



HUMANITARIAN CASH TRANSFERS MONITORING AND EVALUATION GUIDANCE



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1. Monitoring

1.1 Introduction

Monitoring is the process of collecting and analysing data to modify a project as needed. Monitoring is a primary means to verify how well a programme is being implemented, identify challenges that may hinder results and build an understanding of what it achieved. As such, monitoring plays a vital role in ensuring accountability, generating evidence and informing decisions on design and implementation. Monitoring data also provides a critical basis for any eventual evaluation.

The basic principles and practices of monitoring are the same for programmes distributing cash transfers as with any other. However, cash transfers raise some unique monitoring issues for UNICEF:

- UNICEF often supports services, whereas HCT interventions focus much more at the level of the household or individual.
- Certain activities, such as delivering money and vouchers, require particular partnerships such as with financial service providers.
- The achievement of objectives depends on how individuals and households are able to access markets for goods and services and on household purchasing decisions (these are key assumptions in the theory of change).

This chapter focuses on monitoring issues that are specific to HCT programmes and aims to provide the essentials to enable UNICEF COs to design appropriate monitoring systems for programmes providing cash transfers, or to verify that monitoring systems designed by partners provide adequate information for analysis. However, monitoring of any humanitarian project requires specific experience and this guidance is not a substitute for such expertise, nor does it provide detail on general good monitoring practices.

1.2 Key concepts for monitoring cash transfers and vouchers

Key Message

- There are three main types of monitoring. Process monitoring considers the way in which programme activities are implemented. Output monitoring considers the programme's tangible deliverables. Outcomes monitoring examines the results achieved due to the provision of cash or vouchers.
- The desired outcomes of HCTs are no different than other UNICEF programmes. The indicators being measured, and ways to measure them, will not differ significantly from the core indicators already in use by UNICEF sections.
- Achieving the objectives of an HCT requires that beneficiaries can purchase their priority goods and services and that they spend the transfer in ways envisioned by the project. These issues must therefore be monitored.
- It is standard for UNICEF projects to incorporate field monitoring, partner reporting and a feedback/complaints and response mechanism. Because HCTs transfer resources to households, they should incorporate post-distribution monitoring.

HCTs are tools through which UNICEF seeks to achieve strategic objectives for women and children, often with the same ultimate aims as programmes supporting service delivery or providing in-kind assistance.

Processes, outputs and outcomes

Monitoring can be divided into three types – process, output and outcome monitoring.

Process monitoring

Process monitoring considers the way in which programme activities are implemented. It checks whether people received what they needed and faced any problems. The purpose is to identify bottlenecks or risks (related to access and protection) arising from programme implementation that may get in the way of people safely accessing their money or vouchers. Process monitoring informs the analysis of data on outputs and outcomes (especially if intended results are not being met), to inform analysis on the appropriateness of the response and any necessary changes to programme activities and processes. Activities to be monitored include sensitisation, targeting and registration, enrolment with financial service providers, delivery/receipt of transfer and feedback mechanisms. Markets are also monitored to check if the required goods/services are still available and at reasonable prices. Data collection is frequent – usually after each payment cycle.

Output monitoring

Outputs are the programme's tangible deliverables, which contribute to outcomes. Output monitoring of an HCT programme measures progress towards and achievement of a small number of quantitative results, including the coverage of the programme (number of people receiving cash/vouchers) and the amount of cash delivered. Output monitoring informs analysis of programme performance – whether it is reaching the intended people, at the scale and speed required and with the planned amount of assistance – to determine if adjustments need to be made. Where performance indicators fall short of expected benchmarks, potential issues with programme implementation can be explored and explained by process monitoring. Data collection is frequent – usually after every payment cycle.

Outcome monitoring

Outcomes are the benefits that are expected to accrue to beneficiaries (households, caregivers and children in their care) due to the programme's outputs (in this case, the provision of cash and vouchers). Outcome monitoring considers whether and how the needs and vulnerabilities of targeted beneficiaries have changed as a result of the assistance. This analysis is necessary to understand whether intended objectives have been realised, as well as whether the programme has led to any unintended impacts. Outcome monitoring greatly benefits from the existence of a suitable baseline in order to measure changes, though other factors besides the assistance may be influencing changes in outcome indicators.

Monitoring outcomes on an HCT measures changes in beneficiaries' abilities to meet particular needs of the household and children in their care (these needs may be specific to single sector or cover a range of needs, depending on the objective of the transfer). For UNICEF, monitoring the outcomes of an HCT programme focuses on the achievement of various strategic outcomes of interest for children (referred to as '**medium term outcomes**' in this document), be they related to WASH, nutrition, education, health or protection. **The desired outcomes are ultimately the same as other UNICEF programmes. The indicators being measured, and ways to measure them, will not differ significantly from the core indicators already in use by UNICEF sections.**

Achievement of these 'medium term' outcomes depends on beneficiaries' ability and willingness to i) access markets for relevant, quality, goods and services and ii) spend the transfer as the project

intended. A range of factors influence expenditure choices, such as the transfer value, level of need, whether other critical needs are being met, access to markets and services, availability, cost and quality of goods and services, intra-household allocation of resources and the knowledge and attitudes of caregivers about the care of children (e.g. nutritional practices, health seeking behaviour, importance of education).

It is therefore essential to monitor *‘immediate outcomes’* – beneficiaries’ ability to access particular goods and service, expenditure patterns and constraints in using the cash assistance to meet their needs. It allows UNICEF to monitor the accuracy of and maintain confidence in the HCT theory of change (i.e. that cash/vouchers will contribute to meeting particular needs), to understand the reasons for the choices made by beneficiaries and to build a complete picture of the ways in which the transfer could and could not contribute to outcomes for children¹. Another aspect of monitoring intermediate outcomes is monitoring potential unintended negative impacts and protection risks to which HCTs may contribute and that could undermine the achievement of strategic outcomes for children.

Box 1.1 summarises the main differences with monitoring an HCT programme compared to other UNICEF interventions.

Box 1.1: Main differences with monitoring on an HCT

- HCTs have processes to monitor that are not a part of service delivery programmes e.g. household/beneficiary targeting, enrolment with FSPs, transfer of funds, and most monitor specific risks stemming from the handling of money, especially at the point of cash delivery.
- Reporting on outputs requires data from FSPs on whether funds were transferred as well as information on whether recipients were able to access the funds (e.g. withdraw cash transferred via cards and mobile money).
- Markets need to be monitored to ensure that the goods and services required by beneficiaries continue to be available, and at the expected price, quantity and quality.
- Monitoring outcomes looks beyond receipt of the transfer (the end point for monitoring on most in-kind assistance programmes) to look at how it was used, which means collecting and interpreting data on household expenditure.
- Data collection requires engagement with different stakeholders e.g. FSPs/e-voucher service providers, market vendors, NGO implementing partners, social protection service providers (when linking with national systems).
- Monitoring data collection requires more extensive engagement with individual beneficiaries.

UNICEF monitoring approaches

It is standard for UNICEF projects to incorporate field monitoring, partner reporting and a feedback/complaints mechanism.

- **Field monitoring:** systematic visits by UNICEF to projects to determine whether they are functioning as planned and identify any challenges. On-site monitoring is particularly vital during distributions and payments to identify bottlenecks, check that beneficiaries receive transfers and verify that they can access the cash/vouchers (e.g. collecting from FSPs, withdrawing from ATMs, spending at shops) without problems.
- **Partner reporting:** reports generated by implementing partners on progress and challenges; in some cases reports are available from FSPs on the delivery and use of transfers.

¹ In cases where medium term outcomes are managed at the level of the response (rather than the HCT programme) this data is also important to show the contribution of cash/vouchers to the outcomes.

- Complaints response mechanism: logs that provide information on the types of complaints and whether and how they were resolved.

Because HCT programmes transfer resources to households, they should incorporate post-distribution monitoring. Post-distribution monitoring involves data collection and analysis on the project's functioning, beneficiaries' experience of assistance and any changes experienced. PDM includes household surveys and qualitative data collection. Since beneficiaries themselves are the primary source of monitoring data on an HCT programme, emphasis is required on tools and methods to collect data at the household level. PDM can be directly conducted by UNICEF, implementing partners and/or third parties. Depending on the duration of the programme and resources, monitoring outcomes may be incorporated into PDM and/or through baseline and endline surveys (and potentially mid-line surveys in the case of longer-term programmes).

Figure 1.1: Monitoring approaches, methods and data sources for HCT programmes

Monitoring approach	Methods	Data and information			Primary data sources	Who does what
		Process	Output	Outcome		
Post-distribution monitoring	PDM household surveys, FGDs	Experiences and satisfaction with implementation	Receipt of full transfer amount; receipt or enrollment in complementary activities	Expenditure patterns, outcome indicators	Beneficiaries Non-beneficiaries (for processes)	PDM can be directly conducted by UNICEF, implementing partners and/or third parties
Partner reporting	Reviewing and analysing reports from partners	Account enrolment activities, card distributions, payments Progress against activity plans, implementation issues	Number of transfers, failed transfers, amount transferred, withdrawal of funds, account balances Progress against planned outputs	Any analysis of results as a result of partner monitoring Reports on beneficiary attendance/enrolment; health service frequenting, nutrition centre rates of attrition and improvement	Implementing partners Financial providers Service providers	IPs submit reports, which typically include data from FSPs. UNICEF may also receive reports from FSPs where this is agreed in advance
Field monitoring	KIIs, spot, checks	Oversight of targeting, enrolment, distribution of cards, cash withdrawals, etc.; school attendance (if applicable); availability, price and quality of goods/services in markets	Triangulate output data from partner reporting and PDM data	Checks with leaders, vendors, teachers, health centres on any changes related to transfers Checks with vendors on increased sales of any goods / services	Implementing partners FSPs Key informants Vendors Service providers	Systematic visits by UNICEF to projects to determine whether they are functioning as planned and identify any challenges

Complaints response mechanism (CRM)	Analysis of CRM data	Beneficiaries problems (missed/delayed payments, lost PIN) Programmatic issues (e.g. staff competence, assistance fraud) Issues raised by non-beneficiaries (appeals against exclusion)		Community and household dynamics	Complaints response mechanism data	
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1.3 Planning monitoring

Key Messages

- Monitoring approaches should be determined during the design of the programme, based on available resources; the implementation roles, skills and systems of UNICEF and its partners; availability of data; objectives of the programme; opportunities for joint or third party monitoring² and any particular evidence/advocacy needs in that context.
- If other agencies are providing cash transfers in the same context, UNICEF should look for opportunities to collaborate and coordinate monitoring.
- It is standard for UNICEF projects to incorporate field monitoring, partner reporting and a feedback/complaints and response mechanism. Because HCT programmes transfer resources to households, they should incorporate post-distribution monitoring (PDM).
- A monitoring plan should be created covering monitoring activities (elaboration of indicators, data collection tools, data collection, site visits/field monitoring), methods (e.g. household surveys, focus group discussions) and sampling and the form of monitoring reports. The timing of activities and the responsibilities of UNICEF and its partners should be clearly indicated.
- Humanitarian agencies are increasingly making use of digital technology applications to maximize the efficiency, speed and accuracy of monitoring data collection. When considering utilizing technology in monitoring, the experience and capacities of UNICEF and its partners should be considered, as investing in new technologies requires putting in place the necessary infrastructure, staff expertise and regulatory approvals, which can all take time.

It is essential to plan for monitoring during the design of the programme. Planning should include determining the roles of UNICEF, partners and any other stakeholders in monitoring; selection of indicators (process, output and outcome) with quantifiable targets (see Annex 1 and sections 1.4, 1.5, 1.6 for guidance on selecting indicators); a work plan outlining monitoring activities, timing and who is responsible; data sources and the approach to sampling.

Partnerships and operational models: implications for monitoring

UNICEF and its partners need to determine the respective monitoring roles of UNICEF, implementing partners, third parties and, if involved, government agencies. Operational trends are changing the ways that HCT programmes are implemented, which may influence 'who does what'. The 'traditional' model of an NGO implementing partner leading on all stages of the HCT programme cycle is being complemented (and in some cases replaced) by alternative implementation models. Examples include implementing partners working in consortia (e.g. response to the 2011-2012 famine in Somalia), joint implementation of some operational processes with other international agencies (e.g. Lebanon's One Unified Inter-Organizational System for E-cards), aligning with or

² Third party monitoring refers to contracting entities such as NGOs, universities, think tanks and consultancy firms specifically to undertake monitoring data collection and analysis.

working through national governments' social protection systems (e.g. UNICEF cash transfers in response to Philippines Typhoon Haiyan), and remote programming in areas where access is restricted.³ Third party monitoring is also increasing, meaning the contracting entities such as NGOs, universities, think tanks and consultancy firms specifically to undertake monitoring data collection and analysis. UNICEF has experience with third party monitoring of HCTs in Somalia and Jordan.

While it is not possible to prescribe how each model should be monitored, the following should be considered. In all cases, UNICEF will still maintain an oversight role of its partners through reporting and site visits.

- **NGO consortia:** at a minimum, consortia should use common monitoring tools and data systems that enable sharing and aggregation of data, possibly in a common Management Information System or through agreements outlining approaches to data sharing; opportunities should be explored for third party monitoring.
- **Joint implementation:** monitoring of UNICEF HCTs should be conducted jointly or in coordination with others implementing HCTs; opportunities should be explored for third party monitoring. Additional data collection and analysis undertaken may still be relevant to explore issues specific to UNICEF.
- **Remote programming:** third party monitoring is often necessary owing to limited access of implementing partner staff; in some cases two third party monitors used to ensure greater accountability and confidence in the results.
- **Linking with social protection systems:** government monitoring systems may be already in place; however, alone they are unlikely to provide all of the appropriate data needed by UNICEF, and additional measures are usually needed (see below).

Issues to consider when planning monitoring

Potential for collaboration, coordination and joint monitoring

If other agencies are providing cash transfers in the same context, UNICEF should look for opportunities to collaborate and coordinate on monitoring, in order to improve learning, reduce the need for UNICEF to 're-invent the wheel', share costs of data collection exercises and reduce risk of beneficiary 'survey fatigue'. UNICEF can also advocate for the inclusion of child-focused indicators for others monitoring cash transfers. Questions to ask during planning are:

- How are other agencies in the area monitoring their HCTs?
- Do CWGs or clusters have existing tools?
- What indicators are other agencies using and are there any standard indicators being used across clusters/agencies?
- Are there opportunities to combine data collection on HCTs with data collection for other UNICEF projects?

³ These models are not mutually exclusive and there are overlaps – for example an FSP can be contracted directly by UNICEF, by NGO implementing partner(s) or by another UN agency in the case of joint implementation; UNICEF can work with part of national governments' social protection systems but then work jointly with other UN agencies for certain activities, etc.

- Is data on markets and services relevant to UNICEF programming (e.g. related to NFI, WASH goods, education, health services) already being collected by others, and if not, are there opportunities for joint efforts through clusters or CWGs?
- Are there monitoring or assessment processes in place that have or will generate useful data (e.g. data collection by others organisations, baseline surveys and assessments for other UNICEF projects)?

Learning and evidence needs

Monitoring can play an important role in learning or advocacy by generating evidence. If UNICEF is exploring lessons, advocacy or research about a particular topic (e.g. intra-household relations, whether cash transfers improve care practices), relevant indicators and questions can be included in monitoring, and an appropriate sampling approach chosen (see Sampling). However, the primary role of monitoring is to understand the performance of a project, and UNICEF should be vigilant to not compromise monitoring by adding too many issues. Monitoring should focus on critical issues and not become a 'wish list' for learning. Questions to ask during planning are:

- Are there specific learning, evidence or advocacy issues for this project or context?
- If so, can these issues be included in a manner that does not substantially increase the time and resources required for data collection (or can resources for monitoring be increased)?
- Is any research planned on the project that will rely on monitoring data?

Be strategic

The approach to monitoring should be 'fit for purpose' based on the context and project. A context where UNICEF seeks to generate evidence on results should have more outcome indicators. Ones with multiple actors providing cash transfers requires coordination in monitoring and has opportunities for joint monitoring. Larger-scale, longer-term projects will usually demand more sophisticated monitoring than shorter-term, smaller scale ones. HCTs implemented in areas with other UNICEF projects may offer opportunities for combining data collection exercises. Common pitfalls in monitoring are over-collecting data (i.e. too many indicators), re-creating data collection tools that already exist, not coordinating with data collection exercises of other UNICEF sections and other organisations implementing HCTs, and not analysing monitoring data.

Third party monitoring

The use of third parties can bring in specialist expertise and independence, thus promoting accountability. Some donors may encourage or require some engagement with third party monitoring. In insecure contexts, third parties may be particularly relevant when staff face access constraints. Questions to ask during planning are:

- Is any third party monitoring planned or taking place for other HCT responses?
- Are any of UNICEF's major donors encouraging or requiring the use third parties?
- If the context is insecure, are there third parties better placed to undertake data collection?

Skills and systems

HCTs require that UNICEF and partners involved in monitoring have skills to perform determined monitoring approaches and undertake data collection and analysis. If these capacities do not exist,

they must be built up through training or acquired by hiring individuals or organisations/companies that already have the skills. Basic systems must be in place to enter, clean and analyse data collected. Digital data collection can improve the speed and quality of data collection, but requires experience and capacity to engage with technology. Questions to ask during planning are:

- Do the organisations that will be involved in monitoring have staff with the capacity to perform data collection and analysis?
- Do the organisations that will be involved in monitoring have the systems to perform data collection and analysis?
- Do the organisations that will be involved in monitoring have experience with digital data collection?
- Is there a need for UNICEF staff to consolidate, harmonize and analyze data generated by partners?

Linking with social protection systems

If cash transfers are provided in coordination with or through existing social protection programme, UNICEF must decide whether to rely on any existing monitoring systems of those programmes or put in place additional data collection and analysis. Because social protection programmes are longer-term efforts to address vulnerability, their monitoring systems are unlikely to have the same indicators of interest to HCTs. Where they do (e.g. education attendance) they may not contain all the indicators of interest or be collected at the right frequency. Thus additional data collection and analysis normally needs to be undertaken to ensure accountability.

Questions to ask during planning are:

- What monitoring, if any, is done of the social protection programme to which the HCT is linked? What indicators are collected, by whom and how frequently?
- Does the existing monitoring system need to be supplemented with additional data collection to get timely, pertinent data on UNICEF assistance?
- Can UNICEF and/or partners access the data or only reports generated by the entity undertaking the social protection monitoring? What types of analysis and reports can be extracted?
- Are national data protection rules in place that may affect UNICEF or partners' access to government monitoring data? How can data be shared securely and what protocols and systems would be necessary?
- Will the households receiving HCTs be included in the monitoring of social protection programme with an adequate sample to draw conclusions (particularly if the HCTs are reaching households that previously were not part of the programme)?
- Are there opportunities to work with relevant government ministries to adjust the monitoring of social protection systems to collect data on the UNICEF HCTs? What capacity exists with relevant ministries and would it need to be reinforced?

General good practices

In all instances, monitoring collection and analysis should be 'good enough' to identify any problems in implementation and provide at least basic data related to changes beneficiaries are experiencing

as a result of the assistance. Monitoring must be adequately resourced and budgeted. Monitoring should include triangulation (meaning the ability to compare findings from different sources and tools) and both quantitative and qualitative methods. Monitoring reports should indicate the sampling approach for quantitative data collection and the accuracy level. Qualitative data through focus groups, key informant interviews and/or individual interviews should be included as it can be very enlightening in understanding any challenges and benefits of HCTs. Monitoring approaches and tools are not 'set in stone' and should be adapted as necessary. However, any change to indicators once PDM has begun can reduce comparable analysis over time, so it is important to choose them carefully from the outset. UNICEF staff should consult UNICEF's procedure of ethical standards in research, evaluation and data collection.⁴

Creating a monitoring work plan

Mapping out a plan and calendar for monitoring is important for UNICEF and its partners to have a clear overview of the types of monitoring activities, their timing and who is responsible. The plan should include:

- Monitoring activities to be undertaken, including the elaboration of indicators, data collection tools, baseline data collection (if applicable), household survey data collection for PDM, qualitative data collection for PDM, analysis of PDM data, distribution site visits, spot checks of partners, production of monitoring reports and complaints and feedbacks analysis.
- The methods that will be used - household surveys, focus group discussions, in-depth individual interviews / case studies; observation (e.g. of distributions), review of complaint and feedback mechanisms data, review of secondary data (e.g. price data, data from social protection programmes).
- The form and timing of monitoring reports.
- The responsibilities of UNICEF and its partners (implementing partners, government, FSPs and any third party monitors); responsibility for each activity should be clearly indicated.
- The timing of activities, including the timing and frequency of data collection and production of PDM reports and any other monitoring outputs. The timing and frequency may need to be adjusted to accommodate any changes to the timing of transfer delivery.

Sampling

Sampling refers to determining the types and number of units (normally individuals or households in the case of HCTs) from which data will be collected. The sampling approach should cover all tools to be used, including the PDM household surveys, focus group discussions, KII interviews and distribution site visits. Sampling is particularly important in the planning of household surveys, as it determines how representative the data is across all of those assisted.⁵ For quantitative data collection, ideally sampling should be representative so that data on populations surveyed can be

⁴ UNICEF (2015) UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

⁵ For representative sampling, online resources are available to quickly calculate sample sizes. For a high degree of accuracy, ACF recommends a 95% level of confidence with a +/- 5% margin of error. This means that if the same survey were to be done 100 times, results would be within +/- 5% the same as the first time, 95 times out of 100 (ACF, 2016). For PDM purposes, the Red Cross Cash in Emergencies toolkit states that a 90% confidence level with +/- 10% margin of error is acceptable.

used to make conclusions about the whole. However, this may not always be feasible or appropriate given resources, access to populations or intended use of the data. PDM on processes for example may prioritise enabling a wide range of views by selecting diverse respondents (e.g. men, women, elderly, disabled) rather than representative sampling. For outcome monitoring, it is advised to undertake representative sampling in order to draw conclusions on the changes experienced by all beneficiaries. It is very important that monitoring reports are transparent about the approach to sampling and, in the case of probability sampling, that the confidence level and margin of error/confidence interval are indicated. **See Annex B** on sampling, which is drawn from ACF multi-sector monitoring and evaluation guidance.⁶

Considerations for use of technology

Humanitarian agencies are increasingly making use of digital technology applications to maximise the efficiency, speed and accuracy of data collection in all types of programming. These have particular relevance for monitoring HCTs given the greater need for data collection at the level of the household or individual beneficiary. The effective use of applications such as Open Data Kit, RapidPro, uReport, Ona, Survey CTO and KoboToolbox can offer significant gains for monitoring and increasing beneficiary voices in programming for improved decision-making and accountability.

Using these applications, PDM and real time issue monitoring data can be collected from beneficiaries through various methods:

- i. Beneficiary led (SMS based survey to beneficiaries' phones, use of Rapid Pro, social media chatbox)
- ii. Beneficiary led (automated voice based survey 'interactive voice response')
- iii. Enumerator led (face to face survey using phone/handheld device)
- iv. Enumerator led (telephone survey using handheld device/PC)

In the case of service delivery programmes, output level data can be collected from service providers for reporting purposes through use of digital applications, linking with or augmenting national MIS.

The same can be used on an HCT, in two ways:

- i. Where cash assistance is linked to education outcomes, data on enrolment and attendance can be provided by education service providers if the information management infrastructure exists.
- ii. Client-facing web platforms of FSPs provide real time data on cash disbursement and voucher redemption.

The following considerations should be borne in mind when planning to use technology applications for process, or outcome, monitoring of HCTs:

Importance of planning: investing in new technologies requires putting in place the necessary infrastructure, staff expertise, regulatory approvals from authorities and mobile network operators, which can all take time.

HCT delivery mechanism can influence the choice of application: Some electronic voucher platforms also offer a beneficiary data collection function, integrating questions that are administered at point of checkout. This function can provide monitoring data for both process and

⁶ <https://www.actionagainsthunger.org/publication/2016/08/multi-sectoral-monitoring->

immediate outcome monitoring including expenditure breakdown, shopping patterns, and feedback on the voucher redemption process, disaggregated by gender and age. In contexts where mobile money is an appropriate choice for cash delivery and/or mobile phone ownership is extremely common, phone based data collection applications can be feasible.

Selection of survey method:

- When deciding between beneficiary led versus enumerator led methods, consider opportunities and barriers that the target group may face in completing the survey directly, for example levels of phone ownership, access to charging facilities, connectivity, control of the phone in the household, literacy, or technological knowledge – and how this may vary according to demographic factors. To date, SMS based surveys have proven to be more user-friendly than voice-operated surveys. The ability of beneficiaries to access and complete the survey and effectiveness of any trainings can be explored as part of process monitoring.
- Choice of method depends on the requirements from the data. Response rates are likely to be lower with beneficiary led methods. This can present a problem if the sample needs to be statistically representative, requiring that the survey is shared with a larger sample than is needed and potentially also backed up with a secondary (perhaps enumerator led) mechanism. Whereas for a real time ‘issue monitoring’ survey as part of a CRM, even low response rates can successfully identify and escalate key programme bottlenecks.
- The selection of a phone based monitoring mechanism requires that phone ownership among the target group is high and that personal contact data on beneficiaries (phone numbers) is kept up to date.
- Any remote data collection solution either by phone or SMS, led by enumerator or beneficiary does not allow for any direct interaction with beneficiaries and local stakeholders, this should be taken into account during the indicator drafting process.

Working offline: For contexts where connectivity is not available across the whole geographical area to be sampled, an offline mode is vital, allowing enumerators to make any additions or edits locally before syncing with the server when connectivity becomes available.

Data management: The digital identity of a beneficiary underpins all these technology solutions. Electronic collection of such extensive personal data on HCT beneficiaries has implications for beneficiary data protection which must be considered and addressed. See Box 1.2.

Strengths and constraints of MIS: To receive, track and analyse information from beneficiaries and from service providers, a robust information management system (MIS) is needed. Whereas beneficiary surveys can be adapted and questions changed/added as the emergency context changes, data that is being collated from an existing FSP or education system MIS or FSP will be less easy to adapt. Ideally the MIS should be capable of integrating different data sources across beneficiary families.

Box 1.2: Protecting beneficiary data on HCTs

Data protection is the application of institutional, technical and physical safeguards that preserve the right to privacy in the *collection, storage, use, disclosure* and *disposal* of personal data. Personal data includes all information that can be used to identify project participants. This is important on HCT programmes, where detailed, and sensitive, beneficiary personal data is collected for identification purposes – perhaps more so than on other aid projects- and shared with third parties such as FSPs. Electronic systems for collecting and recording this data mean it is more easily transported

and shared and opens up new risks in terms of data theft. Failure to address risks can put people at risk of violence or harassment and undermine confidence in humanitarian agencies.

Country teams should refer to [UNICEF's procedure for ethical standards in Research, Evaluation, Data Collection and Analysis](#) (CF / PD / DRP / 2015-001) and the [CALP's Protecting Beneficiary Privacy guidelines](#) for more information and practical guidance on how to mitigate risks.⁷ As a minimum, country teams should ensure the following:

- **Consent before data collection:** The consent form for participation in a survey (either qualitative or quantitative) is read by the investigator and the will of the person concerned must be respected. Modality of consent registration shall be endorsed by ethics review committee in some country offices.
- **Access:** Staff (UNICEF or partners) who have access to data must be controlled and given levels of access (what they can see, what they can edit) appropriate to their function. Where data is transferred to third parties, for example to FSPs for cash delivery services, clauses on protection of sensitive data of beneficiaries should be included in the MOU.
- **Storage and data protection:** Store data in secure online media. Records should be password protected, and only shared through encrypted channels. When programmes finish, beneficiary data should be deleted in accordance with existing national regulations.
- **Encoding:** Sensitive data of beneficiaries will be made anonymous. Similarly, where partners lead on interactions with beneficiaries and data collection, beneficiary data should be anonymized before sharing with UNICEF.
- **Capacity building:** Identify and address points of weakness in the data flow from collection to disposal and eliminate unnecessary steps. Include staff of partners in training plans.

Monitoring planning checklist

Decisions have been made on:

- ✓ Roles of UNICEF, implementing partners and (if applicable) third parties
- ✓ Indicators
- ✓ Sampling and data sources
- ✓ Monitoring activities and who is responsible for each one
- ✓ Form, timing and frequency of monitoring reports
- ✓ Use of technology
- ✓ Budget

⁷ <http://www.cashlearning.org/thematic-area-digital-payments/operationalizing-beneficiary-data-protection-1>

1.4 Process monitoring

Key Messages

- Process monitoring indicators capture quantitative measurements of beneficiary satisfaction, access problems, protection risks, and complaints, for reporting purposes and to flag problems for redress, as well as market monitoring to stay abreast of whether cash modalities continue to be appropriate.
- They are mainly collected through PDM surveys, ideally after each transfer. FSPs and market vendors also need to be included as a stakeholder when monitoring protection risks in implementation.
- Many standard process monitoring indicators also relate to accountability, meaning commitments to Accountability to Affected Populations can be easily monitored.
- A key source of process monitoring data on an HCT is the programme's complaints response mechanism. Process monitoring should also capture data on the effectiveness of the grievance mechanism.

What we are seeking to answer during process monitoring

UNICEF should aim to answer the following questions when monitoring the performance of HCT activities at the process level, to understand why planned outputs are or are not being achieved:

- How well are programme activities being implemented, according to beneficiaries and other key stakeholders?
- Do beneficiaries face any challenges participating in HCT programme activities (sensitisation, registration, enrolment with FSP, transfer distribution; complaints and feedback)?
- Are any implementation processes excluding or creating barriers to access for vulnerable people?
- Are activities being implemented in a timely manner and are there any bottlenecks or delays in the operational processes?
- Are there instances of diversion, fraud, corruption or abuse by partner staff, local authorities, FSP staff or market vendors involved in targeting or distribution?
- Is participation in HCT programme activities contributing to protection risks for beneficiaries?
- Are beneficiaries able to access markets and priority goods/services?
- Is the market continuing to supply the necessary items and services at reasonable prices?

Process monitoring indicators

Table A.1 in Annex A provides a detailed list of process indicators that UNICEF can use to answer the management questions above. These provide a basis for analysing the quality of implementation and whether changes need to be made. For each indicator the table provides details of what it is and, where relevant, key considerations for its use, along with guidance on data collection methods, data sources and sampling.

These indicators capture quantitative measurements of beneficiary satisfaction, access problems, protection risks, and complaints, for reporting purposes and to flag problems for redress, as well as market monitoring to stay abreast of whether cash modalities continue to be appropriate. To be truly useful for responsive monitoring they need to be complemented with further detail as to the nature and causes of the problems and risks identified. This can require additional, qualitative data collection from beneficiaries.⁸

⁸ Responses can still be categorised and coded for quantitative analysis.

Data should be collected following each transfer, though less frequent collection may be justified in longer-term programmes. They are primarily answered through data from beneficiaries through PDM and CRM and can be triangulated with data from field monitoring. Unless specified, these indicators can be used across all sectors and for both cash and vouchers.

A minimum set of core process indicators giving an insight into the critical issues should always be monitored through PDM surveys, with additional indicators included based on the programme, context and learning aims of UNICEF and partners. The core indicators are listed here and are highlighted in **BOLD** in the indicator annex. Note, the exact phrasing of these indicators may vary depending on the context.

- % of beneficiaries that are informed about the transfer value.
- % of beneficiaries that are informed about the HCT targeting criteria.
- % of beneficiaries reporting excessive travel times (longer than X minutes) to access their transfer.
- % of beneficiaries incurring costs to access their transfer (e.g.: legal or illegal tax, transport, opportunity costs, assistance sharing request).
- % of beneficiaries reporting difficulty with the cash/voucher delivery process (e.g.: ID authentication failure - particularly with biometrics technology, lack of technical troubleshooting, unavailability of the right denomination of, etc).
- % of beneficiaries reporting problems in accessing the goods and services they need from markets.
- % change in the price of critical goods / services relevant for children's needs.
- % of beneficiaries reporting protection risks in accessing their transfer.

Key considerations for process monitoring

Considerations for process monitoring sampling: process monitoring benefits from a wide range of stakeholder views because the ability of people to access and spend transfers may be influenced by their gender, literacy, familiarity of technology, geographic location and other factors. Data analysis should be disaggregated for age and sex as a minimum and may need to be further broken down depending on the context and barriers that may affect people's access to assistance.⁹ However, such disaggregated data does not mean that those experiences are representative of all people in that sub-group (e.g. all women, all elderly) unless the sample is representative for that population sub-group. Diversity of stakeholder views is essential for identifying problems through process monitoring, even if the views are not representative of the sub-group. The decision to use probability/random sampling or non-random sampling depends on factors such as resources, duration of the project and the intended use of the data (see Annex B).

Considerations when monitoring protection risks during process monitoring: To ensure quality of data and avoid contributing to protection risks for beneficiaries, enumerators require training in basic good practices for approaching these sensitive topics. As a minimum this should include:

- Separation of men and women during surveys and interviews.
- Asking questions in a closed setting, while respecting cultural norms.
- Asking about highly sensitive topics in a more general way - 'has this happened in the community' - rather than to a named individual.

⁹ Mountfield, B. (2015) *Sphere Unpacked: Sphere for Monitoring and Evaluation*. The Sphere Project. <http://www.sphereproject.org/silo/files/sphere-for-monitoring-and-evaluation.pdf>

- Knowing where and how to refer those beneficiaries that require protection interventions.

Considerations for process monitoring when programming through vouchers:

- Vendors and service providers need to be included as a stakeholder when monitoring protection risks in implementation.
- Market monitoring is of critical importance when a small number of vendors are participating. When price ceilings are not agreed or regulated by a dedicated market entity there is a high risk of price fixing when competition is reduced.

Considerations for process monitoring on programmes using ‘cash plus’ child grants: The quality of implementation of other components outside of the cash transfer (e.g. supply side interventions, sensitisation) must also be monitored, according to common process monitoring practices of the sector. Indicators in Annex A.1 on satisfaction with the processes, barriers to participation, and protection risks can be adapted. Teams should also consult appropriate sector colleagues and guidance on indicators.

Considerations for process monitoring on HCTs linking with social protection systems: Indicators relating to the effectiveness of registration processes will be less relevant in cases of vertical expansion of social protection programmes (providing top up grants to existing beneficiaries) where new registration is not necessary; they will be very relevant in cases where the registration process is demand driven and the targeted population needs to apply. Other elements of process monitoring, such as monitoring the effectiveness of payment delivery processes, will be relevant when social protection systems are used. In contexts where the government does not undertake such process monitoring of the social protection programme, this monitoring can provide useful data to inform improvements and strengthening of the social protection system.

Considerations for process monitoring when partnering with different FSPs:

- Indicators of beneficiary satisfaction with, or difficulties faced in FSP enrolment are only relevant for those FSPs where beneficiary accounts are opened/cards distributed (i.e. where FSP enrolment takes place).
- Indicators of the time and costs for attending distribution sites may not be relevant for HCTs that use cash delivery mechanisms that beneficiaries can access at their own convenience (e.g. mobile money).

Considerations for market monitoring: on all programmes it is important to verify that people can access goods and services at reasonable prices. Before investing directly in market monitoring, teams should check what data is already available or is being collected by government or UN agencies, or whether any joint monitoring is being undertaken by a cash working group. This activity is something that should be done in coordination with other actors.

Considerations for monitoring Accountability to Affected Populations (AAP)

On HCTs as on all programmes, UNICEF is committed to responsible programming that takes account of, gives account to, and can be held to account by those communities, households and individuals affected by humanitarian crises. Annex C outlines specific considerations for monitoring accountability on a HCT in line with UNICEF’s Accountability Results Framework. Monitoring AAP is integral to process monitoring and many standard process monitoring indicators relate to accountability. Therefore data relevant to accountability can be collected without increasing the

workload for programme and monitoring teams. The key indicators of relevance are highlighted in **RED** in the indicator Annex A.1.

A recognised best practice on HCTs is establishment of a mechanism for receiving feedback and managing complaints from beneficiaries and non-beneficiaries. While good practice on any UNICEF programmes, these ‘grievance mechanisms’ or complaints response mechanisms’ are especially pertinent on HCTs since more responsibility for programme delivery is devolved to third parties (i.e. to FSPs), while the growing use of digital payment mechanisms requires careful and timely management of issues relating to the payment technology. They are also an important source of data for wider process monitoring on an HCT.

Methodological considerations for monitoring grievances on an HCT

When designing and setting up grievance mechanisms, the following are important to bear in mind from a monitoring perspective:

Harmonising implementation and tracking across partners: the same mechanism, and the same processes for monitoring feedback and complaints should be used by all implementing partners, for efficiency and to ensure comparable monitoring data. Where possible UNICEF should jointly establish inter-agency feedback mechanisms across the cash response, recognised to be more user-friendly for communities than having multiple platforms to interact with¹⁰. These should be designed collectively, at the outset of the response, to ensure that all agencies’ monitoring needs are met and issues are coded and logged appropriately.

Investment in an MIS: to effectively manage complaints and feedback data on cash programmes at scale requires a digital MIS. This will enable the logging, tracking and escalation of issues to the appropriate actor as required. This can provide automated reports on the nature, frequency and resolution of issues raised, for monitoring purposes. It requires the appropriate technical capacities to manage an MIS to be built (or outsourced).

Aligning choice of technology through the programme cycle: If UNICEF has selected mobile money for delivery of cash on an HCT, there is potential to incorporate mobile communications as integral parts of both the programme’s communication strategy and grievance mechanism.

What to measure

Process monitoring must capture data on the effectiveness of the grievance mechanism:

- Whether beneficiaries, and non-beneficiaries, were made aware of the CRM and how to use it - through PDM with beneficiaries, and surveys with non-beneficiaries.
- Any difficulties faced in accessing the grievance (e.g. related to literacy, language, trust, access to technology, requirement for credit if hotlines are not free to use) - through PDM.
- Whether the issues raised have been consistently addressed in a timely fashion, and beneficiaries informed – through analysis of the data stored in the grievance mechanism issue log.

¹⁰ This is in line with Grand Bargain commitments

1.5 Output monitoring

Key Messages

- Output indicators should be captured for each payment cycle and compared to intended figures set out in project planning documents and log-frames. Discrepancies between planned and actual outputs can indicate implementation issues to be explored in process monitoring.

What we are seeking to answer during output monitoring

Below are the key programme effectiveness questions that UNICEF should focus on when monitoring HCT programme results at the output level, to understand progress towards achievement of planned results, including coverage, pace of implementation and use of resources.

- How many people received transfers and how does this compare to the intended number?
- Are intended beneficiaries receiving the intended amount assistance (number and value of transfers)?
- Are beneficiaries accessing the transfer (i.e. when funds are transferred to accounts/cards can beneficiaries withdraw the funds)?

Output monitoring indicators

Table A.2 in Annex A provides output indicators that UNICEF can monitor to answer the management questions above. The core output indicators (in **BOLD** in the indicator annex) that should always be monitored are:

- Number of households (and people) receiving the transfer.
- Total amount transferred to beneficiaries.
- Total amount withdrawn/redeemed (in the case of smart card, mobile money and vouchers).

These indicators should be captured for each payment cycle and compared to intended figures set out in project planning documents and log-frames. The closer the output indicator is to the planned figure, the more likely that the programme achieves its intended results. Large discrepancies between planned and actual outputs (numbers of beneficiaries/number of transfers / value of transfers / timing of transfers) indicate bottlenecks, constraints or risks in implementation. The findings can be triangulated and causes explored through analysis of process monitoring data.

Key considerations for output monitoring

Considerations when linking with social protection systems: progress and performance of any additional activities UNICEF need to undertake in order to realise implementation of HCT through national systems must also be monitored and compared to the project-specific activity targets that have been set. This might include, for example – adaptation of national policies, SOPs or regulations; changes to contingency financing; strengthening/ adaptation of operational systems for targeting and registration, MIS, coordination, cash delivery, complaints handling, communication; strengthening of capacities – human resources, expertise, infrastructure.

Considerations for ‘cash plus’ child grant programmes: performance of other programme components such as to increase capacity and quality of services, or sensitise beneficiaries must also be monitored, according to common output monitoring practices of the sector¹¹.

¹¹ For example, this might include: coverage of hygiene sensitisation messages; establishment and functioning of SAM/MAM services and IYCF; education, health and protection service strengthening, etc. Teams should consult specific Section guidance and core indicator lists (e.g. RAM list, IASC and Global Cluster indicator list).

1.6 Outcome monitoring

Key Messages

- There are several categories of outcome indicators. These capture quantitative measurements of expenditure patterns, transfer adequacy, beneficiary preferences, protection impacts, market impacts, sector-specific changes, and changes in coping and wellbeing. Collectively, they can build understanding of the pathway through which cash contributes to intended (and broader) outcomes for children, the factors that influence or constrain progress along this pathway, and wider impacts of the HCT.
- All indicators are primarily measured by collecting data from beneficiaries through PDM. And comparing to a baseline. Where there is no baseline data, the use of certain indicators allows changes to be demonstrated more anecdotally.
- Expenditure data can be collected in different ways. The increased depth and power of analysis of some approaches also means greater complexity and time needed to administer and analyse. Teams will need to decide on the approach taking into account several factors including the scale and duration of the programme, resources and expertise available, existence of an expenditure baseline and the planned uses of the data.
- Monitoring protection impacts is an important part of outcome monitoring and enumerators should receive appropriate training. Monitoring for changes to protection risks within the household and community due to the transfer will be important on most HCTs. Where increasing children's consistent access to particular services (such as education) is a priority, UNICEF should also monitor the assumption that cash does not put children at risk due to problems in the school environment (including discrimination, bullying and violence).
- The sectoral outcome indicators measured, and ways to measure them, will not differ significantly from the core indicators already in use by UNICEF sections. Selecting sectoral outcome indicators will depend on the HCT programmes objectives. On sector-specific programmes, where possible UNICEF should also include food security outcome indicators given the primacy of food expenditure and its contribution to child wellbeing. When using multi-purpose grants for basic needs or multi-sectoral child grants, UNICEF should focus on a limited number of sectoral outcome indicators that align with people's expected priorities and UNICEF's aims.
- Monitoring changes in a beneficiaries' reliance on strategies which have a negative impact on children is important to show the pathways through which cash contributes to outcomes for children. The use of 'coping strategies indexes' can be a useful means of capturing the 'collective effect' of changes for the beneficiary household, in terms of overall economic wellbeing and ability to cope with their situation.

What we are seeking to answer during outcome monitoring

Below are the key programme effectiveness questions that UNICEF should aim to answer when monitoring programme results on HCTs at the outcome level, in order to understand the changes in beneficiaries' ability to meet particular needs of the household and children in their care, whether and how the transfers contributed to meeting the objectives.

- How has the transfer been spent?
 - What changes has the household experienced as a result of the transfer – how has it helped to meet needs of households and of children?
 - Have beneficiary households reduced negative coping strategies as a result of the transfer?
 - Has the transfer been used as intended? If not, why not?
 - Have the intended objectives been reached?
 - (On a CCT) have vulnerable beneficiaries or their children been negatively affected by the enforcement of conditions?
 - For programmes aiming to increase access to basic services: Are there other barriers to accessing basic services for children that are not being addressed by the HCT?
-

- How satisfied are beneficiaries with the assistance provided (amount, duration and modality)?
- Would beneficiaries prefer the type of assistance provided or an alternative?
- Has receipt of the assistance changed social relations within the household or community?
- Has the assistance contributed to increasing or reducing protection risks for beneficiaries and children?
- Are the items purchased of good quality? (This is particularly important in cases where the purchase of poor quality goods/services present a public health risk)
- Has the HCT had any effect on prices or availability of goods/services?

Outcome monitoring indicators

Table A.3 in Annex A provides model indicators that UNICEF can use to answer the management questions above. These outcome indicators are grouped into categories, shown in Figure 1.2. These indicators capture quantitative measurements of expenditure patterns, constraints to using the transfer, transfer adequacy, beneficiary preferences, protection risks and benefits, market impacts, sector-specific changes, and coping and wellbeing. They enable analysis of the possible reasons behind expenditure decisions and why desired outcomes have or have not been reached. Collectively, measuring indicators within each of these categories can build understanding of the pathway through which cash contributes to intended (and broader) outcomes for children, the factors that influence / constrain beneficiaries' expected progress along this pathway, and wider impacts of the transfer on the household and community. They can be complemented with qualitative data collection to better understand the results of the transfer and reasons underlying changes (or lack thereof) in indicators. The indicators listed in Figure 1.2 are the core indicators for monitoring on all HCTs (shown in **BOLD** in the indicator annex).

Figure 1.2: Categories of outcome indicators on an HCT

Indicator category	Usefulness
Expenditure patterns	<ul style="list-style-type: none"> • Helps understand how the cash/voucher has been spent, households' expenditure priorities, whether these were in line with programme objectives and to track changes in expenditure and utilisation over time (after successive transfers). • Relies on recipient recall, which is subjective, therefore it is recommended that if possible within the time/resources that this data is triangulated with other sources (e.g.: physical observation when possible and if the delivery mechanism allows aggregated transactions lists). <p>CORE INDICATORS</p> <ul style="list-style-type: none"> • % of beneficiaries spending some of their transfer on X goods/services. • % of beneficiaries who report spending the majority of their transfer on X goods/services. • % of beneficiaries spending some of their transfer on Y goods/services.
Adequacy	<ul style="list-style-type: none"> • To understand the significance of the transfer in terms of covering expenditure gap, and beneficiaries' perceptions on whether could meet specific or more general needs of children. • Good in contexts where baseline data on expenditures is limited, and/or where it isn't possible to measure sectoral outcomes for children. <p>CORE INDICATORS</p> <ul style="list-style-type: none"> • % of beneficiaries who report an improvement in their ability to meet basic needs / the needs of children in their care.

Preferences	<ul style="list-style-type: none"> • Capture beneficiary perception of choice, dignity and views on the modality itself. • Can inform future assistance choices. • Recipients may have a bias towards the type of assistance received. <p>CORE INDICATORS</p> <ul style="list-style-type: none"> • % of beneficiaries reporting a preference for the type of assistance received.
Protection risks and benefits	<ul style="list-style-type: none"> • Monitoring these regularly as part of regular PDM activities will show whether the assistance is resulting in negative or positive results for protection, within the household or community, such as changes in household or community relationships, risk of violence, stigma, or feelings of dignity. • For programmes seeking to achieve protection outcomes, identifying whether changes have occurred at end line. <p>CORE INDICATORS:</p> <ul style="list-style-type: none"> • % of beneficiaries reporting a change in relations with the community due to the transfer. • % beneficiaries reporting a change in relations between members of their household due to the transfer. • % of beneficiaries reporting feeling less safe as a result of receiving the transfer.
External impacts	<ul style="list-style-type: none"> • To gauge any unintended effects of the HCT on markets, as well as on other services, systems and processes. <p>CORE INDICATORS:</p> <ul style="list-style-type: none"> • Changes in availability, quality and price of critical commodities/ services due to the cash injection (as opposed to normal seasonal fluctuations).
Sectoral outcomes for children	<ul style="list-style-type: none"> • Indicators chosen based on the objective of the programme and intended outcomes. • In the case of sector-specific objectives, a small number of indicators outside of the objective should be added to capture unanticipated changes in the lives of children. • Depending on the time horizon during which HCT operate, it will not generally be realistic to measure HCT's contribution to 'impact level' outcome indicators (e.g. crude mortality, GAM, wasting, incidence of disease, or learning outcomes) - other longer-term measurements and proxies are generally needed. See Annex A.3. • Baselines are needed to track changes in these indicators. 'Before' and 'after' changes in indicators cannot be attributed to assistance, but are important for understanding for potential contributions of assistance. • In some contexts, baseline data may not be available or its collection feasible. The other indicators categories such as expenditure and adequacy are important, to build an evidence base pointing towards these outcomes in the absence of such results. <p>Indicators should be selected from Annex A.3 based on the programme objectives and context.</p>
Coping and wellbeing	<ul style="list-style-type: none"> • These indicators capture evidence on how transfers may reduce the necessity of beneficiaries undertaking activities to access food and income that may put children at risk and/or reduce their longer-term ability to meet needs. • The duration of some HCTs (less than 3, or even 6 months) may be too short to lead to significant change in coping strategies or such change would not be sustained over time. <p>Indicators should be selected from Annex A.3 based on the programme objectives and context.</p>

All indicators are primarily measured by collecting data from beneficiaries through PDM. Some (such as expenditure patterns) will be measured after each payment cycle, others (such as sectoral outcomes for children and coping strategies) can be measured less frequently (e.g. at baseline and end line) according to the context and duration of the programme.

The nature of some emergencies and availability of data may mean that it is unfeasible to collect baseline data. The indicator list includes some that can be used in such contexts to demonstrate changes more anecdotally. These cannot be developed for the sectoral outcome indicators. In some contexts it may therefore not be possible to measure sectoral outcomes for children.

Considerations for designing and measuring expenditure indicators

Defining indicators on expenditure patterns

At least one expenditure indicator should be included in monitoring. The indicators chosen have implications for how data is collected, necessitating different types of data and levels of detail. Beneficiaries can be asked to report on expenditure in two different ways: i) spending of the UNICEF transfer specifically, or ii) spending of overall household income. In both cases, households can be asked for a i) detailed breakdown of household expenditures, or ii) the main expenditures that they made over a specific time frame – for example, the top five areas of household spending over the previous month.

Expenditure indicators in Annex A.3 can be phrased in different ways. This is because there are different approaches to framing expenditure questions for households, which country teams will need to choose from. The indicator and data collection method selected will influence what precisely can be said in terms of outcomes. There is a trade-off between the increased depth and power of analysis, on the one hand, and the added complexity, accuracy and time to administer and analyse on the other.

Below are three different approaches to the design of data collection tools and indicators for expenditure. Teams must bear in mind the pros and cons of these approaches when selecting the indicators to be measured and should select those that it will be feasible for teams to design tools for, collect and analyse data.

i. Beneficiaries can be asked to report on expenditure in two different ways: i) spending of the UNICEF transfer specifically, or ii) spending of overall household income.

How to report on expenditure	Issues to consider	When this approach can this be useful
Asking about spending of UNICEF's transfer	<ul style="list-style-type: none"> Households can have several income sources, which all contribute to the same 'pot' of money from which expenditures are made. Beneficiaries may not be able to accurately say what expenditures were made with UNICEF's grant and it risks prompting respondents to give only a partial account of their expenditure, providing a less complete picture of household priorities. 	<ul style="list-style-type: none"> Where the cash delivery mechanism supports the separation of and spending the HCT from other household income (e.g.: a voucher; or cash is received in a dedicated account). For sector-specific transfers where there is high confidence that it will be primarily be used for these purposes. For MPGs/multi-sectoral child grants where the UNICEF transfer makes up a significant portion of overall household income. In contexts without a baseline on income/expenditure patterns – though a lack of baseline is not ideal and would need supplementary questions (see below).
Asking about spending of overall	<ul style="list-style-type: none"> May be more advantageous both in terms of accuracy and the type of analysis it can 	<ul style="list-style-type: none"> In contexts where a detailed breakdown of expenditure is required (by category of item

household income	provide. <ul style="list-style-type: none"> Requires a baseline of household's expenditures before the grant to be useful. This can take longer to complete (though it depends on the expenditure reporting method used). 	and even amount spent). <ul style="list-style-type: none"> In contexts where beneficiaries are receiving multiple unrestricted transfers from different sources, as evidence shows it is difficult for beneficiaries to separate out what each is for in practice (and indeed in such cases UNICEF multi-sectoral child grants are designed as a 'top up' to other grants).
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ii. Household expenditure data can be captured i) exhaustively or ii) by focusing on only the main expenditures

Capturing expenditure data	Issues to consider	When this approach can this be useful
Asking exhaustively for what households bought (across all categories of expenditure ¹²)	<ul style="list-style-type: none"> Provides a more complete picture of the diversity of a household's financial needs. When accompanied with data collection on either the amount spent or the % of overall expenditure it can be a powerful indicator of household's priorities and how these change over time. Captures evidence of expenditures even in sectors that may comprise a relatively minor part of the total MEB. More time consuming to implement and there may be more challenges with beneficiary recall. Needs to include all possible expenditure categories, including ones falling outside of "traditional" sectors (transport, communication, debt repayment, legal documents, etc.). 	Useful for: <ul style="list-style-type: none"> MPGs/multi-sectoral child grants, in contexts where it is important to be generating evidence on effectiveness in terms of the modalities' flexibility. On MPGs/multi-sectoral child grants, to build understanding of the pathways of how cash can contribute (directly and indirectly) to child needs. To build a picture of an MPGs' contribution to outcomes in sectors that are a relatively minor part of the MEB, and for which medium term outcome indicators haven't been included (for example, WASH). To show trends in expenditure over time.
Asking beneficiaries about their priority/main expenditures (e.g. top five)	<ul style="list-style-type: none"> A more 'quick and dirty' way of collecting data on the range of household's expenditure. Useful for understanding the largest expenditures in the household, which can be ranked to understand priorities and how these change over time. Does not capture the full picture of expenditure related to children and may miss expenditures in sectors important to UNICEF where these are a relatively minor part of total monthly expenditure. 	<ul style="list-style-type: none"> Good enough for most sector-focused programmes, to capture sectoral expenditure and other household priorities, if UNICEF is confident that the sectoral expenditures of interest will be a relatively significant part of total monthly expenditure. May be a 'good enough' way of monitoring outcomes of MPGs/multi-sectoral child grants where UNICEF is less concerned with demonstrating particular sectoral outcomes and more interested in measuring holistic outcomes/ wellbeing/changes in coping etc.

iii. Analysing changes in expenditure patterns

Expenditure data do not in themselves reveal whether needs were met; it is necessary to compare them to something. For this purpose, expenditure questions in PDM can be structured quantitatively, involving collecting data on the actual or the relative values of the expenditures

¹² Potential MEB categories include food, fuel for heating, fuel for cooking, water (may be part of utilities), shelter (rent and utilities), health (consultation and treatment), education, transport, clothes, hygiene items, household items, communication, productive assets (livelihood inputs), loan/debt repayment, protection related costs (legal and registration), celebrations/events (funerals, weddings, cultural and religious events).

people made, expressed as a \$ amount or % of total transfer/income respectively¹³. This can add a level of power to outcome analysis, for example:

- Can provide further evidence of sectoral outcomes for sectors of interest – by showing the % of funds/income that were actually spent on a particular need (such as WASH) and how this compares to expenditure on other, including basic survival, needs
- It can be possible to compare sectoral expenditures to the ‘minimum standard’ in terms of their cost in the MEB.

Collecting and aggregating such detailed expenditure data though can be challenging. Data collection tools such as household surveys become long, dense and time consuming. There are also challenges in terms of recall and accuracy of the data collected, and of consistency of data across sites and enumerators and potentially multiple income streams¹⁴. Inaccuracy of recall can potentially be managed by presenting respondents with a series of value ranges (eg \$10-20; \$20-50; \$50-100) to pick from instead of an exact value, however this only adds to the complexity of analysis.

A lighter touch approach will be to ask about expenditure more simply (‘what did you buy with your transfer/how did you spend your household income’) and supplement this with additional self-reported evidence about i) what beneficiaries could procure that they couldn’t have otherwise; ii) what needs were met and what needs were not met; and iii) changes in ability to meet needs.

Teams will need to decide on the approach and the indicators taking into account:

- Indicators used by others providing HCT in that context and/or suggested by national cash coordination groups
- Scale and duration of the programme.
- Resources and expertise available for monitoring.
- Existence and depth of a baseline on expenditures.
- Planned uses of the data (is it something ‘good enough’ to inform internal programming, or is rigorous, quantifiable proof of sectoral expenditures required for external influencing/advocacy purposes?)

Monitoring expenditure when working with different modalities and programme objectives

MPG for basic needs/multi-sectoral child grants: All HCTs should monitor expenditures. The main difference with MPGs and multi-sectoral child grants compared to sector-specific interventions is that they are specifically designed to address a multiplicity of needs across sectors through enabling access to a diverse array of goods and services. Monitoring should aim to capture the breadth and diversity of expenditures, not only asking about expenditures in sectors UNICEF’s mandate. For example, households may report expenditures related to food and shelter. These are relevant and necessary expenditures to ensure the wellbeing of children and provide necessary context for analysing the use of the transfer. In the case of a child focused grant that ‘tops up’ transfers provided by other actors, a key assumption is that UNICEF’s beneficiaries already have sufficient economic means to cover basic needs that are not child-specific such as rent, utilities and basic food. It is critical to monitor such expenditure in PDM, to see if the programme’s theory of change holds.

Sector-specific UCT: The design of sectoral HCT interventions should be based on assessed needs, which should give UNICEF a clear understanding of the purchases and thus sectoral outcomes they

¹³ It is most likely that questions to respondents would ask for \$ amounts and that percentages would be calculated from analysis of this raw data.

¹⁴ On a voucher programme this can be done more straightforwardly as the exact expenditure data is available

are looking to achieve. Expenditure monitoring should capture the breadth of expenditures relating to the programme objective. However, UCTs are fungible and beneficiaries can use them for self-determined priority expenditures which may (but may not) align with those anticipated by the programme. The ability of beneficiaries to use a sector-specific transfer (for example cash for education) for its intended purpose will also depend on whether other more pressing ‘survival needs’ are already met¹⁵ and their individual priorities. There are also several ways in which these transfers can potentially be used by beneficiaries to meet these sectoral needs and thus contribute to the strategic outcomes of interest for children (see Box 1.3). The best way to determine if sector objectives are being met is through measuring sector outcome indicators related to the programme objectives, as opposed to solely focused on what households purchase.

Box 1.3: How cash can contribute to sectoral outcomes for children

- Beneficiaries can use the transfer to purchase, and therefore increase access, to goods and services that directly meet particular needs of household members and children (e.g. water on a cash for WASH programme).
- Beneficiaries can also purchase other goods and services that can contribute indirectly to meeting these needs (e.g. food purchased by beneficiaries of an education programme can contribute to education outcomes for children by improving attendance and concentration).
- Beneficiaries use cash to purchase labour services needed to access these things (sanitation – construction).
- Beneficiaries use cash for debt repayment and asset purchase which can assist recovery and re-establish credit lines for meeting basic needs.
- Cash transfers can offset a household’s reliance on livelihood strategies which have a negative impact on children (e.g. cash can offset the need for using RUTF intended for malnourished children for other purposes, address wider economic barriers which keep children out of school (pulling children out of school to work, marrying early), and improve the care environment for children).

Vouchers: This modality enables a more limited range of expenditures than cash. On e-voucher programmes, in some cases the technology used to complete the transactions can provide UNICEF with a full history of beneficiary expenditures as well as useful data for market monitoring. This can reduce the need for detailed PDM on expenditures at the level of the household. Importantly, a desire for detailed, accurate and easily accessible data is not a reason for choosing vouchers over cash transfers, which offer more flexibility, choice and dignity.

Another key issue to monitor is the assumption in the theory of change for vouchers that people will i) spend the voucher and ii) make use of the things they buy. It is necessary to explore whether beneficiaries have redeemed the voucher, whether they have sold it (and why), and whether they have made use of the items bought or sold them. This line of questioning can be included in PDMs, FGDs and observations during household visits to verify the existence of and use of certain items (e.g. presence of soap in the case of hygiene voucher).

Methodological considerations for collecting expenditure data

Expenditure is a complex topic to collect data on. Programme and PME teams should bear the following points in mind in the design of tools and collection of data.

¹⁵ This assumption should be tested at the design stage by considering the multi-sectoral needs of the target population and whether/how these other needs are being met (own resources/other aid programmes). If other aid programmes change in coverage/value or are delayed, or if they target a different cohort of affected households, this may invalidate the assumption. This is a critical area to consider in monitoring.

Type of data collected: All programmes should ask either about overall use of the transfer or overall household expenditure. In the case of HCTs aiming to have specific outcomes, additional detail may be useful on expenditures for the sector(s) of interest. For example, on a cash for education programme this could include school transport, school materials, lunch money etc. Teams should also be clear on any other expenditures that can contribute to this overall objective and where changes in expenditure will be useful to measure (for education outcomes, food access can be important; for wash outcomes health seeking behaviour is important, etc.).

Ensuring accuracy of data: Recall periods on expenditure-related questions need to be short, time bound and consistent in each round of data collection. They should be set taking into account both the payment schedule of the HCT and the common expenditure patterns of the population. Most commonly transfers will be delivered on a monthly basis. Expenditures such as rent and utility bills are likely to be made on a monthly basis. However others are likely to be more frequent – weekly or even daily (e.g. food). Setting a weekly recall period for all expenditure risks excluding essential rent expenditures from the analysis while setting a monthly recall period for all risks reduced accuracy in recall of food expenditures. It may be best to set the recall period for food at 7 days and the rest as monthly, and adjust in the analysis.

How often to do it: The frequency of collection of expenditure data should match the data requirements of the programme and taking into account programme duration, number and frequency of transfers. If resources allow, expenditure data should be collected after every payment cycle for programmes under 6 months (and ideally up to 1 year). For longer-term programmes, this could shift to quarterly collection. Timing of these data collection activities should ideally be between 3-4 weeks after the transfer has been made to assist accurate beneficiary recall and to allow enough time for data analysis and issues to be resolved before the next payment cycle. To best account for seasonal variation in expenditure, where it is possible baseline and end line will be undertaken at comparable times of the year.

Understanding income: Income is a difficult variable to assess with accuracy in most contexts where UNICEF is working and expenditures will often be considered as a proxy for income. However, expenditure data can be more meaningful when analysed with an understanding of household income. This can indicate how significant the transfer is as a proportion of total income and builds understanding of what is realistic to expect in terms of outcomes. This can be measured by collecting data on number and actual \$ values of income sources, and assessing changes in the ranking of a household's significant income sources. For analysis it is important to understand how the MEB, and the MEB gap, will vary over time.

Qualitative data is important: While household surveys will capture expenditure data of relevance to these indicators, the inclusion of qualitative questions is important to understand the reasons why households have chosen to spend the cash transfer in the way that they have, why certain groups preferred certain categories of goods/services and what difference the transfer(s) have made to their situation. Qualitative data collection can fill the gaps in these stories on the use of cash and the different ways this can help to achieve change for children, as well as why it hasn't. Some qualitative questions can still be built into household surveys, where the range of expected responses can be provided as options, and/or can be the focus of FGDs analysed in conjunction with household survey data.

Considerations when monitoring protection risks and benefits

It is important to understand if the assistance has resulted in negative or positive impacts (that may have not been intended). As with monitoring protection risks during process monitoring, monitoring protection impacts requires enumerator training.

Multi-sectoral child grants/CCTs/cash for education: Non-economic barriers to poor school attendance/retention can include problems in the school environment (discrimination, bullying, violence). Where increasing children's consistent access to particular services (such as education) is a priority, as a minimum UNICEF should monitor the assumption that cash does not put children at risk through attending school. This is especially important on CCTs. For adolescents, monitoring can involve children directly, following UNICEF's working paper on [Ethical Research Involving Children in Humanitarian Settings](#). Data can be triangulated through relevant key informants and field monitoring spot checks of the school environment - this can help to validate the attendance data and these broader concerns.

Where there are concerns about supply side constraints in schools, it will be important to monitor potential wider negative impacts of the HCT such as i) impacts on the quality of education and ii) crowding out of non-participant children due to the increased demand. Where resources permit, UNICEF should also monitor whether the HCT has negative impacts on non-participating children in beneficiary households, such as an increased workload.

Enforcement of conditions related to school attendance may penalise the most vulnerable families who face greater barriers to keeping children in school – removing the cash transfer which is needed rather than further supporting them to stay in school. Ideally PDM activities or ad-hoc household visits (if the programme has a case management component) with penalised beneficiaries should collect data on the reasons for poor attendance, how the cash was (or wasn't) helping and what extra support is needed. This can be used for advocacy purposes with the government to improve the design of the CCT.

Linking with social protection systems: When delivering the HCT through national social protection systems it is important to monitor any unintended negative impacts on the national system which can become overburdened, with a negative impact on the system and staff's ability to provide social protection benefits.

Vouchers: Vouchers can potentially stigmatise beneficiaries as they clearly identify people as recipients of aid to shopkeepers and service-providers. If programmes target people who already face stigma (e.g. people living with HIV/AIDS, survivors of GBSV), this risk is particularly salient.

Considerations when monitoring the quality of goods and services

MPGs for basic needs/multi-sectoral child grants: When monitoring the quality of goods and services purchased by households, given the breadth of possible expenditure it will not be possible to monitor quality in all markets. There must be a discussion on what are the most critical goods or services to monitor, taking into account i) their respective contribution to the MEB and ii) the risks to personal safety and public health. In the case of expenditure on shelter and food (for example), UNICEF is not best placed to lead on quality assurance but coordination across the clusters can provide this information.

Multi-sectoral child grants / cash for education: non-economic barriers to school attendance and retention, including supply side constraints and caregiver's attitudes about education and perceptions of education services, can limit the impact of transfers. Where increasing children's

consistent access to services is a priority, it is important for UNICEF to monitor and understand these constraints in basic services.

MPGs/cash for WASH: The quality of the WASH-related goods and services purchased by households should be monitored through field monitoring:

- Purchase of water – monitoring quality of water sold in the main markets as well as how it is stored.
- Construction of latrines – can monitor quality of construction according to recognised standards
- Provision of desludging services: spot checks on the performance of the desludging activity

Vouchers: The availability, quality and variety of goods and services from participating vendors and service providers must be verified in monitoring. In the case of vouchers for goods (e.g. for nutritious food, winter clothing, hygiene items, bottled water) on site spot checks should be conducted of participating vendors of these items, as well as regular market monitoring of prices charged for priority goods. For services (e.g. desludging, water trucking) quality can be verified at the point of use. PDM with beneficiaries should measure their satisfaction with the goods and services and any challenges faced in accessing what they needed.

Considerations when monitoring sectoral outcomes for children

As noted earlier in ‘Key Concepts’, the desired outcomes for children for HCTs are similar to those on other UNICEF programmes. The sectoral indicators measured, and ways to measure them, will not differ significantly from the core indicators already in use by UNICEF sections. What differs with HCT programmes is (i) the need to understand the role of cash or vouchers in these changes, which requires analysis of the other indicators in this section, and (ii) the range of changes a household may experience as a result of HCT are best captured by including outcome indicators from multiple sectors.

Considerations for selecting sectoral outcome indicators

Indicators should be selected from the list in Annex A.3 depending on the programme’s objectives. The sectoral indicators of relevance will vary depending on the precise objectives of the HCT programme and any guidance from UNICEF technical staff, clusters or other coordination bodies in a particular context. Figure 1.3 outlines common ways that transfers could contribute to sectoral outcomes, which have been used by UNICEF to date.¹⁶ Indicators listed in Annex A.3 reflect these uses.

Figure 1.3: Ways that transfers can potentially contribute to sectoral outcomes

Sector	Potential contribution of unrestricted transfers to sectoral outcomes
Food Security / Livelihoods	<ul style="list-style-type: none"> • Improve consumption of a diverse, healthy diet • Free up time for own production • Enable investments in food production and livestock • Enable repayment of debts and re-establishment of credit lines
Education	<ul style="list-style-type: none"> • Meet costs of school fees, school uniforms and school supplies • Meet costs of transport to school • Reduce need for children to work, as cash boosts household income • Enable school work at home with expenditure on lighting and heating • Support children’s ability to learn by ensuring access to a sufficient, healthy diet (at home or at school)

¹⁶ Note – this is not exhaustive and may need to be updated in future depending on how the use of cash modalities evolves in particular sectors such as protection and health.

WASH	<ul style="list-style-type: none"> • Increase access to drinking water through a variety of water vendors; • Improve access to kits for water storage and treatment; • Enable payment of utility bills; • Support household construction of sanitation facilities by covering costs of materials or labour; • Allow access to desludging services; • Enable access to a range of hygiene products
Nutrition	<ul style="list-style-type: none"> • Meet food requirements, improving consumption of a diverse, healthy diet for vulnerable groups; • Free up time for care of children (including appropriate infant and young child feeding); • Enable access to health care, sanitation and clean water; • Ensure IYCF treatment attendance by covering transport costs; • Supplement nutrition treatment, reducing reliance of family on food rations for malnourished children and reducing default rates
Health	<ul style="list-style-type: none"> • Cover the costs of health-seeking behaviour (treatment costs, medicine costs, private health care, and transport to health facilities. • Access to a sufficient, quality diet • Improve mental health through reduced stress
Protection	<ul style="list-style-type: none"> • Enable access to legal representation relating to issues such as residency permits and imprisonment; and core GBV response services (e.g. health, legal) • Enable access to safe housing; • Meet financial costs of accessing key documents; • Enable relocation of domestic abuse survivors by covering basic needs and reducing economic dependency on abuser • Delay early marriage

Source: adapted from Harvey and Pavanello (2018) Multi-Purpose Cash and Sectoral Outcomes: a Review of Evidence and Learning. UNHCR.

While measuring changes in a number of outcome indicators can provide important understanding about the pathways through which cash contributes to change for children and effectiveness of the programme, doing so requires collecting data against each of the sector-specific indicators selected which has implications of time and cost. Programme and PME teams should select the most relevant outcome indicators to measure, by asking themselves the following:

- What are the programme objectives - what is the programme aiming to achieve for children?
- Based on the context, the size and duration of the grant in relation to the MEB and expenditure gap, our understanding of people's own priorities, and of supply side and behavioural barriers to achievement of outcomes, which outcomes are most likely to be achieved?
- Which, and how many of these, are feasible to measure, taking into account the time and resources available for monitoring, the existence of any baseline, the expertise of the programme team/UNICEF's partners?
- What other monitoring data sources can be drawn from, and is there a need for harmonization of indicators and methods across agencies?
- How is UNICEF's planning to use the data – is it for external influencing, and in what sectors/domains are we seeking change?

On sector-specific programmes, where possible UNICEF should include food security outcome indicators given the primacy of food expenditure and its contribution to child wellbeing. On MPGs/ for MPGs/multi-sectoral child grants, UNICEF should also focus on a limited number of sectoral outcome indicators that align with people's expected priorities and UNICEF's aims.

Selecting sectoral outcome indicators when programming through different HCT modalities

MPGs for basic needs/multi-sectoral child grants: Since these transfers are designed to affect change in a range of aspects of beneficiaries' and children's lives, outcome monitoring *must* therefore include outcome indicators relevant to multiple sectors that the grant is covering. While stated objectives of such programmes tend to be phrased quite generally - 'meeting basic needs', or 'meeting needs for children' – teams must have a clear understanding from the outset of what outcomes they are looking to achieve and in which sectors. The inherent flexibility of these transfers means that not all sector-specific outcomes of interest may be achieved with the same degree of breadth and depth, depending on how households prioritize their needs and expenditure. Outcome indicator selection can be informed by the respective contribution of the sectoral needs to the MEB and by an understanding of beneficiaries' priorities through the assessment and analysis that informed the programme. Evidence shows that MPGs and 'top-up' multi-sectoral child grants will usually be spent according to a hierarchy of needs – most immediate survival needs will be met first (food, basic shelter, primary or emergency health care) and other needs subsequently (investments in livelihoods, education, secondary and tertiary health care, less essential goods). Grant size influences the extent contributions to outcomes across multiple sectors can be realized.

Sector-specific transfers: Because of the fungibility of cash, where possible teams should still include a small number of outcome indicators outside of their sectoral mandate, in line with the most pressing survival needs. This will monitor whether the programme's theory of change, assumptions and assessment of needs were accurate. It also brings depth of understanding to analysis of results so that a programme to demonstrate potentially positive results that may not otherwise be captured. The outcome indicators used should align with the core indicators promoted by other sector leads.

Cash for protection programmes: monitoring primary protection outcomes of 'cash for protection' programmes requires input from CP/GBV practitioners because of the sensitive nature of the topic, and to maintain confidentiality of at risk populations. This monitoring is likely to require the engagement of social workers or other specialists and PDM can be integrated as part of case management. Case management can often be intensive for at risk populations, which may give more opportunity for high frequency data collection. Findings from PDM can be triangulated through specific sources with links to these vulnerable populations – for example, community based CP committees, social workers, women's and girls' safe spaces, and schools (in the case of child protection).

'Cash plus' child grant programmes: the components on such programmes are designed to be integrated and implemented as a 'package', with cash transfers taking a central or secondary role. When monitoring outcomes for children it is therefore impossible – and undesirable - to separate out the effects of each component in isolation.¹⁷ Rather outcome indicators should be set for the integrated programme as a whole, to which cash is expected to contribute.

These sector outcome indicators will indicate changes, but these alone do not provide information on whether the programme was responsible for that change, and how the different activities in a 'cash plus' child grant programme contributed to that change. It is therefore important to go beyond this where possible to monitor whether, and the extent to which, cash is making a *positive contribution* to this outcome, as expected by the theory of change.

¹⁷ If this is of interest to UNICEF to fill gaps in evidence on 'cash plus' programming then it should be explored as part of specific research, not programme monitoring.

The effectiveness of the complementary activities will influence outcomes for beneficiaries, both in their own right and also by increasing or reducing the effectiveness of the transfer if these activities influence how beneficiaries choose to spend it. It is therefore equally important to monitor whether, and the extent to which, these other components are making a positive contribution to this outcome, as expected by the theory of change.

To build a case for how the different components of a 'cash plus' child grant programme contribute to outcomes, monitoring can explore:

- The portion of the cash spent on relevant expenditures (e.g. education related).
- Beneficiary perceptions on which aspects of the programme was most useful and why.
- How cash helped (or didn't help) to address children's particular (education/wash/protection/nutrition) needs of interest.
- The reasons for why cash didn't help (e.g. was it due to the low value of the transfer, because of supply side issues in basic services, etc.).
- Beneficiary perceptions on service quality (e.g. school environment).
- Beneficiary perceptions on the usefulness of any sensitisation activities.

Teasing out these issues almost certainly requires some qualitative data collection. The complementary components aiming to increase capacity and quality of services, or contribute to behaviour change, should also be monitored, according to the standard results monitoring practices of the sector.

Considerations for outcome indicators on HCTs linking with social protection systems

When setting outcome indicators, it is important to consider the data fields included in the social protection MIS and what indicators it is possible for the government to report on, and then consider whether any gaps in desired indicators can be filled through additional data collection activities. As monitoring outcome indicators for social protection programmes may be infrequent or even absent, additional data collection for the UNICEF activities will frequently be necessary.

Monitoring negative coping strategies

Monitoring changes in a beneficiaries' reliance on strategies which have a negative impact on children is important to show the pathways that cash contributes to outcomes for children. The specific choice will depend on the objective of the programme and context-specific risks and vulnerabilities.

Considerations for monitoring coping strategies when programming through different HCT modalities and for different objectives

Sector-specific UCTs: Coping strategy indicators can help in the interpretation of sectoral outcome data. In the case of a 'cash for education programme', understanding a household's reliance on child labours will support analysis of education outcome data on attendance and retention. Annex A.3 lists several sector-specific coping strategy indicators. An overarching coping strategy of interest to all sector-specific programmes could be the reduction in food consumption, since this has potential to negatively impact achievement of a range of outcomes for children.

MPGs for basic needs/multi-sectoral child grants: The use of 'coping strategies indexes' is emerging as a useful means of capturing the 'collective effect' of changes for the beneficiary household, in terms of overarching economic wellbeing and ability to cope with their situation. The reduced Coping Strategies Index (CSI) has been a common indicator in food security programmes for several years and captures the use of negative coping strategies to access food for consumption. The strategies defined within it have relevance for these types of transfers, as indications of overall

coping capacity, since food is often a substantial percentage of what households use a transfer for and it captures strategies employed by households with children such as skipping meals. However this index doesn't reflect the full range of coping strategies employed by households with children. The livelihoods CSI is a more recent tool which includes a broad range of negative coping strategies, including those directly affecting children, to increase household income/reduce expenditures. This has proven successful on recent MPG programmes. These two indices are detailed in Annex D along with links to technical guidance. The use of both indices in broader cash programming is still evolving and best practices/lessons are still emerging.

Understanding coping is a complex task. Teams must consider the following practical issues when planning to use CSIs in monitoring HCTs:

- Coping strategies - the types, and their severity weighting - must be contextualized, ideally with inputs from target communities.
- Coping strategies and their severity/impact can vary between different groups of people, and location, e.g. rural vs urban. This variance and the impact of different coping strategies needs to be understood and any survey adapted accordingly.
- Making sense of the results requires cross-sectoral analysis and understanding of how choices impact in both the short term and longer term: for example, households may choose to increase income to buy food by taking a child out of school. This has an educational as well as food security impact. However, the strategy is detrimental to education, but benefits food security.
- Some strategies such as early marriage, or engagement in transactional sex, will be sensitive and will be difficult to collect accurate information on through household survey instruments. These will usually need to be omitted from any index.
- In the case of food consumption strategies, questions focus on the last 7 days. In contexts of protracted displacement and chronic food insecurity, the scores may not illustrate the severity of the coping strategies being utilized as these have become normalized over time.

Agencies are beginning to experiment with other measures of wellbeing to capture more holistic impacts of MPGs and multi-sectoral child grants. These are still in the formative stages and there is no definitive guidance or best practices available. Annex A.3 includes some example indicators.

1.7 Efficiency

1.7 Monitoring efficiency

Efficiency refers to the conversion of inputs to outputs. In the case of HCTs, monitoring efficiency entails understanding the costs of project implementation and ones beneficiaries incur to access and spend HCTs. The purpose of monitoring efficiency is ensure that the project is making judicious use of resources and identifying ways it may be more efficient without compromising quality.

Cost ratios

Cost ratios are useful way to monitor efficiency because ratios can be compared across partners, projects and over time. Cost ratios require understanding (1) the amount transferred to beneficiaries and (2) all other project costs (sometimes referred to as “operational” or “implementation” costs). Cost ratios usually do not include cost incurred by beneficiaries.

Disaggregating operational costs by indirect costs, transfer fees, partner staff costs, UNICEF direct costs and other implementation costs can be insightful for understanding cost drivers, but budgeting and partner financial reporting does not lend itself to these breakdowns and partners may report costs in different ways. Staff time, which is a major cost of projects, may be particularly difficult to capture if staff spend time on multiple projects and activities. For these reasons, it is important to state clearly which operational costs are included in ratio and whether any costs are not known / not included. In addition, standardized budget tools at least at country office level should be encouraged to compare ratios across projects and time. Ideally cost data should be used based on actual project costs (as opposed to analysing planned budgets) through partner and service provider reporting. This also enables a comparison of planned and actual expenditures.

Once the amount transferred and project costs are known, these two data points can be expressed in various ways – the ratio of the transfer to project costs, the ratio of the transfer to total costs, the cost of transferring \$1 to recipients, etc. Somewhat confusingly, donors and aid agencies have used terminology on cost ratios in different ways. For example, ECHO guidance refers to the Total Cost to Transfer Ratio as (transfer value/total cost),¹⁸ while DFID refers to it as the total cost/transfer value).¹⁹ “Cost to transfer” usually refers to the ratio of operational costs to transfer costs.²⁰ Again, the important point is to be clear about which costs are included in the ratio/calculation and the sources of data.

Figure 1.4: Efficiency ratios and calculations

Ratio/calculation	Numerator	Denominator
Transfer to total cost	Total amount transferred to beneficiaries	Total project budget
Cost to transfer ratio (or cost to deliver \$1)	Operational costs	Total amount transferred to beneficiaries
DFID total cost to transfer	Total project budget	Total amount transferred to beneficiaries

¹⁸ ECHO (2017) Guidance to partners funded by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) to deliver large-scale cash transfers
https://ec.europa.eu/echo/sites/echo-site/files/guidance_note_cash_23_11_2017.pdf

¹⁹ White, P., Hodges, A. and Greenslade, M. (2017) Guidance on measuring and maximising value for money in social transfer programmes – second edition. DFID.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/204382/Guidance-value-for-money-social-transfers-25Mar2013.pdf

²⁰ Ibid.

As with any indicator, cost ratios require contextualisation and analysis to understand factors driving cost and whether/where efficiency gains may be possible. Common factors are the scale of the programme, size of the transfer, number of transfers, start-up costs, remoteness of communities, transfer fees/type of delivery mechanism, investment in monitoring/research, previous experience/preparedness measures and project duration (transfers usually become more efficient over time). Efficiency is only one factor to consider when taking into account possible project changes. For example, some UNICEF partners in DRC provided transfers as a lump sum rather than instalments, as it was more efficient, did not change outcomes and qualitative consultation found many beneficiaries preferred it.

Costs incurred by beneficiaries

PDM should include costs incurred by beneficiaries. The main costs to look for are withdrawal fees not covered by the project, transport and having to pay for childcare to retrieve/spend the transfer. Beneficiaries may also incur hidden or opportunity costs, such as missing work to retrieve the transfer. Such costs are best explored through qualitative data collection.

Considerations for vouchers

In the case of vouchers, analysis should be done of prices charged by voucher vendors (or service provider) and whether these are more expensive than other local shops and providers. Any price difference is an efficiency loss for beneficiaries. PDM and field visits should also explore whether vouchers or redeemed items are being sold for cash at a loss. It may be difficult to obtain accurate information on voucher sale as beneficiaries and voucher vendors/service providers will be reluctant to provide details out of fear of repercussions.

Considerations for linking with social protection systems

One assumption often made for projects that link to social protection systems is that they are more efficient than alternatives (if they use some of the existing social protection systems). This assumption is logically the case for projects that top-up grant to existing households, as this avoids setting up targeting and distribution systems. If new households are brought on board, then some elements of the existing registration and delivery systems are used. However, costs may be incurred related to the provision of technical support, capacity-building and monitoring. Getting a handle on these costs through monitoring is challenging because some costs may be hidden (for example, increased staff time by government officials). The same techniques described earlier in this section can still be used, but field visits and partner reports should also note costs that may be incurred but that are not included in the analysis.

2. Evaluation

Key Messages

- Evaluations serve to promote learning and accountability. It is important to determine which one is the greater motivator because the decision influences the design and the evaluation. Because of the high demand for evidence on HCTs, evaluations have tended to have a strong focus on learning.
- The first decision to make about evaluation is whether one is needed based on resources, learning needs and accountability requirements. This decision should be made during the design phase of the project to enable planning and consider whether monitoring needs to be adjusted (for example, undertaking a baseline survey to inform the evaluation).
- Most evaluations are led by external evaluators to enhance objectivity, and early planning provides more time to identify skilled evaluators familiar with HCTs. A common mistake is waiting until the end of a project to plan an evaluation, which can compromise the utility and quality of an evaluation. It is important to involve UNICEF CO management in the design and approval process well in advance.
- It is good practice for evaluations to use mixed methods, meaning the both qualitative and quantitative approaches
- It is crucial that evaluation questions be limited in number, focused and based on the needs of evaluation stakeholders.
- Research is an option for gathering evidence on a particular topic or project. Commissioning and managing research requires financial resources, time and expertise to manage the research.

2.1 Introduction

Humanitarian evaluation entails the objective and systematic examination of humanitarian action to draw lessons, enhance accountability and improve policy and practice.²¹ For UNICEF, the function of evaluation is to provide “timely, strategically focused and objective information on the performance of its policies, programmes and initiatives to produce better results for children and women”.²² At UNICEF, evaluation draws on the expertise and participation of oversight bodies, heads of offices, technical evaluation staff and sectoral programme staff (UNICEF, 2014). Because COs commission most UNICEF evaluations, this chapter is written with that audience in mind.

As with monitoring, the principles and drivers are the same for evaluating HCTs as with other forms of assistance, with some exceptions:

- Because cash transfers are a relatively new form of assistance, they have been subject to extensive evaluation. UNICEF, implementing partners, donors and other stakeholders may be more inclined to evaluate HCT projects as part of a learning and evidence agenda.
- Beneficiaries can spend cash transfers in different ways. Evaluations therefore need to look both at whether the particular objectives of the project were met and at the wider impacts.²³

This chapter focuses on key issues for planning and commissioning an evaluation of HCT assistance. It is recommended that ALNAP’s *Evaluating Humanitarian Action* also be consulted, which provides

²¹ Buchanan-Smith, M., Cosgrave, J. and Warner, A. (2016) *Evaluating Humanitarian Action*, ALNAP.

²² www.unicef.org/evaluation/index_60801.html

²³ Harvey and Bailey, 2011. Cash Transfer Programming Good Practice Review 11. Humanitarian Practice Network, ODI. Available at odihpn.org/wp-content/uploads/2011/06/gpr11.pdf

detailed guidance on planning and managing humanitarian evaluations.²⁴ Resources are also available through the UNICEF Evaluation Office.²⁵ This chapter covers the following topics:

- Deciding whether to do an evaluation: Evaluations are one of several ways to learn lessons and promote accountability.
- Types of evaluations: Evaluations are most commonly conducted at the end of an HCT project. Other types include formative evaluation, impact evaluation and meta-evaluation. Evaluations of HCTs should involve both qualitative and quantitative methods.
- Evaluation questions and criteria: Evaluations of HCTs should include a small number of focused evaluation questions.
- Research: Supporting research is also an option to generate evidence on HCTs.

2.2 Deciding whether to do an evaluation

The first decision to make about evaluation is whether to conduct one. The main questions are:

- Do any of UNICEF's donors require an evaluation of the HCT project?
- Are there evidence needs specific to the context or HCT project? Would these be best served through evaluation or other processes, such as research, After Action Reviews, learning workshops and internal reviews?
- Are there accountability needs specific to the context or HCT project? Would these best served through evaluation or other processes, such as increased Accountability to Affected Populations measures?
- Are financial and human resources available to commission and manage an evaluation?
- Who are the intended users of an evaluation?
- What is the intended use of the evaluation (to modify HCT programmes/policies based on findings, promote staff and organisational learning, legitimise/provide evidence on HCTs or fulfil accountability requirements)?

Evaluations serve the dual purposes of learning and accountability. While all evaluations provide some insights on both, it is important to determine which one is the greater motivator because the decision influences the design of the evaluation. A stronger accountability focus lends itself to greater independence and a more "investigative" approach to tracing responsibility for successes, failures and drivers of change. A learning-oriented evaluation may rely more on participation and reflection from those involved in the HCT project.²⁶ Because of the high demand for evidence on HCTs, evaluations have tended to have a strong focus on learning.

The decision to do an evaluation should be made during the design phase of the project to enable planning and consider whether monitoring needs to be adjusted (for example, undertaking a baseline survey to inform the evaluation). Most evaluations are led by external evaluators to enhance objectivity, and early planning provides more time to identify skilled evaluators familiar with HCTs. Be sure to avoid the trap of deciding to do an evaluation late into the project, or deciding at the beginning but only thinking through the evaluation well into the project implementation. In both cases evaluations can still be conducted, but rushed planning decreases the available options for a quality evaluation design, reduces opportunities for consultation with stakeholders and timely

²⁴ Available at www.alnap.org/system/files/content/resource/files/main/alnap-evaluation-humanitarian-action-2016.pdf

²⁵ www.unicef-irc.org/research/humanitarian-research/

²⁶ Buchanan-Smith and Cosgrave, 2016

identification of evaluators, both of which can decrease the utility of the evaluation. Because evaluations are so time sensitive, it is paramount to involve UNICEF CO's management in the design and approval process well in advance to avoid delays which could impact the evaluation.

2.3 Evaluation type and design

The intended use of the evaluation influences the type of evaluation and when during the project cycle it takes place. Table 2.1 summarises the types of evaluations. Evaluation at the end of a project can be described as “summative” evaluation. These are far and away the most common type of evaluation of HCTs, as the activities to be evaluated have all taken place. “Formative” evaluations, such as real time evaluations (RTE) and mid-term evaluations, occur during project implementation for a more immediate action on findings. RTEs usually focus on all of an agency's activities responding to a crisis; or the IASC may trigger an inter-agency RTE (for example, the RTE of the Hurricane Matthew response in Haiti)²⁷. Thus HCTs are likely to be one of several elements of a formative evaluation, rather than the sole focus. Timely commissioning and management of an RTE is essential; an evaluation of the UNICEF response to the Nepal 2015 earthquake was initially designed as an RTE, but delays made a real time exercise impossible.²⁸ The other types of evaluation are impact evaluation, which provide rigorous evidence on the results of assistance (usually with some degree of attribution power), and meta-evaluation, which entails analysis of multiple evaluations and is unlikely to be appropriate for a single HCT project. Evaluations can span these categories – for example one evaluation of emergency cash transfers in Nepal analysed the results of assistance and also consolidated learning on the use of social protection systems to inform the potential future use of such approaches.²⁹ However, it is important to keep in mind the primary purpose of the evaluation, because the purpose influences its evaluation design and product.

Table 2.1: Types of evaluations³⁰

Type	Description	Considerations	Example
Summative evaluation	Evaluation at the end of a project to draw lessons, enhance accountability and improve policy and practice	Evaluations are often conducted at the close of an HCT project or following its completion	Final Evaluation of the Unconditional Cash and Voucher Response to the 2011–12 Crisis in Somalia
Formative evaluation (including RTE and mid-term evaluation)	Evaluation intended to improve performance, conducted during the implementation of a project	Strong learning function; can meet some accountability requirements May only aim for indicative findings regarding contribution of the assistance towards outcomes Usually covers a wide range of assistance activities	Real-time Evaluation of the UNICEF Somalia Country Office Humanitarian Response to the pre-famine Crisis
Meta-evaluation	Evaluation designed to aggregate findings from a series of evaluations	Can serve an ‘evaluation of evaluations’ that judges quality of evaluations and/or analyses findings across multiple evaluations	UNICEF Child Protection Meta-Evaluation
Impact	Evaluation of the specific results of	Combine aspects of research and	Testing the impacts of

²⁷ Grunewald, F. and Schenkenberg, E. (2017) Real Time Evaluation: Response to Hurricane Matthew in Haiti [www.urd.org/IMG/pdf/Report - RTE Haiti-MD.pdf](http://www.urd.org/IMG/pdf/Report_-_RTE_Haiti-MD.pdf)

²⁸ DARA (2016) Evaluation of UNICEF's Response and Recovery Efforts to the Gorkha Earthquake in Nepal. www.unicef.org/evaldatabase/files/Nepal_EHA_Final_Report_2016-003.pdf

²⁹ Merttens, F., Upadhyay, J., Kukrety, N., Karki S. and Majeed, Z. (2017) Evaluation of the Nepal Emergency Cash Transfer Programme through Social Assistance. Oxford Policy Management. [www.unicef.org/evaldatabase/files/UNICEF ECTP Final Evaluation Report OPM April 2017.pdf](http://www.unicef.org/evaldatabase/files/UNICEF_ECTP_Final_Evaluation_Report_OPM_April_2017.pdf)

³⁰ Sources include Buchanan-Smith and Cosgrave, 2016 and UNICEF (2014) Taxonomy for Defining and Classifying UNICEF Research, Evaluation & Studies

evaluation	an intervention; impact evaluation usually either compares a counterfactual of what the situation would have been in the absence of the intervention or had another type of assistance had been provided	evaluation Add new knowledge by answering research questions, engage in analytic work and evaluate the worth/value of an intervention	cash v. vouchers in the Democratic Republic of Congo
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In contexts with multiple UNICEF implementing partners using HCTs for the same objectives, an evaluation usually covers all partners. A 2013 UNICEF evaluation of cash and vouchers in response to the 2013 famine included the assistance of 15 NGOs.³¹ However, an evaluation can be conducted of fewer partners for a variety of reasons – limited resources, a unique approach by a partner worth learning more about, etc. If other UN agencies or NGOs are supporting HCTs, then the option for joint evaluation can be explored (see Box 2.1). However, while there are examples of joint monitoring of HCTs (such as UNHCR and UNICEF in Jordan³²), no joint evaluations were identified in the elaboration of this guidance. Box 2.1 highlights opportunities for joint evaluation and research on HCTs.

Box 2.1: Opportunities for joint evaluation and research

In nearly every context where UNICEF provides HCTs, other agencies do as well, though not necessarily to the same households. This creates opportunities for joint evaluation or research on many possible topics: the effectiveness of HCT coordination, whether beneficiaries aware of the various HCTs had a preference for one over the other, similarities in outcomes of HCTs and reasons for differences, whether there were gaps in the collective efforts whereby people needing HCT assistance did not receive it, the drivers for agencies' decisions on HCT design and recommendations for more strategic approaches in the future. Joint evaluation encourages a "big picture" focus. Jointly commissioned research could explore a question of interest to multiple agencies (for example, intra-household dynamics, impact on markets, gender issues).

The type of evaluation is one factor influencing the evaluation approach and methods. RTEs tend to involve substantial engagement with programme staff and other key informants. Impact evaluation involves experimental or quasi-experimental design, whereby beneficiaries are compared to people with similar characteristics who received alternative forms of assistance or no assistance.³³ In general, the design depends on the evaluation objectives, data available (or predicted to be available through monitoring) and resources. It is good practice for evaluations to use mixed methods, meaning the both qualitative and quantitative approaches. For instance, this allows to better grasp the complex reading of certain quantitative results or confirm qualitative information. Participatory data methods that involve beneficiaries and key stakeholders are also encouraged. UNICEF can propose specific design features in the TOR or have the evaluation team propose the design in an inception report (Annex E describes elements included in TORs and inception reports).

³¹ Hedlund, K., Majid, N., Maxwell, D. and Nicholson, N. (2013) Final *Evaluation* of the Unconditional Cash and Voucher Response to the 2011–12 Crisis in Southern and Central Somalia. Humanitarian Outcomes and UNICEF. https://www.unicef.org/somalia/SOM_resources_cashevalsum.pdf

³² ODI, A promise of tomorrow The effects of UNHCR and UNICEF cash assistance on Syrian refugees in Jordan, October 2017

³³ See White, H. and Sabarwal, S. (2016) Quasi-Experimental Design and Methods. Methodological Briefs Impact Evaluation No. 8. UNICEF Office of Research – Innocenti. https://www.unicef-irc.org/KM/IE/img/downloads/Quasi-Experimental_Design_and_Methods_ENG.pdf

2.4 Evaluation questions and criteria

A critical step in planning an evaluation is determining the questions that will be analysed. Simply put, ‘what are the key questions that UNICEF and its partners want to answer?’. Those planning the evaluation should determine the primary intended users, consulting them about information needs, with a focus on how the users will act on findings.³⁴ The questions should be focused and answerable. HCTs are an exciting learning opportunity. UNICEF and its partners (as well as other stakeholders) may have many ideas, but it is crucial to keep a manageable scope and avoid having too many questions. The risk when evaluations have a broad scope and many questions is that the design may necessitate more superficial analysis of many issues rather than more meaningful analysis fewer ones; hence the results may be less powerful.

The evaluation questions can be elaborated and included in the evaluation TOR. Alternatively, the TOR can outline the evaluation objectives, and evaluation questions can be proposed by the evaluation team and negotiated with UNICEF.

The questions most likely will overlap some with HCT monitoring. This overlap is logical because both monitoring and evaluation examine how well the project is implemented and its results. Evaluation can bring added value by exploring topics more systematically and following up noteworthy issues identified in monitoring. Sound monitoring is an essential base for a good evaluation, and evaluations cannot substitute for poor monitoring, because they rely to a certain extent on data already collected.

The OECD-DAC elaborated evaluation criteria related to common weaknesses in humanitarian assistance – appropriateness, connectedness, coherence, coverage, efficiency, effectiveness and impact. The criteria offer a useful framework to determine what issues the evaluation questions cover and to think through relevant evaluation questions. However, the criteria are not a checklist of areas that must be covered. The point of departure for framing evaluation questions should be the needs of intended users, rather than the OECD-DAC criteria.³⁵

Table 2.2 provides sample evaluation questions and relevant OECD-DAC criteria, and Table 2.3 provides additional questions specific to different types of HCTs. Both are meant to provide inspiration and not as templates.

Table 2.2: Sample evaluation questions and relevant OECD-DAC criteria

Sample evaluation questions	OECD-DAC criteria
Were cash transfers the most suitable response to the humanitarian needs? How accurate was the theory of change underpinning the HCT project? What were the reasons behind the choice to use cash as part of the emergency response? Was the programme design (e.g. targeting, value of transfer, payment system) appropriate for meeting the needs of the affected population?	Appropriateness (whether the project is in line with needs and priorities)
Did the HCT project meet its specific objectives? What changed in the lives of households and children as a result of the transfer? How did households decide how to use the transfer? Did the agency have sufficient skills and systems to manage the project?	Effectiveness (achievement of project objectives)

³⁴ Buchanan-Smith and Cosgrave, 2016

³⁵ Buchanan-Smith and Cosgrave, 206

<p>Was there any abuse by agency staff, local elites or authorities involved in targeting or transferring of money?</p> <p>How effective was the monitoring system?</p> <p>How can future HCT responses in this setting achieve greater results?</p> <p>How well did UNICEF and its partners coordinate with other agencies providing cash transfers and with non-cash activities of UNICEF and others?</p> <p>How timely was the response?</p> <p>How did preparedness measures affect timeliness?</p>	
<p>Were the most vulnerable households reached by the HCT project?</p> <p>Did the project strike the right balance between the number of people assisted and the amount of assistance provided?</p>	Coverage (reaching people in need)
<p>Did the HCT project lead to increased use of financial services by beneficiaries?</p> <p>Were their missed opportunities or future options for linking UNICEF cash transfers with social protection systems?</p> <p>To what extent has the intervention advanced UNICEF's longer-term objectives related to systems strengthening for social protection?</p>	Connectedness (taking into account longer-term issues)
<p>How coherent was the HCT project with UNICEF's mission and mandate?</p>	Coherence (extent to which different policies and approaches are coherent)
<p>What were the positive and negative impacts of the HCT project?</p> <p>Did the transfer affect household relations and in what ways?</p> <p>What effect did the project have on local markets?</p> <p>How has HCT project affected community self-help systems and relationships?</p> <p>How has the HCT project influenced local debt and credit markets?</p>	Impact (wider effects of the project)
<p>How does the cost of implementing the HCT assistance compare to alternatives?</p> <p>How efficient were the delivery systems used?</p> <p>What factors most influenced the efficiency of the project (e.g. start-up costs, scale, preparedness measures)?</p>	Efficiency (conversion of project inputs to outputs)

Table 2.3: Sample evaluation questions for specific types of HCTs

Type of HCT	Sample evaluation questions
'Cash plus' programme	<p>What was the relative contribution of the different components to the outcomes?</p> <p>How complementary were the different cash plus components?</p> <p>In the future, should any of the activities receive greater or lesser focus (or be eliminated entirely)?</p>
Linking with social protection systems	<p>What were the advantages or disadvantages of working through social protection systems, related to the timeliness of assistance, adequacy, capacity and coverage (whether the use of social protection systems resulted in exclusion of needy households)?</p> <p>Were affected populations not benefiting from the assistance covered by other agencies?</p> <p>To what extent and in what ways has the intervention enabled the advancement of longer-term objectives around systems strengthening for social protection?</p> <p>To what extent and in what ways has the intervention contributed to developing or strengthening the use of social protection systems for emergency responses (i.e. shock responsive social protection), for example related to policy frameworks, programme design and administration?</p> <p>How has the UNICEF assistance related to and affected routine social protection</p>

	programming? How did the efficiency of linking to social protection systems compare to alternative approaches?
MPG/MPCG	What factors influenced household spending choices? Did the grant affect children's access to basic services?
Top up grants	How did the provision of additional money effect household spending on children?
Sector-specific cash	What changes occurred in children's lives that were related to the sector objective? What changes occurred in the household and children's lives that were outside the of the sector objective?
CCT	What was the relative importance of the condition and the transfer in achieving outcomes? What costs were incurred by partners and service providers in monitoring adherence to the condition? Did beneficiaries incur costs or make trade-offs to adhere to the condition?
Vouchers	In future responses to meet these needs, should vouchers be used over cash transfers? Should any future voucher projects modify the goods and services available for redemption? How did the use of vouchers and the specific delivery mechanism impact the time and cost of the project?

The following tasks should be completed during the evaluation planning process:

- ✓ Decision on whether an evaluation is the right tool for learning and accountability needs
- ✓ Key evaluation users identified
- ✓ Clear idea on how evaluation will be used and relative importance and learning and accountability
- ✓ Decision make on type and timing of evaluation
- ✓ Evaluation questions elaborated
- ✓ Budget determined
- ✓ TORs established (see Annex E)

2.5 Research

If UNICEF and its partners are motivated to gather evidence on a particular topic or project, then commissioning research can be an option. UNICEF describes research as “the systematic process of the collection and analysis of data and information, in order to generate new knowledge, to answer a specific question or to test a hypothesis”. Its purpose is to “examine relevant issues and yield evidence for better programme and policy advice”.³⁶ Research has played a critical role in the acceptance and expansion of HCTs, by establishing that cash can help meet a range of humanitarian needs, and generating evidence on issues ranging from protection to nutritional impact.

As with evaluation, a clear purpose and scope should be identified, based on the needs of intended users of the research. In DRC for example, UNICEF initially supported IPs to document small pilots on cash transfers to test feasibility, then subsequently commissioned research using quasi-experimental methods to gather evidence on the impact³⁷. The lines between research, monitoring and evaluation are not always hard boundaries. For its cash transfers following Typhon Yolanda in Philippines, a

³⁶ UNICEF, 2014

³⁷ Bonilla, J., Carson, K., Kiggundu, G., Morey, M., Ring, H., Nillesen, E., Erba, G., Michel, S. American Institutes for Research. (2017). Humanitarian Cash Transfers in the Democratic Republic of the Congo: Evidence from UNICEF's ARCC II Programme. Washington, DC

national think tank carried out independent monitoring and evaluation, which formed the basis of a case study on lessons for providing cash transfers.³⁸

Commissioning and managing research requires financial resources, time and expertise to manage the research. A key resource is UNICEF's Office of Research – Innocenti, which undertakes research and supports research conducted by other parts of UNICEF. UNICEF's procedure of ethical standards in research, evaluation and data collection should be followed for all data collection involving human subjects and analysis of sensitive secondary data.³⁹

Research and evaluation outputs should be uploaded to the Evaluation and Research Database (ERDB)⁴⁰ and other Management Information Systems as they become available. The document *Taxonomy for Defining and Classifying UNICEF Research, Evaluation & Studies* (2014) lists ways to classify common initiatives under those three headings.

³⁸ Reyes, C., Albert, J. R. and Reyes, C. C. (2018) Lessons on Providing Cash Transfers to Disaster Victims: A Case Study of UNICEF's Unconditional Cash Transfer Program for Super Typhoon Yolanda Victims
<https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1804.pdf>

³⁹ UNICEF (2015) UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis.
https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

⁴⁰ <https://icon.unicef.org/apps02/cop/edb/Lists/Evaluation%20Reports/RecentlyUpdated.aspx>

Annex A: Menu of process, output and outcome indicators

Annex 1: Sample indicators

PROCESS INDICATORS			
<p>Process indicators should be collected frequently through PDM beneficiary household surveys and analysis of CRM data. Beneficiary household surveys as part of PDM usually follow each transfer except for longer-term projects where data collection may be less frequent following initial transfers. Indicators related to non-beneficiary households can be collected through household surveys at the same time as beneficiary surveys or at a reduced frequency in the case of longer-term projects. All data collection should include questions on age group, sex, location and language. Household surveys should be triangulated with qualitative data collection and analysis of CRM data to identify any challenges related to accessing the assistance.</p>			
<p>Note: These indicators are a menu of options. All indicators in RED are also indicators for monitoring accountability to affected populations (AAP). All indicators in BOLD TEXT are the recommended core indicators for all HCTs.</p>			
Indicator category	Indicator	Considerations for use	How to collect
Beneficiary awareness of programme	% of beneficiaries aware of the HCT objective	Provides data on the effectiveness of sensitization and information-sharing activities and respondents' recall of these programme features.	Beneficiary household survey Triangulation: CRM data (complaints about awareness)
	% of beneficiaries aware of eligibility criteria		
	% of beneficiaries aware of the amount of money/voucher that they would receive		
	% of beneficiaries aware of the nature of any conditions.		
	% of beneficiaries aware of Complaints and Response Mechanisms (CRM)		
	% of beneficiaries aware of the frequency and amount of payments		
	% of beneficiaries facing a problem accessing information about the assistance	Additional questions are needed to identify the types of problems and their frequency, for example issues related to language, technology, discrimination.	Beneficiary household survey Triangulation: CRM data (complaints about awareness)
Beneficiary satisfaction with HCT project activities	% of beneficiaries that are satisfied with the <insert activity> process of the HCT	Further data collection is needed to identify reasons for dissatisfaction, through a follow-up question and/or qualitative data collection. Can be asked as Y/N question, or score of 1-5.	Beneficiary household survey Triangulation: CRM data (project activities with higher number of complaints)
Beneficiary feedback: targeting, registration and enrolment	% of beneficiaries who agree that the programme is reaching those most in need of assistance due to the crisis	Beneficiary perceptions of the fairness and accuracy of targeting should be triangulated with the perceptions of non-beneficiaries and leaders.	Beneficiary household survey Triangulation: CRM data (complaints about fairness of targeting), non-beneficiary household surveys
	% of beneficiaries who believe people are included that do not meet the targeting criteria		
	% of beneficiaries who believe people are excluded that meet the targeting criteria		

	% of beneficiaries facing difficulty with the registration process	Additional questions are needed to identify the types of problems and their frequency, for example difficulty accessing registration site, lack of understanding of process, lack of identity documents, delays in the registration process, corruption, protection risks.	Beneficiary household survey Triangulation: CRM data (complaints about awareness)
	% of beneficiaries that report having to pay a fee or provide a favour to be included in the programme	Corruption and payment of fees for inclusion is a sensitive topic that may be difficult to explore in a household survey.	Beneficiary household survey Triangulation: CRM data
	% of beneficiaries facing problems enrolling with the financial service provider	Relevant for programmes where an account must be opened and/or cards distributed. Additional questions are needed to identify the types of problems and their frequency, for example difficulty accessing registration site, lack of understanding of process, lack of identity documents, delays in the registration process, corruption, protection risks.	Beneficiary household survey Triangulation: CRM data (complaints about enrolment)
Transfer delivery and accessing transfer	% of beneficiaries facing difficulty receiving the transfer	Additional questions are needed to identify the types of problems and their frequency, for example not receiving the transfer, delay, receiving incorrect amount, problems accessing distribution site (due to distance/cost/mobility), queues at distribution point; lack of connectivity (for ATM, mobile money, e-voucher), difficulty using technology; difficulty proving identity (including biometric data and PINs), corruption, protection risks on the way to or at distribution point.	Beneficiary household survey Triangulation: CRM data (complaints about delivery)
	% beneficiaries reporting excessive waiting times (longer than X minutes/hours) to access their transfer	Additional questions are needed to understand how wait times impacted beneficiaries, for example whether they had to leave children unattended in order to travel.	Beneficiary household survey Triangulation: CRM data
	% beneficiaries incurring costs to receive the transfer	Costs can include money or in-kind goods paid for transport to the distribution site. While "cost" can also include lost income owing to time required to access the transfer, enquiring about lost income requires a specific question.	Beneficiary household survey Triangulation: CRM data
	% of beneficiaries who received the transfer on time	Judgements on timeliness are usually made by comparing the days/weeks elapsed between the planned and actual delivery of transfers.	Partner reporting from FSP responsible for transfers
	% beneficiaries reporting that they needed assistance to access (pick up/withdraw) the transfer	Particularly useful for programmes introducing technology or where certain groups may face challenges accessing transfers. Additional questions are needed to understand the type of support needed.	Beneficiary household survey
	% of beneficiaries that report feeling safe when withdrawing/accessing transfer	Collects data on frequency of specific protection risks.	Beneficiary household survey Triangulation: CRM data
	% of beneficiaries facing difficulty withdrawing money	Specific to programmes that are providing cash transfers through digital technology - via cards or mobile money.	Beneficiary household survey Triangulation: CRM data, partner reporting

Access to markets	% beneficiaries incurring costs to spend the transfer	Costs can include money or in-kind goods paid for transport to markets. While "cost" can also include lost income owing to time required to access the transfer, inquiring about lost income requires a specific question.	Beneficiary household survey Triangulation: CRM data
	% of beneficiaries reporting protection problems to spend the transfer	An additional question is needed to understand the types of protection problem faced, for example physical violence, intimidation, corruption, theft, illegal taxation, discrimination, disrespect.	Beneficiary household survey Triangulation: CRM data on protection risks and sensitive complaints
	% of beneficiaries reporting problems in accessing the goods and services they need from markets	Problems can include distance to markets and time and cost to reach them; protection risks on the way to or in the market, issues related to availability, quality or prices of the goods and services.	Beneficiary household surveys
	% of beneficiaries reporting excessive travel times (longer than X minutes/hours to travel to markets)	Additional questions needed to understand how travel impacted beneficiaries, for example whether they had to leave children unattended in order to travel.	Beneficiary household surveys
	% beneficiaries satisfied with the quality goods/services purchased	Particularly important for vouchers given limitations in choice of vendors and items.	Beneficiary household surveys
	% beneficiaries facing technical issues with spending digital transfer or redeeming e-vouchers	For programmes where digital transfers or e-vouchers are used directly for store purchases; particularly important for vulnerable groups and/or those less familiar with technology.	Beneficiary household surveys
Adherence to conditions	% of beneficiaries reporting difficulty in adhering to the condition	Specific to CCTs	Beneficiary household survey, partner reporting
Access and use of CRM	% of beneficiaries that have used the CRM	An additional question/analysis can be included on the communication channel used, to understand which channels are most used / more accessible.	Analysis of CRM data Triangulation: Beneficiary household survey
	% of beneficiaries facing difficulty with the CRM process	Additional questions are needed to identify the types of problem and their frequency, for example problems related to language, literacy, distance, familiarity with technology; connectivity, trust, unaddressed complaints.	Beneficiary household survey
	% of logged complaints about HCT processes that are resolved	Provides data on the effectiveness of the CRM.	Analysis of CRM data
	# of sensitive complaints received	Relevant for programmes where there is a clear categorization for 'sensitive' complaints (serious issues that require immediate action)	Analysis of CRM data
	% of sensitive complaints escalated for appropriate action		
	Trends in the number and types of feedback/complaints received	Complaints should be tracked according to the type and number of complaints received.	Analysis of CRM data
Non-beneficiary	% of non-beneficiaries aware of eligibility criteria	Non-beneficiary perceptions of the fairness and accuracy of targeting should be triangulated	Non-beneficiary household survey

feedback: targeting	% of non-beneficiaries aware of why they did not qualify for assistance	with the perceptions of beneficiaries and leaders.	Triangulation: CRM data
	% of non-beneficiaries who believe people are included that do not meet the targeting criteria		
	% of non-beneficiaries who believe people are excluded that meet the targeting criteria		
Market monitoring	% change in the price of critical goods and services relevant for children's needs	Useful to track whether prices are as anticipated when transfer value was calculated and to inform any changes in transfer value.	Market monitoring data (primary or secondary)
	Changes in the availability of critical goods / services	Helpful for understanding whether beneficiaries can access critical goods and services.	Market monitoring data (primary or secondary)
	Goods/services meet minimum quality standards	Particularly important for commodities/services where quality is critical to public health and safety. Minimum quality standards are defined by the project based on relevant standards and project objectives.	Market monitoring data (primary or secondary)

OUTPUT INDICATORS

Output indicators describe the deliverables of the project. Output data should be collected frequently - normally for each payment as the number of beneficiaries and amount of money delivered may change between cycles. The main data sources are reports generated by implementing partners and FSPs. **Data on outputs should be disaggregated by partner (in cases of multiple partners) and by sex, age, geographic area and number of families with children, where feasible.**

Note: All indicators in **BOLD TEXT** are the recommended core indicators for all HCTs.

Indicator category	Indicator	Considerations for use	How to collect
All HCTs	Number of households/persons registered as beneficiaries	Monitors the performance of targeting and registering beneficiaries to receive assistance. Any blockages or delays will affect programme performance targets.	Primary: partner reporting from IP(s) responsible for targeting Triangulation: CRM data (complaints about delays/bottlenecks in registration)
	%/number of targeted households/persons enrolled with the financial services provider	For some payment mechanisms, enrolment of the beneficiary with the FSP is necessary for transfer delivery (e.g. registration for mobile wallet, ATM card provision). Any blockages or delays will affect programme performance targets.	Primary: partner reporting from FSP Triangulation: CRM data (complaints about delays/bottlenecks in enrolment), field monitoring at FSP sites
	%/number of targeted households/persons who receive transfers (per payment cycle and cumulative)	Monitors whether a project is meeting planned targets. FSPs should be capable of reporting on the number and value of payments as part of standard reconciliation processes. Reporting intervals and formats should be included in all agreements with partners and service providers. For programmes delivered through social protection systems, such data may be available in the transaction reports provided by the government's FSP but these should be checked, and access to these reports needs to be agreed with the responsible ministry.	Primary: distribution report from FSP (OR from IP when manual cash distribution / voucher distribution) Triangulation: PDM survey; CRM data (complaints about delays/issues in payment); field monitoring at FSP sites
	Total \$ value of transfers distributed (and % compared to planned)		
	Number/% of beneficiaries who receive the intended number of transfers		
	Number/% of beneficiaries who receive the full value of the transfer (per payment cycle and cumulative)		
	Number/% of transfers delivered on time	Monitors timeliness of transfer delivery based on plans. FSPs should report on delivery dates as part of standard reconciliation processes.	Primary: partner reporting from FSP responsible for transfers
	% of beneficiaries receiving transfer who do not withdraw their transfer	Useful for HCTs using payment mechanisms where funds are transferred to an account, card or a mobile wallet and require some action on the part of beneficiaries to access the funds (i.e. withdraw or spend this cash). Lack of withdrawal could indicate a problem, which would need to be unpacked further during process monitoring with beneficiaries to understand the nature of the constraints.	Primary: partner reporting from the FSP responsible for transfers
	% of total amount transferred that is withdrawn		
Vouchers	% of beneficiaries redeeming their vouchers	Useful for identifying if vouchers are being redeemed for goods and services. If not, there may be a problem in people accessing merchants/service providers, availability of goods, etc.	Primary: partner reporting using data from technology partners, information management system, and financial records.
	% of total voucher value redeemed by beneficiaries		

CCTs	% of beneficiaries adhering to the condition for receiving the transfer	For CCTs, understanding how many transfers are not delivered due to breach of the conditions is needed to make sense of the output indicators. For education conditions, data can be collected from participating schools through national MIS or UNICEF working with schools to report on the indicator (e.g. through a digital data application).	Primary: Partner reporting from participating schools Triangulation: field monitoring spot checks to schools; beneficiary household surveys.
Programmes linking with social protection systems	# of staff seconded/provided to relevant ministries	These indicators monitor any technical or financial support provided to relevant ministries and should be adapted to the type of support provided (e.g. staff, financial resources, training).	Primary: partner reporting. Triangulation: field monitoring
	Financial value of resources provided to relevant ministries		
	# of examples of supporting social protection systems		
	# of adaptations to social protection policy/strategy/SOPs etc. to support provision of transfers during emergency	These should be based on and compared to the project-specific activity targets that have been set.	
	# of examples of strengthening social protection operational systems and processes		

OUTCOME INDICATORS (IMMEDIATE)

Intermediate outcome indicators should be collected frequently through PDM beneficiary household surveys and analysis of CRM data. They can be included as part of standard PDM monitoring surveys, or in the case of projects with multiple transfers, asked less frequently than process indicators (for example, quarterly, every other survey). All data collection should include questions on age group, sex, location and language. Probability sampling should be used and reporting should note how representative the sample is. Data should be triangulated with qualitative data collection.

Indicator category	Indicator	Considerations for use	How to collect
Expenditure patterns	% of beneficiaries spending some of their transfer on X goods/services	Self-reported data on how transfer was spent. "X" should correspond to goods/services linked to the project objective.	Beneficiary household surveys
	% of beneficiaries who report spending the majority of their transfer on X goods/services	Alternative formulation of above indicator, focused on how majority of transfer spent.	Beneficiary household surveys
	% of beneficiaries spending some of their transfer on Y goods/services	Self-reported data on how transfer was spent. "Y" is goods/services not directly related to the programme objective but relevant to survival and child wellbeing. The precise categories of interest will be determined by the context / objectives and may include food, rent, health, water, etc.	Beneficiary household surveys
	% of beneficiaries spending some of their income on X goods/services	Self-reported data on overall household expenditure. "X" should correspond to goods/services linked to the project objective.	Beneficiary household surveys
	% of beneficiaries spending some of their income on Y goods/services	Self-reported data on overall household expenditure. "Y" is goods/services not directly related to the programme objective but relevant to survival and child wellbeing. The precise categories of interest will be determined by the context / objectives and may include food, rent, health, water, etc.	Beneficiary household surveys
	% change in the average amount beneficiaries spent on "X"	"X" should correspond to goods/services linked to the project objective. This indicator requires a question breaking down how the transfer (or total household expenditure) was spent across various categories of goods and services. The result can be compared to a baseline and/or analyzed over time.	Beneficiary household surveys
	% of beneficiaries increasing expenditure on 'X'		
	% of beneficiaries increasing child related expenditures	This indicator requires a question breaking down how the transfer (or total household expenditure) was spent across various categories of goods and services and a categorization of what constitutes 'child related' expenditure (for example, expenditures directly on children such as school fees v. household expenditures linked to children's well-being such as rent). The result can be compared to a baseline and/or analyzed over time.	Beneficiary household surveys
	% of beneficiaries who report increased spending on child specific expenditures	An alternative to the above indicator is asking households whether they have increased expenditures on their children as a result of the transfer. This indicator is useful for contexts without baseline expenditure data.	Beneficiary household surveys

	% of beneficiaries that include X in their top 5 household expenditures	This indicator requires a question asking beneficiaries to rank their top 5 most significant household expenditures. "X" should correspond to goods/services linked to the project objective. Note that some expenditure (e.g. school fee) may be time-sensitive.	Beneficiary household surveys
	% of the beneficiaries who report saving part of the transfer	Saving in theory can enable households to meet needs in the future; qualitative data collection would be needed to determine the implications of why households are or aren't saving.	Beneficiary household surveys
	% of the beneficiaries who report using the transfer to pay off debt	Debt repayment can affect household purchases but strengthen credit-worthiness in the future; qualitative data collection would be needed to determine the implications of debt repayment.	Beneficiary household surveys
	% of beneficiaries reporting that the men/women/jointly makes decisions on spending the transfer	Provides data on decision-making and control over cash/vouchers between women and men. If a baseline exists, can also show whether the transfer has affected decision-making roles within the household.	Beneficiary household surveys
Adequacy	Average change in income to expenditure gap	Helps to build picture of the significance of the transfer and its adequacy to fill the gap in overall needs. Requires quantitative data on household income (sources and values), which is compared to a MEB. The transfer should be included as an income source.	Beneficiary household surveys
	% of beneficiaries who are able to meet MEB	Requires understanding of quantitative expenditure across expenditure categories, composition and value of the MEB, and other income sources. Can be triangulated with self-reported data.	Beneficiary household surveys
	Change in main sources of cash/income in the household (either % of beneficiaries that report a change; or % for whom cash transfer becomes more significant??)	Shows changes in the sources from which households derive income, and the respective significance of the transfer in covering expenditure gap and in achieving the MEB. Can help in analysis of expenditure choices and achievement of sectoral outcomes – i.e. what is it realistic to achieve. Requires baseline information on income. Income sources need to be contextualized, considering the predominant age and other characteristics of the beneficiary population. Example of sources of income can include crop production, wage labor, trading, livestock, fishery, exploitation of natural resources, salary, remittances and aid (official and informal). Can either be measured through quantifying each income source, or by listing the top 3 income sources.	Beneficiary household surveys
	% of beneficiaries who report an improvement in their ability to meet basic needs / the needs of children	Wording of the indicator and question should reflect the objective of the programme. Can be asked as a Y/N or as a scale of 1-5 (level of agreement).	Beneficiary household surveys

	% of beneficiaries who report that the transfer allowed them to access goods/services for children that they otherwise wouldn't have	Useful in contexts with no baseline data to provide indication on whether transfer enabled households to better meet needs of children. If quantitative data on expenditures is available, can complement and triangulate findings.	Beneficiary household surveys
Preference	% of beneficiaries reporting a preference for the type of assistance received	It is important to understand beneficiary preferences. However beneficiaries may not be familiar with other types of assistance and/or have a bias for types of assistance received. Questions should provide options (for example, 'would you rather receive money, a coupon for goods or a distribution of goods?'). In the case of voucher programmes, beneficiaries should be asked if they would rather receive cash. In all instances, beneficiaries should be asked why. There may be issues with the project design that are not necessarily related to the type transfer.	Beneficiary household surveys
	# or % of beneficiaries who report selling their vouchers for cash	For voucher programmes, understanding whether and why beneficiaries sell vouchers can provide insights on appropriateness and effectiveness.	Beneficiary household surveys
	% of beneficiaries who say they are satisfied with the assistance received		Beneficiary household surveys
Protection	% of beneficiaries reporting feeling more vulnerable to protection risks as a result of receiving the transfer	Protection risks to explore include theft of the cash; household or community tension, harassment and insecurity	Beneficiary household surveys
	% of beneficiaries reporting a change in relations with the community (+/-) due to the transfer	Can highlight whether the transfer has increased or decreased community tensions, between recipients and non-recipients. This can be asked as a score of 1-3 or 1-5.	Beneficiary household surveys; can be validated through community KIIs and interview with non-beneficiaries.
	% beneficiaries reporting a change in relations between members of their household (+/-) due to the transfer	Can highlight whether cash is contributing to an increase/decrease in tensions or disagreements in the household. Can be asked as a score of 1-3 or 1-5.	Beneficiary household surveys
	Number of beneficiaries who report an increase in intimate partner violence in the household as result of the cash transfer	Gender-based violence is a sensitive topic and cannot be part of a standard PDM survey.	Beneficiary interviews by trained case managers; or data on reported incidences (case management files/key informants)
	% of beneficiaries reporting exposure to protection risks from adhering to HCT conditions	Risks can include violence, bullying, intimidation, discrimination of children at or en route to school; as well as harassment or violence towards caregivers. This indicator should only be explored by staff trained in monitoring protection risks and not as part of a standard PDM survey.	Beneficiary household surveys
Other external or unintended	% additional weekly (or monthly) profit generated by as a result of participation	Vendors can be asked to estimate the percent increase in profits in order to explore evidence of secondary impacts	Field monitoring, partner reporting

impacts +/-	Reports of adverse market impacts of HCT	Issues could include temporary changes in the price and availability of certain commodities, theft/insecurity. Important to triangulate the information in order to understand the driver behind a reported negative effect (e.g. seasonality, instability, HCT). <i>See market monitoring guidance in the References section for more information on methods.</i>	Field monitoring, partner reporting
	Negative impacts to the normal functions of the social protection programme	For programmes linking with social protection systems, HCTs may increase the burden on the system by adding new functions, more transfers, etc. Negative impacts could include delays in transfers or registration or over-burdening of staff.	Field monitoring, partner reporting
	Decreased access of non-beneficiaries to basic services due to the HCT	For programmes aiming to increase utilization of services (e.g. health, education), it is important to verify that non-beneficiaries and their children are not being crowded out due to increased demand. Negative impacts could include longer waiting times at clinics, overcrowding of classrooms/facilities, reduced access to school supplies; and a worsening pupil to teacher ratio.	Field monitoring, non-beneficiary household surveys, partner reporting
	Reduced quality of basic service delivery due to the HCT		

OUTCOME INDICATORS (SECTOR OUTCOMES, COPING AND WELL BEING)

The frequency of data collection for these 'medium term' outcomes depends on the number of transfers/duration of the project. For shorter projects with few PDM household surveys, it may be appropriate to include them to avoid a separate data collection exercise. Alternatively, outcome indicators may be collected through baseline and endline surveys (and mid-line depending on duration/resources). All data collection should include questions on age group, sex, location and language. Probability sampling should be used and reporting should note how representative the sample is. See Annex on Sampling for more information. Data should be triangulated with qualitative data collection.

Indicator category	Indicator	Considerations for use	How to collect	Useful for
Food security	% of households with 'acceptable' food consumption (Food Consumption Score FCS)	FCS is designed to reflect the quantity and quality of people's diets. It is calculated using the frequency of consumption of different food groups consumed by a household during the 7 days before the survey. Households are ranked into 3 categories 'poor', 'borderline', 'acceptable' based on these scores. This is a household-level indicator not providing information about intra-household differences.	Beneficiary household survey	MPG/MPCG; nutrition programmes for management of MAM/SAM (where cash intended for food consumption of other household members); almost all sector-specific programmes where grant is unrestricted
	Change in household dietary diversity scores (HDDS)	HDDS is a diet quality indicator calculated by summing the number of food groups consumed in the previous 7 days from 12 food groups.	Beneficiary household survey	
	Change in individual dietary diversity scores (IDDS)	HDDS does not reflect how food is distributed within households, which is better captured through IDDS. IDDS can be useful for programmes seeking to understand changes in food consumption of children or other target groups, though it is more labour intensive than HDDS and FCS.	Beneficiary household survey	
WaSH	% of beneficiary households reporting adequate access to water for domestic use (defined by Sphere or national standards)	WASH indicators can be useful for HCTs with WASH objectives and/or on programmes where WASH needs have been identified in assessments.	Beneficiary household survey	WASH Sector-specific HCTs with water objective. MPG/MPCG if water is an expected expenditure priority
	% of beneficiary households reporting adequate access to hygiene items (defined by Sphere or national standards)		Beneficiary household survey	WASH Sector-specific HCTs with hygiene objective. MPG/MPCG if hygiene is an expected expenditure priority
	% of beneficiary households reporting adequate access to a sanitation facility		Beneficiary household survey	WASH Sector-specific HCTs with sanitation objective.
	% of beneficiary households practicing handwashing with soap	This indicator is important to include for hygiene voucher programmes to analyse the utilization of items purchased.	Beneficiary household survey	WASH Sector-specific HCTs with hygiene objective. MPG/MPCG if hygiene is an expected expenditure priority
	% of children 0-59 months whose caregiver reports an illness in the previous 2 weeks	Used as a proxy for the incidence of diarrheal/vector related diseases in targeted population which is more	Beneficiary household survey	All WASH Sector-specific HCTs. MPG/MPCG if WASH is an expected expenditure

	% of children 0-59 months whose caregiver reports watery diarrhoea with 3+ episodes per day.	difficult to measure.		priority
Nutrition	% of children 6-23 months who receive a minimum acceptable diet (MAD)	MAD is a summary indicator for infant and young child feeding (IYCF) practices among children 6 – 23 months. A child is classified as consuming a Minimum Acceptable Diet if s/he meet both the minimum diet diversity (as per the indicator below) and the minimum meal frequency.	Beneficiary household survey	Cash and voucher programmes focused on improving IYCF / protecting dietary intake of children under 2 years; also on programmes for management of MAM/SAM (where cash intended for food consumption of other household members); potentially also MPG/MPCG in contexts where high risk of infant malnutrition.
	% of children 6-23 months who receive foods from 4 or more food groups (dietary diversity)	A lighter touch alternative to the MAD.	Beneficiary household survey	
	% of children 24-59 months who receive foods from 4 or more food groups (dietary diversity)	Measures diet quality for children 2- 5 years.	Beneficiary household survey	Nutrition programmes focused on management of MAM/SAM (where cash intended for food consumption of other household members); almost all sector-specific cash programmes where cash is unrestricted; MPG/MPCGs
	% of children 24-59 months with minimum meal frequency (3 meals/day)	Can be used in conjunction with the DD indicator above to provide a more rounded measure of improved access to food.	Beneficiary household survey	
	% of children 6-23 months OR 6-59 months with MUAC less than 125 mm	Mid-upper arm circumference (MUAC) is used as a proxy to assess wasting in children and will provide indicative data on nutritional status. It requires short training to implement and can be measured by generalists.	Nutrition surveys; MUAC can be collected as part of beneficiary household surveys by trained staff	Cash for nutrition programmes; also MPG/MPCG programmes in areas of high risk of malnutrition
	% of SAM/MAM cases that are discharged recovered	Expect to be over the SPHERE standard is $\geq 75\%$, $\geq 15\%$, respectively; and can look at effect of the cash by comparing households who received cash to those who didn't. Disaggregate by location, gender, age of household head.	Health facilities	Cash for nutrition where programmes are focused on management of MAM/SAM
	% of SAM/MAM cases that defaulted from treatment			
Health	% of sick children 0-5 years being treated in a health center OR % of households seeking professional healthcare when children 0-5 year are ill.	Self-reported indicator of health seeking behaviour. Questions can explore which services were accessed, and for those that did not access services whether cost was a barrier. Timeframe is within the previous two weeks. Can be complemented with data on reported expenditure on health needs.	Beneficiary household survey	MPG/MPCG; other sector-specific programmes where grant is unrestricted and where health is expected to be a priority need/ expenditure
	% of children 0-59 months whose caregiver reports an illness in the previous 2 weeks	Self-reported indicator of general morbidity, as a proxy for incidence of diseases. Reporting time is the last two weeks.	Beneficiary household survey	
	% of children 0-59 months vaccinated for measles	Self-reported indicator from households.	Beneficiary household survey	As above, in contexts where vaccinations incur significant financial costs for the household

Education	% increase in attendance rates (days per term)	Disaggregate by sex and school. Only relevant for relatively long term programmes (at least one semester).	Partner reporting from schools Triangulation: field monitoring spot checks to schools;	Sector-specific education programme where objective is to improve attendance/ retention and prevent drop out of children already in school; MPCG; MPG where education is expected to be a priority expenditure
	% of beneficiary children who are still enrolled in school at the end of the school year OR % decrease in dropout rates/increase in survival rate in schools in the targeted districts	Disaggregate by sex and school. Only relevant for a relatively long term programme.	Beneficiary household survey, partner reporting from participating schools	
	% of beneficiaries that are enrolled in school OR % increase in enrolment in schools in the targeted districts	Disaggregate by gender and school. Only relevant for a relatively long term programme.	Beneficiary household survey, partner reporting from participating schools	Sector-specific education programme where objective is to improve enrolment of children out of school; MPCG; MPG where education is expected to be a priority expenditure
	% of children (5-18 yrs old) who are regularly attending formal or non-formal basic education; OR % of school-aged children who continuously access quality education	Disaggregate by gender and school. Could be used on a programme of shorter duration than the above indicators.	Beneficiary household survey	
Protection	Number/% of beneficiaries with access to quality protection services and psychosocial support activities	The indicators can be expressed as the number of individuals rather than a % of total beneficiaries in contexts where the target group receiving cash for protection purposes is a fraction of the total population targeted in the programme.	Partner reporting, household beneficiary survey	Sector-specific protection programme (GBV/child protection) where the objective of the HCT is to improve access to protection services
	Number/% of beneficiaries with access to suitable housing services		Beneficiary household survey	Sector-specific protection programme (GBV/child protection) where objective of HCT is to enable relocation from domestic abuse or community reintegration (cover relocation costs)
	% of female beneficiaries that report increased perception of safety and protection from GBV risks	Relevant for programmes using HCTs for protection outcomes. <i>This indicator should only be explored by staff trained in monitoring protection risks and not as part of a standard survey.</i>	Beneficiary household survey	
	% of GBV survivors and vulnerable persons reporting increased sense of self-efficacy	Relevant for programmes using HCTs for GBV survivors for protection outcomes. <i>This indicator should only be explored by staff trained in monitoring protection risks and not as part of a standard survey.</i>	Data collection by specialists	
	% of beneficiaries in possession of personal identity/civil documents	Relevant for programmes where HCT is intended or expected to increase access to civil documentation.	Beneficiary household survey	Sector-specific protection programme where cash is designed to cover costs of securing documentation; MPG/MPCG where documentation is expected to be a priority expenditure

Shelter	% of households living in safe and dignified shelters in secure settlements	Relevant in contexts where accommodation is often rented and rent is a priority need, requires visits/technical observations. 'Safe and dignified' needs to be defined and assessed according to technical standards in the shelter sector, which may be time-consuming and require specialist input.	Beneficiary household survey	MPG/MPCGs
	Average covered living area per person among population receiving cash assistance	Used as a proxy for adequate shelter (SPHERE standards are 3.5 m2 per person). Requires household visit / observation but can be undertaken by generalists.	Beneficiary household survey	
	% of households who report that they are in need of shelter assistance	If house visits/technical observation is not feasible, this can serve as a rough proxy for how the transfer is contributing to shelter outcomes, as well as contribute to picture of shelter needs.	Beneficiary household survey	
Coping strategies and wellbeing	% of beneficiary households with a reduced CSI OR % decrease in the average CSI Score	Assesses the level of stress faced by a household due to a food shortage by combining the frequency and severity of the consumption based coping strategies used in the previous 7 days. Aim is for a decrease or no increase. It is also possible to look at reported change in particular strategies of interest.	Beneficiary household survey	MPGs/MPCGs
	% of beneficiary households using crisis coping strategies OR % of beneficiary households using emergency coping strategies	Used to better understand longer-term coping capacity of households. Aim is for a decrease or no increase. The strategies included and the tools must be adapted to suit the local context. The recall period is set at the 'previous 30 days'. Unlike the consumption-based coping strategies module, it does not capture the number of times each strategy was undertaken.	Beneficiary household survey	
	% of beneficiaries reducing number of meals of children.	Where time/resources do not justify use of the full coping strategies index, it can be possible to measure changes in specific coping strategies that are of interest to the programme objective. Food related coping strategies would be asked with a 7 day recall period. The others would be a 30 day recall.	Beneficiary household survey	MPG/MPCGs
	% of beneficiaries relying on child labour		Beneficiary household survey	MPG/MPCG/ cash for education
	% of beneficiary households reporting appropriate use of ready to use therapeutic food (RUTF) by children with severe acute malnutrition		Beneficiary household survey	Nutrition programmes focused on management of MAM/SAM (where cash intended for food consumption of other household members)
	% of beneficiaries removing child from school		Beneficiary household survey	MPG/MPCG/ cash for education
	Number of cases where child marriage is prevented	<i>This indicator should only be explored by staff trained in monitoring protection risks and not as part of a standard survey.</i>	Case management records; interviews with high risks beneficiaries led by protection	Cash for protection / MPCG for at risk cases

			specialists	
	% of households with new debt accumulation in last 3 months	Debt is a complex topic to analyse. Whilst reliance on debt can be an indication of negative coping, it can also be an indicator of a household's ability to access credit. A clear, contextualized, understanding of the role of debt in the livelihoods and coping strategies of households is needed in order to interpret the results.	Beneficiary household survey	MPGs/MPCGs
	% change in average debt value OR % of households where total debt has been reduced			
	% of beneficiaries stating that their children's well-being has improved as a result of the transfer	This indicator provides perceptions of beneficiaries on whether the transfer affected the well-being of children. It can be usefully followed up by the question 'If yes, in what ways?' with multiple choices that the enumerator can fill in based on the response.	Beneficiary household survey	
	% of households stating that the most significant change is X	Asking about the changes a household experienced is important for teasing out how the transfer has affected well-being. A question in household surveys should be asked about 'the most significant change' experienced as a result of the assistance. The responses can be multiple choice or coded after the fact.	Beneficiary household survey	
	% of households who perceive having increased capacity to handle future shocks	Perception-related indicators that aim to capture the impact of cash on beneficiary wellbeing. Questions can be asked as a 1-5 scale of 'level of agreement'. Can be supported with additional qualitative questions to unpack ways in which the cash has helped in these changes.	Beneficiary household survey	MPG/MPCG; potentially sector-specific HCTs
	% increase in parents/caregivers who believe their children will have a better life than they have had		Beneficiary household survey	MPCG; cash for education; cash for protection
	% decrease in levels of stress among caregivers about meeting needs of children		Beneficiary household survey	MPG/MPCG; cash for education; winterization grant; cash for nutrition; cash for protection (child protection; GBV)
	% of households reporting that the transfer has reduced feelings of stress	More specific indicators of wellbeing than those above, which can be used where no baseline data on wellbeing exists. The questions can be asked as a 1-5 scale 'level of agreement'.	Beneficiary household survey	MPG/MPCG; cash for education; cash for nutrition; cash for protection (child protection/GBV)
	% of beneficiaries reporting a better psychological condition after receiving cash assistance			

Annex B: Action Contre la Faim (ACF) sampling guidance

This guidance is adapted from Annex 11 of ACF (2016) *Multi-sectoral Monitoring & Evaluation: A practical guide for fieldworkers*. <https://www.actionagainsthunger.org/publication/2016/08/multi-sectoral-monitoring-evaluation>

What is sampling and why does it matter?

Sampling is the selection of a part of a population to include in a study when including everyone in an entire population is not possible or necessary. Ideally, sampling should be representative to a certain degree so that analysis about this part of a population can be used to make conclusions about the whole. Choices have to be made about the appropriate method for sample selection, the appropriate sample size and (ideally) who should be included so that the sample is representative of the whole population. It is important to conduct sampling in line with good practices to obtain high quality data that is accurate and reliable. Sampling affects the way conclusions can be drawn and presented. In data analysis and reporting, it is important to always specify the sampling methods used.

Sampling process

Formulate data collection objectives and define what needs to be measured

Data collection objectives first should be determined (usually, analysing the progress a target population has made in reaching project objectives and/or understanding any challenges in implementation). This will inform methodological choices.

Determine the sampling approach

Three approaches to sampling are: probability sampling, non-probability sampling and exhaustive sampling (e.g. a census).⁴¹ Some programs (particularly when dealing with dispersed populations and/or a wide geographic area) may undertake sampling in two stages using two distinct methods, e.g. two-stage cluster random sampling. Each sampling approach involves different methods for selecting unit.

Probability Sampling

Also known as representative sampling, probability sampling is possible when every sampling unit has an equal chance of being selected, the probability of being selected is known, or the selection of the sample is made using random methods. Both selection of a geographical area and the households or individuals within a given location should be made randomly. When possible, random sampling tends to be preferred to non-random methods as it is the only one that theoretically has the potential to represent the entire sampling frame and thus minimize sampling bias. Probability sampling is used especially in cases where quantitative data are collected and statistical analysis is needed. Key methods of random sampling are simple random sampling, systematic sampling, stratified sampling and cluster sampling:

- Simple random sampling: The most commonly used sampling technique, this involves selecting a proportion of the population randomly for interview. Each person has an equal probability of selection; however, those selected may not be representative of the total

⁴¹ As exhaustive sampling is unlikely to be appropriate of UNICEF monitoring, it is not included in annex.

population. This method is appropriate for project monitoring, but a list of the population is needed beforehand to generate a truly random sample.

- **Systematic sampling:** This involves arranging the target population according to some ordering scheme, selecting the first element at random, and then selecting the following elements at regular intervals (e.g., every 10th) through that ordered list. A “sampling interval” is determined by dividing the total number of households by the number needed to give an adequate sample. This method is useful where lists are unavailable, such as assessments and baseline data collection before beneficiaries have been selected.) However, this method may generate findings that do not represent the whole population.
- **Stratified sampling:** This method is most relevant when the population can be divided into a number of homogenous categories, strata, or zones (e.g. categories such as farmers and nomads). Random samples can then be selected from each category. Careful attention must be paid to not create too many strata (i.e. no more than 4-6 strata).
- **Cluster sampling:** Cluster sampling is a way to randomly choose smaller and smaller geographical areas (clusters) until a small enough area is identified to find or create a list of all households in order to carry out simple random sampling. A problem with cluster surveys is that households adjacent to each other are more likely to be similar than are those located further away from one another. To compensate, the number of households or persons in a cluster sample is increased over that of a simple random sample in order to provide adequate precision.⁴² Cluster sampling can be appropriate when a list of all beneficiaries is unavailable, when the target population is large and when the population is scattered and vulnerability within an area is heterogeneous.

Non-random/Non-probability sampling

Non-random sampling includes any sampling method in which some units have no chance of being selected or if the probability of selection is unknown. This is commonly used in qualitative methodologies including selecting key informant interviews and focus groups, and involves the selective judgment of who to include in the study. It is also commonly used to collect quantitative data in humanitarian settings and/or where programs lack a sampling frame. It has a high potential of introducing bias into the results, but it remains useful when triangulated with other methods.

Non-random sampling methods covered include purposive, convenience and snowball sampling:

- **Purposive Sampling:** researchers/monitors decide which households, groups or individuals to interview rather than selecting sampling sites in a random way. Using this method, a particular people and/or groups that project implementers are interested in can be sampled. Purposive sampling can be used in combination with random sampling approaches in a multi-stage approach (e.g. the communities to be included can be purposively sampled, but then respondents randomly selected). This method is appropriate where time and/or money are limited, or where monitoring or evaluation objectives are more appropriate for non-random approaches and/or qualitative approaches. Examples of purposive sampling include selection of community leaders, or parents of school children.
- **Convenience Sampling:** respondents are chosen because they are accessible or “convenient”. This is typically the easiest, most practical, and quickest solution when surveys need to be done quickly. However, it can have the highest potential for bias and therefore

⁴² This explanation is from the International Red Cross and Red Crescent Movement Cash in Emergencies Toolkit

usually is not recommended. Examples of convenience sampling include administering surveys to people in line at distributions or waiting at health centers.

- **Snowball Sampling:** Key informants are chosen due to their specific knowledge of a situation. These initial informants point the researcher/monitor to other possible informants. Usually, informants continue to be added until new information is no longer coming out. This method is appropriate when time quite limited and key informants are already known. It also is often used among hard-to reach, such as urban/non-camp refugees.

Select the sampling unit and the sampling frame (if applicable)

First the level of measurement (e.g. individuals, communities, health centers, etc.) should be determined based on the indicator/data involved. Then, if applicable the sampling frame should be determined. “Sampling frame” refers a list of the total population or units from which the sample is drawn (for example, the sample could include all beneficiaries, all female beneficiaries, all households with children under a particular age). The sampling frame can come from a variety of sources, such as a list of beneficiaries who, a household list from community leaders, households identified through a GIS map.

Decisions on the sampling frame will depend on the conclusions you want to be able to draw and to whom you want them to apply. For example, to track the prevalence of diarrhoea just among children under 5 who participate in ACF interventions in Juba, South Sudan, then your sampling frame would consist of only the children under 5 in Juba who are on ACF beneficiary lists. On the other hand, to estimate the prevalence of diarrhoea for all children under 5 in Juba, the sampling frame would be all children under 5 in Juba in order to extend the findings (using statistical inference) to the whole population of children under 5 in Juba (this would generally require cluster-based random sampling techniques).

Determine the sample size

The sample size refers to the number of people/households to be selected. For a quantitative survey, this should be done such that the results of the survey will be representative of the whole targeted population, and thus statistically accurate. A sample can be done through a variety of methods (see above) and the sample size is determined in accordance with acceptable margins of error and confidence. It is not necessary to collect data from 15%, 30% or 50% of beneficiaries for monitoring exercises but rather it is important to conserve resources by having smaller sample sizes but ensuring that these samples are selected in a way to ensure their representativeness.

The **margin of error and confidence level** determine the accuracy of the sample and survey results. The “margin of error” is where the results have an error of no more than X%, while the “confidence level” is the percentage confidence in the reliability of the estimate to produce similar results over time. ACF recommends aiming for a 95% level of confidence with a 5% error margin for a high level of accuracy. This means that if the same survey were to be done 100 times, results would be within +/- 5% the same as the first time, 95 times out of 100. For PDM purposes, the Red Cross Cash in Emergencies toolkit suggests that 90 per cent confidence level with +/- 10 per cent confidence intervals is acceptable. Once a margin of error and confidence level are chosen, there are variety of sample size calculators easily available on the internet to determine the exact sample size needed to meet these parameters.

For **non-random sampling**, the size is not as important as the aim is to capture the diversity of the relevant area and to select respondents to obtain the necessary information. For assessments, an accepted rule is to sample between 50 and 150 households for each reporting domain the

assessment wishes to draw conclusions on. The goal in selecting the individuals, groups, or locations to include within the assessment area is to capture the diversity and have enough respondents to gather the necessary information.

When presenting findings, the accuracy level used should be detailed in a methodology section of the report, along with the full sampling methodology. If sampling procedures cannot be carried out rigorously, the data gathered will not represent the population as a whole but only the population surveyed. Any factors that may limit the ability of the data to be representative of the population needs to be clearly noted

Key variables to consider when selecting a sampling methodology

- Availability of sampling frame
- Quality of sampling frame
- Time availability
- Resource availability
- Who will receive the data/reports
- Dispersion and location of population of interest

Annex C. Accountability to Affected Populations⁴³ and Implications for Monitoring HCTs

UNICEF is committed to responsible programming that takes account of, gives account to, and can be held to account by those communities, households and individuals affected by humanitarian crises. UNICEF's Accountability Results Framework highlights strategic actions in 5 thematic areas: information sharing; inclusion of communities; complaints and feedback; continuous learning; and staff competence. Programme monitoring is a core part of ensuring accountability, generating data to determine whether there are shortcomings in AAP efforts that to be rectified. Meanwhile AAP feedback mechanisms generate important data that can be used in monitoring to improve programming. This annex outlines some specific considerations for monitoring accountability on a HCT.

1. Information sharing

As with all programming modalities, to ensure that HCTs can maximise intended results for beneficiaries while minimising risk of harm, communities (both beneficiaries and non-beneficiaries) should be well informed about:

- who is eligible for the programme
- how people can report an issue or make a complaint about the project

Intended beneficiaries should be well informed about:

- the value, objective and duration of the cash assistance
- any restrictions or conditions concerning the use of the transfer
- how to access the transfer
- the responsibilities of any implementing agency/FSPs/market vendors/third-party monitors

Monitoring data collection should include questions on:

- Whether beneficiaries were made aware of the transfer value, objective and duration of the assistance
- Whether they are aware of the complaints mechanism
- Ease of accessing the communication channels used for sensitisation on the programme (for example, related to literacy, language, access to technology, etc)
- The channels through which information was received

2. Inclusion of communities

On an HCT, during monitoring it is important to find out:

- i) Whether the programme is including the right people, i.e. the accuracy of the targeting⁴⁴.
- ii) Whether the intended beneficiaries can easily participate in the programme.
- iii) Whether beneficiary preferences for assistance have been accounted for.

⁴³ Note: it is assumed that the reader has existing knowledge of the fundamentals of accountability to affected populations (AAP), what this involves in practice, and how AAP aligns with the project/programme cycle. For further information on this, see UNICEF's AAP Framework.

⁴⁴ On a short term programme this will be an issue for investigation only during evaluation; on a longer term programme where there is time to amend the targeting approach, this can be monitored through qualitative data (key informant interviews, focus group discussions).

Monitoring data collection should include questions on:

- Perceptions on whether the programme is reaching the most vulnerable.
- Beneficiary preference for modalities (cash, voucher, in kind).
- Whether beneficiaries (and especially particular vulnerable groups) faced any difficulties to participating in programme activities (including enrolling with FSPs; attending distribution points; encashing their e-transfers; accessing desired markets).

3. Feedback and complaints handling

A recognised best practice on HCTs is establishment of a mechanism for receiving feedback and managing complaints from beneficiaries and non-beneficiaries. While good practice on any UNICEF programmes, these complaints response mechanisms (CRMs) are especially pertinent on HCTs since more responsibility for programme delivery is devolved to third parties (FSPs) and growing use of digital payment mechanisms requires careful and timely management of issues relating to the payment technology. They are also an important source of data for wider process monitoring on an HCT. Programme monitoring should capture data on the effectiveness of these mechanisms.

Monitoring should collect data on:

- Whether beneficiaries and non-beneficiaries are aware of the CRM and how to use it.
- Ease of accessing the CRM (for example, related to literacy, language, trust, access to technology, requirement for credit if hotlines are not free to use, etc).
- Whether the issues raised have been consistently addressed in a timely fashion, and beneficiaries informed.

4. Continuous learning and improvement

In line with AAP commitments, the design and management decisions on an HCT should be responsive to views of affected communities and people. There is nothing specific to cash and voucher programmes here, rather teams should follow good practices outlined in UNICEF's Accountability Framework.

5. Staff competence

UNICEF works with FSPs and (on voucher programmes) market vendors to deliver cash and voucher assistance. UNICEF is responsible for ensuring that these stakeholders are accountable to beneficiaries. Monitoring focuses on whether FSPs and market vendors are fulfilling contractual responsibilities during distribution, redemption and complaints handling and are not putting affected populations at risk of harm.

Monitoring should collect data on:

- Whether there are any bottlenecks in the delivery system (account opening, card/PIN issuance, transfer disbursement) and whether beneficiaries can access the transfer without any problems (FSP reporting; PDM data; spot checks at branches/cash delivery points).
- (For market vendors) whether goods/services are being provided at the appropriate quality and prices (spot checks of markets).
- Speed of issue resolution (CRM data).
- Incidence of fraud/coercion/diversion/threats (CRM data).
- Protection of beneficiary data/personal information (FSP reporting; interviews with FSP).

Annex D: Coping Strategies Indices

The Consumption-based Coping Strategy Index

This is used to assess the level of stress faced by a household due to a food shortage. It is measured by combining the frequency and severity of the strategies that households are engaging in to access food. In the reduced CSI (rCSI) this is calculated using five standard strategies using a 7-day recall period.

- Rely on less preferred and less expensive food
- Borrow food or rely on help from relative(s) or friend(s)
- Limit portion size at meals
- Restrict consumption by adults for small children to eat
- Reduce number of meals eaten in a day

For each coping strategy, the frequency score (0 to 7) is multiplied by the severity weight. The weighted frequency scores are then summed to calculate the rCSI for each household and an average taken.

The Livelihoods CSI

This is used to better understand longer-term coping capacity of households. For each country, the module must be adapted to suit each country's context and poor people's living conditions. Ideally strategies are selected based on key informants or focus group discussions with the people affected.

Relevant coping strategies are selected from the coping strategies master list (below). Each strategy is associated with a level of severity (none, stress, crisis or emergency), which is country or context-specific.

- Stress strategies indicate a reduced ability to deal with future shocks as the result of a current reduction in resources or increase in debts.
- Crisis strategies are often associated with the direct reduction of future productivity.
- Emergency strategies affect future productivity and are more difficult to reverse or more dramatic in nature than crisis strategies.

Where households did not employ a particular livelihood-coping strategy, respondents are asked why they did not apply it. This is because some strategies such as sale of assets can only be undertaken once. It is therefore important to understand whether households had no need for the strategy or because they had already exhausted the strategy.

Unlike the consumption-based coping strategies module, it does not capture the number of times each strategy was undertaken.

Households are grouped according to the most extreme strategy they employed. Stress, crisis and emergency strategies are ranked as 2, 3, and 4 respectively. Households that are using "neutral" strategies or none are in group 1. The indicator reports the proportion of households within each coping strategy group (neutral/none, stress, crisis or emergency).

Technical guidance

Maxwell & Caldwell (2008) Coping Strategies Index: Field Methods Manual 2nd Edition

WFP (2015) Consolidated Approach to Reporting Indicators of Food Security (CARI): Technical Guidance Note 2nd Edition.

Livelihoods coping strategies master list

ID	Strategy	Category ⁵	Rationale/discussion
1	Sold household assets/goods (radio, furniture, television, jewellery etc.)	Stress	Selling off household assets is equivalent to spending down savings – a sign of stress, or mild food insecurity
2	Spent savings	Stress	Incurring more debt to meet food needs or spending down savings are signs of stress, or mild food insecurity.
3	Sold more animals (non-productive) than usual	Stress	Items indicating reduced ability to deal with future shocks due to current reduction in resources or increase in debts
4	Sent household members to eat elsewhere	Stress	Limited food availability within the household or resources to purchase it is a sign of stress, or mild food insecurity.
5	Purchased food on credit or borrowed food	Stress	Incurring more debt to meet food needs or spending down savings are signs of stress, or mild food insecurity.
6	Borrowed money	Stress	Incurring more debt to meet food needs or spending down savings are signs of stress, or mild food insecurity
7	Move children to less expensive school	Stress	Used in several countries as a sign of stress.
8	Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.)	Crisis	Selling off productive assets is a crisis strategy, or moderate food insecurity.
9	Withdrew children from School	Crisis	This decreases human capital, a productive asset, so is considered a crisis strategy, or moderate food insecurity.
10	Reduced expenses on health (including drugs) and education	Crisis	This decreases human capital, a productive asset, so is considered a crisis strategy, or moderate food insecurity.
11	Harvested immature crops (e.g. green maize)	Crisis	
12	Consumed seed stocks that were to be saved for the next season	Crisis	This action decreases productive assets, affecting next year's harvest, which is a crisis strategy.
13	Decreased expenditures on fertilizer, pesticide, fodder, animal feed, veterinary care, etc.	Crisis	Items that directly reduce future productivity, including human capital formation
14	Sold house or land	Emergency	Items that affect future productivity and are more difficult to reverse, or more dramatic in nature
15	Begged	Emergency	Items that affect future productivity and are more difficult to reverse, or more dramatic in nature, includes loss of human dignity
16	Engaged in illegal income activities (theft, prostitution)	Emergency	Items that affect future productivity, but are more difficult to reverse, or more dramatic in nature, includes loss of human dignity
17	Sold last female animals	Emergency	Specific to livestock producers; Items that affect future productivity, and are more difficult to reverse
18	Entire household migrated ⁶	Emergency	Items that affect future productivity, but are more difficult to reverse, or more dramatic in nature, includes the erosion of human or economic capital as well as loss of human dignity as a direct result of food shortage

Source: WFP (2017) Corporate Results Framework 2017-2021: Outcome and Output Indicator Compendium

Annex E: Items for evaluation TOR and inception report (Buchanan-Smith and Cosgrave, 2016)

Items typically included in the terms of reference (TOR)

- Context
- Purpose and how it will be used
- Objectives
- Criteria
- Scope
- Audience
- Roles and responsibilities
- Milestones
- Deliverables
- Contents of the inception report

Items that may be included in the TOR or inception report

- Evaluation frame
- Evaluation questions
- Sources to be used
- Evaluation matrix
- Evaluation designs
- Data-collection methods
- Indicators to be measured
- Data analysis methods
- Contents of the evaluation report

Items typically included in the inception report

- Work plan
- Allocation of work within the team
- Data-collection tools