Process evaluation of the implementation of the Drought Emergency Cash Transfer (D-ECT) and the COVID-19 Emergency Cash transfer (C-ECT) programmes

Timeframe: October 2019 – August 2021

Inception Report

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Acronyms

CIT	Cash in Transit
C-ECT	COVID-19 Emergency Cash Transfer
CWG	Cash Working Group
COVID-19	Corona Virus
CWAC	Community Welfare Assistance Committees
DDCC	District Development Coordinating Committee
D-ECT	Drought Emergency Cash Transfer
DMMU	Disaster Mitigation Management Unit
DSWO	District Social Welfare Officers
DWAC	District Welfare Assistance Committee
G2P	Government to Person
ECT	Emergency Cash Transfer
GBV	Gender-Based Violence
GM	Grievance management
GRZ	Government of the Republic of Zambia
HDDS	Household Diet Diversification Score
ILO	International Labour Organization
IPC	Integrated Phase Classification
KYC	Know-Your-Customer
L&R	Linkages and Referrals
MCDSS	Ministry of Community Development and Social Services
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability and Learning
MEL	Monitoring, Evaluation and Learning
MIS	Management of Information System
MLSS	Ministry of Labour and Social Security
MNO	Mobile network Operators
MoG	Ministry of Gender
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTN	Mobile Telecommunication Network
NAPSA	National Pension Scheme Authority
NGO	Non-governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
PDM	Post-distribution Monitoring
PE	Performance Evaluation
PPE	Personal Protective Equipment
PSWO	Province Social Welfare Officer
PwD	Person with Disabilities
RCSI	Reduced Coping Strategy Index
SADC	Southern African Development Community
SBCC	Social Behavioural Change Communication
SC	Steering Committee
SCT	Social Cash Transfer
SEEVCA	Service Efficiency and Effectiveness for Vulnerable Children and Adolescents
SEA	Sexual Exploitation and Abuse
SIDA	Swedish international development cooperation agency
SIM	Subscriber Identity Module
SOP	Standard Operating Procedure
SSI	Semi-Structured Interviews
TOC	Theory of Change
ToRs	Terms of Reference
TPM	Third Party Monitoring
UN	United Nations
UNEG	United Nations Evaluation Group
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNJPSP	United Nations Joint Programme on Social Protection
US$	United States Dollar
VAC	Vulnerability Assessment Committee
VfM	Value for Money

WB	World Bank
WFP	World Food Programme
ZISPIS	Zambia Integrated Social Protection Information System
ZMW	Zambian Kwacha

1. Introduction

1.1 Objective of the Evaluation and the Inception Report

Since 2019, two Emergency Cash Transfer (ECT) programmes were designed and implemented in Zambia in response to covariate shocks affecting rural and urban communities. Between October 2019 and March 2020, the Drought-ECT (or D-ECT) aimed at curbing the effects of a drought whose primary and secondary effects were felt in at least 58 districts of the country; between September 2020 and August 2021, the COVID-19-ECT (or C-ECT) provided a cash supplement to alleviate the impact of the COVID-19 pandemic, which immediately followed. The two programmes, implemented at short distance from each other, put the government's response capacity and the social protection sector management systems at test.

Less than a year after the last C-ECT payment was made, the design and implementation strategies of the two programmes are being evaluated, to draw important recommendations that will inform future emergency responses as well as the design of more shock-responsive social protection solutions for the country.

The two programmes were the result of the intense and fruitful collaboration between the Government of the Republic of Zambia (GRZ) through the Ministry of Community Development and Social Services (MCDSS), the United Nations Joint Programme on Social Protection (UNJPSP), the World Bank (WB) and funding agencies such as the European Union, UK Aid, the Swedish international Development Cooperation Agency (SIDA) and Irish Aid, among others.

Thanks to the collaboration of national and international actors alike not only vulnerable households were reached with new cash-based support or cash supplements to sustain their livelihoods and meet their basic needs, but a robust monitoring, evaluation, accountability and learning (MEAL) mechanisms were designed to complement the action.

During the implementation of the two programmes as well as after their completion, evidence gathering, analysis and learning exercises have been performed to retrace and evaluate performance against the design parameters and operating procedures, as well as to make inferences about the relationship between the implementation strategy and impact on the ground. The present assignment is just one piece in the complex puzzle.

The main objective of this Process Evaluation (PE) is to provide an external and independent evaluation of the extent to which the interventions met their objectives and to ascertain what the facilitating and inhibiting processes underlying both programmes were. The PE will interrogate the relevance, effectiveness, efficiency, equity, timeliness, coherence, and adequacy of some of the key processes to provide recommendations that will guide the United Nations Children's Fund (UNICEF), GRZ, and other implementing partners to improve future emergency cash-based programme design and to push the country's shock-responsive social protection agenda further.

The specific objectives, as expressed in the Terms of Reference, are:

- *Assess and provide evidence on the relevance of the overall performance, and results of the C-ECT and D-ECT programmes against their set objectives and targets.*
- *2) Assess the efficiency and effectiveness of the programme delivery systems including the design, targeting and enrolment, sensitization and communication, payments, grievances redress mechanisms, monitoring and coordination.*
- *3) Assess the efficiency and effectiveness of how the linkages to in Hygiene, WASH, Nutrition and Child Protection interventions were made.*

- *4) Appraise the extent to which the implementation of the emergency cash transfers complied with stipulated guidelines and Standard Operational Procedures (SoPs).*
- *5) Appraise the adaptability of the programmes to implementation challenges and contextual impediments.*
- *6) Identify and assess the effects of the overlap between the Emergency Cash Transfers and food assistance on resilience building.*
- *7) To identify the advantages and disadvantages of adding a social protection supplement (emergency cash interventions) to the food security pillar of the Covid-19 Response Plan.*
- *8) Highlight key achievements and successes supported by evidence gathered during this evaluation.*
- *9) Identify key lessons learned and provide specific, actionable, and evidence-based recommendations for the ongoing SCT scaling-up and future emergency cash-based interventions.*
- *10) Evaluate the degree to which emergency cash interventions are building and strengthening delivery systems, supporting the humanitarian-development nexus and sustaining results.*
- *11) Determine whether the social protection supplement complements, duplicate or substitute the food basket response.*
- *12) Assess how the achievements of the interventions are viewed through the perspectives of programme stakeholders in government, local communities, local government, and donors.*

Due to the limited time to complete the PE exercise, largely determined by the difficulties experienced by UNICEF Zambia in identifying a suitable candidate to lead the action, the overall PE implementation period has been shortened by one month. This will necessarily have an impact on the depth of analysis in some of the proposed areas of research, which will be as much as possible balanced off through reference to previously generated evidence regarding the two programmes' performance. Priority areas of assessment were selected and are listed in paragraph 3. More information about the prioritization approach is provided in paragraph 9 of this report.

The purpose of this Inception Report is present the knowledge foundation and the methodologies that will be adopted in the pursual of the PE's objectives as they are presented in the assignment's Terms of Reference (ToRs) document that can be found as Annex 1. Besides giving an introduction of the two ECT programmes (sub-paragraphs 1.1 and 1.2), the report summarizes the main inception findings (paragraph 2) and presents the data collection, analysis and reporting methodologies (paragraph 3, 4, 6 and 8), including a sampling strategy, a research framework and examples of the tools that will be used for data collection (paragraphs 5, 9, Annexes 3 and 4).

1.2 Social, political, institutional and economic context

Zambia is a large, landlocked, resource-rich country with sparsely populated land in the centre of Southern Africa. It shares its border with eight countries (Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe) that serve as an expanded market for its goods.

Zambia's HDI value for 2019 is 0.584— which put the country in the medium human development category—positioning it at 146 out of 189 countries and territories. Between 1990 and 2019, Zambia's HDI value increased from 0.421 to 0.584, an increase of 38.7 percent. Table A reviews Zambia's progress in each of the HDI indicators. Between 1990 and 2019, Zambia's life expectancy at birth increased by 14.6 years, mean years of schooling increased by 2.5 years and expected years of schooling increased by 4.0 years. Zambia's GNI per capita increased by about 65.0 percent between 1990 and 2019[1].

[1] UNDP Human Development Report 2020 – URL - https://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/ZMB.pdf

Zambia is experiencing a large demographic shift and is one of the world's youngest countries by median age. Its population, much of it urban, is estimated at about 17.9 million and is growing rapidly at 2.8% per year, partly because of high fertility, resulting in the population doubling close to every 25 years[2]. This trend is expected to continue as the large youth population enters reproductive age, which will put even more pressure on the demand for jobs, health care and other social services.

Zambia gained its independence in 1964, under the leadership of first President Kenneth Kaunda. Zambia's current constitution (1991) allowed the reintroduction of a multiparty system after almost twenty years of one-party ruling. Under the terms of the constitution, the president, who is head of state and commander in chief of the armed forces, is elected by universal adult suffrage to no more than two five-year terms. From elected members of the legislature, called the National Assembly, the president also appoints a Cabinet that consists of ministers, deputy ministers, and provincial deputy ministers.

There is a 27-member House of Chiefs, with no legislative function: it may consider bills but not block their passage. Women hold a number of positions in the Zambian political process, including posts in the National Assembly, the Cabinet, and the Supreme Court, and the country's ethnic groups are well represented in the political system.

Central government is represented throughout Zambia by the provincial government system, by which resident ministers—each of whom is the president's direct representative—are appointed by the president to each of the provinces. The provinces are divided into districts, each of which has a district council chairman responsible to the provincial deputy minister; the district council chairman is concerned with political and economic developments.

Through the first decade of the 21st century, the economy of Zambia was one of the fastest growing economies in Africa and its capital, Lusaka the fastest growing city in the Southern African Development Community (SADC).

The Zambian economy is expected to recover following a contraction of 2.8 percent in 2020 due to the COVID-19 pandemic. The recovery is driven by high copper prices, improved post-election market confidence, and continued recovery in agriculture. Growth in the first three quarters of 2021 picked up to 4%, reflecting recovery in activities across all sectors except mining, which has been affected by supply chain disruptions and excessive rainfall. High copper prices, improved market confidence following the August 2021 elections, and normal rainfall patterns are expected to buoy economic activity in 2022. Inflation has remained in double digits since mid-2019, reflecting exchange rate and food price pressures[3].

1.3 Programmes' background

The Emergency Drought Cash Transfer (D-ECT)

Droughts typically produce rapid and steep reductions in food security, particularly among already vulnerable households, not only decreasing food intake, but causing depletion of assets and an increase in poverty and protection incidents in the affected communities.

In 2020, the GRZ responded to the rapid drop in maize production through the provision of food relief to affected households in the hardest hit districts in Southern, Western and some parts of Central and Eastern provinces. The 2019 Vulnerability Assessment Committee (VAC) had already estimated that 2.3 million people living in fifty-eight (58) districts would be heavily affected by the drought and fall in the food insecure

[2] World Bank Country Overview – URL: https://www.worldbank.org/en/country/zambia/overview#2
[3] Ibid.

category. Of the total districts, four (4) were classified as belonging to the Integrated Phase Classification (IPC) 4, and fifty-four (54) as IPC 3[4].

Maize and pulses distributions took place in districts classified as phase 3 (100 metric tonnes per month) and phase 4 (200 metric tonnes), without being able to meet the actual demand. The VAC had recommended to match food distributions with resilience strengthening livelihood activities, such as livestock restocking, provision of safe water and sanitation and community sales of maize.

In addition, an unconditional cash supplement was added to the response plan's food security pillar[5] to provide additional social protection support to households in the twenty-three (23) most affected districts in the form of a **Drought Emergency Cash Transfer**.

This short-term surge initiative reached 95,899 households already enrolled in the Social Cash Transfer (SCT) programme with an additional ZMW 100 (a little more than US$ 5) for a period of six months to buy basic households items such as food, soap, and medicines and to support households in building more sustainable livelihoods through investments in livestock, gardening, and other income-generating activities. The SCT households are the most vulnerable households in their respective communities, as established through a combination of categorical and means-testing, validated by community members.

The **transfer value** was kept similar to the SCT amount of ZMW 90, and was paid in two lump transfers to provide beneficiaries some flexibility to invest it in life saving and resilience building investments.

Cash transfer activities were associated to a robust **MEAL** system to guarantee the quality of the intervention while producing evidence on the appropriateness and efficiency of the operational set-up, the effectiveness of the cash supplement in the short-term, and the impact of the scheme in reducing the values of food insecurity and negative livelihoods practices' parameters.

As per design, the programme also pursued the integration of **Sexual Exploitation and Abuse (SEA) and Gender-Based Violence (GBV)** protection measures to prevent the rise of incidents within the communities affected by the crises as well as arising from the direct action of aid workers, and to multiply avenues for reporting.

The Covid-19 Emergency Cash Transfer Programme (C- ECT)

In March 2020 the COVID-19 pandemic reached Zambia. Though Zambia initially only indirectly experienced its impacts as a result of the country's high dependency on the world economy for export of resources, import of commodities, and tourism, the situation deteriorated as repeated curfew and lockdown measures added additional pressure on the economy. This in particular led to local economic activities coming to a halt and employers laying people off, which created a new group of households experiencing multiple overlapping deprivations, and aggravated the conditions of already vulnerable households.

The **COVID-19 Emergency Cash Transfer** was activated for vulnerable populations in a total of twenty-five (25) urban and peri-urban districts out of the forty-three (43) initially identified by the Disaster Mitigation Management Unit (DMMU), to ensure access to basic livelihoods as well as essential care services, to stabilize household income and purchasing power in areas of high economic activity. Urban population centres were identified as a priority for the response; however, peri-urban, and rural areas in high-risk districts were also included.

[4] Households in IPC4 face heightened inadequate food availability, extreme depletion of assets and critical nutrition status while those under IPC3 experience inadequate food availability for consumption, an accelerated depletion of assets and a depleting nutritional status.

[5] (2019) Government of the Republic of Zambia, 2019/2020 Recovery Action Plan, page 13

The C-ECT is built around two outputs:

- Output 1: Household income of poor and vulnerable households is supplemented.
- Output 2: Improved access to social services and increased knowledge of healthy behaviours.

The programme provided a monthly **transfer** of ZMW 400 to about 204,000 households – 116,000 already enrolled in the SCT programme - for a period of eleven months between September 2020 and August 2021.

Similar to the D-ECT, the programme uses the existing SCT programme as a basis for the response, this time not only expanding the programme vertically by providing a top-up to existing SCT beneficiaries, but also expanding it horizontally, by temporarily adding additional groups that are affected by the pandemic and providing them with cash support. The **horizontal expansion** targets social assistance coverage to the informal sector, persons with disabilities, orphans and vulnerable children and survivors of GBV that have been adversely impacted by COVID-19.

In addition to cash support, the C-ECT comprised an **alignment component** aiming to improve hygiene and nutrition practices and to enhance protection through sensitization messaging across all three areas. It also provided **linkages** to other parts of the overall emergency response such as child protection and public health.

2. Evaluation scope and questions

In order to provide an independent evaluation of the extent to which the interventions met their objectives, this process evaluation will take into account both programmes' **contexts**, **designs**, **theories of change** and **implementation pathways** and interrogate their relevance, effectiveness, efficiency, equity, timeliness, coherence, and adequacy and to generate recommendations that will guide future emergency cash-based programme designs and implementation strategies.

The PE analysis will focus on the **most critical aspects** already highlighted in previous monitoring, evaluation, accountability and learning efforts. Therefore, the analysis will build on existing literature, 'deep diving' into areas already prioritized for further elaboration.

Since the PE aims at informing future shock-responsive social protection interventions in Zambia, great emphasis will be given to the **adaptiveness of front and back-office administrative systems** (data management, Grievance Redress Mechanism etc.) and their capacity to support both SCT expansions and separate emergency programmes while ensuring an alignment with multi-sector responses to shocks. The key topics of analysis in the pursual of shock-responsiveness in social protection programming, as per UNICEF guidance on *Strengthening Shock Responsive Social Protection Systems* (2019) are the following:

- **Targeting design** and subsequent coverage;
- **Delivery modality** (transfer value, payment modality, frequency and duration of transfer);
- **Communication, registration and enrolment;**
- **Information systems;**
- **Case management grievance and protection**.

The two programmes will be looked at as a *continuum* in the design of increasingly integrated and effective emergency cash-based initiatives and for the advancement of Government's social protection policies and strategies. To this purpose, the analysis will be structured around the topics mentioned above to present and compare different operational features of the "**Zambia ECT approach**". The distinction between the two programmes will be maintained within the broader thematic areas, to promote a more constructive and forward-looking type of analysis.

The criteria for analysis will predominantly be those contained in the UNICEF ToRs – the **relevance, coherence and effectiveness** of the responses, the **adequacy** and **equity** of their **coverage**, operations' **efficiency** and **timeliness**, and, finally, the interventions' **sustainability** and the **longer-term changes** that emanated from them.

3. Inception activities and primary findings

The assignment's inception phase run between the 4th and the 22nd of April 2022 and it consisted in an extensive review of the existing literature about the two programs, and two meetings with the client UNICEF.

The reviewed documents, listed in Annex 2, are those that can best provide an idea of the design, implementation strategies and outcomes of the two interventions and can hint to their:

a) relevance, coherence, equity → situation analysis reports, humanitarian response plans, proposals, business case and other justification documents, policy and technical briefs, Theory of Change (ToC) frameworks, agreements with payment providers.

b) efficiency and timeliness → operations guidelines, Standard Operating Procedures (SOPs), budgets, implementation plans, implementation reports, third-party monitoring reports.

c) effectiveness, long-term sustainability and immediate effects on household and community relations and practices → third-party monitoring, impact evaluations and other studies.

Two inception meetings were also instrumental in framing the evaluation objectives and timeline:

Meeting 1 – Brief meeting with UNICEF, held on the 6th of April 2020 via Teams®. The participants were:

Participant	Organisation	Role
Brenda Kambaila	UNICEF	Monitoring and Evaluation Officer
Daphne Francois	UNICEF	Social Policy Specialist
Most Mwamba	UNICEF	Social Policy Officer
George Ebong	UNICEF	Planning Specialist
Lucilla Bertolli	Independent Consultant	Performance Evaluation Lead

Meeting 2 – Follow-up meeting with the UNICEF technical staff, held on the 21st of April via Teams. The participants were:

Participant	Organisation	Role
Brenda Kambaila	UNICEF	Monitoring and Evaluation Officer
Most Mwamba	UNICEF	Social Policy Officer
Lucilla Bertolli	Independent Consultant	Performance Evaluation Lead

A summary of the findings from the inception phase activities is summarized below.

3.1 Social Assistance in Zambia and the SCT

Generally, Zambia is well positioned to rapidly roll out emergency social protection responses since a number of relevant programmes and harmonized systems already exist.

In line with the 2014 National Social Protection Policy (NSPP) and the 2017 Seventh National Development Plan (7NDP), for a few years social protection actors have been working on jointly designed, jointly funded programmes to build social protection, taking advantage of the UNJPSP and other existing multi-stakeholder platforms. The tight collaboration between the GRZ and international players facilitates a coherent strategic

approach for strengthening the SCT as the system's core intervention able to host fit-for-purpose mechanisms for expansion during covariate types of shock[6].

In fact, since 2014 the Zambia SCT programme targets the extremely poor households considered labour-constrained due to not having any members who are fit to work, or by having dependency ratios equal to or greater than three. It includes rural and urban areas, and this factor alone puts Zambia at an advantage against many other countries in the region, thanks to its volunteers' cadre (the Community Welfare Assistance Committees or CWACs), large caseloads and functional delivery and outreach systems disseminated widely.

Despite these advantages, **concerted coordination efforts** were lacking until 2019 when, for the purpose of coordinating implementing partners under the D-ECT, the existing Cash Working Group (CWG), chaired by MCDSS, was revitalized and strengthened. The group was later expanded to bring together all key stakeholders from development and humanitarian communities.

Beyond coordination, considerable efforts have been put by GRZ, UN partners, and the WB in the design and set up of harmonized data management platforms, which resulted in the **Zambia Integrated Social Protection Information System (ZISPIS)**, which was launched in 2020 to manage data of the poorest households already supported through existing programmes, including the SCT.

Furthermore, the World Bank has operationalized a **payment gateway** which may in the future service all social protection programmes in the country, due to its versatility and easy integration with other external Management of Information Systems (MIS).

In addition, the UN have further supported an **operational grievance redress mechanism**, a **financial accounting system**, and a decentralized data collection and enrolment system.

Linkages between programmes are increasingly supported through an innovative **Single Window** service delivery learning initiative[7]. In fact, much work has been put in to create **cash-plus linkages**, where beneficiaries of the SCT programme are also provided with other services, such as social behaviour change communication, improved health services, school fees, or livelihood and empowerment inputs. All of these can now be leveraged for the emergency response.

Finally, a new **community-based case management system**, operationalized through the SEEVCA (Service Efficiency and Effectiveness for Vulnerable Children and Adolescents) programme, has created mechanisms and tools for community-based volunteers to assess vulnerabilities at household level and initiate appropriate referrals.

3.2 Intervention logic and perceived impact

The two programmes under analysis are categorized under the same title "Emergency Cash Transfers" but they present fundamental differences in design, governance and level of integration with other government initiatives.

Whereas the D-ECT, implemented through government district and community structures with the financial and technical support of UNICEF, was a surge vertical expansion launched to preserve the impact of a food assistance response, the C-ECT was more of a self-standing programme, whose Theory of Change interacts

[6] Unexpected adverse events that affect areas or populations widely and can have major consequences for the welfare of a society.

[7] The development and implementation of a "one-stop-shop" approach to integrate social protection services at district and community level. The implementation of the single windows initiative is meant to enhance coordination at district and community level through integration of both back and front office functions.

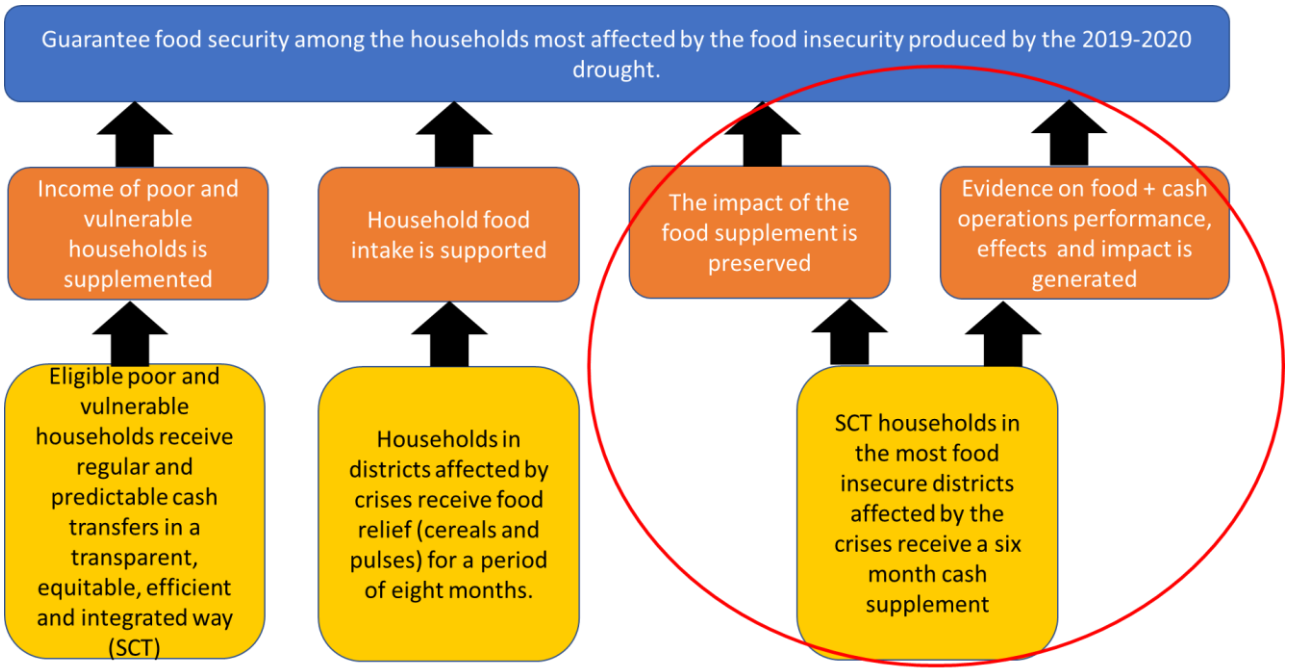
with and complements the original SCT design in line with emerging vulnerabilities related to the COVID-19 pandemics.

Both programmes are said to have produced positive impact in line with the original expectations (more details presented below) and, from a design and implementation perspective, have certainly pushed the sector forward by piloting different shock-responsive approaches and methodologies worth of deeper analysis.

D-ECT - The D-ECT was not a typical humanitarian cash intervention linked to the cost of a food basket. As mentioned, it was a **cash assistance supplement,** piggybacking on the SCT's infrastructure, which provided support towards resilience and early recovery by combating negative coping strategies affecting household food baskets during food security emergencies.

This interplay of food security and social protection instruments is visually represented at output, outcome and impact levels in the figure below (Figure 1), with the D-ECT circled in red.

Figure 1 - D-ECT output, outcome, impact and complementarities



Post-distribution monitoring (PDM)[8] data from July 2020 reveals that the D-ECT entitlement amounted to up to half of the household's primary source of income and up to 60 per cent of income used to buy food by D-ECT households was obtained through the D-ECT.

Impact evaluation data (June 2021) confirmed how **the combination of food and cash has had a positive impact** by reducing the proportion of households that employed negative food coping strategies and by increasing the number of meals per household per day and the proportion of households with acceptable food accessibility levels. However, the Household Diet Diversification Score (HDDS) remained stable at pre-distribution levels and, critically, the proportion of households that borrowed money and the proportion of households that sold their last female animals was higher at endline compared to the baseline.

[8] PDMs are control tools and mechanisms aiming at reinforcing accountability, improving programming, improving cash payment methodologies and identifying and preventing protection incidents. For this reason, they need to be conducted regularly.

Below-expectation outcomes related to debt accumulation and asset depletion may suggest shortcomings in design or in the quality of implementation which are worth of further analysis. An example of this could be the process that led to the definition of the D-ECT **transfer value**, which was required not to be too dissimilar from the SCT's ZMW 90 TF *"to avoid unrealistic expectation in the targeted districts regarding an imminent increase of the SCT transfer value as well as grievances from other SCT districts"*[9].

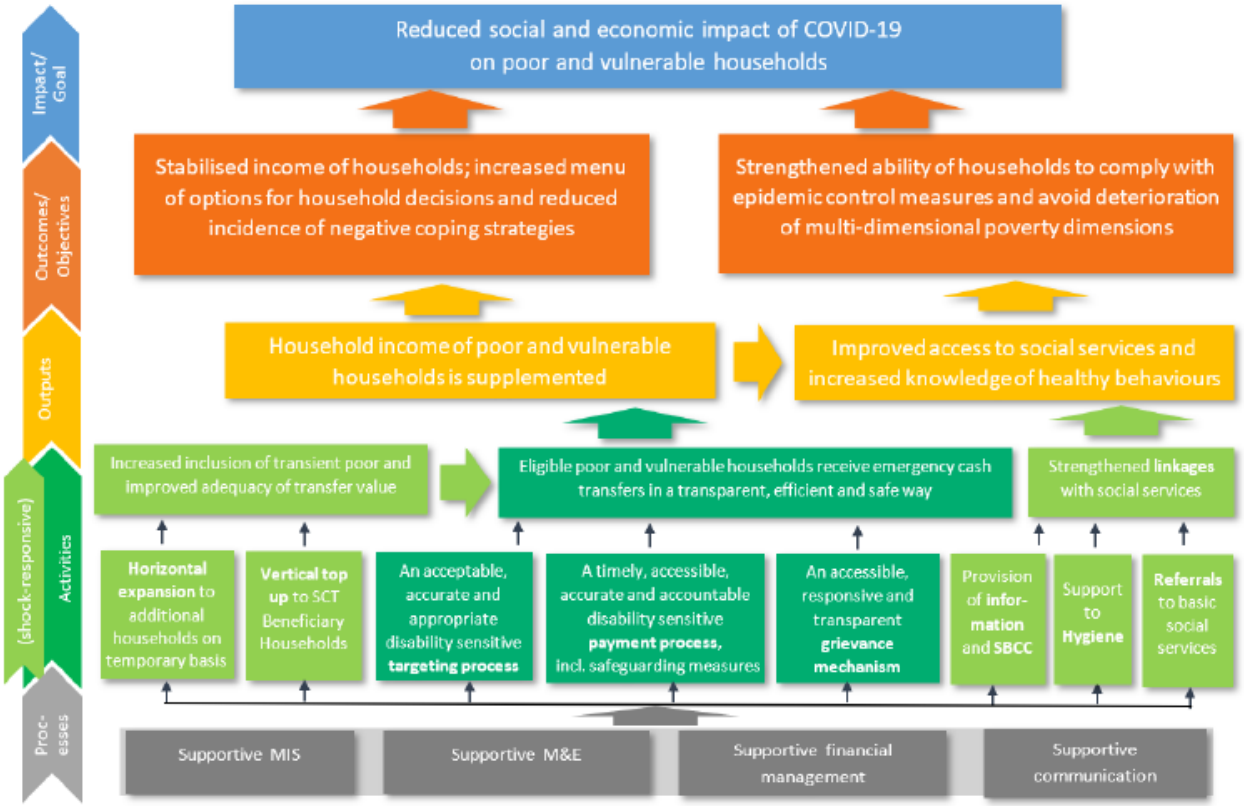
Similarly, the **timeliness of the response** and the rolled-out **disbursement schedule** could have also played a role in maintaining or even increasing the incurrence in negative coping strategies, after food intake needs (particularly in terms of quantity) were adequately satisfied.

C-ECT - The programme provides vertical and horizontal expansion to the SCT programme and aligns to other sectors through the use of messaging (nutrition, WASH, protection), and linkages to relevant services (Hygiene, Health, Disability Accommodation, Child Protection).

The goal is the reduction of social and economic impact of COVID-19 on poor and vulnerable households; and the two objectives are as follows:

- To stabilise income of households, increase the menu of options for household decisions and reduce the incidence of negative coping strategies.
- To strengthen the ability of households to comply with epidemic control measures and to avoid deterioration of multi-dimensional poverty dimensions.

Figure 2 - C-ECT Theory of Change



[9] (2019) UNICEF, Social Protection Response to impact of drought in 2019/20 and 2020/21 through Emergency Cash Transfers (ECT) Project Concept Note, page 5

The Theory of Change reflects the preventive and responsive nature of any appropriate intervention designed to mitigate the risks brought about by the COVID-19 pandemic. In fact, its outputs are related to income supplementation and increased access to protective measures and knowledge about the effects of the virus.

Impact evaluation findings (2021) point to the programme's success in **stabilizing income** even during the peak of the crises and in restoring **more balanced consumption patterns**, lowering the percentage of income dedicated to food purchases in favour of other critical consumption categories such as education, business, health. Households' capacity to save was also partly reinstated.

The programme reached out to vulnerabilities which had never before been targeted through social assistance interventions, and it makes an important statement regarding the links between poverty and **gender and moderate disability**. This is a welcome innovation which permanently widens the social protection space and validates its shift towards ever more categorical schemes.

Not only that, the programme benefited from the growing knowledge about the wide range of interconnected risks associated with COVID-19 and it embedded Social Behaviour Change Communication (SBCC) and referral mechanisms to prevent and respond to cases of **malnutrition**, **child abuse and neglect, and GBV**.

Administrative processes were designed to ensure access through adapted, disability and COVID-19 sensitive mechanisms aiming at efficiency while embedding safeguarding measures throughout the implementation cycle. For instance, payments were made at three- and six-months intervals, in order to minimise gatherings and human contact, while at the same time maximising the intended impact on beneficiaries.

Using a medium economic crisis scenario, the **transfer value** was set at ZMW 400 per month. The amount includes funds intended for the provisioning of personal protective equipment (PPE), as well as funds in excess of the calculations to facilitate access to nutritious food to support the prevention of malnutrition. The funds also reflect the costs of financial inclusion by providing for banking and mobile money withdrawal fees.

3.3 Preliminary findings on implementation

The two programmes under review are not to be assessed in isolation, since the lessons learned from the drought response informed the design of the COVID-19 emergency response in March 2020. Following the good experience of the drought response ECT, the UNJPSP Steering Committee approved a second ECT programme at its mid-year meeting in 2020. Hence, this PE can be used to evaluate the extent of government stakeholders' appropriation of the learned lessons and the way that the C-ECT can show operations enhancements as a result of these.

Furthermore, the two programmes are both heavily leaning on to the pre-existing SCT programme, to expand it vertically and horizontally and to piggyback on its operational and management systems. As such, reference to the SCT and to the way its operating systems can be upgraded will be made throughout the course of this assignment.

D-ECT

PROGRAMME FEATURES	
Funding	UNICEF
Implementation	UNICEF and Non-Governmental Organisations (NGOs) through government district and community structures
Technical assistance	UNICEF and NGOs
Duration	6 months, between October 2019 and March 2020
Districts	Chasefu, Chibombo, Chirundu, Chisamba, Chongwe, Gwembe, Itezhi tezhi, Kapiri Mposhi, Luangwa, Luano, Lunga, Mambwe, Mumbwa,

	Mwandi, Ngabwe, Nyimba, Rufunsa, Serenje, Sesheke, Shang'ombo, Siavonga, Sinazongwe, Sioma
Beneficiaries effectively serviced	95,889 households paid out of a total caseload of 99,293.
Transfer value	ZMW 100
Targeting method	23 most affected districts, households already enrolled in the SCT programme
Payment modality	Cash in Transit (CIT) and mobile money
Frequency of payments	Quarterly lumpsums
Linkages	Food security and livelihoods, protection, WASH

Evidence of operations quality and effectiveness exists thanks to the programme's elaborated MEAL framework. Analysis conducted during and after each transfer cycle can already provide a comprehensive picture for designing future emergency cash transfer programmes and for promoting more shock-responsive social protection. The following areas of operations emerge as worth of further attention and deeper process analysis.

Programme governance and management

While food distributions' **coordination and oversight** were assured by the DMMU, the D-ECT's governance sat with the CWG, which is chaired by MCDSS and is participated by DMMU, UNICEF, the World Food Programme (WFP), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), NGOs and Cooperating Partners funding cash-based responses. The group aimed at guaranteeing a harmonized implementation between the institutions involved in it.

Food distributions were managed by WFP, who also took charge of performing on-the-spot and post-distribution monitoring activities. D-ECT **operations were implemented** by the Districts Welfare Assistance Committees (DWACs), through the District Social Welfare Officers (DSWOs), and by the CWACs under the direct coordination of UNICEF and other implementing NGOs.

Based on lessons learned during implementation it seems that while speeding up implementation, the programme management structure ended up delaying certain processes because of lack of central-level government oversight. Furthermore, the absence of harmonized implementation guidelines at times produced differences in service delivery quality between the UNICEF-supported and the NGO-supported districts.

Targeting

Budget ceiling determinants led to the prioritization of twenty-three (23) districts, and the SCT caseload was further disaggregated by rural and urban, with only the households in rural areas being considered for intervention. For IPC 4 districts however both rural and urban households in SCT received both the in-kind and cash supplement.

Again, due to budget limitations and in line with the SCT programme targeting, the D-ECT could gain access to those that are supposedly the poorest and most vulnerable households in the country, labour constrained and marked by high dependency ratio[10]. Other moderately vulnerable households equally affected by the crises remained **excluded from the programme**.

In fact, third party monitoring findings include complaints raised by some beneficiaries regarding the targeting criteria for the intervention, which did not take into account the economic status and size of the

[10] Among the categories that are targeted are: households with a severely disabled member, households with an elderly member (>65 years of age), households with a chronically ill member on palliative care, households headed by a single mother with more than three children, and households headed by a child (<18 years of age).

household. This may have to be regarded as a general shortcoming of the SCT targeting strategy and, more broadly, of meant-testing approaches, particularly when applied to emergency cash interventions.

On the other hand, a gender breakdown of beneficiary household heads seems to point to the programme's tendency to favour female-headed households, which can be considered a testimony of accurate targeting, given that female-headed households are on average poorer than male-headed households. Equally, internal monitoring reveals that eleven point five per cent (11.5%) of all beneficiary households were home to a severely disabled member, which is equally a testimony of **successful targeting by the programme**.

Communication and capacity building

Generally, it appears that a comprehensive strategy was designed and implemented to reach out to the social protection community, local government staff and beneficiaries with messages regarding the programme's objectives, it operational features and successes. Communication roles and responsibilities were clearly defined, under the general oversight of the MCDSS and with UNICEF in a technical support function.

As far as beneficiary awareness is concerned, different media were identified to inform about the initiative's objectives, role of CWACs and other key messaging. Radio and printing materials were identified as the most effective tools for wide dissemination of such messages.

Post-distribution monitoring and Third-Party Monitoring (TPM) conducted in July 2020 revealed that eighty-three per cent (83%) of the households were aware of the monthly ECT entitlements and its intended use, and ninety-seven per cent (97%) were aware of the documents required at the pay point. Conversely, only fifty per cent (50%) of respondents seemed aware of Grievance Management procedures being in place and sixty-seven per cent (67%) declared to have received enough information about the programme.

Gaps in information provided to beneficiaries may correlate to an over-reliance on communication materials, weaknesses in staff capacity building and lack of harmonized implementation guidance as mentioned earlier in this report. More analysis may help to unveil such correlations and propose recommendations for future programming.

Payment modality and selection of the payment service providers

Payments under the D-ECT were delivered using a mix of **Cash-in-Transit** for the most remote areas and **mobile money operations** in six pilot districts. This represents the first trial for government-to-person (G2P) payments in the country.

UNICEF directly contracted two Payment Service providers (PSPs), i.e., Standard Chartered® (through the Armaguard® agents' network) for CIT payment and Airtel® for Mobile Money payments, and the criteria for selection can be object of further analysis as part of this PE.

Mobile Money payments were only successful in urban locations due to challenges related to **limited network availability and agents' liquidity**, which made the second payment to be conducted using the CIT modality everywhere.

CIT payments also faced delays produced by the PSP's **lack of decentralized footprint** which forced agents to continuously return to the Capital Lusaka for cash replenishment. Recommendations for the selection of locally based service providers were made as part of internal monitoring and learning exercises.

Much emphasis has already been given to analysing the reasons underpinning the different challenges experienced during electronic payments under the programme. Detailed recommendations were already formulated and these range from a) selecting appropriate payment modalities to ensure easy, safe access by elderlies, b) distributing mobile phones to all beneficiaries to improve SIM storage and speed up payment operations, c) improving communication and sensitization to PSPs and beneficiaries, d) ensuring appropriate written guidance and heightened supervision by district staff, e) contracting multiple e-payment providers to

make up for network deficiencies, and f) accurately assessing and mitigate the risk of liquidity shortages by the agents.

All recommendations seem to point to **lack of process design, planning and training** of all actors involved in the process. The PE may delve in some of these processes to understand common reasons for under-performance.

Registration and enrolment

Enrolment into the D-ECT was made automatic for eligible household already part of the SCT programme registry, managed through its MIS. The D-ECT beneficiary list was extracted, verified and 'cleaned' by the programme team before being validated into the MIS itself.

While Standard Chartered was contracted solely to provide cash distribution services, Airtel did equip each beneficiary household with an electronic wallet (e-wallet) and supposedly required to complete some form of registration (**know-your-customer or KYC**) before being able to distribute SIM cards and initiating payments.

The available literature does not highlight any particular obstacle to the smooth completion of the enrolment processes, nor in the transfer of data between the different actors involved in the payment system. Is it not known if system integration allowed for seamless data transfer or whether payment lists and payroll data were shared manually.

Payment operations

In spite of internal monitoring indicating generally **high payment success rates** – which is unsurprising given that transfers were lumped into two payments – data also reveals below-average performance in some districts (Chibombo, Kapiri Mposhi) and, most importantly, differences between the rate of cash delivery against the initial caseload. **Faults in the payments** lists due to lack of supervision during PSP registration is mentioned in the final lessons learned report and may need to be looked into to identify ways to improve on data management and data flow across different partners contributing to the system performance.

With regards to mobile money operations, shortcomings to do with network and liquidity challenges, as well as a general misunderstanding of government programme requirements produced setbacks and the decision to reverse back to CIT in all programme areas. This decision translated into additional delays, due to the obligated shift in financial operations from the bank hosting e-wallets to another bank catering for CIT payments. With the emergence of the first COVID-cases in Zambia and the consequent slow-down of all business processes, more delays occurred with some payments due in March 2020 being pushed to the first quarter of 2021.

In terms of **accessibility and safety at the pay point**, in most districts cash agents were within a walkable distance from the beneficiary households, leading to 97 per cent (97%) of beneficiaries reporting to have walked to the pay point. It is not clear whether pay points were mapped against the village clusters to ensure the standard 5 Km distance between each household and the pay point. It was reported that the beneficiaries were sensitised on COVID-19 prevention measures and observed social distancing.

However, third-party monitoring reports confirmed that the **elderly and those living with disabilities** had challenges accessing the pay points. Most of the times, these beneficiaries had to be represented by their deputies (persons that a primary beneficiary had chosen to collect cash on their behalf) at collection points. In terms of time spent to collect transfers, approximately 65 per cent (65%) of those who went to collect their cash from the pay point took less than one hour to collect their money. The rest took more than one hour, with 21 per cent (21%) taking more than two hours.

Accountability and Case management

Case management and accountability mechanisms heavily relied on the systems already in place for the SCT, with no apparent change. Through the **Grievance Mechanism (GM)**, a total of 2,284 grievances were received, of which 1,566 were received during the first and 728 during the second payment round. The majority of the complaints recorded related to payments (34 per cent), suspected wrongful exclusion (29 per cent) and wrongful exit (29 per cent). This points in the same direction of what already mentioned about the challenged in coordination and supervision of the PSPs and data management faults, which gave some beneficiaries the impression of having been excluded by the programme.

Along with piloting mobile money payments for the first time in Zambia, the programme decided to equip each pay point with members of the **CWAC tasked to monitor payment operations and collect grievances**. This was a positive move, which enable the programme to rapidly identify system's faults and take action. In fact, the majority of grievances were collected by CWAC chairmen and secretaries who had been trained to fulfil this role.

Moreover, the programme was designed to integrate a protection element with the introduction of measures to protect beneficiaries against **SEA** and **GBV**. Beside training to all actors involved in service delivery operations, the programme established two toll free lines to report protection incidents (against adults and children respectively). However, it appears that the lines were mainly used to report wider complaints related to SCT, rather than SEA/GBV related incidents. The fact that no cases of SEA or GBV were reported raises questions on the effectiveness of the campaign or the quality of the service provided.

Data management and MEL

Programme data was managed through the **existing SCT MIS**, since it related to the same beneficiary households. As such no other parallel data management system was designed. It is however not clear to what extent data transfer between the programme and its payment service providers was automated and what data control processes were in place to ensure the completeness and quality of the exchanged information.

Monitoring was conducted at **three different levels**, each managed by a different agency, in line with global standards in terms of segregation of duties between implementing actors and M&E teams:

- Internal monitoring;
- Post-distribution monitoring;
- Third-party monitoring.

When it comes to **internal monitoring**, the 2021 Lessons Learned report mentions that:

"The District Social Welfare Office provided support and monitored payments at all pay points in the districts, while teams from MCDSS Headquarters, the Provincial Social Welfare Offices, and UNICEF monitored payments in selected CWACs. Community structures were also employed to support and monitor payments, whereby community volunteers played a crucial role."

This statement requires further clarification of the exact roles and responsibilities of each actor, the process-flow and tools identified by each. Since real-time monitoring is an essential feature of all emergency interventions, the sharing of responsibilities among different levels of government (and external entities) risks delaying the production and consolidation of evidence.

Distribution and post distribution monitoring was conducted at and after both payment rounds by the partner NGOs involved in delivering food items as well as cash to targeted households. Reports were released in January, February and July 2021.

An additional level of **Third-Party Monitoring** (TPM) was implemented by a team from the University of Zambia, School of Public Health, separately contracted by UNICEF. The team did not focus on payment

operations per se, but on the impact of programme operations on beneficiaries' level of access, protection, knowledge and understanding of the programme, household and community economy and COVID-19 associated risks. Two rounds of data collection took place and the produced data was largely used to triangulate the evidence from internal monitoring and PDMs.

Finally, an **impact evaluation** was conducted at the end of the programme period, analysing data against baseline values for 18 out of 23 districts, due to complications brought about by the COVID-19 pandemics. From these results, the D-ECT programme can be described as having had positive impact and an appropriate response to the food security crisis that was experienced in the 23 drought affected districts.

C-ECT

PROGRAMME FEATURES	
Funding	UNICEF
Implementation	UNICEF, International Labour Organization (ILO), the United Nations Development Programme (UNDP), WFP, WB, GRZ, CWACs
Technical assistance	UNICEF, WFP, ILO, UNDP, WB
Duration	between September 2020 and August 2021
Districts	Chirundu, Chisamba, Luangua, Nyimba, Chilanga, Chililabombwe, Chingola, Chipata, Choma, Kabwe, Kafue, Kalukushi, Kasama, Kazungula, Kitwe, Livingstone, Luanshya, Lusaka, Mansa, Mongu, Mpika, Mufulira, Nakonde, Ndola, Solwezi
Beneficiaries effectively serviced	204,000 beneficiary households
Transfer value	ZMW 400
Targeting method	SCT beneficiaries in selected districts + categorical targeting, Proxy Means Testing (PMT) and community validation for the horizontal expansion
Payment modality	Mobile money and CIT
Frequency of payments	Quarterly or on a six-month basis
Linkages	Hygiene messaging, PPE, Nutrition Messaging, Protection, Public Health

Being Zambia's second pilot of a large scale, government owned ECT programme, a strong MEAL framework was structured to produce real time evidence of the efficiency, effectiveness and equity of the COVID-19 emergency cash transfer programme, in line with the recent experience from the drought response.

The programme, differently from other humanitarian responses, benefited from a **strong government leadership** and the **participation of humanitarian and development partners alike**. The C-ECT hence leverages the existing social protection delivery systems by supporting their use and adaptation for the shock-responsive context, facilitating rapid payment deliveries, and strengthening learning and strategic benefits from the intervention. Also, **systems-building** has been an integral part of the response, focusing on systems for data collection through the Kobo Toolbox® and data management through the introduction of the ZISPS.

Programme governance and management

As a joint effort from UN agencies and World Bank, under the leadership of GRZ, the C-ECT is an example of effective interplay of different initiatives – specifically the UNJPSP and the WB funded GEWEL – providing an all-round contribution to a government-led emergency response through design, capacity and systems' enhancement support.

The programme planning, budget allocation and oversight was guided and overseen by the UNJPSP-II Steering Committee (SC). The Steering Committee is chaired by the Permanent Secretary of MCDSS, and co-chaired by the UNICEF Country Representative.

Implementation coordination was guaranteed by the MCDSS through the CWG platform, participated by all implementing partners. The ministry was also responsible for coordinating with the other government entities involved in the delivery of the COVID-19 emergency response.

The programme was **implemented by different agencies**, funded by UNICEF and technically guided by UNICEF, WFP, ILO and UNDP, these last two agencies involved in the design of the horizontal expansion and M&E respectively. **Cash operations** were under the responsibility of UNICEF and WFP, each leading in specific districts, with the participation of NGOs and PSP for cash delivery activities.

Programme resources were spent within existing UN and WB led programmes already contributing to strengthen the sector's operational machine and shock-responsiveness, and transfer cash was delivered directly to beneficiaries through the selected PSPs.

District and community level operations for registration, case management and linkages to other sectors were funded by UNICEF through MCDSS and managed through government-owned human resources and systems. At district level, the District Development Coordinating Committee (DDCC), already coordinating all development actors operating in the district, was critical in ensuring the positive interaction between the C-ECT partners.

Other government ministries and agencies, such as the DMMU, the Ministry of Labour and Social Security (MLSS), the Ministry of Gender (MOG) and the Ministry of Health (MOH), also participated in the implementation of programme activities in line with their mandate and technical competencies.

Targeting

A total number of twenty-five (25) districts were targeted by both UNICEF and WFP during the eleven-month period. Within these districts, two targeting strategies were combined in order to identify vulnerable population groups: Vertical and Horizontal Expansion of the SCT. Under the **vertical expansion**, since the most vulnerable parts of the population are already identified for the pre-emergency social assistance support, SCT beneficiaries were automatically enrolled for increased payments or vertical top-up.

Under the **horizontal expansion**, other population groups were prioritised for temporary support and to be rapidly identified for inclusion to the ECT only as a time-bound measure. The horizontal expansion provided a unique opportunity to expand the mapping of social protection beneficiaries beyond the traditional programmes. This new data provides a footprint from which future shock-responsive programming will be based, as well as social security extension to the informal sector.

Even in presence of geographical targeting, due to the absence of usable civil registries to control duplication and minimize exclusion errors, affluence selective or 'targeting out' approaches were not be possible. The identification of other vulnerable households leveraged the existence of records and lists of multiple stakeholders, which were consolidated during a **multi-agency exercise** participated by other government run programmes, informal economy associations, UN, NGOs and organizations representing and promoting the rights of people with disabilities.

Consolidating different agencies' perspectives on what constitutes a vulnerable household, targeting criteria and beneficiary registration approaches (individual or household-based) turned out to be a complex task which ended up producing inclusion errors[11], as mentioned in the December 2021 Lessons Learned report.

Eligibility criteria for the horizontal expansion underwent several changes due to diverging views regarding the most effective trade-off between needs and resources. It its final version, the list maintained a strong focus on the original SCT criteria – labour-constraint and dependency ratio – but included a deeper

[11] What constitutes an inclusion error during a global pandemic and in a context of many pre-existing vulnerabilities must be object of a deeper discussion.

understanding of the level of vulnerability and social exclusion caused by moderate disabilities, chronical illnesses, the presence of a vulnerable child in the house. Finally, and to a large extent ground breaking, was the inclusion of

"*Household which lost income from informal employment or income earner in the house was in formal employment who lost income due to COVID-19 and is in the low-income bracket*".

A **simplified PMT formula**[12] was applied to target those below a certain wealth status. The proxies used were the household composition, employment status and change before/after the pandemic started, the education of household head, the location and change before/after the pandemic started.

Communication and capacity building

The complexity of the C-ECT programme in its targeting approach, fragmented implementation and linkages strategy should have called for an equally elaborated communication approach. **Two communication strategies** were developed for the programme, one focused on communication, visibility, and branding in line with the contractual agreements with participating donors, whilst the other detailed programmatic communication for all stakeholders.

The combined use of comics, radio drama programmes, community sensitisation posters and community level a sensitisation Flip Charts seems to have been successful in relaying information about COVID-19 preventive measures, nutrition information and protection from abuse. On the other hand, **information related to the targeting rationale were not easily comprehended by those excluded** by the programme, and this is a critical lesson learned by many COVID-19 responses around the world worth reflecting on.

Of course, communication in urban districts was made easier by the **presence of phones and other communication media** which could be used by the programme to disseminate messaged. In-person sensitization sessions were made more complicated by the government restrictions imposed on large gatherings and the need for more one-to-one engagement.

However, inconsistent translation of key messages in local languages or in visual materials, and lack of PPE equipment within some of the government institutions involved in the programme partly affected the application of the COVID-19 "golden rules".

Among the main recommendations put forward during the final learning workshop, is the need for **better coordination of all implementing partners**, the harmonization of messaging strategies and content, timely communication funding to districts and more consistent engagement with PSPs to ensure that they also comply with the programme standards and play their role in channelling through relevant messages.

Payment modality and selection of the payment service providers (PSP)

Like for the D-ECT, payments were delivered through the **mixed use of mobile money and CIT**. While COVID-19 prevention measures imposed the preferred utilization of mobile money to enforce social distancing during payment operations, lessons learned during the D-ECT implementation period informed the decision to maintain a CIT option in rural areas, where network and liquidity challenges remain.

Also, since the programme aimed at linking up cash with awareness raising about preventive measures and COVID-19 specialized services, it was decided to **distribute mobile phones** to programme beneficiaries. This was the case in implementing districts where payments were made through Mobile Network Operators (MNOs) and were facilitated by UNICEF, while in districts where payments were facilitated by WFP and NGOs, only Subscriber Identity Module (SIM) cards were distributed. The reasons for this uneven operational

[12] The formula uses observable characteristics of a household or its members to estimate their incomes or consumption, when other income data are unavailable or unreliable.

approach are not clear, since widening the pool of beneficiaries (and citizens) provided with a mobile phone should be always regarded as an opportunity for further inclusion, linkage with social services and tracing.

Airtel was again engaged to provide payment service for districts under UNICEF, and MTN® was used in districts where payments were facilitated by WFP. The rural based beneficiaries were paid by ZANCO Bank® using CIT. Some districts used the mix of the two services while others with limited mobile network coverage the CIT service was used wholly.

Registration and enrolment

Enrolment followed a **dual process-flow for the vertical and horizontal expansion**, with both flows converging into a newly designed ECT MIS for subsequent registration with the PSPs.

While for the vertical expansion, registration and enrolment mainly involved SCT beneficiary data transfer to the ECT MIS, the process and level of system integrations required for the horizontal expansion implied a series of additional steps such as data harmonization and cleaning, household verification at community level and "enumeration" to collect additional socio-economic information required for means-testing.

It seems that due to the novelty of the enrolment process, challenges were encountered at national level when having to coordinate the **consolidation of different lists**, and at district / community level, where **government staff and CWACs were not fully capacitated** and supervised on how to lead household registration and communication to both eligible and non-eligible households.

It is unclear what level of technical support and oversight was provided by national level stakeholders – government and UN implementing agencies - during the process of registration and enrolment, since the **operations manual only provided top-line information** and no step-by-step process guidance. Also, it is not clear to what extent the process made provision for measures to prevent bias and fraud during registration and enrolment under the horizontal expansion.

Enrolment by payment service providers enabled an additional level of verification of household data, and in some cases enabled reaching out via phone those beneficiaries whose details were incorrect or missing.

Finally, the final lessons learning workshop highlighted challenges with the consistent availability of **National Registration Cards (NRCs)**, which are a key requirement for government and PSP registrations alike. Often, vulnerable heads of household – and in particular children head of household – are not provided with NRCs. In such cases an alternate receiver was identified, as a trustworthy proxy, selected by the head of household, to receive cash entitlements on their behalf.

Payment operations

Since the development of the programme's MIS was delayed, the payment module could not be linked to the existing payment gateway system used by the Supporting Women's Livelihood programme and owned by the World Bank. The gateway, already integrated with the same payment service providers the UN have been procuring, would have facilitated the efficient management of multiple payment providers in real time.

Instead, the **transfer of payroll data** from the two programme MIS – the ZISPIS for SCT enrolled households and the ECT MIS for horizonal expansion households - to the PSP-owned MIS **was performed manually**.

Payment schedules varied across UNICEF and WFP supported districts, between mobile money and CIT serviced ones as well across beneficiaries reached through the SCT vertical and horizontal expansions. The non-harmonization of schedules translated into either bimonthly (ZMW 800) quarterly (ZMW 1,200) or six-monthly (ZMW 2,400) payments to households, with different effects in terms of funds' utilization and capacity to meet immediate and longer-term needs. This differentiated service can alone produce valuable learning about beneficiaries' preferences and behaviours after cash-out.

All payment access points were "managed", meaning that **beneficiaries were receiving assistance** during cash-out operations. Furthermore, learning from implementation shows that different partners were managing payments in different ways and with varying levels of supervision. For instance, in the case of CIT, DSWOs were present at the pay point to monitor the PSP's activities and to collect and resolve any emerging grievance on the spot, like it was the case under the D-ECT.

In terms of accessibility of the payment modality, challenges persist in the **use of the mobile phone technology** by the most vulnerable beneficiaries. In this regard, it is not clear whether the lessons learned during the D-ECT were properly disseminated across the C-ECT district teams, since the two programmes overlapped only in two districts.

Challenges with network and liquidity during mobile money operations also remained in certain areas, and it is not clear what measures were put in place to resolve them.

Finally, in some districts lack of planning and appropriate communication between PSPs, district staff and community actors, produced delays and situations of below-standard service to recipients, who often travelled long distances to access mobile network and/or the agents to withdraw the money or accessing a CIT pay point. In some instances, beneficiaries received their entitlements at night, thus increasing the **level of risk of theft and assaults** on the way back home.

Accountability and Case management

As in the case of the D-ECT, the programme used existing **SCT grievance mechanism** to manage payment and non-payment related complaints or requests for information. The system relied on the capacity of CWACs to register all grievances through paper forms, which were readily available in all communities and are later submitted to districts staff. In addition, **MNOs toll-free lines** were activated to receive predominantly payment related complaints. Finally, in the same way as under the D-ECT, Childline and Lifeline were in place to enable the safe and confidential lodging of protection incidents.

Due to the expansion of the beneficiary pool to households presenting different vulnerabilities than those typically dealt with by social protection programmes in Zambia**, mass sensitization on the available GM channels** had to be conducted in all target districts. For the same reason, capacity to handle an increased volume of grievances had to be enhanced, and it is not clear whether this happened in the most effective way since lack of consistent GM resources and training is listed among the lessons learned from implementation.

Additionally, beneficiaries paid through mobile money were all equipped with phones and this alone opened up **new safe and confidential ways of lodging complaints** through the toll-free lines. However, it is not clear how consistent the registration of complaints through the different channels really was, and how complete the programme-owned registries really were. In fact, it appears that district officers and CWAC members had challenges addressing disbursement related grievances as they did not have direct contact with PSPs.

Mobile phone technology was also used to keep on enforcing **COVID-19, SEA and GBV sensitization**, by not only reaching out to beneficiaries directly, but also by providing fresh information and communication guidance to community volunteers via text message.

Data management and MEL

As mentioned, beneficiary household data were stored in **two separate systems**, due to the absence of a fully functional ECT MIS able to store both vertical and horizontal expansion beneficiaries. As such, while the ZISPIS was already able to handle already enrolled SCT beneficiaries, the new system was largely used to record personal data of the newly enrolled households through the horizontal expansion mechanism.

The **ECT MIS**, owned and maintained by the MCDSS with support by the UN, could pull data collected through mobile technology systems, the Kobo Toolbox, by enumerators deployed in all programme districts.

Since the C-ECT response is innovative in multiple ways, it required a robust approach to documentation and evidence generation. This particularly applied to the context of a public health crisis, the priority urban focus, and the fact that, for the first time, the horizontal expansion that was implemented for the SCT.

A basic **results framework** guided the internal monitoring of the general performance of the programme against its key pillars (income support through vertical and horizontal expansion and alignment with key external services) and operations areas (payment, targeting, GM, M&E, MIS and communication).

Ongoing performance monitoring was supported by TPM to oversee enrolment and payment processes and to document risks and risk management activities, while an external impact evaluation, conducted by the University of Zambia, School of Public Health and funded by UNDP, included elements of process evaluation and impact analysis.

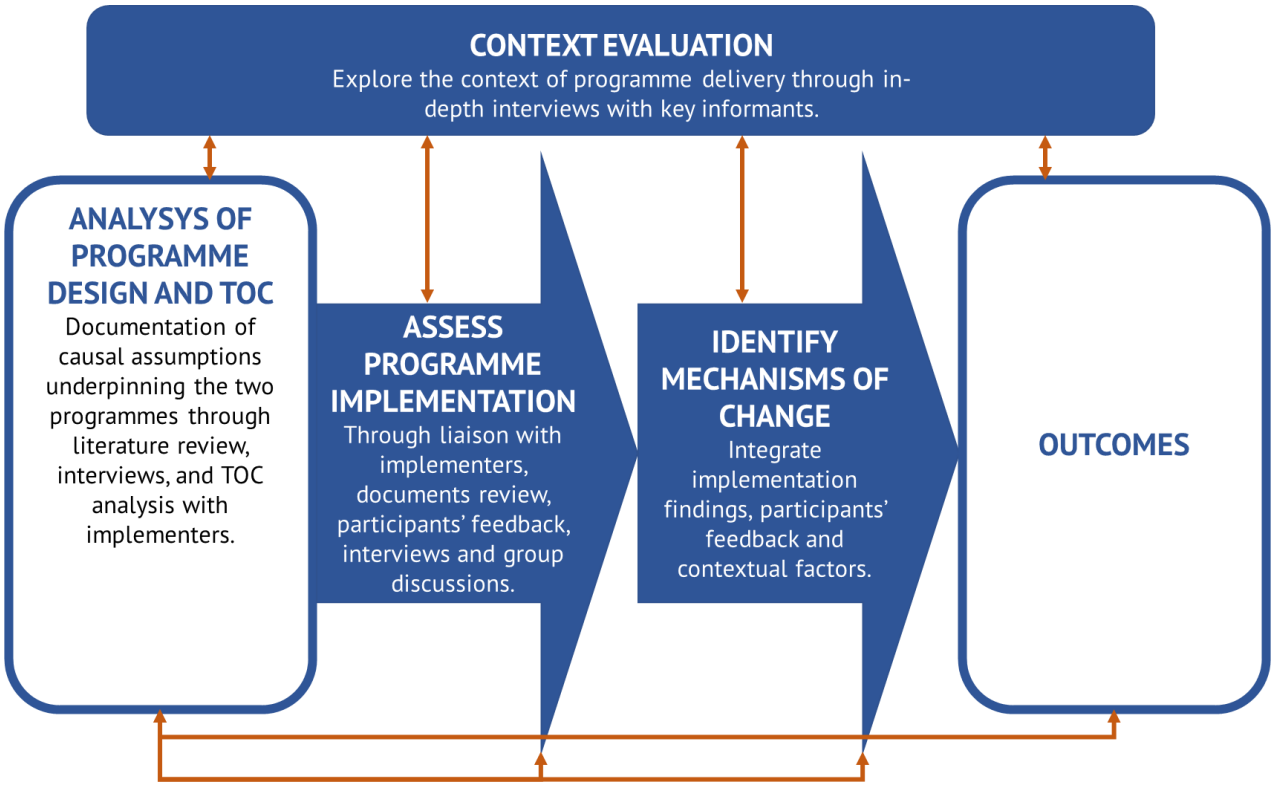
At activity level, UN agencies and GRZ monitored implementation using existing government monitoring arrangements and via a dedicated cross-cutting programme monitoring budget envelope. **Monitoring visits** were conducted during and after each C-ECT payments by members of the Welfare Assistance Committees and Social Welfare Officers at community (CWACs), district (DSWO and District Welfare Assistance Committee or DWAC), provincial (Province Social Welfare Officer or PSWO) and national level (MCDSS and partners). The existence of standard supportive supervision methodologies or reporting templates is yet to be ascertained, together with the quality of the information provided.

4. Evaluation approach and methods

The ex-post process evaluation has a **summative** as well as a **formative** objective and as such it will attempt to translate its major findings into concrete and actionable design and operations recommendations for the Government of Zambia to explore during any future emergency response.

The evaluation will focus on an analysis of the **contextual features** that may have justified, interacted and affected programme implementation, the **design features** as well as the **immediate effects** and **unintended consequences** that may have resulted from them.

Figure 3 - Process evaluation framework[13]



The research will exclusively rely on **qualitative analysis**, except when pre-analysed quantitative information was made available by the implementing agencies and was deemed relevant to the achievement of the research objectives and outputs (e.g., when reviewing targeting or payment efficiency indicators). No additional quantitative analysis will be conducted as part of this evaluation.

Data collection - Data will be collected through a mix of **Semi Structured Interviews (SSIs)** with key informants, gender segregated **Focus groups Discussions (FGDs)**, and/or through **Problem Tree**[14] or **Project Timeline**[15] exercises to be conducted during plenary discussions with project staff at national or district level.

As part of the data collection process the consultant will further the review of relevant working documents to triangulate information and performance data produced by the programmes and their third-party evaluators. Specifically, the consultant will review the available manuals (ZISPIS, GM, Finance management etc.), operational tools such as payroll lists and the tools used for the C-ECT horizontal expansion, UNICEF's contracts with payment service providers, and finally M&E reports and other relevant datasets emerging during the process. The quality of the materials will be assessed and any gap highlighted in the final report.

Primary and secondary data sources will be object of attentive review. These include:

- **Theory of Change and Result Framework** documents;
- **Standard operating procedures** and operations guidance materials;
- **Process and data flow-charts and workflow reports**, where available;
- **M&E Frameworks and reports**;
- **Progress data aggregates** (targeting reports, payment reports, GRM reports etc.);

[13] Adapted from (2015) Moore et al, Process evaluation in complex interventions, British Medical Journal.
[14] is a graphical representation of an existing problem, its causes and effects which aims to get a clear and shared understanding of the issue.
[15] Project timeline refers to a group exercise to be conducted with district programme staff to retrace the key milestones throughout the project implementation period.

- **Training plans and reports**;
- **Communication materials and sensitization events reports**;
- **Registers** (beneficiaries, GRM, protection cases etc.)
- **Agreements** with third party organizations.

Data collection activities will run between the 5th and the 25th of May 2022 and will be sequenced logically to enable **adequate triangulation** of the information between different stakeholders.
To gauge the perspectives of the district and community teams at the forefront of implementation and programme beneficiaries, the consultant will visit four districts and conduct **1-2 FGDs in each district**. These will be facilitated in the local languages, and will require adequate preparation of the interviewers. Recording devices may also be used to verify some of the information during data consolidation, if deemed relevant and acceptable by the FGD participants. Where possible, children head of household of appropriate age will also be involved in the discussions.

The **facilitators' team** will be made of the consultant and two local enumerators – one male and one female – who will support the KIIs and lead the FGDs. The facilitators will receive appropriate training on the scope of the assignment, the objectives and operations for the two programmes, the data collection methodology, ethical practice in data collection, and regarding the tools that will be used during data collection, consolidation and analysis. The training will last approximately 2 hours, and will be followed by a half day workshop to finalise the district and community level questionnaires before translation in the local language. The FGD questionnaires will be tested together with the Social Welfare Officers of the first district visited by the team, during a 30 minutes check of all questions in the local language.

Data analysis - analysis will be primarily conducted as **content analysis** to identify the patterns that emerge from the interviews, by grouping content into words, concepts, and themes. Content analysis is useful to quantify the relationship between all of the grouped content.

The information gathered through the different data collection methods, will undergo a first process of **review, consolidation and cleaning** by the consultant and the enumerators, to eliminate any error, repetition and irrelevant information from the questionnaire forms.

Subsequently, the relevant information will be **structured and connected into consistent qualitative data**. Through an Excel-based tool, the information will be organized per programme, evaluation criteria, question, geographically and based on the group or stakeholder engaged during each data collection exercise, disaggregated by sex and by key vulnerability.

The next step will be about **deductive coding**, namely labelling and organizing your data in such a way that predominant themes and the relationships between them can be easily identified. A set of categories capturing themes will be selected and colour-coded, for easy identification of patterns and meanings. Elements of inductive coding may be used, when new information not aligning with existing codes arises and requires a new category of interpretation.

Finally, the coded information will be analysed to find insights. This will imply the manual creation of sub-codes to improve the quality of insights, and the partial **segmentation of data**, namely the correlation of codes frequency to the particular groups targeted by the programmes and by the data collection process. The segments will be based on categories such as *role in the programme* (beneficiary, community member, staff member, government, international organization), *gender*, *age group*, particular vulnerabilities such as *disability*. Where possible, additional segments such as *household hosting orphans*, and *source of income* may be added.

The collected data will be interpreted in two ways:

- By assessing the findings against regional and global standards made available by the extensive literature on Emergency Cash Transfer and Shock-Responsive Social Protection.
- And by scoring design and operational parameters using the matrices below.

Table 1 - Scoring matrices

Design features

Level	Performance levels Characteristics / Conditions
5	Innovative design features
4	Relevant, appropriate desing features
3	Mostly approriate design features with occasional gaps or faulty assumptions
2	Right assumptions but faulty translation into relevant design features
1	Completely irrelevant design features, based on wrong assumptions

Resultmatrix indicators' achievement

Level	Performance levels Characteristics / Conditions
5	Exceeds target measure
4	Meets target measure
3	Attains between 60% and 99% of target measure
2	Attains between 30 and 60% of target measure
1	No progress against baseline measure

Efficiency of Programme operations

Level	Performance levels Characteristics / Conditions
5	Seamless, transparent, automatic processes
4	Outstanding but not always automatic processes
3	Formalized systems in place with basic quality assurance
2	Basic processes in place with little or no quality assurance
1	No formalized process in place

5. As a last step in the process, a final report will be developed to present a coherent outline of the qualitative research using charts, tables and other visuals as relevant.Sampling Strategy

The main sampling methodology will be a **purposive one** for both KIIs and FGDs, with **criterion-based stratification** applied when it comes to FGDs. The consultant reserves the possibility of applying a **deviant case sampling**, should an interest for deviant cases arise during the course of the data collection process.

Purposive sampling will allow to capture major variations across a diversified audience of key informants while saving costs thanks to interactions with a small and very specific sampled group. This method will be adopted based on specific criteria selected in line with the topics and aims of the research. This will enable the consultant to gather right informants and rich information.

In line with the scope of the evaluation - that of determining the *"extent to which the interventions met their objectives and to ascertain what the facilitating and inhibiting (parts of) processes underlying both programmes were"* – only persons which were associated with the two programmes will be sampled for interview.

When using stratified sampling for FGD participants selection, the consultant will divide the two programmes' beneficiary population into homogeneous groups - called *strata* - based on specific characteristics. These are:

- Head of household with a member with moderate/severe/ profound disabilities (moderate disability only applicable to C-ECT),
- Head of household with a chronically ill member on palliative care,
- Head of household headed by a single woman taking care of at least two children (three children in the case of D-ECT beneficiaries),
- Child head of household. This applies if there is no adult over 18 years caring for the children and dependents of a household. The head of household in these cases is usually an orphan looking after younger siblings.
- Head of household with an elderly member (>65 years).

- Head of households with a vulnerable child. This is for the direct application of a child under the age of 18 years who is not receiving adequate care from his or her family or household, guardian or care giver. It includes a child who is an orphan (for C-ECT only).
- Household has lost income from informal employment or household in formal employment who has lost income due to COVID-19 and is in the low-income bracket (For C-ECT only).

FGD participants will be identified using the two programmes' beneficiary lists, and selecting households that are closest to a specific site – the FGD site – selected on the basis of accessibility from the district's main town and the number of surrounding village clusters. In fact, ideally, each FGD should include participants from at least two or three different villages, in order to make the group more diverse and to yield more broad-ranging results. However, this may not always be possible due to the distance between villages.

At least two to three households will be identified for each stratum in order to assure equal representation of all strata and to make up for the non-availability of some of them. The selection will be made in close collaboration with the district and community structures currently involved in the delivery of the SCT, who are familiar with the terrain and can support with communication and mobilization activities. However, the FGD participant households will be selected randomly by the research team, in order to prevent any selection bias by those who are involved in programme implementation. FGD groups will be disaggregated by programme and possibly by gender, if deemed useful for the truthful account of at times sensitive information regarding GBV or intra-household relations.

With regards to KIIs, a purposive approach is adopted based on the role of each actor either as a key *member of the governance structure*, an *implementer at national level*, an *implementer at district level*, a *member of the community structures* directly involved in the implementation of the two programmes, a *community leader* or *member of key community structures*. The total number of key informants involved at national level and in the four districts will also be largely determined based on the available time for field work as specified in the ToRs (20 days). A non-exhaustive list of informants is provided below:

Table 2 - Key Informants list

N.	Ministry / Agency / decentralised government entity	Role / Position	Location	Recommended duration of interview
1	Ministry of Community Development and Social Services (MCDSS)	Senior civil servant/s chairing the UNJPSP Steering Committee and the CWG.	Lusaka	45 minutes
2	Ministry of Community Development and Social Services (MCDSS)	Senior level technical staff involved in the implementation of the SCT and the two ECTs (payments, M&E/MIS, targeting, case management, grievances management, communication)	Lusaka	45 minutes with each member of staff
3	Disaster Mitigation and Management Unit (DMMU)	Senior level technical staff involved with the drought and COVID-19 response plan implementation	Lusaka	45 minutes
4	Ministry of Labour and Social Security (MLSS)	Senior level technical staff involved with targeting operations for the C-ECT	Lusaka	45 minutes
5	UNICEF	Senior level technical staff involved with programme design, implementation, M&E/MIS, government liaison	Lusaka	1 hour with each member of staff

6	WFP	Senior level technical staff involved with programme design, implementation, M&E/MIS	Lusaka	45 minutes
7	Relevant NGOs (01)	Senior level technical staff involved in ECTs implementation and M&E.	Lusaka	45 minutes
8	World Bank	Senior level technical staff involved in the design and oversight of system strengthening operations (MIS, payments)	Lusaka	45 minutes
9	Payment service provider (01)	Senior management staff involved in the two ECTs.	Lusaka	1 hour
10	District Council	Social Welfare Officers (DSWOs)	Four (04) selected districts	1 hour
11	District Council	Staff involved with training, M&E, case management & GM.	Four (04) selected districts	1 hour with each member of staff
12	Community level structures	Community Social Assistance Committees (CSAW) members	Four (04) selected districts	1 hour
13	Community level structures	Local leaders and/or influential key informants	Four (04) selected districts	1 hour

6. Research ethical practice

In full compliance with existing principles, protocols and checklists enforced by the GRZ and UNICEF during research activities, the consultant will take some precautions during the course of the data collection phase to protect the respondents as well as the research itself from harm and bias.

- **Appropriate communication about the objectives of the visit** with district leadership and management staff, with community leaders and beneficiary groups. Particular emphasis will be given to the role of FGD participants in informing good practice in service delivery, rather than future decisions on eligibility, transfer levels etc. which may put them at risk of pressure or criticism by other community members.
- **Participation to the FGDs will be voluntary**, based on full information of the objectives and scope of the exercise, and conditional to acceptance and signature of an informed consent form (annex 4). Furthermore, the participants' identity, collected for the sole purpose of certifying their informed consent, will be hidden from everyone else. Personally identifiable data will be anonymized so that it cannot be linked to other data by anyone else.
- All participants to data collection exercises will be appropriately **informed about the scope and duration of the interview**, to avoid causing unnecessary hindrance for daily activities or travel. Security risks related to potential conflicts arising as a result of the research activities or the location of the KIIs and FGDs will be discussed at length with the community leaders ahead of the start of the data collection exercises to find the most suitable arrangements. When engaging individuals presenting physical disabilities or child care responsibilities, **special arrangements** will be made to accommodate their needs while allowing them to take part in the discussion, should they express the desire.
- **Gender roles and expectations** will be considered both with respect to the ability of the community members to participate in the evaluation and with regards to group dynamics within FGDs. The United Nations Evaluation Group (UNEG) norms and standards will be followed thoroughly, as well as global guidance on the involvement of persons with disabilities (PwDs) in research activities, and other basic principles and best practices aligned with human rights instruments and policies. Any additional guidance provided by UNICEF or the Government of the Republic of Zambia will be abided

to. **Questionnaires** designed to reveal aspects of the performance and immediate effects of the two programmes without producing unsettling effects on the respondent or wider negative impacts in the targeted communities. To this purpose, any perceived sensitive topic – such as poverty, disability, SEA or GBV – will be treated carefully and using an appropriate language that can be deemed acceptable and can trigger a positive conversation without creating embarrassment or stigma. The consultant will welcome any further guidance for ensuring the ethical approval of the research methodology and tools.

7. **KIIs and FGD facilitation** will take into account existing bias as well as sensitivities and concerns by the local communities and interviewed groups. The facilitators will pay maximum attention to the groups' reaction and will observe the group dynamics to spot any sign of discomfort. Quality Assurance

Data integrity, quality and reliability will be endured at every stage of the research project. This will be done by adopting a rigorous approach when planning activities, conducting interviews and during data consolidation processes. Specifically, the following steps will be taken to promote quality assurance during the research process:

- Clear protocols for data normalization through adequate planning of data collection processes and standardization of data collection tools.
- Standard data formats and storage tools to promote consistency.
- Rigorous data handling and analysis procedures, in line with the analysis framework and using standard scoring matrices.
- Enumerators training.

8. Location of data collection and logistic arrangements

Data will be collected in the capital city Lusaka as well as in 4 districts.

The meetings between the consultant and the national level informants to be held in Lusaka will be scheduled in collaboration with UNICEF staff.

The selection of the 4 districts to be visited for data collection must be done in line with the proposed prioritization of topics and therefore using a purposive type of methodology, crossing a series of parameters as follows:

- **Type of programme** implemented in the district (D-ECT and/or C-ECT);
- **Payment modality** (CIT or e-payment);
- **Payment performance**, in case of major challenges;
- **Agencies delivering and supervising programme activities** (e.g., UNICEF, WFP, NGOs.)
- **Number and type of grievances** collected, if particularly large in one particular category.

The selection will be conducted in collaboration with the MCDSS and UNICEF and on the basis of other parameters as deemed important by these institutions.

The consultant and her team will be independent from a logistics perspective, and no other support will be required for transport and accommodation in Zambia.

Since the consultant was not allowed to include any resource related to "field level refreshments" in the final version of her financial proposal to UNICEF, and having confirmed that providing some sort of refreshments

during field level meetings and FGDs is considered culturally as well as ethically appropriate, UNICEF will be required to provide assistance. The consultant will coordinate with UNICEF Zambia to find an adequate solution to comply with this common practice in Sub-Saharan Africa.

9. Workplan

Below is a revised workplan for the assignment.

	Location	Days	Apr-22				May-22				Jun-22			
			April W1	April W2	April W3	April W4	May W1	May W2	May W3	May W4	June W1	June W2	June W3	June W4
Phase 1: Inception		**18**												
Literature review and analysis	Home based	8												
Inception Report writing and submission	Home based	10			M									
Stakeholders' review of the Inception Report	Home based													
Phase 2: Data collection		**30**												
Data collection framework design, tools development and translation, training of facilitators.	Home based	10												
Validation of data collection tools (english version)	Zambia													
Testing of data collection tools (district 1)	Zambia	1												
Data collection	Zambia	15								M				
Data consolidation and first level analysis	Home based	4												
Phase 3: Report Writing		**22**												
Second level data analysis	Home based	7												
Report drafting	Home based	7									M			
Stakeholders' review of the first draft	Home based													
Drafting of a final version of the report	Home based	6												
Presentation of the report to key stakeholders	Home based	0.5												
UNICEF final comments submitted to the consultant	Home based													
Report finalization and final submission	Home based	1.5												M

Desk based | In country | Mile stone | Review

10. Limitations to the Evaluation

Scope of work - The overall duration of the evaluation has been shortened due to the already extended timeline for the recruitment of the consultant to conduct the exercise and to align with UNICEF's internal deadlines. As such, it was agreed that the initial ToRs associated with this evaluation cannot be complied to in their entirety.

Priority areas of assessment were selected and are listed in paragraph 3. In the spirit of supporting social protection partners expand the reach of social assistance and make it more shock-responsive, the most critical findings and the areas of biggest interest will be most emphasized in the PE final report.**Outcome level analysis** – Outcome analysis is not part of performance evaluations.

Also, outcome level indicators were already under extensive analysis in the two programmes' impact evaluations already published, discussed and endorsed by the GRZ. As such, food security, nutrition, and economic resilience outcomes will not be discussed in this evaluation, if not to make inferences about the correlation between them and some of processes under assessment. An example of this is the possible

correlation between the continuous or increasing sell of household assets during the D-ECT implementation period with cash distribution scheduled and compliance to the communicated timelines.

Beneficiaries' feedback - Also, being this an ex-post exercise conducted two years from the end of the D-ECT and more than a year from the last C-ECT payment round, the relevance and clarity of beneficiaries' perceptions may by now be rather blurred and mixed with opinions about the broader SCT programme. Any gathered piece of information will have to be further 'filtered' through an attentive facilitation of the FGDs and by running a first level of analysis during the feedback consolidation stage, to let the most relevant findings emerge.

Moreover, common are **stakeholders' biases** when responding to questions related to cash-based interventions, largely motivated by the desire for programmes to continue and to be more inclusive or by a tendency of implementing partners to discharge the responsibilities for failure to other institutions. The consultant will be able to partially mitigate their impact on the research integrity by mean of triangulation of the information and formulation of the same question in different ways.

Value for Money - Due to most of the resources allocated to the two initiatives being channelled directly from international funding institutions to beneficiaries, an elaborated Value for Money (VfM) assessment would be superfluous at this stage. Such exercise, if applied to public funding and based upon an adequately designed framework, would instead represent a valuable contribution towards more transparent expenditure of resources by the government partners and would provide an interesting analysis to foster more sector integration within complex emergency responses.

For this reason, as well as because of the time constraints already mentioned, no cost-efficiency or cost-effectiveness analysis will be performed as part of this evaluation.

Long term change – the evaluation can only focus on themes where objectively verifiable data is available, but it will not repeat what other reports already presented, particularly when it comes to the effectiveness of the action and its impact on individual behaviours, households' capacity to satisfy basic needs and access to other available social services.

For this reason, 'long term change' parameters will only be applied to the analysis of the systems supporting the delivery of cash transfer programmes, to identify positive, negative, intended or unintended effects of the two programmes on sector governance and its operational infrastructure.

11. Evaluation Framework

The evaluation methodology can be summarized in the evaluation framework found in annex 5 of this report. The table contains the evaluation criteria, samples of the evaluation questions; the indicators/themes the questions intend to address;.**Nota bene** - For the sake of a coherent analytical framework, the "relevance" and "coherence" criteria listed in the assignment's ToR have been merged. In fact, the research question concerning the extent to which the "ECT interventions target the most vulnerable communities in the intervention area" can be considered as a sub-question responding to the wider concern, expressed as a key measure of the two programmes' "relevance", about the extent to which "the objectives and approach of the programme [were] responsive to the needs and priorities of the specific populations targeted under each of the interventions and to their socio- cultural and economic situation, including needs of marginalized groups and individuals"

Annex 1 - Terms of Reference for the assignment

unicef | for every child — Human Resources

United Nations Children's Fund

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Type of engagement	Duty Station:
Process evaluation consultant	☐ Consultant ☒ Individual Contractor Part-Time ☐ Individual Contractor Full-Time	Zambia Country Office

Purpose of Activity/Assignment:

To conduct a process evaluation of the implementation of the Drought Emergency Cash Transfer (D-ECT) and the COVID-19 Emergency Cash transfer (C-ECT) programmes.

Scope of Work:

1. Background

The Government of the Republic of Zambia (GRZ) and its development partners have responded to two emergencies in the past two years, namely the 2019/20 drought and the COVID-19 pandemic. Both interventions were led by the Ministry of Community Development and Social Services (MCDSS) through its Department of Social Welfare (DSW) and comprised of the provision of cash transfers to affected households, the majority of which were linked to other social support services.

1.1 The Emergency Drought Cash Transfer (D-ECT)

Due to prolonged reduced rainfall during the 2019-2020 growing season in Southern, Western and some parts of Central, Eastern and Lusaka provinces, there was a significant reduction in maize production of between 50% and 60% across the country which resulted in erosion of rural livelihoods[1], malnutrition and hunger with spinoff effects on general household welfare and deterioration in the rural economy. The overall agricultural production, which is the main source of livelihood for most Zambian households, was estimated to be the lowest in almost a decade, which led to increased commodity prices ranging between 6.6% and 17.9% for different categories of processed maize meal[2]. Though there were surpluses in other parts of the country, logistics remained a major constraint in food redistribution and most households had challenges in accessing commodities through markets without additional support due to high prices and eroded purchasing power. The 2019 Vulnerability Assessment Committee (VAC) estimated that 2.3 million people living in 58 districts were affected by the drought, with their households assessed as being food insecure. Of the 58 districts, 4 districts were classified as belonging to the Integrated Phase Classification (IPC) 4, and 54 as IPC 3. Households in IPC4 face heightened inadequate food availability, extreme depletion of assets and critical nutrition status while those under IPC3 experience inadequate food availability for consumption, an accelerated depletion of assets and a depleting nutritional status.

The GRZ responded to the drought through the provision of food relief/in-kind transfers and protection/pulses to affected households in Phase 3 and 4 rating categories through the Department Disaster Mitigation and Management Unit (DMMU). In addition to providing a food basket response, a supplement response was added to the food security pillar to provide additional social protection support to households in the 22 most affected districts in the form of the Drought Emergency Cash Transfer (D-ECT) MCDSS. The D-ECT was built around three key outputs that were delivered during this programme's life frame:

Output 1: MCDSS and partners deliver emergency cash transfers to food-insecure households as a social protection intervention.

Output 2: DMMU and partners supported to effectively distribute and monitor food distributions and emergence cash transfers.

Output 3: MCDSS, DMMU and partners generate evidence and build the required capacities to deliver the shock-responsive social protection agenda.

[1] GIEWS Country Brief Zambia, FAO, April 2019, https://reliefweb.int/sites/reliefweb.int/files/resources/ZMB_17.pdf; ACAPS Briefing Note, July 2019, https://reliefweb.int/sites/reliefweb.int/files/resources/20190711_acaps_start_briefing_note_drought_zambia_final.pdf

[2] Idem

Annex 2 - Table of documents reviewed and bibliography

Please provide a table with the following information (please find the respective table below): Include all documents that that you reviewed until now; Identify additional documents to be provided by project management. Documents reviewed:

Table 3 - Table of documents reviewed and bibliography of the Inception Report

Document - name	Reviewed (Y/N)
Arruda and Dubois, 2018, A brief history of Zambia's Social Cash Transfer Programme, International Policy Centre for Inclusive Growth Research Brief	Y
COVID- 19 ECT Inception Mission to Mufulira and Solwezi Districts 14-24 December 2020, Mission Report	N
COVID- 19 ECT Payment Facilitation Mission in Kabwe 1st to 4th February 2021, Mission Report	N
COVID-19 Emergency Cash Transfer Inception Mission, Brief v.27.11.2020	N
COVID-19 Emergency Cash Transfer Payments Facilitation Mission Mansa District 30th November – 10th December 2020, Mission Report	N
Factfinding mission report, Mission to Solwezi related to COVID-19 Emergency Cash Transfer mobile money payments	N
Government of the Republic of Zambia, 2019, 2019/2020 Recovery Action Plan	N
Government of the Republic of Zambia, 2019/2020 Recovery Action Plan	Y
Government of the Republic of Zambia, 2021, Drought Emergency Cash Transfer, Lessons Learned Report	Y
Government of the Republic of Zambia, Emergency Cash Transfer Operations Manual	Y
GRZ, ILO, UNICEF, COVID- 19 ECT Horizontal Expansion, Chililabombwe Mission, 1st to 12th March 2021	N
GRZ, ILO, UNICEF, COVID- 19 ECT Payment Facilitation, Chirundu Mission, 5th to 15th January 2021	N
Ministry of Community Development and Social Services, COVID- 19 ECT Lessons learning Workshop Report - 6TH to 7TH December 2021	Y
Ministry of Community Development and Social Services, Operations Manual for the COVID-19 Emergency Cash Transfer (C-ECT), Draft v.21.10.2020	Y
Moore et al, 2015, Process evaluation in complex interventions, British Medical Journal	Y
PRS 365, 2021, Final Report for the Endline Survey of the Emergency Cash Transfer Project in Zambia Related to COVID-19	Y
Third-Party Monitoring report for the first round of Emergency Cash Transfers in selected districts	Y
Third-Party Monitoring report for the second round of Emergency Cash Transfers in selected districts of Zambia	Y

UN Zambia, 2020, Social Protection Response to the COVID-19 Epidemic in Zambia, Programme Document Final Version 05 August 2020	Y
UNDP, 2020, Human Development Report 2020	Y
UNICEF (2021) Emergency, Cash Transfer pre-post Study in Selected Wards of Affected Districts, Endline Report (draft)	Y
UNICEF / Government of the Republic of Zambia, Consolidated on spot and post distribution monitoring data report	Y
UNICEF, 2019, Guidance on Strengthening Shock Responsive Social Protection Systems	Y
UNICEF, 2019, Social Protection Response to impact of drought in 2019/20 and 2020/21 through Emergency Cash Transfers (ECT) Project Concept Note	Y
UNICEF, 2019, Social Protection Response to impact of drought in 2019/20 and 2020/21 through Emergency Cash Transfers (ECT): Project Concept Note	Y
United Nations Joint Programme on Social Protection in Zambia (UNJPSP II), 2020, Annual progress Report - January 2020-December 2020	Y
University of Zambia, Impact assessment of the COVID-19-related Emergency Cash Transfer (C-ECT) Programme in selected districts of Zambia, Draft Report November 2021	Y
WFP (2020) Drought Response Monitoring Report January 2020	N
WFP, 2019, COVID-19 Rapid Food Security Vulnerability Impact Assessment Report Conducted in Lusaka and Kafue Districts	N
World Bank Country Overview – URL: https://www.worldbank.org/en/country/zambia/overview#2	Y

Annex 3 – Sample questionnaire

D-ECT / C-ECT PROCESS EVALUATION –

CHIRUNDU DISTRICT FOCUS GROUP DISCUSSIONS

Date of FGD:……

Location of FGD:……

Participants' number and group type (gender, vulnerabilities etc.)……

Disabilities……

Interviewers……

-REMEMBER- Ahead of starting the group discussion, explain all participants the background of the assignment, the objectives of the group discussion, the reason for taking notes, the fact that no name will be noted down, the use that the consultancy team will make of the information provided.

All participants should be seated comfortably and in a manner that nobody is unable to see the interviewer or make his/her voice heard.

Do pay particular attention that everyone is part of the conversation. Gently invite everyone to take part in the discussion without forcing them.

Do pay particular attention to the most vulnerable. Be aware of any person di disabilities and make sure that they also feel comfortable contributing to the conversation. If required, they will be allowed to bring in someone to assist them during the group discussion.

Questions	Answers
1. Do you remember when you received additional money to help you during the drought crises? When was it approximately?	
2. Do you remember how much extra did you receive and for how long?	
3. Have you been changing your household economy practices as a result of the programme?	
4. Have you joined savings and investment groups since 2020?	
5. Have you started using mobile phones?	

6. Have you been using mobile money technology?	
7. Have you noticed the presence of mobile network agents in the community?	
8. Do you notice the circulation of more cash since the programme started?	
9. Are basic goods (pick a few key food products) more expensive than before the programme started?	
10. Are farmers using the same tools as before the programme started?	
11. Have you noticed an increase or improvement in private or community assets (use animals, farming tools, shops, houses etc. as an example) as a result of the programme?	
12. Have you noticed an increase in participation in saving schemes?	
13. Are you buying more soap than before? If so, why?	
14. Has the programme helped to access health services more often?	
15. Have you been noticing members of the community wearing face masks? Where did they find them?	
16. What have you been using the cash for? (List at least 5 items)	
Etc.	

Annex 4 – Informed Consent Form

INFORMED CONSENT FORM FOR PROCESS EVALUATION OF THE IMPLEMENTATION OF THE DROUGHT EMERGENCY CASH TRANSFER (D-ECT) AND THE COVID-19 EMERGENCY CASH TRANSFER (C-ECT) PROGRAMMES"

BACKGROUND / PURPOSE OF EVALUATION

The Government of the Republic of Zambia (GRZ) and its development partners have responded to two Emergencies in the past two years, namely the 2019/20 drought and the COVID-19 pandemic. Both Interventions were led by the Ministry of Community Development and Social Services (MCDSS) through its Department of Social Welfare (DSW) and comprised of the provision of cash transfers to affected households, the majority of which were linked to other social support services.

Therefore, the purpose of this evaluation is to provide feedback as to whether the two programs are being implemented as intended, what barriers have been encountered in the programs services, activities, procedures and policies through data collection from beneficiaries and key Informants. You are therefore invited to be part of this evaluation; you are going to be given information and you do not have to decide today whether or not you will participate in the evaluation as it is completely voluntary. Before you decide, you are free to talk to anyone you feel comfortable with about the evaluation.

TICK APPROPRIATELY:

I confirm that I have read/ or the study information has been read to me, and I understood the objectives of the study. [Yes/No]

I have had the opportunity to consider the information; I asked questions and have had these answered satisfactorily. [Yes/No]

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. [Yes/No]

I agree to take part in a one-on-one interview. [Yes/No]

I agree to have the interview audio recorded. [Yes/No]

I agree to take part in the study. [Yes/No]

Name of Interviewee	Date	Signature*(thumbprint) if cannot sign

*In case the respondent is not able to sign this form, this attests that the information sheet and consent form has been read and explained accurately by a member of the research team and that the respondent has fixed his/her thumbprint as consent.

Study Team Member's Statement

I, the undersigned interviewers, have explained to the participant in a language he/she understands, and he/she understands the procedures to be followed in the study and the risks and benefits involved.

Name of Consultant	Date	Signature
Name of Enumerator	Date	Signature
Name of Enumerator	Date	Signature

Annex 5 – Evaluation framework

Evaluation criteria	Coding	Sub-codes	Research questions and sub-questions	Indicators D-ECT	Indicators C-ECT
RELEVANCE / APPROPRIATEDNESS	**A**	**A1**	**To what extent were the objectives and approach of the programme responsive to the needs and priorities of the specific populations targeted under each of the interventions and to their socio-cultural and economic situation, including needs of marginalized groups and individuals?**	ToC's level of responsiveness to needs in areas hit by drought and food shortages (low, medium to low, medium to high, high)	ToC's Responsiveness to the needs in areas affected by the health, social and economic effects of the COVID-19 pandemic in Zambia.
		A1		ToC's Responsiveness to the the vulnerabilities of peoples in areas hit by drought	ToC's Responsiveness to the the vulnerabilities of peoples in areas most affected by the health, social and economic effects of the COVID-19 pandemic.
		A1		ToC's Responsiveness to needs of women, children, elderlies, PwDs (low, medium to low, medium to high, high)	ToC's Responsiveness to needs of women, children, elderlies, PwDs,
		A1		ToC's Alignment with socio-cultural norms in areas affected by drought (low, medium to low, medium to high, high)	ToC's Alignment with socio-cultural norms in areas affected by the consequences of the COVID-19 pandemic,
		A1		Geographical targeting's alignment with vulnerability analysis and situational analysis reports (complete, partial, none)	Geographical targeting's alignment with vulnerability analysis and situational analysis reports?
		A2	**2. To what extent were the interventions implemented in line with UNICEF and national policies, strategies and plans? How well did the interventions integrate equity in its design, implementation and monitoring?**	Alignment with Government social protection policies and strategies (complete, partial, none)	Alignment with Government social protection policies and strategies.

		A2		Alignment with government resilience and disaster management strategies (complete, partial, none)	Alignment with government resilience and disaster management strategies.
		A2		Alignment with UNICEF social protection strategies and cash based assistance guidance (complete, partial, none)	Alignment with UNICEF social protection strategies and cash based assistance guidance.
		A2		Integration of design elements promoting equity between male and female beneficiaries of the programmes (Sufficient, partial, insufficient)	Integration of design elements promoting equity
		A3	**What aspects of the interventions were most appreciated by target population?**	Design features aligning with beneficiaries' needs and preferences (complete, partial, none)	Design features aligning with beneficiaries' needs and preferences
		A4	**To what extent was the interventions align with UNICEF policies and programming in Zambia?**	Alignment with key policies, with strategic objectives/outputs and thematic areas (complete, partial, none)	Alignment with key policies, with strategic objectives/outputs and thematic areas.
		A5	**How long did it take for donors to approve programme adjustments to reflect the ECTs from date of request?**	N. of weeks from decision to first payment.	N. of weeks from decision to first payment.
		A6	**How long did it take to adjust agreements and start implementing the ECTs?**	N. of weeks from date of request to process completed.	N. of weeks from date of request to process completed.
		A7	**Did the beneficiaries receive their payments at agreed times? If not, what were the key delay factors?**	Alignment with payment timeline (complete, partial, none)	Alignment with payment timeline.
		A7		Number of delayed payment cycles.	Number of delayed payment cycles.
		A7		number of delayed payments during each cycle against payroll data.	number of delayed payments during each cycle against payroll data.
		A7		N. processes and validations required at every disbursement cycle.	N. processes and validations required at every disbursement cycle.
		A8	**D-ECT: To what extent has the intervention contributed to protecting the food basket distribution?**	% of food sold / donated	

			Which factors explain this contribution?		
		A8		Prevalent use made of the cash transfer money	
		A8		Value of food+cash and value of MEB	
		A8		Level of alignment of food and cash distributions (yes/no)	
EFFECTIVENESS	**B**	**B1**	**To what extent did the interventions achieve their expected results, in particular, warding off negative coping mechanisms? What design parameters or operations features enabled the achievement of the results?**	Level of deviation from output targets in results framework (see scoring matrix)	Level of deviation from output targets in results framework
		B1		Progress/regress in impact and outcome indicators	Progress/regress in impact and outcome indicators
				Effectiveness of coordination (see scoring matrix)	
		B1		Effectiveness of targeting (see scoring matrix)	Effectiveness of targeting (vertical and horizontal expansions)
		B1		Effectiveness of registration/enrolment (see scoring matrix)	Effectiveness of registration/enrolment
		B1		Effectiveness of payment (see scoring matrix)	Effectiveness of payment
		B1		Effectiveness of case management/GM (see scoring matrix)	Effectiveness of case management/GM
		B1		Effectiveness of communication (see scoring matrix)	Effectiveness of communication
		B1		Effectiveness of MIS (see scoring matrix)	Effectiveness of MIS
		B2	**Were the assumptions underlying the programme interventions strategy correct? Which factors, internal and external to the programmes, explain the extent to which results have been achieved?**	Level of correlation between quality of design features, quality of operational features and results attainment (multi parameter analysis)	Level of correlation between quality of design features, quality of operational features and results attainment.
		B3	**Did the interventions contribute to equitable participation and benefits to various groups (men, women, young**	% participation by most vulnerable groups	% participation by most vulnerable groups

			people, children and persons with disability)?		
		B3		Level of equitable access to key processes (registration, payment, case meneagement, GM, linkages) (See scoring matrix)	Level of equitable access to key processes (registration, payment, case meneagement, GM, linkages)
		B4	**What were the facilitating and constraining factors?**	Effectiveness of capacity building (See scoring matrix)	Effectiveness of capacity building
		B4		Resource availability (Adequate/partially adequate/inadequate)	Resource availability
		B4		PSPs contractual obligations (Adequate/partially adequate/inadequate)	Contractual relations with PSPs.
		B4		intersection with environmental factors	Environmental factors.
		B4			COVID-19 restrictions to movement and gatherings
		B5	**How effective were the various kinds of programme monitoring for each of the interventions?**	M&E systems design and effectiveness (See scoring matrix)	M&E systems design and effectiveness.
		B5		Quality of planning and management processes for M&E (See scoring matrix)	Quality of planning and management processes for M&E
		B6	**Was the design of the ECT programmes and their implementation effective in responding to the changing needs, if any, of the beneficiary districts' contexts?**	Flexibility of operational set-up (See scoring matrix)	
		B6		Quality of coordination, management, oversight and MEAL processes (See scoring matrix)	
		B7	**C-ECT: To what extent has the intervention contributed to beneficiaries being able to adhere to COVID-19 risk mitigation measures (e.g. buying soap, baying face masks, adhering to social distancing)**		Quality of Supply chain.

		B7			Quality of communication and case management
		B7			Quality of COVID-19 measures by the programme
EFFICIENCY	**C**	**C1**	**Did the interventions use resources in the most economical manner to achieve expected equity-focused results?**	Quality of the fee structure for mobile money operations (In line with global stardards, below standard, above standard)	Quality of the fee structure for mobile money operations
		C1		Quality of planning for fieldwork expenditure (registration and enrolment, monitoring and supervision, payment, case management) (Adequate/partially adequate/inadequate)	Quality of planning for fieldwork expenditure (registration and enrolment, monitoring and supervision, payment, case management).
		C1		project organogram - resources paid for by UNICEF	project organogram - resources paid for by UNICEF
		C2	**Would it have been possible to achieve the same results at lower costs? How well did the interventions coordinate with other, similar interventions (if any) for synergy and in order to avoid overlaps?**	Cost-sharing with other interventions (within UNICEF)	Cost-sharing with other interventions (within UNICEF)
		C2		Cost-sharing with other interventions (government)	Cost-sharing with other interventions (government)
		C3	**Were the activities under the interventions completed in a timely manner and in line with quality standards?**	Efficiency of payments (See scoring matrix)	Timeliness of payments
		C3		Efficiency of sensitization activities (See scoring matrix)	Timeliness of sensitization activities.
		C3		Efficiency of registration (See scoring matrix)	
		C3		Efficiency of GM processes (See scoring matrix)	
		C3		Efficiency of linkages and referrals (See scoring matrix)	
		C4	**Were expected results (outputs) delivered within budget? How does the cost effectiveness of the different outputs compare?**	Budget heading variance at the end of the programme.	Budget heading variance at the end of the programme.

		C4		Quaility of budgeting per output (number and frequency of cost items)	Quaility of budgeting per output (number and frequency of cost items)
		C5	**What were the most important cost drivers in the interventions, and how were costs contained without compromising results?**	Analysis of savings	Analysis of savings
		C5		Analysis of cost-sharing elements or synergies with other programmes.	Analysis of cost-sharing elements or synergies with other programmes.
COHERENCE	**D**	**D1**	**18. To what extent did the ECT interventions incorporate humanitarian and human rights principles?**	Incorporation and compliance with human rights principles: Humanity - needs, neutrality, impartiality, independence.	Incorporation and compliance with human rights principles: Humanity - needs, neutrality, impartiality, independence.
		D1		Reference in project documents to concrete measures to respect human rights conventions on social rights, children's rights, discriminations against women, and rights of persons with disabilities.	Reference in project documents to concrete measures to respect human rights conventions on social rights, children's rights, discriminations against women, and rights of persons with disabilities.
		D1		Episodes of breach of key human rights (ethnic, gender, children etc.)	Episodes of breach of key human rights (ethnic, gender, children etc.)
		D2	**19. To which extent, was the implementation of each project in line with national and sub-national humanitarian priorities and actions?**	Alignment with government response plans	Alignment with government response plans
		D2		Alignment with local action plans	Alignment with local action plans
SUSTAINABILITY	**E**	**E1**	**20. To what extent will the outcomes be maintained after development support ceases after the intervention period? Have the interventions created enough resilience in the beneficiaries?**	Good food and nutrition practices	Purchase of NFI related to personal hygiene
		E1		Child care practices / reduction of abandonment and neglect practices	Child care practices / reduction of abandonment and neglect practices
		E1		Participation in saving mechanisms	Participation in saving mechanisms
		E1		Reduction of negative coping mechanisms	Reduction of negative coping mechanisms

		E1		Level of access to health and education services	Level of access to health and education services
		E1		Penetration of mobile phones and mobile phone technology.	Penetration of mobile phones and mobile phone technology.
		E1		Upgrade of housing or farming infrastructure.	Upgrade of housing or farming infrastructure.
		E1		Purchase of new assets.	Purchase of new assets.
		E1		Access to health, education and other essential services.	Access to health, education and other essential services.
		E1		Presence of new businesses.	Presence of new businesses.
		E2	**21. To what extent have the interventions built capacities, systems and processes (including government capacity and information management systems) for delivery of ECTs in future?**	Level of replicability of the action	Level of replicability of the action
		E2		Level of understanding and ownership by government and local administriative institutions.	Level of understanding and ownership by government and local administriative institutions.
		E2		Cash transfer process strenthening and system enhancement (targeting, registration and enrolment, case management, GM, M&E, MIS etc.)	Cash transfer process strennthening and system enhancement (targeting, registration and enrolment, case management, GM, M&E, MIS etc.)
		E2		Capacity building strategies in key areas of operational (M&E, MIS, case management etc.	Capacity building strategies in key areas of operational (M&E, MIS, case management etc.
		E2		Adequacy of communication strategies / systems and integration of messages to prevent humanitarian crises / in the case of drought.	Adequacy of communication strategies / systems and integration of messages to prevent humanitarian crises / particularly in the case of drought.
		E3	**22. To what extent has Government capacity, including information management systems, for the delivery of ECTs been strengthened**	Level of staffing in the unit dedicated to the implementation of ECTs and sustainability	Level of staffing in the unit dedicated to the implementation of ECTs and sustainability

			because of each of these programmes?		
		E3		Government budget allocations for shock-responsive SP	Government budget allocations for shock-responsive SP
		E3		Level of coordination between government ministries and strategies/plans integration.	Level of coordination between government ministries and strategies/plans integration.
		E4	**23. How were the local authorities at provincial and district levels involved in the interventions?**	Proceses where the provincial level authorities were involved (process flow mapping)	Proceses where the provincial level authorities were involved (process flow mapping)
		E4		Proceses where the district level authorities were involved (process flow mapping)	Proceses where the district level authorities were involved (process flow mapping)
					Level of coordination at provincial and district level
		E5	**24. To what extent have the interventions contributed to strengthened governance of community structures, directly or indirectly involved in cash transfer programming and or social protection in general?**	SCT governance at community level - before and after the project	SCT governance at community level - before and after the project
		E5		Level of knwledge by CWACs about key messaging	Level of knwledge by CWACs about key messaging
		E5		Level of knowledge of CWACs about cash out processes	Level of knowledge of CWACs about cash out processes
		E6	**25. Where there any mechanisms in place for warranting continuous communication? How well functioning were they?**	Major communciation channels and frequency of communication.	Major Communication channels
		E6		Level of functionality during and after the project	Level of functionality during and after the project
LONG TERM CHANGE	**F**	**F1**	**What changes have occurred in the incidences of negative coping mechanisms?**	Beneficiaries indebtedness	Beneficiaries indebtedness
		F1		Beneficiaries' propensity to save	Beneficiaries' propensity to save
		F1		Sell of food and assets during lean season	

		F1		Creation of buffer stock	Creation of buffer stock
		F1		Varying number of daily meals	Varying number of daily meals
		F1		Food for Sex incidents	Food for Sex incidents
		F2	**Have the interventions created more resilience in the beneficiary households?**	Investments with ECT funds	Investments with ECT funds
		F2		Easier money transactions through mobile money	
		F2		Community or household storage for food	Community or household storage for food
		F2		Purchase of improved farming equipment or land	Purchase of improved farming equipment or land
		F2		Migration	Migration
		F3	**Have the interventions reduced food insecurity in beneficiary households?**	Access to food measured by frequency of meals	Access to food measured by frequency of meals
		F3		Access to food measured by food consumption scores	Access to food measured by food consumption scores
		F3		Quality of diet measured by dietary diversity	Quality of diet measured by dietary diversity
		F4	**What other significant differences have the programmes made in terms of the well-being of beneficiaries, especially women and girls, in terms of life-skills, dignity, self-confidence, school attendance and economic opportunity?**	Intra household relations.	Intra household relations.
		F4		Intra-household distribution of wealth and assets.	Intra-household distribution of wealth and assets.
		F4		women and girls' security (sex for food).	women and girls' security (sex for food).
		F4		Level of access to children's education services.	Increased access to children's education services.
		F4		Level of access to adult education services.	Increased access to adult education services.
		F4		Level of access to educational/economic opportunities for girls.	Increased access to educational/economic opportunities for girls.
		F4		Rate of teenage pregnancies.	Rate of teenage pregnancies.

		F5	**To what extent have the interventions impacted on the local environment, and to what extent have environmental factors impacted on the performance of the interventions?**	Private and community assets improvements.	Private and community assets improvements.
		F5		Delays produced by environmental factors (rains, floodings etc.).	Delays produced by environmental factors (rains, floodings etc.).
		F6	**What other factors contributed to the observed impact? What are the implications of the interaction between the interventions and these factors for the future replication and scale up of a similar ECT?**	Socio-economic or cultural enablers.	Socio-economic or cultural enablers.
		F6		Recipies for success in future replications.	Recipies for success in future replications.
		F7	**To what extent have the interventions contributed to increased knowledge about sexual exploitation and abuse (SEA) and gender-based violence (GBV) among programme implementers and beneficiaries?**	Perceived prevalence of SEA/GBV cases in the communities.	Perceived prevalence of SEA/GBV cases in the communities.
		F7		% of SEA/GBV cases recorded in GRM (% increase since the start of the crises)	% of SEA/GBV cases recorded in GRM (% increase since the start of the crises)
		F7		Knowledge of key messages	
		F8	**D-ECT: To what extent has the intervention contributed to protecting the food basket distribution? Which factors explain this contribution?**	% of food sold / donated	
		F8		% of transfer spent in food	
		F9	**C-ECT: To what extent has the intervention helped to increase knowledge about good nutrition practices?**		Number of food groups consumed
		F9			Number of days' consumption for each food group.