
HelpAge International Dry Zone Electronic Cash Transfer Pilot Evaluation

Final Report

Maham Farhat and Thet Aung Lynn

November 2018

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Oxford Policy Management Limited
Registered in England: 3122495

Level 3, Clarendon House
52 Cornmarket Street
Oxford, OX1 3HJ
United Kingdom

Tel: +44 (0) 1865 207 300
Fax: +44 (0) 1865 207 301
Email: admin@opml.co.uk
Website: www.opml.co.uk
Twitter: [@OPMglobal](https://twitter.com/OPMglobal)
Facebook: [@OPMglobal](https://www.facebook.com/OPMglobal)
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Preface

This assessment was carried out by Oxford Policy Management Ltd. The Lead Evaluator was Maham Farhat. For further information contact: maham.farhat@opml.co.uk. The contact point for the client is Godfred Paul, Country Director HelpAge International Myanmar country office. For further information contact: godfred@helpagemyanmar.org.

Survey data collection for this report was conducted by a third party.

The evaluation team would like to thank all the respondents who very kindly gave us their valuable time and information. We would specially like to thank the HelpAge International Myingyan team for assisting us during the qualitative research visit in August 2018.



ACKNOWLEDGEMENTS

We thank the European Union and governments of Australia, Denmark, France, Ireland, Italy, Luxembourg, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, the United States of America for their kind contributions to improving the livelihoods and food security of rural people in Myanmar. We would also like to thank the Mitsubishi Corporation, as a private sector donor.

DISCLAIMER

This document is supported with financial assistance from Australia, Denmark, the European Union, France, Ireland, Italy, Luxembourg, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, the United States of America, and the Mitsubishi Corporation. The views expressed herein are not to be taken to reflect the official opinion of any of the LIFT donors.

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Executive summary

Introduction

This report presents the findings from the process evaluation of HelpAge International's Electronic Cash Transfer Intervention Pilot in Myingyan township, Mandalay Region, Myanmar. Currently, the delivery of government social protection cash transfers is done through manual payments, which is labour intensive and poses fiduciary risks related to leakage and delayed payment. To investigate the use of electronic cash transfers in social protection in Myanmar, HelpAge International initiated a pilot of electronic cash transfer delivery (the ECT pilot) in Myingyan as part of its implementation of the Dry Zone Social Protection Project (DZSP). The ECT pilot uses mobile money technology to deliver social pensions in 205 communities (rural and urban) of the Myingyan township. Since the first payment in March 2018, the pilot has delivered social pensions to around 1,000 beneficiaries aged 85–89 years. From age 90, Older Persons transition to the government's national social pension.

The purpose of the pilot is to test and learn from delivering social pensions through e-payments. The pilot aims to assess the extent to which electronic cash transfers (ECTs), compared to manual transfers, may be more efficient, more secure, and increasingly in line with how people transact their financial business. It also aims to assess if ECTs can contribute to reducing the burden on the General Administration Department (GAD), which is responsible for implementing the national social pension.

Learning from the pilot is expected to support the Ministry of Social Welfare, Relief and Resettlement's (MSWRR's) plans for expanding social protection nationally, and will also be shared with other stakeholders, such as non-governmental organisations (NGOs) and development partners. Lessons from the pilot will also be relevant for other forms of cash transfers included in the National Social Protection Strategic Plan (2014).

Evaluation approach

The main focus of the evaluation is on payment processes – comparing the delivery of payments via ECTs (also known as mobile money) to the current system of manual cash payments. The evaluation considers the following areas: the effectiveness of the ECT pilot payment process; the effectiveness of other implementation processes of the pilot (targeting, information, monitoring and evaluation (M&E), and grievance redressal); the pilot's impact, relevance, equity, sustainability and replication, and accountability; and HelpAge International's role in the pilot. To investigate these areas, in addition to reviewing secondary data (programme reports, proposals, and existing literature), the evaluation adopted a mixed-methods approach, applying qualitative and quantitative research:

Quantitative – Quantitative surveys were administered to a sample of 500 ECT pilot beneficiaries/older persons (or their proxies), and to a sample of 26 pay agents. The surveys aimed to produce representative estimates of those sampled. This was expected to be a particularly useful result of the evaluation as there were previously no representative data on the characteristics of beneficiaries of social pensions, either for the HelpAge International social pension or the government's national social pension.

Qualitative – The qualitative research involved interviews with proxies and Older Persons/beneficiaries across three communities (two rural villages and one urban ward). In addition, interviews were carried out with volunteers and village/ward administrators who implemented the pilot; household block leaders; pay agents; and Department of Social Welfare (DSW) officials. A payments process mapping exercise was also carried out with key ECT team members (HelpAge staff) at the HelpAge International Myingyan office.

Findings

The ECT pilot implementation has varied over time in its coverage, as well as modality. The number of pay agents, as well as beneficiaries has increased with each payment cycle. As at June 2018, a total of 1,048 Older Persons received ECTs, delivered largely via Over-The-Counter (OTC) using M-Pitesan as the mobile money operator. The payment process varied across payment cycles, with differences in payroll management. The type of mobile money product (e-wallet vs OTC), mobile money operator (Wave Money vs M-Pitesan) and aggregate payment amount for each beneficiary varied in each payment cycle.

Most people had never used e-money before: The survey results show that only 3.4% of recipients/proxies had experienced using mobile money services before the ECT pilot. Thus, the ECT pilot introduced a new financial technology to the family members (at a minimum) of the targeted beneficiaries in Myingyan township.

Despite this, it is unlikely that the ECT pilot has had a sustained effect in changing beneficiary or proxy behaviour towards e-payments. Indeed, most beneficiaries/Older Persons reported preference for manual payments over e-payments.

There are not enough pay agents in rural areas and consequently, rural residents spent longer time collecting payments: The evaluation found the coverage of pay agents in rural areas to be thin and disproportionately small compared to the number of ECT beneficiaries. While the majority of beneficiaries reside in rural areas, of the 28 pay agents in Myingyan, only 10 are located in rural villages. During the qualitative research, proxies and volunteers identified limited agent presence at the village level as one of their key concerns. In villages with no pay agents, proxies had to travel to other (larger) villages nearby, or to Myingyan, for payment collection.

Older Persons were highly reliant on family members to access payments: The survey found that Older Persons relied almost exclusively on other persons (proxies) to collect their money. Most of the beneficiaries received support from their family members but beneficiaries also relied on volunteers, village administrators, and village/ward clerks etc. to collect payments. On a similar point, most beneficiaries do not own a mobile phone, so the vast majority used someone else's phone – including their family members, neighbours, and even local GAD officials – to receive the SMS payment notification.

There is a potential for fraud as anybody in possession of the SMS payment notification can collect the money: The verification requirements for OTC payments ostensibly require possession of an SMS and National Registration Card (NRC)/Form 66. However, the quantitative survey found that 47.4% of beneficiary proxies did not need to present an NRC for payment verification. Moreover, even if NRCs are shown and their information recorded, this information is not reconciled by HelpAge or the mobile money

operator (MMO) to verify the identity of the person withdrawing payments. This means that virtually anyone in possession of the verification SMS can withdraw payments. Compounding this issue, a fifth of pay agents reported that they do not keep a record of ECT beneficiaries (some pay agents who were interviewed said they found the record-keeping to be cumbersome and time-intensive).

Nevertheless, there were no major issues reported regarding pay agent interactions, with no informal payments and no reports of fraud: The evaluation found very few issues reported about the payment withdrawal process by proxies and pay agents. There were no significant reports of poor liquidity at pay agents, 'informal' transaction fees, or fraud by pay agents.

Similarly, there were no informal payments or leakages in the payments from proxies to Older Persons: While it is difficult to make a clear statement regarding relationships between proxies and older persons, qualitative fieldwork with a limited number of Older Persons suggested that there was no problem of informal payments being charged by proxies, or of leakages occurring.

The ECT pilot relied on the support of GAD officials, volunteers, and village/ward administrators to operate: These stakeholders played an important role in the delivery of e-payments.

The social context of the ECT pilot was characterised by respect for Older Persons: Pay agents, village/ward officials, volunteers, and proxies all greatly respect Older Persons and see serving them as honourable and a duty. Qualitative research suggests that payments under the ECT pilot garnered widespread appreciation by the wider community in pilot villages and wards.

The use of mobile money to deliver payments relies on high levels of trust: Pay agents trust that individuals who come to collect payments are indeed proxies; Older Persons trust that pay agents and proxies will deliver the full payment; and HelpAge assumes that the registration data provided by village/ward administrators has no errors.

Beneficiaries largely spent the ECT money on medicines, donations, and food: According to the survey results the payments received by Older Persons were mostly used for health clinic fees/medicines, donations, and food.

Recommendations

For HelpAge International

Discuss the role of volunteers and social protection committees with DSW and GAD: Volunteers and social protection committees are not formal structures and are likely to discontinue without continued support. HelpAge should discuss their role with DSW and GAD, especially in the light of expanded coverage of the national social pension and maternal child cash transfer (MCCT). However, care must be taken to avoid duplication of structures and to create clear lines of accountability and oversight in relation to members of the social protection committees.

Use a competitive contracting process with clear Terms of Reference. This may increase choice and allow for greater bargaining power with private sector providers.

Encourage higher coverage of pay agents: HelpAge should structure and negotiate contracts with MMOs to encourage a greater number of pay agents. Given the preferences of beneficiaries, it would be preferable if pay agents were located within the same village.

Incorporate beneficiaries in feedback sessions and learning workshops: The feedback workshops should be extended to include the endline beneficiaries of the project, to help understand how to design future interventions better and also to provide a sense of empowerment and ownership among beneficiaries.

Improve communication to beneficiaries about mobile money and give them a choice: Future programming with e-payments should provide beneficiaries with sufficient information about the features of various products (e.g. the fact that OTC payments expire within 14 days), and should allow them to exercise choice.

Improve monitoring and grievance redressal processes: HelpAge should consider implementing mechanisms such as independent audits, which could involve direct interaction with older persons to ascertain programme performance.

Prepare for the coming transition back to manual payments: Older persons and proxies need to be provided with information to understand the process of registering and receiving manual payments through GAD. The switch back to manual payments necessitates close collaboration between the state/region (S/R) DSW office and HelpAge team to ensure that the payroll is up to date and that manual payments are delivered on time to older persons.

Build DSW capacity: As the ECT pilot was implemented largely outside of the government's service delivery structure, if DSW decides to use e-payments in the future then HelpAge would need to provide support, such as: capacity building at Naypyitaw (NPT), S/R, and village level; training of DSW staff; creating manuals; helping DSW to negotiate with MMOs; and creating effective systems around M&E and grievance redressal.

Share lessons learnt with other stakeholders: This includes other NGOs and development partners aiming to use e-payments, as well as DSW.

Conduct further research: A cost-efficiency analysis of ECT versus manual transfers would provide useful information to DSW and other stakeholders.

For DSW

Consider the potential transition to e-payments as a medium- to long-term goal: In the short term, DSW should prioritise capacity building, expansion of cash transfer programmes, and strengthening internal systems. In the long term, continued evolution of the e-payments market, which is likely to increase in the future, and increases in financial inclusion across Myanmar can be capitalised on by DSW to ensure that take-up of e-payments is high.

Strengthen implementation processes, build capacity, and strategise expansion: The use of electronic payments requires strengthening of processes such as identity verification, management information systems, grievance redressal channels, and effective M&E at the programme level. DSW should undertake a capacity needs assessment and set out a clear, costed operational plan for the introduction of e-payments. Ideally, any expansion should start in wards/urban areas, with intensive M&E to feed back on the efficiency and effectiveness of e-payments.

Provide a ‘mixed model’ for the national social pension, with a mix of manual and e-payments, and multiple payment service providers: Due to Myanmar’s diversity, e-payment mechanisms will not be a universal solution – they are more feasible and easier to roll out in urban areas, but manual payments are more suitable for remote rural areas. DSW should contract various payment service providers to ensure high coverage of pay agents and network functionality, to allow recipients to choose the service which suits them best.

Adopt an approach which provides choice and drives competition: Improved financial inclusion drives adoption of e-payments in social protection programmes. Ideally, all recipients of social protection programmes should have access to an account (bank, e-wallet, or transaction account) that is able to receive payments from the government. In this way, social protection recipients will have the choice and flexibility to use the payment service provider and product of their choice and it will be up to the government to deliver e-payments to their accounts, negotiating with different payment service providers on transaction charges and implementation modalities so that endline recipients receive the full benefit amount. In this scenario, market competition will encourage payment service providers to register customers competitively, and encourage innovation among providers so they can offer better coverage and functionality of their ‘e-products’. It is important to note that adopting this approach would necessitate effective enforcement of regulation, strengthening of internal systems at DSW, and continuous M&E to ensure the welfare of social protection recipients.

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List of abbreviations

ATM	Automated Teller Machine
CT	Cash Transfer
CCT	Conditional Cash Transfer
DSW	Department of Social Welfare
DZSP	Dry Zone Social Protection Project
HH	Household
GAD	General Administration Department
GoM	Government of Myanmar
GRM	Grievance Redressal Mechanism
LIFT	Livelihoods and Food Security Trust Fund
MIS	Management Information System
MMK	Myanmar Kyat
MMO	Mobile Money Operator
MOPF	Ministry of Planning and Finance
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NGO	Non-Government Organisation
NPT	Naypyitaw
NRC	National Registration Card
NSPSP	National Social Protection Strategic Plan
OP	Older Person
OPM	Oxford Policy Management Ltd
OTC	Over the Counter
PIN	Personal Identification Number
POS	Point of Sale
S/R	State/Region
SIM	Subscriber Identity Module
SMS	Short Message Service
SPC	Social Protection Committee
USSD	Unstructured Supplementary Service Data
VDC	Village Development Committee
VT	Village Tract
VA	Village Administrator
V/W	Village/Ward
WA	Ward Administrator

1 Introduction

This report presents the findings from the process evaluation of HelpAge International's Electronic Cash Transfer Intervention Pilot in Myingyan township, Mandalay Region, Myanmar. The evaluation is based on document review, analysis of beneficiary and pay agent survey data, and qualitative research in a sample of Myingyan communities.

1.1 Background

The social protection sector is expanding in Myanmar: the government's increasing investments in social protection are underpinned by the National Social Protection Strategic Plan of 2014¹, which has eight flagship programmes including a national social pension programme. In Myanmar, social protection is a mandate of the Department of Social Welfare (DSW), at the Ministry of Social Welfare, Relief and Resettlement (MSWRR) which is currently implementing the nationwide national social pension for individuals aged 90 years and above², with technical assistance from HelpAge under LIFT funding. It is also implementing a maternal child cash transfer (MCCT) in Chin State, Rakhine State and Naga self-administered region³. Currently, the delivery of all DSW-led cash transfers is done through manual payments. While manual payment may have advantages of simplicity and social interaction, it is labour intensive and poses fiduciary risks related to leakage and delayed payment. Many other developing countries use electronic payment systems⁴ using mobile phones, cash cards and ATMs etc. to deliver social payments. The exponential growth in the coverage and take up of mobile phones in Myanmar since 2010, coupled with changes in regulation and increased market competition, now allow the possibility of using e-payments for social transfers.

1.2 Pilot context

HelpAge International has been implementing the LIFT-funded Dry Zone Social Protection Project (DZSP) in collaboration with Department of Social Welfare (DSW) and the Mandalay YMCA. The project operates in six townships and ends in December 2018. As part of this project, in 2017 HelpAge initiated a pilot of electronic cash transfer delivery (ECT pilot) in the Myingyan township⁵. The purpose of this pilot is to test and learn from delivering social pensions through e-payments. The pilot uses mobile money technology to deliver social pensions in all communities (rural and urban) of the Myingyan township (including 185 villages and 20 wards/urban areas). Since the first payment in March 2018, the pilot has delivered social pensions to around 1000 beneficiaries between the age of 85 and 89 years. (From age 90, older people transition to the government's national social pension.) This pilot is independent of the national social pension implemented by DSW through the support of General Administration Department (GAD).

¹ GoM 2014.

² The GoM announced in Oct 2018 that the age limit has been reduced to 85 years. The evaluation covers a time period where the government social pension was targeted at people aged 90 years and above.

³ Soon to be expanded to two other regions.

⁴ We use the term e-payments, electronic payments and digital payments interchangeably.

⁵ Not all villages and wards in Myingyan township participate in the DZSP. The ECT pilot therefore covers some DZSP villages and some non-DZSP villages.

The pilot aims to assess the extent to which electronic cash transfers, compared to manual transfers, may be more efficient; more secure; increasingly in line with how people will transact their financial business; and the extent of how it can contribute to reducing the burden of the GAD in manual transfers. The pilot also aims to explore the extent to which the mobile money operators can be persuaded to increase the number of pay points below township level. Learning from the pilot is expected to support MSWRR's plans for expanding social protection nationally and will also be shared with other stakeholder such as NGOs and development partners. Lessons of the pilot will also be relevant for other forms of cash transfers included in the National Social Protection Strategic Plan of 2014.

The report is structured as follows:

- Section 1 presents the pilot context;
- Section 2 presents the evaluation approach including methodology;
- Section 3 presents evaluation findings, structured around pre-determined evaluation domains;
- Section 4 concludes and presents brief recommendations; and
- Annexes provide field reports and analytical tables referenced in the main text.

2 Evaluation approach

2.1 Evaluation Framework

The overall evaluation objective is to assess “**How efficiently, accountably and acceptably did the electronic methods deliver cash to older people, and in which ways was it more or less effective than manual cash transfers?**” Given this objective, the focus of this evaluation is on payment processes – comparing the delivery of payments via mobile money to the current system of cash (manual payments), rather than impact of the cash transfer on the beneficiaries.

In order to assess the functional performance for payment delivery (manual vs cash), it is essential to also investigate how it was affected by other related processes. For example, a fully functional mobile money system may not be successful in delivering payments on time if programme communication is not effective and beneficiaries are not aware of when or how to collect payments. Furthermore, if lessons from the ECT pilot are to support scale-up of cash transfers by the Department of Social Welfare, then it is important to understand the key implementation processes that enabled the potential success of electronic payments (versus manual payments). This would make the lessons learnt more meaningful for stakeholders in government, as well as other non-government organisations. Therefore, the evaluation also assesses associated implementation processes (albeit, not in detail) to provide more comprehensive recommendations for follow-up. These include (1) targeting (2) payment delivery (3) information systems (4) monitoring and evaluation and (5) grievance or complaints redressal.

The evaluation framework draws on the OECD DAC criteria⁶ and questions presented in the Terms of Reference. Detailed research questions were finalised at the inception stage, in consultation with HelpAge International. The evaluation matrix below presents the evaluation domains and associated research questions, as well as data sources used to answer these questions. These questions are elaborated in more detail in quantitative and qualitative instruments targeted at different stakeholders involved in the process (see Annexes for instruments).

⁶ OECD n.d.

Table 1 Evaluation matrix

Evaluation Domain	Research Questions	Primary Data Sources	Secondary Data Sources
Effectiveness of Payment process	Who was involved in the design and delivery of payments? (roles and responsibilities of key parties) How did the actual process compare with planned processes?	HH survey Pay agent survey KIIs with GAD staff, FGDs with beneficiaries, Process mapping with HelpAge staff	Operational manuals Records of Payment Review Workshops HelpAge’s project M&E documents. E.g. Reports/results of HelpAge’s monitoring checklist questionnaires
Effectiveness of other implementation processes – targeting, information, M&E and GRM	Who was involved in these processes? (roles and responsibilities of key parties) How did the actual process compare with planned processes? How did these processes affect payments?	HH survey, Pay agent survey, KIIs with GAD staff, FGDs with beneficiaries, process mapping with HelpAge staff	Operational manuals Datasets related to beneficiary registration Records of Payment Review Workshops HelpAge’s project M&E documents. E.g. Reports/results of HelpAge’s monitoring checklist questionnaires Township administrative data
Impact (achievements of the pilot)	What have been the achievements and learning of the pilot at different levels, for example in relation to: direct project beneficiaries indirect beneficiaries and the broader local community local and national authorities commercial sector <input type="checkbox"/> wider development context – any influence beyond the target area	Qualitative research with beneficiaries and non-beneficiaries, pay agents and other key informants	Relevant documentation HelpAge’s project M&E documents DZSP Cash Transfer Baseline Report DZSP Social Protection Project Baseline Report
Relevance	Was the pilot relevant in addressing the learning and knowledge gaps identified in the proposal?	LIFT counterparts, analysis of primary and secondary data	Project proposal ECT Options Assessment Report (OPM) DZSP Cash Transfer Baseline Report ECT Pilot Concept Note DZSP Social Protection Project Baseline Report

Evaluation Domain	Research Questions	Primary Data Sources	Secondary Data Sources
Equity	<p>How has the project shed light on the varying situations of men and women?</p> <p>Has the pilot been equitable in its support of the poor and disadvantaged or provided learning about the barriers they face?</p> <p>How replicable are the pilot’s activities and approach?</p> <p>What is the likelihood that the learning from the pilot will influence sustainable replication by government after the project is completed? (consider technical, financial, institutional, social issues that may affect replication)</p>	<p>Analysis of primary and secondary data</p> <p>KIIs with DSW, LIFT, HelpAge staff</p>	<p>ECT Pilot Concept Note</p> <p>DZSP Cash Transfer Baseline Report</p> <p>DZSP Social Protection Project Baseline Report</p>
Sustainability and Replication	<p>What are the prospects for the future use of electronic cash transfers after funding ceases?</p> <p>What institutional mechanisms or forms of knowledge were created or strengthened through the project?</p> <p>How was the learning shared with government and others?</p>	<p>KIIs with DSW, LIFT, HelpAge staff</p>	<p>ECT Options Assessment Report (OPM)</p> <p>DZSP Cash Transfer Baseline Report</p> <p>DZSP Social Protection Baseline Report</p> <p>ECT Pilot Concept Note</p>
Accountability	<p>To what extent did beneficiaries participate in the project?</p> <p>To what extent did has their feedback been solicited and integrated?</p> <p>Did the delivery process work differently in villages with a project-supported VDC?</p>	<p>HH survey</p> <p>Pay agent survey KIIs with GAD staff, FGDs with beneficiaries and proxies</p>	<p>Records of Payment Review Workshops</p> <p>HelpAge’s project M&E documents. E.g. Reports/results of HelpAge’s monitoring checklist questionnaires</p>
Assessment of HelpAge role	<p>How effective and important was the role of HelpAge in such areas as technical expertise, sharing learning with Government, and facilitation of linkages with other organisations?</p>	<p>KIIs with DSW, LIFT, HelpAge staff</p>	<p>DSW Institutional Review Assessment Report (OPM)</p> <p>ECT Options Assessment Report (OPM)</p> <p>ECT Pilot Concept Note</p> <p>DZSP Cash Transfer Baseline Report</p> <p>DZSP Social Protection Baseline Report</p>

The findings of this evaluation are structured around the evaluation domains presented in the evaluation matrix.

2.2 Methodology

The evaluation has used mixed-methods i.e. drawing on both qualitative and quantitative research. In order to assess the efficacy and efficiency of various implementation processes, we drew on a number of primary and secondary data sources. This includes qualitative information gathered through structured focus groups and/or interviews; as well as analysis of survey data being collected by a separate firm. Quantitative research was aimed at providing representative estimates, and better understanding how the pilot was functioning on the whole. This was crucial as earlier research suggested that there was no representative data on the characteristics of beneficiaries of social pensions, either for the HelpAge social pension or the government's national social pension⁷.

The table below summarises the *primary* data collection undertaken for this evaluation. In addition to this primary data, the evaluation team has reviewed relevant *secondary* data such as programme reports, proposals and existing literature (see data sources in Table 2).

Table 2 Primary data collection instruments

Type	Instrument	Respondent	Sample Size
Quantitative	HH survey	Beneficiaries and proxies ⁸	500 respondents
Quantitative	Pay Agent Survey	Pay Agents	26 pay agents
Qualitative	Focus Group Discussion (FGD)	Proxies	3 FGDs
Qualitative	In-depth Interviews (including KIIs)	Older Persons/Beneficiaries Volunteers Village/ward administrators Household block leaders Pay agents DSW officials LIFT HelpAge staff	10 beneficiary interviews and 10 key informant interviews
Qualitative	Payments Process Mapping	ECT Pilot Implementation Team Myingyan (HelpAge)	1 mapping exercise

This evaluation covers ECT pilot implementation from Jan 2018 until Aug 2018. Within this period, there have been three payment cycles distributing social pensions to Older Persons. Questions in the beneficiary and pay agent survey mostly refer to the 'last payment' which corresponds to the third payment cycle.

⁷ Farhat and Lynn 2018.

⁸ One HH survey, separate modules for proxies and beneficiaries/OPs

We would like to emphasise that this evaluation considers Older Persons (OPs) between the ages of 85 and 90 years to be ‘beneficiaries’. The analysis takes this into account the difference between proxies (typically family members) and OPs. Themes such as accountability and equity consider Older Persons to be the endline beneficiaries.

Survey analysis undertaken for this evaluation is mainly descriptive in nature. The sample size of 500 respondents is sufficiently large to provide estimates representative of the beneficiary population (1,048 Older Persons). The sample size for the pay agent survey is 26 pay agent shops. This is representative of pay agents who participated in the ECT pilot but not representative of the entire pay agent population in Myingyan.

Tabulated results were disaggregated by gender of the beneficiary (OP) and location (urban/rural). Differences across gender and location have been highlighted where relevant. The qualitative research undertaken in one ward and two villages seeks to validate the results of the survey and unpack the underlying mechanisms for the results that appear in the survey data. Results from fieldwork have been presented without identifying respondent names to comply with research ethics.

Quantitative research

Quantitative surveys were designed by the evaluation team and delivered to a third party for translation in Myanmar language and implementation. The surveys were administered to a sample of beneficiaries/Older Persons and pay agents by a third party. The survey was conducted from July till August 2018.

Table 3 Beneficiary survey composition

Beneficiary's Gender	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Male	38	32.5	127	33.2	165	33
Female	79	67.5	256	66.8	335	67
Total	117	100	383	100	500	100

Table 4 Pay agent survey composition

Gender	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Female	1	12.5	8	44.4	9	34.6
Male	7	87.5	10	55.6	17	65.4
Total	8	100	18	100	26	100

The sample size was 500 beneficiaries/OPs and 26 pay agents in both urban wards and rural villages of Myingyan township (see Table 3 and Table 4). Sampling of beneficiaries was done on one strata only (urban/rural).

The beneficiary survey was split into two modules: Module 1 was administered to the person who had the best knowledge about collecting the last payment, and Module 2 was administered to the beneficiary/Older Person. For Module 2, 99% of the respondents/Older Persons were assisted during the interview.

Details are presented in a fieldwork report in Annex A.

Qualitative research

Qualitative fieldwork was conducted by the evaluation team in two rural villages and one urban ward in Myingyan township, in addition to a process mapping exercise with key ECT team members at the HelpAge International Myingyan office. Additional meetings were also conducted with other key informants such as DSW staff members and GAD officers in Myingyan. The evaluators visited one existing Dry Zone Social Protection village (Hta Naung Kone) and one non-DZSP village (Ywa Thit). One urban ward (non-DZSP) was also selected for fieldwork from among 20 urban wards to conduct focus groups and interviews.

Villages and wards visited for evaluation fieldwork were selected by HelpAge. Research participants – beneficiaries/OPs, proxies and pay agents – were also selected by HelpAge. For rural villages, FGD groups were conducted in village community gathering place/center and for Ward 16, FGD groups were conducted at ward administrator's office. Mostly, there were no interruptions to the FGD discussion, but the evaluators noticed that village/ward authorities showed up a few times near interview/FGD location in both villages and urban ward visited. The evaluators were supported by ECT pilot team in Myingyan in gaining access to communities, but interviews were not conducted with ECT pilot staff present.

In each community, one FGD with proxies and one FGD with village/ward authorities were conducted, in addition to in depth interviews with beneficiaries/OPs and pay agents and volunteers. The evaluators met with at least two beneficiaries/OPs, one volunteer and one pay agent for each community. The team also interviewed M-Pitesan (Ooredoo) Myingyan branch manager in Myingyan township.

Details are presented in a fieldwork report in Annex B.

Research limitations

There are some issues with data quality of the beneficiary survey conducted by a third party. This includes mistranslations of a small number of questions in Myanmar language, inevitably changing their meaning. The survey team also conducted backchecks on a small number of questions with surveyor errors. Responses to these questions were re-entered in the dataset using a phone survey. The evaluation team has taken caution in analysing this data. Questions with errors have been excluded from this analysis. Nevertheless, this presents us with a limited dataset, so detailed analysis on certain categorical questions has not been possible.

The qualitative fieldwork was designed to provide an understanding of the community-level processes in implementing the ECT pilot. Although these were illustrative, they were not representative. Field sites and respondents were not selected randomly, and locations were in relative proximity to the town centre (for logistical reasons).

No interviews were conducted with DSW officials in Naypyitaw (NPT). Although we draw on the earlier research which did interview officials in NPT (early 2018), this means that the research may not reflect the most recent thinking of policy makers.

Given the variation in implementation of the ECT pilot including a mix of payment service providers and mobile money products across payment cycles, the primary research focussed on beneficiaries' experience with 'the last payment' i.e payments delivered via OTC, through any network. The evaluation is therefore unable to compare the performance of e-wallets versus OTC or Wave Money versus M-Pitesan.

The evaluation team has addressed these limitations through triangulating multiple sources of information including primary and secondary data.

3 Findings

3.1 Pilot implementation

The ECT pilot implementation has varied over time in its coverage, as well as modality. The number of pay agents, as well as beneficiaries has increased with each payment cycle. As at June 2018, a total of 1,048 Older Persons received ECTs, delivered largely via Over-The-Counter (OTC) using M-Pitesan as the mobile money operator.

HelpAge's ECT Pilot covers all of 185 villages and 20 wards in Myingyan township and transfers social pension payments to eligible Older Persons (OPs) aged 85-89 years by using mobile money technology. Among these targeted pilot communities in Myingyan, 30 villages have previously received manual social pension payments under Dry Zone Social Protection Project (DZSP) and these villages are now fully under mobile money payment system. As of August 2018, HelpAge has delivered three electronic transfers to the eligible beneficiaries in Myingyan communities with the monthly amount of MMK 10,000 for each beneficiary. HelpAge aimed to roll out the implementation of payment delivery to communities in a phased manner and also aimed to test different payment methods in each of the payment rounds. Two telecom mobile money operators – Wave Money (Telenor) and M-Pitesan (Ooredoo) – were, therefore, contracted to deliver the payments to beneficiaries.

The table below summarises the three payments made at the time of writing this report.

Table 5 Payments as of August 2018

	1 st payment (Mar)	2 nd payment (May)	3 rd payment (Jun)
No. of recipients	365	798	1,048
Mobile Money Operator	Wave Money	Wave Money & M-Pitesan	M-Pitesan
Telecom Network	Telenor	Multiple	Multiple
Mobile Money product	e-Wallet	e-Wallet & OTC	OTC
Coverage	35 villages and 11 urban wards	94 villages and 20 urban wards	185 villages and 20 urban wards
Payment amount (typical)*	MMK 30,000	MMK 20,000	MMK 10,000
<i>*Notes:</i>			
<i>The payment per month is MMK 10,000, the same as National Social Pension. The original plan was quarterly payment cycles (MMK 30,000) but in practice payments per cycle for each beneficiary varied due to different payment dates, as well as ongoing registration</i>			
<i>Source: Administrative data from HelpAge</i>			

The first mobile money payment was delivered in March 2018 to 365 beneficiaries spread across in 46 communities (35 villages and 11 wards) through Wave Money. The second payment was delivered in May and it covered 114 communities including the 46 communities that were included in the first payment and 68 new communities. In the second payment, transfers to the new communities were delivered by M-Pitesan, while the villages/wards included in the first payment continued receiving payments through Wave

Money. The third payment was made in June and the pilot now covers eligible beneficiaries in all villages and wards of Myingyan township. In the most recent round of payment in June 2018, 1,048 Older Persons (OPs) received the social pension through mobile money payments system. The last payment was made during the third week of September.

HelpAge originally planned to use MPT Mobile Money in the later phases of the pilot. But the plan was cancelled given that MPT did not receive a mobile money operator license in time. HelpAge also stopped testing the payment transfers with Wave Money after the second payment and from the third payment onwards, payments to all communities were delivered through M-Pitesan. With Wave Money, HelpAge tested the transfers by using e-wallets (Wave account) for recipients. With M-Pitesan, payments were delivered largely⁹ by using over-the-counter (OTC) transaction method.¹⁰ Box 1 describes the difference between these payment modalities.

Box 1 Mobile money products

E-wallet is a digital/mobile money account attached to a mobile number. A wallet can be used to save money; to withdraw money; and to send payments to other wallets or non-wallet mobile numbers. E-wallet users need to set a PIN number for doing the transactions. The e-wallet is tied to a specific telecom network.

In contrast, **Over-the-Counter (OTC)** transaction is a cash-to-cash transfer that requires an agent's account for transferring funds electronically between sender and receiver. OTC clients do not need to have e-wallets and can use any mobile network.

Source: Farhat and Lynn. 2018. *Options Assessment for Electronic Cash Transfer Delivery, Myanmar*.

The actual implementation of the pilot has varied over time, with different caseloads of beneficiaries in each payment cycle, different payment modalities (OTC and e-Wallet); as well as different payment amounts. The ECT Pilot Intervention was designed to test and learn through December 2017 to December 2018 by using different electronic payment modalities and different service providers. It was originally planned to disburse the payment on quarterly basis with the payment amount of MMK 10,000 per month to each beneficiary. The pilot has faced commercial, geographic and social constraints, including issues of access for recipients who are immobile; the need to rely on General Administration Department (GAD) and community volunteers for communications between the programme and the beneficiaries; as well as coverage of pay agents at the village level. This not atypical of pilots implemented elsewhere and some of these constraints are explored in the sections below.

The evaluation team understands that since the government announcement in October 2018, announcing the reduction in age limit for National Social Pension to 85 yrs¹¹, HelpAge International will cease ECT payments to Older Persons in Myingyan. It is expected that the DZSP project will continue in five townships¹² and will provide electronic cash transfers to beneficiaries with disabilities.

⁹ 15 recipients used M-Pitesan Wallets as they had pre-existing M-Pitesan Wallet accounts with their Ooredoo numbers.

¹⁰ Both Wave Money and M-Pitesan offer multiple mobile money products including mobile money accounts (E-wallet) and OTC transfer services for non-account users as well.

¹¹ Global New Light Of Myanmar 2018.

¹² Four townships in Dry Zone (Pokokku, Yasagyoe, Myin Chan and Nga Htoe Gti) and one township in Kayin (Hpa Pun)

3.2 Effectiveness of pilot processes

Who was involved in the design and delivery of payments? (roles and responsibilities of key parties). How did the actual process compare with planned processes? Who was involved in these processes? (roles and responsibilities of key parties) How did the actual process compare with planned processes? How did these processes affect payments?

3.2.1 Payment process

Contracting

In January 2018, HelpAge, organised a meeting with mobile money operators (MMOs) and Department of Social Welfare representatives in Naypyitaw. Telecom mobile money service providers - Wave Money, M-Pitesan and MPT – were invited to present their mobile money services. Given extensive pay agent coverage, HelpAge started a non-competitive contracting process with Wave Money in February to launch the first payment in March. This was to provide payments via e-wallets. The negotiation with Wave Money over agreeing terms and conditions on payment modalities, payment fees and services took considerable time. For the second payment cycle, HelpAge contracted M-Pitesan to provide OTC payment services and the contracting was finalised within a short period of time. For the third and fourth payments, HelpAge terminated its contract with Wave Money and switched entirely to M-Pitesan. This experience indicates the need to have clear terms of reference and strong negotiating capacity to engage with private sector providers.

Pilot implementation

The ECT pilot team was formed under the structure of the Dry Zone Social Protection (DZSP) Project. The pilot team sits within DZSP Project office in Myingyan and includes a Pilot Project Coordinator and three Pilot Project Officers. The team is also supported by Senior M&E Coordinator from Yangon HelpAge office and DZSP project staff at Myingyan office. The nature of this pilot requires intensive community-level work in more than 200 communities across Myingyan. HelpAge set up a relatively small team of four staff members to oversee the overall implementation. As a result, village/ward administrators and volunteers in particular, played important roles throughout the implementation process. In DZSP villages, volunteers and village/ward administrators are also supported by Village Development/Social Protection Committees formed under DZSP Project. Box 2 provides further information on these local structures.

Box 2 Community structures and roles

There are a number of community level structures/roles in the villages and wards of the Myingyan township. These are additional to the existing village/ward administrators, clerks and household block leaders.

Social Protection Committees (SPCs)

HelpAge has been supporting DZSP project villages to identify and set up Social Protection Committees. These are elected committees which coordinate vulnerability targeting and awareness raising in the village, liaise with other NGO activities, channel financial or other support to targeted households, manage and grow the Community Social Protection Fund. They also assist the township-based project team with the cash transfer process (identification, registration, payment, exit, accountability/grievance mechanism etc.) and coordinate referral to public services. In some instances, these committees drew on existing structures, in others new ones were created. These committees in theory, comprise of women, people with disabilities, as well as community leaders. For the ECT Pilot implementation in DZSP villages, these Social Protection Committees supported and worked closely with Pilot Volunteers in selected villages.

Village Development Committees (VDCs)

Village Development Committees are informal structures that exist all over Myanmar. HelpAge trialled different mechanisms in different communities to assess the effectiveness of various options, e.g. the SPC became one sub-committee under an existing structure such as VDC. Village Development Committees are also strengthened under DZSP project to be able to support social protection activities implemented by SPCs.

Village Tract/Ward Authorities

Village Tract/ Ward Administrators (VT/WAs) are elected through 10 household heads within the village tract or ward. VT/WAs receive monthly subsidy set by GAD and they are assisted by village tract/ward clerks who are appointed by the township GAD. VT/WAs oversee the work of 10 Household Heads¹³ who are locally elected community representatives. Many of them are also incorporated into the SPC Leadership and interact regularly with the DZSP project. For ECT Pilot implementation, they played a key role in identification and registration of eligible beneficiaries. However, the project does not depend on their active engagement in the delivery of cash transfers.

ECT Pilot Volunteers

These project-specific volunteers were nominated by village tract/ward administrators. For the ECT pilot, they were focal persons in each village/ward for providing support to beneficiaries throughout the entire implementation process.

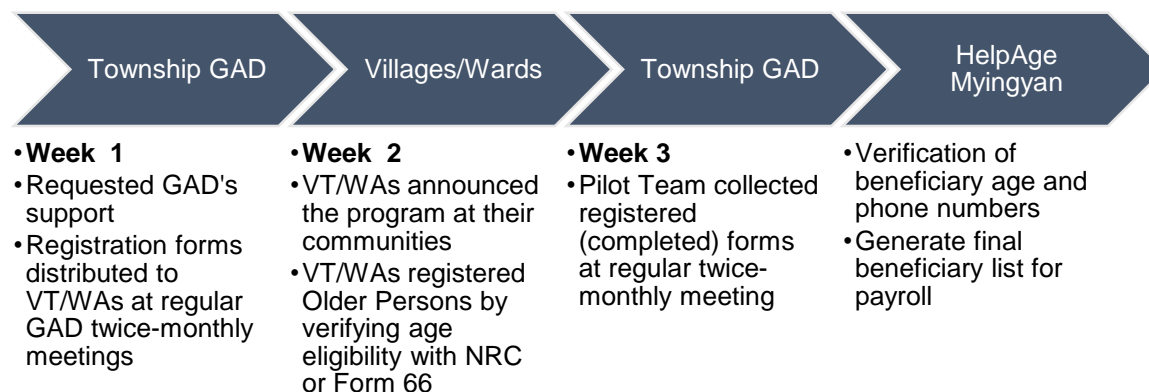
Beneficiary Identification and Registration

For ECT Pilot beneficiary enrolment, HelpAge adopted the beneficiary registration form from DSW's National Social Pension Programme and modified it to obtain the recipient's mobile number or proxy's mobile number. The beneficiary registration form requires each beneficiary to fill out personal information such as name, gender, date of birth, address, National Registration Card (NRC) number, mobile number etc. The beneficiary (Older Person) also needs to provide additional information for the proxy if the beneficiary wants to nominate someone else for payment collection on his or her behalf. Identification and registration of eligible beneficiaries were mainly carried out by village tract/ward administrators (VT/WAs). As of the third payment, HelpAge has carried out two major registration rounds – first in December 2017 (till January 2018), and second in April 2018.

¹³ The 2012 Ward and Village Tract Administration Law formally removed the position of 100 household leaders. These were typically seen as 'village heads'. In practice, 10 house leaders often select one representative among themselves per village who in effect functions as village leader (100 household leader) but without formal authority.

Figure 1 provides a summary of how eligible Older Persons were initially enrolled into the pilot.

Figure 1 Initial beneficiary registration (Dec 2017 to Jan 2018)



The HelpAge ECT pilot team in Myingyan initially approached township GAD office to explain the pilot programme and requested the support of GAD in beneficiary registration process in particular. This was coordinated with the support of Myingyan DSW district office. In December 2017, ECT pilot team members joined a regular twice-monthly meeting of village tract/ward administrators (VT/WAs) at township GAD office and explained the purpose and planned activities of ECT Pilot Intervention to VT/WAs. During the meeting, HelpAge team distributed beneficiary registration (paper) forms to VT/WAs and requested their support in enrolment of eligible beneficiaries in their communities. These forms were needed to send back to township GAD before 15 January 2018. VT/WAs were told to first identify the eligible Older Persons in their villages and wards by verifying the age of Older Persons with either NRC card or The Family Household List (Form 66).

At the community level, VT/WAs announced the programme to the community (e.g. by loudspeakers and informing door to door) and beneficiary registration forms were mostly filled out by village/ward administrators, village clerks or household block leaders. The completed registrations forms were then sent back to the township GAD office. The HelpAge ECT pilot team in Myingyan collected registration forms at the GAD office. Some forms were collect at the DSW district office. After collecting beneficiary registration (paper) forms from all villages and wards, the ECT Pilot team consolidated all information into an excel database and developed a consolidated beneficiary list. The list was then shared with the mobile money operator (Wave Money) for disbursing funds to beneficiaries. During the initial registration phase (before the first round of payment), around 700 Older Persons were registered as eligible beneficiaries. During the initial registration, a few villages were not able to send the registration forms in time because of ongoing ward/village tract administrator elections during that period. This also resulted in some delays in initial identification and registration of eligible Older Persons as the handover between old and new village/ward administrators was incomplete in some instances.

Volunteer Mobilisation

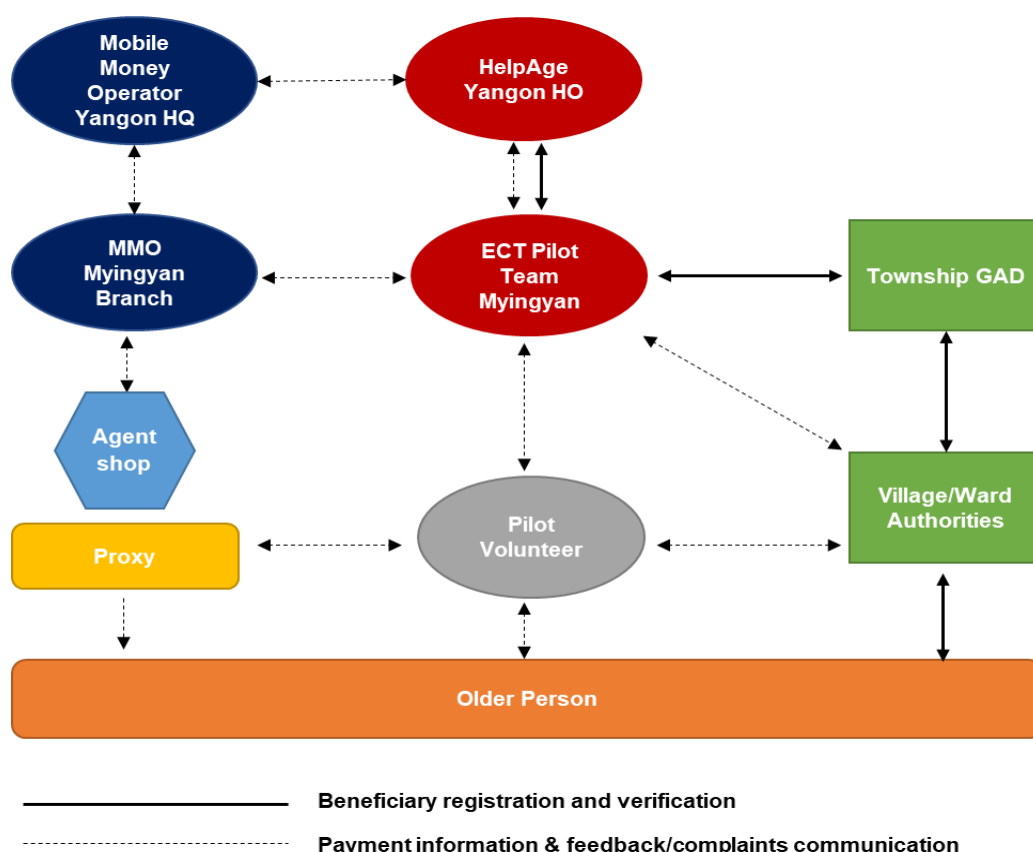
At the community level, the ECT Pilot is designed to seek support from community-based groups such as women's group, youth group or religious groups such as *tha-ye'-na-ye'* particularly to support in identification and payment processes (see Box 2). During the regular twice-monthly meeting at township GAD, HelpAge requested VT/WAs to support in

nominating one or two volunteers for each community to facilitate the pilot implementation at the community level. Volunteers are selected based on the criteria that they live in the respective communities; are familiar with using mobile phones; and have time to support pilot activities. As of the third payment, there were about 200 volunteers participating to support the pilot implementation process. These volunteers are responsible for distribution of project information, SIM cards distribution (before the first payment – Wave Money), assisting the beneficiaries in opening mobile money accounts (Wave Account), informing the recipients of the payment date etc. Some volunteers also acted as proxies for Older Persons in payment collection. Volunteers are also responsible for regularly providing the ECT Pilot team with the updated list of eligible beneficiaries at their village/ward, including enrolling new beneficiaries who turn 85, as well as removing those who have passed away or turned to 90 years¹⁴ from the list.

Volunteers were trained by HelpAge and mobile money operators at Myingyan DSW office on how to support the payment process for the beneficiaries. HelpAge started the first payment by Wave Money in March. In February, before the first payment, volunteers from first-payment villages/wards received a one-day training from Wave Money staff and ECT pilot team at Myingyan. During the training, Wave Money staff provided information regarding how to set up Wave account (e-wallet) and how to withdraw the payments at pay agent shops. HelpAge also provided information on pilot purposes, beneficiary identification/registration and communication between ECT team and volunteers. For the first payment with Wave Money, volunteers were also provided with free SIM cards to distribute to eligible beneficiaries at their communities. In the second payment, HelpAge started using M-Pitesan in new (extended) pilot villages while existing pilot villages continued receiving payments through Wave Money. Similar trainings were given to volunteers by ECT pilot team and M-Pitesan staff at Myingyan. Volunteers received travel and foods allowances from HelpAge when they attended trainings and workshops in Myingyan. Apart from that, no remuneration was provided to these volunteers.

¹⁴ OPs who are 90 years old and above receive the government's social pensions, implemented by DSW.

Figure 2 Information flows - ECT pilot

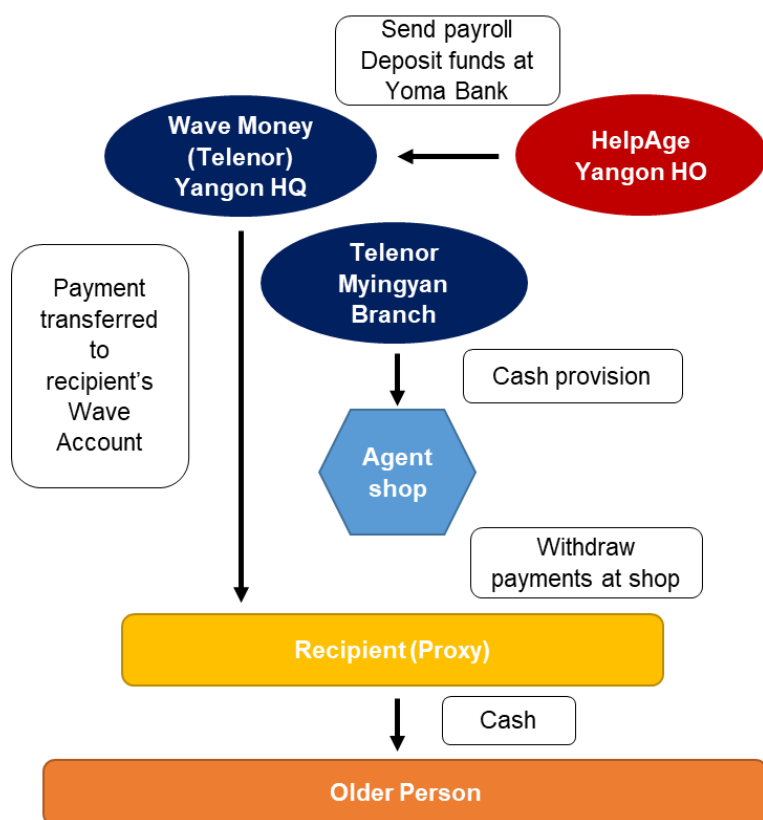


The figure above summarises how information regarding registration and payments flows across various stakeholders. In all payment cycles, the ECT pilot relied on intermediaries such as proxies, volunteers and village/ward authorities to gather registration data and communicate with beneficiaries/OPs (about payments and potential complaints).

Payment Delivery

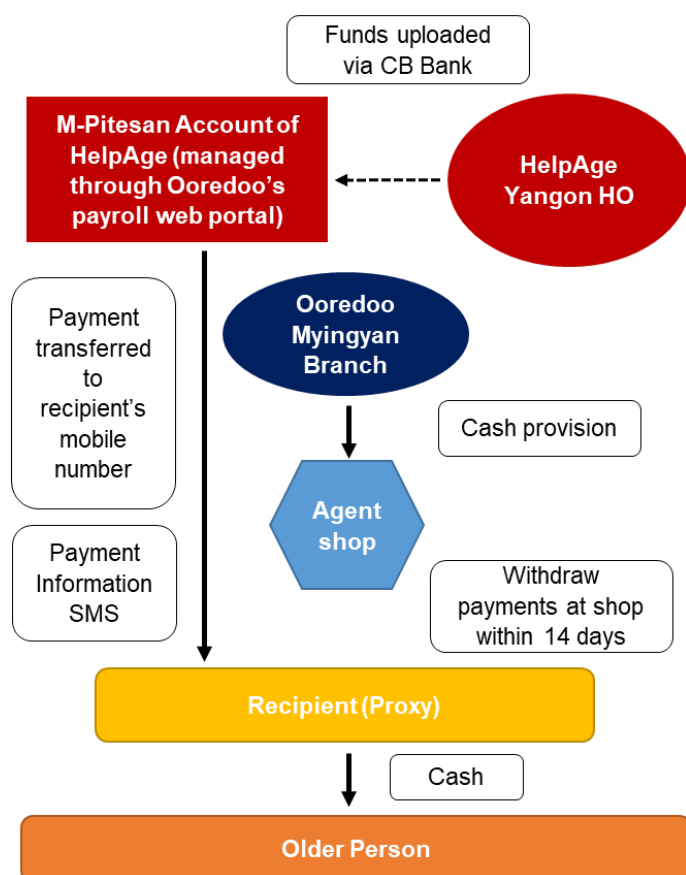
HelpAge requested the support of township GAD in beneficiary enrolment into the pilot. Beneficiary registration forms were distributed to village tract/ward administrators (VT/WAs). Eligible beneficiaries were identified and registered by VT/WAs by using the beneficiary registration forms. ECT pilot team then collected the registered forms at township GAD office and developed a consolidated list of beneficiaries in an excel file. The beneficiary list, particularly the phone numbers of recipients, were double-checked by ECT pilot team at Myingyan office and Senior M&E Coordinator at head office in Yangon to make sure the phone numbers provided are valid and still in use.

Figure 3 Fund flows for payments with Wave Money (E-Wallet)



The payment process varied across payment cycles, with differences in payroll management. For the first payment using Wave Money, the HelpAge head office sent the beneficiary list (excel file) to counterparts at Wave Money via email. At the same time, HelpAge deposited funds and service fees to a bank account of Telenor (Wave Money) at Yoma Bank. Payments were then disbursed by Wave Money to each beneficiary's Wave Account and a transfer notification message was sent to the phone numbers of the recipients. This is illustrated in Figure 3.

Figure 4 Fund flows for payments with M-Pitesan (OTC)



For payments using M-Pitesan HelpAge opened an M-Pitesan account (e-wallet) and funds were deposited to this account through CB Bank. M-Pitesan provided access to a payroll portal that is linked to the M-Pitesan account held by HelpAge. The Senior M&E Coordinator at the HelpAge head office uploaded the beneficiary list (excel file) to HelpAge’s M-Pitesan account through the web portal and the payroll was also required to be approved by Programme Manager in order to complete disbursing payments to recipients. Once the funds were disbursed, recipients received an SMS notification from M-Pitesan. M-Pitesan OTC transfer method requires the recipients to withdraw the payment within 14 days of receiving the SMS. This is illustrated in Figure 4.

Table 6 Pay agent participation in ECT pilot

	Number of agents participated
Both Wave Money and M-Pitesan payments	2
Only in Wave Money payments	5
Only in M-Pitesan payments	21

Note: As of third payment, June 2018. Based on data provided by HelpAge

At the time of writing this report, there were insufficient pay agents at the village level to enable village level payment withdrawal for all pilot beneficiaries. Currently, there are only 28 pay agents participating in the pilot, for more than 200 villages/wards in the

whole pilot township.¹⁵ Amongst these, two agents participated in providing both Wave Money and M-Pitesan payments, while five additional agents were involved in Wave payments and another 21 agents participated in M-Pitesan OTC payments (see Table 6).

Table 7 Pay points Vs Beneficiaries

	Number of agent shops		Number of beneficiaries	
Rural	10	36%	809	77%
Urban	18	64%	239	23%
Total	28	100%	1,048	100%

Note: As of third payment, June 2018. Based on administrative data provided by HelpAge

Amongst participating pay agents, 18 agent shops are located in Myingyan urban wards while 10 agent shops are from rural villages. This contrasts with the majority of the beneficiaries who reside in rural villages. Table 7 shows that coverage of pay agents in rural areas is thin and disproportionately small to the number of ECT beneficiaries.

Limited agent presence at the village level was identified as one of key concerns by proxies and volunteers during qualitative research. In villages with no pay agents, proxies travelled to other (larger) villages nearby or to Myingyan for payment collection.

“I serve as proxy for my grandparents. There is no difficulty in payment withdrawal. We are informed very well by village volunteer about how we have to do with withdrawing money. We travelled to Tu Yuan Bo Village by motorbike, which is about 5 or 6 miles from our village and took about 20 minutes to get there. It’s not that burdensome for us. However, it would be better if we can collect the payment at our village so that we don’t need to spend much time and money to reach out to other villages for withdrawal.”
[Proxy, village]

It is important to note that HelpAge overcame this challenge by negotiating with mobile money operators. For example, in villages where there was no pay agent within the village tract area or nearby villages, the MMO’s Myingyan branch office set up pay points on selected dates to deliver payments. These payment dates were communicated in advance to the HelpAge pilot team and respective volunteers.

Collection of Payment

In both Wave Money and M-Pitesan, once the payments were transferred to mobile numbers of beneficiaries provided by HelpAge, recipients received an SMS (text message) that contained necessary information for payment collection such as transaction ID, voucher number, and the date and amount of transfer. Before the funds were released, the pilot team made phone calls to the volunteers to support in informing the date of forthcoming payment to the beneficiary households and to facilitate the withdrawal process for the recipients.

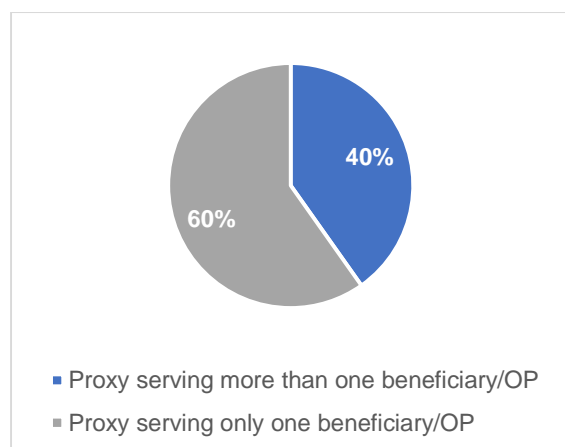
¹⁵ These 28 agents are a selection of local shops provided by MMOs for the ECT Pilot. The total number of local shops providing mobile money services in Myingyan is likely to be higher. The sample size for the survey is 26 pay agents.

Table 8 Who collected the social pension payment for the beneficiary?

Proxy	No.	%
Family member within the household	287	57.4
Family member outside of the household	52	10.4
Neighbour/friend or same villagers	11	2.2
Village/ward administrator	28	5.6
Village clerk	15	3
10/100 households head	8	1.6
Others (HelpAge Staff)	8	1.6
Volunteer	91	18.2
Total	500	100

Note: this question was asked to all respondents (N=500) who noted that the beneficiaries/OPs did not collect the payment themselves. See Table 13 in Annex.

Data from the survey (of 500 beneficiaries), indicates that all beneficiaries/OPs rely exclusively on others to collect payments (see Table 8 and Table 13 in Annex). Most of the beneficiaries received support of family members (57% - same household and 10% - other household) in collecting their social pensions. Beneficiaries also relied on volunteers, village administrators and village/ward clerk etc. to collect payments. There was no major difference across gender of Older Person or location (urban/rural). The main reason for not collecting the last payment was reported as 'not being able to go to the pay point on my own' by 99% of the beneficiaries (see Table 14 in Annex). This indicates that the main issue for Older Persons is immobility or poor health as no respondent chose 'busy with other matters' as their response.

Figure 5 Proxies serving beneficiaries for payment collection

Survey results also indicated that around 40% of proxies collected the social pension payments for more than one beneficiary. Qualitative research suggested that this is possible because village volunteers and village/ward administrators usually serve as proxies for multiple Older Persons in their area. Also, some family member proxies collected payments for more than one Older Person within the same household (e.g. grandchild withdrawing money for grandfather and grandmother).

Table 9 Who owns the phone used for receiving social pension?

Owner of mobile phone used	No.	%
Family member within the household	282	57.8

Owner of mobile phone used	No.	%
Family member outside of the household	50	10.2
Neighbour/friend or same villagers	11	2.3
Village/ward administrator	26	5.3
Village clerk	14	2.9
10/100 households head	8	1.6
Others (HelpAge Staff)	8	1.6
Volunteer	89	18.2
Total	488	100

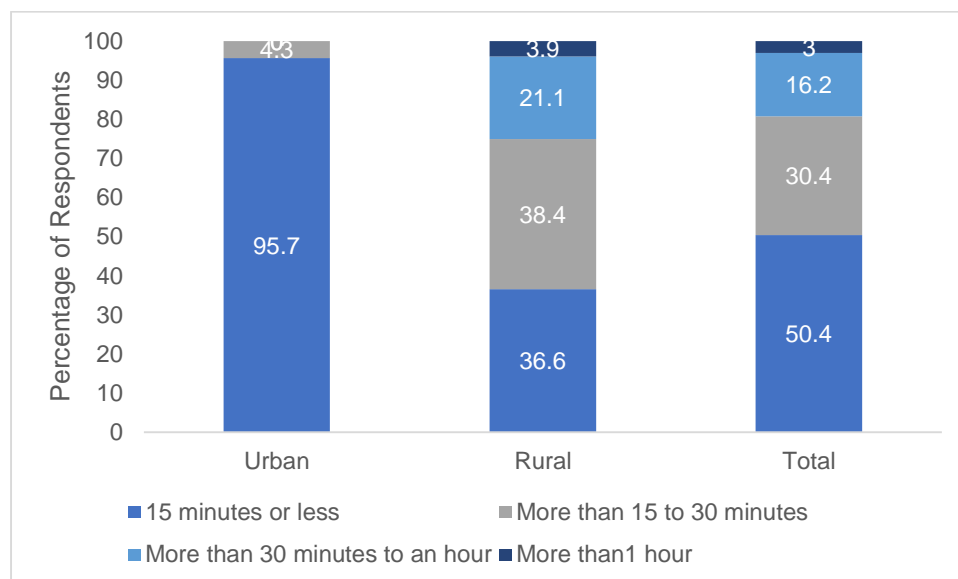
Survey data also indicates that the majority of mobile beneficiaries/OPs do not own a mobile phone (only 12 Older Persons own one). The vast majority use someone else's phone, including their family members, neighbours and even local GAD officials (see Table 9).

It is interesting to note that more than 71% of the beneficiary households did not collect the payment on the same day they received the payment information via SMS. Proxies interviewed recalled that they usually withdraw the payment within 3 or 4 days (maximum) when they receive the SMS. The main reason mentioned by majority of proxies for not withdrawing on the first day payment made available is because they could not go to the payment point due to other engagements (busy at home). Other reasons mentioned included that pay agent not being ready to pay on the first day; transport difficulties; waiting for other proxies to go together and; not knowing that SMS has arrived etc. Qualitative research suggested that the practice of going to the payment point varies. In one rural village visited by the evaluators, all proxies (mostly family members) gathered together to travel to the other village where the pay point was located. In other villages proxies usually went out to collect the money individually.

Table 10 How far is the pay point from the place where you live?

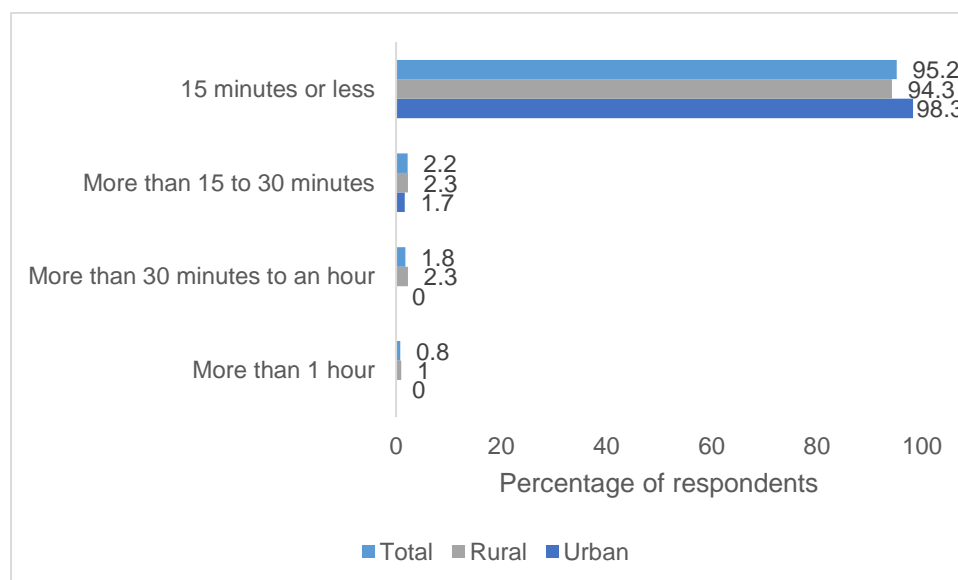
	Urban		Rural		Total	
	No.	%	No.	%	No.	%
1 mile or less	110	94	109	28.5	219	43.8
More than 1 mile to 5 miles	7	6	158	41.3	165	33
More than 5 miles to 10 miles	0	0	99	25.8	99	19.8
More than 10 miles	0	0	17	4.4	17	3.4
Total	117	100	383	100	500	100

Figure 6 How long did it take to go to the pay point from your house? (One way)



Accessing pay points in Myingyan was easy for urban residents but relatively difficult for rural residents. Survey results show that distance between beneficiary households and pay agents is mostly within 5 miles - 43% of total recipients indicated the distance as '1 mile or less', with large differences between urban areas (94%) and rural areas (28.5%) (see Table 10). For the majority of proxies/recipients in urban areas it took less than 15 minutes and for those in rural areas, less than 30 minutes to reach the pay point (one way) (see Figure 6).

Figure 7 How long did you have to wait to receive cash payment once you reached the pay agent/payment point?



Most respondents/proxies noted that they did not find the payment collection process to be time consuming for them: 95.2% spent '15 minutes or less' at the payment point to successfully withdraw the money. This was true for both urban and rural areas (see Figure 7) and validated during qualitative research.

Table 11 How much did the round-trip transportation cost?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
No cost	18	15.4	37	9.7	55	11
1000 Kyats or less	99	84.6	291	76	390	78
More than 1000 to 5000 Kyats	0	0	53	13.8	53	10.6
More than 5000 to 10000 Kyats	0	0	2	0.5	2	0.4
Total	117	100	383	100	500	100

The most common mode of transportation for travelling to the pay point in both rural (84%) and urban (88%) areas was motorbikes (see Table 15 in Annex). For a majority of recipients/proxies (78%) in both rural and urban areas, the cost of round-trip transportation for the payment collection was ‘1000 kyats or less’¹⁶ (see Table 11). This is mainly fuel costs for motorbikes.

Box 3 Payment withdrawal differences

Recipients with **Wave accounts** (e-wallets) need to provide their mobile numbers (only Telenor network) and specify the payment amount to the agent and then a message is sent to the account holder’s mobile number for the PIN confirmation. Then the beneficiary (Wave account holder) has to enter the PIN number to complete the transaction. A confirmation message is sent to the beneficiary’s mobile number once the transaction is completed. Other verification documents such as NRC card or Form 66 are not required in Wave account cash out.

Recipients for **M-Pitesan OTC** transfers need to provide the payment information SMS which they received from M-Pitesan to the pay agent. Then the agent proceeds the transaction by inputting transaction ID and voucher number prescribed in the SMS into his/her M-Pitesan application. A confirmation message is sent to the beneficiary’s mobile number once the transaction is completed. It is essential for the M-Pitesan OTC customers to bring their NRC Cards to agent for withdrawing the payment. However, they can use any network to for OTC.

The cash-out or withdrawal process varied between payment cycles, due to differences in e-wallets and OTC transactions (see Box 3).

For Wave Account users, although saving or leaving some balance in the account is enabled, survey data shows that all respondents who used to receive payments through Wave Money (58 from among the total sample size of 500) in the first or second payment never left any balance in the account. This was also confirmed in FGDs and interviews conducted during qualitative research. Evaluators observed that all respondents prefer to withdraw the full amount of the payment, in one transaction. A respondent noted:

“The payment amount is small. My father wants to use it for buying medicines or food, and also for donation etc. And he wants to keep it by himself. That’s why we have to withdraw the full amount for him.” [Female Proxy FGD, Urban]

¹⁶ At the time of research, MMK 1000 was less than one USD.

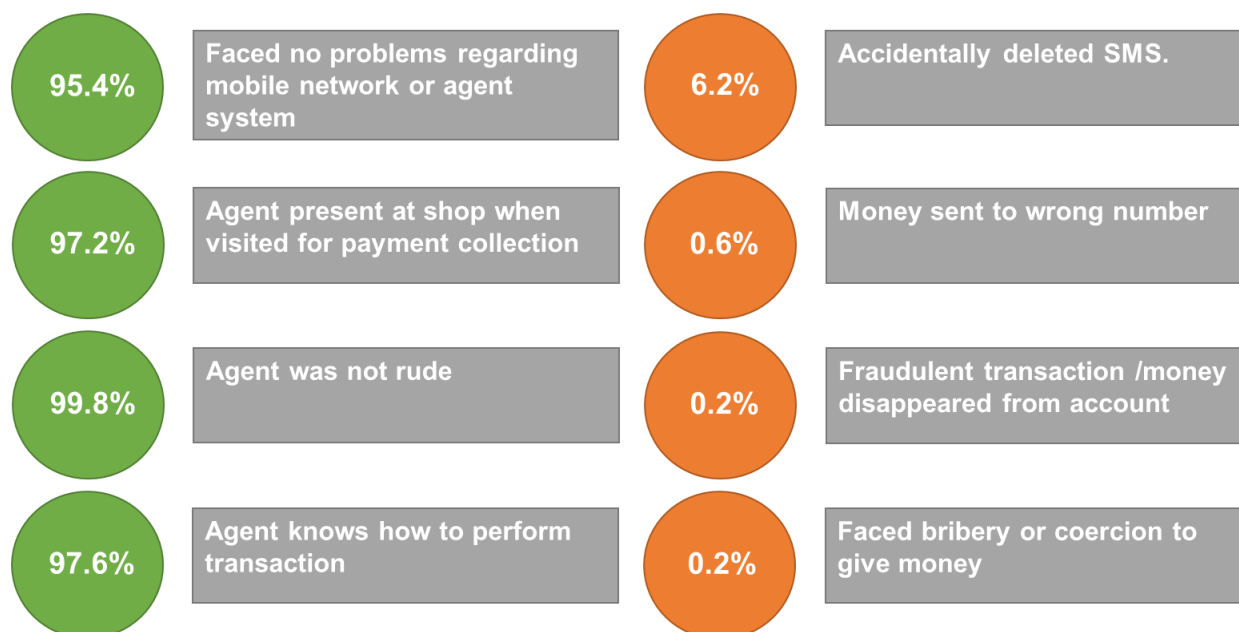
Table 12 Did the payment agent have enough cash on hand to pay your desired withdrawal amount?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Yes	105	89.7	373	97.4	478	95.6
No	12	10.3	10	2.6	22	4.4
Total	117	100	383	100	500	100

Remarkably, there were very few issues reported about the payment withdrawal process by proxies and pay agents. The evaluation team did not come across significant reports of poor liquidity at pay agents, ‘informal’ transaction fees or fraud by pay agents. Survey results indicate that 95.6% of recipients/proxies were able to withdraw their desired amount of money while only 4.4% reported that they agent did not have enough cash on hand.

HelpAge negotiated with MMOs to ensure that no transaction fees were charged to customers/beneficiaries for withdrawing money¹⁷. Among the survey respondents, only one recipient reported that the pay agent charged him/her with transaction fees of MMK 1000. Through the process mapping with the ECT pilot team, evaluators learnt that, after the first payment with Wave Money, there were about four or five reported cases of pay agents charging transaction fees to pilot recipients. In these instances, some agents had not been informed clearly by the MMO on the agreement between the HelpAge and Wave Money waive fees for pilot beneficiaries.

Figure 8 Pay agent interaction during cash withdrawal



Percentage of recipients/proxies in response to survey (N=500)

¹⁷ Transaction fees paid by HelpAge to MMOs varied across payment cycles. For ordinary, person-to-person transactions, fees vary by type of sender and receiver (registered/unregistered), as well as type of product (e-wallet vs OTC). They can be incurred by either sender or receiver or both.

Respondents (proxies) were overwhelmingly positive regarding their experiences around dealing with the pay agents for cash withdrawal (see Figure 8). This was corroborated through both survey data, as well as qualitative research. There was no difference between rural and urban areas.

As expected, there were some issues reported by proxies around verification processes and payment transfers. The number of respondents who experienced these issues was small – likely a result of the high level of support provided by volunteers and village/ward administrators at the time of payment, as well as direct management of the payroll by HelpAge. The process mapping exercise with the pilot implementation team and FGDs with proxies and volunteers, revealed that there were some cases in which the M-Pitesan OTC recipients accidentally deleted SMS and then resulted in the lack of key verification to be able to withdraw the money. The ECT pilot team coordinated with Myingyan Ooredoo branch office to provide other arrangements for those beneficiaries.

Qualitative research also suggested that some proxies encountered technology or design related issues such as receiving text messages in English language (which most recipients do not understand); recipients not knowing how to change the language setting; and basic/feature phones not reading Myanmar fonts.

It is unclear if ECT payments have reduced the risk of fraud in the transmission of funds. One argument for mobile money is that it provides greater transparency and reduced fiduciary risk. This would imply that funds are transferred securely to the endline customer (OP/beneficiary in this case) and that there are checks and balances in place to prevent fraud in the transmission of funds (HelpAge to MMO to pay agent to beneficiary); as well as provide sufficient information to hold all actors accountable. The ECT pilot relied heavily on the GAD for beneficiary registration so any risks associated with incorrect beneficiary information remained (see Section 3.2.2). Similarly, the risk of leakage of funds between V/W administrators and beneficiaries/OPs was effectively replaced by the risk of proxies not delivering full payments to Older Persons (who are immobile).

It is worth highlighting that estimating the scale and nature of fiduciary risk or fraud is difficult in most circumstances – this information is often not directly observable. In many contexts the way ‘fraud’ or ‘informal payments’ is defined makes it difficult to identify transactions as voluntary transactions versus social obligations. Moreover, Myanmar is a unique context – a highly cash-based society where it is common for large personal and business transactions to be done manually. As indicated in earlier research¹⁸, there is no evidence to provide estimates of the risk involved in transferring money through government or non-government actors. Without a baseline, it is difficult to therefore make an assessment of the efficacy of e-payments in reducing fraud.

Nevertheless, despite potential risks, the level of leakage between proxies and Older Persons is reportedly low: survey data shows that no beneficiaries/Older Person¹⁹ reported making payments or contributions to receive their pensions, and that apart from two Older Persons, the amount received corresponded with the amount that was communicated to them (see Table 19). Survey information also shows that the majority of the sampled beneficiaries (N=500) fall within the age range of 85 and 90 years (see Section 3.2.2 for targeting).

¹⁸ Farhat and Lynn 2018.

¹⁹ This assumes that survey responses were independent and free from pressure or observation from proxies.

Figure 9 Did you have to show SMS Verification to the agent be able to proceed with the payment?

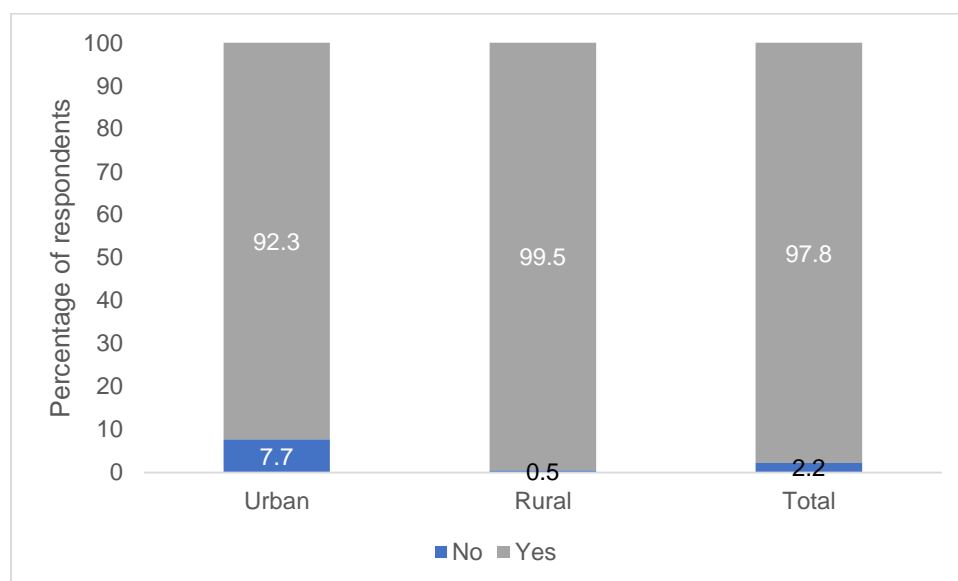
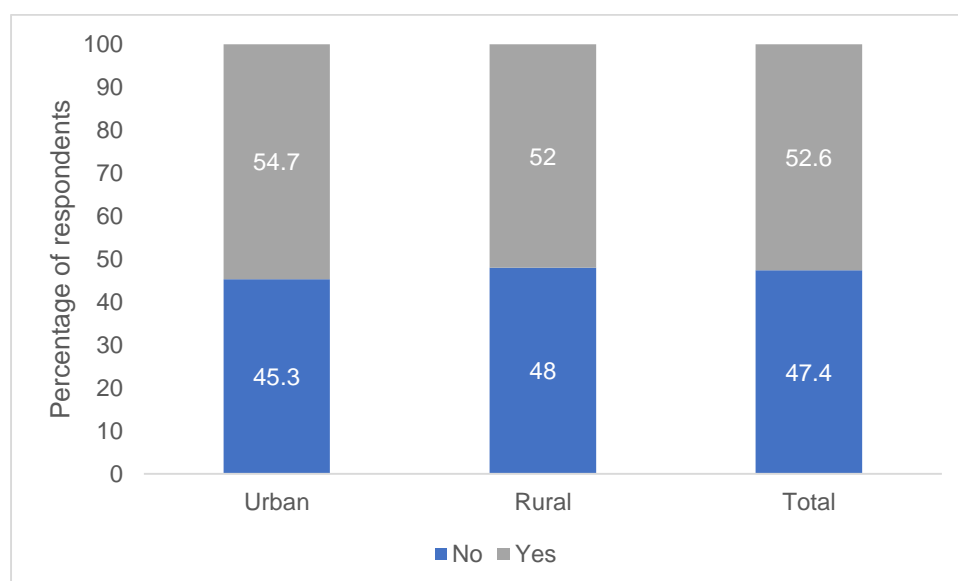


Figure 10 Did you have to show NRC card to the agent be able to proceed with the payment?



The cash withdrawal process itself continued to rely on trust between pay agents, volunteers and proxies. The verification requirements for OTC payments require possession of an SMS and NRC/Form66 (of the proxy). The vast majority of respondents had to show the verification SMS to pay agent to withdraw the last payment (Figure 9). However, Figure 10 shows that 47.4% of the proxies did not need to present an NRC for payment verification. Moreover, a fifth of pay agents do not keep a record of ECT beneficiaries (Table 23) and some agents interviewed during fieldwork noted that they found the recordkeeping to be cumbersome and time-intensive. It worth noting that even if NRCs were shown and information recorded, this information is not reconciled by HelpAge or the MMO to ensure the identity of the person withdrawing payments. This means that virtually anyone in possession of the verification SMS can withdraw payments.

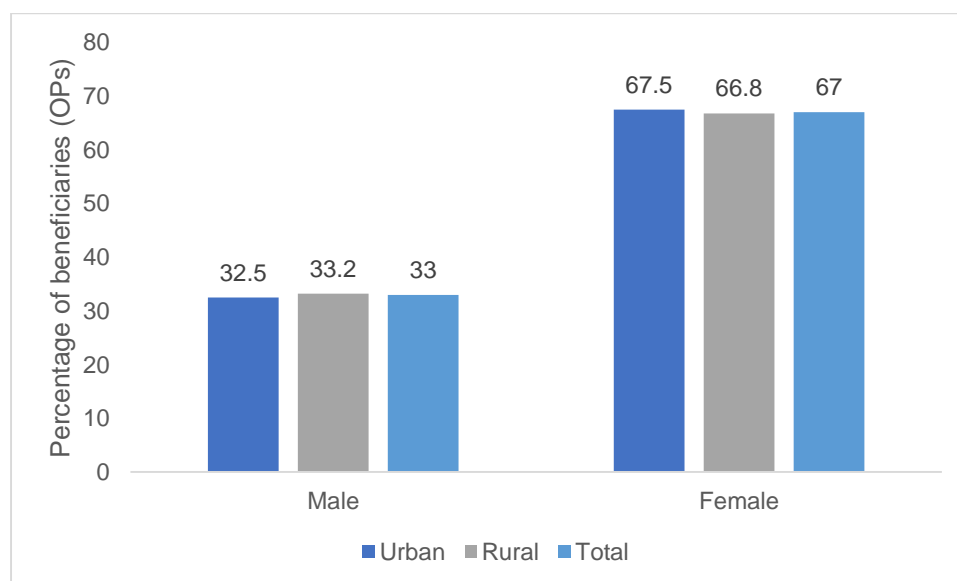
3.2.2 Other implementation processes – targeting, information, M&E and GRM

Targeting

Section 3.1 explains the coverage of the ECT pilot. The pilot targets all Older Persons aged between 85 to 89 years, including individuals receiving civil service pensions (starting at 60 years). Older persons aged 90 years and above are not included in the pilot to ensure that the pilot does not provide double benefit to Older Persons eligible for DSW's national social pension.

The documentation required for verification of eligibility is the same for ECT pilot and DSW's social pension. To be able to successfully enrol as eligible beneficiaries, the Older Person needs to provide either a National Registration Card (NRC) or proof of age from the Family Household List (Form 66). HelpAge initially estimated the size of the targeted population to be around 1,300 – 1,500 OPs based on 2014 Census data²⁰ and GAD township profile data used by DZSP project. The pilot team started distributing the beneficiary registrations forms in December 2017 to all villages and wards and as of the third payment in June 2018, 1048 Older Persons were enrolled into the pilot and received the payments. The ECT pilot therefore now covers all villages and wards of Myingyan township.

Figure 11 Beneficiary composition by location



Assuming that the survey is representative of the beneficiary population, females (67%) form a bigger share of the target beneficiary group (85-89 years), versus males (33%). This is illustrated in Figure 11. The age of beneficiaries is fairly evenly distributed (see Table 17). Only 3.4% (N=17) of the sampled beneficiaries were aged 90 years which indicates that they were not yet transferred to the DSW social pension. This is reasonable considering that some time is taken for information to be communicated by village/ward administrators to HelpAge and DSW respectively.

²⁰ Census data on upper age groups is not always reliable.

It is important to note that this assessment provides us with an imperfect estimate of inclusion error²¹ but not exclusion error (OPs who were eligible to receive ECT but not registered in the pilot). This is because the survey sampled Older Persons from registration data which only included eligible beneficiaries. Qualitative research suggested that exclusion errors are likely to be minimal – and only in instances where existing documentation (NRCs) do not contain the ‘actual’ date of birth of individuals. From a programmatic perspective, this is difficult to accommodate as NRC and Form 66 are used as the only source of verification for eligibility.

Monitoring and Evaluation

There were a number of monitoring procedures implemented by the ECT Pilot team with strong feedback loops to improve implementation processes.

At the registration/identification stage, verification of the pilot beneficiaries is very important because a wrong phone number in the registration would result that the beneficiary not receiving the social pension payment. Pilot Project Officers at the Myingyan office were responsible for checking through all the phone numbers provided in the enrolment/registration forms by verifying the numbers with community volunteers and beneficiary households through phone calls. Then the pilot team developed a final beneficiary list in an excel file as a payroll list as well as entering into ECT beneficiary excel database. The phone numbers in the excel beneficiary list was reviewed again by Senior M&E Coordinator at the HelpAge Yangon Office before sending it to the mobile money operator.

As of the third payment, ECT Pilot team has organised payment review workshops three times in Myingyan with volunteers, village tract administrators and DSW to learn beneficiary experiences on the payment collection. These workshops have clearly been used to feedback challenges in implementation and improve processes. For example, some pay agents were charging transaction fees to beneficiaries in the first payment cycle (Wave Money). This was identified during the workshop and communicated to Wave Money.

After the third payment, the pilot team also conducted one monitoring training for volunteers. This was to train them in conducting a monitoring survey to receive beneficiary feedback in selected communities. Volunteers were provided with monitoring check-list forms that included questions for the beneficiaries and proxies regarding their experiences and opinions on the payment withdrawal. There was no systematic publication of results from this monitoring exercise, but these were reportedly presented in the last payment review workshop in Myingyan.

Grievance redressal

Although grievance redressal mechanisms existed, they were not independent.

At the community level, volunteers and social protection committees (where they exist) acted as a communication channel for beneficiaries to report feedback, concerns or complaints about the ECT pilot to HelpAge (see Figure 2).

Proxies and beneficiaries interviewed by evaluators in both urban and rural areas indicated that, if there is a concern or grievance regarding the payment, they would 1) talk to the volunteer; 2) contact HelpAge staff or 3) talk to village/ward administrator. Three ECT pilot

²¹ The survey sample was based on registration data provided by HelpAge. A full estimation of targeting error would require sampling from the *total* population of OPs aged 85 and above (registered and non-registered with the pilot).

officers at the Myingyan office are responsible for receiving and recording of all the feedbacks from volunteers and beneficiaries and reporting to Pilot Coordinator and Senior M&E Coordinator.

According to survey results, there was only one beneficiary (out of 500) who responded that s/he filed a complaint to HelpAge staff, and that person indicated that the result from HelpAge was 'satisfactory' (see Table 18).

The implications of these processes for sustainability and accountability are discussed in Section 3.6 and Section 3.7 respectively.

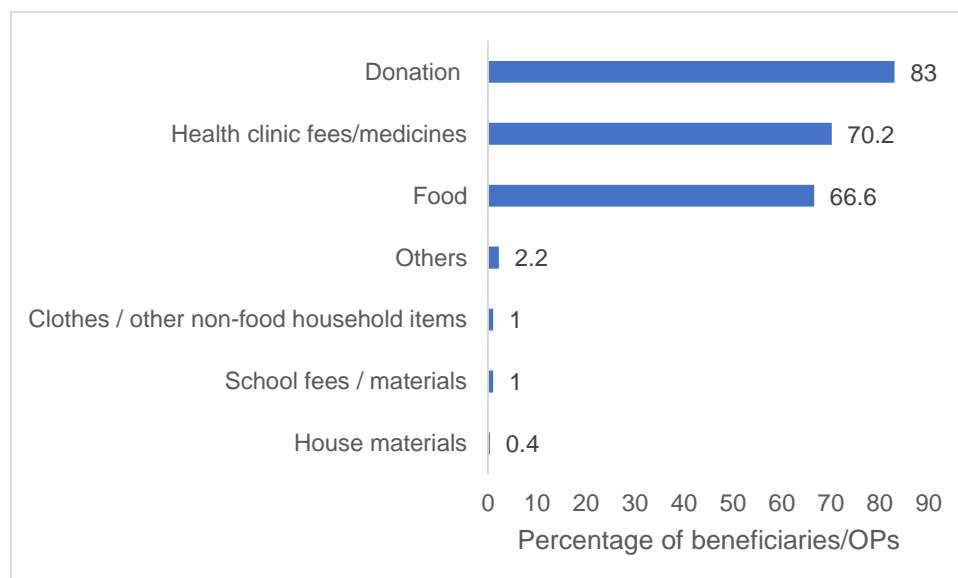
3.3 Impact (achievements of the pilot)

What have been the achievements and learning of the pilot at different levels, for example in relation to: direct project beneficiaries, indirect beneficiaries and the broader local community, local and national authorities, commercial sector, wider development context – any influence beyond the target area.

Use of payments

We can hypothesise that the payment of MMK 10,000 per month (delivered in tranches) increased beneficiaries' consumption. Another plausible effect is on social relations, both within the beneficiary household, as well as the broader local community. However, this evaluation seeks to assess pilot *processes* and makes not causal claims regarding impact on end-line socio-economic outcomes such as consumption or empowerment. Therefore, the evaluation mainly assessed the use of ECT payments by beneficiaries/Older Persons²².

Figure 12 How do you plan to use the social pension money?



Indeed, survey results indicate that the payments received by Older Persons were mostly used for consumption (see Figure 12). 'Donation', 'Health clinic fees/medicines' and 'Food' stand out as the most mentioned uses of payment by Older Persons surveyed.

²² The evaluation design does not make it possible to assess if ECT payments are used any differently than manual payments.

For uses like donations, there was no major difference between gender or location of respondents (urban/rural). Evaluators also observed the same responses during qualitative research with most beneficiaries/OPs indicating that they used the money for donations to the monastery and community, and to buy food and medicines for themselves.

Qualitative research also suggested that ECT payments have not resulted in community tensions – on the contrary, they have garnered widespread appreciation by the wider community in pilot villages and wards. Older Persons hold great respect amongst all members of the community and serving them is seen as an honourable act or duty by everyone.

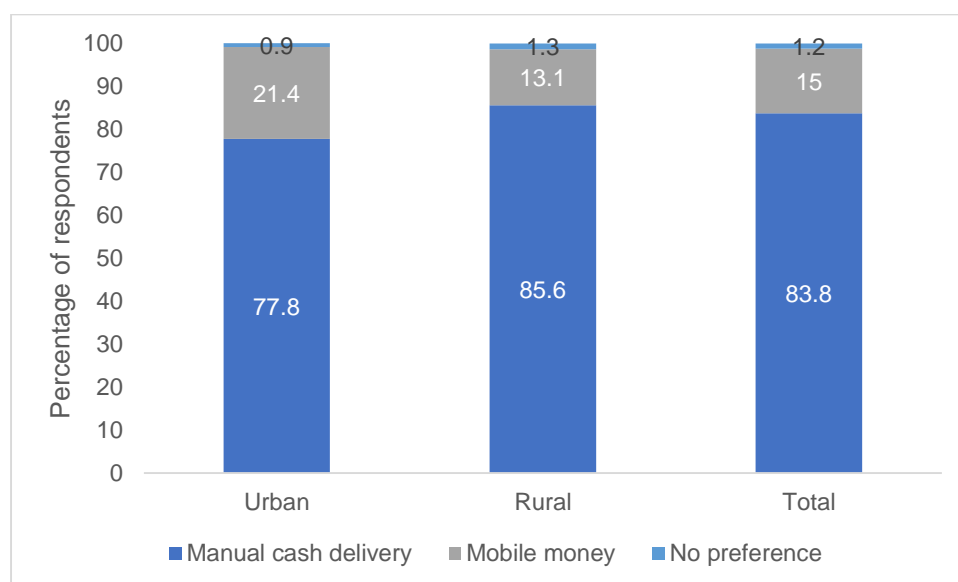
Behaviour change

It is unlikely that the ECT pilot has had a sustained effect in changing beneficiary or proxy behaviour towards e-payments.

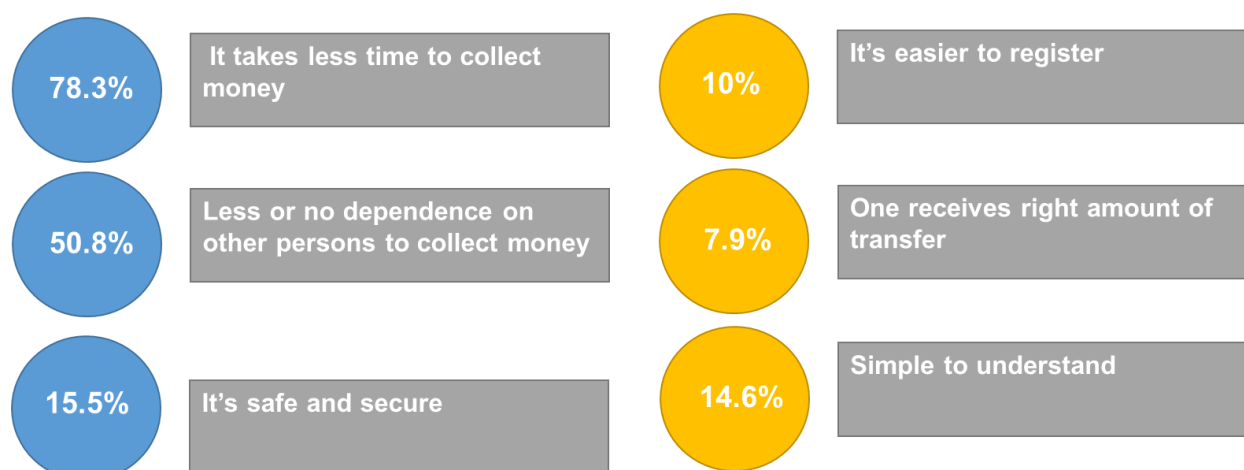
The ECT pilot has introduced a new financial technology, at the minimum, to the family members of the targeted beneficiaries in Myingyan township. Survey results show that only 3.4% of recipients/proxies (N=17) had experienced using mobile money services before the ECT pilot. Whether this has led to sustained behaviour change is difficult to assess. For the time being, the majority of respondents (96.8%), in both urban and rural areas only use mobile money to receive HelpAge ECT payments (see Table 21).

As expected the majority of recipients withdrew all of the payment at once, albeit not on the first day (see Section 3.2.1). This was partly a function of design – OTC payments need to be withdrawn within 14 days. It is not clear if all recipients were aware of this condition: no proxies interviewed during qualitative research were aware of this time limit.

Figure 13 What is your preferred method for receiving the HelpAge social pension payment?



Despite presenting very few problems in cash withdrawal, the ECT pilot was still unable to change preferences about payment modality. Unsurprisingly, the vast majority of respondents (OPs) preferred manual payments to electronic payments (see Figure 13). This was specially the case for respondents in rural areas.

Figure 14 Reasons for preferring manual payments

Percentage of OPs/beneficiaries in response to survey (N=419)

Amongst those who preferred manual transfers (N=419), the main reasons for preferring manual payments included less time to collect money and less dependence on other people to collect money (see Figure 14). Qualitative research validated this view. For instance, one Older Person in a village remarked:

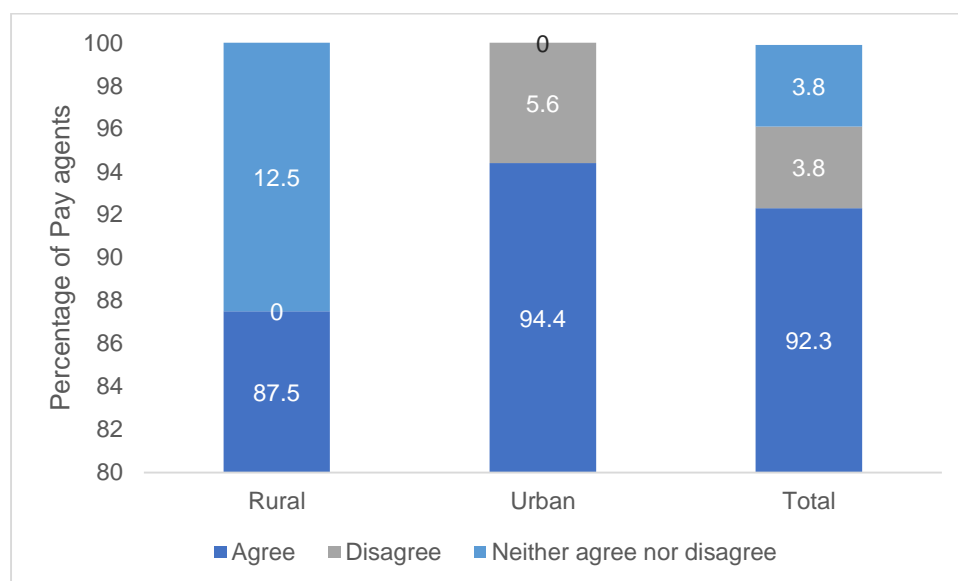
“My grandchild has to go to the next village to collect payment. It would be better if the pay agent was in our village” [Older Person interview, village]

Only a small percentage of respondents noted risks of fraud or understanding of the payment method to be reasons for preferring manual payments.

Impact on pay agents

The survey conducted with pay agent shops (with 26 pay agents) indicates that there were no adverse effects on pay agents' business by participating in the pilot: 92.3% of the pay agents were able to serve their regular customers easily (see Table 24). In fact, 92.3% of the surveyed pay agents agreed that participating in the HelpAge's ECT pilot was beneficial to their businesses. This was especially the case for urban areas versus rural areas where presumably there is less competition and therefore less value added of being known as a pay agent.

Figure 15 Participating in the HelpAge’s e-CT pilot program is beneficial to my business



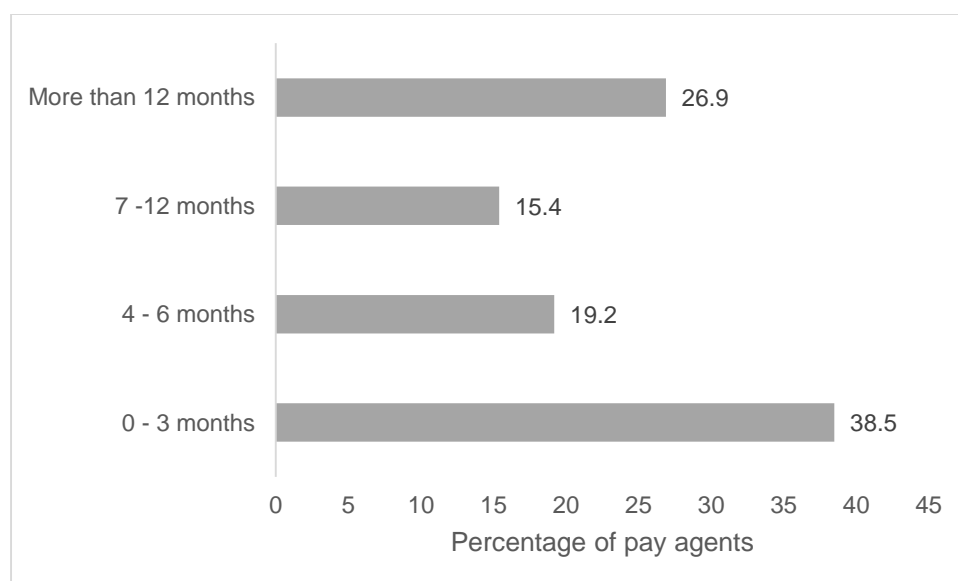
Qualitative research presented mixed results on whether involvement in the HelpAge ECT pilot had had any impact on business. Rural pay agents noted that nothing had changed from a sales perspective but considered providing money for Older Persons as an honourable activity. One rural pay agent noted:

“I don’t receive much profit (from this ECT pilot) but since this for older people so I earn good merit”. [Pay agent, Village]

In contrast, the urban pay agent, who competed with many other similar businesses noted:

“I think, because of this NGO project, more people know the services available at my shop. I can also sell mobile phone related products at my shops to the visitors”. [Pay agent, Ward]

Figure 16 How many months of experience do you have as pay agent/mobile money agent?



The ECT pilot has introduced e-payments to many pay agents who were not providing this service before (see Figure 16). At the same time, there has been little additional training provided to these pay agents, either by MMOs or HelpAge. Just under half of the sampled pay agents noted that they had received training on payment processes (46.2%, N=12), troubleshooting technological problems (42.3%, N=11) and addressing customer complaints (38.5%, N=10) (see Table 25, Table 26 and Table 27).

As noted earlier, recipients/proxies experienced almost no challenges with withdrawing payments. This is corroborated with pay agent survey data as no pay agent reported having issues with cash availability for ECT payments, and only a small number of pay agents requested for extra cash from MMOs in advance of the payment (see Table 28 and Table 29 in Annex C).

Impact on DSW

The ECT pilot is implemented in close collaboration with the staff members of DSW Myingyan district office. The design and implementation of the pilot has generated interest and knowledge about e-payments within DSW at the NPT level. Also, at the local level, training sessions for volunteers and payment reflection workshops were conducted at DSW Myingyan office – providing an opportunity for DSW officials to learn first-hand how the ECT pilot was implemented at each stage. However, it is unlikely that the pilot has built or increased technical capacity of district level DSW staff. HelpAge International's wider support to DSW at central level has involved capacity building activities, such as the development of beneficiary registration forms, manuals etc. However, the ECT pilot in particular has been implemented outside of DSW's structure, albeit, using the same entity for community level support – GAD.

3.4 Relevance

Was the pilot relevant in addressing the learning and knowledge gaps identified in the proposal?

The concept of the pilot overall is highly relevant to addressing the knowledge gap around ECTs in Myanmar. As indicated in the earlier options assessment²³, there is currently no published report on the use of ECTs in delivering social cash transfers in the country, despite several ongoing efforts. The HelpAge ECT pilot, and this evaluation, are therefore important contributions to the body of published literature in this regard. This was confirmed during interviews with wider stakeholders, who see this pilot as providing important lessons on operationalising ECTs for social protection in the country.

In order to assess the relevance of the pilot, we must first identify the 'learning and knowledge gaps' identified in the ECT pilot proposal. Whilst there are no direct references to these in the draft provided to the evaluation team (dated 10th Nov 2017), the stated aims provide some indication of what these gaps might be (see Section 1.2) in terms of specific knowledge generation activities. These are identified in the pilot proposal as follows (page 8):

- A pilot evaluation will aim to answer the question, 'How efficiently, accountably and acceptably did the electronic methods deliver cash to older people, and in which ways was it more or less effective than manual cash transfers?'

²³ Farhat and Lynn 2018.

- Two additional studies to answer questions about the potential cost advantages or disadvantages of electronic cash transfers and potential multiplier effects for Myanmar of a shift by DSW from manual to electronic payment of social protection benefits in the future.
- The lessons will be shared through dissemination activities with government and CSOs, learning visits, publications and a video.

The current evaluation report addresses the first proposed activity. The further additional studies, as well as dissemination activities are yet to be undertaken. The HelpAge pilot team has conducted three workshops, after every payment, to discuss lessons learnt. These workshops were attended by both GAD officials as well as district and NPT DSW officials.

3.5 Equity

How has the project shed light on the varying situations of men and women? Has the pilot been equitable in its support of the poor and disadvantaged or provided learning about the barriers they face?

As mentioned in Section 3.2 the ECT is universally targeted to all Older Persons between the age of 85 – 89 years in Myingyan township. As of the third payment, HelpAge has delivered payments to eligible 1,048 Older Persons across the whole township. Among them, 77% reside in rural villages and the majority (76%) are female²⁴. However due to gradual roll out of the pilot, and various rounds of registration, not all beneficiaries received the same total value of transfers. HelpAge did make some efforts to address lags between registration and payment. For example, in third payment cycle (June), some new Older Persons received MMK 60,000 because they had registered in January, whilst other new Older Persons received MMK 30,000 as they had registered in April.

During qualitative research, some proxies/family members mentioned that although they are grateful for the payment, it would be better if the amount could be increased as MMK 10,000 per month was insufficient to cover expenses fulfilling all Older Persons' needs. In one village, respondents noted that cash transfer programs targeted to Older Persons should consider the minimum age limit as 80 years. Community members felt that Older Persons aged 80 years also considered themselves to be 'old enough' to receive support.

This research provides clear evidence that the majority of Older Persons in both urban and rural areas are highly reliant on caregivers (mostly family members) due to their physical conditions – most are bedridden or homebound (see Section 3.2.1). However, all Older Persons met by evaluators during qualitative research mentioned that they have control over the social pension money received and that they can make decisions over the use of money.

Overall, the evaluators observed that the pilot is equitable with respect to including all the target population for receiving social pension payments. However, there is a small number of cases where Older Persons have been excluded due to incorrect data on their NRCs. Evaluators understand that, in National Social Pension implemented by DSW, Older Persons aged 90 and above, who do not have NRC card or Form 66 can still enrol into the scheme by getting recommendation letters from village/ward authorities or getting their NRCs changed by requesting the Immigration Department. HelpAge did not apply this kind of arrangement in the ECT Pilot and DZSP manual payments.

²⁴ According to the project reports the estimated number of OPs according to the 2014 Census aged 85 – 89 yrs in Myingyan is 387 (33%) Male and 790 (67%) Female (Total =1,177).

3.6 Sustainability and replication

How replicable are the pilot's activities and approach? What is the likelihood that the learning from the pilot will influence sustainable replication by government after the project is completed? (consider technical, financial, institutional, social issues that may affect replication) What are the prospects for the future use of electronic cash transfers after funding ceases? What institutional mechanisms or forms of knowledge were created or strengthened through the project? How was the learning shared with government and others?

The ECT pilot aimed at providing lessons for the use of digital payments for future government programming. It is important to note that like many NGO-led programmes, implementation of the ECT pilot has relied on significant investment by NGO project staff, as well as the creation of new social structures such as volunteers or existing social protection committees. These new voluntary roles are not underpinned by legislation, neither are they included in the official administrative structures - so their continuation is uncertain. It is also unclear what impact an increase in case load will have on these structures. Furthermore, the implementation of the ECT pilot varies at the community level and has, for very good reasons, varied over time as the pilot continues to learn. Furthermore, the ECT pilot has been conducted in one particular township in the Dry Zone. Whilst the pilot implementation accounts for differences in urban and rural areas, it is not reflective of other states and regions in Myanmar, particularly areas like Chin and Naga which suffer from infrastructure challenges or Shan, Kachin and Rakhine states which are affected by conflict.

It is with this context in mind that we assess the replicability of various processes of the pilot:

Targeting: the process of selecting and identifying beneficiaries is easily replicable. The main reason is that the selection criteria is categorical – based on an age range – and in all circumstances, this information will be provided with the support of GAD. The actual documentation required for verification (NRC cards and Form 66) will remain the same for all implementing actors. Considering the lack of staff at village/ward level, DSW would need to continue relying on GAD to inform beneficiaries and verify their age.

Payment process: the selection of payment service provider (mobile money operator) is not directly replicable. Although the government is likely to choose from the same universe of payment service providers, procurement rules differ and DSW would need to negotiate with the Ministry of Finance and regulators such as the Central Bank to contract private sector payment providers²⁵.

It is also important to note that the payment modality selected by the pilot included the use of an e-wallet, as well as OTC transactions. These are two different modalities and their use for scaling up has different implications in terms of costs, programme operations and user satisfaction. For instance, the use of e-wallets may require more training of beneficiaries and greater behaviour change as they are required to remember PIN numbers. Qualitative research reported that respondents found OTC to be much simpler to use – mainly as OTC (bank and non-bank) is already widely used in the country to transfer money through banks or mobile networks. At the same time, payments made using OTC expire within 14 days – a feature that the majority of respondents are not aware of. As the vast majority of recipients withdraw cash within the first few days of payments, this may not pose a significant issue for

²⁵ Farhat and Lynn 2018.

government pensions. However, it does mean that beneficiaries are unable to 'save' payments and may lose them if they are not able to withdraw cash in time. Another implication of the payment modality is the ability of the sender to identify if payments have been withdrawn by the beneficiary. Whilst this is possible through the use of OTC, it cannot be determined when payments are made to e-wallets²⁶.

With respect to liquidity, there were no issues identified in this research. It is likely that liquidity will not be a significant issue if e-payments are scaled up. There are strong incentives, both from payment service providers and for pay agents to ensure that beneficiaries receive payments on time. The labelling of payments as 'social pensions for the elderly' in itself has strong reputational effects: pay agents interviewed during qualitative research felt proud of supporting the elderly in their community and viewed themselves as serving the community.

Information systems: communication flows regarding selection of beneficiaries, payment times and complaints rely significantly on local GAD officials, as well as programme volunteers (selected by GAD and trained by HelpAge). If ECTs are scaled up, this would imply a significant effort, at least initially, from GAD officials to continue these communication activities. The network of volunteers would also need to be scaled up, as they play a key role in communication and complaints redressal at the village level. Unless DSW created similar structures nationwide, it would be difficult to replicate the existing communication channel.

An important aspect of cash transfers is payroll management. The use of e-payments makes this easier by reducing the amount of paperwork and effort needed to reconcile payments. For the ECT pilot, the payroll was being managed directly by HelpAge staff based in Yangon. Changes in payroll information (adding or removing beneficiaries) were communicated by volunteers to HelpAge Myingyan office and then communicated to Yangon. This process is replicable only if information systems are automated so that information flows quickly from GAD at village/ward level to DSW district offices and then onto Naypyitaw.

A reliance on 'market mechanisms' would inevitably require a reduced involvement of NGO support staff. This challenge of replication is not unique to HelpAge – and is faced in scaling up of all NGO-led programmes. As noted on the earlier options assessment, a more mature e-payments market will help alleviate this challenge.

Monitoring and Evaluation: M&E for the ECT pilot was mainly conducted by HelpAge staff. Irrespective of payment modality (cash or ECT), the M&E function for any social protection programme needs to be carried out by the DSW. In practical terms, this would require increasing the number of staff at S/R level, as well as building data systems (such as an MIS) which allow for efficient communication and use of programme data. The ECT pilot demonstrated the use of M&E data in helping improve pilot processes. Any replication of the pilot would necessitate a similar approach – that data collected through programme MIS, post-distribution surveys or monitoring visits is analysed and used to improve programme performance. As noted in the earlier options assessment²⁷, this would require building M&E capacity within DSW at the central and S/R levels.

Grievance Redressal: the ECT pilot relied on volunteers, project staff and GAD officials to troubleshoot problems arising in the use of the e-payments. A key issue raised in the earlier

²⁶ E-wallets are effectively like bank accounts and central bank rules prohibit payment service providers to reveal account activity to non-account holders,

²⁷ Farhat and Lynn 2018.

options assessment was the lack of oversight on GAD staff and proxies in using electronic payments. The HelpAge ECT pilot does not provide an alternative to this challenge. Indeed, it continues to rely on these local structures. Whilst this process is effective in that most 'technical' problems are solved quickly, by individuals that beneficiaries trust, it does not provide independence of oversight. Beneficiaries, who are often incapacitated and bed-ridden, continue to rely heavily on their proxies (often family members) to provide them with payments. It is unlikely that there will be a genuinely independent mechanism to allow Older Persons to report issues arising from proxies. We can expect that given tightly knit community structures, at least in rural areas, as well as the high value and respect for the elderly, this will be less of a concern for future programming. At the same time, GAD officials, village/ward administrators and volunteers continue to play important roles in information management, community mobilisation and grievance redressal. However, potential problems arising from the involvement of these external actors cannot be addressed unless proxies and Older Persons are provided with genuinely independent mechanism to report issues.

3.7 Accountability

To what extent did beneficiaries participate in the project? To what extent did their feedback been solicited and integrated? Did the delivery process work differently in villages with a project-supported VDC?

As of the third payment, there are more than a thousand beneficiaries benefiting from the pilot. However, survey results have indicated that none of these Older Persons went to the payment point but instead rely on other persons (proxies) to collect payments (see Section 3.2.1). This was also validated during qualitative research when the evaluators observed that all sampled beneficiaries do not use mobile phone technology themselves and most seemed physically unable to go outside of their houses, and have limited literacy skills. However, amongst the ten beneficiaries (OPs) interviewed, six Older Persons demonstrated awareness about eligibility, payment method (i.e. through mobile phone) and amount of transfer they can expect. They also understood who to contact if there is feedback or a complaint to make. Among the ten Older Persons interviewed by evaluators, six clearly mentioned the name of the volunteer at their village/ward and said that they knew that they could contact the volunteer to communicate with the organization that transfers the payments to them. Whilst this was encouraging, the small sample size prevents us from understanding if this was a widespread phenomenon.

Based on the FGDs with proxies (family members) and volunteers, and given the mobility conditions of beneficiaries, most beneficiaries nominated family members to be proxies (see Table 8). However, qualitative research suggests they were mostly not involved in decisions such as who should receive the SMS or who should go to the pay agent or which day to go and collect the money.

Through the process mapping exercise and FGDs with proxies and volunteers, evaluators observe that most common problems that pilot team received, such as SMS being accidentally deleted or SMS not coming in, were reported to HelpAge Myingyan office by volunteers and sometimes by proxies (mostly family members of OPs). Also, at payment reflection workshop organised after each payment round, attendees included volunteers, village/ward administrators and DSW and GAD officials. However, beneficiaries or their family members/proxies were not invited to participate in these workshops. Furthermore, apart from a few post-payment field visits to selected communities, there were no direct interactions between the beneficiaries (Older Persons) and pilot implementers (HelpAge).

The transparency of payment processes is discussed in detail in Section 3.2.1, whilst Section 3.2.2 discussed grievance redressal and M&E processes which also impact accountability.

3.8 Assessment of HelpAge role

How effective and important was the role of HelpAge in such areas as technical expertise, sharing learning with Government, and facilitation of linkages with other organisations?

Section 3.4 notes that the ECT pilot is supported by DSW officials at the township level. DSW officials have also participated in learning workshops conducted by HelpAge at the township level. It is expected that the results of this evaluation will be shared widely with the government, and stakeholders through dissemination events and publication of policy briefs. The evaluation is not aware of linkages with other organisations.

4 Lessons learned and recommendations

The ECT pilot has demonstrated that e-payments can indeed be operationalised in Myanmar, using different service providers, within a short span of time.

The research underlying this mixed-methods evaluation has provided much needed information on the lives of beneficiaries receiving social pensions, their communities and the actors involved in this social protection programme. To date, it has been difficult to provide generalisable information in this regard. Whilst the data collected through the sample survey is only representative of the pilot, key characteristics of the recipients are likely to be similar for government's social pension beneficiaries nation-wide. This provides valuable information for DSW's own programming and plans for scale up of the social pension.

There are many findings which were expected: electronic payments are collected by proxies, and money is largely spent on medicines and donations. Older Persons are highly reliant on family members to access payments. Also, GAD officials, volunteers and V/W administrators continue to play an important role in the delivery of e-payments. The research also sheds light on the social context underlying these payments. Pay agents, V/W officials, volunteers and proxies all greatly respect the Older Persons and consider their role as serving them and gaining respect.

This evaluation has also provided unexpected findings: there were no major issues reported regarding pay agent interactions – no informal payments and no reports of fraud. Whilst it is difficult to make a clear statement regarding relationships between proxies and Older Persons, qualitative fieldwork with a limited number of Older Persons did suggest that there were no informal payments or leakages in the payments from proxies to Older Persons. At the same time, the OTC payment process still operates in an environment of great trust: pay agents trust that individuals who come to collect payments are indeed proxies. Older Persons trust that pay agents and proxies deliver the full payment. And HelpAge assumes that the registration data provided by V/W administrators has no errors.

We understand that HelpAge plans to use ECT payments to deliver cash transfers to disabled beneficiaries in two townships next year. The government has also reduced the age limit for national social pensions to 85 years. This means that the current cohort of ECT recipients will be transferred to manual payments at the end of the year. In light of these findings, the recommendations of this evaluation are divided into recommendations for HelpAge International and DSW. These are in line with the earlier options assessment for e-payments²⁸ and institutional review of DSW conducted in 2018²⁹.

4.1 Recommendations for HelpAge International

1. Discuss the role of volunteers and social protection committees

Future social protection activities (irrespective of modality and type of beneficiary) will continue to rely on the support of volunteers and social protection committees. Whilst these are institutionalised in the DSZP communities, they are not formal structures and likely to discontinue without continued support.

HelpAge should discuss their role with DSW and GAD, especially in light of expanded coverage of the National Social Pension and MCCT. Care must be taken to avoid

²⁸ Farhat and Lynn 2018.

²⁹ Travis and Naing Unpublished.

duplication of structures and creating clear lines of accountability and oversight on the individuals who form membership of social protection committees.

2. Use a competitive contracting process with clear Terms of Reference

The contracting of payment service providers/MMOs was done through a non-competitive process reflecting the need for a quick start to the pilot. Experience from this pilot demonstrates the need to devote time to this process. A multi-stage tendering process could provide greater choice for the implementer. Gathering proposals in the first stage of a two-step tendering process could provide useful information that enables greater bargaining power with private sector providers.

3. Encourage higher coverage of pay agents

HelpAge can structure and negotiate contracts with mobile money operators to encourage greater number of pay agents. As with Older Persons, it is expected that the majority persons with disability (PWDs) would also nominate family members to collect payments. Given the preferences of beneficiaries, it would be preferable if pay agents were located within the same village.

4. Incorporate beneficiaries in feedback sessions and learning workshops

The feedback workshops have helped HelpAge to improve their processes throughout the pilot. This is a good practice and should be extended to include the endline beneficiaries of the project. Including beneficiaries would help understand how to design the future interventions better and also provide a sense of empowerment and ownership amongst recipients.

5. Improve communication about mobile money

The ECT pilot has used both e-wallets and OTCs. Future programming with e-payments should provide beneficiaries with sufficient information about the features of various products; and allow them to exercise choice. For instance, beneficiaries should know that OTC payments expire within 14 days and e-wallets allow for savings.

6. Improve monitoring and grievance redressal processes

As with earlier assessments³⁰, the evaluation shows that there is little opportunity to provide 'independent' feedback to HelpAge. This could relate to the performance of volunteers or SPCs or V/W administrators. The important role of volunteers, SPC members and V/W administrators in the community makes it difficult for OPs or proxies to provide truly independent feedback.

The eventual beneficiaries of support provided by HelpAge are extremely vulnerable individuals, highly reliant on family members for their welfare. HelpAge should consider mechanisms such as independent audits where they interact directly with OPs and ascertain programme performance

7. Consider sustainability and replication of the pilot

a. Communicate information about transition back to manual payments

It is important that Older Persons and proxies understand the implications of new government policy and the process of registering and receiving manual payments through GAD. The switch back to manual payments would necessitate close

³⁰ Farhat and Lynn 2018.

collaboration between S/R DSW office and HelpAge team to ensure that the payroll is up to date and that manual payments are delivered on time to Older Persons. This aligns with the wider support provided by HelpAge to DSW in NPT around coverage of the national social pension.

b. Build DSW capacity

Is it worth highlighting that the ECT pilot has been implemented largely outside of the government's service delivery structure: whilst DSW was kept informed, the HelpAge team led all implementation processes. This is common with most NGO-led pilots. If DSW decides to use e-payments, HelpAge would need to provide support on a number of areas to ensure that the initial phase of a DSW-led pilot is successful. This would include capacity building at NPT, S/R and village level. It would imply not just training of DSW staff, creating manuals, but also helping DSW to negotiate with MMO; create effective systems around M&E and grievance redressal.

c. Share lessons learnt with other stakeholders

This would include other NGOs and development partners aiming to use e-payments, as well as DSW. HelpAge should emphasise the resources required to operationalise e-payment and build capacity of DSW to improve its existing processes in delivering national social pensions. As we explain below, the transition of the national social pension from manual to e-payments is not a short-term goal.

d. Conduct further research

As noted in Section 3.4 two additional studies are yet to be undertaken. A cost-efficiency analysis of ECT versus manual transfers would provide useful information to DSW and other stakeholders who may consider transition to e-payments. The proposed study on multiplier effects is premature considering the low coverage of existing social protection schemes.

4.2 Recommendations for DSW

The recommendations for DSW remain largely similar to what was proposed in our earlier assessment³¹. The process of transitioning national social pension payments from manual to e-payments should not be underestimated – both in its complexity and scale.

1. Consider potential transition to e-payments as a medium to long term goal

In the short term, DSW should prioritise capacity building, expansion of cash transfer programmes and strengthening internal systems.

- **Last mile delivery challenges remain in the short term:** unless DSW expands staff beyond S/R level, implementation of cash transfers will continue to require GAD's support at both the township and village/ward level. DSW can explore the use of social protection committees or volunteers to reduce the reliance on GAD.
- **Capitalise on long term market changes:** The e-payments market in Myanmar has evolved rapidly over the last two years and will continue to do so in the near future. Although mobile phone usage is high, consumer take up of e-payments is still relatively low but is likely to increase in the future. Efforts are also underway to

³¹ Farhat and Lynn 2018.

increase financial inclusion across Myanmar. DSW can capitalise on these developments to ensure that take up of e-payments is high.

2. Strengthening implementation processes, build capacity and strategise expansion

The use of electronic payments requires strengthening of related processes such as identity verification, management information systems, grievance redressal channels and effective monitoring and evaluation at the programme level. Moreover, these systems need to be *upgraded* with a view to use e-payments in the future. For example, an MIS system that easily integrates with core banking systems of payment service providers such as banks and MMOs. A strong MIS, M&E and grievance redressal mechanism may in fact be catalysed by requiring the use of mobile money, although in theory it should also be a requirement of manual payments.

Switching payment modalities requires significant preparatory work. DSW should set out a clear, costed operational plan for the introduction of e-payments. This should be undertaken after a capacity needs assessment is done and DSWs current plans around HR expansion and decentralisation are finalised. Ideally, any expansion should start in wards/urban areas with intensive M&E to feedback on the efficiency and effectiveness of e-payments.

3. Provide a 'mixed model' for the national social pension with a mix of manual and e-payments, and multiple payment service providers.

Given the diversity of programme recipients, geography and DSW capacity across Myanmar, it is unlikely that e-payment mechanisms such as mobile money will act as a universal solution. In Myanmar, it is likely that e-payments will be feasible and easier to roll out in urban areas with manual payments for remote rural areas.

DSW should contract various payment service providers to ensure high coverage of pay agents and network functionality. This would also allow recipients to choose the service which suits them best.

4. Adopt an approach which provides choice and drives competition in the long term

Noting that e-payments is a long-term goal, it is also important to realise that improved financial inclusion itself can drive the adoption of e-payments in social protection programmes. In an ideal scenario, all recipients of social protection programmes should have access to an account – a bank account, e-wallet or other transaction account – that should be able to receive payments from the government. Adopting this approach means that social protection recipients are provided with the choice and flexibility of using the payment service provider and product of their choice. It is then up to the government to deliver e-payments to their accounts, negotiating with different payment service provider on transaction charges and implementation modalities so that end-line recipients receive the full benefit amount.

This approach can also use market competition in a way that allows payment service provider to register customers, competitively, and encourage innovation amongst service providers so they can offer better coverage and functionality of their 'e-products'. It also means that a social protection programme is not 'tied' to one payment service provider or payments eco system. However, it is important to note that adopting this approach would still necessitate effective enforcement of regulation, strengthening of internal systems at DSW

and continuous monitoring and evaluation to ensure the welfare of social protection recipients.

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Annex A Survey research

A.1 Survey instruments

These are provided in a separate file.

A.2 Survey field report

This report is provided by a third party.

Background

The LIFT donor consortium approved a project to be implemented in Myanmar’s Central Dry Zone called the “Dry Zone Social Protection Project”. The project is implemented by HelpAge International in collaboration with the Mandalay YMCA. The project ends in December 2018. To help vulnerable households in the Dry Zone to cope and manage risks, this three-year project aims to expand social protection by enhancing informal community-based mechanisms and practices; strengthening government and community capacity to protect the poor; and delivering cash benefits to vulnerable groups (people with disabilities and older people). The project activities will lead to two project outcomes: poor households have expanded access to community assistance in times of stress, and vulnerable groups have greater income security. The project outcomes will contribute directly to the following Dry Zone program outcome defined by LIFT: The basic needs of poor households in the target villages are met through effective social protection interventions.

There was no baseline survey for this component since the pilot project was initiated during the monitoring phase of the project in one township (Myingyan) located in the Mandalay region. Two separate surveys with different questionnaires were conducted: Agents and Beneficiaries. These two surveys were conducted in both urban (wards) and rural (villages) locations.

This document is a summary of activities conducted for the third component; to evaluate the impact of electronic cash transfers among beneficiaries in the villages.

Timeline

Electronic Cash Transfer Project	12-Jul	13-Jul	14-Jul	15-Jul	16-Jul	17-Jul	18-Jul	19-Jul	20-Jul	21-Jul	22-Jul	23-Jul	24-Jul	25-Jul	26-Jul	27-Jul	28-Jul	29-Jul	30-Jul	1-Aug	2-Aug	3-Aug	4-Aug	5-Aug	6-Aug	7-Aug	8-Aug	9-Aug	10-Aug	11-Aug	12-Aug	13-Aug	14-Aug	15-Aug	16-Aug	17-Aug	18-Aug		
Pre Field Prep																																							
Hire Enumerators & Supervisors																																							
Training																																							
Travel																																							
Pilot & Review																																							
Fieldwork																																							
Field Work																																							
Field QC																																							
Post Fieldwork																																							
CAPIChecks / Data Cleaning																																							
100% Call Back																																							
Deliver Clean Dataset - Agent																																							
Deliver Clean Dataset - Beneficiary																																							

Pilot Test

A pilot study was conducted with beneficiaries on 20 July in one village in Mandalay region - Ta Lote Village, in Myingyan Township. This village was suggested by HelpAge and 18 beneficiary households located in this village were selected from the list and used in the pilot and then removed from the listing for the endline survey. Two teams participated (one extra enumerator for training and pilot compared to actual field) in the pilot – one team consisted of 1 supervisor and 4 enumerators the other team consisted of 1 supervisor and 5 enumerators. The purpose of the pilot study was to ensure the questionnaire design was easily understood by respondents and that all responses were captured. A total of 18 beneficiary surveys were collected (two per enumerator) from beneficiary households in this village and had an average Length of Interview (LOI) of 40 minutes. Usually the LOI for fieldwork is less than the pilot study. No problems were identified – the pilot surveys went smoothly.

No pilot study was conducted for the agent survey.

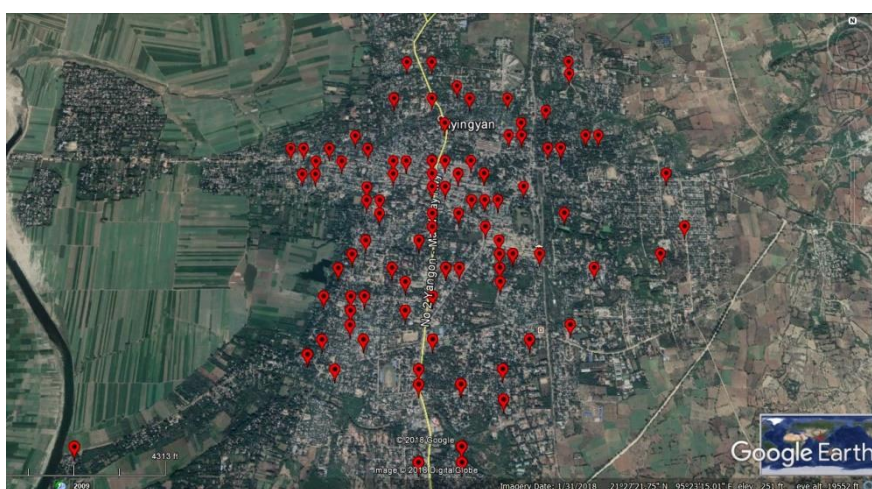
Fieldwork – Methodology

Townships and Villages

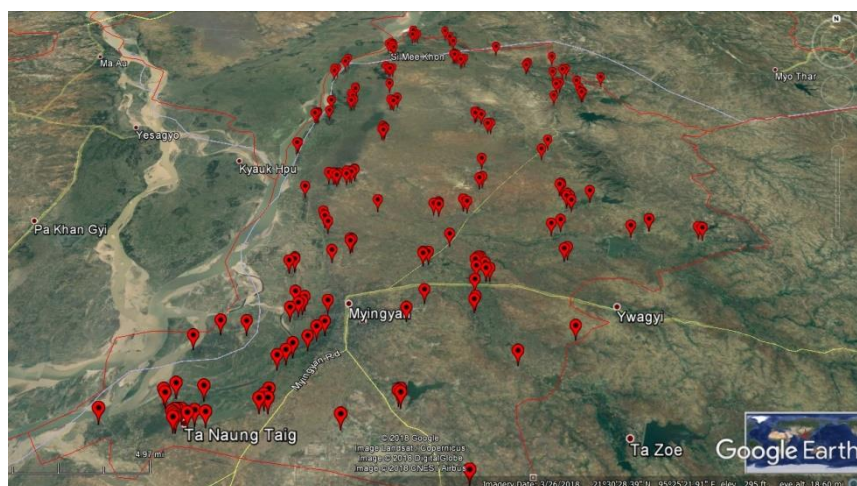
Beneficiary Survey

A list of 1,048 beneficiary households were provided by HelpAge (of which 1,030 were eligible for this survey since 18 were used in the pilot test), from which 500 were randomly selected and assigned to enumerators for inclusion of this survey. These beneficiaries represented 132 villages and 20 wards from Myaingyan Township. From the original list of 500 beneficiary households, 55 were replacement households (11%). Reasons for replacement include: The beneficiary passed away (42 or 8.4%); beneficiary was traveling or in the hospital (11, or 2.2%); or, did not participated because they couldn't receive notification from the agent (2). A full list of villages in the beneficiary survey along with households and replacement households is in Annex C.

ECT Beneficiary Urban Map



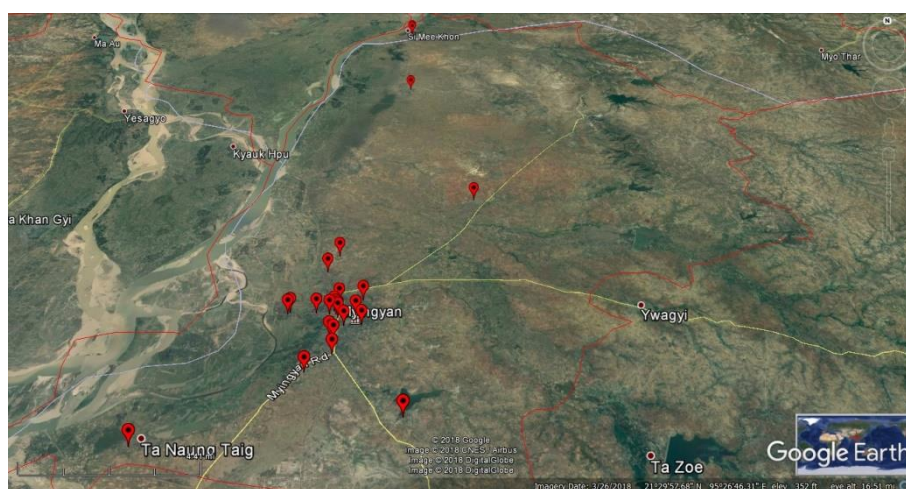
ECT Beneficiary Rural Map



Agent Survey

A list of 28 agents were provided by HelpAge. All 28 agents were approached in this component and 26 surveys were completed. One agent was a duplicate and one agent did not participate in the program. The location of these agents was a subset of the locations identified in the beneficiary survey. A list of agents and their locations are in Annex D.

ECT Agent Map



Sampling Design

The beneficiary list was divided into rural and urban households. This was the only stratification of the sample done for this project. A sample map of one village showing the interviewed households is in Annex E. This map shows the distribution of surveyed households in the village. There was no sampling issue for the agent survey since all agents participating in the program were surveyed.

Survey Teams in the Villages

For the actual field survey, there were 2 teams (1 supervisor and 4 enumerators) to complete 500 surveys in 132 villages and 20 wards. The region was divided geographically so that half the households were located in each half. Logistics for this project was a bit complicated due to the fact that various villages could have from 1 to 18 households included in the sample. Based on geography, enumerators were assigned to village tracts. They travelled to assigned households in the villages within that tract. If the key respondent was no longer available, the enumerator was to indicate the reason the survey could not be completed and immediately reported it to their supervisor and to HQ. At HQ, a replacement household was selected either from the same village or a nearby village.

Each team was able to finish their quota number of households and agents in the allotted time. There were no delays.

Supervisors administered surveys to 9 agents in 7 different villages 17 agents in urban areas (downtown Myingyan).

Quality Control Procedures

The QC process was modified for this project is as follows:

In the field: 1) Enumerator completed the survey and made sure that all the questions had been answered (this is a function of the CAPI software). Questions that have a missing response can be quickly identified and the enumerator can ask the question prior to leaving the residence. The completed survey is downloaded to the server. If an internet connection cannot be made within 3 days, the enumerator must go to a location for connection to download all the interviews. 2) Where possible, the supervisor accompanied the enumerator to observe the session. 3) While in the village or ward, supervisors were also required to conduct surveys with agents.

At HQ: 1) All surveys were checked for completeness and open ended responses by the field supervisor before being approved and posted to the server. 2) 100% of the surveys received a call back to; confirm that the interview had taken place; and 10-12 questions were re-asked to confirm the response. Answers were entered into a separate CAPI questionnaire and responses were matched to confirm accuracy. Any deviations were further investigated. 3) CAPI data check clerks also review 100% of surveys. They have a list of criteria to evaluate and approve or reject surveys. For example, if the answer to the question 'How many cars are there in this household' is more than '2', they would question the response and reject the survey. The data checker would explain reason for rejection in the comment section of that question and the survey is rejected. 3) Once all surveys are complete, a data checker will evaluate any "Other" or "No answer" responses to questions. If there are an excessive number of these responses she worked with managers to determine disposition. These responses are first evaluated to determine if there is an issue with the original question and if not, a new code was developed to categorize the response.

In the field: Rejected surveys are returned to the original enumerator for confirmation or correction and the corresponding field supervisor is notified. In most cases, numeric errors were typing mistakes (for example 10 cars owned instead of 1).

For this project, 4 call back clerks and 2 CAPI data checking clerks were used to clean and confirm the data. Very few discrepancies were found and all issues were resolved in a timely manner and surveys approved for data processing. There were no extraordinary issues discovered during this QC process.

Data Processing

Data Processing includes a final QC check on the 'clean' data. Frequency tables are run on numeric data to catch any outliers (more than 2 standard deviation from the mean) not caught by the data checkers. Data files were sent to the client in both SPSS and excel formats.

Beneficiary Village Listing and Reasons for Replacement

Sample Ward/Village and Beneficiary HHs

UR	Village Tract	Ward/Village	Sample HH	Reasons for Replacement			
				Passed Away	Currently Travelling	In Hospital	Can't receive message
		TOTAL	500	42	6	5	2

Village Sample Map

Mandalay Region, Myingyan Township, Hpet Pin Aing Village



Annex B Qualitative field research

B.1 Instruments

These are presented in a separate file

B.2 Field report

From 20th to 25th of August 2018, evaluators visited two villages (Ywa Thit and Hta Naung Kone) and one ward (Ward-16) that were selected by HelpAge based on proximity to the city centre. Before reaching out to pilot communities, evaluators also met and interviewed HelpAge ECT Pilot team members and key stakeholders at the township level including GAD, DSW and MMOs.

Time	Activity	Location
20 August 2018		
10:00 am – 3:00 pm	Process mapping with Myingyan HelpAge Team	Myingyan HelpAge Office
21 August 2018		
9:00 am – 10:00 am	Interview with Ooredoo Myingyan Representative	DSW Myingyan District Office
11:00 am – 2:00 pm	KII with DSW Staff	DSW Myingyan District Office
2:00 am – 3:00 pm	KII with Township GAD	Myingyan GAD Township Office
22 August 2018		
9:30 am – 12:00 pm	FGD with proxies	Ywar Thit village
1:00 pm – 3:00 pm	Interviews with 4 OPs	Ywar Thit village
3:00 pm – 4:00 pm	Interview Pay Agent(Wave)	Ywar Thit village
23 August 2018		
9:30 am – 10:30 am	Interview with pilot volunteer	Ywar Thit village
10:30 am – 12:00 pm	KII with v/w authority (includes v/w administrator and household bock leaders)	Ywar Thit village
1:00 pm – 2:30 pm	FGD with proxies	Hta Naung Kone Village
2:30 pm – 4:00 pm	Interview with pilot volunteer and Social Protection Committee members	Hta Naung Kone Village
24 August 2018		
9:30 am – 12:00 pm	Interviews with 3 OPs	Hta Naung Kone village
1:00 pm – 2:00 pm	KII with v/w authority (includes v/w administrator and household bock leaders)	Hta Naung Kone village
2:00 am – 3:00 pm	Interview with Pay Agent (M-Pitesan)	Hta Naung Kone village
25 August 2018		
9:00 am – 11:00 am	FGDs with proxies	Ward 16

Time	Activity	Location
11:00 am – 12:00pm	Interview with Pay Agent (which provides both Wave and M-Pitesan)	Ward 16
1:00 pm – 2:00 pm	Interview with project volunteer	Ward 16
2:00 pm – 4:00 pm	Interviews with 3 OPs	Ward 16

Annex C Analytical tables

C.1 Beneficiary survey

Table 13 Most recent payment collected by beneficiary?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
No, someone else collected	117	100	383	100	500	100
Total	117	100	383	100	500	100

Table 14 What is the main reason that someone else collected payment on your behalf?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Not able to go to the pay point on my own	93	95.9	317	99.7	410	98.8
Do not understand how the cash withdrawal process works	4	4.1	0	0	4	1
Busy with other matters	0	0	0	0	0	0
Transport difficulties	0	0	1	0.3	1	0.2
Total	97	100	318	100	415	100

Table 15 What was the main mode of transport used to travel to the payment agent?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Walking	11	9.4	34	8.9	45	9
Bicycle	5	4.3	0	0	5	1
Motorbike	98	83.8	336	87.7	434	86.8
Car	1	0.9	2	0.5	3	0.6
Boat	0	0	9	2.3	9	1.8
Others	2	1.7	2	0.5	4	0.8
Total	117	100	383	100	500	100

Table 16 How long did it take to go to the pay point from your house? (One way)

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
15 minutes or less	112	95.7	140	36.6	252	50.4
More than 15 to 30 minutes	5	4.3	147	38.4	152	30.4
More than 30 minutes to an hour	0	0	81	21.1	81	16.2
More than 1 hour	0	0	15	3.9	15	3
Total	117	100	383	100	500	100

Table 17 Beneficiary age by gender

Beneficiary age (yrs)	Male		Female		Total	
	No.	%	No.	%	No.	%
84	0	0	2	0.6	2	0.4
85	41	24.8	69	20.6	110	22
86	31	18.8	73	21.8	104	20.8
87	38	23	55	16.4	93	18.6
88	26	15.8	69	20.6	95	19
89	24	14.5	55	16.4	79	15.8
90	5	3	12	3.6	17	3.4
Total	165	100	335	100	500	100

Table 18 Have you reported any feedback, concern or complaint about the programme?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Yes	1	0.9	0	0	1	0.2
No	116	99.1	381	99.5	497	99.4
Refuse to answer	0	0	2	0.5	2	0.4
Total	117	100	383	100	500	100

Table 19 In all previous payments, did the amount you receive correspond with amount that was communicated to you?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Yes	117	100	381	99.5	498	99.6
Don't know	0	0	2	0.5	2	0.4
Total	117	100	383	100	500	100

Table 20 Do you plan to use the social pension money for donations?

	Male		Female		Total	
	No.	%	No.	%	No.	%
No	26	15.8	59	17.6	85	17
Yes	139	84.2	276	82.4	415	83
Total	165	100	335	100	500	100

Table 21 Does the beneficiary use mobile money for purposes other than receiving social pensions

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Yes	6	5.1	10	2.6	16	3.2
No	111	94.9	373	97.4	484	96.8

Total	117	100	383	100	500	100
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Table 22 What is your preferred method for receiving the HelpAge social pension payment?

	Urban		Rural		Total	
	No.	%	No.	%	No.	%
Manual cash delivery	91	77.8	328	85.6	419	83.8
Mobile money	25	21.4	50	13.1	75	15
No preference	1	0.9	5	1.3	6	1.2
Total	117	100	383	100	500	100

C.2 Pay agent survey

Table 23 Do you keep a logbook/written record of HelpAge social pension customers?

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	1	12.5	5	27.8	6	23.1
Yes, not verified	4	50	5	27.8	9	34.6
Yes, verified by interviewer	3	37.5	8	44.4	11	42.3
Total	8	100	18	100	26	100

Table 24 Were you able to serve your regular customers during the first few days of the payment

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	1	12.5	1	5.6	2	7.7
Yes, easily	7	87.5	17	94.4	24	92.3
Total	8	100	18	100	26	100

Table 25 Have you received training on: Payment process?

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	4	50	10	55.6	14	53.8
Yes	4	50	8	44.4	12	46.2
Total	8	100	18	100	26	100

Table 26 Have you received training on: Addressing customer complaints/grievance redressal

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	4	50	12	66.7	16	61.5
Yes	4	50	6	33.3	10	38.5

Total	8	100	18	100	26	100
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Table 27 Have you received training on: Troubleshooting technology related problems?

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	4	50	11	61.1	15	57.7
Yes	4	50	7	38.9	11	42.3
Total	8	100	18	100	26	100

Table 28 Did you experience cash availability issues in the last payment cycle?

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	8	100	18	100	26	100
Total	8	100	18	100	26	100

Table 29 Did the M-Pitesan provider visit you to provide extra cash before the payment?

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Don't know	0	0	1	5.6	1	3.8
No	6	75	17	94.4	23	88.5
Yes	2	25	0	0	2	7.7
Total	8	100	18	100	26	100