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Evaluation of the Conditional Cash Transfer Programme of Child Sensitive Social Protection Project (2016 - 2022) in Bangladesh

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**Economic
Policy
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Evaluation of the Conditional Cash Transfer Programme of Child Sensitive Social Protection Project in Bangladesh

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List of Acronyms

BDT	Bangladeshi Taka
Case Mgmt	Case Management
CBCPC	Community Based Child Protection Committee
CCT	Conditional Cash Transfer
CL	Child Labour
CM	Child Marriage
COVID-19	Coronavirus disease
CSSP	Child Sensitive Social Protection
DAC	Development Assistance Committee
DSS	Department of Social Services
EPRI	Economic Policy Research Institute
FGD	Focus Group Discussion
FSSP	Female School Stipend Programme
GDP	Gross Domestic Product
GEROS	Global Evaluation Reports Oversight System
GoB	Government of Bangladesh
HDI	Human Development Index
IRB	Institutional Review Board
IRC	International Rescue Committee
KII	Key Informant Interviews
M&E	Monitoring and Evaluation
MoSW	Ministry of Social Welfare
MoWCA	Ministry of Women and Children's Affairs
NGO	Non-Government Organisation
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
PMT	Proxy Means Testing
RDD	Regression Discontinuity Design
SBCC	Social and Behaviour Change Communication
SCI	Save the Children International
TOC	Theory of Change
UNEG	United Nations Evaluation Group
UNFPA	United National Population Fund
UNICEF	United Nations Children's Fund
USSO	Upazila Social Service Officer

Executive Summary

1. Context and Background

United Nations Children's Fund (UNICEF) Bangladesh commissioned the Economic Policy Research Institute (EPRI) to conduct an evaluation of the Conditional Cash Transfer programme (CCT programme) of the Child Sensitive Social Protection project in Bangladesh, implemented from 2012 to 2019 in Bangladesh. The evaluation was conducted between the period 2016/17 to March 2022.

Context. Children in Bangladesh have continued to be particularly vulnerable and an estimated 33 million children live in poverty.¹ In 2008, UNICEF Bangladesh and the Ministry of Social Welfare (MoSW) implemented an 18-month cash transfer pilot programme “Amader Shishu/Our child” to support orphan and vulnerable children in seven upazilas affected by the 2007 Cyclone Sidr. UNICEF replicated the programme in old Dhaka city in partnership with the Ministry of Women and Children Affairs (MoWCA) and MoSW with the objective of reducing child labour and child marriage.

Object of evaluation. The CCT programme of the child sensitive social protection project (CSSP) in Bangladesh was implemented from 2008 to May 2020. The programme designed by UNICEF as a pilot was implemented in partnership with MoWCA up to 2017, when it was transferred to the Department of Social Services (DSS) within the MoSW. The main outcome indicators of the CCT were reduction in child marriage and child labour and increase in school enrolment of vulnerable children in the target districts.

The programme comprises two key interventions: case management services through the establishment of a trained social workforce and case management toolkits to identify children at risk of a wide spectrum of challenges from abandonment and violence to school dropouts, conflict with law, as well as child marriage and child labour. For those meeting the qualifying conditions – score above 24 on the risk assessment, the conditional cash transfer of BDT 2,000 per month was delivered every six months for an 18-month period. A spectrum of other education, counselling and disability related services were also referred through the case management process, which was expected to monitor at risk children until the age of 18 years.

At the time of evaluation, the programme was in the second phase (2015 onwards) and the active beneficiaries were spread across eight districts: Dhaka North, Barisal, Khulna, Kurigram, Gaibandh, Sylhet, Sunamgonj, and Chapai Nowabgonj. The programme was finally discontinued in July 2020, after 12 years of implementation.

Theory of Change. The programme’s original theory of change (ToC) included Impact and Outcomes of the programme. However, the pathways towards these outcomes were inadequately expressed, which led to a modification of the ToC to include interim outcomes and mediators, with no changes to the outcomes and indicators presented in the original ToC. The ToC reflected the importance of knowledge, attitudes and practices, the role of cash as an “incentive” and for improving child’s bargaining power within the household. It also strengthened the role of the case management process in early identification of risk, and role of other services offered through that process in achieving the intended outcomes.

Evaluation timeline. The evaluation was delayed unexpectedly due to limited data availability and lack of reliable information at the national level, along with unplanned field visits, the addition of a profiling phase, and COVID-19 related public health measures led to a 6 month+ delay in being able to get to the field.

2. Evaluation purpose and objectives

Following the decision to discontinue the CCT in May 2020, the objectives of the evaluation were revised. The revised primary objectives of this evaluation were as follows:

1. To generate evidence on the impact of the CCT and to understand the role of cash and complementary child protection services in the provision of sustainable and transformative social protection for children.
2. To generate accountability by exploring how successful the CCT programme has been in achieving its expected outcomes and to generate actionable recommendations for how cash transfers can best be used to supplement the direction of social protection schemes in the future and the necessary capacities within government to conduct such schemes.

¹ (SCI)

3. To assess the programme design and implementation as well as its relevance, effectiveness, efficiency, and sustainability.

To this end, the specific objectives of the evaluation were to:

1. Analyse the extent: (i) to which the CCT programme has been designed and implemented efficiently and effectively, (ii) the conditions of the programme were beneficial or hindering and (iii) of the programme's cost-effectiveness
2. Understand how families use the money provided, whether they complied with conditions, whether the transfer value is adequate, and explore the extent to which spending translated into benefits for children
3. Understand the role of COVID-19 in sustaining progress on schooling, child labour and early marriage among CCT programme beneficiaries
4. Assess institutional capacity at national and sub-national level (including human and financial resources), identify key gaps and bottlenecks in its pilot and small-scale stages and the impact of these gaps on programme and beneficiary outcomes, with an eye to understand the role of programme in strengthening (or not) such capacity

The results from the evaluation were intended to inform the Department of Social Services and UNICEF regarding the estimated achievement of the CCT programme and to draw lessons for the improvement of interventions for children in Bangladesh.

3. Methodology

Approach and design. The study was conducted in two phases: Part 1 the evaluability assessment and Part 2 the evaluation. Once beneficiary and non-beneficiary risk forms were digitized; a profile of both groups was constructed in Part 1 of the evaluation. With half the non-beneficiary sample receiving at least one other service (excluding cash transfer) and a fraction of the database representing non-beneficiaries of the CCT or any other intervention, getting a robust match was going to be challenging. Even within the sample of non-beneficiaries available, the risk of not being able to track them all down was high.

In Part 2, the evaluation team then approached a quasi-experimental evaluation using Propensity Score Matching (PSM) methods. The team implemented a two-pronged analysis – assessing the difference between those receiving the CCT and not receiving any interventions and those receiving the CCT+ other interventions and those receiving any intervention except the CCT. The study used a theory-based but exploratory approach to measure the relevance, sustainability, effectiveness, and efficiency of the programme.

Qualitative Sample

KIIs were conducted with key stakeholders at the national, district and sub-district levels including those involved in programme implementation, monitoring, or oversight as well as from programme beneficiaries using a purposive sampling approach. The following interviews were conducted:

- 18 national level KIIs: UNICEF, UNFPA, SCI, DSS, MoWCA, Aparajeyo Bangladesh, MoSW
- 56 sub-national level KIIs: Social workers, CBCPC, USSO, Health workers, Educators, NGO workers, Woman Councillor
- 35 FGDs: (Beneficiary and non-beneficiary) Caregivers, Adolescents, Children, CBCPC
- 9 case studies: Selected based on compelling stories

Quantitative Sample

The quantitative survey was sampled to be representative. It covered 8 districts including Dhaka North, Barisal, Khulna, Kurigram, Gaibandha, Sylhet, Sunamgonj, and Chapai Nowabgonj. The summary of the final number of respondents is provided in the Table 2.

4. Key Findings

Relevance and appropriateness

- The study finds that the choice to use conditional transfers rather than unconditional transfers was justified to some extent. There is no conclusive evidence to show that the conditional mechanism has anything to do with the positive effects of CCTs or that conditions have a larger impact on these outcomes than unconditional cash

transfers. In the given context of limited capacity of the implementing actors to monitor conditions, the use of conditions appears unnecessary, taking away from resources that could be allocated to better social messaging and behaviour change.

- The risk assessment increased the visibility of potentially the most vulnerable children to a great extent and was successful in identification of vulnerable children to complement the targeting of other social protection projects, especially for children with disabilities and for children's access to education overall. However, there were gaps in coverage as not all vulnerable children that were identified through risk assessment received the CCT and the programme excluded children in institutional care who could benefit from parental or community-based care, and potentially street children, who tend to move frequently.
- The targeting and selection criteria were designed to minimise errors to the extent possible given financial and human resources available. The programme's targeting approach was designed to include as many children as possible that may be considered at risk. Yet, whenever an arbitrary line - such as a PMT score for poverty targeting or a risk score in this case are used, targeting errors will exist. Children who score just below 24 are marginally different from those that score just above that threshold. Furthermore, financial availability limited the number of CCT provision available causing social workers to bypass the risk assessment alone and incorporate other dimensions such as confidence that the child will meet conditions to determine who is enrolled.
- Cash was considered adequate to meet the needs in terms of access to education but inadequate to increase household income in the short term and were insufficient to drive long-term outcomes in terms of reduction in child marriage and child labour. When tackling complex outcomes such as child marriage and child labour that are rooted in decades of social practice and deeply entrenched social norms, cash alone is often insufficient to drive long-term change. While cash is necessary to alleviate the financial limitations that drive such behaviours, overcoming social pressures requires additional non-monetary efforts to challenge and change social norms.
- The programme design did not address the needs of girls and boys separately. There was no specific guidance or guidelines on specific risks to look out for boys or girls and the assessment forms did not adopt any gender-specific risk questions. The risk to boys and girls assumed equally in design, but social workers demonstrate awareness of differences that should be accounted for. Nonetheless, these differences sometimes also led to social norms and practice driven decisions that were gender negative (e.g. girls being dropped from the programme for child labour compared to boys; domestic chores not counting towards work, etc.). Finally, the same set of interventions were offered for all children in the programme.
- The TOC is being followed in relation to the non-monetary components of the programme package. The evidence does not corroborate the achievement of the assumed pathways of outcome and impact through the cash transfer, particularly the realisation of increasing household income for 60% of the households.

Efficiency

- The implementation process was very resource and time intensive and offers vital lessons to simplify it for improved efficiency. The CCT had a lengthy implementation process and repetitive processes, which increased the administrative burden and reduced resources available for programme activities for sub-national authorities (e.g. monitoring and case management). The programme relied on a parallelly established structure for implementing the core programme activities such as case management, which generate efficiency losses in the short and long-term and make little contribution to strengthening systems in the long run.
- The lack of detailed cost breakdown limited the analysis of the cost-efficiency. Using a cost per beneficiary approach, the cost of the programme appears to be high for the cash transfer (due to administrative costs of high costs of identification and monitoring) but the case management approach itself costs about BDT 5,000 per beneficiary. A comparison with data from other countries shows that cost of case management varies by context and this programme has opportunities for improving cost-efficiency through scaling up, integration and simplification of processes.

Effectiveness

- The programme has achieved some progress towards impact in the form of improvements identifying at-risk children, in attitudes towards child marriage and child labour, improved agency of adolescents in negotiating decisions related to education with parents.
- Girls were more likely to drop out of the programme, more likely to be married while in the programmes and comprise nearly 75% of all dropouts due to child labour. Boys on the other hand were more likely to be allowed higher tolerance with child labour, as it was deemed necessary.

- The programme included children (270) with disabilities and increased access to services for them significantly. The programme also had an important role to play in keeping children in school through cross-sectoral linkages.
- The establishment of CPCPC and deployment of social workers has been vital to the implementation of this programme. The social workers received training before and on the job, but the programme was not integrated with permanent government structures. While there is some evidence that CBCPC and the social mobilisation have increased awareness and activated community members to address such risks, the roles of the CBCPC and social workers in improving capacity beyond the programme may be limited without government ownership and commitment to their continuation.
- The programme was monitored by officials from the Upazila as well as through UNICEF field offices. Nonetheless monitoring of beneficiaries and of social workers could be strengthened further using a structured monitoring framework and evaluation plan, clear feedback loops and improvements in programme design.
- Social workers were successful in monitoring conditions in the programme period (18 months), but children became hard to track and monitor after the cash transfer and until the age of 18 due to workload of social workers and movement of children away from the original location. Nonetheless, none of the monitoring was systematic, recorded, or analysed for routine and reflective learning and accountability.

Sustainability

- Key learnings from a programming perspective
 - Social workforce and case management are non-negotiable elements of child sensitive social protection
 - Education is critical for reducing a whole spectrum of other risks for children.
 - Extending the programme to cover married children will be instrumental in preventing further violation of children's rights.
 - Integration with government institutions is vital, even for pilots to scale up as it enables processes to be optimized for national capacity
- Integrating case management with existing cash transfers would significantly reduce the burden on case managers and prevent duplication, thereby tackling the non-financial resource gaps
- Not enough evidence to conclude but data suggest that under the current format, sustaining any evidenced impacts will be challenging. However, if caseworkers have the necessary time and resources and if caseloads are better managed, there is great potential for them to affect lives of children after graduation. No differences are evident between boys and girls due to lack of monitoring data.

5. Conclusions

- The CPSP programme has been implemented for over twelve years. In these twelve years, the programme has filled a critical gap in capacity for protecting children's rights. The key contribution of this programme has been to establish and pilot a robust case management system, with important lessons for future investments in this area.
- The study concluded that the programme was relevant and responsive to the needs of vulnerable children to some extent and was supportive to beneficiary households in the short term. The risk assessment system was successful in enabling the identification of vulnerable children – especially children with disabilities – for a wide spectrum of services through strong referrals and linkages.
- The case management component plays an important role in achieving intended outcomes and the programme offers a solid foundation on which a national social workforce may be established. Cash and case management together improve outcomes for agency of children as well as knowledge, attitudes of families. Limited change is noted at the community level, which requires community level interventions to propel the necessary social change
- Cash has undeniable effects on enabling households to overcome financial barriers and is a key component enabling children to stay in school.² However, the implementation of a new and conditional cash transfer programme adds to the cost of implementation and had limited, if any, value addition to the uptake of education where a comprehensive case management system is in place and a range of education stipends already exist.
- Focusing efforts on building the referrals and linkages with a long-term and periodic cash transfer while strengthening case management offer significantly higher returns on this investment.
- Finally, inclusion of children that are living on the street, and those in institutional care that can be placed in family or community-based care, as well as inclusion of children who are married and in labour in case management for

² Naila Kabeer & Hugh Waddington (2015) Economic impacts of conditional cash transfer programmes: a systematic review and meta-analysis, Journal of Development Effectiveness, 7:3, 290-303, DOI: 10.1080/19439342.2015.1068833

referrals to other programmes, would greatly improve the situation of children and the maximise the investment in case management for the most vulnerable children.

6. Lessons Learnt

The learnings UNICEF needs to embrace are as follows:

- The costs of running a pilot – especially in the absence of planned and timely evaluations - are significantly higher than projects which benefit from the economies of scale, adopt a learning-by-doing approach through clear monitoring and feedback loops.
- After 12 years of implementation, the CSPB was unable to establish institutionally interest and engagement with the government for the CCT programme. With the programme moving from MoWCA and MoSW and with significant UNICEF involvement until programme closure, there are several lessons for future programming. Where a pilot is designed, governments must be closely consulted, existing government channels must be leveraged and a clear roadmap with roles and responsibilities for UNICEF and government should be developed.
- The monitoring aspects of case management processes fell short in this programme, costing UNICEF decades of learning and opportunities for vital evidence generation.
- The removal of girls who may be married while enrolled into the programme is rather concerning. It is vital to seek and establish linkages to other UN partners and agencies working with married children to hand-over cases or better coordinate for their protection and empowerment.
- Social service workforce is valuable, as this programme shows that once a child is under case management, there are immense benefits to the vulnerable child and their household.

7. Recommendations

For future pilots:

1. Make pilots designed to build national capacity, use national structures and eventually integrate in national systems. (UNICEF)
2. Develop planned implementation and evaluation timelines with clear feedback loops for programme closure or expansion in the design phase. (UNICEF)
3. Incorporate rigorous and systematic monitoring processes (data collection, collation, analysis and feedback loops), develop a robust monitoring and evaluation (M&E) framework and assign monitoring and oversight responsibilities as part of the design package to prevent oversights during implementation. (UNICEF)

For programmes that may adopt and use risk assessment and case management systems:

4. Invest in piloting, testing and refining the risk management protocols to ensure all changes are based on evidence, and tools are sensitive to needs of the most vulnerable boys and girls in a gender-sensitive manner. (UNICEF)
5. Consider digital case management systems – including risk forms for better recordkeeping, effective monitoring and utilization of the data. (DSS)

For the national system on child and social protection:

6. Draw lessons from the case management tools used for the CCT for generating lessons, communication and advocacy to develop, implement and scale national child protection systems. (DSS)
7. Invest in establishing a social service workforce drawing on the learnings from the CCT programme. (DSS)
8. Explore the potentials for integrated cash plus care programmes, especially for children with disabilities to improve their access to services and opportunities and to achieve long-term impacts on complex outcomes like child marriage and labour. (DSS)
9. Engage in further research to explore the advantages and disadvantages of conditional transfers in Bangladesh, where resources for monitoring and tracking are limited. (DSS/UNICEF)
10. Establish vital partnerships and lengthen the planning horizon for systematic strengthening of social and child protection systems and delivery of basic social services. (UNICEF)

1. Context and Background of the Evaluation

1.1. Introduction to the report

This report presents an evaluation of the Conditional Cash Transfer programme (CCT programme) of the Child Sensitive Social Protection project in Bangladesh, implemented from 2012 to 2019 in Bangladesh. The evaluation research was conducted between the period 2016/17 to March 2022 by an independent international team of the Economic Policy Research Institute (EPRI) contracted by the United Nations Children's Fund (UNICEF) Bangladesh.

EPRI led the project evaluation, whilst working in continuous close collaboration with UNICEF and key stakeholders, important ministries and departments such as the Department of Social Services, the Ministry of Women and Children's Affairs, and local governments as well as other relevant partners.

During the start of this evaluation in 2019, the government of Bangladesh was keen to scale-up the CCT programme nationally. However, in May 2020, a decision was taken to discontinue the CCT programme. Since the evaluation was underway during this period, following discussions with the UNICEF Bangladesh office, a decision was taken to revise the focus of the evaluation so that the findings of the evaluation would still be relevant and valuable for future programming. Since the programme is no longer operational, the original focus on providing recommendations for scaling up the programme was shifted to understanding how the programme can provide insights and recommendations for the ways in which cash transfers can be used to inform future child-sensitive social protection programming.

1.2. Context of the CCT programme

Bangladesh is a lower-middle-income nation, with an estimated population of 164.7 million people in 2020. The country made remarkable progress in poverty reduction – from 43.5% in 1991 to 14.3% in 2016.³ Bangladesh achieved a GDP growth of 8.31% in 2018-2019 and its economy was recognised as one of the fastest-growing economies globally.⁴

Despite the impressive achievements in reducing poverty and achieving economic growth, key challenges have continued to persist. As one of the most densely populated countries in the world, infrastructure is weak and far stretched – thus, unable to meet the needs of its growing population. The challenges are made worse with rapid urbanisation and high climate-risk vulnerability; both of which undermine national efforts to cater to the needs of the most vulnerable.

Within the country, approximately a quarter (24.6%) of the population is multidimensionally poor while an additional 18.2% are classified as vulnerable to multidimensional poverty.⁵ Bangladesh ranked 75 out of 107 countries according to the 2020 Global Hunger Index.⁶ The proportion of undernourished has stayed relatively consistent at 13.0% over the period of 2017 to 2019.⁷ The prevalence of stunting in children due to malnourishment under five was 30.8% as of 2018.⁸ Data has shown that stunting tends to be concentrated among children from households facing multiple

³ (World Bank Group, 2022)

⁴ (Finance Division, Ministry of Finance (Government of People's Republic of Bangladesh), 2019)

⁵ (UNDP, 2020)

⁶ (Grebmer, et al., 2020)

⁷ (Bertelsmann Stiftung, 2022)

⁸ (Bertelsmann Stiftung, 2022)

forms of deprivation, including poor dietary diversity, low levels of maternal education, and household poverty.⁹

Bangladesh ranked 133 out of 189 countries in the 2020 Human Development Report.¹⁰ Bangladesh's HDI for 2019 was 0.632.¹¹ However, when the value was discounted for inequality, the HDI fell to 0.478, which indicates the inequality in the distribution of the HDI dimension indices, pointing to general discrimination that persists within the country.¹²

Situation of children

Children in Bangladesh have continued to be particularly vulnerable. Children make up approximately half the population of the country, and an estimated 33 million children live in poverty.¹³ Both poverty and vulnerability affect children disproportionately – leaving them highly vulnerable to multiple deprivations including food insecurity, malnutrition, death from diseases that can be avoided or treated, displacement, poor living conditions, developmental delays, child marriage, child labour and as a result, violence, abuse and exploitation.¹⁴ In disaster-affected areas, children are at the greatest risk of injury or death, often suffer long-term losses in human capital accumulation, and are at risk of deterioration in mental health and wellbeing. Child mortality (and in particular neonatal mortality) remains a critical issue.¹⁵

School-age children are deprived in the education dimension. Although Bangladesh has a high transition rate from primary to secondary school, eventual dropout rates are high.¹⁶

Persistent poverty has made children vulnerable to other issues such as child labour and child marriage. Over 17% of children are out of school, 31% of girls aged 15-19 are married (and a third of girls are married before the age of 15),¹⁷ 1 in 12 girls aged 15-19 is a mother and more than 7 million children aged 5-14 years are engaged in some form of child labour.¹⁸ An ODI study completed in 2016 explicitly notes that “Bangladesh will not achieve the 2030 development goals on education and other objectives without a strengthened commitment to eradicate child labour.”

Additionally, the lives of 19 million children in Bangladesh are at risk due to **climate change-driven hazards** such as floods, cyclones, river erosion, drought etc.¹⁹

Social protection in Bangladesh

The government of Bangladesh has recognised the **critical role social protection plays in addressing poverty, vulnerability, and marginalisation.** Over the past decades, the country has made significant strides in expanding social protection and its portfolio of programmes has increased incrementally every year. There are presently 145 programmes being implemented under the Social Security System, implemented by 23 line Ministries/divisions.²⁰ In 2019, the

⁹ (Grebmer, et al., 2020)

¹⁰ (UNDP, 2020)

¹¹ (UNDP, 2020)

¹² (UNDP, 2020)

¹³ (SCI)

¹⁴ (UNICEF, n.d.) (Humanium, n.d.) (UNICEF, 2019)

¹⁵ (UNICEF, 2015)

¹⁶ (UNICEF, n.d.)

¹⁷ (Humanium, n.d.)

¹⁸ (SCI, 2020)

¹⁹ (UNICEF, 2019)

²⁰ (Government of Bangladesh, 2015)

Government of Bangladesh allocated approximately BDT 642 billion, or equivalent to 2.5% of the Gross Domestic Product (GDP) to social programming; of which BDT 372 billion was used to implement cash allowances, public works, and education and health incentives for poor and vulnerable households, to tackle poverty and improve human capital.²¹

The unplanned proliferation in the number of programmes over the past few years has resulted in **widescale fragmentation of the social protection system** as there have been multiple duplications of programme objectives and under-coverage. Due to a large number of programmes, the budget for each programme has been small and the benefit level provided to each individual has been low.²² Further, a strategic review of programmes has highlighted that 65% of the Social Security Programmes have sought to address lifecycle risks, however, albeit a large number of programmes, there are still significant gaps. For instance, there has been **very little coverage for children between the ages of 0-4 years (gradually improving with the Mother and Child Benefit programme now), persons with disabilities, and elderly persons (also improving with increasing coverage through DSS' cash transfers)**. While coverage has been the highest for school-going children, the review has shown that benefit levels have been low in value – a problem that affects all of Bangladesh's Social Security schemes. In addition, most of the social security schemes **have focused on risks experienced by the rural population and have failed to target the growing urban population**. Data has also shown that a large proportion of poor and vulnerable households have not had access to any form of social protection. In addition, there has been inadequate monitoring and evaluation and programmes have mainly been measured in terms of the amount of money distributed as opposed to the results achieved.²³

The government has recognised that the fragmented social protection system has resulted in a lower value for money and fewer impacts on poverty reduction. In 2015, the government adopted the **National Social Security Strategy** which aimed at addressing the above-mentioned challenges by streamlining and strengthening existing programmes to deepen the developmental impacts. The long term vision of the strategy is to “build an inclusive social security system for all deserving Bangladeshis that effectively tackles and prevents poverty and inequality and contributes to broader human development, employment and economic growth”.²⁴ In the short to medium term, the government has expressed commitment to develop a comprehensive system which adopts the lifecycle approach – whereby schemes will be consolidated to cover all age groups - and extend the coverage of core schemes to reach those who are most in need. For children in specific, the strategy advocates for two core programmes:

- A child grant for poor and vulnerable children between the ages of 0-4 years
- A school stipend for all primary and secondary going children belonging to poor and vulnerable households

²¹ (World Bank, 2019)

²² (UNDP, 2020)

²³ (Government of Bangladesh, 2015)

²⁴ (Government of Bangladesh, 2015)

In addition, children will also have the disability benefit, the school meals programme, the orphans programme, and the legal provision which enables abandoned children to receive financial support from the responsible parent.²⁵

1.3. Evidence of social protection in improving child-sensitive outcomes

There is growing evidence of how social protection can effectively improve children's health and schooling with long-term development benefits. Many social protection measures already benefit children without explicitly targeting them. A wealth of global evidence asserts that investments in children's wellbeing, especially in early childhood generate cost-effective, important and sustained benefits for children, households and the country as a whole. **Child-sensitive social protection offers governments an opportunity to invest with higher rates of return and provide children a platform they can leverage to claim their rights**, which they might be unable to do otherwise because of their age and status in society.²⁶

1.4. CCT programme in the context of global goals

Since the inception of SDGs, UNICEF has been either the custodian for children in the Sustainable Development Agenda or has been supporting child sensitivity in their work towards achieving SDGs globally. Through the programme goals, the CCT aimed to achieve progress towards the SDGs in Bangladesh. Through the goal of elimination of child marriage and child labour, the programme aimed to achieve SDG 8 (Decent Work and Economic Growth), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities). Through the goal of ensuring children stay in school until the age of 18, the programme sought to contribute to SDG 4 (Quality Education). The cash transfer along with the support of the case management, the CCT aimed to achieve SDG 1 (No Poverty), SDG 2 (No Hunger), and SDG 3 (Good Health and Well Being). As part of the objectives of improving government capacity and investment for child targeted policies and programme, the programme sought to contribute towards SDG 16 (Peace, Justice, and Strong Institutions).

1.5. Object of the evaluation: The Conditional Cash Transfer programme (CCT) of the Child Sensitive Social Protection project in Bangladesh

In 2008, UNICEF Bangladesh and the Ministry of Social Welfare implemented an 18-month cash transfer pilot programme “Amader Shishu/Our child” to support orphan and vulnerable children in seven upazilas affected by the 2007 Cyclone Sidr. The pilot met its original objective of enabling socio-economic empowerment and sustaining increased income for 60% of the families who were either fostering orphans or bringing up vulnerable children.

Based on the success of the pilot, in 2010, UNICEF replicated the programme in old Dhaka city in partnership with the Ministry of Women and Children Affairs (MoWCA) and the Ministry of Social Welfare (MoSW) with the objective of reducing child labour,²⁷ child marriage and school

²⁵ (Government of Bangladesh, 2015)

²⁶ (DFID, 2009)

²⁷ In terms of child labour, the CCT aimed for parents to keep their children out of all forms of labour after graduating from the programme. However, the findings are discussed in context of child labour as defined by the UN Convention on the Rights of the Child (1989) as ‘any kind of work for which children are too young or which is dangerous or exploitative, which damages physical or mental development or prevents children from attending school;’ Or as defined by UNICEF children who are ‘either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development.’

dropout. The CCT provided BDT 2,000 a month, over a period of 18 months. In some cases, where the vulnerabilities of children in some families still remain significant, children received cash support for 36 months as well following a follow up done by social workers after each of the installment. The amount was dispersed every six months (installment), so that three instalments of BDT 12,000 each were paid, to the guardians of eligible children if they keep children in school, out of employment and unmarried. In Phase 1 (between January 2012 to July 2017), the programme covered an estimated 3,661 beneficiaries. In Phase 2 (from July 2017 to November 2019) the programme reached a total of 1,688 beneficiaries (all through DSS), of whom 1,070 were girls (63.4%). Overall, 11% of the CCT beneficiaries reported having disabilities. Based on consultations and data from MoWCA and DSS, the programme was implemented in and had active beneficiaries from eleven wards or upazilas and city corporations in the following eight districts: Dhaka North, Barisal, Khulna, Kurigram, Gaibandh, Sylhet, Sunamgonj, and Chapai Nowabgonj. These eight districts fall within six zones - Dhaka, Barisal, Khulna, Rangpur, Sylhet and Rajshahi. Further details on the CCT beneficiaries, eligibility, selection process, payments, graduation and expenditures have been provided in Annex 2.

1.6. Intervention logic of the CCT Programme and theory of Change

The CCT can generate impacts through three kinds of effects – the economic effect, the integration effect, and the catalytic effect. Our previous experience with cash transfers demonstrates that these other effects are just as important if not more than the economic effect of the cash transfer alone. These effects are particularly important in this case – when the impacts require outcomes to reverberate over a much longer-term than the intervention itself. While the synergies from the integration of cash and other services generate immediate improvements, the catalytic effect generates outcomes (or returns) in the longer term. In fact, given the expectation of long-term change from an 18-month intervention, the greatest impact may result from integration and catalytic effect.

Original Theory of Change

The programme's original theory of change (Figure in Annex 2) stipulated the following:

1. IMPACT: Children go to school, stay out of employment and unmarried while in the programme and after graduation, until the age of 18.
2. OUTCOMES: Children have access to essential services such as health care and there is an increase in income for 60% of participating households who care for orphans or foster children at the end of the CT.

The original theory of change (TOC) for this programme focused on the economic effect of the programme, capturing other factors such as the increased access to social services as “spillovers”. The economic effect alone can neither explain nor justify longer-term improvements. The original TOC suggested that the underlying problem the CCT overcame is related to the financial constraints of families that prevent adequate investments in the human capacity of children and require them to adopt negative coping strategies such as pulling children out of school, engaging them in child labour or marrying them as children. It postulated that the provision of the CCT removes these financial barriers for vulnerable families and enables them to realise the rights of their children including access to education, health, and protection, among others. Per the TOC, if the household graduated from the programme before the child turns 18, the child would

continue to be in school and not in child marriage or engaged in child labour until the age of 18. It did not clearly present the pathways through which this would be achieved. One suggestion in the theory of change was that the programme would allow beneficiary families to enhance their income at the end of the cash transfer programme, thereby making them more able to continue education for children and steer away from child marriage or labour. However, the linkages between an immediate increase in income due to the programme and longer-term behaviour change were not mapped in the TOC.

The original TOC also suggested that by preventing child marriage and child labour and ensuring access to essential services including child-sensitive social protection (CSSP) services, the programme contributed to the larger vision of developing a model package of child protection services that were scaled up for vulnerable women, children and young people that could reduce equity gaps in selected areas (tea gardens, urban slums, stone crushing areas and disaster-prone areas).

These vitally important interactions were not captured in the TOC. The original TOC captured increased access to social services as well as the effects of the capacity development initiatives directed at social workers as “spillovers.” For most of the causal chains illustrated above, the impacts and outcomes are not direct, apart from the increase in income because of the cash benefit. The overall impact is largely dependent on the behavioural and attitudinal responses of households but how these will be achieved remained ambiguous in the original TOC.

It is through all these investments that the programme was expected to generate overall progress in access to services and mitigate the equity gap. The original TOC assumed that 90% of eligible families in intervention areas would receive the CCT and as a result, keep their children in school and out of child marriage and child labour even after their graduation from the CCT programme.

Revised Theory of Change

Globally validated theories suggest that to end child marriage and child labour, changes in three areas are necessary:

- (i) Changes in household behaviour
- (ii) Changes in government capacity and ownership to ensure continued drive and commitment, strategies and investment in elimination of child marriage and labour
- (iii) Improvement in the economic circumstances of the poorest and most vulnerable children and their families to reduce economic dependence on child marriage and labour

The original TOC was sound but had a few limitations. It did not link the various “strategies and activities,” and was too heavily focused on creating systems and overcoming financial barriers without enough emphasis on driving community and household level behaviour change. Furthermore, it did not adequately demonstrate the pathways that drive impact from outcomes, or the assumptions and mediators of impact.

The programme was about working towards ending child marriage and labour. Child labour and child marriage, which are often entrenched in traditional values and customs and driven by impoverishment and social norms are often the trickiest issues to tackle. Above that, working for social change is complex and requires a log-frame or theory of change that depends on strategies

and is not solely dependent on activities alone. As result, the theory of change had to be updated to reflect progress/changes in social norms – in both beliefs and behaviour, stronger capacity to monitor and reinforce outcomes and opportunities for M&E and lesson-learning. Finally, it was important that the TOC depicted and explained the relationship between enabling, catalytic and focused interventions.

The revised TOC is a high-level depiction the theory of change that captures all the programme inputs and objectives. It combines the three kinds of effects that are integral to the programme and to achieving outcomes – the economic effect, the integration effect, and the catalytic effect.

What differentiates a conditional cash transfer from an unconditional cash transfer is the provision of and/or strong linkages with relevant services. These are a part of the comprehensive set of interventions being provided to vulnerable children in Bangladesh and are critical to achieving the intended impact of keeping children in school, unmarried and not in labour up to the age of 18. The figure above presents the strategies, inputs and activities including the activities related to the case management processes. These collectively were expected to enable access to basic social services and increase the income of beneficiary families. Figure 3 presents the detailed pathways of change from output to impact. The pathways and the overall theory of change are driven by a set of assumptions. The factors that might have moderated the programme impact and potential risks that undermine programme impact are presented below.

A few factors that might moderate programme outcomes:

- Inadequacy of benefit amount
- Social and cultural norms within the community that prevented the intended impact of the programme (specifically with relation to child marriage)
- COVID-19 (expected adverse impact on livelihoods, child marriage and child labour)

A few risks might affect the realisation of expected outcomes:

- Inadequate financial allocation/budget that prevented all eligible children from receiving the benefit or receiving payments predictably and reliably
- Supply-side constraints such as poor infrastructure, lack of roads or transport that inhibit access to schools might have weakened programme outcomes
- Poor quality of services – schools not having good quality teachers and adequate infrastructure may have inhibited the programme's achievements.
- Unavailability of budget to expand social services to match demands
- External shocks – economic or natural disasters
- Unexpected fluctuation in prices of basic goods and services, e.g. food, health care, education etc. or in prices of commodities/services that enable access such as transport.

The pathways of change presented in Figure 4 depict the complexity of the programme and emphasise that this programme is only likely to demonstrate progress towards impact if it fits into a set of interlocking components that include cash alongside case management, effectively connecting children to the vital services they need for the impacts that are expected.

Furthermore, this programme's objective is far more longer-term than the intervention itself. For an 18-month intervention to address rights violations that have been normalised for centuries requires a strong catalytic effect, driven by multiple sources of support and reinforcement. The three components of the programme – the (economic and catalytic effect), provision of services and strong case management and monitoring are all critical to driving impact.

In the revised theory of change, the provision of cash takes on two key roles – (i) immediate income support to meet the needs of the child such as food and to ensure that families can invest in human capital accumulation services such as education and health care; and (ii) a “signal”, “nudge” or “gift exchange” as a low-cost investment for the government which initiates behavioural change, that generates a series of effects which become more powerful over time. Without the latter, the programme may be able to drive immediate impact but is unlikely to generate long-term change that keeps children in education, out of labour and unmarried until their 18th birthday. Finally, mediators of change are included that focus on knowledge, attitudes and practices regarding child marriage and labour, which are critical for enabling an environment within which social norms and behaviours may change for the long-term.

The provision of case management and referral to services have very important roles to play in ensuring that the programme achieves its outcomes in the following ways: (i) early identification of at-risk children to prevent violation of rights and protect childhoods, (ii) referral to essential services and care and ensuring children's safety in these places to enable use, (iii) providing children with a voice and support to stay in school, unmarried and out of employment up to the age of 18, and (iv) monitoring the continued schooling of children and keeping them out of marriage and employment up to the age of 18. Without a strong capacity for case management and effective identification, tracking and monitoring of at-risk children, the likelihood of the programme achieving its outcomes may be diminished. Cash, although necessary, on its own is insufficient to drive large-scale impact when tackling socially entrenched behaviours and challenging social norms such as child marriage and labour.

Finally, the provision of quality and consistent services is integral to the success of this programme. If the services provided by the social workers including awareness raising, counselling, protection and support, etc. are of poor quality or inconsistently provided, it can significantly undermine programme outcomes. For instance, if community sensitisation is identified and not consistently delivered in the right manner, through the right channels and to the right persons, its impact on the reduction in child marriage or labour with support from the cash transfer will be limited. The provision of quality services is potentially the most important mediator of impact for the CCT.

If these three mechanisms work effectively, a differential impact can be observed based on whether a child received only cash, or cash and a service. For the purpose of this evaluation, it has been difficult to determine whether each of the services on offer have been delivered to a high quality. However, insights have been obtained into the quality of services such as education and other services that directly support the uptake of education or improve learning outcomes that are most often sought or provided to the children through the case workers.

The outcome indicators for the CCT programme are presented in Annex 3.

1.7. The Theory for Impact

Evidence of the Impact of Cash Transfers on Education, Child Marriage and Child Labour

A global evidence base²⁸ demonstrates the success of cash transfers – conditional and unconditional – in improving the uptake of education and keeping children in school for longer. However, the evidence of cash transfers keeping girls unmarried until the age of 18 is limited. Nonetheless, the evidence that does exist, shows that cash-based interventions alone cannot erase centuries old norms and practices. Social change is complex and requires long-term, multi-sectoral approaches that focus on transformation of social norms. Cash-based support must be complemented with interventions to change parents' and societal attitudes, improve awareness and education, promote higher level of education, and provide children and young people with a voice in determining their own futures.

Some well-known examples of studies that explore the effects of cash transfer programmes on age at marriage and age at first birth include Alam et al. (2011) who found that the girls who participated in the Punjab Female School Stipend Programme (FSSP) in Pakistan delayed marriage and Ullah (2013) who estimated the impact of the FSSP on the incidence of early marriage. Hahn et al. (2015) showed that the FSSP had a significant impact on education, age at marriage and fertility. It is important to understand here that outcomes such as delayed marriage, delayed first birth, lower fertility, lower child mortality, increased employment, etc. manifest over a longer-term and may only be demonstrated after sufficient time has passed. As such, most evaluations of CCTs conditioned on education tend to focus on shorter-term impacts.²⁹ Shamsuddin (2015), however, explored the impact of the FSSP on women's empowerment through labour market participation in Bangladesh.

There are some important lessons from the *Apni Beti Apna Dhan* programme in India (implemented differently in different states), which highlight the importance of complementing cash-based support with multisectoral non-cash interventions focused on transforming social norms to achieve changes in behaviours that require changing social norms and practices.³⁰

A recent review of evidence of the impact of conditional cash transfers on child labour³¹ found that conditional cash transfers demonstrate great promise for lowering the rates of child labour, improving the uptake of education and overall wellbeing of children. The reductions in child labour are pronounced when beneficiaries are poor, indicating that the mitigation of financial constraints as a driver of child labour. The cash transfer acts as a consumption smoothing mechanism to lower child labour.³²

However, the study provided greater detail on how cash transfers have different impacts on children, depending on their age and sex. The reduction in child labour is more likely when the incidence is greater, offering a larger margin for impact; therefore, more likely among boys. Similarly, while these programmes lowered children's participation in work outside the households; these programmes either had no effect or in some cases, increased children's participation in work within the household. Since girls are more likely to be involved in domestic work (or work in own

²⁸ (International Center for Research on Women, 2016) (Kalamar, Lee-Rife, & Hindin , 2016 Sep) (World Bank, 2016)

²⁹ (Sayeed, 2016)

³⁰ (Girls Not Brides, 2016)

³¹ (International Cocoa Initiative, 2020)

³² (Hoop & Rosati, 2014)

farms) to begin with, the increase in work within the household was more likely among girls.³³ The study identified two pathways that could drive the increase in child labour in these cases: (i) investment in productive assets that increase demand for labour to be fulfilled by the child or (ii) conditions of education or schooling when the transfer value is not enough to meet the cost associated with the condition; child work may be used to fill the gap.³⁴ It is also important to note that increases in school attendance are not always matched with reduction in child labour – children may be in school and still working either part-time or more.³⁵

Evidence also highlights the importance of linking cash transfers with other relevant and child-sensitive services to augment the impact on child labour. These may include supply-side interventions such as the provision of health and education facilities and/or after-school education. However, services such as those aimed at improving livelihoods and income generation, when paired with cash transfers may adversely affect child labour outcomes.³⁶ Finally, many studies identify a host of gaps in understanding as to why some cash transfers simply fail to have an impact on child labour; why and how schooling might affect child labour for boys and girls and why in some cases smaller benefits have an impact, while in other cases, larger benefit sizes fail.³⁷ More detailed evidence of the impact of cash transfers on education, child marriage and child labour is placed in Annex 4.

1.8. Stakeholder engagement

In Phase 1 (before July 2017) of the programme, the Ministry of Women and Children Affairs (MoWCA) and the Ministry of Social Welfare (MoSW) were jointly delivering the programme. MoWCA was primarily responsible for the urban areas, while MoSW delivered the programme in rural areas. In Phase 2 of the programme (from July 2017 to November 2019), only MoSW implemented the programme.

EPRI led the project evaluation, whilst working in continuous close collaboration with UNICEF and key stakeholders, important ministries such as MoWCA, MoSW and departments such as the Department of Social Services (DSS), and local governments as well as other relevant partners.

1.9. Considerations and Delays

1. Data related delays

There have been several unexpected delays due to the limited data availability and lack of reliable information at the national level. Lack of clarity on the programme's implementation and storage of essential data such as risk forms have meant that the study team has had to undertake unplanned field visits and follow-up calls to get a real understanding of the data that is available on programme beneficiaries and other vulnerable children as well as to map out the implementation process at the Upzila level. Compiling and analysing this information have caused significant delays to the timeline.

³³ (International Cocoa Initiative, 2020)

³⁴ (International Cocoa Initiative, 2020)

³⁵ (Furio, 2022)

³⁶ (Hoop & Rosati, 2014)

³⁷ (Hoop & Rosati, 2014)

2. COVID-19 Pandemic

Soon after the data was gathered and analysed, the COVID-19 pandemic triggered a global shutdown, which has also affected the project timeline. Due to the nature of mitigation strategies and the lockdown measures put in place, the project activities had to be placed on hold and data collection was significantly delayed.

1.10. Organisation of the Report

This report consists of seven sections. This first section provides the context and background to the evaluation and is followed by section two that presents the evaluation purpose, objectives and scope. Section three introduces the evaluation approach and methodology. Section four presents an analysis of the main outcomes that were obtained and presents the main findings on the evaluation criteria. Section five presents the main evaluation conclusions and section six includes main lessons learned. The section seven, presents the evaluation recommendations, followed by the list of cited references in section 8. The final section, nine, includes the annexures for the report.

2. Evaluation Purpose, Objectives and Scope

2.1. Evaluation purpose, objectives and intended users

During the start of this evaluation in 2019, the government of Bangladesh alongside development partners such as UNICEF was keen to scale-up the CCT programme nationally. However, in May 2020, a decision was taken to discontinue the CCT programme. Since the evaluation was underway during this period, following discussions with the UNICEF Bangladesh office, a decision was taken to revise the focus of the evaluation so that the findings of the evaluation would still be relevant and valuable for future programming. Since the programme is no longer operational, specific focus that was previously given to providing recommendations for scaling up the programme was shifted to understanding how the programme can provide insights and recommendations for the ways in which cash transfers can be used to inform future child sensitive social protection programming.

The revised primary objectives of this evaluation were as follows:

4. To generate evidence on the impact of the CCT and to understand the role of cash and complementary child protection services in the provision of sustainable and transformative social protection for children.
5. To generate accountability by exploring how successful the CCT programme has been in achieving its expected outcomes and to generate actionable recommendations for how cash transfers can best be used to supplement the direction of social protection schemes in the future and the necessary capacities within government to conduct such schemes.
6. To assess the programme design and implementation as well as its relevance, effectiveness, efficiency, and sustainability.

To this end, the specific objectives of the evaluation were to:

5. Analyse the extent: (i) to which the CCT programme has been designed and implemented efficiently and effectively, (ii) the conditions of the programme were beneficial or hindering and (iii) of the programme's cost-effectiveness
6. Understand how families use the money provided, whether they complied with conditions, whether the transfer value is adequate, and explore the extent to which spending translated into benefits for children
7. Understand the impact of COVID-19 on schooling, child labour and early marriage among CCT programme beneficiaries
8. Assess institutional capacity at national and sub-national level (including human and financial resources), identify key gaps and bottlenecks in its pilot and small-scale stages and the impact of these gaps on programme and beneficiary outcomes, with an eye to understand the role of programme in strengthening (or not) such capacity

The **intended primary users** of this evaluation are Department of Social Services (DSS) and UNICEF for lessons and recommendations derived from the evaluation for future pilots and child targeted programmes in Bangladesh.

Secondary users of the evaluation include other departments of MoSW, MoWCA, and development partners at the national level, and the subnational stakeholders of the CCT and actors in the child protection and social protection sector in Bangladesh. The evaluation may also interest other UNICEF country offices and regional offices and other NGOs in developing or improving standards for evidence-generating pilots, improve child-sensitive programming and strengthen the child and social protection nexus for tackling complex issues such as child marriage and child labour.

2.2. Scope of the study and Rationale

The scope of the evaluation covered the CCT programme from 2017 to 2020. The scope of the evaluation was revised to exclude the period from 2012-2016 due to lack of data on the programme beneficiaries before 2017, when the programme was run through the Ministry of Women and Children Affairs (MoWCA). Hence, the beneficiaries captured in the evaluation only reflect beneficiaries captured through risk assessment forms by MoSW.

The evaluation drew evidence from eleven wards or upzilas and city corporations in the eight (Dhaka North, Barisal, Khulna, Kurigram, Gaibandh, Sylhet, Sunamgonj, Chapai Nowabgonj) districts. These eight districts fall within six zones - Dhaka, Barisal, Khulna, Rangpur, Sylhet and Rajshashi, where the programme was active between 2017 and 2020.

The evaluation responds to four of the five OECD-DAC criteria - efficiency, effectiveness, relevance, and sustainability. The evaluation of the impact of the programme was not considered mainly as the programme aimed to prevent child marriage and labour until the age of 18 years and a small fraction of the beneficiaries for whom data were available would meet these conditions. The analysis of impact was further challenged due to numerous data challenges – absence of baseline data, substantially small sample size due to access to beneficiaries for the last three years only. Secondly, since there was no monitoring data on these children who had graduated from the cash transfer, the likelihood of tracing all individuals in the limited sample was also small.

During inception, it was also determined that the proposed comparison of the CCT programme with institutional care in terms of their effectiveness or efficiency for achieving the intended outcomes was not unfeasible from an ethical standpoint and there was no credible way to compare CCTs with children in institutional care, who would necessarily have to stay out of labour, education and in school. Since the impact of institutional care on children exceed far beyond these metrics, the analysis was not considered relevant to the study and thus, dropped from the evaluation.

This evaluation specifically examines the design and implementation enablers/challenges that can inform future programme design. It provides evidence to understand the role of cash and complementary child protection services in the provision of sustainable and transformative social protection for children and provides actionable recommendations that can inform child-sensitive programming and improve evidence-generation pilots.

2.3. Evaluation criteria and questions

The evaluation has been designed based on the OECD/DAC criteria of relevance, efficiency, effectiveness, impact and sustainability with equity, gender and human-rights considerations factored into each element of analysis. Some study questions were revised or removed during the inception phase based on (i) data availability and (ii) agreement with UNICEF on some questions being less relevant or counter-productive to the evaluation's objectives.³⁸ All study questions have been presented and discussed in the section below, including those that have been revised or removed.

Relevance and appropriateness:

1. To what extent was the choice to use conditional cash transfer rather than unconditional justified with regards to the needs among vulnerable households, availability and quality of services, capacity of local government and service providers?
2. To what extent did the selection of vulnerable children complement the targeting of other social projects to reach to the worst-off and most vulnerable? Were there any gaps in relation to targeting and coverage?
3. Were the programme's targeting and selection criteria designed in a way to minimize exclusion and inclusion errors?
4. To what extent was the size and regularity of the cash transfer adequate to meet the needs and challenges of the targeted households?
5. Were the needs of girls and boys considered and addressed separately?
6. Is the TOC being followed in terms of programme implementation and are the assumed pathways of outcome and impact occurring in reality? Does it include all the factors necessary for the TOC to be relevant? When operational, were there adjustments needed, gaps, or missed assumptions, or adapted for the future?

³⁸ The evaluation criteria do not include impact, which was removed due to data limitations. Subsequently, the research questions did not include a question for unexpected effects (positive and negative).

7. Does the programme design follow best practices for the design of CCTs, especially for the design of targeting and selection criteria, money disbursement, graduation criteria and monitoring of conditions?

Efficiency:

1. How well was the delivery process managed, considering the time and resources at each stage of implementation and coordination between UNICEF, DSS and sub-national administrations?
2. How cost-efficient is the CCT programme and what potential is there for efficiency savings at all stages (capacity and constraints)?

This question has been revised to seek “cost-efficiency” instead of “cost-effectiveness,” as proposed in the TOR for the following reasons:

- Cost-effectiveness is hard to estimate – quantitative estimates of cost-effectiveness of CCTs suffer from insufficient data on costs as well as on values of direct and indirect benefits. Especially in a study as this one, where the scale is small and our confidence intervals are wider, it will be difficult to estimate effectiveness
- The CCT has higher-value indirect benefits compared with limited quantifiable direct benefits. We can tackle this qualitatively based on international evidence on cash transfers and long-term benefits of the programme’s intended outcomes.
- For efficiency savings, we will rely on qualitative data on how the processes can be simplified, what is more resource draining and the perception on its value-add based on implementers, and policymakers involved at each stage of programme implementation

Effectiveness:

1. How effective was the programme in achieving its expected results in terms of outcomes *and progress towards impacts*? Is the programme equally efficient when considering vulnerable girls and boys being benefited? How successful was the programme in *improving access to and the use of services*?
2. How effective was the programme in increasing the capacity of social workers to improve their work beyond their direct tasks of the CCT programme, and improving the capacity of social workers, and community structures such as CBCPC to protect vulnerable children?
3. How well did the financial management and programme monitoring system establish and function?
4. How successful was the programme in monitoring and enforcing the programme’s conditions? How successful was the programme in following up with the households and children after graduation (in those cases where children were still under 18 at the point of graduation)? Was the programme equally capable to monitor the situation of boys and girls after benefiting from the programme?

Sustainability:

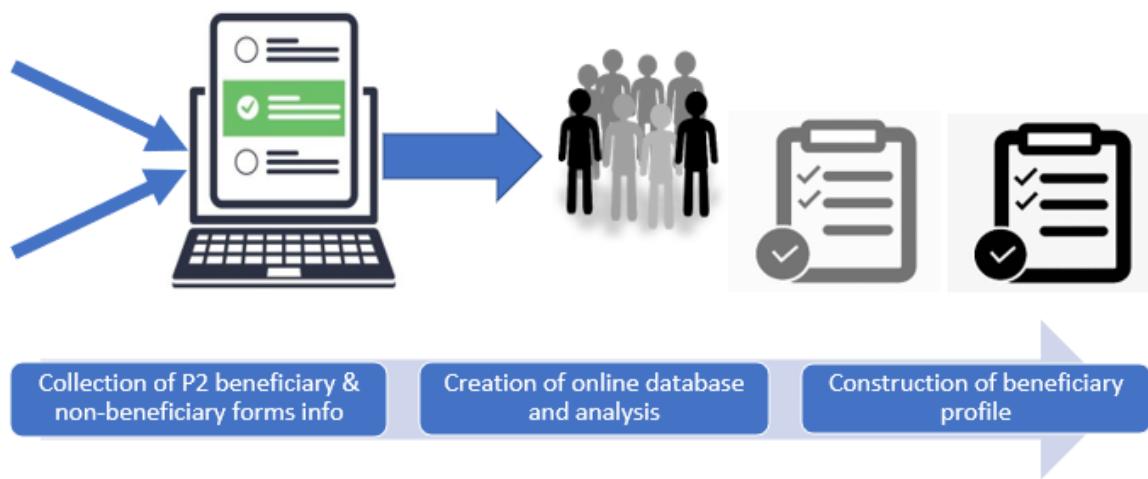
1. How can the learnings from this programme guide policy and programmatic structuring towards a more inclusive, sustainable approach to social protection of vulnerable groups?
2. How can the major capacity gaps and bottlenecks at national and sub-national levels be overcome if a different approach to social protection was employed?
3. How sustainable are the impacts on the lives of children and their households after graduation (for those that were younger than 18 at the time of graduation)? Does this sustainability vary between boys and girls?
4. Has the programme led to any positive or negative unintended results, taking into consideration COVID-19, as applicable throughout the programme timeline?³⁹

³⁹ The research question was moved from Effectiveness to Sustainability criteria based on feedback and discussion with the UNICEF Bangladesh team.

3. Evaluation Methodology

3.1 Evaluation approach

The team conducted the study in two Parts – Part 1 – the evaluability assessment and Part 2 – the evaluation. In the first phase, case management forms (including both the basic and detailed risk assessments) were used to build the beneficiary profile and to assess whether the non-beneficiary children could be used as a credible counterfactual. The team captured all the information in all active Upazilas and converted this data into a centralised database that was used for detailed analyses in phase 2.



Part 1 results demonstrated that there was a sizeable counterfactual for some counterfactual analysis but its power to estimate smaller changes in outcome indicators may be limited. Ideally, for a matched counterfactual analysis, it is recommended that the sample of non-beneficiaries be larger than the sample of beneficiaries. However, this was not the case. With half the non-beneficiary sample receiving at least one other service (excluding cash transfer) and less than a sixth of the database representing non-beneficiaries of the CCT or any other intervention, getting a robust match was going to be challenging. Even within the sample of non-beneficiaries available, the risk of not being able to track them all down was high.

In Part 2, the evaluation team then approached a two-pronged analysis – assessing the difference between those receiving the CCT and not receiving any interventions and those receiving the CCT+ other interventions and those receiving any intervention except the CCT. The study has adopted a theory-based but exploratory approach to measure the relevance, sustainability, effectiveness, and efficiency of the programme.

3.2 Evaluation Matrix

The detailed Evaluation Matrix for each DAC criteria is provided in the Annex 4 of the report.

3.3 Data collection methods and sampling strategy

The data collection for the study was conducted between November 2021 to January 2022.

Sample

Qualitative

KIIs were conducted with key stakeholders at the national, district and sub-district levels including those involved in programme implementation, monitoring, or oversight as well as from

programme beneficiaries. Interviews were conducted with all relevant district officials, national level officials and frontline workers including social workers. At the national level and subnational level, the KII respondents were identified purposively depending on their role, relevance, and the need for information.

Table 1: Sample breakdown, qualitative

Type of Data	Stakeholders interviewed	Number of Interviews
National level KIIs	UNICEF, UNFPA, SCI, DSS, MoWCA, Aparajeyo Bangladesh, MoSW	18
Sub-National KIIs	Social workers, CBCPC, USSO, Health workers, Educators, NGO workers, Woman Councillor	56
FGDs	(Beneficiary and non-beneficiary) Caregivers, Adolescents, Children, CBCPC	35
Case Study	(Selected based on compelling stories)	9

Quantitative

The quantitative survey was sampled to be representative. It covered 8 districts including Dhaka North, Barisal, Khulna, Kurigram, Gaibandha, Sylhet, Sunamgonj, and Chapai Nowabgonj. The sampling frame was the database of beneficiary and non-beneficiary children for whom completed risk assessment forms were available. All beneficiary and non-beneficiary households in the database created in the first part of the study were included in the sample.

The summary of the final number of respondents is provided in the table below.

Table 2: Sample breakdown, quantitative

	Household	Women/Caregivers	Adolescent
Beneficiary	1441	1428	1055
Non-beneficiary	923	951	536
Total	2364	2379	1591

A further breakdown of respondents is presented in the following table based on the type of intervention received:

Type of Respondent	Number of respondents
CCT Beneficiaries	1420
Receiving non CCT interventions	115
Receiving CCT + other interventions	51
Not Receiving just CCT	930
Not receiving CCT OR other interventions	243

Data collection

The training for field data collection was carried out from October 27, 2021 to November 11, 2021. A total of 10 days of training were provided to the field personnel with a mixture of in-house training and field practice. All issues encountered during the field practice were discussed in a review session and mitigated accordingly.

After the successful completion of the training, fieldwork began on 13 November 2021 and ended on 25 December 2021. Field data collection was conducted by six interviewing teams with each team consisting of 1 supervisor, 5-6 interviewers, and 1 logistical assistant. In addition to the interviewing teams, 2 Quality Control Officers were also sent to the field for overall supervision.

The field team came across some challenges in locating some respondents, such as incorrect location data in the case management form, mobile numbers of respondents were switched off, and child's family had moved away. These challenges were reported to UNICEF Field Offices, who were able to support the survey team in locating the survey respondents.

3.4 Limitations encountered in evaluation process and ways to overcome these

During the course of the evaluation, several issues emerged that led to a change in the scope of the evaluation causing the study team to revise the study question and approach in consultation with UNICEF. These issues were considered carefully in the development of the methodology. The most relevant issues were:

1. The programme's selection process and identification of the target population

The TOR and documents received about the programme during the proposal phase did not specify the full process of how the programme worked, how the beneficiaries were selected or who formed the population of eligible children. The scoping consultations established that there has been (i) significant subjectivity in the selection process, (ii) multiple stakeholders and viewpoints influencing the final selection, (iii) several benefit options available as responses depending on the kinds of risks the child may be facing (other cash transfers, social services etc.), (iv) multiple layers of filters before finalising the list of beneficiaries and (v) significant exclusion due to budget constraints. The broad set of determinants of what constitutes "high-risk" children have made it

near impossible to estimate or identify the population of eligible children. Additionally, the number of factors, permutations and combinations that determine eligibility have made it near-impossible to identify eligible non-beneficiaries, especially those who have not been receiving other benefits or support without a full-scale census style survey exercise. These surveys are extremely resource intensive – financially and timewise but most importantly in this case, extremely challenging as well. The survey would have involved implementing the risk assessment form for every child being interviewed, which would have required trained social workers to undertake this exercise. The short form itself takes over an hour to complete and detailed forms require repeated visits and several hours of effort. Since eligible children also included street children; there has been no robust way to ensure representation of all sub-groups. Finally, the consultations have also revealed that there is no standard way to determine who might be eliminated or put on the waitlist due to insufficient funds – the matter is handled on a case-by-case basis.

2. The type of evaluation design

With the information on the availability of forms (or lack thereof), there has been no data on a potential counterfactual against which impact has been measured for Phase 1 beneficiaries (there has been very scarce data on beneficiaries reached through MoWCA) and there has been very limited information on non-vulnerable children. These data limitations have significantly affected the evaluation design for measuring impact and effectiveness.

Firstly, the lack of non-beneficiary forms in Phase 1 of the programme have made it unfeasible to measure the programme's impact on those that received benefits before 2017. The evaluation has instead focused on Phase 2 of the programme only. Secondly, given the lack of forms for those children that are not deemed vulnerable, the only counterfactual against which the programme has been assessed has consisted of children that are vulnerable but not receiving benefits (they are instead referred to other programmes). The limited amount of data for non-vulnerable children has precluded the use of a regression discontinuity design (RDD), which would have relied on the risk scores to split beneficiary and non-beneficiaries – above and below the threshold of 24 (used by case workers to determine low and high risk).

The evaluation design required a robust profiling of both beneficiaries and vulnerable non-beneficiaries. In this case, there have been several challenges – there has been no standard baseline survey and the risk forms as well as recall modules have been used to capture experiences of children and families with regards to access to food, services, type of shelter and living conditions, household structures, shocks such as death or illness as well as external shocks such as climatic or other disasters. Second, the group of beneficiaries have been heterogenous in terms of the ages of children – these range from children aged 5 years to those aged 16 years+ in the dataset. Heterogeneity introduces a high variance in the data, which has meant that a larger sample has been necessary to identify impact in a reliable manner.

3. COVID-19 and impact on the sustainability of progress

The COVID-19 pandemic has wreaked havoc around the globe with catastrophic consequences for children. The mitigation measures to contain the spread of the virus have led to long-term disruption of schools, universities and other education facilities. School closures have risked a wide range of adverse impacts on children and young people, including interrupted learning and risk of dropping out but also forgone human interaction, and knock-on effects on early marriage and

employment due to loss of family income.⁴⁰ All of these factors directly affect the sustainability of any results emerging from the CCT. There is a strong likelihood that the COVID-19 pandemic may have reversed some of the progress made in this regard and thus, may have consequences for the sustainability of the programme's potential impacts.

Unfortunately, many of the risk drivers of COVID-19 impact coincide with the characteristics of vulnerability identified for eligibility. Some of these are presented below:

- (i) Children without parental care, abandoned or without having any legal guardian – the share of such children is expected to rise among poor and destitute households who do not have the means to socially distance or practice proper hygiene (share water and sanitation facilities, no access to soap etc.),
- (ii) Street child without shelter:⁴¹ many children are at risk of coming to the streets as COVID-19 death tolls rise and as livelihoods are lost. Furthermore, closure of schools and residential services has forced even more children to the street – at greater risk of harm. The risk of abandonment and destitution rises dramatically during crises such as these, as the vulnerabilities are further exacerbated by social stigma that leave young children without access to food, water or shelter.
- (iii) Children engaged in hazardous work, including begging: the COVID-19 pandemic has placed many families at risk of destitution and lowered incomes for many more. During these times, the use of child labour for financial sustainability or even survival is likely to intensify. Global partners working to prevent child labour agree that the pandemic poses real risks of backtracking - “positive trends may falter, and child labour may worsen, especially in places where it has remained resistant to change.”⁴²
- (iv) Children living in a child or woman-headed household in slums: “people living in slums and slum-like settings in developing countries, where population density is high, are those most at-risk and least prepared for the COVID-19 pandemic.”⁴³ Without the ability to comply with distancing and stay-at-home guidance, these households are at greatest risk and the number of such households may increase dramatically due to the health, economic and social shocks including loss of lives, loss of livelihoods, rising incidence of domestic violence and abuse.

3.5 Ethical considerations

The Economic Policy Research Institute (EPRI) understands that appropriate oversight of human subjects' research is a legal as well as an ethical imperative. Equity-based frameworks pre-requisite ethical reflection and conduct in evidence generation processes. A focus on vulnerable population groups necessitates measures to ensure that participants treated with respect and dignity and protected throughout the process. Further, to mitigating against risks to participants, these processes intend to secure all those involved in the project including the staff and commissioning and implementing organisations.

⁴⁰ (UN SDG, 2020)

⁴¹ (Street Children, n.d.)

⁴² (International Labour Organization and United Nations Children's Fund, 2020)

⁴³ (UN Women, 2020)

EPRI's work has been guided by professional standards and ethical and moral principles in line with the UNICEF-Adapted Standards for UN Evaluation, developed by the UNEG and the GEROS standards, as well as UNICEF's Guidance on Ethical Research Involving Children.

The team have ensured that:

1. They are impartial and have produced a comprehensive report on the economic case, limitations of the evidence, strength and weaknesses of the interventions and financing mechanisms and taken due account of the view of stakeholders based on unbiased findings;
2. Illustrated evidence on verified findings and lessons learned;
3. Exercised honesty, integrity and respect for dignity and diversity;
4. Produced the assignment reports based on fair representation of knowledge, vulnerable groups, gender and ethnic groups.

Institutional Review Board (IRB) approval was received from the Institute of Health Economics, University of Dhaka board in Bangladesh. Annex 8 provides a detailed overview of the ethical principles, which are adhered to by all EPRI-associated personnel in all stages of their work. The annex also includes the IRB approval form, which details the programme's methodologies, risks, risk mitigation plan, ethical considerations from a methodological, data collection, analysis and management point as well as the measures taken to address these risks. IRB approval was received satisfying the IRB's standards for ethical research.

4. Main Evaluation Findings

The section is structured along with the evaluation's questions of the four dimensions as detailed in the evaluation matrix. The detailed findings are based on data collected in the research phase of this evaluation through household surveys, key informant interviews at the national and subnational level, focus group discussions with the beneficiary and non-beneficiary respondents, and case studies through interviews with cases of interest.

4.1 Relevance and appropriateness

#	Evaluation question	Overall conclusion
R1	To what extent was the choice to use conditional cash transfer rather than unconditional justified with regards to the needs among vulnerable households, availability and quality of services, capacity of local government and service providers?	<p>The study finds that the choice to use conditional transfers rather than unconditional transfers was justified to some extent.</p> <p>There is no conclusive evidence to show that the conditional mechanism has anything to do with the positive effects of CCTs or that conditions have a larger impact on these outcomes than unconditional cash transfers. In the given context of the limited capacity of the implementing actors to monitor conditions, the use of conditions appears unnecessary, taking away from resources that could be allocated to better social messaging and behaviour change.</p>
R2	To what extent did the selection of vulnerable children complement the targeting of other social projects to reach to the worst-off and most vulnerable? Were there any gaps in relation to targeting and coverage?	<p>The risk assessment increased the visibility of potentially the most vulnerable children to a great extent and was successful in the identification of vulnerable children to complement the targeting of other social protection projects, especially for children with disabilities and for children's access to education overall.</p> <p>However, there were gaps in coverage as not all vulnerable children that were identified through risk assessment received the CCT.</p>

		The programme excluded children in institutional care who could benefit from parental or community-based care.
R3	Were the programme's targeting and selection criteria designed in a way to minimize exclusion and inclusion errors?	The targeting and selection criteria were designed to minimise errors to the extent possible, given the financial and human resources available. The programme's targeting approach was designed to include as many children as possible that may be considered at risk. Yet, whenever an arbitrary line - such as a PMT score for poverty targeting or a risk score, in this case, is used, targeting errors will exist. Children who score just below 24 are marginally different from those that score just above that threshold. Furthermore, financial availability limited the provision of CCT causing social workers to bypass the risk assessment alone and incorporate other dimensions such as the confidence that the child will meet conditions to determine who is enrolled.
R4	To what extent was the size and regularity of the cash transfer adequate to meet the needs and challenges of the targeted households?	The cash transfers were, to some extent, adequate for meeting the challenges of the targeted households. Cash transfers were adequate to reduce the risk of beneficiary children in the short run, but by itself, the cash was not adequate for achieving the long-term programme objectives.
R5	Were the needs of girls and boys considered and addressed separately?	The programme design did not address the needs of girls and boys separately. There was no specific guidance or guidelines on specific risks to look out for in boys or girls, and the assessment forms did not adopt any gender-specific risk questions. The risk to boys and girls is assumed equally in design, but social workers demonstrate awareness of differences that should be accounted for. Nonetheless, these differences

		sometimes also led to social norms and practice-driven decisions that were gender negative (e.g. girls being dropped from the programme for child labour compared to boys; domestic chores not counting towards work, etc.). Finally, the same set of interventions were offered for all children in the programme.
R6	Is the TOC being followed in terms of programme implementation and are the assumed pathways of outcome and impact occurring in reality? Does it include all the factors necessary for the TOC to be relevant? When operational, were there adjustments needed, gaps, or missed assumptions, or adapted for the future?	The TOC is being followed in relation to the non-monetary components of the programme package. The evidence does not corroborate the achievement of the assumed pathways of outcome and impact through the cash transfer, particularly the realisation of increasing household income for 60% of the households.

R1. To what extent was the choice to use conditional cash transfer rather than unconditional justified with regards to the needs among vulnerable households, availability and quality of services, capacity of local government and service providers?

Despite the merits of conditional cash in enforcing positive practices that proponents of conditions claim ultimately aim to promote human rights, there is no conclusive evidence to show that the conditional mechanism has anything to do with the positive effects of CCTs or that conditions have a larger impact on these outcomes than unconditional cash transfers. Furthermore, in the context of this programme's design, the implementation of the condition takes away from resources that could be allocated to better social messaging and behaviour change.

Conditional cash transfers (CCTs) have demonstrated improvements in terms of keeping children in school and preventing child labour to some extent.⁴⁴ Yet, they are known to have higher administration costs and compromise human rights. Consultations with social workers reveal that conditions significantly increased the workload of monitoring for social workers, requiring them to double or triple verify attendance at school. Monitoring of conditions also took away from the time available for case management and communication, which are more beneficial in convincing households to keep children in school. It is important to note that the monitoring activities discussed here are self-reported by social workers in direct interviews, and there is no accessible data that can validate the extent of monitoring activities carried out.⁴⁵

⁴⁴ (Save the Children Fund, 2012)

⁴⁵ Further discussed under Efficiency Ef4

As gathered through the data collection activities, the CSSP CCT programme is essentially a cash-plus programme combining a conditional transfer with child protection and case management activities and other services for vulnerable children, including counselling, disability support and others. The use of conditions under these circumstances is counterintuitive, as they incentive compliance of conditions for receiving the cash instead of bringing change in parents' knowledge, attitudes, and practices. With the investments made into case management and social workforce strengthening, non-fulfilment of conditions could trigger a positive feedback loop signalling to the authorities that perhaps the delivery of essential education services is lacking, awareness and knowledge among parents on the perils of child marriage or labour are lacking, or that there is a need for other services such as social and behaviour change communication. Understanding and tackling the root cause of the problem, such as non-punitive or developmental conditions that focus on monitoring and improvement, would be far better positioned to deliver progressively improved solutions. Such design mechanisms still reinforce the messages that CCTs best enable, and instead of compromising human rights, might strengthen the bargaining power of some household members, thereby facilitating the fulfilment of their rights and promoting their status within the household.⁴⁶

The CSSP CCT programme aims to keep children in school, outside child marriage and child labour until age 18, irrespective of the age that the child received the benefits (age 5 years and above). The theory of change assumes that the provision of cash will enable households to invest in income-generating activities alongside keeping children in school, thereby increasing their income beyond the period covered by the cash transfer. Global evidence suggests that "cash transfers that promote children's education can increase their economic activities to pay the additional costs of schooling. However, the efficacy of cash transfers may also be reduced if the transfers enable investment in productive assets that boost the returns to child labour."⁴⁷ Evidence also suggests⁴⁸ that punitive conditions are exclusionary for the most vulnerable, who may be unable to comply with conditions despite the monetary incentive – and get penalised for their vulnerability in return.

That said, in this case, the conditional cash was not considered the main intervention. DSS affirm that in the holistic policy context, cash is not considered the main tool for helping children, and the priority is providing linkages and service-based support to the children. While cash is not regarded as the 'solace of all problems', the overarching goal of such programmes needs to focus on long-term transitions and changes. Another DSS official validated the idea of the insufficiency of cash transfer and emphasised the role of awareness building in communities and motivating and empowering children to make the right choices regarding their future.

The consultations with social workers and CBCPC members also highlighted that the CCT was a small component of support and only provided to a small share of children who were vulnerable. In this context, they noted that changes in behaviour were equally driven by engagement with and through guidance for parents and other communication and monitoring activities. Globally,

⁴⁶ (Orton, 2014)

⁴⁷ (Furio, 2022)

⁴⁸ There is some – limited - evidence available on unintended consequences of conditionality on exacerbating social exclusion and worsening of outcomes for the most vulnerable. The area is not adequately researched but current evidence suggests further marginalisation of the most vulnerable. (UNICEF, 2016)

practitioners confirm that social and behaviour change communication (SBCC) plays a vital role in raising awareness and inspiring action at all levels of society about the dangers of socially constructed harmful practices such as child marriage and child labour. Over twenty years of evidence in programming against child marriage and child labour confirm that enabling social change requires comprehensive, integrated and larger-scale intervention at the individual, family, community and national levels. Investments in changing family, community and societal behaviours and attitudes and creating an enabling policy and legal framework are essential for eradicating such practices.

From a programming perspective, cash transfers generate impact through two key pathways – (i) income effects wherein the cash eases the financial barriers, which prevent households from undertaking investments, including investments in children's education and (ii) substitution effects, which reflect the increased opportunity cost of not investing in education. In order for the substitution effect to contribute to the outcome, conditions are insufficient. It requires a better understanding and awareness of the opportunity cost of child labour and child marriage to encourage families and communities to keep children in school and out of marriage and labour until the age of eighteen.

Feedback from programme stakeholders and global evidence both confirm that the role of SBCC far exceeds the role of cash in the CBSP CCT programme. The role of conditions in enabling better outcomes than unconditional transfers remain unclear due to inconclusive evidence. Yet, there exists a broad consensus on the ways in which conditions can further marginalise vulnerable groups, increase programme costs and take away from the social workers' ability to invest in necessary SBCC activities, which ultimately deliver social change.

R2. To what extent did the selection of vulnerable children complement the targeting of other social projects to reach to the worst-off and most vulnerable? Were there any gaps in relation to targeting and coverage?

Evidence from CCT: Vulnerable children identified for much-needed support

Syed* is one of 5 siblings who live with his parents in Sunamganj. Syed's mother was chronically ill for many years and was not able to receive a diagnosis of her illness from the local doctor. Through help from community members, Syed's mother was able to get admitted to a private clinic, where she was able to receive the necessary surgery to treat her condition.

As his family did not have any financial resources and owing to the high expenses incurred to treat their mother's illness, Syed and his siblings had to discontinue their education. Instead, he and his siblings spent their time doing housework. This was a difficult phase, and the family faced a lot of trouble in accessing basic needs such as food and clothing. Syed and his siblings spent several days in desperation and tears.

Syed and his family's situation were alerted to the social service office, which sent an officer to assess the situation and enable the family to access the CCT. Upon receiving the first two instalments of the CCT, Syed's family was able to purchase some paddy and a cow, which were later sold to make money. All his siblings were also able to go to school. Currently, Syed, who is in ninth grade, says that his elder siblings will be taking their HSC and SSC exams while his younger siblings are in the sixth and seventh grades. Syed hopes to pursue his master's degree. While Syed's mother is not

entirely sure whether they will be able to support his ambition of studying further, she hopes to fulfil his wish.

Syed's mother is doing much better after the surgery. She is grateful that despite their extremely difficult circumstances, using the financial support received from the CCT, she is able to send all her children to school and care for them as she wanted to. She is relieved because if she didn't get CCT, "she wouldn't get back her beautiful family today."

**The names do not reflect the actual names of individuals interviewed*

Risk assessment has increased the visibility of vulnerable children

In the CCT programme, UNICEF invested heavily in the risk assessment forms, training and placing the social workers for identification of risks and case management. Children with various types of risks were identified and brought under the social service system and were provided support by the social workers. By virtue of identifying children who may be at risk and then assessing their dimensions of risk through the risk form automatically got children who were vulnerable into the system. These children who were otherwise not identified or targeted for any interventions were linked to institutional and other channels of social protection through which they could receive support.

"This is because this risk assessment form is prepared by meeting many times at the national level. And with this form, it is possible to verify the risk of all types of children." – Social worker, Shibganj

i. Vulnerable children in the community

The process of identification through the risk assessment scoring system was helpful in identifying children at risk of dropping out of school, child marriage, or child labour and recommending them for the cash transfer. Apart from the three CCT targeted risks, the social workers also targeted 'disadvantaged' children in the communities, which were identified using the risk assessment forms. Initial identification for vulnerability included the assessment of nutritional indicators and the situation of the family of the child. Hence, children who had a difficult situation at home, such as having no or one living parent, pressure from relatives or children suffering from malnutrition, and lack of proper diet, were brought in for risk assessment and subsequent case management.

"...16 types of disadvantaged children that are defined in the Children law...Here we bring the helpless miserable children who have lost their fathers or mothers, we bring them under case management"

"...children in your area who are fatherless, motherless, whose father is dead, and whose mother is dead. Or maybe the father divorced his mother, he lives with his mother. Or both parents are married to someone else, and the child is with grandparents."

--Social worker, Shibganj

It was also reported that the programme was able to include children with other particular vulnerabilities, such as children with HIV/AIDs, who were also identified through this process.

Other vulnerable groups for risk assessment include street children, homeless children, and children without parents, where social workers work towards family reunification. After reuniting with a family member, the child is then eligible for the CCT, which is recommended by the social

workers to provide support in the household for childcare and an incentive for the family to keep the child.

If that is not feasible, children are referred to institutions like Sheikh Russell Child Rehabilitation Centre and Government Shishu Paribar as a last resort. Institutional care is not considered ideal as the children do not always wish to stay in such places and try to run away. However, as reported by the social workers, for children with living parents/relatives who are in a financial or family crisis, institutions are helpful in providing care for children in the short run while the family seeks to recover enough to take care of the child again.

By virtue of the process of identification of vulnerable children and the risk assessment scoring, children, who might not be otherwise supported, were brought under the social system and were provided support through either the CCT or through linkages to a spectrum of services. The social workers went beyond the CCT to ensure support and guidance for all children under their case management.

ii. Children with disabilities

The creation and adoption of the risk management process increased the visibility of children with

"When a disabled child scores 24 and the family of this child is really poor, we arrange this child an allowance. It is seen that after receiving the allowance families like this become financially stable."—Social Worker, Sylhet

"It is now clear that children with disabilities do not need just one service...The child who can't walk, lies down like this, it is seen that he can't get up, can't sit, and can't stand. So I made him apply for a wheelchair on a date, then I informed the social service officer on a date, then the distribution of wheelchairs on a date, then who will distribute it, it is also given a possible date."—Social worker, Shibganj

"We contacted the union council in different ways such as if the child does not have the required registration then we register his or her birth at first, confirm the identity, then connect to different social services. ...Then we say that there is a disabled child in our list who can continue his education if he gets the allowance"—Social worker, Gaibanda

"If his medical services need, we take him to the medical centre of Sher-e-Bangla Medical Center. We take the disabled children to the Disability Services and Help Center of the Department of Social Services. If they need financial help, various organisations and NGOs take them there."— Social worker Barishal

disabilities who were previously unidentified. The risk assessment process was especially able to identify the children with disabilities who were prioritised for CCT and case management.

The linkages provided to children with disabilities supplemented the targeting of the Disability Allowance. Children with disabilities identified through the risk assessment process were enrolled in the disability allowance programme. Through the case management process, the process of enrolment and in-take, such as birth registration if missing, document referral and approval of the allowance, was handled for the child by the social workers. The children were directly provided with the disability card through this support without undergoing the tedious enrolment process individually and were able to receive the allowance.

In addition to the disability allowance, children with disabilities brought under case management were also provided additional support for assistive devices such as wheelchairs, either through the government sources or by linking them to NGOs working in the field who can provide the necessary resources.

iii. Children in conflict and contact with the law

Children who would have been in contact and conflict with the law were actively identified by the social workers and supported through case management. Since the social workers were now accessible to them, it enabled the children to be seen and heard, which would not have happened in the absence of support. Just through a minor intervention of the social workers, the children were protected from unnecessary contact with the law and had a better chance to deal with the situation.

"Three children were rescued and given to family even though the police could not find them"

"After that, we take them under the case management. We talk to the doctor or teacher, or police officer...And as we work together to develop the situation, it is ensured that the child will not commit any crime next." – Social worker Barishal

"...we go to the police station and tell the officer, Sir please give him to us, we will look after him, he should be sent to Sheikh Russel child rehabilitation centre for now and do not give it to the court. You can give him to the court later if you feel the need, but please do not give him to the court in the first place please. It so happened that he was just coming in contact with the line??? but had not yet entered the police station, in that situation we rushed there and sent him to the Sheikh Russell Child Rehabilitation Center. We do it so that his career is not harmed, and he does not have to go to court." - Social worker Shibganjl

The specialised support provided by social workers included talking to the police on behalf of the child, family reunification, the providing guidance to the caregivers, referring them to the Child Development Centre and other institutional facilities such as rehabilitation centres, and following up on children released on bail and working as the Probation Office. As reported, in several cases, DSS seeks to take over some cases instead of handing the child over to the police.

Additionally, under case management, such children were able to receive services and support that dealt with the root cause of their vulnerability, such as poverty, lack of support from parents, financial and social conflict etc., instead of directly prosecuting them for their actions to deal with the risks. Hence, using case management, social workers were able to provide these children with a better chance at a normal childhood.

Social workers providing support to children in conflict with the law

A social worker in Shibganj recounted the case of a child who came in contact with the law. A child enrolled in school was accused of stealing mobile phones. The reason was stealing was described by the social worker, "...he stole mobile because he would eat biscuits or drink tea or paying for education...". Hence, the root cause of the crime can be identified in the case, i.e., lack of financial stability. The child was brought under case management and provided the CCT with the goal of addressing the key underlying risk. Support is provided with the following aim, "...if they are given financial help, they will be able to study properly."

The social workers do "*inquiry about those who have been released on bail from the Child Development Centre so that they do not re-engage in crime*". Such support is able to prevent the child from facing more conflict with the law in the future. Case management provides the opportunity for such children to be given attention and heard by the social workers who can understand their situation better. They hold the understanding that "just as we adults can make many mistakes, a child can make many mistakes too" and can listen to the accounts of the children who do not need to be prosecuted to a life of crime due to basic circumstances such as described "...most of the children

there were involved in theft or drug cases, maybe some of their friends gave them these drugs, and they ate them out of curiosity, and in that case, he was framed with a drug case."

Social workers providing support to children in contact with the law

A case of a young child from Barishal demonstrated how children who come in contact with the law are identified and supported by the social workers. The child studied at a madrasa where she was "tortured" by another student. The parents of the child pursued legal action against the perpetrator, and the child was thus involved in the long procedure of dealing with the court and magistrate. The social worker recognised that "*the child who was in contact with the law is emotionally broken*" and has to deal with the social stigma "people in society look down on them". Hence, the social worker sought to provide counselling and guidance to deal with the situation. The child was brought to the social service officer and was given counselling. To make the child comfortable, they asked her, "*What will make you happy now? Do you want any doll?*" and upon hearing her response, she was given a new doll. The parents of the child were also provided further guidance, "*We have told her parents to change her institution*" and sought to observe the child "...*to avoid facing any trouble next*". The social workers then followed up with the child as part of case management.

Risk assessment process was successful in the identification of vulnerable children to complement the targeting of other social protection projects

While the case management system was developed for targeting of the CCT, it was not the only service that it enabled. Apart from the CCT, the social workers could recommend a whole range of services and linkages to the children under case management. Such a system automatically increased the uptake of other social services such as the disability allowance and birth registration.

While the primary goal of the programme was to provide CCT to the children at risk, it was not feasible to provide the transfer to all eligible children under case management, such as in case the child scored below 24 but still was considered to be at risk due to other factors as judged by the social worker, or if there were no available spots on the limited provision of the CCT. However, even if the child did not receive the CCT, the social worker continued to support the child by

"...when I see that the child is with her grandmother, but she does not have old age allowance card or widow allowance card, I try to give his grandmother an old age allowance card"

"...a few days ago I was calling everyone on the list to ask if you had received a widow allowance card. If you haven't already, register online and you will get it soon. Then many say they have not received the card and are interested in registering online." - Social worker, Shibganj

"If someone doesn't have birth certificate, we contact to Union Council and help him or her to get the birth certificate. When we see someone suffering from physical illness, we take direct actions or show his or her family the path to recovery. Again, when someone is scoring 24 or more than 24 in the risk evaluation form, then we take actions according to the stage of the risk, we also introduce him or her to the available government facilities that might help the condition." —Social worker, Sylhet

providing linkages to a whole spectrum of services, such as interventions from other government departments, from an NGO, or even from private influential individuals in the community. By bringing the children under case management through risk assessment, they were on the social workers' radar, and the child was actively linked to the required institutional support.

Additionally, case management has also reportedly been successful in strengthening linkages for children and families with social protection services. Hence, the uptake of services other than child-targeted programmes was increased due to the programme.

While the risk assessment system was able to identify vulnerable children, it is questionable whether it reached the most vulnerable cases in the community. The risk assessment was found to have suffered from targeting errors which modulated the relevance of the programme overall. The targeting errors are found as a result of the use of a single threshold underscoring risks, funding constraints that by intentional design excluded vulnerable children, and subjectivity in the targeting approach, which leaves room for exploitation through power dynamics. These challenges are discussed in detail in the following section.

The programme suffered from both intended and unintended coverage gaps. Due to the geographical limitations, the programme did not include vulnerable children in other locations in Bangladesh that may have more vulnerable children. The programme also excluded children in institutional care who could be brought into family-based care with financial and case management support. Most children receiving benefits were single orphans, but the inclusion of double orphans living with extended families or on the street may have been limited. The programme was not conducive to the inclusion of street kids, who may be prone to movement across areas and thus, prevented their access to the CCT that was originally intended for such children.

R3. Were the programme's targeting and selection criteria designed in a way to minimize exclusion and inclusion errors?

Targeting errors at the risk assessment forms stage

i. Risk assessment through scoring led to targeting errors.

While the risk assessment process was successful in bringing vulnerable children into the system by giving them visibility, the scoring method adopted demonstrates significant gaps in coverage, high errors of exclusion and substantial room for improvement. Whenever a proxy measure is used to set a threshold for eligibility, errors of targeting will exist. There is substantial evidence of such exclusions in poverty-targeted transfers around the world.

The use of scoring using a single threshold established a numerical threshold at the score of 24 and excluded the children whose condition was only marginally better. While the approach of using a means test is beneficial in selecting beneficiaries above a defined risk threshold in a context of high vulnerability with financial constraints of limited availability for CCT benefit per district, it resulted in the exclusion of vulnerable children from receiving the cash transfer. There is strong evidence, as reported by all levels of programme stakeholders that there was little difference between a child with a score of 23 and with a score of 24 – which could be an outcome of an improperly designed tool for risk assessment or a consequence of measuring vulnerability in a context where both the breadth and depth of vulnerability are high. A common example given by respondents can be used to illustrate the point: if a child gets an overall score of 23 or 22, but they scored a 5 on the question of child labour, meaning the child has a risk of falling into child labour, then this child is also considered very vulnerable. However, since the child did not get a score of 24 on the risk assessment, they are not recommended for the CCT. The exclusion of such cases

leads to the conclusion supported by several respondents in the study that the risk assessment system needs to be reformed in future programming.

The scoring method uses a means-test of the social risk, which is qualitative and exists on a spectrum. It is extremely difficult to quantify these risks, and by adopting this scoring method for targeting of the CCT, children who could have needed relevant support were forced to be excluded from the programme even though their risk was only marginally better than the receiving children. Quantitative scoring of risk is very likely to result in exclusion errors.

The decision-making for targeting of the CCT should be based on human intelligence and not the scoring. The risk form was a great tool for identifying vulnerable children, but the way it was used for targeting children for interventions resulted in exclusion errors.

"Now if we see that the child is disabled but he did not score 24 but he got star mark 5, in any one of the twelve steps. As there is victim of malnutrition here, if she gets five here, even if her score is not 24 but as a social worker, I think the details of that child should be written, the condition is that the minimum score should be 5, but if any child gets below 24 But in any one of the steps the risk level gets 5, in that case his Details Assessment Form can be filled. "- Social worker, Shibganj

"Most of the time the difference (between a score of 23 and 24) is not very noticeable. Suppose one of the two children has no birth registration and both suffer from malnutrition. But one goes to school, the other helps Dad at home. Mark's difference here is number 1. But both children are at risk."—Social worker, Gaibanda

ii. Targeting for interventions was conducted based on a case-based approach

Recognising these limitations, the saving grace of the targeting was the case management training provided to the social workers. Social workers took on their role as the custodians of child rights and understood their role in ensuring the children under their purview received the necessary support.

While the operational plan for the risk assessment required the social workers to not provide the CCT to those who scored below the threshold and only monitor them, we saw some good case practices where social workers recommending the child for the CCT and for interventions other than the CCT to those who scored below 24. An example of such practice is social workers including children below the score of 24 for case management and even recommending the CCT if the child scored a 5 (high risk) on one of the dimensions in the risk form. They deviated from the technical targeting guidelines and applied their skills and intelligence to the eligibility threshold. Hence, the programme did help social workers to go beyond the responsibility regarding the CCT and the risk assessment guideline and provide other types of assistants to these households wherever they needed.

The deviation from the programme management guidelines leaves room for power dynamics depending on the implementation. Based on the accounts from the social workers interviewed for the study, we can establish that the social workers acted in the interests of the child, which can be considered a victory of the capacity-building support provided to them by UNICEF. However, this highlights the risks related to how power dynamics could have affected the selection of the children and risk assessment, leaving room for corruption and leakages. With no reference to spot checks and oversight of social workers, the social workers' ability to select or disqualify children for intervention using factors other than the scoring can pose a risk to the programme.

While such misuse of overriding quantification of the targeting is not seen in the case of the social workers, higher-level officials involved in the programme are reported to misuse the CCT targeting and delivery of the transfer for political gains. Such examples raise questions about the community-level power dynamics for the programme targeting and the lack of transparency and accountability.

Targeting errors at the CCT recommendation and selection stage

iii. Factors other than scoring influence the recommendation of the child for the CCT.

Beyond the exclusion that takes place during the risk assessment stage, financial constraints for the CCT further excluded children from receiving the CCT. After a child receives a risk score, and if they are above the 24-score threshold, the child is recommended for the CCT by the social worker. The list of children recommended for the CCT is higher than the limited spaces allocated for the district due to the financial restraints of the programme compared to the vulnerability of the target population. The list is presented in front of the Child Welfare Board and the Department of Social Services for approval or rejection of the CCT. At this stage, the decision to provide the CCT is highly influenced by the limited availability of CCT provision in the district for the CCT. Since each district was assigned only a limited number of CCT provisions, the CCT was not sufficient to cover all children targeted through risk assessment. Hence, even with a score of 24, the child was not guaranteed to receive the CCT since it was heavily constrained by insufficient funds. Further selection criteria were added to create a somewhat second means test.

As reported by social workers, very few of the children recommended for the CCT are able to receive it. The CCT suffers from exclusion errors due to a lack of funding to provide transfers to all eligible children meeting the threshold score. After undergoing risk assessment, children are recommended for the CCT, but due to lack of budget and limited availability of CCT provision, not all children can receive the CCT. This is in part a necessity due to lack of budget, but also due to design as social workers are reportedly instructed to limit the number of children being referred for the CCT. Hence, children with a higher score closer to 60, which is much above the 24-score threshold, are more likely to receive the CCT. The children who do not receive the CCT are put on a waiting list, and if a child drops from the CCT due to a violation of conditions, then these children were able to receive the CCT.

"Our rule was that one third of children get CCT benefits. This means that if 300 children are brought under case management, then not everyone is at risk and someone's risk level is relatively low."—Social worker Shibganji

"As many as 300 applications have been submitted, but CCT has been allocated for 30 to 32 people only"—Social worker Dacop

"Because I have to consider the scarcity of funding. Our Department has guidelines that you can bring only 50 children under CCT. But as I have a list of 100 people, I have to see who have the higher score. Then we list the children who need emergency treatment by listing the ones whose mark has risen the most"—Social worker Barishal

The other factors which determined the cut-off for the CCT were case-based and described as relative to the risks of the children on the waiting list for the transfer. Cases with a score closer to the maximum, i.e., 60, were more likely to receive the transfer. It was also reported in consultations with UNICEF field officers that the social workers assessed whether the child was in a situation to benefit from the transfer and could meet the conditions of the programme, such as family

dynamics where the money would be used for the child, whether the child was motivated to pursue studies displayed as good grades and regular attendance, and whether there was supporting infrastructure for the money to be productively used. Additionally, if a child was removed from the CCT due to breaking conditions, then another child who was on the waiting list could receive the transfer. Such subjective targeting based on environmental factors resulted in high levels of exclusion of the most vulnerable children, who were not able to avail the needed support and were excluded due to the limitations of the programme.

Exclusion errors reduce the targeting efficiency, which reduces programme efficiency. As a result of high exclusion errors, the non-monetary costs of the programme are very high. The impact of such errors on society is high as children in a very similar situation and levels of risk are not provided equal support. The funding constraints take away a potential opportunity from a child for a better future. Additionally, such an error also hurts the reputation of the agencies involved in the programme, which are the government and UNICEF, reduces the confidence in them among the targeted communities and makes it harder to implement future engagement with the people.

R4. To what extent was the size and regularity of the cash transfer adequate to meet the needs and challenges of the targeted households?

Cash was considered adequate to meet the needs in terms of access to education but inadequate to increase household income in the short term and was insufficient to drive long-term outcomes in terms of reduction in child marriage and child labour.

Poverty is identified as the key driver of risk by all levels of stakeholders and contributes to the risk of child marriage and child labour. In this context, the money provided to the beneficiary children through the programme was highly valued. The size and frequency of the cash transferred were adequate for the households to meet their most essential needs like food and healthcare and send the child to school. As reported by the social workers, the amount of 12,000 takas delivered every six months to the beneficiary households was used to purchase food, schoolbooks, uniform, and other expenses related to the child. This is validated in the survey data, where most of the respondents reported using the money on food, school, and health-related expenses.

The CCT benefit is primarily spent on the beneficiary child in the household, but some respondents in the survey also used the transfer for expenses related to other children in the household, and a small percentage even utilised the amount for other household members. The amount was also reportedly used on household utilities by some respondents.

Considering the above, it is not surprising that social workers reported that through the cash transfer, the importance and treatment of the beneficiary child were increased in the household during the 18-month period, as the household could benefit from the amount which was being received because of the child. However, the impact of the programme on the long-term relationship with the caregivers and the treatment of the child cannot be measured here.

As a result of the cash transfer, the financial constraints of the beneficiary households were met for the 18-month period, and the child's risk for child marriage, child labour, and school dropout greatly reduced in the short run. However, the cash transfer was not adequate for achieving the intended longer-term impact of the programme. This is substantiated by evidence which places strong reservations against the assumption that a three-tranche transfer can enable that with support from social workers and case management approach.

In order to achieve the longer-term impact, the cash should have led to investment in sustainable income generation activities, which would enable the households to meet their financial needs over a longer period of time and support the child until they turn 18. There is limited evidence that the amount received was sufficient for the beneficiary household to invest in sustainable income generation activities, which would be essential to meet the longer intended impact. While the social workers reported some cases of the cash transfer being used to invest in assets such as a shop, a cow and changing professions with more financial stability, these examples are few in number. Moreover, as reported by the survey respondents, a minuscule percentage of them use the CCT money for future assets or savings.

"... his family will definitely give him importance. When you see that this child is paying for his education, can buy his own clothes and can be admitted to the school with his own money, that is, with CCT of 12000 taka, he could easily live for 6 months. In this way it can continue for 18 consecutive months. In this case, his good relations with all the members of the family will increase, prosperity will return and there will be no riot in this family due to return of prosperity." - Social worker Shibganj

The CCT alone is not enough for achieving programme objectives.

The cash transfers were adequate in supporting the short-term goals of the programme, but this was possible only in the presence of other non-monetary interventions. The ultimate objectives of the programme, which is to overcome the social challenges of child marriage, child labour and school dropouts, cannot be met through the cash transfer, which alone is not an adequate tool of intervention. The case management approach, the social workers, the risk assessment, monitoring, and the follow-up process are far more likely to drive the intended impacts.

Child marriage and child labour are complex risks which require support beyond cash, with interventions that reach all levels of factors that influence child development in the given context. The ecological model has long established that the interactions within and between the various spheres of influence at the *individual, household, community and national level*, collectively shape outcomes, as human beings do not live in isolation. Hence, there is a need to recognize that for interventions to promote positive outcomes (such as the prevention of child marriage), interventions must aim not only to educate and empower girls but also to create an enabling family, community, and environment that is protective and supportive of their rights.⁴⁹

This is recognised by the social workers as well as high level stakeholders who emphasise the role of case management, counselling, and linkages for providing support to children and not using cash as the sole intervention.

⁴⁹ (Freccero & Whiting, 2018)

"Child protection cannot be achieved solely through CCT- money, schooling, or conditions. Holistic approach is needed- services, schooling, education, vocational training, food, clothing, recreation, and so on." –DSS Official

"Besides CCT, we provide all kinds of services like health care, visiting services, protection. By working and moving from one place to another we have pioneered a child through this and then we cannot return him to his previous place. In that case we have the responsibility to keep him active"—Social worker, Gaibanda

Evidence: CCT being used to support education and investment.

Saeed* lives with his mother and elder brother after his parents got divorced. Due to lack of money, Saeed's elder brother could not go to school after he finished Junior School Certificate (JSC), and witnessing his mother's suffering, he started working in a shop. Saeed was referred to the CCT by his uncle who works as a peon in the social services office.

Saeed received two instalments of the CCT, i.e., 12 thousand taka each with a total of 24 thousand taka, when he was in fourth grade – which was two years ago. Saeed's family has benefited a lot from getting the CCT money. His mother bought a piece of land by combining the money from the CCT and some savings from her eldest son's earnings. With some financial stability, the family was able to arrange a place of their own and subsequently, Saeed was able to attend school regularly.

When the CCT programme ended in March 2020, Saeed's family was not able to receive the final instalment of the CCT. Although Saeed's family have bought land, they have not been able to build a house yet due to lack of money and had planned to build their home by combining the final instalment of CCT and with additional savings. At present they have a loan of 50 thousand taka, which was taken to buy the land. Since they need to pay the loan instalments monthly, along with their current financial instability, they are in a difficult situation.

During Covid lockdown, when the schools were closed, Saeed was sent to work in a packet making factory to earn extra money. But now that the schools are open, Saeed is back in school. Since Saeed's elder brother could not continue with his studies, Saeed's education is prioritised by the family. Saeed's mother wants him to have a good education and stay away from "bad deeds" that she sees in society like addiction.

*The names do not reflect the actual names of individuals interviewed.

R5. Were the needs of girls and boys considered and addressed separately?

The programme did not separately address the needs of girls and boys

The programme design did not consider the specific needs of boys and girls and had a gender-neutral approach with the same support and intervention offered for all children in the programme. This is seen in the programme design and is validated in the data where social workers do not report any gender related guidelines and were asked to treat children of all genders equally.

Despite this, field level stakeholders display gender specific attitudes and behaviour due to their own understanding and opinions which can impact the implementation of the risk assessment and intervention delivery. Based on interviews conducted with the stakeholders at the field level, it is recognised that they often lack understanding and knowledge on gender sensitivity in programming. This can jeopardise the implementation of the programme at different level through the stakeholders and their roles. At the CBCPC level, the committee members influence the targeting of the programme as they serve as channels of alerts and referrals to the social workers for vulnerable children in their communities. They also support the monitoring of the children and in cases conduct follow ups with the children and report to the social workers. Hence, the CBCPC members' level of gender sensitive attitudes and knowledge can impact the targeting as well as the monitoring of the programme. From the social workers' side, the type of intervention they offer the child and guidance provided to the child and caregivers can be heavily influenced by their understanding of gender specific needs and attitudes.

As reported in qualitative data, some field level stakeholders had negative attitudes such as increased importance of boys over girls for interventions, and the negative attitudes about re-enrolment of girls in schools after child marriage. Such attitudes are recognised to have a very harmful impact on the children involved with those stakeholders and gives the whole programme a gender insensitive outlook. Moreover, such limitations in the programme display the lack of training and sensitisation of the programme stakeholders.

Due to the lack of gender sensitivity in the programming, the CCT failed to contribute towards the SDG 5 (Gender Equality).

R6. Is the TOC being followed in terms of programme implementation and are the assumed pathways of outcome and impact occurring in reality? Does it include all the factors necessary for the TOC to be relevant? When operational, were there adjustments needed, gaps, or missed assumptions, or adapted for the future?

The CSSP project had three key components – cash support (CCT), development of case management tools and strengthening social worker capacity for identifying at-risk and vulnerable children. Through a combination of these interventions, the project aimed to ensure early identification of children at risk, ensure their access to a wide spectrum of cash and non-cash support and access to child protection services through institutions such as social workforce and community-based child protection committees. In the immediate term, the project expected that household income would increase at the end of the CCT for at least 60% of beneficiary households and that children would have access to better services. **Such an increase in the household income after 18 months of intervention with 3 tranches of cash transfer is indicative of how the programme over relies on the cash intervention.**

Evidence from the field confirm that the case management activities and social worker engagement were instrumental in realising the expected education uptake, improved awareness and change attitudes on child marriage and child labour. The theory of change also highlights the vital role of the cash management activities in the uptake of education and reduction of child marriage and

"And girls are introverts. Introverts mean they try to be housewives." - Social worker Kurigram

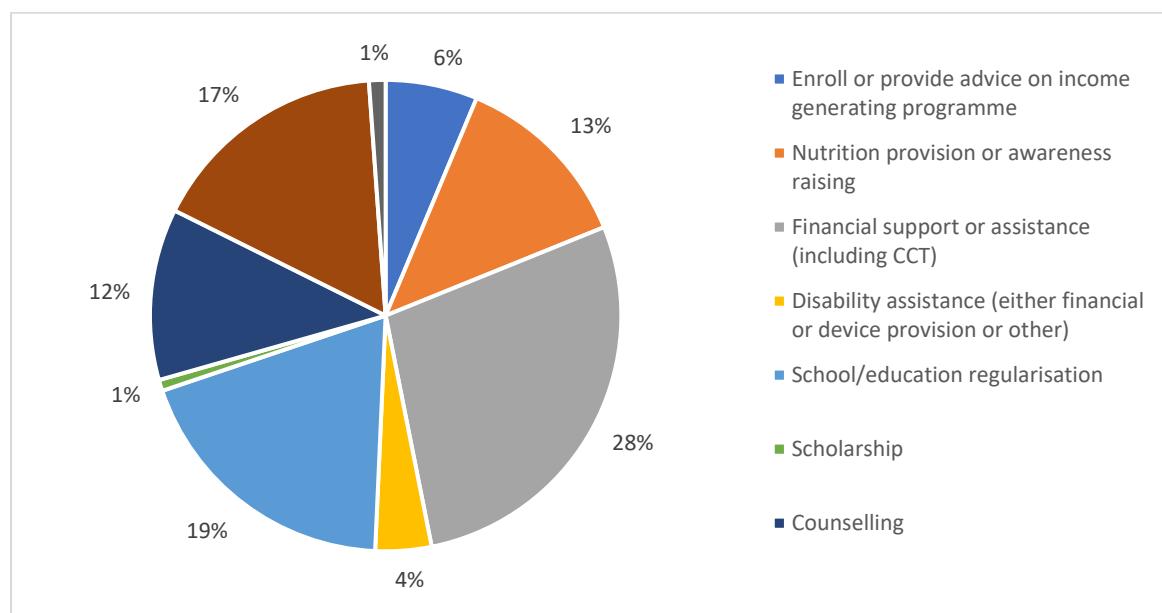
"The responsibility of girls is a little more, but the boys are little less." - CBCPC member Mirpur

labour. Yet, the focus of the evaluation is and programmatically, much greater emphasis is placed on the conditional cash transfer to realise these intended outcomes. In that sense, **the theory of change undermines the role of child protection tools in enabling the intended outcomes.**

The CCT is a component of the larger system enabled by the CSSP project. The case management system enabled invisible children to be included in the social and child protection system, receive support from social workers who act in their interest and towards their preservation. As one of the mechanisms/tools to protect children, a conditional cash was provided as an “additional incentive”. **The programme theory of change does significantly undervalue the role of the non-cash components and heavily overvalues the ability of a small amount of cash (in comparison to the cost of purchasing or setting up productive assets) in enabling the intended outcomes.**

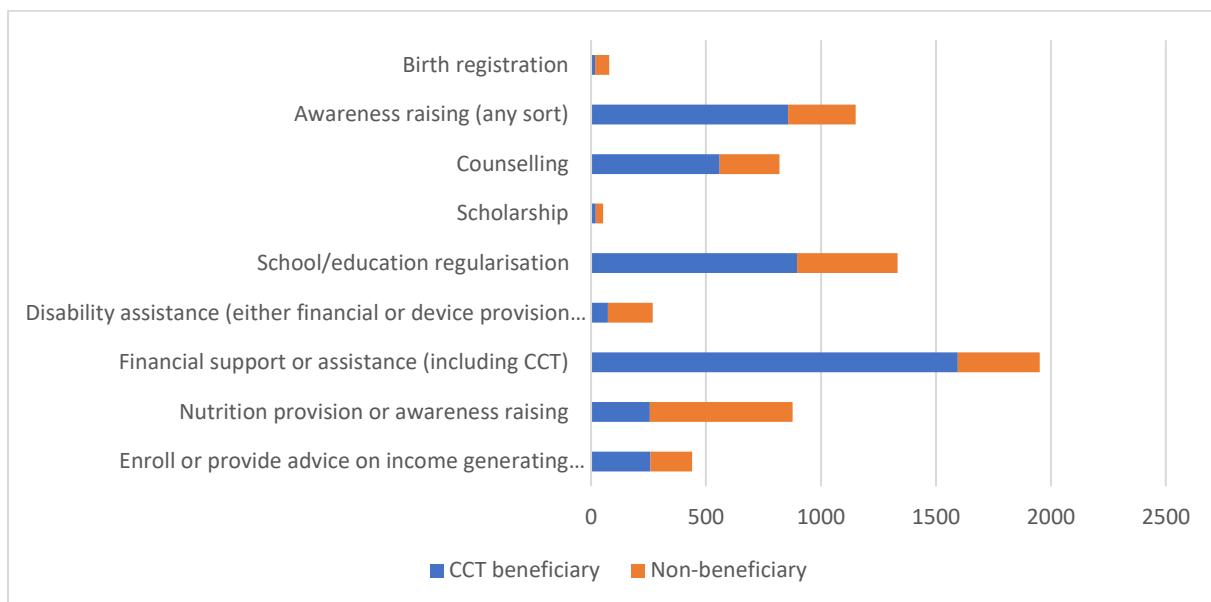
An analysis of the risk forms received by the evaluation team shows that social workers provided a total of 6,971 interventions to children who scored above 24 in the risk assessments. Of these, 4,532 interventions were recommended for beneficiaries of the CCT and 2,439 were for non-beneficiaries of the CCT. Of all the interventions recommended by social workers, financial assistance (including the CCT) was 28% of all recommended interventions followed by 19% related to education regularisation through case management (see Figure 4). Awareness raising comprised 17% of the interventions, and nutrition provision (13%) was followed by counselling (12%) as the next most recommended services.

Figure 1: Composition of the recommended services and support through the risk assessment



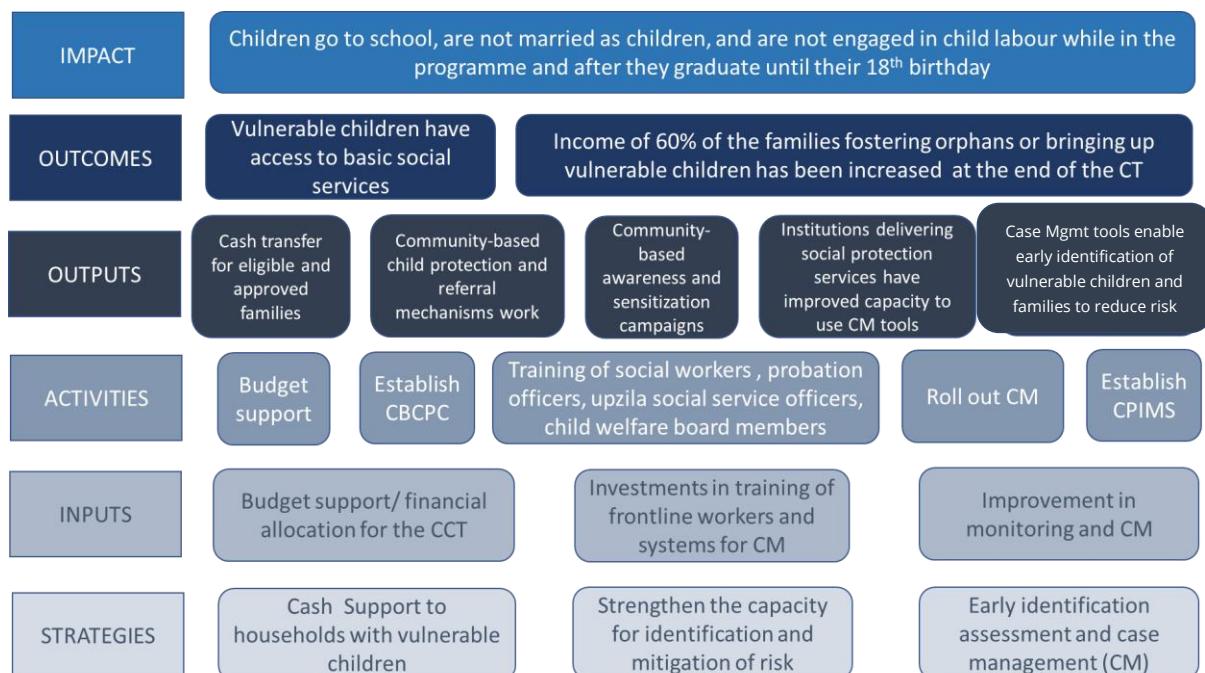
Similarly, Figure 5 below shows the distribution of the recommended services between CCT beneficiaries and non-beneficiaries.

Figure 2: Distribution of recommended services between CCT beneficiaries and non-beneficiaries



About 82% of the financial support was provided through the CCT and majority of the CCT beneficiaries were also the ones receiving awareness raising (74%), and education regularisation support (67%). The share of non-beneficiaries was higher for nutritional provision, disability assistance, scholarship and birth registration services. The distribution demonstrates that while CCT was a substantial component of the monetary benefits provided through risk management, the non-financial assistances comprised a significantly larger share (71%) of all interventions offered.

Figure 3: Theory of change



The TOC (Figure 4) has been followed to some extent, and many assumed pathways of outcome have occurred, with adjustment. At the time of starting this evaluation, the programme had a high-level theory of change that did not sufficiently describe the pathways from input to outcomes and impact. No assumptions or risks had been identified. The evaluation team reconstructed a more detailed TOC based on direct inputs from UNICEF, and relevant government stakeholders.

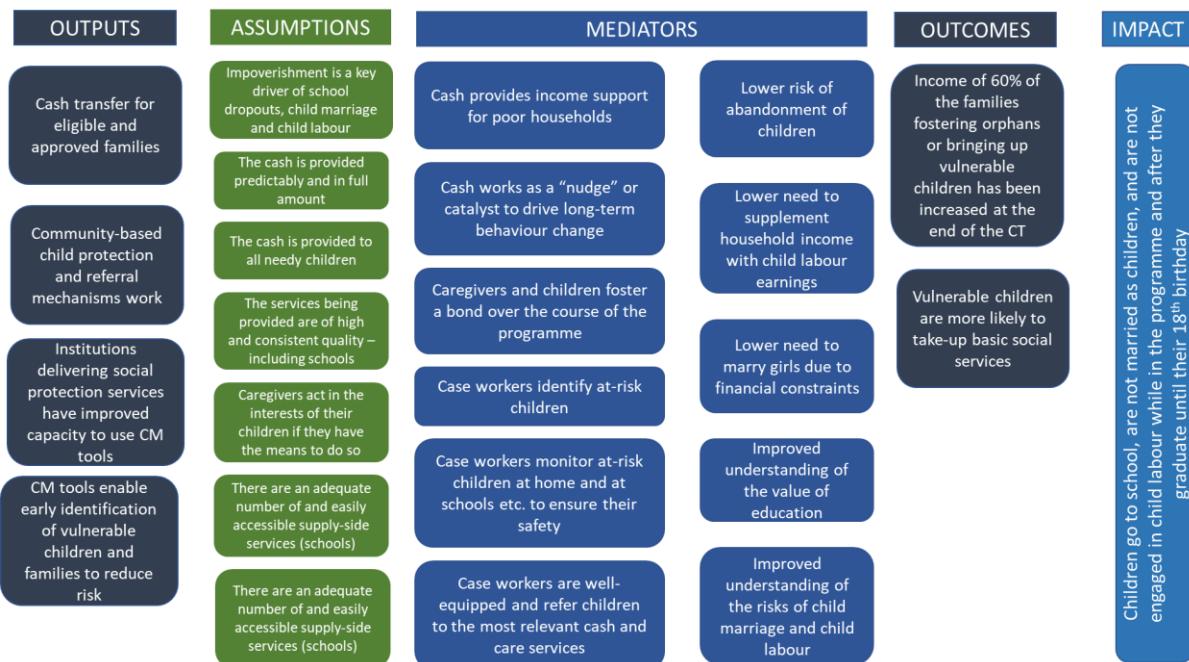
Based on the assumptions that impoverishment is a key driver of school dropouts, child marriage and child labour, and the cash is being provided to children facing these financial constraints, the cash provided through the project was expected to increase household income at the end of the CCT. Based on consultations, the cash was considered sizeable enough to cover the opportunity cost of schooling while also enabling at 60% beneficiary households to invest in productive assets or businesses that increase household income sustainably. A wealth of global evidence document that longer-term and sustainable increase in household income can only be achieved through transformative change that is delivered through a series of sustained and multisectoral interventions aimed at increasing human capital, skills, productivity and coping capacity. Evidence then places strong reservations against the assumption that a three-tranche transfer can enable that with support from a social work and case management approach. At the time of developing the detailed TOC, stakeholders were aware and cognizant of the weaker link of long-term improvement in financial situation resulting from this CCT alone. However, without this outcome, there was no tangible way to link the CCT with retaining children in school until the age of 18 years, long after the programme ends for many.

The data collected at endline confirm that while the cash was instrumental in helping many families ease financial barriers to education, they were largely insufficient to increase household income over a longer time. By making the cash conditional, the programme was able to keep most beneficiary children in school; yet several children dropped out of school despite the cash incentive due to familial pressure and need to earn an income or availability of good work opportunities. Global evidence documents how conditions may force the most vulnerable to drop out from conditional programmes, especially when the opportunity cost of meeting the condition (or perceived benefit) is higher (lower) than the cost (perceived benefits) of the alternative—child marriage or labour.

On the pathways through which cash was expected to generate the intended outcomes, there is limited evidence of investments in productive assets or activities that provide more sustainable incomes among programme beneficiaries. While household income was temporarily improved, the data provides no conclusive evidence on longer-term increase in household income for beneficiaries. Contrarily, the programme does enable most households to ease financial constraints related to education expenses but the role of conditions in enabling or enforcing the uptake of education remains unclear.

The figure below illustrates the assumptions and mediators that would lead from outputs towards the intended outcomes.

Figure 4: Assumptions and mediators in the TOC



Most assumptions from the above TOC were held in the result. However, it is recommended that the ‘provision of cash to needy children and caregivers acting in the interest of children’ should be mediators, as these remain directly affected by programme activities. On the mediators, there is evidence of the following mediator being activated to translate outputs to outcomes, as discussed in detail when addressing the effectiveness of the programme:

Strong evidence	Some evidence	No evidence
Cash provides income support for poor households	Lower need to supplement household income with child labour earnings	Lower risk of abandonment of children
Case workers identify at-risk children	Improved understanding of the value of education	Lower need to marry girls due to financial constraints
Case workers monitor at-risk children at home and at schools etc. to ensure their safety	Improved understanding of the risks of child marriage and child labour	Cash works as a “nudge” or catalyst to drive long-term behaviour change
Case workers are well-equipped and refer children to the most relevant cash and care services		
Improved understanding of the value of education		

In conclusion, the TOC is being followed in relation to the non-monetary components of the programme package. However, the role of the cash in the overall implementation of the programme has been over emphasised – from the name of the programme to the emphasis on impact of cash on increasing household income. The evidence does not corroborate the achievement of the assumed pathways of outcome and impact through the cash transfer for an 18-month period.

4.2 Efficiency

#	Evaluation question	Overall conclusion
Ey1	How well was the delivery process managed, considering the time and resources at each stage of implementation and coordination between UNICEF, DSS and sub-national administrations?	The process was very resource and time intensive and offers vital lessons to simplify it for improved efficiency. The CCT had a lengthy implementation process and repetitive processes, which increased the administrative burden and reduced resources available for programme activities for sub-national authorities (e.g. monitoring and case management). The programme relied on a parallelly established structure for implementing the core programme activities such as case management, which generate efficiency losses in the short and long-term and make little contribution to strengthening systems in the long run.
Ey2	How cost-efficient is the CCT programme and what potential is there for efficiency savings at all stages (capacity and constraints)?	The lack of detailed cost breakdown limited the analysis of the cost-efficiency. Using a cost per beneficiary approach, the cost of the programme appears to be high for the cash transfer (due to high administrative costs of identification and monitoring) but the case management approach itself costs about BDT 5,000 per beneficiary. A comparison with data from other countries shows that cost of case management varies by context and this programme has opportunities for improving cost-efficiency through scaling up, integration and simplification of processes. Reducing the number of steps associated with selection of beneficiaries, improving the time-efficiency of case management forms, using technology to reduce data management burden and better utilisation of the case management workforce across a range of programmes can improve cost efficiency.

Ey1. How well was the delivery process managed, considering the time and resources at each stage of implementation and coordination between UNICEF, DSS and sub-national administrations?

Summary

The process of the programme from identification, risk assessment, referral for CCT, case management, and delivery of benefits were aligned with the programme design. Yet, unintended logistics – the multi-tier approval system, survey comprehension by children (affecting cyclical risk scores), added case management expectations - need to be better accommodated:

- Identification of beneficiaries and monitoring them was resource and time intensive as expected from well-designed case management approaches; however, the case management load combined with the administrative workload on social workers stretched the social workers beyond their capacity to adequately fulfil their responsibilities regarding the monitoring of vulnerable children.
- The role of the CBCPC was vital in the identification of vulnerable children, enabling social workers to take the process forward.
- Finally, lack of records on risk forms and monitoring of children increases chances of inaccurately implementing case management and the loss of data

These factors preclude a significant return on the investments, which could inform better policies, and improve the social workforce and case management processes, and consequently, improve programme efficiency.

The process of selection and enrolment into the CCT remains highly repetitive and lengthy with various levels of approvals, largely determined by limited provision per district for social workers and further filtering based on available financial resources. Reverification of the lists at upazila, district and other levels need to be eliminated to improve cost and resource efficiency - duplication can be addressed by optimising processes such as adopting a digital database for registration and identification linked with social protection beneficiary databases and use of digital and timely approval of recommended beneficiaries.

The withdrawal of the CCT benefit also has attached costs (approximately 1,000 BDT) for beneficiaries. In the survey, 345 respondents reported expenses related to withdrawing/receiving the CCT, of which 338 respondents confirmed spending additional money. The respondents reported an average of 1,426.90 BDT spent on withdrawing CCT funds. Even after removing any outliers (exceptional values) in the data set, the average cost was 1,008 BDT. Most of them reported spending money to pay for transport or paperwork (copies and getting help with filling documents) to collect the cash.

Among the largest drivers of inefficiency was the data management and monitoring. The programme invested heavily in the development and implementation of case management tools and capacity. While social workers and interviewed adolescents and parents confirm that social workers periodically monitored the situation of the child and the household, social workers were neither provided with the necessary tools (except the risk form used for initial selection), nor trained nor instructed to keep records on these monitoring visits. The lack of documentation risks the continuation of necessary support for children. While tracking of aspects in the risk form that

were originally identified as high-risk ensures that the child continues to receive the relevant assistances, it can also shed light on whether selected interventions are being utilised or delivered. Additionally, turnover of staff or a planned rotation of social workforce requires that essential documentation be available for handover of at-risk children.

Each of these aspects is discussed in greater detail below, focusing on the challenges that moderate the efficiency of the programme.

i. Identification of the children

Children are identified for support by the social workers through various channels of information of which the CBCPC and NGOs are vital sources. As reported by the social workers, community level stakeholders contributed significantly to the identification of vulnerable children in the target communities. The CBCPC, which consisted of stakeholders of child development such as schoolteachers, headmasters, health workers, and more, were the primary source of information. Other community actors who were part of the risk identification process included police officers, journalists, local representatives, NGO workers, and the additional “aware citizens”. Such community members report any cases of suspected child abuse, child marriage, child labour, and other disadvantaged children in the community to the social workers, who then could bring the child into case management and provide the needed support.

ii. Risk assessment

After identification of the child, the social worker uses the risk form to conduct a risk assessment to determine the level of risk for each child. **The risk assessment forms were revised during the programme period by DSS, in consultation with UNICEF** (the evaluation took place after the revised forms were implemented). The revision was based on feedback from sub-national offices. Yet, social workers found the revised form incredibly lengthy and cumbersome for them and the respondents, who often provided poor quality responses as the interview progressed. They highlighted the need to improve the usability of forms keeping in mind child respondents and suggest simplifying the process to one interview combining parents and children.

The risk assessment form was described as too complicated and hard to understand for the stakeholders conducting the risk assessments. As noted by a DSS official, the complicated form can result in inaccuracies and false information being filled by social workers who were not able to fully understand the requirements of the form. Social workers who also held the view that there is scope for improvement of the risk assessment form, describing it as “very lengthy” and “slow” to fill. The questions in the form are also described as “synonymous” or “repetitive” which makes the process take longer and is taxing on the social worker and the child.

Since the risk assessment is conducted through an individual interview with the child, the language and length of the form needs to be easy and friendly for the child to be able to understand the questions and answer accurately. However, the language of the questions is found to be difficult - the social workers did not always find them appropriately translated to Bangla and they were difficult for children to understand.

Social workers also reported that through the risk assessment interview with the child they did not

"The risk assessment form is lengthy...In this process, the form is very lengthy for which it has to be filled slowly"- Social worker Kurigram

"There were some choose the right answer questions, which we didn't understand, how would the kids answer? If you ask the child, he will not understand anything. There were many questions which were translated directly from English to Bengali only in our country. We have faced a problem understanding its meaning. The easier it is for me to understand, the more they can understand when I ask questions to children or to society or to family. If he doesn't understand, he can't answer"—Social worker Khulna

" Yes, I think it is capable. This is because this risk assessment form is prepared by meeting many times at the national level. And with this form, it is possible to verify the risk of all types of children."—Social worker Shibganj

always receive the most accurate information. Validation of the information was essential and done through field visits and by speaking to the caregivers, neighbours, teachers, and other relevant stakeholder. In such cases of high misinformation validated through field visit, the child's risk score was updated.

iii. Process of receiving the CCT through recommendation

After a child is identified for the CCT, the case is presented in front of the Child Welfare Board. The board then decides whether the child can receive the CCT. If the decision is made in favour of providing the transfer,

"...if you need financial assistance or money, but it takes a long time to process the money, and the child is in vulnerability, he needs to be addressed right away, but it's a challenge again."
– DSS Official

"The list will have the signature of Councilor, the signature of our concerned staff, the signature of our Director Sir, the Signature of our Child Welfare Board." – Social worker Khulna

the case is passed on to the higher-level officials in the DSS who approve the decision. The process can take between 3 weeks and 6 months, per consultations with social workers. The approval process can be simplified with fewer approvals, particularly since limited CCT provision is established for social workers and officials at a higher level have limited understanding of the child's needs.

iv. Delivery of the cash transfer

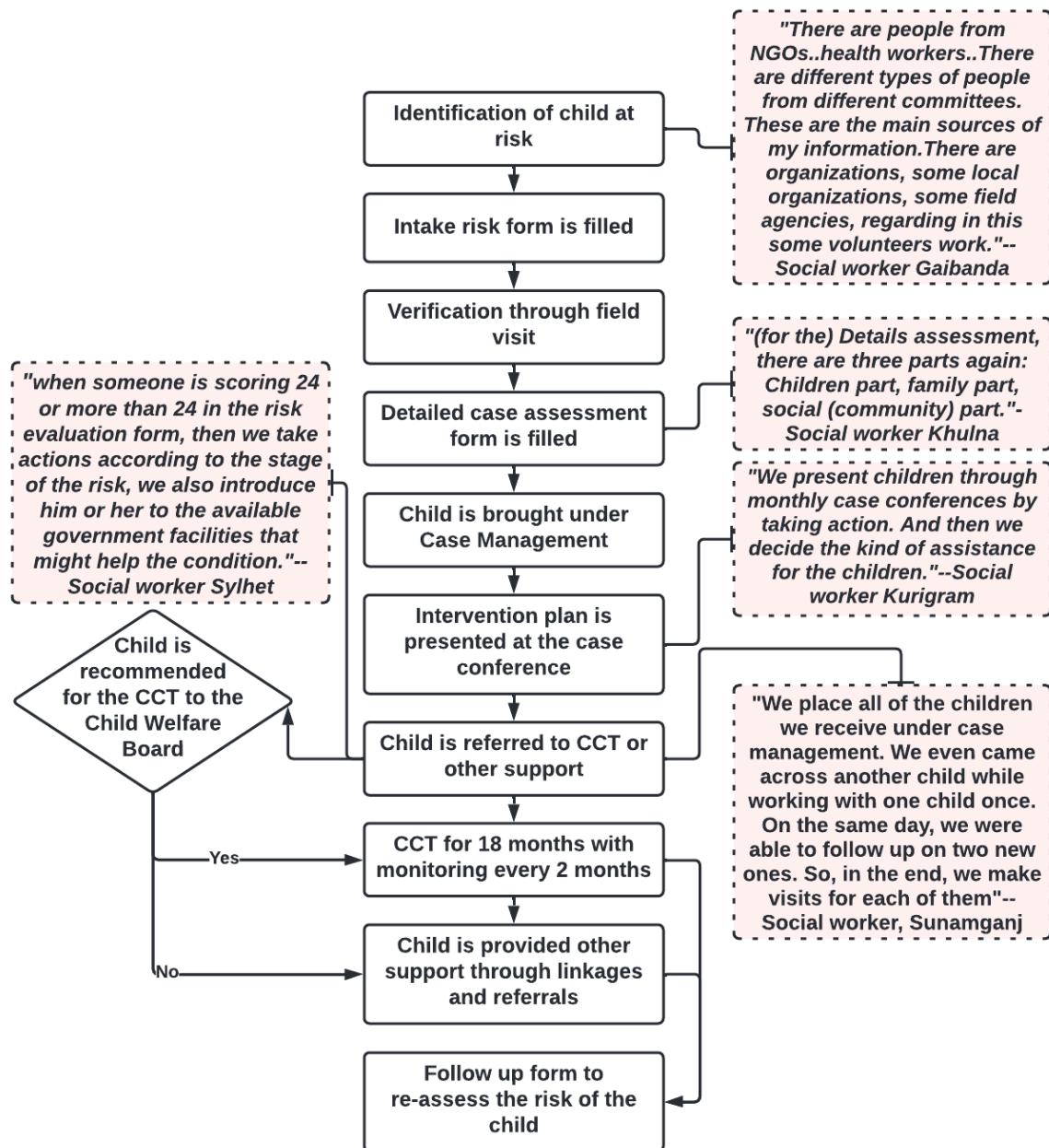
The delivery of the cash transfer to the selected beneficiaries is done using a mix of electronic and other modalities. In the survey data, 97% of the beneficiaries received the transfer amount through bank transfers. However, in the interviews with programme stakeholders, it is reported that some beneficiaries were provided cash and even cheques directly in the field. The difference in delivery modality of the CCT is concerning as it is unclear what factors influence the method of delivery for different beneficiaries and the cost to beneficiaries associated with different modalities.

With bank transfers, 24% of the beneficiary households reported incurring some expense at normally withdrawing or receiving the CCT. Out of these households, almost all (97%) reported having to spend money to receive the transfer amount. Such challenges in the delivery of benefit negatively affect the programme efficiency.

v. Case Management Cycle

The case management cycle is depicted in the figure below as reported by social workers.

Figure 5. Case Management Cycle as described by Social workers



Data-related inefficiency drivers

The data management is among the weaker links in the CCT programme design and implementation. The risk forms, which are an important source of data for case management and the selection process of the CCT beneficiaries, were missing for all children who were assessed before 2017. The data, to a great extent, was lost amidst the transition from MoWCA to MoSD. With most data still paper-based in 2021, utilisation of the wealth of information collected through this process was minimal – risk forms were rarely revisited or used for monitoring.

At the national level, MoSD had a beneficiary database with information that was useful to understand the basic spread of the beneficiaries but was insufficient to help us identify the risk drivers and understand the risk profile of the beneficiaries. Risk assessment forms were paper based, and a part of the captured forms were stored with social workers. The social workers maintained the forms for respondents who scored above 24 in the risk assessment but did not store data on children that were assessed but scored less than 24 on the risk assessments. Pre 2017, when the programme was administered by MoWCA, all beneficiary forms had been lost at time of evaluation. The loss of data due to poor data management throughout this pilot is a significant cost to the programme.

With significant time investment by the evaluation team and national and division level government officials to locate the forms, the summary of the information found from Phase 1 and Phase 2 is presented in the table below:

Type	Phase 1	Phase 2
Non-Beneficiary Forms	Not available	At least 82
Vulnerable Non-Beneficiaries	Not available	At least 921
Vulnerable Beneficiaries	At least 1,284 (from DSS) + 200 (from MoWCA)	At least 1,616
Total	1,484	2,619

Since the assessment of risk itself is a highly resource intensive process and it is necessary to have qualified social workers. In many cases, due to the national shortage of qualified social workers, these assessments were undertaken by “case workers,” trained on the risk form, who were necessarily qualified for social work. Hence, there were expected differences in the quality of risk forms and assessments, despite the level of investments made by UNICEF and partners in the capacity development of all frontline workers to ensure that the child protection programme functions meaningfully and the quality of service or support is standardised across upazilas.

Institutional inefficiency drivers

Social workers involved in the programme did not have clarity on their institutional role. Since the pilot was never integrated into the government’s social protection system, the social workers – who had been hired for the pilot - were unclear on their employment and their future roles. They reported being unsure if they were considered UNICEF workers or DSS workers, as they were still receiving payments after the discontinuation of the CCT programme. The lack of clarity results in efficiency losses as social workers manoeuvre through the different government departments to do their jobs. Since they were temporary social workers, they were not able to engage with other government case managers as needed for their role. As previously discussed, a major part of the work done by the social workers is providing linkages to the children under case management to existing government and non-government programmes. Such a task requires a certain recognition of their designation and clarity of their wider position among the different departments which they currently lack.

"We are not actually the employees of social service, we are not the employees of UNICEF, so who are we? We are nameless. UNICEF doesn't think we're their people, and social service doesn't think we're their people, even though we're in their office. This begs the question of who we really are."— Social worker Dacop

Ey2. How cost-efficient is the CCT programme and what potential is there for efficiency savings at all stages (capacity and constraints)?

UNICEF's cost data indicate that since 2012, BDT 274.6 million has been spent on the CCT pilot project. Between 2017 and 2020 – phase 2 of the CSSP programme implementation, the programme costed UNICEF about BDT 36.16 million,⁵⁰ while phase 1 (2012-2016) costed roughly BDT 156.6 million. In phase 2, the programme provided CCT to roughly 1,688 beneficiaries and a total of at least 2,768 children were assessed.

Year	Cost (BDT)	Beneficiaries (CCT)	Beneficiaries (risk assessed)	Average cost per beneficiary
2017-2020	36,159,270.00	1,688	2,768 (for whom data was available)	BDT 13,063

A detailed cost breakdown of these expenses is not provided but it can be assumed that:

- Investments in developing the case management toolkit, training documents and tools were incurred before 2017
- Cost of delivering training to social workers was incurred before 2017
- Cash transfer, due to conditions and monitoring requirements may incur administrative costs between 10% and 12%,⁵¹ excluding the cost of targeting and identification incurred through the risk assessment process
- Cost of risk assessment should be spread across all assessed beneficiaries, irrespective of whether they receive any intervention.
- There is little known about the cost of case management, particularly when considering the costs associated with the assessment and management of a child's needs, as well as the various services to which that child is referred. The estimation of time investment in case management per child varies by child and as does the output, depending on the child's needs, making cost efficiency estimations difficult. A simplified approach commonly used in these cases is the cost per beneficiary, expressed as:

$$\frac{\text{Total cost of case management in that area and that year}}{\text{Number of children served in that area and that year}}$$

- *Cost Efficiency (cost per child)* = $\frac{\text{Total cost of case management in that area and that year}}{\text{Number of children served in that area and that year}}$

Based on these, some basic estimations have been presented below. The cost per beneficiary including cost of case management and other administrative costs is estimated at BDT 18,213.16 of which BDT 13,000 is the cost of the transfer, BDT 5,013.61 is the cost associated with the case

⁵⁰ 156,649,865.00 actual expense based on UNICEF cost data.

⁵¹ Globally, universal unconditional cash transfers incur admin costs of about 5%, while conditional cash transfers and those that are poverty targeted may have admin costs as high as 20% of programme cost.

management (risk assessment) and the remainder is other administrative costs. For those that did not receive the CCT but may have received other interventions, the cost is the cost associated with case management, i.e., BDT 5,013.61 per child.

Cost category	Cost (in BDT)
Cost of transfers to CCT beneficiaries (BDT)	20,256,000.00
No. of beneficiaries x 12,000	
Cost of CCT including administrative cost of 10%	22,281,600.00
Cost associated with case management (beneficiary and non-beneficiary)	13,877,670.00
Cost per beneficiary (Case management)	5,013.61
Cost associated with case management (only CCT non-beneficiary)	5,414,697.83
Cost of CCT, including case management cost	30,744,572.17
Cost per beneficiary (CCT receiving, including case management cost)	18,213.61

There is wide variation in the annual cost of case management, cost per beneficiary, the proportion of total expenditures spent on case management by context, and the relative distribution in spending by cost category.⁵² International Rescue Committee (IRC)⁵³ that works in emergencies suggest that child case management services last between six and 18 months, depending on the child's individual needs. The cost of case management is known to vary significantly by context, region and intensity of the case management. IRC's⁵⁴ case management services cost approximately USD 764 per child over the course of a year in urban settings in the Middle East, about USD 187 per child in IDP camps in East Africa and about USD 874 per child in rural Sahel areas. For these programmes, the cost estimations exclude any cost of training for social workers. Even within the Middle East, the cost per child varied – USD 440 per child in Jordan, compared with USD 1,386 per child in Lebanon, driven primarily by local price levels.⁵⁵ An analysis of cost of case management for orphans and vulnerable children in six countries in Africa⁵⁶ found that cost per

⁵² (MEASURE, 2019)

⁵³ (International Rescue Committee, n.d.)

⁵⁴ (International Rescue Committee, n.d.)

⁵⁵ (International Rescue Committee, n.d.)

⁵⁶ (MEASURE, 2019)

beneficiary ranged from USD 9.77 in South Africa⁵⁷, USD 21.96 in Rwanda to USD 50.41 in Zambia. Except in Tanzania, where training costs were over 50% of programme cost, in other countries, costs were primarily personnel related. For the CSSP CCT, the case management costed between USD 58 and USD 65 (depending on exchange rates) per child in Bangladesh. Based on a review of social service workforce in South Asia, in 2010 Bangladesh reported 6.07 government social workers per 100,000 children.⁵⁸

There is consensus that the scale at which programmes operate has major impact on the cost per child served. Economies of scale are not necessarily leveraged by increasing the number of cases evaluated but also by sharing fixed costs with other programmes, which reduces the share of the administrative functions. From humanitarian programming perspective, it is found that “programmes that are part of multi-sector camp operations are, on average, more cost efficient than urban programs only conducting case management services, due to the volume of other activities that share fixed costs.”⁵⁹ In terms of pilots intended for national scale-up, numerous opportunities exist in Bangladesh for spreading these fixed costs. **Case conferences undertaken as part of the CSSP have been successful in linking children to the necessary social services and other support.** The monthly case conferences present as good practice for cross sectional and inter-departmental coordination that was a result of the programme. The case conferences were organised to present the intervention plan for children under case management. This involved stakeholders at the upazila level, the field level, and even district level from different departments and agencies. Bringing all the relevant stakeholders in the field of child sensitive social protection, the programme was able to support the enhanced of provision of services through improved coordination. Through these monthly events, linkages to the existing social protection services and other kinds of support were established at the upazila level. This was able to achieve one of the intended outcomes of the programme and significantly contributed to the improvement in programme cost efficiency. **These activities highlight how the CSSP CCT programme already enables linkages with vital services for children with disabilities and learning difficulties – establishing case management tools formally across other cash transfers such as the education stipend and services can significantly reduce the cost burden of case management on similar programmes in the future.** Formalising practices such as case conferences that strengthen cross-sectoral linkages can be vital to reducing the cost burden.

“So, directly we have the board chairman, members, legal presidents, Upazila social service officers, MP representatives, Upazila representatives, chairman representatives of different unions, heads of family planning, doctors, heads of different departments, case conference meeting and child welfare of these two boards.” – social worker Gaibanda

Finally, the evaluation is limited in its ability to provide a detailed analysis of cost drivers due to lack of information on cost by function. Better management of costs data, better

⁵⁷ The cost of the South Africa GCBS project was project was significantly lower as it was designed to focus on capacity building of the South African Department of Social Development; all case management delivery was conducted by the government or CSOs employed by the government. (MEASURE, 2019)

⁵⁸ (UNICEF ROSA, 2018)

⁵⁹ (International Rescue Committee, n.d.)

reconciliation, and reporting on the costs by vital function such as trainings, development of case management tools would enable a better analysis of cost drivers and the cost burden by function.

4.3 Effectiveness

#	Evaluation question	Overall conclusion
Ef1	How effective was the programme in achieving its expected results in terms of outcomes <i>and progress towards impacts</i> ? Is the programme equally efficient when considering vulnerable girls and boys being benefited? How successful was the programme in improving access to and the use of services?	<p>The programme has achieved some progress towards impact in the form of improvements identifying at-risk children, in attitudes towards child marriage and child labour, improved agency of adolescents in negotiating decisions related to education with parents.</p> <p>Girls were more likely to drop out of the programme, more likely to be married while in the programmes and comprise nearly 75% of all dropouts due to child labour. Boys on the other hand were more likely to be allowed higher tolerance with child labour, as it was deemed necessary.</p> <p>The programme included children (270) with disabilities and increased access to services for them significantly. The programme also had an important role to play in keeping children in school through cross-sectoral linkages.</p>
Ef2	How effective was the programme in increasing the capacity of social workers to improve their work beyond their direct tasks of the CCT programme, and improving the capacity of social workers, and community structures such as CBCPC to protect vulnerable children?	<p>The establishment of CPCPC and deployment of social workers has been vital to the implementation of this programme. The social workers received training before and on the job, but the programme was not integrated with permanent government structures. While there is some evidence that CBCPC and the social mobilisation have increased awareness and activated community members to address such risks, the roles of the CBCPC and social workers in improving capacity beyond the programme may be limited without government ownership and commitment to their continuation.</p>
Ef3	How well did the financial management and programme monitoring system establish and function?	<p>The programme was monitored by officials from the Upzila as well as through UNICEF field offices. Nonetheless monitoring of beneficiaries and of social workers could be strengthened further using a structured monitoring framework and evaluation plan,</p>

		clear feedback loops and improvements in programme design.
Ef4	How successful was the programme in monitoring and enforcing the programme's conditions? How successful was the programme in following up with the households and children after graduation (in those cases where children were still under 18 at the point of graduation)? Was the programme equally capable to monitor the situation of boys and girls after benefiting from the programme?	Social workers were successful in monitoring conditions in the programme period (18 months), but children became hard to track and monitor after the cash transfer and until the age of 18 due to workload of social workers and movement of children away from the original location. Nonetheless, none of the monitoring was systematic, recorded, or analysed for routine and reflective learning and accountability.

The original theory of change of the programme was designed for the programme to have the overall impact that children go to school, stay out of employment and unmarried while in the programme and after graduation, until the age of 18. The effectiveness of the programme in the study is assessed by looking at progress towards impact, through change in knowledge, attitudes, and practices of beneficiary households.⁶⁰ The study also looks at the change in the beneficiary children during the 18 months period of whether the immediate income support enabled the households to meet the needs of the child such as food and ensure that families can invest in human capital accumulation services such as education and health care and stay unmarried.

Ef1. How effective was the programme in achieving its expected results in terms of outcomes and progress towards impacts? Is the programme equally efficient when considering vulnerable girls and boys being benefited? How successful was the programme in improving access to and the use of services?

The survey with parents, caregivers and adolescents explored the knowledge, attitudes and practices surrounding education, child marriage, and child labour. They also explored agency-related indicators to assess the ways in which the parent-child relationship may have evolved in the terms of children's bargaining power within the household on these vital issues.

The survey asked about children's willingness to marry after the age of eighteen and continue schooling at least until age 18 years and their ability to negotiate their choices with parents and caregivers (Table below). When comparing children in the dataset who received no intervention to those receiving the CCT and comparing those receiving other interventions to those receiving the CCT and other interventions (CCT+), a higher share of children receiving CCT (0.438)/CCT+(0.282) were sure that parents would support their aspirations and were confident

⁶⁰ The evaluation criteria do not include impact, which was removed due to data limitations upon agreement with UNICEF. Subsequently, the research questions did not include a question for unexpected effects (positive and negative).

of accessing their desired level of education (0.201). When comparing children in the dataset who received no intervention to those receiving the CCT, more beneficiary children were also comfortable would negotiating decisions with parents/guardians about their education (0.385). On the contrary, comparing children in the dataset who received other interventions to those receiving the CCT+, a smaller share of children receiving the CCT+ (-0.145) reported discussing disagreements on decisions regarding their marriage with their parents.

Table 3: Difference between adolescents in CCT receiving households and CCT and other intervention receiving households compared to those receiving no assistance on agency and empowerment

	CCT vs no intervention		CCT+ vs other interventions	
	Effect	p value	Effect	p value**
Adolescents believe that parents will be supportive of their aspirations	0.438	0.019	0.282	0.074
Adolescents confident that they can access their desired level of education	0.201	0.094	0.270	0.019
Adolescents feel comfortable negotiating education decisions with their parents/guardians	0.385	0.002	0.204	0.118
Adolescents can discuss marriage decisions with their parents/guardians if they disagree	0.003	0.956	-0.145	0.008

** Effects with p-value less than 0.1 are significant at the 10% level. All effects above this are considered statistically insignificant.

The survey also captured aspects of attitudes and practices within families based on gendered roles. The table below shows that when compared to caregivers from households that did not benefit from any intervention, those receiving the CCT were more likely to disagree that woman's most important role is to take care of the home, the children and cook for the family, but also more likely to disagree that when faced with a limited amount of money to pay for tutoring, it should be spent equally on daughters and sons. The finding suggests that those receiving the CCT may have adopted more gender inclusive behaviours and attitudes, that can translate to equal opportunities for boys and girls within the house.

Table 4: Attitudes and practices within families based on gendered roles

Respondents in the survey	CCT vs no intervention		CCT+ vs other interventions	
	Effect	p value	Effect	p value**
Disagree that a woman's most important role is to take care of the home, the children and cook for the family	0.126	0.028	0.058	0.226
Agree that if there is a limited amount of money to pay for tutoring, it should be spent equally on daughters and sons	0.164	0.007	-0.037	0.501
Disagree that a man mistreats his wife, others outside the family should intervene	0.165	0.009	-0.056	0.407
Agree that marriage provides protection to a girl.	0.218	0.007	0.142	0.064
Agree that education provides protection to a girl.	0.027	0.677	0.076	0.033

Respondents in the survey	CCT vs no intervention		CCT+ vs other interventions	
	Effect	p value	Effect	p value**
Seizing the opportunity of a good marriage is more important than continuing a child's education.	0.017	0.888	0.150	0.044

** Effects with p-value less than 0.1 are significant at the 10% level. All effects above this are considered statistically insignificant.

At the same time, women in households receiving the CCT were less likely to accept the intervention of an outsider in the event of marital violence compared to those receiving no interventions. In these circumstances, protection of women and children against violence and abuse within the household can become challenging.

When compared to caregivers from households that received interventions other than the CCT, the data show that those receiving the CCT+ were more likely to disagree that marriage provides protection to a girl, and that seizing the opportunity of a good marriage was more important than continuing a child's education. At the same time, the data showed that CCT+ receiving households were also more likely to disagree that education provides protection to a girl compared to those receiving other interventions. No significant differences were found on attitudes and practices related to timing of marriage, final decisions on marriage and on education.

Qualitative data confirm that children are staying in school longer. The quantitative data cannot confirm that the provision of cash alone had any significant improvement in this regard, but evidence suggest that the programme (CCT and case management) has contributed to reduction in the dropout rate through a combination of cash and case management. As reported by programme level stakeholders more children under case management are staying in school and the children under case management are very likely to reach SSC level education in school. Moreover, several social workers and caregivers reported that many girls are passing matriculation and more children are pursuing intermediate education.

Children and parents also report an increase in the school enrolment of children in the target communities. Children report changes in the general attitude of parents towards education and motivating their children for pursuing further studies. Notwithstanding this improvement, children affirm that parents generally are more likely to encourage girls to stay in school, but pressure from society – neighbours and others – to get girls married, the negative remarks and connotations targeted at older unmarried girls in the community and a broader perception that older girls are better served within the domestic environment (no employment or play) are the larger causes of girls dropping out of school. In many cases, girls being married young are promised continuation of education post marriage, but this seldom materializes.

"Most of them are SSC pass. Many girls are Intermediate, BA pass. Many girls who belong from rich family are studying for master's degree. Many girls are studying advocacy."—FGD with Recipient Caregivers

"Parents have become more conscious compared to before. Previously they used to say that, as they have given their SSC examinations so there is no need of continuing their education more but now the parents do not think about money rather, they are helping us to continue our education." FGD with adolescent girls, Dhaka

Evidence from Case Study: CCT success story

Fiza* is 19 years old and lives with her parents in Khulna. She has 3 older siblings who are either working, studying or married. Fiza has always been interested in education, and has had good grades, but it has been very difficult for her father to support her education with his minimal income. When she passed SSC, her family wanted to get her married, but since she received very good grades, they agreed to admit her to the HSC level.

Fiza was referred to the CCT by a community member and was able to receive all three instalments of the programme. Using the money she was able to continue with her studies and is currently studying Honors at Khulna University. Post the CCT period, Fiza was able to receive other support for her higher education such as stipends and scholarships. Despite this support, she had financial problems while being enrolled into university. However, after submitting her result mark sheet to the social service office, she recently received another 3,000 taka which was given to meritorious students.

Fatema is a role model and represents the successes of the CCT programme. As a result of receiving the CCT she has been able to complete her school and is now studying at Khulna University. Her story is different from many of her friends, who were married off from at a very young age as their families did not believe in the value of investing in their daughters' education.

Fiza wants to pursue higher levels of education and everyone in her family gives her a lot of encouragement and support for this. According to Fiza, the CCT has helped her financially, and her family has become more aware of the importance of girl's education. If she hadn't received the CCT, she probably "wouldn't have been able to go so far so easily." Other people in the society also see her as an example for girl's education and further encourage her.

**The names do not reflect the actual names of individuals interviewed.*

There is evidence that the programme contributed towards a decrease in the number of child marriages, at least temporarily. Data from the beneficiary database show that most dropouts continue to be because of labour related migration, but child marriage still represents 1/3 of the dropped-out children. More community-based and behavior change focused interventions are required.

Child marriage is a complex risk and work towards eliminating it needs to address the root causes that contribute to the risk. Non-monetary issues that drive child marriages cannot be tackled using cash and conditions. Without community level engagement and positives reinforcement, progress toward impact will be limited and at risk of quick reversal of progress on withdrawal of cash and monitoring will remain high

Social workers and other programme stakeholders reported relative decrease in child marriages in the targeted areas. The conditions for the CCT ensured that caregivers did not get their daughters married to remain eligible for the CCT to a great extent. However, it did not completely stop child marriages for girls, as almost all social workers that were interviewed for the study reported losing cases where the girl was married and had to be dropped from the CCT and case management. When the beneficiary database was provided to EPRI, there were 1,688 households currently enrolled in the CCT. In March 2020, 122 children dropped out of the programme (of 1,688) before the second instalment was paid and 167 had already been dropped from the programme (almost

10% of total beneficiaries), while another 951 were yet to be paid (excluding 71 special once-off transfer cases).

Table 5: Beneficiary payments and dropout as of December 2019

Category	Instalment 1	Instalment 2	Instalment 3
Not received instalment/ dropout	0	122	167
Instalment not paid yet	0	256	951
12,000 paid in full	1617	1310	570
BDT 24,000 paid	71	0	0

Of these 27% had been dropped as they were married, while 36% were dropped as they migrated for labour and another 26% were dropped due to discontinuation of schooling, 5% of the children had died during the programme and another 5% had gotten access to Islamic Finance funding. Of those that were dropped from the programme, majority were girls (68%). Girls tended to drop out primarily due to marriage or child labour (35% of all who dropped out cause of marriage and equal for child labour). Girls also represented 71% of total dropouts due to child labour, and 96% of total dropouts due to child marriage. 3 out of the 4 reported deaths were also girls.

Adolescent girls reported that meetings taking place at the community level, information from religious leaders and general awareness has led to fewer parents wanting to marry their children. In many cases, parents report, and children and social workers confirm that parents actively refuse marriage proposals for girls. In nearly all FGDs with adolescents, cases of girls eloping with boys of their choice are referenced as a case of child marriage in the immediate sphere of influence for the participating children. There is, therefore, a fear of forced marriage exacerbating child marriages manifested through a lack of agency of girls in determining their partner.

As reported by adolescent girls, since child marriages are not legal, in order to register the marriage, parents of the children offered incentives to the marriage officer to change the age of the girl on the official documents. Hence all the cases of marriages that might be taking place would not be registered as child marriages.

"Child marriage was very common in the past and then boys were also given in marriage at an early age...in the case of girls, there is a risk of child marriage. It has changed a bit over time but there are still risks."—Social worker Shibganj

"When my daughter gave the intermediate exam, marriage proposals were coming from many good families, but I was not agreeing. Because my husband is blind, I do not know if my daughter would suffer or be happy. When my daughter stands on her own feet then I will give marriage of my daughter."—Recipient Caregiver, Khulna

As a result of the conditions associated with the CCT, child marriages for beneficiary girls were taking place in hiding, with no information reaching social workers until the girl was already married. Such cases of CCT children are lost from the social workers' radar and cannot be further contacted or supported either.

Apart from the conditions, social workers and CBCPC members were forced to adopt interventions such as physically stopping child marriages in the community. Social workers often were informed of suspected child marriages through the helpline number 1098 which community members use to report cases of child abuse, marriages, and other vulnerable children in their localities. After receiving an alert through the helpline, social workers along with CBCPC members report intervening and reporting to the police. Using such methods several child marriages were prevented. However, the impact of forced measures in changing the situation of vulnerable girls and altering social practices and attitudes is extremely limited. Development partners working in towards the prevention of child marriages, and local NGOs, including those involved in CSSP programme report that such intervention are disruptive and unhelpful in bringing the desired societal change.

Nonetheless, when marriages were stopped through forced interventions, social workers were able to identify and bring new children under case management, or even refer them for the CCT, if required. The support then extended beyond preventing marriage to ensure the child is free of risk through continued support and guidance to the caregivers and children.

"if a girl child has to face early marriage, we immediately stop that. We do that with the officer of our organization, the Police officer, and the service officer. But we do not stop there. Rather we take the child under the Case management."—Social worker Barishal

Based on qualitative data, the lack of security of girls in the community, eve teasing, parental attitudes, and lack of awareness of risks of early marriage and pregnancy are significant contributors to the risk of child marriage. Parents report fearing sexual abuse and kidnapping of their daughters. In such situations, parents report that getting the girl married somewhat puts an end to the harassment, which motivates the parents to go through with it.

The lack of awareness of parents and the children on the risks of child marriage and early pregnancy for the girls also contributes to the risk of child marriages in the context. As reported by a social worker in Khulna, case workers seek to counsel and provide awareness to the mothers and the girls on the "horrors of early marriage, physical, mental, and risk of death" to change the attitudes of parents and influence their behaviour towards child marriage. However, these interventions are not systematic, and often conducted in an ad-hoc manner by some social workers.

Evidence from Case Study: Child marriages as a result of community pressure and family honour

Loxmi * is a 17 year old girl from Gaibandha. When she was 15, she and her younger siblings attended school regularly. After an incident where she was nearly assaulted by a boy known to her family, while she was home alone, her life changed completely. While the boy was reported to the community and chairman of the village, and everyone knew that she was the victim in the incident, Loxmi's family still suffered social stigma due to concerns about her honour.

Loxmi was made to drop out of the school and her family got her married as soon as possible. Since she was young, she continued to stay with her parents but was not sent to school in fears of the social backlash of sending a married girl to school. Loxmi says that though there is more awareness of such crimes in the community following this incident, many girls in the community are too scared to walk on the streets or to be alone at home.

Loxmi herself realises the injustice she suffered due to actions of another person. She believes that even if girls want to get married to protect their honour and free their parents from worry, child marriage is unacceptable.

*The names do not reflect the actual names of individuals interviewed.

No support is considered for girls after marriage in cases of child marriage

All interventions through the CSSP for vulnerable children end once a child is married. Child brides receive no support or protection after marriage and no attempt is made to reintegrate them in formal education. The general attitude of social workers and even higher-level programme officials about child marriage indicated that once a girl was married there was no use in trying to reach her or provide support to her. Even girls enrolled in the CCT were not reached out to once they were dropped from the programme for breaking conditions. Once married, the risk to health, survival and wellbeing of girls is heightened and the need of support such as counselling, linkages to healthcare, and education become far more critical.

Especially regarding re-enrolment of girls after marriage, the programme implementers, including social workers were unable to see any benefit of continuing education after marriage – a gender negative approach that is harmful to girls. This also contrasts with the attitudes of adolescent girls under case management who report the desire to study and highlight the need for support with family to enable them to continue education after marriage.

Social workers, CBCPC and others have been working towards eliminating hazardous child labour,⁶¹ however children are still engaged in labour which is not limited in hours and might be impacting their social and educational development.

Social workers and communities believe that children working in paid labour cannot be eliminated due to the financial constraints that most households face. The cash provided through the CCT is not adequate for eliminating the need for earnings from children and trying to eliminate child labour without additional financial support for households is not feasible per the data collected from parents, CBCPC members and social workers. Hence, social workers have been working towards ensuring that the children are working in a safe, healthy and risk-free environment. If a child under case management is involved in labour, social workers speak to the employer about ensuring safety and health of the child at the workplace and ensuring attendance in school as far as possible by negotiating the working hours, so the child is not working during school hours.

However, the study finds that many children are engaged in labour which affects their school hours, which might be impacting their social and educational development. As a result, while many children are enrolled in school, attendance remains lower than expected and learning is a secondary priority. Many children report long days – 5 am to 11 pm. Where most girls report domestic chores and helping their moms, boys report petty jobs and supporting the family or parents with their

⁶¹ In terms of child labour, the CCT aimed for parents to keep their children out of all forms of labour after graduating from the programme. However, the findings are discussed in context of child labour as defined by the UN Convention on the Rights of the Child (1989) as ‘any kind of work for which children are too young or which is dangerous or exploitative, which damages physical or mental development or prevents children from attending school;’ Or as defined by UNICEF children who are ‘either too young to work or are involved in hazardous activities that may compromise their physical, mental, social or educational development.’

work. Many children receiving the CCT are cared for by their mothers alone. In these cases, children often miss school to share the load of domestic work and other tasks for the mother. Child labour is not actively reported in any FGDs by children aged 10-13 but most children in the adolescent FGDs report either paid or unpaid work, beyond acceptable hours for their age and often interfering with education and learning. The beneficiary dropout data suggests that 75% of labour related dropping out of the programme was reported for girls. Considering social norms regarding the role of boys in supporting household income generation, and the perceptions of social workers in this regard, it is highly likely that boys in labour may have been allowed to continue in the programme.

Social workers, CBCPC and others have been working towards eliminating hazardous child labour

Reports from Social workers:

- “*We always oppose child labor. There will be no child involved in the child labor, if there is any risk free job and it was found that the family is indigent, then we permit the children to do that job if the child can earn 500-100 bdt. But that job should be safe for children, risk-free. If there is such work, we also help them in the workplace, talk to the owner that the child will work some specific hours a day. We talk if we think some children need that.*” – Social worker Khulna
- Responding to a question about following up with children receiving CCT “*He gave us a tea shop with our money. While he is doing regular tea business, he is going to school regularly.*” - Social worker Barishal
- Reported case of social workers providing a sewing machine to a girl so she could earn money and use it to pay for her education.

Reports from National level respondents:

- Children can work for family- “*To tell you about the works, there are different kinds of works. The thing that our children help us in the household works, it can also be considered as a work but if we want to refer to the work which generates an income, they can get involved with a business to help their parents after their school hours. They can get involved with such kinds of work, but they cannot get involved with any such kind of work which will be harmful for their health, which will be harmful for their mental health, they cannot get involved with any work which will be harmful for their nearby environment, but they can help their family members with different soft works, I think this can not cause any kind of problem.*” - KII with a DSS official
- Stopping child labour does not contribute to their welfare and the goal should be to stop children from working in risky jobs- “*The totally risk free jobs, the children can get involved with such kind of lite(light) works. There are no related negative issues with this. In many cases the child may be the only earning member of the family. The child might not have any other helping member with him, the child might have other two young brothers and a sister, in that case, if we totally make a prohibition for stopping child labour then the family of the child may have to pass their days without eating anything. You will not be able to provide full support to that child, so we have to think about erasing risky jobs for the children. This is the main objective, some need to monitor so that any child does not get involved with any risky jobs*” —KII with official from Cabinet Division
- Partner organisation to the CCT programme reported working in the communities to ensure children work in a safe environment. The NGO imposed three conditions on employers of children, if these are not met, they threaten to get the employer arrested: 1. the child must go to the learning centre for 2-3 hours and that duration should not be deducted from pay, 2. the child needs to have the opportunity to watch tv, roam outside, pay a visit to their parents, 3. the workplace of the child should not be unhealthy or unprotected. (direct quote- “*The thing which we tell the employers, you will send the children to the learning centre, this is a must. If you do not send them then we can take action under the child labour coalition. We provide three conditions to them. First one is, the child has to go there to learn, they have to go there to learn for 2 to 3 hours. This duration of time which they have wasted,*

they have invested the time for themselves. Isn't it? So, we instruct them that you do not have the authority of ordering them to work for that extra 3 hours. The time has been invested for their own well-being? This is the first point, as they have not worked for that 3 hours, you do not have the authority to charge a fine for this reason. This is a second point and the third one, you have to provide the opportunity to them to watch the television, to roam outside, to pay a visit to their parents. And the third issue is, the place where the children work is very unhealthy and unprotected. We also instruct them regarding this issue, if you do not follow the instructions, I mean, we know about the number of inspectors we have but we tried to make them afraid by threatening to share the issue with the government, we will share the issue with the police if you do not work to develop these issues. If in the end, the police come and submit a report then the factory will be closed.”—KII with an official from Aparajeyo Bangladesh)

Absence of community level social and behaviour change interventions limit girls' agency and empowerment. While counselling and providing guidance to the caregivers and immediate household members of the children resulted in an increase in positive attitudes and practices for childcare and gender sensitivity, the attitudes and community pressures on marriage need to be addressed. There is a need for more active programming to strengthen community-based interventions are necessary change behaviours related to education for girls and child marriage, in particular.

The overall community attitudes remain negative towards girls' choices to play outdoors, continue studying and delay marriage as they report facing harassment about their actions by neighbours, relatives, and even bystanders.

“Neighbours' bad comments about going to school. “As the girl has grown up, what is the need of education now, if the girl does not have a brother, marriage will solve all the problems”. Those who are more financially destitute are called more. If someone goes beyond the words of the neighbours and try to get their daughter education then neighbours are said, “I will see how far she will read”. – FGD with Adolescent girls, Shibganj

Ef2. How effective was the programme in increasing the capacity of social workers to improve their work beyond their direct tasks of the CCT programme, and improving the capacity of social workers, and community structures such as CBCPC to protect vulnerable children?

For the duration of the CSSP programme, case workers demonstrated the ability to go beyond the programme boundaries to solicit support for and protect children against child marriage, labour and to keep them in school. Nonetheless, once programme funding is discontinued, the extent to which the vital capacity strengthening that took place through the CSSP will translate to strengthened national capacity for case management remains unclear. Considering that the programme has not been integrated with national systems, there is a stronger likelihood that programme funded structures such as the social workers or the CBCPC may be discontinued. However, there is also some evidence to suggest that the presence of the CBCPC has increased community awareness and activated community members to proactively identify and seek children at risk and stop practices such as child marriage. The trickle down effects of this project on communities may have a lasting effect.

Case workers went beyond their means to support children enrolled in the programme. All children identified to be at risk were provided some kind of support through the monthly case conference where they could offer a variety of available support based on the individual risk and situation of the child. The programme training and the innovative implementation by the social workers has exposed them to a wide spectrum of options and opportunities to improve the lives of children and enhance their ability to perform case management activities. Despite heavy workloads, case workers demonstrated commitment towards the children and proactively addressed the risks they were able to. For example, a social worker in Shibganj reported regularly following up with 126 children who receive CCT and 125 children who do not receive CCT as part of case management.

"So in these two years from 2019 to 2021, 125 new people have been taken. We linked them to a variety of services, since they did not receive CCT. For example, 10 people were given wheelchairs, 10 people were given allowances, then five people were given dry food from the upazila administration, then five people have been rehabilitated at the Sheikh Russel Children and Rehabilitation Center. So, providing CCT is not our only job."— Social worker, Shibganj

Children under case management were provided COVID related support by social workers.

There is some reported evidence of social workers proactively providing support and linkages to the households with children under case management. While this is not within the programme scope, it is encouraging to report that several social workers went beyond their role within the programme and actively worked towards providing child protection through linkages and resources to the best of their capabilities.

"...during this corona period and give advice on various topics like hand washing, wearing mask, adhering to social distance. For these, we regularly contact with the parents of 126 children who received CCT and 125 children who did not receive CCT, for a total of 252 children. We have to take a Covid report every Wednesday, so we talk to 30-35 parents each week and ask if the child is going to school properly and if they are sick. Let us know if they are sick and we arrange to give medicine to the sick children here."—Social worker Shibganj

Social workers have contributed to changing attitudes and practices in the targeted areas.

Social workers have had a vital role to play in changing knowledge and practices and strengthening inter-familiar relationships between parents and children, through counselling and other services. As part of case management, social workers provide counselling to children and their caregivers regarding childcare and reducing risks of the child. Guidance is provided to families on issues such as dangers of child marriage and early pregnancy in girls, advantages of sending the child to school, healthy nutritional practices and even on seeking higher education. Such counselling is reported to be significantly used in cases of children who are in conflict and contact with the law, as they require additional support while dealing with social stigma and continued efforts to avoid future conflicts or crimes.

"They are counselled mentally and those who get well through the counselling, we try to make sure their educational regularity. And parents are also counselled if they want so that they let their children to be educated."—Social worker Kurigram

"many families have no idea about a child's development. We do discussions on what is the thing, how to behave with the children. Not only the family but also, we do counselling of the native representatives and the people of the society. We counsel the parents about the development of children, like what is needed and what they should do for this purpose."—Social worker Barishal

Social workers have integrated within the community and continue to monitor children even after the programme was discontinued.

"As far as I know, 146 children who have received two instalments of money have not yet received 24,000 taka but we have not left them in the middle of follow-up. They sometimes ask if they can get the money. - Social worker, Gaibanda

The CCT programme under CSPB phase I was discontinued after 12 years of implementation due to its long duration and limited reach. Nonetheless, social workers continue to remain in place and deliver the necessary protection to children enrolled in the programme. Social workers report being

unsure of their future as case managers, whether they are employed by UNICEF or the government but are continuing to monitor children and encourage continuation of education. They also report challenges answering questions regarding the CCT and whether children who had not received some tranches would ever receive it. This has not deterred social workers for working with children for their protection and wellbeing.

Ef3. How well did the financial management and programme monitoring system establish and function?

CBCPC supports with monitoring children in the field. However, none of this additional monitoring is recorded for verification, learning or other accountability.

The established system of active monitoring and follow ups of children under case management through the CBCPC members has been reported to be very successful by programme stakeholders. Since CBCPC members include relevant stakeholders such as schools' teachers, headmasters, former elected officials, and health workers, they are able to support monitoring of CCT children by reporting the attendance of the child along with other activities which are relevant to the conditions of the programme. Follow up checks about possible improvement in the condition of the child are also supported by speaking to the families of the children under case management, seeking to assess the level of risk of the children after some time of receiving the intervention and recommending any other intervention that is relevant to the case.

Moreover, due to the reported high case load of social workers, monitoring and verification of information through community-based actors is effective in ensuring the social workers receive accurate information from trusted sources.

"...then we talk to the children who are at high risk, we talk to their families. After speaking to them we are trying to develop them as much as we can by all the resources we have. Also as social worker beside this the sources we have, I made them connected with those resource so that children or adolescents develop a little bit because if they develop our country will develop"—FGD with CBCPC members, Khulna

Despite evidence from the quantitative and qualitative data that monitoring of beneficiaries were undertaken, no records are kept from the monitoring processes. Consequently, neither can the quality of the monitoring be assessed for the evaluation; it also significantly reduces any learning opportunities, limits accountability and opens the programme up for potential abuse

1098 helpline supported case management

The 1098 helpline number is described as the number to be called in case of child protection violation. It alerts DSS/social workers who go check on the child to ensure their safety. This number is widely reported by social workers and beneficiaries as an important tool for identification of vulnerable children and supporting case management. Even children and caregivers recognise the number as the means of reporting child rights violations or in the case of adolescent girls to be able to reach out for support to avoid forced marriages. DSS officials reported receiving 20,000 to 25,000 calls through the helpline number in a month before the evaluation (2021 February).

Ef4. How successful was the programme in monitoring and enforcing the programme's conditions? How successful was the programme in following up with the households and children after graduation (in those cases where children were still under 18 at the point of graduation)? Was the programme equally capable to monitor the situation of boys and girls after benefiting from the programme?

Social workers were successful in monitoring conditions in the programme period, but children become hard to track and monitor till the age of 18 due to workload of social workers and movement of children away from the original location. However, there was no documented evidence of these monitoring visits, or any information on what was monitored. There was no structured process or checklist for monitoring. Consequently, despite the monitoring of beneficiaries and children, lack of documents precludes reflective learning, lessons or feedback into programme improvement and weakens programme accountability.

The CCT and the case management activities both rely heavily on strong monitoring processes. The data collected from parents and social workers confirm that social workers conducted follow-up monitoring either through visits or through monitoring calls. The method used depended on the time availability of social workers, who were already very stretched. The school attendance and enrolment data were collected from schools to verify CCT compliance and in some cases, social workers also talk with the teachers to confirm attendance.

During the 18-month period of CCT receipt, the social workers monitor status of children in education before confirming payments. Additionally, beyond monitoring the CCT's compliance, the discussions with families and social workers show case management and monitoring helps - to some extent - to reduce risk of child marriage. Some social workers continue monitoring/providing support to children after 18-month period for CCT and other identified vulnerable children under case management; however, this is not true for all social workers. Where social workers monitor children for a longer duration, there are several positive effects for higher education of girls - for instance, a girl from Khulna sought admission at Khulna University. Once she was admitted, she confirmed receiving 3000 BDT from the social service council. In another

instance, about 23 girls received a 2000-3000 BDT merit based educational assistance through the case management system.

While these are encouraging outcomes of the case management process, there is a lack of structured activities or guidance on activities that lead to more sustainable paths towards protection of children. While the monitoring process does certainly have a positive effect on keeping children in school and away from child marriage and child labour in the short-term; in the current form, the monitoring processes and lack of clear feedback loops will not be enough to drive long-term change. **There is no clear understanding of what social workers can do to address the community-based risks and challenges, no guidelines on feeding back the monitoring data or information into the programme design or design of other suitable interventions. Therefore, there is also little motivation among social workers to keep all necessary reports and records.**

Finally, social workers report high workload – especially administrative tasks that take away their time available for case management and monitoring. In this case, they report that CBCPC members and other community members also play a vital role on monitoring conditions, especially if the social workers cannot be there to keep track of children. While there was no fixed age until when the monitoring was concluded, social workers explained that monitoring after graduating was dependent on social workers' time availability and the ability to reach children via the phone numbers in their records. They also indicate that with children – especially boys – needing to engage in some form of work, it is difficult to monitor them up to the age of 18.

Due to lack of monitoring records, post CCT monitoring cannot be validated, nor can its quality and frequency be confirmed. There is some evidence of these being conducted – as corroborated by children and parents – however, there is no record of when these calls were made or visits were done, no written update or report on the child or his/her status or any record of actions taken.

As reported by DSS and other high level programme official, as per the guidelines, social workers seek to keep the children under monitoring from 6 months till 1 year after the end of CCT transfers. Social workers reported that they continue monitoring and providing support to some CCT and non-CCT children by calling the children or the children contacting the social workers. This is verified through FGDs with former CCT beneficiary children who report reaching out to social workers in case they needed any support.

“...there are CCT graduate children and there are also children of running case management...in our observation all the time. They have now become 18+. Now they make a demand to us, this is a girl who has been admitted to the university, this time she got a chance in Khulna University, our daughter, 18 plus age, a few days ago I gave her 3 thousand taka from the social service council.” – Social worker Khulna

The monitoring process exists but is ad-hoc and not standardized. It does not include any official assessments or records - there are no records of monitoring of beneficiaries. The accounts of social workers and children from the qualitative data do not provide evidence that such monitoring was consistently done by all social workers in a systematic way. Very few social workers reported any detail on monitoring children after the CCT or through to age 18 years.

4.4 Sustainability

#	Evaluation question	Overall conclusion
S1	How can the learnings from this programme guide policy and programmatic structuring towards a more inclusive, sustainable approach to social protection of vulnerable groups?	<p>Social workforce and case management are non-negotiable elements of child sensitive social protection.</p> <p>Education is critical for reducing a whole spectrum of other risks for children.</p> <p>Extending the programme to cover married children will be instrumental in preventing further violation of children's rights.</p> <p>Integration with government institutions is vital, even for pilots to scale up as it enables processes to be optimized for national capacity</p>
S2	How can the major capacity gaps and bottlenecks at national and sub-national levels be overcome if a different approach to social protection was employed?	Integrating case management with existing cash transfers would significantly reduce the burden on case managers and prevent duplication.
S3	How sustainable are the impacts on the lives of children and their households after graduation (for those that were younger than 18 at the time of graduation)? Does this sustainability vary between boys and girls?	<p>Not enough evidence to conclude but data suggest that under the current format, sustaining any evidenced impacts will be challenging. However, if case workers have the necessary time and resources and if caseloads are better managed, there is great potential for them to affect lives of children after graduation.</p> <p>No differences are evident between boys and girls due to lack of monitoring data.</p>
S4	Has the programme led to any positive or negative unintended results, taking into consideration COVID-19? ⁶²	The sustainability of the programme's impact on delaying or preventing child marriage and labour is threatened by the COVID-19 pandemic. Although the programme demonstrated progress towards these impacts during its lifetime, the ability of the programme's impact to

⁶² The research question was moved from Effectiveness to Sustainability criteria based on feedback and discussion with the UNICEF Bangladesh team.

		sustain through the COVID-19 pandemic is questionable due to: (i) weak linkage between the CCT and overall increase in household income, (ii) global rise in child marriage and labour due to discontinuation of education during COVID-19
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S1. How can the learnings from this programme guide policy and programmatic structuring towards a more inclusive, sustainable approach to social protection of vulnerable groups?

Social workforce and case management are non-negotiable elements of child sensitive social protection.

The CSSP programme demonstrates the vital role and the great potential that social workers and case management approaches offer for the protection of children from abuse, neglect, and child marriage. The CSSP highlights that social worker led case management approaches are highly valuable for addressing social challenges and protecting the rights of children. More importantly, they have a direct effect on access to essential services like education and health care for all and complimentary services like counselling and other support, when needed. Having access to case managers have significantly improved the agency of children, provided them with a safe space to seek help and helped build a more enabling environment within the household for girls by changing the attitudes of parents towards child marriage in particular.

The cash, on the other hand, was vital for reducing child labour or reducing risky child labour and mitigating the impact of child labour on schooling of the concerned children, in combination with case management activities. However, the effect of the cash transfer was limited to the eighteen-month period, where the household anticipated and received the cash. The income effect that alleviated the need for child's labour was limited and temporary, suggesting the need for more longer-term and complex cash plus interventions. With strong and robust case management and monitoring, the role of conditions in cash is redundant. As the data showed, social workers used a spectrum of interventions to encourage and enable children to stay in school, which were effective. Then, the role of conditions amplifies the administrative load of managing conditions, which could be better allocated to case management activities. Here, the conditions serve to ensure that social workers fulfil their responsibilities in terms of monitoring and supporting children, rather than a necessary instrument in catalysing uptake of education.

It is evident through this evaluation that social service workforce and case management systems are non-negotiable when trying to address child marriage and child labour but that the knowledge, attitudes and practices of social workers are incredibly vital in promoting the right behaviours among families of vulnerable children.

The CSSP programme is a crucial hub of information to strengthen the social service workforce for the protection of children in Bangladesh. To leverage the full potential of case management approaches, it is imperative to have adequate number of social workers focusing on improving

knowledge, attitudes and practices at all spheres of influence for a child. The ecological systems framework⁶³ by Bronfenbrenner explains that child development occurs through a complex interplay between the child and its environment and as such that human development is an outcome of influencing and being deeply influenced by the subject's surroundings. Therefore, childhood development and behaviour do not occur in isolation but through dynamic external and internal forces that influence both factors. Changes at the individual level – access to education; family level – bargaining power, knowledge and awareness; community level – social perceptions and acceptable behaviours and attitudes and then the national policies, frameworks and infrastructure are vital institutions that influence how child marriage and child labour are valued and perceived. To tackle these issues, interventions must be able to influence the individual, family and community in conjunction with activities to create a more enabling economic, policy and legal environment for protecting children's rights. Similarly, conditions may be counterproductive to prevent exclusion of the most marginalized and vulnerable – where those that are most unable to meet conditions despite the cash, who may need the support are excluded.

Education is critical for reducing a whole spectrum of other risks for children

School enrolment and continued attendance are vital for ensuring a child is protected against a spectrum of risks. Learnings about role of schooling for reducing risk for children from global evidence is reported by substantiated in the study. Programme implementers – social workers, CBCPC – as well as DSS and development partners affirm that every additional year of education for girls reduces the chances of child marriage, delays marriage and pregnancy and improves the agency of girls. Apart from receiving education for building potential of the child, schools also provide a space to the children where they are monitored and provided guidance and support to them and their families.

Extending the programme to cover married children will be instrumental in preventing further violation of children's rights

Global evidence affirms that education can be critical in reducing early childbearing and teenage pregnancies. Nonetheless, the current programme drops girls that are married from both the CCT and the case management system, therefore, excluding a significant and extremely vulnerable group of children. Ensuring that at least those that are married while on case management, continue to be monitored after marriage, to prevent early childbirth and continue education for will be instrumental in improving educational outcomes and preventing further violation of rights for young women.

The CSSP was not designed to scale and in its current form will be extremely challenging to scale due limited social work capacity and intensive resource requirements for case management and low government willingness to take over the pilot.

After twelve years of implementation, the programme was still being implemented as a pilot – not integrated within national systems, and still financially and technically supported by UNICEF. Higher level programme officials were not very familiar with the CCT design and objectives due to the change in persons responsible for the programme since its inception. Government officials who were interviewed as part of the study had limited knowledge of the CCT programme and

⁶³ (Bronfenbrenner, 1992)

reported being not involved in the project or not “following the project.” In 2017, the programme was transferred from MoWCA to MoSW. When this evaluation was started, the project team from MoWCA was not reachable (in 2019), all programme data were misplaced, and no lessons or records could be drawn from the pre-2017 phase of the programme – including case forms and data on children. Consequently, a tremendous learning opportunity was lost, as the evaluation of the programme was gravely limited. In 2022, as the evaluation team returned to the field to capture data on the programme since 2017, the lead agencies working as counterparts with the UNICEF team had little to no information on this programme, the CSSP team within DSS had been discontinued and programme professionals were no longer in office.

Officials from DSS and other ministries interviewed at endline displayed a lack of confidence in the programme design in attaining the intended objectives. An official from DSS strongly emphasised that the goal of their work in the department was not aligned with the intervention logic of the CCT, and their focus was on supporting vulnerable children through better referrals and linkages. They highlighted that tackling child marriage and child labour were top priorities for the government. However, they would benefit from building services into the national cash transfer programmes.

While there was a keen interest in scaling the risk assessment, the capacity at the upazila level or lower level of social workers remains greatly limited. On a positive note, the social workers put in place for the CSSP through UNICEF were still on duty and conducting monitoring activities even after UNICEF’s support to the programme had ended (at the time of data collection). Social workers were unsure of whether they were hired by UNICEF or the government but reported to still hold their positions. A lack of information, ad-hoc programme changes, lack of commitment at the highest level and inadequate communication drive the lack of programme sustainability.

The government did not lead or support the programme oversight or monitoring activities or take responsibility for the programme quality. Much of this burden continued to be borne by UNICEF. Without accountability and responsibility, the government has limited lessons and experience implementing this programme despite the programme continuing longer than many mainstream social protection interventions in the country.

The programme cycle is complex, repetitive and lengthy. Due to a lack of formal monitoring or evaluation activities over the last twelve years, and a lack of feedback loops, the programme has been implemented with ad-hoc changes to risk forms and no improvements to programme processes. The programme design requires three levels of verification and approvals of the list of children to be enrolled for the CCT, which increases resource requirements and lengthens the programme cycle with no apparent gains. Despite a strong monitoring system for children, the programme adopts conditions for cash, which require case workers to spend time on administrative activities such as gathering and maintaining attendance records from schools.

Conclusively, due to the lack of a streamlined approach to gradual nationalization of the programme, the government relied heavily on UNICEF for implementation and oversight. For a case management-led approach, the programme has verification and approval processes at multiple levels – detached from the case management assessment – where decisions to exclude children were made based on availability of finances, which not only undermines programme

impact but also reduces the confidence of beneficiary children from the case management system and social workers.

For scaling programmes that tackle dropouts, child marriage and child labour sustainably, the CSSP offers the following key lessons:

- Services need to be linked to national cash transfer programmes through referrals and other mechanisms (case management) to improve child sensitivity
- Child protection needs require holistic interventions at the individual, family and community levels, supported by legal and policy frameworks that enable their protection
- Respond to gendered differences in risks - boys and girls face different challenges, at different ages and driven by different combination of factors. While risk to child labour for boys is primarily financial deprivation led, child labour for girls is a combination of financial constraints and social constructs. Child marriage is more prevalent among girls and driven largely by social constraints such as prevailing perceptions on girls' marriages, the lack of agency among girls in choosing their partners, safety and security risks for girls as they age.
- The social service workforce needs to be strengthened as a top priority – trained social workers are necessary for implementing linked programmes and enabling cross-programme referrals.
- Conditions on cash become redundant when case management and monitoring activities are high quality, regular and systematic.

S2. How can the major capacity gaps and bottlenecks at national and sub-national levels be overcome if a different approach to social protection was employed?

The programme could significantly reduce resource and administration costs by utilizing existing social protection programmes/processes to deliver cash, and strictly focusing the role of social workers on case management activities.

Social workers are the primary implementers of the programme and are vital in the ensuring delivery of the transfer and the case management for the beneficiary children. All social workers, who were interviewed as part of the evaluation, reported lack of manpower at the field level – a sentiment echoed by development partners and NGOs. Since social workers were responsible for case management, cash delivery for CCT and for administration and record-keeping, several tasks such as data recording and management fell through the cracks. It is imperative to establish a social workforce team that focuses on the non-administrative components of the processes, with support from an administrative staff for other tasks. The lost potential due to lack of administrative support in the quality of case work is a key consideration for any future programming in the given context.

"If I have a lot more co-workers and if they are proficient in these tasks, then we can do our job better and I do all the office work now that I am alone, then I don't have to do that anymore, but we can all work together. It will be beneficial if we can get various technological benefits such as computer usage, printer usage, logistical support, etc." - Social worker Shibganj

"In this case, if there is administrative staff, the hassle will be reduced. Otherwise, it is not possible to handle 350-400 children for follow up along with administrative duties." —Social worker Kurigram

An increase in the social workforce is mandatory to improve and maintain the quality of case management and sustain the positive effects of the programme and similar programmes over time.

All social workers, who were interviewed as part of the evaluation, reported handling a large number of cases, which significantly impacted their time availability for and quality of activities / services per child. The amount of time the social workers can spend on each case is reduced due to the high caseload and results in considerable stress for the social workers. All stakeholders interviewed in this evaluation agree that the numbers and quality of social workers are a vital barrier for scaling integrated social protection in Bangladesh and without a planned scale up of the workforce, extending integrated services and protection services for children will be extremely challenging.

S3. How sustainable are the impacts on the lives of children and their households after graduation (for those that were younger than 18 at the time of graduation)? Does this sustainability vary between boys and girls?

The programme, as reported in qualitative data, has demonstrated the ability to keep children in school, reduce the risk of child marriage to some extent and to reduce the prevalence of risky child labour to some extent while the children are in the CCT and in the case management roster. Since there are no accessible records of monitoring activities after the CCT, it is difficult to estimate what share of children receive this assistance but social workers in half the locations reported that they continue to monitor and manage the cases of children who were under the age of 18 years, irrespective of their CCT status. They seek access to necessary services and assistance from the upazila administration for these children and continue to offer guidance on continuing education, preventing marriage and risky labour. When a child can be traced and if social workers have the time to monitor, they can have a significant role in sustaining programme outcomes longer term. For instance, a child who received all CCT instalments was found to have dropped out of school in a follow-up monitoring session. The social workers spoke with the headmaster and got the child re-admitted in school. Case workers only close the case for the child under 18 if the situation has improved enough to eliminate risk.

The ability of the CCT to sustainably reduce the financial constraints enough to ensure children will be kept in school, out of marriage and labour is highly contentious. Evidence from the field suggest that the chances of such improvement in household income is unlikely and may pose a risk for more hours spent working for children. However, the case management system demonstrates high potential to keep children in school and out of marriage and risky labour as long as children are in the system, trackable and social workers are able to monitor them (case load). If a child is out of the case management system, then the likelihood of the programme outcomes being sustained cannot be confirmed. Social workers suggest that after age 13-14 years, girls' risk of child marriage remains high irrespective of financial constraints. Many boys also leave the village and move to Dhaka and other areas for work, making it very difficult for social workers to track them.

In some cases, social workers establish long-term contacts/ mentor-mentee relationships with CCT and non-CCT beneficiary children. They report being reached out to by children for guidance

and calling them periodically to check on them. Children trying to resume higher education and learning were most likely to out to social workers for additional support like scholarships.

S4. Has the programme led to any positive or negative unintended results, taking into consideration COVID-19?⁶⁴

In the wake of the COVID-19 crisis, the programme was discontinued. While the programme demonstrated some progress towards impacts such as reducing child labour and reducing or delaying child marriage; the sustainability of these progress and thus, achievement of impact in the long-run is questionable. The COVID-19 pandemic caused a global reversal in access to education and gravely increased the risk of child marriage and labour among low-income households as loss of earnings, rising poverty levels and hunger, and school closures made children and youth susceptible to such social practices.

Numerous studies⁶⁵ have suggested that COVID-19 has the potential to reverse the progress made in reducing child marriage. Afrin and Zainuddin (2021)⁶⁶ found that COVID-19 has triggered hundreds of underage marriages in Bangladesh, mostly in rural areas. He indicates with evidence that 71% of underage marriages in Bangladesh occurred due to the school closure amid the ongoing COVID-19 pandemic. Under such circumstances, the already weak indication of successful reduction of child marriages through this programme may be unachievable.

Similar trends are expected for child labour in Bangladesh. Child's rights advocates estimate that tens of thousands of boys in Bangladesh were forced into work during the pandemic. After an initial surge in child marriages for underage girls, the rise in child labour among boys was rapid and rampant, which went largely unnoticed until schools reopened and large numbers of boys did not return to school.⁶⁷ Prolonged school closures and financial woes led to mass dropouts of boys, who will not return to school again.

Given the longer-term impact of these losses, there is a strong chance that the progress made through the programme will not be sustained unless social work and child protection mechanisms are aggressively scaled and immediately put in action to get out of school children back into school and prevent further child marriage and labour as households battle the long-term fight against the effects of COVID-19.

⁶⁴ The research question was moved from Effectiveness to Sustainability criteria based on feedback and discussion with the UNICEF Bangladesh team.

⁶⁵ World Vision (2021). COVID-19 and child marriage: How COVID-19's impact on hunger and education is forcing children into marriage

UNICEF (2021). Child marriage in the context of COVID-19: Analysis of trends, programming and alternative approaches in the Middle East and North Africa

Yukich et al. (2021). Projecting the Impact of the COVID-19 Pandemic on Child Marriage. J Adolesc Health. 2021 Dec; 69(6): S23–S30

⁶⁶ Afrin & Zainuddin (2021). Spike in child marriage in Bangladesh during COVID-19: Determinants and interventions. Child Abuse and Neglect. 112(10257).

⁶⁷ <https://time.com/6170432/bangladesh-child-labor-pandemic/>

5. Conclusions

The CSSP programme has been implemented for over twelve years. In these twelve years, the programme has filled a critical gap in capacity for protecting children's rights. The key contribution of this programme has been to establish and pilot a robust case management system, with important lessons for future investments in this area.

The CSSP was relevant and responsive to the needs of vulnerable children to some extent. While the choice to use conditional cash transfer rather than unconditional could not be justified with regards to the needs among vulnerable households, capacity of local government and service providers; and the programme did not fully meet all the monetary or non-monetary needs and challenges of the targeted households, it was able to support households financially in a significant manner over the short term and provide invaluable support for improving knowledge, attitudes and practices towards child marriage and education within families.

The case management system enabled the identification of vulnerable children – especially children with disabilities – for a wide spectrum of services through strong referrals and linkages. The data on effectiveness show that the case management process was also pivotal in contributing to the three longer-term goals – keeping children in school until age 18 years and consequently, reduce the risk of child marriage and child labour. Evidence indicates that cash transfer programmes reduce poverty and vulnerability and improve well-being across a range of dimensions including food security, health, schooling, child protection, productive activities, and safe transitions to adulthood.⁶⁸ Despite these positive effects, cash alone is insufficient to overcome structural barriers for improving living standards and well-being.⁶⁹ Hence, linking cash transfer programmes to complementary interventions and existing services (cash plus) can boost the effects of cash for more transformative outcomes on the lives of beneficiaries.

The development of the risk management protocols, intensive support for strengthening the social workforce and establishment of a case management system, along with testing of the tools and providing on-the-job training to the social workers implementing the programme have provided a solid base upon which a national social workforce can be established. One of the largest gaps in social protection systems around the world is not having an adequately resourced and scaled social service workforce. Even developing countries with sophisticated social protection systems like Cambodia, India, Thailand, South Africa and others lack the necessary systems and capacities to fulfil case management needs. Yet, child protection discourse has affirmed – time and again – the vital role of the social service workforce and case management in realizing the rights of children.⁷⁰ The twelve years of CSSP offers invaluable lessons for strengthening and scaling social workforce in Bangladesh, insights that can improve programming for education, child marriage and child protection and a structure/foundation on which such systems can scale nationally.

However, it is vital to note that any targeting approach brings inherent risks of targeting errors that can for risk means that children who are marginally better off were possibly excluded from case management and access to other vital services from which they could benefit. The only way to completely eliminate such risk is adopt a more universal approach, allowing self-selection into

⁶⁸ (Roelen, et al., 2017)

⁶⁹ (Roelen, et al., 2017)

⁷⁰ (Vadapalli, 2009)

the case management process in addition to the identification mechanisms trialed through this programme.

Investments in quality, equitable education has multiple benefits, including saving lives, improving nutrition, reducing child, early and forced marriage, and overall leading to more equal, respectful and open societies.⁷¹ Cash has undeniable effects on enabling households to overcome financial barriers and is a key component enabling children to stay in school.⁷² However, the implementation of a new and conditional cash transfer programme adds to the cost of implementation and had limited, if any, value addition to the uptake of education where a comprehensive case management system is in place and a range of education stipends already exist. When this programme was first implemented, there were no large-scale child benefit in Bangladesh. The landscape has evolved significantly over the last decade. Some prominent programmes include Maternity Allowance Program for the Poor Lactating Mothers and comprehensive set of education stipends – Student stipend for Primary education level, Stipends for secondary, higher secondary and madrasah education level students, Stipends for undergraduate and postgraduate level students, Stipends for students of technical education institutions, Stipends for Physically Challenged Students and Stipends for Improving the Livelihood of Transgender, Bede and Disadvantaged Community which collectively cover over 200 lac individuals in 2021-22.⁷³ The roll out of another conditional CCT is counterintuitive in the presence of such comprehensive set of stipends. Using case management to link the stipend to child protection services and increase the uptake of the stipends would improve the coverage of national stipend programmes and continue to deliver the benefits of the CSSP at a lower cost. Focusing efforts on building the referrals and linkages with a long-term and periodic cash transfer while strengthening case management offer significantly higher returns on this investment.

While the programme interventions were well received, the process for implementing the programme offers multiple opportunities for optimization and efficiency gains. The programme is entirely paper based, with case forms and records all managed in paper format. Due to the volume of information and duration that these are stored for, there is a high risk of loss of data and information – as experienced during the transition of the programme from MoWCA to MoSW and while capturing the risk forms for beneficiary profiling in this evaluation. Paper-based data also led to suboptimal monitoring and tracking and time-consuming filing and data management processes. Digitisation of case management can significantly reduce the administrative burden on social workers, freeing time for more and better case management, it will also improve data management, ability to use data to inform better programming and services.

The CSSP aimed to keep children in school and out of marriage and labour until the age of 18 years. Given the legal age of employment in Bangladesh is 14, and 12- and 13-year-old children are permitted to do what's deemed "light work" for up to 42 hours per week; the programme's ability to prevent labour among these ages is limited. The social workers demonstrate following these protocols and ensuring that children under 18 are not engaged in risky labour, recognizing that for many households, eliminating labour is not an option. To tackle child labour, more long-

⁷¹ (Plan International, 2017)

⁷² (Kabeer & Waddington, 2015)

⁷³ Per 2021-22 Budget data - Ministry of Finance, Finance Division. Social Protection Programmes Fiscal Year 2021-22: Operating Part. Government of the People's Republic of Bangladesh

term and steady approach to improve household income is required. The potential impact on uptake of education while children remain in case management is more achievable and the case managers play an integral role in enabling this through a multi-sectoral approach. Social workers combine cash, access to services, engagement with stakeholders from health, education, and other sectors as well as counselling, and family level awareness raising to comprehensively address the structural risks of school dropouts.

6. Lessons Learned

Overall, the CSSP programme was implemented as intended but after 12 years of implementation, the programme continues to operate as a pilot, without integration into the main social or child protection system, or ownership from the government. The learning UNICEF needs to embrace is that the costs of running a pilot – especially in the absence of planned and timely evaluations - are significantly higher than projects which benefit from the economies of scale, adopt a learning-by-doing approach through clear monitoring and feedback loops.

In response to the reflections from UNICEF staff on past years of programming, UNICEF Bangladesh has already revised its approach to evidence-building pilots. In 2021, UNICEF has been working towards an internal Standard Operating Procedure (SoP) to establish internal processes for designing and approving pilots. The organization has moved forward with a clear understanding that only fixed-time pilots, pilots with intention and clear roadmap to scale or evidence-generation plan should be implemented to avoid an extended UNICEF-funded pilot that is neither owned nor fully managed by government, which prevents its integration with national social protection systems.

UNICEF must recognize that after 12 years, the CSSP was unable to establish institutionally strong ties with the government. With the programme moving from MoWCA and MoSW and with significant UNICEF involvement until programme closure, there are several lessons for future programming. Based on our consultations with ministries, the government has a strong and keen interest in child-sensitive programming. Where a pilot is designed, governments must be closely consulted, existing government channels must be leveraged and a clear roadmap with roles and responsibilities for UNICEF and government should be developed. With government leading the implementation, oversight and taking broader ownership, the likelihood of programme being nationally owned and scaled is substantially higher.

UNICEF must embrace that the monitoring aspects of case management processes fell short in this programme, costing UNICEF decades of learning and opportunities for vital evidence generation. At a minimum, social workers should keep updated records on the aspects of the risk form that were considered high risk at time of initial assessment. Such data can enable programmes to track children's status, and fully leverage the potential of case management approaches in protecting and empowering children and their families. In the context of Bangladesh, where staff turnover is high within government, it is vital to protect the children during transitions from social workers and untie the programme's success from individuals to the role of implementation.

The removal of girls who may be married while enrolled into the programme is rather concerning. While protection and empowerment of married children was not an explicit objective of the programme, considering such events, it is vital to establish linkages to other UN partners and

agencies working with married children to hand-over cases or better coordinate for their protection and empowerment. For example, the Global Programme to End Child Marriage that UNICEF and UNFPA jointly implement, could be a good connection for linkage. It is under this joint programme that UNFPA works with child brides in re-entering school, ensuring health in the relationship, and more broader empowerment work/skills development.

Finally, the evaluation has demonstrated the opportunities that strengthening the social service workforce in terms of capacity (numbers and skills) offer to UNICEF's mandate for protection and empowerment of children. Social service workforce is valuable, as this programme shows that once a child is under case management, there are immense benefits to the vulnerable child and their household.

7. Recommendations

The recommendations discussed in the report were derived from the findings of the study, which were refined and validated based on feedback from key stakeholders. Since the evaluation was conducted post the end of the CCT intervention, recommendations also rely on suggestions and feedback from beneficiaries about the successes and challenges of the programme. Findings derived from KIIs and FGDS with all levels of CCT stakeholder, i.e., UNICEF officials, field level social workers, CBCPC members, and national level government officials, were key sources of deriving recommendations for the CCT project. The recommendations were discussed and developed jointly with UNICEF.

In the final phase of the project, feedback for the study findings was received from stakeholders at UNICEF through two rounds of workshops for presentations of results, as well as a round of in-depth feedback on the report. Insights and direct feedback were also gathered from government stakeholders at the national level in a validation workshop organized by UNICEF on 18th of May 2022. The workshop was attended by officials from MOWCA and DSS, who could validate the recommendation and suggest changes based on feasibility and strategic direction.

The following recommendations are presented in an order of priority that reflects both the priorities indicated by stakeholders and the evaluator's assessment of the importance and urgency of actions considering the conclusions presented in the previous section.

a. For future pilots:

Recommendation 1: Make pilots designed to build national capacity, use national structures and eventually integrate in national systems [UNICEF]

One of the key constraints of the CCT identified in the study is regarding the lack of government engagement and interest in the project for scaling up or opportunity for capacity building, which not only affects sustainability but has important implications for the cost-efficiency of investments in pilots. It is important to ensure that future pilots are designed to build national capacity, use national structures, and are eventually integrated into national systems.

As the primary custodians of women's and children's rights in Bangladesh, MoWCA and MoSW must seek to establish long-term vision for strengthening social protection systems for women and children. Future pilots, programming and support should fall within government priorities for scaling child protection and social protection for children by either informing national policy or

building national capacity. Ensuring government involvement and leadership in donor-financed pilots, assuming co-responsibility can amplify the effectiveness of future programmes.

The government, MoSW in particular, recognizes and intend to respond to the needs of children in Bangladesh. With child marriage and labour at the top of their agenda, and rising awareness on the need for inclusive and child sensitive social protection, there is clear window of opportunity for UNICEF to collaboratively design and develop more rights-based programmes that are delivered through the mainstream social protection systems. Having government-led design, with very strong component of advisory and advocacy work tied into the programming will improve government ownership of projects and activities and strengthen long-term partnerships with the government.

Recommendation 2: Develop planned implementation and evaluation timelines with clear feedback loops for programme closure or expansion in the design phase [UNICEF]

The CSSP programme ran like a pilot for 12 years without defined pathways of intervention for meeting outcomes of impact for the specific intervention and with no confirmed evidence that the programme was delivering the intended outcomes. In the process, years of opportunities to generate lessons for such programmes in Bangladesh as well as its contribution to the small evidence based on such programmes globally has been lost.

The CSSP did not adequately focus on evidence-generation, leading to a series of unplanned expansions of the CSSP. In the absence of evidence, the pilot did not benefit from any process or design efficiency gains that an early and mid-term evaluation or concurrent monitoring could have provided. In future programming, design and operationalisation must be informed by national and international best practices and evidence of successes and limitations of various programming approaches.

The design phase of future pilots is recommended to develop a clear TOC which can be feasibly implemented in the specific duration of the pilot. At the onset of future programme design, ensuring that programmes are backed with adequate and relevant evidence, theories of change are accompanied by evaluation plans and frameworks and clear feedback loops are established will better ensure the programme's robustness and relevance in the national context, enable timely process improvements and improve programme efficiency.

Recommendation 3: Incorporate rigorous and systematic monitoring processes (data collection, collation, analysis and feedback loops), develop a robust monitoring and evaluation (M&E) framework and assign monitoring and oversight responsibilities as part of the design package to prevent oversight during implementation [UNICEF]

For any programmes in the future, it is recommended to incorporate rigorous systematic monitoring processes, M&E frameworks and ensure that there is monitoring and oversight of programme activities and the implementing actors. The recommendation seeks to address the lack of available beneficiary monitoring data for implementation of the conditions, as well as to strengthen monitoring of the implementation process by funding and implementing agencies.

Periodic monitoring reports and records could have greatly strengthened this evaluation's inputs to further strengthen programme practices, but more importantly, been able to influence and

improve implementation processes – which have remained static for 12 years – while the programme was being implemented.

For future pilots, establishment of robust monitoring frameworks and incorporating quality assurance mechanisms such as spot checks for implementing partners and personnel should be included in the design of the pilot.

b. For programmes that may adopt and use risk assessment and case management systems

Recommendation 4: Invest in piloting, testing and refining the risk management protocols to ensure all changes are based on evidence, and tools are sensitive to needs of the most vulnerable boys and girls in a gender-sensitive manner [UNICEF]

One of the major findings of the study was that the programme was gender neutral, i.e., the programming did not consider the needs of boys and girls separately and had the same approach and intervention for both groups. This is recognized as a critical limitation of the project, and such an approach can be gender negative as it is harmful for the children involved in the project.

Considering this, it is recommended for future risk assessment and case management systems to incorporate gender sensitive programming, at all stages of the programme cycle. Gender sensitive programming is widely implemented with several good practice examples from Bangladesh and comparable regional cases. It is essential to revise the risk assessment and case management approach informed by gender sensitive global evidence.

Recommendation 5: Consider digital case management systems – including risk forms for better recordkeeping, effective monitoring and utilization of the data [DSS]

Realizing the success of the case management approach for providing timely and curated support to different groups of children in the study, it is recommended for UNICEF to continue supporting the government for building on the case management infrastructure.

UNICEF may support a realistic assessment of the country situation in terms of information technology (IT) literacy of the workforce and available infrastructure and resources. Developing the system in consultation with policymakers, users, and system developers and ensuring that the system is government owned, has a robust governance structure and clear rules and guidelines for all stakeholders will be imperative for the sustainability of case management systems. Finally, the system must be designed for adaptation and with a longer-term vision considering emerging needs, functions and use of the system going forward. Training of users (in the context of high turnover) must be considered as part of the scale up process.

c. For the national system on child and social protection

Recommendation 6: Draw lessons from the case management tools developed for the CCT for generating lessons, communication and advocacy to develop, implement and scale national child protection systems [DSS]

Building on the results of a successful case management carried out by the social workforce, it is recommended to utilize the evidence and opportunity to advocate for a national social protection system in Bangladesh.

With UNICEF's mandate to improve the lives of children, social and child protection are deeply integrated. As social protection strives to ensure that every child has access to necessary social protection services, the access and utilization are greatly improved through case management systems and social workers who have traditionally been involved in more conservation child protection services. Bridging this gap between social and child protection systems has become increasingly important with the rising intensity and frequency of national disasters and protracted crises, both of which, are high risks in Bangladesh.

The CSSP had the potential to bridge this gap and contribute to the national system and global discourse on the transformative effects of social and child protection systems combined. However, weaker coordination and collaboration between the two sectors contributed to weaker design and a lack of joint programme management. In the future, better integration of programming, stronger coordination and collaboration between the two sectors can fill a critical gap in evidence and further strengthen UNICEF's position on protecting the rights of children through these vital investments.

Recommendation 7: Invest in establishing a social service workforce drawing on the learnings from the CCT programme [DSS]

As reported in the findings, an increase in the social workforce is mandatory to improve and maintain the quality of case management and sustain the positive effects of the programme and similar programmes over time. It is evident that the existing social workforce is overworked and overextended in their duties, due to an extreme shortage of social workers in the country. The social workers interviewed in the study commonly reported a huge case load which was not feasible for the number of limited social workers in their offices.

There is strong evidence of good practice implemented by social workers in identifying vulnerable children in their communities and providing any feasible support to them utilizing all resources at their disposal. It is strongly recommended to advocate for scale up of social workforce in Bangladesh for strengthening and improvement of the national child protection services.

Recommendation 8: Explore the potentials for integrated cash plus care programmes, especially for children with disabilities to improve their access to services and opportunities and to achieve long-term impacts on complex outcomes like child marriage and labour [DSS]

The programme demonstrated that children who received CCT and other interventions such as education counselling etc. had more improvement in terms of their attitudes towards child marriage and education and showed higher agency compared to those who only received CCT and those who received neither. Provision of services also enabled children with disabilities to access relevant services and played a crucial role in keeping children in school. Moreover, global evidence also supports the use of case management across programmes and services to leverage better cost efficiencies, which is vital for its sustainability.

In this context, it is recommended that UNICEF focus efforts on building the referrals and linkages with a long-term and periodic cash transfer while strengthening case management, as this approach offers significantly higher returns on this investment. Role of such approaches to tackle complex outcomes such as reducing child marriage and labour, where attitudes, knowledge and

agency have a strong role in determining behaviour is vital. Comprehensive cash plus programme models that influence attitudes, knowledge and agency at the individual, family and community levels should be considered.

Recommendation 9: Carefully research the role of conditions and evidence surrounding the efficacy of conditional transfers to achieve the intended outcomes before implementation of the same in the context of Bangladesh. Especially where resources for monitoring and tracking are limited, carefully consider the cost implications of conditions before engaging in another CCT [DSS/UNICEF]

The role of conditions in generating outcomes such as uptake of education, reduction in child marriage and labour has not been confirmed in evidence. Most global evidence has been inconclusive in this regard. In this case, the monitoring of compliance was a significant part of the case workers' loads, taking away time that could have been used for case management activities. At the local level, capacity for monitoring was limited due to staff shortages and high workloads. With very little evidence exploring the role of conditions in child protection, it is recommended to actively seek opportunities for evidence generation exploring the role of conditions before implementing conditional transfers and carefully consider the implications of attempting to enforce conditions where resources to monitor and service delivery are limited and when sustainable changes in behaviour require systemic improvements in social norms.

Recommendation 10: Establish vital partnerships and lengthen the planning horizon for systematic strengthening of social and child protection systems and delivery of basic social services [UNICEF]

The lead ministries protecting the rights of women and children, there is opportunity to establish long-term partnerships with stakeholders such as UNICEF to identify areas for assistance that are coherent, coordinated and better aligned with national priorities and needs. Long-term partnerships enable a longer planning horizon and thus, more systematic approach to establishing, scaling up or enhancing the necessary infrastructure and capacities that enable governments to deliver social and child protection effectively and efficiently. Lengthening the planning horizon and clearly identifying the roles of various partners provide better clarity to partners and to government enabling integrated programming and allowing both parties to better deliver the desired outcomes.

Table 6. Summary of Recommendations

Usage	No.	Recommendation	Type of Recommendation	Primary Intended User	Priority Level (High-Medium-Low)	Linkage to Key Finding/Lesson Learnt
For future pilots	1	Make pilots designed to build national capacity, use national structures and eventually integrate in national systems	Strategic	UNICEF	Medium	S1: The CSSP was not designed to scale and in its current form will be extremely challenging to scale due lack of government involvement, limited social work capacity and intensive resource requirements Lessons Learned: CSPS was unable to establish strong ties with the government.
	2	Develop planned implementation and evaluation timelines with clear feedback loops for programme closure or expansion in the design phase	Strategic	UNICEF	High	R6: In the TOC, the pathways of impact do not align with global evidence and there is a need to reevaluate the relative roles of and investments towards the cash and non-cash components of the programme Ey1: After 12 years of implementation, the programme continued to act as a pilot
	3	Incorporate rigorous and systematic monitoring processes (data collection, collation, analysis and feedback loops), develop a robust monitoring and evaluation (M&E) framework and assign monitoring and oversight responsibilities	Operational	UNICEF	High	Ey1: Efficiency losses due to quality of data management.

		as part of the design package to prevent oversight during implementation				
For programmes that may adopt and use risk assessment and case management systems	4	Invest in piloting, testing and refining the risk management protocols to ensure all changes are based on evidence, and tools are sensitive to needs of the most vulnerable boys and girls in a gender-sensitive manner	Strategic	UNICEF	High	R5: The programme did not separately address the needs of girls and boys.
	5	Consider digital case management systems – including risk forms for better recordkeeping, effective monitoring and utilization of the data	Operational	DSS	High	S2: The programme could significantly reduce resource and administration costs by utilizing existing social protection programmes/processes to deliver cash, and strictly focusing the role of social workers on case management activities.
For the national system on child and social protection	6	Draw lessons from the case management tools developed for the CCT for generating lessons, communication and advocacy to develop, implement and scale national child protection systems	Strategic	DSS	High	S2: An increase in the social workforce is mandatory to improve and maintain the quality of case management and sustain the positive effects of the programme and similar programmes over time
	7	Invest in establishing a social service workforce drawing on the learnings from the CCT programme	Operational	DSS	High	S1: Social workforce and case management are non-negotiable elements of child sensitive social protection.
	8	Explore the potentials for integrated cash plus care programmes, especially for	Strategic	DSS	Medium	R4: Cash transfers were adequate to some extent. They were deemed adequate to keep children in school the short run in many families, but not adequate for the most

	children with disabilities to improve their access to services and opportunities				deprived households. However, CCT alone is not enough for tackling child labour and child marriage.
9	Further research to explore the advantages and disadvantages of conditional transfers in Bangladesh, where resources for monitoring and tracking are limited	Strategic	DSS/ UNICEF	Low	R1: There is no conclusive evidence to show that the conditional mechanism has anything to do with the positive effects of CCTs or that conditions have a larger impact on these outcomes than unconditional cash transfers.
10	Establish vital partnerships and lengthen the planning horizon for systematic strengthening of social and child protection systems and delivery of basic social services	Strategic	UNICEF	Medium	S1: The CSSP was not designed to scale and in its current form will be extremely challenging to scale due lack of government involvement, limited social work capacity and intensive resource requirements.

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9. Annexures

Annex 1. Terms of Reference

ANNEX-E

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT

Title of the assignment	Evaluation of Conditional Cash Transfer programme of Child Sensitive Social Protection project in Bangladesh with Department of Social Services, Ministry of Social Welfare and UNICEF Bangladesh
Purpose	<p>The objective of the evaluation is to produce evidence on the results of the cash transfer programme and to understand the role of cash in sustaining transformative social protection for children.</p> <p>The evaluation should provide Government solid basis for their decision-making process for scaling up the model in hard to reach areas nationwide. An additional objective of the evaluation is to carry out a cost effectiveness analysis of CCT for alternative care arrangements in the community, versus institutional care. This should allow the government to make a sound decision for deciding the best arrangement for children without parental care.</p>
Location	Bangladesh: Dhaka and CCT programme areas
Estimated Duration	5 months (September 2019-January 2020)

I. Background and Rationale

UNICEF Bangladesh and the Ministry of Social Welfare initiated 18 months of cash transfer programme "Amader Shishu/Our child" to support orphan and vulnerable children in seven upazilas affected by the 2007 Cyclone Sidr in 2008. The objective was to support socio economic empowerment and increase the income of the families who were fostering orphans or bringing up vulnerable children. Later in 2010 UNICEF and the Ministry of Women and Children Affairs replicated a similar cash transfer approach in old Dhaka city with the objective to reduce child labor. From 2012 onwards, this programme was scaled up with both Ministry of Social Welfare and Ministry of Women and Children Affairs in UNDAF districts aiming to reduce vulnerability of children and protection from child marriage, child labor and school drop out. Therefore, the programme-Conditional Cash Transfer, started to be used as a tool for socio economic empowerment of families and combating child marriage, child labor and school dropout. This programme is seen as an example of child sensitive social protection service for children in need of care and protection.

Additionally, the programme has also been used as a strategy of the Department of Social Services to reduce unnecessary institutionalization of orphans and children who have no parental care and to promote informal care arrangements for these children in the community. This is a response to the fact that many children are sent to institutions due to economic constraints of the families to care for them. For example, under Bangladesh law, an orphaned child is a child whose father is deceased. In those cases where the mother is still alive but unable to economically provide for the children due to poverty, children may be placed under institutional care. Similar cases exist of many children whose families and relatives cannot care for them due to poverty. UNICEF sees institutional care as a last resort for children without parental care, and thus, sees the CCT programme as a viable option to support families and communities care for these vulnerable children. This leaves institutional care as a last resort (e.g. child has no close relatives, child is missing and family cannot be traced, relatives who could care for the child pose a threat to the child, etc.) This will not only benefit the children who will be receiving family based care, but will also benefit the State, as keeping children under institutional care is more costly. Government spends BDT 3,600 per month per child for residential care until the child turns to be 18 years old. In addition, staffing and maintenance of the residential care is also very costly for ensuring residential care for children. However, there is wide recognition of the adverse impacts of institutionalization on developmental outcomes and children's wellbeing. This has led many

countries to undertake efforts to reduce the numbers of children living in institutional care and, whenever possible, to prevent institutionalization in the first place, or to reunite children with their families in line with their obligations under the United Nations Convention on the Rights of the Child (CRC) and the UN Guidelines for the Alternative Care of Children. The Guidelines, welcomed by the UN General Assembly in 2009, encourage efforts to maintain children with their families, where possible.

Thus, the objective of the evaluation is to produce evidence on the results of the cash transfer programme and to understand the role of cash in sustaining preventive social protection. The evaluation should provide Government solid basis for their decision making process for scaling up the model in hard to reach areas nationwide. An additional objective of the evaluation is to carry out a cost effectiveness analysis of CCT for alternative care arrangements in the community, versus institutional care. This should allow the government to make a sound decision for deciding the best arrangement for children without parental care.

Objectives of the CCT: As part of the programme design, it was assumed that 90% of eligible families in intervention areas would receive support through provision of CCT, and they would then continue to keep their children in school and out of child marriage and child labour after their graduation from CCT programme. Graduation criteria are explained below, but include turning 18 or ceasing to have the key vulnerabilities identified at the beginning of the programme. This means that the expectation of the programme is that if a household graduates from the programme before the child becomes 18, then they will continue to be in school and refrain from child marriage and child labour.

Amount: An amount of 12,000 taka as conditional cash for a child for six months' instalment is given for 18 months in three instalments. The amount was determined by the MSW, and is equivalent to the monthly cost per child placed in government run institutions/orphanages.

Eligibility: The eligibility criteria include:

- Children without parental care or abandoned or without having any legal guardian
- Street children or children without any shelter
- Children engaged in hazardous work, begging or any activity conflicting with law
- Children engaged in child labour in tea garden or vulnerable children of tea garden labourers
- Children with disability
- Children from child or woman headed family living in slums
- Children of parents in prison
- Children are affected or infected with HIV
- Children from third gender, nomadic society or lower caste
- Children from poor family whose annual income is less than BDT 36,000 (1USD=84 taka)
- Children at any other risks
- Children aged 10-16 were prioritized, though if younger children were seen as very vulnerable they could also be eligible

Selection of beneficiaries: Children were selected by Social Workers using case management tools, vetted by community based child protection committee members, Upazilla Social Service Officers and receive cash support

after approval from Child Welfare Board members. In more detail, the selection process starts with the Community Based Child Protection Committee (CBCPC) members referring eligible children to the Social Workers, who then in turn initiate case management for this child. Social workers received training in order to correctly identify eligible children. After detailed assessment using the case management tools of the vulnerability and situation of the child, the cases are taken to the Probation Officer/ Upazilla Social Service Officer during the Upazilla level Case Conference. Once these cases are verified, they are compiled and taken to the quarterly Child Welfare Board (CWB) meeting, also at the Upazilla level. The CWB randomly verifies a selected number of the children proposed, and then, the list of the children eligible for CCT is approved and sent to the UNICEF supported CSPB project of the Department of Social Services.

Conditions: Expectations were explained to each caregiver at the beginning of the cash transfer and followed up by social workers regularly to monitor compliance. Families receiving cash support were mandated to comply with three conditions which are i) children will not be married before 18 years, ii) children will not be involved in child labour¹ and iii) children will continue education². These conditions are made mandatory to be considered eligible by Social Workers for receiving the 2nd instalment.

Graduation: Criteria for determining graduation included: i) families with increased monthly income of more than 5,000 BDT (67 USD), ii) child who has turned 18 years of age, iii) families who were landless and living close to embankments now owning land and living outside the embankment with increased income, iv) where instances of reduced vulnerability are observed and documented through case management (according to the criteria established by the initial screening), and v) where community members have made a decision regarding the improved situation of families. Case is closed by Social Workers for families having graduation with any of the above mentioned criteria or more, is to be closed.

In order to strengthen the CCT approach, a set of measures were taken to also strengthen the system as a whole. Thus, the programme also included the development of training material and development of suitable case management templates that allowed the case workers to correctly find and identify vulnerable and eligible children. Social workers received training on the new case management tools and on how to properly identify vulnerable children. Social workers also received training on child sensitive social protection, received counselling and further training on key skills for better understanding and identifying risks for children. They were also trained on how to link a child with specific vulnerabilities and needs to the key services available, CCT being one of them, but also including police support, school enrolment and linking back to school, health services, etc.

Result framework for the Cash transfer programme followed the logic as given below. The Annex of this TOR present the Theory of Change of the programme.

- Overall Objective: % of eligible families in intervention areas that had received CCT instalments that continue to keep their children in school and out of child marriage and child labour after their graduation from the CCT programme (in case they are still children when graduating from the programme, and throughout their time as beneficiaries in the programme)
- Impact: Wellbeing of children is enhanced in terms of: children are protected and are free from violence, abuse and exploitation, mainly through not being married as children and not being engaged in child labour; and through continuing their schooling
- Outcome: The additional cash allows families to: access basic social services and/or make investments that could potentially allow income to be further increased. This increase in income is expected to happen in about 60% of the supported families. These two could be considered indirect impacts of the programme as well.

¹ The project document specifically mentions hazardous labour. However, it also mentions that children should have enough time to go to school and leisure time, which would imply that children are not involved in any form of child labour.

² Includes both formal and non-formal education

- Analyse the extent to which the CCT programme has been appropriately designed, efficiently and effectively implemented (including targeting and coverage, inclusion and exclusion errors, cash distribution mechanism, financial management, reporting compliance, data management, monitoring and enforcement of conditions, etc.) and cost-effectiveness analysis
- Understand how families have used the money provided, how they have complied (or not) with the conditions, the adequacy of the transfer level, and the extent to which the spending of the money translated (or not) into benefits for children;
- Assess the institutional capacity at national and sub-national level for management and implementation of the CCT programme, identifying key gaps and bottlenecks in its pilot and small-scale stages and understand the role of the programme in strengthening (or not) such capacity

In addition to the above mentioned three points, an additional expectation of the consultancy is that it can:

- Assess the strengths and weaknesses of the CCT programme to support family/community based alternative care as an alternative to institutional care, and carry out a cost-effectiveness analysis of the two, considering the group of children for whom alternatives to institutional care are feasible.

Evaluation evidence will be judged using modified Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, efficiency, effectiveness and sustainability, as well as equity, gender equality and human rights considerations. It is expected that all questions are answered with these lenses in mind in an explicit way. Key evaluation questions include the following:

Relevance and appropriateness:

1. To what extent was the choice to use conditional cash transfer rather than unconditional justified with regards to the needs among vulnerable households, availability and quality of services, capacity of local government and service providers, and government preferences?
2. To what extent was the size and regularity of the cash transfer adequate to meet the needs and challenges of the targeted households? Were the different needs of vulnerable families and their children at risk met within the objectives of the programme? Were the needs of girls and boys considered and addressed separately?
3. To what extent did the selection of vulnerable children complement the targeting of other social projects to reach the worst-off and most vulnerable? Were there any gaps in relation to targeting and coverage?
4. Were the programme's targeting and selection criteria designed in a way to minimize exclusion and inclusion errors?
5. Is the TOC being followed? Does it include all the factors necessary for the TOC to be relevant? Does it need to be adjusted in any way? Does it consider specific gender differences for vulnerable boys and girls?
6. Does the programme design follow best practices³ for the design of CCTs, especially for the design of targeting and selection criteria, money disbursement, graduation criteria and monitoring of conditions?

Efficiency:

7. How well was the delivery process managed, considering the time and resources at each stage of implementation and coordination between UNICEF, DSS and sub-national administrations?
8. How cost-effective is the CCT programme and what potential is there for efficiency savings at all stages? Does cost effectiveness vary for boys and girls when applying the cost effectiveness analysis tools?
9. How cost-effective is the CCT programme for family/community based alternative care compared to institutional care?

³ Use as benchmarks the research carried out in the topic for example by [MercyCorps](#), [IDB](#), [WorldBank](#) as appropriate. If other guidelines/best practices are thought relevant, please include in proposal.

- Outputs: Community based child protection mechanisms are functioning; Institutions delivering social protection services have improved capacity to use case management tools and to ensure improved access of children to child sensitive social protection services and vulnerable children and families are identified early by case management
- Major activities in addition to supporting vulnerable families through cash transfers are: i) Formulation of Community Based Child Protection Committees (CBCPC), capacity development, engagement of CBCPCs, ii) Social workers' capacity development, iii) Formation of Child Welfare Board, technical support to perform responsibilities as per Children Act 2013, iv) Monthly case management conferencing and early identification and monitoring of vulnerable children under case management.
- The underlying problem identified is that vulnerable families do not have the financial capacity to ensure the optimal development of their children, and need to opt for sub-optimal and harmful coping strategies such as pulling children out of school, engaging them in child labour or marrying them off. The expectation is that the provision of Conditional Cash Transfers removes the economic barriers faced by vulnerable families to ensure the rights of their children to education, health, protection and participation and enables their access to services and mitigate equity gaps.

The cash transfer programme was considered as an innovative strategy to empower orphan or vulnerable families with children and strengthen social protection for the most vulnerable children in Bangladesh. Therefore, Department of Social Services and UNICEF decided to convene an evaluation of CCT programme to document how far this programme was able to achieve its expected results, to draw lessons for the improvement of the programme as it is scaled up and to give build and evidence base for better decision making on the type of care to give to children, be it community based alternative care or institutional care. Since the inception of the programme no assessment has been conducted to understand the relevance, efficiency, effectiveness or sustainability of the CCT intervention, except an action research conducted in 2016, making this evaluation strategic and timely. The main users of the evaluation will be mainly the Department of Social Services and UNICEF for their learning and programming needs. The evaluation will also serve an accountability purpose to managers and donors, who will better understand how the resources turned (or not) into tangible results for children.

2.Purpose of the assignment

CCT programs are promising, but evidence around the world suggests that many criteria need to be well in place for them to achieve their expected goals. Similarly, though conditions might incentivise certain behaviors, the inclusion of conditions requires dedicated resources to monitor and enforce these. Therefore, it is imperative for Department of Social Services and UNICEF to conduct an evaluation of the CCT programme, and to provide the Government with actionable recommendations before scaling up such models all over the country. The evaluation findings will provide evidence whether the recipient of CCT are respecting the three conditions of no child marriage, no child labor and no school dropout. The evaluation will be a learning opportunity that will generate actionable recommendations aimed at improving the programme before it is scaled up. The evaluation will also measure whether family-based integration through cash support is more effective in terms of cost and protection than institutional care support. The results and lessons learnt from this evaluation, intended and unintended will be documented and integrated into the programme.

2.1. Main objectives of the evaluation and evaluation questions

The main objectives of this evaluation are first, to foster learning and improvement of the CCT programme before it is scaled up. Second, this evaluation aims to generate accountability by exploring how successful has the CCT programme been in achieving its expected results and to generate actionable recommendations that can help improve the programme before it is scaled up nation wide. With this in mind, the evaluation will assess the programme design and implementation, as well as assess its relevance, effectiveness, efficiency and sustainability. In addition to this, and as an additional activity, the evaluation will assess the cost-efficiency of providing families with CCTs for community/family based care arrangements vis-à-vis institutional care.

The evaluation should:

Effectiveness and impact:

10. How effective was the programme in achieving its expected results in terms of outcomes and impacts? Is the programme equally efficient when considering vulnerable girls and boys being benefited?
11. How successful was the programme in selecting the most vulnerable households and minimizing exclusion and inclusion errors?
12. How successful was the programme in achieving indirect impacts, such as increasing the access and use of households of other services (e.g. health), and increasing the capacity of social workers to improve their work beyond their direct tasks of the CCT programme?
13. Did the programme lead to any positive or negative unintended results?
14. How effective was the programme in improving the capacity of social workers, community structures such as CBCPC, to protect vulnerable children?
15. How well did the financial management and programme monitoring system establish and function?
16. How successful was the programme in monitoring and enforcing the programme's conditions? How successful was the programme in following up the households and children after graduation (in those cases where children were still under 18 at the point of graduation)? Was the programme equally capable to monitor the situation of boys and girls after benefiting from the programme?
17. Is there evidence on the relative effectiveness of providing CCT for family/community based care and institutional care for children without parental care in terms of improving the wellbeing of children, and in particular for ensuring children are in school, not married as children and not engaged in child labour?⁴

Sustainability:

18. How can the conditional cash transfer pilot be successfully replicated at the national level given the current capacities at the national and sub-national levels? To what extent can the major capacity gaps and bottlenecks at national and sub-national levels be overcome in the short to medium term?
19. How sustainable were the impacts on the lives of children and their households after graduation (for those that were younger than 18 at the time of graduation)? Does this sustainability vary between boys and girls?

One of the key tasks to be initiated at the proposal stage will be to interrogate these questions and criteria and determine if all key issues have been given due prominence. Bidders are required to propose appropriate evaluation criteria (e.g., OECD/DAC criteria for evaluating development projects, including sub-criteria such as equity, gender equality, human rights). Improvements and/or refinements to the draft questions may be offered at the proposal stage. However, the expectation is that the inception process will yield the final set of questions.

3.3 SCOPE OF WORK

The evaluation will be retrospective in nature, and will cover the design and implementation phase, as well as focus on the achievement of the expected outcomes and impacts. It will cover beneficiaries from 2014 onwards. The evaluation should include households with the vulnerabilities described as eligibility criteria, with a special focus on beneficiary households and pregnant women and mothers with a child under five years old, and put an emphasis on children who benefited from the intervention.

The evaluation will also need to gather information on institutional care, in particular the sufficient information to be able to conduct the requested cost-efficiency and relative effectiveness analyses.

⁴ The relative effectiveness should focus on the group of children without parental care that in addition to qualifying for institutional care would be able to also be placed in alternative family/community based care. The analysis will not cover and not be representative of children in extreme situations where institutional care is the only alternative.

The geographic coverage: United Nations Development Agreement Framework (UNDAF) Districts under Khulna, Sylhet, Barisal, Chittagong, Mymensingh, Rangpur and Dhaka City Corporation as mentioned in the context section.

4. Evaluation approach and Methodology

Based on the objectives of the evaluation, this section indicates possible approaches, methods, and processes for the evaluation. Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology proffered in the ToR and improve on it, or propose an approach they deem more appropriate. Bidders are encouraged to also demonstrate methodological expertise in evaluating social cash transfer projects.

It is expected that the evaluation will employ a mixed methods approach drawing on key project documents and the monitoring framework for guidance. The evaluation should also be situated within current debate about the use of unconditional versus conditional cash transfer interventions and social protections projects to improve the welfare of vulnerable children and throughout it should consider issues of equity, gender equality and human rights.

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

- Desk review of project documents and other relevant data;
- Review and analysis of primary and secondary quantitative data;
- Key Informant Interviews (KIIs);
- Focus Group Discussions (FGDs);
- Cost-effectiveness analysis; and
- Surveys with beneficiary and non-beneficiary households as well as with social workers.

The firm will need to develop a methodology that takes the following considerations into account:

- The programme has already been going on for several years, with many children already having graduated from the programme. It is not certain the programme will have information on where they are, and information may need to be collected from the parents on the current situation of the children, in case they are no longer accessible.
- It is possible to have information on past beneficiaries and the date of entry and exit to the programme. There is also information on reasons for graduating from the CCT programme.
- The TOC has not been updated since the start of the programme.
- A sub-group of beneficiaries are currently still receiving the CCT
- There is no baseline for the programme
- Eligible families were chosen based on case management and the most vulnerable selected. Eligible families had to meet the criteria mentioned in the background and context section.
- Once a child/household graduates, there is no follow-up data collected. Still, it is key that the evaluation group can talk to children who graduated and their foster families. Special care needs to be given in the proposal to suggest ways to find these families in a cost-effective manner.

With this in mind, we expect different methodologies to be used to answer the key objectives of the evaluation:

- I. Desk-review and literature review: Should be carried out to better understand the programme, and to be able to respond questions of relevance and design of the programme itself. Also for better designing data collection tools and identifying potential. The desk review should go beyond CCT information and include

relevant documents on institutional care.

2. Quasi-experimental quantitative approach: For capturing the effectiveness of the programme and its ability to achieve its impacts on school retention, no child labour and no child marriage, we expect to see a proposal for a quasi-experimental approach to capturing the impact. We expect the firm to discuss whether the best way to capture impacts given the above mentioned characteristics and limitations. We expect to see households who have a child who received CCT to be the unit of analysis, and to interview both caregivers and children. Special considerations need to be given in those cases where the children have already left the home. These cases are key to study, as these are homes where children are most likely to have married or started work outside of the household.
3. The quasi-experimental method will require primary data collection of beneficiary households, and the identification of a comparable control group. The firm can suggest the best way to find a suitable control group depending the method suggested. We encourage the firm to design the sample in a way that potential spill-over effects can be measured, potentially by looking at non-beneficiaries in communities with beneficiary households, and in communities without any households benefited by the programme. We also encourage the firm to seek information from the community of all vulnerable households, with the objective of finding other potential eligible households that did not receive the programme. As there are no listings of control groups, the firm needs to propose its best suggestion of how to find and sample the control group. We expect the firm to explain how it will take into account the different dates of entry and exit of beneficiaries for a better understanding of sustainability of the programme and for sampling.
4. Households, especially those who were part of the programme or still are, might have incentives to hide child marriage, child labour (especially hazardous labour) and school drop-out. The firm should consider innovative approaches to capture these, such as list experiments, etc. Households where children under 18 are no longer living in the selected beneficiary households offer a possibility of better estimates of the impacts, in the sense that if children are still at home they are more likely to not be married or engaged in hazardous labour.
5. Quantitative review of secondary data: Of the programme internal data, monitoring system and other available data sets, including those related with the implementation of the programme. In addition, quantitative review of secondary existing data on institutional care will be necessary. This would include information on the children themselves that is kept in institutions and with the DSS, including age of the children, whether they are going to school or not, and age at which the child left the institution and reason for leaving.
6. Qualitative approach: Is expected to take place with both current and past beneficiary households, children and service providers. The qualitative approach should also explore the implementation side of the programme. In addition, qualitative tools should be used to gather information on institutional care. For this, different respondents can be included: relatives of children who are in institutions, children in institutions (as approved after ethical review) and directors and managers of the institutions. Questions on institutional care should also be asked to government stakeholders, in particular DSS, as appropriate.
7. Cost-effectiveness analysis for the CCT programme in itself, and also cost-effectiveness analysis comparing CCT to support community care vis-à-vis institutional care. Cost effectiveness analysis: The evaluation team will ensure that the costs and investments incurred in the intervention are well captured and measured. This includes capturing the intensity of the human resources that are invested in the intervention, allowing for a more accurate estimation of costs. Robust guidelines for doing a cost effectiveness analysis as part of an impact evaluation approach are available (for example [here](#) and [here](#)) and should guide the analysis.

Sampling

The methods described above will require primary qualitative and quantitative data collection. The proposal should already propose an adequate sampling methodology and sampling size that takes the following considerations into account. The quantitative sample must be representative of the universe of beneficiaries, and ideally should allow to potentially differentiate impacts according to different lengths of exposure to the programme. The sample should also allow for impacts to be estimated for both boys and girls. Geographical variation of results will also be ideally expected, and the sample should allow to make conclusions for the programme in urban and rural areas separately. We are not expecting data to be representative for the sub-groups that are generated when crossing these categories with each other, rather representative when considering each group separately (e.g. we expect data to be

representative of the situation of boys and girls, rural households and urban households, but not the situation of urban girls, urban boys, rural girls and rural boys, etc.) Cross-tabulations can be explored to understand equity dimensions and heterogeneity of impacts, with the potential limitation of sample size. Qualitative sample should allow for the above mentioned variations to come out, and should also ensure that key stakeholders are included. It is suggested that the same locations are used for the data collection needed for the questions related to institutional care.

The geographical presence of the programme is as follows;

Zone	District	Zone	District
Sylhet	Sylhet Urban	Barisal	Barisal Urban
	Stone crush+Haor+HIV		Barguna-100
	Habiganj		Bhola-200
	Madahbpur		Patuakhali-100
	Sylhet Sadar		Barisal-AB
	Jointapur		Rangpur CC
	Goainghat		Gaibanda
Khulna	Sunamganj	Bogra	Gangachara
	Dacope Upa		Kaunia
	Khulna CC		Kurigram
	Satkhira		Suirajganj
	Bagerhat		Rangpur CC
	Khulna		Nilphamari
Chittagong	Satkhira	Mymensingh	Gaibanda
	Cox's Bazar Urban		Jamalpur
	Bandarban		Bahluka
	Ctg Urban		Gauripur-Netra
	Teknaf		Netrakona
Dhaka	Ukhiya		Jamalpur
	Old Dhaka		Netrakona
	Mirpur		
	Gulshan		
	Mohammadpur		

Data collection methods and analysis Quantitative data is expected to be collected using CAPI. Qualitative data is expected to be analysed with suitable software for qualitative data analysis (e.g. NVivo or similar), and quantitative data is expected to be analysed using proper software that allows for quasi-experimental methods to be applied (e.g. Stata, R or similar). Quantitative and qualitative data are expected to be jointly analysed and triangulated.

Data needs to be analysed in a way that can be disaggregated for the different groups of beneficiaries, should allow to understand differences in the levels of impact and should allow for equity, gender and human rights dimensions to be explored. We expect the firm to be able to use proper econometric methods to i) minimize selection bias when comparing treatment and control households and ii) generate understanding of heterogeneity of impacts, even if limited to correlational relationships.

Important note: The CCT program should be seen as part of the existing social protection system. Such a program is mainly intended to support poor households with orphaned children and children vulnerable to child marriage, child labour, school dropout and at risk to be ended up in institutional care. It is very likely that given the overall vulnerability of the households, the recipients of this CCT are also receiving other transfer programs such as disability allowance, stipend from school and other safety net allowances. The data collection tools will need to be able to identify all those programs that beneficiary families are receiving and understand the conditions that these programs request of the families to minimize, to as much as possible, the confounding effect that multiplicity of programmes will have on the final results.

Evaluation matrix: The firms are requested to present a preliminary evaluation matrix that shows how different methods will be used to answer each of the evaluation questions proposed. The evaluation matrix should distinguish between the two main purposes of the evaluation and clarify which tools and respondents will be used to answer each question and objective of the evaluation.

Norms and standards guiding the evaluation

This evaluation will be held to the highest standards employed by UNICEF for the conduct of evaluations and research. This means it will abide by the following:

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2016
- Ethical Guidelines for UN Evaluations; Ethical guidance for Research in UNICEF

The final report is expected to meet the UNICEF-adapted UNEG Evaluation reports standards as well as benchmarks used in UNICEF's Global Evaluation Reports Oversight System (GROS).

These guidance documents will be part of the contract of the evaluator/team. It is expected that the evaluator team read these guidelines and documents thoroughly and in the proposal already include a section on quality assurance and how the evaluation will abide to the UNEG norms and standards, and also a section on the expected ethical challenges and issues that the evaluation will need to overcome. The proposal will need to already take into account the need for getting IRB approval. The proposal will need to spell out how the guidelines will be followed/met, rather than only mentioning that the evaluation will abide by them.

5. Workplan: A tentative work plan given below will be followed.

Tasks	End Product/deliverables	Time frame
Desk review	Completion of review	
Prepare and submit the inception report with workplan, timeframe, methodologies.	Finalized inception report including: a workplan, timeframe, final sample, methodologies and data collection tools.	1 month
Programming and finalization of data collection tools Data collection protocol and manual developed Training of enumerators and piloting data collection tools Data collection	Data collection completion report	2 months
Data analysis Prepare the draft evaluation report	Draft evaluation report	1 month
Plan, lead and facilitate the validation workshop and incorporate the comments (if any)	Validation workshop facilitated and comments integrated (if any) are incorporated	2 weeks
Prepare and submit the final report, including policy note and infographic of findings for advocacy use	Final report and infographic submitted	2 weeks
Total days for assignment	5 months	

The assignment is expected to be completed within 5 months from 1st September 2019- 31st January 2020.

6. End products

1. An inception report that presents the complete methodology approach to conducting the work, with all tools fully drafted. The inception report will also need to fully develop the data collection and analysis strategy and triangulation methodology. The tools and analytical methods used should explicitly consider gender, human rights and equity dimensions. An evaluation matrix that includes the evaluation questions and maps these to the tools and specific questions in the tools, as well as respondent groups is expected. Ethical considerations need to be included. The inception report should present the proposed content of the final report following the GERO^S reporting standards.
2. The inception report will need to be accompanied by a PPT, which needs to be presented and shared with the reference group.
3. Draft Final Report. A final report that adheres to the GERO^S reporting standards. The report needs to show a clear flow from objectives and purpose of the evaluation, evaluation questions, methods and tools used to collect and gather information, analytical approach, findings, conclusions and recommendations. Recommendations are expected to be presented and discussed with the reference group.

Vulnerable Family Support through Conditional Cash Transfer

Theory of Change

Vision: A modelled package of child protection services scaled up for vulnerable women, children and young people and equity gaps mitigated in selected areas (tea gardens, urban slums, stone crushing areas,haar and disaster prone areas)

Impact

Objective: Vulnerable children and families are protected by family base support and having increased access to basic social services

Outcome: Vulnerable children and families have access to basic social services

Output 1: Community based child protection mechanisms are functioning

Output 1 Indicator: # of cases referred to Social Workers by CBCPC members

Output 2: Institutions delivering social protection services have improved capacity to use case management tools and to ensure improve access of children to child sensitive social protection services

Output 2 Indicator: % of unions implementing case management by skilled social workers and probation officers

Output 3: Vulnerable children and families are identified early by case management to reduce risk

Output 3 Indicator: % of eligible families in intervention areas receiving Conditional Cash Transfer

Impact: Children go to school, are not married as children and are not engaged in child labour while in the programme, and after they graduate until they become 18

Impact Indicator: % of eligible families in intervention areas that had received CCT that continue to keep their children in school and out of child marriage and child labour after their graduation from CCT programme

Inputs: Budget for CCT, case management, Trained Union/Municipal Social Workers, Probation Officers, Development Officers, Child Welfare Board Members

Urban Community

1. Establishment of CBCPC and training
2. Capacity development of Social Workers, Probation Officers, Upazilla Social Service Officers and Child Welfare Board members
3. Roll out of case management and establishment of CPMS

Annex 2. Object of the evaluation: The Conditional Cash Transfer programme (CCT) of the Child Sensitive Social Protection project in Bangladesh

From 2012 to 2017 the Ministry of Social Welfare (MoSW) and Ministry of Women and Children Affairs (MoWCA) jointly delivered the programme – known as the CCT – in UNDAF districts as a tool for socio-economic empowerment of families and combating child marriage, child labour and school dropout for vulnerable children. In Phase 2 of the programme (from July 2017 to August 2020), only MoSW implemented the programme.

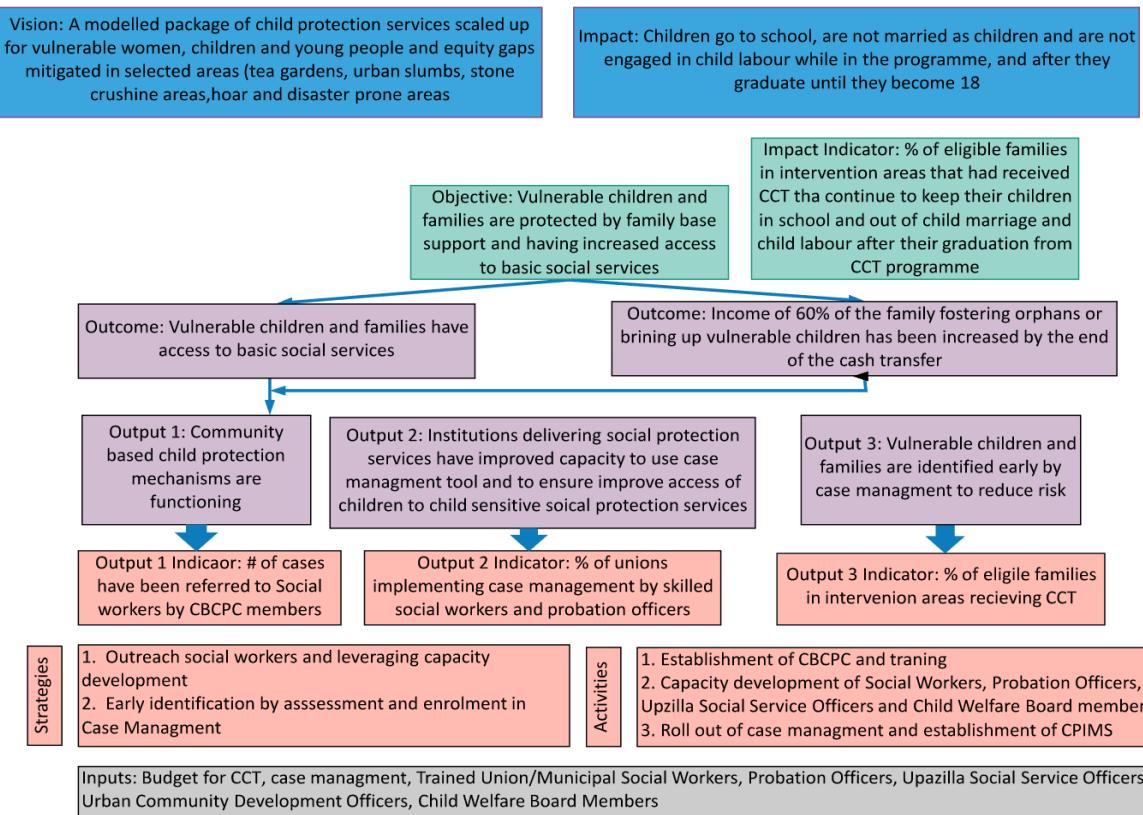
The CCT provided BDT 2,000 a month, over a period of 18 months. The amount was dispersed every six months, so that three instalments of BDT 12,000 each were paid, to the guardians of eligible children if they keep children in school, out of employment and unmarried.

In Phase 1 (before July 2017), the programme covered an estimated 1,284 beneficiaries through MoWCA and approximately 200 beneficiaries through DSS. There has been no information on the total number of children assessed and, in most cases, no information on those that were assessed but not provided the CCT. In Phase 2, from July 2017 to November 2019, the programme reached a total of 1,688 beneficiaries (all through DSS), of whom 1,070 were girls (63.4%). Based on consultations and data from MoWCA and DSS, the programme was implemented in and had active beneficiaries from eleven wards or upazilas and city corporations in the following eight districts: Dhaka North, Barisal, Khulna, Kurigram, Gaibandh, Sylhet, Sunamgonj, and Chapai Nowabgonj. These eight districts fall within six zones - Dhaka, Barisal, Khulna, Rangpur, Sylhet and Rajshahi. The breakdown on beneficiaries is presented in the table below.

Table 7. Programme Districts and Upazilas

Zone	District/ CC	Upazila/Ward	Number of Beneficiaries		
			Boy	Girl	Total
Dhaka	Dhaka North CC	Zone 5 - Ward-28	33	38	71
		Zone-2 (1st Phase)	59	91	150
		Zone-2 (2nd Phase)	135	183	318
Barisal	Barisal	Barisal CC	92	61	153
Khulna	Khulna	Khulna CC	-	307	307
		Daccop	3	25	28
Rangpur	Kurigram	Kurigram Sadar	54	66	120
	Gaibandh	Gaibandha Sadar	64	83	147
Sylhet	Sylhet	Sylhet Sadar	89	58	147
	Sunamgonj	S. Sunamgonj	37	83	120
Rajshahi	Chapai Nowabgonj	Shipgonj	52	75	127
	Total		618	1,070	1,688

Original Theory of Change



Eligibility

The children eligible for the programme were those at risk of dropping out of school, of employment, child marriage and under the age of 18 years as identified by the risk assessment process. To be eligible for the CCT programme, children had to fulfil some of the following criteria: (1) be without parental care, abandoned or without having any legal guardian, (2) be a street child without shelter, (3) be engaged in hazardous work, begging or any activity conflicting with the law (4) be engaged in child labour in tea garden, (5) live with a disability, (6) live in a child- or woman-headed household in slums, (7) have parents in prison, (8) be affected by HIV, (9) be from third gender, nomadic society or lower caste, (10) come from a family with a lower annual income than BDT 36,000, or finally, (11) be at any other risk. Children aged 10-16 were prioritised, though if younger children were seen as very vulnerable, they were also enrolled.

Selection into the programme

Risk Assessment Process

A review of programme guidelines and interviews with stakeholders indicate that children were assessed for their vulnerability and situation using a risk assessment form by social or case workers at the upazila level. All children obtaining a score of 24 or higher in Phase 2 (or 20 in Phase 1 of the programme) were eligible for the second, more in-depth assessment, which determined receipt of the programme and/or other services. Children who scored below the threshold were not entitled to receiving any intervention. The nature of this selection approach suggested a dual counterfactual since the programme might have been excluding at-risk children within two categories:

1. Vulnerable children with scores above the 24-score threshold referred to other services or programmes
2. Vulnerable children with scores below but near the 24-score threshold that are excluded from the CCT and other programmes

There has been little to no information on children who scored under 24 but there is some information on those who scored above 24 but did not receive the CCT.

Table 8. Availability of Risk Forms

Type	Phase 1	Phase 2
Non-Beneficiary Forms	Not available	At least 82
Vulnerable Non-Beneficiaries (Children who were assessed to be at risk but not provided the CCT)	Not available	At least 921
Vulnerable Beneficiaries	At least 1,284 (from DSS) + 200 (from MoWCA)	At least 1,616

If a child scored 24 or above (Phase 2) in the initial risk assessment, the social workers were required to undertake a detailed assessment using the detailed assessment form. Depending on the analysis of the social or case worker, they were required to take appropriate steps to ensure the care, protection, and development of the child as per the provisions of the law.

If the total score was under 24, the social/case worker was expected to closely monitor the child's actual condition and make notes on the situation. The table below summarises the risk areas evaluated by the case workers.

Table 9. Risk Form Dimensions⁷⁴

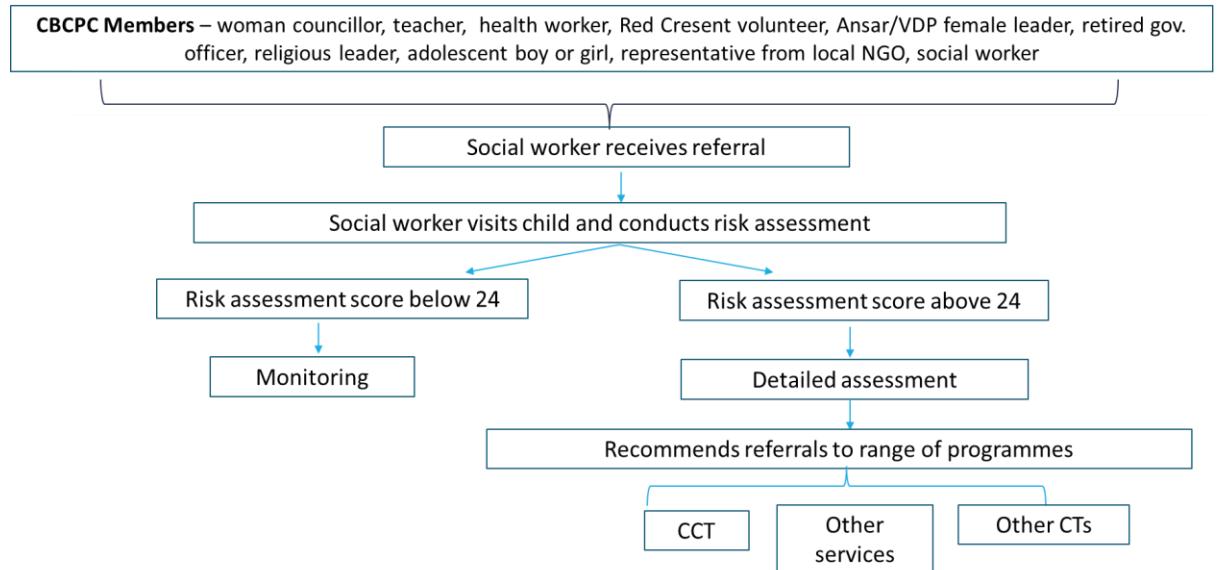
Area of evaluation	Dimensions of assessment
Age and identity	Special care/facility/support for a child with disabilities
Fostering in a family environment conducive to leisure, recreation, and proper development	Protection from negligence, harassment, exploitation, and violence
Safe shelter, proper homely environment, and adequate living standards	Protection from labour, punishment, penalty, violence, or cruelty
Unpaid primary, secondary, or technical education	Full participation in society without discrimination

⁷⁴ A full English version of the risk assessment form is attached in the Annex 5

Right to nutrition	Access to expressions of opinion and information
Healthcare	Justice

Selection Process

Initial selection



Step 1: The Community Based Child Protection Committee (CBCPC) at the ward or union level periodically received CCT targets from the zonal/IP office (provided by the Department of Social Service (DSS) and UNICEF) and were requested to prepare a list of potential beneficiaries that they later referred to the Social Workers (operating at the upazila level), who, in turn, initiated case management for the child.

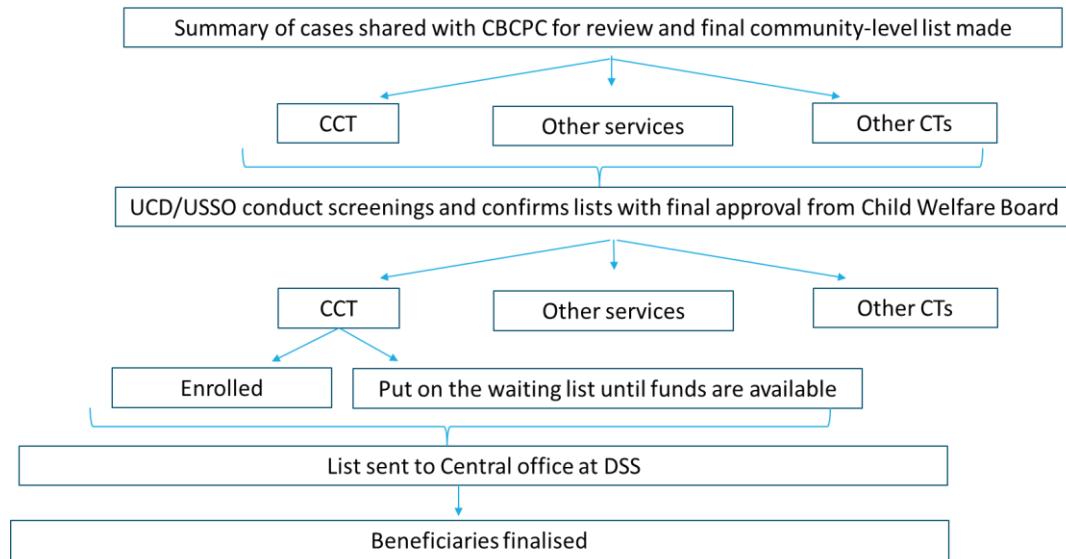
Step 2: Children were assessed by their vulnerability and situation using case management tools by the social workers. Children with risk levels above 24 were selected for further detailed assessment and children with risk level below 24 were considered ineligible for the CCT. As part of the case management tool, social workers made recommendations for the intervention plan (a type of assistance to give the child or referral to other services) and were to continue monitoring their situation.

Step 3: The CBCPC met and filtered the primary list (see selection process above) put together by the social worker based on a set of criteria that helped identify most vulnerable children. This list was then sent to the quarterly Upazila level Child Welfare Board (CWB) meeting.

Step 4: The Upazila-level child welfare board received the list and further scrutinised it. The Upazila Social Service Officer (USSO, in rural areas) or Urban Community Development Officer (UCDO, in urban areas) randomly verified a selected number of the children proposed.

Step 5: After the CWB approved the list of eligible beneficiaries, it was sent to DSS who in turn made a request for funds to UNICEF. In case of funding shortage or limited spots, the eligible children were placed on a waiting list to get priority for the next intake.

Process for selection children from the primary list



The CBCPC reviewed the summary of cases collected by the social workers and were requested to select the most vulnerable children from that list based on a set of criteria/guidelines set by DSS. These included rejecting the application if:

- The child was receiving cash from another government programme or NGO programme
- The family of the child was solvent or has more than one earning member
- The child was living in the area (or slum in urban cases) for less than 2 years

The case was given priority if:

- ii. The child was currently in school or out-of-school but wanting to continue their studies
- iii. The child was between 10 – 16 years old (but exceptions were made for younger and older children)
- iv. Households where more than one child was attending school
- v. The child had a disability
- vi. The child was at risk of early marriage
- vii. The child was engaged in a risky job/vocation and was seeking vocational training
- viii. The child was in the area (or slum) for more than 2 years

Conditions, Compliance and Payment

Social workers regularly monitored compliance and explained the programme to each caregiver at the beginning of the cash transfer. In order to receive cash support, families were required to comply with three conditions before an instalment was paid out: i) children were not to be married, ii) children were not to be involved in child labour and iii) children were to continue education. While the conditions required keeping children unmarried and out of labour until the age of 18, it is unclear if social workers/case workers continued to monitor children after they exited the programme, after 18 months.

Consultations also revealed that most children who were enrolled in the programme continued to receive all the benefits for the full 18 months. While it can be gathered from consultations that

follow up visits were conducted every two months to check for compliance of conditions, no records of the monitoring have been kept for programme monitoring.

Graduation

A child graduated from the programme if they met one or more of the following:

- Lived in families whose monthly income increased to more than 5,000 BDT, while enrolled in the programme
- Turned 18 years of age
- Originally lived in families who were landless and living close to embankments but the went on to own land and live outside the embankment with increased income
- Case workers observed reduced vulnerability and documented these through case management
- Community members made a collective decision regarding the improved situation of families (beyond the eligibility threshold)

Initial field research showed that a small fraction of families/children graduated from the programme before receiving all three instalments. It is important to note that the plight of children in these communities were grave and many children were unable to benefit from the programme due to funding constraints.

Development of budget and expenditures

Table 10. CCT Cost: Child protection section, Year 2012- 2020

Phase	Description	Amount	Project
2012-2016	DCT-EPC-SOCIAL PROTECTION INITIATIVE-JAN-MAR 2012	5,140,000.00	EPC
2012-2016	CASH SUPPORT -SYLHET CHILDREN	3,240,000.00	EPC
2012-2016	CASH SUPPORT-VULNERABLE CHILDREN	10,200,000.00	EPC
2012-2016	MIRPUR CHILDREN-CASH SUPPORT	7,200,000.00	EPC
2012-2016	GULSHNA & MOHAMMADPUR-CASH SUPPORT	7,200,000.00	EPC
2012-2016	OLD DHAKA-CHILDREN-CASH SUPPORT	3,788,046.00	EPC
2012-2016	OLD DHAKA-CHILDREN-CASH SUPPORT	3,004,870.00	EPC
2012-2016	OLD DHAKA-CHILDREN-CASH SUPPORT	2,207,084.00	EPC

2012-2016	CHITTAGONG-CASH SUPPORT	12,580,000.00	EPC
2012-2016	CHITTAGONG-CASH SUPPORT	4,536,400.00	EPC
2012-2016	CHITTAGONG-CASH SUPPORT	463,600.00	EPC
2012-2016	CASH SUPPORT- VULNERABLE CHILDREN	998,900.00	EPC
2012-2016	CASH SUPPORT-VULNERABLE CHILDREN	6,824,500.00	EPC
2012-2016	CASH SUPPORT-VULNERALBE CHILDREN	1,768,500.00	EPC
2012-2016	CASH SUPPORT-VULNERABLE CHILDREN	7,203,700.00	EPC
2012-2016	100% EXPENDITURE REORTED FOR LIQUIDAION	7,203,700.00	EPC
2012-2016	CASH SUPPORT-VULNERABLE CHILDREN	3,601,000.00	EPC
2012-2016	CASH SUPPORT-VULNERABLE CHILDREN	16,203,400.00	EPC
2012-2016	SOCIAL PROTECTION INITIATIVE-VULNERABLE CHILDREN	5,123,000.00	EPC
2012-2016	FULL LIQUIDATION FOR CCT IN KHULNA FROMJANUARY TO APRIL 2015-LQ150060045	417,665.00	CSPB
2012-2016	CCT--459 CHILD-GANGACHARA	5,508,000.00	CSPB
2012-2016	CCT-361 CHILD-GANCHARA	4,332,000.00	CSPB
2012-2016	CCT FOR 30 CHILDREN IN BARISAL	360,000.00	CSPB
2012-2016	391 CHILDREN-CCT IN MADHABPUR, HOBIGONJ	4,692,000.00	CSPB
2012-2016	CSPB-CCT-2ND-RANA PLAZA -JAN-JUN 2014	1,596,000.00	CSPB
2012-2016	CSPB-CCT-2ND-KHULNA-BAGERHAT-SATKHIRA-JAN-JUL	5,640,000.00	CSPB
2012-2016	CSPB-DCT-CCT-30 CHILDREN-BARISAL-2ND INSTL	360,000.00	CSPB

2012-2016	ADVANC-CP-CSPB-CCT FOR VULNERABLE FAMILY SUPPORT-DOARA, D. SUNAMG-PM150050001	4,384,000.00	CSPB
2012-2016	ADV.CP-CSPB-APR-JUN15-CCT FOR VULNERABLE FAMILY SUPPORT-KHUL, SAT, BAG-PM150050002	3,896,250.00	CSPB
2012-2016	ADV.CP-CSPB-APR-JUN15-CCT FOR VULNERABLE FAMILY SUPPORT-KHUL, SAT, BAG-PM150050002	1,702,050.00	CSPB
2012-2016	PMT-CP-CSPB-APR-JUN15-CCT- KAUNIA, RANGP-PM150050123	3,971,200.00	CSPB
2012-2016	CP-CSPB-CCT-CHILDREN OF SYLHET-GOAINGHAT-JOINTAPUR	2,820,000.00	CSPB
2012-2016	CSPB-CCT-SYLHET SADAR UPAZILA-252 CHILDREN	3,024,000.00	CSPB
2012-2016	CSPB-CCT-82 CHILDREN- REINTEGRATION OF AB	948,000.00	CSPB
2012-2016	CSPB-CCT-HOBIGONJ-3RD INSTALMENT-316 CHILDREN	3,792,000.00	CSPB
2012-2016	CP-CSPB-CCT-82 CHILDREN- REINTEGRATION OF AB	36,000.00	CSPB
2012-2016	CSPB-CCT-57 CHILDREN-AB- BARISAL OCT-DEC 2016	279,940.00	CSPB
2012-2016	CSPB-CCT-57 CHILDREN-AB- BARISAL OCT-DEC 2016	404,060.00	CSPB
2017-2020	CP-DCT TO CSPB SPECIAL CCT TO THE SLUM FOR SEPT17	1,605,765.00	CSPB
2017-2020	CP-DCT TO CSPB SPECIAL CCT TO THE SLUM FOR SEPT17	26,235.00	CSPB
2017-2020	CSPB DCT CCT KHULNA 01DEC17 31JAN18	2,779,600.00	CSPB
2017-2020	CSPB DCT CCT KHULNA 01DEC17 31JAN18	940,400.00	CSPB
2017-2020	CSPB CCT BARISAL DEC JAN18	1,848,000.00	CSPB

2017-2020	CP CCT MIRPUR DNNC 1ST INS DEC17 TO JAN18	789,000.00	CSPB
2017-2020	CP CCT MIRPUR DNNC 1ST INS DEC17 TO JAN18	1,011,000.00	CSPB
2017-2020	CP CSPB DCT CCT SYLHET SADAR AND DAKKHIN SUNAMGONJ	3,204,000.00	CSPB
2017-2020	CP CSPB PHASE II CCT PROG ARRANGEMENT COST	80,500.00	CSPB
2017-2020	CP CSPB P II CCT FOR SLUM CHILDREN OF AGARGAON DHK	120,000.00	CSPB
2017-2020	CP CSPB PHASE II CCT IN MIRPUR ZONE 2	1,788,000.00	CSPB
2017-2020	CP CSPB PHASE II CCT 123 CHILDREN FOR KURIGRAM	1,476,000.00	CSPB
2017-2020	CP CSPB KHULNA CCT FOR 297 CHILDREN	3,564,000.00	CSPB
2017-2020	CP CSPB CCT BARISAL	842,500.00	CSPB
2017-2020	CP CSPB CCT BARISAL	993,500.00	CSPB
2017-2020	CP CSPB PHASE II CCT TO DACOPE KHULNA	384,000.00	CSPB
2017-2020	CP CSPB CCT FOR 277 CHILDREN IN CHAPAI AND GAIBAND	2,450,650.00	CSPB
2017-2020	CP CSPB CCT FOR 277 CHILDREN IN CHAPAI AND GAIBAND	923,350.00	CSPB
2017-2020	CP CSPB CCT FOR DHAKA NCC 2ND INSTALMENT	3,840,000.00	CSPB
2017-2020	CP CSPB CCT FOR KURIGRAM AND GAIBANDHA	82,250.00	CSPB
2017-2020	CP CSPB TECHNICAL SUPPORT TO REVISE CCT	210,520.00	CSPB
2017-2020	CSPB CCT 3RD INSTMNT SYLHET SADAR SUNAMGONJ	1,698,750.00	CSPB
2017-2020	CSPB CCT KURIGRAM AND GAIBANDHA	505,500.00	CSPB

2017-2020	CSPB CCT KURIGRAM AND GAIBANDHA	1,698,750.00	CSPB
2017-2020	CSPB CCT 3RD INSTMNT SYLHET SADAR SUNAMGONJ	1,193,250.00	CSPB
2017-2020	CSPB CCT KURIGRAM AND GAIBANDHA	783,750.00	CSPB
2017-2020	CP CSPB CCT TO CHILDREN WITH DISABILITIES	1,320,000.00	CSPB

Annex 3. The outcome indicators for the CCT programme

Impact	Indicator	Mediators	Indicator	Outcomes	Indicator	Outputs	Indicator
Children stay in school until their 18th birthday	% of children who stayed in school until their 18th birthday	Income support reduces the need for child labour	% of caregivers who report financial deprivation % of caregivers who report not requiring children to work for money % of caregivers who report not asking children to work until their 18th birthday % of caregivers keen to keep children in school until their 18th birthday Number of boys and girls working more hours for their age using the following: Age 5 to 11 years: up to or at least 1 hour of economic work or 21 hours of unpaid household services per week. Age 12 to 14 years: up to or at least 14 hours of economic work or 21 hours of unpaid household services per week. Age 15 to 17 years: up to or at least 43 hours of economic work per week.	Income of 60% of the families fostering orphans or bringing up vulnerable children has been increased at the end of the CT	% increase in income between baseline and endline for CCT receiving households after the third tranches % of receiving households reporting increased income (Self-reported) % of receiving households with higher household expenditure (simplified module) % point difference between receiving and non-receiving households with an increase in income % of CCT receiving households self-reporting improvement in income due to CCT	Children who are eligible get the CCT	% of children that are deemed vulnerable, were recommended the CCT and receiving the CCT Case workers confirm that the number of CCT receiving children are the only ones who need support There is evidence of no financial or other barriers to delivering CCT to all vulnerable children who are deemed in need of it % of non-receiving but eligible children (based on ratchet method)
Children are not married until their 18th birthday	% of children who stayed unmarried until their 18th birthday	Income support overcomes the need to marry girls sooner	% of caregivers who report not getting girls married until the age of 18 % of caregivers that report child marriage eases financial burden on families % of caregivers indicating marriage before the age of 18 Evidence of caregivers or children citing financial pressures as a reason for child marriage Number of girls married before their 18th birthday	Vulnerable children are more likely to access social services	Number of children receiving material support and attending school, boys and girls Number of children in school post CCT support, boys and girls (if available) % of children accessing services provided in the community as recommended in the	Community-based child protection mechanism function	CBCPC uses most entry points identified by families, NGOs and others in the community for identifying vulnerable children Evidence of CBCPC actively seeking vulnerable children % of children who are risk-assessed who were referred through CBCPC and not self-identified Evidence of innovation and investment in ensuring the identification and risk assessment of vulnerable children

Impact	Indicator	Mediators	Indicator	Outcomes	Indicator	Outputs	Indicator
				risk assessment % of children enrolled in school, boys and girls % of children accessing counselling or psychosocial support services, boys and girls			% of children that report monitoring and tracking from CBCPC members or social worker
Children are not employed until their 18th birthday	% of children who stayed out of employment until their 18th birthday	Income support works as a catalyst for long-term change	Caregivers report keeping children at home longer (boys and girls) Children report wanting to stay with the caregiver Children reported happiness on Likert scale - distribution		Institutions delivering social protection services have better capacity to use the case management tools	% of social workers trained on child protection issues, especially child marriage and labour % of CBCPC members trained on child protection issues, especially child marriage and labour Number of social workers and community-based facilitators trained on the CCT , case management and on risk assessments % of social workers trained on risk assessment of children, and specifically on the tools they are required to use % of CBCPC members trained on identifying at-risk children, on monitoring and tracking these children % of social workers trained on case management, monitoring and tracking children % of child welfare board trained on identifying at-risk children, especially for the CCT % of risk assessment forms fully filled and completed % of children regularly monitored as per plan and requirement/ % of total cases social workers monitored	

Impact	Indicator	Mediators	Indicator	Outcomes	Indicator	Outputs	Indicator
							<p>during CCT % of children monitored after graduating from the programme % of social workers demonstrating greater confidence in conducting risk assessment after training (Self-reported) Evidence of social workers demonstrating greater commitment towards in conducting risk assessment after training (Self-reported) Number of social workers completing all of their monitoring responsibilities Number of social workers reporting per guidelines</p>
		Caregivers and children foster a bond over the course of the programme	<p>Caregivers report keeping children at home longer (boys and girls) Children report wanting to stay with the caregiver Some visit/case management reports from social workers</p>			Case management tools enable early identification of vulnerable children and households to reduce risk	<p>% of children identified for risk assessment who scored under 24 but continue to be tracked % of children who scored 26 or above, implying greater risk % of children who scored between 24-25, suggesting identification at the right time Evidence of early identification including cases of prevention of school dropout or institutionalisation, due to the risk assessment</p>
		Children are empowered to have conversations around and share their preferences about child	<p>% of children (boys and girls) who are able to discuss child marriage and labour with caregivers % of children (boys and girls) who believe they jointly make the decision or solely make the decision on marriage and labour % of children (boys and girls) reporting better agency and control: own control over their lives, reliance on chance or controlled by others.</p>			Community-based awareness and sensitisation campaigns	<p>Evidence of community-based programmes to end child marriage and child labour including youth groups, women groups, other community-based measures Number of community conversations about child marriage and labour</p>

Impact	Indicator	Mediators	Indicator	Outcomes	Indicator	Outputs	Indicator
		marriage and child labour					% of children aware of these programmes % of children participating in these programmes (if applicable) % of caregivers aware of these programmes % of caregivers participating in these programmes
		Community-based knowledge, attitudes and practices that drive child marriage are weakening	<p>% of parents concerned for the sexual safety and security of girls</p> <p>% of caregivers who believe girls should be married young</p> <p>% of parents suggesting increase in dowry demands with age.</p> <p>Common age of marriage for boys and girls based on girls</p> <p>Common age of marriage for boys and girls based on boys</p> <p>Common age of marriage for boys and girls based on caregivers</p> <p>Average ideal age to marry girls</p> <p><u>Benefits for a girl getting married early</u></p> <p>Produce children early</p> <p>Reduce chance of sex outside marriage</p> <p>Easier to find a husband</p> <p>Can start earning early</p> <p>Receive (higher) bride price</p> <p>Lower burden for the girl's family</p> <p><u>Disadvantages for a girl getting married early</u></p> <p>Too young to have children leading to her health problems</p> <p>Drop out of school</p> <p>Domestic violence</p> <p>Will have weak/unhealthy children</p> <p>Lost childhood</p>				

Impact	Indicator	Mediators	Indicator	Outcomes	Indicator	Outputs	Indicator
		Community-based knowledge, attitudes and practices that drive child marriage are weakening	<p><u>Comparison between benefits and disadvantages</u></p> <p>Benefits outweigh disadvantages Disadvantages outweigh benefits Benefits equals to disadvantages Ideal age of marriage for girls is before 18 Ideal age of marriage for boys is before 18 Child and forced marriage is against the law</p>				
		Community-based knowledge, attitudes and practices that drive child marriage are weakening	<u>Individual belief</u>				
		Community-based knowledge, attitudes and practices that drive child marriage are weakening	<p><u>Perception about community</u></p> <p>Think that most women are against child marriage Think that most men are against child marriage Think that if girls are unmarried until 18 it reflects badly on them</p>				
		Community-based knowledge, attitudes and practices that drive child marriage are weakening	<p><u>Decision-making</u></p> <p>% of children reporting more control over the decision to marry or engage in full time work % of children reporting more control over the decision to stay in or drop out of school</p>				
		Community-based knowledge, attitudes and practices that drive child	<p><u>Aspirations</u></p> <p>% of girls who believe they have more economic choices when they grow up % of girls who believe girls should be allowed to work outside home % girls who believe the community thinks</p>				

Impact	Indicator	Mediators	Indicator	Outcomes	Indicator	Outputs	Indicator
		marriage are weakening	women should be allowed to work outside % of girls who think the community will oppose if they disagree with them? % of boys who believe they must be the sole providers for their family as adults % of boys who believe girls should be allowed to work outside home % of boys who believe the community thinks women should be allowed to work outside % of boys who think the community will oppose if they disagree with them? % of girls who think that girls should be allowed to study in college even if it is far away? % of girls who think that people in your village/community think that girls should be allowed to study in college even if it is far away? % of girls who think the community will oppose you since [if] you disagree with them? % of boys who think that girls should be allowed to study in college even if it is far away? % of boys who think that people in your village/community think that girls should be allowed to study in college even if it is far away? % of boys who think the community will oppose you since [if] you disagree with them?				
		Community-based knowledge, attitudes and practices that drive child marriage are weakening	Time Use Time spent on different activities by boys and girls (time use charts)				

Annex 4. The theory for impact, including evidence of the impact of cash transfers on education, child marriage and child labour

Table 11. Some conditional cash transfer programmes (globally) that indirectly have had an impact on child- and forced marriage

Programme	Country	Short description	Results
Zomba cash transfer programme	Malawi	Measured the impact of providing cash transfers to schoolgirls on staying in school, early marriage, having children and the likelihood of getting infected with HIV or other sexually transmitted infections.	Achieved significant decrease in incidences of child marriage. Unconditional cash transfers were more successful than conditional cash transfers in delaying marriage.
Female secondary school stipend	Bangladesh	A uniform stipend and tuition subsidy program for attending secondary school if attending 75 per cent of school days, 45 per cent of class-level test scores and remain unmarried.	Lack of rigorous assessment but some studies find that the stipend has helped to delay marriage.
Punjabi Female School Stipend Programme (FSSP)	Pakistan	Girls receive a stipend conditional on her being enrolled in grade 6-8 in a government girl's school on her maintaining average class attendance of at least 80 per cent.	Has had a positive impact on delaying early marriage, particularly for girls with more than one year of exposure. However, cultural and social norms still persist.
Berhance Hewan asset transfers	Ethiopia	Asset transfer to families who did not allow their daughters to marry during the two-year period of the intervention.	It was found that girls, who benefited from this combined intervention were ten times less likely to be married and three times more likely to be in school than non-beneficiaries.
Apni Beti Apna Dhan conditional cash transfers	India	Both, an unconditional cash transfer to mothers within 15 days of giving birth and a conditional government saving bond in the name of the daughter that is redeemable at 18, provided they remain unmarried.	The transfer had a positive impact on delaying marriage. However, it did not alter the norms around the necessity of early marriage in any significant way.

1. Female Secondary School Stipend – Bangladesh

With the specific goal of reducing fertility rates, the Bangladesh Association for Community Education formed the Female Secondary Stipend Programme (FSP) in 1982 and scaled in the mid-1990s. By making sure that girls stayed in school, and due to that delayed marriage and increase contraceptive use, fertility rates were suggested to reduce. The reform efforts of the government in the education sector are built upon four different sectoral projects of the Ministry of Education, all sharing the overall broad objective of developing the education sector. In more detail, the specific objectives of the sectoral projects are to (1) increase girls' enrolment in secondary school and retain them there, (2) assist them in passing their secondary school examination (SSC) examination to enhance their employment opportunities as primary school teachers, extension workers, health and family planning workers and NGO workers, and lastly (3), delay girls' marriage.⁷⁵

Initially, the programme meant to target only the very poorest of society, but due to corruption and the cost of targeting, the programme became available to all rural girls who met the criteria.⁷⁶ The eligibility criteria are the following: (1) Attend at least 75 per cent of school days; (2) attain some level of measured academic proficiency (45 per cent of class-level test scores); and (3) remain unmarried. The programme was first implemented in selected subdistricts, but due to the high demand in 1994, the Government immediately decided to expand the project to a national level for girls in secondary school (grades 6-10).⁷⁷ At present, stipends are also provided to girls in higher secondary grades 11-12.⁷⁸ Once a school participates in the programme, all eligible girls receive a specified amount of stipend and other allowances as prescribed for each grade. The stipend pays the whole tuition, and the additional allowance is expected to cover 50 per cent of a girl's school supplies and is transferred directly to an account in her name.⁷⁹

Khandker, Pitt and Fuwa (2003) found that the school stipend had positive impacts on reducing incidences of early marriage and childbearing and has been effective in closing the gender schooling gap. Their report, based upon two cross-sectional household surveys, finds that, while causality was difficult to ascertain; girls receiving the benefit were more likely to enrol in secondary schooling substantially, but had no discernible effect on the schooling of boys. Analysing the programme with an annual panel of school-level data, resulted in a positive effect on girls' schooling, but a reduced enrolment of boys in co-educational secondary schools⁸⁰. Since one of the conditions for receiving the cash transfer under the FSSP is to remain unmarried, the programme follows a similar theory of change to CCT. It assumes that households receiving the transfer would invest more to send girls to school, in turn, delaying their marriage and consequently, the age for first birth. The expectations are that this will encourage more schooling and better fit for employability, etc.⁸¹

⁷⁵ (Furio, 2022)

⁷⁶ (Schurmann , 2009)

⁷⁷ (Schurmann , 2009)

⁷⁸ (Mahmud, 2003)

⁷⁹ (Khandker, Pitt, & Fuwa, 2003)

⁸⁰ (Khandker, Pitt, & Fuwa, 2003)

⁸¹ (Sayeed, 2016)

While Raynor and Wesson (2006) finds similar results to the previous, they state that it is less clear exactly what other impacts the programme has had in terms of stated programme objectives such as fertility control and empowerment of women.

2. Zomba Cash Transfer Programme – Malawi

The Zomba Cash Transfer Pilot Programme was implemented between January 2008 and December 2009. The programme included both a conditional cash transfer and an unconditional cash transfer, both providing initially unmarried females aged 13-22 with financial support for two academic years⁸². It was originally designed for research purposes but was used for testing the differences in impact of conditional and unconditional transfers on education, marriage, and fertility outcomes for female adolescents⁸³.

In the unconditional group (baseline schoolgirls only), girls received the payment if the beneficiary girl visited one of the cash transfers points. The conditional cash transfer was given on regular school attendance to baseline schoolgirls and baseline dropouts (girls who had already dropped out of school). Part of the monthly transfer was given directly to the girl and another part was given to the household target of eligible young females. The monthly household amount varied randomly with values of US \$4, \$6, \$8 or \$10 by use of computer-generated random numbers. Girl amount varied randomly between individuals with monthly values of US \$1, \$2, \$3, \$4 or \$5, by drawing numbers from an envelope.⁸⁴

Evaluation of the programme suggests that the conditional cash transfer programme led to an increase in the beneficiaries' control of cash resources during the programme. However, these impacts declined or disappeared shortly after the end of the programme. The intervention resulted in increased skills in math, English and cognitive test scores, as well as increasing participation in health training such as nutrition, personal hygiene, food hygiene, sexual education and HIV/AIDS⁸⁵. Evaluating the CCT programme indicates that it had a strong impact on the agency, as it caused beneficiaries to postpone marriage and pregnancy, as well as increase their school participation and learning⁸⁶. Baird et al. (2012) states that the programme indirectly decreased risky sexual activity and reduced their likelihood of being affected by HIV and HIV-2 when financially empower school-aged girls. The conditionality in the transfers resulted in being the key driver of educational outcomes, as enrolment improved to a larger extent for beneficiaries receiving the CCT than in the case of UCT. Furthermore, the CCT was more cost-effective than the UCT by using smaller transfer sizes to achieve the same impacts of larger transfer sizes. In addition, when failing to comply with the conditions, the CCT saved money by not transferring the money⁸⁷.

Evidence shows that the conditional cash transfer significantly reduced pregnancy among treated dropouts during the first year of the programme, but with no significant impact among schoolgirls. It also suggests that the intervention delayed the desire of childbearing, rather than lowering the ideal number of children. While there was no evidence of a significant impact of the CCT intervention on marriage during or after the programme among schoolgirls, the programme led to

⁸² (Baird, Chirwa, Hoop, & Özler, 2013)

⁸³ (Garcia & Moore, 2012)

⁸⁴ (Baird, Chirwa, Hoop, & Özler, 2013)

⁸⁵ (Baird, Chirwa, Hoop, & Özler, 2013)

⁸⁶ (Baird, Chirwa, Hoop, & Özler, 2013)

⁸⁷ (Garcia & Moore, 2012)

a significant decline in marriage rates among dropouts⁸⁸. The CCT programme was able to encourage human capital information among girls who complied with its requirement, but it kept transfers from girls who were more vulnerable to adolescent pregnancy and early marriage. While the CCT was able to keep girls in school and by that reduce early marriage and pregnancy, the UCT had an overall larger income effect on girls' marriage⁸⁹.

3. Berhne Hewan asset transfers – Ethiopia

To encourage parents to keep girls in school and delay marriage, the Berhane Hewan programme used a comprehensive set of activities including life skills training for unmarried girls, community conversations, mentorship and community service activities, as well as school supplies. It targeted married and unmarried girls aged 10-19, with the goal to establish appropriate and effective mechanisms to protect girls at risk of forced early marriage and support adolescent girls who are already married⁹⁰.

Girls who participated in the programme had three options for involvement. Girls, who were still in school were encouraged to continue their education and were given school supplies. Girls who were not in school and wanted to return to formal schooling were encouraged to do so and were given the same school supplies, worth about US\$4 over the course of a year. Other out-of-school girls, together with girls who never had attended school, met with mentors and were given nonformal education including basic literacy and numeracy lessons. In addition, the girls learned livelihoods skills such as agricultural techniques, poultry rearing and construction of household items. Before getting enrolled in the programme, they had to get permission from their parents or guardians and agree that their daughters would not be married during the two-year programme, as well as allowing them to attend the programme meetings. As economic incentive, parents who kept their daughters unmarried and their daughters attended at least 80% of the group sessions, received a goat at the end of the programme, which at the end worth about US\$20.⁹¹

Erulkar and Muthengi (2009) performed a quasi-experimental research project using population-based surveys before and after implementation in intervention and control sites to identify the impact of the initiative. After two years of intervention, the research found that girls aged 10 to 14 were one-tenth as likely to be married and three times more likely to stay in school, compared to girls residing in the control area. There was no impact of the programme on marriage age among girls aged 15 to 19. However, married girls were three times more likely to be using family planning, compared to their counterparts in the control area⁹².

4. Punjabi Female School Stipend Programme – Pakistan

The programme was implemented with the aim to improve the educational attainment among girls and decrease gender inequalities, especially for middle school girls. Female enrolment in both primary and secondary school was low prior to the start of the programme and various community and household characteristics have been identified to be associated with gaps in school entry for girls. Due to this, the government in 2003 mobilized resources to finance the female school stipend programme, targeting disadvantaged girls in districts with lagging literacy rates. The programme's

⁸⁸ (Baird, Chirwa, Hoop, & Özler, 2013)

⁸⁹ (Garcia & Moore, 2012)

⁹⁰ (Ellsberg, Arango, Morton, & Gennari, November 2014)

⁹¹ (Erulkar & Muthengi, 2009)

⁹² (Erulkar & Muthengi, 2009)

main goal was to promote participation in public education for girls in middle school with a stipend of approximately US \$10 per female student. Beneficiaries were targeted based on district of residence and enrolment in eligible grades (grades 6 to 8) in public schools and conditional on a minimum school attendance rate of 80 per cent.⁹³

The cash transfer has both an income and substitution effect, depending on families that would have sent their daughters to school with or without the programme and families with daughters out of school. However, both effects point towards increased demand for education, which entails that the programme encourages girls to work less, delay their marriage and have fewer children. It is important to note that socio-cultural traditions in Pakistan may figure prominently in marriage and fertility decisions, which may pressurise girls into marriage and childbearing⁹⁴.

5. ApniBeti Ana Dhan Conditional Cash Transfers – India

In 1994, the Government of India launched a conditional cash transfer programme with the aim to improve parents' perceived value of daughters and to keep girls unmarried until the age of 18. In order to do so, mothers who give birth to a daughter receive a monetary award of approximately US \$11 within 15 days of each birth. Provided the daughter remains unmarried, a government purchase saving bond in the name of the daughter is redeemable at the age of 18. If the girl has received at least a Standard 5 education, a bonus is awarded, and an additional one is awarded if she has studied up to Standard 8. To be eligible to register in the programme, beneficiaries need to be the first, second or third girl to be born in the family. The family must be below the poverty line or belong to a so-called "Scheduled Caste" (they have a disadvantaged caste background)⁹⁵.

Sinha and Yoong (2009) found that the programme provided to eligible households had a positive effect on girls' birth and survival as measured by changes in the sex ratio of mother's total living children over time. As a result of the programme, parents increased their investment in daughters' human capital and made greater post-natal health investments in girls after the programme. The programme did not increase the probability of girls attending school, but it did increase the likelihood to continue their education conditional on first attending any school.

In India's state of Haryana, the ambitious cash transfer programme – *Apni Beti Apna Dhan* – provided a future cash benefit equivalent to USD 400 upon the birth of a girl child to be provided to the family on the condition that they remained unmarried until the age of 18. The programme expected a three-fold impact: increased value of girls, improved educational attainment, and delayed marriage. An evaluation of the programme found that while the programme did not have any impact on reducing the share of child marriages or on delaying marriage (compared to non-receiving households), the programme might have encouraged families to marry off their daughters once they turned 18. "Girls whose families benefited from the conditional cash transfers were 59 percent more likely to be married once they turned 18 than girls who hadn't participated."⁹⁶ One of the main reasons for the failure of this programme is the lack of a multisectoral approach and a heavy reliance on financial incentives to combat behaviours that are driven by social norms and attitudes.

⁹³ (Alam, Baez, & Del Carpio, 2011)

⁹⁴ (Alam, Baez, & Del Carpio, 2011)

⁹⁵ (Sinha & Yoong, 2009)

⁹⁶ (Girls Not Brides, 2016)

Annex 5. Evaluation Matrix

Relevance and appropriateness:

1. To what extent was the choice to use conditional cash transfer rather than unconditional justified with regards to the needs among vulnerable households, availability and quality of services, capacity of local government and service providers?
2. To what extent did the selection of vulnerable children complement the targeting of other social projects to reach to the worst-off and most vulnerable? Were there any gaps in relation to targeting and coverage?
3. Were the programme's targeting and selection criteria designed in a way to minimize exclusion and inclusion errors?
4. To what extent was the size and regularity of the cash transfer adequate to meet the needs and challenges of the targeted households?
5. Were the needs of girls and boys considered and addressed separately?
6. Is the TOC being followed in terms of programme implementation and are the assumed pathways of outcome and impact occurring in reality? Does it include all the factors necessary for the TOC to be relevant? When operational, were there adjustments needed, gaps, or missed assumptions, or adapted for the future?
7. Does the programme design follow best practices for the design of CCTs, especially for the design of targeting and selection criteria, money disbursement, graduation criteria and monitoring of conditions?

- 1. To what extent was the choice to use conditional cash transfer rather than unconditional justified with regards to the needs among vulnerable households, availability and quality of services, capacity of local government and service providers?**

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Needs of vulnerable households	Global perspectives/lessons on what value conditions add in similar situations	Desk reviews	Global programme designs (especially conditions) and lessons through impact evaluations, discussion papers on programming for child marriage and labour Studies on short-term programmes aiming for long-term impact
	Perceptions of policymakers, development partners and implementers	KIIs	National – government and development partners

	on the ground – challenges with monitoring, other constraints, or enablers		Sub-national – CBCPC, upazila officers, social workers, service providers and NGOs
	Perceptions of beneficiaries – misreporting of conditions, knowledge/awareness and drivers of non-compliance or tendency to take children out of school, and get them married or employed	FGDs	Beneficiary and non-beneficiary children and their caregivers
Availability, capacity, and quality of services	Accessibility of schools – distances and barriers to access Challenges in improving quality Perceptions from beneficiaries on quality and uptake	FGDs KII	Members of the CBCPC Beneficiary and non-beneficiary children and their caregivers Social workers, CBCPC members
	Presence of teachers, qualification and experience of teachers, teaching quality	FGDs	Members of the CBCPC Beneficiary and non-beneficiary children and their caregivers
	Quality of counselling and other support services that drive education uptake	KII FGDs	Social workers, USSO, development partners, educators, health workers Beneficiary and non-beneficiary children and their caregivers, educators

Capacity of local government	Capacity of social workers for risk assessments, identification of vulnerable children, case management (general) – qualification, experience, training	Social worker survey	Social worker
	Awareness of the CCT programme, objectives and processes and their role in it w.r.t. identification, assessment, monitoring and case management	KII	Social worker, USSO, MoWCA
	Workload of the social workers, competing priorities and their time management	KII	Social workers

2. To what extent did the selection of vulnerable children complement the targeting of other social projects to reach to the worst-off and most vulnerable? Were there any gaps in relation to targeting and coverage?
3. Were the programme's targeting and selection criteria designed in a way to minimize exclusion and inclusion errors?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Did the community-based referral process enable identification of children at risk and in need of other non-CCT services? Children with what types of challenges/vulnerabilities were referred to such services?	Analysis of risk forms and outcomes – distribution of recommended services and programmes	Beneficiary profiling by intervention	Risk assessment forms and beneficiary database digitised in Phase 1

To what extent do local bodies believe they reached all vulnerable children in the community?	Perceptions of social workers, USSO, youth representative at the CBCPC, women councillor	KIIs and FGDs	social workers, USSO, youth representative at the CBCPC, women councillor
What happens when a household/child is forced to exit the programme due to non-compliance? Are there other programmes/services they get enrolled in?	Experiences and processes as they usually take place	KIIs FGDs	Social workers Beneficiaries and caregivers who dropped out
Evidence of exclusion of children	identification of other children who are just as vulnerable and out of school, as those enrolled in the programme	Ratchet method	Data from ratchet survey (unconfirmed)
	Perceptions of beneficiaries and their caregivers	FGDs	Beneficiaries and their caregivers
Evidence of exclusion by design	Specific exclusion of certain groups of children in the programme guidelines – how are vulnerable groups defined and each group identified	Desk review KIIs	Programme guidelines and documents Social workers, CBCPC, USSO, development partners,
	Exclusion of groups based on lack of guidelines – are there missing guidelines to reach or identify certain “eligible groups”	Desk review KIIs	Programme guidelines and documents Social workers, CBCPC, USSO, development partners, NGOs

4. To what extent was the size and regularity of the cash transfer adequate to meet the needs and challenges of the targeted households?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Are there any global or regional best practices on frequency and	Global perspectives/lessons on benefit value and frequency for keeping children	Desk reviews	

benefit value for keeping children in school, or eliminating child marriage and child labour? If yes, to what extent does the CCT fulfil those requirements?	in school, or eliminating child marriage and child labour		
How do beneficiaries perceive the amount they receive? How do they use it and what do they use it for? Would a different combination of value and frequency make them more likely to adopt the pathways to change identified in the TOC?	<p>Perception of the benefit value and frequency – advantages and disadvantages when comparing with more frequent or lump-sum transfers, whether it meets basic needs</p> <p>Data on usage of the cash transfer, and expected use if the value was higher, or transfers more frequent or combined.</p>	<p>FGDs and case studies</p> <p>Household survey module on use of benefit</p> <p>FGDs and case studies</p>	<p>Beneficiaries and their caregivers</p> <p>Beneficiaries and their caregivers</p> <p>Beneficiaries and their caregivers</p>

5. Is the TOC still relevant - are the pathways of change assumed in the TOC leading to impact, as expected? Does the TOC capture all pathways of change identified in the study, or are there other aspects to be considered for the TOC to be relevant? Does the TOC need to be adjusted in any way? Does it consider specific gender differences for vulnerable boys and girls?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Are the pathways of change assumed in the TOC leading to impact? Are there other pathways to change that emerge from this study?	Consultations with stakeholders and organisations working in CM and CL	KIIs Desk reviews	Development partners and ministries involved in design Review of literature on impact pathways of cash transfers to eliminate child marriage and child labour, Girls not Brides, Save the Children etc.

	<p>Drivers of change based on literature/evidence</p> <p>Other pathways of change suggested/that emerged during consultations – impact drivers, enablers, and moderators</p> <p>Evidence of other pathways of impact – impact evidence for the pathways of change or lack thereof</p>	<p>KIIs and FGDs</p> <p>Impact estimation</p>	<p>Literature</p> <p>Social workers, USSO, caregivers and beneficiaries</p> <p>Data from the impact analysis</p>
Do the TOC's assumptions hold? Are there specific assumptions that moderate the impact?	<p>Validation of each assumption</p> <p>Updated TOC detailing pathways from input to outcome and impact as well as assumptions</p>	<p>KIIs and FGDs</p> <p>Impact pathways based on impact data</p> <p>FGDs</p>	<p>Social workers, USSO, caregivers and beneficiaries</p> <p>Impact data</p> <p>Caregivers and beneficiaries</p>
Were the needs of girls and boys considered and addressed separately?	Perception of boys vs girls (and their caregivers) regarding the programme benefits and conditions	FGDs and case studies	Beneficiaries and their caregivers
	Review of explicit consideration/mention of situation or boys and girls in programme documents	Desk review	Programme documents and guidelines, previous evaluations
	Review of explicit consideration/mention of situation or	KIIs and FGDs	Social workers, CBCPC members, development partners and ministry

	boys and girls by social workers, CBCPC or other stakeholders		
	Drivers of impact for boys and girls	Analysis of drivers of differential impact between boys and girls (if evident)	Impact analysis results

6. Does the programme design follow best practices for the design of CCTs, especially for the design of targeting and selection criteria, money disbursement, graduation criteria and monitoring of conditions?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
How do current design and implementation features compare with similar successful interventions?	<p>Comparison with global best practices on cash transfers to keep children in school, and eliminate child labour or child marriage</p> <ul style="list-style-type: none"> ➤ Targeting and selection criteria vis a vis the risk assessments ➤ Benefit value and structure and payment methods ➤ Monitoring and reporting mechanisms and systems ➤ Complementary programming and support eligibility ➤ Graduation and exit, programme ➤ Drivers and limitations – success factors 	Desk reviews KII	Global programme designs (especially conditions) and lessons through impact evaluations, discussion papers on programming for child marriage and labour Studies on short-term programmes aiming for long-term impact Development partners, government at national level

Efficiency:

1. How well was the delivery process managed, considering the time and resources at each stage of implementation and coordination between UNICEF, DSS and sub-national administrations?
2. How cost-efficient is the CCT programme and what potential is there for efficiency savings at all stages (capacity and constraints)?

This question has been revised to seek “cost-efficiency” instead of “cost-effectiveness,” as proposed in the TOR for the following reasons:

- Cost-effectiveness is hard to estimate – quantitative estimates of cost-effectiveness of CTs suffer from insufficient data on costs as well as on values of direct and indirect benefits. Especially in a study as this one, where the scale is small and our confidence intervals are wider, it will be difficult to estimate effectiveness
- The CCT has higher-value indirect benefits compared with limited quantifiable direct benefits. We can tackle this qualitatively based on international evidence on cash transfers and long-term benefits of programme’s intended outcomes.
- For efficiency savings, we will rely on qualitative data on how the processes can be simplified, what is more resource draining and the perception on its value-add based on implementers, and policymakers involved at each stage of programme implementation

1. How well was the delivery process managed, considering the time and resources at each stage of implementation and coordination between UNICEF, DSS and sub-national administrations?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
What are the roles of SNAs (particularly social workers, CBCPC, CWB), DSS at national level and UNICEF with regards to the delivery of the CCT?	Drivers of change based on literature/evidence	KIIs Desk reviews	Development partners and ministries involved in design Review of literature on impact pathways of cash transfers to eliminate child marriage and child labour
	Other pathways of change suggested/that emerged during consultations-impact drivers, enablers, and moderators	KIIs and FGDs	Social workers, USSO, caregivers and beneficiaries
	Evidence of other pathways of impact – impact evidence for the pathways of change or lack thereof	Impact estimation	Data from the impact analysis

Do the social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF report any challenges with implementation, monitoring and financing processes?	<p>Self-reported capacity constraints: identification and risk assessment</p> <p>timely monitoring of conditions</p> <p>timely payments and payment processes</p> <p>access to funds for payments</p> <p>adequacy of budget and financial limits</p> <p>monitoring of graduated children</p>	KIIs	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF
What does evidence from the field regarding coverage, challenges with identification process, monitoring and cash disbursement show? Are there any capacity-related challenges and bottlenecks that potentially delay identification, enrolment, or receipt of benefits?	<p>Beneficiary perceptions: identification and risk assessment</p> <p>timely monitoring of conditions</p> <p>timely payments and payment processes</p> <p>access to funds for payments</p> <p>adequacy of budget and financial limits</p> <p>monitoring of graduated children</p>	FGDs	Beneficiaries and their caregivers
	If these data are recorded and stored for analysis:		

	<p>% of beneficiary households receiving timely benefits</p> <p>% of beneficiaries reporting delays in payments</p> <p>% of beneficiaries reporting payments incomplete/under-value payments</p> <p>% beneficiaries reporting monitoring activities for each payment</p>		
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2. How cost-efficient is the CCT programme and what potential is there for efficiency savings at all stages (capacity and constraints)?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
What are the main cost-drivers of programme implementation at each stage in terms of financial, human resource, time-delays and administrative costs?	<p>Self-reported process bottlenecks: identification and risk assessment</p> <p>monitoring of conditions</p> <p>payments and payment processes</p> <p>monitoring of graduated children</p>	KIIs	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF
Do the social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF report any challenges with implementation, monitoring and financing processes?	<p>Self-reported capacity constraints: identification and risk assessment</p> <p>timely monitoring of conditions</p> <p>timely payments and payment processes</p> <p>access to funds for payments</p>	KIIs	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF

	<p>adequacy of budget and financial limits</p> <p>monitoring of graduated children</p>		
How do programme implementers believe the process can be simplified to improve coverage, timeliness and delivery process?	<p>Perceptions and lessons as well as recommendations</p>	KIIs	<p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p>

Effectiveness:

1. How effective was the programme in achieving its expected results in terms of outcomes *and progress towards impacts*? Is the programme equally efficient when considering vulnerable girls and boys being benefited? How successful was the programme in *improving access to and the use of services*?
 2. How successful was the programme in selecting the most vulnerable households and minimizing exclusion and inclusion errors?
 3. How effective was the programme in increasing the capacity of social workers to improve their work beyond their direct tasks of the CCT programme, and improving the capacity of social workers, and community structures such as CBCPC to protect vulnerable children?
 4. How well did the financial management and programme monitoring system establish and function?
 5. How successful was the programme in monitoring and enforcing the programme's conditions? How successful was the programme in following up with the households and children after graduation (in those cases where children were still under 18 at the point of graduation)? Was the programme equally capable to monitor the situation of boys and girls after benefiting from the programme?
-
1. How effective was the programme in achieving its expected results in terms of outcomes *and progress towards impacts*? Is the programme equally efficient when considering vulnerable girls and boys being benefited? How successful was the programme in *improving access to and the use of services*?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
<p>How have the attitudes and behaviours of girls, boys and their communities towards child marriage and labour changed due to access to services, community-based campaigns and case management?</p> <p>Note: please see Log Frame for details</p>	<p>Attitudes towards girls, their education, income-generating opportunities and agency and empowerment</p> <p>Attitudes towards boys' education, responsibilities for income-generation and agency</p> <p>Relationship between caregivers and children, in their ability to express desires, share concerns and explore opportunities</p> <p>Ability of children to lever resources – access to cash or other resources</p> <p>Ability of children inform decisions regarding their lives</p> <p>Changes in community expectations of girls and boys</p> <p>Changes in girls' and boys' expectations and aspirations</p> <p>Changes in mean age of marriage for girls and boys</p>	<p>KIIs</p> <p>FGDs and Peer Assessments</p> <p>Survey data from the endline data collection process</p>	<p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p>

	<p>Changes in mean age of full-time employment for boys and girls</p> <p>Perception of the case management and monitoring of beneficiaries and caregivers</p> <p>Impact of case management and monitoring on delaying child marriage and labour</p>		
What evidence is there about the effectiveness of economic incentives in changing behaviours and attitudes of children's families and their communities towards child labour and child marriage?	<p>Attitudes of caregivers towards child marriage and child labour</p> <p>Practices of child marriage and labour among benefitting households – average age of marriage, average age of dropping out of school, average age of getting fulltime work/employment</p> <p>Impact of CCT on relationship dynamics at home between caregiver and child – ability to make decisions, influence choices about their life, ability have a conversation and express preferences</p>		<p>Beneficiary children and their caregivers</p> <p>Module on relationships and family environment</p>

<p>To what extent has the CCT enabled children to stay in school?</p>	<p>Enrolment of children and retention in school</p> <p>Perceptions and use of the grant money</p>	<p>FGDs, KIIs</p> <p>Administrative data</p> <p>Survey data from the endline data collection process</p>	<p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p> <p>Beneficiary children and caregivers</p> <p>Data collected from schools</p>
<p>Are households who are exposed to both CCT and other services that facilitate uptake of education more likely to keep children in school than those only receiving cash or service?</p> <p>Depends on profiling data</p>	<p>Comparison in enrolment and retention rates in school</p> <p>Perceptions on the role of cash and of services</p>	<p>KIIs, FGDs</p> <p>KIIs, FGDs</p>	<p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p> <p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p> <p>Beneficiary children and caregivers</p>

2. How successful was the programme in selecting the most vulnerable households and minimizing exclusion and inclusion errors?			
Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
What is the profile of beneficiaries of the CCT against the profile of children assessed using the risk form?	<p>Distribution of deprivation and risk of children assessed, of children recommended CCTs and children recommended other or no services</p> <p>Profiling of beneficiaries against the types of risks identified in the programme document – esp. street children, etc.</p> <p>Number of children on waitlist for the CCT</p> <p>Number of girls and boys assessed</p> <p>Number of girls and boys enrolled into the CCT, another service or cash-based support</p> <p>Number of girls and boys deemed not at risk</p> <p>Motivations, beliefs, challenges and barriers faced by eligible beneficiaries</p> <p>Number of households identified as at-risk but excluded from CCT</p>	<p>Profiling of beneficiaries KII</p> <p>Desk review</p> <p>FGDs</p> <p>Ratchet method</p>	<p>Digitised administrative data from Phase 1</p> <p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p> <p>Programme documents and guidelines</p> <p>Beneficiary/ non-beneficiary children and their caregivers</p>

	Number of households identified as at-risk but never assessed for risk	Ratchet method	List of households identified by beneficiaries List of households identified by beneficiaries
What entry points are commonly used to identify at-risk children? Are some entry points used less often or excluded?	Mapping of entry points for children who were assessed	KIIs FGDs	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF

3. How effective was the programme in improving the capacity of social workers, community structures such as CBCPC, to protect vulnerable children?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Do the Community-based child protection mechanism function?	<ul style="list-style-type: none"> - CBCPC uses most entry points identified by families, NGOs and others in the community for identifying vulnerable children - Evidence of CBCPC actively seeking vulnerable children - % of children who are risk-assessed who were referred through CBCPC and not self-identified - Evidence of innovation and investment in ensuring the identification and risk assessment of vulnerable children - % of children that report monitoring and tracking from CBCPC members or social worker - Institutions delivering social protection services have better capacity to use the case management tools 	FGDs KIIs Administrative data Household survey	Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files

		Case management monitoring data Social worker survey	Social workers
Do case management tools enable early identification of vulnerable children and households to reduce risk	<ul style="list-style-type: none"> - % of social workers trained on child protection issues, especially child marriage and labour - % of CBCPC members trained on child protection issues, especially child marriage and labour - Number of social workers and community-based facilitators trained on the CCT, case management and on risk assessments - % of social workers trained on risk assessment of children, and specifically on the tools they are required to use - % of CBCPC members trained on identifying at-risk children, on monitoring and tracking these children - % of social workers trained on case management, monitoring and tracking children - % of child welfare board trained on identifying at-risk children, especially for the CCT - % of risk assessment forms fully filled and completed - % of children regularly monitored as per plan and requirement/ % of total cases social workers monitored during CCT - % of children monitored after graduating from the programme - % of social workers demonstrating greater confidence in conducting risk assessment after training (Self-reported) - Evidence of social workers demonstrating greater commitment towards in conducting risk assessment after training (Self-reported) - Number of social workers completing all their monitoring responsibilities - Number of social workers reporting per guidelines - Limitations of the tools 	FGDs KIIIs Administrative data Household survey Case management monitoring data Social worker survey	Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files Social worker
Do case management tools enable early identification of	<ul style="list-style-type: none"> - % of children identified for risk assessment who scored under 24 but continue to be tracked - % of children who scored 26 or above, implying greater risk - % of children who scored between 24-25, suggesting identification at the right time 	FGDs KIIIs	Beneficiary/ non-beneficiary children and their caregivers

vulnerable children and households to reduce risk?	<ul style="list-style-type: none"> - Evidence of early identification including cases of prevention of school dropout or institutionalisation, due to the risk assessment 	Administrative data Household survey Case management monitoring data Social worker survey	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files Social worker
Community-based awareness and sensitisation campaigns	<ul style="list-style-type: none"> - Evidence of community-based programmes to end child marriage and child labour including youth groups, women groups, other community-based measures - Number of community conversations about child marriage and labour - % of children aware of these programmes - % of children participating in these programmes (if applicable) - % of caregivers aware of these programmes - % of caregivers participating in these programmes 	FGDs KII Administrative data Household survey Case management monitoring data Social worker survey	Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files Social worker

4. How well did the financial management and programme monitoring system establish and function?			
Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
How is the programme budgeted and financed and how are funds reconciled?	<ul style="list-style-type: none"> - Programme budgeting, financing and reporting mechanisms - Clarity and understanding of roles and responsibilities among and across stakeholders (Self-reported, cross-checked across stakeholders) for budgeting, financing and reporting on finances 	KIIs Desk Review	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Programme documents
Is there a monitoring framework for the programme that lays out the Log Frame, the indicators for monitoring and to track progress and success?	<ul style="list-style-type: none"> - Programme monitoring framework exists - Clarity and understanding of roles and responsibilities among and across stakeholders (Self-reported, cross-checked across stakeholders) for monitoring programme implementation - Clearly defined monitoring indicators and timelines, as well as feedback loops for action 	KIIs Desk Review	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Programme documents
Is the programme implementation regularly monitored?	<ul style="list-style-type: none"> - Evidence of programme monitoring – period discussion/meetings on number of beneficiaries, uptake and waitlist; bottlenecks and challenges, uptake and compliance of beneficiaries, financial and human resource requirements for programme implementation - Any requests for funding, technical support etc. 	KIIs Desk Review	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Programme documents

Is the programme monitored as per the framework?	<ul style="list-style-type: none"> - Any records of monitoring reviews, field visits or actions - References to changes or developments in programme design or implementation as a result of monitoring 	KIIs Desk Review	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Programme documents
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5. How successful was the programme in monitoring and enforcing the programme's conditions? How successful was the programme in following up with the households and children after graduation (in those cases where children were still under 18 at the point of graduation)? Was the programme equally capable to monitor the situation of boys and girls after benefiting from the programme?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Do social workers monitor conditions are required for the CCT?	<ul style="list-style-type: none"> - % of children that report monitoring and tracking from CBCPC members or social worker - % of risk assessment forms fully filled and completed - % of children regularly monitored as per plan and requirement/ % of total cases social workers monitored during CCT - % of children monitored after graduating from the programme - % of children identified for risk assessment who scored under 24 but continue to be tracked - % of children whose payments were stopped due to non-compliance - % of children whose caregivers received warnings or counselling or other support based on monitoring data 	FGDs KIIs Administrative data Household survey Case management monitoring data Social worker survey	Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files Social worker

Do social workers monitor graduated beneficiaries?	<ul style="list-style-type: none"> - % of children who graduated have been monitored at least once - Number of times children who graduated are monitored annually - Reasons why they might not be monitored – challenges and bottlenecks 	FGDs	Beneficiary/ non-beneficiary children and their caregivers
		KIIs	Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF
		Administrative data	Digitized risk forms
		Household survey	Beneficiary and their caregivers
		Case management monitoring data	Case management files
		Social worker survey	Social worker

Sustainability:

1. How can the learnings from this programme guide policy and programmatic structuring towards a more inclusive, sustainable approach to social protection of vulnerable groups?
2. How can the major capacity gaps and bottlenecks at national and sub-national levels be overcome if a different approach to social protection was employed?
3. How sustainable are the impacts on the lives of children and their households after graduation (for those that were younger than 18 at the time of graduation)? Does this sustainability vary between boys and girls?
4. Has the programme led to any positive or negative unintended results, taking into consideration COVID-19, as applicable throughout the programme timeline?⁹⁷
 1. How can the conditional cash transfer pilot be successfully replicated at the national level given the current capacities at the national and sub-national levels?
 2. To what extent can the major capacity gaps and bottlenecks at national and sub-national levels be overcome in the short to medium term?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
What are the biggest barriers to implementation	<ul style="list-style-type: none"> - Financial barriers: many children on waitlist - Human resource barriers: not enough social workers to be trained or even trained social workers for deploying one in each Upzila; not enough social workers on the field to keep up with monitoring requirements; workload of case workers - Technical barriers: poor capacity of CBCPC and frontline members to identify at-risk children and monitor 	FGDs KIIs Administrative data Household survey Case management monitoring data	Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files

⁹⁷ The research question was moved from Effectiveness to Sustainability criteria based on feedback and discussion with the UNICEF Bangladesh team.

		Social worker survey	Social worker
Timeline and resources required for scale-up	<p>Timeline and resources required for setting up the basic structures nationally –</p> <ul style="list-style-type: none"> - timeline for establishing necessary infrastructure like the CBCPC - timeline for building technical capacity: mass but quality training for CBCPC members, frontline workers and programme implementers and oversight teams - financial resources required to scale-up (can be estimated if there's an estimate of at-risk children) 	FGDs KIIs Case management monitoring data Social worker survey	Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Case management files Social worker
Gaps and bottlenecks	Analysis of the above to identify major capacity gaps and bottlenecks at national and sub-national levels be overcome in the short to medium term?		

3. How sustainable are the impacts on the lives of children and their households after graduation (for those that were younger than 18 at the time of graduation)? Does this sustainability vary between boys and girls?			
Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
What indications do communities, caregivers and children provide	<ul style="list-style-type: none"> - Change in community KAPs - Change in household level KAPs - Change in individual KAPs of boys and girls - Change in average age of marriage and labour 	FGDs KIIs	Beneficiary/ non-beneficiary children and their caregivers

about staying in school, unmarried and unemployed until the 18th birthday?	<ul style="list-style-type: none"> - Community-based interventions to prevent child marriage and labour - Agency and empowerment of children within the households - Children's ability to negotiate their preferences and have open conversation with families 	<p>Administrative data Household survey Case management monitoring data Social worker survey</p>	<p>Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF Digitized risk forms Beneficiary and their caregivers Case management files Social worker</p>
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4. Has the programme led to any positive or negative unintended results?

Sub-questions	Indicator/Thematic Area	Data Collection Strategy	Data Source
Did the programme lead to any spillovers affecting non-beneficiary populations?	<p>References to improvements in parent-child relationship</p> <p>References to improvement in social cohesion</p> <p>References to non-beneficiary children benefitting from community-level outcomes</p> <p>References to negative outcomes for exploitation or abuse, etc.</p>	<p>FGDs KII</p>	<p>Beneficiary/ non-beneficiary children and their caregivers Social workers, CBCPC, and CWB at the sub-national level, DSS at national level and UNICEF</p>

	References to other unexpected outcomes – positive and negative		
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Annex 6. Initial Risk Assessment Form

Form '2'

Risk Assessment Form

Child's Name:

Registration Number:

Verification Date: Total Marks:

Rating scale:	0 = The rights of the child are fully guaranteed,	1-5 Rating scale is indicative of an increase in the risk of the child	5 = The child is disadvantaged
Child rights indicator		Grade 0-5	<p>Initiative taken to protect child (Services applicable to child or its family)</p> <p>[The steps described below may be taken for the child, or if the social worker believes that he will take different steps considering the situation in order to protect the best interest of the child, he must write down the action taken in the vacant space in a separate row.]</p>
(1)		(2)	(3)
1. Age and Identity <ul style="list-style-type: none"> • The birth of a child is registered, and it has the birth certificate with name, introduction and national identity (0) • The birth of the child is registered, however, there is no birth certificate (2) • The birth of the child is not registered (4) • Name, identity and nationality are unknown (5) 		<ul style="list-style-type: none"> • Completion of birth registration • Arrangement of birth certificate 	

<p>2. Fostering the child in an environment conducive to leisure, recreation in the family environment</p> <ul style="list-style-type: none"> • The child lives with the parents and is reared in a family-friendly environment with leisure and recreation (0) • The child lives with the mother or father and is reared in a family-friendly environment with leisure and recreation. (1) • The child lives in extended family and is reared in a family-friendly environment with leisure and recreation (2) • The child lives with the mother or father, but is not reared in a favorable environment for leisure, recreation (3) • The child lives with an extended family or legal guardian or similar type of guardian, but is not reared with a leisurely environment, including vacation, recreation, or the child is in an institution, but there is a connection with the family (4) • The child stays in an organization for a long time (5) 	<input type="checkbox"/>	<ul style="list-style-type: none"> • Determine alternative care • To take appropriate measures for the integration of the child with the family • Skill development training for child living in the organization with a view to leading livelihood independently • To raise awareness about family, social, religious and moral values • To take proper steps for rearing the child in a conducive environment, including vacation, entertainment

<p>3. Enjoy safe shelter, decent housing and adequate living standards</p> <ul style="list-style-type: none"> • There are a safe shelter and a suitable home for the child and enjoys adequate living standards (0) • There is home for the child, but not enough living standards (2) • The child lives in an unsafe environment (4) • The child lives on the street or is a refugee or a migrant or trafficking victim (5)* 		<ul style="list-style-type: none"> • Taking supportive steps so that the child can live in safe shelter and in a suitable home environment • Creating a safe environment for child to play and enjoy • Creating an education-friendly environment for the child • Creating opportunities for the child to participate in cultural activities
<p>4. Unpaid primary, secondary, or technical education</p> <ul style="list-style-type: none"> • A child goes to school regularly and studies well (0) • The child is receiving technical education or the child has technical skills (0) • The child goes to school and has to pay (1) • The child goes to school, but he/she is not beneficiary (2) • The child has no skills for generating income (2) • Child is discriminated, or abused in school (3) • The child learns in his home (4) • The child does not go to school or has been dropped from education (5) 		<ul style="list-style-type: none"> • wDiscussion with educational institutions, teachers or field education offices • To take appropriate steps to ensure the education at the school • Encourage the child and his / her family to ensure the education of the dropped child • Communicate with the family and the authorities concerned to obtain technical education • To inform the authorities concerned about discrimination and misconduct
<p>5. Right to nutrition</p> <ul style="list-style-type: none"> • Children eat nutritious foods (0) • Children eat simple food (2) • Child suffers from malnutrition (5) 		<ul style="list-style-type: none"> • To take awareness steps to ensure the health education of the child and his or her parents • Parents' involvement with income generating programs
<p>6. Healthcare</p> <ul style="list-style-type: none"> • Child is healthy and receive quality health care (0) 		<ul style="list-style-type: none"> • To inform the child and his / her family about receiving primary care, pediatrician or special health care as needed

<ul style="list-style-type: none"> • Child gets regular checkups facility in regular intervals (0) • The child does not receive the required primary health care (2) • A child needs special healthcare, which is not met (4) • The child has no access to the healthcare (4) • The child does not get basic health care, or the child is consuming drugs or suffering from preventable illness, infected or impaired with HIV AIDS (preventable vision and hearing impairment) (5). 		<ul style="list-style-type: none"> • Connecting to a nearest clinic or hospital to receive specialized healthcare • To raise awareness of the concerned authorities or the family of the child for regular checkups in regular intervals • Provide assistance to ensure access to the child's health care
<p>7. Special care / takecare / support for a disabled child</p> <ul style="list-style-type: none"> • The type and extent of the child's disability has been identified and all special needs have been met (1). • Child is receiving special education or appropriate technical training (1) • Child has access to facilities or services (2) • Special needs are partially met (3) • There is no access to facilities or services or identification of the type of disability or most of its special needs, such as: shelter, resettlement, education, training are not met (5). 		<ul style="list-style-type: none"> • Take measures to identify the type and extent of the disability • Providing assistance to children with disabilities in shelter, resettlement, education, training etc. • To raise awareness by communicating and discussing with relevant authorities and individuals to ensure child's access to facilities or services • Encourage parents to establish self-help groups or self-help organizations and provide needed support.
<p>8. Protection from neglect, harassment, exploitation and torture</p> <ul style="list-style-type: none"> • The child is protected from all forms of neglect, harassment, abuse, or torture (0) • Inadequate knowledge of parents / current guardian about child development (1) • The parent(s)/current guardian(s) of the child do not know how the child develops (2) 		<ul style="list-style-type: none"> • Inform parents / guardian about the ways of ensuring the child's development • Organize a group meeting or party meeting and take other conscious steps regarding the development of behavior management for the parents / guardian. • Quality training for a child • To encourage the adoption of income generating programs

<ul style="list-style-type: none"> • There is no idea of the parents / current guardian about the child's development (3) • The child is physically or emotionally abused, exploited, or neglected, or harassed (4) • The child is physically or emotionally tortured, abused, or neglected, or the victim of harassment or sexual abuse, harassment, or torture or child marriage (5) 		<ul style="list-style-type: none"> • Creating a 'Self-endeavoring and Self-Helping' Team for Parents / Guardian • To take due steps for child's health and mental development
<p>9. Protection from labor, punishment, violence, or cruelty</p> <ul style="list-style-type: none"> • Protect child from the labor that is risky or disrupts their education or development (0) • Child suffers punishment in harmful ways or suffer general physical and mental punishment regularly (4) • Children involved in risky or disrupting their education or development or children are being detained (5) 		<ul style="list-style-type: none"> • To organize meetings or group meetings or take similar awareness steps to create social awareness about abstaining from child labor. • To make involvement of the child or his / her family in a social security extension or income generating program • To take awareness steps to prevent the child from being punished
<p>10. Full participation in society without discrimination</p> <ul style="list-style-type: none"> • Active members of the society (0) • The child's friends are less or less involved with any organization in the society (3) • The child is a victim of slander and deprived of existing facilities in the society (4) • No contact with the society, such as: child hidden in the home or child with discrimination due to disability or illness (5) 		<ul style="list-style-type: none"> • To take necessary measures to create social awareness with a view to creating discriminatory-free society and full participation in the society • Communicate and discuss with the leading community members to ensure social participation of the child who is a victim of a slander.

<p>11. Access to expression and information</p> <ul style="list-style-type: none"> • There is access to information that is useful for development or adults listening to the child and considering the child's views in making decisions (0). • Adults listen to child, but do not consider opinions when making decisions (1) • Parents listen to child, but other family and community members do not listen (3) • The local people do not value the child and his views are not considered correct (4). • There is no access to information that is useful for development or there is none to listen to the needs of the child (5). 	□	<ul style="list-style-type: none"> • Take necessary measures to create social awareness and encourage the concerned people to ensure access to expression and information. • Provide necessary support to the child's own team • To encourage for the establishment of child organizations and provide assistance to those if needed
<p>12. Access to justice system, legal aid and justice</p> <ul style="list-style-type: none"> • The child is the victim of crime, witnesses and child involved in the conflict with the law; the child has access to legal service and gets legal aid (1) • The child is the victim of crime, witness, and child involved in the conflict with the law, did not complete the trial within the stipulated time (4) • The child is the victim of crime, witnesses and child involved in conflict with the law, does not receive legal assistance (4) • Child who has no access to legal services (abduction) or child stays in safe custody or jail with the mother who is kept in safe custody or jail under trial (5) 	□	<ul style="list-style-type: none"> • Discussion with the concerned authorities for providing legal assistance • Communication and discussion with the concerned authorities for adoption of alternative ways (Uravatungarah) • Communication with the concerned authorities for sending of alternative services • Referral Services

Instructions:

- If the total number received by the child is 24 or more, the relevant child's detailed verification form has to fill up and appropriate steps must be taken to ensure the care, protection and development of the child in accordance with the provisions of the law.
- If the total number received is less than 24, the social worker will, in case of intense observation of the actual condition of the child, identify the risk of the child at a critical rate, he / she must complete the detailed verification form.
 - If the child is confirmed to be at risk-free when the total number received is less than 24, the case will be closed with the approval of the case manager.

Verifier's Name and Designation:

Verifier's Signature:

Annex 7. Data Collection Tools

Annex 8. Field Data Collection Management Approach

a. Fieldwork during COVID-19

Objectives of COVID-19 fieldwork guidelines

- To design a checklist for protocols and procedures before initiating fieldwork
- To develop guidelines for planning for fieldwork and training of field investigators
- To develop fieldwork sites procedures
- To assist the field team with standard guidelines before, during and after data collection
- To develop guidelines during travel from one field site to other
- To design general safe and hygienic practices during field data collection
- To develop accommodation protocols for field team in the working site
- To design emergency protocols, continuity planning, and wrap up procedures.

b. Guidelines and protocols during fieldwork

Key messages for data collection during COVID-19

- Always ensure the protection and safety of both staff members as well as members of local communities, while trying to provide key information on the humanitarian situation as well as respecting containment measures always.
- Ensure all mandatory measures (based on both national and global guidance) for protection of staff members and local communities are being taken
- Ensure only critical and essential data collection exercises are carried out during their period. All other nonessential exercises can be put on hold until the risk subsides
- Ensure all data collection efforts undertaken during this period are done so in the most reliable, transparent and methodologically robust manner possible given the circumstances (for example, being aware of respondent biases that may result from remote data collection techniques, factoring these biases into the analysis and declaring all known biases and limitations within the information products), to be able to provide an accurate and reliable evidence base for decision-making.
- Ensure there are stronger and more stringent data management systems and processes as a prerequisite for switching to remote data collection, specifically in terms of data protection and management of personally identifiable data as well as data cleaning and processing to ensure the highest possible quality of data collected during this period.
- Throughout, ensure adherence to the core values of IIHMR University that are consistent with COVID-19 and including Institutional Review Board (IRB) guidelines.

Checklist for protocols and procedures before initiating fieldwork

- Review physical distancing, equipment handling, disinfection procedures, signs/symptoms of COVID-19
- Communication options in the field, check-in procedures, and emergency procedures.
- Team members should have dedicated PPE, provisions, and supplies, if feasible, to minimize sharing.
- Team members have the right to refuse participation without fear of penalty if they feel conditions are unsafe.
- Each team member should be asymptomatic for at least two weeks before fieldwork and will not participate should they feel ill or have reasonable cause to believe they have been exposed to COVID-19.
- Maintain reliable communication to receive updates or get assistance
- Remain aware of local public health requirements and COVID-19 guidelines issued by central and state government
- Review responsible conduct in the field, community, minimize contact with the public.
- Backup plan or flexibility at any time to self-isolate or return home.
- Follow reporting protocol if you, a team member/ colleague, or an immediate family member tests positive.

Planning for fieldwork and training of field investigators

- Try to ensure questionnaires are no longer than 15 minutes to avoid prolonged. For longer surveys, it is imperative to keep a safe distance and use the necessary protective gear
- Training of field investigators needs to be conducted in a manner that ensures the recommended at least 1-meter distance between persons.
- Conduct it in a large enough room with good ventilation, spreading participants out, or split the group up into smaller units and conduct several rounds of training if needed
- As much as possible, use field investigators that are familiar with mobile data collection to avoid having to be close to them while training on the tool (field investigators with more experience will require less support from facilitators meaning fewer close interactions are required)
- Alternatively, training can be conducted remotely over Skype or similar communication platforms. If this is the case, make sure that all participants have access to a computer or phone and that the training material is shared with the participants before training. If training is conducted remotely, it is important that the participants have prior experience in mobile data collection and ideally are familiar with your organization/team.

Screening and Tracking

- All researchers must self-monitor for symptoms daily. If a researcher is feeling unwell in any way, they are to stop work, inform their team and supervisor immediately, and complete the Government of Bangladesh COVID-19 self-assessment tool. The results of this tool will determine the next steps for that person.

- Keep detailed records of where and when you have traveled, who you have traveled with, and the locations of the fieldwork such that tracking can be provided to the local public health unit should a researcher become ill with COVID-19.

Standard Guidelines for Fieldwork

- The participation of each team member in the fieldwork must be entirely voluntary.
- All researchers must conduct daily self-monitoring for symptoms and should be encouraged to use the Government's COVID-19 self-assessment tool.
- If individuals are feeling unwell in any way or are advised to initiate further medical follow up on completion of the self-assessment tool, they should immediately refrain from fieldwork, return home, and self-isolate as soon as possible. Other team members should be able to continue fieldwork if they have always strictly adhered to distancing and cleaning requirements and are not working alone.
- All research team members must also know how to access the nearest hospitals and emergency medical services.
- The research team must be able to monitor, daily, any new directives from public health officials, police, or administration for the area they are in.
- The team must have a contingency plan for any team member to return home in the event they cannot continue their work for any reason.

Field working sites and procedures

- Do not share pens, notebooks, computers, etc. but provide each researcher with their supplies where possible.
- Clean and disinfect all equipment used each day using soap and water, if possible, or disinfectant wipes. Remove gloves and wash hands once the cleaning of equipment is complete.

Measures to be taken *BEFORE* data collection

- Obtain required clearance from relevant authorities, especially if movement restrictions in place.
- Make sure everyone in the team (field supervisor, investigators drivers, logisticians, etc.) are up to date on the most recent information from the WHO and state and central government and adhere to their guidelines
- Before data collection and training, collect information about specific referrals system for suspected COVID-19 cases and ensure that all field investigators have updated information (e.g. leaflets from the government or other relevant organizations) to share with respondents if asked
- Make sure that the relevant IEC materials on COVID-19 (factsheets, brochures, etc.) are available and shared with all staff.
- Develop and train staff on appropriate reporting and communication channels to ensure safety and early response (if needed).
- Field coordinators or field supervisor or Research Officer must be informed in case any field investigator develops COVID-19 symptoms or visits a household or respondent who may have shown symptoms or respondent has/ develops any COVID-19 symptoms as stipulated by WHO.

Measures to be taken *DURING* data collection

- Every morning remind the team for the general guidance and protocols
- Approach respondent(s) for interviews/ discussions in line with the required measures
- Inform the respondent(s) of the COVID-19 measures (based on existing guidelines) clearly, before starting the interview or discussion
- Maintain the recommended distance (at least 1 meter) when approaching respondents
- Avoid physical contact (handshaking, hugging, etc.) to greet respondents. As this may be perceived as culturally inappropriate, clearly explain why you are doing this

Conduct the interviews/ discussions following the required measures

- Conduct the interview/ discussion outside (if possible)
- Maintain at least 1-meter distance from other people throughout, specifically the respondents.
- Don't touch anything in or around the households/ interview sites that you are visiting
- Avoid contact with the elderly or people with chronic diseases²⁶ if possible
- Household (HH) surveys: maintain distance from other household members as well. If you are asked to go inside and it is not possible to maintain the safe distance, then take the respondent outside or terminate the interview.
- Key informant (KI) interviews: maintain distance from other people in addition to the KI
- Focus group discussion (FGD): place participants with at least 1-meter distance from one another and conduct the interview outside unless you have a large room with good ventilation
- Ensure measures are being followed within the team throughout as well (i.e. not just between field investigators and respondents during the interview or discussion process
- Do not pass on things to other people, e.g. bottles, pens, phones, leaflets, visibility material, etc. If you do so, wash your hands and wipe off the item carefully with hand sanitizer
- Do not drink or eat from the same containers and do not use utilities from another person.
- Wash hands with soap/ sanitizer following advisories by state and central government

Measures to be taken *AFTER* data collection

- Ensure all staff returning from data collection (field investigators, drivers, etc.) thoroughly wash their hands with soap (at least 20 seconds)
- Ensure field investigators are reporting back to field supervisors or Research Officer as established in the protocols

- Field investigators should report to team leaders any health symptoms such as a high temperature (above 37.5), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms). If any staff is experiencing symptoms, they should self-quarantine for at least 14 days/ until recovered.
- Field Investigators should confirm location and report of any interaction with an interviewee that exhibited symptoms of fever, cough, or shortness of breath
- Field supervisor or Research Officer should prepare a daily report on any interaction with the interviewee that exhibited symptoms of fever, cough or shortness of breath should be reported to nearest Government Health facility (Sub center / Primary Health center/ District Hospital)
- Ensure investigators submit the data collected and clean data collection devices daily
- Investigators to upload their forms to the server daily
- Investigators to wipe off all devices with disinfectant or soap and water before handing them back and place all phones in a zip-locked plastic bag with their name written on it. This is to ensure that devices change hands as little as possible.

Guidelines during and outside of data collection activities

- Check your temperature every morning. In case of high temperature (above 37.5 Celsius), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms), inform the team leader. Any person with these symptoms should not engage in data collection and selfquarantine for 14 days.
- Field coordinators or field supervisor or Research Officer should ask if field investigators have been in contact with anyone with a confirmed or suspected case of COVID-19. If yes, the person should not be participating in the activity and self-quarantine for a minimum of 14 days.
- Wash hands thoroughly and regularly (ideally every 1 to 2 hours and definitely in between each interview conducted) with soap and water or alcohol-based hand rub.
- Do not touch your (or anyone else's) face – particularly eyes, nose, and mouth.
- Physical distance (2m) must be maintained between any individual, including other team members. At the same time, field workers should not work alone.
- Keep distance also in cars, i.e. use enough cars so you are a maximum of 3 people per car. If not enough cars, see if you can use less number of field investigators and extend data collection time.
- Do not have any physical contact with other people. That includes no greetings such as handshakes, hugs, etc
- Sanitize all data collection items before each interview (pens, phone, tablets, notebooks, ID cards, anthropometric equipment's, etc.)
- Ensure items are not shared among team members
- Provide pens for each staff member
- Provide zip-locked bags to place field investigator phones/devices
- Ensure field team phones have internet so that they can upload the forms daily to the server. Alternatively, ensure that field team can access Wi-Fi at the end of the day.
- Do not spit in public

- Do not engage in any field research where you cannot maintain appropriate physical distancing (2m).
- Access to restricted areas as mandated by Central / State Governments and Indigenous Communities must be adhered to. If access to restricted areas is essential, authorization and documents must be obtained from the appropriate bodies. Always keep these documents with you during the fieldwork.
- Do not engage in any field research requiring face to face discussions with members of the public unless physical distancing can be maintained.
- Physical distancing should be followed while handling documentation, reports, and paperwork
- Use technology for communication as much as possible (e.g., text messaging and mobile phones) rather than having in-person conversations. Where possible, use technology to send and receive paperwork (e.g. scanning equipment).
- Inform your field coordinators or field supervisor or Research Officer immediately if feeling unwell
- Field coordinators or field supervisor or Research Officer should ensure you know the protocol to follow and referral mechanisms to use to inform the right people about any observations of symptoms or sickness among field staff during data collection

Annex 9. Ethics and IRB Approval

a. EPRI's Ethical Approach

The following section provides an outline of the ethical principles which must be adhered to by all EPRI-associated personnel in all stages of their work.

1. Respect

Work and activities must ensure respect for all persons involved throughout the research process. Respect requires that individuals be treated as autonomous agents who are afforded the right to make decisions for themselves and act based on these decisions. To respect autonomy is to show adequate consideration towards the values, preferences, judgements, and beliefs of an autonomous agent.

Those with diminished autonomy (e.g. minors, persons with disabilities, those affected by marginalisation and other vulnerable groups) are entitled to additional protections. In these cases, special care must be taken to acknowledge the prevailing power differentials of the situation and the capabilities and degree of agency that an individual may have.

Application of this principle requires that human subjects are enrolled into research studies only under the conditions of effective informed consent. This involves a process in which participation in the research is acknowledged by the research subject (or by a legally authorized representative) as a voluntary act free from coercion or undue influence from the investigator or members of the research team. In the context of children and other vulnerable groups respectful evidence generation needs to be situated in their lived experience with recognizing the reality of unequal relationships of power that frequently exist, creating environments that support these individual's personal agency and dignity.

Mandatory processes – Respect, Consent and Representation

- All adult participants of the study will sign a consent form which will lay out in the simplest terms, the objective of the study and their role in it. The form will explain that the discussions will be recorded and assure participants that the report will not identify the individual. The form will clarify that the individual does not seek to benefit by participating in the study and will only receive a reasonable reimbursement of travel cost associated with participation in the study. It will present in clear terms that the government is not obliged to respond with increased benefits or other changes by virtue of individuals' participation in the study.
- All children participating in the study will be required to sign an assent form. They will only be able to participate if they have signed an assent form and if their caregivers provide consent to their participation in the study through a signed consent form.
- All researchers must ensure that participants read and fully understand the consent forms – taking both verbal and written consent.
- The forms will be designed considering low literacy and inability to read/write such as allowing thumbprints. Where applicable, the consent form will be read aloud, and the responses of verbal consent will also be recorded.

- For those with disabilities that prevent them from understanding or providing consent, all measures must be taken to ensure alternative methods of consent such as using sign language, recording verbal consent. Given the nature of this study, when it is not possible to document informed consent, it may not be necessary to include the individual. However, if there is a pressing need, the matter must be raised to the team leader, who may be able to receive appropriate consent to engage them ethically.
- For interviews or research involving the participation of minors (under the age of 18), both an assent form from the child and a consent form from the parents/legal guardians must be signed.
- All respondent data will be kept securely and safely, and access will be limited to core team members. The data will be anonymised by the field team before sharing with the wider team to minimise any risk to participants. However, relevant data must be stored for auditing the authenticity of field data for six months after the study's completion.
- The selection of respondents will seek to ensure representation from all relevant vulnerable groups – paying special attention to gender quality, ethnic diversity and inclusion of those with disabilities.

2. Non-Maleficence

Researchers and affiliated personnel must avoid doing harm or injuring persons participating in the research process, both through acts of commission and omission. The research has been designed and will be implemented to maximise possible benefits and minimise possible harm to children, women and adolescents participating or affected by this study. The study has deemed the involvement of minors essential to this study because the subject of evaluation has direct implications for children and adolescents. A rapid risk evaluation considered both the probability and magnitude of harm, including psychological, physical, legal, social, and economic harm. The risk to participants remains low and reasonable for this study in relation to the anticipated and the importance of the findings in shaping the future of child-sensitive programming in Zambia. Special care will be taken through the informed consent processes to ensure that participants have realistic expectations from the study and are fully aware that there are no direct benefits of participation. The necessary protection mechanisms, approvals, checks and balances will be put in place to minimise risk to participants and researchers, alike.

Non-maleficence requires an examination of the profile, competencies and skills of researchers and enumerators to ensure no harm comes to participants by virtue of inappropriate, unskilled or incompetent researchers or enumerators. It also requires explicit consideration of means to ensure the privacy of participants, their safety and any possible negative impacts arising from participation. The study must adhere to the requirements of informed consent/assent and privacy and confidentiality, with appropriate procedures in place to deter non-compliance and consequences for non-compliance.

Mandatory processes – Non-maleficence

- All researchers involved in the fieldwork will receive training on ethical research, as well as on research involving children and other vulnerable groups. They will also receive training on engaging with children and families, with those who might be marginalised or otherwise

disadvantaged. Given the sensitivity of the information being captured, these trainings combined with a minimum 2-year field research experience for fieldworkers is deemed adequate to ensure competency and minimise harm.

- Focus group discussions inherently violate anonymity among participants. Due to this, the groups will be made with sensitivity to issues of bias, discrimination or marginalisation. For instance, communities in conflict or otherwise marginalised (including by gender, race or ethnicity) will be placed in different groups. Participants will be grouped in ways that do not perpetrate or otherwise exacerbate any conflict. For instance, those receiving a benefit and those not receiving it will be placed in different groups. Finally, power dynamics will be considered when forming groups to ensure that all participants are able to express their views freely and honestly.
- All discussions will be sensitive to privacy and confidentiality of all participants. Each participant will be made aware of and be required to agree to and ensure the confidentiality of any information shared during the discussion. Discussions of extremely sensitive nature may take place in the form of in-depth interviews for human interest stories.
- All researchers involved in the fieldwork or who encounter data in its raw form will be required to sign privacy and confidentiality agreements before going to the field.
- No individual identifiers such as name, contact details or other information that are not required will be collected during fieldwork. Any such information will be destroyed as soon as the report is published – keeping the captured data anonymised.
- All researchers must ensure that participants read and fully understand the consent forms – taking both verbal and written consent. For those with disabilities that prevent them from understanding or providing consent, all measures must be taken to ensure alternative methods of consent such as using sign language, recording verbal consent. Given the nature of this study, when it is not possible to document informed consent, it may not be necessary to include the individual. However, if there is a pressing need, the matter must be raised to the team leader, who may be able to receive appropriate consent to engage them ethically.
- For interviews or research involving the participation of minors (under the age of 18), both an assent form from the child and a consent form from the parents/legal guardians must be signed.
- All research activities will take place in safe places – community spaces that offer privacy and limited to key personnel involved in the research – that minimise concerns of anonymity, privacy and confidentiality.

3. Justice and equitable representation

EPRI will ensure that benefits and the potential burdens of the research are carefully considered and equitably distributed among the potential research subjects. Such considerations are required to avoid the injustice that arises from social, racial, sexual and cultural biases institutionalised in society.

The groups being interviewed/participating in this study are strictly guided by the detailed Terms of Reference that require the involvement of vulnerable population groups, such as children and women. Therefore, the selection of participants responds directly to the requirements of this study. To ensure that the selection is justifiable and equitable, the study team has ensured that local expertise informs selection process, a wide range of local stakeholders are being considered to ensure that no group is left out due to power dynamics and secondary data analysis is informing the key groups to involve from each region.

Mandatory processes – Equitable Representation

The researchers will engage with a wide range of local stakeholders to ensure all groups of interest are covered in the study and to identify any particularly vulnerable or marginalised groups that should be prioritised

- To understand power dynamics and concerns of bias or prejudice that must be considered in grouping children and adolescents for the activities
- Understand critical relationships such as those with parents and service providers as well as dimensions of violence and abuse to ensure the protection of respondents
- Development of pre-identification checklists/groups to include per region based on secondary data analysis
- Ensure that groups for activities and discussions are sensitive to cultural and social norms and issues, as well as to concerns of bias, power distribution and discrimination in ways that enable the voices of the most vulnerable to come through in the study.
- Children, women, and persons from marginalised communities are specifically included in the study to ensure that their voice is heard when decisions regarding their wellbeing can be informed. Any risk identified will be adequately addressed on the field, while always adhering to local laws and legal requirements.
- The selection of respondents is mindful of including those with disabilities, of children and other women, and of marginalised groups.

4. Honesty, Integrity and Trust

Researchers and affiliated personnel must always conduct themselves with honesty and integrity. This includes the accurate presentation of procedures, data and findings, and ensuring that research contains no illegitimate biases designed to distort findings to meet deliverables.

Communications with clients relating to costs, tasks, deliverables, methodology, the scope of expected and actual results and the intended uses of data must be transparent and accurately reflect the capabilities and principles of EPRI. Information provided to research participants concerning the nature of the research, the participants' role in the research and the extent of their involvement must also be accurately communicated with integrity and respect for their autonomy and safety.

Mandatory processes – Honesty, Integrity and Trust

- All research activities will be recorded and appropriately documented (with relevant consent). For instance, Focus Group Discussions will be recorded, notes will be taken and compared for accuracy. All materials may be provided to the client for verification upon

request. Other participatory activities, including those facilitated by youth researchers will be video recorded

- Interviews with key informants will be recorded and transcribed and can be made available to the client for verification upon request
- Where qualitative data is concerned, a clear framework has been created against which the data will be analysed. Where summary notes from the field are used, coding will be done analytically and when transcripts are used, more structured methods such as counting repetition of keywords may also be used. All methods for deduction and analysis will be clearly explained in the report.
- Consent forms will provide accurate information to research participants concerning the nature of the research, the participants' role in the research and the extent of their involvement with integrity and respect for their autonomy and safety.

5. Accountability

Researchers and affiliated personnel are accountable for their actions and conduct. All responsibilities and duties should be clearly defined, and it is the prerogative of each researcher to ensure that they understand their responsibilities. All team members will sign appropriate agreements and accountability statements to take ownership for ensuring that the research is conducted responsibly and in line with the procedures outlined above. The roles and responsibilities of key team members will be clearly laid out in their agreement.

Mandatory processes – Accountability

- Data and findings must be used only for the purposes stipulated in the project brief. Any unauthorised use of information obtained during the research study may be deemed an unethical, misuse of research. EPRI has a zero-tolerance policy for such behaviour
- All research activities will be recorded and appropriately documented.
- Where qualitative data is concerned, a clear framework for analysis is created, against which the data will be analysed using a combination of structured and exploratory approach to data analysis.
- Where summary notes from the field are used, coding will be done analytically and when transcripts are used, more structured methods such as counting repetition of keywords may also be used. All methods for deduction and analysis will be clearly explained in the report.
- Coding and analysis software such as NVivo were used to ensure that the deduction can be trailed, and coding framework reviewed for honesty and integrity

b. IRB Approval



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24 January 2021

Mr. S Fuad Pasha
Director (Operations), Mitra and Associates, Dhaka
E-mail: fuadpasha@mitraassociates.com

Title: Evaluation of Conditional Cash Transfer programme of Child Sensitive Social Protection project in Bangladesh

Dear Mr. Fuad Pasha,

The Institutional Review Board of the Institute of Health Economics (IHE-IRB), which is approved by Federalwide Assurance (FWA), No. FWA00026031 had reviewed your submissions, both the original and the subsequent responding the IRB's comments for the ethical approval of the proposal "Evaluation of Conditional Cash Transfer programme of Child Sensitive Social Protection project in Bangladesh".

IHE-IRB is providing ethical approval of the proposal.

However please note that the data collection instruments like survey instruments, FGD, KII guidelines will be administered in Bangla, hence Bangla version will ensure quality data collection by minimizing inter-data collector bias. IRB expects those will be taken care before the actual execution of data collection.

With thanks and regards,

Dr. Muhammad Abdus Sabur
Chair
Institutional Review Board