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VANUATU

Disability Cash Grant Pilot

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Disclaimer

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Disability Cash Grant Pilot

March 2025 – Vanuatu

Save the Children

Contents

ACRONYMS

CDCCCS	Community Disaster and Climate Change Committees
CFM	Complaint and Feedback Mechanis
CVA	Cash and Voucher Assistance
DCG	Disability Cash Grant
FGD	Focus Group Discussions
FPU	Family Protection Unit
KII	Key Informant Interviews
MEB	Minimum Expenditure Basket
PDM	Post Distribution Monitoring
SOP	Standard Operating Procedures
VSPD	Vanuatu Society of People with Disability

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Executive summary

Save the Children Vanuatu implemented a Disability Cash Grant (DCG) pilot that supported 215 children under 18 with disabilities or developmental delays in Shefa and Sanma Provinces. In total, the pilot disbursed VUV 12.9 million through four monthly transfers of Cash and Voucher (CVA) assistance between April and August 2024, enabling caregivers to meet essential needs of their children with disabilities.

Operational Implementation and Outcomes

The pilot achieved significant measurable impacts across key areas. The percentage of caregivers able to meet their child's essential needs increased substantially to 91% by the end of the pilot. Thirty-two (32%) percent of families reported stress reduction due to assistance received as the most positive impact on their household. Savings capacity improved through the pilot. The pilot also enhanced digital inclusion, with caregivers understanding of mobile money systems rising to 55%.

Delivery Mechanism Performance

The mobile money delivery system MyCash by Digicel worked well overall, with 98% of caregivers indicating they found the system secure and 96% reporting Digicel agents being accessible with 94% of cash-outs completed without complications. The targeting approach achieved high satisfaction among caregivers.

Expenditure Patterns

Post distribution monitoring revealed consistent prioritisation of essential needs, with fresh food accounting for 64% of expenditures, followed by clothing, hygienic items and education materials.

These results demonstrate the pilot's effectiveness in supporting children with disabilities and their families.

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DISABILITY CASH GRANT PILOT

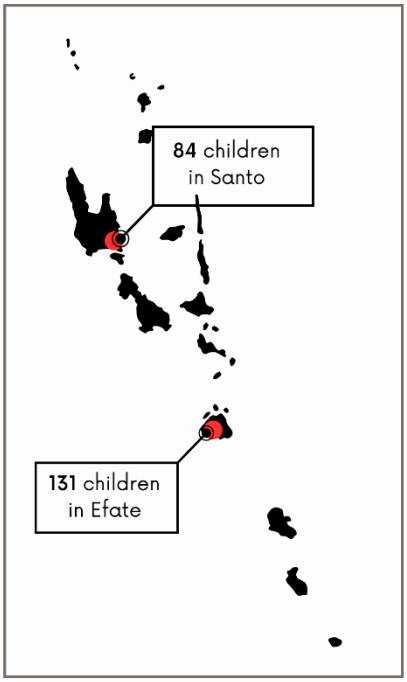
KEY FIGURES

215
Children with disability participated

VUV 12.9
million injected into local economy

43%
are female

7
Partners collaborating during design and implementation



REGISTRATION

All eligible children in targeted areas, were registered; no one was left out.

98%
satisfied with the registration process

97%
perceived the registration process as fair

REDUCTION IN HOUSEHOLD STRESS

32%
reported stress reduction due to the assistance received as the most positive household impact.

52%
reported stress at baseline, dropping to 12% by endline, likely due to financial support

POSITIVE EXPERIENCE USING MOBILE MONEY

Understanding and confidence of mobile money usage increase significantly.

Most caregivers feeling safe and secure when receiving cash assistance via mobile money.

All participants were satisfied with the amount received

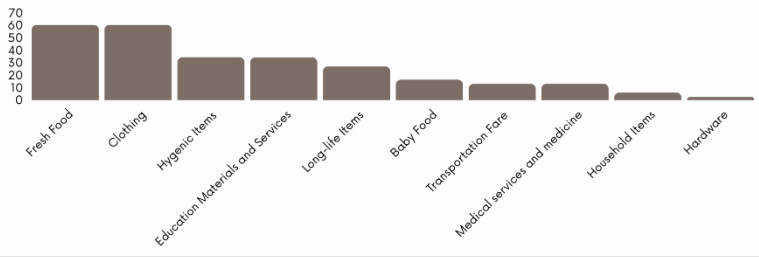
Challenges to access Digicel store
3%

Digicel store are accessible
97%

INCREASE IN WELL-BEING

FGD results suggest improvements in well-being of children with disabilities, with some now appearing more engaged in school and social activities. These changes may be linked to new clothes and school materials, as well as feeling more included within their families.

FUNDS USED TO MEET BASIC NEED



ABLE TO MEET BASIC NEEDS

91%
of caregivers were able to meet all their child's needs with assistance. Before the pilot, only **38%** could do so using available household income.

EASIER ACCESS TO ESSENTIAL SERVICES AND SAVINGS

Savings capability improved by **36%**, with some caregivers able to set aside more for emergency.

47%
easier access to health services and medicine

52%
easier access to educational services and information

29%
easier access to local markets

Background

In collaboration with government and seven partners, Save the Children Vanuatu implemented a Disability Cash Grant pilot in between March and August 2024. The pilot covered children under 18 years with disabilities or developmental delays in Sanma and Shefa Province. This pilot was designed to work alongside existing programs, including Parenting Support Groups and Growth Monitoring and Promotion.

The pilot was designed from extensive stakeholder consultations between 2022 and 2023, recognising unique challenges faced by children with disabilities during periods of economic pressure. Beyond immediate assistance, the pilot aimed as an evidence-building platform.

Delivery Mechanism Selection and Implementation

The use of technology-based CVA solutions such as blockchain-based technology, e-vouchers, smart-cards and mobile money has brought substantial benefits by decreasing time and costs of distribution - particularly in remote areas- and as well as increasing efficiency and decreasing reconciliation time.

In order to deliver assistance fast to vulnerable households in remote areas in Santo and Efate, Save the Children Vanuatu partnered with Digicel, using their MyCash mobile money platform and distribution modality. Digicel's offers a wide reach in remote areas making sure that families in even the very hard to reach communities could receive support. Their success delivering cash assistance with the Red Cross, combined with their established infrastructure, made them an optimal partner for this initiative.

Generally, the pilot proved effectiveness of delivering CVA with Digicel MyCash platform to children with disability outside of disaster response. This report will present crucial findings from the DCG pilot in Vanuatu.

Pilot Goal and Objective

The Disability Cash Grant aimed to support families of children with disabilities to meet the additional costs of care. The pilot was guided by six core objectives:

1. Assess the impact of the cash assistance pilot on targeted children, including changes in savings, access to food and services

2. Evaluate how households use cash assistance to meet basic needs and whether caregivers are better able to provide children with disabilities using mobile money.

3. Measure the increase in staff knowledge related to mobile money and CVA operational practices.

4. Determine the safety and ease of mobile money delivery from the caregiver's perspective.

5. To evaluate the effectiveness of processes such registration, awareness, and feedback mechanism.

6. To collect qualitative feedback from recipients on their experiences, challenges, and suggestions for improvement, while also measuring their overall satisfaction and perceived value of the cash assistance pilot.

Methodology

The pilot used a mixed-method approach, combining household surveys, focus-group discussions, interviews, and real-time monitoring to assess implementation and its impact on families.

Data Collection Methods

Quantitative data included:

- Baseline and end-line surveys (n=139 and n=141 respectively)
- Three rounds of Post-Distribution Monitoring (PDM1=129, PDM2=123, PDM3=105)
- Three rounds of onsite monitoring at distribution points (229 surveys)

Survey implementation was conducted by trained enumerators and tools were designed to assess pilot outcomes across key areas, including service access, savings, fund usage, and caregivers experience with the delivery mechanism.

Qualitative research comprised:

- Five Focus Group Discussions (FGDs) with caregivers, focusing on assistance perceptions and household impacts
- Nine Key Informant Interviews (KII) with pilot stakeholders, including VSPD, CDCCCs, Save the Children staff and government representatives
- Additional consultation with pilot participants over 12 and their caregivers

Sampling and Data Quality

The sampling for baseline and endline surveys included a 95% confidence level and a 5% margin of error. All survey tools were translated into Bislama and administered through Kobo Collect.

Monitoring Approach

To track the pilot's effectiveness, onsite monitoring took place at Digicel shops within the first two days of each cash distribution. Enumerators captured real-time feedback on caregivers cash-out experience, agent interactions, while identifying access challenges they faced during the cash-out process. This allowed the team to quickly allowed for that arose at the cashout points.

Two weeks after each transfer, PDMs were conducted. to examined broader aspects of pilot implementation such as how families were using the funds and whether they had any concerns. This monitoring tracked fund usage and identify trends in spending patterns, service access, and overall satisfaction levels. In addition, PDM surveys identified ongoing implementation challenges requiring attention allowing the pilot to make necessary adjustments along the way if needed.

Implementation Process

Identification Process

The identification process was a collaborative effort led by the Vanuatu Society of People with Disability (VSPD) with support from Save the Children staff, Community Disaster and Climate Change Committees (CDCCCs), chiefs and other community focal points. Identification activities were conducted between March and May 2024 in Sanma and Shefa Province. Initially, the pilot aimed to support 100 children with disabilities aged 0 to 5; however, the pilot expanded its scope to include children up to 18 years, ultimately reaching 215 children by May 2024.

Challenges resulted from to lack of available disability data, particular in South East Santo, making initial identification process difficult. However, these challenges strengthened collaboration between VSPD and CDCCCs. Thanks to the training provided by VSPD, CDCCC members are now better equipped to continue identifying children with disabilities in their communities and are more confident in working with families in their areas to ensure no one is left out.

Figure 1: Identification Process in Santo
Photo: Damian Mobbs/Save the Children

Verification and Registration Process

To ensure that children met eligibility criteria, Save the Children implemented a data validation process. This process was done in close collaboration with VSPD. Digicel conducting an additional validation process.

Eligibility was based on the following criteria:

- The child has a disability (or developmental delay).
- The child is under 18 years old.
- The child and their primary caregiver reside in the targeted community.

Following verification process, 215 children were registered through house-to-house registration. This approach aimed to make the process easier for families caring for children with disability. This process facilitated seamless Digicel SIM registrations, MyCash account setup, distribution of PINs and providing families with guidance on how to use the assistance. Caregivers expressed relieve about the simple registration process and survey results indicated that 98.5% were satisfied with the registration. Awareness of targeting and registration remained high with over 70% of caregivers were aware about time and location of the registration and 81% of caregivers demonstrated understanding of eligibility criteria, which most found fair. These results highlight the success of collaboration between Save the Children, VSPD, Digicel, CDCCCs and other stakeholders in awareness and identification. Of those surveyed, only few (17%) were aware of the transfer amount prior to the first disbursement.

Table 1: Disaggregated data of registered beneficiaries

	0 – 5 Age	6 – 18 Age	Total
Girls	19	72	91
Boys	37	87	124
Total	**56**	**159**	**215**

Distribution Process

Through Digicel's MyCash platform, caregivers received four payments totalling VUV 60,000 per child. These monthly payments (between April - August 2024) allowed families to plan and budget effectively. To keep caregivers informed about upcoming disbursements, SMS notifications were sent prior to ensure transparency. When cashing out, caregivers had to provide their IDs as a verification and a PIN. By the end of the pilot, a total of VUV 12.9 million was disbursed, directly benefitting 215 children in Sanma and Shefa Province.

VUV 12.9 million in cash assistance distributed

Fund misuse was minimal. When misuse was identified, a coordinated response involving the Child and Disability Desk, Save the Children, the Family Protection Unit, and community leaders was activated in Sanma Provinces. In these cases, actions included registering a different caregiver when needed and increasing monitoring efforts. Stakeholders emphasised the importance of strengthening family involvement especially in awareness around fund usage and expanding community awareness activities.

Key Findings

Modality: Mobile Money

The modality was well received overall. Most caregivers found mobile money easy to use. While some caregivers were hesitant about receiving money through the platform, they became more confident over time and with ongoing support by Save the Children staff. During FGDs some caregiver voiced that the presents of Save the Children staff at Digicel agents/shops during cashout events, made them feel secure and assured them that the assistance was real. Understanding of mobile money system showed substantial improvement by the end of the pilot, increasing from 14% to 55%. This was significant given that it was the first time using mobile money for almost all caregivers.

Ninety six percent of caregiver found Digicel agents accessible, although caregivers living in South East and East Santo had travel to Luganville to access Digicel agents. The cashout process at Digicel agents went without many issues, with 94% of caregivers reporting no complications. Problems reported, primarily included caregivers having forgotten their phones or ID card, a requirement for cashing out of funds.

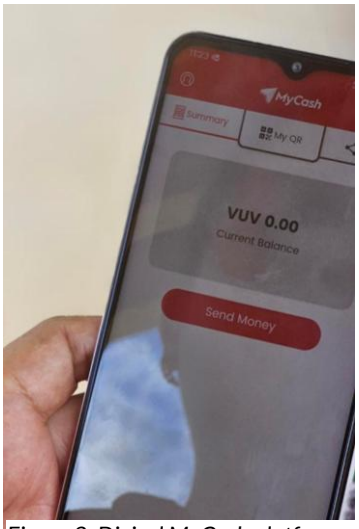


Figure 2: Digicel MyCash platform
Photo: Kalua Salerua/Save the Children

Implementation Challenges

While the program achieved strong overall performance, several operational challenges emerged during implementation. Network outages during the second distribution cycle caused temporary delays in fund disbursement, adding stress especially for families in remote areas with limited network. Families living remotely depend on disbursements being made on the agreed date to avoid unnecessary and costly trips to Port Vila or Luganville. Additionally, some cash-out points in Port Vila experience cash shortage on distribution days, highlighting the need for better cash flow at some Digicel shops to ensure enough cash is available on distribution days.

Impact and Outcomes

Child and Household Wellbeing

The cash assistance generated significant positive changes beyond its primary financial support objective. Caregivers reported marked improvements in their children's confidence, health, and social engagement.

Case Study – Lewenda
Lewanda from Chapuis in Santo Island, used the cash assistance to cover essential school costs, including transport, stationary supplies, and daily lunch. She also invested the remaining funds to started a small canteen business at home. Her mother notes marked changes in Lewenda's social confidence she spends more time with friends while supporting her family. Lewenda now purchases phone credit for her older brother - who no longer lives at home - so he can stay connected. She recently and gave her mother a thoughtful birthday gift, demonstrating personal growth and stronger family ties.

During focus group discussions in Salili and Luganville, parents described how reduced financial pressure improved their child's but also their own wellbeing as caregiver. One father shared that his son really wanted to go back to school after purchasing new school uniforms with the funds received. Every morning, he puts on his uniform and runs to school, hoping the school has reopened.[1]

Caregivers observed that older children, took an active role in deciding how funds should be used, an increased sense of empowerment was observed by caregivers.

Quantitative data collection tools used for this report did not capture child and household wellbeing, qualitative data however indicate an increase in child and household well-being likely due to the assistance received. This is an opportunity for more research in other CVA programming.

Financial Stability and Stress Reduction

The impact on household stress was particularly noteworthy. For many families the Cash Grant did not only provide financial assistance; it was an opportunity to focus on their child's future. Instead of constantly worrying about how to meet their child's needs, caregivers could focus on providing for them with confidence. Survey results show a shift: stress levels dropped from 52% at baseline to 12% by project end. For nearly one third (32%) of caregivers this reduction in stress was the pilot's most positive impact.

One mother described how the assistance impacted her whole family's daily life. She noted that every single Vatu received through the pilot went toward their child with a disability. But because of that, her husband could stretch his income further to making sure their other children had what they needed too.

In South East Santo, Ninas family (see **Figure 3)** decided to use the assistance received for a long-term investment. Rather than spending the funds on small items, they saved all their transfer to purchase in a water tank. Now, their blind daughter Nina has easy access to clean water, and the whole family has become more resilient. This example illustrates how the reliable monthly transfers empowered caregivers to make lasting improvements in their children's wellbeing.

Disagreements over fund usage was reported by only 3% of caregiver. When disagreement was reported caregivers shared this was mainly due to communication challenges or different opinions on how to use the funds.

[1] At the time of endline data collection, all schools across Vanuatu were on strike.

Figure 3: Nina and her family with their new water tank, made possible by funds from the pilot
Photo: Damian Mobbs/Save the Children

100% of caregivers reported satisfaction with the transfer amount

Caregivers were satisfied with the transfer amount of VUV 15,000 per months and preferred monthly disbursements of funds. It was however noted by families looking after children with higher needs (regular and costly medication), that the funds received where not enough to meet all their child's needs. During FGDs, those parents shared that even with the CVA assistance, they still faced challenges in covering daily expenses and managing the high costs of medication.

Fund Usage

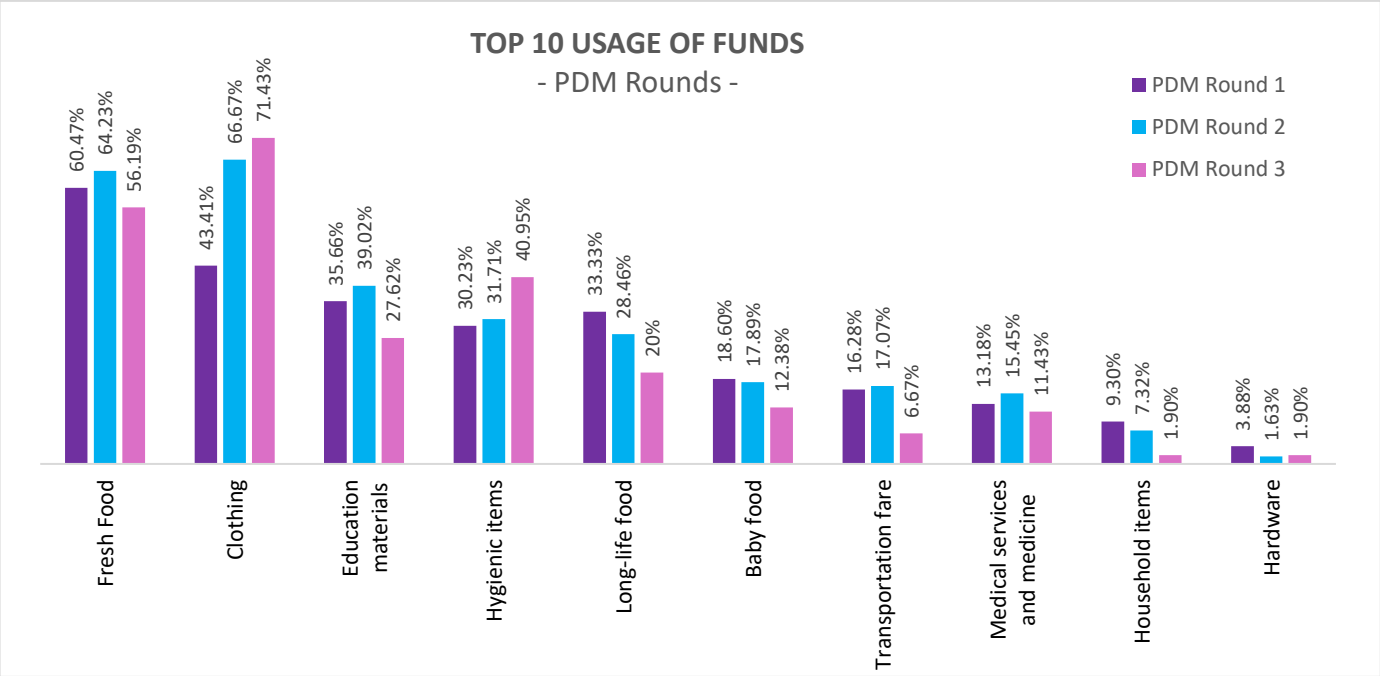


Figure 4: Top 10 Spending Categories by PDM

Post-distribution monitoring results showed that caregivers used all funds to meet basic needs of their child. By the end of pilot implementation, data suggested high improvements in meeting needs, with 91% of caregivers being able to meet all their child's basic needs. At baseline, only 38% were able to do so.

When caregivers received the monthly transfer, they used it thoughtfully, focusing on what their child needed. Fresh food to maintain a nutritious diet, was the most frequently purchased item across all four distribution rounds. Additionally, expenditures on clothing, hygiene products, and educational materials, including school fees, remained consistently high. Notably, purchase of warm clothing was higher during the winter months between June and July.

There was no significant difference in spending patterns between communities. However, caregivers in Shefa Province focused more on food items (both fresh and long-life), while families in Sanma allocated more funds towards clothing and hygiene items in addition to food.

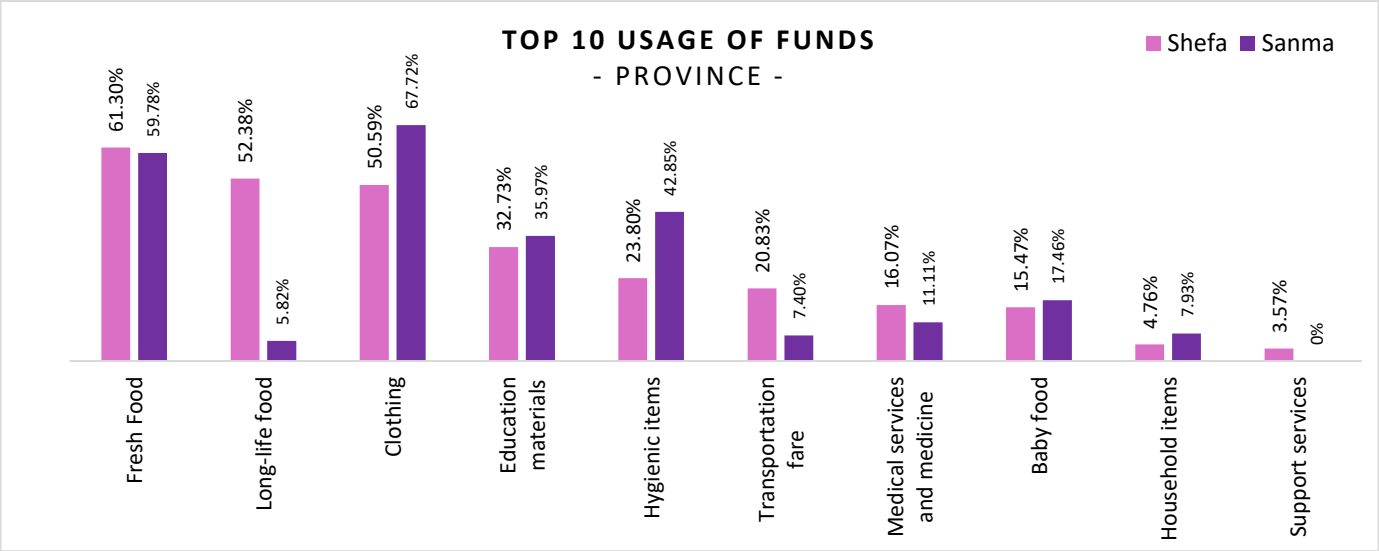


Figure 5: Top 10 Spending Categories by Province

The pilot helped families to increase their savings, with data showing an improvement from 68% to 93% at endline. However, despite the rise in savings, many caregivers especially in Port Vila stated that economic challenges remain, particularly due to high increase in living costs, which puts additional pressure on vulnerable households. Endline data revealed that 99% of participants observed price increases in their communities, with 94% noting that these trends began before the pilot. This shows the difficulty of financial stability when factors such as inflation, continue to rise cost of living.

37% of caregivers reported an increased ability to save money

Figure 6: Emmie is proudly showing her new purchased school uniform and education materials

Photo: Damian Mobbs/Save the Children

Access to Essential Services and Programs

At baseline, many caregivers shared that they faced significant challenges in accessing essential services for their children with disabilities. The main barrier identified prior to the start of the pilot were high cost of transportation, combined with long travel distances, especially in Sanma Province. Access barriers to education for children with disability where affordability, as well as lack of specialised schools or teachers and transportation challenges.

Education Access

The pilot enhanced access to education through direct and indirect support mechanisms—caregivers invested in school supplies, uniforms, transportation and pay school fees, with some taking a long-term approach, procuring digital learning tools such as tablets to support their children's education beyond the classroom. However, measuring the direct impact of fund disbursement on school attendance was challenging. At the time of the endline survey, school strikes were occurring across all provinces, interrupting education and preventing children from attending school. As a result, 42% of school-aged children were not attending school by pilot end, likely due to these disruptions.

Figure 7: A pilot participant with his mother, and his newly purchased tablet for digital learning.

Photo: Damian Mobbs/Save the Children

Despite the school strike, caregiver reported a 53% increase in their ability to access education services easily, with many able to cover transportation and other related costs such as materials for their children with the

assistance received. While this made education more affordable, it did not necessarily led to better quality or improved learning outcomes. Despite this external challenge, the pilot laid the groundwork for future educational participation by reducing financial barriers to school enrolment and attendance.

Health Service

Access to health services improved, with a 47% increase in caregivers reporting easy access to healthcare. Caregivers reported using funds for essential medicines, and transportation to the hospital or clinic. During FGDs, some parents noted fewer illness episodes among children, attributing this to improved nutrition. However, transportation costs and distance to health facilities remained challenging for families in remote areas.

Food Security and Nutrition

The pilot improved food security, with acceptable food security scores (FCS)[2] among children with disabilities rising from 79% to 83%. By the end of the pilot, families further reported fewer concerns about food shortages. While this was a positive outcome and reflects families enhanced ability to purchase varied food items beyond their own garden, the increase was lower than what is typically seen during emergency assistance programs. This is likely because households were able to maintain stable access to fresh produce from their own gardens, which were not impacted by a cyclone. Baseline data validates this finding with 41% of households relied primarily on own their gardens for fresh food; the cash assistance enabled supplementary food purchases, particularly during lean periods. Post-distribution monitoring showed that fresh food remained a consistently purchased item, as well as long-life food items.

Market accessibility improved significantly, with a 29% increase from baseline to endline, as households were better able to afford transportation as well as market items.

Program Feedback and Complaint Mechanisms (FCM)

The pilot's feedback and complaint system evolved in response to early implementation learnings. Initial PDM data showed over half of caregivers were unaware on how to provide feedback, request information, or make a complaint. Technical challenges and limited digital literacy meant caregivers needed extra support. As the pilot, enhanced communication and feedback pathways, awareness around FCM improved significantly. In Santo partners took a roundtable approach to address concerns such as cases of fund misuse. Their quick response made a real difference. Most partners had prior experience with CVA programming, and their ability to address challenges quickly highlights the benefit of working with partners who have existing CVA knowledge.

[2] During the baseline and endline surveys caregivers were asked about their child's food consumption. The food consumption score (FCS) is used as a proxy indicator for access to food. It is calculated using the frequency of consumption of different food groups a household or person has consumed during the last seven days before the survey. The scores are clustered into three groups categorising each household or person as having poor (0-21), borderline (21.5-35), or acceptable (>35) food consumption.

Capacity Building and SOP Development

The pilot helped strengthen the operational capacity through a CVA fundamental training conducted for stakeholders in Shefa, including Save the Children staff. Pre- and post-assessments showed an improved understanding of CVA fundamentals. Staff in Santo have expressed a strong interest in receiving similar training, indicating potential for expanding capacity building. Save the Children and partners will continue to refine and introduce Standard Operating Procedures (SOP) to make sure everyone is clear on their roles and responsibilities.

Conclusion

The Disability Cash Grant pilot demonstrated the effectiveness of targeted cash assistance in supporting children with disabilities and their families. The program achieved significant measurable impacts, with beneficiary families reporting increased ability in meeting their children's needs (increasing from 38% at baseline to 91%), experiencing lower household stress and improving overall well-being.

Mobile money proved to be an effective way to deliver assistance to children, with 98% of caregivers saying they found it secure. The collaboration between Digicel, VSDP, CDCCCs and community leaders ensured effective targeting and support for 215 children across Shefa and Sanma Provinces, disbursing VUV 12.9 million.

While the pilot successfully addressed immediate needs and reduced household stress, systematic barriers to education, and healthcare remain. The pilot's evidence base supports the case for expanding social protection measures for children with disabilities, demonstrating both the feasibility and impact of cash-based assistance in the Vanuatu context.

Recommendations

The Disability Cash Grant pilot revealed both successes and areas for improvement in supporting children with disabilities and their families. Based on lessons learned from the implementation and assessment findings, these recommendations aim to strengthen future programs. They are organised into internal improvements, focusing on Save the Children's systems and processes, and external recommendations.

External Recommendations

Improvement of Modality (Verification, Cash Flow, Agent Reach): Further improvements on participant verification, cash flow management, and agent coverage could make the modality more effective. Strengthening verification systems will enhance security and reduce delays, while improving cash flow management will help minimise distribution delays and unnecessary travelling for caregivers. Expanding the agent network, especially in remote areas in Santo would make it easier for families to access their funds. Additional training components such as financial literacy training could increase caregiver's confidence and knowledge in the usage of digital payments even further.

Strengthening Disability Identification and Support through VSDP: Building on VSDP's expertise for disability identification and existing assessment tools, outreach efforts can be supported. Establish clear referral

pathways between VSDP, health services, and community support structures to improve early identification and ongoing support for children with disabilities, especially in remote areas.

Strengthening of Cash Working Group Coordination: The Vanuatu Cash Working Group could play a larger role as a central coordination platform for CVA initiatives. By engaging with various stakeholders. This group could streamline CVA efforts such as Minimum Expenditure Basket (MEB) to better what a household in Vanuatu needs to meet basic needs and to develop standardised eligibility criteria.

Internal Recommendations

Strengthening Feedback and Complaint Mechanism (CFM): A toll-free hotline could empower caregivers to report issues and request information, cost-free while strengthening accountability towards participants. Regular roundtable discussions with pilot partners could be an effective approach to address complaints quickly including cases of misuse.

Develop Standard Operating Procedures (SOPs): Streamline SOPs for CVA operations. These guidelines cover areas such as registration, distribution, and monitoring, clearly define roles, responsibilities, and ensure consistent program delivery across different targeted areas.

Additional research on stress reduction and household and child-wellbeing through CVA assistance: The pilot showed the importance of regular monitoring in order to track fund usage and to address emerging challenges. Future CVA monitoring or research, could collect more qualitative data on child and household well-being and decrease in household stress as a result of the cash assistance received.

Enhanced Impact through additional components: Introduce complementary components for CVA implementation to building on pilot learnings such as:

- Skills training for caregivers to support income generation (e.g. access to agriculture)
- Savings groups and household budgeting to increase financial resilience and make long-term investment plans
- Community awareness programs to reduce disability stigma
- Education support beyond financial assistance
- Health service linkages with transportation support

For Further Information:

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