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

More than 99,200 households registered on the SCT programme in the 23 D-ECT districts were covered and provided with cash transfers of K100 per household per month for a period of six months (October 2019 – December 2019 and January – March 2020). The D-ECT was implemented through the existing Social Cash Transfer (SCT) system with the actual cash disbursement delivery through UNICEF's contracted financial Payment Service Providers (PSPs), including through Cash in Transit (CIT) as well as Mobile Money. The D-ECT was not technically a humanitarian emergency cash transfer intervention that is normally linked to the price of a food basket, nor was it a regular long term social cash transfer programme but rather a social protection intervention that used the SCT delivery chains to provide support towards households resilience, early recovery, and to combat negative coping strategies, which in turn was supposed to protect the impact of the food basket delivery through other partners. Payments were completed in the first quarter of 2021.

1.2 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 installed by GRZ to contain the pandemic added additional pressure on the economy, leading to local economic activities coming to a halt and employers laying people off. The recent third wave has added to these socio-economic impacts a public health crisis, characterized by rapidly increasing numbers of positive cases combined with inadequate infrastructure and capacity of the country's public health system. It is particularly those groups that were already marginalized and experiencing multiple overlapping deprivations that have come under additional pressure.

In a context of compounding and intensifying vulnerabilities, GRZ prioritized social protection as a key response strategy to cushion negative impacts on the most vulnerable members of its population. The COVID-19 Emergency Cash Transfer (C-ECT) has been at its core, provided to vulnerable populations in a total of 25 urban and peri-urban districts, which were selected based on a set of criteria including population density, their functioning as a transit town, and the number of COVID-19 cases amongst others. Similar to the D-ECT, the C-ECT 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. In addition to cash support, the C-ECT comprises an alignment component aiming to improve hygiene and nutrition practices and enhance protection through sensitization messaging across all three areas. The C-ECT is implemented under GRZ leadership from the MCDSS and the Ministry of Labour and Social Services (MLSS) and as a joint UN response in collaboration with the International Labour Organization (ILO) and World Food Programme (WFP) as well as with support from Child Fund, Plan International and Redcross. 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 behaviors.

The C-ECT programme, with a caseload of more than 140,000 households, provides a monthly transfer ZMW 400 to all its beneficiaries for a period of six months. Systems-building has been an integral part of the response, focusing on systems for data collection Kobo Toolbox), data management (CORE MIS), and payment facilitation (payment gateway). The C-ECT hence leverages on the existing social protection delivery systems of the government by supporting their use and adaptation for the shock-responsive context, facilitating rapid payment deliveries, and strengthening learning and strategic benefits from the intervention as the country prepares for protracted need for extended social protection. Payments will be completed in the third quarter of 2021.

2. Purpose of the evaluation:

UNICEF is engaging an individual consultant to conduct a process evaluation of the D-ECT and C-ECT programmes. The purpose of the evaluation is both learning and accountability. The findings and lessons learnt from this evaluation are intended to guide and inform all stakeholders — including UNICEF, implementing partners, Government and beneficiaries (including the most marginalized communities) — on what worked well, what the shortcomings were and what needs to be done to improve design and implementation of future emergency cash transfer programming.

3. Objective of the evaluation:

The main objective of the consultancy 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 (parts of) processes underlying both programmes were. The process evaluation will take into account the programme contexts, designs, theories of change and implementation pathways and interrogate the relevance, effectiveness, efficiency, equity, timeliness, coherence, and adequacy of the interventions and to extract lessons learnt, good practices and provide recommendations that will guide UNICEF, GRZ, implementing partners and beneficiary communities to improve future emergency cash-based programme designs and implementation strategies. Special consideration will be made to include shock responsiveness, equity-focused questions and to involve representatives of the most marginalized groups in the districts during the data collection process to ensure that the evaluation is equity-focused. The evaluation will have the following objectives:

3.1 Specific objectives:

1) 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 enrollment, 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.

3.2 Intended Use/Users

The main users of the findings and recommendations of this evaluation will be decision-makers in Government, cooperating partners, NGOs, UN agencies, networks and federations who are in various ways connected to the implementation of emergency cash transfer or shock responsive social protection. In collaboration with GRZ and Cooperating Partners, UNICEF will ensure that evaluation recommendations are followed up and implemented in the

medium to long term. In the framework of this collaboration, it is expected that UNICEF will have a continuing role in this respect.

4. Description of the assignment (scope, criteria, methodology)

4.1 Scope

This evaluation will be split into two parts, one of which will focus on evaluating the D-ECT and another part which will focus on evaluating the C-ECT. The evaluation will cover all districts which implemented the D-ECT and the C-ECT with national, provincial, and community level stakeholders. . The evaluation will include analysis of intervention logic and theory of change, its management and implementation.

4.2 Evaluation Criteria

The following criteria will be used during the evaluation. More specific questions for each of these criteria will be shared with the consultant at the start of the assignment.

(i) Relevance: the extent to which the ECTs conformed to the needs and priorities of target groups and the policies of recipient countries and donors. The evaluation will consider multi- priority nature of both programmes from the perspective of target beneficiaries, government, implementing agencies, UNICEF and donors. The alignment of the programmes with national and international development priorities will be assessed.

(ii) Effectiveness: the extent to which the ECTs have achieved their objectives, taking their relative importance into account. The evaluation will assess the planned objectives that the programmes have met along with the link in meeting the overall programmactic objectives in a timely manner.

(iii) Efficiency: the extent to which the costs of the interventions can be justified by their results, taking alternatives into account.

(v) Sustainability: The extent to which the enabling environment supports the continuity of the programmes. The extent to which the government and communities have been involved in the implementation, and operation of both ECTs will also be assessed. The evaluation will assess the extent to which the interventions can continue and sustain results if donor funding is not available and a shock occurs.

(w) Equity: the degree to which both ECTs have targeted marginalized groups and individuals, including the poor, and hard to reach communities.

(vi) Timeliness: the extent to which immediate emergency/humanitarian action was taken, thereby considering the timeliness of action taken to set up intervention.

(vii) Coherence: extent to which the ECTs were aligned and synergized with national and sub-national levels and other stakeholders in the humanitarian response, looking at alignment of emergency preparedness and response activities under the programmes with the Government, United Nations (UN), CPs and other stakeholders responding to both emergencies, and the nexus between emergency response and developmental programming.

(viii) Coverage: the extent to which all communities in the programme areas were covered by the emergency humanitarian action especially in accessing information and support on the ECTs (including grievance redress). The evaluation will review the programme response to the drought response and to COVID-19 to show the extent to which all communities in the programme target areas benefitted from programme emergency activities.

(ix) Long Term change: The changes in conditions of people and systems that result from the interventions under the programmes. The evaluation will equally assess the positive, negative, direct, indirect, intended or unintended effects of the programmes.

4.3 Questions

1. Relevance/Appropriateness:

- 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?
- 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?

- What aspects of the interventions were most appreciated by target population?
- To what extent did the interventions target the most vulnerable and marginalized groups?
- To what extent was the interventions align with UNICEF policies and programming in Zambia?
- How long did it take for donors to approve programme adjustments to reflect the ECTs from date of request?
- How long did it take to adjust agreements and start implementing the ECTs?
- Did the beneficiaries receive their payments at agreed times? If not, what were the key delay factors?

2. *Effectiveness:*

- To what extent did the interventions achieve their expected results, in particular, warding off negative coping mechanisms?
- 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?
- Did the interventions contribute to equitable participation and benefits to various groups (men, women, young people, children and persons with disability)?
- What were the facilitating and constraining factors?
- How effective were the various kinds of programme monitoring for each of the interventions?
- Was the design of the ECT programmes and their implementation effective in responding to the changing needs, if any, of the beneficiary districts' contexts?
- 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)

3. *Efficiency:*

- Did the interventions use resources in the most economical manner to achieve expected equity-focused results?
- 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?
- Were the activities under the interventions completed in a timely manner?
- Were expected results (outputs) delivered within budget? How does the cost effectiveness of the different outputs compare?
- What were the most important cost drivers in the interventions, and how were costs contained without compromising results?

4. *Sustainability/Connectedness:*

- 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?
- To what extent have the interventions built capacities, systems and processes (including government capacity and information management systems) for delivery of ECTs in future?
- To what extent has Government capacity, including information management systems, for the delivery of ECTs been strengthened because of each of these programmes?
- How were the local authorities at provincial and district levels involved in the interventions?
- 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?
- Where there any mechanisms in place for warranting continuous communication? How well functioning were they?

5. *Coherence:*

- To what extent did the ECT interventions incorporate humanitarian and human rights principles?
- To which extent, was the implementation of each project in line with national and sub-national humanitarian priorities and actions?

6. *Coverage:*

- To what extent did ECT interventions target the most vulnerable communities in the intervention area?

7. *Long Term Change:*
   - What changes have occurred in the incidences of negative coping mechanisms?
   - Have the interventions created more resilience in the beneficiary households?
   - Have the interventions reduced food insecurity in beneficiary households?
   - 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?
   - 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?
   - 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?
   - 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?
   - D-ECT: To what extent has the intervention contributed to protecting the food basket distribution? Which factors explain this contribution?
   - C-ECT: To what extent has the intervention helped to increase knowledge about good nutrition practices?

4.4 Methodology

The evaluator is expected to organize focus group discussions with beneficiaries, hold semi-structured interviews with government, implementing partners, UNICEF staff, local government officials, and donors. To gauge community perspectives, the evaluator is expected to visit four districts (selected in consultation with MCDSS in a way that both ECT programmes are covered) and conduct 1-2 FGDs in each district.

The evaluator is expected to provide details of their approach and develop evaluation matrices for each of the programmes demonstrating how evaluation questions will be answered and sources of data for each question. The components of the methodology will include (but will not be limited to):

4.4.1 Desk Reviews: Review of the relevant literature and resources that will be available to the evaluator and the reference group in the Ministry. These literatures / resources will include: Key project documents (proposal/business case, budgets and log-frame); Long Term Agreements with payment service providers, Implementing partners progress reports (narrative and financial), Key Government of the Republic of Zambia's planning documents (e.g. DMMU response action plan;); Extractions from the Management Information System of the SCT; existing research on both programmes, including impact evaluations and third-party monitoring reports.

4.4.2 Meetings with Key Sector Partners:

Hold meetings/undertake consultations with the key line government agencies in Lusaka and possibly in the field (including but not limited to) MCDSS, DMMU, Airtel Standard Chartered Bank, UNICEF, etc.) in the form of Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)

4.5 Gender and Human Rights, including child rights

The Consultant must ensure women's participation during data collection as they are both duty bearers and rights-holders of the target population. Where possible, involving children of appropriate age is also encouraged, especially when collecting data pertaining to education related impact. All data collected should be disaggregated by sex, age and location.

Gender roles and expectations will need to be considered both with respect to the ability of the community members to participate in the evaluation and group dynamics of any FGD or interviews. The evaluation should follow the United Nations Evaluation Group norms and standards. These will be shared with the selected contractor.

The evaluation process will be guided by relevant instruments or policies on human rights, including child rights and gender equality e.g. International human rights law and human rights principles, including the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women etc.

4.6 Ethical Considerations

Ethical aspects of the evaluation which include, among others, data collection from human subjects and their consent should be covered in detail in the technical proposal. UNICEF has a set of ethical principles, and checklist regarding research and evaluations which must be upheld. The evaluator will come into contact with human objects particularly children and should take precautions to protect the rights and wellbeing of any children.

In addition, research instruments used as part of the evaluation will undergo ethics approval processes within Zambia, if deemed necessary by the ethics board. This will be the responsibility of the evaluator. The Evaluator is expected to adhere to evaluator obligations of independence, impartiality, credibility, honesty and integrity.

Finally, the evaluator is expected to at all times adhere to COVID-19 risk mitigation measures while conducting this evaluation.

Candidates should prepare all inclusive financial proposals that include travel cost to/from Zambia (economy class), travel costs within Zambia (estimating total distance of 4000km road travel to and from implementation districts) and DSA according to international civil service commission rates for 20 days field work in Zambia (in Lusaka and in the selected implementation districts).

Child Safeguarding

Is this project/assignment considered as "Elevated Risk Role" from a child safeguarding perspective?

☐ YES ☒ NO If YES, check all that apply:

Direct contact role ☐ YES ☒ NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role ☐ YES ☒ NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates

Consultant sourcing:

☐ National ☒ International ☐ Both

Consultant selection method:

☒ Competitive Selection (Roster)

Request for:

☒ New SSA – Individual Contract

☐ Extension/ Amendment

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☐ Competitive Selection (Advertisement/Desk Review/Interview)			
Supervisor: Evaluation Manager to be appointed by PME	**Start Date:** ASAP	**End Date:**	**Number of Days (working)** 70

Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimated Budget
Conduct a literature/ desk Review	Inception report with a summary of context and detailing work plan, timeframe, sampling frame, methodology and instruments/tools for data collection to be used and key research questions.	21 March 2022	15 days
Conduct stakeholder/Key Informant Interviews (KII) and FGDs	Progress report on data collection and draft outline of Evaluation Report.	2 May 2022	20 days
Data Analysis and Report Writing	Draft report	13 June 2022	20 days
Circulate report for comments	Final report	4 July 2022	5 days
Hold workshop to disseminate and validate findings	Workshop report drafted	11 July 2022	5 days
Incorporate final comments, submit final, validated evaluation report	Final Report	31 July 2022	5 days
Estimated Consultancy fee	**850 USD x 70 days = 59,500 USD**		
Travel International (if applicable)	2000 USD		
Travel Local (please include travel plan)	4000 USD		
DSA (if applicable)	273 USD (Lusaka) x 20 days = 5460 USD		
Total estimated consultancy costs[i]	**70,960 USD**		

Minimum Qualifications required:	**Knowledge/Expertise/Skills required:**
☐ Bachelors ☒ Masters ☐ PhD ☐ Other Enter Disciplines Social Sciences, Social/Public Policy Management, Economics or related social Protection	• Master's degree in Social Sciences, Social/Public Policy Management, Economics or related social Protection and/or evaluation studies qualifications. • A minimum of 8 years of professional experience in designing, implementing and managing social protection / cash-based interventions or programming, preferably in Africa, including at least 5 years specifically in evaluation of SP programmes. • Demonstrated expertise and capability in technical evaluation of social protection delivery systems, related national policies and knowledge of government operational framework. • Proven experience with logical framework approaches and other strategic planning approaches, M&E methods and approaches (including quantitative,

	qualitative and participatory), information analysis and report writing. • Understanding of the development context in Zambia will be an advantage • Excellent communication and interview skills. • Excellent report writing skills. • Demonstrated ability to deliver quality results within strict deadlines, through a proven track record.
Administrative details: Visa assistance required: ☐ Transportation arranged by the office: ☐	☒ Home Based plus international travel to Zambia (Lusaka as well as field districts) ☐ Office Based: If office based, seating arrangement identified: ☐ IT and Communication equipment required: ☐ Internet access required: ☐
Request Authorised by Section Head	**Request Verified by HR:**

[i] Costs indicated are estimated. Final rate shall follow the "best value for money" principle, i.e., achieving the desired outcome at the lowest possible fee. The consultant will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

Text to be added to all TORs:
Individuals engaged under a consultancy or individual contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.