Inception Report - Draft

Country-led Formative Evaluation of the Maternal and Child Cash Transfer Programme in Chin and Rakhine States in Myanmar

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Country-led Formative Evaluation of the Maternal and Child Cash Transfer Programme in Chin and Rakhine States in Myanmar

Inception Report – Draft

Submitted to:

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Title	:	Inception Report for the 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 – December 2019
Date of the Report	:	28 June 2019
Submitted to	:	Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Rehabilitation, Government of Myanmar & UNICEF Myanmar
Country	:	Myanmar
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Name of the Organization Commissioning the Evaluation	:	Department of Social Welfare (DSW), Ministry of Social Welfare, Relief and Resettlement with support from UNICEF Myanmar

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Executive Summary

The Department of Social Welfare (DSW) under the Ministry of Social Welfare Relief and Resettlement (MSWRR) is leading the coordination of the social protection agenda in Myanmar and is in charge of the implementation of three ongoing flagship programmes, one of which is the Maternal and Child Cash Transfer (MCCT) Programme. UNICEF Myanmar, on behalf of DSW, has contracted IPE Global Limited to undertake, in partnership with Kantar TNS., a *Country-led Formative Evaluation of the Maternal and Child Cash Transfer Programme in Chin and Rakhine States in Myanmar*.

The inception report provides the purpose, objectives and scope of the evaluation, as well as, the proposed approach and methodology to conduct the same. The report also explains the timeline and action plan for delivery of evaluation outputs. The report has been prepared based on a combination of document review; discussions with DSW, UNICEF, government representatives, development partners, NGOs and program stakeholders- during the Inception Mission; and the outcomes of the Inception Workshop conducted on 7th June 2019 in Naypyidaw, which was led by Dr. San San Aye, Director General-DSW. Together, these have been used to prepare the evaluation matrix, field plan and data collection tools to be employed in evaluating the project.

Overview of the intervention

The MCCT programme, led by DSW, aims to empower pregnant and lactating women with additional purchasing power **(MMK 15,000 per month/10.5 USD)** to meet their basic needs during the first 1,000 days along with complementary Social and Behavior Change Communication (SBCC) nutrition awareness sessions. The ultimate objective of the MCCT Programme is to improve nutritional outcomes for all mothers and children during the critical first 1,000 days of life given that the time from conception to 24 months of age can perpetuate an intergenerational cycle of poor nutritional status. The MCCT programme started in **Chin State** and later expanded to **Rakhine State** and **Naga region**. As of April 2019, the MCCT programme in Chin State had registered more than 30,520 women beneficiaries. The Rakhine MCCT Programme began payments in January 2018 and over 91,820 beneficiaries have received cash transfers till April 2019.

Purpose, objectives and intended audience

The primary purpose of this formative/process evaluation is to foster learning and improvement within the MCCT Programme by reviewing the design and implementation modalities of the programme. It also seeks to set out lessons learned to strengthen the MCCT Programme in Chin and Rakhine and to inform the replication and scale-up of the Programme.

The key objective of this evaluation is to analyze the extent to which the MCCT Programme has been appropriately designed, efficiently and effectively implemented including its cost-effectiveness. Other objectives include an assessment of MCCT's institutional capacity at various levels, and an analysis of the sustainability of the programme.

The primary user of the evaluation is DSW and implementing partners i.e. the Department of Public Health (DoPH) of the Ministry of Health and Sports (MoHS) and the General Administration Department (GAD). The evaluation will also provide important feedback to relevant social protection development partners. Secondary users include other government agencies involved in cash transfer programming in Myanmar, civil society organizations, beneficiaries particularly women, and children and their family members.

Key evaluation questions

The evaluation is hinged upon the OECD Development Assistance Committee (DAC) criteria of **relevance, efficiency, effectiveness** and **sustainability**. Impact as a criterion is not being evaluated given this is a formative/process evaluation and only two years have passed since cash transfers started in Chin State.

An evaluation matrix has been developed to provide a framework for collection, analysis and assessment of data. The programme will be assessed using the overarching evaluation questions given below:

- Appropriateness and effectiveness of information dissemination, cash flow across various implementing levels, cash disbursement systems, financial management system, grievance redress mechanisms and programme monitoring.
- Adequacy of the size and regularity of the cash transfer and usage of the cash by beneficiaries.
- Effectiveness of the complementary SBCC sessions including change in knowledge, attitudes and practices through a KAP study.
- Cost effectiveness of the programme.
- Sustainability of project given the existing implementation capacity of the government.
- Equity of project design and delivery including issues of gender and human rights.

Evaluation methodology

The evaluation is **formative** in nature and will identify and assess the processes, outcomes and effectiveness of the project. This will include linking the activities to long term goals and identifying lessons from the experience to inform sustainability of this project. A **mixed methods approach** is being followed – combining quantitative and qualitative primary data collection along with drawing on key project documents including policy, design and implementation documents. Primary data collection tools will include Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), survey interviews and case studies.

An important methodological aspect of this evaluation is its **participatory and learning-oriented nature**, involving stakeholders in the design and development of the evaluation process, through interviews at both national and sub-national levels. Discussions during the inception mission with DSW, GAD, MoHS officials at the Union Level, development partners, NGOs and the UNICEF team and the inception workshop provided inputs to finalise sampling, data collection tools, key evaluation questions etc. Equity, gender and human rights are the overarching themes of the evaluation design. The methodology has been divided into **3 phases** for the execution of this assignment:

Phase I: Inception - In the Inception Phase, in-depth desk review and analysis of secondary literature was undertaken. Further the team delved into stakeholder mapping to prepare a strategy for identifying and contacting different stakeholders during the course of the evaluation. The Evaluation Matrix, Work Plan, Field Plan and Methodology were finalised and an Inception Mission was undertaken to meet key stakeholders in Naypyidaw, Yangon and Chin State. This helped obtain an understanding of the finer details of the MCCT Programme design, delivery and ground-level functioning. Further, the sampling plan has been arrived at in close consultation with key stakeholders at the Inception Workshop.

Phase II: Data collection - Field-testing of the data collection tools will be conducted based on listings of one village or ward, which is not a part of the sample. Based on the findings of the field-

test, the data collection tools will be modified and finalised. After the training of enumerators, primary data will be collected at State, District, Township and Village Level. KIIs with high level stakeholders will be used to understand the high-level objectives, mandate and policy discourse surrounding the for the MCCT programme. FGDs will be conducted with beneficiaries and other community members to record unintended results and satisfaction from the programme, as well as sustenance of lessons after exiting the programme. Beneficiary surveys for a sample of approximately 800 beneficiaries will be conducted in all districts of Rakhine and Chin State. In order to understand how the beneficiaries and their families have used the money provided, a case-study approach will be adopted. The case studies will be used to identify outliers of the programme – examples which show remarkable results or unintended impact of the programme. An initial findings' report/presentation based on formative results will be created to understand different perspectives around specific findings and preliminary recommendations. These results will be presented during a validation workshop in Naypyidaw.

Phase III: Data analysis and report writing - After data collection, data triangulation will take place to capture different dimensions. Data will be analysed using qualitative and quantitative methods on the basis of the OECD-DAC criteria of relevance, effectiveness, efficiency, sustainability and equity. Other analytical cools that will be used in this phase include *Knowledge Attitude and Practise (KAP) analysis*, *Re-constructing Theory of Change and Cost Effectiveness Analysis***.**

Limitations of the evaluation

The situation in some townships of Rakhine and Chin is currently in a critical state due to which data collection in some areas may not be possible. If some specific areas are not covered, the reason for the same will be clearly given in the final evaluation report and the best alternative sample will be taken. Moreover, since data collection will be undertaken during the monsoon season, some villages which are not accessible during this season will not be a part of the sample. Risks and challenges related to language barriers, gender sensitivity of topics, reported behaviour change, recall bias and attribution of results will be suitably identified and mitigated.

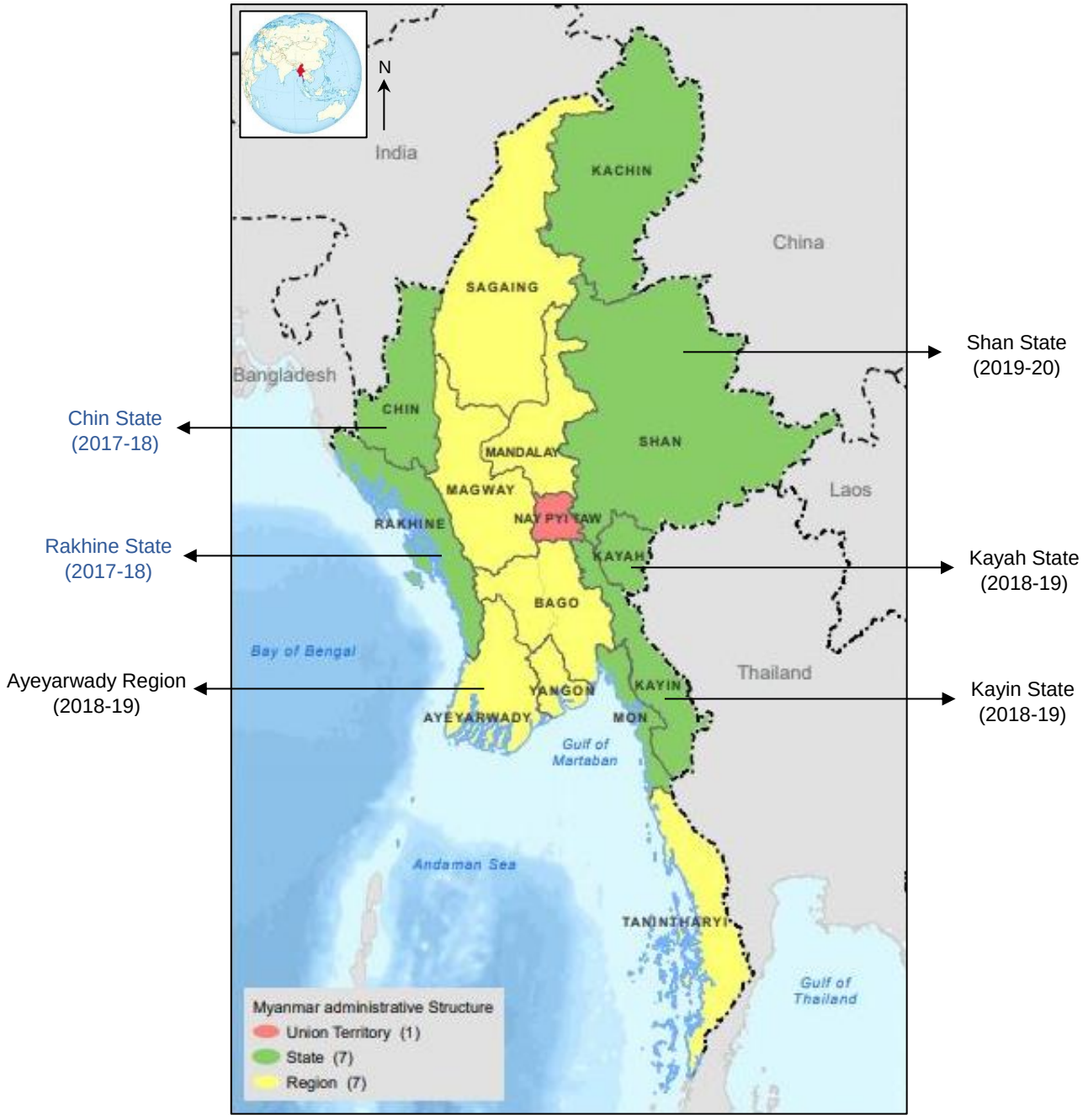
Abbreviations and Acronyms

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
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
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

Country Map

Project Implementation Areas: Current and Future

Figure 1. Map of Myanmar



Regions covered under the Formative Evaluation – Chin, Rakhine

Regions for MCCT's Expansion – Ayeyarwady Region, Kavin, Shan, Kayah

(**Source**:http://themimu.info/sites/themimu.info/files/documents/Country_Map_Administrative_MIMU539v17_11Feb2019_6ft-3ft.pdf)

The information shown on this map does not imply official recognition or endorsement of and physical, political boundaries or feature names by the United Nations or other collaborative organizations. UNICEF and affiliated organizations are not liable for damages of any kind related to the use of this data.

1. INTRODUCTION

Social protection has been a priority for the Government of Myanmar which was further strengthened with the endorsement of the National Social Protection Strategic Plan (NSPSP) in December 2014. The plan identified 8 flagship programmes, four of which are social cash transfers. The Department of Social Welfare (DSW under the Ministry of Social Welfare Relief and Resettlement (MSWRR) is leading the coordination of the social protection agenda in Myanmar as the Chair of the Social Protection Sub-Sector Coordination Group. DSW is also in charge of the implementation of the three ongoing flagship programmes: Maternal and Child Cash Transfer (MCCT), social pension and integrated social protection services (Case Management).

Discussion with beneficiaries at Chungcung village, Hakha Township, Chin State (Photograph taken during inception mission in March 2019.)

The MCCT programme is one of the biggest and most developed flagship social protection programmes in Myanmar in terms of coverage. Aimed at improving the nutrition of mothers and children during the critical first 1,000 days of life and investing in cognitive capital of Myanmar, the programme provides regular and predictable social cash transfers to pregnant women and mothers of children under 2 years of age.

UNICEF is the lead technical partner on the MCCT programme and has also played a facilitator role in coordination of technical reference group (TRG) of Rakhine State MCCT. The TRG includes members from World Bank, World Food Programme (WFP), Save the Children and International Rescue Committee etc. UNICEF also facilitates the Social Protection Sub Sector Coordination Group (SP Sub SCG) led by DSW/MSWRR. Particularly for the MCCT, UNICEF provided technical support in developing the Operations Manual for both Chin and Rakhine State MCCT based on international best practices through a consultative process with all stakeholders, utilising analysis of existing institutional structures.

The MCCT was first implemented in Chin state with financial support of Livelihoods and Food Security Fund (LIFT) managed by UNOPS in the financial year 2016-17. DSW prepared and submitted the MCCT budget proposal in the beginning of the FY 2016-2017, while at the same time reaching out to potential development partners for financial and technical support. UNICEF provided support in preparation of the MCCT financial proposal with details on costing- beneficiary costs and operational cost- for the whole of Chin State. DSW received financial support from LIFT for an initial 2-year period for the Chin MCCT programme starting in June 2017. Concurrently, the government's budget for MCCT was also allocated, enabling DSW to start MCCT in Rakhine and Naga regions, which started in January 2018. DSW further expanded the programme to Kayin and Kayah in FY 2018-19. Moreover, the DSW plans to expand the MCCT to Shan and Ayeyarwady with International Development Association (IDA) support of the World Bank. The Social Protection Costed Sector Plan covering 5 fiscal years (2018-2023) has been developed. According to the costed sector plan, DSW aims to expand the programme to additional states and regions to reach almost 1.5 million women and children during the period. DSW is aiming at a sustainable model for financing the MCCT programme, using tax-based financing.

A formative/process evaluation is an essential element of the Monitoring and Evaluation framework of the MCCT programme. DSW, with technical and financial support from UNICEF, is conducting a formative evaluation of the MCCT Programme in Chin and Rakhine States for which IPE Global Limited has been contracted. These two states have been selected for the formative evaluation given the timelines of programme implementation – almost 2 years in Chin and 1.5 years in Rakhine.

This evaluation is looking at the relevance, effectiveness, efficiency, sustainability of the MCCT and will focus on the key questions such as: What is working well? What can be improved? How will it support the expansion of the programme to other states and regions? The terms of reference for the evaluation is attached as **Annex 1**.

The results of the evaluation will provide major opportunities to DSW to further embed shock-responsive programme elements into design and implementation of the MCCT in Rakhine and Chin State, and the same can further feed into other states and regions.

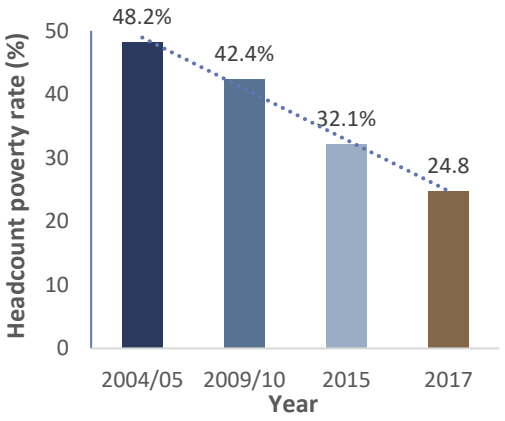
This inception report provides the purpose, objectives and scope of the evaluation, as well as, the proposed approach and methodology to conduct the same. It also explains the timeline and action plan for delivery of outputs and presents draft data collection tools. The report has been prepared based on a combination of secondary literature and document review, discussions with the Evaluation Management Team (EMT), along with the insights gained during a two-week Inception Mission to Naypyidaw, Yangon and Chin State, as well as, inputs received during the inception workshop held in Naypyidaw in early June 2019. Together, these have been used to develop the evaluation matrix, approach and methodology, data collection tools, work plan and stakeholder matrix.

2. BACKGROUND AND CONTEXT

2.1. Background

In 2018, Myanmar's per capita GDP growth rate was the second highest among countries in Southeast Asia, after Vietnam[1]. Economic prospects for the country look promising with Myanmar's GDP expected to grow at 7 percent in 2019, an increase from the 6.6 percent GDP growth in 2018[1]. However, despite recent progress, Myanmar continues to struggle with several developmental challenges. Poverty declined from 48.2 percent to 24.8 percent between 2004/05 and 2017[2] (*see Figure 2*). In rural areas, where 70 percent of the population resides, the incidence of poverty is twice as high[3]. Further, since its independence in 1948, Myanmar has been afflicted by ethnic clashes, and its development path has been severely impacted by one of the longest running armed conflicts in the world. The remote border areas – including Rakhine and Chin (*see Box 1*), and areas emerging from conflict, are mainly inhabited by Myanmar's minority ethnic groups, who are particularly poor.

Figure 2. Estimated trends in poverty rates, new estimate based on 2017 living conditions



Box 1. A snapshot of the Chin and Rakhine States in Myanmar[4]

Located in western Myanmar, ***Chin*** remains one of the least developed areas in Myanmar. Chin struggles with the highest poverty rate (73 percent) in Myanmar and is home to some of the most isolated communities in the country. In terms of social development indicators, Chin fares poorly and it faces serious challenges in the areas of inadequate water and sanitation facilities, poor nutrition and health outcomes and insufficient child protection interventions.

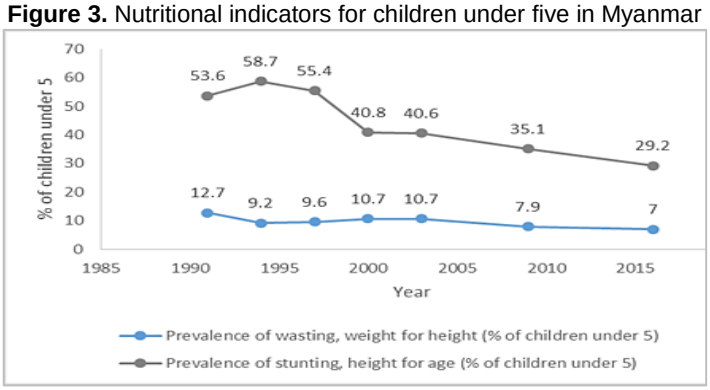
[1] Asian Development Outlook 2018 Update
[2] Myanmar Ministry of Planning and Finance; World Bank Group. 2019. An Analysis of Poverty in Myanmar, Part 3: Poverty Profile. World Bank, Yangon.
[3] About Myanmar, United Nations Development Programme (UNDP)
[4] Chin State: A Snapshot of Child Well Being, UNICEF; Rakhine State: A Snapshot of Child Well Being, UNICEF.

Rakhine follows Chin as the second most under-developed state in the country, with 44 percent of its population living below the poverty line. Rakhine's developmental challenges are compounded by its susceptibility to natural disasters such as storms and floods. Healthcare facilities are also inadequate in this state leading to low levels of institutional delivery and immunization. Moreover, the outbreak of communal violence in the state has severely affected its socio-economic landscape, with consequences ranging from heightened food insecurity to imperilled livelihoods and education.

2.2. Nutrition Context

The poor nutrition indicators are closely linked to the high incidence of poverty in Myanmar. 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[5]. According to the Myanmar Demographic and Health Survey 2015-2016[6], 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 3*).

Figure 3. Nutritional indicators for children under five in Myanmar



Stunting, or being too short for one's age, is a largely irreversible outcome of inadequate nutrition and repeated bouts of infection during the first 1000 days of a child's life. Furthermore, wasting or low weight for height is a severe process of weight loss that is often associated with acute starvation and confers double the risk of mortality as stunting[7]. Both stunting and wasting have long term harmful effects on children and adults, including diminished mental and physical capacity and poor health. While poverty is the most significant reason, the causes of stunting and wasting are multifaceted and include inadequate dietary intake, high morbidity, household food insecurity, inadequate care and feeding practices[8].

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). Moreover, Rakhine and Chin states' poor nutritional outcomes can be traced back to poor maternal health outcomes. In 2016, approximately 47 percent of women of the reproductive age (15-49 years) and 58 percent pregnant women were anemic[9], creating a vicious cycle of inter-generational malnourishment. Against this background, the need to fortify the nutrition of children in the first 1,000 days of life is reinforced. Good nutrition in the crucial first 1,000 days makes children much more likely to overcome childhood disease, complete more grades at school and receive more wages.

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

[5] About Myanmar, Save the Children- *https://myanmar.savethechildren.net/what-we-do/nutrition*
[6] Myanmar Demographic and Health Survey, 2015-2016
[7] Why 1000 days, The Thousand Days Organisation-*https://thousanddays.org/the-issue/acute-malnutrition/*
[8] Nutrition Report, World Food Programme, April 2016
[9] Myanmar Demographic and Health Survey, 2015-2016

Indicator	*Chin*	*Rakhine*	*Myanmar*
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[10]. 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).

In 2015, Government of Myanmar conceptualized the **Myanmar National Action Plan for Food and Nutrition Security (MNAPFNS)** to tackle nutrition insecurity at various levels, to outline key nutrition sensitive interventions and to fuel Myanmar's transition to become a middle-income nation by 2025. Through this nation-wide strategy, the Government and its partners have developed measures to tackle malnutrition with proven health-based interventions. These include support to IYCF, micronutrient supplementation, integrated management of acute malnutrition, improved access to health services and adequate hygiene and sanitation.

The MNAPFNS laid the foundation for the development of the **Myanmar Multisectoral National Plan of Action on Nutrition (MS-NPAN)**, the objective of which has been to "*reduce all forms of malnutrition in mothers, children and adolescent girls*". Spanning from 2018 to 2022, the MS-NPAN seeks to eradicate hunger and all forms of malnutrition; in particular, it seeks to reduce stunting in children under 5 from the average of 29 percent presently to 19 percent by 2025[12]. To that end, the MS-NPAN focuses on the first 1,000 day period and targets pregnant and lactating women, and children under five years with various nutrition-sensitive interventions. Conceptualized and implemented by various Ministries including Ministry of Health and Sports (MOHS), Ministry of Social Welfare, Relief and Resettlement (MoSWRR), Ministry of Education (MoE) and Ministry of Agriculture, Livestock, and Irrigation (MoALI), the MS-NPAN represents the first multi-stakeholder nation-wide response of the Government of Myanmar to malnutrition.

2.3. Social protection in Myanmar

There is mounting evidence that social protection, in particular transfers in cash and food, can not only alleviate poverty and reduce inequality but also ensure improved results in health, nutrition and education outcomes[13]. There are significant linkages between nutrition interventions and social protection given that the life cycle applies to both contexts. The life cycle approach acknowledges that economic and nutritional vulnerabilities vary across different phases of life. Furthermore, both malnutrition and poverty are 'hereditary' in the sense that they are passed on from one generation to another.

[10] Under nutrition in Myanmar, Part 1: A Critical Review of Literature, LIFT, March 2016
[11] Captured during inception mission in Chin State undertaken in March 2019
[12] FAO Myanmar Newsletter, Food and Agriculture Organisation, July 2018, Issue #2, No. 6
[13] Nutrition and Social Protection, Food and Agriculture Organization of the United Nations, Rome, 2015

It is against this backdrop that the Government of Myanmar has instituted a broad set of policies and programmes to address the wide range of vulnerabilities in the country. Social protection was highlighted in the **Myanmar Framework for Economic and Social Reforms** (FESR-2013). The FESR noted that "*social protection programmes can function as a 'circuit breaker' for inter-generational cycles of poverty and hunger*"[14].

In that light, Myanmar's **National Social Protection Strategic Plan (NSPSP)** is a significant step towards addressing economic and social vulnerabilities in a systematic and effective manner (*see Figure 4*). Endorsed at the end of 2014, the NSPSP envisions "*a universal social protection system based on the needs of all people and that is supportive of the country's poverty alleviation and rural development programs*"[15]. The NSPSP seeks to create an inclusive, equitable system of social protection that contributes to human capital by facilitating access to essential social services, such as education, health, housing and water; protects people from risks and shocks; addresses economic and social vulnerabilities and food insecurity over the life cycle and promotes economic opportunities; and alleviates social exclusion.

Figure 4. Key principles of Myanmar's NSPSP

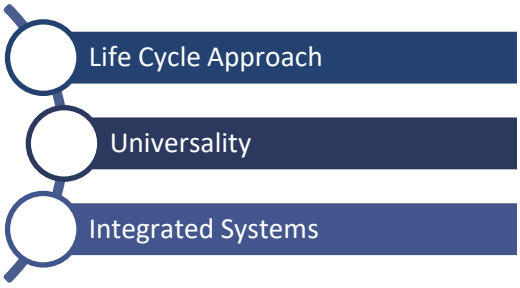


Table 2 highlights the 8 flagship programmes[16] of the NSPSP and the implementing Ministries/ government departments. Four of these interventions involve cash transfers. Key among these cash transfer programmes is the **Maternal and Child Cash Transfer (MCCT) Programme** in Chin and Rakhine States. The importance attached to sequencing social protection interventions appropriately and earlier in the life cycle is reflected in the MCCT Programme, which seeks to improve nutrition status of mother and children during the first critical 1,000 days of life.

Table 2. Flagship programmes of Myanmar's NSPSP

Stage in Life Cycle	Flagship Social Protection Intervention	Description	Ministry Concerned / Implementing Agency
PREGNANCY AND EARLY CHILDHOOD	Cash allowance to pregnant women and children up to age 2	**Cash benefit** from conception to 2 years to improve nutritional outcomes for all mothers and children during the first critical 1,000 days of life	Ministry of Social Welfare Relief and Resettlement
SCHOOL AGE AND YOUTH	Gradual extension of cash allowance to older children	Every caregiver of a child from age 3-15 receives **cash allowance** to support families in accessing services that promote children's all-round development	Ministry of Social Welfare Relief and Resettlement, Myanmar Maternal and Child Welfare Association
	School feeding programmes	One cooked meal per day per child in all schools to increase enrolment rates, reduce the dropout rate, promote attendance, and strengthen children's learning capacity	Ministry of Social Welfare Relief and Resettlement, Ministry of Education
ADULTHOOD/ WORKING AGE	Public employment & vocational education programmes	Local public works: seasonal, off-season, early recovery from disasters and disaster preparedness, short-term (e.g. repair works, village maintenance, and creating or rehabilitating community and household assets). This intervention aims to offer wage employment opportunities to poor households to enhance the quality of their environment and support their income	Ministry of Livestock, Fisheries and Rural Development, Ministry of Labour, Employment and Social Security

[14] Myanmar National Social Protection Strategic Plan, December 2014
[15] *Ibid*.
[16] *Ibid.*

Stage in Life Cycle	Flagship Social Protection Intervention	Description	Ministry Concerned / Implementing Agency
OLD AGE	Older Person Self-Help Groups	Independent groups for the elderly at the village level to design and implement programmes and services to improve the lives of older people livelihood activities. This intervention aims to empower the elderly to meet their needs	Ministry of Social Welfare Relief and Resettlement
	Social Pension	**Cash benefit** to those 65 and over to promote income security for all elderly people	Ministry of Social Welfare Relief and Resettlement, Dept. of Social Welfare, Ministry of Finance
ACROSS LIFE CYCLE	Integrated Social Protection Services	Integrated social protection services (guided by protocols of cooperation between services) and the establishment of a professional social worker network at all administrative levels. This intervention seeks to assess and respond to the social needs of vulnerable individuals and households in a coordinated manner	Ministry of Social Welfare Relief and Resettlement
	Cash allowance to people with disabilities	**Cash benefit** to all individuals with disabilities to ensure that their needs are adequately met and to facilitate their social inclusion and access to services	Ministry of Social Welfare Relief and Resettlement, Ministry of Health, Ministry of Education, Ministry of Population

3. MATERNAL AND CHILD CASH TRANSFER PROGRAMME IN CHIN AND RAKHINE STATES

The Maternal and Child Cash Transfer Programme (MCCT) was the first of the flagship programmes being implemented by the Government of Myanmar. The MCCT started in Chin State and later expanded to Rakhine State and Naga land. The ultimate objective of the MCCT Programme is to **improve nutritional outcomes for all mothers and children during the first critical 1,000 days of life** given that the time from conception to 24 months of age can perpetuate an intergenerational cycle of poor nutritional status. DSW has developed a costed sector plan which includes an expansion pathway of the MCCT for the next five years as given in Table 3. This will ensure that the programme has the largest coverage of the most vulnerable sections in the country. Moreover, approximately 48 percent of the total department's budget is allocated to the MCCT covering the first 1,000 days of a child to build cognitive capital thus making Myanmar's social protection system strongly child-sensitive and ensuring that the investments result in maximum return, other factors permitting.

Table 3. Growth plan of MCCT programme

Time Period	Estimated Beneficiaries
2018/19	271,621
2019/20	626,260
2020/21	895,046
2021/22	1,228,060
2022/23	1,468,130

The MCCT programme aims to empower pregnant and lactating women with additional purchasing power **(MMK 15,000 per month/10.5 USD)** to meet their basic needs during the first 1,000 days along with complementary nutrition awareness sessions. This cash transfer is expected to enable pregnant/lactating women to improve their dietary intake and diversity, ensure better feeding practices for young children and improve affordability of basic health care during pregnancy and birth. The idea behind the cash transfer is not to cover the entire cost of health and nutrition needs but rather to provide supplementary income to be spent on nutrition and health. All pregnant women who enroll in the MCCT programme continue to receive programme benefits until the beneficiary

child reaches the age of 24 months. New pregnant women/mothers are continually enrolled throughout the programme cycle.

Beneficiary of MCCT programme – mother of two-month old child at Loklung village in Hakha Township, Chin State. (Photograph taken during inception mission held in March 2019.)

The MCCT has the potential to be transformative for the country's **Early Childhood and Care Development (ECCD)** agenda and promote long-term returns that address demographic challenges and improve future living standards. It lays the foundation of a national cash transfer programme with results that will spur ECCD (including nutrition and cognitive capacity), improve health outcomes and significantly reduce poverty both at the household and the national level. Planned adaptations and reforms in the cash delivery platforms such as the inclusion of mobile payments and banking institutions will enhance overall programme efficiency and accountability and promote financial inclusion. In Chin State, participating women receive monthly/bi-monthly nutrition awareness sessions in addition to regular cash on a range of topics, like health, water, sanitation and hygiene (WASH), dietary intake, breastfeeding and complementary feeding to enhance nutritional outcomes of both pregnant mothers and young children (*see Box 2*). Under the leadership and guidance of DOPH/MoHS, these awareness sessions are expected to be interactive and are delivered by the local auxiliary midwife/basic health staff in the local language. The sessions are designed to adapt to the needs and interests of the local women and build on their existing knowledge and practices. Depending on the local context and culture, other effective, sustainable communication channels and platforms are also being explored/used to support SBCC.

Box 2. Rights and responsibilities of programme beneficiaries

MCCT programme beneficiaries will be entitled to:

- MMK 30,000 every two months in Chin and MMK 45,000 every 3 months in Rakhine until the new child reaches the age of 24 months
- Membership in a local Mother Support Group (MSG) (Rakhine State MCCT yet to form MSGs)
- Monthly awareness sessions on nutrition, health & hygiene in their community through MSGs (through midwives' visits to beneficiary where MSGs have not formed yet)

MCCT programme beneficiaries will be responsible for:

- Attending the monthly/quarterly awareness sessions on nutrition, health & hygiene (Only in Chin at this stage)
- Collection of cash from ward/village administrator's office (DSW officials in some areas of Rakhine State) every two/three months until the new child reaches the age of 24 months (they will be informed of the date by the W/VSPC or community in case of RSMCCT)
- 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)
- Participating in post-distribution monitoring surveys (as and when required)

As of April 2019, the MCCT programme in Chin State had registered more than 30,520 women beneficiaries and made eleven bi-monthly payments (refer **Annex 2** for the details). The Rakhine MCCT Programme was rolled out in January 2018. As of now, 6 quarterly payments have been made to over 91,820 beneficiaries across the State.

3.1. Implementation arrangements

The MCCT Programme is implemented across different levels of administration. At the **Union** level, the DSW's Social Protection section provides overall guidance and support to the implementation

of the programme. At the **State** Level, the State DSW plays key roles in approving beneficiary registrations, submitting budget requests to the Union level, and financial management – flow of funds from State level to ward/village level with the support of General Administrative Department (GAD). The **District** Level stakeholders have limited responsibilities and as per the operational guidelines, are responsible for financial management, addressing beneficiary complaints and reporting. The next level is the **Township** level, wherein the DSW Case Managers support MCCT along with their statutory case management responsibilities. DSW township case managers are assisted by the Township GAD Officers in the transfer of funds, complaint resolution and programme monitoring. Lastly, at the **village/ward/IDP camp** level, the relevant stakeholders are the Ward/Village Administrators, and Mid-wife/Auxiliary mid-wife, who play key roles in community sensitization, beneficiary registration, SBCC messaging, awareness raising sessions and complaint redressal. They are assisted in their operations by the Ward/Village Social Protection Committees. All levels of MCCT implementation are assisted by the **General Administrative Department (GAD)** and the **Department of Public Health (DoPH)** - two implementing partners of the MCCT programme. DoPH is also responsible for ensuring proper implementation of health services and support in delivery of community-based health and nutrition sessions. Additionally, Monitoring and Evaluation (M&E) and Social and Behaviour Change Communication (SBCC) committees and taskforces are also present. The roles and responsibilities for the implementing agents of the MCCT Programme are provided in **Annex 3**.

3.2. Implementation process

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

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.

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

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.

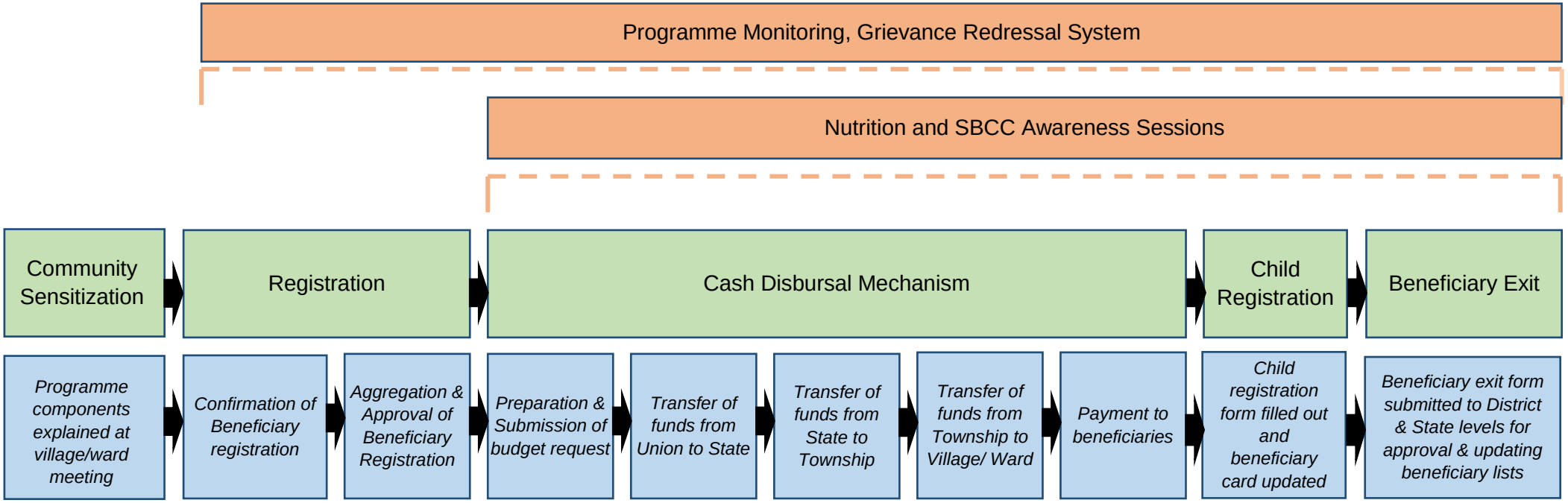
Grievance redress: This programme has a detailed complaint redressal system in place to cater a wide range of beneficiary grievances including delayed payment, missing payment, incorrect payment amount/partial payment, wrongful exit from the programme, exclusion from the beneficiaries' mother support 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 5 below with a detailed table providing the steps, purpose, responsibilities, documents, location and collaboration possibilities given in **Annex 4.**

Figure 5. Implementation process of MCCT programme



	Broad programme stage
	Activities specific to stages
	Activities across stages

Key differences between the Chin and Rakhine MCCT Programmes

Overall the processes and systems are same across the States. Aside from the difference in interval of receiving payments (bi-monthly for Chin and quarter-monthly for Rakhine), there are minor differences in the implementation process in the two States.

Influenced by the Rakhine State context, the program design of MCCT in Rakhine State has been kept "adaptive, flexible and basic". Post the 2017 conflict, there are a significant number of camps for Internally Displaced Persons (IDP) in northern and central parts of the State. In central Rakhine, 129,000 IDPs, including over 120,000 people in camps are reliant on humanitarian assistance for basic survival[17]. These IDP camps are marked by acute malnutrition, vulnerability to disaster and crisis, and frequent clashes. Further, according to the Humanitarian Needs Overview 2019[18], 364,767 children in Rakhine (53% of all IDPs in the State) are displaced and need humanitarian assistance.

Given the significant number of IDPs and other prevailing socio-economic challenges, multiple modalities were developed and adopted for MCCT implementation in Rakhine State, based on risk assessment and mitigation measures which considers elements of adapted and shock responsiveness. Table 4 shows the different approaches to programme implementation.

Table 4. The three approaches of the MCCT programme

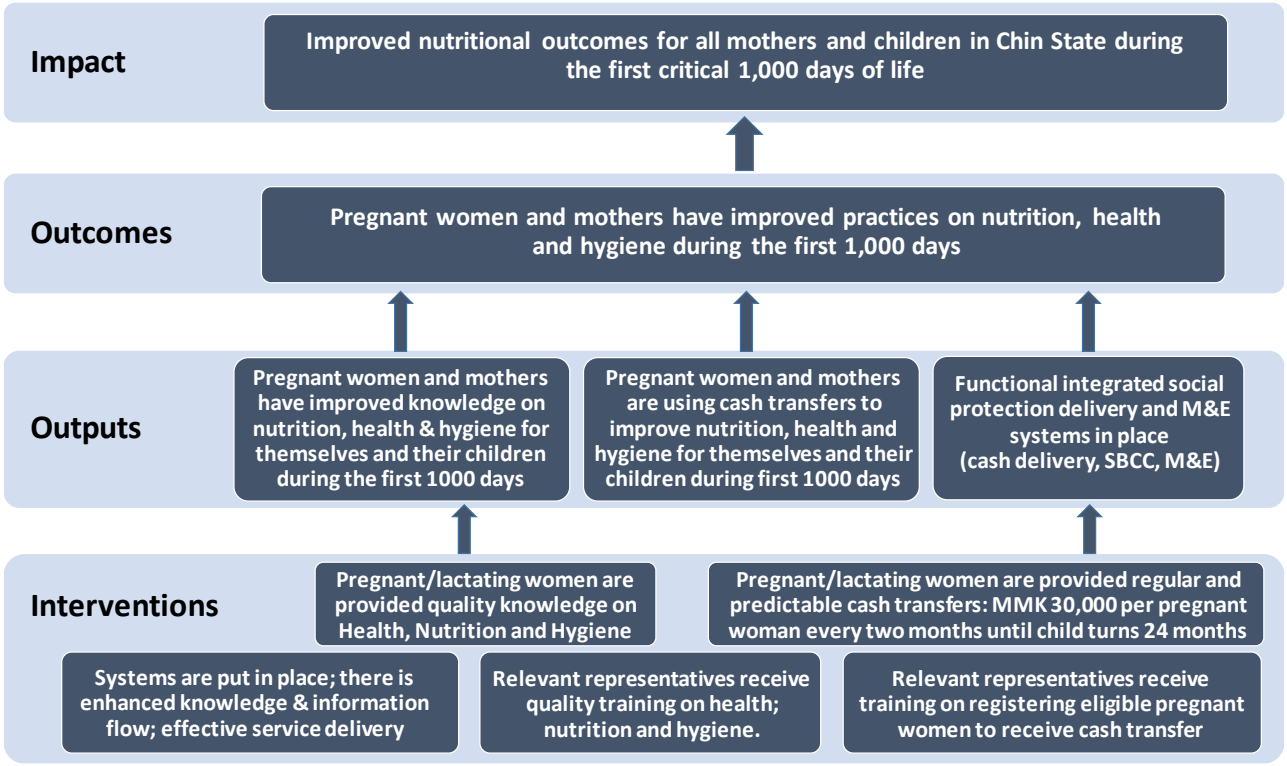
Characteristics	MCCT (Basic)	MCCT (Regular)	MCCT (Advanced)
Context	Protracted fragility and in times of crisis response	Regular/ typical context	Regular/ typical context
Basic conditions for achieving results	ANC services are of patchy quality and/or access is restricted; Markets for food and essential items are not functioning well and/ or access is restricted; Cash delivery systems are very basic or do not exist; Trust in state system is low.	ANC services exist, can be accessed but are weak in quality; Markets for food and essential commodities are functioning well and are accessible to all; Cash delivery systems are evolving; Trust in state system is high.	ANC services exist, can be accessed and are of quality; Markets for food and essential commodities are functioning well and are accessible to all; Cash delivery systems are well established; Quality WASH services are available and accessible to all; Trust in state system is high.
Key Activities	Unconditional cash transfer; SBCC.	Unconditional cash transfer; SBCC. However, incentivise use of ANC, PNC and immunisation support.	Unconditional cash transfer; SBCC. However, incentivise use of ANC, PNC, immunisation, WASH

3.3. Theory of change

The original theory of change (ToC) of the programme was prepared during the design phase of the programme and is given ahead in Figure 6. This ToC is currently being reviewed and expected to be revised as a result of formative evaluation to make it more descriptive, help understand assumptions and risks, and also disaggregate outcomes into short, medium and long-term outcomes. The revised theory of change will draw on a range of evidence – previous similar projects and programs, research and evaluation, observation of the program, and patterns in outcomes and impacts.

[17] Humanitarian Situation Report, No. 1, UNICEF Myanmar, March 2018
[18] Humanitarian Needs Overview, 2019

Figure 6. Theory of change for MCCT programme



The theory of change of the MCCT programme looks to impact the nutritional outcomes for all mothers and children during the first 1000 days of a child's life through provision of income support, facilitating behaviour change and building national capacity for social protection. Under income support, pregnant women and mothers are provided MMK 30,000 per woman every two months (every three months in Rakhine State) till the child turns 24 months. This cash transfer is supposed to provide supplemental income to beneficiaries to ensure spending on essential health and nutrition requirements to improve nutrition, health and hygiene for themselves and their children during first 1000 days. In addition to the cash transfer, pregnant women and mothers are also provided appropriate knowledge on health, nutrition and hygiene to help them understand the best use of the cash transfer and increase their knowledge on critical issues such as dietary diversity, vaccination and health services, sanitation, etc. On the supply side, systems (for community mobilization, registration, cash delivery, SBCC, grievance redress and beneficiary exit) are put in place to ensure effective service delivery and information flow. Training is also provided to relevant representatives on registering eligible beneficiaries and on health, nutrition and hygiene. These demand and supply side activities are together supposed to lead to improved practices on nutrition, health and hygiene, which should finally lead to improved nutritional outcomes for all mothers and children during the first critical 1,000 days of life.

How will the Theory of Change be used in the evaluation?

The theory of change will be reviewed to understand whether the interventions have translated into expected outputs. Outcome level analysis will also be attempted to see whether women are using the cash for nutrition, health and hygiene purposes and whether the SBCC sessions have translated into actual learnings and behaviour change. Impact level analysis cannot be undertaken at this point, as the programme is on-going.

3.4. Stakeholder analysis

Table 5 below outlines the key stakeholders of the MCCT programme including the Rights Holders (Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty-bearers) and Duty Bearers (Duty bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations[19]). A detailed stakeholder analysis is presented in **Annex 5**.

Table 5. Roles and responsibilities of key stakeholders

Stakeholder	Roles/responsibilities in the programme
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.
Children under the age of 2 as per eligibility of the programme	The primary actors who will benefit from cash transfer funds.
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.
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.
General Administrative Department, Ministry of Home Affairs (MoHA)	
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.
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.
State MCCT Coordination Committee	Convene quarterly to review programme implementation and M&E issues.
State Complaint Management Committee *(only in Rakhine State)*	Review complaints and suggest redressal options
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.
Township GAD Officer	Responsible for key components of the beneficiary registration, cash disbursement and payment reconciliation processes.
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.

[19] Glossary, Gender Equality: UN Coherence and You

Stakeholder	Roles/responsibilities in the programme
Ward/Village Level Administrator	Responsible for raising awareness about the programme, enrolling beneficiaries, disbursing cash, supporting community-based health and nutrition sessions.
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.
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
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. In addition to this UNICEF EAPRO and HQ have important role in providing technical support ensuring that evaluations are conducted as per the highest ethical standards.
LIFT/UNOPS	Financing partner for the MCCT Programme in Chin State.
World Bank	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.
World Food Programme (WFP)	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.
Save the Children (SC)	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.
International Rescue Committee (IRC)	Member of the Technical Reference Group (TRG) for the MCCT Programme in Rakhine State.

3.5. Monitoring and evaluation framework

The MCCT Programme has a well-designed Monitoring and Evaluation (M&E) framework which outlines the plan to understand whether the intended results are being achieved as planned and what corrective action may be needed to ensure delivery of the intended results. This formative evaluation is also an important part of the M&E framework.

The Monitoring and Evaluation framework comprises the monitoring plan which expands on implementation monitoring through work schedules, financial flows, registration data, complaints etc and results monitoring through project data monitoring, case manager reports, survey data, qualitative interviews and survey data; and the evaluation framework which includes baseline data and plans for the formative and impact evaluations.

Overview of Baseline Survey Findings

Chin State

A baseline survey for Chin State was conducted by the DSW with support of LIFT/UNOPS using a multi-stage random sampling approach. Considering the target sample size and the expected number of pregnant women and recent births in each enumeration area, a total of 200 enumeration areas were sampled. The baseline report looks at the current levels of malnutrition and the factors that are influencing these levels such as dietary intake, child illness, feeding practices and health seeking behavior (*see Table 6 for the findings*).

Table 6. Key findings and recommendations from baseline study in Chin State

Key Findings
• 37 percent of children under the age of 5 were stunted; almost 10 percent higher than the national average. • 18 percent of children in the sample were underweight and 3 percent suffered from wasting. • Dietary diversity was inadequate for children across age groups. • Over half of children in the sample were exclusively breastfed; however breastfeeding rates dropped significantly over the first five months of age. Only one third of children in the sample were breastfed after the age of one year. • Less than half of mothers received the recommended amount of antenatal care; even less received a post-natal health check. • One in five sampled women in urban areas was either overweight or obese.
Key Recommendations
• With increasing obesity in urban areas, specific messaging to women in urban locations should be integrated into nutrition awareness education and SBCC. • Decision-making role of women should be considered especially decisions for spending on health or nutrition • Low dietary diversity of both women and children in the sample should be addressed adequately by nutritional awareness education and SBCC that stresses on the diversity and quality of food. • Address the sharp decrease in adequate meal frequency for children in 12 - 23 months of age (in particular, non-breastfed children) which corresponds to the low level of knowledge of respondents. • Increasing adequate breastfeeding practices and knowledge • Information regarding adequate birth spacing must be integrated into the programme. • Inadequate practices in remote locations are not only a result of a lack of knowledge but are also indicative of a lack of access to appropriate services and/or a lack of service provision.

Rakhine State

The MCCT programme was rolled out from January 2018. The baseline of the RSMCCT has not been carried out yet.

How will the Baseline Survey be used in the evaluation?

The baseline survey in Chin has helped us understand the contextual sensitivity in Chin and provided inputs on how to frame questions. Some comparison of indicators from baseline to the time of the formative evaluation will be attempted.

The MCCT's Post-Distribution Monitoring

The beneficiary survey[20] is the primary source of data for **Post-Distribution Monitoring (PDM)**, in conjunction with focus group discussions and market monitoring surveys[21]. The PDM generates robust information through both quantitative and qualitative monitoring to help DSW and key stakeholders make informed decisions on the design and implementation of MCCT. The objectives of the PDM are:

a) To ***provide regular/periodic data*** to Social Protection Section (SPS) to make informed decisions on the program design and implementation mechanism.

[20] PDM beneficiary survey is expected to be conducted regularly/preferably every 3-4 months. Since the MCCT cash transfer is expected to be utilized on the immediate needs of the beneficiary women and children, the PDM survey is to be conducted after 2-3 weeks of MCCT cash transfer payments allowing some time to beneficiaries for spending the money.

[21] As per the findings during the inception mission, the focus group discussions and market monitoring surveys are yet to take place.

b) To ***record beneficiaries' perceptions*** about the programme processes and how they are spending the money.

c) To ***reinforce accountability***, provide feedback for the programme improvement/immediate course correction and helps to identify the potential risks.

The PDM beneficiary survey questionnaire has been developed keeping in view the theory of change (TOC) of the MCCT program and covers the following broad areas[22]:

- Background and household characteristics of beneficiary household
- Information pertaining to beneficiary registration (how, time taken, when registered)
- Payment of MCCT cash transfer (process, how, when, frequency, how much & adequacy of the transfer)
- Usage of MCCT cash transfer
- Awareness Sessions (attendance, frequency and behavioral change)
- Complaints Mechanism (information about process, any complaints or suggestions)
- Beneficiary perceptions on empowerment & effectiveness of the transfer

Findings and recommendations

The results of the first 2 rounds of post-distribution monitoring in Chin State are overall positive and encouraging with 91 percent of the surveyed MCCT beneficiaries reported being paid regularly. Beneficiaries also shared that the implementing staff provided advance information about the payment date and venue to 89 percent of respondents. Further, 71 percent individuals collected their cash within 30 minutes after reaching payment point. 94 percent of beneficiary women stated that they make decision themselves on the use of cash transfer. Most respondents reported spending their income on food and health, however increased spending on baby formula powder, baby milk and sweets such as cakes and biscuits was stated. Beneficiary attendance in the nutrition awareness sessions is also an area of concern with only 36 percent respondents attending the sessions according to the second PDM findings. Findings of the key parameters are presented in **Annex 6**.

One round of data collection for Rakhine PDM has been completed recently and the data entry and cleaning is in progress.

4. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

4.1. Purpose

The *purpose* of this formative evaluation in line with the Terms of Reference (**Annex 1**) is to:

- **Foster learning and improvement** in the provision of regular and predictable cash transfer to pregnant women and mothers with children under two years of age in the States of Chin and Rakhine;
- **Review the efficiency and effectiveness** of the programmes design, operations, implementation, and delivery and the extent to which outputs and outcomes have been achieved;

[22] A convenience sample of about 4 percent of registry database was extracted for the PDM survey. PDM survey taken after the 4th payment cycle was conducted during April and May 2018 and covered 596 beneficiary women. DSW Case Managers are required to visit 2-3 wards/4-6 villages in his/her township. The interviews were held at the homestead of the beneficiary women.

- **Set out lessons learned** to strengthen the MCCT Programme in Chin and Rakhine which will also inform the replication and scale-up of the Programme.
- **Compare the programme** with other cash transfer interventions in the region in order to derive lessons and best practices where applicable

To ensure its credibility, the evaluation process will be independent in defining the scope and methodology and in considering and presenting achievements, as well as, challenges. The views and experiences of DSW, implementing partners, UNICEF and other development partners will however be considered to produce actionable recommendations on defined indicators

The primary user of the evaluation is Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement (MSWRR) being lead agency for the MCCT programme and implementing partners i.e. the Department of Public Health (DoPH) of the Ministry of Health and Sports (MoHS) and the General Administration Department (GAD). The evaluation will also provide important feedback to relevant social protection development partners: UNICEF, LIFT, the World Bank, WFP, SC and IRC among others supporting MCCT programme. Secondary users include other government agencies involved in cash transfer programming in Myanmar directly or indirectly, civil society organizations, other partners, beneficiaries particularly women, and children and their family members. It is expected that the evaluation will be used to strengthen the design/ implementation of the MCCT Programme in the States, particularly in Chin and Rakhine, and inform the replication and scale-up of the same to other areas.

4.2. Objectives

The *objectives* of this formative evaluation in line with the Terms of Reference include the following:

1. Analyze the extent to which the MCCT Programme has been appropriately designed (reconstructing the theory of change), efficiently and effectively implemented (including 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 MCCT beneficiaries (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 Behavioral 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 (including technical and financial), in the design, implementation and monitoring of the programme.

The end goal of meeting these objectives within the evaluation will contribute to achieve the purpose of this evaluation. This evaluation will allow examination and change of on-going business/operational processes and activities; providing timely feedback about services and making adjustments expeditiously to help achieve programme goals. Continuous rapid feedback to primary users will also be possible as a result of the formative nature of the evaluation and will ensure a participatory process.

4.3. Scope and use of evaluation findings

The scope of this evaluation is formative (learning-oriented) in nature and will produce credible, reliable and useful evidence from the MCCT programme – what is working, what is not working, how and why. Government and program stakeholders can use the information generated to formulate evidence-based policies in the frame of The Myanmar's National Social Protection Strategic Plan (NSPSP).

According to the TOR, the evaluation is not intended to be an impact evaluation, but will rather look at evaluating the processes, procedures, and implementation mechanisms of the MCCT Programme in Chin and Rakhine States from 2017 till date. It will also 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

Box 3. Formative vs summative evaluations

Summative evaluations focus on the effects of the intervention on the target groups and on what the intervention has achieved. Conversely, formative evaluations are typically conducted either during program development or at early stages of implementation and aim at improving the design of the intervention and focus the attention on understanding what works, what does not work and the factors behind performance.

Formative evaluations also have an important organizational learning component, which makes them highly participative. Formative exercises require a high degree of engagement, intense consultation and direct interaction with internal stakeholders during the inception phase. This explains the intense consultative approach adopted during the design of the present evaluation.

This formative evaluation will provide learnings and recommendations for delivery of the programme, which should be verified and assessed during the summative evaluation of the programme.

4.4. Criteria

The **formative** evaluation will be **done using an evaluation framework that conforms to** the modified Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, efficiency, effectiveness and sustainability, as well as, equity, gender equality and human rights considerations.[23] The OECD-DAC criteria reflect the core principles for evaluating development assistance and have been adopted by most development agencies as standards of good practice in evaluation. The DAC evaluation quality standards provide guidance on the conduct of evaluations and for reports with the aim to improve the quality of development intervention evaluations. They are intended to contribute to a harmonized approach to evaluation in line with the principles of the Paris Declaration on Aid Effectiveness. The DAC criteria are important because they inform how international development is undertaken within commitments on Aid Effectiveness. The OECD-DAC criterion of impact is irrelevant to a formative evaluation, as this evaluation is looking at appropriateness of programme design, how an intervention is being implemented and whether beneficiaries are satisfied with the services provided rather than whether or not it has produced the intended results. The Monitoring and Evaluation framework of the MCCT Programme will act as a guiding tool for the evaluation.

5. EVALUATION APPROACH AND METHODOLOGY

Our evaluation approach and methodology has been informed by the terms of reference, our technical proposal and our findings and observations during the inception mission. We have incorporated the views and asks of various stakeholders, while also maintaining independence and impartiality in the evaluation process.

5.1. Approach

Evaluation of the MCCT Programme in Chin and Rakhine States in Myanmar is formative in nature. It will identify and assess processes, outcomes and the efficacy of the programme - linking activities

[23] Impact as a criterion has been excluded in line with the Terms of Reference, with this being a formative evaluation and not an end line or impact evaluation.

to long term goals and identifying lessons from the experience – following the Learning Focused principle of the evaluation. The evaluation will review the design of the programme to check for its appropriateness and relevance while also focussing on the programme implementation cycle and processes. The efficiency and sustainability of each process including community sensitisation, registration, fund transfer, nutrition awareness sessions, grievance redress and programme exit will be reviewed through both secondary and primary data analysis.

Keeping in mind the purpose of the evaluation - to be learning focussed and set out recommendations to improve the design and delivery of the programme - the evaluation is both **theory-based** and **utilisation-focused**. By theory based we mean that the team will use the theory of change to draw conclusions about whether and how an intervention contributed to observed results. Moreover, the evaluation being formative will not be experimental or quasi experimental in nature and therefore using the theory of change to assess the appropriateness of the design of the programme becomes more appropriate. By utilisation focused, we mean that the evaluation should be judged on its usefulness to its intended users. Therefore, our approach is participatory and is planned in a way to enhance the likely utilization of both the findings and of the process itself to inform decisions and improve performance. In the beginning of the evaluation itself, we have sought key evaluation asks from all stakeholders to be included in our evaluation framework. This will ensure that all stakeholders have particular sections of interest in the report and that the report is utilised.

A mixed methods approach drawing on key programme documents including the original policy documents, theory of change and logical framework, and monitoring and evaluation framework-based on OECD/DAC criteria-for guidance will be used. The study design is combining quantitative and qualitative activities in order to triangulate information and obtain a wide range of perspectives, and yield insights into the complexity of cash transfer interventions- such as usage of money by women and families, their level of satisfaction and adequacy of the transfer level.

Through the evaluation, the DSW is seeking to produce reliable, credible and useful evidence on the systems and processes from the cash transfer programme by examining, amongst other things, the design and delivery of the programme, the quality of its implementation, the organizational context, personnel, structures and procedures. This will also be accomplished by understanding beneficiary satisfaction and utilization of the cash transfer, and by assessing strengths and weaknesses of the MCCT programme versus other cash transfer programmes in similar contexts. The evaluation is hinged upon the OECD Development Assistance Committee (DAC) criteria of **relevance, efficiency, effectiveness** and **sustainability**. Impact as a criterion has been left out in accordance with the terms of reference.

Further, **equity, gender** and **human rights** are overarching themes of the evaluation design. A two-pronged approach to the evaluation is being used. Secondary information review is being done to build an understanding of the cash transfer programme. This will be followed by primary information collection from implementing agents, beneficiaries, government counterparts, donors and other stakeholders. The primary information will be collected through quantitative and qualitative data collection methods, such as survey, key informant interview (KIIs) and focus group discussions (FGDs). In order to understand how women and families have used the money provided and their satisfaction with the programme, a case-study approach will be used. Through the case studies, we will attempt to find any outliers of the programme – examples which show remarkable results or unintended impact of the programme.

The team is following **a participatory approach** while undertaking the evaluation so as to be able to capture the views and responses of multiple stakeholders at every stage of the evaluation. Experiences of beneficiaries and service providers will also be heard to ascertain unintended positive and negative experiences. A participatory approach will also help create a robust framework

and improve quality of analysis through active and adaptive interactions between evaluators and programme participants. Key stakeholders of the evaluation will be engaged at various stages of the evaluation in the form of personal interactions as well as multi-stakeholder workshops. All implementing ministries, development partners and implementing agents have provided inputs for the evaluation framework during the inception mission in face to face interviews. An inception workshop was conducted in June 2019 to gain consensus on the evaluation methodology and sampling plan. During the data collection phase, KIIs and IDIs will also be conducted with all relevant stakeholders (list presented in section 6.3, under Phase I – Inception). In addition to the primary data collection, we will hold a validation workshop to present our preliminary findings and hear the opinion of all interested parties in keeping with a participatory approach.

The evaluation team will at all times follow core evaluation standards and maintain an **independent view**. Appropriate protocols for data collection and analyses will be followed to minimize inadvertent biases that could occur otherwise. The evaluation process comprises adequate consultation with stakeholders- including program implementation staff- to ensure transparency of the process, increase trust and credibility, and provide opportunities for learning during the evaluation. Findings will also be validated and consensus will be drawn on relevant lessons learnt and recommendations by listening to different perspectives on causal chains, synthesizing these and verifying these with different stakeholder groups. Identification of lessons and the formulation of recommendations will be the full responsibility of the evaluation team. However, the views and experiences of DSW, implementing partners, UNICEF and other development partners will also be considered to produce actionable recommendations on defined indicators.

5.2. Evaluation framework

Based on our strengthened understanding of the Myanmar context and the MCCT programme combined with the evaluation objectives and key evaluation questions, we have developed an evaluation framework (presented in **Annex 7**). The OECD-DAC criteria of relevance, effectiveness, efficiency and sustainability along with cross cutting issues of equity and gender are present across all our evaluation objectives. The key evaluation aspects have been triangulated in the evaluation matrix presented in **Annex 8**, which presents the OECD-DAC criteria, the evaluation questions and the expected data and information sources. Further, the list of key stakeholders along with the objective of data collection, the tools to be used and the broad category of questions is provided in **Annex 9**.

To achieve the evaluation objectives, we will analyze the extent to which the MCCT Programme has been appropriately designed, efficiently and effectively implemented, its equity across different groups and cost-effectiveness. We will also review the efficiency and effectiveness of the programmes design, operations, implementation, and delivery and the extent to which outputs and outcomes have been achieved. This will be done by collecting both secondary and primary data. Primary data collection will include key informant interviews at the union and state level; semi-structured interviews at the township and village level and multi stakeholder workshops before finalizing each deliverable. This primary data will also feed into assessing the institutional capacity at union and state and township level through a capacity review. Mostly qualitative data will be collected during these interactions, which will be analyzed using methods such as content and comparative analysis using software like NVivo.

In order to 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, we will undertake a Knowledge, Attitudes and Practices assessment (at-least in Chin State) by conducting beneficiary surveys, focus group discussion and if possible, case studies. These activities will allow us to set out lessons learned to strengthen the MCCT Programme in Chin and Rakhine which will

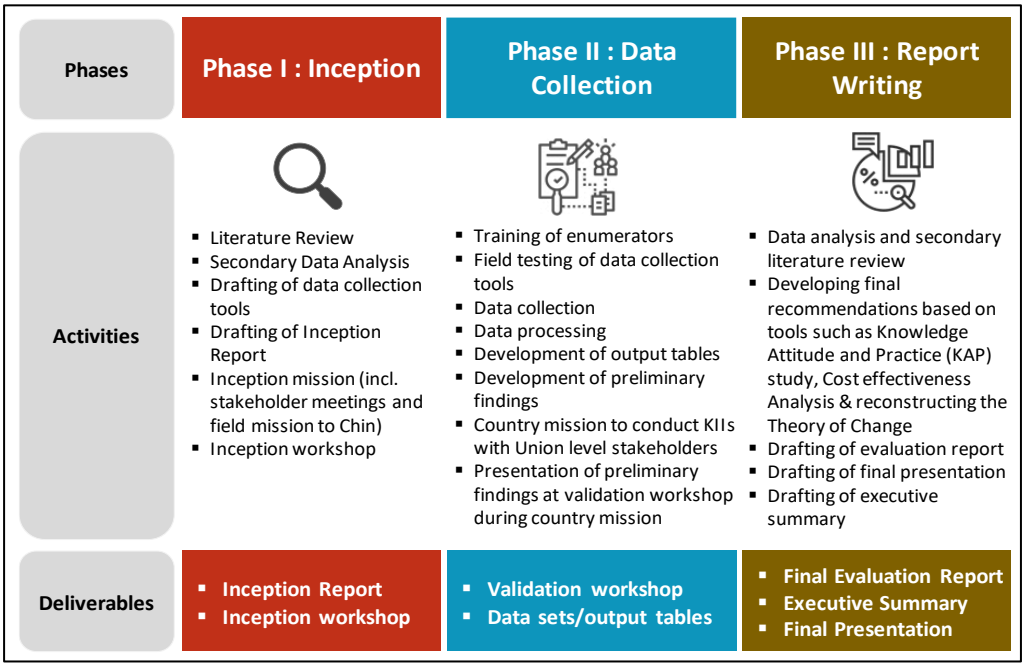
also inform the replication and scale-up of the Programme. A mix of quantitative and qualitative data will be collected through beneficiary interaction. Quantitative data review and analysis will be done using appropriate analytical tools, such as SPSS, Excel. Descriptive as well as inferential statistics will be used to analyze and present the data.

We will also interact with development partners and review programme documents, studies and evaluations to assess the enabling environment for such a programme and the effectiveness of the support provided by development partners. This will also allow us to compare the programme with other cash transfer interventions in the region in order to derive lessons and best practices.

5.3. Methodology

To achieve the above-mentioned objectives, the evaluation is divided into 3 distinct phases – Inception, Data Collection and Data Analysis. Activities in each phase will be informed by the key evaluation aspects, the data collection methods and the analytical methods to be applied. The activities and deliverables in each phase of the evaluation are presented below:

Figure 7. Evaluation phases



The evaluation is currently in Phase I – Inception. The methodology is in-line with the technical proposal submitted for this evaluation, with the sampling plan, evaluation matrix, work plan and stakeholder mapping being revised in line with the recommendations provided by the client and insights from the inception mission.

Phase I: Inception

Kick off meeting: The inception phase started in early January 2019 with a kick-off/briefing meeting over Skype with the representatives from UNICEF and IPE Global. The Evaluation Team was joined by the Evaluation Management Team and members from UNICEF's Social Policy Team, as well as, Supply and Logistics teams. During the kick-off meeting, the client elaborated on their expectations from the evaluation and outlined the management arrangements for the evaluation team. Background to the MCCT programme was provided and the terms of reference as well as the work plan were also discussed. Key action points for the coming weeks were also decided during the Skype meeting. Subsequent to the kick of meeting, a meeting with the Director (SPS) was proposed, which however could not happen as the Director was away from NPT.

Following the kick-off meeting, the evaluation team started the literature review and secondary data analysis. Weekly skype calls with the evaluation management team were also initiated.

Literature review: The Evaluation Management Team has set-up a one-drive folder containing key programme documents and secondary data resources. These have provided to be a great asset to the evaluation team.

In-depth literature review and secondary data analysis (list of resources is provided in **Annex 10**) has been undertaken to in order to get a contextual understanding of the situation in Rakhine and Chin State – their similarities and differences. This is critical to evaluate the relevance and effectiveness of the MCCT programme. All programme documents including operational guidelines, monitoring and evaluation frameworks, theory of change, concept notes, and budget documents were extensively reviewed to understand the intricacies of the programme. Any clarifications required were shared with the Evaluation Management teTm and the responses further fed the literature review of the programme. Another key area of interest was understanding the entire landscape of social protection in Myanmar and other cash transfer programmes. The main areas which the literature fed into included the following:

- **Context:** Myanmar's demographic, social and economic profile and the country's mandate on Social Protection within the framework of the Myanmar's National Social Protection Strategic Plan (NSPSP).
- **Efficacy:** Understanding un-conditional cash transfers versus other forms of social protection programmes/schemes such as conditional cash transfers and in-kind benefit transfer.
- **Programme design:** Selection and identification of beneficiaries, means to establish beneficiary's eligibility, enrolment, payment mechanisms, and monitoring and evaluation systems.
- **Communication**: Information sharing between programme implementers, dissemination strategies, awareness and coordination with nutrition, health and education sectors.
- **Complementary interventions:** Focusing on cash transfer programmes by other development partners (if any).
- **Cost-effectiveness:** Institutional and implementation costs.

The review of project documents has helped in understanding the operations of the MCCT programme in both Rakhine and Chin States and the learning has been used to develop the data collection tools (draft tools attached in **Annex 13**)

Weekly Skype meetings: Weekly Skype meetings between the Evaluation Team and the Evaluation Management Team help the client be apprised of the progress of the evaluation and provide an excellent chance to get clarifications of the finer details of the MCCT programme. The meetings have also helped in refining the scope of the work jointly with DSW, UNICEF and IPE in order to keep the Government-led approach of this evaluation. These meetings will continue till the end of the evaluation and will help in following a participatory approach.

Stakeholder mapping: Detailed stakeholder mapping and analysis was undertaken during the inception phase to identify the key respondents of the primary data collection. This exercise helped the evaluation team in mapping the kind of data collection required, preparing the tools and also in understanding the methods for data analysis and triangulation during Phase III of the evaluation. Detailed stakeholder analysis is provided in **Annex 5**.

Sampling: The sampling for the household survey has been done taking into consideration the available beneficiary estimates, as of April 2019, for both Rakhine and Chin. Using the formula below, the sample size for Rakhine and Chin States have been estimated separately:

$$n = \frac{c^2 Np\,(1-p)}{(A^2N) + (C^2p\,[1-p])}$$

Where:

- n is the sample size required
- N is the whole target population in question (91,800 in Rakhine State and 30,500 in Chin State)
- p is the average proportion of records expected to meet the various criteria, (1-p) is the average proportion of records not expected to meet the criteria. We have taken this value to be 0.5 in our case to get the maximum sample size.
- A is the margin of error deemed to be acceptable (calculated as a proportion) e.g. for 5% error either way A = 0.05
- c is a mathematical constant defined by the Confidence Interval chosen i.e. how sure we need to be of the result). *For 95% confidence level, the value of constant c = 1.96*

The sample size arrived at has been spread proportionately across the districts as given below:

Sl. No.	State	Districts	Total beneficiaries as of April 2019	District-wise Beneficiary Percentage	Minimum sample size required	Proposed sample size with 5% oversampling
1	**Rakhine**	Sittwe	28,638	31%	119	125
		Mrauk-U	27,622	30%	115	121
		Maungdaw	12,091	13%	50	53
		Kyaukpyu	12,800	14%	54	57
		Thandwe	10,672	12%	46	48
	Total in Rakhine		***91,823***	***100%***	***383***	***404***
2	**Chin**	Falam	10,231	34%	129	135
		Haka	6,014	20%	76	80
		Matupi	8,394	28%	106	111
		Mindat	5,884	18%	68	71
	Total in Chin		***30,523***	***100%***	***380***	***397***
	Total (Rakhine + Chin)		**122,356**	**-**	**763**	**801**

Considering a 5 percent non-response rate, a sample size of 404 for Rakhine State and 397 for Chin State at 95 percent confidence level, is proposed.

Sampling methodology

Given the scope, we propose to use multi-stage systematic random sampling methods for the formative evaluation. All 5 districts in Rakhine and 4 districts in Chin will be covered as part of beneficiary survey.

At the **first stage**, all selected townships within the districts have been listed based on the following indicators - Total Population Size and Total Female Population Size from The 2014 Myanmar Population and Housing Census; No. of Internally displaced people from UNOCHA Camp Coordination Camp Management data; and Antenatal care coverage for at least one visit (%), Proportion of infants with low birth weight (%) and Malnutrition under three years (%) from

MMR_MOH/DHP, Township Health Profile. A combination of using data on these indicators, inputs from stakeholders during the validation workshop (workshop proceedings report given in **Annex 11**) and purposive sampling given the challenging context in some areas of Rakhine and Chin has been used to select the townships. The selected list of townships is presented in the table below:

Sl.	State	Districts	Proposed Township	Proposed sample size	Approx. No. of Beneficiary Women per Village
1	**Rakhine**	Sittwe	Sittwe	125	42
		Mrauk-U	Myay Bon	121	40
		Maungdaw[24]	Maungdaw	53	18
		Kyaukpyu	Kyauk Phyu	57	18
		Thandwe	Thandwe	48	16
	Total in Rakhine			***404***	**-**
2	**Chin**	Falam	Tedim	135	45
		Haka	Thantlang	80	27
		Matupi	Paletwa	111	37
		Mindat	Kanpetlet[25]	71	24
	Total in Chin			***397***	**-**
	Total (Rakhine + Chin)			**801**	**-**

In the **second stage**, within the identified township, the number of beneficiaries for each village/ ward will be listed and arranged in descending order and classified into 3 strata, – High, Medium and Low. The stratification will be arrived as follows – for example, if in a given township there are 30 villages and the smallest village has 5 beneficiaries and the biggest one has 200 beneficiaries. Thus, 200-5=195/3 will 65. Thus, villages with beneficiaries up to 65 will belong to Low category. Villages with 66 to 130 beneficiaries will be categorized as Medium and above 131 as High category. From each stratum, using a computer-generated random number 1 village will be selected. **Therefore, a total of 3 villages will be selected**.

Based on the required sample size for the township (as estimated above), the total number of households will be equally selected across the 3 villages. Based on the above sampling plan, sample size per village will be as presented in the table above. Disaggregation of Urban and Rural population (Wards and Villages) will be done using Probability Proportional to Size (PPS) sampling. IDP camps will also be sampled in addition to wards and villages – especially in Rakhine State.

In the **third stage**, the beneficiaries will be selected using random sampling method. In the sampled villages and wards, the beneficiary list available and maintained by the frontline health worker will be copied. The total number of beneficiaries available will be divided by the sample (number) required. This will provide for the interval. The third beneficiary will be randomly selected and thereafter using the interval the other beneficiaries will be selected. Once selected the beneficiaries will be contacted and their consent taken for the survey. In case of refusal, replacement will be selected using the same method.

All quantitative surveys will be administered via **Computer-Assisted Personal Interviewing (CAPI),** whereby our surveys will be administered face to face with interviewers carrying tablets with pre-scripted questionnaires. CAPI works offline, is completely secure, and daily syncs to our servers to ensure data is safe.

[24] Field Team may not be able to implement the field work in Maungdaw as this is currently a Red Flag area.
[25] For Kanpatlet, Chin State field work can only be undertaken in Ward area. The same applies for FGDs and IDIs also.

Sample selection for qualitative component

The sample selection for the key-informant interviews (KIIs) and in-depth interviews (IDIs) will be purposive. The key stakeholders will be listed at the national, provincial and district level. And each identified stakeholder will be contacted for scheduling of interviews and discussions. The sample for the case studies with the beneficiaries will also be purposive and selected in consultation with UNICEF and DSW.

The sample for the focus group discussions (FGDs) with beneficiaries and community members, will be selected based on availability and willingness to participate in the interactions at the village level. The village with the highest beneficiary population among the already selected ones, for the quantitative survey will be the location for conducting the FGDs. For beneficiary groups, preference will be given to those who have not been covered as part of the quantitative survey.

A tentative field plan for data collection is given in **Annex 12**.

Phase II: Data collection

The inception phase will be followed by the data collection phase, which will start after the evaluation framework has been finalized and a set of collection tools have been designed and approved. The tools include forms to collect **quantitative** and **qualitative** information, such as beneficiary surveys, Focus Group Discussions (FGDs) guides, Key Informant Interviews (KII) guides, semi-structured interviews and case studies (drafts provided in **Annex 13**). The evaluation team has contracted a Myanmar based research and survey agency, *Kantar TNS*, for the purpose of data collection and surveys. The firm has several years of experience on previous similar assignments to collect data in Chin and Rakhine States. Local staff and translators will be used as required and a gender balanced team will be used for the beneficiary survey and community based FGDs.

Some key activities, which were undertaken during the inception phase, which fed into the development of the data collection tools include:

- Secondary literature review helped develop contextual understanding of Myanmar to provide a basis for development of the tools. It also helped us understand the key design and implementation differences in the MCCT programme in Rakhine and Chin, which will inform the data collection tools in the two states (particularly for the beneficiary survey and community FGD).
- Stakeholders discussions helped understand the “key evaluation asks” of each stakeholder to ensure that the evaluation covers all key aspects and finalise the scope of the evaluation.
- Some questions from the Post-Distribution Monitoring questionnaires have been replicated in our beneficiary survey tool to provide basis for validating PDM findings. We will also review whether findings and recommendations from the PDM have been incorporated in the programme design and implementation. Also, some key areas which require further enquiry to find out the reasons behind beneficiary’s decisions/responses (identified in the PDM) have been included in the data collection tools.
- Baseline survey has helped understand the cultural sensitivity in Chin State, which we must be privy to while framing questions for the tools. Some comparison of indicators from baseline till the formative evaluation will also be attempted.

Box 4. Key points for data collection tools informed by the inception mission

1. The need to decentralize operations across the MCCT operations has been highlighted by many stakeholders. The KII guides have been modified to add this.
2. A question to verify the challenges faced by case managers in balancing statutory case management and other MCCT implementation activities as been incorporated in the semi-structured interviews for the DSW Case Managers.
3. Questions regarding the steps taken to include hard to reach areas, and whether payments are made to all eligible beneficiaries in a ward/village including IDPs- have been included in the Ward/Village level data collection tools.
4. To delve deeper into the efficiency of the MCCT programme, questions regarding the safeguards employed to prevent the leakage of funds, and to ensure the safety of beneficiaries when they come to collect money- have been incorporated in the questionnaire guides for ground-level implementers.
5. Based on the insight that there are instances of husbands accompanying their wives to the SBCC sessions, questions have been included in the FGD guide and beneficiary survey to discuss the merits and potential of the same.
6. One of the evaluation asks was analyzing the coverage of the MCH handbook, and questions to address the same have been included in the beneficiary survey.
7. To evaluate the possibilities of making the cash transfer through mobile financial services- the revised beneficiary survey asks each beneficiary whether they have a bank account and whether they own a cell phone with internet services.
8. Questions have been incorporated to understand the processes followed by the Ward/Village level administration in case of missed payments.

The primary data collection tools to be used as well as the respondents and key areas of enquiry are presented below – these are based on the evaluation framework presented in Section 5.2.

Table 7. Data collection tools

Data Collection Methods	Key Respondents	Key Evaluation Aspects
Key Informant Interview	• Department of Social Welfare • UNICEF Myanmar • DoPH, MoHS • GAD • LIFT • World Bank • Save the Children • International Rescue Committee (IRC) • World Food Programme (WFP) • DFID	• Appropriateness of programme design • Complementarity with other cash transfer programmes • Coverage including how inclusive are the processes. Are the processes creating inclusion and exclusion errors? • Recommendations for improving processes – community sensitization, registration, cash delivery, nutrition awareness sessions, monitoring, grievance redress and beneficiary exit. • 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 • Key institutional barriers and enabling factors • Overcoming capacity gaps and bottlenecks in the short-term • Strengthening programme delivery given current capacity.to ensure sustainability • Effectiveness of support of DPs • Development partners support to ensure sustainability
In-depth Interviews	• MCCT State Coordinator • Township Case Manager • Village Administrator • Midwife	• Adequacy of field processes including training • Management of delivery processes • Adequacy of financial management systems and monitoring systems • Targeting and Coverage • Strengthening programme delivery given current capacity to ensure sustainability

Data Collection Methods	Key Respondents	Key Evaluation Aspects
Survey	• Beneficiaries	• Adequacy of the transfer • Cash rather than in-kind transfers • Usage of cash • Effectiveness of complaints mechanism • Effectiveness of SBCC sessions • Effectiveness of information dissemination • Satisfaction with the overall programme
FGD	• Beneficiaries • Community Members	• Unintended results from the programme • Satisfaction with the overall programme • Negative effects on any groups • Sustenance of lessons after exiting from the programme
Case Study	• Beneficiaries	• Stories from beneficiaries showcasing visible outcomes of the programme or provide examples of unintended programme impact.

Training: The data collection phase will begin with a training for the enumerators on the final data collection tools as well as an overview of the programme. The training is estimated to take a maximum of 2 days and would primarily comprise sessions on:

- The basic concepts of social cash transfers, linkage of cash transfer with nutrition and health;
- Background and features of the MCCT programme;
- Implementation mechanism and processes of MCCT programme;
- Purpose and objectives of the evaluation; and
- FGD Guides, KII Questionnaires and Survey Questionnaires.

Field testing of the evaluation tools: The data collection tools will be piloted in a village and ward that is not a part of the final sample. The process will ensure that there are no redundancies in the questions and also that the language and flow of questions is appropriate. Based on the pilot, the tools will be modified, if needed, and finalized. Through the pilot the consulting team will look to ascertain the following:

- Time taken to complete each survey, FGD, KII;
- Whether the questions are easy-to-understand, clear and have a single meaning;
- For quantitative data, assessing whether the multiple-choice answers are all inclusive;
- The cultural sensitivity and relevance of the data collection tools; and
- Any gaps or repetitions in the questionnaires.

Results from the field-testing will be shared and discussed with the client, on the basis of which modifications will be made to the same.

Fieldwork: Following the training of the study teams and the pilot, Kantar TNS under the technical guidance of IPE will initiate the fieldwork. It is estimated that all fieldwork at the community and household level will be completed by a team of 20 Enumerators, 2 qualitative moderators, 2 note takers and 4 supervisors, guided by a Field Operations Manager and the Evaluation Team, in approximately 5 weeks. The data collection will take place simultaneously in both Rakhine and Chin States using local staff.

During the field visit, data will be gathered from beneficiaries & community members through survey interviews and FGDs respectively on PDA devices, and from implementing partners through In-depth interviews. GPS readings after agreement with the local authorities/DSW will be captured as

far as possible given the constraint of sporadic internet connectivity. Some of the broad categories and indicative questions, which tie back to the key evaluation questions, asked against each of the OECD-DAC criteria are given in the evaluation matrix (**Annex 8**).

Furthermore, the evaluation team will also conduct key informant interviews with stakeholders at the union level to further understand the constraints and needs, as well as, their perspectives regarding the efficacy of the MCCT programme. The team will also collect details on the costs and expenses incurred for implementation of the programme.

Following the data collection, additional resources will be engaged by the IPE Global to complete the data entry and validate the data. The clean data sets will be handed over to the evaluation team.

Validation workshop: An initial findings' report/presentation based on formative results will be created to understand different perspectives around specific findings and preliminary recommendations. These results will be presented during a validation workshop in Naypyidaw.

Phase III: Data analysis and report writing

The data analysis phase will begin after the information collected has been validated and cleaned up. Quantitative data will be analyzed using descriptive statistics. Qualitative data will be evaluated using an iterative analytical process for thematic identification and triangulation based on the feedback from multiple stakeholders. The draft structure of the Final Evaluation report is provided in **Annex 14**.

The main tools which will be used for data analysis are presented below.

Data Triangulation: The team will collect data on the same topic from multiple sources and by different methods (wherever applicable). The purpose of triangulation will not only be cross-validation of data but also to capture different dimensions of the same phenomenon. As we are using a mixed method approach, both quantitative and qualitative data will be collected for triangulation. Moreover, having a participatory approach ensures that several stakeholders are contacted multiple times to ensure that data is triangulated through the course of the evaluation. The workshops (inception and validation) will also be key to foster discussion between different stakeholders and ensure data triangulation.

Analysis using OECD/DAC criteria: The evaluation team will be responsible for data analysis and report writing. Drawing and reporting of best practices and lessons-learnt from other similar evaluations will also be undertaken. In particular, comparisons to and lessons from similar cash transfer interventions in other countries in the region will be included as part of the analysis. The initial findings report will provide an assessment of the acceptability of specific intervention strategies. Quantitative data will be analyzed using descriptive statistics. Qualitative data will be evaluated using an iterative analytical process for thematic identification and triangulation based on the feedback from multiple stakeholders:

- **Disaggregation of data:** The data collected will be disaggregated by sex, age, socioeconomic status, ethnicity, etc. where relevant and will focus on both the implementers (including local authorities, service providers and implementing partners), as well as the affected populations themselves.
- **Quantitative Data Analysis:** Secondary quantitative data review and analysis and primary data analysis using appropriate analytical tools such as SPSS, Excel etc. **Descriptive statistics** will be used to show and summarize data in a meaningful way such that patterns might emerge from the data. **Inferential statistics** will also be attempted to be used to make generalizations about the population using a statistically significant sample.

- **Qualitative Data Analysis:** Specific themes (e.g. Registration and coverage, inclusion and exclusion errors, cash distribution mechanism, financial management, data management, etc.), will be investigated through a process of **content analysis**. This will generate thematic responses, based on discussion themes and/or questions asked. Following this thematic categorization, patterns and connections within and between categories will be established. The importance of the relationships will then be interpreted and presented. Drawing and reporting of best practices and lessons-learnt from other similar evaluations will also be undertaken. **Comparative analysis** will also be attempted to see whether we can find any learnings and lessons learnt from other similar programmes, which can be useful to the design and implementation of the MCCT programme. We will provide the rationale behind our choice of comparative programmes and the grounds for comparison and then undertake analysis to see whether the programmes extend, corroborate, contradict, correct, or debate one another and what are some key lessons we can draw.

IPE Global has successfully concluded the Evaluation of the CARD and Government led Cash Transfer Pilot Project for Pregnant Women and Children in Cambodia, and the evaluation received a 'Highly Satisfactory' rating. The key lessons and best practices identified through this evaluation will feed into our analysis as well.

Knowledge Attitude and Practice (KAP) analysis: The change in Knowledge, Attitudes and Practices (KAP) among the pregnant women and mothers of 2 years old would be critical to analyze. The success of the programme hugely depends on how effective the SBCC delivery is – this analysis will help in understanding if there have been any changes in knowledge, attitude and practices as a result of the education sessions. It will also help in identifying the determining factors of nutritional outcomes and practices related to maternal and child nutrition in the target communities.

Reviewing the Theory of Change: Review and refinement of the theory of change for the MCCT programme will be undertaken. We will review whether the interventions have translated into outputs. We will also attempt to see whether programme outcomes, in terms of usage of cash and effectiveness of the SBCC programmes have been achieved. Finally, the appropriateness and completeness of the overall ToC will be assessed by:

- Gathering evidence from the formative evaluation of the determinants of the long-term outcome;
- Developing the causal pathways of the determinants of the outcome in the short and medium term;
- Determining the inputs (drivers of change) that have been used to affect the pathways to achieve the outcomes;
- Gathering evidence on actual execution of inputs/accomplishments of activities to determine its effectiveness;
- Documenting the assumptions;
- Evaluating the risks or factors that may create a lack of enabling environment to reach the goals; and
- Building new evidence based on the evaluation criteria of relevance, effectiveness, efficiency and sustainability in order to provide guidance where gaps exist.

Cost effectiveness analysis: The value for money analysis used by the UK Government's Department for International Development to measure the impact of interventions and programmes will be used. It

is a systematic approach to considering three key concepts: "the 3Es – economy, efficiency, effectiveness" throughout planning and implementation. The key concepts are defined as:

- Value for money development should be economic: inputs have been procured at the least cost for the relevant level of quality.
- Value for money development should be efficient: Efficiency is generally defined as considering the value of outputs in relation to the total cost of inputs (at the relevant level of quality).
- Value for money development should be effective: achieving program outcomes in relation to the total cost of inputs (sometimes equity considerations are factored in here).

Given that the concepts 1 and 2 refer to the business process, procurement of goods and services of the programme, the team will focus the analysis on the concept 3: effectiveness part. This includes an analysis of the cost incurred to generate the outcomes of the programme. Given the relatively short period of implementation of the programme, the analysis will be limited to the availability of budget and administrative data.

The MCCT Programme covers a wide range of design features with regard to objectives and approaches, eligibility criteria, registration, levels of transfer, frequency and delivery mechanisms for payments and links with broader social and economic policy. These attributes are all important drivers of cost effectiveness and will be critically assessed in the analysis.

The evaluation team will also compare the costs and benefits of different forms of social transfer, and of transfers with those of alternative policies or programmes that have implemented to achieve similar results. Furthermore, the costs and benefits of the MCCT Programme will be compared to other cash transfer programmes in the region, particularly in Cambodia and Thailand.

Ethics and United Nations Evaluation Guidelines

The evaluation team is driven by several ethics and guidance documents including the UNEG Norms and Standards for Evaluation (2016), the revised evaluation policy of UNICEF (2018), UNEG Ethical Guideline for Evaluation (2008), UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015). UNICEF-adapted UNEG Evaluation Reports Standards (2017) and Global Evaluation Reports Oversight System (GEROS) Handbook (2017), UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation, and UN-SWAP Evaluation Performance Indicator. An integral component of the literature review during the Inception Phase has been the review of these guidance documents so as to embed the UNEG Evaluation ethics and principles in the thought process of the evaluation team. The design of the evaluation incorporates a clear human rights, equity and gender perspective. The team will ensure that it pays close attention to ensuring that the aforementioned dimensions have been integrated into the interventions, such as inclusion of girls, women and excluded communities, and the effects of the cash transfer programme on such groups. This is also explicitly reflected in the evaluation tools and the methodology proposed.

To ensure impartiality, the evaluation team will consider the views of all stakeholders. As per the ToR, the data will be disaggregated gender, age, etc., as appropriate, to determine whether the intervention yielded more positive or negative effect on one group or the other.

The UNEG norms and standards will be observed. Furthermore, UNEG ethical considerations have been and will be respected, particularly in relation to including the view of community members. Prior to the start of the data collection phase, all enumerators will be trained on the UNEG ethical considerations and guidelines, so as to ensure that data collection takes place according to high standards of ethics and sensitivity. The team will ensure that sensitive information derived from the

FGDs, KIIs and Surveys is secured with utmost confidentiality. Any interactions with stakeholders will also be done with prior consent. Furthermore, the ethical review is being performed by UNICEF Evaluation and Research Committee.

The researchers will ensure that the methods applied in the evaluation of the cash transfer programme causes no physical or psychological harm to the participants. The team will strictly follow the obligation of evaluations: *independence, impartiality, credibility, no conflict of interest, honesty and integrity, and accountability*. The evaluators will also observe the obligations towards the participants including *respect for Dignity and Diversity, Rights, Confidentiality, and Avoidance of Harm*.

Once the data has been collected and analyzed, the evaluation team will ensure that there is *accuracy, completeness and reliability* reflected in the presentations and reports, as per the UNEG guidelines on the Evaluation Process and Product. Furthermore, *transparency* in accessibility of the data collected, presentations and reports will be taken into sincere consideration.

Equity, gender and human rights

In line with the UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation, as well as the UNICEF Handbook on How to Design and Conduct Equity-Focused Evaluations, the evaluation will integrate equity, gender equality and human rights considerations in the conduct of the evaluation. In particular:

- The evaluation criteria and questions will seek information on whether equity, gender equality and human rights issues were integrated into the design, planning and implementation of the project;
- The evaluation will follow a participatory and consultative approach throughout the engagement lifecycle. During consultations with the key stakeholders of the project, efforts will be made to ensure that the evaluation is able to capture important insights;
- During the process of data collection, a gender balanced team will be maintained;
- Other than beneficiaries and implementing agents, interviews with husbands, non-beneficiaries and heads of household will also be conducted to ensure equity and get an insight on the opinion of the community regarding gender equality;
- Post purposively selecting villages, random sampling of beneficiaries will be undertaken to ensure equity;
- The evaluation will ensure that a diverse set of stakeholders involved in the project are met during the data collection so as to ascertain that the perspective of all the stakeholders is triangulated, analyzed and reflected in the evaluation, thereby ensuring equity.

5.4. Risks, challenges and mitigation measures

During the course of the inception phase of the evaluation, we have identified certain risks and challenges in conducting this evaluation. These have been given in the table below along with possible mitigation measures.

Table 8: Risks, challenges and mitigation measures

Risk/Challenge	Mitigation Measure
Due to cancellation of the inception workshop and other delays in the inception phase, it is most likely that data collection will take place right in the middle of the monsoon season.	One additional week has been added for data collection.

Risk/Challenge	Mitigation Measure
Situation in some townships of Rakhine is currently in a critical state due to which data collection in northern Rakhine and also in some central areas may not be possible.	Data collection will be undertaken only in areas where there is no eminent risk to the team. If some specific areas are not covered, the reason for the same will be clearly given in the final evaluation report and best alternative sample will be taken.
Given the complexity of the evaluation, the timelines, schedules and activities which are being conducted may be unique from other formative evaluations.	The changes will be clearly stated in the evaluation report with reasons and mitigation measures for the same clearly stated.
Ethical review may be needed not only from DSW but also MoHS since health-related questions are being asked (to analyze outcome level indicators such as knowledge on breastfeeding and consumption of iron tablets)	This will be discussed with all relevant stakeholders during inception workshop and will be captured in the workshop report.
The budget and financial documents for the MCCT programme are yet to be shared, however, during the inception mission, several stakeholders from DSW confirmed that personnel and administrative costs are not presented as separate budget lines for this programme.	Conducting the cost effectiveness analysis of the programme may need assumptions on the time being spent by personnel on MCCT activities and also on the administrative costs.
Age and gender disaggregated data on nutrition and health indicators is not available on open sources	This will be requested during the inception visit.

5.5. Quality assurance

IPE Global has a well-entrenched system comprising periodic departmental and peer reviews, interactive feedback mechanisms, and complaint redressal and quality checks as part of its quality review process. **Annex 15** details the Quality Policy Statement, Policies, Procedures and Practices for Quality Outputs, Quality Management System, Staff for Quality Assurance, Value for Money and Internal Controls at IPE Global. Suitable quality assurance mechanisms will also be applied for this study. For this evaluation, we have a pool of experts, out of which 2 experts, having expertise in nutrition and experience in conducting evaluations, will be reviewing and quality assuring all deliverables.

At the inception stage, the experts will examine and assess the appropriateness of the evaluation design and methodology; and that the same conforms to the terms of reference (ToR) for the assignment. Careful development of the questionnaire with emphasis on correct wording of the questions, followed by pilot testing the questionnaire with subjects not included in the sample will help to ensure that the data collected is reliable. The data collection tools will also be reviewed by experts.

Experienced data collection staff will be deployed after proper training. The data collection process will be supervised by trained staff. Field-level errors will be eliminated through stringent supervision of field work and review of the filled questionnaires.

For quantitative nature of data, to minimize errors at the point of entry itself, a specially designed database structure with embedded data field constraints will be designed. Range checks and certain basic consistency checks will be built into the data entry system to prevent invalid entries. These validation checks would only allow entry of values within a specified range, thus minimizing human error. Further, customized error-checking programs would be run on the entered data to detect missing values and to filter out any inconsistencies and logical errors. The errors reported would be corrected by physical reference to original schedules. Wherever possible, appropriate statistical

procedures will be used to check objectivity of the data. The cleaned data would then be put to analysis.

The field data collection and survey will be conducted by a Myanmar based agency, Kantar TNS, who have substantial experience of data collection in Chin and Rakhine States. One of its core strengths is operational excellence in Myanmar, anchored on strong project management, field execution, quality assurance and data management capabilities, in line with Kantar's ISO 2052 certification. Kantar has state-of-the-art quality control methods, including silent recording, GPS tracking and dashboards to monitor field progress in real time.

While the experts will review the assignment deliverables to check that they conform to the minimum quality assurance standards for UNICEF research, they will also provide technical and procedural advice throughout the assignment duration as required. They will ascertain that the report is in line with expectations for the scope, content and quality as outlined in the ToR. Further, the experts will review the draft evaluation report to check that the report is well-organized and the writing is clear, concise, and relevant.

6. INCEPTION MISSION

A team from IPE Global visited Myanmar from 18 - 29 March 2019 for an inception mission. The objectives of the inception mission were to: i) meet with key stakeholders of the MCCT programme, including government and development partners, to present an overview of the evaluation (team, methodology, process and work plan), ii) discuss/prepare for ethical review of data collection tools if required for this evaluation; iii) undertake field visit to the programme areas to finalise evaluation matrix, sampling plan, field plan and data collection tools; and iv) understand the context and dynamics of MCCT programme operations as well as involvement, perceptions and interests in the evaluation from involved stakeholders.

Beneficiary of MCCT programme – Mother with young child in Loklung village, Hakha Township in Chin State. (Photograph taken during inception mission held in March 2019.)

The activities undertaken include the following:

1. Meetings with DG DSW, Director DSW and Social Protection Section team;
2. Meeting with other relevant government departments at Union level;
3. Visit to Chin State to meet beneficiaries, implementing agents, government departments and public health facility;
4. Meetings with UNICEF teams from different sections related to MCCT program implementation including Chin Field Office staff and UNICEF management team;
5. Meetings with Development Partners, NGOs and program stakeholders;
6. Review of several operational and technical documents, operation manuals, evaluation and monitoring program reports, program data and presentations made in different meetings.

6.1. Consultation with relevant stakeholders

During the course of the inception mission, the team met with several key stakeholders at Union level in Naypyidaw who were part of the design and implementation of the programme. During these interactions, the team gained an understanding of the context, the finer details of the design of the MCCT programme and the progress of its implementation- including the differences in the two States. As this was the inception mission, the team also wanted to understand the expectations each stakeholder had from the evaluation to finalize the scope as well as the data collection tools. The following findings and insights have fed into our evaluation methodology and data collection tools:

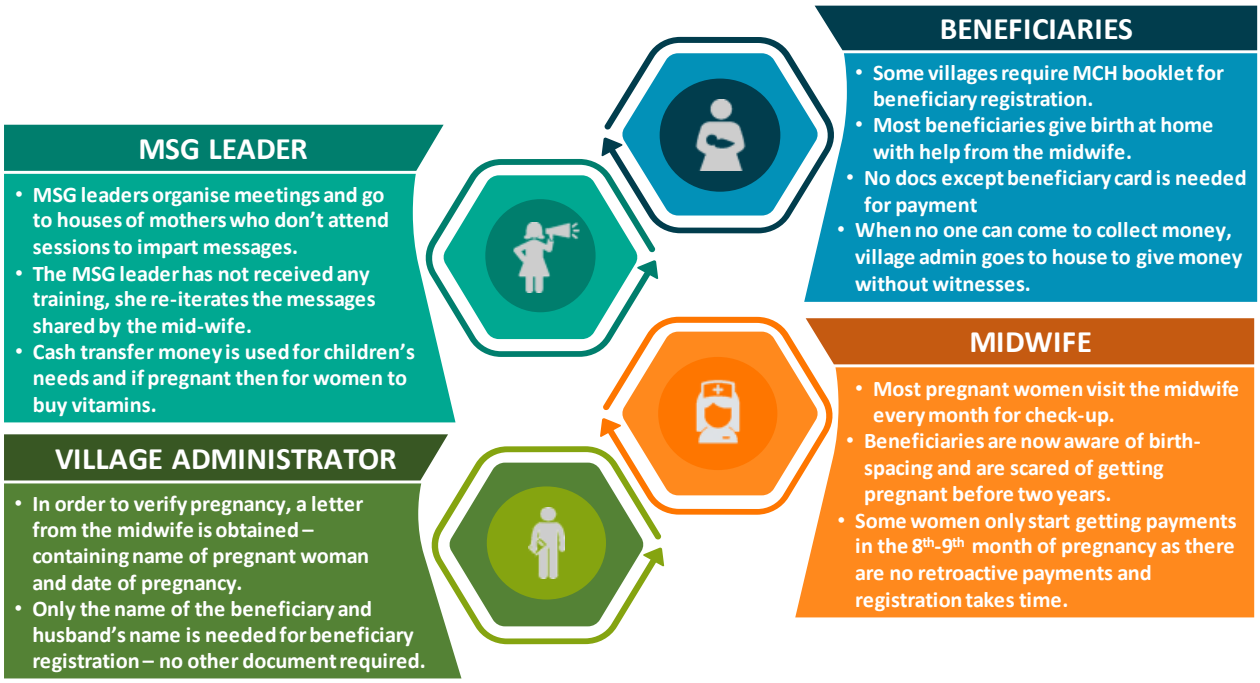
Discussion with beneficiaries, midwife and state MCCT coordinator in Loklung village, Hakha Township in Chin State. (Photograph taken during inception mission held in March 2019.)

- The evaluation will not look to compare the MCCT programme in the two States given the difference in context and implementation modalities.
- The cash transfer programme in Rakhine started as a basic MCCT, focusing on cash transfer only and SBCC component has not been initiated in majority of the State. Moreover, diverse context including IDPs need to be given special focus during the evaluation.
- The district authorities have a limited role in implementation of the MCCT programme, it is the officials at the township level followed by village level who have the most significant roles.
- Ethical and Protocol Review Committee Approval is not required for the formative evaluation as the focus is to evaluate processes not impact
- Detailed break-up of the programme budget including information on personnel costs and administrative costs may not be available given the multi-ministry setup.
- Greater understanding of the coverage of MCH booklet and immunization card is needed to assess future possibility of strengthening registration and soft condition verification.
- Coordination between DSW and MoPH is a strong focus for all stakeholders.
- There seems to be a strong opinion that the payment day and SBCC sessions should be done on the same day. The possibility of this can be explored during the course of the evaluation.
- The mechanism for safekeeping and distribution of money not collected by beneficiaries during payment day is not defined.
- Alternate mechanisms of payments including mobile payments need to be explored for long term programme sustainability.
- Myanmar Maternal and Child Welfare Association (MMCWA) is the biggest volunteer network in the country. The method in which this can be effectively utilised for the MCCT Programme still needs to be explored.

6.2. Observations from the field

The team also undertook field visits to Loklung and Chungcung villages of Hakha township in Chin State and interacted with beneficiaries, midwives and village administrator. Some beneficiary perceptions and preliminary viewpoints of field level functionaries are presented below:

Figure 8. Observations from the field

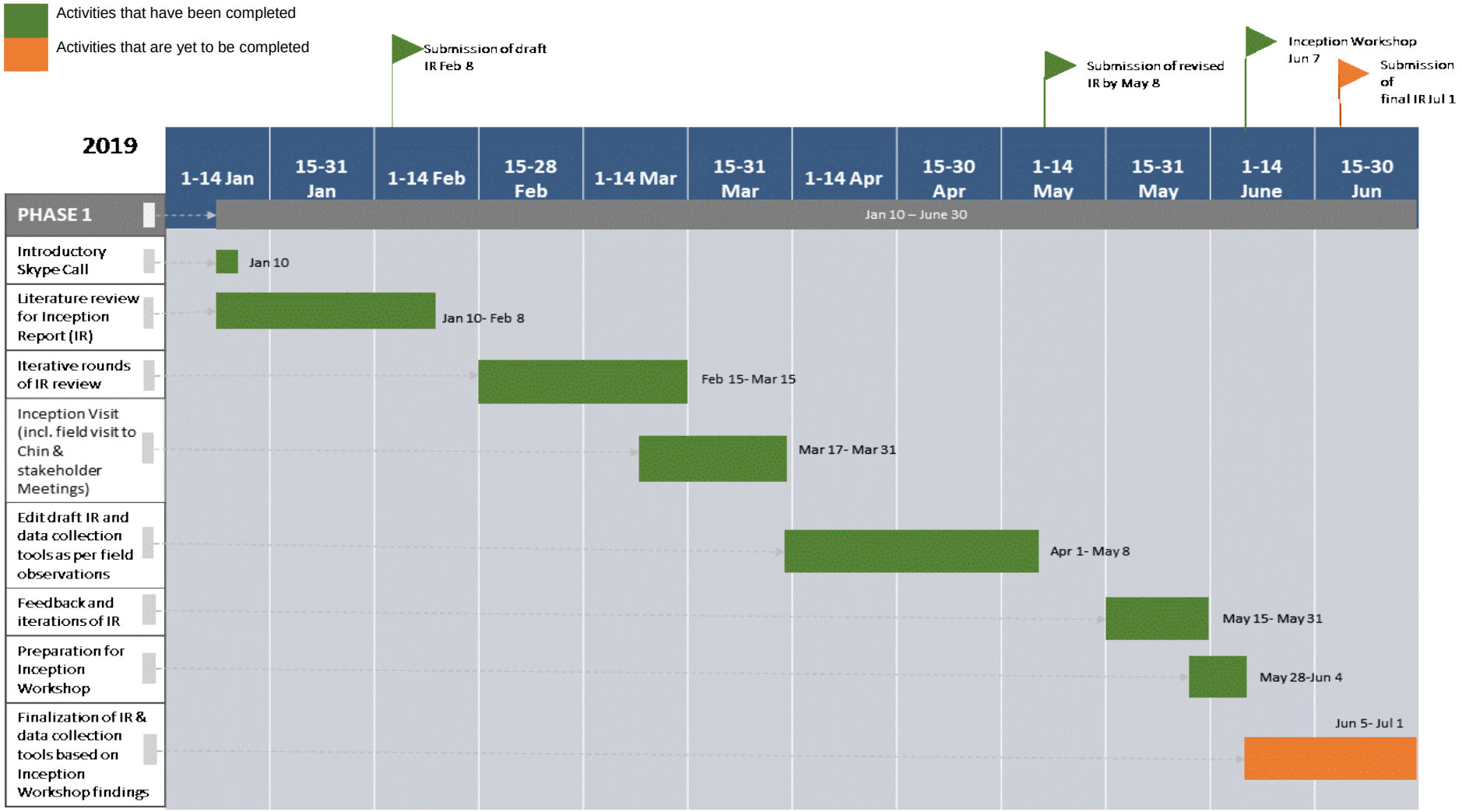


6.3. Inception workshop

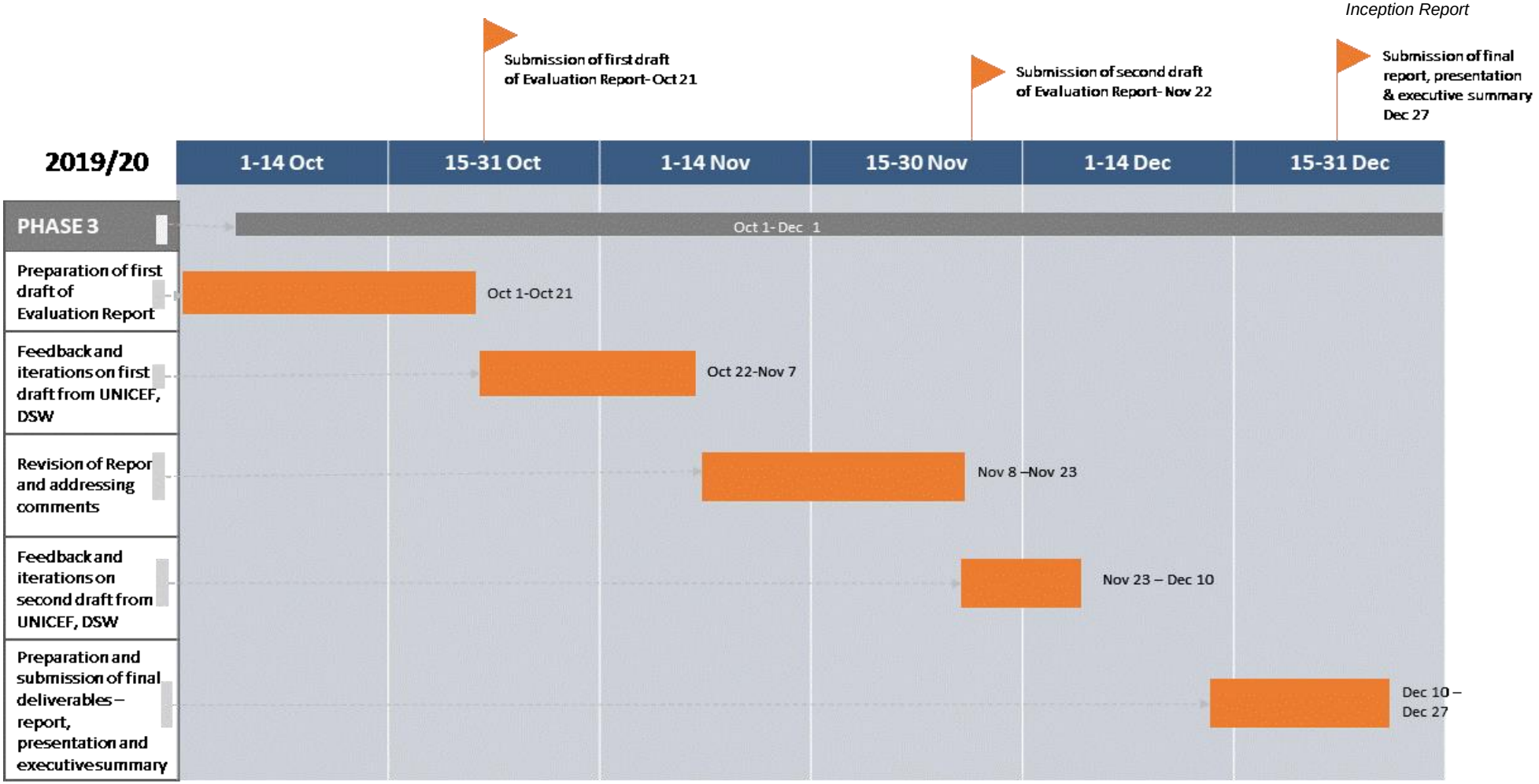
An inception workshop was held on 7 June 2019 at Naypyidaw to discuss the key findings of the inception mission and seek feedback from key stakeholders on the evaluation methodology, sampling and data collection tools. This helped in obtaining a better understanding of some of the key issues and challenges in programme delivery. Recommendations on the conduct of the evaluation have been incorporated in this report. The workshop proceedings report is attached as **Annex 11**.

7. EVALUATION PROCESS (WORK PLAN, GOVERNANCE & COMMUNICATION)

7.1. Work plan




Prelim. Findings Report Sep 27
Validation workshop Sep 30
2019
1-14 Jul
15-31 Jul
1-14 Aug
15-31 Aug
1-14 Sep
15-30 Sep
PHASE 2
Jul 1- Sep 30
Training of enumerators & field testing of tools
Jul 7- Jul 14
Data collection
Jul 14- Aug 14
Data processing
Aug 15- Aug 31
Data analysis & development of output tables
Sep 1 - Sep 10
Development of preliminary Findings and repor submission
Sep 10- Sep 20
Country mission to conduct KIIs with Union level stakeholders
Sep 20- Sep 27
Presentation of preliminary findings during country mission
Sep 30


Submission of first draft of Evaluation Report- Oct 21
Submission of second draft of Evaluation Report- Nov 22
Submission of final report, presentation & executive summary Dec 27
2019/20
1-14 Oct
15-31 Oct
1-14 Nov
15-30 Nov
1-14 Dec
15-31 Dec
PHASE 3
Oct 1- Dec 1
Preparation of first draft of Evaluation Report
Oct 1-Oct 21
Feedback and iterations on first draft from UNICEF, DSW
Oct 22-Nov 7
Revision of Repor and addressing comments
Nov 8 –Nov 23
Feedback and iterations on second draft from UNICEF, DSW
Nov 23 – Dec 10
Preparation and submission of final deliverables – report, presentation and executive summary
Dec 10 – Dec 27

7.2. Team composition

Considering the requirements of the study, senior experts with relevant professional experience for conducting the exercise have been deployed. The team possess all the necessary evaluation and technical skills to deliver the evaluation according to the requirements of the ToR. Together, the key experts dispose of an impressive range of skills and geographical knowledge. The expertise of the team members will be leveraged to ensure adherence to the UNEG including those on gender equality and human rights. Details of the team members have been provided in **Annex 16**. The roles of responsibilities of each team member is given below:

Table 9. Roles and responsibilities of the team members

Sl.	Name of Team Member	Position	Key Roles and Responsibilities	Person Days per evaluation phase
1.	Ashish Mukherjee	Team Leader	▪ Responsible for overall quality of deliverables ▪ Provide strategic inputs on literature review and review of data and evidence ▪ Lead the preparation of evaluation framework and finalise the evaluation methodology and sampling plan ▪ Lead the development of the data collection tools and iterations post review ▪ Lead client interactions ▪ Liaise with high level stakeholders and government departments in Myanmar ▪ Conduct KIIs at the Union Level ▪ Qualitative and quantitative data analysis ▪ Report writing ▪ Review and present interim and final deliverables to client and relevant stakeholders	▪ Phase I - 10 ▪ Phase II - 10 ▪ Phase III – 20
2.	Priyanka Roy	M&E Expert	▪ Assist the Team Leader in preparing the evaluation framework & methodology and finalise the sampling plan ▪ Assist the Team Leader in Value for Money analysis ▪ Quantitative and qualitative data analysis ▪ Report writing	▪ Phase I - 5 ▪ Phase II - 5 ▪ Phase III - 15
3.	Nandar Nwe Oo	National Expert	▪ Literature review ▪ Quantitative and qualitative data analysis ▪ Management of deliverables from Kantar Public- the local data collection firm ▪ Translation of final report to Burmese	▪ Phase I - 5 ▪ Phase II - 10 ▪ Phase III - 15
4.	Kriti Gupta	Programme Manager/ Researcher	▪ Responsible for overall management of the assignment ▪ Liaising with the client ▪ Literature review and secondary data analysis ▪ Development of data collection tools ▪ Assist in stakeholder consultations during the Inception Mission ▪ Assist in interactions with the beneficiaries during the field visit to Chin, during the Inception Mission ▪ Assist in conducting KIIs at the Union Level ▪ Support the Team Leader in presenting interim and final deliverables ▪ Quantitative and qualitative data analysis ▪ Report writing	▪ Phase I - 30 ▪ Phase II - 10 ▪ Phase III - 25
5.	Rai Sengupta	Analyst	▪ Literature review and secondary data analysis ▪ Development of data collection tools ▪ Quantitative and qualitative data analysis ▪ Support in report writing	▪ Phase I - 15 ▪ Phase II - 15 ▪ Phase III – 15

Sl.	Name of Team Member	Position	Key Roles and Responsibilities	Person Days per evaluation phase
6.	M/s Kantar TNS	Surveyors/ Research Investigators	▪ Translation of data collection tools ▪ Field data collection – Household survey and FGDs ▪ Data entry and data cleaning	▪ Phase II - 45

The evaluation team has contracted a Myanmar based research and survey agency, *Kantar TNS* for the purpose of data collection and surveys. Local staff and translators will be used as required and a gender balanced team will be deployed for the beneficiary survey and community-based Focus Group Discussions.

7.3. Governance and communication

The Evaluation Team will operate under the supervision of the Evaluation Management Team comprising of Director (Social Protection Section), Department of Social Welfare, MSWRR (U Kyaw Lin Htin), an Evaluation Specialist (Erica Mattellone), Social Policy Specialist (Nangar Soomro) and all deliverables will be submitted to them for review and feedback.

Furthermore, a Core Reference Group of DSW and DPs supporting MCCT (UNICEF, World bank, LIFT/UNOPS, WFP, Save the Children and IRC) has been proposed to provide suggestions and guidance to ensure that adequate support and technical input is provided in each phase of the evaluation, to review and comment on the evaluation deliverables, and to participate in the validation workshops and final presentation (List of reference group members is given in **Annex 17**).

Also, the team leader and the national experts will be responsible for progress reporting.