

## **ETHICAL AND PROTOCOL GUIDANCE FOR THE STUDY**

### **“Impact Evaluation of the Family Package Programme in Cambodia”**

#### **Research Summary**

This study is a quasi-experimental impact evaluation of the Family Package Programme in Cambodia. The programme is targeted to poor and vulnerable households with at least one of the eligible demographics in the household: a pregnant woman or children aged 0-2 years; a child enrolled in primary or secondary school up to grade twelve; a person certified as living with a disability; a person above the age of 60 years; or a person living with HIV and AIDS. The Family Package is implemented nationwide with the objective to protect vulnerable households from poverty; accelerate human capital accumulation; and promote inclusive growth, leaving no one behind. Beneficiaries of the Family Package will receive 34,000 Riel per month (USD 8.30), with additional transfers based on the demographic eligibility and adherence to programme conditions. Key outcome domains for the impact evaluation include poverty, household consumption, food security, household resilience to shocks, health and nutrition, education and quality of life. The study will be conducted with two waves of data collection with 24 months between waves, starting in May 2024. The study sample will be selected with the use of a discontinuity design, selecting households in a close range around the programme eligibility cut-off using the government’s IDPoor assessment system. Difference-in-differences analysis will be used to estimate impacts using baseline and endline surveys. The study will be led by the research unit of the General Secretariat of the National Social Protection Council, in close collaboration with the UNICEF Global Office of Research and Foresight (Innocenti), UNICEF Cambodia, the World Food Programme Cambodia and a local data collection firm.

## Investigators

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## TABLE OF CONTENTS

<b>Research Summary .....</b>	<b>i</b>
<b>Investigators .....</b>	<b>ii</b>
<b>Rationale and Background Information.....</b>	<b>1</b>
Intervention description.....	1
Targeting and identification.....	2
Eligibility and Enrolment Conditions.....	2
Benefits, Conditions and Payments .....	2
Family Package and Other Entitlements .....	5
Exit Rules .....	5
Theory of Change .....	5
<b>Study Goals and Objectives .....</b>	<b>6</b>
<b>Methodology and Study Design .....</b>	<b>7</b>
Study Design .....	7
Sample Size Determination .....	8
Sampling Procedures.....	9
Data Collection.....	9
Data Analysis .....	10
<b>Expected Outcomes and Products.....</b>	<b>11</b>
<b>Project Management, Planning and Timeline.....</b>	<b>12</b>
<b>Logistics .....</b>	<b>13</b>
<b>Duration of the Project.....</b>	<b>13</b>
<b>Potential Risks, Limitations and Suggested Solutions.....</b>	<b>13</b>
<b>Ethical considerations.....</b>	<b>14</b>
<b>Budget .....</b>	<b>15</b>
<b>Partnerships with communities, organisations and research institutions .....</b>	<b>16</b>
<b>Any links to other projects .....</b>	<b>17</b>
<b>Annexes .....</b>	<b>17</b>
1. CVs study & field teams .....	17
2. Informed consent forms (included as part of the questionnaire) .....	17
3. Instruments (Household questionnaire) .....	17

## Rationale and Background Information

The Family Package is an integrated social assistance framework designed to support poor and vulnerable families (17.8 per cent of the population – Ministry of Planning, 2021) across the country; protect them from poverty; accelerate human capital accumulation; and promote inclusive growth, leaving no one behind. By integrating existing and planned/future social assistance interventions, thereby ensuring their improved coverage, cost-efficiency and sustainability, the Family Package aims to strengthen the ability of families to invest in human capital and achieve long-lasting prosperity.

The specific objectives of the Family Package include the provision of comprehensive and adequate social assistance covering families and children throughout the life cycle; Improvement of the accessibility and coverage of social assistance benefits for populations in need; Strengthening of the institutional framework for social assistance delivery; Establishment of shared systems/functions to improve the operational efficiency of social assistance benefits; and strengthening of linkages with complementary programmes, social care services and social security. The programme design is led by the General Secretariat – National Social Protection Council (GS-NSPC) and implemented by the National Social Assistance Fund (NSAF).

The package is intended to integrate all existing and planned social assistance benefits in the country – Cash Transfer for Pregnant Women and Young Children under 2 (CT-PWYC), Cash Transfer for Children from Poor Households in Primary and Secondary Schools, Cash Transfer for Persons with Disabilities and the planned Cash Transfer for Elderly People – and will introduce a Cash Transfer for Persons Living with HIV/AIDS. The package will also replace the ongoing Covid-19 Cash Transfer Programme, which has successfully supported the resilience of poor and vulnerable households during the pandemic.

The Family Package is shock-responsive and intended to facilitate the resilience of vulnerable households to shocks. Past examples of adaptive elements that will be integrated with the Family Package include the COVID-19 cash transfer programme, the special cash transfers to families affected by floods in 2022, and supplementary cash transfers to poor and vulnerable households that were affected by the global inflation crisis in 2022-2023. Supporting the resilience of these households to adapt to future shocks, including those that may be triggered by climate change, is a key priority.

## Intervention description

The Family Package delivers a core set of social assistances across the lifecycle for poor and vulnerable households. Initially, it is composed of six cash transfer programmes, with the possibility of introducing other categorical benefits at a later stage, if necessary:

- Cash Transfer for Pregnant Women and Children Under 2
- Scholarship for Primary and Secondary Students<sup>1</sup>
- Cash Transfers for Persons with Disabilities (current disability allowance to be renamed)
- Cash Transfers for Elderly

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<sup>1</sup> The scholarship programme is currently run by the Ministry of Education, Youth and Sport, and will be integrated into the Family Package during the next academic year (2025)

- Cash Transfers for people living with HIV/AIDS
- Cash Transfers for other households identified as poor (but not meeting one of the above criteria)

### **Targeting and identification**

The Family Package adopts an IDPoor+ approach to targeting. The IDPoor+ approach aligns with the ongoing improvements and adjustments to the IDPoor processes led by the government with support from development partners to simplify the targeting checklist and adopt a more inclusive targeting approach.

### **Eligibility and Enrolment Conditions**

Eligibility for the programme is made according to the following criteria:

- I) Households identified as IDPoor 1 or IDPoor 2 by the Identification of Poor Households Programme (IDPoor)/on-demand IDPoor at the time of enrolment into the programme.

The above households with any of the eligible demographics below will receive additional top-up transfers:

- i) A pregnant woman or children aged 0-2 years on or after the date of programme roll-out, with gradual age extension to cover children aged 3-5 years over time in line with the fiscal space for such expansion.
- ii) Child enrolled in primary or secondary school up to grade twelve
- iii) Person certified as living with a disability based on the disability identification framework (Persons with disability card)
- iv) Person above the age of 60 years
- v) Person living with HIV and AIDS

A household identified as IDPoor 1 or IDPoor 2 (or as defined in the future revisions of the IDPoor as poor or vulnerable) with a young child, a child enrolled in primary or secondary school, a person living with a disability and an older person aged 60+ years or persons with HIV, AIDS will receive all five benefits, plus the base rate for all poor households.

Under condition that the household remains eligible following the main targeting criteria, the household members qualifying for the cash transfers can easily register/receive these benefits and automatically transition from one programme to the next as they age.

### **Benefits, Conditions and Payments**

Benefits are delivered into a single-family account as in the current model of the implementation for the Cash Transfer Program for Poor and Vulnerable Household During the COVID-19.

The following table presents the current design of the payment amounts, frequency and conditions in place for each element of the Family Package. The payment values will be inflation-indexed and adjusted every 2-3 years.

Table 1: Family Package Benefit Values, Frequency and Conditions<sup>2</sup>

Benefit Type	Condition	Payment Schedule	Frequency	Amount per transfer (Riels) in 2021
<b>Standard benefit</b>	IDPoor status	Monthly benefit	12 p.a. (monthly)	34,000.00
<b>Pregnant women and young children</b>	Pregnancy benefits linked with 4 ANC check ups	at least 12 weeks, 20-24 weeks, 30-32 weeks and 36-38 weeks	4 over 26 weeks	80,000.00
	Childbirth - delivery bonus	Upon delivery at a health care centre	one-off	400,000.00
	Post-natal benefits linked with 4 PNC check-ups	7 days, 14 days, 1.5 months and 2.5 months after delivery	4 over 2.5 months	80,000.00
	Child benefits linked with vaccination and immunisation conditions	in line with the immunisation schedule (until 18 months of age)	6 over 15.5 months	80,000.00
<b>Children aged 3 to school-going age</b>	<i>Potential expansion of the cash transfer for pregnant women and young children to cover children aged 3-5 (until they enrol in primary school) according to fiscal space available for such expansion</i>			
<b>Children in School (grade 1 to grade 12)</b>	Child enrolled in primary school (grades 1-6)	Monthly benefit paid every quarter	12 p.a.	20,000.00
	Child enrolled in lower secondary school (grades 7-9)	Monthly benefit paid every quarter	12 p.a.	20,000.00
	Child enrolled in upper secondary school (grade 10-12)	Monthly benefit paid every quarter	12 p.a.	30,000.00
<b>Elderly (60+ years)</b>	Older persons aged 60 years or older	Monthly benefit	12 p.a. (monthly)	28,000.00
<b>Persons with Disabilities (across life)</b>	Persons living with a disability (certified)	Monthly benefit	12 p.a. (monthly)	28,000.00
<b>Persons living with HIV/AIDS</b>	Person living with HIV/AIDS	Monthly benefit	12 p.a. (monthly)	28,000.00

<sup>2</sup> The proposed benefit values for the old age and disability benefit are benchmarked as a percentage of the different poverty lines in Cambodia. In the COVID 19 response, the monthly benefit received (for both elderly and persons with disabilities) in Urban Phnom Penh was 40,000KHR for ID Poor 1 and 28,000KHR for ID Poor 2. The new benefit value, i.e., 34,000 KHR is calculated as the average of the two benefits levels for Urban Phnom Penh.

For pregnant women and young children (up to 24 months of age), currently the 15 payments are linked to the conditional ANC, attended birth at a health facility and PNC check-ups as well as immunisation schedule as specified in the following table:

Table 2: Payment Cycle for Pregnant women and young children (0-2 years)

	<b>Condition</b>	<b>Payment Amount</b>	<b>Payment Type</b>
<b>Stage 1</b>	1 <sup>st</sup> ANC - 1st trimester (before 16 weeks)	80,000 riels	Pregnancy Benefit
	2 <sup>nd</sup> ANC - 2nd trimester (24-28 weeks)	80,000 riels	Pregnancy Benefit
	3 <sup>rd</sup> ANC - 3rd trimester (30-32 weeks)	80,000 riels	Pregnancy Benefit
	4 <sup>th</sup> ANC - At term (30-32 weeks)	80,000 riels	Pregnancy Benefit
<b>Stage 2</b>	Institutional delivery at public facilities	400,000 riels	Delivery benefit
<b>Stage 3</b>	1st PNC (7 days after delivery for mother and child)	80,000 riels	Post-Delivery Benefit
	2nd PNC (14 days after delivery for mother and child)	80,000 riels	Post-Delivery Benefit
	3 <sup>rd</sup> PNC ( child aged 1.5 month)	80,000 riels	Child Benefit
	4 <sup>th</sup> health checkup/vaccination (child age 2.5 months)	80,000 riels	Post-Delivery Benefit
	5 <sup>th</sup> health checkup/vaccination (child aged 3.5 months)	80,000 riels	Post-Delivery Benefit
	6 <sup>th</sup> health checkup/vaccination (child aged 6 months)	80,000 riels	Child Benefit
	7 <sup>th</sup> health checkup/vaccination (child aged 9 months)	80,000 riels	Child Benefit
	8 <sup>th</sup> health checkup/vaccination, (child aged 12 months)	80,000 riels	Child Benefit
	9 <sup>th</sup> health checkup/vaccination (child aged 18 months)	80,000 riels	Child Benefit
	10 <sup>th</sup> health checkup/vaccination, (child aged 24 months)	80,000 riels	Child Benefit

## Family Package and Other Entitlements

Households receiving the Family Package will continue to be eligible for other entitlements and support provided by the government that are not included in this package. These interventions include but not limited to access to Health Equity Fund benefits, Technical and Vocational Education and Training programmes, access to essential health care services (including maternal and sexual and reproductive health) and other social and child protection services provided by the government. Beneficiaries of the Family Package may also utilise the social security schemes under the NSSF.

## Exit Rules

The following provides a list of common exit rules for families receiving benefits through the Family Package:

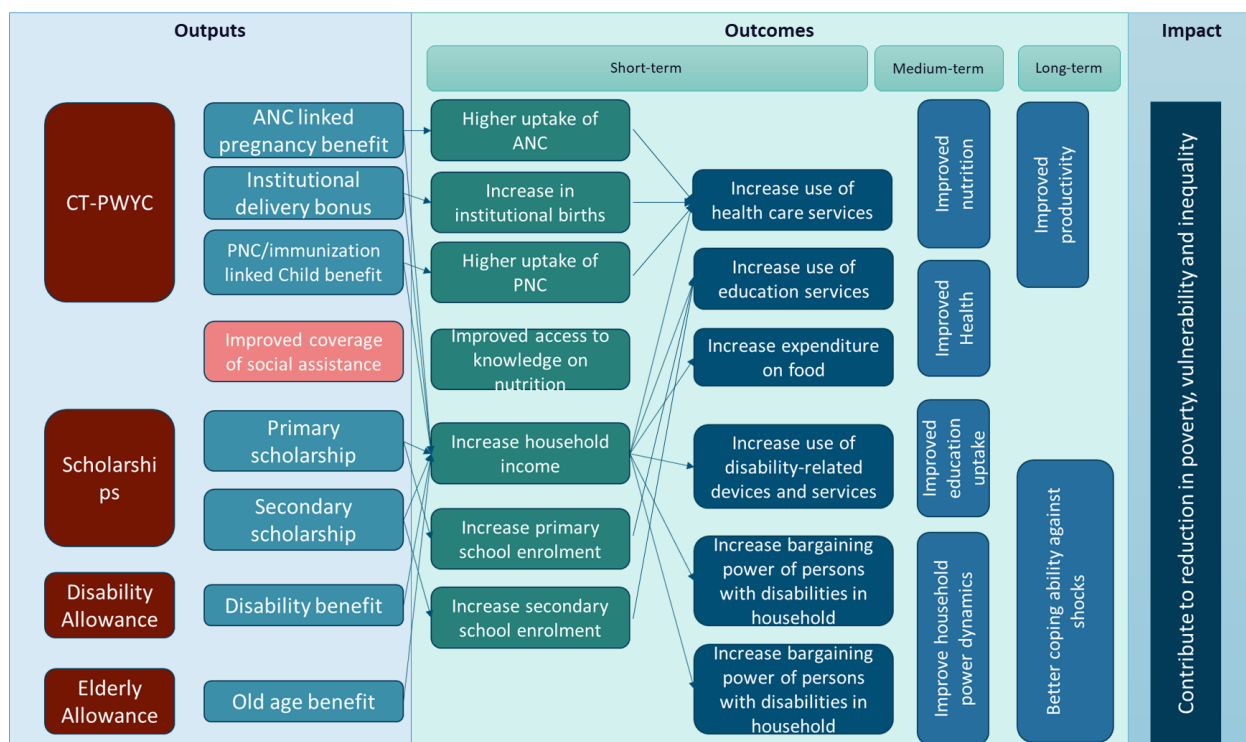
- **Death of Beneficiary:** Upon the death of elderly receiving the benefit, child receiving a scholarship or person with disability receiving a disability allowance, the payment for the next cycle will be provided to the household and the benefits will be terminated effective immediately. For mothers receiving the CT-PWYC or scholarships or disability allowance for children, in case of the death of the mother, a new adult beneficiary will be designated, and the child will remain eligible for the benefit.
- **Voluntary Exit:** Households can choose to stop participating, upon which the voluntary exit must be confirmed by the Commune council. No further payments will be made to the household.
- **Fraud/False Information:** Any household that supplies fraudulent information (provided there is evidence) may be removed from the programme and payments will stop immediately.
- **Poverty Status:** After enrolment, households continue to receive benefits if they meet the eligibility criteria, satisfy the conditions and if the programme is being implemented. If a household is no longer considered poor and vulnerable based on the eligibility criteria (IDPoor or IDPoor+), the household will not receive any further benefits.
- **Age:** The CT-PWYC has age-related eligibility criteria. Once the child reaches the prescribed age threshold; the child automatically graduates from the programme.

## Theory of Change

The following figure presents the Family package's high-level Theory of Change, highlighting how each element of the family package will support households in becoming more resilient in the face of economic shocks as well as increased productivity of households, through the accumulation of human capital from increased education uptake, and improved health and nutrition.

Figure 1: Family Package Theory of Change





## Study Goals and Objectives

The main objective of the impact evaluation is to measure the impact of the Family Package on beneficiaries and their households over time (with an initial follow-up planned for 24 months). The study is expected to feed into national policy dialogues about the effectiveness of the Family Package and potential refinements. Key research questions include, among others:

- To what extent has the Family Package increased eligible households' resilience to shocks such as natural disasters and pandemics?
- What is the impact of the Family Package on eligible households' consumption habits?
- What is the impact of the Family Package on eligible household members' health and nutrition status?
- What is the impact of the Family Package on children's educational status (in particular school retention)?
- To what extent has the Family Package improved the quality of life and wellbeing for elderly and disabled members of eligible households?

The above questions are indicative and high-level. Through a consultative process, which will include review and update of the Family Package Theory of Change (TOC), these research questions will be finalized.

Households in the treatment group will be exposed to the Family Package programme and will receive monthly cash transfers as well as additional services based on their Equity Card. These

interventions are not part of the research and the study team has no influence over the implementation of the Family Package.

The key outcomes to be investigated through the study include:

- Percentage of individuals that fall below the Cambodian poverty line
- Share of households with improved levels of resilience to shocks
- Share of individuals with improved food security, as measured by the Dietary Quality Questionnaire
- Share of infants (under 2 years) with improved dietary practices (including minimum meal frequency and minimum diet diversity)
- Share of primary school-aged children enrolled in school
- Share of secondary school-aged children enrolled in school
- Share of household members that sought care at a public health facility when sick

The study will be led by the GS-NSPC in collaboration with UNICEF Innocenti, UNICEF Cambodia and the World Food Programme (WFP) Cambodia. A local data collection firm will be responsible for enumerator recruitment, training, and fieldwork implementation. Additional key partners include the National Social Assistance Fund (NSAF), which is responsible for the implementation of the Family Package, enrolment of beneficiaries and distribution of payments, and the Ministry of Planning/IDPoor, which is responsible for the IDPoor system, the administration of IDPoor data collection and issuance of IDPoor cards. Funding for the study is provided by UNICEF Cambodia and WFP Cambodia.

## Methodology and Study Design

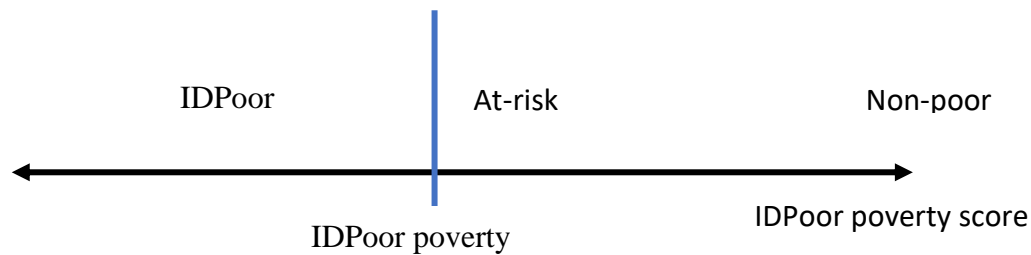
### Study Design

The quantitative impact evaluation will take a quasi-experimental approach using the identification of poor households (IDPoor) system to construct a treatment and comparison group. The IDPoor programme in Cambodia is the primary method to target beneficiaries for social assistance programmes and uses a standardized questionnaire administered to the household. Using the answers to the standardized questionnaire, the household is assigned a poverty score which classifies the household in one of four categories: IDPoor 1, IDPoor 2, at-risk or non-poor.

For the purpose of the impact evaluation, the study will focus on households that have recently been identified as IDPoor and hence have not benefitted yet from social assistance support in the past (e.g. the Covid-19 cash transfer). Among these recently identified IDPoor households (estimated to be about 100,000 throughout the country), those with poverty scores just below the poverty line will be sampled as treatment group, and those just above the poverty line (at-risk households) will be selected as comparison group (see Figure 2). These households are likely to be very similar as they have virtually identical poverty scores, yet they will differ to the extent that the IDPoor households will start receiving benefits through the Family Package, and those above the poverty line will not. This evaluation strategy is known as a *discontinuity design*, as it exploits the discontinuity of eligibility at exactly the cut-off point. These groups will be followed

over time to examine the impact of the Family Package programme. It will be important to track the status of at-risk households at regular intervals to assess if they have not become eligible for the Family Package and started receiving benefits. Likewise, at-risk households might be targeted by special government interventions in the event of a shock or disaster.

Figure 2, Illustration of study design



Households will be eligible to participate in the study if they satisfy the following criteria:

1. For the treatment group: have an IDPoor poverty score close to the cut-off for being classified as ‘poor’ according to the IDPoor assessment (just below).
2. For the comparison group: have an IDPoor poverty score close to the cut-off for being classified as ‘at-risk’ according to the IDPoor assessment (just above).
3. For both groups: Not having received any assistance in the past 12 months through any social assistance framework (e.g. Covid-19 cash transfers)
4. For both groups: Having at least one eligible member for the Family package programme:
  - a. Pregnant/lactating woman
  - b. Child under 2 years old
  - c. Child of primary/secondary school going age
  - d. Person with a disability
  - e. Elderly person
  - f. Person living with HIV/AIDS

### Sample Size Determination

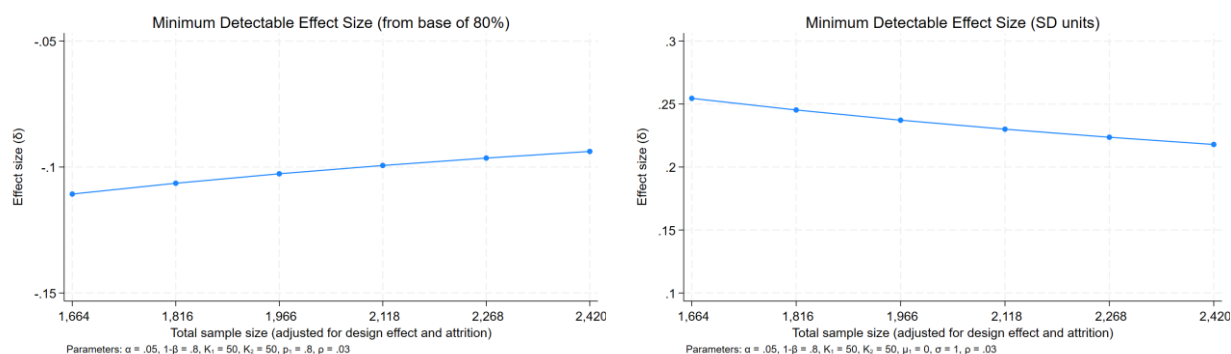
We conducted power calculations to determine the minimum detectable effect (MDE) size that is policy relevant. We use poverty as our main outcome indicator, assuming a baseline rate of 80%. We assume a power of 80% and alpha of 5%. We also consider a clustered design in 100 communities with an intra-cluster correlation of 0.03 based on previous research (Seidenfeld et al, 2023). We applied a design effect for the discontinuity design of 2.75 by assuming that the households are normally distributed around the cut-off (Schochet, 2008). We take into account a 10% attrition rate between baseline and the 24-month follow-up.

With these assumptions, a baseline sample of 1,816 yields a MDE of a reduction of 10.6 percentage points in poverty, while a sample of 2,118 yields a MDE of 9.9 pp and a baseline sample of 2,268 a MDE of 9.6 pp.

In terms of standardised mean difference (SMD) effect size, the above assumptions and sample size yield MDEs of 0.245, 0.230 and 0.224, which are reasonable effect sizes for outcomes like household consumption and food security.

These results are further illustrated in Figure 3 below, with MDEs for various sample sizes.

Figure 3, Minimum detectable effect size at various sample sizes



## Sampling Procedures

Based on the power calculations above and budget availability, the sample for the impact evaluation will be 2,400 households, evenly split between treatment and comparison.

The sample will be geographically representative of the five different zones in Cambodia (Tonle Sap, Coast, Plateau/Mountain, Plain and Phnom Penh). In the first stage of the sampling, two provinces per each of the four first geographic zones will be randomly selected, while Phnom Penh will be added to the selection to cover that zone.

For the selected provinces, the closest group of households from either side of the IDPoor cut-off will be selected. This is considered ideal since observations closest to the cut-off are likely to be “most similar”. Based on their poverty score, households will be sorted in ascending order for the comparison group and in descending order for the treatment group, and the first 1,200 top ranked households for each group will be selected as the initial sample. The sampling will take into account geographic distribution by rural/urban residence as well as the distribution of different vulnerability categories to arrive at a representative sample of Family Package beneficiaries. For field work efficiency, the sample will be selected in a maximum of 100 villages with on average 24 households per village.

## Data Collection

Data collection will be contracted out to a local Cambodian research firm with extensive experience in conducting quantitative field surveys. The exact firm is to be confirmed at the moment of writing (under procurement by UNICEF). A baseline quantitative, multi-topical survey will be conducted prior to receiving the first payment, and at least one round of follow-up surveys will be conducted with the same households after 24 months. The survey instrument is based on the programme’s Theory of Change and will measure key outcome and impact indicators as well as intermediate outcomes, those that lie along the causal pathway (e.g. food

consumption and diet diversity). Wherever possible validated survey items from existing national survey instruments such as the Cambodia Socio-Economic Survey, Cambodia Demographic and Health Survey and other surveys were used in the development of the instrument.

In addition to larger follow-up surveys, the possibility can be explored to use administrative data from the implementing agency (NSAF) and IDPoor to track the distribution of payments, entry and exit into the programme and any shifts in eligibility that could occur over time due to the ongoing, on-demand IDPoor system.

### **Enumerator training and interview process**

The local data collection firm will lead the quantitative enumerator training with the collaboration of GS-NSPC, UNICEF Innocenti, UNICEF Cambodia and WFP Cambodia. Both supervisors and enumerators will be briefed on the study, receive a refresher on research ethics, undergo in-depth training on tools, interviewing / facilitation techniques, have a chance to pilot the questionnaires and guides, and participate in a debriefing session to clarify outstanding issues and implement the necessary adjustments to the study tools. Training will also cover enumerator introduction and informed consent, enumerator professionalism, and translation of key terms into Khmer (and other local languages as applicable). The quantitative training, pilot and field test will be conducted over a seven-day period (at a minimum).

Quantitative data will be collected through face-to-face interviews. Data will be recorded using computer assisted personal interviews (CAPI) via tablets and SuveyCTO (or a similar) software. This is to reduce errors and to allow for more efficient and real time quality data checks. High frequency checks will be run on key indicators such as survey and module completion and on key variables to monitor data quality. Quantitative data collection during the baseline and endline will take approximately 3-4 weeks. Tablets will be equipped to take GPS coordinates. Fieldwork will be monitored, with supervisors conducting random observations of a target number of interviews. Team leaders will receive prompt feedback on the issues revealed by remote data quality monitoring, which will be immediately addressed to ensure data quality.

### **Language**

Data collection instruments have been prepared in English and translated into Khmer. The Khmer version will be back translated into English to ensure that the meaning of the questions is retained in the translation. During training and pilot testing, any remaining issues with translations will be resolved.

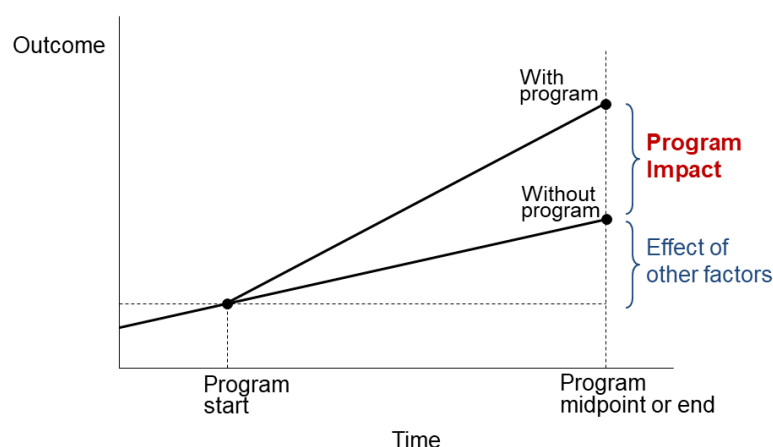
### **Data Analysis**

Quantitative data will be downloaded into Stata with appropriate identifiers, cleaned, organized and labelled to facilitate subsequent analysis. Sampling weights will be calculated based on the probability of sampling at each stage for each strata and cluster. Using the baseline data, our main analysis will be to validate the study design in establishing a good balance between the treatment and comparison group with respect to the outcome variables of interest and among relevant household and individual characteristics. This is an essential requirement to verifying that the study design is effective and a valid counterfactual is established. Knowledge of the

similarities and differences between the groups will inform selection of control variables for the impact estimation model. On the baseline data, we will run regression models on all outcome variables with the treatment status (Yes/No) as main independent variable, controlling for the IDPoor score. We expect that the treatment status is not significant at baseline, which would provide evidence of strong baseline balance.

With future rounds of data collection following up the same households, the main estimation strategy will employ a difference-in-differences (DD) strategy to compare the two groups. This design estimates programme impact by comparing changes in the treatment group between the baseline (2024) and future follow-up rounds to changes in the comparison group over the same time period, controlling for household- and district-level differences between the two groups. This methodology nets out changes that may have occurred over time due to other factors (e.g., floods, recession, inflation, rapid economic development) as the comparison group would have experienced these as well, thus resulting in more accurate estimates of programme impact, as seen in Figure 4 below.

Figure 4, Difference-in-difference approach



## Expected Outcomes and Products

Planned outputs include baseline and endline research reports and briefs, and at least one peer-reviewed manuscript.

The findings from the baseline assessment will be disseminated through a baseline report and accompanied by a brief summarizing the key findings. The baseline brief will be translated into Khmer. These results will be disseminated through various channels. The study team will convene a dissemination workshop led by GS-NSPC and targeted at policy makers to share the findings of the baseline assessment and discuss the implications for the implementation of the Family Package. Furthermore, the baseline report and brief will be disseminated to the wider public in Cambodia through GS-NSPC and UNICEF Cambodia communication channels, and to an international audience through the communication channels of UNICEF's Global Office of Research and Foresight.

Upon completion of the first follow-up (24 months), a full evaluation report will be produced with the results from the impact evaluation, again accompanied by a brief, which will also be translated into Khmer. This report will also be disseminated through an in-country workshop with policy makers, led by GS-NSPC, and through the various communication channels described above. The Khmer version of the brief will be shared with provincial and local stakeholders in the areas where the study takes place for local dissemination and reporting back to the participants of the study.

Finally, study results will be shared with an academic audience through the development of peer-reviewed journal articles, including authors of both GS-NSPC and UNICEF.

All reports will be subject to the quality assurance process at UNICEF Innocenti, which involve extensive review by two peer reviewers external to UNICEF, a peer reviewer internal to UNICEF but external to the research team and overall revision by senior researchers. After the conclusion of the impact evaluation and all research outputs have been approved, the quantitative (anonymized) datasets will be published online after approval is obtained from the government stakeholders to facilitate replication and research transparency.

## Project Management, Planning and Timeline

The evaluation team comprises the core study/evaluation team and the field team, including researchers from all relevant partners in the study.

The core study/evaluation team has overseen the methodology and tools development in consultation with the field team, will carry out enumerator training, oversee quantitative data collection and produce the deliverables. This team consists of six co-principal investigators from GS-NSPC, UNICEF Innocenti, UNICEF Cambodia, WFP Cambodia and the local data collection firm. CVs of evaluation team members are provided in Annex 1.

The project timeline is presented below in Figure 5. The Family Package is expected to roll-out in April 2024 with ongoing enrolment of beneficiaries. The expectation is that some newly identified beneficiaries will not be enrolled into the programme until the end of May 2024, which provides the opportunity to conduct the baseline survey. Data analysis and reporting activities for the baseline are expected to take place directly after data collection lasting up to four months. In-country dissemination activities for the baseline report are envisioned for October 2024. The endline survey is scheduled to take place 24 months after the baseline, thus in May 2026, with three months of preparatory work, and a similar timeline for analysis, reporting and dissemination activities after field work.



Figure 5, Project timeline

Year	2024										2026									
Month	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	
Evaluation																				
Baseline preparations																				
Finalize design and ethical approvals																				
Training of enumerators																				
Baseline data collection																				
Baseline analysis and reporting																				
Dissemination																				
Endline preparations																				
Finalize design and ethical approvals																				
Training of enumerators																				
Endline data collection																				
Endline analysis and reporting																				
Dissemination																				

## Logistics

The local data collection firm will manage all logistics related to baseline and endline survey administration. The firm will be responsible for enumerator recruitment and management, including any required arrangements for transportation, accommodation and subsistence. It will also provide all the necessary equipment, including survey tables with SurveyCTO or similar software, and all the necessary communications support via mobile phone and data bundles. UNICEF Cambodia will provide support with transportation, accommodation and subsistence for key study team members, as needed.

## Duration of the Project

The study will initially take about 30 months, between May 2024 – October 2026, with the possibility to add more follow-up rounds to examine the long-term effects of the Family Package Programme. For each additional survey round, an amendment of the ethical approval will be sought.

## Potential Risks, Limitations and Suggested Solutions

A few limitations and risks are important to note. A limitation of the proposed design is that the sample will be representative of those households close to the IDPoor poverty score cut-off only. The extent to which such households are similar or representative to households further away from the cut-off is not clear. In addition, treatment households who are close to the poverty line cut-off are relatively ‘better off’ than those further down in the distribution of poverty scores. This means that the impact estimates from this approach are likely lower bound estimates of the impacts of the Family Package (that is, poorer households may benefit even more from the programme than suggested by the impact estimates on this group).

Since the Family Package is essentially a continuation of several ongoing social assistance schemes, the feasibility of designing a rigorous impact evaluation for the Family Package programme critically depends on the number of new caseloads at the start of the programme. A typical impact evaluation requires finding a ‘non-exposed’ treatment group that will start



receiving benefits from the Family Package programme without exposure to any previous assistance schemes, such as the COVID-19 Cash Transfer Programme. Enrolment into the Family Package will commence in April 2024, and the assumption is that a sufficient number of ‘non-exposed’ households, who will not be enrolled this month, will then serve as a basis for recruitment into the treatment group of the study in May 2024. It will also be necessary to find a counterfactual group of ‘non-exposed’ households that will still not get enrolled in the Family Package. The feasibility of these design elements heavily relies on access to the government’s IDPoor data and Family Package MIS, which will be facilitated by GS-NSPC and UNICEF Cambodia.

A risk to the evaluation design is potential contamination of the treatment group. Given the ‘on-demand’ IDPoor system, at-risk households may attempt to repeat the IDPoor assessment if their situation changes and become eligible for the Family Package. This risk will be minimized if very few at-risk households are re-assessed by the IDPoor system. Nonetheless, it will be important to track the status of at-risk households at regular intervals to assess if they have not become eligible and started receiving benefits. Likewise, at-risk households might be targeted by special government interventions in the event of a shock or disaster. This risk will be minimized if such additional interventions also target IDPoor households. In those cases, the key difference between the sampled IDPoor households and at-risk households remains the benefit from the Family Package programme while any other programme affects both groups similarly.

## Ethical considerations

The study will adhere to conventional ethical guidelines during the evaluation with a specific reference to the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis. Key ethical considerations include:

- **Consent:** Informed consent will be obtained before the beginning of interviews. Before administering any questionnaire, the enumerators will provide participants with appropriate information about the purpose and nature of the study and the approximate length of the questionnaire, for them to make an informed choice. Respondents will be made aware at the outset that they are free to terminate the interview at any point and to skip any questions that they do not wish to respond to. All potential participants will be made aware that their participation is voluntary. Only participants who have provided verbal consent (documented) will be included in the study. Participants will be offered printed cards with the contact information of the evaluation team when seeking informed consent.
- **Confidentiality:** Participants’ names and personal information shall not be shared with anyone beyond the research team before, during or after the data collection, or be used for any purpose without prior consent from participants. Participants will remain anonymous throughout the publication and dissemination processes of the research findings. Research data will be de-identified and sensitive information omitted before conducting any data analysis and producing research outputs. No names or personally identifiable information that can be traced back to specific respondents will be included

in the datasets. Only the core research team will maintain access to personal identifiable data for the purpose of tracking study participants over time for future study rounds.

- **Do no harm:** Enumerators shall remind respondents that they have the right to interrupt the interview at any point and that they are free to not answer specific questions or discontinue the interview if they so wish. Enumerators will record and report such incidents to the team leader. Enumerators shall ensure that concerns and signs of distress are detected in a timely manner and are addressed during the data collection. This includes interrupting the interview momentarily or definitively to protect the best interest of the respondent and refrain from causing any harm.
- **Privacy:** Interviews will take place in a space that guarantees the security, privacy, and comfort of the respondents. However, if respondent agrees for a knowledgeable family member or another informant to be present, this will be acceptable.
- **Respect:** Data collection will also be organised at the appropriate time and place to minimize risk to respondents. The evaluation team will endeavour to minimize disruption to respondents' activities by providing advance notification and respecting respondents' right to privacy.
- **Data security:** While the personal data is in an active collection stage, the data are strictly private and access is strictly limited to the investigators named in this document, with access controlled strictly by the investigators. Electronic data will be kept in secure, long-term digital storage and will be encrypted or password protected, and only accessed by specifically-defined members of the research team. Data will only be readable when downloaded and combined with a data dictionary available only to the designated research team members. Only data needed for transparency and replicability of the study results will be retained on secure servers, while other data (including personal identifiable data) will be destroyed at most 12 months after the conclusion of the study.
- **Compensation:** Costs for the study participants will be minimal, except for the opportunity costs of participating in the study. The study team will do their best to meet with respondents at a time during the day that is most beneficial for them. Respondents will be provided with a small gift worth no more than USD 2 as a sign of gratitude for their participation. The study team will ensure that this gift will not place undue pressure on participants to participate, cause community tensions or put any person at risk. The gift will also be provided to households who decide to end the survey interview prematurely.

## Budget

A total of USD\$ 318,000 has been budgeted for this study. The breakdown is provided in Table 3. Funding is secured for the work in 2024, but additional funding will be mobilized for the follow up round in 2026.

Table 3, Study budget

	<b>2024</b>	<b>2026</b>	<b>Total</b>
Personnel	\$60,650	\$70,000	\$130,650
Data collection (sub-contracted)	\$63,000	\$70,000	\$133,000
Travel	\$15,000	\$16,000	\$31,000
Other direct costs	\$11,350	\$12,000	\$23,350
<b>Total</b>	<b>\$150,000</b>	<b>\$168,000</b>	<b>\$318,000</b>

*Personnel:* In 2024, the budgeted amount refers to the involvement of a co-Principal Investigator (co-PI) (\$36,000), and one co- investigator in the form of a consultancy (\$24,650). In-kind contributions on personnel will also be provided by UNICEF Innocenti through the involvement of senior supervising staff, in the roles of co-PI.

In 2026, costs increase slightly to account for increasing personnel costs and additional time to prepare for the endline survey and more extensive dissemination activities, including the writing of academic articles.

*Data collection:* These funds will be used to contract a local firm to carry out data collection, entry, and cleaning. They also include funds for communication, local travel, accommodation, and subsistence for the enumerators. The study includes two survey rounds in 2024 (baseline) and 2026 (endline). It is expected that the costs of data collection are higher at endline due to increasing costs, and to account for the additional time needed for field work by tracking households over time.

*Travel:* In 2024 and 2026, this refers to three trips from UNICEF Innocenti to prepare for study design, participate in the training of enumerators and attend dissemination activities.

*Other direct costs:* These include costs for publication and dissemination (e.g., open access fees or cost of product layout), as well as costs for national-level validation workshops in 2024 and 2026 (the costs are for room hire and refreshments).

## Partnerships with communities, organisations and research institutions

This study will be conducted in close collaboration with the following partners:

- General Secretariat-National Social Protection Council (GS-NSPC): Overall lead and coordination with study partners, key government counterpart and responsible for policy design of the Family Package
- UNICEF Cambodia: Overall lead, management and coordination of the study
- UNICEF Innocenti: Technical lead on the overall impact evaluation design and implementation
- World Food Programme: Technical lead on the impact on resilience to shocks and food security and nutrition.
- Local research firm: Lead on the data collection activities

- National Social Assistance Fund (NSAF): Implementing agency of the Family Package, responsible for enrolment of beneficiaries and distribution of payments.
- Ministry of Planning/IDPoor: Implementing agency of the IDPoor system, and responsible for the administration of IDPoor data collection and issuance of IDPoor cards. Owner of IDPoor data.

## Any links to other projects

Findings from the impact evaluation will augment and inform the following ongoing projects led by UNICEF Innocenti:

- **GRASSP** is a research programme examining gender-responsive and age sensitive social protection systems to enhance gender equality outcomes, funded by the FCDO and other partners. GRASSP includes three research streams: 1) To improve the conceptualization, measurement, and analysis of gender equality outcomes, 2) to unpack change pathways by exploring design and implementation features of social protection programmes, and 3) to investigate how to institutionalize gender into social protection. Stream one includes evidence synthesis, mapping and assessment of existing measures of gender equality outcomes. Stream two examines the moderating effects of gender-specific contextual factors and programme cost-effectiveness. Stream three explores political economy factors that enable integration of gender into social protection programmes.
- **The Transfer Project** is a multi-country research endeavour that supports rigorous impact evaluation of social cash transfers in sub-Saharan Africa (SSA). Researchers on the Transfer Project at the UNICEF Innocenti are currently involved in research-related activities in the following countries: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. UNICEF Innocenti has received funding from the Swedish International Development Agency (SIDA), UNICEF Ethiopia, and UNICEF Mozambique to carry out research on the impact of “cash plus” initiatives within social cash transfer programmes in Africa. Within this framework, the impact of cash plus programming on household consumption and food security, resilience, young child health and nutrition, child protection/case management, and gender-related outcomes will be assessed.

## Annexes

1. CVs study & field teams
2. Informed consent forms (included as part of the questionnaire)
3. Instruments (Household questionnaire)