

Independent Strategic Review

DFAT support to the Identification of Poor Households (IDPoor) in Cambodia Phase 3



Final Report

Nicholas Freeland
December 2023

Acknowledgments

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It has been a pleasure and a privilege to have been involved in the assignment.

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Abbreviations

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
ADB	Asian Development Bank
ART	Antiretroviral therapy
CDHS	Cambodia Demographic and Health Survey
CDPO	Cambodia Disabled Persons Organisation
CDRP	COVID-19 Development Response Plan
CSES	Cambodia Socio-Economic Survey
CT-PWYC	Cash Transfer for Pregnant Women and Young Children
EOPD	End of Program Outcome
FGD	Focus Group Discussion
FIMR	Final Investment Monitoring Report
GEDSI	Gender equality, disability and social inclusion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GS-NSPC	General Secretariat of the National Social Protection Council
HEF	Health Equity Fund
H-EQIP	Health Equity and Quality Improvement Project
HIV	Human Immunodeficiency Virus
IDPoor	Identification of Poor Households
ISAF	Implementation of the Social Accountability Framework
ISPH	Improving Social Protection and Health
IT	Information technology
MoP	Ministry of Planning
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NIS	National Institute of Statistics
NSAF	National Social Assistance Fund
NSPC	National Social Protection Council
NSPPF	National Social Protection Policy Framework
OD-IDPoor	On-demand IDPoor
OPD	Organisation for Persons with Disabilities
PLHIV	People living with HIV
PMT	Proxy Means Test
PRISM	Platform for Real-time Impact and Situation Monitoring
PWD	Persons with disability
SDGs	Sustainable Development Goals
SRSP	Shock Responsive Social Protection
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme

Executive summary

Background

The Identification of Poor Households Program (IDPoor) Phase 3 is an AUD7,338,000 program implemented through the German Development Agency (GIZ). It supports the Cambodian Ministry of Planning (MoP) to develop a standardised and participatory mechanism for the systematic identification of the poorest Cambodians to access social services, including healthcare subsidised through the Health Equity Fund (HEF) (supported by H-EQIP). The investment builds on Australia's past contributions to the program, including AUD0.9m for Phase 1 (Feb 2010-Apr 2012) and AUD6.0m for Phase 2 (May 2012-Feb 2016). Phase 3, which ended in October 2022, sought to ensure a national expansion of both urban and rural IDPoor processes and availability of accurate and up to date IDPoor data to support poverty alleviation interventions.

IDPoor has been increasingly used by a range of Cambodian Government agencies and not-for-profit organisations to introduce means tested social benefits. Australia also used the IDPoor database to increase subsidies for companies delivering water connections and electricity connections to poor households. Then, from 2016, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), supported by UNICEF, began the implementation of a Cash Transfer for Pregnant Women and Young Children (CT-PWYC), using IDPoor alongside an innovative payment mechanism based on the Wing money transfer system.

The COVID-19 pandemic, which inflicted significant economic harm on Cambodia, greatly accelerated the rollout of both of these systems. In cooperation with Cambodia's 1,646 commune/sangkat councils, MoP used the new on-demand IDPoor procedures to update lists of poor and vulnerable households through a countrywide campaign. Identified households could access cash transfers using Wing, through a COVID-19 social assistance program funded by the Government and administered by MoSVY.

Convinced by the speed, efficiency and power of the flexible new procedures, the Government decided in August 2020 that, henceforth, IDPoor would employ a fully on-demand approach rather than the rolling three-year census cycle it had used before. As a result, MoP has been working to strengthen the internal systems which will underpin the new procedures. This includes the use of tablets for data collection, cloud-based communication of data updates from commune/sangkat councils and access to real-time information about Equity Card holders.

Most recently, the Government has been persuaded, largely as a result of its successful COVID-19 response, that it is not sufficient to have a registry only of the current poor: it is important also to know in advance who is vulnerable to poverty in the event of a shock. MoP has therefore completed a campaign of on-demand registration into IDPoor of those who are deemed to be "at-risk". This at-risk category has been used in 2022/23 to pay emergency cash transfers in response to shocks, both climatic (floods) and economic (inflation).

Achievements

The primary End-of-Program Outcome has been met in full, even exceeded. The indicator was to increase the usage of IDPoor from a baseline of 92 agencies to a target of 165, later revised upwards to 180. The actual end-of-program figure was 334, or 186% of the target.

But what is much more important than these simple numbers is that IDPoor has been used for the targeting of over USD 1 billion of Government social assistance to nearly 5 million beneficiaries¹ (see Table 1 in main report). In addition, over 3 million uses of the Equity Card were recorded in Cambodia's health centres and hospitals during 2021, representing USD 16.8 million of health expenditure². For a program that was originally

¹ National Social Assistance Fund - Annual Meeting 10/05/2023

² Payment Certification Authority.

conceived as a way to allocate cards to access HEF, and before the Government had even started on its program of social cash transfers, this is an extraordinary achievement.

IDPoor has been successful, especially in comparison with other national social registries, because it got many of the basics right. It began with a clear focus, on identifying beneficiaries for the single purpose of allocating Equity Cards under the HEF. Yet it recognized the need, from the outset, to expand usage of the registry to justify the cost of maintaining it. The Government legislated (Sub-Decree 291 in 2011), at a relatively early stage, that IDPoor should be the sole source for targeting social programs: an unambiguous signal of their commitment and ownership. IDPoor was also highly successful in maintaining its three-year rolling census (8 to 9 provinces per year): there are very few, if any, other countries in the world that have successfully achieved such regularity of updating. Achieving regular census data collection has built confidence in the reliability and currency of the program's data. IDPoor is housed centrally in MoP so that it is seen as a resource for whole-of-Government. It has robust IT systems underpinning the data, which have improved over time to take full advantage of evolutions in the technology, and it has developed an intuitive user interface, with different authorized levels of access, that facilitates data access, analysis and reporting. The use of technology at sub-national level is also improving, with tablets being used extensively for data capture. DFAT's contribution to systems strengthening has been a significant step towards sustainability, though there continues to be work to do (reportedly especially in remoter sangkats) to strengthen the human capacity, on which the technology relies, to operate these systems. Equally, there is a continuing need to strengthen inter-ministerial coordination and technological interoperability to maximise the benefits of improves systems.

As a result of these developments, fortuitously, IDPoor was very much the right tool at the right time for Cambodia's COVID-19 response. Without it, and without the Wing payment system which had been tried and tested on the CT-PWYC pilot, the Government's response to COVID-19 would have been very much more challenging. Yet even then, it was a significant achievement to make the necessary changes, in such a short space of time and within the constraints of COVID-19 lockdowns, to be able to roll it out nationally.

Effectiveness

The investment significantly exceeded the expected outputs and outcomes. The overall assessment of IDPoor is that DFAT has supported a modest and unassuming technical success story which became a serendipitous triumph, and which now has the potential to be a catalyst for transformative change in the evolution of social protection in Cambodia. It is a clear demonstration that relatively small investments in the nuts and bolts of systems strengthening can have disproportionate payoffs in terms of impact and policy influence. DFAT's modest but consistent support has given it a seat at the policy-makers' table when crucial decisions have been taken, and has enabled it to have a positive (and appreciated) influence on discussions about the direction of social protection.

The massive increase in expenditure and coverage of social assistance in Cambodia is a clear demonstration of the degree to which IDPoor has enabled the Government to respond, at scale, to both COVID-19 and subsequent covariate shocks, specifically the flood and inflation crises of 2022/23. It is highly unlikely, in the absence of IDPoor and of the fortunate pre-testing of an on-demand application process, that the responses would have been nearly as effective. Because of the rapidity with which the response had to be rolled out, it is inevitable that there would have been a number of errors, both of inclusion and exclusion. But the massive return on a relatively small investment for Australia cannot be doubted.

Efficiency

The investment made appropriate and efficient use of time and resources to achieve intended end-of-investment outcomes. It was executed through GIZ, with co-funding from the German Government. GIZ were appropriate and capable partners, with the right skill-set, who had been working with DFAT on IDPoor since early-2010. Staff both in GIZ and DFAT are positive about the like-mindedness of the working relationship: it is felt by both sides that there are common values and shared ways of working. GIZ has been better at giving

visibility to Australia than some of DFAT's other partners, and has the same development priorities for the future, namely climate change and gender. It is felt that GIZ was the partner of choice.

The investment was also efficient in leveraging support from other DFAT programs. DFAT already had significant comparative advantage in social accountability, through its ISAF program. This has incorporated social protection as one of its key areas of operation, and has begun activities on the ground to improve accountability around social protection. Equally, in the area of GEDSI, DFAT already had a program that could be a vehicle to ensure greater inclusion in social assistance for women, persons with disabilities, ethnic minorities and other socially excluded groups: its ACCESS program. The Program Logic of ACCESS Phase 1 was likewise updated to reflect the contribution of the Program to the Government's COVID-19 response and recovery efforts, including its priorities around social protection. This in turn substantially strengthened the inclusiveness of IDPoor. Finally, DFAT was able to use its Resilience Fund with UNDP to procure the necessary 17,000 tablets for national roll-out of the on-demand registration procedures that was essential to the success of the COVID-19 response.

Perhaps, however, more could have been done to proactively maximise these synergies. It appears that much of the coordination has been circumstantial rather than planned, and that it has relied to a large degree on personal rather than institutional relationships within Post. The same First Secretary (Development Cooperation) in Post was responsible for IDPoor and ACCESS, and was therefore able to monitor and promote any synergies between the two programs. In the case of ISAF, the linkage was less conducive: the overarching PROMISE partnership with the World Bank means that the contractual relationship with the ISAF implementers, World Vision, is at one remove and has not been as easy to influence. This has slightly restricted the degree of integration, although a concept note was agreed in order to ensure that social protection was added to ISAF's remit (alongside health and education). Finally, the link with UNDP emerged as a pragmatic solution to a particular problem, because its existing Resilience Fund arrangement with DFAT provided a channel to procure the 17,000 tablets needed for rapid implementation of the on-demand registration process for the Government's COVID-19 cash transfer response. This was a necessary arrangement, but not a model for long-term collaboration: subsequent engagements with UNDP have not always been as well integrated. The Review therefore recommends more formal and purposive structures within DFAT Post to maximise synergies in future (see Recommendations below).

Gender, Disability and Social Inclusion (GEDSI)

The IDPoor program has had gender equality, disability and social inclusion (GEDSI) embedded in its mandate since the start. According to the OECD-DAC markers at program design, the promotion of gender equality is a secondary objective. One of the three outcome indicators of Phase 3 was "The MoP represents IDPoor interests in 3 multi-stakeholder dialogues on targeting processes, one of them focussing on gender issues". This was exceeded, with five such dialogues taking place (and two of them directly on gender), and contributed directly to the formulation and design of components of the Family Package, specifically the CT-PWYC (which is now in operation) and the disability grant (due to start in 2024). A further indicator for its Output B was "The cross-cutting issues (i) gender mainstreaming, (ii) inclusion of persons with disabilities and (iii) ethnic minorities are incorporated in IDPoor training manuals at all 4 levels nationwide". This too was achieved.

Staff in Post and in GIZ show clear awareness of the importance of prioritising gender, and the close partnership with ACCESS has brought specialist expertise into the discourse. From 2017, a national junior technical advisor was recruited by GIZ to support MoP in cross-cutting mainstreaming activities, such as gender, inclusion of persons with disabilities and ethnic minorities into IDPoor. IDPoor master trainers received a training of trainers course on gender and disability inclusion at the end of 2019. Moreover, with the support of a gender mainstreaming specialist, IDPoor manuals were reviewed in 2020 to integrate gender and disability inclusion aspects throughout the procedure. During the process of these revisions, the entire

MoP IDPoor team attended a gender refresher training. In 2021, the GIZ project provided a refresher gender training to IDPoor implementers and conducted an in-depth analysis of IDPoor data from a gender lens to promote the dialogue between MOP and data user organisations on how to use IDPoor data for gender-sensitive social assistance programming.

One concrete example of such programming was the introduction of the national CT-PWYC, with its direct positive impacts on women. This in turn led to the conceptualisation of a broader Family Package aimed at supporting individuals at other stages of the lifecycle, and has thereby opened the door to more substantial Government investments in social assistance.

In the area of disability, IDPoor has worked closely to create a direct linkage from its registration process to the emerging disability database, for which MoSVY, with support from EU and UNICEF, has developed a comprehensive functional disability identification system. If there is a person with disabilities in the household being interviewed, then their disability identification card will be scanned, and the relevant information will be automatically added to the questionnaire in the tablet. The IDPoor program also supported the Cambodian Disabled People's Organization (CDPO) to share information on IDPoor procedures at three provincial level workshops in 2021. Furthermore, the MoP IDPoor team attended CDPO's Annual Network Meeting and integrated one session about IDPoor procedures to all the Organisations for Persons with Disabilities (OPD) present. There is some expressed dissatisfaction with the speed of rollout of the disability identification card, but this is outside the remit of IDPoor, and it is to be expected that it will be resolved with the promised national issuance of disability cards in early 2024.

Relevance

DFAT's support to IDPoor has been highly relevant to its development objectives in Cambodia. Australia's CDRP sees its support to IDPoor as a key element in the Stability component: "Australia will support the RGC as it continues using the IDPoor registry...We will look for opportunities to expand our work beyond IDPoor to support gender and disability inclusive social protection systems and policy". Under Stability, one of the outcomes is that "Strengthened government systems deliver social assistance and increased food security during the pandemic, helping to put in place social protection systems to respond to future shocks (SDGs 1, 2, 10)"; and a key result is "Number of people reached with new Cambodian Government cash transfers using IDPoor as the targeting mechanism".

DFAT's investment in IDPoor is also fully in line with the Government's current priorities. The overall social protection landscape in Cambodia is being transformed. From a negligible spend of some 0.1% of GDP on social assistance prior to COVID-19, the Government increased its investment to over 1.3% of GDP in response to the pandemic. And it seems determined to continue and expand its engagement in the future. This important shift is manifested in the ongoing deliberations to update the NSPPF, which orients its conception of social protection around lifecycle vulnerabilities.

Social assistance is now being conceptualized as a Family Package, with programs initially comprising CT-PWYC, scholarships for children, and cash transfers for Persons with Disabilities, Elderly People and Persons Living with HIV/AIDS. There is also discussion of another component targeted at Technical and Vocational Training for youth. All of these are premised on the vulnerability of individuals rather than the poverty of households, which has ramifications for IDPoor in the future.

Alongside this, the Government has been undertaking institutional reforms to coordinate the many stakeholders engaged in social protection and to harmonise the funding of social assistance: the establishment respectively of a National Social Protection Council (NSPC), with a key coordination role for its General Secretariat (GS-NSPC), and the formation of a consolidated National Social Assistance Fund (NSAF) to bring together the multiple funding streams from different ministries.

Sustainability

It is highly unlikely that IDPoor would collapse without DFAT support. The Government implements IDPoor and finances most operational aspects of the system, while donors focus resources and technical support on piloting enhanced approaches. ID Poor has reached a point where it could sustain itself, which is a testament to the financial and technical assistance provided to date. It is fully embedded into Government as a functioning governance system and remains a clear priority given it has proven its value through its ongoing successes.

However, while it is at a point now where it could sustain without donor support, ongoing input is important to add value and to leverage complementarity with other donor interventions (including in the areas of accountability and GEDSI). It is also desirable to go on providing technical assistance and policy guidance to broaden the conception of social protection within which IDPoor operates: this might include, for example, improving shock responsiveness, adapting to climate change and increasing coverage of the system to strengthen more inclusive lifecycle social protection in Cambodia. Ongoing support to build upon momentum and strengthen the system now will leverage off existing relationships and trust to embed change. Only once these changes have been effected would it be the time to reconsider DFAT support.

Recommendations

The overall assessment of IDPoor is that DFAT supported a modest and unassuming technical success story which became a serendipitous triumph and that has the potential to become a further catalyst of transformative change in the evolution of social protection in Cambodia. However, because of the substantial recent changes in this social protection context, the future success of IDPoor is not assured. The importance of the social protection system and uncertainty of its future provide strong justification for further DFAT support in the evolving context to support a sustainable, inclusive and embedded social protection system.

The Review recommends that DFAT should continue to remain engaged with IDPoor through GIZ, building on the current ISPH partnership. IDPoor provides a valuable entry point for DFAT to leverage its investments in human development and enhance its strategic impact across both social protection and health sectors, at a particularly opportune time when the social protection sector is undergoing a substantial transformation. DFAT should then focus on improving coordination and better leveraging the synergies between ISAF and IDPoor (in the area of social accountability) and between ACCESS and IDPoor (in the area of social inclusion). This would allow continued high-level policy engagement, while at the same time capitalising on DFAT's very focussed direct technical contributions around registries and information systems, social accountability and GEDSI.

To strengthen collaboration between these different programs, it is recommended that DFAT Post should establish more formal channels for regular exchange between them. The coordination across programs should be more structured and deliberate, in order to maximise the undoubted synergies that exist. It is suggested that there should be regular meetings, in Post, involving the respective investment managers and the key program staff, to provide updates on progress, to share achievements and challenges, and to identify areas for collaboration.

There is an expressed need for capacity building around social protection in Cambodia. The Government is very appreciative of the external technical assistance delivered by GIZ, but is keen to internalise capacity and ownership as much as possible. One potential mechanism for achieving this would be to build from the recent study tour to Australia by senior Cambodian social protection staff to foster longer-term professional linkages between Australian and Cambodian institutions, by facilitating the institutional dialogue that has been initiated and leveraging financial and technical support to implement some of the changes that were evoked during the study tour.

This approach would allow DFAT to meet its development priorities in Cambodia, to retain its strategic oversight of the broader health and social protection sectors through ongoing engagement with the technical

development of IDPoor, and at the same time to maintain a clear and manageable focus on its ongoing investments in social accountability and GEDSI.

Risks and Safeguards

There is always a danger with social cash transfers, especially when they are to some extent discretionary rather than entitlements, that their use will be politicised, abused or used for purposes of clientelism or patronage. It is difficult to assess the extent to which this might have happened in Cambodia, because – unsurprisingly – no-one is ready to discuss it openly. There were certainly instances of abuse during the rush to roll out the COVID-19 cash transfer (with 14,400 cards withdrawn for having been mis-allocated). There were allegations of offers to reward voters with IDPoor cards, and of threats to withdraw them, at the recent elections, but these are unproven. One positive aspect is that the Government at national level takes any such allegations seriously, and has often taken action to investigate immediately.

The other challenge is the reliance on Proxy Means Testing (PMT), which typically has substantial inbuilt errors, especially in distinguishing between the very poorest, and will inevitably result in inclusion and exclusion errors (see Box 1 in the body of the report outlining limitations of the PMT). The ability to over-ride the automatically generated poverty score by taking account of special circumstances is one way to reduce such exclusion, but it in turn requires safeguards and robust monitoring to avoid misuse. It is not clear that the Government has been made fully aware of these shortcomings by those who have been advocating a “black box” PMT; though there were reports from both MoP and GS-NSPC that community dissatisfaction with the selection process appeared to have experienced an uptick since its introduction.

The best safeguard against such challenges is to institute good communications, robust monitoring, independent grievance redress and effective social accountability mechanisms. These requirements are recognised in the current program design, and initial steps are already under way to implement them. But there is potential to forge stronger linkages with other social accountability interventions (in particular ISAF, which DFAT is already supporting) to ensure that they become fully embedded in sustainable national structures.

1 Introduction

1.1 Background

Cambodia's economic development has shown significant improvement due to supportive government policies, which caused the poverty head count to decrease from close to 50% in 2007 to 13.5% in 2014. However, many households are just above the poverty line, often referred to as the near poor, with shocks such as COVID-19 leading to increased vulnerability to poverty.

The economic improvements are expected to continue, but the COVID-19 pandemic has had a negative impact on the incomes of a large proportion of the population. Based on the latest poverty line definition from the Cambodia Socio-Economic Survey (CSES) for 2019/20, it is estimated that 17.8% of the population now falls below the poverty line, the majority of whom live in rural areas. The poverty rate in urban areas is 12.6%, while in rural areas it is 22.8%.

Human capital development in Cambodia still faces challenges in terms of high multi-dimensional poverty. Stunting in children under five years of age is high, with a prevalence rate of 32.4%. The literacy rate of the population aged six years and above is 80.7%, with lower literacy in rural areas (76.8%).

Cambodia is prone to climate-related shocks and is among the countries most exposed to natural disasters worldwide. It is ranked 16th out of 181 countries on the 2020 World Risk Index, and 15th in the global comparison measuring the average occurrences of disasters per million people and per 1,000 km² land area. The country is particularly exposed to hydrometeorological hazards, including floods, droughts, heavy storms, typhoons, and lightning strikes, with floods and droughts being the most frequently occurring.

Social protection (except in the case of social insurance for a very small proportion of the population in formal employment) is a relatively recent policy option for Cambodia. The National Social Protection Policy Framework (NSPPF) was only approved in 2016, in which the Government strongly acknowledges that the social protection system should be a major contributor to “economic growth with equity and inclusiveness” and sets out a long-term vision for “the construction of a social protection system based on inclusiveness, effectiveness and financial sustainability as a tool to reduce and prevent poverty, vulnerability and inequality and which will contribute to the development and protection of human resources and stimulate economic growth”. The prominence of social protection in Cambodia has increased dramatically over the last few years.

1.2 The story of IDPoor³

In 1997, the Cambodian Government introduced user fees for all public hospitals and health centres to generate revenue to cover their running costs and staff salaries. However, it also came to recognise that such fees could have adverse health outcomes for poorer Cambodians. It therefore established a Health Equity Fund (HEF), building from schemes that had been piloted by NGOs. And to harmonise the selection of beneficiaries for a unified HEF, it needed to establish a common mechanism to identify the poorest households.

In 2005, therefore, the Cambodian Ministry of Planning (MoP), with support from Germany through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), began to develop IDPoor as a single basis for targeting programs for the poor, initially the HEF, but subsequently other poverty-targeted support such as scholarships. The Australian Government has co-funded this technical support through GIZ over three phases, with the latest Phase 3 – the subject of this Review – covering the period from 2016 to 2022.

³ This section draws heavily on the German Health Practice Collection publication “IDPoor: The cornerstone of Cambodia's social protection system” (GIZ 2022).

IDPoor initially used a hybrid model to combine the objectivity of a survey using a standard poverty scorecard with a community-based selection process. Households identified as poor received Equity Cards which entitled them to an expanding range of benefits. Poverty identification was carried out in recurring rounds, with all 24 of Cambodia's provinces covered over a three-year period.

In 2011, IDPoor was formally adopted by the Government of Cambodia as its official poverty identification mechanism through a Sub-Decree. All organisations targeting poor households, be they government or non-government, local or international, were required to use IDPoor data to identify beneficiaries. In 2016, IDPoor was extended to urban areas and the system attained national coverage.

While the three-year cycle was impressive compared to poverty surveys in other countries⁴, households that missed the IDPoor round in their village had to wait until the next cycle to be evaluated for eligibility. With one in four Cambodians migrating for work, and with many households cycling in and out of poverty⁵, IDPoor needed a more flexible way to allow for assessments between rounds. For some years, the HEF operators were authorised to issue "Post-ID" cards, often at point of delivery, but this posed challenges in terms of verification. So, in 2017, the Ministry of Planning piloted a new 'on-demand' mechanism, including digital data collection and automated poverty scores based on an algorithmic Proxy Means Test (PMT), in selected communes. It subsequently announced its intention to gradually roll out the new procedures over a three-year period, starting in 2020.

Meanwhile, with the evolution of broader social protection interventions, underpinned by a National Social Protection Policy Framework (NSPPF) 2016-2025, IDPoor was increasingly seen as a vehicle for selecting beneficiaries for social assistance interventions. Specifically, from 2016, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), supported by UNICEF, began the implementation of a Cash Transfer for Pregnant Women and Young Children (CT-PWYC), using IDPoor alongside an innovative payment mechanism based on the Wing money transfer system.

The COVID-19 pandemic, which inflicted significant economic harm on Cambodia, greatly accelerated the rollout of both of these systems. In cooperation with Cambodia's 1,646 commune/sangkat councils, the Ministry of Planning used the new on-demand IDPoor procedures to update lists of poor and vulnerable households through a countrywide campaign. Identified households could access cash transfers using Wing, through a social assistance program funded by the Government of Cambodia and administered by MoSVY. New digital solutions linked the Wing cash transfer delivery system with the IDPoor database of households holding Equity Cards.

Convinced by the speed, efficiency and power of the flexible new procedures, the Government of Cambodia decided in August 2020 that, henceforth, IDPoor would employ a fully on-demand approach. Since that time, MoP has been working to strengthen the internal systems which will underpin these new procedures. This includes the use of tablets for data collection, cloud-based communication of data updates from commune/sangkat councils and access to real-time information about Equity Card holders. The PMT algorithm was updated to reflect the 2019/20 CSES, and the questionnaire was harmonised to reflect this⁶.

Most recently, the Government has been persuaded, largely as a result of its COVID-19 response, that it is not sufficient to have a registry only of the current poor: it is important also to know in advance who is

⁴ The reviewer is not aware of any other country that has managed to maintain such regularity of updating of a social registry through census sweeps.

⁵ Cambodia has extremely high "churn" around the poverty line: an OECD study found that over 50% of those classified as "very poor" one year become "non-poor" (ie they leapfrog even above the "poor" category) after just three years. And two-thirds of the "very poor" one year had not been in that category three years earlier (OECD 2017).

⁶ The PMT formula will be reviewed again as soon as the results of the 2023 CSES become available in 2024.

vulnerable to poverty in the event of a shock. MoP has therefore completed a campaign of registration into IDPoor of those who are deemed to be “at-risk”. This is defined as those falling in a consumption band between the poverty line and 1.5 times the poverty line, and of facing one or more of five specified vulnerabilities: children under 2, the elderly, persons with disability, single female headed households and children only households. This at-risk category has been used in 2022/23 to pay emergency cash transfers in response to shocks, both climatic (floods) and economic (inflation).

2 Independent Strategic Review

The Review of Australia’s third phase of support to IDPoor was carried out by an independent reviewer, Nicholas Freeland, according to the schedule set out in the Terms of Reference (ToRs) (see Annex 1), through a desk review of documents, remote consultations, an in-country mission of field visits and interviews with stakeholders and key informants, and the drafting and finalisation of a report (25 days in total).

The Review Plan was submitted on 7 September, outlining the approach and methodology, which was agreed with minor modifications. This was followed by the desk review and some preliminary consultations conducted remotely. The in-country mission took place from 22 to 27 October 2023, in company with a Social Protection Adviser from DFAT Canberra. A draft final report was submitted on 6 November 2023; this was revised, based on feedback received from DFAT and partners, and the final version was submitted on 18 December 2023.

Key stakeholders consulted remotely and in Phnom Penh included the following:

- Government: General Secretariat National Social Protection Council, Ministry of Planning, National Social Assistance Fund
- Development partners: DFAT, GIZ, UNDP, International Labour Organisation (ILO), World Bank (WB), UNICEF
- Civil society organisations (CSO): Cambodian Disabled Persons Organisation (CDPO); World Vision International

The field visits were designed to cover a spectrum of rural (Khhob), peri-urban (Koh Khael) and urban (Prey Sar) locations. They included focus group discussions (FGD) at commune/sangkat councils with staff involved with IDPoor administration, and at community level with a selection of beneficiaries and non-beneficiaries, local associations and village chiefs.

2.1 Purpose

The purpose of the Review is twofold:

- to assess the performance of the IDPoor program delivered by GIZ against its end of program outcome (EOPO) and DFAT’s evaluation criteria, and to provide the evidence required for the Final Investment Monitoring Report (FIMR), including filling the gaps in performance data that have not been collected and/or reported on by GIZ over the life of the investment. In addition to drafting the public Review document (which will be published on the DFAT website), this will also involve drafting the internal DFAT FIMR document for IDPoor according to the FIMR specifications (for review and revision by DFAT staff).
- the Review will provide a forward-looking assessment of social protection priorities for Cambodia to inform DFAT’s future social protection policy engagement and programming in this space. This may be used to update DFAT’s social protection priorities for Cambodia and to provide recommendations for a GIZ-commissioned review of the current DFAT and German funded Improving Social Protection and Health (ISPH) Program.

The Review will thus both directly inform the FIMR, and the subsequent design of future social protection investments in Cambodia. This will include identifying the strengths and/or weakness of the program in regard to achieving its EOPO, value for money, and other FIMR criteria, and beyond this, to assessing the impact of the program on meeting the needs of Cambodia's poorest and most vulnerable. It will also examine the extent to which program outcomes are likely to be sustainable. The findings will be used to inform the development of future programs in Cambodia and similar DFAT programs elsewhere.

The primary audience for the Review is:

- DFAT senior executives;
- DFAT officers involved in the design and delivery of any future social protection programs that include a social registry;
- Bilateral and Post officers involved in reporting on the program and managing future social protection programming in Cambodia.

Any decision on sharing the report with partner governments will be made by DFAT once the Review is completed.

DFAT have indicated that the Review will be published together with a management response.

2.2 Evaluation questions

The evaluation questions reflect this dual purpose, being divided into two main parts. The evaluation (Part 1) is discussed in Chapters 3 (Findings) and 4 (Conclusions); the recommendations for the future (Part 2) are discussed in Chapter 5 (Recommendations).

PART I: EVALUATING IDPOOR

The primary questions the Review is intended to cover in relation to the IDPoor program's performance and achievement of outcomes include:

1. To what extent has the IDPoor program fulfilled its stated EOPO: "The Government of Cambodia, non-governmental institutions and development partners use bespoke IDPoor data extracts for their poverty alleviation interventions"?
2. To what extent has the IDPoor program enabled the RGC to effectively and efficiently reach the poor and marginalised for the delivery of social protection and other services, including in response to shocks such as COVID-19?
3. To what extent did IDPoor effectively address gender equality, disability and social inclusion considerations, including:
 - a. Analysing and responding to gender equality, disability and social inclusion gaps and opportunities?
 - b. Identifying and managing risks to gender equality?
 - c. Effectively implementing strategies to promote gender equality and women's empowerment?
 - d. Collecting sex-disaggregated data and including relevant GEDSI indicators to measure gender inequality outcomes?
 - e. Allocating sufficient expertise and budget to achieving gender equality outcomes and outputs?
 - f. Incentivising/supporting program partners (including RGC) to treat gender equality as a priority in their own policies and process?
 - g. Linking IDPoor with ACCESS partners to ensure improved approaches to disability inclusion?

4. How relevant was this investment to Australia's development objectives as outlined in the COVID-19 development (CDRP plan), RGC priorities, and IDPoor intended beneficiaries? To what extent was IDPoor important in enabling the RGC to effectively and quickly respond to the economic and social impacts of the pandemic?
5. To what extent did DFAT's contributions and engagement with strategic IDPoor program processes add value to achieving investment outcomes, including Australia's development objectives?
6. To what extent was DFAT's support to (a) IDPoor, and the social protection components of ISPH (b) H-EQIP, (c) support to the MoP to update its targeting methodology through the UNDP Resilience Fund, and (d) ISAF coordinated; and to what extent did these programs complement and leverage one another to improve outcomes, if at all? To what extent did the IDPoor program design effectively incorporate strategies and approaches to ensure the sustainability of program outcomes beyond the life of the program?
7. How has ISPH departed from IDPoor?
 - a. What have been the advantages, benefits, disadvantages and trade-offs in terms of outcomes for the poor and marginalised?
 - b. What have been the advantages, benefits, disadvantages and trade-offs in terms of DFAT's capacity to shape and/or contribute to the policy and program setting agenda with other contributing funding partners?

PART II: RECOMMENDATIONS FOR DFAT INVESTMENT IN SOCIAL PROTECTION PROGRAMMING IN CAMBODIA GOING FORWARD

1. What is the most effective way for Australia to support progress on social protection in Cambodia given priority needs for the sector and Australia's experience and comparative strengths?
2. Should Australia continue to work with GIZ on social protection or are there better modalities and partners, e.g., the World Bank, a Managing Contractor or UN agency?
3. In addition to continuing to support the maintenance of IDPoor, are there other social protection mechanisms that are likely to have greater impact on improving social protection in Cambodia that should be incorporated into future programs?
4. What specific measures could be taken to enhance the impact of DFAT's social protection programming on (1) women and (2) people with disabilities?
5. Initial thinking on how climate change is likely to impact Cambodia's social protection sector, i.e. Exacerbating the vulnerability of specific groups, and shifting their needs for support? What will be the scale and nature of this impact? Are there specific areas that Cambodia and DFAT should address to prepare for these eventualities?
6. In what specific ways can/should DFAT use its leverage and influence to further strengthen the approach and outcomes of future social protection programs? And how can DFAT improve consolidation, coordination and/or collaboration between its social protection programming and policy engagement (for example through IDPoor, ISPH, ACCESS, ISAF and the Resilience Fund)?

In addition, certain questions were added before and during the in-country mission, as follows:

1. How critical is Australia's support to IDPoor? Will other donors or the RGC itself be able to continue to support to IDPoor at the current level (and achieving the same outcomes) if Australia did not provide this support, or would certain things not happen as a result? Relatedly, would Australia's funding support be better allocated to other RGC governance issues such as social accountability, for instance through increased support to ISAF? Why, or why not?

2. What groups, if any, appear to still be falling through the gaps of IDPoor support? What are the reason for this? Is RGC already aware of this? And what could/should be done to broaden or better target coverage?
3. What opportunities exist to strengthen social accountability within IDPoor? Can or should this be done in conjunction with ISAF?
4. How responsive is IDPoor to personal crisis and urgent family/individual needs? What impact has responsive IDPoor support (if indeed it is) had on people's lives? Is there any evidence that this crisis support prevents people from entering longer term poverty?

Where possible, these have been integrated (*in italics*) with existing related questions in the Findings and Recommendations chapters, so as not to have too many disparate sections of the report. Where this has not been possible, they are added in those chapters as additional evaluation questions.

2.3 Methodology

The Review used a mixed methods approach to analyse quantitative and qualitative data to inform judgements on the key evaluation questions. Methods included extensive document and data analysis, complemented by stakeholder interviews and focus group discussions. Interviews were done predominantly in person, with remote approaches used only where necessary. Findings, conclusions, and recommendations are evidence based and triangulated to the extent possible.

2.3.1 Quantitative methods

The Review used quantitative analysis of the IDPoor database and its associated information system to extract information for use in the Review. This included, for example, data on the coverage and content of the registry, and on access to, and usage of, the data.

2.3.2 Qualitative methods

The Review involved three qualitative approaches: 1) Document review 2) Key informant interviews and 3) Focus Group Discussions.

1. Document review

The document review entailed analysis of information including DFAT documents, individual program / investment planning documents, implementing partner reports and proposals and other specialist papers (e.g., on disability, climate change, gender etc.).

The reviewer drew heavily on the program level data compiled by the bilateral teams at Post, but also examined other available additional analysis from independent or third-party sources. This included but was not limited to existing designs, M&E reporting, evaluations and reviews, analysis by other development partners, NGOs, universities and think tanks both in Australia and Cambodia, and reporting by multilateral partners like the UN, the World Bank, the ADB and the IMF. A list of references is included in Annex 3.

2. Key informant interviews

Semi-structured key informant interviews were undertaken with relevant stakeholders from DFAT, both in Canberra and at Post, implementing partners including bilateral and multilateral organisations such as the World Bank, the ADB and the UN (to establish how IDPoor has been leveraged for their social protection projects and any technical assistance to IDPoor), Government offices and their local partners. Interviews were prioritised in a similar manner to that outlined above for the document reviews. The approach of using the same or similar questions with each of these partners allowed the reviewer to reliably identify consistent themes or perspectives in the responses of different partners.

Questions for the key informant interviews were categorised against the key evaluation questions with room for emerging questions. This facilitated subsequent analysis of responses and linkages back to the document review. Each interview was conducted by the reviewer, who first outlined the purpose of the Review, how the information was to be used, and the steps that would be taken to maintain confidentiality of responses (such as non-attribution of quotations). Informants were made aware that the Review's final report will be published by DFAT.

The full list of key informants consulted in included in Annex 2.

3. Focus group discussions

Two one-day field visits were undertaken to locations where IDPoor is operating, to conduct focus group discussions with sets of implementers, commune/district officials, beneficiaries and non-beneficiaries. The purpose was to explore experiences related to the design and effectiveness of IDPoor, and its interface with relevant programs. The exploration aimed to uncover the strengths and weaknesses of IDPoor and what the implications are for its future. There was also an effort to collect perceptions on specific features of the registry, like its use for targeting; its inclusion of individuals in a lifecycle context, any gender biases, and accommodations for people with disabilities.

2.4 Ethical considerations

Throughout the Review, the reviewer took care to adhere to the Australian Evaluation Society Code of Ethics⁷. During data collection participants were fully informed of the purpose and use of the Review, and informed consent was obtained before proceeding. Participants had the option to skip over any questions they did not feel comfortable answering and were allowed to withdraw from the interview at any point. Where possible using local interpreters to assist in-country research, it is hoped that any cultural, language or perceived power differences between the reviewer and participants was effectively minimised.

2.5 Limitations

The time for the Review was relatively condensed, and the in-country component was only a single working week. As many of the meetings as possible were concentrated into this one week, with other interviews conducted remotely, especially with individuals not based in Cambodia. The fieldwork was limited to two one-day trips, so were necessarily not to very remote areas: this meant that, although a representative sample of men and women were interviewed and a number of persons with disabilities, there was no engagement with ethnic minorities.

3 Findings of the Review

The findings of the Review are presented for each of the evaluation questions. In two cases, sub-questions have been moved and combined, where there was significant overlap; and the additional questions added after the development of the ToR are shown *in italics*.

To what extent has the IDPoor program fulfilled its stated EOPO: “The Government of Cambodia, non-governmental institutions and development partners use bespoke IDPoor data extracts for their poverty alleviation interventions”?

It is possible to confirm that this (somewhat mechanistic) EOPO has been met in full, even exceeded. The indicator was to increase the use of IDPoor from a baseline of 92 to a target of 165, later revised upwards to 180. The final end-of-program figure was 334, or 186% of the target. As the final report summarised: “While

⁷ https://www.aes.asn.au/images/AES_Code_of_Ethics_web.pdf?type=file.

92 projects had built their interventions on IDPoor data in 2016, this number increased to 171 data users in 2020 and to 334 data users in 2022. During the COVID-19 pandemic, this number peaked temporarily at over 400 for short-term interventions. These include data users from the government, non-governmental institutions as well as development partners.”. The Angkor Research Data User Survey confirmed that in 2022, at the time of their survey, 368 distinct users were using IDPoor data to provide support to poor households, in addition to 37 users for research purposes. Finally, in the one year since the new IT system was introduced in October 2022, a total of 592 users have registered to use the system⁸.

But what is much more important than these simple usage numbers is to be able to confirm that IDPoor now includes information on over 1.4 million poor and at-risk households, representing some 5 million individuals or around one-third of the total population. It has been used for the targeting of over USD 1 billion of Government social assistance to nearly 5 million beneficiaries. This is detailed in Table 1.

Table 1 - Social assistance coverage using IDPoor

Cash transfer	Period	Total households	Total beneficiaries	USD million
CT for poor Pregnant Women and Young Children	Jun 2019 - Mar 2023	N/A (individual)	314,031	24.0
CT for Poor Households during COVID-19	Jun 2020 - Mar 2023	705,487	2,783,990	990.0
CT for At Risk Households affected by floods	Dec 2022 + Feb 2023	99,169	372,859	11.7
CT for At Risk Households affected by inflation	Mar 2023	495,314	1,332,628	26.4
TOTAL			4,803,508	1,052.1

Source: National Social Assistance Fund - Annual Meeting 10/05/2023

In addition, over 3 million uses of the Equity Card were recorded in Cambodia’s health centres and hospitals during 2021, representing USD 16.8 million of health expenditure⁹.

For a program that was originally conceived as a way to allocate cards to access HEF, and before the Government had even started on social cash transfers, this is an extraordinary achievement.

The program originally had two subsidiary EOPOs. The first, “An IDPoor Monitoring System on implementation of the IDPoor procedure (activities) and data use (results) informs the Ministry of Planning (MOP) once a year about necessary changes in procedures, structures and steering” became less relevant once the annual census rounds (to which it refers) were abandoned. The second, “The MOP represents IDPoor interests in 3 multi-stakeholder dialogues on targeting processes, one of them focussing on gender issues” was in reality more of an output – this was achieved, and is discussed in more detail under “Gender” below. In addition, a further EOPO was added at the time the contract was extended: “IDPoor serves as targeting mechanism to identify beneficiaries for at least two of the social protection schemes under the NSPPF as part of its new linked registration system”. This was more a statement of fact, recognising the two programs for which IDPoor was already being used, the CT-PWYC and COVID-19 response.

⁸ GIZ, *pers comm*.

⁹ Payment Certification Authority.

To what extent has the IDPoor program enabled the RGC to effectively and efficiently reach the poor and marginalised for the delivery of social protection and other services, including in response to shocks such as COVID-19? To what extent was IDPoor important in enabling the RGC to effectively and quickly respond to the economic and social impacts of the pandemic? [moved and combined]

Table 1 is a clear demonstration of the degree to which IDPoor has enabled the Government to respond, at scale, to both COVID-19 and subsequent covariate shocks, specifically the flood and inflation crises of 2023. In the absence of IDPoor and fortunate pre-testing of an on-demand application process it is highly unlikely that the response would have been nearly as effective. For example, when COVID-19 struck Cambodia, it was less than 6 months from the first recorded case, on 15 February 2020, to the date that the COVID-19 response cash transfer program was announced (24 June 2020), to reach the 560,000 households already registered in IDPoor. As the Prime Minister explained at the time of the launch “This is the first time in Cambodia’s history that a social protection scheme of this magnitude has been introduced”. By September 2021, a further 140,000 households had been added to IDPoor using the nascent on-demand system, and multiple payments had been made to nearly 700,000 households in total.

Given the rapidity with which the response had to be rolled out, it is inevitable that there would have been a number of errors in inclusion and exclusion. For example it was reported that the Ministry of the Interior had uncovered “irregularities in the identification process of the IDPoor programme and has subsequently withdrawn more than 14,400 equity cards from June 2020 until the present [December 2020]. This number includes relatives of authorities (who were claiming on the scheme)”¹⁰.

But such challenges were inevitable in the circumstances; the Government was quick to clamp down on them; and they should not detract from the fact that IDPoor provided an exceptional platform at a critical time.

How responsive is IDPoor to personal crisis and urgent family/individual needs? What impact has responsive IDPoor support (if indeed it is) had on people’s lives? Is there any evidence that this crisis support prevents people from entering longer term poverty? What groups, if any, appear to still be falling through the gaps of IDPoor support? What are the reason for this? Is RGC already aware of this? And what could/should be done to broaden or better target coverage?

The transition away from census rounds and towards completely on-demand application in theory makes IDPoor much more responsive to personal crises and urgent household needs. Previously, a household whose circumstances worsened suddenly had to wait for up to three years, until the next census round for their Province, to be added to IDPoor. There was the temporary option of the “Post ID” card, which had the advantage of being able to be issued at the point of service delivery, but this did not confer the same benefits and was found to be open to abuse because of its rather arbitrary nature. The current system should allow newly-poor households to make an application immediately their circumstances change, and – in an ideal scenario – to receive their full Equity Card within a few weeks of making the application.

Households interviewed during the FGDs felt overwhelmingly that free access to health services was the most important benefit of registration in IDPoor, ahead of any cash transfers to which they might be entitled. Some had also received other benefits, such as subsidised access to clean water. These benefits will undoubtedly have had positive impacts on people’s lives.

¹⁰ <https://www.khmertimeskh.com/50798105/crackdown-on-idpoor-eligibility/>

It is debatable whether support from IDPoor on its own is enough to allow people to exit poverty. The typical cash transfer value is below 10% of the per person per day poverty line and many of the shock-responsive cash transfers are paid only over a limited period of time. Even so, a UNDP survey¹¹ found that COVID-19 cash transfer recipients were “more likely to report having enough food to eat, compared with non-recipients” and “more likely to have cash savings”. What can be assumed with much greater confidence is that the combined package of health care and cash transfers will help to prevent households falling into longer term poverty through negative coping strategies, especially as a result of a health shock. Again, the UNDP survey confirmed this, finding that “COVID-19 cash transfer recipients were less likely to take additional loans” and “less likely to have their children (aged 6-18 years old) drop out of school”.

It is certain that some households will be falling through the gaps and, despite being entitled, will not be receiving IDPoor support. There is a danger that the most marginalised households (ethnic minorities, persons with disabilities, sex-workers, street children, social outcasts, etc.) will be the ones most likely to be excluded, either through lack of knowledge or through the prejudice of village chiefs or commune councils.

The Proxy Means Test (PMT) also typically has substantial inbuilt errors, especially in distinguishing between the very poorest, and will inevitably result in inclusion and exclusion errors (see Box 1 outlining limitations of the PMT). The ability to over-ride the automatically generated poverty score by taking account of special circumstances is one way to reduce such exclusion, but it in turn requires safeguards and robust monitoring to avoid misuse. It is not clear that the Government has been made fully aware of these shortcomings by those who have been advocating a “black box” PMT; though there were reports from both MoP and GS-NSPC that community dissatisfaction with the selection process appeared to have experienced an uptick since its introduction. This underlines the need for much strengthened systems of monitoring and social accountability. As discussed below, this would include: improved communication on rights, entitlements and eligibility criteria; an anonymised and independent grievance procedure that encourages complaints and monitors their resolution; community structures to aggregate and escalate common concerns; spot checks; and the engagement of NGOs to represent the interests of particular sets of marginalised constituents.

In the longer term, the only way to support people exiting poverty and reduce errors of exclusion is to increase coverage and to move away from poverty-targeting. There are already positive indications that the Government understands the particular vulnerability of some lifecycle groups. For instance, it identified five such key vulnerabilities to prioritise for registration when it undertook the campaign to enrol the “at-risk” group into IDPoor: elderly, persons with disability, single female headed households, children only households, children under 2¹².

As Cambodia’s social assistance matures, it can be expected that some components of the planned Family Package will be expanded over time to become increasingly more inclusive. Programs might first cover just IDPoor Level 1, then Level 2, then “at-risk”, then affluence-tested and finally – perhaps – universal. To improve the programs’ inclusivity and to increase coverage a range of questions need to be addressed: does it make sense to poverty-target a disability grant? To restrict support over the first 1000 days to only the very poorest, when maternal and infant malnutrition is high across the wealth distribution? To distinguish support to PLHIV based on poverty status? The Government may be increasingly persuaded by the compelling

¹¹ UNDP 2022.

¹² The original intention was that, in order to be considered “at-risk”, a household should both have an income of between 1.0 and 1.5 times the poverty line and should exhibit at least one of the five identified vulnerabilities. In the end, though, there was sufficient funding for all the identified at-risk group based on poverty status alone, so the categorical vulnerabilities did not need to be specifically prioritised in this instance.

investment case and social cohesion impacts of more inclusive approaches as it begins to realise the political and economic benefits of broader social protection. DFAT and other development partners can support such discussions and advocate for increasingly inclusive approaches.

To what extent did IDPoor effectively address gender equality, disability and social inclusion considerations, including:

- **Analysing and responding to gender equality, disability and social inclusion gaps and opportunities?**
- **Identifying and managing risks to gender equality?**
- **Effectively implementing strategies to promote gender equality and women’s empowerment?**
- **Collecting sex-disaggregated data and including relevant GEDSI indicators to measure gender inequality outcomes?**
- **Allocating sufficient expertise and budget to achieving gender equality outcomes and outputs?**
- **Incentivising/supporting program partners (including RGC) to treat gender equality as a priority in their own policies and process?**
- **Linking IDPoor with ACCESS partners to ensure improved approaches to disability inclusion?**

The IDPoor program has had gender equality, disability and social inclusion (GEDSI) embedded in its mandate since the start. According to the OECD-DAC markers at program design, the promotion of gender equality is a secondary objective. One of the three outcome indicators of Phase 3 was “The MoP represents IDPoor interests in 3 multi-stakeholder dialogues on targeting processes, one of them focussing on gender issues”. This was exceeded, with five such dialogues taking place, on (i) persons with disabilities, (ii) people living with HIV (PLHIV), (iii) maternal and child health, (iv) gender-sensitive social protection and (v) poverty scoring and questionnaire design¹³. These contributed directly to the formulation and design of components of the Family Package, specifically the CT-PWYC (which is now in operation) and the disability grant (due to start in 2024). A further indicator for its Output B was “The cross-cutting issues (i) gender mainstreaming, (ii) inclusion of persons with disabilities and (iii) ethnic minorities are incorporated in IDPoor training manuals at all 4 levels nationwide”. This too was achieved.

While there is some evidence of progress, the Review also identified gaps and challenges for the integration of GEDSI, including as the program responded to demands on MoP to adapt to new policy settings and to roll out rapid changes to IDPoor procedures. There is no explicit discussion of gender (or other inclusion) issues in GIZ’s risk matrix for the program. DFAT’s Investment Design Summary Risk Assessment Tool identifies the risk of exclusion from IDPoor of “vulnerable and marginalised poor populations, including extremely poor people, people with disability and ethnic minority groups”; but does not raise specific issues around gender. Nor is it clear to what extent budget has been allocated to achieve gender equality outcomes and outputs.

In terms of allocating specific expertise to gender issues, however, this is likely to have been achieved. Staff in Post and in GIZ show clear awareness of the importance of prioritising gender, and the close partnership with ACCESS has brought specialist expertise into the discourse. From 2017, a national junior technical advisor was recruited by GIZ to support MoP in cross-cutting mainstreaming activities, such as gender, inclusion of persons with disabilities and ethnic minorities into IDPoor. IDPoor master trainers received a training of trainers course on gender and disability inclusion at the end of 2019. Moreover, with the support of a gender mainstreaming specialist, IDPoor manuals were reviewed in 2020 to integrate gender and

¹³ “Dialogue with GS-NSPC” was also listed here in the GIZ reporting, but this reflected general interaction on a variety of subject matters, rather than a specific topical dialogue.

disability inclusion aspects throughout the procedure. During the process of these revisions, the entire MoP IDPoor team attended a gender refresher training. In 2021, the GIZ project provided a refresher gender training to IDPoor implementers and conducted an in-depth analysis of IDPoor data from a gender lens to promote the dialogue between MOP and data user organisations on how to use IDPoor data for gender-sensitive social assistance programming. It is, however, difficult to assess the downstream impact that this has had – consideration should be given to the inclusion of appropriate indicators in future monitoring frameworks.

It can reasonably be argued, as the GIZ program design does, that all investment in IDPoor can be justified on the basis that “Women are a particularly important part of the target group. Female-headed households make up one third of all households, which is why a special focus is put on them during the identification process. IDPoor data show that in most regions the share of female-headed households amongst the poorest segments of the population is larger than amongst the less poor segments”. Female-headed households and those containing a person with disabilities are generally poorer, and this is reflected in the composition of households benefiting from IDPoor. Nationally, according to the 2014 Demographic and Health Survey, 27% of households were female headed, while at that time 43% of IDPoor level 1 households and 36% of IDPoor level 2 households were female-headed. There will be positive impacts, in terms of gender equality and women’s empowerment, on such female beneficiaries who are selected to receive benefits (free primary healthcare, scholarships for their children, cash transfers, subsidised water access, etc.) based on their inclusion in IDPoor.

One such service was the introduction of the national CT-PWYC, with its direct positive impacts on women. This would not have been possible without IDPoor, since it was targeted at poor pregnant women and their children under two years of age. In turn, it required modifications to the IDPoor system to be able to capture pregnancy as a status. Once operationalised, CT-PWYC demonstrated the feasibility of using IDPoor, not just for household poverty-targeting, but also as the basis for delivering social assistance to individuals based on their lifecycle vulnerabilities. This in turn led to the conceptualisation of a broader Family Package aimed at supporting individuals at other stages of the lifecycle, and has thereby opened the door to more substantial investments in social assistance. It provides a clear example of how DFAT’s modest involvement in a technical role can provide an entry point to its engagement in more strategic policy-level developments. It is impossible to attribute this evolution directly to DFAT’s support to IDPoor, though it is likely to have played at least a facilitating role; and this kind of policy influencing is something that could be pursued more proactively and explicitly through future support.

An early attempt to incorporate more focus on disability into the IDPoor registration process was perhaps a little misdirected. This incorporated the Washington Group questions into the questionnaires, first the urban one, then later the rural one. But the Washington Group questions are not intended for use in disability identification¹⁴. By the time the tablet-based questionnaire was developed, these questions were dropped and the link was made instead to the emerging disability database, for which MoSVY, with support from EU and UNICEF, had by then developed its own more comprehensive functional disability identification system. This is the preferred approach, which will be used by IDPoor in future: if there is a person with disabilities in the household being interviewed, then their disability identification card will be scanned, and the relevant information will be automatically added to the questionnaire in the tablet.

¹⁴ The Washington Group questions are designed as “data collection tools for use in national censuses and surveys that produce internationally comparable data on disability”. They are not intended for use in disability identification.

The original IDPoor registration procedure incorporated quotas for minimum female participation in the implementation of the village-level targeting mechanism, which was usually between 25% (in rural areas) and up to 50% (in urban areas). However, this opportunity was lost when the registration moved to tablets and to the commune level: from limited observation, the commune council staff who administer the IDPoor registration are predominantly male. Possible future DFAT support to IDPoor needs to consider GEDSI issues from the outset of design, and to systematically undertake an assessment of the gender and disability implications of all operational and implementation decisions. This is perhaps an aspect that could be strengthened through more formal channels for partnership with ACCESS.

The data held in IDPoor are fully sex-disaggregated; and its reporting templates are designed to automatically generate sex-disaggregated tables.

In terms of incentivising program partners to treat gender equality as a priority, this has definitely been successful in the case of GIZ as they also consider gender as a key development priority, which is reflected by practising gender equality at multiple levels (as outlined above). Investment in understanding the impacts of IDPoor on gender outcomes can also be traced in the economic analysis of COVID-19 impacts undertaken by UNDP, where the analysis is generally disaggregated by sex, and where an attempt is made to apply a “gender lens” to some of the findings, for example around withdrawing cash and household decision-making: “Both spouses were reported to have equal responsibility for cash withdrawal at the Wing agent, but husbands were reported to do this more frequently since they have more time and could travel with less concern about neglecting household work. All respondents, except for single male-headed families, stated that the wife in each family was mainly responsible for the spending of the cash transfer since this cash is used mostly for daily expenses, which the female is mostly responsible for”¹⁵.

The IDPoor program supported the Cambodian Disabled People’s Organization (CDPO) to share information on IDPoor procedures at three provincial level workshops in 2021. Furthermore, the MoP IDPoor team attended CDPO’s Annual Network Meeting and integrated one session about IDPoor procedures to all the Organisations for Persons with Disabilities (OPD) present. ACCESS Phase 1 (which ended in September 2023) has as one of its Intermediate Objectives that MoSVY’s Department of Welfare for Persons with Disabilities “more effectively facilitates the provision of social protection and economic opportunities to persons with disabilities”. As Government increased its focus on social protection, this recognised that there had been very little attempt to link persons with disabilities to social protection.

ACCESS sponsored a study (accompanied by a simulation tool)¹⁶ which analysed existing data to present evidence as to the socio-economic situation of persons with disabilities to build a case for developing a more disability inclusive social protection framework. The report highlighted the additional costs of disability and suggested some ways to respond to this in the design of social protection schemes. ACCESS also facilitated a number of successful dialogues between the Government and OPDs; and these same OPDs have in turn raised awareness at community level about their members’ entitlement to social assistance. Nearly 300,000 persons with disabilities have been registered in the Disability MIS: once the Family Package is launched, those of them who also hold an IDPoor card will be eligible to receive a regular cash transfer. It is expected

¹⁵ UNDP 2022.

¹⁶ This study was contracted by ACCESS to the same company, Development Pathways Ltd, that had undertaken an earlier Review of the NSPPF. There were therefore considerable synergies between the recommendations of the broader Review for a lifecycle approach and the findings of the study on disability.

that the Disability Identification Cards will be distributed nationally in early-2024, so it will be important for future DFAT support to review the experience of combining these two programs, and to learn any lessons.

ACCESS II has just started and will run until September 2028). It aims to ensure that persons with disabilities and survivors of gender-based violence benefit from access to quality and coordinated services as outlined under the Royal Government of Cambodia's National Disability Strategic Plan and National Action Plan for Violence Against Women. It has two EOPOs:

- By 2028, select service providers deliver higher quality GBV and disability services to increasing numbers of people in the target provinces;
- By 2028, select national and sub-national policy and planning processes respond to the priorities of survivors of gender-based violence and people with disabilities.

These continue to be closely related to DFAT's ongoing and potential future support to IDPoor.

How relevant was this investment to Australia's development objectives as outlined in the COVID-19 development (CDRP plan), RGC priorities, and IDPoor intended beneficiaries? To what extent did DFAT's contributions and engagement with strategic IDPoor program processes add value to achieving investment outcomes, including Australia's development objectives? *[moved and combined]*

DFAT's support to IDPoor has been highly relevant to its development objectives in Cambodia. Australia's CDRP (which underpins its current phase of support) included reference to "measures that deepen public trust and community cohesion, including stronger social protection systems...", clearly recognising the political economy arguments discussed above. H-EQIP features strongly under the Health Security component of DFAT's CDRP response; and its support to IDPoor is a key element in the Stability component: "Australia will support the RGC as it continues using the IDPoor registry...We will look for opportunities to expand our work beyond IDPoor to support gender and disability inclusive social protection systems and policy". Under Stability, one of the outcomes is that "Strengthened government systems deliver social assistance and increased food security during the pandemic, helping to put in place social protection systems to respond to future shocks (SDGs 1, 2, 10)"; and a key result is "Number of people reached with new Cambodian Government cash transfers using IDPoor as the targeting mechanism".

The CDRP also had a clear focus on disability, recognising that "People with disabilities are among the most vulnerable in Cambodia and experience challenges accessing basic services and employment. Disruptions to services, challenges to accessing assistance, higher poverty rates and vulnerability to economic shock predispose Cambodians with disabilities to being further left behind". DFAT has leveraged engagement with Government and OPDs to progress towards improved approaches for the inclusion of persons with disabilities in IDPoor and the development of a clear agenda for supporting them through the disability registry and Family Package going forward. Interviews with Government, OPD representatives, development partners highlighted Australia's focus and value-add in improving disability inclusion in IDPoor processes and broader social protection policy dialogue.

DFAT's investment in IDPoor is also fully in line with the Government's current priorities, and is highly supportive to the final beneficiaries. From the recent Consultative Workshop, Cambodia's emerging new NSPPF is likely to include the following elements¹⁷:

¹⁷ Consultative Workshop on "The National Social Protection Policy Framework - Vision 2030"

- Development Partners Coordination – Continue to strengthen the implementation of this mechanism to strengthen partnerships with development partners and civil society organizations.
- Identification of Target Group – Continue to strengthen the identification mechanism of poor and vulnerable households to be more effective and to become the backbone of the Social Protection Registry.

Finally, the access to free health care and cash transfers is highly relevant to, and greatly appreciated by, the final beneficiaries of the various programs targeted through IDPoor. This underlines the significance of the original primary purpose of IDPoor, to identify beneficiaries for the HEF. And it indicates how such free access to primary health care can be gradually expanded towards universal health coverage (one of the aims of H-EQIP): the Government has recently announced that the Equity Card will be issued to all the newly-identified at-risk category of IDPoor.

To what extent was DFAT’s support to (a) IDPoor, and the social protection components of ISPH (b) H-EQIP, (c) support to the MoP to update its targeting methodology through the UNDP Resilience Fund, and (d) ISAF coordinated; and to what extent did these programs complement and leverage one another to improve outcomes, if at all? To what extent did the IDPoor program design effectively incorporate strategies and approaches to ensure the sustainability of program outcomes beyond the life of the program?

Many of Australia’s investments in Cambodia have the potential to complement its support of IDPoor. This has been leveraged to some degree, but there is perhaps scope to exploit the synergies more deliberately and purposively in the future, which is discussed in the Chapter on Recommendations.

Historically, IDPoor and H-EQIP grew in tandem, with IDPoor originally seen as the means to the end of targeting access to HEF. For the other programs, it appears that most of the coordination has been circumstantial rather than planned, and that it has relied to a large degree on personal rather than institutional relationships within Post. The same First Secretary (Development Cooperation) in Post was responsible for IDPoor and ACCESS, and was therefore able to monitor and promote any synergies between the two programs.

In the case of ISAF, the linkage was less conducive: the overarching PROMISE partnership with the World Bank means that the contractual relationship with the ISAF implementers, World Vision is at one remove and has not been as easy to influence. This has slightly restricted the degree of integration, although a concept note was agreed in order to ensure that social protection was added to ISAF’s remit (alongside health and education). Finally, the link with UNDP emerged as a pragmatic solution to a particular problem, because its existing Resilience Fund arrangement with DFAT provided a channel to procure the 17,000 tablets needed for rapid implementation of the on-demand registration process for the Government’s COVID-19 cash transfer response. This was a necessary arrangement, but not a model for long-term collaboration: subsequent engagements with UNDP have not always been as well integrated. The Review therefore recommends more formal and purposive structures within DFAT Post to maximise synergies in future (see Chapter 5 below).

In terms of sustainability, IDPoor is now undeniably and enduringly an essential feature of Cambodia’s social protection landscape. But that does not mean that it will not continue to need support. It has evolved very significantly over the last few years, as discussed in the next Chapter, and it will face a range of very different challenges in the years ahead.

How has ISPH departed from IDPoor?

- **What have been the advantages, benefits, disadvantages and trade-offs in terms of outcomes for the poor and marginalised?**
- **What have been the advantages, benefits, disadvantages and trade-offs in terms of DFAT's capacity to shape and/or contribute to the policy and program setting agenda with other contributing funding partners?**

ISPH represents a continuation of support through GIZ to IDPoor, albeit using a slightly different vehicle. ISPH, as its name implies, still combines work in the twin areas of social protection and health, with the main focus of the social protection component being on IDPoor. There is a greater emphasis on shock-responsiveness of social protection, and on the corresponding need to expand the scope and coverage of IDPoor towards becoming a comprehensive social registry, integrated with other national databases. ISPH also incorporates technical support to the National Social Assistance Fund, the new single operator of social assistance programs, which is an important complement to IDPoor.

All of these developments have the potential to improve outcomes for the poor and marginalised. A more adaptive social protection system should allow more rapid and flexible responses to shocks (as has been seen with the recent flood and inflation cash transfers). These have been enabled by the expansion of coverage of IDPoor to include at-risk populations, so that a larger proportion of Cambodians are in a position to benefit from social assistance support. And better integration between IDPoor and NSAF should improve the efficiency of payment processes and associated systems.

Equally, the benefits to DFAT and to its ability to contribute to the national social protection discourse should significantly outweigh any disadvantages. With climate change as one of DFAT's key emerging development priorities, the role of shock responsive social protection and the need for an expanded social registry are important pre-requisites. Further, the inclusion of technical support to NSAF should broaden DFAT engagement with other Government institutions and development partners. It should also provide an entry point to shape the Family Package (which NSAF is responsible for delivering), with DFAT's particular interest to advance the GEDSI agenda, for example through the expansion of the CT-PWYC and the introduction of the disability grant.

As outlined below, there are clear opportunities to build on the current phase of ISPH that would enhance the Government's oversight and implementation of the next phase of its social protection agenda, including implementation of the Family Package and continued development of its social protection management information systems, with a focus on strengthening GEDSI, transparency and social accountability.

4 Conclusions of the Review

The overall assessment of IDPoor is that DFAT supported a modest and unassuming technical success story which became a serendipitous triumph, that has the potential to become a further catalyst of transformative change in the evolution of social protection in Cambodia. DFAT's consistent support has given it a seat at the policy-makers' table when crucial decisions have been taken, and has enabled it to have a positive (and appreciated) influence on discussions about the direction of social protection. But, because of the substantial recent changes in this social protection context, the future success of IDPoor is not assured, and this Conclusions section discusses the emerging challenges which will need to be resolved. The importance of the social protection system and uncertainty of its future provide strong justification for further DFAT support in the evolving context to support a sustainable, inclusive and embedded social protection system.

4.1 The achievements of IDPoor

IDPoor has been successful, especially in comparison with a number of other national social registries, because it got many of the basics right.

It began with a clear focus, on identifying beneficiaries for the single purpose of allocating Equity Cards under the HEF. Yet it recognized the need, from the outset, to expand usage of the registry to justify the cost of maintaining it. The Government legislated (Sub-Decree 291 in 2011), at a relatively early stage, that IDPoor should be the sole source for targeting social programs: an unambiguous signal of their commitment and ownership. IDPoor was also highly successful in maintaining its three-year rolling census (8 to 9 provinces per year): there are very few, if any, other countries in the world that have successfully achieved such regularity of updating. This has built confidence in the reliability and currency of the data. IDPoor is housed centrally in MoP so that it is seen as a resource for whole-of-Government. It has robust IT systems underpinning the data, which have improved over time to take full advantage of evolutions in the technology, and it has developed an intuitive user interface, with different authorized levels of access, that facilitates data access, analysis and reporting.

As a result, fortuitously, it was very much the right tool at the right time for Cambodia's COVID-19 response. Without it, and without the Wing payment system which had been tried and tested on the CT-PWYC pilot, the Government's response to COVID-19 would have been very much more challenging. Yet even then, it was a significant achievement to make the necessary changes, in such a short space of time and within the constraints of COVID-19 lockdowns, to be able to roll it out nationally.

4.2 The evolving social protection context

The overall social protection landscape in Cambodia is being transformed. COVID-19, despite its ravages, has paradoxically provided a substantial positive boost to social protection in Cambodia. From a negligible spend of some 0.1% of GDP on social assistance prior to the pandemic, the Government increased its investment to over 1.3% of GDP in response. And it seems determined to continue and expand its engagement in social protection in the future.

This important shift is manifested in the ongoing deliberations to update the NSPPF. The 2016-25 NSPPF was conceptually divided between two pillars of social security (contributory) and social assistance (non-contributory). The revised NSPPF, whilst still under discussion, is set to integrate these two pillars, and to orient its conception of social protection instead around lifecycle vulnerabilities (see Figure 1). Interventions at the different lifecycle stages will encompass both social security and social assistance across a spectrum that will be gradually expanded from both ends to cover the so-called "missing middle", those who currently benefit from neither contributory nor non-contributory systems. So, for example, support to pregnant women would comprise an expansion of the CT-PWYC alongside an extension of coverage of contributory maternity benefit; progressively every older person would be covered by a two- (or three-) tier pension system comprising a combination of non-contributory, mandatory and voluntary contributions; and support to persons with disabilities might be differentiated according to the severity of the disability, with some covered by insurance. This has implications for future DFAT support, because it would provide an important entry point for policy influencing towards the NSPPF's revised vision represents exactly the type of comprehensive, integrated and inclusive lifecycle social protection system that DFAT advocates.

Figure 1 – NSPPF Conceptions of Social Protection: 2016 (left) and 2023 (right)



Alongside this, the Government has been undertaking institutional reforms to coordinate the many stakeholders engaged in social protection and to harmonise the funding of social assistance: the establishment respectively of a National Social Protection Council (NSPC), with a key coordination role for its General Secretariat (GS-NSPC), and the formation of a consolidated National Social Assistance Fund (NSAF) to bring together the multiple funding streams from different ministries.

Social assistance is now being conceptualized as a Family Package, which will again be structured around lifecycle vulnerabilities, with programs initially comprising CT-PWYC, and cash transfers for Children from Poor Households in Primary and Secondary Schools (scholarships), for Persons with Disabilities, for Elderly People and for Persons Living with HIV/AIDS. There is also discussion of another component targeted at Technical and Vocational Training for Youth. All of these are premised on the vulnerability of individuals rather than the poverty of households, which will have implications for IDPoor in the future, because it will need to adjust to a situation where it is the characteristics of individuals rather than of households that determine eligibility to specific programs, therefore requiring a greater degree of granularity. Again, continued DFAT support can be justified on this basis.

At the same time, there is also a clear recognition in Cambodia that social assistance has a significant role to play in shock response. This has been further reinforced by the Government’s reliance on social assistance (and on IDPoor) to respond to recent climatic (floods) and economic shocks (inflation caused by global political instability).

4.3 The implications for IDPoor

Closely linked to the general transition in social protection, IDPoor has undergone a number of substantial shifts since the start of Phase 3 of Australian support in 2016, as shown in the diagram below:

Table 2 - Changes in IDPoor from 2016 to date

From:	To:
• Rural	• National
• Single purpose (HEF)	• Multi-purpose (HEF; CTs; water...)
• Rolling 3-year census	• On-demand
• Paper-based	• Tablet-based
• Manual poverty assessment	• Automated PMT poverty score
• Village-administered	• Commune-administered
• Extreme poor	• Poor and “at-risk”
• Standalone	• Systems integration

Each one of these shifts poses challenges, which will need to be addressed in the future:

- The change from rural to full national coverage means that any future modifications to the way IDPoor works will have to be made at-scale, rather than on small-scale pilots. It also has implications on data volumes and on the complexity of the IT systems that need to be maintained. DFAT's support through GIZ has placed a major emphasis on these IT aspects, and the need will continue in any next phase.
- The expansion of the range of purposes for which IDPoor is now used entails working with multiple ministries (MoSVY, Health, Education, Disaster Management, etc.) and other stakeholders (development partners, NGOs, etc.), which complicates the decision-making process and calls for strong coordination. The task of coordination falls substantially to GS-NSPC: again GIZ, with DFAT funding, has been very active in supporting GS-NSPC in this role, and should continue to do so.
- The shift from a rolling 3-year census sweep to on-demand registration has many benefits in terms of reactivity to changed household circumstances. But it places significantly increased demand on already heavily committed commune/sangkat staff. And it requires much better outreach and communication to potential beneficiaries so that they are aware of their possible entitlements and of what they need to do to access them. Finally, it requires more complex case management, in that beneficiaries whose circumstances improve may need to be recategorized in a way that deprives them of their benefits: they will have little incentive to report such changes, so other mechanisms will be needed. This would be a priority area for future support.
- The transition from manual-based to tablet-based has implications on the technical capacity of commune/sangkat staff needed to administer the survey; on the need for training; on the renewal of IT equipment (already there are complaints from the commune/sangkat councils that the tablets issued in 2020 need replacing); and on improved Internet access (and fallback systems where this is not available).
- The change from a simple community-driven poverty scorecard to a complex, automatically-generated PMT-based algorithm raises the spectre of a "black box". There are (or should be) concerns about the inherent inaccuracy of PMT and its incompatibility with any kind of rational complaint mechanism – see Box 1. This will require substantially strengthened systems of social accountability to ensure inclusion of typically marginalised groups; and it is recommended that a detailed assessment should be undertaken to examine the accuracy and acceptability of the selection process.
- The shift of responsibility from village to commune (and the earlier abandonment of any mechanism to register at point of service delivery) has side-effects (both positive and negative) on the distancing of the registration from lowest community level and on the role of village chief, who might be felt to have the most informed knowledge on poverty status, yet are also potentially at the greatest risk of patronage and bias. Here again, there is need for reinforced social accountability mechanisms to safeguard the integrity of selection. This should be a priority of any next phase of support, and an important area of convergence with ISAF.
- The expansion of IDPoor to include not just the poor but also those who are vulnerable to poverty is generally a positive development, but it also has implications on the scale of the database, the complexity of IT systems. It also requires a clear definition of what is meant by "at-risk", which could potentially require expansion to the majority of the population. And it also requires a name-change: arguably "IDPoor" has always been potentially stigmatizing, but it is now also inaccurate: perhaps it could align with the Equity Card to become "IDEquity"?

- Finally, as IDPoor moves from being a standalone system towards a need for integration with other systems, including for example the payment system operated by NSAF, the Khmer national ID system, the Platform for Real-time Impact and Situation Monitoring (PRISM) and the Disaster Management System, so there will be complex inter-operability challenges and additional demand for technical IT capacity, both in MoP and in sub-national offices.

From this analysis, a number of key challenges and common themes emerge, some of which Australia would be well-placed to continue supporting, in particular in the areas of social accountability, inclusion of marginalised groups and technical support to IDPoor (especially in the sphere of IT). These are discussed in the next Chapter.

Box 1: Proxy Means Testing

Proxy Means Testing exhibits a number of inherent flaws.

First, it is not statistically accurate, especially in identifying the very poorest end of the spectrum. A major assessment of PMT, commissioned by DFAT¹, found that “Exclusion and inclusion errors vary between 44% and 55% when 20% of the population is covered and between 57% and 71% when 10% is covered” (with the latter currently being closer to the reality of coverage in Cambodia). Surprisingly, perhaps, no equivalent assessment has been conducted in Cambodia.

Second, there is a dichotomy between transparency (so that people understand why they are or are not eligible for inclusion) and opacity (so that they don’t understand what they need to do in order to game the system). Cambodia has opted for a “black box” approach, where the algorithm of the PMT is deliberately kept secret.

Third, it generates a misleading sense of precision. By implying that it gives an exact measure of consumption (eg IDPoor level 1 represents a consumption of between 8,761 and 9,078 riel), it suggests a spurious degree of scientific accuracy. But PMT is in reality a very approximate predictor of consumption: there is no possibility that it can genuinely distinguish between a consumption of 9,078 riel and 9,079 riel, yet this makes all the difference between being categorized as Level 1 or Level 2.

Fourth, as a result of this, and when used in a registry like IDPoor, it can be highly exclusive. If a person is predicted to be non-poor, then that person will be ineligible for a whole range of social protection and other benefits: they will get nothing.

Fifth, it makes any kind of appeal very difficult. To understand this, imagine that the PMT score relied on a single indicator: say the roofing material of your house. If your roof is thatch, you are considered poor, if tin, you are considered non-poor. There is no way that you can appeal against this, without invalidating the entire basis of selection. Of course the actual formula used is much more complex, but the objection is the same: that there is no basis for appeal without undermining the approach.

Sixth, the results are heavily influenced by the methodological choices of the designer, in particular the choice of an adult equivalence scale for children in the household. Whether a child’s consumption is treated as being the same as an adult’s, or half of an adult, or three-quarters, and at what age ranges, can have a significant, but arbitrary, impact on the households selected.

Finally, it relies on accuracy and integrity from the interviewer. An “Optimisation Study” undertaken by GFA Consulting Group (GFA 2019) re-interviewed a sample of households a few weeks after their official IDPoor interviews, and recorded any differences in the responses. For only one question was the degree of correlation greater than 75%; and the correlation was lower than 50% in more than half of the remaining questions – for example on “Household Assets”, a key variable in most PMTs, the correlation was only 46.3%.

Cambodia has recognized these weaknesses, and has incorporated a “special circumstances” clause in its questionnaire, which can be used to over-ride the calculated poverty score. From anecdotal evidence, this seems to be used quite frequently (in up to 40% of all cases in one of the communes visited on the Review’s field trip). This can be seen as a positive safeguard against the vagaries of PMT when properly applied, but it does also open the door to nefarious abuse unless carefully monitored (eg through strengthened social accountability mechanisms).

5 Recommendations for future DFAT support

The recommendations are also structured around the evaluation questions (again, with the additional questions shown *in italics*). The reviewer was fortunate to have been able to explore these questions around future DFAT support with Post and with the Social Protection Adviser from DFAT Canberra, who were very much more knowledgeable about the options and modalities than the reviewer.

What is the most effective way for Australia to support progress on social protection in Cambodia given priority needs for the sector and Australia’s experience and comparative strengths? *How critical is Australia’s support to IDPoor? Will other donors or the RGC itself be able to continue to support to IDPoor at the current level (and achieving the same outcomes) if Australia did not provide this support, or would certain things not happen as a result? Relatedly, would Australia’s funding support be better allocated to other RGC governance issues such as social accountability, for instance through increased support to ISAF? Why, or why not?*

IDPoor has proved to be a good entry point to more strategic policy-level engagement by DFAT in both social protection and health sectors. The reviewer feels strongly that the option of continuing to support IDPoor (or IDEquity as it is hoped it might become) is a good one for DFAT. As a previous First Secretary (Development Cooperation) observed, such support provides a valuable “bird’s eye view” of social protection and health, two sectors in which DFAT has a long-running interest but where Post does not have the capacity to engage full time at the technical level.

There is an expressed need for capacity building around social protection in Cambodia. The Government is very appreciative of the external technical assistance delivered by GIZ, but is keen to internalise capacity and ownership as much as possible. One potential mechanism for achieving this would be to build from the recent study tour to Australia by senior Cambodian social protection staff to foster longer-term professional linkages between Australian and Cambodian institutions. This could be used for example to capacitate service providers and to strengthen the social workforce in Cambodia, by facilitating the institutional dialogue that has been initiated and leveraging financial and technical support to implement some of the changes that were evoked during the study tour.

Channels to do this already exist, either through GIZ or through the Australia Awards short course program; and could employ a similar model of collaboration to the one that was supported by DFAT in the Philippines. Here, Post used the Australia Awards program to develop a short course for the Department of Social Welfare and Development, to support their Social Worker Academy staff on building their capacity to develop the competency frameworks for government social workers. Furthermore, Post had engaged the Australian Association of Social Workers, the apex body for social work in Australia, to promote the Australia Awards advertisement for the procurement of the training organisation through their network and potentially to quality assure the draft competency framework..

It is highly unlikely that IDPoor would collapse without DFAT support. IDPoor has evolved to have such a high profile in Cambodia that Government would undoubtedly feel obliged to step in to cover any deficit, even assuming that other donors did not. ID Poor has reached a point where it could sustain itself, which is a testament to the financial and technical assistance provided to date. It is fully embedded into Government as a functioning governance system and remains a clear priority given it has proven its value through its ongoing successes.

However, while it is at a point now where it could sustain without donor support, ongoing input is important to add value and to leverage complementarity with other donor interventions (including in the areas of

accountability and GEDSI). It is also desirable to go on providing technical assistance and policy guidance to broaden the conception of social protection within which IDPoor operates: this might include, for example, improving shock responsiveness, adapting to climate change and increasing coverage of the system to strengthen more inclusive lifecycle social protection in Cambodia. Ongoing support to build upon momentum and strengthen the system now will leverage off existing relationships and trust to embed change. Only once these changes have been effected would it be the time to reconsider DFAT support.

Should Australia continue to work with GIZ on social protection or are there better modalities and partners, e.g., the World Bank, a Managing Contractor or UN agency?

The Review considered all these options.

DFAT's partnerships with the World Bank, including the ongoing PROMISE program have not yielded the expected benefits in terms of providing entry points for policy engagement with Government; nor have there been any PROMISE-funded technical studies in the area of social protection. World Bank has advocated its blueprint for PMT as a preferred targeting mechanism, but seemingly without clearly explaining the weaknesses inherent in this approach or instituting the necessary safeguards.

Similarly, UNDP has produced some very valuable economic analysis and modelling to show the impacts of COVID-19 and subsequent macro-economic shocks. But its engagement in the development of, and advocacy for, a PMT has not necessarily been balanced or helpful, nor is this an area where UNDP traditionally has technical expertise. Equally, its involvement in the Russian-funded Graduation-Based Social Protection pilot in Cambodia is not, to the reviewer's knowledge at least, anchored in extensive institutional experience of graduation programs elsewhere in the world.

UNICEF is a possible partner, active in social protection in Cambodia for a number of years. It has been instrumental in the piloting and rollout of the CT-PWYC, in the introduction of a disability identification system, and in the successful implementation of the Wing-based payments that proved to be the second crucial component, alongside IDPoor, that allowed the Government's successful COVID-19 response. The fact that DFAT has not previously worked with UNICEF in social protection in Cambodia should not be an impediment to the possibility of doing so in the future, if an appropriate opportunity were to arise: DFAT has had effective partnerships with UNICEF in other areas.

ILO is in a similar position, active in social protection but with its traditional focus on contributory social security rather than social assistance. It views IDPoor as an uncomfortable fit for its more universal social protection floor approach, although it does see the potential benefits of an expanded IDPoor database linking with others in the sector to move towards a comprehensive social registry.

The option of a Managing Contractor has some possible strengths in being fully responsive to DFAT's priorities; but conversely it could impose additional management demands on Post. It is unlikely that a Managing Contractor would be able to engage as directly in Government structures (eg with staff embedded in ministries), nor would it necessarily provide the long-term continuity.

GIZ, on the other hand, has been working with DFAT on IDPoor since early-2010. Staff both in GIZ and DFAT are positive about the like-mindedness of the working relationship: it is felt by both sides that there are common values and shared ways of working. GIZ has been better on giving visibility to DFAT than some of the other partners, and has the same development priorities for the future, namely climate change and gender. They have demonstrated, over many years, that they can command the right calibre of technical expertise for the variety of tasks required to support IDPoor. And they have established longstanding working

relationships with the network of key Government departments. It is felt that GIZ remains the partner of choice.

In addition to continuing to support the maintenance of IDPoor, are there other social protection mechanisms that are likely to have greater impact on improving social protection in Cambodia that should be incorporated into future programs? What opportunities exist to strengthen social accountability within IDPoor? Can or should this be done in conjunction with ISAF?

As discussed in the previous chapter, there are three principal priorities for DFAT's engagement in social protection in Cambodia. The first is continued technical support to IDPoor to support the next stage of its development and system maturity, through a future phase of ISPH (as discussed in the previous question). The second is ensuring the inclusiveness of social protection, (discussed below under the next question). And the third is strengthened systems of social accountability, (discussed here).

DFAT already has significant comparative advantage in social accountability, through its ACCESS program¹⁸, through the World Bank managed ISAF program¹⁹ (to which DFAT contributes) and potentially through other civil society partnerships such as with The Asia Foundation (TAF)²⁰. ACCESS 2 has incorporated social protection as one of its key areas of operation, and ISAF has begun activities on the ground to improve accountability around social protection. This will become a much more critical area as IDPoor continues its transformation as discussed in the Chapter on Conclusions. Four channels could be explored by ISAF in particular:

- **Accountability and feedback:** There will be a need to strengthen grievance mechanisms. The formal channels of lodging complaints through the complaints boxes at commune level are under-used, because individuals do not have the self-confidence nor the sense of entitlement to challenge authority. It is suggested that a better way would be to organise fora where groups (eg of beneficiaries) can raise such issues collectively and where their concerns can be conveyed to the authorities by an independent third party, such as ISAF's Community Accountability Facilitators.
- **Accountability and M&E systems:** There should be a mechanism for independent spot checks at commune level, not necessarily to find fault but rather to learn lessons. As mentioned above, for example, it would be important to keep tabs of the frequency and justification of the use of special circumstances to over-ride the PMT results and change the poverty status of an applicant. If there were found to be substantial discrepancies between different communes in how frequently this option was used (which anecdotally the reviewer found there to be), then it would be important to understand why, and to investigate further the way this option was being used.
- **Communication campaigns alongside implementation:** Social accountability partners could play an important role in amplifying communications on social protection entitlements and processes, including for example sharing information on OD-IDPoor application and registration numbers through public commune- and village-level service delivery scorecards. Anecdotally, this is an area of weakness, with IDPoor beneficiaries and non-beneficiaries alike unsure about what they are entitled

¹⁸ One of ACCESS's key principles is "accountability for sustainable results".

¹⁹ ISAF aims to improve local service delivery through enhanced accountability: citizens are informed about the services they are entitled to receive, dialogue with sub-national authorities is fostered and joint actions to address issues are identified and implemented with the help of Community Accountability Facilitators (the majority of whom are young women).

²⁰ TAF is currently involved in the implementation of a NZ-funded program on "Promoting the Transparent and Accountable Management of Local Funds in Cambodia".

to (value of cash transfer, medical conditions covered, hospitals/health centres where they are allowed treatment), and what the processes are to apply or complain. The ISAF partners could convene meetings to explain in greater detail, and could ensure that communications materials are available in accessible formats (large print, braille, local languages).

- **Stronger engagement:** Finally, any social accountability mechanism needs to find ways of working constructively with village chiefs, who have to some extent been disempowered by the transfer of responsibility for IDPoor registration processes from village to commune/sangkat. There appears to be some level of resentment from the village chiefs, and a desire to continue to play a frontline role as gatekeepers. Potentially it would be possible to harness this desire and recruit them into social accountability systems as a positive force, learning from experiences gained through ISAF²¹.

What specific measures could be taken to enhance the impact of DFAT’s social protection programming on (1) women and (2) people with disabilities?

This comes back to the other of the three areas for DFAT focus: that of GEDSI. Here too, as with social accountability and ISAF, it already has a program that can be the vehicle to ensure greater inclusion in social assistance for women, persons with disabilities, ethnic minorities and other socially excluded groups: its ACCESS program. The Program Logic of ACCESS Phase 1 was updated to reflect the contribution of the Program to the Cambodian Government’s COVID-19 response and recovery efforts, including its priorities around social protection. And there is a need for it to continue to be active in this space to respond to the changes in the way that IDPoor will operate in future. In addition, ISPH is currently commissioning a study for “Assessing the Role of Social Protection for Achieving Gender Equality and Equity in Cambodia”.

The introduction of a disability grant as part of the Family Package is imminent. But it has been much delayed, and may cause a degree of disappointment when it is finally rolled out. The process of disability identification has been undertaken nationally over the last couple of years, but as yet no cards have been issued and the program has not been formally launched. When it is, any transfer under the Family Package will – at least initially – be restricted to those who have both a disability ID card and an IDPoor status. It is suggested that ACCESS should advocate for a much broader coverage of the disability grant, at least to persons with disabilities in “at-risk” households, and ideally to all persons with disabilities. After all, one of the arguments in favour of a disability grant is to contribute to the additional costs of participating equally in society, and these costs are the same however wealthy the person concerned.

Persuading the Government to make the disability component of the Family Package universal could further advance the debate about the other components: does it make the best investment sense to limit the CT-PWYC just to pregnant women in the poorest households, for example, when malnutrition is spread across the wealth distribution? In the longer term, the best way to avoid the errors and exclusion inherent in using a PMT is to expand the coverage of lifecycle social assistance programs, at least to those considered “at-risk” and potentially still further, perhaps just affluence-testing to exclude the wealthiest. DFAT should support policy advocacy for increased coverage during a second phase, to expand reach, reduce exclusion and deepen impacts.

²¹ In 2021, World Vision undertook a pilot on Social Accountability for Social Protection, and produced a brochure on “Learnings from the piloting of ISAF for the On-Demand IDPoor Services”.

Initial thinking on how climate change is likely to impact Cambodia’s social protection sector, i.e. Exacerbating the vulnerability of specific groups, and shifting their needs for support? What will be the scale and nature of this impact? Are there specific areas that Cambodia and DFAT should address to prepare for these eventualities?

As a country that is highly vulnerable to hydrometeorological shocks, it is probable that these will be exacerbated as a result of climate change. The ND-GAIN Index for Cambodia (2020) ranks it at 149th out of 182 countries (133rd for the degree of vulnerability, but only 164th for the degree of readiness). Cambodia ranks 4th globally for flood risk (after Bangladesh, Vietnam and Myanmar), and approximately 80% of the country’s population lives along the Mekong River, which has large fluctuations. Delays or early ending of the monsoon rains and erratic rainfall have contributed to droughts; and rising sea levels pose a significant threat to marine coastal areas, which already suffer from storm surges, high tides, beach erosion and seawater intrusion. Whilst it is not possible to identify specific groups that may be particularly vulnerable, still less to quantify the scale and nature of impacts, it is clear that Cambodia is likely to be severely affected by climate change.

This in turn underlines the importance of shock-responsive social protection (SRSP). Events since 2020, including the COVID-19 pandemic, floods and mass return of migrants, have further confirmed the relevance of SRSP for Cambodia. The COVID-19 crisis has highlighted the critical importance of social protection, particularly cash transfers, in helping people to cope with this shock. The National Social Protection Council’s (NSPC) experience in implementing the national Cash Transfer Program for Poor and Vulnerable Households during COVID-19 firmly demonstrated that the social protection system in the country, even though still in the early years of growth and expansion, does indeed offer great potential as a system through which to meet the needs of those affected by shocks, providing a valuable mechanism that complements existing government efforts for disaster response.

Meanwhile, responses to the large-scale flooding and recent price inflation highlighted the relevance of a SRSP framework for enhancing coordination of emergency assistance to affected households where humanitarian actors and coordination platforms such as the Cambodia Humanitarian Response Forum chose to align emergency cash assistance with the government’s cash transfer programs. Going forward, the use of social protection systems for shock response can help to facilitate more harmonised and unified ways of working between government social protection actors, such as NSPC, MoSAVY, MoP, etc., government disaster management actors such as NCDM, and partner organisations leading on emergency response at times of shock.

The Government’s recently-published Shock-Responsive Social Protection Framework recognises this, and concludes the following about IDPoor: “If IDPoor is transitioned to a more comprehensive social registry, then with the rollout of OD IDPoor, this provides a starting point to identify the ‘near poor’ that live close to the poverty line and that are vulnerable to becoming poor when a shock hits. Other easy to verify demographic vulnerability criteria that are captured in IDPoor, and nature of livelihoods, could also be used for targeting this program”. It also recognises the important caveat that “There is however a need for reflection, and evidence, on the effectiveness of the on-demand IDPoor registration process at reaching and including the poor, and on the accuracy of the method at identifying the poor”. Likewise there should be further careful consideration of the concentration of assistance to those registered with IDPoor (and to the exclusion of all those without a current IDPoor card).

DFAT, with its development priority on climate change, should continue to support the expansion and strengthening of IDPoor as a key registry in the delivery of SRSP. This would involve further expansion of its coverage, strengthening its systems and linkages so that it can be used for disaster response, ensuring its

inclusivity (in partnership with ACCESS) and guaranteeing its integrity through improved social accountability (in partnership with ISAF). DFAT Canberra is currently developing a Practice Note on “Climate Change and Social Protection in the Asia Pacific Region”, which builds on its earlier think-piece in identifying five potential pathways through which social protection intersects with climate change:

- Reducing underlying vulnerability to climate change, by directly reducing income poverty; contributing to human development and productive outcomes, such as education, health and productive livelihoods; and supporting increased equity, gender equality, inclusion, and social justice;
- Responding to climate shocks and disasters, by transferring income to cushion the effects of shocks in anticipation or in response;
- Offsetting the negative welfare impacts of climate transition policies, by supporting those whose income security is affected by policies aimed at reducing greenhouse gas (GHG) emissions, protecting the environment, or otherwise managing climate change;
- Facilitating and enabling climate change adaptation options, by incentivising behaviours and practices that enable adaptation; and
- Contributing to reduced greenhouse gas emissions and carbon sequestration, by promoting engagement in mitigation activities or measures that reduce emissions.

It also notes that social protection “can only play this extended role in addressing the large-scale socioeconomic impacts of climate change in the medium to long term if implemented strategically and at scale”. This would provide a helpful framework for strengthening IDPoor’s role in SRSP during a next phase of DFAT support.

In what specific ways can/should DFAT use its leverage and influence to further strengthen the approach and outcomes of future social protection programs? And how can DFAT improve consolidation, coordination and/or collaboration between its social protection programming and policy engagement (for example through IDPoor, ISPH, ACCESS, ISAF and the Resilience Fund)?

In summary, the reviewer recommends that DFAT should continue to remain engaged with IDPoor through GIZ, building on the current ISPH partnership with GIZ.

Whilst the Government would continue to finance and maintain the system without DFAT support, IDPoor provides a valuable entry point for DFAT to keep strategic tabs on the social protection and health sectors. At the direct technical level, DFAT should focus on improving coordination, providing technical support to registries and information systems and leveraging the synergies between ISAF and IDPoor (in the area of social accountability) and between ACCESS and IDPoor (in the area of social inclusion). This would allow continued high-level policy engagement, to broaden the conception of social protection within which IDPoor operates: this might include, for example, improving shock responsiveness, adapting to climate change and increasing coverage of the system to strengthen more inclusive lifecycle social protection in Cambodia in line with the NSPPF.

To strengthen collaboration, it is recommended that Post should establish formal internal channels for structured and deliberate exchange to maximise synergies that exist. This would include regular meetings in Post, involving the respective investment managers and the key program staff, to provide updates on progress, to share achievements and challenges, and to identify areas for collaboration.

These suggestions correspond closely with the options for DFAT policy engagement that were identified in late 2021²², which prioritised the following five policy areas:

- Develop the political economy arguments for inclusive life-course social protection
- Increase coverage of social protection for persons with disabilities
- Improve integration of registries and MIS
- Support evidence generation through local institutions around social protection
- Improve social accountability of social protection

A clear plan for prioritising actions for progress in these five areas would allow DFAT to meet its development priorities in Cambodia, to retain its strategic oversight of the broader health and social protection sectors through ongoing engagement with the technical development of IDPoor, and at the same time to maintain a clear and manageable focus on its ongoing investments in social accountability and GEDSI.

As DFAT starts to develop its next Development Partnership Plan for Cambodia, it is worth emphasising the strategic significance of its modest but consistent ten-year investment in IDPoor, which has underpinned the country's first ever nationwide cash transfers, has delivered significant long-term development outcomes and has leveraged the mobilisation of domestic finance for improved social protection. Ongoing support for social protection in Cambodia would be a strategic development investment that ties closely with Australia's international development policy priorities to advance shared interests in "effective and accountable states" and in "state and community resilience".

²² "DFAT Cambodia: social protection policy engagement options", October 2021.

Annex 1. Terms of reference

AUGUST 2023



Australian Government
Department of Foreign Affairs and Trade

TERMS OF REFERENCE: INDEPENDENT FINAL EVALUATION OF “THE IDENTIFICATION OF POOR HOUSEHOLDS (IDPOOR) PROGRAM IN CAMBODIA PHASE 3” & SOCIAL PROTECTION STRATEGY SUPPORT

INTRODUCTION

Identification of Poor Households Program (IDPoor) Phase 3 is an AUD7,338,000 program implemented through the German Development Agency (GIZ). This program supports the Cambodian Ministry of Planning (MOP) to develop a standardised and participatory mechanism for the systematic identification of the poorest Cambodians to access social services, including healthcare subsidised through the Health Equity Fund (HEF) (supported by H-EQIP). This investment builds on Australia's past contributions to the program, including AUD0.9m for Phase 1 (Feb 2010-Apr 2012) and AUD6.0m for Phase 2 (May 2012-Feb 2016). Phase 3 sought to ensure a national expansion of both urban and rural IDPoor processes and availability of accurate and up to date IDPoor data to support poverty alleviation interventions, primarily through RGC programs. IDPoor began in February 2010 and Phase 3 of the program (March 2016 – October 2022: Australian contribution AUD7,338,000) has just completed.

IDPoor's End of Program Outcome is the RGC, non-governmental institutions and development partners use bespoke IDPoor data extracts for their poverty alleviation interventions.

BACKGROUND AND RATIONALE

IDPoor was developed to help the Cambodian government target pro-poor interventions. The Cambodia National Social Protection Strategy for the Poor and Vulnerable Populations (2011) and the National Social Protection Framework (2016 to 2025) support the RGC's vision to 'promote a strong social protection system and providing resilient and better protection for every citizen, especially the poor and vulnerable' and 'economic growth with inclusiveness and equity'. Despite Cambodia exceeding the Millennium Development Goal poverty targets, reducing the poverty rate from 53% (2004) to 19% (2012), the fight against poverty remains one of Cambodia's greatest challenges. In addition, many households are just above the poverty line, often referred to as the near poor, with shocks such as COVID-19 leading to increased vulnerability to poverty.

Cambodia's IDPoor system was developed in 2006 within the Ministry of Planning as a nationwide program to identify poor and vulnerable households during the establishment of the Health Equity Fund, building on an earlier project in the late 1990s by local NGOs. The IDPoor system, initially designed to be updated every three years was severely tested by the COVID-19 crisis.

The IDPoor system achieved a high degree of government prioritisation during the COVID-19 crisis—the RGC used the crisis to adapt, expand and improve the IDPoor registry as part of its COVID-19 social protection response. A highly successful COVID-19 Cash Transfer Programme has been implemented since June 2020 as a response to the extreme economic pressures experienced by many Cambodians during the crisis, and was

assessed by UNDP (2022) to have had significant positive impacts across human development dimensions and socioeconomic indicators including food security, children's education, savings, debt repayments, productivity, healthcare, and gender empowerment. With the rapid change to an on-demand system, citizens could register and apply anytime for an equity card, making the system more responsive to the ongoing shock and crisis. To respond to the economic impacts of inflation, cash benefits have been extended to at-risk households in mid-2022.

GIZ is the major implementing partner of the IDPoor program and has provided technical support to the MOP since 2006. Beyond this donor support, IDPoor has become institutionalised as a central instrument of Cambodia's own social protection system. The MOP has a high degree of ownership, including a legal mandate to for the ongoing management and implementation of the national system, with increasing funding from the national budget.

IDPoor also has a broader benefit, providing data to enable a range of projects and programs that implement poverty-alleviating interventions (including Cambodia government programs) to target their activities. During 2014-15, 80 percent of projects and programs that implement poverty-alleviating interventions in Cambodia used IDPoor data including: HEFs; German aid programs to strengthen regional economic development and its social land concessions and vouchers for maternal and child health services program; school feeding and scholarship programs implemented by the Ministry of Education, Youth and Sport and the World Food Program; social transfers implemented by the World Bank and UNICEF; Cambodian Red Cross disaster relief; local policy making and provision of community services by Cambodian Commune Councils and NGOs. IDPoor data is also used for research and as a planning aid for designing future pro-poor interventions.

In June 2015, Germany commissioned an independent review team to review IDPoor Phase 2 and make recommendations for the future of the program. The review team recommended an additional final phase of a donor-supported program (Phase 3) March 2016 to February 2019. It would be an exit phase and the final phase of donor support to build on the results and lessons learnt so far and handover the full running and financing to the IDPoor program to the Cambodian government from 2019. However, the program completion and handover were extended until October 2022, when IDPoor Phase 3 finally completed.

The 2015 review found that some of the capacities necessary for the implementation of IDPoor procedures had been established with the MOP. Some, however, weaknesses remained, including: strategic development (including revising the system to target the near poor, people with disabilities and ethnic minorities); operational planning (including management of the IT system and poverty data); monitoring and usage of IDPoor services; and financial and contract management.

IDPoor phase 3 was funded by the governments of Australia and Germany and implemented by GIZ.

REVIEW PURPOSE AND SCOPE

The purpose of this independent strategic review (ISR) is twofold:

- (1) to assess the performance of the IDPoor program delivered by GIZ against its end of program objective and DFAT's evaluation criteria, and to provide the evidence required for the Final Investment Monitoring Report (FIMR), including filling the gaps in performance data that have not been collected and/or reported on by GIZ over the life of the investment. In addition to drafting the public ISR document (which will be published on the DFAT website), this will also involve drafting the internal DFAT FIMR document for IDPoor according to the FIMR specifications (for review and revision by the DFAT Investment Manager and Senior Aid Effectiveness Advisor).
- (2) the ISR will provide a forward-looking assessment of social protection priorities for Cambodia to inform DFAT's future social protection policy engagement and programming in this space. This may be used to update DFAT's social protection priorities for Cambodia and to provide recommendations for a

GIZ-commissioned review of the current DFAT and German funded Improving Social Protection and Health (ISPH) Program.

The ISR will both directly inform the FIMR, and the subsequent design of future social protection investments in Cambodia. This will include identifying the strengths and/or weakness of the program in regard to achieving its EOPO, value for money, and other FIMR criteria, and beyond this, to assessing the impact of the program on meeting the needs of Cambodia's poorest and most vulnerable. It will also examine the extent to which program outcomes are likely to be sustainable. The findings will be used to inform the development of future programs in Cambodia and similar DFAT programs elsewhere.

We expect the ISR will:

- Identify and (where possible) fill, gaps in the data required to adequately assess DFAT's recently ended investment in the IDPoor program
- Identify, gather and analyse the data required drawing from the reporting provided from GIZ to DFAT and from a variety of additional sources including interviews with previous program staff and relevant RGC and other stakeholders to address information gaps
- Elucidate the program's underlying assumptions, theory of change, and approach (even where not directly articulated by GIZ)
- Question the underlying assumptions, theory of change and approach of the IDPoor investment: did the program's assumptions hold true?
- Examine the effectiveness of the investment's areas of focus, approaches and implementation arrangements in achieving the end of program outcome, along with secondary outcomes not directly articulated as an EOPO or Intermediate Outcome
- Assess the appropriateness of the IDPoor investment modality – working through GIZ—including the advantages and disadvantages of working through other modalities in the future (for example, a Managing Contractor, a multilateral agency or a bilateral or multilateral donor trust fund such as the DFAT World Bank country partnership).
- Summarise and briefly take stock of the linkages that were established by DFAT and GIZ between the IDPoor program and , H-EQIP, ACCESS, ISAF, our support to MOP/MEF through the Resilience Fund and the social protection components of the ISPH program (and DFAT's co-funded GIZ IDPoor's evolution to the ISPH program). This would include examining DFAT's engagement with the World Bank and UNICEF and DFAT's leverage through the World Bank PROMISE Partnership modality to gather lessons learned. .
- Provide options and recommendations for DFAT's future programming on social protection, expanding upon, but including, DFAT's ongoing support for the further development of IDPoor into a broader social registry.

This review will draw on previous data/studies provided by GIZ to DFAT, targeted semi-structured interviews, and in-person/remote workshops/meetings to assess progress on the key areas noted above, and to inform recommendations for DFAT investments in social protection in Cambodia going forward.

The review will conduct in-person/remote meetings with key DFAT staff at post, former DFAT post staff and former IDPoor program staff (where available, noting that the program ended in October 2022), current embedded GIZ social protection advisors in RGC, Cambodian Government stakeholders and other key stakeholders (see Annex 4: Preliminary List of Stakeholders). The primary intended users of this review are the DFAT Phnom Penh post. Additional potential audiences for this ISR are IDPoor's implementing partner (GIZ), the RGC, Cambodian public and other donors in Cambodia.

KEY REVIEW QUESTIONS

A draft set of evaluation questions have been developed and will be refined/finalised once the strategic reviewer is on board.

Part I: Evaluating IDPoor

The primary questions the review is intended to cover in relation to the IDPoor program's performance and achievement of outcomes include:

1. To what extent has the IDPoor program fulfilled its stated EPO: “The Government of Cambodia, non-governmental institutions and development partners use bespoke IDPoor data extracts for their poverty alleviation interventions”?
2. To what extent has the IDPoor program enabled the RGC to effectively and efficiently reach the poor and marginalised for the delivery of social protection and other services, including in response to shocks such as COVID-19?
3. To what extent did IDPoor effectively address gender equality, disability and social inclusion considerations, including:
 - a. Analysing and responding to gender equality, disability and social inclusion gaps and opportunities?
 - b. Identifying and managing risks to gender equality?
 - c. Effectively implementing strategies to promote gender equality and women's empowerment?
 - d. Collecting sex-disaggregated data and include relevant GEDSI indicators to measure gender inequality outcomes?
 - e. Allocating sufficient expertise and budget to achieving gender equality outcomes and outputs?
 - f. Incentivising/supporting program partners (including RGC) to treat gender equality as a priority in their own policies and process?
4. How relevant was this investment to Australia's development objectives (including the COVID-19 development plan), RGC priorities, and IDPoor intended beneficiaries? To what extent was IDPoor important in enabling the RGC to effectively and quickly respond to the economic and social impacts of the pandemic?
5. To what extent was DFAT's support to (a) IDPoor, and the social protection components of ISPH (b) H-EQIP, (c) support to the MOP to update its targeting methodology through the UNDP Resilience Fund, and (d) ISAF coordinated; and to what extent did these programs complement and leverage one another to improve outcomes, if at all? To what extent did the IDPoor program design effectively incorporate strategies and approaches to ensure the sustainability of program outcomes beyond the life of the program?
6. How has ISPH departed from IDPoor?
 - a. What have been the advantages, benefits, disadvantages and trade-offs in terms of outcomes for the poor and marginalised?
 - b. What have been the advantages, benefits, disadvantages and trade-offs in terms of DFAT's capacity to shape and/or contribute to the policy and program setting agenda with other contributing funding partners?
 - c.

PART II: RECOMMENDATIONS FOR DFAT INVESTMENT IN SOCIAL PROTECTION PROGRAMMING IN CAMBODIA GOING FORWARD

1. What is the most effective way for Australia to support progress on social protection in Cambodia given priority needs for the sector and Australia's experience and comparative strengths?
2. Should Australia continue to work with GIZ on social protection or are there better modalities and partners, e.g., the World Bank, a Managing Contractor or UN agency?
3. In addition to continuing to support the maintenance of IDPoor, are there other social protection mechanisms that are likely to have greater impact on improving social protection in Cambodia that should be incorporated into future programs?
4. What specific measures could be taken to enhance the impact of DFAT's social protection programming on (1) women and (2) people with disabilities?
5. Initial thinking on how climate change is likely to impact Cambodia's social protection sector, i.e. Exacerbating the vulnerability of specific groups, and shifting their needs for support? What will be the scale and nature of this impact? Are there specific areas that Cambodia and DFAT should address to prepare for these eventualities?
6. In what specific ways can/should DFAT use its leverage and influence to further strengthen the approach and outcomes of future social protection programs? And how can DFAT improve consolidation, coordination and/or collaboration between its social protection programming and policy engagement (for example through IDPoor, ISPH, ACCESS, ISAF and the Resilience Fund)?

REVIEW METHODOLOGY

The consultant will develop a methodology based on a desk review and in-person/remote meetings with partners and stakeholders. The review process will likely include:

1. Initial team briefing by DFAT Phnom Penh post (potentially including DFAT staff from the Social Protection section in Canberra) to highlight key priorities and expectations of the assignment and to provide relevant documentation.
2. Desktop review of documentation relating to IDPoor and the Australian aid program to Cambodia, including the Cambodia COVID-19 Development Response Plan (CDRP). The review will draw heavily on IDPoor's existing data and GIZ reporting (including limited reporting on the ISPH program, H-EQIP program, ACCESS, ISAF, and DFAT's support to MOP/MEF through the UNDP Resilience Fund). The Consultant may identify additional documents to those provided by Phnom Penh post.
3. Development of a Review Plan responding to the ToR. This will be developed by the consultant and submitted to DFAT for review and approval, prior to commencing work.
4. DFAT briefing session refining and finalising the Review Plan will be held remotely at the start of the review.
5. Key informant interviews and in-person/remote workshops with relevant DFAT staff in Phnom Penh and the Social Protection section, GIZ staff involved in the program, selected RGC officials, different levels of government, Cambodian beneficiaries, selected NGOs, and other donors. Phnom Penh post will provide the Consultant with the names, positions, and contact details of all key stakeholders.
6. Aid Memoire Report and Verbal Debriefing outlining initial findings. This briefing will provide DFAT an opportunity to respond to and/or clarify any emerging issues (up to 6 pages).
7. Final Independent Strategic Review report. The report should meet DFAT's accessibility guidelines and be fit for publication on DFAT's website (up to 24 pages plus annexes).

THE REVIEW TIMETABLE

Estimated time period	Task
Week of July 10, 2023	Post develops ToR and sends to consultant and social protection section for review and comment
July 20, 2023	Comments integrated into a finalised ToR & sent to lead consultant
August 1, 2023	TOR approved by delegate
August 3, 2023	Contracts for the consultant finalised Documentation provided to consultant Submission of review plan by consultant for DFAT review and comment Deadline for receipt of comments on review plan
October 20, 2023	Desk research completed
October 23-27, 2023	In-country fieldwork and report writing Debrief for Phnom Penh Post
November 6, 2023	Submit draft ISR report for review and comment
November 14, 2023	Deadline for DFAT feedback on draft ISR report
November 21, 2023	Submit final ISR report to Phnom Penh post for management response
December 5, 2024	Draft the IDPoor Final Investment Monitoring Report for DFAT revisions
December 4, 2024	Deadline for receipt of management response
December 12, 2024	Submission of Strategic Review report & management response on DFAT website

KEY DELIVERABLES

The consultant will provide DFAT Phnom Penh post with the following reports:

- **Review plan** – articulating key review questions, methodologies to collect data, a timeline linked to key milestones, identification of key review informants, proposed schedule for in-person/remote field work and a detailed breakdown of responsibilities between team members. The review plan should meet the relevant DFAT M&E standards and be submitted at least 10 calendar days prior to the virtual meetings for stakeholders’ consideration (10 pages).
- **PowerPoint presentation on key findings** upon completion of the in-country mission
- **Draft Review report** – including an executive summary (4 pages) that summarises review findings. The report is to be submitted to Phnom Penh post and other agreed stakeholders for comment within 10 days after completing the in-person/remote interview (max 24 pages plus annexes, shorter if possible).
 - Report to include a list or chart of IDPoor’s engagements with the other social protection programs DFAT reports, including ISPH, H-EQIP, ACCESS, ISAF and DFAT’s support to the MOP through UNDP and refer to the Cambodia Social Protection Policy Engagement Options (2021).
- **Final Review report** – incorporating any agreed changes to be submitted within 10 days of receipt of feedback. The final report should provide a succinct and clear presentation of key findings and lessons learned. The report must be formatted by the consultant to meet *DFAT’s accessibility guidelines* and otherwise be fit for publication on DFAT’s website (24 pages plus annexes).
- **Draft Final Investment Monitoring Report** using the DFAT FIMR template

Timeframes for all deliverables are dependent upon the provision of timely feedback to the consultant as specified in the Review timetable (above). All documentation must meet DFAT's requirements and comply with all guidelines and policies. It is the responsibility of the consultant to ensure this.

REVIEW TEAM AND RESPONSIBILITIES

Lead Consultant: The lead consultant is responsible for the technical quality of the review and directing the preparation and presentation of all deliverables including review plan, initial findings PowerPoint presentation at Phnom Penh post, final report, and verbal briefings. The consultant is responsible for ensuring the consistency and quality of all review products.

The consultant must have extensive monitoring and evaluation experience, including evaluating social protection programs.

Relevant post-graduate qualifications and sound knowledge of the Australian aid program in Cambodia are also desirable.

Total input = up to 25 days.

Interpreter(s): The interpreter must have extensive experience in simultaneous interpreting from English into Khmer and vice-versa. Previous experience in interpreting topics that cover the subject matter of this Strategic Review is preferred but otherwise the interpreter(s) should have demonstrated ability to acquire relevant vocabulary quickly. Total input = 5days

DFAT personnel: DFAT's Senior Aid Effectiveness Advisor and potentially a member of staff from DFAT's Social Protection Section in Canberra will work closely with the Lead Consultant to develop the research plan, support the research, and to provide intermittent feedback. She will guide and provide comments and feedback on paperwork including the review Plan and Report. Post will also provide logistical support in setting up meetings. Regular consultation with the Phnom Penh Post team, including in drafting the review plan will help ensure that the review process and report is of the utmost relevance to Phnom Penh post and wider DFAT needs.

STRATEGIC REVIEW MANAGEMENT

Expected roles and responsibilities as between ISR Team and Phnom Penh post are summarised below.

People involved	Roles and responsibilities
DFAT Phnom Penh post	<ul style="list-style-type: none"> › Draft terms of reference › Consult with relevant stakeholders (including the Social Protection desk in Canberra) on terms of reference and review plan › Assist with all preparations for meetings, including the scheduling of appointments with stakeholders and other logistics › Attend key review meetings › Provide relevant contacts and information (e.g. documents) as requested › Seek endorsement of ToR plan and report › Review and provide comments on the draft review report › Develop a management response for DFAT at Post › Publish ISR report

<p>Consultant</p>	<ul style="list-style-type: none"> › Draft Strategic Review plan › Consult on the review plan with DFAT › Conduct and/or facilitate interviews/consultations and review and analyse data › Present an aide memoire and facilitate discussion on initial findings and recommendations through group teleconference/videoconference › Draft four-page summary of the report › Draft final report › Participate in dissemination of outcomes to DFAT management in Phnom Penh (possibly also including Canberra and/or other Posts), if requested and time permits › Draft Final Investment Monitoring Report
<p>GIZ team</p>	<ul style="list-style-type: none"> › Provide relevant contacts and information (e.g. documents) as requested › Be interviewed by the review team and participate in any learning workshops/consultations

DRAFT

Annex 1: Preliminary list of key stakeholders for this review

Annex 2: DFAT Final Investment Monitoring Report (FIMR) template

Annex 3: Phnom Penh Post COVID-19 Response Plan (CDRP)

Annex 4: List of background document and key reference (to include UNDP impact evaluation of the cash transfers)

Annex 5: DFAT’s Accessibility Requirements

Estimate costings (not to be shared externally)

No.	Personnel /Advisor	Daily rate (AUD)	Inputs (day)	Total (AUD)
1	Team Leader (international)	1200	Up to 25	30,000
2	Interpreter (if required)	200	5	1000
3	In-country accommodation	230	7	1,610
4	Per diem	69	7	483
5	Return flight (business class)	NA		6,000

Total: AUD 39,093

Annex 2. Key informants

Name	Position	Organization
Mr. Andreas Zurbrugg	Deputy Head of Mission	DFAT/Australian Embassy
Ms. Tegan Park	First Secretary	DFAT/Australian Embassy
Ms. Rosita Armitage	Senior Aid Effectiveness and Social Inclusion Adviser	DFAT/Australian Embassy
Ms. Sarah Wadley	Ex-First Secretary	DFAT
Ms. Ly Sopheary	Program Manager	DFAT/Australian Embassy
Mr. Huy Khy	Senior Program Manager	DFAT/Australian Embassy
Ms. Som Chanthida	Program Manager	DFAT/Australian Embassy
Mr. Ros Chhay	Senior Program Manager	DFAT/Australian Embassy
Mr. Naisim Sum	Senior Program Manager	DFAT/Australian Embassy
Mr. Chou Vivath	Disability Lead	ACCESS Program
Mr. Kelvin Hui	Team Leader for ISPH project	GIZ
Ms. Nina Malli	ISPH Advisor for IDPoor	GIZ
Ms. Sabine Cerceau	Social Protection Adviser	GIZ
H.E. Dr. Chan Narith	Secretary General	General Secretariat of National Social Protection Council
Mr. Sreng SophornReaksmey	Director, Department of Social Assistance	General Secretariat of National Social Protection Council
H.E Keo Ouly	Director of IDPoor Department	Ministry of Planning (MoP)
H.E. Chhour Sopannha	Ex-NSAF Director-General	National Social Assistance Fund
Ms. Mak Monika	Executive Director	Cambodia Disabled Peoples Organisation
Mr. Ry Sotharith	Deputy Chief of Party	World Vision International
Mr. Theara Khoun	Policy Analyst Social and Economic Policy & Innovation Unit	UNDP Cambodia
Mr. Ivan Gonzalez de Alba	Country Economist	UNDP Cambodia
Ms. Mao Meas	Programme Analyst for Inclusion and Empowerment	UNDP Cambodia
Ms. Sovannary Keo	Social Policy Specialist	UNICEF Cambodia
Mr. Koh, Jie Yu (Finn)	Programme Manager	ILO
Ms. Sokgech Heng	National Project Coordinator	ILO
Mr. Paul Jacob Robyn	Senior Health Specialist	World Bank
Ms. Voleak Van	Health Specialist	World Bank

Annex 3. References

- ADB (2014) [Cambodia: Country Poverty Analysis 2014](#), Asian Development Bank, Manila.
- Angkor Research (2022) Final Report: IDPoor Programme Data User Study
- Asia Foundation (2014) [Democracy in Cambodia – 2014: A Survey of the Cambodian Electorate](#), The Asia Foundation, Phnom Penh, Cambodia
- CARD (2013) [The Economic Consequences of Malnutrition in Cambodia: A Damage Assessment Report](#), Council for Agricultural and Rural Development, UNICEF and WFP, Phnom Penh
- CSDG (2018) [Cambodian Sustainable Development Goals Framework 2016-2030](#), Royal Government of Cambodia, Phnom Penh
- CSES (2014) [Cambodia Socio-Economic Survey 2014](#), National Institute of Statistics, Ministry of Planning, Phnom Penh
- CSES (2017) [Cambodia Socio-Economic Survey 2017](#), National Institute of Statistics, Ministry of Planning, Phnom Penh
- Development Pathways (2022) Social Protection: a Situational Analysis of Persons with Disabilities in Cambodia, ACCESS/DFAT
- DFAT (2014) Targeting the Poorest: An assessment of the proxy means test methodology, Canberra
- DHS (2014) [Cambodia Demographic and Health Survey 2014](#), National Institute of Statistics, Ministry of Planning, Phnom Penh
- GFA Consulting Group (2019) IDPoor Optimization Study, Cambodia Research Brief
- GIZ (2022) “IDPoor: The cornerstone of Cambodia’s social protection system”, German Health Practice Collection,
- IFAD (2012) [Country technical note on indigenous peoples issues: Kingdom of Cambodia](#), IFAD/AIPP, Rome
- MoWA (2014) [Leading the Way: Cambodia Gender Assessment 2014 – Executive Summary](#), Ministry of Women’s Affairs, Phnom Penh
- NSDP (2014) [Cambodian National Strategic Development Plan 2014-2018](#), Royal Government of Cambodia, Phnom Penh
- NSPPF (2017) [National Social Protection Policy Framework 2016-2025](#), Council of Ministers, Phnom Penh
- Nuppun Research & Consulting (2021) Performance Assessment of the Cash Transfer Program for Poor and Vulnerable Households during COVID-19, Government of Cambodia/GIZ
- OECD (2017) [Social Protection System Review of Cambodia](#), OECD Development Pathways, OECD Publishing, Paris
- SASD-TF (2019) Concept Note: Social Accountability and Service Delivery Trust Fund (SASD-TF), World Bank, Phnom Penh (draft)
- UN (2021) COVID-19 socio-economic impact assessment in Cambodia, UNICEF/UNAIDS/UNFPA/UNWomen/WFP, Phnom Penh
- UNDP (2018) [Human Development Indices and Indicators 2018 Statistical Update](#), UNDP, New York
- UNDP (2022) Socioeconomic Impacts of the COVID-19 Cash Transfer Programme in Cambodia: Micro- and Macro-Level Evaluations
- UNICEF (2018) [Child Poverty in Cambodia](#), UNICEF/SPRI/Ministry of Planning, Phnom Penh

WB (2014) [Where Have All the Poor Gone? Cambodia Poverty Assessment 2013](#), World Bank, Washington DC

WB (2018) [Realizing the Promise of Social Assistance: Cambodia Policy Note](#), World Bank, Washington DC

WB (2019a) [Improving the Effectiveness of Public Finance: Cambodia Public Expenditure Review](#), World Bank, Washington DC

WB (2019b) [World Bank in Cambodia: Country Overview](#), World Bank, Washington DC

WB (2019c) [The World Bank Country Partnership](#), World Bank, Washington DC

WB (2019d), Cambodia Country Gender Action Plan for FY 2019-2020, World Bank, Phnom Penh (draft)

WB (2021a) [The Socioeconomic Impacts of COVID-19 on Households in Cambodia: Key Findings](#), World Bank, Washington DC

WB (2021b) Cambodia Economic Update: the Road to Recovery, World Bank, Washington DC

World Vision (2021) Survey on the Impact of Covid-19 on Vulnerable Households in Cambodia: Key Findings, Phnom Penh