



RIVERKIDS PROJECT

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Incentivizing Education: Study of Riverkids Direct Cash Aid Program



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Introduction

This study was conducted in July 2012 by a volunteer (Jordyn Arndt, independent researcher) in Phnom Penh, Cambodia while research tools were prepared in Singapore during June 2012. The overall aim of the research was to determine how Riverkids Project could best incentivize education for students in their Get Ready Girl/Get Ready Boy (GRG/GRB) program. In the past, a food box was prepared and administered to families participating in the GRG/GRB program on a weekly basis. While this form of aid helped families, it was costly and time consuming for Riverkids to administer. Furthermore, families were not always satisfied with the amount of and types of food which they received in the food box.

In response, Riverkids conducted a study on alternative methods of delivering aid that would increase efficiency, impact, and cost-effectiveness. After careful consideration, they decided to launch the Direct Cash Aid (DCA) pilot program. Rather than giving families food boxes, they would receive a small amount of cash on a monthly basis. The DCA could be used to support the GRG/GRBs' studies, purchase food for the family, or contribute to household expenses. This study gathered and assessed families' and staff members' experiences with and opinions of the DCA program. Information gathered from this study will help Riverkids to improve the manner in which they deliver aid to families in the GRG/GRB program.

Aims

Through this study, Riverkids aims to better understand the experiences and opinions of families receiving DCA. Additionally, Riverkids seeks to compile the feedback of Riverkids staff members in the Cambodia office working directly with families in the DCA program. Through the compilation of this information, Riverkids hopes to explore methods in which the DCA program can be improved or, if necessary, replaced with another form of aid delivery to increase the efficiency, impact, and cost-effectiveness with which aid is delivered.

Methods

Eight caregivers of students in the Get Ready Girl and Get Ready Boy (GRG/GRB) program participated in the DCA component of the study. Supplementary interviews were conducted with Riverkids staff members in the health, social work, education, and finance departments. A diverse array of responses were collected by selecting caregivers who had various ABCD classifications,¹ were of different genders and ages, and were responsible for GRGs or GRBs.

While diversity in the gender and age as well as whether the caregiver was a caretaker of a GRG or a GRB were ensured, all ABCD classifications were not represented due to the lack of availability of some families to participate in an interview. As such, three families classified as grade A, three families classified as grade B, and two families classified as grade

¹ ABCD is used to classify families' level of poverty. Rather than relying on financial indicators alone, which are often inconsistent due to the nature of many families' informal work, ABCD takes into consideration families' ability to feed and shelter themselves and their material possessions. After families' ABCD status is assessed, the amount of DCA they receive is administered on a sliding scale with A: Adequate, B: Borderline, C: Challenged, and D: Destitute families receiving a range of lesser to greater financial assistance respectively.



D were interviewed. Due to the similarity in responses of A and B families and C and D families, the absence of C families in the study does not infringe upon the report's accuracy.

Families were interviewed in Riverkids classrooms with a questionnaire that inquired about families' satisfaction with DCA, their thoughts regarding cash or food aid as the preferred method of support, their use of DCA, and the impact of DCA on their well being. Semi-structured interviews were used so that families would feel comfortable talking to the researcher in detail about their family situation and sharing their thoughts regarding DCA.

Study Limitations

A limited number of families were sampled in this study. Therefore, their views and experiences cannot be considered to be statistically representative of the 27 families currently receiving DCA. However, through the sample of families surveyed, this study captures general perspectives on DCA. This information can then be used to better understand the challenges that families face and to better design programs and aid that meet their needs.

Demographics

Families surveyed varied in size and poverty level. The average number of family members, among the DCA recipient families, is 5.6 with an average of 3.6 children per household. Since family's sources of income are often informal and irregular, other indicators of wealth, such as home ownership status and the ability of caregivers to feed family members were used to gauge levels of poverty. The majority, 71%, of families rent an adequate house, 25% own their home, and 4% rent a damaged house. Caregivers surveyed are able to feed their families, although meal regularity varies. More precisely, 50% of families are occasionally hungry, 44% are able to feed all family members, and 6% frequently miss meals.

In regard to family's sources of income, the most popular occupations for male caregivers are construction worker, tuk tuk taxi or motorcycle driver, or unemployed and/or ill, while the most popular occupations for female caregivers are food seller, cleaner, and homemaker/child care provider. The average wage for men is \$3.00 daily, with wages ranging from \$0.15 to \$10.00. The average wage for women is also \$3.00, with wages ranging from \$0.50 to \$9.00.

While fathers, mothers, grandmothers, and grandfathers are often the caregivers in the families surveyed, children frequently contribute towards the family expenses. Among the families surveyed, 32% of siblings worked for pay. The most popular occupation for working children is trash collector, while other children worked as waitresses, food sellers, and construction workers. The average wage is \$2 daily, with wages ranging from \$0.70 to \$3.50.

Main Findings

Riverkids Aid Received

Families' general perceptions regarding their experience with Riverkids aid were investigated. Families were asked about their past and current experience receiving Riverkids aid. Among the caregivers surveyed, all but one caregiver responded as exclusively receiving



DCA and GRG/GRB as forms of aid from Riverkids. The caregiver whose response differed is classified by Riverkids as a crisis case. As such, she receives additional forms of aid.

When asked why respondents thought Riverkids was providing them with aid, all respondents, regardless of ABCD status, believed that Riverkids provides aid to the families in order to help them. Respondents explained that they believed Riverkids provided DCA in order to help them to buy food, to foster a better living, and to support their family. Only one respondent mentioned DCA as being a means of encouraging her GRG daughter to study.

Satisfaction with DCA

Families satisfaction with DCA varied depending on their ABCD status. Responses from families classified as A and B were similar while responses from families classified as D were different. As mentioned in the methods, no families classified as C were surveyed.

Families classified as A and B were generally appreciative of the small amount of aid they received and hesitantly admitted that it was not an adequate amount to support their families. One mother stated, “Even though Riverkids provides a little bit of money, we are still happy. This money can help families with food, materials, and clothes” while another mother explained that, “Even though money is little, I am still satisfied with it because my daughter has a chance to study skills.” Sok Sambor, Riverkids staff member in the education department, who works directly with recipients of DCA explained that families classified as A and B are not satisfied with such a small amount of money since it is often spent within the course of 2-3 days. However, families classified as B do not complain as frequently as families classified as A. Nevertheless, they are appreciative of this small amount. Families classified as D responded that the amount of aid is sufficient without further elaboration. Sok Sambor confirmed that families classified as C and D were satisfied with DCA.

When asked if the DCA was enough money, families were hesitant to respond. Based on respondents’ non-verbal cues, it is believed that they did not feel comfortable specifying the amount of money they would need in order to be satisfied. Instead, they shared their household expenses in order to provide insight into their expenses and unmet financial need.

A mother from a family classified as B explained that it is difficult to calculate if the money is enough. She spent \$2.50 in one day for her family’s food and her daughter’s study. While a family classified as A, similarly unable to state if they were satisfied, shared their expenses:

Sample of Family’s Expenses

Expense	Daily	Monthly ¹
Rice	\$1.25 /day (2 kg)	\$37.50/ month
Food	~\$4/ day	\$120/ month
Rent	~\$3.33/ day	\$100 /month
Electricity	~\$0.33	\$10 /month
Water	~\$0.20	\$6 /month
Healthcare	Varies	Varies
Education	\$2.50 /day, all children	\$75/ month
TOTAL:	\$11.61/ day	\$348.50/ month



¹Calculations are based on a thirty day month period.

Each month Sok Sambor, Riverkids staff member in the education department, and Meth Savda, Riverkids staff member in the microfinance department, visit family's homes to distribute the DCA. They typically spend 15-20 minutes speaking to the families. They remind them that the purpose of DCA is to help support their family while their daughter/son is in the GRG/GRB program and they encourage them to send their children to school. They take notes about the family's progress to meet education and health goals and have caregivers receiving the DCA place their thumbprints on a form to confirm their receipt of DCA.

All families receiving DCA received it once a month. All but two respondents, both from families classified as A, were satisfied with this frequency. One respondent preferred to receive DCA once a week while another respondent preferred to receive DCA twice a month.

None of the families surveyed had previously received the food box as an incentive to the GRG/GRB program. As such, the program was explained to them by the Khmer interpreter and they were then allowed to consider the two options and explain why they would prefer one program over the other. All but two respondents stated that they would prefer DCA. Both respondents that preferred receiving a food box were members of families classified as A and justified their responses by explaining that their money was a "little bit and cannot support." The families that preferred to receive DCA justified their responses by explaining that they prefer to have the flexibility to use money for medical care, food, and other basic needs.

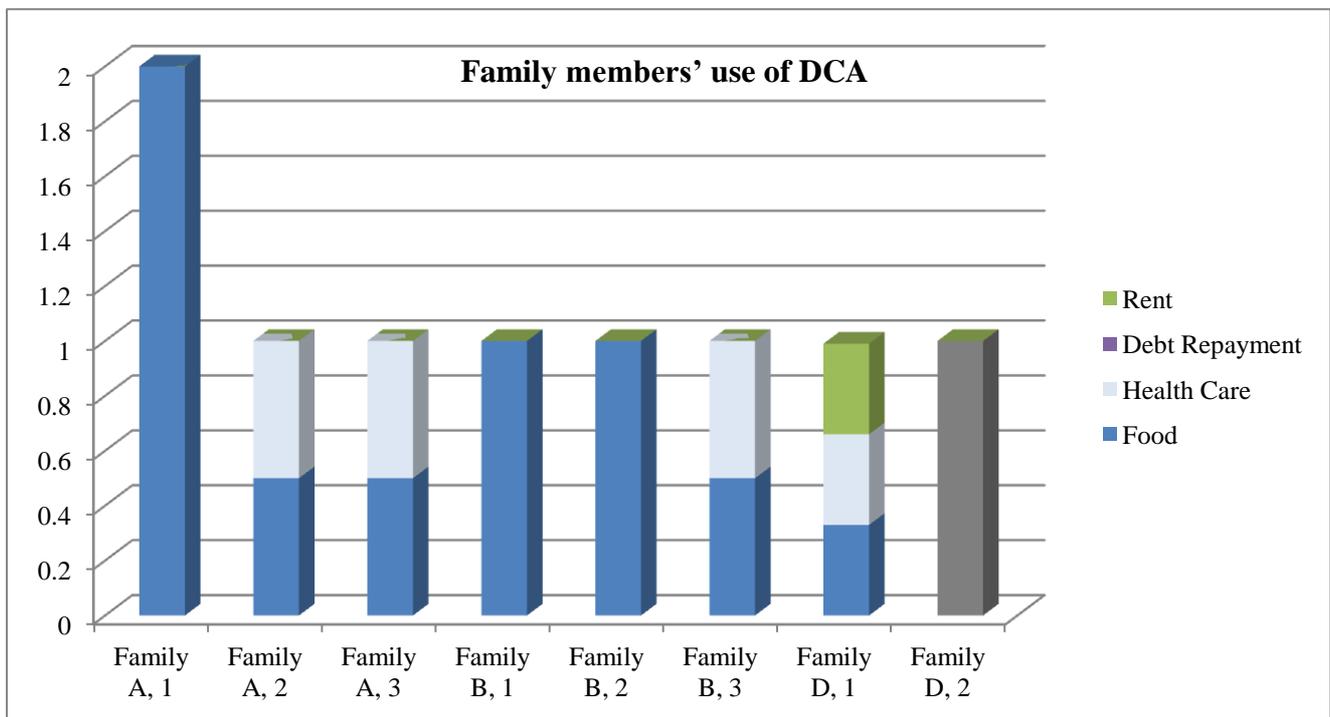
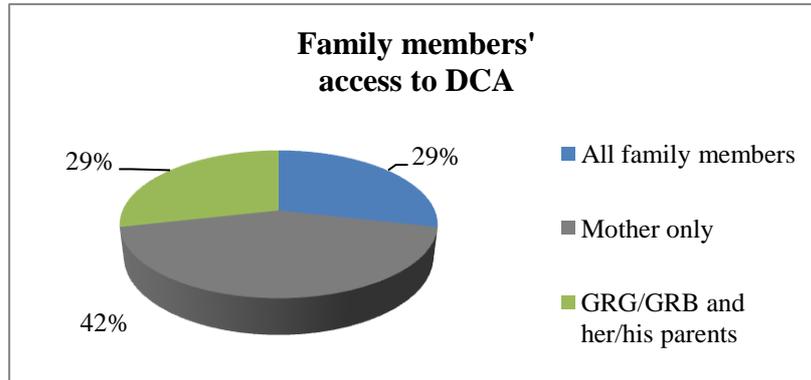
Riverkids Social Worker Sok Khim who works with families in the Riverkids communities, including those that receive DCA, confirmed these responses. She explained that families are happy to receive the money. They like the flexibility of DCA. It enables them to use their money to make rent payments and diversify their food purchases, depending on their needs. According to Sok Sambor, Riverkids staff member in the education department, the families prefer receiving money rather than rice because they can use it for food, electricity, and rent.

However, one concern has arisen; families classified as A are jealous of the amount of money families classified as B, C, or D receive. Meth Savda said, "Some A families have shared with Riverkids staff that they would prefer receiving food rather than money. However, some B, C, and D families do not complain. They prefer receiving money so they can use it to pay their rent." Sok Khim states that it is important to remind families why they are receiving the money and that the GRGs/GRBs are receiving DCA in addition to receiving free training.

Use of DCA

Various members of the families receive DCA each month. The recipient of the aid was determined during the first visit by Riverkids staff to families' homes to administer DCA. Yet, irrespective of who receives the money, it is often kept with the family's assets. Only two respondents, from families classified as B, kept the DCA separate from their families'

assets and used it exclusively for her daughter’s breakfast and to buy rice respectively. Charts below illustrate the distribution of family members who receive DCA and how they spend it.



One of the concerns of Riverkids donors supporting DCA has been related to the manner in which families spend the DCA. In response to this concern, families were asked if the money from the DCA had ever been used for drugs, alcohol, or gambling. Careful attention was paid to verbally assuring the respondents that they would not be penalized for their responses and that the question was only being asked for informational purposes. In two cases it was not possible to ask the question because there were other people present in the room during the interview, despite efforts to keep the interviews private. Among the respondents who were in a private, comfortable space and were able to answer the question, all said no.

Riverkids Social Worker Sok Khim confirmed these responses. She said that she has not witnessed or heard about any cases of gambling with the DCA. She further elaborates that due to the fact that families classified as group A receive such a small amount of money that if they were gambling or spending money on alcohol or drugs, the Riverkids staff would



notice a decline in the children's health and education. Conversely, for families classified as group D, Riverkids staff would notice the decline in the children's health and education if they were spending their DCA irresponsibly, because DCA is their primary source of income. Meth Savda explained that based on his interactions with DCA families, when visiting their homes with Sok Sambor, they are using DCA on rent, electricity, food and water. In some cases the money is given directly to the GRG/GRB or is spent in support of her/his studies. When asked if he had heard of any cases in which families are using DCA for drugs, alcohol, or gambling, he said that he is not aware of any worrisome situations. He is aware of one family which plays cards in front of the house and he has shared this information with the donor. He has also heard a rumour that one of the families receiving DCA has a son who has a problem with drugs. However, he is not too concerned about this since it is only a rumour.

Intended Outcomes of DCA

When asked if receiving DCA improved the family's day-to-day conditions of living, all respondents stated that their ability to provide for their family was better than before they received DCA. Respondents mention the ability to purchase food for their families as the greatest benefit of receiving DCA. They also state that they have been able to purchase a greater variety of foods and improve their family's nutrition. They have also been able to improve their family's health by spending more money on health care goods and services.

According to Keth Sophornnie, a Riverkids staff member who works as a nutritionist and administered the former food box program, the clothes and health of the children receiving DCA are better than they were prior to receiving it. While Riverkids nurse Mel Sakona does not work directly with all of the families receiving DCA, she does work closely with one of the families, which is classified as D and is classified as a crisis case. She said that before receiving DCA, the GRG was quiet and withdrawn. However, now that she is receiving DCA, she speaks more, studies regularly, and helps her mother who is sick.

Sample of Responses:

“My family is better than before. Before, I had to borrow food from the market and pay the vendors back when I had money. Now I can pay them directly. I can also spend more money on food for my family. Before, I spent only 5,000 rials (\$1.25) per day for my family, but now I can spend \$2.50 per day. My family eats rice 3 times a day, which is better than before, and we are now able to have breakfast. Thank you for this money!” – Family B, 1

“Before I could buy small, small fish [small fish are cheaper than large fish] for my family. However, after receiving this money, I can now buy meat for my family.” - Family B, 3

“My family is better than before. Before, we sometimes had no food to eat. Now we have food. I continue to get sick. So, this money helps.” – Family D, 2

An additional outcome of families receiving DCA is that children, who were working, are no longer working. Among the respondents, only two families had children working prior to



receiving DCA. Both children in these families worked as trash collectors. However, according to two respondents, occasionally children help their mothers to sell cakes at the market even after receiving DCA. Sok Sambor described a situation in which one girl used to sell cakes. He said that she used to wake up at 4:00am to make the cakes and then would sell them at the market. She no longer has to do this now that her family is receiving DCA.

When families agree to participate in the GRG/GRB program and receive DCA as a means of encouraging participation in the program, they commit to meeting certain health and education conditionalities. If families fail to meet these conditionalities, they will receive a series of warnings from Riverkids staff. If the issue persists, the GRG/GRB will no longer participate in the GRG/GRB program and the DCA will be revoked. Sok Sambor and Meth Savda, who work directly with families receiving DCA, describe two situations in which GRBs have stopped participating in the program. One GRB worked at a factory while enrolled in the GRB program. Sok Sambor informed him that if he continued to work at the factory he would no longer receive DCA; he decided to leave the program and earn \$60 a month working at the factory. According to Meth Savda, another GRB did not attend class for two months due to health and family issues. His brother was experiencing some problems and his father fell sick. His mother was unable to care for him. So, he left the GRB program.

Recommendations

Riverkids should consider maintaining DCA and increasing the amount of aid delivered:

While the majority of families like DCA as a form of aid delivery, families classified as A and B expressed less satisfaction. Interviews with caregivers from these families frequently revealed that they believed that the “money is little.” Nevertheless, all families appreciated the flexibility to spend their DCA on food, rent, etc. They also appreciated being able to choose the types of food to feed to their family as opposed to receiving a food box with a predetermined quantity and selection. All Riverkids Staff members surveyed agreed that families preferred receiving money. However, the amount was not sufficient, particularly for families classified as A or B. Meth Savda of the microfinance department elaborated:

“DCA is better than the food box. When families received the food box, they complained about not having money. When families are given money, some donors are concerned that the money will be used for alcohol, cigarettes, etc. However, based on our experience the families do not do this. Money can be used to pay rent; it can do everything. It can also be given directly to the GRG/GRB. Increasing the amount of money would be better. Sometimes it is spent in 1-2 days. I saw in the policy that families should be provided with more money, but I understand that this isn’t possible due to budget constraints.”

While some families complained that they received less money than other families, they were receptive to the message that DCA is provided on the basis of families’ poverty levels. Families’ habit of comparing aid received also occurred with the food box program. Families complained to Riverkids staff that they did not think it was fair for families to receive the



same amount of food as other families irrespective of varying poverty levels and family sizes. Sok Sambor of the education department agrees with this criticism of the food box program.

Riverkids should consider maintaining DCA and not reinstating the food box program:

In regard to the food box program, families classified as A and B generally preferred this method over DCA. The food box program has the advantage of ensuring that families receive food as opposed to receiving cash which can be used for non-essential items or services. Conversely, the majority of Riverkids staff members interviewed preferred DCA over the food box method of aid delivery. According to Keth Sophornnie, a Riverkids staff member who works as a nutritionist and administered the former food box program, “DCA is better than food box because what people like to eat is different. If Riverkids provides money, families can use this money to buy food. Some food spoils when it is given in the food box.”

Pheakady Khin, Riverkids deputy director in Cambodia, expanded on Keth Sophornnie’s concerns regarding the food box program. Sometimes the food spoiled if families did not come to pick it up on time and families did not always like the food received. Another concern that arose was regarding the amount of money that house mothers spent on food in the market. She said that sometimes the cost per food box prepared varied from \$0.50-\$2.00.

She also emphasized the need for better follow-up and feedback in all Riverkids programs. This would help to ensure that families’ health and education needs are being supported. It would also help to ensure that Riverkids is working towards creating a sustainable future.

Riverkids should consider expanding the duration of DCA provided to GRGs/GRBs:

Irrespective of which program is implemented, the concern regarding how long aid is sustained remains. Several Riverkids staff members, mentioned their concern that the number of GRGs/GRBs that have dropped out in the past few generations has been due to a lack of support (food or cash) during their training period with NGOs post- GRG/GRB program. According to Sok Sambor, this has caused one of the donors in Hong Kong to consider withdrawing funding from the program unless the number of students dropping out decreases.

While Sok Sambor explained to the donor that he would do his best to increase attendance, it is unlikely that verbal encouragement will address the root cause of the problem. GRGs/GRBs often drop out of the program due to their inability to support their families. When GRGs/GRBs are in training, they do not earn an income. The food box or DCA helps to support the families of GRGs/GRBs during the Riverkids training period. Afterwards when the GRGs/GRBs engage in training at a partner NGO, they are sometimes tempted to work in garment factories (GRGs) or in security or construction (GRBs) to earn an income. When it becomes too difficult to for the GRGs/GRBs to balance work and training, they drop out.



Conclusion

DCA and Food Box – Cost

As illustrated in Appendix A: DCA and Food Box Cost Comparison, the DCA program is less expensive for Riverkids to maintain than the food box program. The DCA program costs approximately \$380² to maintain for 27 families monthly while the food box program costs \$922-\$1,106 to maintain for 25-30 families, respectively, monthly. In terms of the value of aid received, families receiving food box benefit from food valued at approximately \$37 a month, irrespective of their family size or poverty level. Conversely, families receiving DCA benefit from cash of \$6.25-\$25.00 depending on how families are classified on the ABCD sliding scale with classifications of A: Adequate, B: Borderline, C: Challenged, and D: Destitute.

DCA and Food Box – Impact

Families prefer receiving DCA rather than food box. They appreciate the flexibility to use DCA to purchase food and pay for their electricity, water, and rent. However, due to the limited amount of DCA that is provided, particularly to families classified as A and B, the impact DCA has on families' well-being is limited. Families classified as A and B preferred receiving food box since the money they received through DCA was a small amount. Since DCA has been used by caregivers to improve their families educational and health outcomes, it is making a social impact. However, a greater impact could be achieved with greater aid.

DCA and Food Box - Duration

Currently both food box and DCA have been provided during the Riverkids training period. However, several Riverkids staff members have requested that support be continued for GRGs/GRBs beyond the Riverkids training period. Social Worker Sok Khim and Sok Sambor of the education department expressed concern regarding the ability for families to care for the needs of their families when the DCA stops after 5 months.

Sok Sambor requested that funding be extended for 1-2 years per GRG/GRB. This would allow the GRGs/GRBs to have a source of income while they are training and finding a job. He goes on to say that, "GRGs/GRBs feel lonely and far away from Riverkids when they are cut off from DCA. Riverkids should support the GRGs/GRBs after the 5-6 month Riverkids training period and follow-up with them for motivation. In terms of aid, it would be best for them to receive \$2.50 weekly for lunch, \$1 weekly for pocket money, and DCA monthly."

Considering the large investment that is undertaken in enrolling a GRG/GRB in the program, Riverkids may want to consider supporting less GRGs/GRBs and sustaining support for them throughout the entire training period. This may result in less students dropping out of the program. Conversely, supporting more GRGs/GRBs for a shorter period of time may continue to result in high dropout rates, resulting in a loss of investment and social impact.

² The monthly cost of DCA depends on the hourly salary of Sok Sambor and Meth Savda, who visit the 27 DCA recipient families once a month for 20 minute each. Depending on where their hourly wage falls within the range of \$0.71-\$1.88 per hour, the cost of the DCA program will be \$369.75-\$390.09. The average cost is \$380.



Appendix A: DCA and Food Box Cost Comparison

DCA, cost of program monthly (cost per family varies)

Expense	Amount, per family monthly	Amount, for entire group monthly
DCA		
DCA for families classified as A, 11 families	\$6.25	\$68.75
DCA for families classified as B, 5 families	\$12.50	\$62.50
DCA for families classified as C, 8 families	\$18.75	\$150.00
DCA for families classified as D, 3 families	\$25.00	\$75.00
Administrative Expenses		
Two staff members visit families once a month for 20 min to discuss/distribute DCA		\$13.50-\$33.84 ¹
Cost of DCA, for all families monthly		\$369.75-\$390.09

¹ Riverkids staff members are paid between \$6-\$15 per day. If they work an 8 hour day, they are paid \$0.75-\$1.88 an hour. As such, if two staff members spend 18 hours collectively visiting families to discuss their progress to achieve education and health goals and to distribute DCA (20 minutes with 27 families is 9 hours each), this costs between \$13.50 and \$33.84.

Food Box, cost per family weekly and monthly

Expense	Amount, weekly ¹	Amount, monthly
Food Box		
Rice (5kg)	\$3.00	\$12.00
Variety of additional food products ²	\$5.00	\$20.00
Additional Support		
GRG/GRB pocket money	\$1.00	\$4.00
Administrative Expenses		
Two house mothers go to the market to purchase food for the food boxes on a weekly basis and prepare the boxes – 2.5 hours at the market and 30 min packaging	\$0.08-\$0.06 ³	\$0.32-\$0.24
One staff member takes attendance and waits two hours for families to pick up the food boxes from the Riverkids office	~\$0.08-\$0.23 ⁴	~\$0.32-\$0.92
Cost of Food Box, per family weekly		~\$9.22 ~\$36.88

¹ Costs are estimated based on a per family basis.

² Products changed weekly and included dried fish, canned fish, vegetables, dried noodles, pork, sugar, seasoning, and oil.

³ Riverkids house mothers are paid \$2.50 per day. If they work an 8 hour work day, then they are paid \$0.31 per hour. If they spend 3 hours purchasing the food in the market and preparing the food boxes, this costs \$0.93 per house mother per week. Two house mothers per week purchasing the food in the market and preparing the food boxes costs \$1.88 total, for all families receiving food boxes. Since an estimated 25-30 families received the food box per week, this means that each food box costs \$0.08 (if 25 families receive the food box) and (\$0.06 if 30 families receive the food box per week) to prepare.

⁴ The Riverkids staff member who takes attendance and waits two hours for the families to pick up the food boxes from the Riverkids office is paid between \$6-\$15 per day. If she/he works an 8 hour day, she/he is paid \$0.75-\$1.88 an hour. As such, it costs Riverkids \$2.25-\$5.64 to pay this staff member to administer the food boxes to all of the families on a weekly basis. In terms of per family cost, it costs Riverkids \$0.09-\$0.23 if there are 25 families and \$0.08-\$0.19 if there are 30 families.

Cost Comparison: DCA and Food Box

	Weekly	Monthly
Cost of DCA, 27 families	NA	\$369.75-\$390.09
Cost of Food Box, 25-30 families	\$230.50-\$276.60	\$922.00-\$1,106.40