Office for East Asia and the Pacific (EAPRO) and other government departments, parents, particularly women, and children. It is expected that the evaluation will be used to strengthen the MCCT Programme in Chin and Rakhine States and inform the replication and scale-up of the Programme.

The objectives of the evaluation include the following:

1. Analyse the extent to which the MCCT Programme has been appropriately designed (reconstructing the theory of change), efficiently and effectively implemented (incl. registration and coverage, inclusion and exclusion errors, the cash distribution mechanism, financial management, data management, etc.) and its

cost-effectiveness in comparison with other comparable cash transfer interventions (e.g., regarding administrative costs, etc.);

2. Understand how women (and families) have used the money provided, their satisfaction, adequacy of the transfer level, and the extent to which the spending of the money translated (or not) into benefits for children and achieving overall objectives set for the MCCT programme;

3. Understand the use and effectiveness of Mother Support Groups and Social Behavioural Change Communication Awareness sessions to achieve MCCT's objectives;

4. Assess the institutional capacity at union and state level, township and wards or village level for management and implementation of the MCCT Programme, identifying key gaps and bottlenecks in relation to the MCCT Programme life-cycle; and

5. Assess the effectiveness of the support provided by development partners (incl. technical and financial) in the design, implementation and monitoring of the programme.

The evaluation will not be an impact evaluation, but it will cover the inception and the initial implementation of the MCCT Programme in Chin and Rakhine States from 2017 to nowadays. The evaluation should include the views of pregnant women and mothers, and put an emphasis on children who benefited from the intervention during the first 1,000 days.

Evaluation evidence will be judged using modified Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD/DAC) criteria of **relevance, effectiveness, efficiency and sustainability**, as well as **equity, gender equality and human rights considerations**.

4. Evaluation Criteria and Evaluation Questions

Key evaluation questions (and sub-questions) include the following:

Relevance of the MCCT Programme design and approach, considering:

- Is the Programme design and logic (incl. the theory of change) relevant and appropriate to the situation of women and children in Chin and Rakhine States?
- Is the Programme targeting the right group of stakeholders to achieve the Programme's objectives (incl. the most vulnerable ones)?
- To what extent is the size and regularity of the cash transfer adequate to the needs of women and children? Have the different needs of pregnant women, mothers and their children been met within the objectives of the Programme?
- How well is this Programme complementing other Government and development partners' interventions in Chin and Rakhine States to address the needs of women and their children?

Effectiveness the MCCT Programme, including better consumption patterns, nutrition and care of new born children, any unanticipated and unintended effects on, of the Programme:

- Is the Programme targeting the right group of stakeholders to achieve the Programme's objectives (incl. the most vulnerable ones)?
- To what extent has the selection of eligible pregnant women, mothers and their children under two years complemented the coverage of other social programmes to reach to the worst-off and most vulnerable women? Are there any gaps in relation to coverage of the MCCT Programme (incl. any systematic inclusion and exclusion errors) or any hindering factors for women to enrol the Programme?
- To what extent and how has the cash transfer been used for better consumption of the mother (considering food quality, quantity and diversity)? How has the cash transfer supported mothers and new-born children nutrition and healthcare? Are there any unintended results?
- How adequate have the field operational processes been, including training, state and ward and village level community sensitization, beneficiary outreach, enrolment, payments, and the complaints and feedback mechanism?
- How effective have the Programme delivery mechanisms been, with recommendations for any necessary amendments?
- How effective have the awareness-raising SBCC sessions been delivered by the local auxiliary midwife to mother support groups from both the implementers and women's perspective?
- How effective is the support (technical and financial) provided by development partners in the design, implementation and monitoring of the MCCT Programme?

Efficiency of the delivery mechanism, considering:

- How well has the delivery process been managed, considering the time and resources at each stage of implementation and coordination among DSW at the union, state, district, township and village levels, in partnership with GAD and DoPH?
- How well has the financial management system been establish, including reporting reconciliation?
- How well are the monitoring and other reporting mechanisms functioning (incl. the process of data entry and data management - MIS)?
- How cost-efficient is the MCCT Programme implementation compared to other modalities and mechanisms? What potential is there for efficiency savings at all stages?

Sustainability in terms of the MCCT Programme, considering institutional relationships and coordination (incl. internal communication and coordination within DSW, and communication and coordination with and within implementing partners i.e., DoPH, GAD, and development partners):

- What aspects can be further strengthened to inform future replication of the MCCT Programme at the national level given the current capacities at the national and sub-national levels?
- To what extent can the major capacity gaps and bottlenecks at national and sub-national levels be overcome during the life-cycle of this project?
- To what extent are the benefits of the Programme likely to continue should development partners funding and support be ceased? How development partners can support future replication of the Programme to ensure its long-term sustainability?
- What are the lessons that can be learned to inform future sustainability and replication of the MCCT Programme?

5. Evaluation Approach and Methodology

Based on the objectives of the evaluation, this section indicates a possible approach, methods, and processes for the evaluation. **Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology proffered in the ToR and improve on it, or propose an approach they deem more appropriate. In their proposal, bidders should refer to triangulation, sampling plan and methodological limitations and mitigation measures.** Bidders are encouraged to also demonstrate methodological expertise in evaluating initiatives related to cash transfer interventions. It is expected that the evaluation will be both a theory-based and utilisation-focused. A mixed-methods approach will be employed drawing on key background documents and the monitoring and evaluation framework for guidance. The evaluation should also be situated within the current debate about the use of cash transfer interventions and social protection programmes6 to improve the welfare of women and new-borns, and it should consider through issues of equity, gender equality and human rights, in line with UNICEF's Evaluation Policy (2018) and the United Nations Evaluation Group (UNEG) Norms and Standards (2016).

The evaluation will take mainly a formative stance and to this end it will provide continuous rapid feedback to primary users of the evaluation process.

At minimum, the evaluation will draw on the following methods:

- Literature review of social protection, with a focus on universal cash transfer, particularly in the
- East Asia region;
- Desk review of programme documents and other relevant monitoring data (i.e., baseline and mid-line data for changes in nutrition behaviour and access to health services, qualitative data produced by post distribution monitoring, exit surveys and interviews with pregnant women and mothers, case managers reports produced by DSW, registration data, financial and payment data, complaints, etc.);
- Review and analysis of secondary quantitative data (Census, DHS, etc.);
- Key Informant Interviews (KIIs) with DSW and other relevant government departments, development partners, etc;
- Focus Group Discussions (FGDs) with representatives at the township, district and ward or village levels, communities, parents, and in particular, women benefitting from the provision of cash, etc.;
- Case studies of women participating in the project;
- Cost-effectiveness analysis; and
- Beneficiary surveys.

The beneficiary surveys should be undertaken in two rounds to identify patterns and compare progress over time in both Chin and Rakhine States. All information should be disaggregated by age, gender and ethnicity (to the extent possible). Sampling of KIIs and FGDs should be done in consultation with the M&E Taskforce. Baseline and monitoring data will be provided. Additionally, secondary data sources can be used.

Likewise, conventional ethical guidelines are to be followed during the evaluation. Specific reference is made to the **UNEG Norms and Standards and Ethical Guidelines, as well as to the UNICEF's Evaluation Policy, the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation, the UN SWAP Evaluation Performance Indicator7, and the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis and UNICEF's Evaluation Reporting Standards**. Good practices not covered therein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Manager as soon as they are identified.

6. Management and Coordination

6.1 EVALUATION MANAGEMENT

The evaluation will be conducted by an independent Evaluation Team to be recruited by UNICEF Myanmar. The Evaluation Team will operate under the supervision of an Evaluation Management Team, who will be responsible for the day-to-day oversight and management of the evaluation and for the management of the evaluation budget, in coordination with the M&E Taskforce and M&E Committee. The Evaluation Management Team will be led by the Evaluation Specialist (Evaluation Specialist, UNICEF), in coordination with the Social Policy Specialist (UNICEF) and a focal point from DSW. It will assure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, provide quality assurance checking that the evaluation findings and conclusions are relevant and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response. Additional quality assurance will be provided by the Regional Evaluation Adviser at UNICEF East Asia and Pacific Regional Office. The final report will also be approved by the M&E Taskforce.

A Reference Group will be created, bringing together representatives of the M&E Committee. The Reference Group will have the following responsibilities: contribute to the preparation and design of the evaluation, including providing feedback and comments on the Inception Report and on the technical quality of the work of the consultants; provide comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports; assist in identifying internal and external stakeholders to be consulted during the evaluation process; participate in review meetings organized by the Evaluation Management Team and with the Evaluation Team as required; play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

6.2 EVALUATION TEAM PROFILE

The evaluation will be conducted by engaging an institution. The proposed Evaluation Team should consist of one (1) international senior-level consultant (Team Leader) to conduct the evaluation that will be supported by at least two (2) national consultants (Team Members/Technical Experts), and national researches/enumerators to conduct the data collection.

The Team Leader should bring with them the following competences:

- Having extensive evaluation experience (at least 15 years) with an excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, and UNEG Norms and Standards.
- Having extensive experience on social cash transfer interventions (i.e., planning, implementing, managing or monitoring and evaluation).
- Holding an advanced university degree (Masters or higher) in international development, public policy or similar, including sound knowledge of policy and systemic aspects; familiarity with social protection programmes.
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions.
- Having in-depth knowledge of the UN's human rights, gender equality and equity agendas.
- Having a strong team leadership and management track record, as well as excellent interpersonal and communication skills to help ensure that the evaluation is understood and used.

- Specific evaluation experience of cash programming is strongly desired, but is secondary to a strong mixed-method evaluation background, so long as the cash transfer expertise of the other team member (see below) is harnessed to ensure the team's collective understanding of issues relating to cash programming from a UN or NGO perspective.
- Previous experience of working in an East Asian context is desirable, together with understanding of Myanmar context and cultural dynamics.
- The Team Leader must be committed and willing to work independently, with limited regular supervision; s/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality.
- S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

The Team Leader will be responsible for undertaking the evaluation from start to finish, for managing the evaluation, for the bulk of data collection, analysis and consultations, as well as for report drafting in English and communication of the evaluation results.

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Two (2) national Team Members/Technical Experts:

- Holding advanced university degrees (Masters-level) in international development, public policy or similar.
- Hands-on experience in collecting and analysing quantitative and qualitative data, but this is secondary to solid expertise in cash transfer interventions related to social protection.
- Strong expertise in equity, gender equality and human rights based approaches to evaluation and expertise in data presentation and visualisation.
- Be committed and willing to work in a complex environment and able to produce quality work under limited guidance and supervision.
- Having good communication, advocacy and people skills and the ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form.
- Excellent Myanmar and English communication and report writing skills.

The Team Members will play a major role in data collection, analysis and presentation, and preparation of the debriefings and will make significant contributions to the writing of the main evaluation report. The Evaluation Team is expected to be balanced with respect to gender to ensure accessibility of both male and female informants during the data collection process. Back-office support assisting the team with logistics and other administrative matters is also expected. **It is vital that the same individuals that develop the methodology for the request for proposals (RFP) will be involved in conducting the evaluation. In the review of the RFP, while adequate consideration will be given to the technical methodology, significant weighting will be given to the quality, experience (CV's and written samples of previous evaluations) and relevance of individuals who will be involved in the evaluation.**

6.3 EVALUATION DELIVERABLES

Evaluation products expected for this exercise are:

1) **An Inception Report** (in English), including a summary note in preparation for data collection (in both English and Myanmar);

2) **A summary of initial evaluation findings from primary data collection** (in English), including a literature review and desk review analysis and a PowerPoint presentation to facilitate a stakeholder consultation exercise;

3) A draft and final report (in English and Myanmar) that will be revised until approved (incl. a complete first draft to be reviewed by the Evaluation Manager; a second draft to be reviewed by the Reference Group and Regional Evaluation Adviser, and a penultimate draft);

4) **A PowerPoint presentation** (in both English and Myanmar) to be used to share findings with the Reference Group and for use in subsequent dissemination events; and

5) **A four-page executive summary** (in both English and Myanmar) that is distinct from the executive summary in the evaluation report and it is intended for a broader and non-technical audience. The executive summary should also be produced both in text and video versions (i.e., 1 or 2-minute video clip). Video and photo materials should be collected as part of the evaluation to enrich the evaluation dissemination.

Other interim products are:

- Minutes of key meetings with the Evaluation Management Team and the Reference Group;
- Copy of the data collected in the course of the evaluation; and
- Presentation materials for the meetings with the Evaluation Management Team and the Reference Group. These may include PowerPoint summaries of work progress and conclusions to that point.

Outlines and descriptions of each evaluation products are meant to be indicatives, and include:

- Inception Report: The Inception Report will be key in confirming a common understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage, evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in the ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives of the evaluation; ii) evaluation criteria and questions; iii) evaluation methodology (i.e., sampling criteria), a description of data collection methods and data sources (incl. a rationale for their selection), draft data collection instruments, for example questionnaires, with a data collection toolkit as an annex, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, the field visit approach, a description of the quality review process and a discussion on the limitations of the methodology; iv) proposed structure of the final report; v) evaluation work plan and timeline, including a revised work and travel plan; vi) resources requirements (i.e., detailed budget allocations, tied to evaluation activities, work plan) deliverables; vii) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework); and viii) a summary of the evaluation (evaluation briefing note) for external communication purposes. The Inception Report will be 15-20 pages in length (excluding annexes), or approximately 15,000 words, and will be presented at a formal meeting of the Reference Group.
- Initial evaluation findings report: This report will present the initial evaluation findings from the data collection, comprising the literature review, the desk-based document review and analysis of other data. These reports developed prior to the first draft of the final report should be 10 pages, or about 8,000 words in length (excluding annexes, if any), and should be accompanied by a PowerPoint presentation that can be used for validation with key stakeholders.
- Final evaluation report: The report will not exceed 40 pages, or 25,000 words, excluding the executive summary and annexes; it will be produced both in text and audio versions.
- PowerPoint presentation: Initially prepared and used by the Evaluation Team in their presentation to the Reference Group, a standalone PowerPoint will be submitted to the Evaluation Manager as part of the evaluation deliverables.
- An evaluation briefing note, data and a four-page executive summary (with infographics) for external users will be submitted to the Evaluation Manager as part of the evaluation deliverables.
- Reports will be prepared according to the UNICEF Style Guide and UNICEF Brand Toolkit (to be shared with the winning bidder) and UNICEF standards for evaluation reports as per GEROS guidelines (referenced before). All deliverables must be in professional level Standard English and they must be language-edited/proof-read by a native speaker.
- The first draft of the final report will be received by the Evaluation Manager who will work with the Team Leader on necessary revisions. The second draft will be sent to the Reference Group for comments. The Evaluation Manager will consolidate all comments on a response matrix, and request the Evaluation Team to indicate actions taken against each comment in the production of the penultimate draft.

Bidders are invited to reflect on each outline and effect the necessary modification to enhance their coverage and clarity. Having said so, products are expected to conform to the stipulated number of pages where that applies.

An estimated budget has been allocated for this evaluation. As reflected in Table 1, the evaluation has a timeline of six months from January to June 2019. Adequate effort should be allocated to the evaluation to ensure timely submission of all deliverables, approximately 16 weeks on the part of the Evaluation Team.

Table 1: Proposed Evaluation Timeline

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
1. INCEPTION, DOCUMENT REVIEW AND ANALYSIS		**4 weeks (Jan to Feb 2019)**	
1. Inception meeting by Skype with the Evaluation Management Team	Meeting minutes	Week 1	Evaluation Team, Evaluation Management Team
2. Inception visit (incl. initial data collection and desk review; development of evaluation matrix, methodology and work plan, data collection material, drafting of the Inception Report)	Draft inception Report	Weeks 2-3	Evaluation Team
3. Present draft Inception Report to the Reference Group	PowerPoint Presentation	Week 3	Evaluation Team, Evaluation Management Team, Reference Group
4. Receive Inception Report and provide feedback to Evaluation Team	Evaluation commenting matrix	Week 4	Evaluation Management Team, Reference Group
5. Present Inception Report, confirm planning for field visit	Final Inception Report	Week 4	Evaluation Team, Evaluation Management Team, Reference Group
2. DATA COLLECTION AND INITIAL ANALYSIS		**6 weeks (Mar to Sep 2019)**	
1. Pilot data collection tools and conduct field-based data collection		Weeks 5-9	Evaluation Team
2. Perform initial data analysis and produce an interim report; prepare presentation for validation workshop to validate data collection results	Interim report (incl. literature review and desk review),PowerPoint presentation, meeting minutes	Week 10	Evaluation Team, Evaluation Management Team, Reference Group
3. ANALYSIS, REPORTING AND COMMUNICATION OF RESULTS		**6 weeks (May to Jun, 2019)**	
1. Prepare and submit first draft of evaluation report	Draft report	Weeks 11-12	Evaluation Team
2. Receive first draft and provide feedback to Evaluation Team	Evaluation commenting matrix	Weeks 13-14	Evaluation Management Team
3. Prepare and submit second draft of evaluation report; present evaluation conclusions and recommendations in a multi-stakeholder workshop to review and prioritize recommendations	Draft report; PowerPoint presentation, meeting minutes	Week 15	Evaluation Team

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
4. Receive second draft and provide feedback to Evaluation Team	Evaluation commenting matrix	Weeks 16-17	Evaluation Management Team, Reference Group
5. Prepare and submit penultimate draft of evaluation report	Draft report	Week 18	Evaluation Team
6. Submit and present final report to reference group and prepare presentation and other materials	Final report, Executive summary, PowerPoint presentation, meeting minutes	Week 19	Evaluation Team, Evaluation Management Team

7. Payment Schedule

Unless the proposers propose an alternative payment schedule, payments will be as follows:

- Approved Inception Report: 20% of the contractual amount;
- Approved interim evaluation report: 30% of the contractual amount;
- Approved final report: 30%; and
- Approved final presentation and other materials: 20%.

8. Application Process

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both **Technical and Financial Proposals**. The Evaluation Team first reviews the Technical Proposals followed by review of the Financial Proposals of the technically compliant firms. The proposal obtaining the highest overall score after adding the scores for the Technical and Financial Proposals together, that offers the best value for money, will be recommended for award of the contract.

The Technical Proposal should include but not be limited to the following:

a) **Request for Proposals for Services Form** (provided above).

b) **Presentation of the Bidding Institution** or institutions if a consortium (maximum two institutions will be accepted as part of the consortium), including:

- Name of the institution;
- Date and country of registration/incorporation;
- Summary of corporate structure and business areas;
- Corporate directions and experience;
- Location of offices or agents relevant to this proposal;
- Number and type of employees;
- In case of a consortium of institutions, the above listed elements shall be provided for each consortium members in addition to the signed consortium agreement; and
- In case of a consortium, one only must be identified as the organization lead in dealing with UNICEF.

Please note that preference will be given to institutions that are pairing, or working with institutions present in Myanmar, and prioritize building national evaluation capacity.

c) **Narrative Description of the Bidding Institution's Experience and Capacity** in the following areas:

- Evaluation of cash transfer interventions;
- Formative evaluation of social protection programmes, ideally implemented by government institutions;

- Previous assignments in developing countries in general, and related to social protection programmes, preferably in East Asia; and
- Previous and current assignments using UNEG Norms and Standards for evaluation.

d) **Relevant References** of the proposer (past and on-going assignments) in the past five years. UNICEF may contact references persons for feedback on services provided by the proposers.

e) **Samples or Links to Samples of Previous Relevant Work** listed as reference of the proposer (at least three), on which the proposed key personnel directly and actively contributed or authored.

f) **Methodology**. It should minimize repeating what is stated in the ToR. There is no minimum or maximum length. If in doubt, ensure sufficient detail.

g) **Work Plan**, which will include as a minimum requirement the following:

- General work plan based on the one proposed in the ToR, with comments and proposed adjustments, if any; and
- Detailed timetable by activity (it must be consistent with the general work plan and the Financial Proposal).

h) Evaluation Team:

- Summary presentation of proposed experts;
- Description of support staff (number and profile of research and administrative assistants etc.);
- Level of effort of proposed experts by activity (it must be consistent with the Financial
- Proposal); and
- CV of each expert proposed to carry out the evaluation (incl. three references).

The Technical Proposal will be submitted in hard copy and electronic (PDF) format.

Please note that the duration of the assignment will be from January to June 2019, and it is foreseen that the Team Leader and the Team Member will devote roughly half of their time to the evaluation. The presence of a conflict of interest of any kind (e.g., having worked on the design or implementation phase of the MCCT in Chin State will automatically disqualify prospective candidates from consideration).

The Financial Proposal should include but not be limited to the following:

a) **Resource Costs:** Daily rate multiplied by number of days of the experts involved in the evaluation.

b) **Conference or Workshop Costs (if any):** Indicate nature and breakdown if possible.

c) **Travel Costs:** All travel costs should be included as a lump sum fixed cost. For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the Financial Proposal.

d) **Any Other Costs (if any):** Indicate nature and breakdown.

e) **Recent Financial Audit Report:** Report should have been carried out in the past two years and be certified by a reputable audit organization.

Bidders are required to estimate travel costs in the Financial Proposal. Please note that: i) travel costs shall be calculated based on economy class fare regardless of the length of travel; and ii) costs for accommodation, meals and incidentals.

The Financial Proposal must be fully separated from the Technical Proposal. The Financial Proposal will be submitted in hard copy. Costs will be formulated in US$ and free of all taxes.

9. Evaluation Weighting Criteria

The proposals will be evaluated against the two elements: technical and financial. The ratio between the technical and financial criteria depends on the relative importance of one component to the other. Cumulative

Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this ToR is split between technical and financial as follows:

- Weightage for Technical Proposal = 70%
- Weightage for Financial Proposal = 30%
- Total Score = 100%

a. Technical Proposal:

The Technical Proposal should address all aspects and criteria outlined in this Request for Proposal.

Table 2: Evaluation of Technical Proposal

The Technical Proposals will be evaluated against the following:		
REF	CATEGORY	POINTS
1	**Overall response:** • Completeness of response • Overall concord between RFP requirements and proposal	 2 3
2	**Company and key personnel:** • Range and depth of experience with similar projects • Samples of previous work • Key personnel: relevant experience and qualifications of the proposed team for the assignment • References	 8 5 14 5
3	**Proposed methodology and approach:** • Detailed proposal with main tasks, including sound methodology to achieve key outputs • Proposal presents a realistic implementation timeline	 20 13
Total Technical		70
Only proposals which receive a minimum of 60 points will be considered further.		

b. Financial Proposal

The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited institutions which obtain the threshold points in the evaluation of the technical component.

All other price proposals will receive points in inverse proportion to the lowest price, e.g.

$$\text{Score for price proposal X} = \frac{\text{Max. Score for price proposal} * \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

Annex 2: Key nutrition facts for Chin and Rakhine

Despite recent progress, under-nutrition rates in Myanmar continue to be high. It is among the 24 high-burden countries with more than one-third of Myanmar's children suffering from chronic malnourishment[1]. According to the Myanmar Demographic and Health Survey 2015-2016[2], out of the children under 5 years of age, 19 percent of children were underweight, 29 percent were stunted, and 7 percent were wasted (*see Figure 1*). The stunting and wasting levels of children under the age of five in Rakhine and Chin state are very high as compared to Myanmar's average (Table 1 provides facts on key nutrition & health indicators in Myanmar, Chin and Rakhine States).

Figure 1. Nutritional indicators for children under five in Myanmar

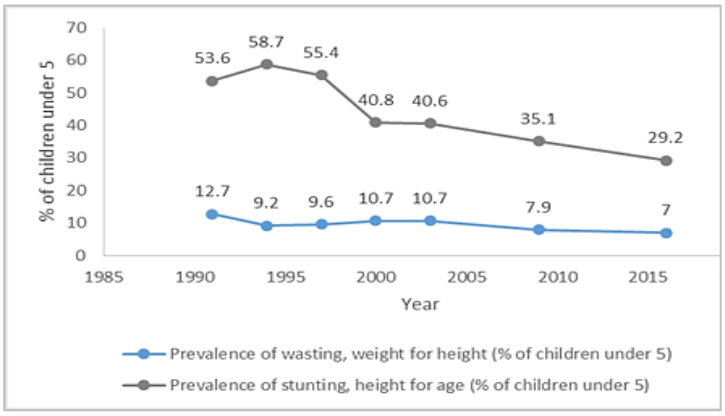


Table 1. Key nutrition and health indicators in Myanmar

Indicator	*Chin*	*Rakhine*	*Myanmar*
Nutritional status			
Children under 5 years who are stunted (%)	41	37.5	29
Children under 5 years who are wasted (%)	3.2	14	7
Children under 5 years who are underweight (%)	16.5	34	19
Prevalence of low birth weight- less than 2.5 kilograms (%)	11.6	20	8
Children under 5 years who are anaemic (%)	42.3	61.5	58
Women in the reproductive age who are anaemic (%)	38.5	55.4	47
Women of reproductive age are thin or undernourished (%)	9.4	20	15.5
Mortality			
Infant Mortality Rate (per 1,000 live births)	75	47	40
Under-5 Mortality Rate (per 1,000 live births)	104	58	50

Source: (1) DHS Myanmar 2015-2016

Supply side challenges in the health and nutrition sector also prevail in the country. In 2016, only 35 percent of women in the age 15-49 years, who gave birth in the previous 5 years, received vitamin A supplementation during the first 2 months after delivery[3]. Moreover, among children in the age group 6-23 months, only 16 percent meet the minimum standards with respect to all three Infant and Young Child Feeding practices (IYCF) (i.e. breastfeeding status, number of food groups, and times they were fed during the day or night).

[1] About Myanmar, Save the Children- *https://myanmar.savethechildren.net/what-we-do/nutrition*
[2] Myanmar Demographic and Health Survey, 2015-2016
[3] Under nutrition in Myanmar, Part 1: A Critical Review of Literature, LIFT, March 2016
[4] Captured during inception mission in Chin State undertaken in March 2019

Annex 3: Roles and responsibilities of key implementing agents

Level	Actor	Role/Responsibility
Union	*MCCT Programme Implementation Team*	▪ Members of this team and their expected work time allocation to the MCCT programme will be: – Director for Social Welfare – Deputy Director for Social Welfare (100%) – Assistant Director for Social Welfare (100%), – Staff officer (100%) – Senior clerk (100%) – Junior clerk (100%). ▪ This team will meet on a weekly basis in the first few months of programme implementation and then ease into a monthly meeting routine once programme implementation stabilizes. ▪ The meetings will be chaired by the Director and organized by the Deputy Director. The Deputy Director will be the main focal point for coordination with the State MCCT Programme Coordinator.
State	*MCCT Programme Coordinator*	▪ He/she will be responsible for approving beneficiary registrations and submitting bi-month budgets for beneficiary payments. ▪ Once funds are approved and received from the Union, he/she will release the requisite funds for each township and notify township DSW and GAD about the release of the funds. ▪ The State Programme Coordinator will also provide guidance and oversight to the district coordinators and case managers in their MCCT functions and manage changes to the beneficiary lists at the state level. ▪ They will also have a key role in financial management and reporting, as well as in ensuring beneficiary complaints get addressed and/or inform programme improvements. Regarding the nutrition component of MCCT, he/she will coordinate with state level counterparts (GAD, Health) accordingly.
	State Director/DSW	▪ MCCT Coordinator report into the State Director DSW
	State MCCT Coordination Committee	▪ This will be a new committee established at the State level in Chin State to ensure coordination between Union DSW and the Chin State Government. ▪ Members will include the Social Affairs Minister (Chair), the Planning Minister (Vice-Chair), the State GAD Director (Secretary), the State DSW Director, the State MCCT Programme Coordinator (Associate Secretary), the State Public Health Director, the State Planning Director, as well as one parliamentarian from each township in Chin State (chosen collectively by the other members of the Committee). ▪ The State MCCT Committee will meet quarterly to review programme implementation and address beneficiary complaints and M&E issues.
District	*Assistant MCCT Programme Coordinators*	▪ They will provide guidance and oversight to the case managers in their MCCT functions and will manage changes to the beneficiary lists in their townships (based on the beneficiary registration and exit forms received from the wards/villages). ▪ They will also have a key role in financial management and reporting, as well as in ensuring beneficiary complaints get addressed and/or inform programme improvements.

Level	Actor	Role/Responsibility
Township	*Township GAD Officers*	▪ GAD township officers will facilitate the implementation of the CT component of the MCCT programme by liaising with the ward/village/ village tract administrators. ▪ They will receive and review the beneficiary registration lists from the ward/village/village tract administrators at the end of every month and pass them on to the DSW case managers in their township. ▪ The GAD township officers will also receive the requisite cash from State DSW every 2 months for the listed beneficiaries in their township. They will then give the requisite funds to each ward and village administrator (the latter through the village tract administrator). ▪ At the end of every other month, they will also receive and review beneficiary payment forms from the ward/village administrators and pass them on to the DSW case managers in their township.
	DSW Case managers	▪ They will have statutory case management responsibilities (for child protection issues), as well as responsibilities for the implementation of the MCCT programme. ▪ The latter will include programme monitoring at the ward/village level (which will be integrated with their fieldwork for statutory case management and will occupy at least 3 of 4 weeks in any given month) and witnessing the transfer of funds from Township GAD Officer to ward/village administrators once every two months (which will require being in the township centre when ward/village administrators come to collect funds in the last week of every second month). ▪ In the initial stages of MCCT roll-out, however, case managers will also play a critical role in the training of village/ward administrators and entering information on the first set of programme beneficiaries into the programme management information system. ▪ CMs will also be responsible for coordinating with State level GAD and DoPH for ST and SBCC messaging components to ensure CT and SBCC are taken place at the same time.
Ward/Village	*Ward/Village Social Protection Committees (W/VSPCs):*	▪ The community will be consulted in the formation of this committee. It will have 10 members, 2 of whom will be pre-decided (the ward/village administrator and the auxiliary midwife) and the rest of whom will be elected by the community in a fair and open process during the Community Sensitization. ▪ Collective roles of all W/VSPC members – Distribute beneficiary cards to approved beneficiaries – Facilitate acquisition of ANC cards and NRCs – Inform beneficiaries about the payment date and time – Inform beneficiaries about the date and time for the awareness sessions – Serve as ambassadors for the MCCT Programme in their ward/village ▪ Some members will be responsible for witnessing the payments to beneficiaries and/or registering complaints from beneficiaries. They will serve as ambassadors of the MCCT programme in their ward/village.
	Midwives/Auxiliary Midwives:	▪ These midwives/auxiliary midwives maintain records of pregnancies in their ward/village and facilitate access of pregnant/lactating women to MNCH services.

Level	Actor	Role/Responsibility
		▪ They will be responsible for verification of beneficiary registration against ANC registrations and for witnessing beneficiary payments. ▪ In addition to their support for the CT component of the programme, MW/AMW will play a key role in SBCC messaging for example: they will also organize Mother Support Groups and deliver the monthly awareness-raising sessions on nutrition, health and hygiene for programme beneficiaries.
	Ward/village administrators:	▪ They will be the first point of contact for programme beneficiaries. ▪ They will be responsible for the initial registration of beneficiaries as well as for giving the cash to the beneficiaries every 2 months. ▪ They will go to the village tract (or township, in the case of ward and village tract administrators) to collect the bi-monthly funds for beneficiary payments. They will be supported by the Ward/Village Social Protection Committee to implement the programme at the village level.

Annex 4: Implementation process

The key elements of the MCCT Programme implementation in both the States are as follows:

Poster of MCCT programme in Chungcung village, Hakha township in Chin State. (Photograph taken during inception mission held in March 2019.)

Community sensitization and awareness raising: Before launching the MCCT programme in a ward/village, a community sensitization and awareness campaign is initiated by the implementing staff of DSW, DoPH and GAD. The objective of the sensitization and awareness session is to inform potential beneficiaries (pregnant women) and the general public about the programme features, its objectives, key principles (that the programme is universal and unconditional) and also about implementation mechanisms. Also, the critical nature of the first 1,000 days of life and the main needs of pregnant women and young children during this time are discussed. Moreover, during the community sensitization meetings, ward/village social protection committees are also formed at each ward/village to support the programme in Chin State. In Rakhine State, ward/village social protection committees are yet to be formed.

Registration: Following community sensitization meetings, beneficiaries are encouraged to register for the programme. For registration, the pregnant/lactating woman or her proxy visits the enrollment site (office of the Ward/Village administrator or any convenient place announced in advance) and the Ward/Village Administrator fills the beneficiary registration form in the presence of the beneficiary or her proxy and is witnessed by the identified community members. The Ward/Village Administrator continues to register pregnant women until the last day of every month and in the last week of the month, the registration records are further triangulated/validated by comparing the list with the midwife/auxiliary midwife's records. The registration forms are sent to the state DSW office for approval and beneficiary cards are issued to confirm registration.

Cash payments: Following the compilation of all registrations from the township, the State MCCT Coordinator for Chin and State DSW Director for Rakhine State issues a budget request which is sent to the Union DSW Implementation Team. Post approval, funds are transferred from the Union to the State level, from the State to the Township level and from the Township to the Ward/Village level. At the Ward/Village level, the Ward/Village Social Protection Committee and other existing community structures notifies the beneficiaries in advance of the date of payment. Payment to beneficiaries is done on a bi-monthly basis in Chin and on a quarterly basis in Rakhine. In Chin all pregnant and lactating women receive a cash transfer of MMK 30,000 while in Rakhine they are provided a transfer of MMK 45,000. The cash transfer amount is disbursed from the Ward/Village Administrator's office and is received by the beneficiary or her proxy in the presence of 2 designated witnesses (from among auxiliary midwife, teacher/headmaster and village elder). The details of each payment are recorded in the beneficiary card and the beneficiary payment form.

Child registration: Programme beneficiaries are required to register their newborn at the ward/village administrator's office within 45 days of the child's birth. When a programme beneficiary brings their newborn for registration, the Ward/Village administrator fills out the child registration form and marks this as done in the relevant field in the beneficiary card.

Health and nutrition SBCC awareness sessions: In Chin State, these sessions take place once every month (on a date and time decided by the Mid-wife and/or Auxiliary Mid-wife and communicated to the beneficiaries). Beneficiaries gather in the Ward/Village gather in a central and accessible space where sessions are conducted on a range of topics including health, water, sanitation and hygiene (WASH), dietary intake, breastfeeding and complementary feeding and are intended to enhance nutritional outcomes of both pregnant mothers and young children. These

monthly meetings are designed to be as interesting and interactive as possible- adapting to the needs and interests of the local women and building on their existing knowledge and practices in the areas of health, nutrition, and hygiene. In Rakhine State, Midwives/Auxiliary Midwives are expected to visit beneficiaries and provide health and nutrition SBCC awareness.

Grievance redress: This programme has a detailed complaint redressal system in place to cater a wide range of beneficiary grievances including delayed payment, missing payment, incorrect payment amount/partial payment, wrongful exit from the programme, exclusion from the beneficiaries' mother support group, misconduct by programme implementers (DSW case manager, ward/village administrator and/or midwife/auxiliary midwife), disagreement with proxy etc. At the Ward/Village level, beneficiaries can address their complaints via the Complaints Focal Person, the DSW hotline or by mail/post. Depending on its nature and severity, the complaint is addressed by DSW District Coordinator (*only in Chin*), State Complaint Management Committee (*only in Rakhine*), DSW Case Managers and the Ward/Village Social Protection Committee.

Programme monitoring: To ensure that the MCCT programme is being implemented as per the Programme Operations Manual, regular programme monitoring is conducted across the life-cycle of the programme. The DSW Case Managers play a key role in conducting spot checks and visiting a specified number of wards and villages in their charge every month to review records of payment and attendance to SBCC awareness sessions, to collect beneficiary complaints forms and to administer the Post-Distribution Monitoring. Data and insights from these programme monitoring visits are submitted to higher levels including the State MCCT Coordination Committee and the Union DSW Implementation Team.

Beneficiary exit: When the beneficiary becomes ineligible for the MCCT Programme, the Ward/Village administrator fills out the beneficiary exit form, which is then passed on from the Ward/Village to Township to District Level. At the District level, decisions are taken regarding whether the reasons given for the beneficiary exit are valid or not. Details of beneficiary exit are recorded in the Beneficiary Exit Excel file, and submitted to the State MCCT Coordinator in Chin and State DSW Director in Rakhine so that beneficiary lists for each township can be revised.

The implementation process for MCCT is given in Figure 2 below with a detailed table providing the steps, purpose, responsibilities, documents, location and collaboration possibilities given in Table 2 ahead.

Figure 2. Implementation process of MCCT programme

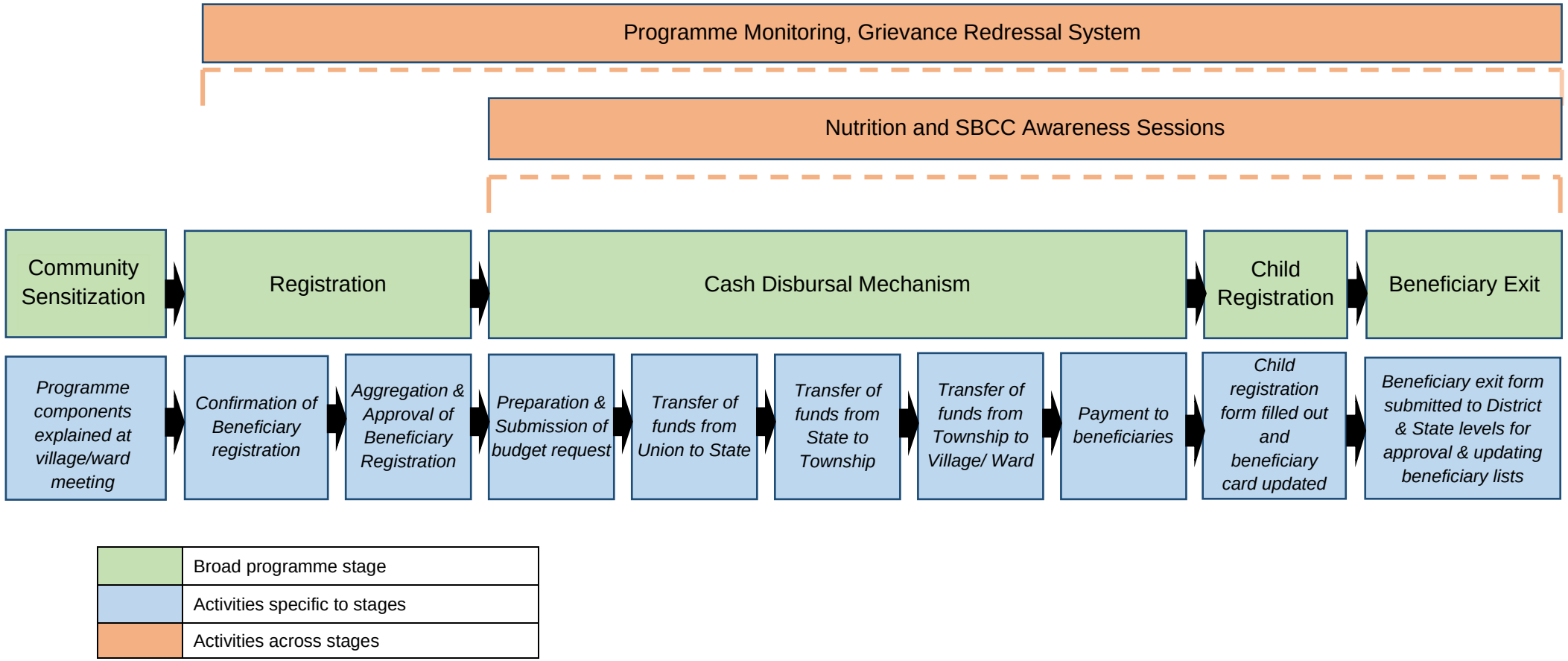


Table 2. Steps, purpose, responsibilities, documents, location and collaboration possibilities

Step	Purpose	Responsibility	Documents	Location	Collaboration
Registration	To register pregnant women as potential beneficiaries for the MCCT programme	*Ward/Village Administrator; Auxiliary Midwife; Village Tract Administrator*	1. *Beneficiary Registration Form Book* 2. *Training Module on Beneficiary Registration*	*Office of the Ward/Village Administrator*	*Community Health Worker; Midwife or Auxiliary Midwife; 10 Household Head or 100 Household Head*
Aggregation and Approval of Beneficiary Registration	*To ensure that registration information is complete and unique*	*DSW District Programme Coordinator; DSW State Programme Coordinator*	1. *Programme Operations Manual* 2. *Completed beneficiary registration forms from wards/villages* 3. *Excel Template for New Beneficiary Registration*	*DSW Offices District & State Levels*	*DSW Case managers (FOR FIRST MONTH OF REGISTRATIONS ONLY)*
Confirmation of Beneficiary Registration	*To inform beneficiaries of their successful enrolment on the programme*	*DSW Case Manager; Township GAD Officer; Ward/Village/Village Tract Administrators*	1. *Programme Operations Manual* 2. *Beneficiary Card* 3. *Beneficiary Card Issue Form (for Township)* 4. *Beneficiary Card Issue Form (for Ward/Village)*	Ward/Village/Village Tract Administrators' Office; Beneficiary households	*Members of the Village Social Protection Committee*
Preparation and Submission of Budget Request	*To request allocation and release of bi-monthly cash transfers for registered programme beneficiaries*	*DSW State Programme Coordinator*	1. *Programme Operations Manual* 2. *State Programme Beneficiary Registration List (Excel file)* 3. *Budget Request Form*	*State DSW Office*	*State DSW Officers*
Transfer of Funds from Union to State	*To ensure sufficient funds are available at the State level for timely payment of approved programme beneficiaries*	*DSW Union Programme Implementation Team*	1. *Programme Operations Manual* 2. *State Programme Beneficiary List* 3. *Budget Request Form* 4. *Bank Instruction Template*	*DSW Office in NPT*	*Myanmar Economic Bank*
Transfer of Funds from State to Township	*To ensure sufficient funds are available at the Township level for timely payment of approved programme beneficiaries*	*DSW State Programme Coordinator*	1. *Programme Operations Manual* 2. *Bank Instruction Template* 3. *Bank Transfer Record*	*State DSW Office*	*Myanmar Economic Bank; State GAD Office*
Transfer of Funds from Township to Village/Ward	*To ensure sufficient funds are available at the Village/Ward level for timely payment of approved programme beneficiaries*	*Ward Administrator, Village Tract Administrator, Township GAD Officer*	1. *Ward/Village Administrator's Manual* 2. *Bank Transfer Record* 3. *Approved beneficiary list* 4. *Cash Receipt Acknowledgement Form (For Ward/Village Administrator)* 5. *Cash Receipt Acknowledgement Form (For Village Tract Administrator)*	*Township GAD Office*	*DSW Case Manager*

Step	Purpose	Responsibility	Documents	Location	Collaboration
Payment of Beneficiaries	*To ensure timely and correct payment of approved programme beneficiaries*	*Ward/Village Administrator (Payer) Auxiliary Midwife, Teacher or Headmaster (Witnesses)*	*1. Ward/Village Administrator's Manual 2. Beneficiary Payment Form 3. Beneficiary Card 4. Fund Reconciliation Form*	*Ward/Village Administrator's Office*	*Other Members of the Ward/Village Social Protection Committee*
Nutrition and SBCC Awareness Sessions for Beneficiaries	*To ensure pregnant women and mothers have improved knowledge on nutrition, health and hygiene during the first 1000 days*	*Midwife or Auxiliary Midwife*	*1. Training Manual for Midwives/Auxiliary Midwives 2. Mother Support Group Attendance Sheet 3. IEC materials for pregnant/lactating women*	*A central and accessible space in the ward/village*	*Other members of the Village Social Protection Committee*
Child Registration	*To keep a record of children born to programme beneficiaries and thus complete a final verification of pregnancy*	*Ward/Village Administrator; DSW District Programme Coordinator; DSW State Programme Coordinator*	*1. Programme Operations Manual 2. Ward/Village Administrator's Manual 3. Child Registration Form 4. Child Registration Excel File or MIS Module*	*Ward/Village Administrator's Office; DSW Office at District and State levels*	*Auxiliary Midwife*
Programme Monitoring	*To ensure that the MCCT programme is being implemented as per the Programme Operations Manual*	*DSW Case Manager; DSW District Programme Coordinator; DSW State Programme Coordinator*	*1. Programme Operations Manual 2. Programme Monitoring Checklist 3. Post-Distribution Monitoring Form 4. Template for Monthly Programme Review Report 5. Template for Quarterly Programme Review Report 6. Template for Annual Programme Review Report*	*DSW Offices at Township, District & State Levels*	*--*
Beneficiary Exit Registration	*To ensure that beneficiaries who are no longer eligible for the MCCT programme are removed from the beneficiary/payment lists*	*Ward/Village Administrator; DSW Case Manager; DSW District Programme Coordinator; DSW State Programme Coordinator*	*1. Ward/Village Administrator's Manual 2. Programme Operations Manual 3. Beneficiary Exit Form 4. Beneficiary Exit Excel File (or MIS Module) 5. Updated Beneficiary list (Excel File)*	*Ward/Village Administrator's Office; DSW Office at District and State levels*	*--*
Change of Proxy by Beneficiary	*To register a change in proxy (for cash collection) upon the request of the beneficiary*	*Ward/Village Administrator; Township GAD Officer; DSW Case Manager; DSW District Programme Coordinator; DSW State Programme Coordinator*	*1. Ward/Village Administrator's Manual 2. Programme Operations Manual 3. Proxy Change Form 4. Proxy Change Excel File or MIS Module 5. Updated Beneficiary List (Excel or MIS)*	*Ward/Village Administrator's Office; DSW Office at District and State levels*	*Members of Ward/Village Social Protection Committee*

Step	Purpose	Responsibility	Documents	Location	Collaboration
Replacement of Beneficiary Card	*To replace a beneficiary card in case beneficiary card issued to beneficiary is damaged, lost or stolen*	*Ward/Village Administrator; Township GAD Officer; DSW Case Manager; DSW District Programme Coordinator; DSW State Programme Coordinator*	*1. Ward/Village Administrator's Manual* *2. Programme Operations Manual* *3. Relevant beneficiary registration and payment records* *4. Beneficiary Card Replacement Form* *5. Beneficiary Card Replacement Excel File or MIS Module* *6. Updated Beneficiary List (Excel or MIS)*	*Ward/Village Administrator's Office; DSW Office at District and State levels*	*Members of Ward/Village Social Protection Committee*
Change of Ward/Village Social Protection Committee Membership	*To replace a member of Ward/Village Social Protection Committee*	*Ward/Village Administrator; Township GAD Officer; DSW Case Manager; DSW District Programme Coordinator; DSW State Programme Coordinator*	*1. Ward/Village Administrator's Manual* *2. Programme Operations Manual* *3. Relevant beneficiary registration and payment records* *4. Beneficiary Card Replacement Form* *5. Beneficiary Card Replacement Excel File or MIS Module* *6. Updated Beneficiary List (Excel or MIS)*	*Ward/Village Administrator's Office; DSW Office at District and State levels*	*Members of Ward/Village Social Protection Committee*
Complaints Collection & Redress	*To ensure beneficiaries have an opportunity to register complaints and inform improvements in the implementation of the MCCT programme* [1]	*Ward/Village MCCT Complaints Focal Point; DSW Case Manager; District Coordinator; State Coordinator*	*7. Programme Operations Manual* *8. W/VSPC Manual* *9. Complaints Mechanism Poster* *10. Beneficiary Complaints Form* *11. Proxy Change Request Form* *12. Complaints Registration (Excel file or MIS Module)*	*Home of the Ward/Village Complaints Focal Person*	*Other W/VSPC Members; Township GAD Officer; State GAD Officer*

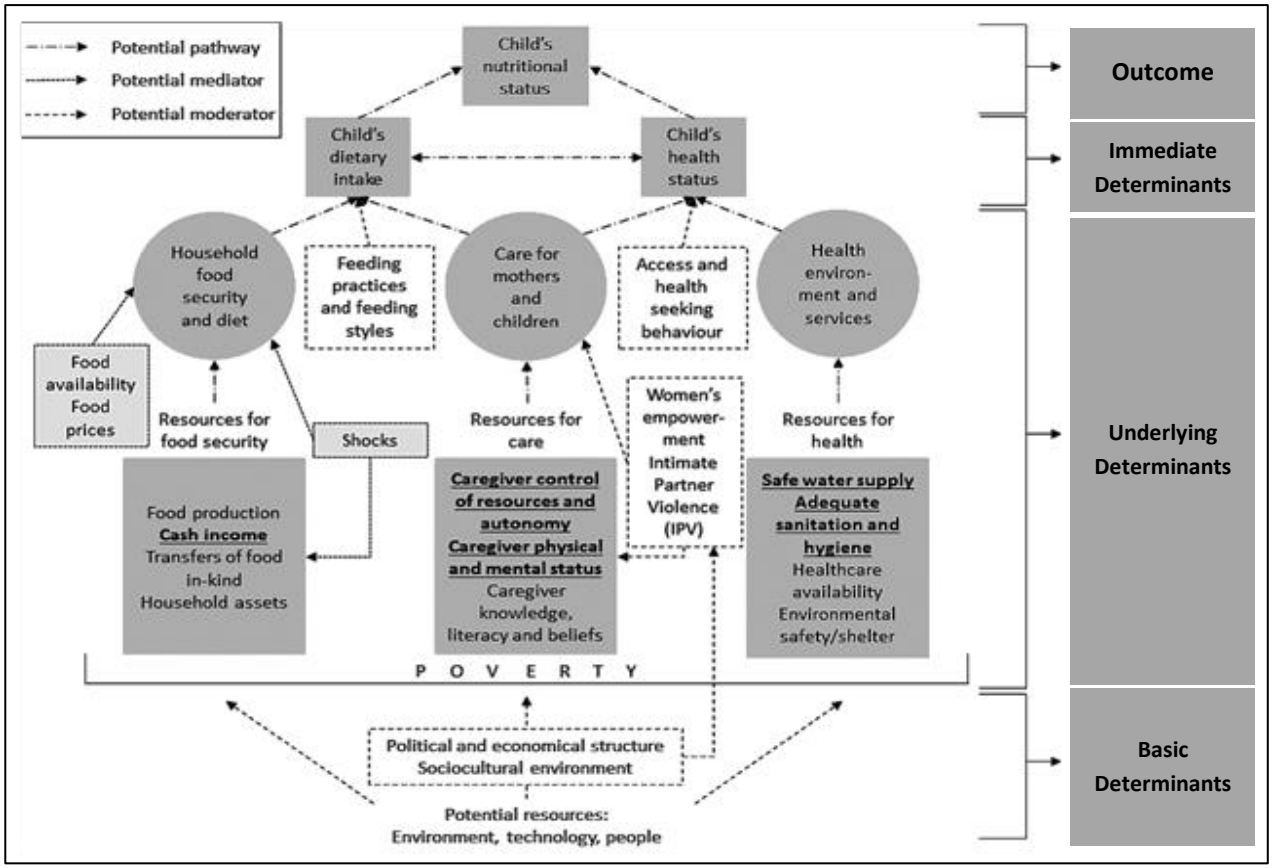
[1] Complaints mechanism will be reviewed and modified procedures as needed and to be more appropriate based on the implementation experiences.

Annex 5: Recommendations for reconstructing the Theory of Change

The conceptual framework for child nutrition (*see Figure 3)* identifies household food security, care, and a healthy environment as the underlying determinants that influence the immediate determinants of children's nutritional intake and health status.[2] The combination and interaction of these two immediate determinants define the child's nutritional status (outcome). Household food security in this model is defined by the availability of household resources to consume sufficient food for all members in the household, either by food production, cash income or food received as gifts.[3] Care in this context refers to caregiver's behaviours that affect all aspects of child development including psychosocial care, feeding practices, breastfeeding, food preparation, hygiene, health-seeking behaviour and healthcare. The care for children is determined by caregiver[4] control over resources and autonomy, mental and physical status (i.e. level of stress, maternal nutritional status), knowledge (including literacy and educational attainment), preferences and beliefs. The third underlying determinant is the health environment, which depends on the child's access to safe water and sanitation facilities, health care and shelter.[5]

The framework also considers several moderators and mediators of the relationship

Figure 3. Conceptual Framework of the determinants that affect child nutritional status



[2] de Groot, Richard, et al., 'Cash Transfers and Child Nutrition: What we know and what we need to know,' *Innocenti Working Paper* No.2015-07, UNICEF Office of Research, Florence, 2015.
[3] In a broader context, the UN framework of food security embodies four dimensions: (1) physical availability of food, (2) economic and physical access to food, (3) food utilization, and (4) stability of the other three dimensions over time (FAO, 2008).
[4] In line with Engle et al.'s (1997) terminology, the term 'caregiver' is used rather than 'mother'. In most instances, it will be the mother of the child who is the primary caregiver, but also fathers and other females in the households provide care.
[5] Smith, Lisa C., and Haddad, Lawrence James, 'The importance of women's status for child nutrition in developing countries,' International Food Policy Research Institute, 2002.

between cash transfers and child nutrition. For example, the child's dietary intake is mediated by the caregiver's feeding practices and feeding styles. The health status of a child is mediated by the health-seeking behaviour of the caregiver. Household food security is moderated by the availability and price level of food and by external shocks. Women's empowerment (as women's decision-making or women's control over resources) is influenced by the underlying societal values and in turn mediates the caregiver autonomy and control over resources and care for mothers and children. In this framework, there are three main pathways through which cash transfers, by making additional financial resources available in a household, may impact the underlying determinants of child nutrition: resources for 1) food security; 2) health; and 3) care.

The pathway between cash transfers and nutrition outcomes is extremely complex, and therefore, flexibility is key to developing a successful Theory of Change (ToC), within any given setting. In a country like Myanmar where every state has a unique context, developing a universally applicable ToC for cash and nutrition is particularly challenging and the MCCT program must develop a tailored ToC which carefully considers each of the potential pathways leading to the desired outcomes. The following framework may be kept in mind when reconstructing the ToC:

Table 3. Key considerations for theory of change[6]

Inputs	**Processes**	**Outputs** [*The specific actions to be taken in order to bring about the defined outcomes*]	**Outcomes** [*Changes that need to occur in the ecosystem to be able to bring about the intended impact*]	**Impact** [*What is the 'relevant change' that the programme will make?*]
Stimulating demand for nutrition through behavior change communication. (SBCC on nutrition at the individual and community level)	- Design innovative SBCC interventions to stimulate demand. - Strategic planning for efficient delivery of SBCC packages. - Capacity development of healthcare workers for delivering SBCC and nutrition specific services. - Supportive supervision mentoring and monitoring for health workers. - Community mobilization for effective reach and delivery of the strategy	1. Innovative outreach designed around - Interpersonal communication; - Group meetings; - Mass media campaigns; 2. Health workers trained on SBCC 3. SBCC sessions conducted in the communities with improved coverage (No one is left behind).	1. Improved awareness on what, how and when to eat for first 1000 days. 2. Improved awareness of linkages between nutrition and development outcomes among infants and children. 3. Improved awareness and access to nutrition supplements. 4. Reduction in proportion of stunting and wasting among children. 5. Reduction in post-partum depression 6. Positive changes in family dynamics witnessed in inclusive parenting (where more responsibility is shared by the parents and other family members and not the mother alone)	1. Reduction in maternal deaths. 2. Reduction in infant deaths. 3. Development of better human capital (physical and cognitive).

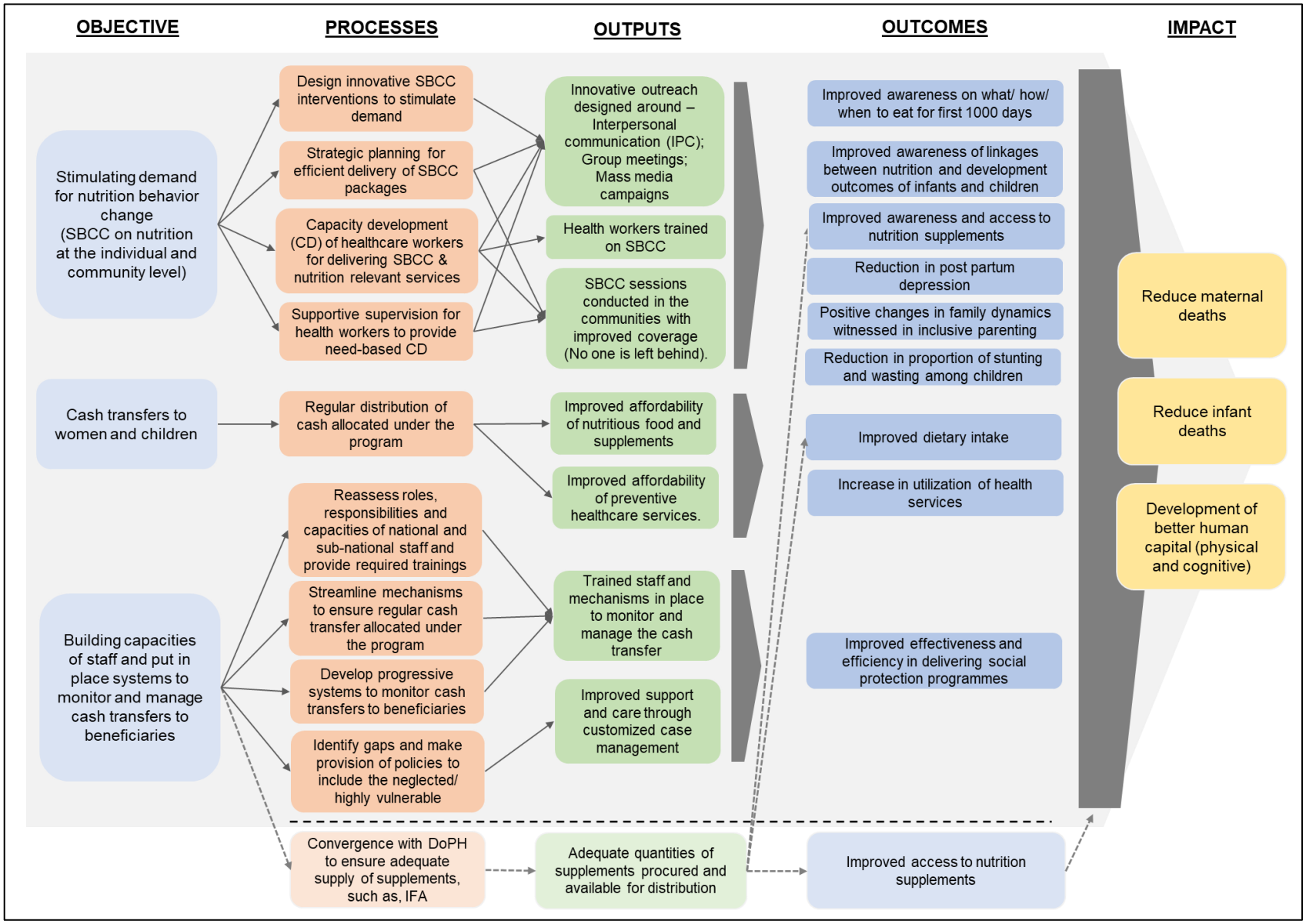
[6] The proposed framework is influenced by Bailey and Hedlund's approach developed in 2012 that was based on the UNICEF conceptual framework on the causes of malnutrition.

Inputs	**Processes**	**Outputs** [*The specific actions to be taken in order to bring about the defined outcomes*]	**Outcomes** [*Changes that need to occur in the ecosystem to be able to bring about the intended impact*]	**Impact** [*What is the 'relevant change' that the programme will make?*]
Cash transfers to women and children	- Regular distribution of cash allocated under the program	4. Improved affordability of nutritious food and supplements. 5. Improved affordability of preventive healthcare services.	7. Improved dietary intake 8. Increase in utilization of health services	
Build capacities of staff and put in place systems to monitor and manage cash transfers to beneficiaries	- Reassess roles, responsibilities and capacities of national and sub-national staff and provide required trainings - Streamline mechanisms to ensure regular cash transfer allocated under the program – accounted and computerized. - Develop progressive systems to monitor cash transfers to beneficiaries - Identify gaps and make provision of policies to include the neglected/ highly vulnerable (Like the inclusion of additional benefits to mothers who have twins in place of only taking pregnancy counts to measure benefits as done on date) - Convergence with DoPH to ensure adequate supply of supplements, such as, IFA	6. Trained staff and mechanisms in place to manage social protection programmes 7. Improved support and care through customized case management (including counseling services) to destitute women, single mothers, widows and those deserted by spouse and family or are at medico-legal risks due to social circumstance 8. Availability, affordability and access of nutrition and supplements at source for beneficiaries (especially in hard-to-reach and conflict areas)	9. Improved effectiveness and efficiency in delivering cash transfers	

Assumptions [*The factors that could undermine the theorized pathways of change*]:

- Improved awareness and knowledge on nutrition to positively impact healthier food intake patterns and practice of mothers, supportive family members and communities
- Caregivers utilize knowledge received through SBCC reflected on their spending patterns on nutrition consumption for mother and child
- Cash transfers to incentivize spent on essentials like nutritious food and accessing health services
- Cash transfers are regular and predictable
- Relevant ministries have sufficient financial and human resource capacity to deliver the program
- Ensuring that innovative SBCC delivered through appropriate medium reaches to the specific target group through strategic communication mapping
- Robust monitoring plan supports and complements implementation success to be in place
- A more robust and composite sustainable framework for public health care is in place

Figure 4. Suggested theory of change



To fully capture the complex nature of pathways between cash and nutrition outcomes, the ToC for MCCT also need to consider the social processes and factors involved (for example barriers and facilitators, or perceptions) following the flow of cash from distribution to use and considering the context in which the programme is implemented. In the given context, the following should be taken into consideration:

1. The impact for MCCT should be clearly defined using measurable indicators that align with program objectives. The positive change in these indicators can be thus, measured and attributed to MCCT.
2. A monitoring research and impact assessment plan needs to be integrated with the ToC to arrive at measurements of change that can be attributable to the MCCT program. Cash transfers is more likely to achieve impact when it is part of an integrated approach[7]. Therefore, for any program it is critical that the ToC is independently verified and monitored. In the given context, the revised ToC includes assumptions, some of which should ideally be substantiated with data from ground and the ToC needs to be contextualized within a monitoring and evaluation framework.
3. The supply of nutrition product choice and availability is an important component and ideally should be included as part of the MCCT ToC. The causal pathway can be expressed through dotted lines and inter-ministerial convergence will be required at both national and regional levels to improve nutritional outcomes.

[7] The impact of cash transfers on nutrition in emergency and transitional contexts. A review of evidence. Sarah Bailey and Kerren Hedlund, BMZ - Federal Ministry for Economic Cooperation and Development; January 2012.

Annex 6: Evaluation framework

Objective	Key evaluation aspects	Data Collection Methods	Analytical Methods to be applied
Assess appropriateness of programme *design and efficiency and effectiveness of implementation through review of theory of change, programmatic review of the cash transfer cycle and cost efficiency/value for money analysis*	▪ Appropriateness of programme design ▪ Complementarity with other cash transfer programmes ▪ Targeting and Coverage ▪ Alignment with NSPSP ▪ Adequacy of field processes including training ▪ Management of delivery processes ▪ Adequacy of Financial Management Systems and Monitoring systems ▪ Cost efficiency of the programme ▪ Method of disseminating lessons learnt ▪ Programme equity across different groups ▪ Equity based approach in programme design ▪ Does the programme exhibit value for money?	▪ Key Informant Interviews (Union and State level) ▪ Study of documentation ▪ Secondary data (DHS, World Bank Country Data, Myanmar Global Nutrition Report) ▪ Semi-structured interviews (Township and Village level) ▪ Existing data – PDM, Baseline ▪ Stakeholder Workshop	▪ Qualitative analysis - Content analysis ▪ Qualitative analysis - Comparative analysis ▪ Quantitative secondary data review and analysis using appropriate analytical tools such as Excel ▪ Quantitative analysis - Descriptive statistics ▪ Review of theory of change ▪ Cost efficiency analysis
Understand the use of the cash transfer money by beneficiaries, their satisfaction achievement of objectives and the use and effectiveness of MSG and SBCC sessions *through Knowledge, Attitudes and Practices assessment*	▪ Adequacy of the transfer ▪ Cash rather than in-kind transfers ▪ Usage of cash, decision making on use of cash ▪ Unintended results ▪ Effectiveness of complaints mechanism ▪ Effectiveness of SBCC sessions and related nutrition messaging ▪ Effectiveness of information dissemination ▪ Satisfaction with the overall programme ▪ Sustenance of lessons after exiting from the programme ▪ Negative effects on any groups	▪ Beneficiary Survey ▪ Focus Group Discussion ▪ Case Studies	▪ Quantitative data review and analysis using appropriate analytical tools, such as SPSS, Excel ▪ Quantitative data review - Descriptive Statistics ▪ Quantitative data review - Inferential Statistics ▪ Qualitative analysis - Content analysis
Assess the institutional capacity at union and state and township level *through capacity review*	▪ Key institutional barriers and enabling factors? ▪ Overcoming capacity gaps and bottlenecks in the short-term ▪ Strengthening programme delivery given current capacity.to ensure planned expansion and sustainability	▪ Key Informant Interviews (Union and State level) ▪ Study of documentation	▪ Qualitative analysis - Content analysis ▪ Qualitative analysis - Comparative analysis
Assess the effectiveness of the support provided by development partners *through assessment of the enabling environment*	▪ Effectiveness of support of DPs ▪ Development partners support to ensure sustainability	▪ Key Informant Interviews (Union and State level) ▪ Existing data - Programme budgets, results framework, reviews ▪ Study of documentation	▪ Qualitative analysis Content analysis ▪ Quantitative analysis - Descriptive statistics (of budgets, other programme reviews etc.)

Annex 7: Evaluation matrix with specific evaluation questions, indicators and sources

Sl.	Criteria	Questions	Sub-questions	Expected sources
1.	**Relevance**	To what extent was the Cash Transfer Programme inclusive and how adequate were the cash transfer amounts?	▪ Is the Programme design and logic (incl. the theory of change) relevant and appropriate to the situation of women and children in Chin and Rakhine States? ▪ Is the Programme targeting the right group of stakeholders to achieve the Programme's objectives (incl. the most vulnerable ones)? ▪ To what extent is the size and regularity of the cash transfer adequate to the needs of women and children? Have the different needs of pregnant women, mothers and their children been met within the objectives of the Programme? ▪ How well is this Programme complementing other Government and development partners' interventions in Chin and Rakhine States to address the needs of women and their children? **Additional Questions:** ▪ Was the choice to use cash rather than in-kind assistance justified in terms of needs (among different social/gender groups), availability of markets and beneficiary & government preferences? ▪ Was the usage of the cash by beneficiaries in line with the programme objectives?	▪ MCCT documents (all official policies and implementation manual and directives) ▪ Baseline, monitoring/Post-distribution monitoring and end line data/reports from relevant documents from MSWRR/DSW ▪ Needs assessments and or Situational Analyses on the nutritional status of pregnant women and mothers in Chin and Rakhine States. ▪ KIIs with Representatives from UNICEF Myanmar ▪ KIIs with development partners ▪ KII with Policy makers and Officials from Key Government Ministries and Departments such as the Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement (MSWRR) and the Department of Public Health (DoPH) of the Ministry of Health and Sports etc. ▪ Survey and FGD with Beneficiaries – pregnant women and mothers with children under the age of 2
			▪ Are the activities and strategies of the MCCT consistent with its overall objectives and the attainment of the intended impacts and effects?	▪ Desk review of MCCT implementation manual/guidelines ▪ Qualitative data from KIIs and FGDs
			▪ Has the MCCT been designed and implemented taking into consideration the National Social Protection Strategic Plan (NSPSP) and other relevant strategies?	▪ DSW MCCT implementation policies guidelines

Sl.	Criteria	Questions	Sub-questions	Expected sources
2.	**Effectiveness**	To what extent were the objectives of the Cash Transfer programme achieved/likely to be achieved and how effective were the major functions (such as targeting, payments etc.)	▪ Is the programme targeting the right group of stakeholders to achieve the programme objectives (incl. the most vulnerable ones)? ▪ To what extent has the selection of eligible pregnant women, mothers and their children under two years complemented the coverage of other social programmes to reach to the worst-off and most vulnerable women? Are there any gaps in relation to coverage of the MCCT Programme (incl. any systematic inclusion and exclusion errors) or any hindering factors for women to enroll the Programme? ▪ To what extent and how has the cash transfer been used for better consumption of the mother (considering food quality, quantity and diversity)? How has the cash transfer supported mothers and new-born children nutrition and healthcare? Are there any unintended results? ▪ How adequate have the field operational processes been, including training, state and ward and village level community sensitization, beneficiary outreach, enrolment, payments, and the complaints and feedback mechanism? ▪ How effective have the Programme delivery mechanisms been (community sensitization, registration, cash delivery, nutrition awareness, grievance redress and beneficiary exits), with recommendations for any necessary amendments? ▪ How effective have the awareness raising SBCC sessions been delivered by the local auxiliary midwife to mother support groups from both the implementers and women's perspective? ▪ How effective is the support (technical and financial) provided by development partners in the design, implementation and monitoring of the MCCT Programme? **Additional Questions:** ▪ How effective was the process of information dissemination in terms of awareness regarding the programme? ▪ Are there any grievance redressal mechanisms available and if so, are they effective?	▪ Secondary Data and Literature Review ▪ KIIs with Representatives from UNICEF Myanmar ▪ KIIs and FGDs with local implementers on the field including staff at township & village level ▪ Survey and FGD with Beneficiaries – pregnant women and children under the age of 2

Sl.	Criteria	Questions	Sub-questions	Expected sources
			▪ To what extent have the expected outcomes of MCCT been achieved or are likely to be achieved?	▪ Baseline data and needs assessments from all the townships that are part of MCCT programme ▪ Workshop materials, presentation materials Chronology of national DSW policies, practices and systems
			▪ What have been the major factors influencing the achievement or non-achievement of MCCT Programme (incl. enabling factors, barriers and bottlenecks)?	▪ FGDs and KIIs with all relevant stakeholders ▪ Situational mapping of MCCT communities
			▪ Are results achieved similar in all 26 townships? Which townships perform better/worse and for what reason?	▪ Quantitative enrolment and improvement data on MCCT programme: ▪ From Jun 2017-2019 (in Chin State) ▪ And from Jan 2018 to 2019 (in Rakhine State) ▪ FGDs and KIIs with all relevant stakeholders
			▪ How satisfied have the pregnant women and mothers been of MCCT services? ▪ Is this different among the 26 townships beneficiaries of the MCCT?	▪ FGDs and KIIs with all relevant beneficiaries
3.	**Efficiency**	Did the program achieve intended outcomes, on the lowest possible cost and to what extent can it be compared to the costs of alternative ways of producing the same or similar benefits?	▪ How well has the delivery process been managed, considering the time and resources at each stage of implementation and coordination among DSW at the union, state, district, township and village levels, in partnership with GAD and DoPH? ▪ How well has the financial management system been established, including reporting reconciliation? ▪ How well are the monitoring and other reporting mechanisms functioning (incl. the process of data entry and data management - MIS)? ▪ How cost-efficient is the MCCT Programme implementation compared to other modalities and mechanisms? What potential is there for efficiency savings at all stages?	▪ Document Review ▪ Secondary Data Analysis ▪ KII with Representatives from UNICEF Myanmar ▪ KII with Government Ministries and Departments such as the Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement (MSWRR) and the Department of Public Health (DoPH) of the Ministry of Health and Sports etc.

Sl.	Criteria	Questions	Sub-questions	Expected sources
			Additional Questions: ▪ How timely was the programme in relation to needs of different social groups, and comparatively with other cash transfer programmes? How could timeliness have been improved? ▪ How efficient was access to the programme in terms of potential private / opportunity costs from the beneficiary perspective, and considering different social groups? ▪ Is there an efficient mechanism for dissemination of lessons-learnt and best practices? ▪ Is the programme congruent to other social protection programmes related to nutrition of pregnant women and children under the age of 2? ▪ How does this programme compare in terms of cost to similar programmes being run in the region?	▪ KII with Representatives from Multilateral and bilateral donor and cooperation agencies ▪ Budgets from government and all partners, implementing partners, including that support any MCCT specific activities ▪ Breakdown of Development Partner's financial and technical support to each DSW counterpart ▪ MCCT budgets, implementation plans and any relevant documents from DSW
			▪ In what ways, and to what extent, do the costs incurred to implement MCCT justify the results achieved on improve dietary intake improve dietary diversity improve feeding of their young children and access to healthcare essential during and after pregnancy?	▪ Budgets from relevant govt. agencies, development partners supporting MCCT programme ▪ Quantitative enrolment and improvement data on MCCT activities from 2015/6-2019
			▪ Does (will) the MCCT implementation reach its target? Within the timeframe set in the plan?	▪ Quantitative enrolment and improvement data of MCCT beneficiaries from Jun 2017-2019 (in Chin State) and from Jan 2018 to 2019 (in Rakhine State)
4.	**Sustainability**	To what extent, is the program feasible for scale-up and has the program generated enough political will to facilitate scale-up?	▪ What aspects can be further strengthened to inform future replication of the MCCT programme at the national level given the current capacities at the national and sub-national levels? ▪ To what extent can the major capacity gaps and bottlenecks at national and sub-national levels be overcome during the life-cycle of this project? ▪ To what extent are the benefits of the programme likely to continue should development partners funding and support be ceased? How dev. partners can support future replication of the programme to ensure its long-term sustainability?	▪ Secondary Data Review ▪ KII with Representatives from UNICEF Myanmar ▪ KII with Policy makers and Officials from Government Ministries and Departments

Sl.	Criteria	Questions	Sub-questions	Expected sources
			▪ What are the lessons that can be learned to inform future sustainability and replication of the MCCT Programme? ▪ Additional Question: ▪ Is the programme sustainable without creating any external funded institutions? ▪ What are some best practices, which were witnesses in this programme that are replicable at the national level? ▪ Which implementation area - community sensitization, registration, cash delivery, nutrition awareness, grievance redress and beneficiary exits is currently sustainable with the given resources?	
5.	**Cross-Cutting considerations:** Gender, equity, human rights	To what extent has the program contributed to equity, gender equality and the enhancement of human rights?	**Additional Questions:** ▪ Was the programme design and delivery equitable to different social groups and gender? ▪ Did the programme achieve the same level of success in different places and with different social groups? ▪ How has people's resilience and been strengthened through this programme? ▪ Were there any negative effects felt by any social groups?	▪ KIIs with officials at Township and Village level ▪ Surveys and FGDs with beneficiary households
			▪ To what extent are age disaggregated data collected and monitored?	▪ FGDs and KIIs of beneficiary's operational actors involved in MCCT.
			▪ In what ways and to what extent has the MCCT integrated an equity-based approach into the design and implementation of its services?	▪ Government policies and guidelines ▪ All age disaggregated quantitative data ▪ Mother Support Group interviews pregnant women and mothers from Chin and Rakhine States (rights-holders)
			▪ Does the MCCT actively contribute to women's roles in decision-making and improved social status especially the most vulnerable?	▪ MCCT interviews from community members

Annex 8: Stakeholder analysis

Stakeholder[8]	Roles/responsibilities in the programme	Assessment of potential impact of programme on stakeholder and stakeholder on programme	Potential strategies for obtaining support or reducing obstacles
Rights Holders			
Pregnant Women and Mothers of children born on/after eligibility cut-off date of the programme	The primary actors who benefit directly from cash transfer funds.	Recommendations and opinions made upon the programme will lead to an improvement in the quality and frequency of the services they receive.	In order collect data on pregnant women, authorization must be sought from relevant authorities through proper channels. Informed consent of pregnant women and mothers must be granted. Scheduling must not conflict with work schedules of beneficiary women.
Children under the age of 2 as per eligibility of the programme	The primary actors who will benefit from cash transfer funds.	Recommendations and opinions made upon the programme by their mothers will lead to an improvement in the quality and frequency of the services they receive.	Scheduling must not conflict with work schedules of mothers.
Primary duty bearers: National Level			
Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Resettlement (MSWRR)	Function as the overall implementation agency, provide national level leadership and management, strengthening structures within sub-national administration, provide capacity building support, undertake monitoring & evaluation.	Inputs from DSW will provide insights on the design and implementation mechanism of the programme. Evaluation findings and recommendations will inform policy decisions and mechanisms for design/implementation changes and future expansion of the MCCT Programme. Cost effectiveness will be assessed and lessons learnt and good practices will be provided.	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
Department of Public Health (DoPH), Ministry of Health and Sports (MoHS)	Function as implementing partners of the MCCT programme in Chin and Rakhine States. Also responsible for ensuring proper implementation of health services and support in delivery of community-based health and nutrition sessions.	Opinion and recommendations will affect future implementation strategies/approaches for cash transfer deliveries, inform scale-up of the programme.	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
General Administrative Department, Ministry of Home Affairs (MoHA)			

[8] Based on the Rakhine and Chin State MCCT Operation Manuals.

Stakeholder[8]	Roles/responsibilities in the programme	Assessment of potential impact of programme on stakeholder and stakeholder on programme	Potential strategies for obtaining support or reducing obstacles
Primary duty bearers: State Level			
MCCT Programme Coordinator *(only in Chin State)*	Responsible for approving beneficiary registrations and submitting budgets for beneficiary payments. Plays a key role in financial management and reporting, complaint resolution and promoting SBCC messaging.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
State Director DSW	Responsible for approving beneficiary registrations and submitting budgets for beneficiary payments. Plays a key role in financial management and reporting, complaint resolution and promoting SBCC messaging.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
State Complaint Management Committee *(only in Rakhine State)*	Review complaints and suggest redressal options	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
Primary duty bearers: Township Level			
DSW Case Manager	Responsible for supervision and programme monitoring at the ward/village level, witnessing fund transfers, training of village/ward level implementers, and complaint resolution. Conduct statutory case management responsibilities.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
Township GAD Officer	Responsible for key components of the beneficiary registration, cash disbursement and payment reconciliation processes.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Scheduling must not conflict with work schedules.
Primary duty bearers: Ward/Village/IDP Camp Level			
Ward/Village Social Protection Committee	Administrative unit responsible for communication and sensitization regarding the registration process and payment dates. Also plays an important role in witnessing payments and ensuring complaint resolution.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Reassure them that the evaluation will only help in improving programme quality and progress towards achieving outcomes. Scheduling must not conflict with work schedules.

Stakeholder[8]	Roles/responsibilities in the programme	Assessment of potential impact of programme on stakeholder and stakeholder on programme	Potential strategies for obtaining support or reducing obstacles
Ward/Village Level Administrator	Responsible for raising awareness about the programme, enrolling beneficiaries, disbursing cash, supporting community based health and nutrition sessions.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Reassure them that the evaluation will only help in improving programme quality and progress towards achieving outcomes. Scheduling must not conflict with work schedules.
Mid-wife/Auxiliary mid-wife	Responsible for maintaining records of pregnancies in the community, triangulating records with Ward/Village Administrators to aid beneficiary registration and witnessing payments. Play a key role in conducting awareness raising sessions on health and nutrition, and in promoting SBCC messaging.	Insights and opinions will affect future implementation strategies	Schedule prior appointment with key stakeholders. Reassure them that the evaluation will only help in improving programme quality and progress towards achieving outcomes. Scheduling must not conflict with work schedules.
Donors/Development Partners			
UNICEF Myanmar	UNICEF Myanmar is the lead technical partner of MSWRR/DSW in the MCCT Programme and the Co-chair of the Social Protection sub- sector coordination.	UNICEF is assisting DSW in the formative evaluation including management, reporting and dissemination.	Evaluation activities must be conducted according to UNEG standards respect the concepts of equity and human rights. Evaluators should use findings and data collected by UNICEF during previous monitoring and evaluation.
LIFT/UNOPS	Financing partner for the MCCT Programme in Chin State.	Formative findings from the evaluation may impact the willingness or mechanisms used to support MCCT programmes.	Relevant representatives from Development Partners could be interviewed to triangulate the data. Publications from donor should be referred to during desk review.
World Bank	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.	Formative findings from the evaluation may impact the willingness or mechanisms used to support MCCT programmes.	Relevant representatives from Development Partners could be interviewed to triangulate the data. Publications from donor should be referred to during desk review.
World Food Programme (WFP)	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.	Formative findings from the evaluation may impact the willingness or mechanisms used to support MCCT programmes.	Relevant representatives from Development Partners could be interviewed to triangulate the data. Publications from donor should be referred to during desk review.
Save the Children (SC)	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.	Formative findings from the evaluation may impact the willingness or mechanisms used to support MCCT programmes.	Relevant representatives from Development Partners could be interviewed to triangulate the data. Publications from donor should be referred to during desk review.
International Rescue Committee (IRC)	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.	Formative findings from the evaluation may impact the willingness or mechanisms used to support MCCT programmes.	Relevant representatives from Development Partners could be interviewed to triangulate the data. Publications from donor should be referred to during desk review.

Stakeholder[8]	Roles/responsibilities in the programme	Assessment of potential impact of programme on stakeholder and stakeholder on programme	Potential strategies for obtaining support or reducing obstacles
Secondary duty bearers			
UNICEF EAPRO	One of seven regional offices that support the work of the United Nations Children's Fund.	UNICEF EAPRO will be responsible for quality assurance of deliverables in the formative evaluation, thus ensuring the overall quality of the evaluation.	Evaluation activities must be conducted according to UNEG standards respect the concepts of equity and human rights.
UNICEF Headquarters	Provides overall leadership and guidance to the all UNICEF offices and projects-responsible for ensuring that evaluations are conducted as per the highest ethical standards.	UNICEF Headquarters will ensure that the evaluation is conducted according to the UNEG Norms and Standards for Evaluation, and other ethical standards.	Evaluation activities must be conducted according to UNEG standards respect the concepts of equity and human rights. .
Other stakeholders			
Husbands/ Heads of Household/ Household members/Community members	Secondary Actors involved in determining usage of cash transfer money and key influencers in the household on other areas including SBCC	Recommendations and opinions made upon the programme will lead to an improvement in the quality and frequency of services to household members.	Scheduling must not conflict with work schedules.

Annex 9: Key stakeholder list and data collection methods

Level	Objectives of Data Collection	Respondents	Data Collection Tool	Number of Interviews	Broad Category of Questions
Union	▪ Analyzing the extent to which the programme has been appropriately designed and effectively implemented. ▪ Understanding parameters to determine cost-effectiveness of the programme. ▪ Assessing the Institutional Capacity at the Union Level. ▪ Identifying key gaps in relation to the program life-cycle. ▪ Assessing the Strengths and Weaknesses of the programme. ▪ Assessing if the present gaps can be mitigated during the life cycle of the programme. ▪ Analyzing sustainability of programme if external support is withdrawn. ▪ Identifying the learnings for programmes scale-up. ▪ Providing comparison with similar cash transfer programmes.	Director, Deputy Director, Assistant Director, Finance and Admin Staff Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Resettlement (MSWRR)	KII	20	▪ National Policy on Social Protection, Health & Nutrition Targets, Cash Transfers ▪ Roles and Responsibilities ▪ Design of the Programme ▪ Budget Plan ▪ Implementation Mechanisms incl. payments, communication ▪ Tracking, Monitoring and Evaluation Mechanisms ▪ Institutional Capacity Development & Trainings
		Department of Public Health (DoPH), Ministry of Health and Sports (MoHS)	KII		▪ National Policy on Social Protection, Health & Nutrition Targets, Cash Transfers ▪ Efficacy of using Cash Transfer ▪ Design of the Programme ▪ Community Education Sessions ▪ Community Nutrition Programmes ▪ Targeting, Enrolment, Grievance Redressal for the Programme
		General Administrative Department (GAD), Ministry of Home Affairs (MoHA)	KII		
		UNICEF Myanmar	KII		▪ Targets on health and nutrition as a result of the MCCT programme ▪ Efficacy of using Cash Transfer ▪ Design of the Programme ▪ Programme Funding ▪ Provision of TA and Support ▪ Capacity Development, Implementation & Monitoring Mechanism of the programme. ▪ Budget and programme costs.
		World Bank	KII		
		Save the Children	KII		
		International Rescue Committee	KII		
		World Food Programme	KII		
		LIFT	KII		▪ Design, Implementation & Monitoring Mechanism of the programme in Chin. ▪ Budget and programme costs.

Level	Objectives of Data Collection	Respondents	Data Collection Tool	Number of Interviews	Broad Category of Questions
State	▪ Reviewing the programme cycle and assessing if there are any weakness and challenges which need to be addressed. ▪ Analyzing the extent to which the programme has been effectively implemented at the State Level, with a particular focus on Data Management, Cash Distribution Mechanism, Monitoring, & Case Management. ▪ Reviewing the adequacy of trainings received by functionaries. ▪ Assessing the Institutional Capacity at the State Level. ▪ Analyzing the level of coordination between sectoral structures involved in Social Protection. ▪ Identifying key gaps in monitoring, institutional capacity ▪ Assessing the Strengths and Weaknesses of the programme in terms of Data collection and flow, coordination arrangements, transparency, grievance redressal. ▪ Assessing specific grievances faced by beneficiaries and the mechanism to resolve these. ▪ Assessing if the present gaps can be mitigated during the life cycle of the programme.	MCCT Programme Coordinator *(only in Chin State)*	KII	8	▪ Roles and Responsibilities ▪ Payment Process ▪ Institutional Capacity ▪ Grievance redressal ▪ Flow of funds ▪ Verification Mechanisms ▪ Programme Monitoring ▪ Data Generation
		Secretary, State MCCT Coordination Committee	KII		
		State Complaint Management Committee *(only in Rakhine State)*	KII		
		State Director DSW*)*	KII		

Level	Objectives of Data Collection	Respondents	Data Collection Tool	Number of Interviews	Broad Category of Questions
Township	▪ Analyzing the extent to which the programme has been effectively implemented at the Township level, with a particular focus on Data Management, Cash Distribution Mechanism, Monitoring, & Case Management. ▪ Assessing the Institutional Capacity at the Township Level. ▪ Reviewing the adequacy of trainings received by functionaries. ▪ Analyzing the level of coordination between sectoral structures involved in Social Protection. ▪ Identifying key gaps in monitoring, institutional capacity. ▪ Understanding key grievances raised by beneficiaries through the complaint redressal system. ▪ Assessing the Strengths and Weaknesses of the programme in terms of Data collection and flow, coordination arrangements, transparency, grievance redressal. ▪ Assessing specific grievances faced by beneficiaries and the mechanism to resolve these ▪ Assessing the effectiveness and uptake of BCC activities.	DSW Case Manager	Semi Structured Interview	10-12	▪ Roles and Responsibilities ▪ Case Management ▪ Community sensitization ▪ Registration Procedures ▪ Payment Process (to beneficiaries) ▪ Flow of funds ▪ Verification Mechanisms ▪ Grievance redressal ▪ Programme Monitoring ▪ Community based education sessions/ Mother Support Groups ▪ Institutional Capabilities/ Requirements
		Township GAD Officer	Semi Structured Interview	10-12	
Village/ Ward/ IDP Camp	▪ Analyzing the extent to which the programme has been effectively implemented in reaching out to target groups. ▪ Reviewing the adequacy of trainings received by functionaries.	Ward/Village Administrators	Semi Structured Interview	20-25	▪ Roles and Responsibilities ▪ Community sensitization and awareness raising ▪ Communication activities ▪ Identification and registration of Beneficiaries
		Witness and complaint focal person, Ward/Village Social Protection Committee	Semi Structured Interview		

Level	Objectives of Data Collection	Respondents	Data Collection Tool	Number of Interviews	Broad Category of Questions
	▪ Assessing the effectiveness and uptake of BCC activities. ▪ Understanding the usage of money being provided along with beneficiary satisfaction and adequacy of the transfer level. ▪ Understanding the grievances of beneficiaries in uptake of services. ▪ Understanding the extent to which the cash transfer has been successfully implemented in terms of targeting, enrolment, inclusion & exclusion errors etc. ▪ Assessing specific grievances faced by beneficiaries and the mechanism to resolve these	Village Tract Administrators	Semi Structured Interview		▪ Disbursement of funds to Beneficiaries ▪ Beneficiary satisfaction/ grievances ▪ Awareness sessions on health, hygiene and nutrition
		Mid-wife/Auxiliary Mid-wife	Semi Structured Interview	20-25	
		Community Members such as school teachers, community leaders, social workers, MMCWA members, household members etc.	FGD	10-12	▪ Socio Economic characteristics ▪ Registration and payment Mechanism including documents required, regularity and adequacy of cash transfer ▪ Understanding the usage of Cash by Households ▪ Overall view, opinion and need of the Cash Transfer Program ▪ View and Effectiveness of the Nutrition and Health Awareness Sessions/Mother Support Groups ▪ Knowledge, Attitudes and Practices (KAP) towards Immunization, Maternal nutrition, Child nutrition, Breastfeeding etc. ▪ Grievances and Redressal mechanisms ▪ Success stories
		Beneficiary Women (both pregnant and mothers)	Survey	836	
			Case Study	2	
			FGD	10-12	

Annex 10: List of documents reviewed

- Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement, Government of Myanmar (February 2017), Operations Manual Maternal and Child Cash Transfer (MCCT) Programme in Chin State
- Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement, Government of Myanmar (April 2018), Operations Manual Rakhine State Maternal and Child Cash Transfer (RSMCCT) Programme
- Social Protection Section, Department of Social Welfare, Government of Myanmar (October 2018), Chin State MCCT Programme- 2nd Post Distribution Monitoring Report
- (August 2018), MONITORING AND EVALUATION FRAMEWORK for Maternal and Child Cash Transfer (MCCT) Programme in Chin State: A Tool for Improved Programme Management and Evidence-Based Decision Making
- (August 2018), MONITORING AND EVALUATION FRAMEWORK for Maternal and Child Cash Transfer (MCCT) Programme in Rakhine State: A Tool for Improved Programme Management and Evidence-Based Decision Making
- Ministry of Social Welfare, Relief and Resettlement (MoSWRR), Government of Myanmar and Livelihoods and Food Security Trust Fund (LIFT) (February 2018), Nutrition and Maternal and Child Social Cash Transfer Programme in Chin State (MCCT)- Baseline Survey Report- 2017
- Short concept note on the MCCT in Rakhine State (002)_ab-nk-fl_GD (2)
- World Bank (August 2017) An Analysis of Poverty in Myanmar : Part one - Trends between 2004/05 and 2015 (Vol. 2)
- World Bank (August 2017) An Analysis of Poverty in Myanmar : Part one - Trends between 2004/05 and 2015: Executive Summary
- UNICEF (October 2011), Multiple Indicator Cluster Surveys (MICS) 2009-2010
- UNICEF: Chin State: A Snapshot of Child Well Being,
- UNICEF: Rakhine State: A Snapshot of Child Well Being
- Asian Development Bank (September 2018), Asian Development Outlook 2018 Update
- IMF (March 2018), Country Report No. 18/91
- Ministry of Health and Sports, Government of Myanmar and the DHS Program, USA (March 2017) Demographic and Health Survey 2015-2016
- Leveraging Essential Nutrition Actions to Reduce Malnutrition (LEARN)- a consortium of Save the Children, Action Against Hunger and Helen Keller International (March 2016), Under nutrition in Myanmar: Part 1: A Critical Review of Literature
- Ministry of Agriculture, Livestock and Irrigation, Government of Myanmar (June 2018), Food Security and Nutrition in Myanmar: Policy Landscape
- Food and Agriculture Organisation (July 2018), FAO Myanmar Newsletter Issue # 2, No. 6
- Government of Myanmar (December 2014), Myanmar National Social Protection Strategic Plan
- World Food Programme (April 2016), WFP Myanmar Nutrition
- Myanmar Living Conditions Survey 2017, Poverty Report (Report 03, June 2019)
- Humanitarian Situation Report, No. 1, UNICEF Myanmar, March 2018
- World Bank, 2014, 'International Development Association project appraisal document on a proposed credit in the amount of SDR 202.4 million (US$300 million equivalent) to the People's Republic of Bangladesh for an Income Support Program for the Poorest Project.'
- Molyneux, Maxine and Thomson, Marilyn, 'Cash transfers, gender equity and women's empowerment in Peru, Ecuador and Bolivia,' Gender & Development, vol. 19 no. 2, 2011.
- The Impact of Ghana's LEAP Programme, December 2014
- Improving targeting of a conditional cash transfer programme in Indonesia, J-PAL, 2016
- Making payments more efficient for the Philippines Cash Transfer Programme, World Bank, 2019

Annex 11: Data collection tools

Union Level

The broad discussion pointers are listed below for various key informants at the Union level. Once the Evaluation team gets insights from the field/ beneficiary surveys, it will be reproduced to ask the specific questions from respective respondents.

Criteria	Questions	Key Respondents
Programme Design	▪ What were the main factors considered while designing the MCCT programme? What were the main problems the MCCT programme is looking to address? What were key considerations on programme design aspects, beneficiary group, universal approach, size of transfer, administrative arrangements etc.? ▪ Is the theory of change or causal pathways developed during the design of the programme appropriate and adequate? How was the theory of change developed? ▪ What was the process to develop consensus for activities such as eligibility, registration and payment processes? How often were consultations, meetings, workshops etc. undertaken and who all participated? ▪ Which ministries and government departments were involved in the design of the MCCT programme? ▪ Was there any external technical assistance provided for the design & implementation of this programme? Did this result in capacity building within the existing institutional structures? What guidance/support is being provided to support the implementation of the MCCT? ▪ What were the policy, programmatic and implementation challenges faced during the design and implementation phase? ▪ What were the key learnings during the design of the MCCT programme in terms of institutional readiness, beneficiary needs, timelines of implementing such a programme etc.?	▪ Department of Social Welfare (DSW) ▪ Ministry of Health and Sports (MOHS) and ▪ General Administration Department. ▪ Department of Public Health (DOPH) ▪ LIFT ▪ UNICEF Myanmar ▪ DPs ▪ Save the Children ▪ IRC
Relevance	▪ Is the Programme design and logic (incl. the theory of change) relevant and appropriate to the situation of women and children in Chin and Rakhine States? ▪ Are the activities and strategies of the MCCT consistent with its overall objectives and the attainment of the intended impacts and effects? ▪ Is the Programme targeting the right group of beneficiaries to achieve the Programme's objectives? (Here we mean targeting first 1000 days of a child's life). ▪ How well is this Programme complementing other Government and development partners' interventions in Chin and Rakhine States to address the needs of women and their children? ▪ Please explain your views on the following design aspects with respect to programme relevance: – Starting programme in Chin and Rakhine State – Universal approach – Using cash transfers (not in kind & not using banking systems) – Amount of the cash transfer – Frequency of cash payment – GAD undertaking cash transfers – Using existing SBCC material developed by MoHS	▪ Ministry of Social Welfare Relief and Resettlement (MSWRR) ▪ Department of Social Welfare (DSW) ▪ Ministry of Health and Sports (MOHS) and ▪ General Administration Department. ▪ Department of Public Health (DOPH) ▪ LIFT

Criteria	Questions	Key Respondents
	Understanding the programme approach. ▪ What do you see as key features of MCCT? How is MCCT distinct from other intervention in Myanmar? ▪ How does DSW prioritize MCCT? What are the ways in which the programme is being converged to other programmes undertaken by DSW and MoHS? (such as immunization programme) ▪ What are the impact, outcome and output targets, which the Govt. is looking to achieve? ▪ Was any supply capacity assessment of the services conducted before deciding areas for the MCCT enrollment? Is the healthcare infrastructure in Chin and Rakhine adequate for program beneficiaries to access pre and post-natal care and for children's growth monitoring? Are health centers available in the vicinity of beneficiaries and are they adequately staffed? Are there any plans to improve the services keeping in view additional demand created by the MCCT programme? Is there a possibility of private providers being included in the setup?	▪ UNICEF Myanmar ▪ DPs ▪ Save the Children ▪ IRC
Effectiveness	▪ How effective was the process of information dissemination in terms of awareness regarding the programme? What were the various communication material developed for the programme as well as the awareness-raising sessions? ▪ What is the content of information packs distributed to households? Does it target only the beneficiary or the entire household? ▪ How does the programme calculate potential no. of beneficiaries per year? And what has been coverage looking the estimated no. of beneficiaries? ▪ To what extent has the selection of eligible pregnant women, mothers and their children under two years complemented the coverage of other social programmes to reach to the worst-off and most vulnerable women? Are there any gaps in relation to coverage of the MCCT Programme (incl. any systematic inclusion and exclusion errors) or any hindering factors for women to enrol the Programme? ▪ Were there any significant gaps in inclusion for particular social groups? ▪ How effective have the Programme registration and delivery mechanisms been, Are there any processes/steps discouraging beneficiaries to participate? What are main barriers potential beneficiary women not registered for the programme? What are the key issues and recommendations for any necessary amendments? ▪ How effective is the cash delivery? What according to you is the cash being used for? How can payment processes be improved? What is the process of tracking payments to ensure transparency? ▪ How effective are the SBCC sessions? Is attendance in these sessions high? If not, why? What are your recommendations to improve effectiveness of these sessions? Should other family members such as husbands and mother in laws also be encouraged to attend? ▪ Are there any grievance redressal mechanisms available and if so, are they effective? ▪ What are the various tracking, monitoring and evaluation activities undertaken by MCCT? Are there any gaps in programme monitoring? How can these be improved?	▪ Ministry of Social Welfare Relief and Resettlement (MSWRR) ▪ Department of Social Welfare (DSW) ▪ Ministry of Health and Sports (MOHS) and ▪ General Administration Department. ▪ Department of Public Health (DOPH) ▪ LIFT ▪ UNICEF Myanmar ▪ DPs ▪ Save the Children ▪ IRC

Criteria	Questions	Key Respondents
	▪ What is the process for beneficiary exit? How is it ensured that mothers do not receive payment if they are no longer eligible for the programme? ▪ To what extent have the expected outcomes of MCCT been achieved or are likely to be achieved? ▪ What have been the major factors influencing the achievement or non-achievement of MCCT Programme (incl. enabling factors, barriers and bottlenecks)? ▪ Do you have any specific recommendations for improvements which should be put in place by the government or implementers to ensure the beneficiaries get better services? ▪ How effective is the support (technical and financial) provided by development partners in the design, implementation and monitoring of the MCCT Programme?	
Efficiency	▪ Are implementation arrangements clearly spelled out, defining who is responsible for what? Are any trainings conducted to ensure that each functionary is aware of his/her job role? How often are these trainings conducted? ▪ How well has the delivery process been managed, considering the time and resources at each stage of implementation? Please explain your views on programme efficiency for each activity (community sensitization, registration, cash payment, SBCC sessions, grievance redress, monitoring and beneficiary exit)? ▪ How is coordination among DSW at the union, state, district, township and village levels, in partnership with GAD and DoPH? ▪ Does (will) the MCCT implementation reach its target? Within the timeframe set in the plan? ▪ How do the funds for the MCCT flow and are the requirements for preparing necessary budget clearly spelled out? This includes important timing of these processes, in line with the overall budget preparation. ▪ Is the decentralization of operations for the MCCT Programme something that the government is considering? How can more decentralization of activities take place? ▪ How efficient was access to the programme in terms of opportunity costs from the beneficiary perspective (have to leave work to go receive the cash and undertake SBCC sessions, travel costs etc.) ▪ Will more effort be put into syncing payments and monthly awareness sessions? Do the DSW, GAD and DoPH see merit in the same? ▪ How can the MCCT programme be converged with other programmes to increase efficiency? ▪ Was there any challenge in coordination between different agencies and implementation partners? ▪ Is there adequate capacity for implementation of the programme? What is DSW staff capacity/expertise to deliver on the MCCT? What are some specific capacity gaps? ▪ Do the implementers have adequate time to undertake the activities for the programme? Are any incentives given for additional job responsibilities? Please talk at each level and give specific examples.	▪ Ministry of Social Welfare Relief and Resettlement (MSWRR) ▪ Department of Social Welfare (DSW) ▪ Ministry of Health and Sports (MOHS) and ▪ General Administration Department. ▪ Department of Public Health (DOPH) ▪ LIFT ▪ UNICEF Myanmar ▪ DPs ▪ Save the Children ▪ IRC
Sustainability	▪ What aspects of the programme need to be strengthened as the MCCT Programme is expanding?	▪ Ministry of Social Welfare Relief

Criteria	Questions	Key Respondents
	▪ What are some key ways in which the programme has ensured sustainability – please explain in terms of institutional strengthening, human resource capacity and financial sustainability? What does the programme need to do in the future to improve sustainability in these aspects? ▪ What are the lessons that can be learned to inform future sustainability and replication of the MCCT Programme? ▪ What are some best practices, which were witnessed in this programme that are replicable at the national level? What are some key areas in which the programme will differ in different geographies? ▪ What capacity building and strengthening activities/efforts were undertaken to strengthen structures within sub-national administrations? ▪ Was any training provided at the Union level including to the individuals designing the programme and those providing training to the district. ▪ What training sessions were undertaken to strengthen Basic Health facilities Human Resource capabilities for all programme activities? (community sensitization, registration, cash payment, SBCC sessions, grievance redress, monitoring and beneficiary exit)? ▪ What is the level of technology and equipment across Myanmar, in terms of phone and internet connections, Smart-phone usage, internet & phone banking etc. ▪ What is support of The Livelihoods and Food Security Fund (LIFT) for the MCCT programme in Chin, in addition to the financial support for the first two years of programme implementation what are other areas of support/intervention? ▪ To what extent are the benefits of the Programme likely to continue should development partners funding and support be ceased? How can development partners support future expansion of the Programme to ensure its long-term sustainability?	and Resettlement (MSWRR) ▪ Department of Social Welfare (DSW) ▪ Ministry of Health and Sports (MOHS) and ▪ General Administration Department. ▪ Department of Public Health (DOPH) ▪ LIFT ▪ UNICEF Myanmar ▪ DPs ▪ Save the Children ▪ IRC ▪ Budget Department ▪ MOPF ▪ Ministry of Transport and
Equity and Gender	▪ How is equity and gender integrated into MCCT? What approaches is DSW deploying, or does it plan to deploy, to ensure that the project targets the most vulnerable women? ▪ How has people's economic and social resilience been strengthened through this programme? ▪ Were there any negative effects felt by any social groups? For example, if the cash transfer to women created issues or domestic violence against women in the household/community? ▪ To what extent are age disaggregated data collected and monitored? ▪ In what ways and to what extent has the MCCT integrated an equity-based approach into the design and implementation of its services? ▪ Does the MCCT actively contribute to the promotion of women's rights, especially the most vulnerable?	▪ Department of Social Welfare (DSW)

State Level

Draft KII for State DSW Director (both Rakhine and Chin)

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global who is conducting process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. A) What are the overall roles and responsibilities of State DSW Director in the programme? B) How much of your time is spent on working for the MCCT Programme? *(approximately)*	

2. A) What activities are undertaken as part of the Public Information Campaigns in Chin/Rakhine? B) What activities are undertaken **by you** as part of the Public Information Campaigns? C) What can be improved in the way Public Information Campaigns are conducted?	
3. A) Please explain the registration process of beneficiaries? and A) **For Rakhine:** What is the process of registering beneficiaries in IDP camps? B) Please explain how the registration data is captured and how it flows from one level to the other? C) What activities **do you undertake** in the registration of beneficiaries? D) Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion? What measures are being undertaken to include the excluded beneficiaries?	
4. A) Please walk us through the process of disbursement of funds. What are the measures in place to ensure no leakages? and A) **For Rakhine:** What is the process of disbursement of cash in IDP camps? B) Is the payment process detailed in the MCCT Operations Manual being followed? C) Does the present payment process result in timely payment to the MCCT beneficiaries? What needs to be done to improve the payment process? D) What is **your role** in the disbursement of funds to the beneficiaries? E) Other than cash payment, what are the modalities are possible?	

5. A) **<u>For Chin:</u>** Please walk us through the process of how SBCC sessions are conducted in Chin. <u>or</u> A) **<u>For Rakhine:</u>** Since when have SBCC sessions been conducted? What is the modality for these sessions? Are there any specific areas where these sessions are not taking place? What is the reason for the same? B) **<u>For both Chin and Rakhine:</u>** What is the process of monitoring these SBCC sessions?	
6. According to you are the programme activities – providing cash and nutrition awareness enough to change health and nutrition practices by pregnant women and mothers? How can the process be improved?	
7. A) What is the process of registering grievances? Who is the focal person for receiving complaints? B) What are the common grievances that are registered by the beneficiaries in this programme? What is being done to address them? Please share the data recorded on this to date. C) Can you please elaborate on **your role** in addressing beneficiary complaints?	
8. A) What trainings have been provided for the MCCT Programme? Have all the staff of the DSW, DOPH and GAD received training? B) What trainings **have you been provided** as a part of the cash transfer programme? If so when and by whom? C) Are you satisfied with the quality of training materials provided to staff? If not, why not?	

9. A) What mechanism are in place to ensure coordination between different Departments- DSW, GAD and DoPH? Please describe in detail. B) What can be done to improve the coordination between different Departments in the MCCT Programme?	
10. What feedback mechanisms are in place to incorporate suggestions by implementing agents and beneficiaries, and improve the process in real time?	
11. In your opinion what are some of the challenges/shortfalls faced by the MCCT Programme in your State?	
12. What are your recommendations to improve the programme implementation processes?	

Draft KII for State MCCT Coordination Committee Member

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I am here on behalf of IPE Global Limited. We are conducting a study about the Maternal and Child Cash Transfer Programme We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. How is the State MCCT Coordination Committee constituted? How are members elected or nominated?	
2. A) How often does the committee meet? B) What measures are in place to ensure coordination between the different Committee members?	

3. What are the overall roles and responsibilities of State MCCT Coordination Committee in the MCCT Programme? • Public Information Campaign • Registration of beneficiaries • Cash Disbursement • SBCC Sessions • Complaint Management • Programme Monitoring (including PDM)	
4. Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion?	
5. To what extent is the size and regularity of the cash transfer adequate to the needs of women and children?	
6. A) What are the common grievances that are registered by the beneficiaries in this programme? B) What is being done to address these grievances?	
7. A) What trainings have you been provided as a part of the cash transfer programme? B) Are you satisfied with the quality of training materials provided to staff? If not, why not?	

8. What were the recommendations made by the State MCCT Coordination Committee in its last review meeting? Were those recommendations acted upon?	
9. In your opinion what are some of the challenges/shortfalls faced by the MCCT Programme in your State? How can these be resolved?	
10. What are your recommendations to improve the programme?	

Draft KII for State MCCT Coordinator

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I am here on behalf of IPE Global Limited. We are conducting a study about the Maternal and Child Cash Transfer Programme We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. A) What are the overall roles and responsibilities of State DSW Director in the programme? B) What are the activities undertaken by you for: • Public Information Campaign • Registration of beneficiaries • Cash Disbursement • SBCC Sessions • Complaint Management • Beneficiary Exit • Programme Monitoring (including PDM)	

2. A) Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion? B) What measures are being undertaken to include the excluded beneficiaries?	
3. According to you are the programme activities – providing cash and nutrition awareness enough to change health and nutrition practices by pregnant women and mothers?	
4. Is the implementation of the MCCT Programme in your State as per the MCCT Operations Manual?	
5. A) Did you receive any training or orientation with regard to your role in the MCCT Programme? Are you satisfied with the quality of training materials provided to staff? If not, why not? B) What trainings have been provided to the Township Case Managers and Village/War Administrators for the MCCT Programme? Are you satisfied with the quality of training materials provided to staff? If not, why not?	
6. What are the common grievances that are registered by the beneficiaries in this programme? What is being done to address them?	
7. A) What mechanism are in place to ensure coordination between different Departments- DSW, GAD and DoPH? Please describe in detail. B) What can be done to improve the coordination between different Departments in the MCCT Programme?	

8. What feedback mechanisms are in place to incorporate suggestions by implementing agents and beneficiaries, and improve the process in real time?	
9. In your opinion what are some of the challenges/shortfalls faced by the MCCT Programme in your State?	
10. What are your recommendations to improve the programme?	

Draft KII for State Complaint Management Committee Member/Complaint Focal Person

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I am here on behalf of IPE Global Limited. We are conducting a study about the Maternal and Child Cash Transfer Programme We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. <u>For Rakhine:</u> A) How is the State Complaint Management Committee constituted? How are members elected or nominated? B) How often does the committee meet? C) What measures are in place to ensure coordination between the different Committee members?	

2. What are the overall roles and responsibilities of State Complaint Management Committee/Complaints Focal Person in the MCCT Programme?	
3. A) Could you please walk us through the process from receiving complaints to resolving them? B) What is the method of capturing data regarding beneficiary grievances (paper based, MIS etc.) How does the data flow across various levels?	
4. What are the common types of grievances/complaints registered by beneficiaries under this programme? How are the following types of grievances typically dealt with? What is the process of resolution? • Complaints for non-payment and/or partial payment • Appeals from women who are not registered • Appeals from women who did not get cash due to no ANC • Complaints regarding duplicate registration, incomplete registration, incorrect registration?	
5. A) How long does it take to typically resolve a case? B) Does the Committee/Complaints Focal Person have a set time-frame to resolve cases?	
6. In your opinion what are some of the challenges/shortfalls faced by the MCCT Programme in your State?	
7. What are your recommendations to improve the programme?	

Township Level

Draft Semi-Structured Interview for Township GAD Officer

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. A) What are your overall roles and responsibilities as Township GAD Officer? B) What activities are undertaken by you for: • Registration • Cash Disbursement	

• Beneficiary Exit • Programme Monitoring (including PDM) C) How much of your time is spent on working for the MCCT Programme? *(approximately)*	
2. What role is played by the Ward/Village Administrators in: • Registration • Cash Disbursement • Beneficiary Exit • Programme Monitoring (including PDM)	
3. Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion?	
4. A) **<u>For Rakhine:</u>** Does the GAD pay a role in cash disbursement in IDP camps? B) Are payments not being undertaken in specific areas inn Rakhine due to the challenging context? What are these areas?	
5. Is the implementation of the MCCT Programme taking place according to the Operations Manual?	
6. A) How are the following types of grievances typically dealt with? What is the process of resolution?	Non-payment and/or partial payment
	Appeals from women who are not registered
	Appeals from women who did not get cash due to no ANC
	Complaints regarding duplicate registration, incomplete registration, incorrect registration
B) How long does it take to typically resolve a case? How many days does it take for a case to pass from the DSW to the State level?	

7. A) Did you receive any training or orientation with regard to your role in the MCCT Programme? What were the components of this training? B) How many Ward/Village Administrators are you in charge of? Are you involved in the trainings of Ward/Village Administrators in your township in any way? Please elaborate.	
8. A) What mechanism are in place to ensure coordination between different Departments- DSW, GAD and DoPH? Please describe in detail. B) What can be done to improve the coordination between different Departments in the MCCT Programme? C) **For Chin:** Is there a possibility of cash payments and SBCC sessions happening simultaneously?	
7. Overall, what is your opinion of the cash transfer programme?	
8. What are some of the main constraints/ problems in the programme?	
9. What are your recommendations to improve the programme?	

Draft Semi-Structured Interview for DSW Case Managers

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. a) What are your overall roles and responsibilities as DSW Case Manager? b) How much of your time is spent on working for the MCCT Programme? *(approximately)* c) Do you provide child protection case management services? Please elaborate.	

2. Registration a) What activities **do you perform** during the registration of beneficiaries in the township under your purview? b) What is the role of DSW and GAD staff in monitoring and supervising the registration process for ensuring inclusive registrations? c) Are you satisfied with the overall registration process? How can the registration process be improved? d) Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion?	
3. Cash Disbursement a) What is the process of cash disbursement? b) Kindly walk through **your role** in the cash disbursement process. c) Do the beneficiaries receive the payments on time? What challenges do they face? What can be done to improve the process?	
4. SBCC sessions a) **For Chin:** What role **do you play** in promoting SBCC messaging in your Township? Or a) **For Rakhine:** Since when have SBCC sessions been conducted? What is the modality for these sessions? Are there any specific areas where these sessions are not taking place? What is the reason for the same? What role **do you play** in promoting SBCC messaging in your Township? b) What sort of issues are typically discussed in SBCC sessions? Do you think there is increased knowledge among the beneficiaries due to the SBCC sessions	
5. Grievance Redress a) Can you please elaborate on **your role** in addressing beneficiary complaints?	
b) How are the following types of grievances typically dealt with? What is the process of resolution?	Non-payment and/or partial payment
	Appeals from women who are not registered
	Appeals from women who did not get cash due to no ANC
	Complaints regarding duplicate registration, incomplete registration, incorrect registration

c) How long does it take to typically resolve a case? How many days does it take for a case to pass from the DSW to the State level? How many days does it take to come to a decision? How many days to get decision implemented?	
d) Do delays take place in complaint resolution? What are the common causes of delays?	
6. Programme Monitoring a) What is **your role** in programme monitoring? How many wards and villages do you visit every month for programme monitoring? Have you received any training to conduct programme monitoring? b) How is the sample size determined for the programme monitoring? What efforts are taken to include hard to reach areas in the sample -to avoid exclusion?	
7. Training a) Did you receive any training or orientation with regard to your role in the MCCT Programme? What were the components of this training? b) Are you involved in the trainings of Ward/Village Administrators in your township in any way? Please elaborate. c) Do you have the MCCT Operations Manual?	
8. Coordination with stakeholders What mechanism are in place to ensure coordination between different Departments- DSW, GAD and DoPH? Please describe in detail.	
9. Overall, what is your opinion of the cash transfer programme?	
10. What are some of the main constraints/ problems in the programme?	
11. What are your recommendations to improve the programme?	

Ward/Village/Camp Level

Draft Semi-Structured Interview for Ward/Village Administrators

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Village	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. How were you elected as the Ward/Village Administrator? How long have you been the Ward/Village Administrator?	

2. a) What are your overall roles and responsibilities as Ward/Village Administrator (in general and for the MCCT programme in particular? b) Are you given any incentives as a part of the Programme? If yes, what are they?	
3. Public Information Campaign a) Can you please elaborate on your role in raising awareness about the MCCT? What were the methods used? b) How do you reach out to beneficiaries living in hard to reach and inaccessible areas?	
4. Registration a) Could you briefly describe how you register a beneficiary in the MCCT Programme? b) When the programme started, how did the women come to know about the registration site for the MCCT programme? When did the beneficiaries start arriving for the registration process? c) What activities do you undertake to register children into the MCCT Programme? d) Do you triangulate and validate your beneficiary registration records with the pregnancy records of the mid-wife/auxiliary mid-wife? How often do you meet the mid-wife/auxiliary mid-wife for this purpose? How do you keep track of potential beneficiaries in your Ward/Village? e) Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion?	
5. Cash disbursement a) What is your involvement in the cash disbursement process? Are payments made to all eligible beneficiaries in your ward/village? b) What systems are in place to ensure that the safety of the person collecting the cash is not compromised in any way? Have there been any instances of the money getting stolen on the way back to the homes of the beneficiaries? c) In case a beneficiary or her proxy does not come to collect a payment, what happens to those funds? What happens in the case of retro-active payments? d) Do you have any systems in place to ensure that there are no leakages of funds?	

6. SBCC Sessions a) What is your role, if any, in the SBCC sessions? b) How many women attend the SBCC sessions in your Ward/Village?	
7. Beneficiary Exit a) How do you facilitate the exit of a beneficiary from the programme?	
8. Complaint Resolution a) What is your role in complaint resolution? If beneficiaries have a grievance during the registration or payment process, how do they know who they are supposed to approach?	
b) How are the following types of grievances typically dealt with? What is the process of resolution?	Non-payment and/or partial payment
	Appeals from women who are not registered
	Appeals from women who did not get cash due to no ANC
	Complaints regarding duplicate registration, incomplete registration, incorrect registration
9. Training a) Did you receive any training or orientation with regard to the MCCT? What were the components of this training?	
10. What mechanism are in place to ensure coordination between different implementers? Please describe in detail.	
11. What is your opinion regarding the MCCT Programme within the community?	
12. What are some of the main constraints/ problems in the programme?	
13. What are your recommendations to improve the programme?	

Draft Semi-Structured Interview for Ward/Village Social Protection Committee Member

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Village	
Name of Respondent	
Designation of Respondent	
Gender of Respondent	
Contact Information	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

It is not mandatory to participate in this survey and you can opt out. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the interview now? RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. How is the Ward/Village Social Protection Committee constituted? How are members elected or nominated?	
2. A) How often does the committee meet? B) What measures are in place to ensure coordination between the different Committee members?	
3. A) What are the overall roles and responsibilities of Ward/Village Social Protection Committee in the MCCT Programme? B) What activities are undertaken by the Ward/Village Social Protection Committee for the following: • Public Information Campaign • Registration of beneficiaries • Cash Disbursement • SBCC Sessions • Complaint Management • Programme Monitoring (including PDM)	
4. A) Are there cases of exclusion of eligible beneficiaries? If yes, then which groups or areas do they belong to and what is the reason for exclusion? B) How does the Ward/Village Social Protection Committee reach out to beneficiaries in hard to reach and inaccessible areas?	
5. How many women attend the SBCC sessions in your Ward/Village?	
6. A) What stakeholders do does the Ward/Village Social Protection Committee coordinate with? B) What challenges does it face in this coordination?	

7. Has access to health and nutrition for the beneficiaries been enhanced through the cash transfer? Please give some examples.	
8. What is the opinion regarding the MCCT Programme within the community?	
9. In your opinion what are some of the challenges/shortfalls faced by the MCCT Programme?	
10. What are your recommendations to improve the programme?	

Draft Semi-Structured Interview for Mid-wife/Auxiliary Mid-wife

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Village/Ward	
Name of Respondent	
Designation of Respondent	
Contact Number	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons.

RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. A) What role do you play in general as a Midwife/Auxiliary Midwife? How many women do you engage with in the village? B) What are **your roles** and responsibilities as part of the MCCT Programme? C) Are you given any incentives as a part of the Programme? If yes, what are they?	

2. A) What methods do you use to reach out to potential beneficiaries? B) How do you include beneficiaries from hard to reach areas? Do you think some eligible women are being excluded from the programme? Did you encounter any resistance? If so, of what kind?	
3. A) Could you please briefly describe your role in maintaining records of pregnancies? What is the method of keeping records? (manual – hard copy, computerised) B) What documents are required to get Ante Natal care and other health and nutrition services?	
4. A) Do you triangulate and validate the registrations to the MCCT programme with the Village/Ward Administrator? Please describe the process briefly for the same. B) In case, there is a pregnancy in your records that is not reflected in the beneficiary registration records of the Village/Ward Administrator, what do you do?	
5. What is your role in witnessing payments to beneficiaries?	
6. Is there a Mother Support Group Leader in your Ward/Village? How is she elected? What are here roles and responsibilities?	
7. Is there a Complaints Focal Person in your Ward/Village?	
8. a) Can you please walk us through the entire process of how these SBCC sessions are organised and conducted? b) What is the content of these sessions? What modules are covered? c) What tools/practical demonstration methods are used to enable higher retention of concepts taught among the beneficiary women?	

d) In what language/dialect do you conduct the sessions? Do the beneficiaries attending the sessions in your village/ward/camp comprehend the language of the posters and other SBCC material? e) How many women attend the SBCC sessions in your Ward/Village? How often are these SBCC Sessions held? Where are these sessions held? *Are issues recorded in minutes ever picked up for action? If yes, give examples.* f) Were you provided any training to conduct these sessions? Was it adequate? What other training is required in your opinion? g) Are these sessions beneficial to the women and the households in your opinion? Have you witnessed the beneficiaries apply the concepts taught in the SBCC Sessions in their daily lives? What additional content or methods are needed to improve its effectiveness? h) What would you do to make SBCC sessions more productive? i) Whom do you coordinate with to conduct the SBCC Sessions? Do you face any challenges in coordination?	
9. What are some of the main constraints/ problems in the programme?	

Draft FGD Tool for Beneficiaries and Community Members

Evaluation of the Maternal and Children Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Village/Ward	

S. No.	Name of the Respondent/ Participant	Role/Position	Gender of Respondent
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this Focus Group Discussion. The FGD usually takes between 1 and 2 hours to complete. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons. You do not have to participate in this FGD. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the FGD at any time. However, we hope that you will participate in this FGD, since your views are important. Do you want to ask me anything about the survey? May I begin the FGD now?

RESPONDENTS AGREE TO BE INTERVIEWED	Yes	No

Part 3 - Questions

1. What are the main features of the MCCT Programme? What is the eligibility criteria for the MCCT Programme? How were you all made aware of the MCCT Programme? ***Probe: community involvement, information about entitlements, knowledge of basic components of the programme (SBCC, cash payments etc).***	
2. Please describe the process by which beneficiaries are registered in the MCCT Programme? Were there any specific challenges in registering into the programme? Are any households excluded? ***Probe: Inclusion and exclusion errors, accessibility of registration site (in terms of travel time and distance), documents and number of attempts required for registration, challenges faced in the process, waiting time during registration.***	
3. Is the cash disbursement process simple and fair? Are there any instances where the money has not been received by the beneficiaries? How can the process be improved? ***Probe: Waiting time at payment points, documents required, role of witnesses, whether cash received in full and at the correct intervals or not, safety concerns associated with receiving cash by hand, potential for mobile financial systems in the community.***	
4. Do you use mobile phone for making/receiving payments? Are there any mobile based applications for this? Instead of cash, what would be your preferred method of receiving payments?	
5. What happens if a beneficiary misses a payment? ***Probe: Neither the beneficiary nor the proxy are available to go collect the money.***	
6. Do you all know how to register a complaint in case you encounter a problem in the programme? Is the process for registering a complaint simple? Please describe your experiences in this regard. ***Probe: Awareness of the Complaint Focal Person and his duties, interaction with Complaint Focal Person, turnaround time for complaint resolution.***	

7. What are the main complaints regarding the MCCT Programme? ***Probe:* Non-payment and/or partial payment, Appeals from women who are not registered, Appeals from women who did not get cash due to no ANC, Complaints regarding duplicate registration, incomplete registration, incorrect registration.**	
8. How was the Mother Support group in your Village/Ward established? ***Probe:* Involvement of DSW and DoPH officials in establishing the MSGs, methods of increasing awareness about MSGs among beneficiaries and community members, process of contacting and inviting members**	
9. Have the SBCC Raising Sessions improved knowledge and practices about nutrition, health and hygiene within the community? In your opinion, how effective are these sessions? ***Probe:* Regularity of attendance, handling by agents, modules covered in the awareness sessions, comprehension of language in which the sessions are conducted, practical demonstrations and tools used, level of retention, application of concepts learned, and potential benefits of husbands also participating in the SBCC sessions.**	
10. What do the beneficiaries use the cash transfer amount for? If not cash, what other means of social assistance can be employed to achieve better health and nutrition in the first 1000 days of life? ***Probe:* Broad expenditure heads that the cash transfer is used for, whether the cash transfer has increased access to nutrition and health for the beneficiaries, decision maker for cash transfer usage, sharing cash amount with household and non-household members, if there is differential spending based on gender.**	
11. What are some of the important things that cash transfer project has done in your life and the life of your households? **(*testimonies*)** ***Probe:* Translation of cash transfer to health benefits of mothers and children, dietary diversity, awareness, Infant and Young Children (IYCF) feeding practices, change in expenditure levels.**	

12. What are the challenges that you have faced in the MCCT Programme? What would be your recommendations to improve the programme? ***<u>Probe:</u> What is not working well? How can it be addressed? What can be improved?***	

Draft Survey Questionnaire for Beneficiaries

Evaluation of the Maternal and Child Cash Transfer Programme in Myanmar

Part 1 – Identification (Fill out before interview)

State	
District	
Township	
Village/Ward	
House Number (on road)	
Contact Details	

Part 2 - Introduction and Consent

Hello. My name is _____ and I work with IPE Global which is conducting a process evaluation on behalf of DSW. We are conducting a study about the Maternal and Child Cash Transfer Programme which will be highly useful in improving the programme implementation. We would very much appreciate your participation in this survey. The survey usually takes between 1 and 2 hours to complete. We are very interested to hear your valuable opinion on the cash transfer programme and appreciate your participation in this interview.

The information will help the government to understand the cash transfer services, which were provided. The information you provide will be kept confidential and will not be shown to other persons. You do not have to participate in this survey. If I ask a question you don't want to answer, just let me know and I will go on to the next question; or you can stop the survey at any time. However, we hope that you will participate in this survey, since your views are important. Do you want to ask me anything about the survey? May I begin the survey now?

RESPONDENT AGREES TO BE INTERVIEWED	Yes	No

Part 3 – Details of the Respondent

1.	Type of Beneficiary	[1] Pregnant woman [2] Mother of child less than two years old
2.	What is the highest grade completed at school?	00 = LESS THAN GRADE 1 COMPLETED 01-11 = GRADE 1 - GRADE 11 12 = BACHELOR'S AND ABOVE 13 = VOCATIONAL EDUCATION 14 = UNIVERSITY 98 = DON'T KNOW

3.	How many children do you have?	[1] 0 (Yet to give birth) [2] 1 [3] 2 [4] More than 2
4.	Can I please see beneficiary card/unique number sticker?	[1] Have [2] Don't Have
5.	Counting all sources together, how much is the monthly income of your family?	[1] Less than 50000 MMK(<32.69 USD) [2] 50001 to 100000 MMK (32.69-65.39 USD) [3] 100001 to 500000 MMK (65.39-324.94 USD) [4] More than 500000 MMK (< 324.94 USD)
6.	Who is the Head of the Household?	[1] Myself [2] Husband [3] Parent/Parent in law [8] Other (specify)
7.	Who in your family owns a cell phone?	[1] Myself [2] Husband [3] Parent/Parent in law [8] Other (specify)
8.	What do you use your cell phone for? ***(Prompt: this question is to be asked only if the answer to the previous question is 'Yes'. Please allow the respondent to answer and tick all appropriate responses))***	[1] To make and receive phone calls [2] To access the Internet and social media [3] To use mobile financial services [4] Other

Part 4 – Registration to MCCT Programme

S.N.	Criterion	Question	Options
9.	Effectiveness	How did you come to know about the MCCT Programme?	[1] Ward/Village Tract/ Village Social Protection Committee [2] Ward/village administrators [3] Mid wife or auxiliary mid wife [4] 10/100 Household Head [5] Community Health Worker [6] Neighbour [7] Friends and Relatives [8] Other (specify) _____

S.N.	Criterion	Question	Options
10.	Effectiveness	What information dissemination activities/ campaigns were undertaken to inform you about the program?	[1] Community Sensitisation meeting headed by Ward/Village Tract/ Village Social Protection Committee [2] Community Sensitisation meeting headed by Ward/village administrators [3] Visits by mid-wife or auxiliary mid-wife [4] Visits by Community Health Workers [5] Friends and Relatives [6] Others (specify)
11.	Effectiveness	What were the criteria that you were informed of to be able to enrol in the program?	[1] Being pregnant [2] Have a child/children with age less than 24 months [3] Being poor [4] Not related to social status or income [5] Others (specify)
12.	Efficiency	When were you enrolled?	[1] June 2017-December 2017 [2] January 2018-June 2018 [3] July 2018- December 2018 [4] January 2019 onwards
13.	Effectiveness	Please provide a walkthrough of the process by which you/your child were enrolled in the MCCT Programme.	Open ended question
14.	Effectiveness	Was the Beneficiary Registration Form Book filled in your or your Proxy's presence?	[1] Yes [2] No
15.	Efficiency	How long did it take to reach the registration point?	[1] Less than 30 minutes [2] 0.5 - 1 hour [3] 1 - 1.5 hour [4] 1.5 - 2 hours [5] 2 - 2.5 hours [6] over 2.5 hours
16.	Efficiency	How many attempts did it take for you to be enrolled for the CT programme?	[1] One [2] Two [3] Three [4] More than three

S.N.	Criterion	Question	Options
17.	Efficiency, Effectiveness	If it required more than one attempt to register for the programme, what was the reason? ***(prompt: this question is to be asked only if the answer to the previous question is NOT the first one- please allow the respondent to answer and tick all appropriate responses)***	[1] Name not in Mid-wife/Auxiliary Mid-wife records [2] Did not have MCH booklet [3] Child did not have birth certificate [4] Did not have health centre documentation regarding pregnancy [5] Did not have ANC registration documentation [6] Not present during registration day [7] Others (specify)
18.	Effectiveness	What were the documents required for enrolment? ***(prompt: please allow the respondent to answer and tick all appropriate responses)***	[1] Health centre documentation regarding pregnancy [2] MCH booklet [3] Documents regarding ANC registration [4] Birth Certificate of child [5] Others
19.	Efficiency	How long did it take before you received the beneficiary card/unique number sticker? ***(prompt: this question is to be asked only if the answer to the previous question is 'Yes')***	[1] Less than 1 month [2] 1-2 months [3] 2-3 months [4] More than 3 months
20.	Effectiveness, Efficiency	What issues did you face while enrolling yourself or your child/children in the programme after giving birth?	Open ended question
21.	Relevance, Effectiveness	Do you know about the other activities being conducted in the MCCT programme apart from cash payment? (***prompt: please allow the respondent to answer and tick the appropriate and correct responses only)***	[1] Attending the monthly/quarterly awareness sessions on nutrition, health & hygiene [2] Bringing the new child to ward/village administrator's office for beneficiary verification (as soon as possible after, but no later than 45 days after, the birth of the child) [3] Participating in post-distribution monitoring surveys

S.N.	Criterion	Question	Options
22.	Effectiveness	Were you given full information about what you are entitled to in an open manner? *(Ask: amount, where, frequency…)*	[1] Yes [2] No
23.	Effectiveness	When were you given this information? ***(Prompt: this question is only to be asked if the answer to the previous question is 'Yes'. Please allow the respondent to answer and tick all appropriate responses)***	[1] Community Sensitisation Meeting [2] Mother Support Group Sessions [3] Registration at the Ward/Village Administrator's office [4] At Payment Points [5] Others

Part 5- Disbursement of Cash Transfer

S.N.	Criterion	Question	Options
24.	Effectiveness	Who informs you prior to the cash distribution date to go and collect the cash from Ward/Village Administrator's office?	[1] Ward/Village Administrator [2] Ward/Village Social Protection Committee Member [3] Mid-wife/Auxiliary Mid-wife [4] Township Case Manager [5] Any other (please specify)
25.	Efficiency	How many days in advance are you told? ***(prompt: this question is to be asked if the respondent answers 'Yes' to the previous question)***	[1] 2 weeks in advance [2] 1 week in advance [3] Less than a week in advance [4] On the same day [5] Any other (please specify)
26.	Efficiency	How many instalments of cash transfer have you received?	Open ended question
27.	Efficiency	How much money have you received in total as a result of the cash transfer programme?	Open ended question
28.	Efficiency	How long ago did you receive your last cash transfer?	[1] less than 1 month [2] 1 - 2 months [3] 2 - 3 months [4] 3 - 4 months [5] Over 5 months

S.N.	Criterion	Question	Options
29.	Efficiency	After what interval do you receive the cash transfer?	[1] More frequently than 2 months/ 4 months [2] Every 2 months/ 4 months [3] Less frequently than 2 months/4 months
30.	Efficiency	Do you go and collect all the cash transfers regularly?	[1] Received all transfers till date [2] Missed one payment [3] Missed more than one payment
31.	Efficiency, Effectiveness	In case you ever missed one (or more payments), did you eventually receive the amount? ***(Prompt: This question is only to be asked if respondent answers options [2] or [3] in the previous question)***	[1] Yes [2] No
32.	Efficiency, Effectiveness	If yes, how was the missed transfer amount made available to you? ***(Prompt: This question is only to be asked if the respondents answers 'Yes' to the previous question)***	[1] Ward/ Village Administrator delivered to the money to house [2] Ward/ Village Social Protection Committee member delivered the money to house [3] Amount adjusted with next payment cycle [4] Others (please specify)
33.	Efficiency	What is the full amount you are supposed to receive?	[1] 30000 MMK [2] 45000 MMK [3] Any other (please specify)
34.	Efficiency	**For Chin:** Do you receive the full bi-monthly cash transfer amount? OR **For Rakhine:** Do you receive the full quarter monthly cash transfer amount?	[1] Yes [2] No
35.	Efficiency, Effectiveness	If you have ever not received the cash transfer amount in full, what was the reason given? ***(Prompt: This question is only to be asked if the respondent answers 'No' to the previous question. Please allow the respondent to answer and tick all appropriate responses)***	[1] Person distributing cash said he/she had not received the full amount of cash for beneficiaries in the village [2] Beneficiary was not on the payment list received by the person distributing the cash [3] Beneficiary owed money to the person distributing the cash transfer

S.N.	Criterion	Question	Options
			[4] Person distributing cash kept some of the cash for themselves [5] Beneficiaries were charged a tax / fee /commission to get the cash transfer [6] A group transportation provided by local leader or someone else
36.	Efficiency	How long does it take to reach the pay point?	[1] Less than 30 minutes [2] 0.5 - 1 hour [3] 1 - 1.5 hour [4] 1.5 - 2 hours [5] 2 - 2.5 hours [6] over 2.5 hours
37.	Efficiency	Do you have to spend money to get to the pay point? If yes, how much?	[1] Yes [2] No Travel cost: MMK_____
38.	Efficiency	What is the average waiting time before receiving cash?	[1] Less than 15 minutes [2] 15-30 minutes [3] 30 minutes to 1 hour [4] More than 1 hour
39.	Effectiveness	Who is the household member designated to be the receiver of the cash? ***(prompt: please allow the respondent to answer and tick all appropriate responses)***	[1] Pregnant lady/mother [2] Female Guardian [3] Husband/Father [4] Male Guardian [5] Other (specify)
40.	Effectiveness	Are all cash transfers recorded in the beneficiary payment form?	[1] Yes [2] No
41.	Effectiveness	Do you or your proxy sign on the beneficiary payment form after receiving the cash transfer amount?	[1] Yes [2] No
42.	Effectiveness	Are all cash transfers recorded in the beneficiary card?	[1] Yes [2] No
43.	Effectiveness	How many witnesses are present and make signatures when the cash transfers are disbursed for you?	[1] Zero [2] One [3] Two

S.N.	Criterion	Question	Options
44.	Effectiveness, Efficiency	How was your overall experience at the payment site? Do you have any recommendations for improvements?	Open ended question
45.	Relevance	Do you use any mobile payment application?	[1] Yes [2] No
46.	Relevance, Effectiveness	If yes, which mobile payment application do you use? ***(prompt: this question is only to be asked if the answer to the previous question is 'Yes')***	[1] TrueMoney [2] WavePay [3] MyCHAT [4] Any other (please specify)
47.	Relevance, Effectiveness	Would it be convenient if the cash transfer amount was sent to you by the Government via an online mobile financial platform?	[1] Yes [2] No

Part 6- Usage of Cash Transfer

S.N.	Criterion	Question	Options
48.	Effectiveness	Have the household expenditures changed as a result of the cash transfer programme?	[1] Yes, decreased [2] Yes, increased [3] No, remained the same [4] Don't know
49.	Effectiveness	What is the cash transfer used for?	[1] Health care costs (Drugs, transportation, consultation costs) [2] Buying milk for baby/child [3] Buying baby formula for baby [4] Buying more variety foods for child [5] Buying more variety foods for beneficiary woman [6] Buying more variety foods for family [7] Buying more food (quantity) [8] Buying snacks such as sweets/cakes/biscuits etc. [9] Other
50.	Effectiveness	If your household expenditures was increased on food, what was increased?	[1] Quantity consumed by all HH members [2] Quantity consumed by children

S.N.	Criterion	Question	Options
			[3] Quantity consumed by adults [4] Quality of food consumed [5] Quantity of meat purchased/consumed [6] Quantity of fish purchased/consumed [7] Quantity of fruits purchased/consumed [8] Quantity of vegetables purchased/ consumed [9] Quantity of milk purchased/consumed [10] Others (specify)
51.	Relevance	Has the cash transfer increased access to better nutrition and health for you and your child?	[1] Yes [2] No
52.	Relevance	Is the cash transfer adequate for buying nutritious food for you and your child?	[1] Completely adequate [2] Mostly adequate [3] Somewhat adequate [4] Not adequate
53.	Relevance	What monthly cash transfer allocation would be more appropriate?	[1] MMK 20000 per month [2] MMK 30000 per month [3] Between MMK 25000-60000 per month
54.	Relevance	Given options, which alternative to Cash Transfer would you prefer? ***(prompt: please allow the respondent to answer and tick all appropriate responses)***	[1] Food voucher [2] Free Medical Care [3] Food for Work [4] Business grants [5] Other: _____ [6] None (Cash Transfer is better)
55.	Relevance	Have you ever had to borrow to cover the cost of food/health for you or your children since getting the Cash Transfer?	[1] Yes [2] No
56.	Cross cutting issues: gender	Who mainly makes the decision about how the money is used?	[1] Beneficiary woman herself [2] Husband [3] Adult male family member [4] Adult female family member [5] Others

S.N.	Criterion	Question	Options
57.	Relevance	Have there been any conflicts over the cash transfer money in your household?	[1] Yes [2] No
58.	Relevance	If yes, what was the cause of the disagreement? **(*prompt: this question is only to be asked if the answer to the previous question is 'Yes')***	Open ended question
59.	Cross cutting issue: gender	Do you believe that the cash transfer amount should be spent differently depending on the gender of the child?	[1] Yes [2] No
60.	Relevance, Cross cutting issue: gender	What would you spend your cash transfer amount on if your child is a boy?	Open ended question
61.	Relevance, Cross cutting issue: gender	What would you spend your cash transfer amount on if your child is a girl?	Open ended question
62.	Effectiveness, Relevance	What tangible benefit/success story/testimony of how the project has impacted you or your household (***prompt: to be used in case studies)***	Open ended question

Part 7- SBCC Sessions

S.N.	Criterion	Question	Options
63.	Effectiveness	How were you made aware of the SBCC Sessions in your Village/Ward?	[1] Community sensitisation meeting [2] Posters or other promotional material [3] Informed by DSW and DoPH officials [4] Informed by Ward/ Village Administrators [5] Informed by Ward/Village Social Protection Committee member [6] Informed by Mid-wife/Auxiliary Midwife [7] Informed by friends and relatives
64.	Effectiveness	How were you and other members invited to join the SBCC Sessions?	[1] Community sensitisation meeting [2] Informed by Ward/ Village Administrators [3] Informed by Ward/Village Social Protection Committee member [4] Informed by Mid-wife/Auxiliary Midwife

S.N.	Criterion	Question	Options	
65.	Relevance, Efficiency	Are SBCC Sessions regularly held in your village?	[1] Yes [2] No	
66.	Effectiveness	How often are SBCC awareness sessions typically held?	[1] Weekly [2] Bi-monthly [3] Monthly [4] Other (please specify)	
67.	Effectiveness	Do you regularly attend SBCC Sessions?	[1] Yes [2] No	
68.	Relevance, Effectiveness	If you have not been attending the Mother Support Group Awareness Sessions regularly, what is/are the reason(s)? ***(Prompt: this question is only to be asked if the answer to be previous question is 'No'. Please allow the respondent to answer and tick all appropriate responses)***	[1] Mother Support Group Awareness Sessions were not organised [2] Did not know the time or/and venue [3] Timing conflicted with job [4] Illness [5] Was travelling at that time [6] Other	
69.	Effectiveness	On average, do how many members attend a given SBCC Session?	_____	
70.	Effectiveness, Efficiency	How long do the SBCC sessions last?	[1] Less than 0.5 hour [2] 0.5-1 hour [3] 1 hour [4] 1-1.5 hours [5] More than 1.5 hours	
71.	Effectiveness	Which of the following topics have been covered in your SBCC sessions? :	HIV/AIDS	[1] Yes [2] No
			Breastfeeding	[1] Yes [2] No
			Complementary Feeding	[1] Yes [2] No
			Food Hygiene	[1] Yes [2] No
			Dietary diversity and Minimum Accepted Diet	[1] Yes [2] No

S.N.	Criterion	Question	Options	
			Early Childhood Development	[1] Yes [2] No
72.	Relevance, Effectiveness	Did you feel that the SBCC sessions were useful in gaining knowledge about health and nutrition?	[1] Yes [2] No	
73.	Effectiveness	Was any practical demonstration or tools used during the sessions to help you remember or apply concepts in your daily routine?	1] Yes [2] No	
74.	Effectiveness, sustainability	Were you able to apply things/concepts you learned during the sessions on your daily routines?	1] Yes [2] No	
75.	Effectiveness/ sustainability	Were you informed about any of these programs that could be complementary to the cash transfer?	[1] WASH [2] Local sanitation and hygiene programs [3] Vaccination campaigns [4] Early-childhood programs [5] Day-care programs [6] Others	
76.	Relevance, Effectiveness	How can the SBCC Sessions be improved?	Open ended question	

Part 8- Complaint and Grievance Redress

S.N.	Criterion	Question	Options
77.	Effectiveness	Have you encountered any problem while processing/accessing the cash payments?	[1] Yes [2] No
78.	Effectiveness, Cross cutting issues: equity	***If yes, what was the nature of the problem?*** ***(prompt: this question is to be asked only if the answer to the previous question is 'Yes')***	[1] Delayed payment [2] Missed payment [3] Incorrect payment amount [4] Wrongful exit from the programme [5] Exclusion from the beneficiaries' mother support group [6] Misconduct by programme implementers (ward/village administrator and/or midwife/auxiliary midwife) [7] Disagreement with proxy.

S.N.	Criterion	Question	Options
79.	Effectiveness	Has your safety ever been compromised when you went to collect the cash transfer amount?	[1 Yes [2] No
80.	Effectiveness	Do you know who the Complaints Focal person is?	[1] Yes [2] No
81.	Effectiveness	Have you been briefed by the Complaints Focal person about where and how to register complaints?	[1] Yes [2] No
82.	Effectiveness	Have you ever raised a complaint regarding the cash transfer programme?	[1] Yes [2] No
83.	Effectiveness	Was it resolved?	[1] Yes [2] No
84.	Effectiveness	If yes, how was it resolved? If no, why not?	Open ended question
85.	Efficiency	In how much time was the complaint resolved?	[1] less than 2 week [2] 2-4 weeks [3] 4-6 weeks [4] 6-8 weeks [5] 8-10 weeks [6] more than 10 weeks

Part 9: Knowledge, Attitudes and Practices (KAP) – only in Chin

Question	Options
Breastfeeding	
SKIP FOR THOSE VILLAGES WHERE NO SBCC SESSIONS ARE BEING HELD	
86. What is the first food a new-born baby should receive?	
87. Have you ever breast-fed your baby?	[1] Yes [2] No
88. When should a mother start adding foods to breastfeeding? (***prompt: please allow the respondent to answer and tick the appropriate and correct responses only)***	[1] Start adding earlier than 4 months of age [2] Start adding between 4-6 months of age [3] At 6 months [3] Start adding later than 6 months of age [4] Don't know

Anaemia	
89. Have you ever heard about anaemia?	[1] Yes [2] No
90. Can you tell some measures to prevent anaemia? (***prompt: please allow the respondent to answer and tick the appropriate and correct responses only)***	[1] Access to more information [2] Good diet [3] Iron and folic acid supplements [4] Medical care [5] Other [6] Don't know
Supplements and Vaccinations	
91. In your pregnancies, did you take any iron pills or vitamin tablets?	[1] Yes [2] No [3] Don't know
92. For how many days do you need to take iron tablets, when pregnant? (***42 days)***	
93. Do you use iodized salts?	[1] Yes [2] No [3] Don't know
94. Are you aware that you child needs to be vaccinated?	[1] Yes [2] No
95. Has your child ever been vaccinated?	[1] Yes [2] No
96. If yes, for what diseases? ***Prompt: This question is to be asked only if the answer to the previous question is 'Yes')***	Open ended question

Annex 12: List of key people interviewed

Sl.	Name	Designation	Department/Organisation
1	Dr. San San Aye	Director General	DSW
2	Daw Than Than Soe	Assistant Director	DSW
3	U Kyaw Lin Htin	Director	DSW
4	Dr.Shein Myint	Assistant Director	DSW
5	Daw Kay Thi Hlaing	DSO	DSW
6	U Suan Lian Kim	CM	DSW Tedim
7	U Aye Min Nyunt	Director	DSW, Chin
8	Ohnmar Swe	Assistant Director	DSW, Chin
9	Daw Ei Ei Phyo	Deputy Director	DSW, Nay Pyi Taw
10	Daw Yin Yin Pyone	Director	DSW, Rakhine
11	Daw Ohnmar Swe	Assistant Director	DSW_Chin
12	Daw Sein Lae Yee	Assistant Director	DSW_Sittwe
13	Daw Ei Phyo Thwal	DSO	DSW_Sittwe
14	Aung Min	Assistant Director	HLPU, MoHS
15	Dr. Aye Mya Mya Kyaw	Assistant Director	DOPH, MoHS
16	Dr. Yi Yi Win	Deputy Director	DOPH, MoHS
17	Dr.Htet Lin Aung	MO	DOPH, MoHS
18	Dr. Min Yar Oo	Deputy Director	Monitoring Office, MOHS
19	Dr. Kyi Kyi Thar	TMO Sittwe	DOPH, MoHS
20	Daw Thein Thein Nu	SO	DOPH_Rakhine
21	U Htang Sting Ling	Officer	GAD
22	Kaung Nyunt	Officer	GAD
23	U Aung Ko	Deputy Director	GAD Chin
24	U Tin Latt	Deputy Director	GAD Rakhine
25	U Aung Myint Oo	Director	GAD Sittwe
26	Brett Ballard	Policy Specialist	LIFT
27	Libera Antlemi	Livelihood Specialist	LIFT
28	Zaw Naing Oo	Project Officer, MCCT	LIFT
29	Sanda Lin	Senior Program Manager	Save The Children
30	Mirza Đelmo	Child Poverty Sector Lead	Save The Children
31	Mathew Tasker	Social Protection Advisor	Save The Children
32	Hedy	Health & Nutrition Officer	UNICEF, Myanmar
33	Hnin Su Mon	C4D Specialist	UNICEF, Myanmar
34	Alessia Radice	SBCC Specialist	UNICEF, Myanmar
35	Nandar Aung	Social Protection Specialist	UNCEF, Myanmar
36	Pwint Phoo Lwin	MIS Consultant	UNICEF, Myanmar
37	Samman J. Thapa	Chief of SPCRM Section	UNICEF, Myanmar
38	Nangar Soomro	Social Protection Specialist	UNICEF, Nay Pyi Taw
39	San Win Tun	Child Protection Officer	UNICEF Maungdaw
40	Khin Moe Aye	Chief of Field Office	UNICEF Sittwe

Sl.	Name	Designation	Department/Organisation
41	Piang Suan Mung	Health & Nutrition Officer	UNICEF Maungdaw
42	Zun Nu	PPO	WFP
43	Su Su Htay	Social Protection Specialist	World Bank
44	Giorgia Demarchi	Social Scientist	World Bank
45	Francesca Lamanna	Senior Social Protection Specialist	World Bank
46	Dr. Sein Hlaing	Health Program Director	IRC
47	Dr. Naing Bo Bo Min	Sr. Health Manager	IRC

Annex 13: Workshop proceedings report

Date : 7 June 2019

Time : 8.00 AM – 12.45 PM

Venue : Mgallery Hotel, Nay Pyi Taw, Myanmar

Attendees:

The attendees of the inception workshop consisted of representatives from Department of Social Welfare (DWS) Nay Pyi Taw, DSW Chin, DSW Rakhine, Ministry of Health and Sports (MoHS) – Monitoring Office, MoHS – Health Literacy Promotion Unit, General Administrative Department (GAD), Central Statistical Organisation (CSO), LIFT, World Bank, Save the Children, UNICEF Regional Office, UNICEF Yangon, UNICEF NPT, UNICEF Sittwe, UNICEF Maungdaw and IPE Global Limited (IPE).

Agenda:

Time	Agenda Item	Facilitator
7:30 – 8:00 AM	Registration and tea/coffee break	
8:00 – 8:15 AM	Opening Remarks	Dr. San San Aye Director General-DSW
8:15 – 8:25 AM	Welcome Remarks	Mr. Samman J. Thapa Chief SPCRM, UNICEF
8:25 – 8:45 AM	Objectives of the inception workshop, MCCT programme, implementation progress and expansion plans	U Kyaw Lin Htin, Director-SPS
8:45 – 9:00 AM	Experiences and good practices on country led evaluations: Lessons and reflections for Myanmar	Ms. Erica Mattellone, Evaluation Specialist, UNICEF
9:00 – 9:15 AM	Q&A	All participants
9:15 – 9:45 AM	Presentation on the Formative (Process) MCCT Evaluation Evaluation approach Evaluation criteria and questions Methods and sampling plan Proposed workplan	Mr. Ashish Mukherjee Evaluation Team Leader, IPE Global
9:45 – 10:15 AM	Q&A	All participants
10:15 – 10:30 AM	Tea/coffee break	
10:30 – 11:00 AM	Group work on: Evaluation criteria and questions to ascertain key evaluation asks and review completeness of evaluation matrix Sampling, particularly township selection in Rakhine State	All participants
11:00 – 11:15 AM	Group presentations and feedback	Group facilitators
11:15 – 11:30 AM	Key next steps	Daw Ei Ei Phyo Deputy Director DSW
11:30 – 11:45 AM	Closing remarks	Daw Ei Ei Phyo Deputy Director DSW

Key points from the discussions

Opening Remarks *Dr. San San Aye, Director General-DSW*

The workshop began with an address by Dr. San San Aye. At the outset, she conveyed her thanks to the government ministries and development partners supporting the MCCT programme. She emphasised that this formative evaluation is a government-led evaluation and is a critical component of the monitoring and evaluation framework. It is important for the expansion of the MCCT programme along with the Post Distribution Monitoring (PDM). She also mentioned that DSW is for the first time trying a co-financing model with an international organisation, the World Bank, for expansion of the MCCT programme. This expansion further mandates the need for the formative evaluation to present strong evidence regarding the programme processes and areas of improvement.

Welcome Remarks *Mr. Samman J. Thapa, Chief SPCRM, UNICEF*

Mr. Samman Thapa provided the opening remarks for the workshop and gave an overview of the purpose and scope of the formative evaluation. He started by thanking the DSW for its commitment to the evaluation and re-iterated the need of evidence and deeper understanding of what is working in the programme and what are some ways to improve its delivery. He continued by saying that the MCCT programme is a significant social policy programme with many development partners involved. He further congratulated DSW on the level of coverage the MCCT programme has been able to achieve. Samman proceeded to provide an overview of the evaluation - how it will analyse the effectiveness, relevance, efficiency, effectiveness and sustainability of the MCCT programme. He shared that while the evaluation focusses on Chin and Rakhine states, it will provide evidence not only for these but also recommendations for the MCCT programme's expansion in other States. He further stated that based on an inception mission held in March 2019, a draft inception report has been prepared and circulated with all stakeholders. Samman concluded his welcome remarks by thanking colleagues from IPE Global.

Objectives of the inception workshop *U Kyaw Lin Htin, Director - SPS*

U Kyaw Lin Htin provided an overview of the implementation status of the MCCT Programme. He shared that eleven payments have already taken place in Chin State with 30,523 beneficiaries receiving payments and over 100,000 beneficiaries have been registered in Rakhine State and Naga region. He went on to tell the audience that the Rakhine MCCT is the first government funded MCCT programme in Myanmar. In Kayin and Kayah, the MCCT programme is government funded with LIFT providing operational support. U Kyaw Lin Htin ended his presentation by providing an overview of the objectives of the inception workshop including sharing reflections from country led evaluations and presenting the approach and methodology of the formative evaluation.

Country led evaluations: Lessons and reflections *Ms. Erica Mattellone, Evaluation Specialist, UNICEF*

Ms. Erica Mattellone presented UNICEF's experience and learnings from country led evaluations across the globe. She explained what a country led evaluation was and why are they preferred to donor-led evaluations. She defined country led evaluations as those which the country rather than development partners lead and own and in which the government decides what to evaluate, how to evaluate and determine the use of the findings. She went to explain that country led evaluations ensure better utilisation of the evidence and also lead to the development of national evaluation capacity. Erica then spoke about Agenda 2030 and how evaluations will inform the progress of nations towards SDGs. Erica closed her presentation by giving an example of a successful country led evaluation – *Thailand Country-led evaluation on National and Child Health Development.* Some key learnings from the evaluation included the improved credibility as a result of the country-led

process and better utilisation of evaluation findings. Cost sharing of the evaluation, undertaking advocacy activities and ensuring timeliness of evaluations reports were other important points.

The presentation was followed by a round of Questions and Answers (Q&A). The summary of which is presented below:

Queries and Comments	Response
How was the MCCT evaluation in Thailand?	It was successful and was a country-led evaluation. Thailand is now implementing the programme in the whole country.
Was there a big change and a different result on the M&E framework from the start of the evaluation to the end.	There were weaker things in the framework that were fixed such as the previous framework did not have SMART indicators. Based on the changed evaluation objectives, the framework was revised
Which type of evaluation is more effective?	Country-led evaluations are more effective

Presentation on the Formative (Process) MCCT Evaluation *Mr. Ashish Mukherjee, Evaluation Team Leader*

Ashish presented an overview of the formative evaluation focussing mainly on the approach and methodology. He started by saying that the evaluation is for all stakeholders - donors, development partners government and is for evidence generation for the MCCT programme. He encouraged all participants to provide inputs to be added to the inception report. Ashish then went to provide an overview of the context of the evaluation and spoke about economic and nutrition indicators in Myanmar and how the NSPSP is responding to the challenges present in Myanmar's development. He provided an overview of the MCCT evaluation including its Monitoring and Evaluation Framework, Project Implementation areas and Theory of change. Ashish then went on to present the formative evaluation including its purpose, objectives and approach. He explained that a mixed methods approach will be used to collect data and the OECD/DAC criteria of relevance, effectiveness, efficiency, sustainability and cross-cutting areas will be used. He further informed the audience that the evaluation will be conducted in three phases – Inception, Data Collection and Report Writing and explained the components and activities in each phase. He also presented the evaluation matrix and the evaluation management setup including the constitution of a reference group to review the evaluation deliverables. Ashish ended the presentation by providing an overview of the timelines of the evaluation.

The presentation gave way to several insights, the highlights of which are given below:

Queries and Comments	Response
While payments for Rakhine states were undertaken in January 2018, the programme started in June 2017	This will be reflected accordingly in the inception report.
How do you evaluate human rights and gender?	The MCCT programme is supposed to reach everyone, and the human rights lens is to make sure that the programme does not exclude and/or violate anyone's rights
In Chin state we should translate in at least 5 local languages	The data collection agency will use local enumerators and will translate the questionnaire in local languages.
Why are you looking at the effectiveness of the SBCC only in Chin State?	SBCC sessions have started very recently in Rakhine start as a part of the mobile teams which have been operationalized so it will be too premature to have a knowledge, attitude and practices (KAP) study in Rakhine however we will be looking at the kind of knowledge the beneficiaries already have.
Will you be looking at the complaint's mechanism of the programme	Yes, that will be component of the evaluation.

Queries and Comments	Response
Data collection will be difficult in the months of July and August owing to the monsoon season	Yes, however there is no other option. We have increased the time for data collection and if needed, we will sample some areas purposively.
Is data going to be disaggregated on criteria such as rural vs urban areas different communities/ethnic groups; more remote vs less remote etc	A statistically significant sample cannot be taken across different ethnic groups. Moreover, since this is not an impact evaluation, this is not required. However we will try to present findings from rural vs urban areas, among different groups and different geographic areas in a qualitative manner.
Are non- beneficiaries going to be respondents?	We will be talking to community members, villages elders, husbands of beneficiaries etc. as a part of the FGDs.
We might need to replace some townships for securities reasons, mostly in Rakhine	Townships will be selected purposively in Rakhine given the conflict and challenging context.
IDP camp based populations are in a different environment and cannot be compared to beneficiaries in other areas. These should also be covered	IDPs camps will also be sampled.

Group Work

Comments and insights on the evaluation overview were followed by Group Activity. Three groups were formed – two to review the evaluation matrix and provide comments and one to review the sampling methodology and recommend appropriate townships to be sampled. It was ensured that each group had members from appropriate participating entities and were representative of the various stakeholders. The group work looked to answer three main questions:

Group 1: Are the key evaluation questions identified to review the design of the programme through the criteria of relevance and effectiveness complete and appropriate?

Group 2: Are the key evaluation questions identified to review the implementation of the programme through the criteria of efficiency, sustainability and cross-cutting areas complete and appropriate?

Group 3: Is the sampling methodology and selection of townships for data collection appropriate?

Post completion of the discussions in group activities, a representative from each group presented the key discussion points:

Group 1: Are the key evaluation questions identified to review the design of the programme through the criteria of relevance and effectiveness complete and appropriate?	
Key Sub-questions	**Discussion Points**
Are any key areas of enquiry missing? Please share these missing areas.	Availability of nutritious food in markets can be added as an area of enquiry. Self-exclusion of beneficiary needs to be reviewed (including understanding the motivation to register and reason of discontinuing). Local community dynamics and whether they have positive or negative effects on nutrition of children can be studied. Special attention needs to be paid to the complaint mechanism and on inclusion and exclusion errors.
Do any questions need to be edited or changed based on Rakhine and/or Chin's context?	SBCC implementation varies in states, this must be taken into account while preparing data collection tools. Use of PDM is also context specific – two have taken place in Chin while one is on the verge of completion in Rakhine. Need to review the challenges in roll-out in both the areas.
Please suggest most appropriate sources (both primary and secondary).	Community members should be consulted

Group 2: Are the key evaluation questions identified to review the implementation of the programme through the criteria of efficiency, sustainability and cross-cutting areas complete and appropriate?	
Key Questions	**Discussion Points**
Are any key areas of enquiry missing? Please share these missing areas.	Review whether programme information is being received by people in hard to reach areas. Review the role of the social protection committees even at the village level. Assess the collaboration mechanisms between different ministries. Disabled persons and different ethnic groups must also be included in the evaluation. Review the capacity of DSW to incorporate these cross cutting issues.
Do any questions need to be edited or changed based on Rakhine and/or Chin's context?	Review the effectiveness of SBCC sessions in both states separately. Leave no-one-behind must be payed attention to separately in the two areas.
Please suggest most appropriate sources (both primary and secondary).	Review the legal framework and law related to social protection. Add GAD and Social protection committee particularly for questions on efficiency. Add interviews with AG's office and Social security Board.

Group 3: If the cash transfer pilot is to be scaled up in its current form, what can be the roles and responsibilities of key functionaries, at each administrative level, for implementing and monitoring the project?	
Key Questions	**Discussion Points**
Is the methodology appropriate for the purpose of this evaluation? If not, what should be changed?	Purposive sampling of townships may need to be done especially in Rakhine given the challenging context. IDP camps must be included in the sample. Wards and Villages must be appropriately and proportionately selected. Rakhine has a dynamic context. Additional villages should be selected as the final selection may need to be changed.
Are the indicators to select the townships suitable? Should some other indicators be added?	Accessibility and security should be added as criteria to sample townships and villages. Ethno-linguistic considerations should be taken into account when selecting wards and villages. Paletwa has significant cultural differences and a diverse population therefore it should be included in the sample.
According to your contextual understanding of the two states – Rakhine and Chin as well as the data provided, please recommend one township per district which should be selected in the sample along with the reason for its selection.	**RAKHINE STATE** Sittwe District – Sittwe Township Mrauk U District - Myay Bon Township Maungdaw District – Maungdaw Township Kyauk Phyu District - Kyauk Phyu Township Than Dwe District - Than Dwe Township **CHIN STATE** Falam District - Tedim Township Hakha District - Thantlang Township Matupi District - Paletwa Township Mindat District - Kanpetlet Township

Key Next Steps and Closing Remark

Daw Ei Ei Phyo, Deputy Director DSW thanked everyone for attending the workshop and requested them to provide comments on the inception report by 15 June 2019.

Annex 14: Deviations in field visit (replacement of ward/village)

The following table outlines the cases in there is a deviation between the ward/village visited and the ones outlined in the field plan. The reasons for replacing the village/ward range include poor road connectivity, landslides and risk of conflict.

	Field Work Plan	Actual Visit	Reason
Township	**Ward/Village**	**Ward/Village**	
Tedim	Lawibual	Lawibual	No deviation
	Suangphei	Teeklui	Since this is the rainy season, the roads are damaged and even locals do not recommend travelling there. In this situation, it was dangerous for the field team to travel there so they moved to Teeklui – the nearest alternative, and a safer option.
	Laitui	Laitui	No deviation
	Leilum	Leilum	No deviation
	Zozang (L)	Saizang	Zozang Village is flooded. Given this reason, it is not safe going there so our field team moved to Saizang Village – which is nearest and safe.
	Kaptel	Lailo	
Thantlang	Lungcawite	Congthia	Since this is the rainy season, the roads are damaged and even locals do not recommend travelling there. In this situation, it was dangerous for the field team to travel there so they moved to Congthia – the nearest alternative, and a safer option.
	Thantlang No (2)	Thantlang No (2)	No deviation
	Tlangrua (N)	Tlangrua (N)	No deviation
	Tikir	Thau	The roads are very bad – they've been narrowed and made slippery by monsoon – so the transportation is difficult for our field team to reach there. Given this, they moved to Thau – which is nearest and safe.
	Tikhuangtum	Hriangkhan	Since this is the rainy season, the roads are damaged and even locals do not recommend travelling there. In this situation, it was dangerous for the field team to travel there so they moved to Hriangkhan – the nearest alternative, and a safer option.
	Thantlang No (3)	Thantlang No (3)	No deviation
Paletwa	Seint Sin Wa	Seint Sin Wa	No deviation
	Ah Baung Thar	Ah Baung Thar	No deviation
	Pyin Wa	Laung Ka Du	Pyin Wa is near to the conflict area between government and ethnic armed-force so it was not safe for our field team to travel there this week. Given this, they moved to Laung Ka Du.
	Hat Lar Wa	Mee Let Wa	Hat Lar Wa is near to the conflict area between government and ethnic armed-force so it's not safe for our field team to travel there this week. Given this, they moved to Mee Let Wa.
	Twee Kin Wa	Twee Kin Wa	No deviation

	Field Work Plan	Actual Visit	Reason
	Ward No.(2), Samee Ward	Yeik Khar Ward	People who live in Samee ward moved to Yeik Khar Ward because of conflict in Samee ward. Hence, the change.
Kanpetlet	Myoma Ward (2)	Myoma Ward (2)	No deviation
	SamThar	SamThar	No deviation
	Parkum	Parkum	No deviation
	Myoma Ward (1)	Myoma Ward (1)	No deviation
	Tone Nge	Tone Nge	No deviation
	Ma Kyar Ein Nu	Ma Swi Tui	In rainy season, there are landslide and the roads are not safe to travel. Given this reason, our field team moved to Ma Swi Tui.
Maungdaw	U Shay Kya	Shwe Zarr Gone Narr	Safety concerns were raised communicated by DSW Case Manager of Maungdaw (U Kyaw Aung Sein) to Social Policy Officer, UNICEF Myanmar (Phyu Phyu), with regard to visiting this village. The replacement has been undertaken keeping in mind the beneficiary numbers. Both Phyu Phyu and DSW Staff Officer, U Kyaw Thu are aware of this change.

Annex 15: Internal quality review process

IPE Global is an ISO 9001:2015 certified company (accreditation agency: Bureau Veritas UKAS Quality Management). Quality procedures have been refined as per the ISO certified quality and procedure manual to ensure better services to employees and clients, and enhance project outputs. There is a well-entrenched system comprising of periodic departmental and peer reviews, interactive feedback mechanisms, complaint redressal and quality checks.

Quality Policy Statement: "We are committed to exceed client expectation by delivering value-for-money services that lead to the twin objectives of economic growth and social equity through continual improvement of our quality management system."

Policies, Procedures and Practices for Quality Outputs: We have policies and practices to promote quality in (i) the workplace, (ii) interaction with clients, and (iii) outputs produced by us. The human resource department is responsible for quality at the work place; we have regular reviews to check the quality of work at different stages by the certified internal auditors in each department. We place strong emphasis on effective management to ensure that projects are successfully completed on time and within the stipulated budget. We have developed an interactive approach to promote liaison between the IPE Global team and client personnel. Features of this approach, including undertaking peer review by the Directorial staff of IPE Global has proved very successful.

Quality Management System: The quality planning is done for undertaking each project so as to meet the requirements of each client and QMS requirements set under ISO 9001:2008. All activities are monitored at appropriate points/stages through collection of appropriate data in set formats. Evaluation and analysis of this data is carried out to identify problems, and take appropriate corrective actions leading to continual improvement. Deliverables to be submitted are frequently assessed by the respective team through peer review and by senior experts committed to the project. Client interaction at regular intervals helps us to give the output up to their satisfaction.

Staff for Quality Assurance: Quality of IPE Global's performance over the life of an assignment is ensured by the staff responsible for quality assurance, including Team Leader, Head of the Department which is undertaking the assignment, Project Manager concerned, Peer Reviewers, and the certified internal auditor. In addition, IPE frequently takes inputs of senior personnel and experts on outputs developed for any consulting assignment. The administration and finance wing is solely responsible for ensuring quality control in areas of administration, invoicing and other related areas.

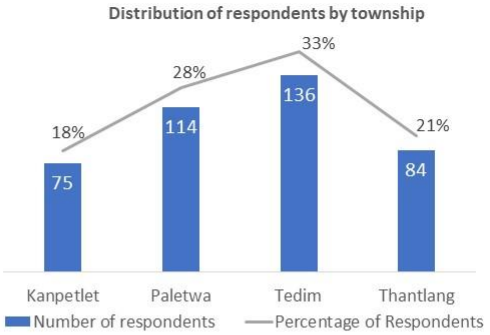
Value for Money: Our experience in providing consulting services in a competitive environment allows us to set realistic fees which are cost-effective for clients and allow the deployment of appropriate and qualified resources to meet the particular needs of each project undertaken. In addition, we are continually developing our systems to provide improvements to our services and to make our processes more cost efficient. In this regard, the implementation of our QMS supported by a commitment to Total Quality Management ensures we remain in the forefront of our industry in terms of value and service provided.

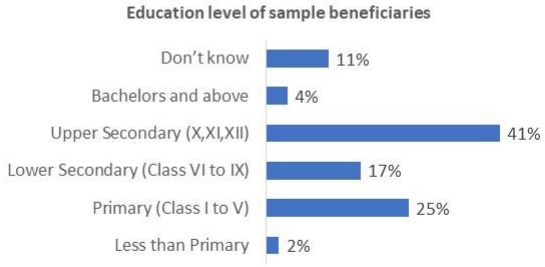
Internal Controls: IPE Global has set up an internal complaint redress system which works through certified internal auditor in each department and the Human Resource Department. Any complaint during the process of work and even after completion of the project is immediately brought to attention of the Head of the Department undertaking the assignment, and is addressed at the earliest by the Head of Department, Peer Reviewer, and/or the assignment Team Leader.

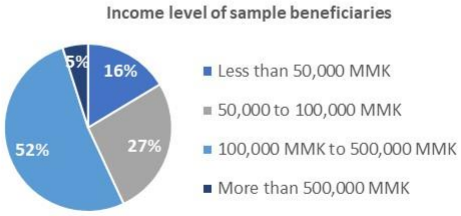
Annex 16: Key findings – Chin State

Sample Profile (Chin)

- 409 beneficiary respondents in Chin State. 14 percent (57) were pregnant women and 86 percent (352) were mothers of a child under the age of two years.
- 36 percent of respondents were from wards. Township-wise distribution was determined using PPS methodology.
- The sample covered beneficiaries having varied education profiles and income levels



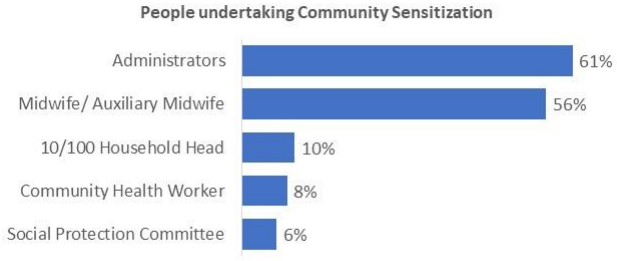




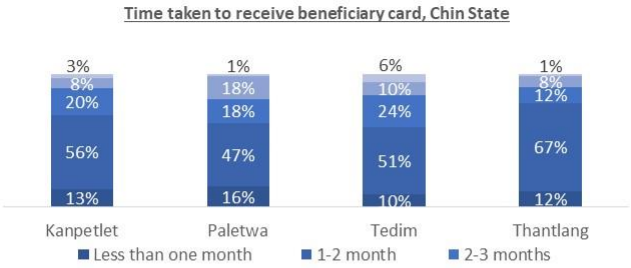
- A good mix of beneficiaries in terms of duration of participation in the programme: 38 percent had received 1 to 5 instalments; 43 percent had received 6-10 installments and 19 percent had received > 10 installments

Community Sensitization and Coverage

- 78 percent beneficiary respondents stated that they were aware that community meeting, led by the ward/village administrator, was undertaken to share information on the MCCT programme.
- Only 22 percent beneficiaries stated that they had learnt about the MCCT programme at these meetings. It is therefore likely that while community meetings are being held but were not attended by a large number of beneficiaries.
- All beneficiaries knew that being pregnant or having a child under the age of 24 months were the only criteria to enrol into the programme and that there was no income criteria for registering.
- Midwife and Administrators are mainly undertaking sensitization activities.
- No evidence of social or economic exclusion was found either in discussion with beneficiaries or with implementing agents.
- Moreover midwives and ward/village administrators mentioned taking extra care to ensure inclusion of all.



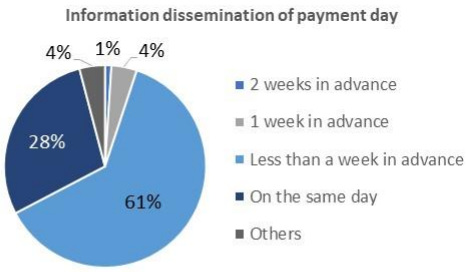
Registration



- The registration process is taking place smoothly as per guidelines and 92 percent of beneficiaries stated that they were able to register in the programme in the first attempt itself
- 99 percent stated that the Registration Form Book was filled in the presence of the beneficiary or her proxy.
- 54 percent beneficiaries received their beneficiary card within 1-2 months of registration. 30 percent however received it only 2 months after registration.
- 48 percent of respondents stated that the health centre documentation regarding pregnancy was required for enrolment into the MCCT Programme. However both beneficiaries and implementors confirmed that not having MCH card or NRC does not stop registration.
- Birth certificate was one document that sometimes led to a delay in child registration.
- Several respondents raised an important point that most mothers do not get to know of their pregnancy before the 2nd or 3rd month and thereafter when they register, they lose out on getting payment for at least one month.
- 79 percent of beneficiary respondents stated that it took less than half an hour to reach the registration point. In Paletwa however the travel time was higher due to Inclement weather conditions and difficult terrain.
- Case Managers wanted to streamline the forms required for registration. They claimed that there were too many forms and it was confusing for administrators to understand.

Cash Disbursement

- Cash disbursement is taking place every 2 months in Kanpetlet and Thantlang. However, 22 percent in Paletwa and 10 percent in Tedim, claimed that cash disbursement is irregular and takes place less frequently.
- Fund flow and distribution of cash to beneficiaries is in line with the operations manual. Moreover, 98 percent of beneficiaries responded that all cash transfers are recorded in the beneficiary card.
- 82 percent said that the ward administrator tells them about the date of cash disbursement, however 28 percent beneficiaries reported that they were informed of the cash distribution on the same day.
- Almost all beneficiaries were aware of the amount of cash they are supposed to receive and went regularly to collect the cash.
- No evidence of corruption or leakages was found.
- Clear guidelines on what is supposed to be done if beneficiaries do not come to collect the cash was missing in the operational guidelines.



Cash Disbursement *(contd..)*

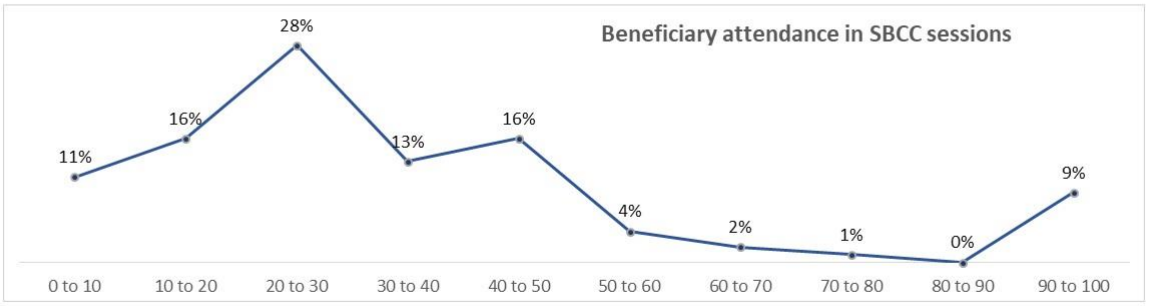
- In most cases the beneficiary herself is designated to receive the cash (87%) while in 12 percent of cases it was the husband.
- 96 percent of the respondents claimed that they did not have to spend any money to reach the pay point. The remaining 4 percent spent an average of 800 kyat on travel, ranging between 500 to 1000 kyat.
- Only 59 percent of beneficiaries stated that two witnesses were present and signed when cash was disbursed. 33 percent said that no witnesses were present to sign. However, Administrators claimed that witnesses are present and only if they sign, cash is given.
- Ownership of mobile phones by beneficiaries was 76 percent in wards and 46 percent in villages. However, 95 percent of families in wards and 76 percent of families in villages owned a mobile phone.
- Very few beneficiaries (7% in wards and 3% in villages) said that they use a mobile payment application.

Waiting time to receive cash

Time	Kanpetlet	Paletwa	Tedim	Thantlang	Overall
< 15 mins	47%	20%	10%	65%	**31%**
15 – 30 mins	33%	9%	17%	29%	**20%**
30 – 60 mins	15%	36%	37%	6%	**26%**
> 60 mins	5%	35%	37%	-	**23%**

SBCC Sessions

- 99 percent of beneficiaries shared that Mothers Support Group Meetings (SBCC sessions) are regularly held in their village. This is possibly due to the incentive received by midwives for conducting sessions.
- 77 percent beneficiaries stated that they regularly attend the SBCC sessions, however, during FGDs several beneficiaries stated that had never attended an SBCC session.
- 62 percent stated that the SBCC sessions take place on a monthly basis while around 25 percent said they take place every 2 months. Midwives claimed that the sessions take place every month



- Beneficiary response to attendance in the sessions was mixed and ranged from <10 to >90. According to the guidelines, no group is supposed to have more than 30 members.

SBCC Sessions *(contd..)*

- Most midwives said that they were given training handbook and were told which topics to conduct the training on. Several midwives said that the IEC material is available only in Burmese and not in local dialects
- Though 96 percent beneficiaries stated that practical demonstrations and tools were used during the sessions, however, Midwives had a mixed response with approximately half of them stating that they use pictures and other tools to illustrate concepts, while others half mentioned that no such methods were used.
- Overall, the SBCC sessions were quite long with 57 percent of beneficiaries sharing that they last longer than one hour.
- Beneficiaries recommended that more and regular SBCC sessions be held with smaller groups size. Further, several beneficiaries and village administrators saw merit in having the SBCC sessions on the day of the cash transfer. Higher attendance is witnessed where this is followed. Midwives however stated that they are busy with immunization activities during the time of cash distribution.
- All implementing agents and several beneficiaries felt that the beneficiaries attending the SBCC sessions alone will not have much of an impact as husbands and in-laws are influencers and decision-makers.

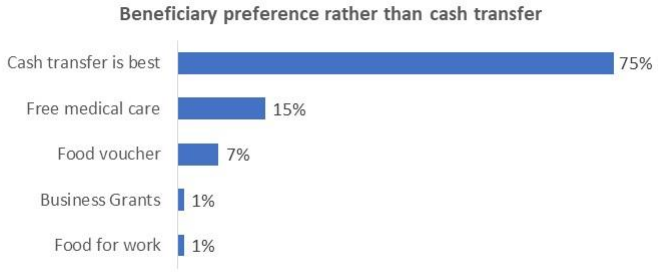
Knowledge, Attitude and Practices

- Overall, improvement in knowledge, attitudes and practices of beneficiaries is seen - most notably around breastfeeding, consumption of Iron & Folic Acid tablets and vaccination. However, awareness of complementary feeding and measures to prevent anaemia remain areas of improvement.
- 99 percent of beneficiaries answered that the first food a new-born baby should receive is breast milk. 97 percent of the respondents also stated that they have breast-fed their baby. 99 percent of respondents said that they consumed iron pills or vitamin tablets during pregnancy.
- 56 percent of the respondents had heard about anaemia. Of those who had heard about anaemia, 27 percent did not know any measure to prevent it.
- Almost all beneficiaries were aware that their child needs to be vaccinated and 97 percent of mothers of children under the age of two had gotten their child vaccinated
- Village/Ward Administrators and Case Mangers also stated that there is an improvement in knowledge of beneficiaries.

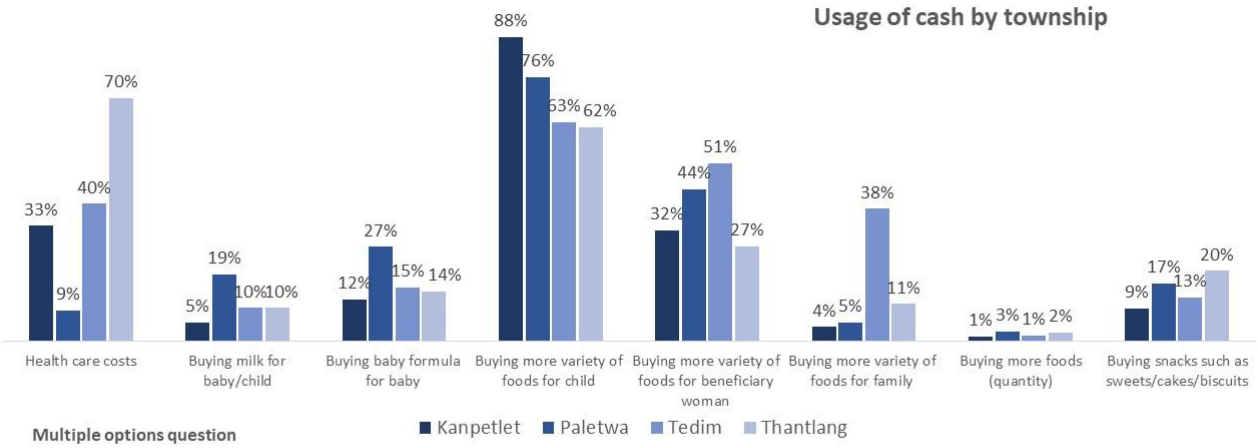
"When we went to PDM, we asked questions about health-related topics. They were not able to answer at first but later we witness much improvement in them." – **DSW Case Manager, Chin State**

Cash Usage

- 99 percent of the beneficiary respondents as well as implementing agents stated that the cash transfer had increased access to better health and nutrition for them and their child.
- Concern regarding actual use of cash was expressed by midwives as that cannot be monitored. Some felt that it was being used for household expenses even though its proper use was repeatedly told. Midwives expressed concern that access to food is difficult so nutrition sessions should be specially designed according to food availability.
- It was also stated that cash transfer once every two months means that a higher amount is given, which may not be used for nutrition or health but rather for settling debts or other larger expenses
- 75 percent of the respondents stated that they prefer receiving a cash transfer over all other options.
- 31 percent responded that they had to borrow to cover the cost of food/health for themselves and their children even after receiving the cash transfer.



Cash Usage *(contd . . .)*

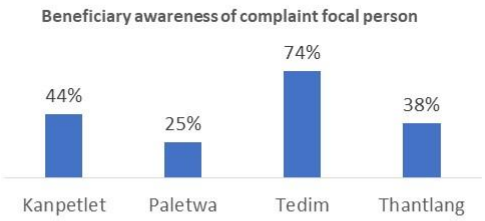


Multiple options question

- 93 percent of respondents claimed that they themselves make the decision about how the cash transfer is to be used.
- Almost all the respondents stated that there have been no conflicts regarding how the cash transfer is to be used in the households.

Grievance Redress

- Very few instances of formal grievances being lodged were found. Implementers stated that problems that occur are minor and get rectified soon without the need of a formal complaint. No beneficiary claimed facing any problem in accessing the cash payments
- An MCCT Coordination Committee member mentioned that data errors sometimes lead to delays and grievances, however these are rectified, and warning are given to administrators
- Only 45 percent beneficiaries were aware that there was a complaint focal person. This also varied significantly across township. Even among implementers, not all were aware of this position
- Among those who knew about the complaint focal person, only 48 percent said that they had been briefed on where and how to register complaints.



- Process of selection of complaint focal person is not clear. During discussions beneficiaries mentioned that people may not be lodging complaints due to fear of retribution. They opined that an un-biased person who is trusted by the community be given this job.

Programme Monitoring

- Post-Distribution Monitoring (PDM) is regularly undertaken and three PDMs have been completed so far.
- Field visits are also claimed to be undertaken by MCCT State Coordinator as well as Township Case Managers. However, no uniformity in number of visits each month or monitoring mechanisms was found.

"Depending on the free time, we go to the village and monitor the cash disbursement programme. We can only go to 3 to 4 places. We can't reach difficult places due to lack of transport" - **DSW Case Manager, Chin State**

- According to the guidelines, the Case Managers are supposed to submit programme monitoring forms for each ward and village visited, however it is not clear if these processes are being followed.
- Use of technology for programme monitoring is currently not present and it is a paper-based system.
- Third-party monitoring systems were found to be absent.
- A social protection MIS is currently being developed, which would be useful for monitoring. However, collection and validation of data given that there is no field-level DSW functionary is a challenge
- As a unique identification id is not compulsory for registration, removal of duplicates is challenging.

Training

- All implementing agents in Tedim and Kanpatlet townships confirmed receiving training on the MCCT programme and had received the operational guidelines. In Paletwa and Thantlang townships, majority of ward & village administrators claimed that they had not received any trainings.
- In Tedim and Kanpetlet, a cascading model for trainings was reported whereby the State Coordinators and Case Managers received trainings from the national level staff and they gave trainings to the Ward Administrators
- The MCCT State Coordinator stated that the quality of training material was good and most Ward Administrators had the operational manual.
- Most respondents said that they received training(s) only during the beginning of the programme and not any follow up training/afterwards.
- Midwives felt that regular training on SBCC is needed to be able to effectively conduct the sessions. Moreover, there was some confusion about when the general health sessions that are to be taken (about polio, TB, vaccination etc.) and when the monthly sessions which are specific to the MCCT programme.
- A key point raised by Midwives was that all the training material including pamphlets and charts was in Burmese language, which is not understood by majority of the population.

Key Takeaways (Chin)

- MCCT is a universal programme with a self targeting mechanism. While awareness of the program is high, time and effort is required on part of the beneficiaries to register in the programme.
- For programme registration, identification document (National Registration Card) was asked for but, keeping with its universal nature, is not a strict requirement for programme registration. However, in the longer run as the program expands, a unique id will be required to eliminate duplication, manage portability across geographies, manage exits and ensure tracking and monitoring.
- Greater clarity needs to be provided to Administrators with regard to the requirement of birth certificate for child registration.
- Women are often not getting their entire entitlement, due to late registration of pregnancy.
- Ensuring the presence and signature of witnesses during beneficiary payments needs to be strengthened. However, if there is move towards electronic payments, this need will be eliminated.
- For a shift to mobile payments, supportive activities to make the beneficiaries comfortable with the process will be needed.
- In Chin, the MSG sessions are fairly regularly given the fact that incentives are being given to the midwives. Lack of incentives and pressure of other activities can affect the regularity of sessions.

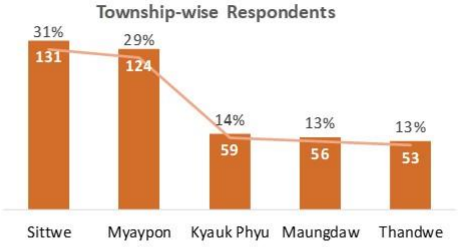
Key Takeaways *contd..*

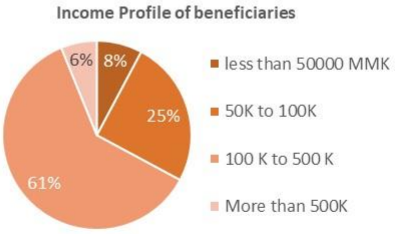
- Ensuring beneficiary attendance in Mothers Support Group is a key challenge. If it is difficult to combine these sessions with the payment day, alternate ways of incentivising attendance need to be considered.
- As a part of SBCC, currently standard messages are delivered across all states. A need for customised messages depending on the local availability of food and health services – particularly in difficult to reach and conflict areas.
- IEC material in local dialects is a critical requirement to improve awareness levels.
- The operational manual did not come across as a very used document by implementing agents.
- The grievance redress system needs to be strengthened starting with greater awareness of the complaint focal person.
- Apart from PDM, the occurrence and use of spot-checks, field visits, validation of proxies etc. is not visible.

Annex 17: Key findings – Rakhine State

Sample Profile (Rakhine)

- 423 beneficiary respondents in Rakhine State. 4 percent (17) were pregnant women and 96 percent (406) were mothers of a child under the age of two years.
- 40 beneficiary respondents across 4 IDP Camps were also interviewed.
- 58 percent of respondents were from wards. Township-wise distribution was determined using PPS methodology.
- The sample covered beneficiaries having varied education profiles and income levels

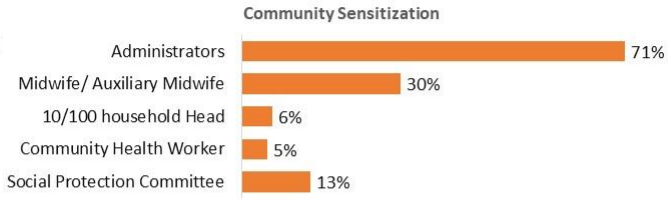




- A good mix of beneficiaries in terms of duration of participation in the programme was also present. 28% had joined in 2017, 28% in 1st half of 2018 and 26% in the 2nd half while 17.4% had registered after January 2019.

Community Sensitization and Coverage

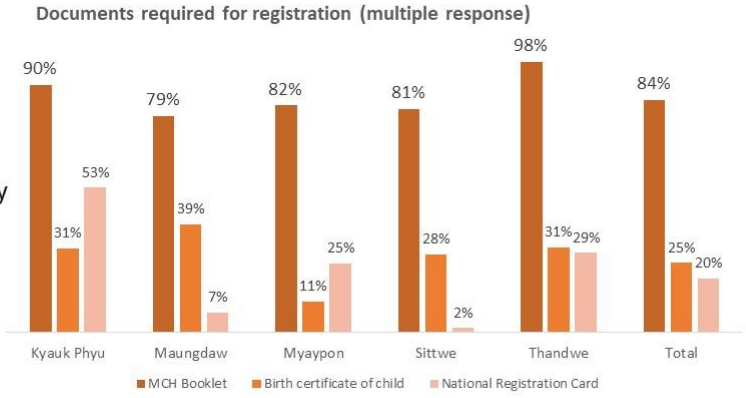
- 63 percent of the beneficiaries stated receiving information on MCCT through community sensitisation meetings organised by the Ward/Village Administrators. The rest were informed by midwives during visits to the health facility.



- Most beneficiaries knew of the selection criteria for the programme and only 1 percent of the beneficiaries thought that 'being poor' was a criteria for enrolment.
- Most implementing agents and beneficiaries stated that posters and other written material were not widely used. A mix of Rakhine and Burmese languages are used for information dissemination. However, 2 Midwives mentioned that Arabic language was also used.
- Neither community members nor implementers stated any case of exclusion due to ethnic, social or economic considerations.
- Respondents did say that some pregnant women/mothers and children were excluded due to issues related to documentation such as ANC cards for women and immunization card for child. It is possible that due to the recent 'mobile teams' being used for registration, these health activities are considered to be "conditions" for registration.

Registration

- Registrations are being done as per the operations manual. 95 percent of beneficiaries reported that registration form was filled in their or their proxy's presence. In Thandwe however only 79 percent beneficiaries stated this.
- Majority (84%) of the beneficiaries said MCH booklet is needed to register in the programme, while 25 percent said the child's birth certificate is required and 20 percent said NRC was needed.
- 40 percent beneficiaries stated that it took over 3 months to receive their MCCT beneficiary card while 20 percent said it took 2-3 months.
- In IDP camps, 58 percent beneficiaries stated that they received the beneficiary card 3 months after registration.
- Almost all beneficiaries stated that it took less than one hour to reach the registration point.

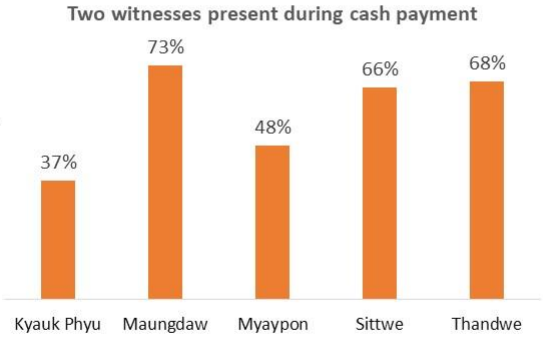


Cash Disbursement

- Over 80 percent beneficiaries stated that cash transfer is not happening every three months. Implementing agents confirmed that in several areas cash disbursement is only taking place once every 6 months.
- Difficulty in last mile delivery by mobile teams was reported by State MCCT Coordinator and GAD officials due to challenging travelling conditions and inclement weather.
- All IDP camp respondents stated the cash transfers are recorded in the beneficiary payment form, and that they (or their proxy) sign on the beneficiary payment form after receiving the cash transfer amount.
- One surprising finding was that implementing agents claimed that they only gave the cash transfer amount to beneficiaries if they were vaccinated even though this is not a part of the operations guideline.
- 85 percent said that the ward administrator tells them about the date of cash disbursement. 21 percent beneficiaries reported that they were informed of the cash distribution on the same day.
- 90 percent of the beneficiaries had to travel less than 30 minutes to reach the payment point however 46 percent stated that they had to wait for more than 1 hour on an average to receive the cash at the payment point.
- 42 percent of the beneficiaries stated they had to spend money to reach the payment point. Most of them spent money in the range of 1000-2000 MMK.

Cash Disbursement *(contd..)*

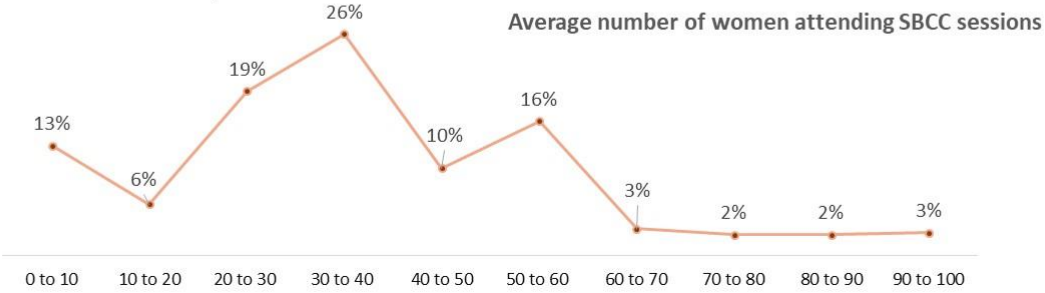
- None of the beneficiaries mentioned paying any proportion of the cash transfer to implementing agents, however, some administrators mentioned that beneficiaries had willingly given them some amount as a gesture of goodwill. In IDP camps, 95 percent of the respondents were concerned about their safety and security while collecting cash payment. No specific instances of problem faced were however cited.
- The requirement of two witnesses being present to sign during the cash disbursement process had mixed feedback. In IDP camps, 88 percent of the beneficiary respondents stated that 2 witnesses were present during cash distribution.
- 81 percent of respondents in wards and 73 percent in villages had at least one cellphone in their household.
- 51 percent beneficiaries in wards, 41 percent in villages and 65 percent in IDP camps owned a cellphone themselves.



- 40 percent of the beneficiaries in wards and villages and 7 percent in IDP camps felt that it would be more convenient if the cash transfers were sent via a mobile app.

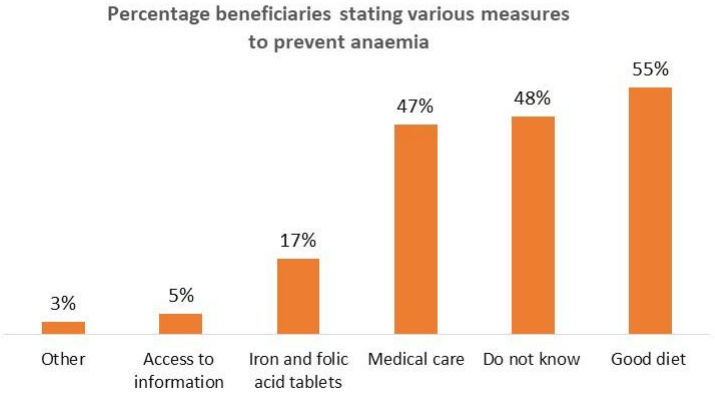
SBCC Sessions

- 95 percent of beneficiaries shared that the SBCC awareness sessions are taking place. However, it is likely that beneficiaries are unable to distinguish with the mobile teams providing information or other health and nutrition education sessions.
- 37 percent of the beneficiaries in wards and villages and 65 percent in IDP camps mentioned that SBCC sessions were being conducted on a monthly basis. However, 12 percent of the beneficiaries claimed that the SBCC sessions were conducted once in a year.
- Two-thirds of the beneficiaries claimed regularly attending SBCC sessions. The results are particularly positive for Sittwe wherein 80 percent of the beneficiaries stated that they regularly attend these sessions.
- 43 percent of the beneficiaries said that the SBCC sessions last for more than 1.5 hours and attendance in these sessions was mostly between 20-60 women.



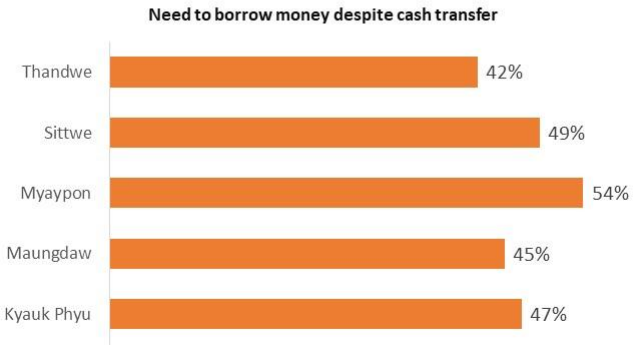
Knowledge, Attitude and Practices

- Beneficiaries correctly answered that the first food a new-born baby should receive is breast milk. 97 percent of the beneficiaries claimed that they breast fed their children.
- Only 59 percent of the beneficiaries knew about anaemia, however, knowledge about anaemia prevention was not very good.
- 99 percent of the beneficiaries claimed to have taken iron pills or vitamin tablets during their pregnancy.
- 98 percent of the beneficiaries were aware of the need to vaccinate their child and 95 percent had got their child vaccinated.

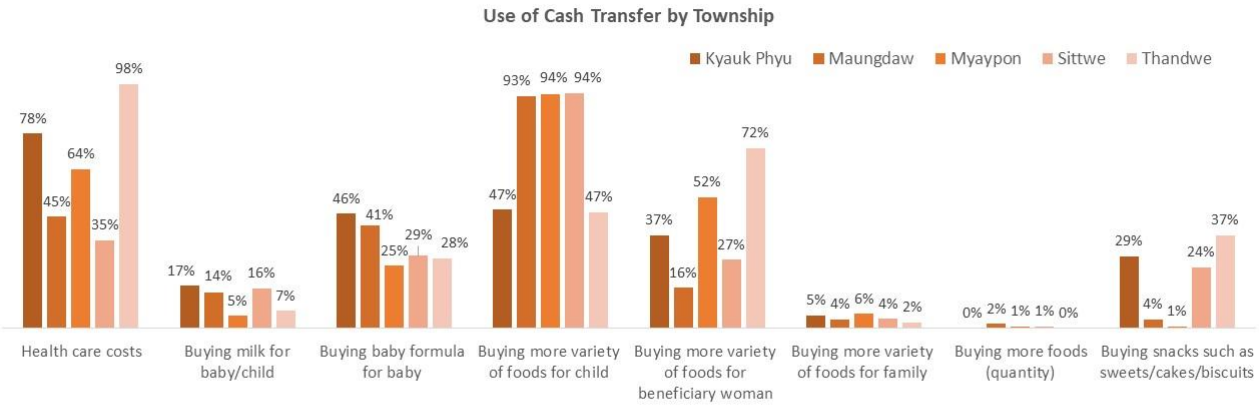


Cash Usage

- Except for 10 percent beneficiaries in Sittwe, all other respondents said that the cash transfer had increased access to better nutrition and health services for themselves and their children.
- Implementing agents mentioned that there has been a gradual shift in the spending of the cash transfer – from household expenses to the nutritional needs of the beneficiaries and their children
- 78 percent beneficiaries did say that they prefer cash transfer over any other type of direct benefit transfer while 17 percent said that free healthcare would be preferred.
- Almost 50 percent of the beneficiaries in wards and villages and 65 percent in IDP camps confirmed that they had borrowed money to cover the cost of food and healthcare even after receiving the cash transfer amount and this was true across all townships.
- 91 percent of respondents said that the beneficiary woman decides how the cash transfer amount should be used while 8 percent said that their husbands decided.



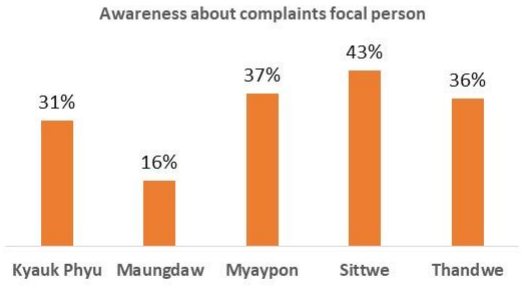
Cash Usage *(contd. . .)*



- 80 percent of beneficiaries stated that they used the cash transfer amount to buy more food for their babies and 39 percent said that they used it to buy more food for themselves.
- Use of the cash transfer to buy baby formula is quite high generally and especially in Kyaukphyu and Maungdaw.
- The need to use the cash transfer money to cover health care costs was particularly high in Kyaukphyu and Thandwe. This included transportation costs, medicines and consultation fees.

Grievance Redress

- As per the operational guidelines, beneficiaries can register complaints using a DSW hotline number, by mail or post or through the complaint focal person. However, there was no mention of a DSW hotline number by either beneficiaries or implementing agents.
- Almost all beneficiaries said that they did not face any challenge accessing/processing payments. However, implementing agents said that there were some complaints due to delay in payment.
- Administrators also mentioned some complaints as beneficiaries do not clearly understand the programme's tenets such as condition on spacing of birth of children in the family.
- Case Managers stated that they resolved complaints by providing clarity to the beneficiaries on the documents required for accessing and processing the cash payment
- Only 35 percent beneficiaries were aware that there was a complaint focal person in wards and villages. In IDP camps however 80 percent respondents were aware of the complaint focal person



- Among those who knew about the complaint focal person, only half said that s/he briefed them about where and how to register complaints.

Programme Monitoring

- Project data monitoring started late In Rakhine. However, one PDM cycle is now complete and the report was published in September 2019
- Most implementing agents were aware of their responsibilities with regard to programme monitoring, but few confirmed that they actually conduct it.
- Township Case Managers stated that they went for monitoring whenever they had the time. They also mentioned that they had to fund their own transportation during field visits and spot checks for programme monitoring.
- Shortage of staff and lack of field level DSW officers was a common complaint attached to monitoring.
- In Myaypon, the implementing agents mentioned an interesting way of monitoring cash disbursement data – via Viber chat.

"I created a viber chat group with administrators. They can send picture of the sheet with signatures of beneficiaries via viber after they give the cash to them"– **GAD Officer, Rakhine State**

Training

- Administrators had mixed responses when asked whether they had received any training regarding the MCCT Programme. While in Sittwe, most confirmed that they had received training, many agents in Myaypon, Maungdaw, Thandwe and Kyaukphyu stated that they had not been trained
- Many implementing agents – from the state to the ward level particularly ward/village administrators – did not have the Operations Manual. Some were not even aware of it.
- Some implementing agents from GAD stated that they had received trainings in the form of 'coordination meetings' which was attended by implementing agents from various levels.
- Midwives and auxiliary midwives felt that the trainings provided to them were generalized and not sufficient. Some requested for a refresher course in the trainings

Key Takeaways (Rakhine)

- Exclusion due to non-availability of documentation such as, ANC cards for women and immunization card for child was found.
- Regularity of payment is a key concern, especially in conflict affected and difficult to reach areas. Giving large lumpsum payments rather than small regular payments increases the chance of alternate use of the cash thereby defeating the purpose of the cash transfer.

- Currently SBCC sessions are not taking place regularly in Rakhine. Further, other health and nutrition sessions are taking place, however, it may not be possible for the beneficiaries to distinguish between MCCT session or other session. With the start of regular MCCT in Rakhine, there needs to be renewed focus on monthly SBCC sessions.
- Gaps in knowledge and practices especially around complementary feeding, use of baby formula and anaemia was found.

Key Takeaways *contd..*

- Though some of the beneficiaries knew about the complaint focal person, however evidence of awareness around and use of the beneficiary helpline for grievance redress was not found.
- There is a high level of turnover in several field level positions and trainings are not happening regularly particularly raised by GAD Ward/Village Administrators and Midwives. Further most administrators do not have the operational guidelines.

- The cascading model of training is useful, however, better enforcement and follow-up on regularity and quality of trainings for administrators in particular, is needed.
- The need of a focal point with clear responsibility and oversight over individual cases with a mandate to ensure support from across sectoral services was found.
- Coordination between the DSW, MoHS and GAD at different administrative levels in terms of information sharing, case management and capacity building needs to be strengthened.

Annex 18: Team composition

Ashish Mukherjee (International, Team Leader): Ashish has over 19 years of experience of leading and managing various long-term evaluations and technical assignments in the areas of education, health, nutrition and social protection. He has vast understanding of various evaluation techniques, data analysis and evidence-based research methodologies. He brings on-board extensive experience in conducting qualitative and quantitative evaluations. His skills lie in M&E, surveys & research studies, programme planning & leading multi-disciplinary implementation teams. He has broad experience of working as a Team Leader with government and non-government bodies and multilateral and bilateral donor agencies like UNICEF, DFID, ADB, The World Bank, etc. across South and East Asian countries. He also has strong technical know-how of UN's human rights, gender equality and equity agendas. Ashish has recently completed *evaluation of the CARD and UNICEF Cash Transfer Pilot Project for Pregnant Women and Children in Cambodia*. As the Team Leader, he undertook formative research, designed survey instruments and developed the final report, which received a highly satisfactory rating. Other relevant projects performed include *RajPusht: Transforming Social Protection for Pregnant and Lactating Women through Direct G2P transfers in Rajasthan* and *UDAAN: A 360-degree Approach to Prevent Adolescent Pregnancy in Rajasthan.*

Priyanka Roy (International, M&E Expert): Priyanka brings with her an experience of more than a decade in the monitoring, evaluation and learning (MEL) domain. She has worked across sectors and has extensive experience of undertaking formative and summative evaluations, socio-economic surveys, baseline research, situational assessments and research studies. She has worked across social sectors and across geographies for different government departments/ ministries and international donors, including UNICEF. She has a vast range of experience in conducting qualitative and quantitative studies, in developing field survey instruments, in coordinating and conducting field work, in performing policy analysis, and in preparing evaluation reports. In the past, she has been involved in preparation of evaluation frameworks to evaluate appropriateness of project design, efficiency and adequacy of the programmes' implementation on the ground, and its impact. Relevant projects include *Final Evaluation of the "Promoting Effective Sexual and Reproductive Health Services and Rights (SRHR) in Hard-to-Reach, Underserved Cultural Minorities' Areas along the Sino-Burmese Border in Myanmar Project (DFID), Child Protection System Mapping and Assessment in Bangladesh (UNICEF), Children in Conflict: Situational Analysis of Child Protection in Conflict Affected States (UNICEF), Effectiveness Analysis of RMNCH+A Communication Branding Initiative in Public Facilities (UNICEF) and Formative Research on Maternal and Child Health Behaviour (BBC Media Action).*

Kriti Gupta (International, Programme Manager/Researcher): Kriti is an Assistant Manager at IPE Global and brings in 4.5 years of experience in quantitative and qualitative data analysis, designing surveys and research. She is trained in undertaking quantitative data analysis using STATA and SAS software. Kriti has experience in Finance and International Development sectors, with specific expertise in Socio-Economic and Health Assessments, Economic Profiling, Primary Data Collection, Risk Management, Credit Rating & Reporting and Financial Analysis. She has experience in undertaking evaluations in India, Cambodia and Africa. Her most recent assignment includes *Evaluation of the CARD and UNICEF Cash Transfer Pilot Project for Pregnant Women and Children in Cambodia*. As a part of this formative evaluation, she developed the evaluation methodology, sampling plan and data collection tools with the Team Leader. She also undertook literature review and primary data collection along with analyzing quantitative and qualitative data and assisting in report writing.

Rai Sengupta (Analyst): Rai is an Analyst at IPE Global and brings in 1.5 years of experience in quantitative and qualitative data analysis, stakeholder consultations, primary data collection, risk management and research. She has experience in nutrition, education, and business modelling and livelihood strategy development. Rai has recently concluded work on a GIZ funded *'Scoping Study for Agriculture-Energy Nexus in Rural Areas of Delhi'* where she undertook primary data collection, secondary literature review, stakeholder consultations, value chain mapping and quantitative analysis.

Annex 19: Reference group members

Sl.	Name	Title	Organisation
1	U Kyaw Lin Htin	Director (Social Protection)	Department of Social Welfare (Lead of Reference Group)
2	Dr. Shein Myint	Assistant Director (SBCC)	Department of Social Welfare
3	Dr. Phyu Phyu Aye	Director (HLPU)	Health Literacy Promotion Unit
4	Nangar Soomro	Social Policy Specialist	UNICEF Myanmar
5	Brett Ballard	Policy Specialist	LIFT/UNOPS
6	Francesca Lamanna	Senior Social Protection Specialist	Social Protection Labour & Jobs, WORLD BANK
7	Nicolas Guillaud	Thematic Advisor	Food Security & Livelihood, Social Protection Save the Children, Myanmar
8	Marco Prinipi	VAM Specialist	Vulnerability Assessment Unit, World Food Programme
9	Dr. Sein Hlaing	National Health Director	Health Unit IRC, Myanmar

In addition to the core group, reports/deliverables will be shared with the extended group of following key UNICEF Staff for their review and feedback:

- Samman Thapa (Chief of SPCRM), UNICEF
- Riccardo Polastro, Regional Evaluation Adviser, UNICEF
- UNICEF Chiefs of Field Office in Rakhine and Chin