Evaluating Impact: From Promise to Evidence

Conditional Cash Transfer

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Group 15: Cambodia EASHS

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1. Intervention Summary

A. Brief description of program activities and outputs: Conditional Cash Transfer (CCT) to promote demand/uptake of a number of health services and community-based promotion of behavioral change along with the continuum of care (pregnancy, antenatal care – ANC-, birth delivery and postnatal care) in order to reduce malnutrition among women and children and mortality rate.

A. Who is targeted? Poor (identified by IDPoor) pregnant women or families with children under the age of 2.

B. Where is it conducted? 2 Districts (Srey Snom in Siem Reap province and Phnom Srok in Bantey Meanchey province in Cambodia)

C. When is it conducted? 18 months from 2014

D. Name(s) of implementing organization(s)?
   • NCDD (National Committee for Democratic Development); health centers and hospitals;
2. Results Chain

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<tr>
<th>PROGRAM</th>
<th>INTERMEDIATE OUTCOME</th>
<th>IMPACT</th>
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<tr>
<td>Inputs: Money; staff from different agencies involved (local government, Commune councils and CCWC)</td>
<td>• Proportion of women that takes up the health services for which bonuses are offered</td>
<td>• Proportion of women that adopts behaviors are stimulated in community-sessions;</td>
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<td>Activities</td>
<td>• Increase the utilization of prenatal check ups</td>
<td>• Healthy children and mothers, cooking practices/nutritional practices”;</td>
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<td>Administration of payments of cash bonuses (benefits), monitoring and verification of services, Community-based sessions for promotion of health care, WASH or sanitation and nutrition practices</td>
<td>• Increase institutional delivery &amp; post natal care check ups</td>
<td>• Increase expenditure on nutritious food items</td>
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<td>Outputs</td>
<td>• Increase growth monitoring of children</td>
<td>• Installment and use of improved toilet</td>
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<td>Women are informed about the CCT conditionality and activities; Unconditional monthly amount are paid</td>
<td>• Increase vaccination rates</td>
<td>• Reported household water treatment practices and hygiene behaviors</td>
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<td>• Increase knowledge of health, food, nutrition, water sanitation and so on</td>
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<td>- Proportion of women that attend the community sessions</td>
<td>- % children immunized</td>
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3. Research Questions

• Will the CCT increase the utilization of: (i) ANC services; (ii) facility birth delivery; (iii) post-natal services/immunization?

• Will CCT increase participation to nutritional/W&$S learning sessions?

• Will the increase in the utilization described reduce malnutrition amongst poor women and children?
4. Impact Evaluation Design

A. Describe the intervention in the (add treatment arms, if applicable):
   - Treatment:
     - Intervention I: Base payment upon enrolment in the scheme.
     - Intervention II: Bonus payment upon the utilization of antenatal/postnatal care services and educational sessions.
   - Control: Nothing

B. Describe the sample size
   - Treatment: All poor children/women identified by ID-poor I&II in 2 districts (Srey Snom and Phnom Srok districts)
   - Control: Near-poor (women/children marginally poor, but not defined as ID-Poor)

C. Describe the program assignment rule: (e.g. random selection of schools): All ID-poor women and children living within the 2 studied districts – use Regression Discontinuity Design using Poor (treatment) and nonpoor (control) using ID poor data
D. Method of data collection (e.g. electronic health worker interviews, admin data, etc.):

- The list of control and treatment group will be given to Health Facility and it will be responsible to check whether they came to receive health services
- Follow up household interviews to collect information on expenditures and on knowledge

E. Frequency of data collection:

- One at the baseline
- Passive data collection at the end or just before the end of the programme

F. Who will collect the data:

- Health Centers collect the data
- Enumerators, Local authorities collect the data
- Social Protection Coordination Unit of Council for Agricultural and Rural Development (SPCU-CARD) will oversee
- World Bank Team will provide technical assistance
5. Data Collection

A. List of program indicators to be collected:
   – Number of prenatal check ups during pregnancy
   – Percentage of women who deliver at health centers
   – Number of post natal care check ups
   – Number of growth monitoring for children
   – Immunization rate of children
   – Number of education session attended
   – Percentage of underweight children
   – Percentage of malnutrition and stunting
   – Percentage of the mother who can answer the basic questions
   – Percentage or amount of expenditure on nutritious food items
THANK YOU!!!!