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# **Process Evaluation of Zimbabwe's Harmonised Social Cash Transfer Programmeme**

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## Contributors

The evaluation of the Harmonised Social Cash Transfer (HSCT) is being conducted by American Institutes for Research (AIR) for the government of Zimbabwe under contract to UNICEF, with funding from the Cooperating Partners—UNICEF, Department for International Development (DfID), the European Union (EU), Swiss Development Cooperation (SDC), Kingdom of the Netherlands, and Embassy of Sweden/Sida. The Principal Investigators for the overall evaluation are David Seidenfeld (American Institutes for Research) and Sudhanshu Handa (University of North Carolina at Chapel Hill; UNC). The Zimbabwe-based Principal Investigators are Mr. Sydney G. Mhishi of the Ministry of Public Service, Labour, and Social Welfare (MPSLSW) and Billy Mukamuri of CASS. The overall team leaders of this report are David Seidenfeld (AIR) and Sudhanshu Handa (UNC), but many others made important contributions and are listed below by institutional affiliation and alphabetical order within institution:

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## **List of Acronyms**

AIR	American Institutes for Research
BEAM	Basic Education Assistance Module
CASS	Centre of Applied Social Sciences
CPC	Child Protection Committee
CPF	Child Protection Fund
CPF MTR	Child Protection Fund Mid-Term Review
DD	Difference-in-differences
DfID	Department for International Development
DSWO	District Social Welfare Officer
FAO	Food and Agriculture Organization
FGD	Focus group discussion
HQ	Headquarters
HSCT	Harmonised Social Cash Transfer
IDI	In-depth interview
MIS	Management Information System
MPSLSW	Ministry of Public Service, Labour and Social Welfare
SCT	Social cash transfer
SSI	Semi-structured interview
UNC	University of North Carolina at Chapel Hill
UNICEF	United Nations Children Fund

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## **Executive Summary**

In 2013, Zimbabwe's Ministry of Public Service, Labour and Social Welfare (MPSLSW) began implementing the Harmonised Social Cash Transfer (HSCT) programme in 10 new districts. A process evaluation accompanied the programme to understand the fidelity of programme implementation. The primary purpose of the process evaluation is to facilitate learning about programme implementation. UNICEF Zimbabwe contracted AIR and its partners the University of North Carolina at Chapel Hill (UNC), the Centre of Applied Social Sciences (CASS), and the University of Zimbabwe's Geography department to conduct the evaluation of the HSCT. The Food and Agriculture Organization's (FAO) From Protection to Production project also provided financial and technical support to the evaluation.

The MPSLSW had been implementing the HSCT in the study districts (Binga, Mudzi, and Mwenenzi) for approximately one year when AIR and its partners conducted this process evaluation. We use this opportunity to investigate the fidelity of program implementation from the perspective of beneficiaries, local stakeholders, and implementing partners. We explain the methodology and data sources in detail in subsequent sections, but essentially the process evaluation relies on both qualitative data obtained through interviews and focus groups, and quantitative data gathered through surveys, in addition to relevant available documents.

Overall, MPSLSW is successfully implementing the HSCT programme. Survey data indicate that the vast majority of beneficiaries receive the correct amount of money, on time, and regularly, and do not face significant challenges with the payment process. Further, beneficiaries consider the programme eligibility criteria to be fair. There are weaknesses, however, in terms of the trainings provided to HSCT staff, programme-related communications between MPSLSW, HSCT staff, beneficiaries, and other community members, and general understanding of the programme. Particularly problematic is the lack of understanding of the harmonisation component (i.e., that HSCT beneficiaries are intended to benefit from multiple assistance programmes and are not ineligible for other programmes as a result of receiving the HSCT). Below we summarize the key takeaways for the major components of the report.

*Capacity:* The programme conducts trainings at all levels, though HSCT staff lack comprehensive understanding of the different roles and responsibilities of positions at the district, provincial, and headquarters levels. Furthermore, the technological capacity of some HSCT staff is limited and further trainings are needed to ensure familiarity with computers and other devices required to implement the HSCT.

*Communication and programme understanding:* The HSCT programme's communication and sensitization strategy awaits finalisation and full-scale implementation, and therefore it is not entirely surprising that significant gaps exist in programme understanding. Eligibility criteria, in particular, are not well understood.

*Monitoring:* While programme monitoring is occurring regularly (primarily in the form of field visits by HSCT staff and partners), the information collected is not used systematically to address issues or improve programme implementation.

*Grievances:* Survey data reveal that beneficiaries are not fully aware of the process for filing complaints, and interviews confirm that the grievance mechanism is not fully operational yet. Furthermore, more than one quarter of beneficiaries who brought forth a complaint either did not receive a response or were dissatisfied with the response they received.

*Harmonisation:* A number of interviewees expressed a lack of understanding of the HSCT's intended programme complementation. There was a fairly common belief that receiving the

HSCT programme makes one ineligible to receive other assistance programmes, most notably the Basic Education Assistance Module (BEAM) scholarship programme. Quantitative survey data confirm a decline in the number of beneficiary households receiving BEAM. This indicates a large gap in understanding the intent of the programme to harmonise with other ongoing activities in the communities which has the potential to undermine the positive impact of the HSCT.

## **I. Introduction**

This report provides the process evaluation of the Harmonised Social Cash Transfer (HSCT) evaluation. In 2013, Zimbabwe's Ministry of Public Service, Labour and Social Welfare (MPSLSW, formerly the Ministry of Labour and Social Services (MoLSS)) began implementing the HSCT programme in 10 districts. UNICEF Zimbabwe contracted the American Institutes for Research (AIR) and its partners, the University of North Carolina at Chapel Hill (UNC), and the Centre of Applied Social Sciences (CASS), to conduct an impact and process evaluation of the HSCT.

The purpose of the process evaluation is to shed light on the fidelity of HSCT programme implementation to understand whether and how the programme deviated from its original design. Deviations from the original design may affect programme impacts, and as such it is important to examine and fully understand them. The findings in this chapter come from multiple data sources, including the 12-month<sup>1</sup> follow-up impact survey, in-depth interviews with beneficiaries (IDIs), focus group discussions (FGDs) in beneficiary communities, semi-structured interviews (SSIs) with key informants in beneficiary communities, and SSIs with donors and MPSLSW staff responsible for implementing the HSCT programme. These data are examined collectively to assess the implementation of various programme components, including targeting, training, communications, the payment process, monitoring, grievances, and harmonisation with other programmes.

The report presents key findings organized by thematic area in the following order: capacity; programme communications; programme understanding; perceptions and targeting; cash transfer payments; use of funds; programme monitoring; child protection services; harmonisation; costs of participation; and grievances.

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<sup>1</sup> The follow-up data collection was slightly delayed and took place approximately 13-14 months after baseline data collection. We continue to reference "12-month follow-up" for consistency across previous deliverables and evaluation documents.



## **II. Background on Programme**

The HSCT programme, which is positioned to become Zimbabwe's primary social protection programme, provides cash to the most vulnerable households across the country. The programme targets labour-constrained households that are also food poor. Eligible households receive unconditional cash payments every other month that range from US\$10 to \$25 per month and are based on household size. At the time of the follow-up data collection, peak enrolment was 55,509 households, though the number has since progressively declined for various reasons such as deaths or relocations. It is anticipated that the programme will eventually cover the whole country, with plans to help 250,000 poor families by 2015 in all 65 districts of Zimbabwe.

HSCT is jointly funded by the Zimbabwe government and donors, and UNICEF provides additional financial and technical support in addition to managing the Child Protection Fund (CPF). The CPF is the funding mechanism for the HSCT embedded in a single sector policy and budget framework, the Zimbabwe National Action Plan for Orphans and Vulnerable Children. The Zimbabwean government, through fiscal funding to the MPSLSW, matches the donor funds on a 50-50 basis.

### **Objectives**

Cash transfers empower the beneficiary households to increase their consumption to a level which exceeds the food poverty line, reduce child labour, increase school enrolment and attendance, and access basic social services. The mechanism in the HSCT programme for improving the individual's health and human capital development, thus providing increased protection from risks and shocks, is a monthly stipend to households delivered bimonthly. Therefore, an evaluation of Zimbabwe's HSCT programming should assess short-term impacts to recipients' food and nutritional intake and use of health and education services, and also assess long-term impacts to recipients' health, wealth, and educational attainment (if the recipient is of school age). In addition to an impact evaluation, we also conducted an implementation evaluation, included in this report, to assess programme fidelity and generalizability for further scaling.

### **Locations**

The MPSLSW chose to start the Phase 2 rollout of the HSCT in three new districts: Binga, Mwenzi, and Mudzi<sup>2</sup>. Households in these three districts are compared with eligible households in three Phase 4 districts (UMP, Chiredzi, and Hwange) that did not receive the transfers during the period of the study. The comparison districts were selected by the Ministry to match the treatment districts by agro-ecological characteristics (they neighbour each other), culture, and level of development. An explanation of the study design follows in a later section.

### **Transfer amount**

After comparing the sample, we assessed the transfer size as a percentage of per capital expenditure. We find that the transfer size represents 20 percent of household consumption, a percentage that places the HSCT among the more successful cash transfer programmes in Africa. The programme provides between \$10 and \$25 per month, which translates to \$5 a month per capita for a family of five, the median size household in the sample. This study shows that median per capita expenditure in recipient households before the transfer was \$26 per month. Thus, the \$5 monthly per capita transfer is a 20 percent increase in the household's monthly expenditure.

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<sup>2</sup> The MPSLSW has taken a phased approach to the rollout of the HSCT. Phase 1 represents the first 10 districts to receive the HSCT programme, which started prior to the commissioning of this evaluation.

### **III. Methodology**

The process evaluation is based on a mixed-methods approach, including analysis of both quantitative and qualitative data. Qualitative data is comprised of interviews and focus groups conducted during the 12-month follow-up data collection and quantitative data comes from the 12-month impact survey. Baseline impact evaluation data were collected between April and June of 2013 and follow-up data were collected between June and August, 2014. Given that process evaluations are designed to assess programme implementation and service delivery, baseline data collected in 2013 prior to the rollout of the HSCT were not analysed as part of this report.

#### **Interviews and focus groups**

To inform the process evaluation, the team utilized information from IDIs with both high-level key informants and members of beneficiary households, as well as FGDs with community leaders and members. The qualitative research is used to strengthen the quantitative findings from the impact survey, providing a basis for in-depth analysis and insights into the experiences of HSCT implementers and beneficiaries. The rich contextual information from the interviews with young people and caregivers, as well as the SSIs and FGDs with community leaders and service providers, deepen understanding of programme impacts on individuals and communities. The qualitative data helps the team triangulate evidence to generate insights that yield a more comprehensive set of evaluation findings.<sup>3</sup>

The team conducted qualitative field work to understand the impacts of the HSCT on household economy, local economy, and community social networks, as well as impressions of the operational implementation of the first phase of the transfer. The first component of the qualitative work consisted of IDIs with 12 youths and 12 caregivers (future beneficiaries) at baseline, and nine youths and eight caregivers roughly one year into the programme. We conducted IDIs separately for the youth and caregivers. At baseline, we used stratified purposeful sampling to select the 12 families based on district, ward, and sex. If the youth or caregiver from baseline could not be reached for an interview at follow up, the team identified a different caregiver or youth from the same household interviewed at baseline, or approached the nearest beneficiary household that is part of the quantitative study if the first option was not possible. Given that the process evaluation questions dealt specifically with the HSCT programme, replacing IDI respondents during the 12 month follow-up data collection did not affect our analysis. These interviews provided a rich picture of the life of families prior to the programme, as well as how the programme changed beneficiaries' social and economic situation. They augment the household surveys by capturing interaction among complex and changing contextual factors that could influence the HSCT impact and how and why constraints or behaviours may or may not have differed post-intervention.

The second component of the qualitative work also consisted of 20 FGDs with community members at 12 months into HSCT implementation in treatment communities. As we intended for these FGDs to help us to understand the beneficiary selection process and how the programme affected social dynamics, we did not conduct FGDs at baseline. We selected two wards from the three treatment districts and worked with the MPSLSW and local leaders to identify appropriate participants for the FGDs. Focus groups included both beneficiaries and non-beneficiaries, with six to eight participants (both male and female) in each group.

For the third component of the qualitative work, we conducted 18 SSIs with key informants in treatment communities at 12 months into programme implementation. These interviews

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<sup>3</sup> Annex A includes full impact evaluation study design.

elicit opinions about how the programme has affected the community, and perceptions from service providers about how the programme interacts with other services. Again we worked with the MPSLSW to construct a list of all service providers, focusing on those providing child protection services and providing psychosocial care and support services for HIV/AIDS affected families and for victims of abuse. The rich contextual information we will obtain through the qualitative interviews and focus groups with young people and their caretakers, community leaders and service providers will help understand how the programme impacts individuals and communities and thus contribute to the transferability of study findings to other settings.

In addition to this qualitative work detailed in the study design section, we interviewed staff from UNICEF and MPSLSW for the process evaluation (nine persons in total) to learn more about how the HSCT programme is being implemented. We aimed to understand the strengths and weaknesses within the various components of the programme. The team conducted each interview individually to encourage active participation and tailored questions based on the interviewee's role and area(s) of expertise.

We structured the interviews and focus groups within the analytical framework of grounded theory (Glaser, 1978, Glaser & Strauss, 1967). This design supports the systematic management of data during synthesis and report preparation. The study uses multiple triangulation techniques (Denzin, 1978), including methodological triangulation (Lincoln & Guba, 1985; Guba & Lincoln, 2005) with quantitative household survey data. This technique will help support its efforts to promote the integrity of the overall research while also generating sufficient data for describing the interventions. Table 1 illustrates these types of triangulation techniques, including their objectives and rationale for use.

**Table 1. Data Triangulation Techniques**

<b>Triangulation Type</b>	<b>Objective</b>	<b>Rationale</b>
<b>Data Triangulation</b>	Collection of data from multiple sources, persons, and of multiple types (e.g. data from persons; data from documents related to HSCT e.g., CPF Annual Review).	This technique ensures that there are several perspectives of the HSCT, and that there are opportunities for confirming the information received from the sources.
<b>Methodological Triangulation</b>	Use of multiple methods within the context of the same research study or activity.	The incorporation of multiple complementary qualitative research methods bolsters the research design and ensures that limitations in one method are mitigated by the other.
<b>Investigator Triangulation</b>	Use of multiple researchers to investigate the same source or sources of information.	This is important from a technical and research standpoint. This technique supports data triangulation efforts. Also, in qualitative research, the researcher is considered to be a key research instrument, using multiple researchers (because each researcher brings a different schema to the context) will help to promote data analyses that are informed by multiple perspectives.

The study team's objective is to ensure that all facets of the research (e.g., data collection, data management, data analysis, and reporting) systematically cohere with an aim to ensure credibility of the findings. Grounded theory involves a systematic approach to qualitative data collection and management, and involves the methodical coding of data through an iterative process that promotes consistency in all facets of the data collection and analysis. While quantitative research alone often reduces context and details into numbers, qualitative researchers aim to categorize information, deconstructing raw data and building them up into categorical hierarchies of interpretation.

The follow-up quantitative household survey included over 60 questions on operational performance, which we collected from 1738 treated households and 882 comparison households to comprise a total of 2,630 HSCT households. The questions explored issues such as programme understanding among recipients, payments mechanisms, use of funds, uptake of child protection services, and costs associated with receiving payments, among others. Enumerators and data capturers from CASS collected and entered the data on operational performance.

### **Data analysis**

The team cleaned and analysed the data using Stata software. The majority of the data analyses consisted of one- and two-way tabulations, looking at frequencies and cross tabulations. Since most operational performance questions were only answered by the treatment group, we did not do any testing between treatment and control group means.

For the qualitative component, the team captured participant views, perceptions, and experiences within the context of individual interviews and focus groups with key stakeholders as primary data collection modes. Before coding the data, the team de-identified participant information, clarified shorthand in interview notes, and reviewed transcripts for any inaudible comments and correcting the file. The team developed a coding scheme that included a set of high-level codes geared toward separating the raw data into large buckets by theme, with lower level sub-codes to identify data that address specific subtopics. The coding scheme corresponds to headings in our source documents and sub-questions from the interviews.

The team defined each broad category and sub-code to ensure consistency across coders and over time. While incorporating the focus groups and interviews into the coding structure using NVivo Data Analysis Software coders met to discuss new codes developed through induction while coding and any other revisions to the coding scheme. The coders conducted spot-checks for consistency on documents coded by each analyst. The team analysed the data to understand the prevalence of responses in order to deduct common themes. Finally, the team looked at the remaining data to determine whether comments from minority participants are outliers or if they reflect a larger issue faced by a smaller group.

### **Document review**

Finally, the research team also reviewed other documents including the Manual of Operations for the Zimbabwe Harmonised Social Cash Transfer Programme ("Operations Manual"), the Annual Review of the CPF in support of the Government of Zimbabwe's National Action Plan for Orphans and Vulnerable Children Phase II 2011-2015 ("Annual Review"), and the Child Protection Fund (CPF): Mid-Term Review 2013 ("CPF MTR"). Interviewees shared these documents with our team to help ground our findings and recommendations considering the formal programme expectations, as well as the context of the programme after other reviews.

#### **IV. Capacity**

Interviews with key informants indicated limited capacity both in terms of number of staff as well as in the training for existing staff to run the programme at each level. Additionally, staff did not appear to fully understand the roles of their counterparts at other levels, meaning that much of the work ends up relegated to the headquarter (HQ) level instead of allocating responsibilities to the appropriate staff at either the district or provincial level. Deferring tasks to the HQ level has implications for systems management as well as in adequately addressing targeting concerns and other beneficiary needs – issues that staff mentioned affect programme scale-up. Overall, it would benefit staff to have a clearer understanding of how their role supports the overall functioning of the programme according to the Operations Manual, as well as to attend periodic refresher courses to review tasks and address emergent issues.

##### **Staffing**

MPSLSW respondents described the staffing structure of the programme in accordance with the programme manual. Management and oversight should take place at the HQ level, provincial offices should guide, supervise, and control the implementing district officers – particularly with regard to child protection – and finally, district officers should serve as the primary implementers of programme activities, including the training and monitoring of Child Protection Committee (CPC) staff. These CPC staff are the core of the programme – they ideally ensure the accuracy of targeting and are intended to visit beneficiary households to periodically check their status and report any cases of abuse to the district.

The majority of MPSLSW respondents said current programme staffing is sufficient. However, some said there is a need to invest in additional support, particularly where “there are bigger districts with same number of staffing as smaller districts” that cannot sufficiently support the number of beneficiaries. A UNICEF representative said they are looking for ways to invest in support so that the staff is adequately equipped at all levels.

##### **Training**

Given the limited staffing capacity, it is essential that training builds programme knowledge of existing staff and specifically addresses the varying tasks required at each level. At present, MPSLSW staff said the training processes are similar across the HQ, provincial, district, and ward levels. At each of these levels, UNICEF conducted induction workshops that familiarised staff with the programme, including on topics such as the concept of social protection, CPC case management, and how the programme targets beneficiaries. At the ward level, MPSLSW staff familiarized CPCs with the programme and beneficiary payment process, and taught them how to identify households in need of social services, communicate with districts, and mobilise and inform beneficiaries. Trainings also entail workshops that focus on different topics such as the Management Information System (MIS) and operations, or targeting and community verification. MPSLSW staff said, “workshops are being done periodically at all levels, but normally at national level where two people from each district are invited to [appraise] the programme and discuss new elements coming on board.”

##### **Challenges**

MPSLSW and UNICEF staff attributed most training gaps to the ongoing programme evolution, but also indicated significant gaps in the current training content. According to UNICEF, the trainings fail to properly clarify what each level – HQ, provincial, district, ward, and community – is specifically responsible for completing. Roles are not clear within or across levels, which is important for the accounting and reconciliation portions of the programme. One representative said the training on the programme at the national level is

“cascaded to the programmes and the district level,” a process which may not clearly relay the details of the trainings down to the lowest levels. Some respondents also said the trainings lack basic information such as instruction on information technology; that is, how to use “cellular gadgets,” swipe cards, and computer programmes such as Microsoft Excel for database management. To this end, one staff member said, “there are no technical trainings per user, but people learn on the job and they get exposure through meetings in different offices on how deal with technical aspects at hand.”

### **Summary**

MPSLSW staff said that though training is “sufficient,” implementers at each level may benefit from additional periodic trainings or an expanded training as the programme continues to evolve. Though staff said re-trainings take place particularly after re-targeting, the majority also emphasized the importance of adding refresher courses and updates for staff, specifically on the Operations Manual procedures. Staff also emphasized the need to continuously update the Operations Manual to adapt to changing circumstances. Finally, to address the basic gaps in the existing manual, one staff member suggested “incorporating some of the processes not covered, such as actual administration of the programme.” This indicates that officers are not necessarily versed in basic programme functionality after the trainings.

The CPF Annual Review identified that a “well-functioning, motivated community cadres are key to the programmes’ success” (p. 7). A UNICEF representative indicated that they have invested heavily in improving training to make this happen, specifically aiming to address the gaps they have identified throughout programme implementation. The programme is in the process of implementing an updated training that includes a lessons learned workshop and processes for community verification. The updates will include practical, on-the-ground training on verification in the wards that precisely follows the steps in the manual. UNICEF also plans to go into wards to do verification and practical training on the issues coming from the field – a process which will include the ongoing mentoring of provincial staff.

## **V. Programme communications**

Effective communications are essential in order to achieve programme transparency and acceptability. As Barca (2014) writes in her *Grievance Mechanisms Concept Note*, based on another Social Cash Transfer (SCT) programme, “A widespread information campaign is crucial for ensuring the public understands programme objectives, selection criteria, how to register for the programme and who/how to access redress if there are problems” (p. 4). The need for effective communication transcends all components of the HSCT programme, from its objectives, to targeting, to complaint management, and so forth.

### **Sensitization and awareness raising**

Efforts to sensitize the public and share information about the HSCT programme only began after the programme was rolled out because the MPSLSW did not want to build expectations among community members. According to interviewees, there was no awareness raising campaign prior to the launch of the HSCT programme in Zimbabwe. The reason, according to one ministry staff member, was the wish to avoid elevating expectations: “There were no campaigns that were done before implementing the programme because we did not want people to be aware of the selection criteria because that would have alerted people.” This was corroborated by another MPSLSW staff member, who stated that “we would not campaign because it will betray targeting methodology.” Instead, sensitization was done after programme roll-out to educate communities on how households were selected. Payment points have been the primary focus of communications, with speeches given to beneficiaries and leaflets distributed at HSCT pay points. The programme leaflets were first distributed in 2012, and they include details about targeting, payment procedures, and the grievance mechanism. In addition to the leaflets, MPSLSW interviewees indicated that there is an HSCT website where people can learn more about the programme and also a documentary showcasing the impact of the HSCT on beneficiaries.

### **Ongoing communications**

HSCT communications seems to be relatively insular and top-down. One MPSLSW interviewee commented that, “The HSCT is a small programme in the government ministry. The community strategy is inherent in the government. There is no communication to the outside concerning HSCT without the authority of the director. We have not developed any communication strategy because the HSCT is not an independent programme.” Information related to the HSCT originates at MPSLSW headquarters in Harare, where there is a dedicated secretariat that then channels information to the appropriate individuals via memo, email, and/or telephone. At the community and ward level, meetings are the most common method of HSCT-related communications. CPCs are responsible for informing beneficiaries of the date, time, and location of payments as well as for general communications between households and communities and the ward- and district-level. To this end, one MPSLSW interviewee stated that “Communication with recipients is going on well since they communicate with CPCs who will be on the ground with them. With CPCs they bring reports and they communicate now and again on any developments regarding beneficiaries and vulnerable people in communities.”

The remote location of many communities served by the HSCT is also a hindrance to information dissemination. In many areas, for example, there is no mobile network. To this end one MPSLSW interviewee reported, “some people live in very remote areas and hard to reach areas and to them delivery of service or access to the offices is very difficult. CPCs lack enough airtime for them to communicate cases and also some live in very remote areas where it is difficult to reach.”

**Summary**

A comprehensive strategy for programme-related communications needs to be completed and rolled out. According to the 2014 Annual Review, the HSCT communications strategy needs to be finalized and implemented in order to improve programme understanding amongst both beneficiaries and non-beneficiaries. The annual review highlighted the need for streamlined messaging pertaining to several programme areas, including “the objectives of the programme, targeting criteria, process of selecting beneficiaries, and purpose of retargeting. Misconceptions about the programme selection criteria were noted during the review amongst non-beneficiaries and local leaders, which in turn appears to lead to higher levels of grievances being raised” (p. 9). Related, a number of interviewees pointed to the lack of systematization in programme-related communications which also suggests the need for formalized information-sharing procedures that are adhered to.



## VI. Programme understanding

Household survey data indicate that beneficiaries have a general understanding of the programme, including eligibility, funding source, and unconditionality. The Operations Manual explains that District Social Welfare Officers (DSWOs) organize meetings of all beneficiaries at the ward level that inform them about the programme. Beneficiaries receive information including the targeting criteria and the reason for their specified amount, in addition to logistics about how to collect their payments, how they can use the money, and how they can file a grievance. Overall, only 930 of the 2,630 households eligible for the programme (35 percent) were not aware of the HSCT programme, though the majority of these households (94 percent) were in the comparison group. However, 9.3 percent of the respondent households who are in the treatment group said they do not consider themselves beneficiaries of the programme.

### Eligibility

Beneficiary respondents generally understood the conditions for eligibility. Based on their understanding of the criteria – which are not entirely accurate – 85 percent said it is clear. Respondents primarily believed they were selected to receive the transfer because they were very poor (18 percent), had very old household members (17 percent), or were taking care of an orphan (17 percent). Key informants across districts said in interviews that they believed the beneficiaries were selected based on who was in the most need, including the most frequently mentioned: elderly, disabled, labour or food constrained, and orphans and vulnerable children. The majority of respondents were confident, while some admitted to guessing the criteria. The table below shows the reasons beneficiaries indicated for why they believe they were selected to participate in the programme.

**Table 2. Beneficiary understanding of why they were selected to receive the transfer**

Reason	Percent	Frequency
Poor	17.74	33
Old	17.20	32
Taking care of orphan	16.67	31
Widowed	10.22	19
Handicapped	9.68	18
Not able to work	8.06	15
Chronically sick	7.53	14
Taking care of children	6.99	13
Don't know	3.76	7
Not enough to eat	1.61	3
Other	0.54	1
Total	100.00	186

MPSSLWS staff confirmed that the programme targets those who are labour constrained or very poor. They also said they experienced challenges in helping communities understand the qualification criteria used to select beneficiary households. For example, some community members thought the selection was politically motivated. Additionally, nearly 30 percent of

beneficiaries think they will receive the transfer for the rest of their lives, indicating a lack of communication regarding the re-targeting process and criteria for inclusion.

### **Funding source**

The majority of beneficiary respondents understand that the Government of Zimbabwe funds the HSCT programme. Table 3 shows treated individuals' understanding of who provides the programme funds.

**Table 3. Beneficiary understanding of who provides programme funds**

<b>Funder</b>	<b>Percent</b>	<b>Frequency</b>
Government of Zimbabwe	50.84	784
Don't know	26.59	410
MPSLSW	18.09	279
MPSLSW	1.75	27
Other ministry	1.23	19
NGO	0.91	14
Foreign donation	0.58	9
Total	100.00	1,542

Over 50 percent of the beneficiary respondents understand that the money for the programme comes from the Government of Zimbabwe, and 18 percent similarly believe it comes from the MPSLSW. More than 26 percent of the respondent recipients indicated that they do not know where the money for this programme comes from. These results indicate that programme messaging for the most part effectively indicates the source of programme funds to beneficiaries, though more than a quarter of beneficiaries still do not know that the HSCT is a Government of Zimbabwe-funded programme.

### **Unconditionality**

Views are somewhat mixed on the unconditionality of the programme. Nearly half of beneficiaries (43 percent) said they did not have to comply with any conditions, while 27 percent did not know if they had to follow any rules, and nearly 30 percent reported they believe they are required to meet certain conditions to continue receiving payments. Over 91 percent of those who believe they are required to meet conditions said they learned about the programme rules through HSCT programme representatives or payment point staff, and 20 percent of these recipients think they are being checked to see if they follow the rules.

Beneficiaries who reported that meeting conditions is a requirement also largely agreed on the perceived "conditions" for payment and the repercussions of violating conditions. The first and second most commonly perceived conditions are (1) having to enrol their children in primary and secondary school and (2) having to provide adequate food and nutrition to their children. A majority of these respondents (78 percent) thought they would be kicked out of the programme if they violated the "conditions," and 15 percent were under the impression that they would go to jail.

**Summary**

The programme appears to appropriately sensitize most beneficiaries to the presence of the programme, its goals, and the criteria for eligibility. However, it may be beneficial for beneficiaries to better understand the reasons for their inclusion, as well as that the purpose of the programme is to receive the support for a limited time. It is also important that beneficiaries understand unconditionality, with the caveat that some interviewees indicated it would be helpful to guide beneficiaries as to how they can best use funds to their benefit. The HSCT programme should ensure consistent messaging that reinforces the unconditionality of the programme, while also encouraging appropriate use of funds. These suggestions underline the importance of developing the comprehensive communications strategy to include the most basic aspects of programme understanding.

## **VII. Perceptions and targeting**

The Operations Manual states that to qualify for the programme, households must be both food poor and labour constrained. A comprehensive community survey determines which households meet these criteria. Community leaders across FGDs understood that social welfare department staff surveyed residents about their assets and whether members of their families were elderly, widowed, or disabled, and whether the household was food or labour constrained. Additionally, the HSCT programme introduced a community verification process for targeting in 2014. Community verification is a central role of CPCs which participants emphasized reduces inclusion error and encourages community buy-in.

### **Targeting**

MPSLSW staff said the targeting process was cumbersome, partly as a result of community participation but also because of poor information flows. Key informants did not consistently identify a uniform process for informing beneficiaries or other community members about the targeting process. To this end, interviews and focus groups with community leaders indicate that community members may have deduced how the staff conducted the process, rather than actually receiving details ahead of time. Additionally, multiple leaders were concerned that enumerators did not visit some of the households that may have qualified. One leader from Binga said, “They interviewed very few people in the village and as a result, left most of the people who are labour constrained and poor.” Another leader from Mwenezi suggested “the elderly were left out of the HSCT programme because they thought the door to door survey was political, hence they were afraid to participate.”

### **Selection criteria**

A majority (83 percent) of beneficiary respondents said the programme’s selection criteria are fair. However, interviews indicated that non-beneficiaries in treatment communities “think they deserve to be in the programme and are not happy.” To this end, MPSLSW staff said that people “did not understand the definition of poverty.” Community leaders were also concerned that the programme excluded deserving individuals for reasons that the programme did not consider ahead of the survey. One leader from Mwenezi said, “Some of the people asked in the households could not explain their livelihood statuses due to HIV/AIDS stigmatization, and others were not found at their homesteads during the door to door survey.” Additionally, interviews indicated that beneficiaries did not fully understand re-targeting may indicate that they do not qualify to continue to participate in the programme. These insights point to the importance of clarifying the purpose of the exercise and the selection criteria, as well as considering how to account for stigmatized individuals.

The Operations Manual indicates that phased-out households should receive a one-off grant of USD100, though it is unclear if beneficiaries who are phased out receive this amount. UNICEF staff said they are encountering issues with how to transition beneficiaries out of the programme after re-targeting; that is, there is not a clear plan to phase out those who no longer qualify and no process of linking them with other programmes to ensure they stay on track and sustain any benefits they may have derived from the HSCT. The CPF Annual Review similarly emphasized this issue while also pointing out that there is no single definition of the criteria that participants must meet to be phased out of the programme. The Operations Manual describes re-identification as similar to the original targeting process.

### **Perceptions of programme impact**

MPSLSW staff said the programme has allowed beneficiary households to enhance their lifestyle. Many respondents said that community interactions have improved, as the transfer allows the poor and labour constrained to more frequently participate in community

activities. Additionally, key informants generally viewed the unconditional nature of the programme favourably. One respondent from Mwenezi pointed to the ability of beneficiaries to better address their varying needs because they do not have to meet conditions. Likewise, a key informant from Mudzi said, “in comparison with other programmes, it is a better programme in the sense that people can address their exact problems, that is, bread and butter issues unlike other programmes which are conditional and some have terms which have to be met.”

However, people are also dissatisfied with the programme coverage and would like more community members to benefit. None of the community leader focus groups were satisfied with the HSCT programme coverage. A leader from Binga echoed the sentiment of leaders across districts in saying, “The programme coverage is so poor and they should increase the beneficiary coverage especially in villages like this one where every household was not considered.” As MPSLSW staff also suspected, at least one key informant from each district expressed concern that the money was being poorly utilized. One respondent from Binga said, “The money should have some guidelines as we heard from other sources that the money was being used to buy beer.”

### **Summary**

While we recognize that the programme intentionally waited to inform village leaders about the HSCT and criteria for eligibility until after rollout, a number of persons interviewed indicated that they would have preferred to be involved or consulted prior to the start of the HSCT in their respective communities. The overwhelming recommendation from community leaders regarding targeting and selection criteria was that traditional and other local leaders should be consulted about the programme and the process of selecting beneficiaries. One participant from Binga said, “the village leadership was not aware of what was taking place; they just saw strangers visiting their homesteads,” while a participant from Mwenezi said, “the door to door survey should consult the village leaders for proper identification of beneficiaries.” Other suggestions had to do with the type of beneficiary the programme should target, which included child-headed households, orphans, and the elderly.

## **VIII. Cash transfer payments**

HSCT staff members inform beneficiaries about payment logistics at the same DSWO meeting where beneficiaries learn about programme selection criteria. At this point beneficiaries are also expected to identify a representative to collect the payment if the head of household has difficulty traveling to a pay point. Beneficiaries may not change this representative for the duration of the programme. The Central Programme Office ensures that delivery agencies have details on the beneficiaries and their chosen representatives. The staff members distribute payments at one or two central pay points in each ward on a fixed schedule. They are expected to reconcile each transaction and report the refund balance to the account.

### **Payment amount**

Actual payment amounts appeared to be on par with HSCT programme expectations. The programme stipulates that eligible households are to receive unconditional cash payments between \$10 and \$25 per month based on household size. Households collect payments every other month, so should receive up to \$50 every payment (two months per pay-out). A regression analysis between most recent payment amount and household size confirms that households with more members indeed tend to receive a larger payment.<sup>4</sup> Beneficiaries had received six payments at the time of the follow-up study.

Several caregiver IDI respondents indicated that the transfer amount is inadequate due to the large size of their families. For example, a caregiver in Binga commented:

The \$50 that I receive has to be divided among four primary school children with each paying \$20 a term and the other one who is at secondary school. So I have to pay \$5 for each and the balances remain unpaid. So I spend \$20 for primary school fees and the remainder I buy mealie-meal. I have not paid any fees for the one at secondary school. As you can see I have huge debts for school fees.

### **Payment process**

Data indicate that beneficiaries receive the appropriate amount of money, on time, and regularly, and do not face significant challenges with the payment process. In terms of actually receiving the cash transfers, 4.4 percent of treatment households (i.e., those intended to receive the pay-out) have not received any transfer. HSCT treatment households said they are informed of when their cash payments are ready to be collected, though by different means. Recipients said they learned that their payment was ready to be collected primarily by a government officer (18 percent), a community leader (16 percent), or payment point staff (15 percent). Moving forward, 28 percent of recipients would prefer to be notified by a community leader, while 16 percent would like to be informed by payment point staff and 11 percent would prefer to be informed through a government representative. Almost all recipients (98 percent) report being happy with the way payment point staff and HSCT programme staff treat them. Very few recipients reported solicitations from payment point staff (0.45 percent). Close to three percent of beneficiaries reported that community members request money from them, but less than one percent report paying any amount of money to any party.

The majority of beneficiaries understood the terms of collecting payments. Beneficiaries are able to collect payments during the subsequent pay period if they miss a window to collect cash. Almost two thirds (63 percent) of beneficiaries are aware that once a payment becomes available for collection they have one day to collect it from the pay point before it is held

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<sup>4</sup> These data do not account for whether households were also collecting funds for previously missed payments during their most recent payout.

until the next payment window. More than 85 percent of beneficiaries also know that they will still receive the full amount of the missed payment in the future if they cannot collect it on the day of the distribution. Only 3.5 percent of recipients indicated that they have lost a payment because they missed a designated payment period.

HSCT beneficiaries did not report any challenges with receiving payments, though many do have to walk a considerable distance to collect funds. Beneficiaries reported that a single designated household member is in charge of collecting the payments in more than 92 percent of the households. Only 69 percent of recipients have also identified a second representative to retrieve payments if the primary recipient is unable to do so. The alternate recipient is usually a household member or relative. Almost all of those designated to collect payment (95 percent) walk to the pay point, with only two percent reporting they have ever had to pay money to do so. Round trip travel time is one hour or less for 43 percent of these recipients, and 15 percent take more than three hours for round trip travel. Just two percent of recipients said they have had to go to the pay point more than once to receive their payment. At the time of this data collection, more than 94 percent of recipients reported their last payment was in June 2014, and 91 percent of recipients expected to receive their next payment within the subsequent two months.

Qualitative data support the survey findings above, and IDI respondents universally reported being satisfied with the payment process. One caregiver from Mwenezi commented, “There are no challenges I face in receiving these transfers in any way since everything runs smoothly in terms of payment dates and correct amount.” Another from Binga reported similarly, “The collection point is close-by and I do not have any query concerning the time and amount that we are expected to receive. No one is cheating us on the money.” A caregiver from Binga indicated that the only problems with payment are self-induced: “I have no problem with the people that issue us the cash. The only problem that I have noticed is that as beneficiaries, we are not punctual in collecting our money which doesn’t go down well with the people who give us cash at collection point. As such, I blame ourselves.”

Though beneficiaries did not report challenges with receiving payments, UNICEF staff pointed to some procedural discrepancies at pay points. For example, the pay points are “usually very rushed,” meaning that staff do not reconcile the list of recipients with those who received cash, leaving no paper trail of the transaction. Additionally, the staff found inconsistencies between the beneficiaries listed and those who were actually in the household. MPSLSW staff added that the flow of information is slow, meaning they may fail to locate some of the beneficiaries, especially in remote areas. However, they contradicted UNICEF staff in saying that “there are no challenges in tracking payments or leakages,” but admitted to needing to improve across districts. They also identified “need for data cleaning when payment has been made if those who would have received the payments are the actual beneficiaries, and also correcting and amending beneficiary details if there is need.” Finally, MPSLSW respondents said that contract staff follows up to ensure that all households are paid, but suggested that the programme fully take up an electronic payment system to streamline the process.

## **Summary**

Virtually all recipients (98 percent) are happy with the current payment method. However, MPSLSW staff were enthusiastic about pursuing a full roll-out of the electronic payment pilot underway through Eco cash (a mobile payment system through the largest mobile network service provider) and Texta cash (a swipe card-based system) for a number of reasons. For one, fully moving to an electronic system would aim to reduce the movement of cash in bulk and increase the safety of the transaction, though 94 percent of the recipients

already do feel safe collecting the money from the payment point. The electronic system would make tracking payments easier with automated reconciliation and would reduce the costs and time involved in reconciliation. The staff has not fully rolled out electronic payments both because all beneficiaries are not familiar with the system and many do not own cell phones. Additionally, this system would disadvantage child-headed households, as some children are not able to register for e-payments because of their age.



## IX. Use of funds

Qualitative data indicate that beneficiaries appreciate the flexibility that comes with unconditionality and that the approach has the most potential to yield positive impacts on communities. The HSCT programme focuses on food poor households that are unable to lift themselves out of poverty and find it difficult to meet food requirements – typically only being able to afford one meal per day because of economic and other constraints. Constraints could include lacking able-bodied household members in the working age or households headed by disabled people or single mothers. The transfer is primarily intended to address these most basic food needs, but unconditionality allows beneficiaries to address whatever needs are most pressing to their individual household.

### Perceptions and actual use of funds

MPSLSW staff reported during interviews that all HSCT household members are benefitting from the transfers. They indicated positive impacts for children, including payment of school fees and improved nutrition, as well as for the other members of the household, including medical treatment, better food, and investments in livelihoods such as livestock. Similarly, survey data indicate that 92 percent of beneficiary respondents think all members in their household are positively affected from the HSCT payments. They report that HSCT payment is mainly used to buy food (43 percent), to pay for formal government education (20 percent), and to buy livestock (10 percent), indicating that staff impressions about how the cash is used are accurate. In addition to the household-level benefits, MPSLSW staff said that the transfers have enabled beneficiaries to more frequently interact with the community in activities such as trade, gardening, and other community projects.

IDI respondents, too, reported similar uses of funds, with a number of caregivers and youths indicating that they are using the transfer funds to pay school fees and related costs. One youth from Binga, for example, commented that “The cash is helping me in paying my fees for school, buying school stationery and uniforms.”

Other common uses of funds include livestock purchases (goats, in particular), foodstuffs, medicine, and other household items such as blankets, soap, and utensils. One caregiver from Binga reported using the funds to purchase fish for resale in order to maximize profits from the transfer: “Every time I receive HSCT cash, I use the money to buy and sell kapenta fish in and around the village for both cash and barter trading with maize or mhunga grain. This I do to ensure that the money is multiplied so that it can be able to cover fees for all my boys.”

*“My children are very much thankful of these transfers because they can now manage to go to school and all of them have enough exercise books for their homework.”*  
–IDI with caregiver, Mwenezi district

Staff did also report that they have heard of cases where men use the transfer for beer, but it does not appear that this occurs in a large number of households. Additionally, 68 percent of the beneficiary households indicate they do not distinguish payment from the HSCT programme from the rest of the home income.

### Summary

Beneficiaries reported to be primarily using HSCT funds positively. Key informants suggested that the programme remains unconditional so that beneficiaries still have the option to address their areas of personal need. However, they also said the programme should aim to better guide beneficiaries as to how they can use the funds to encourage income generation. One focus group participant from Binga said, “Beneficiaries should be encouraged to engage in income generating projects, e.g., buying and selling clothes for money or livestock.” A community leader from Mudzi similarly suggested that beneficiaries “use the money wisely

especially by starting income generating projects,” but did not indicate that they currently receive guidance on how to do so.

## **X. Programme monitoring**

Monitoring is important not only to ensure all aspects of the programme are being implemented as intended, but also to provide a feedback loop for beneficiaries. To this end, the 2014 Annual Review notes that, “The verification systems put in place for cash transfers by UNICEF and the DSS are critical components for effective programme delivery and maintaining accountability. Verification ensures that the money under the HSCT component is reaching the intended beneficiaries within the agreed timeframe and parameters” (p. 7). Effective monitoring also uncovers programmatic and procedural glitches which can then be addressed to improve programme delivery.

### **Ongoing monitoring**

While a number of monitoring procedures exist for the HSCT, they are not being implemented consistently and the information collected is not being used systematically. Structurally, the responsibility for monitoring the HSCT programme is as follows: at MPSLSW in Harare, there is a directorate led by the Chief Social Security Officer which is responsible for ensuring proper programme implementation and at the provincial level there is a Social Security Officer and a dedicated accountant overseeing the operations of the programme at the provincial and district levels. At the community and ward-level, MPSLSW interviewees indicated that CPCs are responsible for monitoring: “At ward level the CPC are monitoring if the beneficiaries are receiving their payment since they are our eyes and work as participatory figures in implementing the programme.”

Field visits are the primary method of monitoring, according to interviewees, and MPSLSW and UNICEF typically do joint monitoring visits when traveling from Harare. UNICEF developed a Field Monitoring Template for use during HSCT field visits, and the CPF MTR report found that the template was being used effectively:

Among other things, the individuals who go on field visits are expected to document: (a) objectives of each visit, (b) places visited, (c) stakeholders/persons met during each visit, (d) achievements observed during the visit, (e) challenges and constraints observed and (f) recommendations or follow-up actions required to address the challenges. The field visit reports are summarized and the summary report is submitted to senior management for action. It is clear from the reports reviewed as part of this MTR that these field monitoring visits uncovered a number of issues which were subsequently addressed (e.g. problems at pay points, complaints and requests made by CPC members, distance to pay points, introduction of beneficiary cards by Securico, etc.). (p. 28)

However, the CPF MTR report identified a gap in the consolidation and tracking of information obtained during field visits. To this end, the authors wrote, “The Field Visit reports were quite detailed and covered a range of issues, including qualitative data on programme performance, in addition to quantitative data where this was deemed to be necessary. However, the review team did not find evidence that this wealth of information was being tracked in any particular manner; a weakness that needs to be addressed going forward” (p. 28).

In addition to field visits by donors and implementing partners, an independent private auditing firm (Deloitte) conducts random payment verification. The CPR MTR report underscored the importance of this independent verification, stating that “During the review team’s visit to Deloitte, it was clear that this independent verification exercise is important as it helps to address unique challenges which may be missed during formal field visits” (p. 28). UNICEF uses the reports from Deloitte to report on issues raised and make recommendations for how to address them. That said, the report also points to an apparent mismatch in the

randomised methodology for the payment verification and the way in which the results are used by implementing partners:

There is somewhat of a disconnect between the methodology (based on representative sample) and the way it is used (to follow up on localised problems/abuses). Arguably if the intention is to identify localised problems and cases of abuse, a system accessible to all is required (such as a hotline/complaints system). A methodology relying on representative sampling seems better suited to identifying system-wide issues and contributing to the improvement of overall programme design. (p. 28).

## **MIS**

The MIS for the HSCT programme houses beneficiary information and verification, generates the payment schedule, and handles reconciliations. According to the 2014 Annual Review, good progress has been made on the MIS for the HSCT programme: “decentralisation has been initiated, which will ensure that there is increased data availability at local as well as national level. Case management MIS prototype has also been developed and will soon be piloted. Technical support from UNICEF regarding analytical capacity in MPSLSW has continued. Clear reports based on MIS information are being made readily available to donors” (p. 2). One interviewee, however, pointed to the need for additional training related to the MIS for users less familiar with computers: “It has to be decentralised and train more people using simplified language to those who do not have computer background.” Generally speaking, interviewees spoke positively about the MIS and its functionality and only raised concerns about user proficiency.

## **Summary**

There seem to be gaps in both the monitoring and accountability framework for the HSCT and the degree to which it is adhered to (i.e., enforcement). With regard to the former, the overall accountability framework of the HSCT programme is currently being looked at critically which will have implications for monitoring moving forward. One interviewee suggested reviewing the accountability framework every time trainings are conducted so that all parties involved understand who is responsible for what monitoring activities at each level (from the CPCs all the way up to MPSLSW headquarters staff). Another interviewee suggested introducing new methods of monitoring to ensure that all aspects of the programme are being implemented properly. Lastly, one interviewee commented that while “process monitoring” has been occurring (for example, monitoring of the payment process), “end-user monitoring” (post-payment monitoring of beneficiaries) has been largely absent. As a result, this interviewee contends that “we are not aware of the dynamics of the programme other than those which we have seen at the pay point.” In terms of adherence to monitoring protocols, there is a need to enforce the monitoring procedures mandated in the Operations Manual. For example, one interviewee noted that while the Operations Manual requires a list of all beneficiaries who do not collect their money on a given pay date, these lists are not being made because “nobody checks.”

## **XI. Child protection services**

One of the main objectives of the programme is to link with existing child protection services, but the data indicate that the child protection linkages are not necessarily as strong as intended. The programme Operations Manual describes child protection services as integrally linked with the HSCT programme. CPCs are supposed to be involved in initial targeting as well as monitoring throughout the whole process and during re-targeting. MPSLSW staff said they train CPCs on issues of child protection, and CPCs are then expected to coordinate the HSCT at the ward level, inform beneficiaries of logistical information for the programme, and periodically assess the welfare of the children in the community. CPCs are also expected to assist the ministry in identifying gaps in management support. However, the CPF Annual Review indicated that “an overarching vision has not been clearly documented” (p. 2) to guide the child protection component of the programme. The report also stated that there were “discrepancies between geographical areas in terms of case management coverage,” and that the system is “now being geared up for full national coverage” (p. 2). This would ideally result in significantly more community case workers, though currently “support and supervision provided to community cadres appeared to be inconsistent.” Likewise, one MPSLSW staff also admitted that “the programme in relation to case management is not running on full throttle.”

### **Knowledge and uptake of services**

Despite their criticisms, MPSLSW staff said that CPCs play a vital role in the HSCT programme. CPCs are expected to assist the communities in identifying the children in need of social protection services and report their findings to the Department of Social Services. They also follow up with beneficiary households and report any concerns to the districts throughout the programme. MPSLSW staff said they meet with CPCs every cycle and that programme communication is easier because the CPCs are integrated with the beneficiaries, enabling them to directly communicate their needs to the district office. Additionally, one MSPLSW staff member noted that some CPCs have linked with family clubs to conduct trainings on parenting skills.

Conversely, another MSPLSW staff member said child protection services are not well integrated into the HSCT programme. This is more in line with the household data, in which only 9.5 percent of beneficiary respondent households and 8.7 percent of comparison group households reported that at least one child in the household has been referred for child protection/support services in the past year. These children are mainly referred to and use school-related services, 80 percent of which Basic Education Assistance Module (BEAM) provided. Of the households that had experience with child protection services, 71 percent were able to identify at least one health service in their community, 19 percent could name schooling-related services, and 6 percent did not know of any child support/protection services available in their community. MSPLSW staff said they have some difficulty in providing services in cases such as when the parent does not disclose a child’s needs, or when they are resistant to help. Additionally, staff said that sometimes demand for the services exceeds the available resources.

UNICEF staff said that child protection is the weakest link in the programme – a notion which the data supports. They said there is little child protection, CPC records are difficult to find, and the follow-up on case management is low. The social workers are not well-trained and do not frequently visit the households. The CPF MTR report also recognized geographical gaps in service, with the more urban areas being better served. MPSLSW also indicated challenges in linking the HSCT with other services, explaining that there is a lack

of understanding around whether HSCT beneficiaries are also qualified to benefit from other programmes.<sup>5</sup>

### **Summary**

Staff noted that they are attempting to develop a comprehensive case management system to track cases and services available, and that they are recruiting and training case workers to help with this. Many key informants suggested that the programme pay CPCs to become invested in their work, as they are currently working on a voluntary basis. Relatedly, multiple interviews indicated that the programme needs more resources – in terms of money and staff – in order to scale up the child protection component of the programme. Finally, key informants recommended that the programme better communicate the purpose and intent of CPCs to minimize resistance from parents, as well as to help beneficiaries and stakeholders to better understand the vital importance of the “harmonised” portion of the programme – that is, ensuring that stakeholders have the utmost supports from other existing services to guarantee that their transfer is beneficial.

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<sup>5</sup> This also comes through in the household data, discussed in section XII.

## **XII. Harmonisation**

Harmonisation is a critical element of the HSCT programme which aims to ensure that social services and child protection programmes complement cash transfers and, ideally, even help to strengthen the implementation of other programmes. For example, the involvement of CPCs in the HSCT should ensure that they are engaged with households that may need social protection services and are continuously checking that they have covered those in most need. However, as discussed in the previous section, there are some procedural and communication gaps that prevent the HSCT from integrating with other services – and in fact sometimes inhibits their implementation. One example of this is the discrete targeting processes across the different programmes and separate information management (i.e., database) systems. To this end the CPF MTR report says, “At present, different approaches are used to identify individuals who benefit from the BEAM programme, the AMTO system and the HSCT programme – the three main social transfers administered by the [MPSLSW]. This means that for each of these systems, there are different databases managed by different teams.” Process and key informant interviews identified a similar disconnect between the HSCT and other programmes that does not allow for harmonisation as intended. Ultimately, the lack of harmonisation is a departure from how the programme was envisioned and potentially disadvantages beneficiaries.

### **Misconceptions**

Beneficiaries’ concerns regarding the potential inability to receive other programmes as a result of the transfer are somewhat grounded in reality. There is an impression among some programme staff and community members that HSCT beneficiaries are not allowed to continue benefitting from other programmes. This is reflected in the household survey, which indicated a significant decline in BEAM recipients among those also receiving the HSCT; the probability of losing the BEAM scholarship for recipient children in secondary ages increased by seven percentage points. This indicates a large gap in understanding the intent of the programme to harmonise with other ongoing activities in the communities. There was some confusion as to the meaning of programme complementation among key informants. Receiving both BEAM as well as the HSCT was the most common conflict mentioned between programmes, with a Mudzi respondent saying that: “Conflict is the view that those in the HSCT should not be considered for other programmes such as BEAM, FOOD AID.” Additionally, a key informant from the social services department in Mudzi said, “The Mudzi community has rejected the harmonisation i.e., having an individual receiving from more than one programme as such at least everyone should benefit from one of the programmes.”

### **Summary**

Both programme staff and beneficiaries need a clearer understanding of the HSCT programme, specifically that it should not preclude them from receiving other forms of assistance such as BEAM or food aid. In fact, the HSCT was designed with precisely the opposite intention – the ‘H’ stands for “harmonised” and the programme was intended to promote beneficiary wellbeing through mutually supportive interventions. The significant decline in beneficiaries who also benefit from BEAM indicates that the “harmonised” component of the programme is largely misunderstood. Not only is there an impression among the community members that some recipients are “double dipping” into two programmes, but key personnel then rescind other benefits because they also misunderstand the purpose of harmonising the benefits from multiple programmes. It is important that the programme ensure that beneficiaries continue to receive other aid after they become HSCT beneficiaries, as well as to monitor how the programmes interact. The training should impart

this knowledge to HSCT programme staff along with information as to how to address any cases where beneficiaries are being asked to give up participation in other programmes.



### **XIII. Costs of participation**

The HSCT programme is careful to ensure that beneficiaries do not incur any costs as a result of participation. The Operations Manual states that if the household head requires money for transport, DSWO should refund the money. In addition to tangible monetary costs, the programme ideally ensures that participants do not experience any stigma within the community because of the transfer. Stigma becomes a greater risk without properly communicating the purpose, criteria, and intent of the programme to the whole community. Household data and interviews indicated that beneficiaries endure some stigma within the community, but few additional responsibilities or other tangible costs.

#### **Stigma**

Most beneficiaries indicate that there is not any apparent stigma associated with receiving the HSCT. Almost all beneficiary respondents (97 percent) reported that other members in their community know they are receiving payments from the HSCT. Only 13 percent of these recipients say it is or potentially could be a problem that other community members are aware of the benefits. These recipients most frequently cited their apprehensions about jealousy, concern about being removed from other support programmes, and the potential inability to get additional help in times of need. Although (s)he is in the minority of IDI respondents, one caregiver from Binga mentioned negative consequences from receiving the HSCT: “However, my relationship with some villagers has gone sour mainly because they feel I should not have benefited from the HSCT programme because I am still young and therefore able to work for my family.”

#### **Additional responsibilities**

Beneficiaries for the most part also did not indicate that the HSCT caused them to have to take on additional responsibilities. Very few beneficiaries have been asked to take care of other children since they started receiving payments. Approximately two percent care for an additional child, while another two percent take care of between two and three children. One IDI respondent commented positively that their household is now called upon to loan cash to extended family members in need: “The cash from Social Welfare has improved my family well-being and my relations with my relatives have improved since I am now in a position to borrow them cash when they need it.”

#### **Summary**

The comment made by the caregiver in Binga about relations souring with neighbours as a result of the HSCT suggests that further sensitization is needed in some communities, specifically related to targeting and eligibility criteria. Additionally, while the comment was stated in a positive manner (and only by one respondent), the possibility that HSCT beneficiaries are loaning significant portions of their cash transfers to others could potentially compromise the impact of the programme on intended beneficiaries.

#### **XIV. Grievances**

The purpose of a grievance mechanism is to ensure that beneficiaries have access to appropriate channels through which to voice complaints or concerns about the programme they are receiving. According to interviewees in Harare, grievances are supposed to go through CPC staff either at the district office or pay point. The programme has additionally piloted a “tip-off hotline” that community members can use if they think a household has been incorrectly included in the programme. However, the current mechanism is not embedded within a proper accountability framework and has numerous important gaps, such as how beneficiaries would be able to bring forth a grievance regarding a CPC member (given that they are supposed to bring complaints to this same CPC member).

Household data consistently indicated gaps in the grievance mechanism. Only 30 percent of beneficiary respondents are aware that there is someone to contact if they are having problems with payments or any other part of the HSCT programme. Only eight percent of these respondents have actually contacted someone, with payment point staff and community leaders being the most frequently contacted (29 percent and 18 percent, respectively). The most typical complaints have to do with missing payments (41 percent), problems with getting informed of payment (28 percent), expired payments (7 percent), and dissatisfaction with treatment from HSCT programme staff (7 percent). MPSLSW staff pointed out that a heavy workload and not enough staff made it difficult to address grievances that community members raised. This is also apparent from the household data, as 26 percent of respondents who contacted someone from the HSCT programme said the staff were not helpful or that they did not receive a response.

The CPF 2014 Annual Review indicates that “some low-level measures for detecting grievances are in place” (p. 8) but that a grievance mechanism for both beneficiaries and non-beneficiaries is not yet fully functioning. The Operations Manual contains very little information about the grievance mechanism, stating that complaints and follow-ups “are recorded at district level” (p. 19), with programme management receiving periodic reports on complaints and the activities intended to address the complaints. Additionally, the mechanism in place is primarily structured to address inclusion error immediately following targeting – as identified in the CPF MTR. UNICEF indicated that they are attempting to build and introduce a response mechanism with proper accountability so that grievances are better addressed.

## **XV. Limitations**

There are two main limitations to the process evaluation of the HSCT presented in this report, and those are timing and the potential for biased responses from certain interviewees. In terms of timing, the HSCT programme had been implemented for only one year when we conducted interviews and focus groups with implementers, beneficiaries, and stakeholders about their experiences with the HSCT. Most impact evaluations of cash transfer programmes collect data (including process evaluation data) at multiple intervals over at least two years (e.g., Kenya, Zambia, Ghana, Lesotho). Fortunately, there will be another round of data collection and analysis for this study that will ideally again include both quantitative data (the operational performance module in the household questionnaire) and qualitative data in the form of interviews and focus groups with beneficiaries, stakeholders, and implementers. In terms of the potential for biased responses from certain interviewees, we recognize that HSCT implementers and beneficiaries might have felt compelled to answer interview questions more positively than is actually the case to avoid a negative portrayal of the programme in a report or for fear of being removed from the programme. That said, the research team was careful to ensure anonymity of all respondents and to underscore that the purpose of the process evaluation is to learn about programme implementation and ultimately to improve service delivery, so all types of feedback (positive and negative) were useful. Further, prior to interviewing any beneficiaries, enumerators always informed them that their responses had no bearing on their enrolment in the HSCT programme.

## **XVI. Conclusion & programmatic implications**

The purpose of a process evaluation is to help implementers understand how gaps in programme implementation may contribute to successes or failures identified elsewhere in the study. This portion of the overall evaluation indicated several procedural challenges to the HSCT programme that, if addressed, may contribute to a marked improvement in impact. To focus the direction for improving the process, we first present where qualitative data indicate that there may be challenges with scale up and follow up with global recommendations for programme improvement.

### **Scale-up challenges**

Given the plans to scale up the HSCT programme, the team asked key informants during process interviews to identify potential challenges to delivering the programme to a broader population of beneficiaries. Responses converge around the following three broad themes:

- **Decentralization.** Lower level staff are referring issues to the HQ level, rather than using the local level structures in place to address inefficiencies. One respondent said that this creates challenges to meeting deadlines since workload is centralized at the head office, causing delays in report writing as well as payments. It is important to ensure that provincial and other lower level staff engage in problem solving to increase efficiency, especially where staff and other resources are limited.
- **Limited government resources.** MPSLSW is having difficulty balancing workload because the HSCT programme is understaffed. For example, some respondents said that the lack of staff makes the procurement process cumbersome and slow. Multiple MPSLSW staff added that the government is also resource constrained in other areas. Scaling up may place additional strain on areas that already have limited capacity.
- **Data collection challenges.** MPSLSW staff do not understand how to use the MIS. Computer literacy among provincial level staff is low, meaning the data is often relegated to the HQ level. One MPSLSW staff member said, “there is need for decentralization so that district can track beneficiaries on their own, [rather] than to rely on provincial office or district office – and also district and ward errors can be captured and rectified early.” Local level structures have trouble receiving and organizing data, making it difficult to ultimately use data to inform programme decision-making or even more fundamentally to fairly target and track programme beneficiaries. Additionally, staff do not consistently follow up about information collection.

### **Recommendations**

UNICEF and MPSLSW staff echoed many of the recommendations from the CPF MTR report, indicating that the programme may not have implemented recommendations as suggested. Throughout this section we discussed stakeholders’ specific recommendations for the various aspects of the programme. Here we summarise the overarching recommendations based on the results of the process evaluation.

- **Increase programme understanding among staff and beneficiary communities.** Interviews indicate that staff at the HQ, district, and provincial levels have varying interpretations of HSCT roles and responsibilities. Stakeholders suggested that a more complete initial staff training in addition to periodic re-trainings would help to address these gaps. There are also gaps in beneficiary understanding – including basic elements such as unconditionality. As multiple implementation

challenges and errors arise from fundamental misunderstandings, it is important to take measures that ensure beneficiaries as well as other community members have a basic understanding of the purpose and aim of the programme.

- **Revise the programme communication strategy.** A lack of understanding among staff and beneficiaries indicates that there is also a gap in programme communication, including basic availability of information such as the grievance mechanism. The programme should revise its strategy so that all involved parties – from beneficiaries to senior MPSLSW staff – are continuously clear on the expectations of the programme as well as the available resources that the programme provides. Key stakeholders say that the communication strategy should also emphasize enhanced coordination and engagement from related ministries, as well as engagement of local level stakeholders to encourage programme buy in and community acceptance.
- **Strengthen the monitoring and accountability structures around the programme.** Part of the problem with programme understanding and communication is the result of the lack of an enforcement mechanism to ensure proper utilization of the programme manual. Though the manual indicates there is a grievance mechanism in place, it is not sufficient to ensure that staff are implementing the programme as intended. Additionally, this does not account for whether staff at every level are held responsible for their intended tasks and ensuring these are complete and of high quality.
- **Emphasize and create norms around harmonising the programme to complement other existing assistance programmes.** Finally, the process evaluation indicated a lack of awareness and uptake of child protection services, as well as a lack of understanding that beneficiaries can and are intended to benefit from multiple programmes. The purpose of the programme is specifically that – to harmonise with existing governmental social services and programmes such as BEAM so that beneficiaries receive a “package” of benefits that is more likely to benefit them together. Neither beneficiaries nor staff are uniformly aware of this essential programme objective, which has led to multiple beneficiaries being removed from complementary programmes. Strengthening programme understanding, communication, and monitoring will help to ensure harmonisation.

## **Annex A: Full Impact Evaluation Study Design**

The impact evaluation of Zimbabwe's HSCT is a two-year,<sup>6</sup> mixed methods, longitudinal, *non-experimental* design study.<sup>7</sup> The study compares cash transfer recipient households from Phase 2 districts (Binga, Mwenzi, and Mudzi) with eligible households in Phase 4 districts (UMP, Chiredzi, and Hwange) that did not begin receiving the transfers during the period of the study. The comparison districts were selected by the Ministry to match the treatment districts by agro-ecological characteristics (they neighbour each other), culture, and level of development.

A major factor in the choice of a non-experimental design rather than a randomised controlled trial is the stated policy of the MPSLSW that all eligible households will be enrolled in the programme once a district enters the programme. In other words, the programme will immediately be scaled up within each district. The MPSLSW determined that it would be ethically and politically unfeasible to provide the programme to some households while delaying others within the same district to serve as a control group because it would conflict with this stated policy. Therefore, a randomised controlled trial design is not possible because all eligible households within a district must receive the programme at the same time. The MPSLSW and UNICEF are aware that the current design leaves open the possibility that observed differences between the treatment and comparison households could result from an effect other than the cash transfers owing to, for example, circumstances that occur in an early-entry district and not in a delayed-entry district (e.g., flood, crop disease). However, eligibility is not demand driven, there is no element of self-selection in the recruitment process, and take-up is thought to be 100 percent. Thus, any differences between the two groups are likely to be observable to the researcher and can be accounted for in the statistical analysis.

### **Analysis Approach**

This study is a longitudinal evaluation with repeated measures at the individual and household levels. We estimate programme impacts on individuals and households using a differences-in-differences (DD) statistical model that compares change in outcomes between baseline and follow-up and between treatment and comparison groups (the full HSCT 12-month report details this approach). The DD estimator is the most commonly used estimation technique for impacts of cash transfer models and has been used, for example, in Mexico's Progreso programme (Rawlings & Rubio 2005) and Kenya's Cash Transfer for Orphans and Vulnerable Children (Kenya CT-OVC Evaluation Team. 2012). We use clustered-robust standard errors to account for the lack of independence across observations due to clustering of households within Wards (Liu 1998). We also use inverse probability weights to account for the 14 percent attrition in the follow-up sample (Woolridge 2010). We investigate differential impacts by household size for each outcome. We present impacts by household size only when they are different.

### **Sampling design**

The longitudinal impact evaluation includes 3,000 households in 90 wards across six districts, with 60 wards in the treatment sample and 30 wards in the comparison sample. This unbalanced design results from limited resources and time available to conduct targeting in the comparison districts. All wards receiving the HSCT in 2013 must be targeted for the

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<sup>6</sup> AIR has a contract with UNICEF to conduct the baseline and 12-month follow-up rounds of data collection. UNC, with money from 3IE, will conduct the 24-month follow-up round of data collection.

<sup>7</sup> Non-experimental designs do not manipulate the selection process to determine who receives the programme, while randomized controlled trials use a lottery process to select who will receive the programme and who will be controlled to not receive it.

programme, regardless of the study, but the comparison wards are being targeted only for the purpose of the study. Thus, the comparison wards require additional resources and time not necessitated by current programme implementation. This study will calculate the average impact estimate by using a DD model that accounts for clustering of households in wards and wards in districts. Owing to the limited number of wards in each district, this study is unable to estimate impacts at the district level with reasonable precision (95 percent confidence) and can only estimate the impacts of the programme as a whole.

Because the selected districts have more beneficiary households and wards than are needed for the sample, a subset of households and wards was identified and selected for the study. Table 4 lists the number of wards in each district.

**Table 4. Study Districts by Treatment Status**

District	Status	Number of Wards in Study	Wards Excluded From Study*
Mudzi	Treatment	18	0
Mwenezi	Treatment	18	0
Binga	Treatment	24	1
Hwange	Comparison	12	7
UMP	Comparison	9	6
Chiredzi	Comparison	9	15

\* 60 treatment wards and 30 comparison wards

### Selection of programme and comparison groups

The steps for selecting the sample follow:

1. Three treatment districts from Phase 2 and three matching comparison districts from Phase 4 were selected by the MPSLSW. The comparison districts were matched by agro-ecological conditions, level of development, and culture.
2. The MPSLSW, with oversight from UNICEF and the evaluation team, randomly selected 60 wards from the three treatment districts.
3. The evaluation team then worked with the MPSLSW to select 30 wards from the comparison districts that are similar to the selected wards from the treatment districts. Wards were selected by similarity of geography, climate, overall development level, availability of services, access to other development programmes, and culture, with an emphasis on making sure that the agro-ecological environment of the treatment wards is similar to that of the comparison wards. The baseline report provides a detailed description of the matching process and the results.
4. After selecting the 90 study wards, the MPSLSW conducted targeting in these 90 wards to identify eligible households. Targeting was conducted in exactly the same way in both the treatment and the comparison wards to create equivalent and comparable groups. In this sense, households in the comparison group are precisely those that are eligible for the programme and that will enter the programme at a future date—they are thus a genuine ‘delayed entry’ comparison group.
5. Last, the evaluation team randomly selected 34 households that had been identified through the targeting process as eligible for the programme from each of the 90 wards. These randomly selected households make up the sample for the impact evaluation. If a ward did not have 34 eligible households, additional households were identified from larger study wards in the same district.

## **Annex B: UNICEF Request for Proposal**



### **REQUEST FOR PROPOSAL**

**“For the design and implementation of a comprehensive Monitoring Evaluation Framework, including baseline, follow-up surveys, and a final impact evaluation, for the Government of Zimbabwe Child Protection Fund (CPF) in support of the National Action Plan for Orphans and Vulnerable Children Phase II 2011-2015 (NAP II).”**

**RPF /ZIMA/2011/003**

**Bid closing date and time: 25 MARCH 2011 @ 10:00HRS**

**NOTE: THERE WILL BE NO PUBLIC OPENING FOR THIS RFP.**



**Verified/Approved by: -**

**Aubaid Raman – Supply and Logistics Manager**

**Signature .....** **Date: 22 February 2011**

**Bid issue Date: 23 February 2011**

*REQUEST FOR PROPOSAL (RFP/ZIMA/2011/003)*

**UNITED NATIONS CHILDREN’S FUND (UNICEF)**

**Wishes to invite you to submit a proposal for**

**The design and implementation of “A comprehensive Monitoring and Evaluation Framework, including baseline, follow-up surveys, and a final impact evaluation, for the Child Protection Fund (CPF) in support of the National Action Plan for Orphans and Vulnerable Children II.”**

**SEALED Proposals** should be sent to:

**Aubaid Raman, Chief of Supply & Logistics  
UNICEF Harare, Zimbabwe  
6 Fairbridge Avenue, Belgravia, Harare, Zimbabwe**

**Bid Reference No: RFP/ZIMA/2011/003**

**IMPORTANT – ESSENTIAL INFORMATION**

The reference number must be shown on the envelope containing the Technical Proposal and on the envelope containing the Price Proposal, as well as on the outer packaging containing both envelopes.

The bid form must be used when replying to this request for proposal.

The Proposals **MUST** be received at the above address by latest **10h00, 25 March 2011**, Zimbabwe time. Due to the nature of this RFP, there will be no public opening of proposals.

Proposals received after the stipulated date and time will be invalidated.

It is important that you read all of the provisions of the request for proposal, to ensure that you understand UNICEF's requirements and can submit a proposal in compliance with them. Note that failure to provide compliant proposals may result in invalidation of your proposal.

## BID FORM

**THIS BID FORM** must be completed, signed and returned to UNICEF. Bid must be made in accordance with the instructions contained in this Request for Proposal.

## TERMS AND CONDITIONS OF CONTRACT

Any Contract or Purchase Order resulting from this INVITATION shall contain UNICEF General Terms and Conditions and any other Specific Terms and Conditions detailed in this INVITATION.

## INFORMATION

Any request for information regarding this INVITATION must be forwarded by email to Mr. Aubaid Raman ([araman@unicef.org](mailto:araman@unicef.org)) and Mr. Clement Gba ([cgba@unicef.org](mailto:cgba@unicef.org)), with specific reference to the RFP reference number.

The Undersigned, having read the Terms and Conditions of RFP [[RFP/ZIMA/2011/003](#)] set out in the attached document, hereby offers to supply the services specified in the schedule at the price or prices quoted, in accordance with any specifications stated and subject to the Terms and Conditions set out or specified in the document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Validity of Offer: \_\_\_\_\_

Currency of Offer: \_\_\_\_\_

Please indicate after having read UNICEF Payment Terms which of the following Payment Terms are offered by you:

10 Days, 3.0% \_\_\_\_\_ 15 Day, 2.5% \_\_\_\_\_ 20 Days, 2.0% \_\_\_\_\_ 30 Days, Net \_\_\_\_\_

Other Trade Discounts: \_\_\_\_\_

## 1.0 PROCEDURES AND RULES

### 1.1 ORGANISATIONAL BACKGROUND

UNICEF is the agency of the United Nations mandated to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. Guided by the Convention on the Rights of the Child UNICEF strives to establish children's rights as international standards of behaviour towards children. UNICEF's role is to mobilise political will and material resources to help countries ensure a "first call for children". UNICEF is committed to ensuring special protection for the most disadvantaged children.

UNICEF carries out its work through its headquarters in New York, 8 regional offices and 125 country offices world-wide. UNICEF also has a research centre in Florence, a supply operation based in Copenhagen and offices in Tokyo and Brussels. UNICEF's 37 committees raise funds and spread awareness about the organisation's mission and work.

### 1.2 PURPOSE OF THE RFP

The purpose of this RFP is to invite proposals for an institutional contract for:

**The design and implementation of "A comprehensive Monitoring and Evaluation Framework, including baseline, follow-up surveys, and a final impact evaluation, for the Child Protection Fund (CPF) to the National Action Plan for Orphans and Vulnerable Children II."**

### 1.3 FORECAST SCHEDULE

The schedule of the contractual process is as follows:

- a) Closing date and time for submission of full proposal: **10h00 25 March 2011 (Zimbabwe time)**
- b) Award Notice: **29 March 2011**
- c) Signature of contract: **01 April 2011**

### 1.4 RFP CHANGE POLICY

All requests for formal clarification or queries on this RFP must be submitted in writing to Mr Aubaid Raman, via e-mail at [araman@unicef.org](mailto:araman@unicef.org) and copy to Mr Clement Gba ([cgba@unicef.org](mailto:cgba@unicef.org)). Please make sure that the e-mail mentions the RFP reference number.

Only written inquiries will be entertained. Please be informed that if the question is of common interest, the answer will be shared with all potential RFP bidders.

Erasures or other corrections in the proposal must be explained and the signature of the applicant shown alongside. All changes to a proposal must be received prior to the closing time and date. It must be clearly indicated that it is a modification and supersedes the earlier proposal, or state the changes from the original proposal. Proposals may be withdrawn on written request received from bidders prior to the opening time and date. Bidders are expected to examine all instructions pertaining to the work. Failure to do so will be at bidder's own risk and disadvantage.

### 1.5 RFP RESPONSE FORMAT

Full proposals should be submitted in ENGLISH and must be received not later **10h00 25 March 2011** in three (03) original copies, duly signed and dated. Bidders must submit a sealed proposal, with two **separate sealed envelopes inside for a) the Technical Proposal and b) the Price Proposal.**

**It is recommended that post is sent by Courier (FEDEX, DHL...). Please allow at least 4-5 days for delivery.**

Sealed proposals must be securely closed in suitable envelopes and dispatched to arrive at the UNICEF office indicated no later than the closing time and date. They must be clearly marked as follows:

- Outer envelope: Name of company  
RFP no. ZIMA/2011/003  
UNICEF Zimbabwe  
**Attention: Aubaid Raman, UNICEF Supply and logistics Manager**  
6 Fairbridge Avenue  
Belgravia  
Harare, Zimbabwe
- Inner envelope – Technical proposal: Name of company, RFP number - technical proposal
- Inner envelope - Price proposal: Name of company, RFP number - price proposal

Sealed proposals received prior to the stated closing time and date will be kept unopened. The responsible officers will open technical proposals when the specified time has arrived and no proposal received thereafter will be considered. UNICEF will accept no responsibility for the premature opening of a proposal not properly addressed or identified. Any delays encountered in the mail delivery will be at the risk of the bidder.

Offers delivered at a different address or in a different form than prescribed in this RFP, or which do not respect the required confidentiality, or received after the designated time and date, **will be rejected**.

All references to descriptive materials should be included in the appropriate response paragraph, though the material/documents themselves may be provided as annexes to the proposal/response.

The bidder must also provide sufficient information in the proposal to address each area of the Proposal Evaluation contained in 1.10 to allow the evaluation team to make a fair assessment of the candidates and their proposal.

## **1.6 BIDDER RESPONSE**

### **1.6.1 Formal submission requirements**

The formal submission requirements as outlined in this Request for Proposal must be followed, e.g. regarding form and timing of submission, marking of the envelopes, no price information in the technical proposal, etc.

### **1.6.2 Bid Form**

The completed and signed bid form must be submitted together with the proposal.

### **1.6.3 Mandatory criteria**

All mandatory (i.e. must/have to/shall/should/will) criteria mentioned throughout this Request for Proposal have to be addressed and met in your proposal.

### **1.6.4 Technical Proposal**

The technical proposal should address all aspects and criteria outlined in this Request for Proposal, especially in its statement of work, terms of reference and paragraph 1.10 of this Request for Proposal. It

should be no longer than 3 pages, including a workplan and deliverables. However, all these requirements represent a wish list from UNICEF. The bidders are free to suggest/ propose any other solution. UNICEF welcomes new ideas and innovative approaches.

**No price information should be contained in the technical proposal.**

#### **1.6.5 Price Proposal**

The price proposal should be as per but not limited to paragraph 1.10 of this Request for Proposal.

##### **1.6.6 Checklist for submission of proposals**

- ☐ Bid form filled in and signed
- ☐ Envelope for technical proposal
  - Technical proposal
  - Technical proposal does not contain prices
  - Envelope is sealed
  - Envelope is marked as follows:  
Name of company, RFP number - technical proposal
- ☐ Envelope for price proposal
  - Price proposal
  - Envelope is sealed
  - Envelope is marked as follows:  
Name of company, RFP number - price proposal
- ☐ 1 outer enveloped
  - Containing ☐ bid form, ☐ envelope for technical proposal, and ☐ envelope for price proposal
  - Envelope is sealed
  - Envelope is marked as follows

Name of company

RFP Number

UNICEF Zimbabwe

**Attention: Aubaid Raman, UNICEF Supply and Logistics Manager**

6 Fairbridge Avenue

Belgravia

Harare, Zimbabwe

#### **1.7 CONFIDENTIAL INFORMATION**

Information, which the bidder considers proprietary, should be clearly marked "proprietary", if any, next to the relevant part of the text, and UNICEF will treat such information accordingly.

#### **1.8 RIGHTS OF UNICEF**

UNICEF reserves the right to accept any proposal, in whole or in part; or, to reject any or all proposals. UNICEF reserves the right to invalidate any Proposal received from a Bidder who has previously failed to perform properly or complete contracts on time, or a Proposal received from a Bidder who, in the opinion of UNICEF, is not in a position to perform the contract. UNICEF shall not be held responsible for any cost incurred by the Bidder in preparing the response to this Request for Proposal. The Bidder agrees to be bound by the decision of UNICEF as to whether her/his proposal meets the requirements stated in this Request for Proposal. Specifically, UNICEF reserves the right to:

- contact any or all references supplied by the bidder(s);
- request additional supporting or supplementary data (from the bidder(s));
- arrange interviews with the bidder(s);
- reject any or all proposals submitted;
- accept any proposals in whole or in part;
  - negotiate with the service provider(s) who has/have attained the best rating/ranking, i.e. the one(s) providing the overall best value proposal(s);
- Contract any number of candidates as required to achieve the overall evaluation objectives.

## 1.9 PROPOSAL OPENING

Due to the nature of this RFP, there will be no public opening of proposals.

## 1.10 PROPOSAL EVALUATION

After the opening, each proposal will be assessed first on its technical merits and subsequently on its price. The proposal with the best overall value, composed of technical merit and price, will be recommended for approval. UNICEF will set up an evaluation panel composed of technical UNICEF staff and their conclusions will be forwarded to the internal UNICEF Contracts Review Committee.

The evaluation panel will first evaluate each response for compliance with the requirements of this RFP. Responses deemed not to meet all of the mandatory requirements will be considered non-compliant and rejected at this stage without further consideration. Failure to comply with any of the terms and conditions contained in this RFP, including provision of all required information, may result in a response or proposal being disqualified from further consideration.

The proposals will be evaluated against the following:

CATEGORY	POINTS
1. <b><u>Technical Evaluation Criteria</u></b>	
1.1 <i>Overall Response</i>	5
<ul style="list-style-type: none"> <li>- Understanding of UNICEF's needs and responsiveness to the requirements</li> <li>- Understanding of scope, objectives and completeness of response</li> <li>- Overall concord between RFP requirements and proposal.</li> </ul>	
1.2 <i>Proposed Team and its Professional Orientation</i>	25
<ul style="list-style-type: none"> <li>- Structure of Management Team</li> <li>- Team leader: relevant experience, qualifications and position with bidder</li> <li>- Team members: relevant experience of similar scope and complexity qualifications</li> <li>- Professional expertise and knowledge</li> </ul>	

- Local contractor included as sub-contractee
- 1.3 *Proposed Methodology and Approach* 25
  - Quality of proposed approach/ methodology
  - Quality of proposed implementation plan, i.e. how the bidder will undertake each task and maintenance of project schedules
  - Recognition of direct as well as risks/ peripheral problems and methods to prevent and manage risks/ peripheral problems
- 1.4 *Organisational experience* 15
  - Range and depth of experience with similar projects/ contracts/ client
  - Financial status
  - Evidence of similar assignments undertaken in the region/ in Africa/ elsewhere

*Total Technical* 70

Only proposals which receive a minimum of **50** points will be considered further.

2. **Price Proposal** 30

The total amount of points allocated for the price component is **30**.

As the most financially interesting offers will be at an advantage, if some extra options are suggested, they should be clearly marked as so in the financial proposal to facilitate the comparison.

3. **Overall Evaluation (Total Technical and Price)** 100 points

The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component.

All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Score for price proposal X} = \frac{\text{Max. score for price proposal} * \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

UNICEF will award the contract to the bidder whose response is of high quality, clear and meets the projects goals, including:

The price/cost of each of the technically compliant proposals shall be considered only upon evaluation of the above technical criteria.

The bidders should ensure that all pricing information is provided in accordance with the following:  
The currency of the proposal **shall be in USD (United States Dollars)** **Invoicing will be in the currency of the proposal.** The bidder will suggest a payment schedule for the Contract, linked to unambiguous Contract milestones. All prices/rates quoted must be **exclusive of all taxes** as UNICEF is a tax-exempt organization.

### 1.11 **PROPERTY OF UNICEF**



This RFP, along with any responses there to, shall be considered the property of UNICEF and the proposals will not be returned to their originators. In submitting this proposal the bidder will accept the decision of UNICEF as to whether the proposal meets the requirements stated in this RFP. All data collected during the surveys remains the property of UNICEF and the Government of Zimbabwe. All data must be shared with and handed over to UNICEF upon the completion of each survey and upon request from UNICEF.

#### **1.12 VALIDITY**

Proposal must be valid for a minimum of ninety (90) days from the date of opening of this RFP and must be signed by all candidates included in the submission. For proposals from institutions, the proposal must also be signed by an authorised representative of the institution. Bidders are requested to indicate the validity period of their proposal in the Proposal Form. UNICEF may also request for an extension of the validity of the proposal.

#### **1.13 CONTRACTUAL TERMS AND CONDITIONS**

The UNICEF Special and General Terms and Conditions are attached and will form part of any contract resulting from this RFP.

#### **1.14 FULL RIGHT TO USE AND SELL**

The bidder warrants that it has not and shall not enter into any agreement or arrangement that restrains or restricts UNICEF or the recipient Governments rights to use, sell, dispose of or, otherwise, deal with any item that may be acquired under any resulting Contract.

#### **1.15 PAYMENT TERMS**

Payment will be made only upon UNICEF's acceptance of the work performed in accordance with the contractual milestones. The terms of payment are Net 30 days, after receipt of invoice and acceptance of work. Payment will be effected by bank transfer in the currency of billing. Financial proposals should include proposed stage payments, in line with deliverables and the proposed workplan.

## **ANNEX I – STATEMENT OF WORK AND TERMS OF REFERENCE**

### **1. BACKGROUND**

1. Zimbabwe's Enhanced Social Protection Programme, acknowledged as one of the best in Africa has been significantly eroded during the last ten years due to chronic underfunding and a breakdown in social service delivery more generally. At the same time the numbers of children and families in need of social protection has grown as a result of the HIV epidemic and socio-economic decline; of a total population of 12,462,879 approximately 78 per cent<sup>8</sup> lives below the Total Consumption Poverty Line, 55 per cent below the Food Poverty Line<sup>9</sup> and 25 per cent of all children have been orphaned<sup>10</sup>. Yet, as of March 2010, only about 11,000 people were receiving assistance through Government's existing social assistance programme, led by the Ministry of Labor and Social Services (MoLSS).

2. To address household poverty as a key driver of child vulnerability in Zimbabwe, the revised National Action Plan for Orphans and Vulnerable Children (NAP II) 2011-2015 and its accompanying pooled funding mechanism (the Child Protection Fund) will include social cash transfers as a major programme component, accompanying other key interventions in child protection and access to social services. The Fund is a multi-donor pooled funding mechanism managed by UNICEF in partnership with MoLSS which seeks to address inequities through a comprehensive child protection and social protection approach to vulnerable children and their families.

3. The CPF, operational in a context of transition, aims to contribute to the goal of the NAP II to enable the most vulnerable children in Zimbabwe to secure their basic rights through the provision of quality social and child protection services<sup>11</sup>. The CPF's purpose is that orphans and vulnerable children living in extremely poor families and exposed to other risks secure their basic rights and are able to meet their essential needs. This will be achieved through a series of outputs including strengthening of household economies (through a cash transfer programme), improved child protection and improved access to basic services (especially education) all of which will be supported by effective programme management and learning. A significant investment for the CPF will be in operational research to ensure that innovations in programming are documented to inform and strengthen programming and policy/advocacy. The CPF is managed by UNICEF and follows on from a similar Programme of Support to the Government's original NAP, which ran from 2006-2010.

Rigorous and robust operational research, including the implementation of a baseline and follow-up surveys, are required particularly in the area of cash transfer programming. Such research, as outlined in the attached logframe, ambitiously intends to monitor and assess the intermediate and long term effects of an unconditional social cash transfer initiative that specifically targets equity, nutrition, health, education, and protection and HIV outcomes.

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<sup>8</sup> World Bank (2010) World Development Indicators

<sup>9</sup> 2003 Poverty Assessment Survey, ZDHS 2006, UNICEF MIMS 2009, ZIMVAC 2009 and the 2007 OVC Baseline Study generally agree on these estimate figures, with a view that poverty has likely increased in recent years.

<sup>10</sup> Zimbabwe Demographic and Health Survey 2005/2006. Central Statistical Office. Harare

<sup>11</sup> NAP II, November 2010

4. The NAP II also initiates a number of interventions at national scale and not necessarily linked to the cash transfer element. These include legislative reform, advocacy for child protection standards to be implemented, the design of a case management programme and other initiatives. The various components of the CPF in turn reflect the pillars of the revised National Action Plan for Orphans and Vulnerable Children (NAP for OVC 2011-2015) and include:

- i) Strengthening Household Economy through the delivery of cash transfers to at least 55,000 extremely poor households by 2013.
- ii) To enhance all vulnerable children's access to effective child protection services including protective services (legal, welfare, judicial) to child survivors of violence, exploitation and abuse, including 25,000 vulnerable children every year by 2013.
- iii) To facilitate improved access to basic education through the Basic Education Assistance Module (BEAM) to poor orphans and other vulnerable children in Year 1 of the Programme's implementation (NOTE: to be monitored and evaluated separately)<sup>12</sup>.
- iv) Effective Programme Management for smooth operation and coordination of the Programme.

5. A robust Monitoring and Evaluation (M&E) Framework is therefore required to monitor inputs and activities for all these pillars as well as outcomes related to the cash transfer and other interventions included in the Programme (child protection and BEAM) as per the attached logframe (Annex IV). Such a Framework needs to capture activities for routine monitoring of outputs and activities, as well as the effectiveness of programme management by UNICEF in addition to medium term and longer term impacts.

6. Annex 1 details the main parameters of the cash transfer element of the CPF for NAP II. The first cash transfer is due to take place (pending adequate capacity and resources) in June/ July 2011. The first batch of beneficiaries will not form part of the baseline, but rather the second or third rounds which are due to take place towards the end of 2011. A detailed strategy for national coverage is still being worked out by the Government, but full district coverage, of selected districts, is currently the favored approach. It is likely that village level roll-out will include some elements of randomization for control/ comparison but it is not yet clear how this would work in practice.

## **2. PURPOSE:**

1. *Firstly*, to **generate an M&E framework for the CPF in support of NAP II** including child protection, social cash transfers, and programme management. This framework will include activities for measuring outputs, outcomes and longer term impacts and use the attached logframe as a draft basis. A final logframe will be submitted as part of the overall M&E Framework. Detail must be provided on the practicalities of implementing this framework. In particular it is important that the various stakeholders' specific roles and responsibilities for M&E, including lines of accountability, stakeholder capacities and resources available to each stakeholder for M&E. It is likely that the former NAP's M&E system for monitoring NGO activities is a key resource for this framework. Recommendations must also be taken into account of the observations of the 2010 Outcome Assessment of the first Programme of Support for the NAP I (2007-2010) managed by UNICEF (now replaced by the CPF) which articulated weaknesses in monitoring quality of service

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<sup>12</sup> A national evaluation of BEAM is planned by the MoLSS and Ministry of Education, with possible World Bank, UNICEF and other technical support in 2011.

delivery and tracking outcomes for children. It is critical that the M&E Framework designed by the bidding institution outlines a comprehensive framework that tracks activities, programme management effectiveness as well as short and longer term impacts achieved by the CPF that is supporting NAP II. Resources and approaches required to deliver outcome and impact monitoring must be explicitly described and must be considerably greater and more sophisticated than those required for the previous phase of the CPF. Given the learning from the previous PoS to the NAP I, around the lack of information gathered around outcomes (as opposed to outputs) it is required that the M&E Framework indicates how the new approaches are distinct/ improve upon the systems and approaches used within the previous phase. The Framework will need to address monitoring and evaluation activities and a revised logframe for child protection, cash transfers and programme management elements of the CPF. This M+E Framework must be designed in collaboration with UNICEF, MoLSS and other stakeholders (e.g. donors) to ensure its feasibility and rigor to suit the complex operating environment of Zimbabwe.

*NOTE: Whilst funded through this programme BEAM will be subject of separate M&E.*

2. The *second purpose* of this consultancy is to design an impact evaluation strategy, including a credible control or comparison group as well as a methodology for evaluating the program's targeting mechanism, and undertake a **baseline survey in cash transfer sites**, prior to implementation of cash transfer element of the programme which feeds into the design and implementation of a national Management and Information System (MIS) by 15 January 2012. *NOTE that the design of a MIS for cash transfers is currently underway and will be complete by end March/April 2011. This consultancy is not required to design an MIS, but to link the M&E framework and subsequent research (baselines and follow-up surveys) to the MIS as well as other sources of data.*

3. The *third purpose* is then to design and implement 2 follow-up surveys (end 2012 and end 2013, pending the programme cycle of the cash transfers), including a final impact evaluation, for the cash transfer component of the Programme; the first follow-up survey to the baseline to be conducted 12 months after the baseline then a final impact evaluation survey another 12 months later. This means that there will be 1 baseline and two follow up surveys, including one final impact evaluation between 2012 and 2013.

The overall programmatic purpose of the proposed intervention research activity will generate policy-relevant evidence on the impact of the cash transfer scheme of the CPF to the NAP II on key child health, education, HIV, equity, nutrition and protection outcomes. A rigorous research design will be applied to describe the process of the intervention across pre-selected sites, to compare and measure outcomes, document good practice and generate policy related evidence.

A further purpose of the research is to generate learning for programme implementation on cost efficiency, targeting effectiveness and overall UNICEF programme management – the fourth pillar of the Programme.

The draft Logframe (attached as Annex II) should form the basis for selection of indicators and should a number of different indicators for different levels of impact (see TABLE 1 below). The draft will be reviewed by the consultancy as part of the development and submission of a comprehensive M&E Framework for the CPF as outlined in point 1) above. Revisions to the Logframe must again

take place in close collaboration with MoLSS and UNICEF, with frequent interaction and communication with donors and other stakeholders.

**TABLE 1: Working definitions of monitoring and evaluation terms for the purpose of this consultancy**

<i>Term:</i>	<i>First level impact</i>	<i>Second level impact</i>	<i>Final level of impact</i>
<b>Definition:</b>	Measures activities or inputs in a short timeframe, including immediate needs of beneficiary households receiving cash transfers (such as food consumption and dietary diversity)	Measures changes in children and other beneficiaries' lives over a longer period of time including expenditure in health and education (mediated by availability of schooling) and an investment in productive activities	Measures longer term changes in the lives of beneficiaries such as changes in: nutritional status, use of health services and care seeking practices, child labour and HIV/AIDS behaviour change strategies
The current logframe proposed by the CPF includes both short and longer term impacts. For the purposes of this consultancy, the final evaluation of the cash transfer component will be termed an "impact evaluation" as this is synonymous with other regional studies on cash transfers.			

### **3. METHODOLOGY**

The consultancy will be staggered over a period of 38 months approximately (mid 2011 – end 2013) in 4 phases:

1. Design of a **Monitoring and Evaluation Framework** for the whole CPF together with MoLSS, UNICEF and other stakeholders (e.g. donors) (2011-2013) including M+E activities, research methodology tools (including questionnaires, proxy measures for shifts in HIV-related behavior change, etc) as well as resources and roles of key stakeholders and timeframes for different activities. A thorough review of the M&E system for the previous Programme of Support (replaced by the CPF 2011-2013) will be required to analyse which tools and methodologies may be appropriate. Note is also to be taken of the revised NAP (NAP II) to ensure that the M&E framework is synonymous with this policy document. A revised draft of the current draft Logframe for the CPF will also be submitted with the Framework. Examples of activities to be included in the Framework include: routine activity monitoring (e.g. UNICEF and MoLSS field visits and financial spot checks), beneficiary verification (based on reports of the national MIS system on beneficiaries of the cash transfer programme and NGO beneficiary lists for child protection interventions), beneficiary feedback surveys and implementation of the Child Status Index and Community Perception Indices tools developed for Zimbabwe (to analyse the quality of services provided by NGOs, Government and other partners through UNICEF coordination), Annual Donor Reviews including key stakeholder interviews, secondary review of available data and reports and self reporting tools for UNICEF, as well as a baseline and follow up surveys for the cash transfer element of CPF in support of NAP II. See Annex II Logical Framework for the CPS as reference.

2. Design and Implementation of a **Baseline Survey** in selected cash transfer sites, including design and implementation of case control groups. The MoLSS is currently determining its strategy for national

scale up and roll out of the cash transfer programme with possible full saturation of selected districts as resources becoming increasingly available. The Operations Manual and Design Strategy of the cash transfer element of NAP II being finalized by the MoLSS in early 2011 will form the basis of design of the Baseline Survey. The roll out of the cash transfer initiative will be a phased process and it will only be possible to determine which districts will be the sites for the baseline and respective control/ comparison by May 2011. For the purposes of this bid, it is recommended that bidders design a baseline based on full district coverage for cash transfer roll out over a period of 1 year. Ward/ village level randomization is proposed. District selection for the prioritization of the phased cash transfer programme will be based on a cross-analysis of the Poverty Assessment Survey (2003), the Nutrition Survey (2010) and the ZIMVAC (2010) to determine a proxy for prioritizing certain districts. Baseline methodology should include trainings of enumerators to collect anthropometric data, the use of cell phone or PDAs for data collection and proxy measures for shifts in HIV-related behavior change (HIV testing is not included in the baseline or follow up surveys). Qualitative approaches should also be used, particularly to establish baselines for child protection concerns, to inform design of the baseline survey questionnaire (on hard to address subjects such as sexual attitudes and behaviour), to inform interpretation of quantitative results, to discuss subjects too difficult or too sensitive to capture in a quantitative household survey, and to understand social processes affected by the different program interventions of the CPF, including the cash transfer program.

Indicators for measurement amongst cash transfer beneficiary households (see also Annex II- Logframe of the CPF to the NAP II) must be included in the household survey

- Changes in food consumption and patterns of dietary diversity (frequency of meals, composition of meals, volume of meals) of children and other household members
- Breastfeeding practices for mothers of infants
- Care-seeking practices for pneumonia for children
- Change in incidence of food poverty
- Nutrition status of children 0-5 years measured by stunting prevalence
- HIV related risk behaviours (as proxies for HIV prevalence and incidence- not HIV testing will form part of the research)
- School attendance
- Quality of care by caregivers of vulnerable children in terms of protection, including with reference to physical, emotional and other violence and exploitation
- Child labour disaggregated by gender
- Women and girls in beneficiary households reporting physical or sexual violence
- Economic multiplier effects

A community survey should collection information from community leaders and/or other key informants in areas as determined by the sampling framework. The questionnaire should include information about access to social and economic infrastructure, economic (drought, crop disease) and social (crime, violence) shocks, existence of other key social programmes, wage rates for men, women and children, and price of key consumer and producer goods.

A facility survey, also administered in the sampling clusters, should characterize the local availability and quality of public services, in particular health and education services.

Further, the evaluation must also evaluate the following components of the program, using information from the household and community surveys, as well as any additional necessary information:

- Targeting efficiency
- Programme efficiency of UNICEF and other partners involved in the Programme

Survey materials should conform as much as possible to standardized national household surveys regularly implemented in Zimbabwe, including the DHS and MICS.

3. Implementation of two (2) follow-up surveys at the end of each programme year and 12 months after the initial baseline. (These follow up surveys must be timed across the CPF's full programme cycle of 2011-2013). The final follow-up survey will be an impact evaluation examining the longer term outcomes of the inputs provided in each year of the by end 2013.

The Government's cash transfer initiative under NAP II may indeed allow for randomization and the proposal should contain two alternatives for constructing the control/comparison group: with and without randomization. The household and community surveys must collect information reflecting alternative possibilities for creating the counterfactual based on the level of randomization and selection of case control districts/ villages.

The contractor will complete the following tasks, in consultation with UNICEF, the MoLSS, the CCORE and partner stakeholders as well as the OECD donor group. Annex I describes the main parameters of the cash transfer programme of the NAP II.

### Main tasks

1. Develop a **Monitoring and Evaluation Framework** for the CPF in support of NAP II setting out the parameters of each of the three pillars (Cash Transfers, Child Protection and Programme Management) to be measured in terms of their short and longer term impacts on children and households. The Framework will include the issues to be monitored and the evaluation questions. The framework will also outline the processes for data collection, data capture, analysis and reporting (i.e. who does what, how and by when) over a three year period (the CPF's lifespan) so that it is rigorous and can be used to build an evidence base for cash transfer, child protection and other interventions associated with the CPF. Routine monitoring methodology must be included in to the framework linked to the MIS database. Experimental or quasi experimental design methods are requested, if feasible for the framework. The framework should also cover both the efficiency of the programme's targeting mechanism as well as the efficiency of UNICEF and other partners involved in implementing the Programme. The Framework should assist MoLSS, UNICEF and partners to regularly track indicators agreed in the logframe of the CPF agreed between the Government of Zimbabwe, UNICEF and the OECD donors. A finalized Logframe will be submitted with the final version of the M&E Framework.

Child Protection interventions are national in scale and may not necessarily coincide with cash transfer programming. Thus, it is essential that specialized studies and verification activities are designed to accommodate these interventions in the Framework. This may include roll-out of the Child Perception and Community Perception Indices, specialized operational research studies, client survey feedback studies and other quantitative and qualitative studies to ensure quality of service delivery and the effectiveness of a continuum of care approach to orphans and vulnerable children outlined in the CPF's design.

Special note must also be made of the purely research questions forming part of the surveys (baseline and follow-ups) as well as those that are definitely expected to generate results as a result of the cash transfer intervention. For example, there is limited data available to link cash transfers and increased protection of women and girls from gender-based violence. The CPF seeks to explore the link but should not be accountable if there is no link. Similarly, in nutrition, high stunting prevalence may be due to breastfeeding and sanitation practices rather than household economy. These risks, assumptions and research purposes should be clearly outlined in the Framework.

2. Design one baseline and 2 follow up surveys: i) a baseline survey timed towards the end of 2011, early 2012 in selected districts targeted to receive the next round of cash transfers, ii) *follow-up survey* at the end of 2012, iii) *final follow-up survey* at the end of 2013 looking also acting as a closing evaluation and report. All surveys should include indicators for efficient and effective programme management, e.g. targeting criteria, UNICEF coordination, etc. The first cash transfer is due to take place (pending adequate capacity and resources) in June/ July 2011. The first batch of beneficiaries will not form part of the baseline, but rather the second or third rounds which are due to take place towards the end of 2011.

3. On provisional approval of the monitoring and evaluation framework, a budget, and in line with its provisions, the contractor will pilot the research instruments, and prepare a corresponding report.

4. The contractor will subsequently contract a field research team, making use of locally based enumerators where possible e.g. from the Zimbabwe Statistics Office (ZIMSTATS), academic institutions or local Civil Society Organisations.

5. Implement baseline and periodic data collection work as agreed in the final approved monitoring and evaluation framework and implementation plan.

6. Undertake data cleaning, prepare a baseline and subsequent survey implementation report including a detailed description of the processes followed during the field-work, analyse data in line with agreed framework (logframe) and M&E design, prepare baseline survey report and subsequent data reports, present and discuss the reports with relevant stakeholders.

The evaluation design should include a process evaluation with an emphasis on the internal dynamics of implementing organizations, their policy instruments, their service delivery mechanisms, their management practices, and the linkages among these and a summative evaluation intended to provide an assessment with emphasis on effectiveness after Year 1. An assessment of the effectiveness and relevance of the M&E system must be included as part of the outcome assessments.

7. Innovative documentation of findings should be included in the bid, for example an annual video documentary to accompany the formal final reports.

#### **Schedule of tasks and timeframe:**



<b>Timeframe</b>	<b>External M&amp;E</b>
<b>Within 4 weeks of contract signing</b>	<p>Inception presentation to key stakeholders in Harare by key / lead named personnel. Inception presentation to include provisional M&amp;E framework including revised Logframe, routine data collection linked to MIS system, qualitative data collection, baseline and follow-up surveys design and strategy for cash transfer implementation (resources, roles of stakeholders, etc) including a draft 3 year timeline. Annual Workplan should also be included which details, among others: (i) activities, (ii) timeline, (iii) allocation of responsibilities, iv) resources, v) partnerships, vi) related studies, vii) feedback forums (e.g. donor meetings, Government and NGO forums etc).</p> <p>NOTE this Framework must include activities for three pillars of the CPF: Child Protection, Cash Transfers and Programme Management as noted above.</p> <p>Framework must include a clear description of which kinds of monitoring and evaluation activities are appropriate to which Programme Pillar (e.g. for child protection, cash transfers, programme management).</p>
<b>Within 8 weeks of contract signing (suggested)</b>	Submission of comprehensive evaluation methodology / strategy, proposed research instruments, final result framework and definition/description of the indicators, survey questionnaires and research instruments to be piloted, field-work implementation plan for the baseline and follow up surveys, and field work implementation plan for periodic data collection. Tools should have been piloted. All submissions in electronic and hardcopy formats. Consultants to be available upon request for meetings with Government, UNICEF and donors.
<b>Within 10 weeks of contract signing (suggested)</b>	Agreement reached with stakeholders on the final instruments to be used for baseline and regular data collection and, if needed, a revised field-work operation implementation plans for the baseline and periodic surveys.
<b>Within 12 weeks of contract signing</b>	All tools, plans and processes in place to implement, analyse and report baseline, substantive data rounds and periodic evaluation as agreed in strategy, notwithstanding any additional delays that may be reflected in strategy and agreed in order to optimise timing of data collection.
<b>Early 2012/ end 2011</b>	Data collection for baseline survey underway
<b>By March 2012 (to be confirmed by actual programme implementation)</b>	Baseline completed
<b>By April 2012 (to be confirmed by actual programme)</b>	Initial findings from the baseline, including targeting analysis, shared in a preliminary report and presented to stakeholders in Harare

<b>implementation)</b>	
<b>By end April 2012</b>	Baseline survey report finalized and disseminated formally, including all comments from Government, UNICEF, donors and other stakeholders.
<b>By end 2012</b>	First follow up survey monitoring shorter term impacts conducted.
<b>Early 2013 (timeline to be finalized based on programme roll out)</b>	Report of first follow up survey drafted and finalized with comments from all stakeholders incorporated. Note: report must include detailed narrative, multi-variate quantitative analysis of progress of the cash transfer, qualitative data on follow-up with beneficiaries and government and qualitative data on child protection services. Information on programme management will be included in this report and a revised and realistic logframe if required. Programme efficiency study finalized.
<b>End 2013</b>	Final impact evaluation underway to the same standards as above, but taking into account any learning from the first follow up survey to improve research methodology
<b>First quarter 2014</b>	Final impact report published and disseminated based on discussions of earlier drafts and presentations to partners.
<b>Periodic</b>	Periodic visits to be defined by the consultants including programme management including mitigating and contextual factors
<b>Other dates</b>	Include feedback meetings, dissemination meetings with partners, government etc.

While timelines for both M & E activities are indicative, it will be important to focus on the M & E baseline planned for end 2011/ early 2012 and ensure that it gets done within the deadlines. The comprehensive M+E Framework, the first deliverable, should clearly state all planned deadlines and activities to be conducted as agreed with Government in view of the roll-out of the NAP II and CPF.

**Deliverables:**

The contractor is expected to provide all of the above activities in the form of:

1. One inception report and dissemination on the overall M&E framework (within 4 weeks), including revised Logframe for the CPF to the NAP II
2. Complete design documentation in line with the requirements outlined above (after 8 weeks)
3. A technical report following the baseline survey, presenting full findings (including targeting analysis and qualitative work), copies of survey instruments, and useable / cleaned databases of survey data by April 2012 (all quantitative analysis will be accompanied by programming code to permit replication of results);
4. Two (2) impact evaluation reports on the cash transfer element of the CPF's implementation, building comparative analysis of findings over time. This will include full findings from data rounds, and reports on cost analysis, operations and other elements of the agreed research design (annually). The first report will be due one-two months after the evaluation conducted at the end of 2012 and the second and final report early 2014 after the final impact evaluation conducted at the end of 2013 (all quantitative analysis will be accompanied by programming code to permit replication of results);
5. A succinct and appropriately designed annual summary report, highlighting emerging findings on processes and impact for widespread dissemination (annually) accompanying the Annual Report, based on quantitative and qualitative studies;
6. Innovative presentation of analysis and data at end of every year, for example through video documentary.

The activities for external M&E will be contracted through a multi-year contract for supply of services including design, implementation, analysis and reporting of a baseline and annual surveys etc as will be agreed with the contractor. It is expected that following the design and baseline phase, the contractor will be responsible for the collection, analysis and reporting of data for duration of up to 3 years, subject to satisfactory performance. UNICEF reserves the right to cancel the contract any deliverables are unsatisfactory (e.g. poor delivery of baseline report).

All M&E activities will be led by the MoLSS, with support of UNICEF, and will follow Government roll out of the NAP II and Government policy and programmatic documents. Key documentation informing this consultancy will be:

- a. NAP II Policy 2011-2015 (January 2011)

- b. CPF Programme Design Document (January 2011), including draft logframe
- c. MoLSS Cash Transfer Design Strategy and Operations Manuals (March 2011)
- d. MIS design report for the MoLSS Cash Transfer Design (February 2011)

All reports are required to be final, fully edited and formatted and provided in electronic and 3 hardcopies. No payment will be made until the documents are endorsed and considered final and ready for issuance by all parties involved - donors, MoLSS and UNICEF.

#### **4. QUALIFICATIONS/ EXPERIENCE**

The team must have demonstrable experience in similar work, both nominated team members and institutional experience. The team must be lead by a named manager, who will be a senior member of the team, and will be the lead point for communications between the contractor, the contracting agency, and the MoLSS.

The team must consist of a multidisciplinary team of professionals with qualifications and skills including:

- Areas of technical competence (monitoring, evaluation, social cash transfer, social policy)
- Experience in quantitative and qualitative survey design
- Experience with the development of databases for routine monitoring
- Experience in capacity building for national systems development in African countries
- Experience with evaluation methods and data-collection
- Statistical analytical skills
- Sampling expertise and proven experience
- Language proficiency
- Local Zimbabwean personnel
- Process management skills, such as facilitation skills
- Appropriate gender mix in the team

#### **5. BIDDER'S RESPONSE**

To establish your qualifications, please provide the following in your response:

##### **3.1 Technical Proposal**

The technical proposal must be size 12 Times New Roman font.

The technical proposal must include: a) Approach to the work, including methodology, b) work plan with deliverables, c) profile of the team and qualifications.

**The timeframe for the work is 38 months years, beginning in April 2011.**

### **3.2 Price Proposal**

A summary budget must be included in the Price Proposal, including consultancy fees, daily living allowance (in line with UN rates) and administrative as well as transport costs. The consultancy team is expected to provide for their own transport to Zimbabwe, as well as within Zimbabwe, in addition to their laptops.

## References

- Ashley, S., Ayliffe, T., & Chiroro, P. (2013) Child Protection Fund (CPF): Mid-Term Review 2013. Final Report. The IDL Group. Bristol.
- Barca, V. (2014) *Grievance Mechanisms Concept Note*. Oxford Policy Management.
- Child Protection Fund (CPF) in support of the Government of Zimbabwe's National Action Plan for Orphans and Vulnerable Children phase II 2011-2015. (2014). Child Protection Fund Annual Review.
- Denzin, N. K. (1978). The research act: A theoretical introduction to sociological methods (2nd ed.). New York: McGraw-Hill.
- Glaser, B. G. (1978). Theoretical sensitivity: *Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine Publishing Company.
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions and emerging confluences. In N. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (Vol. 8, pp. 191 - 215): Sage Publications.
- Kenya CT-OVC Evaluation Team. (2012). The impact of the Kenya CT-OVC Program on human capital. *Journal of Development Effectiveness*, 4(1), 38–49.
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Liu H. (1998). Robust standard error estimate for cluster sampling data: a SAS/IML macro procedure for logistic regression with Huberization. In: Proceedings of the Twenty-Third Annual SAS Users Group International. Retrieved from: <http://www2.sas.com/proceedings/sugi23/Posters/p205.pdf>.
- Ministry of Public Services, Labour, and Social Welfare, Department of Social Welfare (2014). Manual of Operations for the Zimbabwe Harmonised Social Cash Transfer Programme. Report 4(e) of 10. UNICEF. Harare.
- Woolridge, J. W. (2010). *Econometric analysis of cross section and panel data*. Cambridge, MA: MIT Press.
- Rawlings, L.B. & Rubio, G.M. (2005). Evaluating the Impact of Conditional Cash Transfer Programs. *World Bank Res Obs* 20 (1): 29-55. doi: 10.1093/wbro/lki001  
<http://wbro.oxfordjournals.org/cgi/reprint/20/1/29>

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