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NOTE 5

Building Resilience, Equity and Opportunity in Myanmar: The Role of Social Protection

The experience of cash transfers in Myanmar: Lessons from a social protection and poverty reduction perspective[1]

Cash is an appropriate instrument to provide assistance to poor and vulnerable households in most contexts in Myanmar. Cash transfers (CTs) have the potential to help poor and vulnerable households meet basic needs and encourage investments in human capital accumulation. Building on existing programs such as the stipends program and testing CTs with relatively simple design and implementation arrangements can be a viable option in the short term.

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Social Protection & Labor

1. This Note was prepared by Mariana Infante-Villarroel (World Bank), with inputs from the Ministry of Education (MOE), the Ministry of Health (MOH), the World Food Programme (WFP), the Livelihoods and Food Security Trust Fund (LIFT), Save the Children (SC), and members of the Cash Working Group (CWG). Comments were provided by Puja Vasudeva Dutta, Brett Ballard, Yuko Okamura, and Khin Aye Yee (World Bank); Inge Stokkel and Jessica Chaix (WFP); Lou Tessier (International Labour Organization: ILO); and Mathew Tasker (SC). The Note draws on information from field trips to Magwe, Mandalay, Ayeyarwaddy and Kachin and secondary sources on Rakhine, Tanintharyi and northern Shan. Any comments and questions can be addressed to ainfantevillarro@worldbank.org. The team is grateful to the Ministry of Social Welfare, Relief and Resettlement and to the Ministry of Livestock, Fisheries and Rural Development for their inputs and facilitation of field trips for the entire assessment; and to the Ministry of Labor, Employment and Social Security, the Ministry of Finance, and the Ministry of National Planning and Economic Development for their inputs and guidance. The team benefited from contributions and field support from WFP, ILO, UNOPS-LIFT, SC, HAI, ActionAid, IOM, MDRI, and several UN agencies and NGOs throughout the process. The team is grateful to the Rapid Social Response program and its five donors- the Russian Federation, Sweden, Norway, the United Kingdom and Australia- for funding this assessment.

2 Building Resilience, Equity and Opportunity in Myanmar: The Role of Social Protection

1. Overview

Well-designed and effectively implemented CTs are important tools for reducing poverty and inequality and promoting investments in health, nutrition, and education. CTs provide assistance in the form of cash or near-cash instruments (e.g. vouchers) to poor and vulnerable households, which helps satisfy consumption needs and allows for more risk-taking in productive activities and investments in human capital development.[2]

In Myanmar, cash-based assistance has been provided in different contexts. The most widely used modality is cash for work (CFW), discussed in a separate Note.[3] This Note takes stock of other modalities of cash assistance currently in use in Myanmar, namely unconditional cash transfers (UCTs) for emergency response and conditional cash transfers (CCTs) for developing human capital.[4] The Note assesses whether – and when – cash assistance is appropriate as part of Myanmar's social protection policies and identifies operational lessons to guide the future design of cash-based programs

Box 1: Types of cash transfers

Unconditional: Cash benefits to alleviate poverty and inequality without any conditions.

Conditional: Cash benefits subject to conditions based on program objectives, such as sending children to school and/or accessing health and nutrition services.

2. Appropriateness of cash assistance in Myanmar

The Note examines the following five elements in order to assess whether and when cash can be an appropriate instrument to provide assistance in Myanmar: a) program objectives; b) local conditions; c) program design elements (e.g. target groups, benefit levels, conditionality); d) implementation arrangements; and e) outcomes.

2.1 Objectives

Disasters and humanitarian crises have been drivers of UCTs in the Border States. For example, CFW and UCTs have been used in Rakhine as a response to Cyclone Giri (2010); in Kachin, over 50,000 internally displaced people (IDPs) received monthly cash transfers from various partners. UCTs were also used in the Delta as a response to Cyclone Nargis (2008) and in the Dry Zone as a

2. *See* et al. (2010) and Fiszbein and Schady (2011) for more information on the impact of CTs on poverty and human development outcomes.
3. *See* Note on 'The experience of public works programs in Myanmar' for operational lessons from CFW and public work programs in Myanmar.
4. *See* Note on 'Inventory of social protection programs in Myanmar' for an extensive review of social protection programs in Myanmar.

response to the Magwe flash floods (2011), including cash assistance provided by various government stakeholders and development partners (DPs).

UCTs for emergency response have had the objective of providing **short- to medium-term relief** to affected households in the **Border States**, enabling **food security** (e.g. by complementing food transfers) and contributing to the **dignity and income security** of vulnerable groups such as IDPs. **In Rakhine, non-governmental organizations (NGOs) are piloting a small-scale program that combines CFW with a complementary UCT for people unable to work.**[5] The government is considering the implementation of social pensions for those over 90 years old; it has already given a yearly allowance to those over 100 years old.

In several contexts,government and NGOs have also implemented CCTs with the longer-term objective of human capital accumulation. The most important in terms of scope and coverage is the stipends program, implemented by MoE with the purpose of **decreasing dropout and increasing completion** among poor and vulnerable students (*see* Annex 1).[6]

Figure 1: Mother and child, Mina Camp, Kachin state

Photo- *World Food Programme*

5. SC, International Rescue Committee (IRC), Better Life Organization (BLO), and Oxfam, as part of the Tat Lan Group.
6. MOE's stipend program has two modalities of implementation: 1) the 'national program' has been in operation since 2009/10 and is based on MOE's current guidelines for implementation, covering all townships in Myanmar at a small scale and prioritizing orphans; 2) the 'pilot' program (described in Annex 1) tests changes to the operational design of the program, namely, criteria to prioritize townships and students, conditions, and increased benefit levels.

Other CCTs have focused on improving maternal and child health by conditioning benefits on the utilization of health services, such as SC's CCT in the Delta (2010-2011), the SC CCT pilot in Rakhine and the maternal and child health voucher scheme (MCHVS), currently being implemented by MoH in two townships in the Dry Zone (Bago region) (*see* Annex 1). These schemes are in a pilot stage and lessons on their impact and implementation can help inform the government on how appropriate CCTs are for Myanmar.

2.2 Local conditions

Partners implementing cash-based assistance in Myanmar have identified the following necessary conditions to use cash (rather than food) in a particular location: a) availability and accessibility of well-functioning markets, particularly food markets; b) preference of beneficiaries; c) cost-efficiency compared with in-kind (food) assistance; d) availability of appropriate cash delivery mechanisms; e) general safety and security; and f) low inflationary risks.

Although market analysis could be strengthened, current information shows conditions on functional (food) markets and low inflationary risk have been met in most contexts where cash assistance has been provided, even in conflict or fragile areas in the Border States such as Kachin and Rakhine. For instance, in mid-2014 WFP started piloting an unconditional 'food plus cash' transfer in several IDP camps in northern Shan. Availability of bank services and food markets and beneficiaries' interest were the main criteria in selecting the location of the pilot. In IDP camps in Kachin, however, beneficiaries and local stakeholders remain wary of cash assistance, largely because of security issues and perceptions of possible inappropriate uses (e.g. drinking, gambling).[7] On the other hand, with the exception of those in a few isolated villages, most beneficiaries in the Dry Zone prefer cash over food assistance and can easily access food markets. Local program implementers also prefer cash to food as it is easier to handle and distribute.

2.3 Design elements

Target groups and targeting mechanisms

Given their different objectives, UCTs and CCTs have targeted different groups using different approaches. **UCTs** for humanitarian response target geographic areas affected by conflict and disasters. These programs typically focus on areas where the most vulnerable people are concentrated, such as IDP camps in the Border States.[8]

7. WFP (2014) found IDPs in four out of seven camps preferred to continue with food support instead of shifting to cash.
8. The option of poverty targeting is being investigated as part of possible future cash assistance to IDP camps.

Most CCTs in Myanmar also focus on targeted areas but also target specific groups consistent with the long-term objective of building human capital. For example, the stipends pilot program uses several steps to identify beneficiaries. First, it selects townships with high poverty and low educational performance(geographic targeting). Next, it identifies schools with a greater number of poor children within the selected townships. Lastly, it prioritizes poor and vulnerable students in Grades 5-11 (poverty targeting). SC's CCT includes all eligible women(pregnant women and mothers of children under 12 months) in targeted villages regardless of poverty criteria, whereas MCHVS prioritizes women in low-income households who cannot afford to access health services and who live in remote areas.

Benefit levels

UCTs in the Border States have been set on the basis of complementary food rations in IDP camps, such as in WFP's pilot in northern Shan, where IDPs receive rice and blended food plus MMK 6,000 in cash. CCTs have benefit levels that can help beneficiaries overcome barriers to human capital accumulation. For instance, the stipends pilot sets different benefit levels for primary school (MMK 5,000/month), middle school (MMK 8,000/month), and high school (MMK 10,000/month) students to reflect how much more costly it is for families to send children to school as they grow older and to incentivize families to continue to send children to school at critical transition points (i.e. primary to middle school and middle to high school).[9] SC's pilot provides MMK 13,000/month to mothers in order to meet the nutritional needs of mother and child and contribute to travel expenses for accessing health and nutrition services. MCHVS provide vouchers for mothers to cover transport costs to MoH health facilities for antenatal care (ANC), delivery assisted by skilled birth attendants, and immunization of their children.

Conditions

Conditions apply only to CCT models. CTs can be more effective if behavioral change interventions complement cash in contexts where non-economic (such as cultural) factors also play a role in inadequate feeding practices or health-seeking behavior. It can also guide beneficiaries in how to spend the cash (e.g. nutritious food). In the case of the stipends pilot program, selected students receive the stipends for four consecutive years if they comply with the conditions on school enrolment and attendance, good behavior, and performance. SC's CCT conditions the receipt of the transfer on attending nutrition education sessions and accessing health services such as ANC and immunization.[10] MCHVS reimburses mothers only after they access services at MoH facilities. While the stipends program is somewhat strict in enforcing these conditions (students eventually lose the transfer if they do not comply), SC's CCT considers a 'soft' approach whereby conditions are encouraged and monitored but transfers are not stopped if beneficiaries do not comply with the conditions.

9. Both direct (tuition, school materials, transport, as middle and high schools are farther away from villages) and indirect (opportunity costs of children not working but going to school instead) costs increase as children get older. SC (2015b) found that both indirect and direct costs were responsible for some children dropping out of school, even if they were benefiting from the stipend. Dropout for middle and high school was extremely high in villages visited during fieldwork for this Note. Middle and high school facilities were several miles away from the villages visited.
10. Targeted villages receive a more intensive nutrition component, comprising mother-to-mother support groups, peer counseling, intense behavior change communication and CTs to further address the causal factors of malnutrition in the target areas. There are 30 such villages, out of which half will receive the CT and the rest serve as control.

It is important to note that CCTs can be effective only when services of acceptable quality are available; otherwise, beneficiaries cannot meet conditions (or only at high costs for caregivers, usually mothers) and cash incentives become ineffective. Since the stipends program is implemented at school level (*see* Section 2.4), this relationship is established from the start with children already at school. It will be important to understand whether accessibility of health services compromises the ability of beneficiaries of maternal and child CCTs to comply with conditions or decreases the benefits deriving from accessing services, given high opportunity costs. Moreover, it will be important to evaluate whether health service providers can continue to provide adequate services with the increasing demand the CCT scheme promotes.

Duration

UCTs for emergency and humanitarian response have typically been short-lived. For instance, UCTs for IDPs in Kachin provided monthly transfers to beneficiaries in camps from July 2013 to March 2014. WFP is currently piloting UCTs in northern Shan. The stipends pilot program will be tested for four school years, with gradual increases in coverage each year under modified guidelines (see Annex 1); the national stipends program will continue as usual. SC's CCT is being piloted from August 2014 to September 2016, whereas MCHVS has recently been expanded to a second

Photo- *World Food Programme*

township. It is important to consider pilot durations in light of the lessons that can be gathered in such an amount of time: implementation periods seem short in some cases to gather information on impact in human capital development. Budget constraints are also factors behind short duration (UCTs in Kachin) or scale-up constraints (MCHVS).

2.4 Implementation arrangements

Stakeholders involved in implementation

Until recently, CTs in Myanmar have largely been implemented by development partners and NGOs. Only the stipends program and MCHVS have a clear role for government. The stipends program has an implementation structure that cuts across different levels within MoE, with school-level committees in charge of most tasks involving beneficiaries and support provided at different levels within MoE (*see* Annex 1). MCHVS involves health service providers (health assistants) who also monitor access. Village administrators support targeting by certifying that women are poor or vulnerable. Community village leaders and health support groups create awareness in communities about the distribution and use of the vouchers. SC's CCT is implemented mainly by SC's staff while relying on Village Development Committees (VDCs)[11] to support nutrition sensitization and community mobilization and on health service providers to support health outreach activities. UCTs in IDP camps in Kachin rely on camp management committees to assist NGOs with the verification of beneficiary lists, provision of temporary ID cards to beneficiaries exclusively for cash distribution, and cash distribution itself.

Cash delivery mechanisms

In all CTs reviewed, project management teams distribute cash directly to beneficiaries. In the Dry Zone, WFP and its partners along with Project Management Committees (PMC) distribute the cash directly to CFW beneficiaries. The stipends program currently delivers cash to parents or guardians at schools. Midwives and voucher distributors (community members recruited and trained to identify eligible women) distribute vouchers in MCHVS and midwives or voucher distributors carry out reimbursement at the end of the month: women need to cover costs upfront.

The main reason for the reliance on direct cash distribution is low coverage and reliability of financial services, particularly in rural areas. Only 10 percent of Myanmar's population has access to financial services, the majority of whom are concentrated in urban areas (WFP, 2010). An additional reason is lack of familiarity with the banking system and low financial literacy, as studies conducted in the Border States, such as Rakhine and Kachin, illustrate (*see* Annex 2). Many potential beneficiaries (e.g. IDPs) face problems of access to financial services, as they do not have ID

11. VDCs have often been used to implement and coordinate LIFT-supported programs and do not necessarily involve government structures

cards and birth registration documents.[12] These issues make it difficult to use financial services in CTs in these areas at present or in the near future. Informal money transfer through the *hundi* network[13] seems insufficient for large-scale cash-based support. At the same time, security regarding large-scale cash distribution is a major concern in conflict-affect areas.

Scalability of delivery platforms

In the case of the stipends program, the urge to extend support to more school-age children within poorer townships prompted MoE to review the implementation mechanisms and to pilot and test a more systematic design. The early experience of the pilot stipends program indicates that a) a combination of standardized criteria[14] and community validation should be used to select schools and students in greater need; b) a good communication strategy is crucial and needs to involve several stakeholders at the community level; c) government structures implementing the program need additional capacity-building to fulfill their roles effectively; and d) there may be a need to complement the stipends with additional supply-side interventions to help offset the direct and indirect costs of education.[15] MCHVS also offers lessons on a) the difficulty of training community members who are not midwives (and hence have little health knowledge) to identify beneficiaries and distribute vouchers; b) the importance of simplifying beneficiary identification when this is done by community members; c) the difficulties of women covering costs upfront and then being reimbursed; and d) the need to complement the program with supply-side solutions such as opening health centers near very remote communities, as the voucher was not enough to motivate women to access the service in remote areas.

2.5 Outcomes of CTs

There is limited evidence on the impact of the CTs reviewed. There is little information on the impact of or lessons from cash assistance after Cyclone Nargis. Inconclusive reviews from NGOs highlight inflationary tendencies in local markets; others point to the role of cash in restoring markets after the disaster. It is premature to discuss the impact of CTs on food security, poverty reduction, or human capital accumulation in Myanmar given the short-term nature of most CTs and the lack of impact evaluations of current programs.

Nevertheless, qualitative information from monitoring activities and experiences of implementers provides useful clues to changes in the utilization of services and the potential difference CTs makes to beneficiaries. Implementers of CTs in Kachin cite positive results in terms of available

12. Emerging camp coordination and camp management activities by certain agencies, involving camp-specific profiling or de facto registration processes, provide a way to overcome this problem in camps.
13. An informal transfer system using a mix of agents and middlemen along a cash- and trust-based word-of-mouth chain.
14. Socioeconomic indicators should be reviewed over time and incorporate local/community-specific characteristics to capture the multiple correlates of poverty.
15. SC (2015a) found availability and accessibility of middle and high schools remains a major bottleneck for children to continue their schooling. MOE is implementing multiple reforms, including eliminating primary and middle school fees, in an attempt to reduce the direct costs of schooling.

income to buy food and pay health and education expenses (WFP, 2014).[16] Available evidence on MCHVS found increased utilization of maternal and child health services among beneficiaries,such as ANC visits (except the first one), deliveries assisted by skilled birth attendants, immunization, and postnatal care visits (WHO, 2014). Available information from the SC CCT implemented in the Delta as a response to the floods (2011) suggests breast feeding increased among beneficiaries.[17] Although at relatively early stages of implementation, preliminary qualitative evidence from the stipends and the SC CCT show motivation of beneficiaries to access services. In the case of SC's CCT, mothers seem to spend extra money buying food, and cash seems to motivate mothers to seek healthcare providers for antenatal care and immunization (SC, 2015a). Anecdotal evidence suggests the stipends program so far has encouraged parents to get more involved in their children's education, to improve attendance, and to cover education costs such as stationery, uniforms, and transport with the stipend (SC, 2015b).

3. Lessons

Cash-based assistance appears feasible in most contexts in Myanmar. Myanmar is predominantly a cash economy, and managing cash is part of households' routine activities. Poor households seem to follow well-known patterns of increased food consumption when given cash. WFP monitoring shows that 70 percent of CTs is used for purchasing food. Therefore, objectives on food security can be pursued, at least partially, through cash assistance (although complementary behavioral change interventions may also be required). As UCTs in Kachin and preliminary findings of CCTs show, investments in health and education also increase when households are given extra cash, which is an encouraging sign in terms of objectives of CTs related to human capital accumulation.[18] It may be possible to mitigate the inappropriate use of cash (which may not be that different from what is happening in other countries where cash assistance is commonly provided) by providing cash more systematically to women and through complementary behavioral interventions. There is no solid evidence of inflationary risks. However, there are risks (remoteness, insecurity, social tensions) that can make cash less effective or even exacerbate negative local dynamics, particularly in the Border States. These factors need to be assessed on a case-by-case basis.

CTs to poor and vulnerable households as a modality also seem both relevant and feasible. Incidence of poverty across the country and the need to reach out-of-school children and improve health and nutrition outcomes suggests there is scope for household transfers. In recent years, government has started to get involved in the design and implementation of CTs in Myanmar (stipends, MCHVS, and social pensions). The experience of these government programs and that of DP-implemented CTs provides valuable operational lessons on the scalability of institutional arrangements and implementation processes. Large-scale CTs can be affordable in Myanmar: simu-

16. Field interviews also found these perceptions among beneficiaries.
17. Summary results of the evaluation were shared by the SC team. That program lasted six months and targeted mothers of young children and mothers of children with moderate and severe acute malnutrition who received cash conditioned on exclusive breast feeding and access to management of acute malnutrition along with orientation on adequate feeding practices.
18. Choice of investments on health and education may be limited in the case of vouchers with a particular purpose.sectoral (health and education) CCT models.

lations done during the Assessment-Based National Dialogue estimated that scaling up the stipends program to all poor children in school could cost as little as 0.15 percent of gross domestic product (GDP) in 2024 (ILO, 2015).

Operational constraints for large-scale cash assistance in Myanmar remain in the short term and make a phased approach necessary before scaling up pilot programs. Implementation through government systems is only recently being tested, most extensively in the stipends program. In the short term, testing functions across administrative levels, consistent with the ongoing decentralization process, will be an important step in assessing and building the institutional sustainability of CTs in Myanmar. The contribution of DPs and NGOs as partners in service delivery will be critical. Rapid change in the banking sector, at least in urban areas, is expected in the future, with initiatives like Ooredoo's agent-based system for mobile cash delivery expected to be launched in early 2015 (SC, 2014), although there may still be constrains to rapid expansion and scaling up of cash payments in rural areas in the short term. The planned spread of the banking and telecommunications network combined with the development of robust regulations should also ease this constraint in the medium to long term. Patchy coverage of ID cards (particularly among the rural population) and lack of a unique national ID makes it more difficult to ensure benefits are paid to the right persons. Poverty targeting is made difficult by the lack of recent disaggregated data on who the poor are and where they are located. In the absence of an integrated targeting mechanism, different programs have developed various tools to focus resources in specific areas or on specific groups. Lessons are emerging on when and how household targeting can be an effective tool to reach those in need (e.g. with clear and simple criteria).[19] There is scope for improving these mechanisms as better data become available and administrative capacity improves, and in the long term, for harmonizing these program-specific delivery mechanisms.

Piloting CTs with relatively simple design and implementation arrangements will likely be more appropriate in the Myanmar context, at least in the short term. Pilot UCT programs for specific groups (such as social pensions for the elderly, as recently proposed Ministry of Social Welfare, Relief and Resettlement) can provide a basic safety net that goes beyond short-lived emergency response. These can also build on the experience of providing a complementary package of support through public works and CTs for those unable to work. At the same time, MOE's stipends program and other CCT pilots can provide evidence on impact and whether or not conditions are appropriate. These can also provide government operational lessons for addressing the additional challenges of introducing CCTs at scale. The stipends program in particular can provide the foundation for a multi-sectoral, government-led CT directly to households.[20] In the short term, CTs can rely on relatively simplified mechanisms for identification, enrolment, and payments, while building capacity for scaling up. In particular, use of government systems can familiarize stakeholders at various levels (central, state/region, township) with CTs as social protection and poverty reduction tools. With improvements in household survey and administrative data, coverage of financial service and telecommunication networks, supply of education and health services, administrative capacity for implementation and coordination, and greater knowledge of what works and what

19. The MCHVS midterm review (WHO, 2014), for instance, found targeting criteria were complex for implementers and stigmatization of 'poor' beneficiaries was found in some cases. The qualitative assessment of the stipends program (SC, 2015b) found school and student selection needed to be standardized, with greater emphasis given to adapting poverty criteria at the state/region level and less emphasis to dropout rates for school selection.

20. Other countries, such as Indonesia, have built on the experience of implementing school stipends to design more complex, multi-sectoral (health and education) CCT models.

doesn't in the Myanmar context, these pilot programs can provide the basis for more sophisticated CT models in the future.

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Annex 1:

Examples of CT programs in Myanmar

	MOE	SC	MOH	Convention (KBC), Shalom
Name	Stipends pilot (school years 2014/15-2017/18)	Maternity CT pilot (August 2014-September 2016)	MCHVS (2012)	UCT for emergency support – IDP camps (June 2013-March 2014)
Main objective	Increase completion rates and reduce drop-out rates	Improve health and nutrition of mothers and children from conception until 24 months	Enhance accessibility of health services for poor mothers and their children	Provide relief and enhance income and food security of IDPs by complementing food transfers with cash assistance
Description/emphasis	Provision of CCTs to poor and vulnerable students at risk of dropping out	Provision of CCTs to pregnant mothers and mothers of children under 12 months		
Geographical scope	• 8 townships in Yangon, southern Shan, Ayeyarwaddy, and Mandalay by 2014 • Total of 40 townships to be covered by school year 2017/18	15 villages in Rakhine(Myebon, Pauktaw, Kyaukpyu, and Minbya townships)	Yedarshey and Pauk Kaung townships (Bago region)	IDP camps in Kachin and northern Shan
Target population	Poor students Grades 5-11	Pregnant mothers and mothers of children under 12 months	Pregnant women who are poor, live in hard-to-reach areas, and have never used services from skilled birth attendants before	IDPs
Targeting criteria	• Geographical: townships with high poverty and low educational performance; schools with high dropout rate prioritized • Categorical: students Grades 5-11 • Poverty: poor and vulnerable children. Among equally poor children, priority given to orphans, single parents, and children with more siblings from poor families	• Geographical: villages with food insecurity, poor access to health and nutrition services, and poor infant and young child feeding practices, where SC has presence • Categorical: pregnant women and mothers of children under 6 months (for enrolment) • Poverty: none (universal)	• Geographical: townships with low access to health services • Categorical: pregnant women • Poverty: maximum daily income of MMK 1,000 per household, need to borrow for travel and other essentials	• Geographical: IDP camps in conflict areas • Categorical: IDPs

	MOE	SC	MOH	Convention (KBC), Shalom
No. of beneficiaries	180,000 students (target by 2017); 37,000 reached so far	323 mothers with children under 1 year of age (target; 253 so far)	1,346 (June-October 2013)	-
Benefit levels	• Primary level: MMK 5,000/month/ 10 months • Middle school: MMK 8,000/month/ 10 months • High school: MMK 10,000/month/10 months (Cash; per school year)	MMK 13,000/month/ mother (cash)	-	MMK 6,000/person/ month
Frequency of payments	Monthly	Monthly	Monthly	Monthly
Conditions	• Enrollment in school • School attendance: 85% for primary and middle school, 75% for high school • Pass year end exam	• Attending nutrition education and mothers' support group sessions • Accessing ANC services • Immunizing child according to national schedule	Access health service (reimbursement for transport and service: 4 ANC visits, 1 delivery, immunization; 1 voucher each)	None
Budget	USD 2 million (2014/15) USD 3 million (2015/16) USD 7 million (2016/17) USD 7 million (2017/18)	USD 73,000 approximately (2014-2017)	-	-

	MOE	SC	MOH	Convention (KBC), Shalom
Role of government in implementation	• National: MOE is lead agency, responsible for implementing program at all levels • State/region: coordinates with Departments of Basic Education (DBEs) and support townships • Technical Working Group, Department of Education Planning and Training: leads on technical design and implementation • DBE: supports townships in implementation through training, monitoring, and allocating budget • Township team: selects schools, verifies student selection, handles complaints, transfers budget from DBEs to schools, and processes stipends based on compliance • School-level committee: communication with beneficiaries and general public, selecting students for stipends, enrollment, monitoring, payments, record-keeping	• Village leaders: sensitization at the community level • Health service providers: sensitization through outreach	• Health assistants: provide and monitor access • Village administration: certifies women are poor	None
Impact	A recent qualitative assessment found good results in terms of community acceptance, and supply-side constraints to enroll more middle and high school students in the program. Additional monitoring and evaluation activities include quantitative approaches through conducting school and household surveys and spot-checks	Forthcoming. Baseline survey conducted and comparison will be made between villages with CCT (15) and those with only nutrition interventions (15) to assess the impact of cash. Qualitative evidence so far shows a) mothers spend extra money on buying food and covering health costs; b) forgone income during the last trimester of pregnancy is an issue (this is beyond the pilot's objective); c) cash motivates mothers to seek healthcare providers for ANC and immunization	Increased access to maternal and child health services, particularly deliveries attended by skilled birth attendants, among beneficiaries	Increased food security, available income to cover health and education expenses.

Annex 2:

Studies done by DPs and NGOs to inform the implementation of CTs

Cash Emergency Preparedness (CEP) Assessment (October 2013, SC): This assessment reviewed seven different potential payment methods against criteria including geographical coverage, security risks, organizational experience, scale-up potential, beneficiary acceptance, ease of access for beneficiaries, and cost. Based on this analysis, it was decided that, given a lack of penetration of financial services in rural areas, direct cash distributions were likely to be the only mechanism available in the first year of the project. While this is currently the only viable option that allows for distributions in the most remote areas, it is generally a more costly process and places all risks pertaining to the transfers on the implementing organizations.[21] SC will consider the benefits of alternative delivery mechanisms (e.g. banks, hundis, or traders) as the financial services industry develops (especially telecommunications).

SC (Save the Children) (2013) 'Cash Emergency Preparedness Assessment'. External Version. Yangon: Save the Children.

Macro Assessment of Myanmar's Financial Sector (2010, WFP): The objective of the macro financial assessment was to determine Myanmar's capacity to safely absorb and efficiently transfer large injections of cash, necessary to deliver cash and/or voucher transfers at scale. The financial sector was assessed on the following indicators: government supervision, ease of entry, competition, safety and consumer protection, and efficiency. Compared with other South Asian countries, Myanmar scored low. The assessment found movement of cash and/or voucher redemption using the cash accounts and/or voucher distribution models was not scalable. The technologies (including the mobile phone network) and financial networks that can be used for delivering cash benefits in targeted geographic locations at scale were very limited to non-existent. Myanmar does not have real time gross settlements for local transfers and there is no control over informal and dominant payment systems provided by the hundis. There is the less technologically dependent delivery mechanism of physical cash distribution in use by WFP Myanmar. This mechanism remains not scalable, owing to the lack of support infrastructure such as cash in transit insurance, guard services, and payment agents and service providers in the targeted geographic locations. WFP will review its options as the financial sector develops.

WFP (World Food Programme) (2010) 'Cash for Change: Financial Sector Assessment – Myanmar'. Yangon: WFP.

Kachin Cash Assessment (2014, WFP): This assessment investigated the appropriateness and feasibility of a cash-based food security response to IDPs in Myitkyina and Waingmaw, Kachin, with the aim of transitioning from a food-based approach. It reviewed beneficiary preference, market access, market readiness, government's position, and partners' capacity. Piloting UCTs in camps

21. While risks are low, certain measures can be taken, such as being accompanied by respected community leaders for distributions and mitigating the impact of the risk of loss or theft of cash through 'cash in transit' insurance.

only where it is welcome by the IDPs would be a suitable option provided government's support can be obtained and a detailed cost/benefit analysis also supports the transition. If introduced, direct cash distributions should be preferred to bank withdrawals at least in the short to medium term. Cash should be handed directly to the household rather than through the mediation of the camp management committees, and preferably to women.

WFP (World Food Programme) (2014) 'Kachin Cash Assessment Report'. Yangon: WFP.

Food Security and Livelihood Assessment (FSLA) (2013, Action Contre la Faim, Danish Refugee Council, Oxfam, Relief International, SC, Solidarités International): The FSLA was undertaken by the above-mentioned NGOs in August and September 2013 in Rakhine state, in the townships of Sittwe, Pauktaw, Rathedaung, and Myebon. The objective was to better understand the consequences of the inter-communal violence that erupted in June 2012 and October 2012 on food and livelihood security, to assess the present economic and social dynamics of communities, and to identify gaps in humanitarian assistance. The FSLA found access to food was the main issue for the poorest households, especially in Muslim villages and IDP camps. Cash income is also limited in Muslim displacement areas. Households in IDP camps have not been able to protect their livelihoods after displacement owing to a loss of productive assets and restrictions on movement. Hence, practices such as selling assets or migration have been observed. The FSLA identified for each typology of location and its respective wealth groups several potential response options. However, lack of proper ID of beneficiaries is identified as an issue in most potential responses.

Action Contre la Faim, Danish Refugee Council, Oxfam, Relief International, SC and Solidarités International (2013) 'Food Security and Livelihoods Assessment, Rakhine State, Myanmar, August'. Yangon: Action Contre la Faim, Danish Refugee Council, Oxfam, Relief International, SC, Solidarités International.

'The experience of cash transfers in Myanmar: Lessons from a social protection and poverty reduction perspective' is the fifth note in the series Building Resilience, Equity and Opportunity in Myanmar: the Role of Social Protection. All notes are available at www.worldbank.org/myanmar.

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