Humanitarian Assistance through Mobile Cash Transfers

Emergency Cash-First Response to food security in drought-affected communities in Southern Zimbabwe through a mobile cash transfer project

Evaluation report

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Contents

List of Tables

List of Figures

Acronyms

AGRITEX	Agricultural Technical and Extension Services
ATT	Average Treatment Effect on the Treated
BEAM	Basic Education Assistance Module
CFSM	Core Food Security Monitoring
CIT	Cash in Transit
CSI	Coping Strategies Index
CT	Cash Transfer
CTP	Cash Transfer Project
DA	District Administrator
DAEO	District Agricultural Extension Officer
DDRC	District Drought Relief Committee
DEO	District Education Officer
DFID	Department for International Development
DFNC	District Food and Nutrition Committees
DSS	Department of Social Services
DSSO	District Social Service Officer
FCS	Food Consumption Score
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GMB	Grain Marketing Board
GoZ	Government of Zimbabwe
HH	Households
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IPW	Inverse Probability Weighting
KII	Key Informant Interview
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring & Evaluation
MCT	Mobile Cash Transfer
MCTP	Mobile Cash Transfer Project
MoLSS	Ministry of Labour and Social Services
MWAGCD	Ministry of Women Affairs, Gender and Community Development
NGO	Non-Governmental Organisation
NNM	Nearest Neighbour Matching
PDM	Post-Distribution Monitoring
PIN	Personal Identification Number
PSM	Propensity-Score-Matching
PUK	Personal Unlocking Key

RDC	Rural District Council
TCTR	Total Cost to Transfer Ratio
UCCSA	United Congregation Church of Southern African
UN	United Nations
USAID	United States Agency for International Development
USD	United States Dollars
WFP	World Food Programme
ZimVAC	Zimbabwe Vulnerability Assessment
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

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Executive Summary

Introduction

Food insecurity levels in Zimbabwe have steadily increased over the last two agricultural seasons as erratic rainfall patterns have largely compromised productivity, expected yields and pasture availability. The 2015 Zimbabwe Vulnerability Assessment Committee report indicated that the southern provinces of the country are the most affected and will remain vulnerable. In response, CARE International in collaboration with World Vision and funded by DFID, implemented a humanitarian assistance project. The project provided unconditional mobile cash transfers (MCT) to vulnerable households in the drought-affected communities of the southern provinces. The project's **overall objective was to enhance the food security of vulnerable and drought-affected households in four provinces of Zimbabwe**. The MCT **aimed to cover 50% of household basic food and nutritional needs,** mainly through local food purchases. In addition, the MCT aimed to ensure that households could cope with food shocks, mainly by enhancing asset retention while minimising negative coping strategies. The cash transfers also sought to empower women and to stimulate local economies.

The project was operational from 18 August 2015 to 31 July 2016 and beneficiaries started receiving transfers in October 2015.[1] The project initially targeted about 67,200 households (approximately 336,000 people) in 15 districts located in the drought prone southern provinces of the country: the Midlands, Matabeleland North, Matabeleland South and Masvingo[2]. The caseload was increased to 71,200 (about 360,645 individuals) in February 2016 (approximately 17% of the population in the districts). Two service providers – Econet and NetOne – were contracted to facilitate the payment of cash transfers to beneficiaries through mobile phone wallets.

This evaluation was carried out to answer the following key questions: (i) What are the humanitarian and gendered impacts of the MCT project? (ii) How did the MCT project affect local community cohesion and the functioning of the local markets? (iii) What are the relevance, appropriateness and value for money of mobile phone payments compared with food transfers in Zimbabwe's context? (iv) What was the performance of the mobile cash transfers in terms of coverage, targeting and adequacy of transfers? and (v) What are the lessons learned during implementing the project and how do they inform future interventions? This report presents the findings from the evaluation of the project's impacts and operational performance.

Methodology

The evaluation utilised a mixed-methods approach. Quantitative data were collected using a structured household survey of beneficiary and non-beneficiary households. Households were selected through simple random sampling. The project's registration lists were used to randomly select beneficiaries from targeted wards. Non-beneficiary households were randomly sampled in the field. To ensure representativeness of the sample, a proportional approach was followed to distribute the sample among the wards (consequently, targeted wards with a higher beneficiary population were assigned a higher sample size, while control wards with larger populations were

[1] Initially, the project was set to end on 31 March 2016.
[2] Total population in the districts is 2,121,886

assigned a higher sample size). The quantitative survey was complemented by qualitative surveys. The qualitative surveys captured information from beneficiary and non-beneficiary households through focus group discussions and in-depth interviews supplemented with community well-being analysis, institutional mapping, livelihoods analysis and household income and expenditure analysis. Key informant interviews were administered to elicit information from stakeholders. In addition, primary data collection was supplemented by information gleaned from the project's monitoring documents and review of empirical literature.

The evaluation employed propensity score matching (PSM) techniques to estimate the impacts of the cash transfers. Specifically, kernel and nearest neighbour matching were primarily used to estimate the impact on food security and socio-economic outcomes. Robustness of the results was checked using inverse probability weighting estimations. The analysis also included the assessment of the project's operational performance. Aspects like targeting accuracy, accessibility and efficiency were analysed using data from the quantitative and qualitative surveys and from project reports. In addition, cost-efficiency and cost-effectiveness analyses were carried out.

Results

Humanitarian and socio-economic impacts

The primary intended outcome of the project was to ensure target households were able to cope with food shocks and meet 50% of the basic food needs. Hence, humanitarian impacts of the project were measured using key indicators of food security. The project also aimed to empower women and stimulate local economies. The evaluation also assessed if the project had additional socio-economic benefits and unintended consequences at household and community levels.

The humanitarian impacts at household level are as follows:

- The **dietary diversity of beneficiaries increased by 0.3 units or 8% and self-reported hunger decreased by nearly 18%.** Compared to non-beneficiaries, **the probability of meeting the minimum acceptable diet was 15% higher among beneficiaries.** Stronger impacts were observed in male-headed households, households with greater than six members (the sample average) and households with a larger number of dependents (i.e. members younger than 14 years or older than 64 years).
- There were no significant impacts on the food consumption score. The absolute food consumption expenditures of beneficiaries increased but there were no significant impacts on the per capita food consumption expenditures and total expenditures. **There were positive impacts on the frequency of consuming low calorie foods such as fruits and cooking oil. However, the project did not have any impact on the frequency of consumption of nutrient dense foods like staples, animal source proteins and pulses.**
- Beneficiaries reported that the MCT met about 48% of their daily food needs which is very close to the project's target of 50%. The daily food needs were determined using the international metrics for minimum daily calorie intake. However, the project had no impact on the food consumption score, the consumption of nutrient dense and high calorie foods which contribute to the bulk of calories needed to achieve the minimum daily calorie intake.

Therefore, it is unlikely that the cash transfers fully and consistently met 50% of the daily basic food and nutritional needs.

- There was a significant reduction in the proportion of households skipping eating for entire days. However, there was no significant reduction in other food rationing coping strategies. There were no significant impacts on the coping strategies index or on other extreme coping strategies such as school withdrawal or distress sale of assets. Nearly 90% of the cash transfer was spent on food, especially maize meal, leaving very little for savings or for other food and non-food expenditures. This raises questions about whether the transfers were adequate for substantially improving coping and adaptive capacities.

Other key impacts are that:

- **The proportion of households reporting that women had control over household budgets increased by 11%. The proportion of women-dominated community networks also increased by nearly 24%**.

- Within the local markets of beneficiaries, the MCT project **increased the availability of commercial sources of cereals** such as retail shops, GMB, informal markets and local farmers. There are also reports of an **increase in the volume of local trade in beneficiaries' local markets**. The qualitative reports of an increase in local trade indicate that the project may have had multiplier effects within local economies. However, at the end of January 2016, the average price for maize grain was USD 0.53 per kg, which was higher than the projected USD 0.32 per kg. Due to the dynamics of the lean season, the average prices for maize grain and maize meal increased by 22% and 17% respectively. The price increases likely diminished the purchasing power of the cash transfers.

Additional and unintended socio-economic impacts are as follows:

- A striking result from the evaluation is the positive impact on household size and composition, despite the efforts to; verify household size during community ranking and validation meetings, and to physically verify all households with at least 10 members and a randomly selected 2.5-10% of registered beneficiaries. However, physically verifying the size of all households was not feasible. Since the amount provided by MCT increased with household size, it is possible that beneficiaries could have inflated their household size in anticipation of the project and to attract more transfers. The targeted communities also have a long history of receiving food aid and likely had prior knowledge of beneficiary selection and validation processes. The result highlights the challenges associated with a cash transfer that correlates with household size. Given the time and resources constraints of humanitarian projects, it would not be possible to verify the true size of all households.
- The impact on child school attendance, income sources and financial capacity was not significant.
- At community level, we find that the MCT **increased beneficiaries' participation in existing social networks by 26%**. Unsurprisingly, **the MCT crowds out cash and in-kind inter-household transfers**.

Overall, we find evidence that the mobile cash transfers enhanced food security by increasing the household dietary diversity score, reducing hunger and severe food insecurity coping strategies.

However, they fell short of increasing the consumption of high calorie foods which would have enhanced the likelihood of the MCT consistently covering 50% of the basic daily food and nutritional needs. The modest humanitarian impacts are likely due to factors that diminished effectiveness and impact. The effectiveness and impact of MCT were undermined by the drought which worsened the lean season environment, poor access to services (hence transportation costs), irregularities in disbursements, technological deficiencies in the target areas and cereal price increases that likely diminished the purchasing power of the cash transfers. It may also have been too early to detect large humanitarian impacts after five months of operations. The modest impacts of the MCT could also be due to the size of the cash transfer. The MCT was worth about 25% of normal household consumption expenditure. A recent study suggests that cash transfer sizes that are worth at least 30% of total household consumption expenditures generally yield large food security and wider welfare impacts in sub-Saharan Africa.

Operational performance

Overall, the MCT project is **relevant and appropriate to the needs of the targeted population** and to Zimbabwe's context. However, certain areas and populations have poor access to mobile technology, mobile money agents, network coverage and suppliers of food. The objectives of the MCT project **aligned well with the government policies and priorities, SPHERE standards for humanitarian response and with the priorities of the Zimbabwe United Nations Development Assistance Framework (ZUNDAF).** However, there is a clear preference for food transfers by beneficiaries. This may have been caused by the drought, perceptions that the MCT amount is inadequate, challenges experienced in accessing the MCT, poor technological adaptation and familiarity with food assistance, the traditional form of humanitarian assistance in these districts. However, design changes (i.e. amount of cash transfers); improvements in technological readiness and appreciation, and improved timeliness and regularity of cash disbursements could lead to a change in these preferences. **Coverage targets were met and surpassed**. Post-distribution monitoring (PDM) reports an overall inclusion error of 1.5%. **Barriers to withdrawing the cash transfer included** poor technological readiness (lack of handsets, use of other people's lines, poor technical knowledge), unavailability of mobile money agents, liquidity challenges, conditions for withdrawal imposed by the agents and long distance to mobile money agents. In addition, **disbursements of cash were irregular and untimely**. This was mainly caused by problems with beneficiaries' mobile network lines, which led to a time-consuming verification process. We also find that just 59% of the beneficiaries received nutritional messages by SMS and among them only 40% identified at least three nutritional practices.

The project is **cost saving** and **cost efficient**. The total cost to transfer ratio (TCTR) for the project is 1.35 and the ratio of the value of transfers to total costs (administrative and transfer), i.e. alpha ratio, is 0.74. The MCT project has better cost-efficiency ratios and is therefore more cost efficient than contemporary humanitarian food transfers in Zimbabwe. Delivery of the MCT cost about 38.61 USD per wider beneficiary (household member) which is lower than the 84.56 USD for WFP's humanitarian food transfers. Accordingly, if the MCT project had the same cost per beneficiary as the humanitarian food transfers, it would only cover 164,681 individuals instead of 360,645 i.e. approximately 2.2 times less. However, **operational challenges** such as the time-consuming verification of registrations and the subsequent delays in cash disbursements **diminished overall efficiency**. Cost-effectiveness analysis shows that **spending one pound on**

the MCT increases the dietary diversity score by 0.3-1.5 units and the likelihood of achieving a minimum acceptable diet by 0.4 percentage points.

The project **explicitly emphasised gender** resulting in greater community sensitisation and the registration of mostly female cash recipients (71% of all beneficiaries). With regard to monitoring and evaluation, the project benefitted from multiple monitoring processes. Despite the demanding timelines for reporting, the project regularly conducted PDM and core food security monitoring (CFSM) in addition to the monthly monitoring of operations and the bi-weekly tracking of local prices. The reports were produced in a timely manner. However, the data collection processes used different sampling frames. A baseline survey was administered although it did not explicitly identify a comparison group. A different comparison group was randomly selected for each CFSM survey which prevented a longitudinal analysis using month to month comparisons of outcomes. The CFSM comparison group was also selected from the same wards as the beneficiaries and therefore likely benefitted from spillover effects which increase contamination bias. The CFSM comparison group comprised a mix of non-eligible households and eligible but excluded households (due to coverage limitations). These households were therefore not entirely similar or equivalent to the beneficiaries as required when determining a counterfactual.

The project **benefitted from strong partnerships with district authorities** who assisted in ward ranking, selection and beneficiary registrations. The partnership with service providers was initially weakened by challenges experienced during disbursements. The accountability and feedback framework was comprehensive and innovative in that it utilised face to face and anonymous mechanisms **and 81% of the complaints were successfully responded to**.

Overall assessment

Overall, we rate the **relevance and appropriateness of the MCT as medium to high. T**iming and targeting were relevant and the objectives were well aligned with national priorities. However, in certain areas, access to mobile money agents, network coverage and suppliers of food was poor. We rate the **efficiency of the project as medium to high.** The project performs well in terms of value for money but faced significant operational challenges such as time-consuming verifications and delays in cash disbursements. **Effectiveness and impact were medium** as they were likely undermined by the drought, the untimely and irregular transfers and barriers to withdrawing cash. The overall **sustainability of the MCT project is low** given its humanitarian nature. The positive impacts cannot be sustained due to the current drought.

Factors that positively affected implementation include the accountability and feedback mechanisms, adequate human resource capacities and experience, robust community engagement, an effective gender strategy, economies of scale and strong partnerships with the government. Challenges that affected delivery include the poor technological readiness and literacy of beneficiaries, gaps in network coverage, irregular disbursements, unavailability of mobile money of agents in some areas, conditions imposed during withdrawal by mobile money agents and liquidity challenges and the drought. Humanitarian impacts were heterogeneous according to household size and composition and were affected by the timing of the project (lean season), increased availability of cereal sources in the local markets, increase in cereal prices and intra-household decision making that empowered women to control budgets.

In future, the delivery of humanitarian mobile cash transfers can be improved by the following actions:

1. **Improving the technological readiness and literacy of beneficiaries before initiating cash disbursements**
2. **Improving network coverage and enhance coordination within mobile network operators' key departments**
3. **Strengthening communication between mobile network operators and humanitarian actors at all stages of implementation**
4. **Increasing the engagement of mobile network operators in the field during beneficiary registration.**
5. **Developing a data sharing strategy that enables an objective monitoring and assessment of the patterns of use of the mobile money platform by beneficiaries.**
6. **Improving the availability of mobile money agents by increasing distribution points and designing incentives for agents who service remote areas;**
7. **Improving the quality of services of mobile money agents through training and penalising unethical practices**
8. **Developing measures to address liquidity challenges such as promoting mobile money purchases of goods by beneficiaries**
9. **Improving the delivery of nutritional messages by prioritising community meetings over SMS in areas where the majority of beneficiaries have poor technological literacy and readiness.**
10. **Enhancing the rigour of monitoring and evaluation by identifying and maintaining a consistent sampling frame of beneficiaries and comparable non-beneficiaries in baseline, monitoring and endline surveys.**
11. **Consider determining a cash transfer size that accounts for aspects such as transaction costs, total household consumption expenditures, lean season food prices and beneficiary behaviour.**

1. Introduction

This report presents the results of an evaluation of CARE International's "Emergency Cash-First Response to Food Security in Drought-affected Communities in Southern Zimbabwe". The project provides humanitarian assistance to beneficiaries in the form of cash transfers delivered through a mobile phone-based payment platform.

The evaluation assesses the humanitarian and socio-economic impacts and the operational performance of the humanitarian mobile cash transfers. The evaluation employed a mixed-methods approach. Quantitative and qualitative data were collected from a household survey of beneficiary, non-beneficiary households, key informants, as well as project documents and secondary literature.

1.1 Humanitarian assistance through mobile cash transfers: global context

Cash transfers are increasingly being used in humanitarian response. Technological advances such as the mobile phone based money transfers have enabled the electronic delivery of cash transfers. Nevertheless, the use of mobile phone payment platforms to deliver cash transfers is not yet widespread in the humanitarian context. Mobile cash transfers (i.e. mobile phone-based) have been provided in countries such as Pakistan (2010), Haiti (2012), and Lebanon (2014) (Bailey & Harvey, 2015). While there is a well-established evidence base that cash transfers in general are more effective than other modalities, evidence regarding success stories for mobile cash transfers in humanitarian context is scant. [3] A successful mobile cash transfer in a humanitarian setting is that of the Kerio Valley Cash Transfer Pilot (KVCTP), a project by Concern and its local partner the Catholic Diocese of Eldoret. The project was a short-term targeted response to the food security problems that affected communities in Baringo North and Pokot East Districts of Kenya as a result of the post-election violence in 2008 (Brewin, 2008). Concern resolved illiteracy and unfamiliarity of beneficiaries with operating handsets by employing clerks. This contributed to the performance of the mobile cash delivery in terms of efficiency, delivery costs, and costs for beneficiaries, beneficiaries' preferences and risks (*ibid*). Creti (2014) compared mobile cash transfer with cash transfer through microfinance institutions for Urban Refugees in Niger. Mobile cash transfers were found to be more effective than cash transfers delivered through microfinance institutions. The study also underscores the importance of beneficiary's previous familiarity with mobile technology and capacity to use the technology as a key factor of success. Aker et al. (2014) also compared manual and electronic cash transfers in Niger and found electronic or mobile-based transfers to significantly reduce costs for both the implementing agency and programme recipients. In Zimbabwe, a few recent humanitarian assistance interventions implemented by the NGO Joint Initiative[4], have employed electronic and voucher delivery systems of cash transfers (Gourlay, undated). Still, most of the humanitarian cash transfers programmes (CTPs) in the country have relied on physical mechanisms of delivery.

Empirical evidence shows that humanitarian CTPs have wide ranging socio-economic and welfare impacts. They not only increase household food security, but also reduce the use of adverse coping strategies, strengthen social networks, improve livelihoods and can increase

[3]High Level Panel on Humanitarian Cash Transfers Report. (2015). Doing cash differently: How cash transfers can transform humanitarian aid. *ODI, Center for Global Development*.

[4] A consortium of Oxfam GB, Care International, Catholic Relief Services, Africare and Mercy Corps

demand for and trade of goods and services within local markets without causing inflation (Bailey & Harvey, 2015, HLPCT 2015; Lehmann and Masterson 2014, Slater and Mphale 2008). In addition, humanitarian CTPs reduce intra-household gender conflict and violence (Bell 2015). In most humanitarian contexts, there is little risk of beneficiaries misusing the cash and humanitarian CTPs are more efficient than in-kind assistance (Bailey & Harvey, 2015; HLPCT 2015).[5] Unlike in-kind assistance, CTPs empower beneficiaries by enabling flexibility in spending (Cabot-Venton et al 2015), while the electronic delivery of cash transfers enhances privacy and security during withdrawal (Bailey & Harvey, 2015). As a result of this wide-ranging and compelling evidence, there have been calls for humanitarian actors to make cash transfers the main modality for humanitarian response (HLPCT 2015).

1.2 Overview of the humanitarian mobile cash transfer project in Zimbabwe

The mobile cash transfer project (MCTP) was financially supported by the Department for International Development (DFID) and was implemented by CARE International in collaboration with World Vision International. The MCTP was initially operational from 18 August 2015 to 31 March 2016. The project's operations were extended and later scheduled to end on 31 July 2016. Beneficiaries started receiving transfers in October 2015. The project's overall objective was to **enhance the food security of vulnerable and drought-affected households in four provinces of Zimbabwe**. The primary intended outcome of the project was to ensure target households (HH) were able to cope with food shocks and meet their basic food needs during the 2015/16 agricultural period.[6] Beneficiaries received mobile cash transfers (MCT) that **aimed to cover 50% of household basic food and nutritional needs[7],** mainly through local food purchases[8]. The MCT were also aimed at ensuring that households were able to cope with food shocks by enhancing asset retention and enabling the avoidance of negative coping strategies. The cash transfers were also aimed at empowering women and girls and stimulating local economies.

The project targeted the marginal production regions that were projected to have the highest food insecurity rates during the peak lean season of 2015/16. The Zimbabwe Vulnerability Assessment (ZimVAC) report projected that the highest proportions of food insecurity in the 2015/16 consumption year would be in Matabeleland North (28%) and Midlands (18%) followed by Masvingo and Matabeleland South (both at 17%). By February 2016, and due to the drought induced effects of El Niño, most of these regions had received rainfall that was less than 75% of the average, experienced significant crop failure leading to acute food insecurity, and recorded high numbers of livestock deaths.[9]

[5] Humanitarian Outcomes. (2012). Final Evaluation of the Unconditional Cash and Voucher Response to the 2011–12 Crisis in Southern and Central Somalia. *UNICEF*

[6] Outcome 1 of the project's log frame – see Annex E

[7] The other 50% would be met by the households from their food stock, remittances and others sources of food that they have, even when there was no MCT programme.

[8] The calculation of the transfer size is depicted in Annex E

[9] FEWSNET. (2016). Southern Africa Special Report: Illustrating the extent and severity of the 2015-16 drought. *Office of the United Nations Resident Coordinator in Zimbabwe Press Release*, March 23 2016: A Call for Scaling Up Response to the Worsening Drought.

The project initially targeted about 67,200 households (approximately 336,000 people) in 15 districts located in the drought prone southern provinces of the country: Midlands, North and South Matabeleland and Masvingo. The caseload was increased to 71,200 in February 2016. Districts and wards were targeted based on rapid and in-depth assessments such as the 2014/15 Second Round Crop and Livestock Assessment Report, the 2015 ZimVAC Rural Livelihoods Assessment with input from the government (see section 6.2). Wards and communities were mapped and ranked by project staff, local government officials and traditional leaders during ward assembly meetings. The beneficiaries in the communities were selected through a participatory vulnerability mapping and wealth ranking process facilitated by traditional leaders with project staff and government officials as observers. This was followed by verifications of beneficiaries to ensure that vulnerable groups such as the elderly, chronically ill, disabled and women-headed households were prioritised. The project emphasised the selection of women as the primary cash recipients and communities were sensitised beforehand.

The monthly transfer to each beneficiary household was USD 5 per each household member. Small households (1-2 persons) initially received USD 10 but this was later increased to USD15 in January 2016 since the size of the transfer was deemed inadequate during project monitoring. Two service providers - Econet and NetOne - were contracted to facilitate the payment of cash transfers to the beneficiaries via their mobile phones. In Zimbabwe, there are three mobile network operators: Econet, NetOne and Telecel. Econet is the largest operator in terms of subscribers while NetOne is the second largest. Econet has around 6.7 million active subscribers and NetOne has around 4.1 million active subscribers. Disbursements of cash were made into the electronic wallet of the registered beneficiary's phone. Econet and NetOne centrally facilitated payments into individual accounts through the Ecocash and One wallet platforms (respectively). Both platforms were launched in 2011. The Ecocash platform hosts around 5.4 million subscribers compared to about 836000 subscribers for the OneWallet platform. [10]

1.3 Purpose of evaluation

The project was initially scheduled to end on 31 March 2016, but this was later postponed to 31 July 2016. UNU-MERIT was contracted by CARE International to conduct an evaluation of the mobile cash transfers project. The evaluation was carried out in collaboration with Ruzivo Trust. The evaluation not only looks at the impacts of the cash transfers but also assesses the operational aspects of the project such as targeting and coverage, value for money and accountability mechanisms.

The objectives of the evaluation were to:

- Assess the outcome and impact of the project in relation to its objectives, activities and outputs as set out in the log frame and recommend ways of improving the delivery model of similar humanitarian programmes in future.
- Assess how effectively the project has addressed the challenges encountered, including assessing the project's rationale, beneficiary accountability mechanisms, and phase out plan.
- Assess the level to which identified gender issues were addressed.
- Account to local stakeholders and funders for the project's performance.

[10] Postal and telecommunications regulatory authority of Zimbabwe (POTRAZ). (2015). Postal and telecommunications sector performance report. Fourth quarter report. Retrieved from: http://www.potraz.gov.zw/images/documents/Sector_Perfomance_march.pdf

- Verify whether the funds were used effectively and efficiently to deliver results (assessing Value for Money).
- Consider how this work can be used to develop resilience strategies in Zimbabwe and in the context of climatic shocks.

To fulfil these objectives, the evaluation sought to answer nine key questions (see box 1).

Box 1: Evaluation questions

1. What were the impacts of the mobile cash transfers on food security and household expenditures?
2. What were the impacts of the mobile cash transfers on adaptive capacity and livelihoods?
3. How did the mobile cash transfers affect the gender dynamics at the household level and how can the project strengthen positive change in this area?
4. What were the impacts of the mobile cash transfer on child education?
5. What were the impacts of the mobile cash transfers on local community cohesion and social networks?
6. To what extent did the mobile cash transfers affect the functionality and role of local markets?
7. What is the relevance, appropriateness and value for money of mobile phone cash transfers compared to food transfers in Zimbabwe's context?
8. What was the performance of the mobile cash transfers in terms of coverage, targeting and adequacy of transfers?
9. What lessons were learned during the implementation of the programme and how do they inform similar interventions in the future for sustainable programmes in the context of climatic shocks?

Key evaluation questions are 1, 3, 6, 7 and 8

Questions 1, 3, 6, 7 and 8 are the key evaluation questions. Questions 1, 3 and 6 assess the humanitarian impacts, gender dynamics and changes in local markets. Questions 7 and 8 assess the operation performance of the project. Questions 2, 4 and 5 assess unintended or wider impacts of the project on social networks, education and livelihoods. Question 9 addresses the lessons learned during implementation.

1.4 Theory of change

The mobile cash transfers are expected to affect food security, assets, coping capacities, gender dynamics, and the local economy among other socio-economic indicators. We anticipate that they will lead to these impacts through the following pathways:

1. **Alleviation of liquidity and credit constraints**: The provision of mobile cash transfers alleviates liquidity and credit constraints. Since, cash transfers provide households with flexibility in purchasing food of their choice, the subsequent rise in income would increase spending on diverse foods leading to increased food consumption, enhanced food security. The increased income could also lead to improvements in human capital accumulation, assets, labour allocation and livelihoods;

2. **Predictability**: If provided in regular and predictable intervals, mobile cash transfers help households to better manage risks by preventing the use of negative risk coping strategies

and enhancing risk taking behaviour that leads to asset accumulation and income diversification that builds resilience and adaptive capacities;

3. **Intra-household resource allocation**: The provision of cash transfers elicits changes in intra-household allocation of food, investments and labour among men and women, adults and children. The degree to which resources are allocated and controlled by women would influence the spending on food and welfare needs.

4. **Local economy effects**: The injection of cash into households can increase the demand for goods and services and thus raise the volume of trade in the local economy and can generate spill over effects in ineligible households.

5. **Social relationships in the community**: The cash transfers can either strengthen or diminish participation in social networks. They can also improve social capital and social inclusion and cohesion by increasing community participation of the most vulnerable groups. Mobile cash transfers also provide privacy, a dignified approach, which can limit social pressure and increase confidence

6. **Access to technology, knowledge and financial services**: Mobile payment platform increases access to mobile technology and communication, financial services, economic and social information.

A more comprehensive explanation of the theory of change is available in the evaluation's inception report and in Annex F.

1.5 Structure of the report

This report is structured as follows: Section 1 introduces the evaluation, its purpose and provides an overview of the MCT project. The evaluation methodology is presented in section 2. Section 3 describes the essential characteristics of the sampled beneficiaries and non-beneficiaries. Section 4 presents the humanitarian and socio-economic impacts estimated using propensity score matching. Section 5 analyses the operational performance of the project and Section 6 concludes with an overall assessment and discussion of implications and recommendations. Several technical annexes are also included (Annex A-G).

2. Evaluation methodology

2.1 Approach

The evaluation utilised a **mixed-methods approach** to fully capture the impacts and the complexities of project operations. The evaluation draws its findings from assessments conducted using qualitative and quantitative tools and techniques, and secondary data and document review. The mixed-methods approach allows for the triangulation of findings from various data sources.

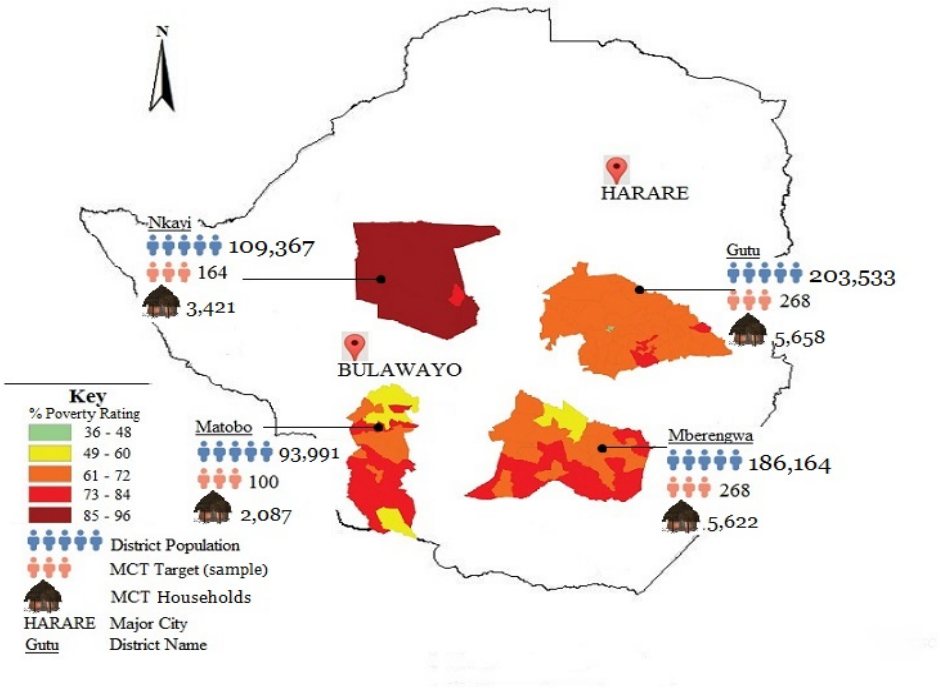
In order to generate a counterfactual for estimating the impacts of the project, the evaluation identified a **comparison group**. There were a few options for identifying a comparison group. Initially the following options were considered: i) districts with delayed humanitarian interventions by other agencies; ii) non-beneficiary wards in targeted CARE districts, which are far from the beneficiary wards in order to minimise contamination bias from spillover and local economy multiplier effects; and iii) districts without any humanitarian interventions. Discussions

with CARE confirmed that interventions by other agencies had not been delayed thereby option (i) was not feasible. Districts without any humanitarian interventions had low to moderate food insecurity rates and were from different agro-climatic regions and livelihood zones. Option iii) was therefore not feasible. Information obtained from reviewing project documents and from consultations with CARE and World Vision, revealed that coverage of the MCT project did not extend to all wards in targeted districts. Consequently, non-beneficiary wards in targeted districts were selected for comparison with beneficiary wards (option ii). This allowed the evaluation to collect data from non-beneficiary households residing in similar agro-climatic contexts as the beneficiary wards.

Among the 15 targeted districts in the four southern provinces, four presented favourable opportunities for selecting comparison wards. These were Nkayi in Matabeleland North, Matobo in Matabeleland South, Mberengwa in Midlands and Gutu in Masvingo (see figure 1). The four districts have a combined population of about 593,059 individuals from 127,418 households (Table C3). Through the guidance of CARE and WVI field officers, selection of comparison wards as made based on their food insecurity profile and geographical distance from treated wards to minimise contamination from spillovers effect of cash transfers in beneficiary wards, which would obscure the true impact of the MCT project.

Unsurprisingly, many other actors were also involved in humanitarian response given the extensive reach of the drought which made it difficult to find wards that had not been targeted by any other social assistance programmes. Contemporaneous programmes during the evaluation period included the WFP food and cash programmes and the government's grain distribution programme which provided labour constrained households with one bag (50kg) of maize grain. Humanitarian agencies coordinated geographical targeting to avoid duplication in drought response. As a result, WFP did not implement any programmes in the districts targeted by CARE. In the CARE intervention districts, the government grain distribution programme was mainly implemented in all non-targeted wards. This raises the risk of contamination for our comparison group. In section 2.3, we elaborate further on how our sample was affected and how analysis dealt with this issue. On the other hand, the grain distribution programme possibly had multiplier effects in the local economies of non-beneficiary wards which would have affected all households. This is a challenge that is difficult to address with our sampling or data analysis.

Figure 1: Districts selected for quantitative and qualitative data collection



Source: MCT evaluation: qualitative report (2016)

2.2 Data collection

Document review: Key secondary data sources for the evaluation were the project documents provided by CARE. These include the monthly monitoring reports, post-distribution monitoring reports (PDM), core food security monitoring reports (CFSM), baseline survey report, baseline market assessment report, accountability assessment report, community engagement reports. The reports provided information that is used to assess the operational aspects and local market effects of the project and to complement the quantitative impact assessment. The evaluation also utilised secondary data sources such as ZimVAC 2015 assessment, Second round Crop and Livestock Assessment and ZimVAC Market Assessment reports for background and contextual information on vulnerability. Empirical literature and evidence papers evaluating humanitarian/social cash transfers were also used to understand the global context and for comparison with the findings of this evaluation.

Quantitative data collection: A household questionnaire was designed and pre-tested on 30 households and 1 Focused Group Discussion (FGD) in Masvingo district. Feedback from the pilot was used to refine the questionnaire. The questionnaire captured information on household demographics, food security indicators, coping strategies, household expenditures, income sources, intra-household decision making and participation in social networks. A section was also dedicated to the experiences of the beneficiaries in accessing and using the mobile cash transfers. Before conducting the survey, the sample size was determined as 400 beneficiary households (out of the total caseload) and 400 non-beneficiary households from the four districts: Nkayi, Matobo, Mberengwa and Gutu (see Annex C, tables C1 and C2 for further details on the survey, caseload, sampling strategy and sampling distribution in the districts and

wards). A sample of 416 beneficiary households and 422 non-beneficiary households were randomly selected and interviewed in February 2016.[11]

Qualitative data collection: Qualitative surveys were used to complement the quantitative data as they provide insights into the operational aspects and underlying reasons for impact. Qualitative interviews were arranged with assistance from CARE and World Vision staff. A total of 57 key informant interviews were conducted. They included interviews with a cross section of stakeholders from CARE, World Vision, DFID, national and local government levels, local traders, mobile network operators (Econet and NetOne) and UN agencies. From the four districts, eight focus group discussions (FGDs) were conducted with beneficiaries and nine FGDs with non-beneficiaries (see annex D for further details). The selection of the wards to conduct the FGDs and in-depth interviews (IDIs) was based on the following indicators of access to services: distance to the main business centre/growth point[12], availability of mobile cash disbursement agents[13] and degree of market interaction.

Participants from the communities were disaggregated by age, gender, household composition[14], elderly, disabled, widowed, and chronically ill in order to elicit common and divergent responses to the evaluation questions. Several participatory tools were used during the FGDs. They were: community well-being analysis, institutional mapping, livelihoods analysis and household income and expenditure analysis (see annex D for further details). Eight IDIs were also conducted in the selected districts.

2.3 Data analysis

The data collected was analysed in three ways. First, in order to address the problems of bias arising from non-random beneficiary selection and non-random placement of the cash transfers, **econometric analysis** was based on propensity score matching (PSM) methods that identified the average impacts of the cash transfers. PSM mimics randomisation by identifying beneficiaries (treated) and non-beneficiaries (comparison) that are similar in pre-intervention socio-economic characteristics (see Annex B for details of the procedure). For a few outcomes, baseline and follow up data was available due to information collected retrospectively, therefore we combine PSM with differences in differences estimation which accounts for bias from unobserved factors.[15] Heterogeneous impacts were estimated by examining the outcomes of female and male household heads and households of different sizes.

[11] See Table C1 and C2 for details of the sample distribution.

[12] Reference maps were studied to determine distance to the main business centre for each ward and presence of a primary road leading to the business centre. On the ground, consultations were also made with field officers and councillors to establish the main centre used by the community to access goods and services.

[13] Important as the first service point sought by the beneficiary households accessing their cash transfer within treatment wards.

[14] Households were disaggregated by female headed, male headed, child headed and elderly headed households to capture varying decision making dynamics within each household.

[15] The variables for which data were collected retrospectively are child school attendance i.e. whether a school age child has been in school in the previous term (before the MCT project) and labour participation or employment status of working age household members. These are binary variables that are easier to recall compared to variables like expenditures. Since the recall period is fairly short, (five months), recall bias is likely to be low.

Sensitivity analyses were conducted in two ways. First, we checked for whether any non-beneficiaries were receiving government food assistance. Our survey data shows that about 19 non-beneficiaries reported that they had received grain from the government at some point during the evaluation period, however only seven comparison households (1.7%) had received grain more than once during the evaluation period. The erratic distribution of government grain and the low number of non-beneficiaries affected in our sample possibly indicates that there is little contamination in our comparison group. Still, non-beneficiaries could have underreported their receipt of other social assistance, a challenge that is difficult to address. Nevertheless, as part of our sensitivity analysis, we compare the main PSM results with those obtained from using a sample that excludes self-reported food recipients. Second, we test for the sensitivity of our main results to simulations of unobserved confounding factors.

Second, the **assessment of operational performance** sought to establish the cost-efficiency and value for money using the total cost to transfer ratio (TCTR). The effectiveness of mobile delivery (e.g. coverage, targeting, accessibility, barriers to withdrawal, reliability of connectivity, availability of mobile agents, user-friendliness) is assessed using descriptive analysis of quantitative data and feedback from beneficiaries during FGDs and from stakeholders during KIIs. Lastly, a **deductive approach** was used to group qualitative data and assess similarities and differences. Data is obtained from field notes and transcripts of recorded interviews. Content analysis is used to assess patterns of themes and constructs arising from the qualitative responses. Narratives by respondents of in-depth interviews and focus groups are also analysed.

3. Profiles of beneficiaries and non-beneficiaries

3.1 Demographics and vulnerability attributes

Table 1 describes the demographics and vulnerability attributes of the beneficiaries and non-beneficiaries. A total of 838 households were randomly selected, of whom 416 were beneficiaries and 422 were non-beneficiaries. As the sampling was proportional to beneficiary population in the districts, the largest proportion of the sample is from Mberengwa (34%) and Gutu (32%) (See Annex C for details on sampling). The key demographics show that on average, and compared to non-beneficiary households, larger proportions of beneficiary households have older, less educated and female heads. The average household size is marginally different and the number of children under five years is similar. About 46% of the beneficiary households are headed by males, similar to 45% in the project PDM reports[16].

The statistics also show that beneficiary households have a larger dependency ratio and are more vulnerable. On average, the proportion of dependents among beneficiaries is 57% compared to 48% among non-beneficiaries. At least 25% of the beneficiary households have a chronically ill head compared to 17% of the non-beneficiary households. About 5% of the beneficiary household heads were engaged in paid work at baseline (September 2016) compared to 12% of the non-beneficiary household heads. Access to land is similar for both groups.

[16] Post-Distribution Monitoring and Core Food Security Monitoring Report (PDMCFSM), January (2016)

Table 1: Household demographics and vulnerability attributes of sampled households

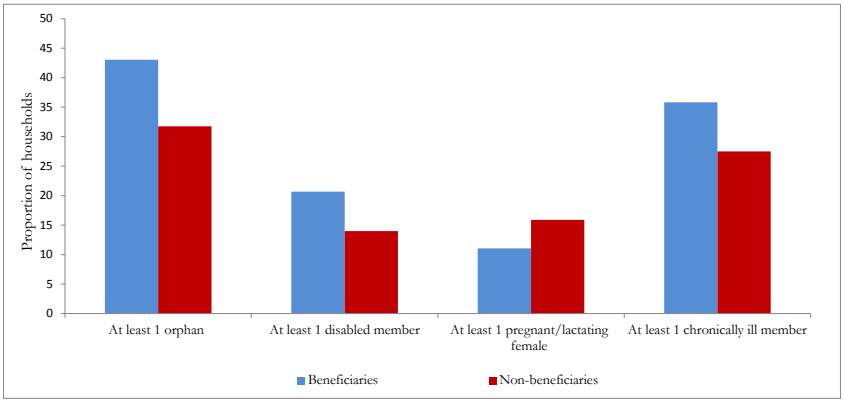
Variables	Full sample (N=838)	Beneficiaries (416)	Non-beneficiaries (422)	Average difference
Demographics				
Age of household head	56.17	60.06	52.4	7.66***
Education level of head				
Primary education or less	66.79	72.33	61.3	11.03***
Post-primary education	33.21	27.67	38.7	-11.03
Male headed (%)	56.32	45.91	66.59	-20.68***
Married head (%)	54.42	45.19	63.51	-18.32***
Disabled head (%)	5.97	7.93	4.03	3.9**
Household size	5.54	5.70	5.38	0.32*
Household size category				
Small (1-2)	10.50	9.13	11.85	-0.027
Medium (3-6)	44.15	43.03	45.26	-0.022
Large (6-9)	37.59	39.42	35.78	0.036
Very large (10+)	7.76	8.41	7.11	0.013
Chronically ill head (%)	20.92	24.57	17.31	7.26***
Elderly head (%)	32.97	40.05	25.96	14.09***
Dependency ratio	1.35	1.53	1.18	0.35***
Dependent proportion (%)	52.37	56.61	48.2	8.41***
Paid work status of head (%)	8.13	4.68	11.58	-6.9***
Access to land (%)	96.06	94.95	97.16	-2.21
Location (district)				
Nkayi (N= 185)	22.08	48.11	51.89	-
Matobo (N=100)	11.93	49.00	51.00	-
Mberengwa (N=286)	34.13	52.10	47.90	-
Gutu (N=267)	31.86	50.56	49.44	-

Source: MCT evaluation survey (2016).

Notes: Elderly are those who are 65 years or older. Dependency ratio is the ratio of number of dependents (age < 15 and age > 64) to the total number of active labour force. *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.10

For almost all the demographic variables and vulnerability attributes, there are statistically significant differences between the beneficiary and non-beneficiary group. These differences justify the use of propensity score matching to identify households of similar characteristics from both groups and estimate impacts.

Figure 2: Key vulnerability attributes of sampled households



Source: MCT evaluation survey (2016)

Figure 2 describes the key vulnerability attributes of both groups. On average, about 43% of the sampled beneficiary households had at least one orphan, which is higher than the average of 22% in the ZIMVAC 2015 results[17]. About 21% of the beneficiary households were living with at least one person with physical or mental disability, compared to 14% for non-beneficiaries. Approximately 36% of the beneficiary households are living with at least one chronically ill person compared to 28% of non-beneficiary households.

3.2 Housing conditions and access to facilities

Table 2 describes the housing conditions of the sampled households. On average, there are no significant differences in housing materials between the two groups. Nearly similar proportions of beneficiaries (76%) and non-beneficiaries (79%) have access to an improved water source. Nearly similar proportions of beneficiaries (49%) and non-beneficiaries (53%) have no toilet facility (i.e. practice open defecation). Over 90% of households in both groups use wood as a main source of fuel.

Table 2: Housing conditions of the sample

Variables	Full sample (N=838)	Beneficiaries (N=416)	Non-beneficiaries (N=422)	Average Difference
House has earth and/dung floor	47.48	47.49	47.47	0.02
House has thatch roof	61.63	61.69	61.58	0.11
Access to improved water source	77.34	76.14	78.52	-2.38
Access to improved sanitation	42.69	44.58	40.81	3.77
No toilet facility	51.08	49.16	52.98	-3.82
Energy source is wood	95.23	96.15	94.31	1.84

Source: MCT evaluation survey (2016)
Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.10

More beneficiaries than non-beneficiaries live far from food markets or shops. On average, about 8% of the beneficiaries live more than 11km away from a food market or shops compared to 4% of non-beneficiaries. The converse is true for distance to roads. About 4% of the beneficiaries live more than 11km away from roads compared to 6% of non-beneficiaries. There are no

[17] Zimbabwe Vulnerability Assessment Committee (ZimVAC). (2015). Rural Livelihood assessment. *Food and Nutrition Council, SIRDC,* Harare

significant differences in distance to primary school. Overall, the profiles show that the sampled beneficiaries and non-beneficiaries have similar housing conditions and some differences in access to facilities.

4. Humanitarian and socio-economic impacts

Propensity score matching (PSM) was employed to estimate the impact of the MCT on a set of outcomes including food security and expenditure, women empowerment, changes in households' coping strategies, inter-household transfers, social networks and livelihoods. Table A2 lists and defines the variables used in the analysis.

4.1 Propensity score estimation

PSM estimates the "average treatment effect on the treated (i.e. beneficiaries)" which is interpreted as the impact. The propensity score is defined as the probability that a household participates in the MCTP based on a set of observable characteristics. PSM enables the statistical construction of a comparison group that has similar pre-intervention characteristics but did not receive the MCT. Hence, PSM matches treated households to the comparison group based on similar values of the propensity score. The PSM impact estimates are unbiased if the following assumptions are met: outcomes are independent of the assignment of the MCT conditional on a set of observed characteristics (Caliendo and Kopeinig, 2005), and there is overlap (common support) in the propensity score distributions of both the treated and comparison group (Rosenbaum and Rubin 1983).

The propensity score was computed via a probit model that predicts participation in the MCT project. Explanatory variables (covariates) were included in the model based on economic theory, previous empirical research and knowledge of how targeting was implemented. The model includes the following covariates: age and gender of the household head, education level of head, whether the household head is disabled or not, whether the household head is engaged in paid employment during the baseline, ownership of a traditional dwelling, having no toilet, use of wood as energy source, access to farm land, distance from food markets, major roads and a primary school, and dummy variables for districts were included as covariates. These variables were also selected because they are time invariant and less likely to have been affected by participation in the project. The results of the probit model are presented in Table A1 (Annex A). The results show that the age of the household head is positively associated with participation in the MCT project. Variables that were negatively associated with participation in the MCT project are households with: access to farm land, highly educated heads and heads engaged in paid work before the intervention, and lower distances to food markets and primary schools.

The PSM procedure utilised kernel matching and five-nearest neighbour matching. For our preferred algorithm, kernel matching, we opted for a smaller bandwidth (0.02) to lower bias in the estimates. The combined use of five-nearest neighbour matching with kernel matching enables us to check consistency and reliability of the estimated results on one hand and minimise the trade-offs in bias and variance on the other hand. The robustness of PSM was checked using the inverse probability weighting (IPW) estimator a method that adjusts for confounding and has lower variance than PSM algorithms (Lunceford and Davidian, 2004; Curtis et al., 2007). It assigns greater weights to comparison households with higher estimated probabilities of selection into the MCT (Handouyahia et al., 2013), unlike matching algorithms which assign

greater weights to comparison households with propensity scores that closely mimic those of the treated (See Annex B for further details).

Additional tests on the quality of matching were conducted. They show that there is sufficient overlap in the propensity score distributions of both the treated and comparison group (see Figure B1 and B2 in Annex B) indicating that the common support condition is satisfied. T-tests also show that none of the explanatory variables in the probit model were significantly different for the two groups after confirming the quality of the matching (see Table B1 in Annex B). Likewise model diagnostics show that after matching the probit model had a much lower pseudo R^2, low mean standardised bias, high total bias reduction and insignificant p-values of the likelihood ratio test (see table B2 in Annex B). These suggest that our proposed model was fairly successful in terms of balancing the distribution of the covariates between the treatment and comparison groups.

4.2 Humanitarian impacts

The primary objective of the MCT project was to enhance food security of vulnerable households by meeting 50% of the basic food and nutritional needs. The outcomes used for measuring humanitarian impacts are informed by the project's log frame (Annex E) and inception report. They are both objective and subjective measures of food security including dietary diversity score, food consumption score, self-reported hunger score, number of meals consumed by adults and children, coping strategies index and per capita consumption expenditure. The results are presented below.

4.2.1 Dietary diversity and hunger

To answer the first evaluation question, household level data were used to measure the impact of MCT on an array of food security indicators. Table 3 presents the PSM estimates of average treatment effects (ATT) for various objective and subjective measures of food security and household welfare. Averages for the beneficiaries and non-beneficiaries are presented in Table A2. The results are consistent across the different model specifications including the sample excluding non-beneficiaries who received government grain. Our preferred estimates are derived from results of the kernel matching method. [18]

Table 3: Impact of the MCT on food security indicators

Outcome Indicators	ATT Estimates			
	Kernel matching	Nearest Neighbour Matching (n=5)	Inverse Probability Weighting (IPW)	Kernel (trimmed sample)[19]
Dietary diversity score	0.31 **	0.36 ***	0.25 **	0.30 **
Minimum acceptable diet	0.09 **	0.10 **	0.06 *	0.09 **
Food consumption score	1.14	1.18	0.79	0.78
Poor diet	-0.03	-0.03	-0.02	-0.02
Acceptable diet	0.06	0.06	0.06	0.06

[18] Interpretations of the ATT in this paper are based on Kernel matching which is used as our primary method.
[19] Kernel based matching excluding control households with government food assistance. This holds for all results in this report presented under Kernel (trimmed sample).

Hunger score	-0.42 **	-0.39 **	-0.37 *	-0.40 *
Little or no hunger	0.04	0.03	0.04	0.04
Children consuming at least two meals	-0.01	-0.03	-0.02	0.00
Adults consuming at least two meals	-0.01	-0.02	-0.01	-0.02

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

The results show that MCT significantly increased the dietary diversity score of the beneficiaries by 0.3 points. Compared to the non-beneficiaries average of 3.92, this implies an increase of about 8%. About 69% of the beneficiaries consumed at least four food groups compared to 60% of the non-beneficiaries (see Table A2). This difference translates to a 15% increase in the achievement of minimum acceptable diet by beneficiaries. The intervention has also reduced the self-reported hunger score by about 0.4 points (about 17.5%). This indicates a reduction in the severity of hunger and that the MCT helped beneficiaries reduce the frequency of going to sleep at night hungry or going a whole day and night without eating due to lack of food. These results are consistent with findings of previous studies (Miller *et al*., 2011**;** Bailey, 2013; Sloane and Pietzsch 2010; Devereux and Jere 2008) See Bailey (2013) and Bailey and Hedlund (2012) for a review of similar studies.

However, PSM estimates in Table 5 show that the average food consumption score (FCS) for beneficiaries is 35.2 compared to 34 for non-beneficiaries, a difference that was not statistically significant. The impact on the thresholds for poor diet (FCS less than 21) and acceptable diet (FCS>35) was also not statistically significant. Post-distribution monitoring (PDM)[20] reports also show that initially the FCS increased in the early months of the project but this did not continue in January. Comparisons of beneficiaries and non-beneficiaries in January showed similar percentages of households with a poor consumption score (22% and 19% respectively). This may indicate that although the MCT led to more food groups being consumed, it did not necessarily lead to a significant increase in the overall frequency of food consumption. Table 4 presents further analysis of the frequency of consumption for the individual food groups comprising the FCS.

Table 4: Consumption of specific food groups: ATTs

Food Groups	Number of days consumed by beneficiaries	ATTs Estimates			
		Kernel matching	Nearest Neighbour matching(n=5)	Inverse Probability Weighting (IPW)	Kernel (trimmed sample)
Main staples	6.628	0.035	-0.015	0.060	0.009
Pulses	0.506	-0.136	-0.119	-0.194	-0.148
Vegetables	5.592	-0.273	-0.292	-0.266	-0.257
Fruits	1.021	0.334 **	0.309 *	0.310 *	0.356 **
Meat/Fish	0.977	0.186	0.197	0.138	0.168
Milk	1.299	0.029	0.038	0.046	-0.005
Sugar/honey	4.255	0.498 *	0.512 *	0.437 *	0.492 *
Oil and fats	5.086	0.608 **	0.714 ***	0.510**	0.420 *

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

[20] PDM Report, January (2016)

The results show an increase in the number of days that fruits and cooking oil, and to some extent sugar or honey was consumed by beneficiaries. The positive and significant effect on the frequency of oil consumption is consistent with the finding by Glombitza (2010). FGDs also found that among beneficiaries, common food purchases include sugar and cooking oil in addition to maize meal. While a positive effect is observed for main staples and animal source proteins (milk, meat and fish) which are energy and nutrient dense foods, the impact was not statistically significant. FGDs with beneficiaries and non-beneficiaries generally reported low consumption of nutrient dense foods like animal source proteins, staples and pulses which contribute the bulk of the calories required to meet the minimum daily food needs. FGD respondents reported that morning meals generally comprised of mealie-meal porridge and/or tea while sadza and vegetables are prepared for supper. Most community members rely on indigenous vegetables such as wild mushrooms, spider flower (ulude/nyevhe) and traditional okra (delele/derere) that thrive in during the summer season.[21] These findings imply that the dietary diversity of beneficiaries is driven by the consumption (frequency) of low calorie foods. It is doubtful that the project fully or consistently met 50% of the minimum daily energy requirements. In future research, data on quantities of food consumed and calories can provide further clarification on the actual minimum daily calorie intake.

The estimates also show that the proportions of children and adults consuming at least two meals per day were not significantly different between beneficiaries and non-beneficiaries. These results are consistent with the findings in the PDM report for January 2016. The PDM found that in 62% of adult beneficiaries are consuming 2 meals per day compared to 59% of non-beneficiaries, while the number of children consuming one meal per day is higher among non-beneficiaries (4%) than beneficiaries (2%).[22] Findings from FGDs also depict reduced frequency of meals to enable food stocks to last for a longer period. A common response to the question on consumption frequency was: "*Kashoma kuwana panobikwa sadza masikati*" (It is rare to find a household where sadza is prepared in the afternoon).

The lack of positive impacts on meals consumed per day and on the food consumption may have been caused by unchanged food rationing coping strategies given the prevailing drought (see section 4.2.3). Still, the inconsistent food consumption patterns could have detrimental impact on the health of chronically ill household members. An in depth interview with a female beneficiary in Matobo highlighted the challenges she faces in providing sufficient and nutritious food for her 34-year-old HIV- positive son: [23]

> *"He has been in and out of hospital over the last five months. They admitted him several times when his health continued to deteriorate. I know it is because of this hunger and the same kind of food we have here. Although the nurses explained the importance of serving him enough food, I cannot do so because the entire family looks up to me for food and all household needs".*

[21] These indigenous vegetables are served as the usual relish and accompaniment for main meals and require little to no cooking oil for cooking.
[22] PDM Report, January (2016); PDM report, December (2015)
[23] IDI, female beneficiary, Ward 19, Matobo District

4.2.2 Expenditures

Table 5 shows that the impact of the MCT on absolute food expenditures (i.e. undivided by household size) is positive and statistically significant. The impact on absolute total expenditures is also positive and marginally significant (at 10% level). However, the impact of the MCT on per capita food and non-food consumption expenditures was not significant. Per capita expenditures are calculated by dividing the absolute expenditures with household size. This result could reflect that nearly 48% of the beneficiary households have more than 6 members compared to nearly 43% of the non-beneficiary households (Table 1). On average, beneficiaries spent USD 14.95 per capita on food compared to USD 15.48 for non-beneficiaries. FGDs with beneficiaries revealed that most of the money from the transfers was spent on food particularly maize meal or grain. Beneficiaries reported that "Upfu hwakakosha semari" (i.e. maize meal is as important as money/currency). Other commodities purchased included cooking oil which was bought at USD 1.50/litre, sugar at USD 2/kg, salt at USD 1/kg. Consequently, there was no room for savings or purchasing other foods consistent with the non-significant impact on food expenditures and food consumption score. In addition, discussions with beneficiaries also revealed that relish to accompany the staple dish "sadza" is usually not bought from the market but picked from the wild or grown in vegetable gardens.

Table 5: Impact of the MCT on household expenditures

Outcome Indicators	Mean[24]		ATT Estimates			
	Treatment	Control	Kernel	NNM(n=5)	IPW	Kernel (trimmed sample)
Per capita						
Food expenditure	14.95	15.48	-0.53	-0.02	0.05	-0.72
Non-food expenditure[25]	4.34	5.02	-0.67	-0.54	-0.46	-0.67
Total expenditure [26]	19.29	20.50	-1.21	-0.56	-0.41	-1.38
Absolute Amount						
Food expenditure	73.32	64.97	8.35 **	9.49 ***	9.34 ***	9.27 ***
Non-food expenditure	21.93	21.91	0.02	0.17	0.84	0.56
Total expenditure	96.80	88.65	8.15 *	10.07 **	10.42 ***	9.66 **

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

4.2.3 Coping strategies

To help answer the second evaluation question, we assess the impact of the MCT on coping strategies and asset ownership.

Coping strategies index

The evaluation also estimated the effect of the project on detrimental food insecurity risk coping strategies (Maxwell *et al*., 2003). Table 6 shows that the project did not have a statistically significant impact on the coping strategies index (CSI). On average, PSM results show that the

[24] Based on matched samples from Kernel matching

[25] Non-food items considered here are substances (alcoholic drinks, tobacco, cigarettes, etc.), and items such as household textiles, utensils, furniture, waste disposal, energy, hygiene, transport and communication charges

[26] Food plus non-food

CSI for beneficiaries is 73.03 compared to 71.69 for non-beneficiaries (see Table A2). Results also show that 51% of beneficiaries had a CSI below mean compared to 53% of the non-beneficiaries (see Table A2). This is consistent with the PDM findings that show that in January the coping strategies of both beneficiaries and non-beneficiaries were almost uniform across the 15 districts. PDM reports show that in January, 53% of beneficiaries had a CSI below the mean compared to 55% non-beneficiaries. Since, the CSI is computed from a mix of both short and long term coping mechanisms to food insecurity shocks, impacts are less likely to be visible in short period of time.

When the individual coping strategies are considered, the results show that the project significantly reduced the probability of skipping entire days without eating – an extreme coping strategy. This is consistent with the significant and negative effect of the MCT on the hunger score reported in Table 3. This result is also in agreement with the findings from the FGDs, which indicate that beneficiaries have at least two meals and do not skip an entire day – unlike non-beneficiaries. One non-beneficiary in Nkayi explained that, "*Lapha esikhona sacina ukudla izolo, namhla ekuseni asikadli*" (As we sit here we last ate yesterday, we did not eat this morning).[27] Findings from FGDs also indicate that beneficiaries reduce the frequency of meals and limit meal portions as a coping strategy to ensure food stocks last for a longer period during the drought, similar to the positive but non-significant PSM estimates in Table 6.

The PSM estimates show that other extreme coping strategies such as school withdrawal or distress sale of assets are reduced but they are not statistically significant. In the FGDs, beneficiaries reported that they had stopped withdrawing their children from school and had avoided engaging in dangerous livelihood activities such as gold panning and unreliable activities like the collection and selling of firewood. They also reported that borrowing has stopped as they have enough to get by every month, "*iko zvino zvindiro zvava zvishoma, hatichakumbiri hupfu pese pese*" (even now, incidences of going with plates in hand to beg for mealie meal from neighbours are reduced).[28] Other respondents reported that the harsh economic climate had resulted in some husbands migrating to South Africa to seek employment or resort to livestock theft. At the same time the drought has induced other risky coping strategies like transactional sexual relationships by young girls and adult women who receive money or food in exchange for sex.

Table 6: Estimates of ATT of mobile cash transfer on the coping strategies index

Outcome indicator	Matching algorithm		IPW	Kernel (trimmed sample)
	Kernel	5-NNM		
Coping strategies				
Coping strategy index	1.343	1.776	1.181	1.22
Less vulnerable (CSI < mean score)	-0.019	-0.032	-0.011	-0.019
Individual coping strategies of the CSI				
Reliance on less preferred or cheap food	0.423	0.325	0.345	0.305

[27] Female non-beneficiaries, Ward 2, Nkayi District, 9 February 2016
[28] Mixed beneficiaries, Ward 19, Gutu District, 19 February 2016

Borrow food or rely on external help	-0.346	-0.365	-0.410 *	-0.404 *
Limit portion size at meal times	0.163	0.179	0.023	0.113
Reduce meal numbers per day	0.424	0.529	0.298	0.384
Skip entire days without eating	-0.844 ***	-0.838 **	-0.747 **	-0.763 **
Restrict adult consumption	0.539	0.542	0.688 **	0.589
Extreme coping strategies				
Sale of household assets	0.023	0.031	0.022	0.028
Selling livestock	-0.034	-0.010	-0.036	-0.025
Reducing expenditure on health	0.001	0.008	0.002	-0.002
Withdrawal of children from school	-0.032	-0.038	-0.029	-0.035
Child work	-0.000	0.012	0.001	
Reducing expenditure on agricultural inputs	0.012	0.021	0.001	-0.002

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

Asset and livestock ownership

Table 7 presents the estimated impacts on productive assets and livestock ownership. Productive assets are those that can be used by the household to generate income, including farm implements and tools such as ox plough, ox cart, cultivator and harvesters. The results show a positive but non-significant effect on the ownership of productive assets. These results are to be expected given the short period project implementation, as asset acquisition tends to occur over a longer timeframe.

Table 7: Asset and livestock ownership

Proportion of households owning	Matching algorithm		IPW	Kernel(trimmed sample)
	Kernel	5-NNM		
Productive assets				
At least 1 productive asset	0.007	0.010	0.003	0.011
2 or more productive assets	0.009	0.013	0.006	0.013
4 or more productive assets	0.021	0.030	0.009	0.036
Livestock				
Livestock	0.010	0.007	-0.004	0.011
Cattle	-0.096 **	-0.107 ***	-0.094 ***	-0.102 **
Sheep & goat	0.004	0.019	-0.011	-0.000
Poultry	0.067 *	0.068 *	0.057 *	0.073 **
Other livestock	0.001	0.003	-0.000	0.006

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

The results on livestock ownership are mixed. A striking and unexpected result is the negative impact for cattle ownership. The reduction in cattle ownership could imply that cattle disposal among beneficiaries was higher than among non-beneficiaries. According to the monthly project reports, rural farmers were advised by extension personnel to destock in order to prevent the loss of livestock via deaths caused by the drought, despite the low market prices.[29] This was also

[29] Monthly project reports show that the highest cattle deaths were in Matobo (436) followed by Gutu (249) and Mberengwa (156). ZimVAC Assessment for 2015 shows that in all 15 districts, cattle prices were above USD 300. According to the January (2016) PDM report, cattle prices in markets outside the Gokwe North district remain very low averaging $180 per beast.

confirmed during the FGDs. Another possible explanation is that beneficiaries could have anticipated that the MCT would enable them to replace the livestock and hence they destocked at higher rates than non-beneficiaries. The project had a positive and significant impact on poultry ownership. The drought could also have encouraged beneficiaries to invest in smaller livestock instead of cattle as shown by the positive and significant impact on poultry ownership. However, it should be noted that livestock ownership and use tend to be different, as some households may look after the cattle of others, and only use them for agriculture and milk. Knowledge of livestock ownership requires much in-depth studies than this evaluation allowed.

4.2.4 Cash transfer utilisation patterns by beneficiaries

Table 8 shows that on average, 88.5% of the MCT was used for food by the beneficiaries. This implies that there is little left for savings or to spend on other goods. As discussed in section 4.2.2, cereal purchases were the major food expenditure. PDM shows that the average expenditure on the food basket rose to 82% in January 2016 compared to an average of 62% in December 2016. The amount spent on non-food items decreased by only 2 percentage points between November and January.[30] These results are in line with evidence from previous cash transfer programmes in humanitarian contexts.[31]

Table 8: Utilisation patterns of the MCT

Particulars	Nkayi	Matobo	Mberengwa	Gutu	Total
Proportion of MCT used for food (%)	87.1	88.9	88.2	89.7	88.5
Households saving MCT (%)	2.0	2.0	2.0	5.0	4.0
Proportion of MCT saved each month (%)	2.0	0.0	1.0	3.2	1.71
Amount saved the month before the survey (USD)	3.2	0.0	6.67	12.0	6.0
Mobile services bought with MCT (%)					
None	56.18	47.73	71.76	73.04	65.70
SMS bundles	7.87	15.91	1.53	4.35	5.54
Airtime	34.83	36.36	26.72	20.87	27.97
Other	1.12	0.00	0.00	1.74	0.79

Source: MCT evaluation survey (2016).

The survey results show that only 4% of the beneficiaries saved money from the MCT. Beneficiaries reported saving about 1.7% of the MCT each month. Given that the amount itself is quite low, the average amount saved prior to this survey amounts to USD 6. In Matobo district, no sample beneficiaries saved money from the MCTs prior to the survey. The survey results also show that a large majority of the beneficiaries (about 66%) reported not buying any mobile services while others bought airtime (about 28%) or SMS bundles (5.5%). PDM reports show that in December 2016, 30% of beneficiaries incurred transport costs and this had declined to 15% in January, after efforts by the implementers to solve some of the issues related to accessibility of the MCT.

[30] MCT Monthly Report, January (2016)

[31] Humanitarian Outcomes. (2012). Final Evaluation of the Unconditional Cash and Voucher Response to the 2011–12 Crisis in Southern and Central Somalia. *UNICEF*

4.2.5 Sensitivity analysis

For the first part of sensitivity analysis, we excluded the 19 non-beneficiaries who received government food assistance. Tables 3-7 show that PSM results obtained from this sample were similar to the results obtained from the full sample. For the second part of sensitivity analysis we focus on the influence on unobserved confounding variables. Estimation of impacts with PSM relies on the assumption that selection into the MCT project is strictly based on observed characteristics. However, if there are unobserved factors that simultaneously may affect participation in the MCT and the outcomes, the estimated impacts will suffer from '*hidden bias*' (Becker and Caliendo, 2007; Caliendo and Kopeinig, 2005). Examples of unobserved factors that can simultaneously affect participation in the MCT project and the impacts include initial social capital (at baseline), household head's power and influence in the community, initial household resources and risk aversion. We check for the sensitivity of our PSM estimates to bias from hidden unobserved factors using the Rosenbaum bounds or *rbounds* for continuous outcomes (Rosenbaum, 2002) and MH bounds or *mhbounds* for binary outcomes (Mantel and Haenszel, 1959). This is carried out by simulating the extent to which unmeasured or unobserved variables nullify or invalidate the statistical significance of the results. The results of the sensitivity analysis are summarised in Annex A (Tables A3 and A4). The results show that a majority of the statistically significant impacts remain significant and insensitive to higher values of simulated unobserved bias for most outcomes.

4.2.6 Heterogeneity of impacts

Heterogeneous impacts are estimated by disaggregating the sample by gender of household head and household composition. Table 9 shows that the impact of the project was stronger among male-headed households than among female-headed households. The heterogeneous impacts could partly be explained by the differences in household composition, education levels of heads and access to income sources among male and female headed households (Table A5). There is a possibility that unobservable differences between the male and female-headed households could have partly influenced these results (Aker *et al.*, 2012). However, these results do not lead to a conclusion that male-headed households are more food secure than female-headed households.

The impact of the project is also disaggregated by some of the vulnerability attributes including number of pregnant/lactating members in the household. The results show that the impact of MCT on food security outcomes was significant and stronger for households with no pregnant and/ or lactating members (Table A6). This is possible since pregnant or lactating members need more care in terms of food and other services. Hence, more resources will be allotted to them, which would alter the intra-household allocation of cash transfers, which in turn affects the household level food security and expenditure patterns.

Table 9: MCT impacts on food security disaggregated by gender of household head

Outcome indicators	Gender of household head			
	Female (n=347)		Male (n=447)	
	Mean	ATT	Mean	ATT
Dietary diversity score	4.25	0.27	4.20	0.30 *
Minim acceptable diet	0.67	0.05	0.72	0.10 **
Food consumption score	34.76	0.54	35.62	2.01
Poor diet	0.18	0.03	0.15	-0.07 *
Acceptable diet	0.38	0.05	0.39	0.06

Hunger score	2.03	-0.25	1.88	-0.33
Little or no hunger	0.75	0.03	0.77	0.01
Per capita food expenditure	15.38	0.46	14.56	-0.14
Per capita non-food expenditure	4.43	-0.24	4.09	-0.87 *
Total per capita expenditure	19.81	0.22	18.65	-1.01

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

Further analysis shows that the project had stronger positive effects on food security among larger households (with > 6 members, which is greater than average household size) and among households with a dependency ratio that is greater than 1). The dietary diversity score (number of food groups consumed), the self-reported hunger score and the probability of experiencing little hunger were highly significant among larger households (see Table 10). The MCT had positive and significant impacts on the dietary diversity scores of households with a larger proportion of dependents and they increased the probability of meeting an acceptable diet by about 18 percentage points. A possible explanation for the differential impact is that larger households received larger total cash transfers, which would enable them to make lump sum purchases.

Table 10: Impact of MCT on food security disaggregated by household size and dependency ratio

Outcome indicators	Household size				Dependency ratio			
	≤ 6 (n=434)		> 6 (n=360)		DR ≤ 1 (n=439)		DR > 1 (n=355)	
	Mean	ATT	Mean	ATT	Mean	ATT	Mean	ATT
Dietary diversity score	4.21	0.31 *	4.28	0.44 **	4.26	0.09	4.23	0.52 ***
Minimum acceptable diet	0.69	0.10 *	0.70	0.06	0.73	0.08	0.66	0.10
Food consumption score	35.31	0.90	34.99	1.04	34.56	-3.04	35.88	3.76 *
Poor diet	0.15	-0.05	0.17	-0.06	0.15	-0.02	0.16	-0.04
Acceptable diet	0.37	0.04	0.39	0.04	0.35	-0.08	0.42	0.18 ***
Hunger score	2.01	-0.23	1.85	-0.91 ***	1.90	-0.35	1.95	-0.60 *
Little or no hunger	0.75	0.01	0.79	0.14 **	0.77	0.06	0.76	0.06
Per capita food expenditure	17.84	-0.13	11.60	1.17	15.24	-0.63	14.54	0.42
Per capita non-food expenditure	5.05	-1.08 *	3.52	0.16	4.47	-1.21 **	4.15	0.31
Total per capita expenditure	22.89	-1.21	15.12	1.32	19.71	-1.84	18.69	0.73

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

4.3 Gender and women's empowerment

To answer the third evaluation question, we estimated the impact of the MCT on women empowerment. We anticipated that the degree to which resources are allocated and controlled by women would be influenced by the extent of women's bargaining power and the prevailing gender norms. Key MCT indicators were: (1) control over household decision making; and (2) incidence of conflicts and domestic violence. Control over decision making was measured by self-reported participation by women in decision making either alone or jointly with men in the household. Table 11 presents the results from PSM. About 78% of beneficiary households report women controlling budget utilisation compared to about 70% of non-beneficiary households. The results indicate that the MCT significantly increased women's control over household budget utilisation by about 8 points which implies an increase of about 11%. This could be one of the reasons why households spend the bulk of the cash transfer on food as intended by the project.

Table 11: Estimates of ATT of mobile cash transfer on women empowerment

Women's participation	Matching algorithm		IPW	Kernel (trimmed sample)++
	Kernel	5-NNM		
Decision making				
Food-related decisions	0.007	0.008	0.009	0.009
Spending transfers	0.040	0.041	0.053	0.025
Budget use	0.077 **	0.087 **	0.070 **	0.061 *
Child schooling	0.033	0.041	0.027	0.025
Purchase of large assets	-0.015	-0.007	-0.010	-0.036
Conflict & violence				
Conflicts in household	0.012	0.016	0.013	0.016
Gender based violence	-0.013	-0.013	-0.011	-0.012

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1 ++ after excluding control households self-reported government food donations

Results on women's control over budget utilisation could also be partly explained by the fact that nearly 44% of the sampled households are female-headed households. Among beneficiaries, women were particularly registered as cash recipients.[32] The February monthly report shows that a total of 71% of the cash recipients were females as opposed to 29% who were male FGDs in Nkayi reported that women are viewed as main income earners and are thus responsible for controlling budgets and household spending without interference. The FGDs also found that female-headed households (beneficiaries) who reside alone may sometimes exclusively control the household budget or this task can be shared with extended male relatives (uncles, grandfathers etc.), who according to the local cultural norms may be dominant in the decision-making just as a husband would have been. A gender analysis survey conducted in six World Vision and Care districts as part of the project's monitoring process, found that 33% of the respondents agreed with the assertion that husbands and wives never pool resources. Around 30% reported that spouses never pooled resources, highlighting some autonomy in resource allocation decisions by these wives.[33]

The PSM estimates on women's control of food-related decisions, spending of cash transfers and child schooling are positive but not statistically significant. The project's gender analysis survey report also shows that 58% of the respondents indicated that female members were responsible for making decisions on food compared to 20% who reported joint decision making. However, the impact of the MCT project on women's participation in food-related decisions, spending transfers and child schooling decisions is positive but insignificant. The negative (although statistically insignificant) effect on participation in purchase of large household assets suggests a limit to women's control over budgets and that cultural norms may influence gender roles and the division of labour.

The gender analysis survey report also shows that attitudes on the gendered division of labour support ingrained cultural norms as respondents responded that women were responsible for

[32] MCT Monthly Report, October (2015)
[33] MCT Quarterly Report, September-December (2015)

collecting water (60%), cooking in the kitchen (72%) and changing diapers (88%). FGDs with males in Nkayi noted that women's place is in the kitchen and they should therefore not be involved in purchasing large household assets but rather be limited to the purchase of food. For instance, some men highlighted that, "*kuyayangisa njengobaba ukubonakala uthwele isawudo ngumsebenzi wabomama lowo, labaphansi bayakwazi lacho*" (it is more like a taboo for a man to buy salt).

The PSM results also show that there was a negative but statistically insignificant effect on the incidence of domestic violence. Project monitoring reports mention a few cases of gender based violence in November and December 2015 in the districts of Gutu, Gokwe South, Gokwe North and Shurugwi. Not all of them were carried out by men.[34] FGDs reported that in some beneficiary households, husbands were not prioritising household needs and leaving women the burden of caring for household needs. This was cited as a source of conflict. One respondent expressed, "*Vamwe varume vanototibira mari dzedu vachienda kudoro"* (Some of these men are even stealing from us to go and buy alcohol). In Matobo, a female beneficiary explained that, "what is most painful for me is that I carry the burden of looking for food while my husband puts very little effort. It distresses me deeply".

4.4 Other household level socio-economic impacts

In addition to the primary humanitarian outcomes, the MCT project likely had wider unintended socio-economic impacts at the household level. The impacts of the project on household composition, child education livelihood outcomes and participation in social networks are presented and discussed in the subsequent sections.

4.4.1 Household composition

There is a possibility that MCT could have perverse effects on household behaviour (Soares, 2012). Given that the size of the MCT increases with household size (approximately USD 5 per person), and based on field observations, it is plausible that this could have encouraged beneficiaries to change their household composition and size to attract more transfers. Unlike other studies, we did not take household composition or size as a fixed variable. We hypothesised that the size of the MCT potentially alters household composition given the fluid nature of households in sub-Saharan Africa (Garcia et al., 2012; Soares, 2012).

Table 12: Mobile cash transfers and household composition: Average treatment effects

Household Composition	Mean		ATT		
	Treatment	Control	Kernel	5-NNM	Kernel(trimmed sample)
Household size	5.73	5.14	0.59 ***	0.59 ***	0.68 ***
Male headed	5.85	5.68	0.17	0.31	0.12
Female headed	5.61	4.54	1.07 ***	1.06 ***	1.05 ***
Number of orphans	0.79	0.44	0.35 ***	0.36 ***	0.36 ***
Male headed	0.64	0.28	0.36 ***	0.35 **	0.37
Female headed	0.87	0.52	0.35 **	0.34 **	0.34 **

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

[34] MCT Monthly Report, November (2015); MCT Monthly Report, February (2016)

Table 12 shows that the MCT increased household size among beneficiaries by about 0.6 persons and this impact is stronger among women-headed households, despite the efforts to verify household sizes at different levels. The project verified household size during community ranking and at validation meetings after registration and before cash distribution. In addition, the project also physically verified all households with at least 10 members including a randomly selected 2.5-10% of registered beneficiaries. However, physically verifying the size of all households was not feasible. Given the length of time it took to register and verify beneficiaries, beneficiaries could have increased their household size in anticipation of the project and to attract more transfers. The targeted communities also have a long history of receiving food aid and likely had prior knowledge of beneficiary selection and validation processes. Field observations by enumerators noted that some households brought in orphans or grandchildren during the project time period. This impact was stronger across female-headed households. The PSM results also show that the MCT led to a change in the number of orphans. Such changes in household size and composition can influence the intra-household bargaining and resource allocation after the receipt of MCT. Further research utilising longitudinal size is called for in future humanitarian evaluations to confirm or validate these findings.

4.4.2 Child education

Driven by the theoretical premise that cash transfers would positively affect children schooling by reducing financial barriers for poor households (Ribas *et al*., 2008), we estimated the effect of the MCT on school attendance. The survey captured baseline school attendance data retrospectively. To answer the evaluation question, Difference-in-difference estimation combined with PSM was employed to estimate the effect of the MCT on school attendance for school going children (aged 5 to 20). Table 13 presents the estimated impact on school attendance.

Table 13: Impact of the MCT on school attendance

Difference-in-difference plus matching: MCT impact on school attendance ++			
	Full sample (n=3361)	**Boys(n=1780)**	**Girls(n=1581)**
ATT	0.007	0.017	-0.002
	(0.022)	(0.040)	(0.067)
ATT(trimmed sample)	0.004	0.022	-0.016
	(0.031)	(0.039)	(0.047)

Source: MCT evaluation survey (2016). Notes: ++ Bootstrapped standard errors; *** p<0.01; ** p<0.05; * p<0.1

The results show a positive but not statistically significant effect on child school attendance. Further analysis was done to see if the impact was different for boys and girls. Although the impacts were different for boys (positive) and girls (negative), they were insignificant.

FGDs also revealed that hunger was a barrier to school attendance before the MCT. Beneficiaries reported that the MCT allowed their children to consume at least two meals per day and not suffer from hunger. As explained by a female beneficiary in Ward 34, Mberengwa district, "*ndakambodaidzirwa mwanasikana wangu anga adonha nezhara kuchikoro nenyaya yekuenda angonwa kapu yetea isina kana chekutsigira. Asi kubva zvatakatanga kubatsirwa neveCARE, mari yekutengawo zvihupfu tava nayo, tinokurungira bota. Hatichanyadziswa namateacher*." (I was once called to my daughter's school after she fainted from hunger because all I would give her was a cup of tea with nothing else. But ever since I started receiving this money from CARE, I now can afford to buy mealie-meal and cook porridge in the morning. I do not have to be embarrassed by the teachers anymore.).

However, the prevailing drought has created some challenges. In FGDs, beneficiaries and non-beneficiaries reported challenges in paying school fees for their children. The fees are very high for people in rural areas, for example primary schools charge at least USD 15 and USD 45 for secondary schools. Among non-beneficiaries in Matobo, there were frequent reports of school withdrawals due to unpaid school fees, arrears and long distance to schools. Box 2 outlines challenges discussed in one FGD in Gutu.

Box 2: *School attendance challenges*

Thank you CARE people (Evaluation Team) for coming to meet us and to have this discussion, if I had known you were coming here in advance, I would have brought the letter from the school along with me. I am not paying school fees and the outstanding arrears because I do not have the money to settle the debt. Where will I get the money? These clothes you see me wearing, I bought them when I had a bumper harvest, and I sold some of the surplus harvest to buy food for my children. In those days, I could easily engage in casual labour such as brick making and building houses for my fellow community members. Right now, the whole community is idle. In addition, we could afford to send our children to school as well paying the full tuition for all of them, these climatic ravages have impacted on our day to day livelihoods, families are struggling to fend for their families, school fees is the least of things on our minds. We owe the schools a lot of money. The schools are sending debt collectors "Zvikonzi" to claim the money we owe them. The problems keep piling on us; our plea to the government is to introduce more projects like the MCT, these will help the communities in these trying times.

Source: Male and Female Beneficiaries, FGD, Ward 19, Gutu, 20 February 2016

4.4.3 Livelihoods, savings and access to credit

To partly answer the second evaluation question, the impact of the MCT on livelihoods and financial capacity is assessed. We hypothesised that a predictable injection of cash transfers into the households could encourage households to save money or take risks and invest in diverse income sources. Table 14 presents the PSM results of the impact on income sources. The results show that the MCT increased savings and access to credit by beneficiaries but this was not statistically significant.

Table 14: Impact of the mobile cash transfer on financial capacity and income sources

Outcomes	Matching algorithm		IPW	Kernel (trimmed sample)
	Kernel	NNM (n=5)		
Financial capacity				
Cash savings (%)	0.011	0.012	0.011	0.008
Access to loan (%)	0.022	0.029	0.021	0.019
Income sources				
Casual agric. labour (%)	-0.026	-0.032	-0.019	-0.029
Casual non-agric labour (%)	0.004	0.017	0.006	-0.004
Off-farm enterprise (%)	0.009	0.011	0.008	0.008
Off-farm income source (%)	0.007	0.004	0.019	0.007
Farm/agricultural income sources (%) [35]	-0.038	-0.038	-0.044	-0.032

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1; Agric refers to agriculture.

[35] On-farm income includes crop sales, fishing and livestock sale.

The results also indicate that the MCT had a positive but not statistically significant impact on engagement in casual non-agricultural labour, formation of off-farm enterprises and access to any off-farm income source. The traditional source of livelihoods for the beneficiaries has been rain-fed subsistence agriculture, as one FGD participant in Gutu expressed: *"Kurima ndomurungu wedu"* (farming is our main livelihood). FGDs established that due to the drought, beneficiaries were also engaging in casual non-agricultural jobs to earn income consistent with the positive sign on casual non-agricultural income. [36] PDM reports show that by January the MCT had become the major source of income for 78% of the beneficiaries with an average income of USD 30 per month. Self-employment was the second income (8%) followed by formal employment (7%).

PSM results also show a non-significant decline in casual agricultural labour participation and reliance on farm income. Livelihoods scoring and analysis during FGDs found that farm or agricultural income sources such as vegetable gardening have been adversely affected by the drought. Low rainfall was also affecting water levels in dams and streams from where those relying on gardening draw water to irrigate vegetable gardens. Beneficiaries have also relied on agricultural casual labour (particularly weeding fields). However, FGDs revealed that because of the poor rains, beneficiaries have shifted from agricultural labour to casual labour in non-agricultural markets. This may explain the PSM results on farm income sources and casual agricultural labour.

4.4.4 Social networks, private transfers and community cohesion

Social networks and community cohesion

To answer the fifth evaluation question, we investigated the impact of the MCT on the participation of beneficiaries in social networks which are mediums for informal risk sharing and informal insurance. The PSM results in Table 15 show that the MCT increased beneficiaries' membership of networks/social groups. The number of networks joined by beneficiaries increased by 0.624 i.e. an increase of about 26%. The MCT enabled beneficiaries to join existing contributions-based networks and social structures such as burial associations, religious groups, cooperatives and financial networks. This impact could also be the result of cash transfers reducing the social distance between the poor and wealthier households through increasing their financial capacity (Pozarny & Davis, 2015). Table 15 also shows that the MCT increased participation of women in social networks: the proportion of women dominated networks increased by 9.6 percentage points (about 24%) and the number of women dominated networks in the community increased by 0.391 units (about 63%). However, the MCT did not influence women's participation in the leadership of social networks again highlighting the limits to women's autonomy in decision making.

Table 15: The impact of mobile cash transfers on membership of social networks

Outcome indicator	Matching algorithm			
	Kernel	NNM (n=5)	IPW	Kernel (trimmed sample)
Number of networks joined	0.624 ***	0.677 ***	0.657 ***	0.747 ***
Women with position in	-0.045	-0.051	-0.043	-0.036

[36] PDM Report December (2015); PDM Report January (2016)

network (%)				
Number of networks led by women	-0.006	-0.020	-0.007	-0.001
Proportion of women dominated networks	0.096 **	0.101 **	0.099 ***	0.121 ***
No. of women dominated networks	0.391 ***	0.407 ***	0.397 ***	0.461 ***

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

A participatory institutional mapping exercise was conducted in Ward 17 of Matobo district to assess the extent of interaction and connectedness to important institutions as well as identify the most accessible social resources to the community. Beneficiaries identified traditional leaders as integral to social networks and to decision making. In ward 26, Gutu district, beneficiaries said, "*sabhuku ndiro ziso revanhu mudunhu*" (the village head is the eye of the people in the community). Ward councillors are also regarded as the gateway to donors and NGOs. The institutional mapping exercise in Ward 19 (Matobo) also identified several support networks such as burial societies and local churches. However, churches do not provide monetary support unlike burial societies which assist with funeral expenses. Although, PSM results show increased participation in contribution based networks, FGDs from across the four districts found that networks like savings and lending associations/clubs (*mikando*) have become inactive due to the harsh economic climate and the drought.

Private transfers

We also assessed the impact of the MCT on inter-household transfers (private transfers) and risk sharing mechanisms within social networks. Theoretically, the privacy accorded through by the MCT may diminish inter-household sharing (Aker *et al*., 2012). Table 16 shows that the MCT have a significant negative effect on both the receipt and giving out of private cash and in-kind transfers. Specifically, the cash transfers reduced the receipt of private in-kind transfers (food, labour or agricultural implements) by about 8 percentage points and the amount of private in-kind receipts by about USD 3.3 per capita. However, the impact on outgoing in-kind transfers was not significant. The MCT also reduced the giving of cash to other households by about 2.6 percentage points and the amount of private cash receipts by about USD 2 per capita. The negative effects on incoming private transfers suggest that the mobile cash transfers crowd-out incoming inter-household transfers. The explanation for the negative effects on outgoing private cash transfers is that the reduced visibility of the mobile cash transfers may reduce social pressure and thus discourage the inter-household sharing of cash by beneficiaries. The results are consistent with the findings of Aker *et al. (*2012) and, Nielsen and Olinto (2007).

Table 16: Impact of MCT on inter-household transfers

Outcome indicator	Matching algorithm		IPW	Kernel (trimmed sample)
	Kernel	NNM (n=5)		
Receipts				
Cash transfer receipt (%)	-0.015	-0.022	-0.030	-0.018
Per capita cash receipts (USD)	-2.12 **	-2.463 **	-2.729 *	-2.576 **
Food transfers receipts (%)	-0.048	-0.064	-0.048	-0.034
Per capita food transfer (USD)	-3.356 **	-3.996 ***	-3.483 **	-3.967 ***
Labour receipt (%)	0.007	0.010	0.010	0.004

Per capita labour (USD)	0.140	0.092	0.166	0.220
Agricultural implements/tools (%)	-0.008	-0.010	-0.004	-0.003
Per capita value of agri. tools	-0.005	0.004	-0.015	0.090
Giving-out				
Cash transfer giving-out (%)	-0.026 **	-0.026 **	-0.028 **	-0.018
Per capita cash given-out (USD)	-0.035	-0.052	-0.057	-0.001
Food transfer giving-out (%)	-0.016	-0.012	-0.023	-0.012
Per capita value of food given out (USD)	-0.074	-0.106	-0.087 *	-0.066
Labour or time given out (%)	-0.002	-0.003	-0.004	0.005
Per capita value of labour given out (USD)	0.352	9.269	0.413	0.382
Agricultural implements given out (%)	-0.010	-9.005	-0.012	-0.011
Per capita agri. tools given out (USD)	-0.019	0.003	-0.017	-0.024

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

Findings from the FGDs also suggest a negative impact on the sharing of cash or in-kind goods by beneficiaries, consistent with the PSM results. Beneficiaries explained that they spend most of their money on food and had little to share. One participant stated that all the money she receives goes to purchasing food for her and her children, *"tine vana, hapana chinosara pamari iyi" (*I have children to take care of so nothing remains for other use from the money I receive*).* The few instances of sharing are reported for commodities like salt. FGD participants' explain that instead of sharing food they lend food to their neighbours. Some beneficiaries were against sharing as they saw non-beneficiaries as unworthy recipients:

> *"Vamwe isimbe, unoenda kunohodha madomasi vachisara vakagara. Kana vakuziva kuti wava nemari vanoda kuzokukumbira hupfu nekuti vanenge vaona kuti unahwo* (some people are just lazy. They see that you have gone to buy and sell your tomatoes while they remain behind. Then when they know that you have money, they come around to ask for some maize meal because they can tell that I have maize meal.)"

Social tension

FGDs with some non-beneficiaries revealed mixed feelings regarding the decline in the sharing of cash or in-kind goods by beneficiaries. On one hand, some non-beneficiaries understood that the MCT received by beneficiaries was meant for basic needs and not sufficient for sharing. Yet, non-beneficiaries living in a treatment ward in Gutu district strongly felt that once the beneficiaries were selected, "*hukama hwedu hwakabva hwapera*" (our relationship ceased to be meaningful). These non-beneficiaries reported that the MCT has led to divisions, strained relationships and social tension between beneficiaries and non-beneficiaries. Survey results are consistent with the findings from FGDs. Nearly 12% of all beneficiaries reported that they were experiencing problems with other community members. Examples of problems cited include jealousy (60%), being asked for money by others (22.5%) and concern for safety (7.5%). In all districts, some beneficiaries reported being asked for money: Nkayi (11%), Matobo (2%), Mberengwa (7%), and Gutu (7%).

4.5 Local markets

To answer the sixth evaluation question, we investigated the effects of the MCT on local markets and economies. Economic theory predicts that cash injections into the local economy could have effects beyond improvement in the welfare of direct beneficiaries Therefore, mobile cash

transfers can potentially increase household spending on goods and services within local markets. The subsequent multiplier effects would include an increase in the demand and supply of goods and services which may affect local prices (Tirivayi et al. 2013, Barrientos & Sabates-Wheeler, 2006).

Local supply and trade

In this section, we analyse the availability/supply and trade of cereals within the local markets. Survey data show that retail shops (including millers) are the major source of cereals followed by informal markets, local farmers and inter-household sharing. About 82% of the beneficiaries relied on retail shops for purchasing maize meal. These retail shops are usually supplied by markets in cities close to the districts such as Kwekwe, Bulawayo, Masvingo and Zvishavane and via imports from South Africa.[37] On average, retail shops and grain millers were within 5-15 km of the wards surveyed during the evaluation. Still, FGDs revealed that beneficiaries in remote communities still travel distances of up to 20 km on foot to conduct their business transactions at business centres (e.g. Nkayi). FGDs also revealed that some non-beneficiaries in some communities, particularly the elderly, had been selected to receive grain through the government's grain distribution programme.

We indirectly measured the effects of the cash transfer on the local supply of commodities by estimating the impact on the availability of commercial sources of cereals to households (Grain Marketing Board, retail shops, local farmers and informal markets). The PSM results in Table 17 indicate that the project has increased the availability of commercial sources for maize meal by about 6 percentage points, whereas the effect is negative on finger millet availability. The impact is stronger in Nkayi and Gutu districts (19 and 18 percentage points respectively). The availability of commercial sources for maize grain increased by about 26 and 13 percentage points in Matobo and Mberengwa districts. The consensus among FGD participants (beneficiaries) was that maize meal is widely available from commercial sources.

The negative and marginally significant impact on finger millet could imply a substitution effect driven by the tastes and preferences of beneficiaries. The impact of the cash transfers on pearl millet and sorghum was not statistically significant. The positive impact on the availability of commercial sources for maize meal and grain suggests a likely increase in the local supply of maize meal in response to the greater demand stimulated by the cash transfers. FGDs with beneficiaries and KIIs with local traders indicate that the receipt of MCT was usually followed by an increase in the local purchases of food items, thus boosting the sales of local traders.

Table 17: Impact of MCT on availability of commercial sources of cereals

Cereal type	Full sample				District[38]			
	Kernel	NNM	IPW	Kernel (trimmed sample)	Nkayi (n=170)	Matobo (n=80)	Mberengwa (n=276)	Gutu (n=259)
Maize grain	0.017	0.023	0.009	0.008	-0.137 *	0.255* *	0.127 **	-0.071
Maize meal	0.059*	0.066**	0.066**	0.074 **	0.188 **	-0.054	-0.050	0.176***

[37] As part of the market KIIs with local traders and business representatives, the qualitative team also recorded availability and prices of stock for basic commodities such as mealie-meal, cooking oil, salt and sugar.
[38] Impacts are estimated using Kernel based matching.

Finger millet grain	-0.017	-0.019	-0.021 *	-0.016	-0.003	-	-	-
Finger millet meal	-0.022 *	-0.019 *	-0.019	-0.016	-0.022	-	-	-
Pearl millet grain	-0.016	-0.017	-0.016	-0.015	-0.022	-	-	-
Pearl millet meal	0.001	0.001	-0.001	0.003	0.010	-	-	-
Sorghum grain	-0.011	-0.011	-0.012	-0.009	-0.003	-	-	-
Sorghum meal	-0.007	-0.007	-0.008	-0.006	-0.018	-	-	-

Source: MCT evaluation survey (2016). Notes: *** denotes p<0.01, ** denotes p<0.05 and * denotes p<0.1

According to local traders, community members typically purchased one item at a time. However, when they received MCT they also purchased other commodities such as cooking oil and maize in larger amounts than normal. According to the February monthly report, cooking oil, salt, sugar and kapenta were readily available from retailers and wholesalers across all the districts. Monitoring reports also show that the availability of groundnuts and sugar beans did not change as communities were looking elsewhere to purchase the commodity.[39]

FGDs and interviews with project staff and local government officials identified the lack of bank notes/hard currency (liquidity) as a challenge experienced by most local traders and beneficiaries. However, because of the MCT, some local traders also allowed beneficiaries to purchase goods on credit. Some local traders reported allowing beneficiaries to purchase goods using mobile money (i.e. by transferring money from their mobile wallet to the trader's wallet). In addition to these informal electronic purchases, some local traders even availed cash to beneficiaries who could not access a registered mobile money agent. Survey data shows that nearly 11% of beneficiaries reported that local traders that are also registered mobile money agents were imposing conditions for beneficiaries when they withdraw their MCT. Such conditions include forcing beneficiaries to purchase from the agent's shop in exchange for retrieving their cash transfer. About 7% reported that they were charged extra money for withdrawal.

Local prices

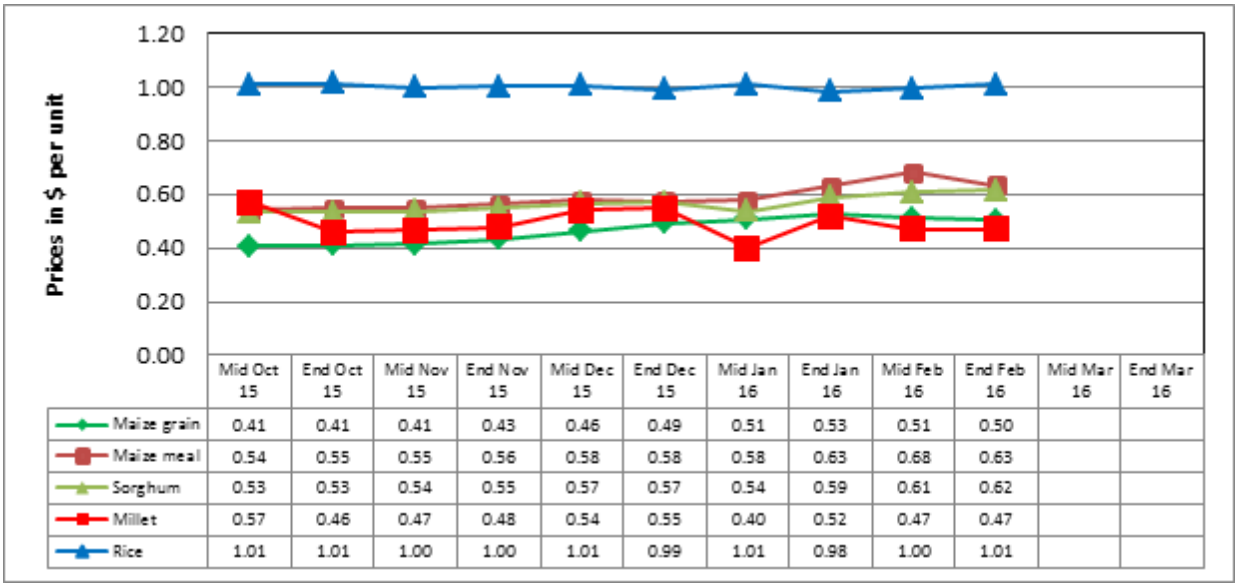
Price movements in all 15 districts were tracked during bi-weekly market surveys by the implementation staff. Figure 3 shows the variations in prices of staple cereals between October 2015 and February 2016[40]. In October, most food commodities were readily available and easily accessed across all districts. However, staple maize grain reserves were dwindling across the districts.[41] Overall, the monthly reports also show that between September and December 2015, the markets experienced a sharp increase in maize grain prices, observed across all districts.[42] From October to February 2016, the average prices for maize grain in the targeted districts ranged from USD 0.41 to USD 0.50 per kg (peaking at USD 0.53 per kg) and those for maize meal ranged from USD 0.54 to USD 0.63 per kg (peaking at USD 0.68 per kg). Prices for sorghum ranged from USD 0.53 to USD 0.62 per kg while those for millet ranged from USD 0.47 to USD 0.57 per kg. Overall, the prices for maize grain and maize meal increased by 22% and 17% respectively. By the end of February 2016, there was a slight decrease in maize grain prices which was attributed to the availability of the product at Grain Marketing Board (GMB)

[39] MCT Quarterly Report, September-December (2015)
[40] MCT Quarterly Report, September-December (2015); MCT monthly report, February (2016)
[41] MCT Monthly Report, October (2015)
[42] MCT Quarterly Report, September-December (2015)

depots and satellite selling points in the respective districts. However, due to the long distance to these selling points, some communities could not access the relatively cheaper GMB maize grain.[43] FGDs also revealed that the average prices of maize grain, maize meal and millet had increased between September 2015 and February 2016. Information obtained from KIIs with project staff and local government officials, and from PDM reports, attributed the rise in maize prices to the seasonal decline in maize stocks during the lean season. Another contributing factor is the prevailing harsh economic climate in the country which has constrained imports of maize.

Price movements for non-staple foods are shown in Figure A1 (Annex A). Between September and December 2015, a slight upward increase in prices for groundnuts and sugar beans was observed across all districts. The price of cowpeas varied significantly between September 2015 and February 2016. Prices of cooking oil have been relatively stable, and prices for salt, sugar and kapenta have remained fairly stable since December 2015.[44]

Figure 3: Prices of Staple Cereals



	Mid Oct 15	End Oct 15	Mid Nov 15	End Nov 15	Mid Dec 15	End Dec 15	Mid Jan 16	End Jan 16	Mid Feb 16	End Feb 16	Mid Mar 16	End Mar 16
Maize grain	0.41	0.41	0.41	0.43	0.46	0.49	0.51	0.53	0.51	0.50		
Maize meal	0.54	0.55	0.55	0.56	0.58	0.58	0.58	0.63	0.68	0.63		
Sorghum	0.53	0.53	0.54	0.55	0.57	0.57	0.54	0.59	0.61	0.62		
Millet	0.57	0.46	0.47	0.48	0.54	0.55	0.40	0.52	0.47	0.47		
Rice	1.01	1.01	1.00	1.00	1.01	0.99	1.01	0.98	1.00	1.01		

Source: *Project report, February (2016)*

There are within district variations in food prices in some areas. For instance, interviews with local traders and the district administrator (DA) in Nkayi indicate that food prices in the district were higher in areas far away from the main business centre due to transaction costs and transportation costs. There were also reports of local traders selectively charging higher prices to beneficiaries. The local DA facilitated the formation of the Nkayi Business Association to promote ethical business practices and prevent local traders from charging higher prices to beneficiaries.

[43] MCT Monthly Report, February (2016)
[44] MCT Monthly Report, February (2016)

5. Relevance and appropriateness

To answer the seventh evaluation question, we assessed the relevance and appropriateness of the MCT project's design elements and its alignment with national priorities and international humanitarian standards.

5.1 Targeting and population needs

The MCT was highly appropriate to the needs of food insecure populations. The project appropriately utilised and triangulated information from a mix of vulnerability assessments and rapid appraisals to target the most food insecure districts and communities. These include 2014/15 Second Round Crop and Livestock Assessment Reports produced by AREX (Department of Agriculture and Rural Extension), the 2015 ZimVAC Rural Livelihoods Assessment, rapid assessments and market surveys conducted by CARE. Community based and participatory identification of beneficiaries allowed transparency and acceptance. However, there were incidences of some elite influence in targeting. For example, KIIs with local traders and project staff in Matobo, revealed that in some wards, village heads selected themselves and their wives or relatives during beneficiary selection process. Follow up verifications by World Vision removed these village heads from the project before the evaluation was conducted.

During qualitative surveys, both key informants and beneficiaries noted that the timing of the MCT was appropriate as it was implemented during the peak hunger season.[45] Zimbabwe has high a mobile teledensity which makes mobile cash transfers a credible option for delivering cash transfers. The mobile payment platform is innovative and provides privacy in withdrawals, while the cash modality empowers beneficiaries by providing freedom of choice in spending and maintaining the dignity of beneficiaries (Cabot-Venton, et al. 2015, HLPHCT 2015). However, appropriateness is compromised by the poor access to mobile money agents and network coverage in certain areas (see section 6.2.1 and 6.2.3). Other communities are remote and distant from suppliers of food e.g. certain wards in Nkayi (see section 4.3.6).

5.2 Adequacy

The MCT aimed to cover 50% of the daily household food basket and nutritional needs i.e. 50% of 2,100 kilocalories per person (see Annex E). The "50%" target was selected by implementers as they wanted to avoid disrupting beneficial informal coping mechanisms.[46] During the survey, the beneficiaries were asked if the MCT adequately met their basic food needs. Survey results show that 15% viewed the MCT as adequate (see Table 18). A follow up question asked beneficiaries how much of the basic needs were met by the MCT. On average, survey data shows that beneficiaries reported that 48% of the basic food needs were covered by the transfer, which is very close to the 50% target. At district level, the highest average was reported in Mberengwa (52%) and the lowest average was reported in Nkayi (42%).

[45] By the time of the survey in February 2016, the peak hunger period had continued since most districts had received little to no rainfall.

[46] From KII with CARE national staff

Table 18: Adequacy of the mobile cash transfer

Particulars	Nkayi	Matobo	Mberengwa	Gutu	Total
MCT adequate for basic needs (%)	10.0	13.0	22.0	13.0	15.0
Portion of basic needs covered with MCT (%)	42.2	48.4	52.1	47.8	48.1

Source: MCT evaluation survey (2016).

The MCT project initially provided one to two person households with USD 10 but this was later increased to USD 15 after reports that small households were not able to meet basic food needs. Other households received USD 5 per person. The size of the cash transfer was set at USD25.02 to enable a household of five persons too meet 50% of its daily calorie requirements. The projected cost for maize was USD0.32 per kg (Table E2). Information from FGDs indicates that the cash transfer was only sufficient for purchasing maize meal for some households. In the absence of grain at the GMB, beneficiaries purchased grain or maize flour from local markets at higher prices. Market surveys during project monitoring show that during the evaluation period (October to February 2016), cereal prices were higher than the projected cost of USD 0.32 per kg (Figure 3, section 4.5). The average prices of maize grain and maize meal specifically increased by 22% and 17% respectively (section 4.5). At the end of January 2016, the average price for maize grain was USD 0.53 per kg. These price increases likely diminished the purchasing power of the cash transfers. However, from March 2016, government mandated the reduction in the price of GMB maize to USD 15 which portends an increase in disposable cash that can diversify expenditures.

Transport costs also affected perceptions of inadequacy among beneficiaries. These were incurred by some beneficiaries when collecting the MCT. For instance, in Mberengwa, FGD participants reported costs ranging from USD1-USD5 to go to Zvishavane or other centres. The December 2015 PDM report, shows that on average 2% of the cash transfers was spent on public transport costs and 30% of the beneficiaries had transport costs.[47] Some beneficiaries in Lupane were even spending up to USD20 for a return trip[48] (see section 6.3.3).

The size of the MCT can be compared to other Zimbabwean-based cash transfers. A similar humanitarian cash transfer project implemented by the Red Cross in Zimbabwe provided a transfer amount of USD 50 per household for a period of three months.[49] Although it is not perfectly comparable with the MCT (which varies by household size) the minimum amount is greater than the minimum MCT amount. Beneficiaries of the Harmonised Social Cash Transfer programme (a social protection programme) in Zimbabwe receive USD 10 a month for a one-member household and up to USD 25 for a four-member household with average payments of USD 20 (Gourlay, undated). These values are closer to transfers of the MCT project.

The value of a cash transfer, relative to food or total household expenditure, is a key factor in determining the extent of food security and wider socio-economic impacts (Dunn et al 2013). Hedlund et al., (2013) evaluate the impact of cash transfer and vouchers given as famine response by various agencies in Somalia. The cash transfer sizes were calculated according to the

[47] PDM report, December (2015)
[48] PDM report, December (2015)
[49] Zimbabwe Food Security MDRZW008 Emergency Appeal Evaluation. (2014). *International Federation of Red Cross and Red Crescent Societies, ALNAP.*

cost of the Minimum Expenditure Basket (MEB) or Minimum Food Basket (MFB). Hedlund et al (2013) found that the impacts on dietary diversity and coping strategies varied by the transfer value. A higher transfer value resulted in the consumption of a more diverse diet and of high calorie foods such as animal source foods. Cash transfers set at the MEB led to the consumption of high calorie foods by 92% of the beneficiaries. Cash transfers that covered the MFB led to the consumption of animal source foods by 39% of the beneficiaries. Setting the cash transfer size according to the cost of the MEB and MFB ensured that the cash transfer sizes were statistically correlated with household expenditures and were therefore more likely to achieve the intended impacts on dietary diversity and food security (Hedlund et al 2013).

Handa and Davis (2015) survey a range of impact evaluations of cash transfers programmes in sub-Saharan Africa and find that cash transfer sizes that are less than 20% of pre-programme consumption resulted in small and limited impacts. Programmes that transferred amounts worth between 20% and 25% of household consumption expenditures had moderate impacts while sizes above 25% led to widespread impacts. In this evaluation, we use the expenditures of comparison households as a proxy for pre-intervention consumption (see table A2). Our PSM results show that the average per capita size of the MCT was USD 5.11 and the average pre-intervention per capita consumption was USD 20.50. Therefore, the value of the transfer equates to 24.9% of total consumption. This may indicate that the MCT was only likely to have modest impacts. Although, Handa and Davis (2015) mainly assessed social protection programmes rather than humanitarian cash transfers, they provide some insights that may guide the calculation of a humanitarian cash transfer size. Still, further research comparing the impacts of different cash transfer sizes in diverse humanitarian contexts is warranted.

5.3 Modality preferences

One indicator of SPHERE minimum standards for enhancing food security using cash transfers is that cash transfers are the preferred modality for targeted populations, especially for women. [50] Evaluation survey results show that there were no statistically significant differences in the modality preferences of beneficiaries and non-beneficiaries. About 50% of beneficiaries and 55% of non-beneficiaries preferred food transfers to cash transfers. About 24% of beneficiaries and 22% of non-beneficiaries preferred receiving both food and cash transfers, while about 19% of each group preferred cash transfer and the remainder were indifferent. Most respondents preferred food transfers as they felt that they met immediate consumption needs (68%).[51]FGD participants mostly preferred food transfers as they reported that the MCT was not enough to meet all basic food needs. This sentiment was particularly strong among elderly beneficiaries. FGD participants also stated that cash transfers were mainly used to purchase maize meal and occasionally some oil and salt, unlike the standard food aid rations which provide more commodities i.e. maize grain, cooking oil and beans. The MCT was ranked third after cash in transit, because of the irregular disbursements, challenges with mobile technology and problems in accessing and receiving services from mobile money agents (e.g. distance to agents, conditions imposed by agents and poor technical knowledge).

[50] SPHERE project. (2011). Humanitarian Charter and Minimum Standards in Humanitarian Response. Retrieved from: http://www.ifrc.org/PageFiles/95530/The-Sphere-Project-Handbook-20111.pdf

[51] The descriptive statistics results for the reasons are not presented here.

Overall, there is a clear preference for food transfers by beneficiaries. This may have been caused by the drought, the perception that the MCT amount is inadequate and challenges experienced in accessing the MCT. It must also be noted that the districts have a long tradition of receiving food assistance and the MCT is a new approach that enables to purchase food from the markets. Like any new interventions, familiarisation, technological adaptation and the change in mindset will take time. Therefore, design changes (i.e. amount), technological readiness and appreciation, and improvements in the timeliness and regularity of cash disbursements and availability of mobile money agents could lead to a change in these preferences.

5.4 Alignment with national policies and international standards

The MCT are an important part of the national humanitarian response to drought during the 2015/2016 season. The objectives of the MCT were largely coherent with government's food and nutrition policy goal to "promote and ensure adequate food and nutrition security for all people at all times in Zimbabwe, particularly amongst the most vulnerable and in line with our cultural norms and values and the concept of rebuilding and maintaining family dignity" (Mukodoka 2013). They were also well aligned with the objectives of the Zimbabwe National Contingency Plan to ensure timely response to anticipated hazards and minimise humanitarian consequences. The objectives were broadly aligned with the financial inclusion and nutrition priorities of the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim Asset, 2013-2018) and with the policy objectives of the Zimbabwe National Gender Policy.[52] The MCT project was also broadly aligned with outcome 3 of priority 5 of 2012-2015 of the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) which seeks to increase access to social protection for vulnerable households. It was also broadly aligned with priorities 3 and 7 of UNDAF that seek to increase food security and empower women in Zimbabwe (ZUNDAF, 2011).

Globally, the MCT was well aligned with the SPHERE standards in humanitarian response. [53] The MCT's objectives and design emphasised a participatory approach in targeting, implementation and feedback mechanisms as beneficiaries and communities participate in regular public meetings, in line with Core Standard 1. The project's design also promoted coordination with local government authorities and collaboration between two organisations CARE and World Vision, in line with Core Standard 2. During targeting, vulnerability assessments were used in line with Core Standard 3. The MCT project's design aimed to address the basic food needs of vulnerable populations and improve their adaptive capacity, and the size of the cash transfer was at one time revised to reflect worsening conditions during the drought, in line with Core Standard 4 indicators. Finally, the MCT project's log frame promoted the regular reporting and sharing of monitoring and evaluation information from internal and independent/external monitoring, in line with Core Standard 5.

6. Operational performance

To answer the seventh and eighth evaluation question, we assessed operational aspects such as the coverage, targeting accuracy, accessibility of cash, nutrition message delivery, value for money, gender empowerment strategy, monitoring and evaluation, management partnerships and accountability and feedback mechanisms.

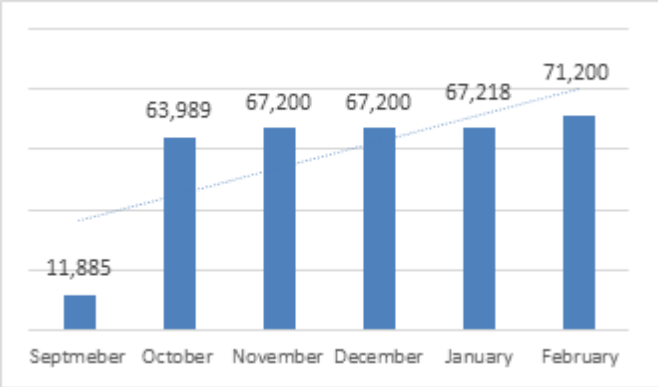
52 The National Gender Policy 2013-2017. (2013). *Government of Zimbabwe.*
53 SPHERE project. (2011). Humanitarian Charter and Minimum Standards in Humanitarian Response. Retrieved from: http://www.ifrc.org/PageFiles/95530/The-Sphere-Project-Handbook-20111.pdf

6.1 Coverage

Number of beneficiaries

The project initially targeted 67,200 households (336,000 individuals). This target was met in November 2015. By February 2016, a total 71,200 households or about 360,645 individuals were covered (see Figure 4).[54] A breakdown of the beneficiaries by district is presented in Table A7 (Annex A).[55] The number of beneficiaries was increased after the discovery that an increasing number of households had become food insecure due to the drought that destabilised their coping mechanisms. There were 20,598 male cash recipients and 50,602 female recipients.[56]

Figure 4: Trends in the registration of beneficiaries



Source: Own calculation using information from project reports

Validation process

Registration was immediately followed by the validation process. Purposive verifications targeted outlier households (small households with one or two members and large households with 10 and above), households with proxies, and those households whose eligibility was questioned by the project's complaints response mechanisms. In some areas, beneficiaries did not attend validation exercises which led to postponements.[57]

Challenges

Despite the targets being achieved, the project encountered some challenges during the selection, registration and validation processes:

- The quorums for the registration process were not met**.** The 85% quorum (via physical or proxy presence) of the total households in a village was often not met. This was due to: (i) long distances, (ii) community members self-excluding themselves or (iii) because of clashes with the implementation of other programmes (e.g. Rubella Virus Immunisation programme). In response, 60% was used as the threshold for a quorum in some districts (e.g. Beitbridge, Umzingwane and Insiza).[58]

[54] MCT Monthly Report, January (2016)
[55] MCT Monthly Report, January (2016)
[56] MCT Monthly Report, February (2016)
[57] MCT Monthly Report, October (2015)
[58] MCT Monthly Report, September (2015)

- Beneficiaries could not always register as cash recipients because some did not have national identity cards.[59] To address this challenge, in some cases a social contract was set up with proxies who would register as the cash recipients on behalf of the beneficiaries who did not have identity cards.[60] While this solved the problem of registration, it later caused problems in the disbursement phase when some proxies did not keep to the social contract and tried to keep the cash for themselves. Project reports show that in January 17 of the 1086 complaints pertained to proxies who had failed to remit the cash transfer to beneficiaries.
- Other disruptions in the selection and registration process were caused by behaviours such as: community members not being eager to identify village focal point persons; households inflating their household sizes; registration of ineligible beneficiaries, fear of witchcraft influencing selection and local elite capture.

6.2 Targeting accuracy

6.2.1 Targeting criteria

The most vulnerable districts wards were selected using information collated from the 2014/15 Second Round Crop and Livestock Assessment Reports produced by AREX, the 2015 ZimVAC Rural Livelihoods Assessment, rapid assessments and market surveys by CARE and World Vision, and input from local government stakeholders and community leaders. Vulnerability classification for wards appropriately accounted for the different livelihood zones within the district. Caseloads for the selected wards were calculated using ward population and percentages of food insecure households in the wards.

The ranking and selection of villages was guided by food security mapping processes done in collaboration with the District Drought Relief Committees (DDRC) and the Department of Agriculture Technical and Extension Services (AGRITEX). Again, differences in livelihood zones were accounted for during caseload allocation. Areas with livelihood sources such as irrigation or favourable micro-climates were allocated a lower caseload than other communities. Selection of villages occurred during ward assembly meetings attended by community leaders (ward councillors, chiefs, headmen and village heads). The targeting approach prioritised the needs of vulnerable populations and utilised information from rapid and in-depth vulnerability assessments that were representative, in line with the indicators of the third SPHERE core standard for humanitarian response.

Beneficiary selection was done during a community-led participatory process that used food security indicators. A guide with food insecurity indicators was used during the process (see Box 3). Some of the criteria in the guide are informed by the vulnerability attributes identified in ZimVAC assessments e.g. chronically ill household members, disabled household members. The eligibility indicators listed in the guide were not uniformly applicable to all communities. During beneficiary ranking, a facilitator would ask community members to list indicators of household food insecurity in their area. Hence, communities were given latitude to adjust the guide by listing the perceived characteristics of a food insecure household[61]. These were then compared to

[59] MCT Monthly Report, October (2015)
[60] PDM Report, December (2015)
[61] There is no information as to what extent this adjustment was done by communities.

the indicators listed on the guide. Indicators that were not appearing on the guide were added by the facilitators and used during the ranking process.

For ranking a household, a range of food security indicators were weighted to determine the weight of a household's vulnerability. Households with many vulnerability attributes were ranked higher than other households. The weighting of the indicators was qualitative and based on community perceptions of severity in vulnerability. However, CARE and WVI also maintained a database with quantitative weights for verification against inclusion error. Any variations between CARE's weighted ranking and the community level ranking were physically verified.

Box 3 Food security indicators used in the beneficiary section process

1. Crop harvest below 50 kg of cereal
2. Households with pregnant or lactating mothers and other high nutrition needs
3. Disabled household heads, with no other able-bodied adults who can work to provide for the households
4. Chronically ill (bed ridden for > 3 months) household heads who cannot work to provide for the household
5. Household heads not gainfully employed (formal employment, business ownership) (below average rural income)
6. Households not participating in NGO/Government food assistance/cash programmes
7. Households with high dependency ratio, with Orphaned and Vulnerable Children (OVCs) or disabled/chronically ill HH members
8. Elderly (>65 years) household heads with no support (remittances, income)
9. Child-headed households with no support
10. Households with no cattle, donkeys, sheep or goats

6.2.2 Inclusion and exclusion errors

In October, 40% of the households (26,999 households) were enrolled after registration and verification. In November 2015, the number increased to 66,681 households, constituting 99% of the caseload. The failure to reach 100% was caused by problems such as incomplete and mismatching of beneficiary identification details such as cell phone numbers, new mobile lines that needed to be updated and validated in the systems and the lack of IDs – all prerequisites for a cash disbursement. Problems for the outstanding 519 households had been addressed by December 2015.[62] By the end of February 2016, 100% of the purposive verifications had been done and a cumulative total of 96 households had been removed from the project, translating to an inclusion error of 1.5%.[63]

We statistically examined the inclusion error (leakage) by using the survey data to compare the share of the population among beneficiaries that fulfils (any of) the eligibility criteria[64].

Table 19: Share of beneficiaries that fulfil the targeting criteria

Eligibility criteria	Mean	Std. Dev.	No. of observations

[62] MCT Monthly Report, November (2015)
[63] MCT Monthly Report, February (2016)
[64] The analysis excludes the criterion that includes households not participating in other NGO/Government food assistance/cash programmes because CARE/WVI geographically targeted districts and wards that were not receiving assistance. CARE/WVI clearly avoided areas receiving government and other civil society assistance.

Crop harvest below 50 kg of cereal	0.565	0.496	416
Households with pregnant or lactating mothers and other high nutrition need	0.111	0.314	416
Disabled household heads, with no other able-bodied adults who can work to provide for the households	0.017	0.129	416
Chronically ill (bed ridden for > 3 months) household heads who cannot work to provide for the household	0.246	0.431	411
Households with high dependency ratio, with orphaned and vulnerable children (OVCs) or disabled/chronically ill HH members	0.034	0.181	416
Elderly (>65 years) household heads with no support (remittances, income)	0.204	0.404	416
Child-headed households with no support	0.000	0.000	416
Households with no cattle, donkeys, sheep or goats	0.264	0.442	416
Household should be targeted	0.837	0.370	416

Source: MCT evaluation survey (2016). HH-household

Table 19 shows that about 84% of the beneficiaries fulfil the eligibility criteria while 16% do not. However, some of the criterion changes over time, hence the February survey data may not be providing an accurate picture of targeting accuracy. A mix of indicators was used as a selection criteria since reliance on a single criteria would result in higher inclusion or exclusion errors. Moreover, communities were given the flexibility to adapt or extend the criteria based on their knowledge or perceptions of vulnerability, a process that the survey could not capture. Overall, the project covers vulnerable populations as defined by the project's food insecurity indicators and supported by information from the ZimVAC 2015 report. However, available project reports do not assess all 10 food-insecurity indicators; therefore, the exact targeting accuracy is difficult to assess.

Community well-being analysis during FGDs revealed widespread poverty in the community, with 60% of community members defined as poor. The poor were defined as households with no livelihood sources or assets and households headed by the elderly, the chronically ill or by children. The majority of these households were identified as female non-beneficiaries who were excluded from the MCT project. FGD participants also mentioned that the definition of poverty of food insecure is not static and can change with time. In Matobo and Nkayi, FGD participants reported cases of ineligible people who were included in the project. Cultural norms and power differentials prevented participants from reporting these errors. For instance, there were reports that the village head in ward 8 of Matobo had influenced the selection of relatives who had similar surnames but different identification numbers. Double dipping was also said to be common in Matobo, and the Ministry of Public Services, Labour and Social Welfare raised this issue. These problems were less common in Gutu where the DSS and Care International share the same registry for emergency food assistance (DSS) and for the MCT.

Beneficiary registrations in the district ceased once targets were met as the project could not cover all eligible households. When the project began in 2015, there were an estimated 88,688 food insecure households in the targeted districts (ZimVac 2015). With a caseload of 67,200 households the project initially reached about 76% of the food insecure households. Due to the drought, it is likely there has been a substantial increase in the proportion of eligible households.

In recognition of this change in the environment, the project added 4,000 households to the project in January 2016 to reach a caseload of 71,200 households. However, there are an estimated 151,555 food insecure households in the project districts, therefore the caseload only reached about 47% of the food insecure households (Table C2)[65]. The general impression of the FGD participants is that the selection was highly participatory and fair since community members played a role in selecting deserving households. Generally, priority and consideration was given to the less advantaged and vulnerable in the community ("varombo") particularly child-headed households, the sick, elderly and disabled. The majority of beneficiaries and non-beneficiaries expressed satisfaction with the outcome of the selection process although there were a number of concerns surrounding inclusion of ineligibles and exclusion of the eligible. According to the beneficiaries, the exclusion of potentially deserving beneficiaries negatively affected the relevance of the project. Non-beneficiaries reported that the project had excluded equally deserving community members, but they realised that resource allocations for each district restricted the number of people who could be selected.

6.3. Accessibility

6.3.1 Technological readiness and network coverage

Survey results show that about 41% of respondents knew how to conduct mobile money transactions. In response, beneficiaries received training on mobile phone and mobile money use; around 58% of respondents reported the training as sufficient. The possession of reliable mobile handsets affects timely receipt of mobile cash transfers and transactions. Only 83% of the beneficiaries stated that they had a reliable handset. Qualitative data from FGDs also reveals that many beneficiaries have access but do not actually own a handset. They had to use other people's phones when the MCT was disbursed (see Box 4).

Box 4: Lack of technological knowledge

Case: This 81-year-old beneficiary has no handset and borrows phones from relatives whenever, she hears from others that they have received cash. The old woman was very grateful to be receiving the USUSD10. When asked about the preference of money or food, she. She said "anything, because beggars are not choosers". She indicated that the money she receives was all that she had because she is too old to work. In often cases, she had to depend on neighbours for food, and this has lessened her burden on them. However, her final choice was food because she believes that food lasts longer than money, as the items she is forced to buy are not the ones she prefers.

Place: Guwe village, Nkayi; 9-2-16

Econet serviced approximately 68,700 beneficiaries in most of the districts and NetOne serviced almost 2500 beneficiaries in Lupane and Nkayi. The monthly reports state network coverage was good in most districts although in some the connectivity was slow or even absent e.g. ward 8 in Shashe, Beitbridge. Across all 15 districts, the majority of beneficiaries did not have lines and Econet was extremely slow in providing them and later activating them.[66] In some cases, beneficiaries with low literacy and numeracy levels sometimes lost their SIM cards or forgot

[65] Estimates obtained using data from Lean Season Monitoring Report of the ZimVAC, January 2016
[66] MCT Monthly Report, September (2015)

their PIN codes, which resulted in Econet blocking or replacing their lines, a procedure that took a long time to resolve.[67] This is consistent with qualitative reports of beneficiaries lodging complaints about blocked lines and not understanding why they were blocked. In the FGDs, beneficiaries requested additional training and technical assistance.

6.3.2 Regularity and timeliness of transfers

Output 1 of the log frame tracks the timeliness of the MCT (see Annex E). FGD participants in all four districts reported that cash disbursements were late and irregular. In Matobo district, a fraction of the beneficiaries who had been registered had never received their cash transfers since project inception. This is in line with the findings from survey data presented in Table 20.

Table 20: Receipt and regularity of Mobile Cash Transfer (MCT) (% of respondents)

Particulars	District				
	Nkayi	Matobo	Mberengwa	Gutu	Total
Time to get the first MCT after being a Recipient					
Immediately	21.35	14.58	10.45	18.33	15.86
After One Month	47.19	27.08	20.15	22.50	27.88
After 2 Months	23.60	41.67	30.60	26.67	29.16
After 3 Months	6.74	10.42	38.06	30.83	25.32
Yet to Receive	1.12	6.25	0.75	1.67	1.79
Regularity of the MCT Receipt					
On a Monthly Basis	71.11	57.14	60.45	47.50	58.52
Once in 2 Months	11.11	14.29	5.22	5.83	7.89
Once in 3 Months	5.56	0.00	5.22	5.00	4.58
Amount of MCT Received Per Month (USD)	29.66	27.68	28.09	24.30	27.25
Total Amount Received (USD)	119.92	116.36	116.98	104.74	113.85

Source: MCT evaluation survey (2016).

On average, 29% of the beneficiaries received the first transfer after two months. At the time of the survey an average of 1.8% beneficiaries were yet to receive their first transfer. On average, about 58.5% of the beneficiaries reported receipt of the transfers on a monthly basis. This suggests that delivery of the MCT was irregular (see Table A8 in Annex A). According to the PDM reports by the end of 2015 a total of 61,034 (91%) beneficiaries had received cash entitlements. Cash disbursements were still lagging behind for several reasons. The major ones being; wrong details for national ID and cell phone numbers for cash recipients and mismatched information in the Econet lines which were registered in names of other persons than the beneficiaries. Some beneficiaries did not own their own mobile phones and therefore used other people's mobile lines when registering. Mobile network lines that were not registered on the Ecocash platform or the GSM platform were also deregistered even when a beneficiary had previously received cash transfers through them. The mobile network operators send information to the telecoms regulatory authority for verification in their database on details such as ID numbers, date of births and gender. All mobile lines that were mismatched in the regulatory authority's database were immediately disconnected or otherwise would be penalised a fine of USD 200. Moreover, these lines were deregistered by the GSM department even though

[67] MCT Monthly Report, November (2015)

beneficiaries had previously used them to receive some transfers. The GSM department for Econet is responsible for managing Sim cards in Econet and it is managed separately from the Ecocash department.

Beneficiaries received lump sum payments that retroactively updated their entitlements. In December, 41% of the households received a lump sum for the previous four months, 39% one month ration, 14% two month rations, and 6% three months ration.[68] Survey results show that the average amount received by the beneficiaries was USD27.25. Similar delays in disbursements were encountered in Afghanistan. The evaluation of the Humanitarian Assistance through Mobile Cash Transfer in Northern Afghanistan (Samuel Hall Consulting, 2014) shows that transfers could not be delivered in a timely manner mainly due to long times needed for setting up the mobile phone payment system. On the other hand, almost all beneficiaries of The Social Cash Transfer Pilot Programme, Ethiopia (Tigray region) reported that they received their payments on time (IDS, 2012).

6.3.3 Barriers to accessing cash

In addition to the irregularity of payments, beneficiaries faced significant problems in withdrawing cash. Monthly project reports show that mobile money agents (especially Ecocash) were not available in all districts (as planned). In some areas, they were sparsely available such that beneficiaries had to travel long distances to withdraw their transfer. This is in line with survey results showing that 30% of beneficiaries had to travel more than 5km to the nearest cash agent thereby incurring significant transportation costs (Table 21). Survey data show that 79% of the beneficiaries have access to mobile money agents in their community. This varies between 68% in Matobo district to 90% in Gutu. Most of the available agents were general dealer stores (63%) followed by agents in an EcoCash booth (34%). Table A9 in Annex A shows that about the 71,200 beneficiaries had access to about 3348 agents. In districts like Lupane and Umzingwane, one agent served about 120 and 98 beneficiaries respectively.

Table 21: Access to Ecocash agents and services (%)

Particulars	Nkayi	Matobo	Mberengwa	Gutu	Total
Agents are available in the community	71.0	68.0	79.0	90.0	79.0
Distance to nearest agent					
< 1 Km	5.38	10.00	5.93	11.48	8.00
1 - 3 Km	38.71	22.0	54.81	64.76	50.0
4 - 5 Km	11.83	16.00	12.59	11.48	12.50
> 5 Km	44.09	52.00	26.67	12.30	29.50
Agents have cash float	53.0	67.0	58.0	64.0	60.0

Source: MCT evaluation survey (2016).

Based on the PDM report for January, a large proportion (77%) of the beneficiaries walked to reach the nearest cash out agents. This is an increase from 61% in December 2015. About 21% used public transport and 2% cycled to reach the agents. For example, some beneficiaries from ward 9 of Shurugwi had to travel 20km to Chachacha business centre to cash out.69 The main

[68] PDM Report, December (2015)
[69] MCT Monthly Report, November (2015)

reasons cited for using public transport were the non-availability of agents, liquidity challenges faced by local agents, and preference for withdrawing cash at major towns/markets. According to the December 2015 PDM report, on average 2% of the total money was spent on public transport and 30% of the beneficiaries had transport costs.[70] The number decreased to 15% in January 2016. Matobo (7%) and Lupane (8%) had the highest proportion of MCT cash used on transport. The most expensive transport costs for a return trip were observed in Lupane (USD 20), followed by Gokwe North (USD13), and it cost $10 in Beitbridge, Gokwe South, Gutu, Masvingo, and Mberengwa and in Nkayi. The cheapest transport costs for a return trip were observed in Shurugwi (USD2) and Umzingwane (USD4) and Insiza (USD4). To tackle this issue, the project paid bus fares to some beneficiaries in some but not all districts. They include 166 beneficiaries in Beitbridge (each getting $24 return trip), 509 in Lupane (each getting $8 return trip), 626 in Umzingwane (173 each getting $10 return trip and 280 each getting $6 return trip).[71]

Liquidity challenges in the country affected the services provided by the agents. They were often unable to meet the demand for transfers after disbursements. During the survey, beneficiaries indicated that only 60% of their agents had cash floats. In Econet areas, agents received soft loans from Steward Bank or service providers such as Metropeech, to help with maintaining cash reserves. FGDs and interviews with project staff and local officials established that some agents charged beneficiaries more money or imposed conditions for withdrawal e.g. buy groceries from the agent's shop instead of getting full cash transfer.

Table 22 summarises the main challenges faced when accessing cash according to the survey data. On average, 15% of the beneficiaries experienced delays in transfers due to power problems (battery). Nearly 11% of the beneficiaries reported experienced conditional purchases. About 38.5% of the beneficiaries failed to get their transfer on schedule. Among those who failed to obtain their transfers, 29% approached mobile money agent for resolution and nearly 31% approached project staff.

Table 22: Challenges in accessing cash (%)

Particulars	Nkayi	Matobo	Mberengwa	Gutu	Total
Delay in transfers due to power	15.0	13.0	16.9	12.2	14.7
Problem with Ecocash agent	19.48	9.30	7.94	7.08	10.31
Cash-out conditions	15.29	15.91	5.56	11.57	10.90
Charged extra money for cash-out service	6.98	4.35	7.75	7.5	7.08
Fail to get scheduled MCT	32.22	47.92	40.15	37.50	38.46
Follow-up agent in time of failure					
Ecocash agent	38.71	9.09	23.21	38.64	28.76
CARE field officer	32.26	9.09	39.29	29.55	30.72
Agritex Officer	0.00	0.00	0.00	2.27	0.65
Other	29.03	81.82	37.50	29.55	39.87

Source: MCT evaluation survey (2016).

[70] PDM Report, December (2015)
[71] PDM Report, December (2015)

6.4. Nutrition messaging

One of the log frame outputs tracks whether beneficiary households adopted best nutrition practices promoted through the project (output 2 in Annex E). The project invested and cooperated with other actors to provide information and nutrition messages to the beneficiaries through community meetings or mobile messages. Furthermore, women were encouraged to register as cash recipients as they are more likely to use the cash for household food needs compared to male recipients. The project reports show that district sensitisation meetings with District Drought Relief Committees (DDRC) and District Food and Nutrition Committees (DFNC) were held in all districts before implementation.[72] Project staff at district level attended Food and Nutrition Council meetings and shared activity reports with their respective district authorities in November 2015.

Two nutritional messages were sent in December out of the thirteen approved messages by the Ministry of Health and Child Care, and in January 2016, this had increased to four types of messages. Survey data shows that about 59% of the MCT beneficiaries received nutritional messages by SMS from CARE and World Vision. Only 29.2% had received nutrition messages through public community meetings. FGDs reveal that some beneficiaries did not own handsets and therefore did not see the messages. Survey data shows that about 17% of the beneficiaries did not have a reliable handset (see section 6.2.1).

According to survey data, the proportion of households who received nutritional messages and identified at least 3 nutritional practices is 40.2%. Similarly, PDM reports an increase from just 8% of the households identifying at least 3 good nutritional practices in December 2015 to 45% in January 2016.[73] Most of the nutritional practices identified by the beneficiaries refer to childcare, such as breastfeeding practices or nutritional needs of children and women, while others refer to basic water and sanitation information (see Table 23). However, the nutrition messages did not specifically promote household dietary diversity, one of the key humanitarian outcomes of the project. Overall, the results suggest that SMS delivery of nutrition education is hindered by accessibility issues. Unless these are addressed, implementers should probably utilise public meetings or leverage the routine community health meetings held by the Ministry of Health and Child Care. In addition to the nutrition messages, respondents acknowledge receipt of health and agriculture related information via SMS.

Table 23: Major nutritional practices promoted through SMS

Nutritional practices	% respondents			Overall
	1st practice	2nd practice	3rd practice	
Women of child bearing age should eat iron rich foods	25.21	7.78	10.78	21.14
Feed your baby foods from at least 4 food groups per day	8.82	10.00	5.88	11.19
Mothers give ORT to children with diarrhoea at home as you seek treatment	10.92	12.22	15.69	15.92

[72] MCT Monthly Report, September (2015)
[73] PDM Report, December (2015)

Exclusively breastfeed your baby for the first 6 months	9.24	12.22	12.75	13.93
Wash hands at critical times – after using the latrine & changing baby diapers; before cooking, feeding the baby and eating	10.92	21.11	15.69	19.90

Source: MCT evaluation survey (2016).

6.5. Value for money

This part of the report assesses the value for money (VfM) of the MCT project according to the principles of laid out in the DFID guidance on assessing VfM in social transfer interventions (DFID, 2011). DFID's refers to VfM as "*maximising the impact of each pound spent to improve poor people's lives*" (DFID, 2011). The basic conceptual framework of the VfM is based on the 'results chain' showing clearly the results to be achieved by the programme and described as "… *how money is converted into inputs, which in turn generate activities (or 'processes'), produce outputs (the specific, direct deliverables of a programme) and finally result in outcomes (changes in social or economic well-being) and impacts (related to the longer-term, higher level goals of programmes)*". The VfM here is based on the '3Es' that are economy, efficiency and effectiveness (see definitions in Box A1 in Annex A).

6.5.1 Economy

From the economy perspective, what matters most is that the prices at which inputs are purchased are competitive. The evidence generally shows that mobile cash transfers are about 20-25% cheaper than modalities like food transfers. Mobile cash transfers are deemed as the cheapest option being also the fastest and least time-consuming (DFID, 2015).

Costs of implementation: The direct charges and fees for each of the transfers amounted to 0.85GBP. This is derived from a cost of 0.24 GBP per transaction - in terms of service charges and Government levy on mobile money transfers - and an additional fee of 0.61 GBP - charged for each individual transaction. The fee for services is higher than those of similar mobile cash transfers on different countries, for instance, the T-Cash mobile in Haiti in 2011 charged a range from 0.42 to 0.57 GBP for each transaction (MacDonald and Gedeon 2012). One reason for the difference may be that service charges in Zimbabwe are reported to be substantially higher than any other country in the region (African Development Bank 2012). The high telecom costs are caused by regulation and licensing which are passed on to consumer (African Development Bank 2012). Table A11 (Annex A) breaks down the different cost categories for implementation.

Costs incurred by households: One of the additional (fixed) costs to the households was the initial price of SIM card needed to operate a handset and access the mobile money system. Initially, the project planned to cover the costs for beneficiaries who did not have SIM cards, which was estimated at about 25% of the households (i.e. 16,800 households). The project planned for a price of 0.17 GBP per SIM card. This was lower than market prices since this was negotiated with the service provider (ECONET). Eventually, no budget was spent on SIM cards as households had already bought them. Another cost to the households were the transportation costs for getting to the cash agents. Monthly reports showed that the transportation costs varied from a minimum of 1.42 GBP for a return trip (in Shurugwi district) to as high as 9.24 GBP (Gokwe North) or 14.21GBP (Lupane). While in some of the districts such costs were partly reimbursed by the project (e.g. in Lupane households got 5.68 GBP for a return trip) this was

only the case for only about 1301 households. The high transportation costs may potentially offset the benefits of the cash transfers and also create a barrier to collecting benefits.

6.5.2. Efficiency

The efficiency of the project is primarily measured by the extent to which benefits are delivered to beneficiaries. One indicator is the realisation rate. Assuming that the number and costs of the planned transfers has been accurately drawn up to correspond with the objectives of the project, the realisation rate can be a measure of efficiency. It is estimated as the ratio of the number of actual transfers over the number of the planned transfers. Table 24 shows that on average, the realisation rate was very low for the first three months (September, October and November 2015). The delays in disbursements in the first months were caused by difficulties in starting up the project, verifications of beneficiaries and other delays in the reporting of financial expenditures. Compensating for the initial delays, the realisation rate increased to 191% in December 2015 and then stabilised to 99 or 100 % during the last months of the evaluation period (January and February 2016). Overall, the realisation rate shows that more than 98% of the initially planned transfers were delivered a positive sign for operational efficiency. Evidence on realisation rates for other similar MCT humanitarian interventions is scarce. However, the initial delays and lower realisation rates in the first three months could be a case for concern, especially considering the humanitarian nature of the project (i.e., most of the poor households have only received their first transfers in December 2015).

Table 24: Realisation rate of the number of the beneficiaries

Month	Planned no. of beneficiaries (HH)	No. of beneficiaries who received transfers (HH)	Actual Realisation rate
September 2015	5,813	0	0
October 2015	31,254	5,075	0.16
November 2015	61,183	29,592	0.48
December 2015	63,700	121,448	1.91
January 2016	67,200	67,218	1.00
February 2016	71,200	71,192	0.99
Total (September 2015- February 2016)			**0.98**

Source: MCT project report, February (2016)

Further analysis looks at the budget realisation rate. The financial data shows that the overall realisation rates in terms of the budget spent for administrative and implementation costs was 0.78 and for the amount transferred to beneficiaries was 0.70 (see also Table A12 in Annex A). The project did not make use of several planned funds (like the contingency funds for topping up the transfers, costs for the purchase of SIM cards, etc.) which partly explains the lower transfer. The budget realisation rates were low in part due to the delays in reporting of financial expenditures. The low rates draw attention to possible inefficiencies either in planning or in implementation.

A comparative analysis of the cost-efficiency of the MCT and other humanitarian transfers

Table 25 gives an overview of all expenditures of the project as presented in the financial reports. There was some variation between the months mainly due to the accounting delays (e.g. transfers that were delivered for September were booked in the successive month of October,

etc.). An important indicator of the efficiency is the ***Total Cost to Transfer Ratio (TCTR)*** which is the total pound cost, including transfers, of delivering one pound's worth of transfer to a beneficiary. The rule of thumb for interpreting TCTR is that the more TCTR exceeds the value of one, the less cost-efficient the programme is. Although the TCTR varies by month (mainly due to the financial reporting flows), the estimate for TCTR for the entire duration of the MCT project is 1.35 (expenditures for March are not included). This ratio indicates that the total cost of delivering one Pound to the beneficiaries was 1.35 Pounds. Another indicator of cost-efficiency is the ***alpha ratio (α)***. This is the inverse of the TCTR and is expressed as the ratio of the value of transfers to total (administrative and transfer) costs. Cost-efficiency declines as α falls below one. Table 25 shows that the cumulative alpha ratio for the total duration of the project was 0.74. In other words this shows that about 74% of the total cost (funds spent) were directly delivered to the beneficiaries as cash. On the other hand administrative and delivery costs (including monitoring costs) were around 26% of the total costs which again indicates efficiency. The project performed better against the set target of a 70/30 ratio (i.e. 70% to beneficiaries and 30% to project overheads).

Table 25: Expenditures, beneficiaries and cost-efficiency ratios for the MCT compared to other humanitarian transfers in Zimbabwe

Actual Expenditure	Transfers to Beneficiaries	Administrative costs	Total Project costs	Total cost-transfer ratio (TCTR)	The alpha ratio (α)
MCT Project					
September 2015	0.00	211,544	211,544	-	0.00
October 2015	92,433	217,203	309,636	3.35	0.30
November 2015	741,298	442,911	1,184,209	1.60	0.63
December 2015	3,396,210	704,220	4,100,430	1.21	0.83
January 2016	1,357,408	490,538	1,847,946	1.36	0.73
February 2016	1,368,484	387,313	1,755,797	1.28	0.78
Total	6,955,833	2,453,729	9,409,561	1.35	0.74
WFP Programmes					
Food assistance	71,239,882	75,259,281	146,499,163	2.06	0.49
Cash transfer	60,803,783	24,167,121	84,970,904	1.40	0.72

Note: 1. Expenditures for March for MCT project are not included. Source: MCT financial report, February (2016). 2. The costs for MCT are in GBP and the costs for WFP programme are in USD.

The second part of table 25 compares the MCT project with WFP Zimbabwe Protracted Relief and Recovery Operation' (2016 – 2018) programme (PRRO) which aims to provide assistance to about 2,545,900 food insecure people in the southern Zimbabwean provinces (Matabeland North, Matabeleland South and Masvingo). The direct benefits of the PRRO programme are delivered through two modalities; one delivering humanitarian assistance through cash transfers and the other delivering food transfers (in cases where local markets are not existent or there is a shortage of food supplies). For comparison, we have estimated TCTR ratios for these modalities using the forecasted budget of the PRRO. The estimated TCTR for the humanitarian food transfers is 2.06 which is considerably higher than the TCTR for the MCT. The higher TCTR ratio for the food transfers reflects mostly the increased operational costs (forecasted food transfers have substantial transportation and other transfer costs). The estimated TCTR is 1.40 for the cash transfer which is slightly higher than MCT's TCTR and the alpha ratio indicates that

72% of the money invested will actually be delivered to the beneficiaries. The comparable TCTR ratio for the cash transfers component may reflect that the operational costs are generally lower for cash transfers in the country. In fact, at the start of the MCT project its TCTR ratio was also estimated at 1.40 so it remains to be seen how the actual TCTR ratios of the two interventions will compare at the end of their implementation.[74]

Additional analysis compares the costs per beneficiary of the MCT project against WFP's PRRO food transfers component. The actual costs per wider beneficiary (household member) for the MCT project are 38.61 USD (for the period from September 2015 to February 2016), which are much lower than the 84.56 USD for the humanitarian food transfers (WFP's PRRO). Hypothetically, if the MCT project had the same cost per beneficiary as the humanitarian food transfers, it would only cover 164,681 individuals instead of 360,645 i.e. approximately 2.2 times less.

At the regional level, the TCTR ratio of the MCT project compares particularly well with the Kenya - Nairobi Urban Livelihoods and Social Protection (1.65) or other MCT projects in Somalia where TCTR varied from 2.22 to 9.09 (see Table A13 in Annex A). The project's TCTR of 1.35 is even lower than those of non-humanitarian cash transfer interventions like the Mozambique Food Subsidy Programme (1.55); Ghana Livelihood Empowerment Against Poverty (LEAP) (2.0). Moreover, the project has performed better than the initial target of 1.4 set for tracking output 4 (log frame in Annex E).

The high cost-efficiency of the MCT is due to several factors. The MCT project had adequate human resource capacities and the implementing organisations build upon their historical experience in the targeted regions leading to efficiency gains. Other factors that contributed to the cost-efficiency include the coordination and cooperation between the implementing partners and the economies of scale from implementing a large scale project. The MCT project is also particularly efficient in comparison to other cash and food assistance probably due to the cost advantage of the mobile transfers and the low operational and support costs (for instance it has lower costs than 'WFP's PRRO).

6.5.3 Cost-effectiveness

To estimate a cost-effectiveness ratio on a particular outcome we relied on the impact estimates derived from PSM. Given the validity of the PSM methods in identifying impacts, we assumed that the differences in outcomes between the "treated" and comparison groups were mainly due to the contribution of the MCT. A societal perspective was taken in terms of costs imposed to the households by adding costs of transport and costs of productivity loss for the average hours of travelling to collect the transfers. The cost-effectiveness ratio was calculated by dividing the change in the outcomes for the treated (beneficiaries) with the amount transferred (or the total costs of the project). This ratio is interpreted as the effect that spending an additional pound has on a particular outcome. Table A14 (Annex A) gives an overview of the costs taken into account. Taking a societal perspective, the average total costs (including the value of the transfer) per transfer was GBP23.69.

[74] Following the costs specified in the project's concept note, the whole PRRO (combined food, cash and capacity development components) had an estimated TCTR ratio of 1.71. The higher TCTR ratio in this later case reflects mostly the higher operational costs.

We calculated the cost-effectiveness ratios for selected humanitarian outcomes such as dietary diversity, hunger, number of days consuming food groups and changes in coping strategies. The analysis in section 4 of this report (humanitarian and socio-economic impacts) gives an overview of our results from the analysis of micro-level data. For the purpose of this section, we have only selected the statistically significant results from Tables 3-7 in Section 4.

Table 26: Cost effectiveness ratios on selected outcome variables (in GBP)

Cost effectiveness ratio	Kernel matching	Nearest Neighbour matching (n=5)
Dietary diversity score	0.013	0.015
Minimum acceptable diet	0.004	0.004
Hunger score	-0.018	-0.016
Days consuming fruits	0.014	0.013
Days consuming sugar/honey	0.021	0.022
Days consuming oil and fats	0.026	0.030
Coping strategies - Skip entire days without eating	-0.036	-0.035

Note: Cost-effectiveness ratio is estimated as the change in the outcomes for the treated households by the total societal costs per transfer.

The results of Table 26 show that spending an additional pound spent on the MCT increases the dietary diversity score of the recipient household by 1.3-1.5 units (depending on the matching technique used). Similarly, an additional pound spent on the MCT would increase the likelihood of the minimum acceptable diet by 0.4 percentage points and decrease the hunger score by 0.16 to 0.18 points. Furthermore, results in Table 25 show that an additional pound spent on the MCT increases the average number of days consuming fruits by 0.13-0.14 days, the average number of days consuming sugar by 0.21-0.22 days, and average number of days consuming oils and fats by 0.26-0.30 days. Results show also that spending an additional pound on the MCT decreases the likelihood of harmful coping strategies, like skipping entire day without eating by 0.36-0.35 percentage points. It should be noted that the effectiveness of the project may be further hindered by a series of other 'hidden' costs (including 'hidden' commissions charged for the delivery of the transfers, leakages or even corruption). These costs are implicitly taken into account in our estimates since we base cost-effectiveness calculations on administrative costs while the effects are based on micro-level estimates.

Lastly, it is a well-known fact that cash transfers may have multiplier effects in the local economy since money is injected and circulated through these programmes. The multiplier effect is usually defined as the amount of additional Gross Domestic Product (GDP) generated by one beneficiary household and calculated by dividing the amount of (additional) cash that the beneficiary household spends on the local food market by one minus the marginal propensity to consume. Such multiplier effects are found to be substantive in cash transfers in Lebanon (1.51 in the food products sector) or in Ethiopia (1.26 to 1.84) (Cabot-Venton et al 2015). In the Zimbabwean context Staunton (2011) had estimated a multiplier of 2.59 for a food programme. We expect this project to have similar impact though we could not estimate such effects given the time constraints and resources that were available for data collection. A local economy assessment relies on the household-village social accounting matrices. These matrices are constructed using data collection from household, business enterprise and community surveys

conducted during the baseline and/or follow up. In order to estimate the actual multiplier effect of the MCT project we would need actual data of the amounts that beneficiary households spent in the local markets (from the amount of benefits received) as well as estimates on the marginal propensity to consume for each of the regions.

6.6. Gender empowerment strategy

One of the objectives of the evaluation is to assess level to which identified gender issues were addressed. A review of project documents and qualitative interviews suggest that the MCT project explicitly emphasised gender during design, implementation and in monitoring and evaluation (M&E) processes. The project prioritised the enrolment of women as cash recipients and aimed to empower women by improving their participation in decision making processes.

Project documents indicate that during the targeting and beneficiary registration, women were particularly encouraged to register as cash recipients to enable households to prioritise spending on food needs.[75] Communities were sensitised during beneficiary selection. The February project report shows that a total of 71% of the cash recipients were females as opposed to 29% male. However, the process of registering women was not without challenges. Some women did not have national ID cards. As a result, they used someone as a proxy, which later caused problems in the cash disbursements phase.

During implementation, community based Gender and Accountability Focal Persons were recruited and trained to address gender-related issues within the communities. Focal persons identified and reported any cases of gender based violence. They were involved in facilitating the accountability and feedback mechanisms at community level. FGD participants and key informants reported that in some instances, the focal persons also assisted beneficiaries with any challenges related to accessing the MCT from mobile money agents. Male engagement was utilised as a strategy for involving men as key partners in lowering gender inequality and to change gender norms and promote collective intra-household decision making (i.e. men and women). [76] Several male engagement training sessions were conducted in the districts in collaboration with the Ministry of Women Affairs, Gender and Community Development. Training covered topics such as collective budgeting, gender roles and gender based violence.

M&E processes incorporated gender disaggregation and analysis of gender dynamics within households as an outcome. Data on coverage was disaggregated by gender of recipient in monthly reports. A gender analysis survey especially monitored the degree to which women controlled decision making within households and recorded incidence of gender based violence. This endline evaluation specifically includes a research question on gender dynamics at household level.

6.7. Monitoring and evaluation

The project benefitted from multiple monitoring processes which were conducted and reported in a timely manner. The internal M&E activities included bi-weekly tracking of local prices, monthly monitoring of operations (via project reports), and monthly PDM and CFSM. Monitoring reports were regular and were produced and shared according to the guidelines set in

[75] MCT Monthly Report, October (2015)
[76] MCT Monthly Report, January (2016); MCT Quarterly Report, September-December (2015)

the log frame (Output 3 in Annex E). PDM began in November 2015 after the first major cash disbursement. PDM reports are available for each month from November 2015. CFSM reports are available from October 2015 when the first cash disbursement was done (Table 22). In January 2016, the PDM and CFSM reports were combined. They included detailed information on cash utilisation, coping strategies, dietary diversity, livestock ownership, food availability and consumption categories, nutritional needs, cash transfer utilisation and more, and some findings are disaggregated by household demographics, which include gender and age of household head and gender and vulnerability attributes of cash recipients. There is a market update on local food prices in each monthly project report and in the quarterly project report produced in December. An additional assessment of log frame output 3 is shown in Table A10 (Annex A). Aside from the project reports, there were donor and staff monitoring visits to check the accountability and consistency of implementation across the districts.[77] Public meetings with beneficiaries were conducted across all districts and wards to gather all the challenges beneficiaries have in accessing their entitlement.[78]

In line with indicators of the SPHERE standards for humanitarian response regarding M&E, the project adapted in response to monitoring and learning information. For example, the transfer size for small households was raised from the initial USD10 to USD15 after monitoring showed that it was inadequate. Similarly, also in line with SPHERE standards: regular project reviews were conducted by the donor, project staff and service providers; M&E sources include the views of a representative number of people targeted (through CFSM surveys of beneficiaries and non-beneficiaries); performance is regularly monitored and shared with key stakeholders through monthly reports; and this report presents an objective independent evaluation of the project.
Data sources for the project included the baseline survey, PDM and CFSM surveys. The baseline survey was conducted in October 2015. However, this was done during the same month when 5000 beneficiaries received the first transfer. . The project had originally planned to conduct the baseline survey after the registration of all beneficiaries. However, due to delays in registration the baseline survey proceeded in the wards the project intended to register.

In future the following M&E elements can be strengthened:

- *Consistent sampling frame of beneficiaries and a comparison group for assessing humanitarian outcomes*: A baseline survey was administered. However, given the delays in beneficiary registration, it did not explicitly identify a comparison group. A different comparison group was randomly selected for each CFSM survey which prevented a longitudinal analysis and month to month comparison of humanitarian outcomes. A best practice for evaluation is for organisations to identify a comparison group during the baseline survey, before implementation. In addition, longitudinal designs that assess the "before and after" are more robust than cross sectional designs as they enable the use of impact evaluation techniques that account for bias from unobserved confounding factors and are therefore more rigorous than PSM. If resources do not permit, CFSM can be done after every two months instead of every month, and it would still enable longitudinal analysis.
- *Source and characteristics of the comparison group*: In future, if there is no universal coverage, the project should look for an alternative source for the comparison group. The

[77] MCT Monthly Report, September (2015)
[78] MCT Monthly Report, February (2016)

CFSM comparison group was selected from the same wards as the beneficiaries and therefore likely benefitted from spillover effects which increase contamination bias. The CFSM comparison group comprised a mix of non-eligible households and eligible but excluded households (due to coverage limitations). These households were therefore not entirely similar or equivalent to the beneficiaries as required when determining a counterfactual.

- *Analysis of CFSM data*: The CFSM data was analysed using descriptive statistics such as frequencies and averages. However, comparisons of beneficiaries and non-beneficiaries did not show whether the differences the two groups were statistically significant. Additional analyses in the form of t-tests for mean differences or chi-squared analysis of average proportions would improve the interpretation of results.

6.8. Management and partnerships

The main grantee, CARE International had oversight of the project and managed implementation in Midlands and Masvingo provinces while World Vision, the sub-grantee managed implementation in Matabeleland North and South. Senior management personnel were responsible for conceptualising the design of the project and providing overall oversight of project activities, while a project management team was responsible for the day to day management of the project. Monthly project review meetings were held by senior and project management personnel from both organisations in the consortium. Field level managers and staff were responsible for coordination, stakeholder engagement, database administration, and M&E processes such as verifications, PDM and CFSM. Field level staff are also assisted by teams of enumerators (for PDM) and focal persons. The implementing partners leveraged their expertise and historical experience in their assigned provinces. The project was well coordinated and there was strong cooperation between the two implementing partners.

<u>Partnership with government</u>

The implementing partners obtained buy in by engaging and sensitising provincial and district leadership before implementation. The project benefitted from strong partnerships with District Drought Relief Committees (DDRC) and the District Food and Nutrition Committees (DFNC) who assisted in ward ranking, selection and beneficiary registrations. The implementing organisations also joined district committees such as the Social Services Committee, which improved access to other relevant project stakeholders. Partnerships with the Ministry of Women's Affairs and Community Development or the Ministry of Health and Child Care varied in surveyed districts. These ministries were relevant to the Gender and Nutrition promotion strategies of the project. At national level, the implementing partners are members of the national Food Assistance and Cash Working Groups where they interacted and shared information with other actors such as WFP and USAID. KIIs with project staff, WFP staff and USAID staff established that these forums ensured coordinated geographic targeting between CARE, WFP and other organisations, therefore preventing the duplication of humanitarian response. The organisations also interacted with the Ministry of Labour and Social Services. However, collaboration with government ministries at national level was not as comprehensive as at district level. Generally, the project followed the guidelines of SPHERE Core Standard 2 by coordinating with local government authorities and avoiding duplication.

<u>Partnerships with service providers: Econet and NetOne</u>

NetOne and Econet provided the mobile money services. Both companies attended the monthly project review meetings. Initially, cash disbursements in areas serviced by Econet were delayed.

Econet conducted verifications before each cash disbursement. These verifications rejected recycled lines, blocked lines when PIN codes were forgotten and entered wrongly. Mobile network lines registered under proxies and mobile network lines that were not registered on the Ecocash platform or the GSM platform were disconnected (see section 6.2). In some communities, these challenges were worsened by the lack of Ecocash brand ambassadors who could address these technical problems. Communication between Econet and CARE was initially hindered by personnel changes at Econet which undermined continuity in service provision. In addition, the mobile money platform and SIM card GSM platform were managed by different departments and this lengthened the verification process when SIM cards were disconnected. or deregistered. NetOne allowed CARE to log in and make disbursements using the OneWallet system. However, their second disbursement was affected by liquidity challenges. Overall, the partnership with service providers was initially weakened by the challenges during disbursements. In future, mobile network operators should anticipate such challenges and prepare mitigation measures. However, by February 2016, most of these challenges had been resolved.

6.9. Accountability and feedback mechanisms

One of the outputs in the log frame tracks the proportion of complaints received and conclusively addressed (output 2 in Annex E). In order to track this output, the project established accountability and feedback mechanisms. Before implementation, project staff consulted local stakeholders and communities via KIIs and FGDs in order to obtain guidance on the preferred channels of communication and providing feedback.

The accountability framework was comprehensive and innovative in that it utilised face to face and anonymous mechanisms. Feedback mechanisms included a help desk during beneficiary registration, suggestion boxes in communities, anonymous tip offs via a national hotline (handled by Deloitte & Touche), community based accountability and focal persons and visits to project offices. Feedback mechanisms provided information that led to better verification of beneficiaries to minimise inclusion errors, better handling of disputes regarding blocked lines, and timely reports of money not reaching beneficiaries. Table 27 summarises the total number of complaints and the percentage of resolved cases for each month.

Table 27: Feedback/Complaints per month

	Feedback/complaints	Response (% solved in the same month)
September 2015	239	69%
October 2015	146	81%
November 2015	789	93%
December 2015	2,474	70%
January 2016	1,086	95%
February 2016	2,227	78%
Average		**81%**

Source: MCT project reports (2016)

Most complaints were related to problems encountered during disbursement e.g. Ecocash mobile inactive mobile lines, failure to cash out, forgotten PIN codes.[79] Arrangements were made with

[79] MCT Monthly Report, January (2016)

Econet to register lines in the absence of beneficiaries in order to minimise the burden of travel costs. Beneficiaries also inquired about outstanding payments/transfers. In response, the project trained 127 gender and accountability focal persons (GAFP) to help beneficiaries access their money.[80]

In response, the project trained 1,379 GAFPs in December[81] and an additional 127 GAFPS in January to help beneficiaries access their money. Overall, a total of 1506 GAFPs were trained. Overall, the feedback mechanisms followed guidelines from the SPHERE humanitarian standards on implementing a people-centred humanitarian response (Core Standard 1). In line with the indicators for this standard, the implementing organisations successfully responded to a majority (81%) of the complaints. A key challenge identified through interviews with project staff and FGDs was the time-lag between complaints and the response. The presence of so many feedback mechanisms may have complicated and duplicated the collation of information leading to delays in response.

Overall, the feedback mechanisms followed guidelines from the SPHERE humanitarian standards on implementing a people-centred humanitarian response (Core Standard 1). [82] In line with the indicators for this standard, the implementing organisations successfully responded to a majority (81%) of the complaints. A key challenge identified through interviews with project staff and FGDs was the time-lag between complaints and the response. The presence of so many feedback mechanisms may have complicated and duplicated the collation of information leading to delays in response.

At the institutional level, there is need for better communication to facilitate accountability among the different stakeholders including government, the implementing partners and other actors involved in similar projects. Information obtained from KIIs (local government) suggests that without clear lines of communication, there tends to be mistrust, uncertainty and at times complete misinformation about the project, leading to some tension. This was observed in cases where there was contestation over the selection of wards or districts and in cases where the government and other actors are implementing similar humanitarian projects in the same communities.

7. Conclusion and recommendations

7.1 Overall assessment

The MCT project is assessed against the DAC criteria for humanitarian and development assistance.[83] Table 28 summarises how the evaluation team ranks each component in terms of the key evaluation criteria.

[80] MCT Monthly Report, January (2016)
[81] MCT Quarterly Report, September-December (2015)
[82] SPHERE project. (2011). Humanitarian Charter and Minimum Standards in Humanitarian Response. Retrieved from: http://www.ifrc.org/PageFiles/95530/The-Sphere-Project-Handbook-20111.pdf
[83] See Chianca, T. (2008). The OECD/DAC criteria for international development evaluations: an assessment and ideas for improvement. Journal of Multidisciplinary Evaluation, 5(9), 41-51, for explanation of the 5 evaluation criteria.

Table 28: Overall assessment of the humanitarian MCT against key evaluation criteria

Criterion	Appropriateness	Efficiency	Effectiveness	Impact	Sustainability
Rating	Medium to high	Medium to High	Medium	Medium	Low

The rankings are qualitative and are based on the evaluation team's assessment of overall achievements and shortcomings for each criterion. The rationale for the assessment of each criterion is as follows:

- *Appropriateness:* Our rating for the appropriateness of the project is medium to high. The objectives of the MCT project were highly relevant and appropriate to the national context of food insecurity and climatic shocks. The project was well-timed to the peak lean season and aimed at meeting the basic food needs of vulnerable populations. Geographical targeting utilised appropriate vulnerability assessments and beneficiaries were selected by their peers in a participatory community ranking process that enhanced transparency. The MCT project is well aligned with government policies, ZUNDAF's priorities and the SPHERE standards for humanitarian response. However, the current drought threatens the relevance of targeting wards. In certain areas, access to mobile money agents and network coverage was poor. Beneficiaries currently prefer food assistance to the MCT possibly due to the drought, a perception that the MCT amount is inadequate, challenges experienced in accessing the MCT, poor technological adaptation and familiarity with food assistance which has traditionally been the humanitarian assistance. However, design changes (i.e. such as increasing the amount of the MCT), improvements in technological readiness and appreciation, and in the timeliness and regularity of disbursements could lead to a change in these preferences.

- *Efficiency*: The overall efficiency of the project is medium to high. The project performs well in terms of value for money. The TCTR for the project is 1.35 and the alpha ratio is 0.74. Hence, the cost-efficiency of the project surpassed the target. It was comparable or even better than similar interventions in sub-Saharan Africa. The MCT was more cost-efficient than a humanitarian food transfers intervention being implemented by WFP in Zimbabwe. Delivery of the MCT cost about 38.61 USD per beneficiary which is lower than the 84.56 USD for WFP's food transfers. This implies that if the MCT project had the same cost per beneficiary as the humanitarian food transfers, it would only cover 164,681 individuals instead of 360,645 i.e. approximately 2.2 times less. However, efficiency was diminished by operational challenges such as the time-consuming verification of registrations and the subsequent delays in cash disbursements. Transportation costs were also incurred by some beneficiaries and they were a barrier to accessing cash. They potentially diminished the benefits of the cash transfers. Cost-effectiveness analysis shows that spending one pound on the MCT increases: the dietary diversity score by 0.3-1.5 units, the likelihood of achieving a minimum acceptable diet by 0.4 percentage points and decreases the likelihood of skipping an entire day without eating by 0.16 to 0.18 percentage points.

- *Effectiveness*: The overall effectiveness of the MCT project is medium. While the targets for beneficiary numbers were reached and even surpassed, effectiveness was undermined by various challenges. Beneficiary registration and verification consumed a lot of time resulting in the late and irregular disbursements of the MCT. Mobile money agents were unavailable in some communities which resulted in beneficiaries incurring transport costs. The utilisation of

multiple feedback mechanisms may have led to delays in the handling of complaints. The external environment was negatively affected by the drought. Initially the project's caseload of 67,200 households translated to about 76% of the food insecure households in the districts. However, due to the drought more households became food insecure. The project increased the caseload to 71,200 which translated to about 47% of the food insecure population in the districts. However, the project staff effectively integrated a gender strategy that led to the registration of more female cash recipients and to the recruitment of highly relevant community based focal persons. Table A10 (Annex A) assesses the achievements of the log frame outputs.

- *Impact*: Overall, the impact of the MCT is medium. The impacts are summarised as follows:

    1. Food security: Overall, the mobile cash transfers had moderate impacts on food security. The transfers enhanced food security by reducing hunger and some severe food-related coping strategies and allowed beneficiaries to reach a minimum acceptable diet (four food groups), consistent with similar interventions. The MCT increased absolute food expenditures but had a non-significant impact on per capita food expenditures. Stronger impacts were observed in households that are larger, have more dependents and therefore have greater food needs. However, the dietary diversity of beneficiaries was driven by an increase in the consumption of low calorie foods. Hence, the MCT *may not have completely or consistently met 50% of the basic daily food and nutritional needs*. There was a significant reduction in the proportion of households skipping entire days without eating but no significant reduction in other food rationing coping strategies. Nearly 90% of the cash transfer was spent on food, especially maize meal, leaving very little for savings or for other food and non-food expenditures. This raises questions about the whether the transfers were adequate for improving coping and adaptive capacities. Table 29 places these results in context of the log frame outcomes.
    2. Gender dynamics and local markets: The project has led to a positive effect on *women's control over the budget*. However, there are limits to this autonomy as men still control the purchase of large household assets consistent with gender norms. Within *local markets*, there are signs of an increase in the volume of local trade. Project reports show that during the evaluation period the average prices for cereals were higher than the projected cost of USD0.32 per kg. During the evaluation timeframe, there was also a mild increase in the prices of maize grain, largely due to the dynamics of the lean season. This may have diminished the purchasing power of the cash transfers.
    3. Unintended impacts: We also assessed the wider and unintended impacts of the MCT project. The cash transfers have improved membership of *social groups/networks* by beneficiaries and by women. The MCT appear to be crowding out *incoming cash or in-kind inter-household transfers* and outgoing cash remittances. The decline in cash remittances from beneficiaries to other households may have triggered social tension in some areas. There are no significant impacts on child schooling attendance, income sources, savings and access to credit. There is some indication that the beneficiaries may have purposefully increased their household size to obtain more transfers. Thus, there is need for continual and robust verification and for considering setting the transfer size within a minimum and maximum range.

The extent and magnitude of the humanitarian effects was probably diminished by the drought which worsened the lean season environment, irregular transfers that lowered predictability, transportation costs incurred during withdrawal of cash and cereal price increases that likely diminished the purchasing power of the cash transfers. It may also have been too early to detect impacts after five months. The modest impacts of the MCT could also be explained by the fact that the value of the MCT is moderate and equates to about 25% of total household consumption expenditures. A recent study suggests that cash transfer sizes that are worth at least 30% of total household consumption expenditures generally yield large food security and wider welfare impacts in sub-Saharan Africa.

- *Sustainability:* The overall sustainability of the MCT project is low. Humanitarian assistance is inherently unsustainable. The current drought heightened food insecurity levels and this casts doubt on the sustainability of positive impacts. During FGDs, beneficiaries expressed their fears of not being able to cope with hunger and shocks when the project ends. The climatic shocks raise the possibility for both labour constrained and non-constrained households becoming dependent on humanitarian cash transfers. There are no clear options for the resource constrained government to take over management of the project once donor assistance has ceased.

Table 29: Assessment of the log frame outcome indicators

Impact indicator 1 Enhanced food security of vulnerable and drought-affected households in 4 provinces of Zimbabwe			
Outcome 1 Target households (HH) are able to cope with food shocks and meet their basic food needs during the 2015/16 agricultural period			
	Target	*Result*	*Relative to non-beneficiaries*
Outcome Indicator 1.1 Average household food consumption score	-	35.2	Increase but not statistically significant
Outcome Indicator 1.1 Average dietary diversity score	-	4.23	Increase by 8%
Outcome Indicator 1.3 % of cash transfer used to meet food needs	50%	88.5%	-
Outcome Indicator 1.4 Change in household Coping Strategy Index over the lifetime of the project	0	1.34 units	Increase but not statistically significant

Source: MCT evaluation survey (2016).

7.2 Lessons learned

7.2.1 Factors affecting impacts and delivery of the project

The evaluation revealed that there are several internal and external factors that affected the impacts, the delivery of the MCT project in general and its operational performance in particular. These need to be considered by similar interventions in future:

Factors influencing impacts

- Household composition and household size: Evaluation findings show that there is heterogeneity in the impacts of the humanitarian MCT, particularly by household size and composition. The project had stronger positive impacts on dietary diversity and the reduction of hunger in larger households and households with higher dependency ratios.

Since household size correlates with the maximum cash transfers received, larger households may have received large maximum cash transfers, which likely enabled them to buy diverse foods and purchase food items in bulk. The stronger impacts on households with higher dependency ratios indicate that households with greater nutrition needs benefitted the most.

- Local markets: The evaluation findings show that in most project areas, local market sources of foods were available. The findings also show that the cash transfers increased the availability of cereal sources. The availability of markets and sources of food enabled the beneficiaries to spend their cash on food needs as intended by the project.
- Intra-household decision making: A notable impact of the project has been the increase in women's control of household budgets, signifying changes in intra-household decision making. The increase in women controlling household spending likely contributed to the spending of the cash transfer on food as intended by the project.
- Local food prices: Peak average prices for cereals were higher than planned for. For instance, at the end of January 2016, the average price for maize grain was USD 0.53 per kg, which was higher than the planned USD 0.32 per kg. As a result small households that received less than USD 25, would have found it difficult to purchase sufficient food. This reinforces the results show that stronger impacts on dietary diversity are observed among larger households (households with greater than six persons).
- Timing of the project: The timing of the project was appropriate as it assisted beneficiaries during the peak lean season when food needs would be priority. As a result, beneficiaries spend 88.5% of the cash transfers on food needs.

Factors affecting delivery and operational performance

- Accountability and feedback mechanisms: The MCT project utilised feedback mechanisms that catered for anonymity and visibility. Consequently, beneficiaries had various options to choose from and were able to lodge complaints in a timely fashion. However, the multiple feedback mechanisms may have complicated the information gathering process and delayed response.
- Human resource capacities and regional experience: The implementing organisations avoided overburdening existing personnel by recruiting project staff whose main responsibility was the management of the MCT. Staffing at field levels was appropriate and it responded to critical tasks such as coordination, stakeholder engagement and M&E. The dedicated human resources and the historical experience of the organisations in the targeted regions allowed the organisations to rapidly set up the project.
- Targeting criteria: The selection of districts and wards utilised information from national vulnerability assessments and rapid appraisals by the implementing organisations to target the most food insecure districts and communities. The selection of wards and communities appropriately accounted for the differences in livelihood zones within wards and communities. The community driven selection of beneficiaries was empowering as it allowed communities to define food insecurity according to their experience and knowledge.
- Community engagement: Communities were consulted during targeting, beneficiary selection and during the design of feedback mechanisms. Community engagement continued during implementation via public meetings and feedback mechanisms. Community based focal persons were also recruited to help with the gender and

accountability issues. The robust engagement of communities various stages of implementation increased awareness and buy-in and improved implementation.

- Gender strategy: The project mainstreamed an effective gender strategy that was supported by regular monitoring and community based focal persons. Female recipients were prioritised during beneficiary selection and registration. Project staff sensitised communities, especially males, on the importance of gender equality and collective budgeting. The evaluation findings show that there was an increase in women's control of household budgets which likely contributed to the spending of the cash transfer on food as intended by the project.
- Partnerships: The MCT project forged and benefited from strong partnerships with district level government leadership and authorities involved in disaster response. Entities like the DDRC and DFNC were actively involved in the ranking and selection of wards and communities. Hence, there was political buy in. CARE International and World Vision had a strong partnership that resulted in a well-coordinated implementation that made the implementation cost-efficient.
- Economies of scale: The project was implemented in 15 districts and provided MCT to 360,645 individuals. The large of coverage of beneficiaries and and geographical areas created economies of scale that resulted in efficiency gains.

7.2.2 Challenges

The project was also affected by several challenges. Similar interventions in future should aim to avoid or minimise the effect of the following challenges:

- Technological readiness and literacy: Poor technological readiness and literacy leads to problems and delays during registration and verification. Accessibility to MCT is not guaranteed when beneficiaries lack handsets or when they are not literate enough to remember their PIN codes. The lack of handsets undermined the effectiveness of nutrition messages delivered by SMS.
- Irregular disbursements: The evaluation showed that similar to cash in transit programmes, MCT projects can also experience delays in cash disbursements. Late disbursements may have undermined the predictability and protective effect of the MCT. These delays were driven by the poor technological readiness of beneficiaries and a time-consuming verification process by the mobile network provider that identified problems with SIM cards resulting in deactivation and replacement.
- Unavailability of mobile of money agents: A significant proportion of beneficiaries (30%) had to travel distances more than 5KM to reach mobile money agents. Nearly 21% of the beneficiaries reported that mobile money agents were not available within communities. The unavailability of mobile money agents in some of these communities resulted in beneficiaries incurring transportation costs which may have undermined the effectiveness of the cash transfers.
- Unethical practices by mobile money agents: Beneficiaries also reported that mobile money agents who were also retailers imposed conditions on their withdrawals. Beneficiaries were often asked to purchase some goods in return for accessing their cash. Such unethical practices can reduce the acceptability of the MCT.
- Liquidity challenges: Liquidity challenges decreased the cash flow of mobile money agents and thereby impeded access to the MCT. In some areas, beneficiaries and mobile money agents who were also retailers, have informally begun to use their mobile wallets

for purchasing goods. Hence, this is a potential option for mitigating the liquidity challenges.

- Network coverage: There were some gaps in mobile network coverage as a few areas in Matabeleland South had limited or no connectivity. This prevented access to the mobile money platform.
- Drought: The MCT was originally intended to meet basic food needs during the typical lean season. However, the El Niño induced drought exacerbated food insecurity and vulnerability levels of the lean season, beyond the project's capacity to adapt. This could partly explain why there was no significant reduction in most food rationing coping strategies and in the overall CSI. The significant change in the weather lowered the effectiveness of the MCT.

7.3 Limitations of the evaluation

The evaluation encountered several challenges and limitations. They mainly relate to the design and data sources. They are as follows:

- Timing of survey: The survey was administered in February before the end of the project in March. Because of the timing of the survey, the evaluation timeframe for impacts was restricted to at most five months. Given this short timeframe, it could have been too early to detect strong impacts. The drought likely suppressed impacts of the cash transfers. Fortunately, the evaluation draws comparison groups from the same districts as beneficiaries, thereby ensuring similar exposure to the drought by both groups.
- Lack of suitable baseline data: Another limitation stems from the use of an endline cross-sectional survey for estimation of impacts. Initially, this evaluation intended to trace all beneficiary households who were included in the baseline survey by CARE. However, tracking all respondents was a challenging undertaking given the timeframe allocated for the household survey. Hence, replacement beneficiary households were selected. The baseline data generated by World Vision and CARE could not be used as it did not explicitly identify potential comparison respondents. As a result, the respondents were not comparable to the survey conducted by the evaluation team. Moreover, some key outcome data were not collected at baseline. Given the emergence of the drought, a pre-drought baseline with a comparison group would have improved precision of the estimates.
- Identifying a pure comparison group: The options for generating a counterfactual were limited. The most feasible option was to use non-beneficiary wards in targeted districts. To minimise contamination from the spillover effects of cash transfers in beneficiary wards, distant non-beneficiary wards were selected. However, non-beneficiary wards were usually ranked lower than beneficiary wards during targeting and therefore had households with greater food security compared to beneficiary wards. To address this bias, PSM was used to statistically create a new comparison group that was comparable to the beneficiaries in household characteristics. At the same time, contemporaneous humanitarian interventions like the government grain assistance programme were also implemented in the non-MCT wards and these could have contaminated the comparison group. Our survey showed that less than 2% of the non-beneficiaries had received grain assistance more than once, possibly indicating minimal contamination in our comparison group. Our analysis shows that the main PSM results were similar to the results from a sample excluding grain receiving non-beneficiaries. However, the local economy effects of the grain assistance programme could have affected all households in non-beneficiary

households, and non-beneficiaries could have underreported their receipt of other social assistance. These are challenges that are difficult to address with our sampling or data analysis.

- Translation during survey administration: In Nkayi and Matobo, the majority of the people are Ndebele speaking. Therefore, translators were needed for enumerators who could not speak Ndebele. However, in some communities in Nkayi and Matobo, the evaluation relied on local untrained translators which raised the risk of biased responses. However, a comparison of the questionnaires administered by untrained and trained translators showed no significant differences in response patterns.
- Internal validity: Using a cross-sectional survey to evaluate project impacts is not ideal nor is it the gold standard for attributing change to the project. This is because it is harder to account for unobserved differences without longitudinal data. In our estimation framework, we account for the potential effect of unobserved differences by including variables such as district dummies that control for unobserved differences in local environments. Our PSM approach is accompanied by a simulation of unobserved bias to test the robustness of our results. All these considerations have improved the credibility and validity of our estimates.
- Mobile money monitoring reports: Our evaluation initially planned to make use of the EcoCash and OneWallet monitoring data. Inquiries with the mobile network operators revealed that obtaining data for each beneficiary was difficult for them as they are constrained by privacy concerns and regulations. As such they could only be requested to do the analysis themselves and provide a summary. However, the evaluation team could still not obtain the summary statistics on the withdrawal and usage patterns of the beneficiaries from Econet or NetOne. This information would have enabled an objective assessment of the usage patterns of the mobile money platforms by beneficiaries.
- Local economy effects: The project resulted in the injection of substantial amounts of cash into local economies. This may have generated multiplier effects in the local economy that resulted in the increase in local trade. Multiplier effects would have benefitted both beneficiaries and non-beneficiaries in these local economies. Ideally, a general equilibrium analysis or specialised social accounting matrices can be used to estimate the multiplier effects. These matrices are constructed using data from household, business enterprise and community surveys conducted during the baseline and/or follow up. However, this analysis was beyond the scope of our evaluation given the time constraints and resources available for data collection. The evaluation relied on qualitative surveys of local traders, key informants and beneficiaries to determine the changes in local trade, and on the bi-weekly price monitoring by the project's M&E staff to determine changes in local prices.

7.4 Recommendations

In light of the findings of this evaluation, the following recommendations are forwarded to provide DFID and its partners with a set of actionable measures for deriving better results in similar interventions in the future and improving the operational aspects of future mobile cash transfer programmes. The evaluation team has identified the following recommendations for improving the delivery model of current and future MCT projects:

1. **Improve the technological readiness and literacy of beneficiaries before initiating cash disbursements**. Organisations and mobile network operators should assess the technological readiness of beneficiaries and ensure that they have the appropriate mobile technology and sufficient knowledge on how to use it. Assessment of technological literacy can be included as part of PDM. This knowledge would help inform and guide the training of and provision of regular technical assistance to beneficiaries at all stages of implementation. This would improve the verification process and consequently the timeliness of disbursements. Technological readiness would also improve access to and appreciation of the MCT.
2. **Improve network coverage and enhance coordination within mobile network operators' key departments.** Ongoing network expansions present an opportunity for mobile network operators to assess network coverage in intervention areas prior to implementation and prioritise accordingly. In some instances, the mobile money platform and GSM platform are managed by different departments and this lengthens the verification process. To minimise technical problems such as the slow activation of new SIM cards or the slow reconnection of SIM cards, mobile network operators should ensure that there is sufficient coordination and coherence between the GSM and mobile money departments.
3. **Strengthen communication between mobile network operators and humanitarian actors at all stages of implementation**. Mobile network operators can also minimise the delays and irregularities in cash disbursements by improving communication with humanitarian actors. Both the GSM and mobile money departments should communicate and interact with humanitarian organisations.
4. **Increase the engagement of mobile network operators in the field during beneficiary registration.** Mobile network operators can also join the humanitarian organisations in the field during beneficiary registration processes and ensure that the correct beneficiary identification details and supporting documents are obtained.
5. **Developing a data sharing strategy that enables an objective monitoring and assessment of the patterns of use of the mobile money platform by beneficiaries.** In future operations, humanitarian organisations and mobile network operators should develop and agree on a data sharing strategy that allows for the assessments and monitoring of the mobile money platform. As an example, EcoCash and OneWallet could provide summary statistics of the withdrawal patterns and proportions of beneficiaries conducting transactions and accumulating savings on the platform.
6. **Improving the availability of mobile money agents by increasing distribution points and designing incentives for agents who service remote areas.** In future operations, implementing organisations should consider preparing contracts with service providers that mandate the provision of sufficient agents. Mobile network operators can increase distribution points in target communities in order to reduce the distance that beneficiaries have to travel. Mobile network operators and humanitarian actors could develop an incentive system where agents are paid higher commissions for each transaction conducted in remote areas.
7. **Improving the quality of services of mobile money agents through training and penalising unethical practices.** In future, the mobile network operators should take the lead in monitoring the quality of services provided by the mobile money agents and especially penalise unethical practices. Agents that impose conditional cash withdrawals on beneficiaries should be financially penalised. Mobile money agents should be trained

in and incentivised to properly register customers, educate or train them in the use of the mobile money platform and mobile technology. The training of mobile money agents could be conducted in consultation with humanitarian actors.

8. **Developing measures to address liquidity challenges such as promoting mobile money purchases of goods by beneficiaries**. Liquidity challenges in the country may persist in the future. In future operations, mobile network operators should include measures for circumventing liquidity challenges in their service provision agreements. Humanitarian actors and mobile network operators could also promote mobile money purchases of goods and services by beneficiaries. The evaluation reports cases where beneficiaries and retailers are already informally practicing mobile money purchases, an indication of feasibility.
9. **Improving the delivery of nutritional messages by prioritising community meetings over SMS in areas where the majority of beneficiaries have poor technological literacy and readiness.** In future operations, the delivery of nutritional messages by SMS needs to take into account the technological literacy and readiness of recipients. In areas where the majority of beneficiaries are technologically illiterate, do not have access to handsets or power for batteries, delivering nutrition messages through community meetings should be prioritised. In addition to the current messages on breastfeeding practices or nutritional needs of children and women, the nutrition messages could also directly promote household dietary diversity.
10. **Enhance the rigour of monitoring and evaluation by identifying and maintaining a consistent sampling frame of beneficiaries and comparable non-beneficiaries in baseline, monitoring and endline surveys**. In future operations, and when coverage is not universal, identifying and following the same cohort of beneficiaries and comparable non-beneficiaries in baseline, monitoring and endline surveys would help track humanitarian outcomes over time. It would also create a longitudinal design for monitoring outcomes. A longitudinal design for the baseline and endline evaluation would enable the use of impact evaluation techniques that account for unobserved bias and are therefore more rigorous than PSM. If resources do not permit, food security monitoring surveys can be done after every two months instead of every month, and it would still enable longitudinal analysis. The non-beneficiaries (comparison group) should be comparable in characteristics to the beneficiaries and should be selected from non-beneficiary wards rather than beneficiary wards to avoid contamination from spillover effects.
11. **Consider determining a cash transfer size that accounts for aspects such as transaction costs, total household consumption expenditures, lean season food prices and beneficiary behaviour.** The size of the transfer influences the degree and extent of impacts at household and community level. In future, and depending on available resources, organisations could go beyond assessing daily food needs and account for other aspects. The size of the mobile cash transfer could incorporate transaction costs borne by beneficiaries during cash withdrawals and the purchasing of food. The cost of the minimum food basket could be determined using average lean season food prices instead of average annual food prices. Organisations could also consider measuring the value of the cash transfer relative to total household consumption expenditures. Household consumption data can be obtained and triangulated from national vulnerability assessments, national consumption and expenditure surveys and baseline surveys. If the maximum transfers received by a household correlate with household size, beneficiaries

may purposefully increase their household size to obtain more transfers. In order to lower costs, organisations could instead set a minimum and maximum range.

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Annex A Additional analysis

Table A1: Probit model of the determinants of participation in the MCT project

Variables	Coeff. (Std Err)	Marginal effects
Male headed	-0.449*** (0.096)	-0.162 ***
Age of household head	0.016*** (0.003)	0.006 ***
Disabled head	0.264 (0.198)	0.096
Head with primary education[84]	-0.221 (0.154)	-0.080
Head with secondary education	-0.114 (0.174)	-0.041
Head with post-secondary education	-0.832** (0.363)	-0.301 **
Head engaged in paid work at baseline	-0.341* (0.187)	-0.123 *
Traditional dwelling	0.019 (0.100)	0.007
No toilet	-0.064 (0.099)	-0.023
Wood as energy source	0.327 (0.234)	0.118
Farm access	-0.596** (0.271)	-0.216 **
Distance to food market (< 5 km)	-0.260* (0.146)	-0.094 *
Distance to road (> 5 Km)[85]	-0.417*** (0.143)	-0.151 ***
Distance to primary school (> 5 Km)	-0.017 (0.145)	0.118
District dummy	Yes	
Constant	0.180 (0.474)	
Pseudo R^2	8.24%	
Count R^2	64.40%	
N	794	

Note: * p<0.1; ** p<0.05; *** p<0.01. Standard errors are in brackets.

[84] No education is the reference group
[85] Reference is distance < 5 Km

Table A2 Averages from which ATT estimates are computed

Variables	Description/measurement	Treatment	Control
Treatment variable			
Mobile cash transfer (MCT)	1 if treated; 0 if control		
Per capita cash transfer		5.11	-
Outcome variables			
Food security and nutrition			
Dietary diversity score (DDS)	Number of food groups consumed	4.23	3.92
Minimum acceptable diet	1 if at least 4 food groups consumed	0.69	0.60
Food consumption score (FCS)	Frequency and nutrition density weighted score	35.16	34.02
Poor diet	1 if household has poor diet (FCS < 21); 0 otherwise	0.16	0.20
Acceptable diet	1 if household has acceptable diet (FCS is between 21.5 and 35; 0 otherwise	0.38	0.33
Hunger score	Self-reported hunger score	1.97	2.39
Little or no hunger	Proportion of households facing little or no hunger	0.76	0.72
Number of meals by children	1 if more than 1 meal; 0 otherwise	0.71	0.72
Number of meals by adults	1 if more than 1 meal; 0 otherwise	0.81	0.82
Per capita food consumption expenditure		14.95	15.48
Per capita non-food consumption expenditure		4.34	5.02
Per capita consumption expenditure	Per capita consumption expenditure in USD	19.29	20.50
Coping strategies			
Coping strategy index	Severity weighted composite score on negative coping strategies	73.03	71.69
Less vulnerable to food insecurity	1 if CSI is less than mean CSI; 0 otherwise	0.51	0.53
Extreme coping strategies			
Selling of household assets	1 if household sold asset to access food; 0 otherwise	0.07	0.05
Selling livestock	1 if household sold livestock to access food; 0 otherwise	0.21	0.24
Reduce expenditure on health	1 if household reduced health expenditure to access food	0.20	0.20
Withdrew children from school or reduce expenditure on education	1 if household reduced expenditure on education or withdrew children from school ; 0 otherwise	0.25	0.29
Child work	1 if household have child to work; 0 otherwise	0.10	0.10
Reduce expenditure on agriculture	1 if household reduced expenditure on agricultural inputs; 0 otherwise	0.30	0.29

Asset & livestock ownership			
Productive assets[86]	1 if own any productive asset	0.99	0.98
At least 2 productive assets	1 if own at least 2 productive assets	0.98	0.97
At least 4 productive assets	1 if own at least 4 productive assets	0.90	0.88
Livestock	1 if own any livestock	0.899	0.889
Cattle	1 if own cattle (large ruminants)	0.494	0.589
Sheep & goat	1 if own sheep/goal	0.594	0.590
Poultry	1 if own any poultry	0.786	0.718
Other livestock	1 if own any other livestock (pig, rabits)	0.168	0.167
Women empowerment/Participation in decision making			
Food-related decisions	1 if women participates alone or jointly with spouse; 0 otherwise	0.876	0.869
Cash transfer use	1 if women participates alone or jointly with spouse; 0 otherwise	0.796	0.756
Budget use	1 if women participates alone or jointly with spouse; 0 otherwise	0.778	0.701
Large household purchases	1 if women participates alone or jointly with spouse; 0 otherwise	0.711	0.725
Child schooling	1 if women participates alone or jointly with spouse; 0 otherwise	0.729	0.695
Conflict in household decisions	1 if women participates alone or jointly with spouse; 0 otherwise	0.059	0.047
Incidence of domestic violence	1 if women participates alone or jointly with spouse; 0 otherwise	0.010	0.229
Livelihoods(main source of income)			
Casual agricultural labor	1 if casual agricultural labor is primary source of income	0.302	0.328
Casual non-agricultural labor	1 if casual non-agricultural labor is primary source of income	0.207	0.202
Non-agricultural enterprise	Percent of households operating non-agri enterprise	0.02	0.01
Off farm income sources	1 if participate or have access	0.235	0.228
Farm income sources	1 if participate or have access	0.150	0.187
Finance	1 if the household has savings; 0 otherwise	0.03	0.02
Loan	1 if the household has with access to loan; 0 otherwise	0.11	0.08
Social networks	Number of networks	2.976	2.353
Women with position in network	1 if women have a leadership position in any network	0.261	0.306
Women dominate in a network	1 if women dominate any of the networks	0.398	0.404
Women dominated networks	Number of networks dominated by women	0.713	0.617
Inter-household transfers		1.48	1.09
Cash receipt	Household received cash transfers/gifts	0.310	0.319
Cash received (per capita)		3.73	5.85
In-kind receipt	1 if the household received in-kind transfers; 0 otherwise	0.421	0.503

[86] Productive assets are those that could be used by the household to generate income or something of value for the household including farm implements and tools such as ox plough, ox cart, cultivator and harvesters.

In-kind received (per capita)	Amount of in-kind transfers received (USD)	3.49	6.80
Cash give-out	1 if the household gave-out cash; 0 otherwise	0.003	0.028
In-kind give-out	1 if the household gave-out in-kind transfers; 0 otherwise	0.142	0.151
Access to commercial cereal sources			
Maize grain	1 if access to commercial maize grain source; 0 otherwise	0.199	0.182
Maize meal	1 if access to commercial maize meal source; 0 otherwise	0.853	0.793
Finger millet grain	1 if access to commercial finger millet grain source; 0 otherwise	0.010	0.028
Finger millet meal	1 if access to commercial finger millet meal source; 0 otherwise	0.013	0.035
Pearl millet grain	1 if access to commercial pearl millet grain source; 0 otherwise	0.016	0.031
Pearl millet meal	1 if access to commercial pearl millet meal source; 0 otherwise	0.023	0.022
Sorghum grain	1 if access to commercial sorghum grain source; 0 otherwise	0.010	0.021
Sorghum meal	1 if access to commercial sorghum meal source; 0 otherwise	0.018	0.025
Challenges in accessing cereals			
Food too expensive	1 if reported as a challenge for accessing cereals	0.656	0.588
No food in local markets	1 if reported as a challenge for accessing cereals	0.036	0.042
Insufficient food distributions	1 if reported as a challenge for accessing cereals	0.047	0.065
Covariates			
Male-headed households	1 if sex of head is male; 0 if female headed	0.48	0.48
Age of head	Age of household head in years	59.91	52.30
Household size	Number of household members	5.70	5.34
Dependency ratio	Number of dependents to number of active labor	1.55	1.18
Head with paid work	1 if head has paid work/employment ; 0 otherwise	0.05	0.04
Disabled head	1 if disabled head; 0 otherwise	0.07	0.04
Education of head			
Primary education	1 if the head has primary education; 0 otherwise	0.57	0.59
Secondary education	1 if the head has secondary education; 0 otherwise	0.28	0.27
Post-secondary education	1 if the head has post-secondary education; 0 otherwise	0.01	0.01
Dwelling type	=1 if traditional dwelling; 0 otherwise	0.51	0.50
Roof material	=1 if thatch; 0 otherwise	0.62	0.62
Floor material	=1 if earth and/or dung; 0 otherwise	0.47	0.47
Distance to food markets/shops	=1 if less or equal to 5 Kms; 0 otherwise	0.85	0.86
Distance to primary school	=1 if greater than 5 Kms; 0 otherwise	0.13	0.13

Distance to major road	=1 if greater than 5 Kms; 0 otherwise	0.14	0.14
Improved water sources[87]	1 if has access to improved source of water; 0 otherwise	0.76	0.76
Sanitation type[88]	1 if open defecation; 0 otherwise	0.50	0.49
Energy type	1 if wood/dust burning, 0 otherwise	0.96	0.97
Farm access	1 if have access to farming land; 0 otherwise	0.97	0.97

Source: MCT evaluation survey (2016)

[87] This is based on the UNICEF drink water ladder (http://www.unicef.org/wcaro/overview_2570.html).
[88] Based on UNICEF sanitation ladder (http://www.unicef.org/wcaro/overview_2570.html).

Sensitivity analysis of Average Treatment Effect (ATT)

The sensitivity of inferences based on treatment effects for unobservable factors is checked using bounding approaches: Rosenbaum bounds for continuous outcomes (Rosenbaum, 2002) and MH bounds for binary outcomes (Mantel and Haenszel, 1959). The sensitivity of the estimated average treatment effects on the treated (ATT) is carried out by varying the values of $\gamma\gamma\gamma\gamma$ to determine the threshold levels at which hidden bias will affect the significance of the estimates (ATTs). Gamma ($\gamma\gamma\gamma\gamma$) measures the log odds of differential assignment to the treatment due to unobserved factors. Rosenbaum sensitivity analysis for average treatment effects on the treated for continuous outcomes was done using *rbounds* which calculates Rosenbaum bounds for average treatment effects on the treated in the presence of unobserved heterogeneity (hidden bias) between treatment and control cases (see Becker and Caliendo, 2007 for details). The threshold levels at which bias from unobserved heterogeneity would affect inferences based on the ATTs are given in Table A3 and Table A4. The results of the sensitivity analysis revealed that all of the estimates are significant under the '*no bias*' scenario ($\gamma\gamma\gamma\gamma$=1) and remain insensitive to higher values of $\gamma\gamma\gamma\gamma$ for most outcomes. The results are in line with similar recent studies (e.g. Loschmann *et al*., 2015).

Table A3: Sensitivity analysis of ATTs: Threshold levels of gamma, Rosenbaum bounds (rbounds) [89]

Outcomes	Kernel based matching		Nearest neighbors matching (n=5)	
	sig^{+}	sig^{-}	sig^{+}	sig^{-}
Dietary diversity score	1.27	> 4	1.31	> 4
Hunger score	> 4	1.50	> 4	1.46
Social networks	1.89	> 4	1.93	> 4
Interhousehold cash received	> 4	3.20	> 4	2.60

sig+ - upper bound significance level; sig- - lower bound significance level

Table A4: Threshold levels of gamma for sensitivity of ATTs: Mantel-Haenszel (MH) bounds test [90]

Outcomes	Kernel based matching		Nearest neighbors matching (n=5)	
	p_{mh}^{+}	p_{mh}^{-}	p_{mh}^{+}	p_{mh}^{-}
Minimum acceptable diet	1.05 – 1.50	> 10	1.05 – 1.50	> 10
Cash give-out	> 10	> 2.5	> 10	> 2.5
Women budget use	1.15 – 1.85	> 10	1.25 – 2.00	> 10

p_{mh}^{+}**:** significance level (assumption: overestimation of treatment effect)

p_{mh}^{-}**:** significance level (assumption: underestimation of treatment effect)

[89] The sensitivity test is done by parametrising γ from 1 to 4 with various ranges of 0.01 and 0.05.

[90] The sensitivity test is done by parametrising γ from 1 to 10 with ranges of 0.5 and 1.0

Table A5: Female and male-headed households' profile

Variables	Treatment		Comparison		Whole	
	Male	Female	Male	Female	Male	Female
Household size	5.86	5.56	5.79	4.57 ***	5.82	5.18 ***
Dependency ratio	1.45	1.59	1.18	1.19	1.29	1.44 *
No education	10.64	19.20 **	6.50	14.39 ***	8.17	17.36
Primary	55.85	58.04	50.18	56.12	52.47	57.30
Secondary	32.45	21.43	40.43	26.62	37.20	23.42
Post-secondary	1.06	1.34	2.89	2.88	2.15	1.93
Off-farm	26.70	20.00	28.47	19.86	27.75	19.95 ***
Farm income	19.90	12.00 **	19.22 *	12.77	19.49	12.30 ***

Note: * p<0.1; ** p<0.05; *** p<0.01

Table A6: MCT impacts on food security disaggregated by number of pregnant/lactating members

Outcome indicators	Number of pregnant or lactating member			
	At least 1 (N=105)		None (N=689)	
	Mean	ATT	Mean	ATT
Dietary diversity score	4.00	-0.13	4.23	0.30 **
Minim acceptable diet	0.62	-0.06	0.69	0.08 **
Food consumption score	30.53	-4.69	35.42	1.20
Poor diet	0.21	0.11	0.17	-0.03
Acceptable diet	0.28	-0.11	0.38	0.06
Hunger score	2.11	-0.31	1.96	-0.49 **
Little or no hunger	0.70	-0.01	0.77	0.06

Note: * p<0.1; ** p<0.05; *** p<0.01

Table A7: Cash recipients for February 2016 versus project target beneficiaries

District	No. of wards	Initial targeted HH	Revised Beneficiary HH (December)	Targeted individual beneficiaries	Actual Individual Beneficiaries	No. of Male Cash Recipients	No. of Female Cash Recipients	% Target Reached
Gokwe North	25	10,524	10636	52620	57272	3470	7166	109%
Gokwe South	9	6,730	6734	33650	36928	1883	4851	110%
Mberengwa	25	5,622	6185	28110	33824	1443	4742	120%
Shurugwi	11	3,424	3830	17120	17620	1502	2328	103%
Gutu	15	5,658	6135	28290	26739	1614	4521	95%
Masvingo	15	5,886	6325	29430	29802	1740	4585	111%
Zaka	21	6,596	6595	32980	33248	1428	5167	101%
Beitbridge	7	2,033	2033	10165	10688	482	1551	105%
Gwanda	8	1,830	2399	9150	9204	688	1711	101%
Insiza	23	1,859	2480	9295	10611	578	1902	114%
Lupane	27	4,348	4808	21740	24040	1816	2992	111%
Matobo	8	2,440	2790	12200	13950	758	2032	114%
Nkayi	12	3,921	3921	19605	21933	1169	2752	112%
Umguza	9	1,932	1932	9660	10537	678	1254	109%
Umzingwane	20	4,397	4397	21985	24249	1349	3048	110%
Total	**227**	**67,200**	**71,200**	**336,000**	**360,645**	**20,598**	**50,602**	**107%**

Source: Project report, February (2016)

Table A8. Cash disbursements during the evaluation period

Month	Transfer Type	Planned figure (HH)	Transferred (HH)	Transfer Value (USD)	Transfer Value (GBP)	Transfer Date
September	Single	5,813	5,075	USD151,211	£97,537	03/10/2015
October	Single	5,075	5,075	USD151,211	£97,537	
	Double	26,179	24,517	USD1,167,579	£753,131	05/11/2015
Total October		31,254	29,592	USD1,470,002	£948,205	
	Single	29,592	29,592	USD815,606	£526,095	12/14/2015
	Triple	31,591	30,822	USD2,733,499	£1,763,206	
Total November		61,183	60,414	USD3,549,105	£2,289,302	12/14/2015
December	Single	63,700	61,034	USD1,736,046	£1,119,813	
January	Single	67,200	67,218	USD1,889,133	£1,311,898	30/01/2016
February	Single	71,200	71,192	USD2,028,937	£1,408,984	04/03/2016
Total				**USD10,824,434**	**£7,175,738**	

Source: Monthly report, February (2016)

Table A9. Number of EcoCash agents in project districts in March 2016

District	Beneficiaries	EcoCash Agents	One agent serves how many beneficiaries	EcoCash Brand ambassadors
Gutu	6,135	700	9	3
Zaka	6,595	128	52	4
Masvingo	6,325	620	10	4
Mberengwa	6,185	234	26	2
Shurugwi	3,830	375	10	3
Gokwe North	10,636	239	45	4
Gokwe South	6,734	562	12	4
Lupane	4,808	40	120	3
Gwanda	2,399	80	30	4
Nkayi	3,921	75	52	4
Umzingwane	4,397	45	98	3
Umuguza	1,932	55	35	4
Beitbridge	2,033	100	20	3
Matobo	2,790	35	80	3
Insiza	2,480	60	41	3
Total	71,200	3,348		51

Source: EcoCash 2016

Table A10: Achievement of log frame outputs

	Log frame goal	Actual achievement
Output 1	**Target HHs received timely cash transfer and feedbacks have been acted upon.**	**Timeliness was poor. Disbursements were irregular for many.** **Most complaints are acted upon each month and the outstanding ones are addressed in the following month(s).**
Output indicator 1.1	No. of households/people reached with cash transfer, disaggregated by gender, disability.	71,200 HHs were covered by the MCT programme, i.e.360,645 actual individual beneficiaries. Male cash recipients were 20,598 and female recipients were 50,602.
Output indicator 1.2	Proportion of received complaints that are conclusively addressed.	Each month always 69% or more of total complaints. An average total of 81% complaints addressed during the evaluation period.
Output 2	**Target HHs are motivated to spend received cash on food and to adopt best nutrition practices through a variety of mechanisms**	**Proportion of households able to identify at least 3 good nutritional practices is less than 50%.**
Output Indicator 2.1	% of hhs that receive post-distribution SMS messaging to spend cash on food and to adopt nutrition practices disaggregated by gender	Overall = 58.9%. Men = 62.78% and Women = 55.50%
Output Indicator 2.2	Proportion of project community meetings with nutrition messaging	29.2%
Output Indicator 2.3	Proportion of households able to identify at least 3 good nutritional practices promoted by the project messaging	Overall = 40.2%. Male = 42.1% and Female = 38.4%

Output 3	**Informing the on-going response (and future resilience programming) through regular reporting (market assessment on local market food prices and availability; monthly Post Distribution Monitoring survey reports; documentation of coping and adaptive strategies of target households).**	**Regular monthly reports (except December) containing: summary of activities, monthly results, operating context, market update on local food prices and availability, emerging challenges, planning for next month, and project management. PDM reports include detailed information on coping strategies, dietary diversity, food consumption categories, nutritional needs, cash transfer utilisation and more.**
Output indicator 3.1	Bi-weekly summary market price report produced, shared among partners and acted upon.	Market price reports included in each monthly report.
Output indicator 3.2	Production of summary report on productive assets, levels of debt, and other forms of coping strategies by tracking HHs using coping strategy index (CSI) and qualitative data.	CSI, dietary diversity and detailed food security outcomes available in Post-Distribution-Monitoring Reports (December, January).
Output indicator 3.3	Monthly PDM and CFSM summary report shared with consortium partners (DFID Zimbabwe and World Vision).	Monthly PDM and CFSM reports shared with consortium partners.
Output 4	**Operational efficiency achieved through VfM approaches**	**Operational efficiency estimated through the TCTR ratio and alpha ratio based on actual financial reports.**
Output Indicator 4.1	Total Cost to Transfer Ratio (TCTR)/percentage of total cost reaching the beneficiaries (cash transfer set to 1.4 (71%)	The actual TCTR and alpha ratios are 1.35 and 74%.

Table A11. The breakdown of cost categories

Actual Expenditure	Transfer to Beneficiaries	Set-up costs	Roll-out costs	Operational costs	Monitoring & evaluations costs	Indirect costs	Total cost
September '15	0.00	31,29	11,156	109,048	39,309	20,782	211,544
October '15	92,433	1,700	43,449	117,385	24,060	30,609	309,636
November '15	741,298	22,533	48,121	189,341	66,913	116,002	1,184,209
December '15	3,396,210	106	11,754	259,759	28,216	404,386	4,100,430
January '16	1,357,408	767	3,199	176,887	127,173	182,512	1,847,946
February '16	1,368,484	495	4,521	171,936	37,628	172,734	1,755,797
Total	6,955,833	56,850	122,200	1,024,356	323,299	927,025	9,409,562

Source: Project reports. Expenditures for March are included in the total.

Table A12. Realisation rates for transfers to beneficiaries and the programme costs (actual/forecasted budget)

Month	Realisation rate for the amount of transfers to beneficiaries	Realisation rate for the amount of administrative and implementation costs	Realisation rate for the total costs
September '15	0.00	0.44	0.17
October '15	0.08	0.40	0.18
November '15	0.34	0.77	0.43
December '15	0.94	0.83	0.92
January '16	1.22	1.17	1.21
February '16	1.23	1.01	1.17
Total	0.70	0.76	0.71

Note: Expenditures for March are not included

Table A13: TCTR and alpha ratios of other cash transfer programmes

Country and programme	Implementing agency and type of programme and	Type of transfer	Total cost-transfer ratio (TCTR)	The alpha ratio (α)
Kenya - Nairobi Urban Livelihoods and Social Protection	Oxfam/Humanitarian	Mobile money (M-Pesa)	1.56	0.64
Kenya - Marsabit Emergency Programme	SOS Children's Villages Kenya/Humanitarian	Smart card	6.67	0.15
Kenya - Marsabit County Emergency Response	Concern Worldwide/Humanitarian	Manual	3.45	0.29
Somalia - Emergency Cash Transfer Programme	Oxfam/Humanitarian	Hawala agents	5.00	0.20
Somalia - E-cash Pilot	Oxfam/Humanitarian	Mobile money	2.22	0.45
Somalia - ECHO Conditional Cash	Concern Worldwide/Humanitarian	Mobile money	5.56	0.18
Somalia - IOM Unconditional Cash Transfers	Concern Worldwide/Humanitarian	Mobile money	9.09	0.11
Mozambique - Food Subsidy Programme	National Institute for Social Action/Non-humanitarian	Cash transfer	1.55	0.65
Ghana – Livelihood Empowerment Against Poverty	Ministry of Gender, Children and Social Protection/Non-humanitarian	Cash transfer	2.00	0.50
Kenya - CT-OVC	Government of Kenya/Non-humanitarian	Cash transfer	2.03 (1.34 cumulative)	0.49 (0.75 cumulative)

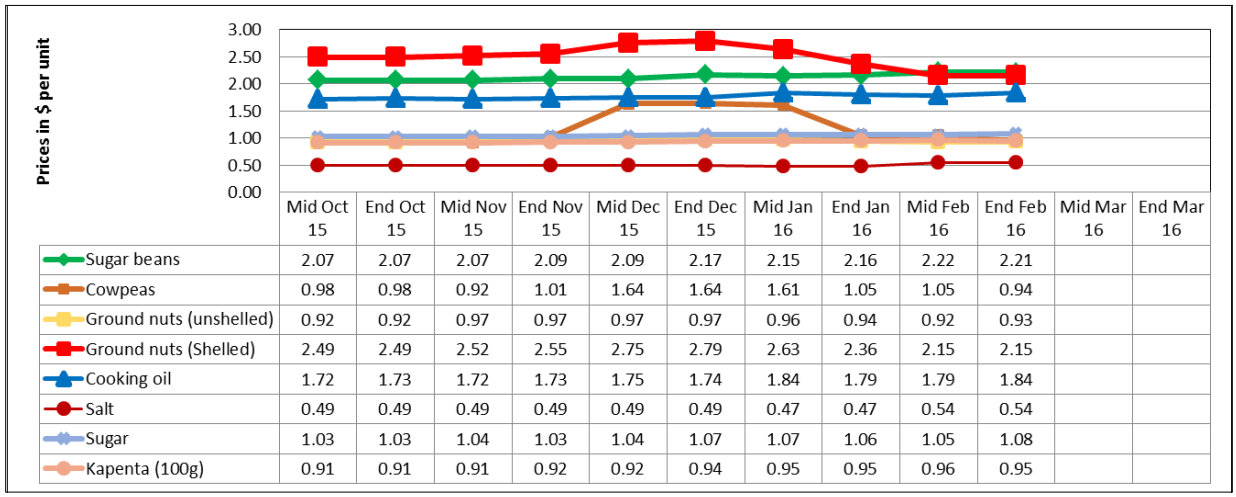
Source: DFID, ENN (http://www.ennonline.net/fex/49/cashtransfers)

Table A14: Total costs of the project per transfer

Costs	Unit	No of units	Price (or cost) per unit (in GBP)	Total (in GBP)	Source
Transfer (average value per transfer/household)	Transfer per household	1	16,89	16,89	Based on financial records from CARE International & WV
Administrative costs (average per transfer)	Transfer per household	1	5,96	5,96	Based on financial records from CARE International & WV
Productivity loss per household	hours	1.2	0.14	0,16	Own calculation based on micro-data and Puett et al., 2014
Transportation costs (average costs for the total sample)	two-way tickets	1	0.68	0,68	Own assumption based on data from CARE International
Total costs per transfer (average)				23.69	

Note: the average distance to MCT agent was estimated 72 min, the productivity lost per hour was 0.2USUSD; the average price for transport was assumed 1 USD; Exchange rate used USD/GBP =1.48

Figure A1: Prices of Non-Staple Foods



	Mid Oct 15	End Oct 15	Mid Nov 15	End Nov 15	Mid Dec 15	End Dec 15	Mid Jan 16	End Jan 16	Mid Feb 16	End Feb 16	Mid Mar 16	End Mar 16
Sugar beans	2.07	2.07	2.07	2.09	2.09	2.17	2.15	2.16	2.22	2.21		
Cowpeas	0.98	0.98	0.92	1.01	1.64	1.64	1.61	1.05	1.05	0.94		
Ground nuts (unshelled)	0.92	0.92	0.97	0.97	0.97	0.97	0.96	0.94	0.92	0.93		
Ground nuts (Shelled)	2.49	2.49	2.52	2.55	2.75	2.79	2.63	2.36	2.15	2.15		
Cooking oil	1.72	1.73	1.72	1.73	1.75	1.74	1.84	1.79	1.79	1.84		
Salt	0.49	0.49	0.49	0.49	0.49	0.49	0.47	0.47	0.54	0.54		
Sugar	1.03	1.03	1.04	1.03	1.04	1.07	1.07	1.06	1.05	1.08		
Kapenta (100g)	0.91	0.91	0.91	0.92	0.92	0.94	0.95	0.95	0.96	0.95		

Source: *MCT Monthly Report, February*

Box A1. Value for money chain (DFID 2011)

Economy relates to the price at which inputs are purchased. Even though this is more relevant in non-cash transfers and other public work-related programmes, the price of inputs can also be indicative in cash transfer programmes, especially when it comes to purchasing a delivery service technology or other important

Efficiency relates to how well inputs are converted to the output of interest, which, in the case of cash transfer programmes, refers to transfers delivered to beneficiaries.

Cost-efficiency **-** An important indicator here is the cost-efficiency analysis referring to the cost for which transfers are delivered to final beneficiaries and which combines both the economy and efficiency aspects.

Effectiveness relates to the analysis of how well outputs are converted to outcomes and impacts. ***Cost-effectiveness*** analysis measures the cost of achieving intended programme outcomes and impacts, and can compare the costs of alternative ways of producing the same or similar benefits.

Annex B Propensity score matching procedure

B1. Propensity score estimation

Estimating propensity scores is the first step for estimating the average treatment effects on the treated, which entails two key decisions: what model to use and which variables to include. Deciding on the model or functional form for estimating propensity scores is a straight forward process. Since the treatment indicator is a binary variable (taking value of 1 for treated units and 0 for controls), discrete choice or binary choice models are often used. The choice would be between logit and probit, common binary choice models which are appropriate than the naïve linear probability model. Since both logit and probit model give similar results, a probit model is used for estimating the propensity scores. Nevertheless, choice of variables to be included or excluded when estimating the propensity scores is a burdensome and critical exercise. Covariates to be included in the propensity score model are required to satisfy the 'conditional independence assumption' i.e. the outcome variables must be independent of the treatment conditional on the propensity score (Caliendo and Kopeinig, 2005).

The choice of the covariates is influenced by economic theory, empirical research and intuition. The covariates are age and gender of the household head, education level of head, whether the household head is disabled or not, whether the household head is engaged in paid employment during the start of the intervention, ownership of traditional dwelling, open defecation practice, use of wood as energy source, access to farm land, distance from food markets (shops), distance from major road and distance from primary school were used as covariates. These variables are time invariant. With this, we can prove that there is some randomness such that observations with identical characteristics are included from the treatment and control groups (Heckman *et al.*, 1998). This will also ensure that the propensity scores estimated would help to create balanced covariates (Augurzky and Schmidt, 2000).

B2.Matching methods

In the literature, several matching techniques have been proposed including nearest neighbour matching (with or without caliper, with or without replacement), k-nearest neighbours, radius matching, local linear regression and kernel matching. Each of these techniques has their own merits and demerits and trade-offs. With this thrust, we have used 5-nearest neighbour matching and kernel matching and robustness of the results are checked using inverse probability weighting (IPW) estimator.

The nearest neighbour matching (NNM) assumes that a treatment observation is matched with a control observation with the closest propensity score (the propensity to be in the treatment). Although all treated matches are likely to find a match, there is a possibility that treated units

would have ‘poor’ or ‘bad’ matches with different propensity scores that would lead to biased results. Another challenge with the nearest neighbour matching technique is regarding the decision on the number of matches which leads to a trade-off between bias and variance. Matching with one nearest neighbour minimizes bias but at the cost of higher variance, whereas matching with more neighbours increases bias but decreases the variance. Likewise, matching with replacement improves the quality of matching by keeping bias low but again at the cost of larger variance and the reverse holds for matching without replacement. Imposing a common support condition with nearest neighbour matching (i.e. observations whose propensity score belongs to the intersection of the supports of the scores for treated and control groups) would improve quality of matching but at the cost of ‘data pruning’ where significant number of the sample will be reduced (Lechner, 2001). We have used 5 neighbours to overcome the problem of ‘oversampling’ although it involves the trade-off between reduced variance and increased bias (Caliendo and Kopeinig, 2005).We are cognisant of the fact that there is risk of bad matches when using nearest neighbour matching method especially if the nearest neighbour has very distant propensity score. In order to overcome the limitations of the nearest neighbour method, we have used a Kernel matching algorithm.

Kernel matching is a non-parametric matching estimator which uses weighted averages of all individuals in the control group to construct counterfactual outcome of a treated observation. This results in lower variance and minimizes use of bad matches. Imposition of common support conditions would help for avoiding bad matches. Use of kernel matching involves choosing a kernel function and appropriate bandwidth which creates another difficulty. A decision to choose between small and large bandwidth involves trade-off. Large bandwidth trades a smaller variance and smooth density function with increased bias (Caliendo and Kopeinig, 2005). With the primary interest of reducing bias, we opt for a smaller bandwidth (0.02) though this may trade lower bias to higher variance. However, the combined used of 5-nearest neighbour matching with kernel matching enable us to check consistency and trustworthiness of the estimated results in one hand and minimising the trade-offs on the other hand.

In addition to the alternative matching algorithms, estimates of the treatment effects are checked for robustness using Inverse-probability-weighting (IPW) estimator. Inverse probability-weighting estimation is a powerful tool for adjusting for confounding when using observational data (Lunceford and Davidian, 2004; Curtis *et al*., 2007). Unlike the matching estimators like Kernel which needs selecting an optimum bandwidth, IPW saves time and effort since it doesn’t need a bandwidth. Another attractive feature of IPW is its efficiency (minimum variance) within the class of semi-parametric estimators. It also has lower variance than kernel and nearest neighbour matching techniques. The advantage of IPW over matching estimation is the fact that it assigns greater weights to control (comparison) groups with higher estimated probabilities of selection into the treatment (Handouyahia *et al*., 2013). In matching estimation, however, greater weights are assigned to control units with estimated probabilities that more closely mimic those of the treated. Hence, use of IPW as a robustness check would address the limitations of matching techniques for constructing a counterfactual.

B3.Quality of matching tests

Figure B1: Kernel density graphs showing overlap in the propensity score distributions

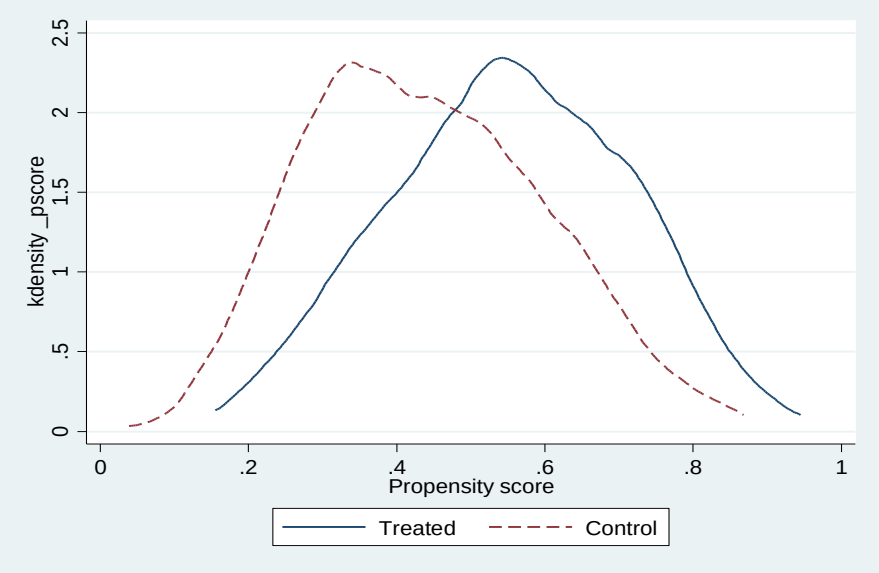


Figure B2: Histogram showing overlap (common support) in the propensity score distributions

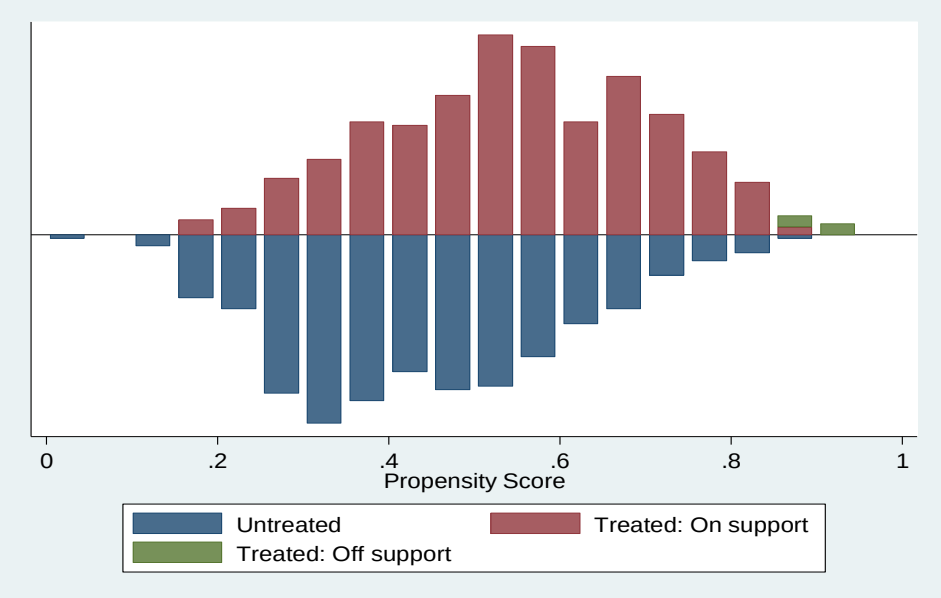


Table B1: Covariance balance test: matching quality

Variable	Unmatched Matched	Mean		%bias	%reduct |bias|	t-test	
		Treated	Control			t	p>t
Gender of head	U	0.46	0.66	-40.6		-5.72	0.000
	M	0.47	0.48	-2.7	93.3	-0.37	0.711
Age of head	U	60.64	52.72	47		6.63	0.000
	M	60.32	60.52	-1.2	97.4	-0.16	0.870
Disabled head	U	0.08	0.04	14.4		2.03	0.043
	M	0.07	0.09	-7.5	47.8	-0.89	0.374

Unpaid work head	U	0.05	0.11	-24		-3.38	0.001
	M	0.05	0.04	1	96	0.17	0.864
Traditional dwelling	U	0.51	0.50	0.5		0.07	0.941
	M	0.51	0.51	0	92.3	0.01	0.996
No toilet	U	0.50	0.53	-7		-0.98	0.325
	M	0.49	0.49	-0.8	89.2	-0.1	0.917
Wood as energy	U	0.96	0.95	7		0.99	0.322
	M	0.96	0.96	-0.2	97.7	-0.02	0.981
Primary education	U	0.57	0.52	9.8		1.38	0.169
	M	0.57	0.58	-1.5	85.1	-0.2	0.838
Secondary education	U	0.27	0.36	-20.4		-2.87	0.004
	M	0.27	0.27	1.3	93.6	0.19	0.851
Post-secondary educ.	U	0.01	0.03	-11.9		-1.68	0.094
	M	0.01	0.01	1.4	88.1	0.26	0.793
Distance to road	U	0.14	0.17	-10.2		-1.44	0.150
	M	0.14	0.14	-0.3	96.9	-0.05	0.963
Dist. to food market	U	0.84	0.86	-3.7		-0.52	0.606
	M	0.84	0.86	-3.6	2.6	-0.5	0.620
Access to farm land	U	0.95	0.98	-15.2		-2.14	0.033
	M	0.96	0.96	-0.8	94.5	-0.11	0.910
Dist. to primary school	U	0.13	0.13	2.3		0.32	0.749
	M	0.14	0.13	0.7	70.1	0.09	0.926
Matobo	U	0.11	0.11	-0.1		-0.01	0.991
	M	0.11	0.10	4.8	-5752.2	0.69	0.488
Mberengwa	U	0.34	0.36	-4.9		-0.69	0.493
	M	0.34	0.32	5.1	-5.1	0.72	0.470
Gutu	U	0.32	0.33	-2.4		-0.33	0.740
	M	0.33	0.35	-6	-153.5	-0.82	0.411

Table B2: Covariance matching quality test for selected outcomes

Algorithm	Pseudo R^2		LR $\chi 2$		P > $\chi 2$		Mean standardised bias		Total bias reduction (%)
	Before matching	After matching	Before matching	After matching	Before matching	After matching	Before matching	After matching	
Kernel	0.086	0.002	95.19	2.62	0.000	1.000	13.0	2.3	82.31%
NNM (5)	0.086	0.006	95.19	6.27	0.000	0.991	13.0	3.4	73.85%

B4. Difference-In-Difference with Matching

Difference-in-difference (DID) is a quasi-experimental design where the outcomes of programme beneficiaries and non-beneficiaries are compared before and after the intervention and the relative change in outcomes is taken as the impact of the programme. For this evaluation, the DID is combined with kernel based matching to estimate the impact of MCT project on child school attendance. The outcome is measured in a retrospective way by asking the school attendance of school age children in the last term (before the project) and current term (after the project). By taking the difference in outcomes for the treatment group before and after receiving the MCT, and subtracting the difference in outcomes for the control group before and after the intervention, the DID approach is able to technically control for pre-treatment differences between the two groups, and in particular the time invariant observed or unobservable factors

(individual effects or fixed effects) that cannot be accounted for otherwise (Blundell and Dias, 2000). When differences between treatment and control groups at baseline emerge, the DID estimator with conditioning variables has the advantage of minimising the effects of the standard errors as long as the effects are unrelated to the treatment and are constant over time (Wooldridge, 2002). Combining the DID with matching helps to control for systematic differences at baseline between treatment and control groups. This helps to create a better counterfactual by removing pre-existing differences in key variables.

Annex C Sampling for household survey

C1. Sample size determination

The sample for this evaluation is determined as follows:

$$n = \frac{\frac{Z^2 p(1-p)}{E^2}}{1 + (\frac{Z^2 p(1-p)}{E^2 N})}$$

Where N is the population size - total number of beneficiary households (N=67200); Z is z-score for the desired level of significance (95% for this evaluation); p is the population proportion based on 50% normal distribution) and E is the margin of error which shows how close the sample statistics would be to the true population parameters (E=0.05). So, the formula returns a required sample of 382. Adding 7.5% contingency brings us about 410. We managed to select a total of 838 households – 816 beneficiary and 822 non-beneficiary households were selected from the four targeted districts (Table 1). The distribution of the sample households is according to the following sampling design.

C2. Sampling strategy

Sampling for the evaluation was aimed at minimising incorrect causal inferences from the data. Four districts were purposively selected in consultation with CARE/WV staff based on availability of comparison wards. In the meantime, selection of comparison wards was made keeping in mind their distance from the treatment wards so as to minimise the effect of contamination bias. Selection of treatment wards is guided by the baseline information obtained from CARE and World Vision. Accordingly, a random sample of treatment wards was taken from those which were covered in the baseline survey using the project's beneficiary list as a sampling frame. Control households were selected from the control wards using a simple random technique where households were selected in a non-linear fashion. To ensure representativeness of the sample, a probability proportional to size approach is followed to distribute the sample among the wards. This is followed by selection of sample households from each ward using probability proportional to size as follows.

$$n_i = \frac{w_i}{w} n$$

where n_i is the sample to be selected from the i^{th} ward; w_i is the number of households in the i^{th} ward; w is the total number of households in the selected wards; and n is the total required sample. Table C1 shows the sample distribution and disaggregation at ward level.

Table C1: Sample size and selected districts (proposed target and comparison)

		Control			Treatment		
Province	**District**	**Ward**	**Number of households**	**Sample**	**Ward**	**Number of beneficiaries**	**# sample**
Matabeleland North	Nkayi	1	959	18	17	88	12
		2	777	14	18	94	8
		4	648	11	19	118	14
		5	1217	21	20	104	9
		22	901	12	21	110	12
		9	423	8	24	140	15
		15	352	5	29	170	26
	Sub-total		5277	**89**		**824**	**96**
Matabeleland South	Matobo	3	790	8	9	115	9
		2	1364	18	11	121	12
		17	958	10	14	155	19
		18	790	13	19	205	11
	Sub-total		**3902**	49		**596**	**51**
Midlands	Mberengwa	1	878	14	5	241	15
		2	2534	37	8	160	23
		3	1254	19	17	156	19
		10	769	11	18	270	19
		12	919	12	23	160	11
		16	839	20	26	203	13
		35	1068	14	28	131	20
		36	1570	22	34	107	17
	Sub-total		**9831**	149		**1428**	**137**
Masvingo	Gutu	21	1066	20	9	218	19
		22	873	16	12	263	19
		26	1081	22	13	220	7
		28	1091	22	15	434	14
		29	767	15	18	184	22
		31	1160	25	19	153	18
		40	694	15	36	180	22
					41	149	11
	Sub-total		**6732**	**135**		**1801**	**132**
	Total			**422**			**416**

Table C2: Distribution of target population and households by district

Province	District	Population in target area	# HHs in district	2015 Food Insecure population	2015 Food insecure HHs	2015 Targeted HH	2015 Total individual beneficiaries	2016 Food insecure HHs	2016 Targeted HH	2016 Total Individual Beneficiaries
Midlands	Gokwe North	244,976	49270	43,851	8868.6	10,524	52620	21186	10636	57272
	Gokwe South	307,250	62646	54,383	11276.28	6,730	33650	18794	6734	36928
	Mberengwa	186,164	37915	28,111	5687.25	5,622	28110	12133	6185	33824
	Shurugwi	77,460	17144	17,119	3771.68	3,424	17120	5829	3830	17620
Masvingo	Gutu	203,533	47672	28,291	6674.08	5,658	28290	11441	6135	26739
	Masvingo	211,732	46976	29,431	6576.64	5,886	29430	11274	6325	29802
	Zaka	181,106	40294	41,292	9267.62	6,596	32980	14506	6595	33248
Mat. South	Beitbridge	80,335	18471	9,480	2216.52	2,033	10165	3509	2033	10688
	Gwanda	116,357	26510	16,057	3711.4	1,830	9150	5037	2399	9204
	Insiza	99,793	21274	13,272	2765.62	1,859	9295	5744	2480	10611
	Matobo	93,991	20546	12,501	2670.98	2,440	12200	6986	2790	13950
	Umzingwane	62,510	14153	25,004	5661.2	4,397	21985	7218	4397	24249
Mat. North	Lupane	98,864	18922	32,724	6244.26	4,348	21740	8136	4808	24040
	Nkayi	109,371	21285	27,015	5321.25	3,921	19605	8940	3921	21933
	Umguza	87,518	18986	36,495	7974.12	1,932	9660	10822	1932	10537
Total		**2,160,960**	**462064**	**415,026**	**88,688**	**67,200**	**336,000**	**151555**	**71,200**	**360,645**

Note: The highlighted districts are the selected beneficiary districts for the evaluation. Based on statistics obtained from project reports, 2015 and 2016 ZimVac Rural Livelihoods Assessments and Census 2012 data.

Annex D Qualitative surveys

Staff from CARE International and World Vision at district and national level assisted in identification of stakeholders required for the interviews. Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and In-depth Interviews (IDIs) were the principal methods used to generate evidence to assess project impact. The FGDs and local level KIIs were organised on the ground with the assistance of CARE International and World Vision field supervisors as well as the councillors and/or traditional leadership.

D1. Focus group discussions

Participants from the community were disaggregated by age, gender, household type, the elderly, disabled, widowed, and chronically ill to draw common and divergent views on the evaluation questions. Table D1 presents the number of FGDs conducted per district.

Table D1: Total number of FGDs by district

Province	District	Ward	Treatment/Control	Number of FGDs
Matabeleland North	Nkayi	19	Treatment	4
	Nkayi	1	Control	1
Matabeleland South	Matobo	14	Treatment	3
	Matobo	2	Control	1
Midlands	Mberengwa	34	Treatment	3
	Mberengwa	36	Control	1
Masvingo	Gutu	19	Treatment	3
	Gutu	26	Control	1

Participatory tools were used to complement the FGD guide developed to ask specific questions under each theme for both beneficiary and non-beneficiary groups. The tools; community well-being analysis, institutional mapping, livelihoods analysis and household income and expenditure analysis helped in focusing the discussions around specific impact dimensions:

- *Community well-being analysis* was used to determine well-being, poverty and vulnerability characteristics from the community's perspective. Given that the targeting process for the CTP was a public process that involved community ranking and selection, the community well-being analysis allowed assessment of targeting effectiveness in relation to the community's perceptions and justification of well-being categories.
- *Institutional mapping* was employed to explore the social networks and connectedness of community members to institutions they consider important and of value. The tool enabled questions related to impact on social relationships, access to institutions, inclusion and exclusion to be explored in detail.
- *Household income and expenditure analysis* was conducted with female and male beneficiaries and non-beneficiaries to generate evidence on income sources and expenditure patterns. This prompted discussion around household decision making processes on resource allocation and adequacy of income to meet required food needs.
- *Livelihoods analysis* identified precise activities anchoring the household and local economy within the selected community. For each livelihood activity noted, the proportion of the community members involved in the livelihood activity was captured. In addition, an assessment of risk, reliability and preference for the identified livelihoods helped contextualise the discussion around extent of impact from the CTP on the households and local economy.

Table D2: Configuration of FGDs and participatory tools employed

Province	District	Ward	Group type	Participatory Tools used	Number of participants
Matabeleland North					
	Nkayi	19			
		19			
		19			
		19	Male and Female Non-beneficiaries	Livelihoods Analysis	
		1			
Matabeleland South					
	Matobo	14			
		14			
		14			
		1			
Midlands					
	Mberengwa	34	Female and male beneficiaries		
		34	Male and female non-beneficiaries		
		34	Female beneficiaries	Household Income and Expenditure Analysis	
		36	Female non-beneficiaries		
Masvingo					
	Gutu	19	Female beneficiaries		
	Gutu	19	Male and female beneficiaries		
	Gutu	19	Female non beneficiaries	Institutional Mapping	
	Gutu	26	Female non-beneficiaries	Community Well-being analysis	

D2 In depth interviews

At least two IDIs were conducted in each district for both beneficiary and non-beneficiary households. The IDIs collected comprehensive narratives of beneficiaries experiences prior to and during project implementation. Respondents for the IDIs were randomly selected from the sample of completed household surveys on the ground and further informed by the enumerator observations and experiences at the household. During daily debrief sessions conducted by the survey team at the end of each field work day, enumerators presented a summary of key observations from households visited to inform qualitative supervisors of unique cases. Journals compiled individually by the enumerators also corroborated the information provided. Together, this aided the selection of the households for the IDI.s For comparison purposes and analysis of actual impact of the CTP on beneficiary households, non-beneficiaries within the treatment wards also took part in the interviews.

D3 Key informant interviews

At district level, KIIs were conducted with stakeholders that include District Administrators, Chief Executive Officers for the respective Rural District Councils, as well as officials in relevant line ministries such as Social services, Gender, Women Affairs and Community Development, Agriculture, and Health. Programme staff from CARE International and World Vision were also interviewed at district level to understand project implementation arrangements and performance. Local traders from the local markets and service providers from the mobile network operators (Econet and NetOne) participated in the interviews to gather information related to their role and interaction with other stakeholders and community members in the context of the MCTP. The service providers were also interviewed to understand operational aspects related to the programme. Table D2 indicates the type of local traders interviewed in each district.

Table D3: Type of local traders interviewed

District	Ecocash/ One Wallet Agent	General Dealer	Grinding Mill	Bottle Store
Nkayi	✓	✓✓	✓	✓✓
Matobo	✓✓✓✓	✓✓	✓	✓
Mberengwa	✓✓✓	✓✓✓✓	✓	✓
Gutu	✓✓✓✓	✓✓✓	✓	✓
Total	**10**	**6**	**5**	**4**

National level stakeholders interviewed included management staff from the implementing agencies and representatives from DfID, USAID, and WFP. Table D4 presents the full list of key informants interviewed during the evaluation.

Table D4: List of key informants

Province		Name	Designation	Organisation
Matabeleland North: *Nkayi*				
	1.	Mr. Moyo	District Administrator	Ministry of Rural Development, Preservation and Promotion of Culture and Heritage
	2.	Mr. Dove	District Education Officer	Ministry of Education, Sports, Arts and Culture
	3.	Beatrice Ngara	Livestock Specialist	Ministry of Agriculture, Mechanization and Irrigation Development
	4.	Fabby Zika	Livestock Specialist	Ministry of Agriculture, Mechanization and Irrigation Development
	5.	Matron Elle Moyo	Nursing Officer	Ministry of Health and Child Care
	6.	Vincent Chiwawa	District Social Services Officer	Ministry of Public Service, Labour and Social Welfare
	7.	Honest Nkomo	Commodities	World Vision International

			Officer	
	8.	Thabo	M&E officer	World Vision International
Matabeleland South: *Matobo*				
	9.	Mr. Muzezewa	District Administrator	Ministry of Rural Development, Preservation and Promotion of Culture and Heritage
	10.	Elvis Sibanda	Chief Executive Officer	Ministry of Rural Development, Preservation and Promotion of Culture and Heritage
	11.	Remind Sibanda	District Nursing Officer	Ministry of Health and Child Care
	12.	Mr. Bestman Nkomo	Acting District Development Officer	Ministry of Gender, Women Affairs and Community Development
	13.	Mr. Hamilton Rombe	Community Development Officer	Ministry of Gender, Women Affairs and Community Development
	14.	Mr. Dube	Agricultural Extension Officer	Ministry of Agriculture, Mechanization and Irrigation Development
	15.	Mr M. Sibanda	Agricultural Extension Officer	Ministry of Agriculture, Mechanization and Irrigation Development
	16.	Mrs. Ndlovu	District Agricultural Extension Officer	Ministry of Agriculture, Mechanization and Irrigation Development
	17.	Mr. Ntando Ndlovu	Commodities Officer	World Vision, Matobo Office
Midlands: *Mberengwa*				
	18.	Mr. Rodwell Mtetwa	Acting District Administrator	Ministry of Rural Development, Preservation and Promotion of Culture and Heritage
	19.	Mr. Julius Mashavakure	Chief Executive Officer, Mberengwa Rural District Council	Ministry of Rural Development, Preservation and Promotion of Culture and Heritage
	20.	Mr. Vusumuzi Mkhosi	Agricultural Extension Officer	Ministry of Agriculture, Mechanization and Irrigation Development
	21.	Mr. Wedzerai Sibanda	Agritex - Marketing Officer	Ministry of Agriculture, Mechanization and Irrigation Development
	22.	Mr. Tinofa Maidza	Assistant District Nutritionist	Ministry of Health and Child Care

	23.	Mr. Tavashavira	District Social Services Officer	Ministry of Public Service, Labour and Social Welfare
	24.	Mr. Paul Manenji	Livestock Specialist	Ministry of Agriculture, Mechanization and Irrigation Development
	25.	Ms. Petronella Mudzidzwa	Livestock Extension Worker	Ministry of Agriculture, Mechanization and Irrigation Development
	26.	Mr. Brighton Bhanzi	Field Supervisor	CARE International
Masvingo: *Gutu*				
	27.	Lovemore Chisema	Acting District Administrator	Ministry of Rural Development, Preservation and Promotion of Culture and Heritage
	28.	Mr. G. Maguchu	Education Inspector	Ministry of Education, Sports, Arts and Culture
	29.	Mr. C. Gwature	District Development Officer	Ministry of Gender, Women Affairs and Community Development
	30.	Mr. Mugarire	Community Development Officer	Ministry of Gender, Women Affairs and Community Development
	31.	Mr. Munyoro	Community Development Officer	Ministry of Gender, Women Affairs and Community Development
	32.	Mr. S. Gwarareshumba	District Social Services Officer	Ministry of Public Service, Labour and Social Welfare
	33.	Mr. S. Karedzera	District Agricultural Extension Officer	Ministry of Agriculture, Mechanization and Irrigation Development
	34.	Mr. T. Teta	Agronomist	Ministry of Agriculture, Mechanization and Irrigation Development
	35.	Mr. T.E. Mututuvare	District Nutritionist, Gutu Mission Hospital	Ministry of Health and Child Care
	36.	Mr. V. Maboko	Acting Depot Manager	Grain Marketing Board
	37.	Edgar Shumba	Field Supervisor	CARE International
	38.	Belinda Mwale	Project Field Assistant	CARE International
Masvingo				
	39.	Mr. Kudakwashe Mukute	Field Supervisor	CARE International
	40.	Ms. Linda Dosi	Project Field Assistant,	CARE International
National (Harare or				

Bulawayo)				
	41.	Cristy McLennan	Deputy Country Director - Programmes	CARE International
	42.	Tapiwa Huye	Programme Manager	CARE International
	43.	Sijabulisiwe B. Dube	Accountability Monitoring and Evaluation Officer	World Vision International
	44.	Mr. Albert Muraisa	Project Coordinator	World Vision International
	45.	Mr. G. Nhliziyo	Grants Team Leader	World Vision International
	46.	Mr. Chinhengo	Director, Policy	Ministry of Public Service, Labour and Social Welfare
	47.	Anthea Kerr	Team leader – Humanitarian, Social Protection, Agriculture and Livelihoods, Private Sector	Department for International Development (DfID)
	48.	David Rinnert	Evaluation and Evidence Advisor	Department for International Development (DfID)
	49.	Odreck Mukorera	Livelihoods Advisor	Department for International Development (DfID)
	50.	Rosemary Chamunorwa	Senior Executive, One Wallet	NetOne
	51.	Edgar Mudokwani	CARE Focal Person	Ecocash
	52.	Chenjerai Siwela	CARE Focal Person	Ecocash
	53.	Mr. Musunda	Head of Sales and Distribution	Ecocash
	54.	Thabisani Moyo	Food Security Specialist	United States Agency for International Development (USAID)
	55.	Suzanne Truchard	Deputy Director, HAR Office	United States Agency for International Development (USAID)
	56.	Jason Taylor	Director, HAR Office	United States Agency for International Development (USAID)
	57.	Maman Bachir Yacouba	Cash based Transfer Officer WFP	World Food Programme

D4. Qualitative sampling frame

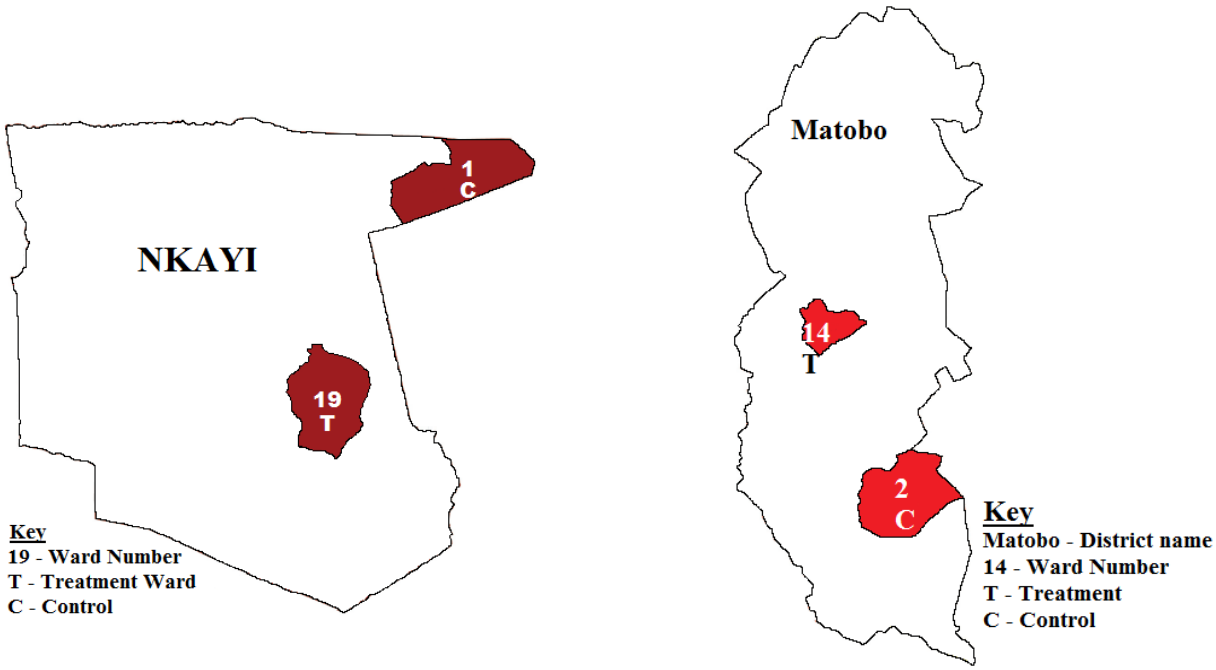
The qualitative sampling frame was informed by the overall design of the CTP endline evaluation[91.] Therefore the identification of districts was guided by and followed the outcome of the sampling for the main household survey. However, selection of the wards to conduct the FGDs and IDIs was based on criteria related to access to critical services. In this case, the distance to the main business centre/growth point[92], availability of mobile cash disbursement agents[93] and degree of market interaction were key. The underlying assumption was that beneficiary households receiving mobile cash is likely to require access to the cash and use of the cash within the local market economy where transactions for basic food items and other necessities are done. Figure D1 and Figure D2 describes the characteristics of the wards selected for FGDs and IDIs.

[91] The inception report details the approach to and design of the evaluation. This incorporated the qualitative component of the evaluation.

[92] Reference maps were studied to determine distance to the main business centre for each ward and presence of a primary road leading to the business centre. On the ground, consultations were also made with field officers and councillors to establish the main centre used by the community to access goods and services.

[93] Important as the first service point sought by the beneficiary households accessing their cash transfer within treatment wards.

Figure D1: Matabeleland North and South Qualitative Ward Selection Summary

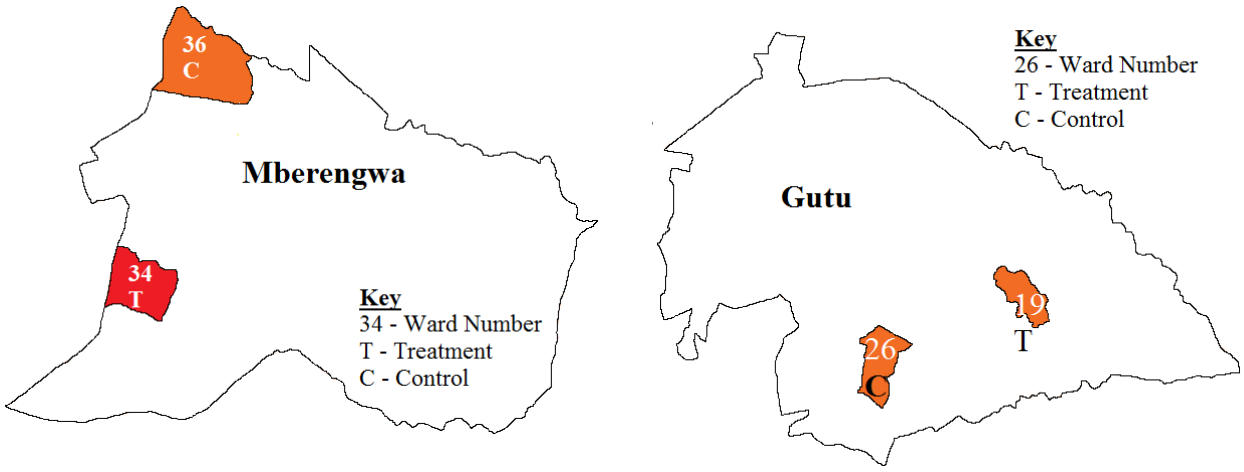


- Nkayi is located 100 km west of Kwekwe and 168 km north of Bulawayo.
- Lies in natural region 4 which is characterised by average annual rainfall of 450-650 mm, severe dry spells and frequent seasonal droughts.
- Communities mainly rely on rainfed crop production although yields are affected by low rainfall an dry spells.
- Ward 19 is a treatment ward. Total population in ward is 3,711 constituting 49% males and 51% females. Average household size is 5.
- The ward is located about 15 km from Nkayi business centre which is where villagers from the ward access services. The homestead for the focal person to World Vision was identified as the site for the focus group discussions.
- Selected village for FGD was Matetshane, based on number of beneficiaries.
- Ward 1 is a control ward. Total population is 4,847 with 47% males and 53% females spread across 6 villages. Average household size is 5.
- Ward 1 is located about 45km from Gokwe growth point and 20km from the Gokwe-Kwekwe Highway. Villagers have the option of travelling to Nkayi business centre or Gokwe Growth point if the local general dealer shops in the ward do not have the commodities required.
- There are 4 primary schools and 2 secondary schools in the ward. One public clinic also services the community.

- Matobo district is located ... from Bulawayo and
- Matobo experiences semi-arid climate and subject to periodic seasonal droughts and severe dry spells during the rainy season.
- Ward 14 is a treatment ward with a population of 4,327. Of these 1,957 are males while 2,370 are females. There are five villages in the ward with an average household size of 4.
- The ward is about 15kms from has 4 business centres with an average of two functional general dealer shops.
- A primary gravel road runs through the ward although in a poor state of maintenance with smaller roads branching off into different areas in the community.
- Ward 2 is a control ward with a population of 6064 of which 49% are males and 51% females. Average household size is 4.
- The ward is located about 33km from Maphisa Growth point and approximately 60km from the Botswana boundary. The nearest business centre is Tudi where several general dealer stores are active.
- There are six primary schools and two secondary schools.

Sources: Census 2012 Provincial Reports (Matabeleland North and South), FGD observation notes

Figure D2: Midlands and Masvingo Qualitative Ward Selection Summary



- Mberengwa is located 100 km west of Kwekwe and 168 km north of Bulawayo.
- Lies in natural region 4 which is characterised by average annual rainfall of 450-650 mm, severe dry spells and frequent seasonal droughts.
- Communities mainly rely on rainfed crop production although yields are affected by low rainfall an dry spells.
- Ward 34 is a treatment ward with 3,418 inhabitants. Up to 45% are male and 55% are females. Average household size is 5.
- The ward is located about
- Ward 36 is a control ward.
- There are several primary schools and secondary schools in the ward. One public clinic also services the community.

- Gutu falls under Masvingo province, has a total of 36 wards. Most of the district lies in agro-ecological region IV and V with pockets of natural region 3.
- Ward 19, the treatment ward lies under Natural region 4 and 5 which experiences extended dry spells, maximum temperatures that reach 27-30. Persistent dry conditions and erratic rainfall hinder crop production particularly of rain-fed cereals (maize, millet and sorghum).
- Total population in Ward 19 is 3,834 with 48% males and 52% females. Average household size is 4.
- There are three business centres (Guzha, Gonye and Bhasera), 4 primary schools, 3 secondary schools an done clinic (Mutero).
- Ward 26, is a control ward with a total population of 4,518 comprising 45% males and 55% females. Average household size is 4. The district is densely populated
- Annual rainfall in the ward is between 450-750mm.

Sources: Census 2012 Provincial Reports (Matabeleland North and South), FGD observation notes

Annex E Log frame, calculation of transfer size and network coverage

Table E1: Log frame

PROJECT NAME	Zimbabwe Humanitarian Response 2015/16					
IMPACT	**Impact Indicator 1**		**Baseline 2014/15**		**Target 2016 (March/June 2016)**	
Enhanced food security of vulnerable and drought-affected households in 4 provinces of Zimbabwe	Proportion of rural population food insecure at peak hunger period (Jan-March) in the 4 target provinces	**Planned**	Mat North 28%, Midlands 18%, Masvingo 17%, Mat South 17%		-	
		Achieved				
			Source			
			Annual Zimbabwe Vulnerability Assessment Committee Rural Livelihood Reports. The next report is due in June/July 2016.			
OUTCOME 1	**Outcome Indicator 1.1**		**Baseline (August 2015)**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	**Assumptions**
Target households (HH) are able to cope with food shocks and meet their basic food needs during the 2015/16 agricultural period.	Average household food consumption score	**Planned**	TBC	TBC	TBC	- A large proportion of the cash transfer will be spent on food. - Cooperation from local populations, authorities and civil society organisations for efficient targeting. - Continuous food availability in the target areas. - Other food security programmes will be sufficiently resourced to address acute food needs of vulnerable populations outside of project areas. - Increase in cash does not create inflationary trends leading to sustained price increases - Severe climatic shocks (e.g. floods, rain failure) do not occur. - grain and other basic food commodity national and international trade and movement is not restricted by governments. - Asset disposal or acquisition is not significantly affected by the national economic situation during the project period
		Achieved				
			Source			
			Baseline, Post Distribution Monitoring Report & Evaluation Report			
	Outcome Indicator 1.2		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	
	Average dietary diversity index score	**Planned**	TBC	TBC	TBC	
		Achieved				
			Source			
			Post Distribution Monitoring Report & Evaluation Report			
	Outcome Indicator 1.3		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	
	% of cash transfer used to meet food needs	**Planned**	n/a	30%	50%	
		Achieved				
			Source			
			Post Distribution Monitoring Report & Evaluation Report			

	Outcome Indicator 1.4		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	
	Change in household Coping Strategy Index over the lifetime of the project.	**Planned**	TBC	0	0	
		Achieved				
			Source			
			Post Distribution Monitoring Report			
INPUTS (£)	**DFID (£) 10 million (with provision to increase up to 15 m)**		**Gov. (£)**	**Other (£)**	**DFID SHARE (%)**	
					100%	
INPUTS (HR)	**DFID (FTEs) 0.2 Livelihoods Adviser . 0.2 Project Officer, 0.2 Team Leader, possible 100% CHASE OT**					

Note: targets for outcome indicators may need to be adjusted once baseline data has been collected

OUTPUT 1	**Output Indicator 1.1**		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	**Assumption**
Target HHs received timely cash transfer and feedbacks have been acted upon	No. of households/people reached with cash transfer , disaggregated by gender, disability	**Planned**	0	67,200 hhs benfetting 336,000 people ; 50% women	67,200 hhs benfetting 336,000 people ; 50% women	- Cellular coverage is maintained during the project period/sufficient agents deployed for cash distribution.
		Achieved				
		Source				
		Monthly PDM report, Family size 5				**RISK RATING**
	Output Indicator 1.2		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	High
	Proportion of received complaints that are conclusively addressed	**Planned**	**0%**	**100%**	**100%**	
		Achived				
		Source				
IMPACT WEIGHTING (%)						
65%						
INPUTS (£)	**DFID (£)**		**Gov. (£)**	**Other (£)**	**DFID SHARE (%)**	
					100%	

INPUTS (HR)	DFID (FTEs)		

OUTPUT 2	Output Indicator 2.1		Baseline	Milestone 1 (30 Nov 2015)	Target (31 March 2016)	Assumption
Target HHs are motivated to spend received cash on food and to adopt best nutrition practices through a variety of mechanisms	% of hhs that receive post-distribution SMS messaging to spend cash on food and to adopt nutrition practices disaggregated by gender	**Planned**	0%	30%	100%	- Cellular coverage is maintained during the project period/sufficient agents deployed for cash distribution. - Literacy levels in target households are sufficient for effective message impact.
		Achieved				
		Source				
		Monthly PDM report				
	Output Indicator 2.2		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	
	Proportion of project community meetings with nutrition messaging	**Planned**	0	tbc	tbc	
		Achieved				
		Source				**RISK RATING**
		Minutes of community meetings				Low
	Output Indicator 2.3		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	
	Proportion of households able to identify at least 3 good nutritional practices promoted by the project messaging	**Planned**	0	tbc	tbc	
		Achieved				
		Source				
		Quarterly PDM				
IMPACT WEIGHTING (%)						
5%						

INPUTS (£)	DFID (£)		Gov. (£)	Other (£)	DFID SHARE (%)
					100%

INPUTS (HR)	DFID (FTEs)		

OUTPUT 3	Output Indicator 3.1		Baseline	Milestone 1 (30 Nov 2015)	Target (31 March 2016)	Assumption
Informing the on-going response (and future resilience programming) through regular reporting (market	Bi-weekly summary market price report produced, shared among partners and acted	**Planned**	n/a	2	6	- Partners/beneficiaries participate
		Achieved				

assessment on local market food prices and availability; monthly Post Distribution Monitoring survey reports; documnetation of coping and adaptive strategies of target households).	upon	**Source**				**RISK RATING**
		Bi monthly key-informant interviews and observation				low
	Output Indicator 3.2		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	**Assumption**
	Production of summary report on productive assets, levels of debt, and other forms of coping strategies by tracking hhs using coping strategy index (CSI) and qualitative data	**Planned**	n/a	2	6	- Partners/beneficiaries participate
		Achieved				
		Source				**RISK RATING**
		Monthly PDM report				Medium
	Output Indicator 3.3		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	**Assumption**
	Monthly PDM and CFSM summary report shared with consortium partners (DFID Zimbabwe and World Vision)	**Planned**	n/a	2	6	- Partners/beneficiaries participate
		Achieved				
		Source				**RISK RATING**
						Low
IMPACT WEIGHTING (%)						
20%						
INPUTS (£)	**DFID (£)**		**Gov. (£)**	**Other (£)**	**DFID SHARE (%)**	
					100%	
INPUTS (HR)	**DFID (FTEs)**					

OUTPUT 4	**Output Indicator 4.1**		**Baseline**	**Milestone 1 (30 Nov 2015)**	**Target (31 March 2016)**	**Assumption**
Operational efficiency achieved through VfM approaches	Total Cost to Transfer Ratio (TCTR)/percentage of total cost reaching the beneficiaries (cash transfer)	**Planned**		1.4 (71%)	1.4 (71%)	- exchange rate remains relatively stable espeically USD to GBP
		Achieved				
		Source				**RISK RATING**
						Low
IMPACT WEIGHTING (%)						
10%						
INPUTS (£)	**DFID (£)**		**Gov. (£)**	**Other (£)**	**DFID SHARE (%)**	
					100%	
INPUTS (HR)	**DFID (FTEs)**					

E2. Calculation of the size of the cash transfer

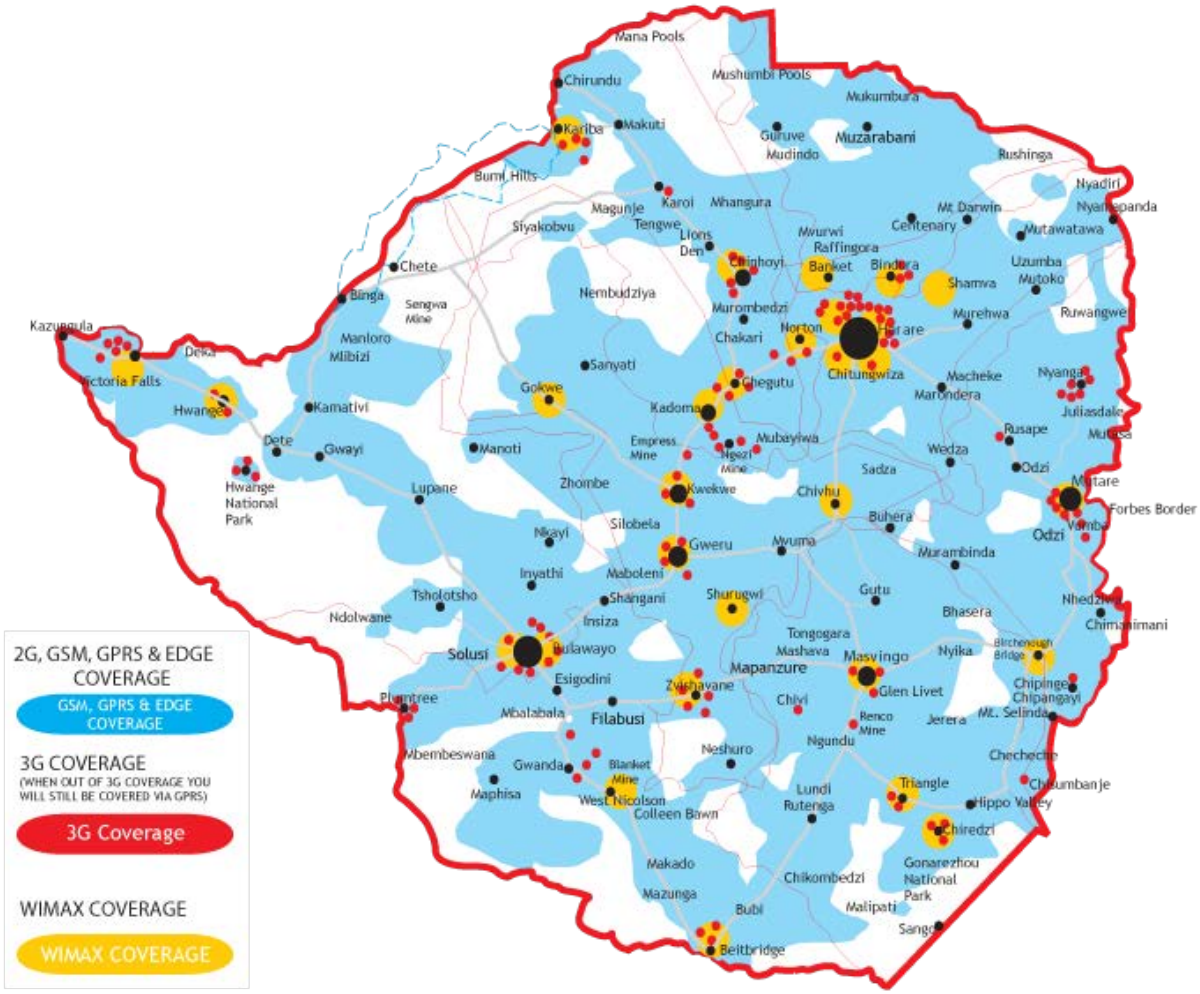
Table E2: Calculation of the size of the cash transfer

Food Item	Quantity required per month for HH of 5	Unit	Total calories provided by quantities in column B	Unit cost per month for HH of five (USD)	Total monthly cost for HH of five (USD) (B x C)	weight (g)
A	B		C	D	E	
Cooking oil	2.2	kg	19,470	1.83	4.02	100
Beans	**5**	**kg**	**16,750**	1.00	5.00	100
Maize/sorghum/millet	**50**	**kg**	**175,000**	0.32	16.11	100
Home baked bread	**2**	**kg**	**7,200**	0.98	1.96	100
Sweet potatoes	**10**	**kg**	**20,900**	0.50	5.00	100
Vegetables, assorted	**8**	**kg**	**20,000**	-	0.00	100
Fruits, assorted	12	kg	14,400	-	0.00	100
Sugar	2	kg	8,000	0.98	1.95	100
Milk, raw	**6**	**kg**	**8,880**	-	0.00	100
Beef	**4**	**kg**	**7,200**	4.00	16.00	100
Chicken	**4**	**kg**	**5,920**	-	0.00	100
Total			**303,720**		**USD 50.04**	
Monthly calories/individual			60,744	kCal		
Daily calories/individual			2,025	kCal		
Minimum daily requirement			2,100	kCal		
Cash transfer for household of 5			**25.02**	USD		
% of Min daily requirement met by cash transfer			**50%**			

Assumptions:

i. Foods listed are the minimum basket required by target population. Quantities were determined from assessments and confirmed through triangulation.
ii. Unit prices are based on annualised average prices valid for project life factoring possible market distortions.
iii. Home baked bread, rolls, scones or buns are prepared using self raising flour purchased from local markets
iv. Vegetables are grown by households in household and/or community gardens. Seasonal vegetables are picked from fields and the wild.
v. Type of fruit available varies with season and location. Fruits are harvested at the homestead, gardens or the wild.
vi. Raw milk and chicken are accessible at neglible cost from own herd/brood or batter/casual labour payment.

Figure E1 Econet Network Coverage



Annex F Theory of change

F1: Impact pathways

The main goal of the mobile cash transfer project was to stop and reverse food insecurity in drought affected households, the majority of whom reside in rural districts. The mobile cash transfers are expected to affect food security, assets, coping capacities, gender dynamics, and the local economy among other socio-economic indicators. There are six possible mechanisms for achieving socio-economic impacts:

i. Alleviation of liquidity and credit constraints

Rural beneficiaries reside in areas with incomplete, poorly functioning or missing credit, savings and insurance markets which are characterised by high degree of uncertainty caused by the repeated exposure to covariate and idiosyncratic risks and shocks (Tirivayi et al 2013, Dorward et al. 2006). Due to their remoteness and isolation, these communities usually face liquidity constraints which impede their ability to effectively manage risks. Mobile cash transfers directly alleviate the liquidity, savings and credit constraints of rural beneficiaries, and the subsequent income effect results allow households to change their spending behaviours which could result in the greater purchase of diverse foods leading to improvements in *food consumption and consequently food security.* The alleviation of credit and liquidity constraints also encourages investments in productive capacities, *assets, human capital development* and makes labour allocation decisions more flexible.

ii. Predictability and risk management

If mobile cash transfers are provided in regular and timely intervals, they increase certainty and allow cash transfers to function as insurance against risks (Tirivayi et al 2013, Barrientos 2012). Such predictability would enable beneficiaries of mobile cash transfers to better manage risks. This means that in periods of food insecurity, mobile cash transfers would improve *coping capacities* by *deterring the use of risk coping strategies* that undermine the income earning potential and future livelihoods of beneficiaries. Examples of detrimental coping strategies include food rationing, distress asset sales, indebtedness, child labour, school drop-out and dangerous work (Lehmann and Masterson 2014, Asfaw et al 2011). Given the prevalent exposure to risks and shocks, rural households are usually risk-averse. The predictability of cash transfers could also enhance *risk taking behavior* which encourages asset accumulation. Beneficiaries may invest in riskier and more profitable and climate smart agricultural activities, technologies and inputs. Investments could also be made in off farm microenterprises. The resultant *diversification of livelihoods* would not only raise incomes and food security but *build resilience and adaptive capacities*. The certainty cultivated by receiving regular mobile cash transfers could also increase household savings which can be used to smooth consumption in times of drought and food insecurity (Hidrobo et al., 2012).

iii. Intra-household resource allocation, decision making and gender

The alleviation of liquidity and credit constraints and the predictability of mobile cash transfers elicit changes in intra-household resource allocation that lead to changes in household allocation of food, investments and labour among men and women, adults and children. However there are underlying *gender dynamics*. The degree to which resources are allocated and controlled by household members, especially women, would also be influenced by the extent of their bargaining power which in turn is influenced by prevailing gender norms. Theoretical models and empirical literature predict that intra-household resource allocation is influenced by whoever is in control of household income, and that cash

transfers targeted to women result in greater investments in children's schooling, health and nutrition, a reflection of women's preferences for improving child welfare (Thomas, 1990; Haddad et al., 1997; Handa and Davis, 2006). The relative privacy accorded by the mobile transfer technology could affect intra-household decision making with respect to use of the transfer (Smith et al., 2011).

iv. Local economy effects

Mobile cash transfers involve the injection of substantial amounts of cash into local economies which can generate significant income multipliers as beneficiary households might spend the transfers on goods and services mainly sold or produced by non-beneficiary households. The resultant changes in local prices may act as incentives to local agricultural production and labor markets by stimulating the demand for local goods and services from agricultural and non-agricultural households (Taylor et al. 2013, Schneider and Gugerty 2011). However, if local food prices increase, this could be a threat to poor net buyers of food who lack purchasing power. In the worst case, it may cause a displacement to and around cash transfer receiving areas, thereby impacting livelihoods and increasing other development problems such as health and education. The use of mobile transfer technology could also alleviate the cash liquidity constraints in remote communities.

v. Social relationships in the community

Mobile cash transfers may allow households to increase participation in social networks of reciprocity (Asfaw et al., 2011). There is also a possibility that they may crowd out private transfers from social networks (Tirivayi et al., 2013). Cash transfers could also be shared across households in the village, although the privacy accorded by the mobile cash transfer system could reduce inter-household sharing of transfers within a village (Smith et al., 2011). Cash transfers have also impact on social capital as people are capable of repaying debts, host others and contribute to ceremonies (Slater and Mphale, 2008). The injection of mobile cash transfers is not only likely to increase the spending power and economic behaviour of beneficiaries but may have externalities or spillover effects in ineligible households (who adjust their economic behavior in response). Mobile cash transfers can have a positive impact on social inclusion and cohesion through increasing the participation of and empowering the most vulnerable population groups, including female-headed households. However, targeting errors can exacerbate elite capture and social exclusion. Targeting of mobile cash transfers that is not accompanied by community involvement or sensitisation may trigger community tensions.

vi. Increased access to technology, knowledge and financial services

The direct use of mobile technology can increase access to climate, trade, agricultural, social and health information. Access to this information may lower transaction costs in trade, improve health care decisions and increase agricultural knowledge and skills. Well informed beneficiaries, especially women, may also be empowered and encouraged to increase their participation in social and economic activities. Mobile cash transfers can also enable households to communicate with members of their social networks, thereby allowing them to better respond to various shocks or improve their decision making regarding agriculture and labor markets. Another secondary benefit of mobile cash transfers is that they directly increase access to financial services to previously unbanked populations thereby raising financial inclusion for the targeted population. The mobile payment technology also helps households access and receive informal private transfers/remittances.

F2: Operational performance pathways

The recent advances in information and communication technology such as mobile phone penetration in low-income and disaster-affected countries is behind the growing interest from donors, practitioners and governments to serve humanitarian responses using such technologies (Smith et al., 2011). The main output of the mobile cash transfer project is that households receive regular cash in order to meet their basic needs. Mobile cash transfers are different from the conventional cash transfers that are delivered manually. It is expected that the effectiveness and efficiency of the mobile payment modality is achieved through the following *pathways/mechanisms at different stages of the project cycle.* These pathways of operational performance are influenced by the features of a mobile payment system.

i. Accessibility

The accessibility of a mobile payment system for cash transfers affects its effectiveness. Certain factors can negatively impact the coverage of such interventions and thereby affect the effectiveness of delivery. During implementation, mobile cash transfers may be highly accessible to beneficiaries due to the increased security that is offered by the delivery method. However, if during the design stage a mobile network with limited geographical availability/coverage is chosen, this could prevent the target population from claiming benefits or even exclude them from the programme. In addition, if formal identification is required for one to register for a mobile money accounts, this could exclude the poorest from the intervention. These features would lower the effectiveness of the mobile cash transfers. At the same time, the mobile technology itself may make the mobile cash transfers inaccessible to beneficiaries if they lack technological readiness or training and are illiterate.

ii. Speed of delivery

During implementation, mobile cash transfers may be more effective and efficient than conventional cash transfers due to the reduced logistics of distribution (compared to other conventional interventions). Beneficiaries may access cash transmitted via mobile money more quickly than the cash delivered manually under conventional cash transfers. However, the lack of Mobile Money Agents (MMA) in beneficiary communities can also decrease the efficiency and effectiveness of the intervention. The speed of delivering cash via mobile phones also requires reliable network connectivity, the lack of which would reduce effectiveness and efficiency. The existence of the mandatory withdrawal fees would also decrease the amount of cash that is available to the beneficiaries.

iii. Set up and operations costs

During project design and implementation, the initial costs of setting up a mobile delivery system would be high. However, in the long run, mobile cash transfers are expected to be more efficient than other programmes as they are likely to have lower recurrent distribution costs. The expected lower operation costs potentially make them more cost-efficient and allow greater coverage of the targeted populations compared to the manual cash disbursal interventions.

iv. Accountability

The mobile payment modality may increase effectiveness and efficiency during implementation by raising accountability. The mobile phones can be used to set up feedback and complaints systems for beneficiaries that improve communication, which in turn improves the accountability and effectiveness of mobile cash transfers. The mobile payment system also decreases the chances for theft and fraud from the management and operational staff, thereby improving efficiency.

v. Shared responsibility

The establishment of a mobile payment system for cash transfers relies on a partnership between an organisation and a service provider during the project cycle. The resultant sharing of responsibilities in setting up the system and engaging the service provider to manage the transfer of cash into mobile accounts, would lower the usual operational costs assumed by organisations in conventional cash transfers.

vi. Accurate and timely data collection

The usability of mobile phones for data collection can result in quick and accurate data collection that is readily shared with a data management system and leads to timely management reports. This could save money and time and ultimately boost the effectiveness and efficiency of monitoring an evaluation and the timeliness of reports can increase efficiency during monitoring and evaluation.

vii. Mediating factors

The overall effectiveness and efficiency of mobile cash transfers depends on a variety of factors: local and international prices, degree of competition in markets, scale of the intervention, type of delivery mechanism, and the degree of market integration. The success of mobile cash transfers in rural areas is highly dependent on the availability of roads and markets.

Annex G Focus Group Discussion Guide

Focus group discussion guide: humanitarian response in Zimbabwe through mobile cash transfer

End line survey: February 2016important

- ***Prior*** to interview, understand the GROUP composition/situation, and their experiences related to the programme i.e. beneficiaries/ non-beneficiaries
- Protocols on greetings and introductions ***must*** be observed.
- ***Provide background*** to the FGD following the protocol provided.
- ***Seek verbal consent*** to conduct the FGD, confidentiality statement and upon approval, ***make a list of the participants***.
- ***Emphasise*** and ***reassure*** that the opinions and perspectives of participants are both valid and valuable

Thank you for coming to this meeting. My name is _____ and I am working with a team of independent researchers working with UNU-MERIT and Ruzivo Trust. We are researching the implementation of the Mobile Cash Transfer Programme and are eager to understand your views to improve the way this programme works.

We are not programme staff and the answers and information you give will be completely confidential. We will explain what people in this community and others think in a report but we will not mention any names. Your personal contributions and views will not be shared with anyone else in a way that can identify you.

Also, you do not have to participate if you do not want to and please interrupt me if you ever want to stop the interview. The discussion will take about an hour-and-a-half.

Do you have anything you want to ask me, or can we start?

Can we start by quickly introducing ourselves to each other? (Give your name, where you are from and then ask everyone to give their name before note-taker circulates participant list)"

NB: If you would like to take pictures of the proceedings, seek permission from the FGD participants]

FGD Materials: Flip Board and Chart papers, Markers, Sticky Notes, Sticky Stuff.

Refreshments

EFFECT OF MCTs ON HOUSEHOLD ECONOMY		
Key Evaluation Question	Probing Questions	Participatory Tools*
1. What were the impacts of mobile cash transfers on food security?	• What are the food security issues in this area? What types of food do people eat? Where do they get the food? • How many meals are consumed in a day? Is there any diversification in the foodstuff and meals consumed in the household? • In the event of shortages, what options exist for food supply? • Are there any other food assistance programmes? What do they offer? • Are there any other community based arrangements for food sourcing and supply? • Since the introduction of the Mobile Cash Transfer (MCT), how has food consumption changed in the last six months? • Has the household been able to meet the basic food needs as a result of the MCT? • What proportion of the cash from the MCTs is spent on purchase of food for the household? • What foodstuff do the households usually buy? Has this changed since the introduction of the MCT? Has this changed in the last six months? • What has been the impact of the MCT on household food security (access to food – the source, the market for and cost of food in required quantities for each month; food types - nutrients • Has there been any change in the food options for children in the household? If yes, explain.	Proportional Piling
2. What were the impacts of mobile cash transfers on household welfare?	• What were your main sources of income: Before the MCT? One year ago? And now? • How did you spend the income: before receiving the MCT? And now? Three years ago? And now? Who makes decisions on household income use? How and why? • What are the main constraints faced by households in engaging in income generating activities / livelihoods? How do these influence behaviours and choices? • How does the additional cash from the MCT affect beneficiary choices of livelihood activities and production strategies, including agricultural	Household income and expenditure analysis Livelihoods Matrix

	production and investments? • Who makes decisions on how to spend the additional cash from the MCT after making food purchases? How and why? • Have the MCTs affected household savings behaviour? What proportion of the MCTs went towards savings? How much of the savings were retained on the mobile account? • How have the MCTs affected household asset ownership and acquisitions? • Has household income use changed from three years ago up till now? • Has your household indirectly received any of the money from the MCT as help from friends and family? If so, how has this money been used?
3. What were the impacts of the mobile cash transfers on adaptive capacity and livelihoods?	• To what extent has drought affected the household members' financial status and food security? • Following the introduction of the MCTs, have there been any changes in the risk coping strategies of beneficiary households? (e.g. distress sales of productive assets, school dropouts, child labour)? • Explain. • What has been the impact of the MCTs on child school attendance and access to health services? • Is it easier or more difficult to access credit in the last six months/ since the MCT programme commenced? How and why?
4. How did the mobile cash transfers affect the gender dynamics at the household level, and how can the project strengthen positive change in this area?	• Who receives the MCT? How are spending decisions made? Who decides and why? • Has the MCT changed the relationships between men and women within the household? If so, how and why? (probe for gender conflict, tensions, gender violence, respect for women) • Have MCTs increased women's bargaining power within the household? If yes, explain (Probe for Involvement in decision making? E.g. Decisions on health care, household spending, children's welfare, participation in community activities, participation in work) • How have the consumption patterns in the household affected benefit sharing among women and children? • How have the MCTs affected the social and economic participation of men and women in the household and community? • What has been the effect of the MCTs on decision making and control of household assets and livelihoods activities?

	• How are spending decisions made in the household? What are the relationships between men and women within the household?	
EFFECT OF MCTs ON SOCIAL NETWORKS		
Key Evaluation Question	Probing Questions	Participatory Tools
5. How are social and support networks affected by the introduction of mobile cash transfer (including effects on sharing arrangements and disposition of existing networks)?	• What is the social and cultural organisation of communities in this area? What values are ascribed to religion, marriage, inheritance, family hierarchies, and traditional rituals? • What social networks exist in the community? (social networks examples include burial societies, church groups, ISAL groups – *maround/mikando*, women's clubs, men's clubs) Can you describe these networks? What contributes to their functions in the community? Are there some types of network that are stronger than others? • Have any networks/association been formed or dissolved over the last five months? What contributed to this? • Do particular people or social groups have strong roles or influence in the community? Why is this? Has this changed over time? (probe on resource/capital ownership) • Does everyone receive the same support from networks such as family, church etc. Are some excluded? [probe into men, women, young, old, people that are sick, have HIV/AIDS, people living with disabilities, ethnic groups or groups with different political affiliations etc.] Why do some have support through networks and others don't? • Has this programme and process of selection created conflict in your community? Why? Why not? Has anything been done about this? • Have social networks got stronger since MCTs began to flow into the community? Did the MCT trigger the creation of new social networks? If so, how and which ones? Are these related to economic activity such as sharing credit, tools or labour? Do they extend beyond this community? • Do MCT beneficiaries share cash from the MCT? If yes, who shares and for what reasons? Who decides on sharing cash from the MCT in the household? Are there any family arrangements that influence decisions to share or not share the MCT? • Was there any conflict within the community as a consequence of the programme? Explain.	Institutional Mapping

	• Do you feel that being a beneficiary has affected your relationship with the community? Do people who are not selected now treat you differently? Why? • Are you a member of any established associations or networks? Has the MCT allowed you into existing networks that you were unable to join before? (*Probe on 're-entering' social networks)* • Have your relationships with non-beneficiaries changed (*probe on more jealousy and resentment*)? How has this affected you? • Have your relationships with people who receive the MCT changed? How? How has this affected you?	
SPILLOVER EFFECTS OF MCTs (effects on non-beneficiaries)		
Key Evaluation Question	Probing Questions	Participatory Tools
6. To what extent did the project have spill-over effects on non-beneficiaries in the village?	• How have the MCTs affected the welfare of non-beneficiaries? • Have there been changes in the food security of non-beneficiaries? • Have the MCTs influenced the number and types of economic livelihoods and income sources of non-beneficiaries? How and why? Are non-beneficiaries involved in off-farm enterprises? If so, why? • To what extent has drought affected the non-beneficiaries' financial status and food security? • Following the introduction of the MCTs, have there been any changes in the risk coping strategies of non-beneficiary households? (e.g. distress sales of productive assets, school dropouts, child labour)? Explain. • What has been the impact of the MCTs on child school attendance and access to health services by non-beneficiaries? • Is it easier or more difficult to access credit by non-beneficiaries in the last six months/ since the MCT programme commenced? How and why? • Do non-beneficiaries have savings? Have you been saving during the previous months? • As a non-beneficiary do you own a mobile phone? Do you use EcoCash? Do you save money on EcoCash? • What other social safety net support do non-beneficiaries receive?	Livelihoods Matrix by non-ben

EFFECT OF MCTs ON LOCAL ECONOMY		
ɔn Question	ɜtions	Tools
7. To what extent did the project affect the development, functionality and role of local markets?	• What are the main types of economic livelihoods and businesses in the community? How have these changed in the last years? • Are there new businesses starting up? If so, why? • Has there been any diversification in the types of foodstuffs and goods sold? How and why? • Has the volume of trade in goods increased? Has the number of local and non-local traders increased? • Have the MCTs influenced the number and types of economic livelihoods available in this community? How and why? • Have prices of commodities changed as a result of the introduction of MCTs? If yes, how? • Has the MCT affected commercial activity in other nearby communities? How? • What form of support is available for entrepreneurs in the community? • Are there any new business emerging in the last 5 months? If so, what has triggered the emergence of new businesses? Do the business increase competition amongst the various business owners? • How have the labour markets changed over the last 5 months? Have there been changes in local agricultural and non-agricultural wages? • How have the MCTs affected the activity of beneficiaries in the labour market? Why is this? • How has the liquidity changed in the community?	Livelihoods Matrix
PROCESS/OPERATIONAL EVALUATION QUESTIONS		
ɔn Question	ɜtions	Tools
8. How accurately was the intended target community identified for receiving the intervention?	• What do you think about the way people were selected for the MCT? Was it a simple or difficult process? What problems did you face? Were the right people to be selected? • What indicators did the community use in ranking? • How have existing social and support networks been affected by the targeting process? Is there any conflict/tension within the community as a	Social Mapping Community Well-being

	consequence of the programme? • What formal and informal channels exist for lodging complaints or grievances regarding the targeting process? • What are the roles and responsibilities of the different implementers in the programme at district and village level? • How did the community deal with targeting errors - exclusion of deserving and inclusion of non-deserving? • How did CARE respond to grievances and complaints? What was the role of the gender and accountability focal persons? Were you satisfied with their response? • (*Use community ranking criteria to quickly assess whether non-beneficiaries were excluded correctly (checking for exclusion errors). You can do this after dismissing the rest of the FGD.*)	Analysis

Annex G Data collection tools

G1: Survey questionnaire

HUMANITARIAN RESPONSE IN ZIMBABWE THROUGH MOBILE CASH TRANSFERS
END LINE SURVEY: FEBRUARY 2016

META DATA

Province Name and Code (Mat-N=1; Mat-S=2; Midlands=3; Masvingo=4) _____ |__|__|__|
District Name and Code (Nkayi=1; Matobo=2; Mberengwa=3; Gutu=5) _____ |__|__|__|
Village Name _____
Ward Number |__|__| Ward Name_____
Name of Supervisor and Code _____ |__|__|
Enumerator name and Code _____ |__|__|
Supervisor Signature _____
(Supervisor only signs after checking each questionnaire for quality assurance with the enumerator)

Name of Household Head _____
Sex of household head *0=Female* *1= Male* |__|
MCT household: 0=No 1=Yes |__|
Phone Number of Household Head: _____
Age of household head |__|__| Household Size |__|__|
[if age not known, enter 999]
Was the survey completed? 0=No, 1=Yes |__|
If no, state reason: 1=Partially complete, reason: ……..... ;
2= Non-contact
3=Refusal

Time Start Interview: |__| __|__|__| Time End: |__| __|__|__|

INFORMED CONSENT STATEMENT

Hello. How are you? My name is [ENUMERATOR NAME], and I am working with a team from UNU-MERIT/DFID/CARE Zimbabwe. We are conducting a survey in this district, and your household was chosen to be interviewed in this community.

I would like to ask you some questions about your household and community. We are asking you these questions to find out more about Mobile Cash Transfer [THAT YOU OR SOME HOUSEHOLDS ARE RECEIVING IN THIS AREA]. We want to learn from the programme how cash received through mobile phones is used in your household or your household's economic activities, health and other measures of well-being. We hope that this information will eventually benefit the entire community by allowing us to understand the challenges that households like yours face, and how to mitigate them. I will keep everything that you tell me entirely private and confidential, and will not talk to other people about what you have said.

You do not need to talk to me if you do not want to. If there is any question you do not want to answer, that will be fine. It is important you understand that the answers you give will in no way affect your status with respect to the UNU-MERIT/DFID/CARE Zimbabwe. If you have any problems, or if you feel uncomfortable answering any question, you should feel free to stop talking with me at any time. We will not disclose any information about you and your family to anyone outside of this project. We will keep everything you tell us private and confidential. Your identity will be kept private and separate fr0om the information you provide in a secure area. All data collected will be eventually destroyed, once all reporting activities have been completed.

*Will you please give me some time to speak with you? Please feel free to ask any questions at any time, even before I start. Consent agreement (**please tick**)* ☐

Humanitarian Response in Zimbabwe through Mobile Cash Transfer
Programme Partners

SECTION A: HOUSEHOLD SOCIO-DEMOGRAPHIC CHARACTERISTICS (ROSTER)									
1. HOUSE-HOLD MEMBER ID [PID] [assign a Personal ID to each member Of the hh, which will be used across the survey] (XX)	2. List names of all persons who usually live in this household (in the past 5 months). Start with the main respondent [Last Name, First Name] [if space is inadequate, write on the blank space provided]	3. Is [NAME] male or female? 0=Female 1=Male	4. What is the relationship of [NAME] to the household head? 1=Head 2=Spouse 3=Child/adopted 4=Step child 5=Grand child 6=Brother 7=Sister 8=Cousin 9=niece/nephew 10=brother-in law 11=sister-in law 12=parent 13=parent-in-law 14=maid/helper 15=other (specify)	5. Which age/age code is [NAME] in? *[Add "M" for those under 1 year]* 1= 0-4 2= 5-9 3= 10-14 4= 15-19 5= 20-24 6= 25-29 7= 30-34 8= 35-39 9= 40-44 10= 45-49 11= 50-54 12= 55-59 13= 60-64 14= 65+ 999=Don't Know *(State actual age and enter code for age range)*		6. What is the marital status of [NAME]? 1=Never Married 2=Married 3=Separated 4=Divorced 5=Widowed 6=Co-habiting	7. Does [NAME] have a mobile phone? 0=No 1=Yes	8. In the past 5 months did [NAME] move away to live elsewhere (not hospital, boarding school or college)? 0=No>>Sec B 1=Yes	9. What was their reason for moving away [see codes below]?
				Age	Code				
Codes for Q9: 1=left to find a job; 2=living with other relatives; 3=established own home; 4=left with mother/father; 5=married and moved out; 6=eloped; 7=reason not given; 8=other (specify)									

SECTION A: HOUSEHOLD SOCIO-DEMOGRAPHIC CHARACTERISTICS (ROSTER)				SECTION B: HEALTH FOR ALL PERSONS										
PID [ENTER PIDS FOR ALL FROM HH ROSTER]	10. Is member an orphan? *(only for 0-18 years)* ' 0=No 1=Yes	11. Is member pregnant/lactating? *(for female members HH only)* 0=No 1=Yes	12. Is member disabled (mentally or physically)? 0=No 1=Yes	13.Was [NAME] sick or injured during the a. last thirty days? b. Last five months? 1=Yes, sick 2=Yes, injured>> Q15 3=Yes both 4=No >>Q18		14. What was [NAME] mainly suffering from? *See codes below*		15. What was the main health facility visited? *See codes below*		16. How much in total was spent on medical consultations, treatment and drugs for [NAME]? a. last thirty days? b. Last five months? *[include both cash and in kind' [give*		17. Was or has [NAME] been continuously ill, in the a. last thirty days? b. Last five months? 0= No 1= Yes 999=Don't know		18. Is member chronically ill? 0= No 1= Yes
				Last 30 days	Last 5 months	Last 30	Last 5 months	Last 30	Last 5 months	Last 30 days	Last 5 months	Last 30 days	Last 5 months	

Codes for Q14: 01=fever/malaria 02=cough/cold/chest infection; 03=tuberculosis (TB); 04=asthma; 05=bronchitis/pneumonia/chest pain; 06=diarrhea; 07=vomiting; 08=abdominal pains; 09=skin rash/skin infection; 10=paralysis of any kind; 11=hypertension (BP); 12=diabetes/sugar disease; 13=eye infection; 14=toothache/mouth infection; 15=headache; 16=backache; 17=HIV/AIDS; 18=other (specify)

Codes for Q15 : 1=public health facility; 2=private health facility; 3=mission health facility; 4=mine/farm health facility; 5=traditional healer;

SECTION C: HOUSEHOLD DIETARY DIVERSITY

C1. Was yesterday an unusual day (festival, funeral, most household members absent) *0=No, 1=Yes* |__|

- Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night and how many days on average out of a week your household consumed the following food groups.
- *Read the list of foods. record " yes" if anyone in the household ate the food in question; record "no" if no one in the household ate the food; the foods listed should be those prepared in the household and eaten in the household or taken elsewhere to eat. Do not include foods consumed outside the home that were prepared elsewhere. Verify that yesterday was not unusual or special (festival, funeral, or if most household members were absent). if it was an unusual/special day, skip this question.*

	Food group	C2. Ate yesterday?		C3. Number of days in the past 7 days
1.	Cereals products (Sadza, grains, flours) excluding CSB(Corn Soya Blend) including bread	0 = No 1 = Yes		
2.	Grain legumes (cowpea, all beans, all peas)	0 = No 1 = Yes		
3.	Vegetables (cabbage, spinach, covo, tomato, pumpkins, cucumber, etc.)	0 = No 1 = Yes		
4.	Root and tubers (carrot, onion, beetroot, Cassava, Potato, Other tubers, etc.)	0 = No 1 = Yes		
5.	Fruits (citrus, avocado, apple, banana, etc.)	0 = No 1 = Yes		
6.	Fish	0 = No 1 = Yes		
7.	Meat (include wild) and poultry	0 = No 1 = Yes		

8.	Eggs	0 = No 1 = Yes		
9.	Milk and milk products	0 = No 1 = Yes		
10.	Cooking Oil / Fat	0 = No 1 = Yes		
11.	Sugar / Sugar products and Honey	0 = No 1 = Yes		
12.	Corn Soya Blend (CSB)	0 = No 1 = Yes		

SECTION D: HOUSEHOLD WELFARE AND FOOD SECURITY				
1. Does every member of the household have at least two sets of clothes? 0 = No 1 = Yes	2. Does every child in this household (all those under 18 years old) have a blanket? 0 = No 1 = Yes 2=Not applicable	3. Does every member of the household have at least one pair of shoes? 0 = No 1 = Yes	4. On average, how many meals do adults have in a day? 0=no meal 1=1 meal 2=2 meals 3= 3 meals	5. What did you do when you last ran out of salt? 1= Borrowed from neighbors 2= Bought 3= Did without 4= Does not cook at
10. In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? 0 = No 1 = Rarely (1-2 times) 2= Sometimes (3-10 times) 3= Often (> 10 times)	11. In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? 0 = No 1 = Rarely (1-2 times) 2= Sometimes (3-10 times) 3= Often (> 10 times)	12. In the past four weeks did you or any household member go a whole day and night without eating anything because there was not enough food? 0 = No 1 = Rarely (1-2 times) 2= Sometimes (3-10 times) 3= Often (> 10 times)	13. Have you been faced with a situation when you did not have enough food to feed the household in the last 12 months? *0=No* >>Sec E *1=Yes*	14. When did you experience this situation? (circle all that apply) *1) January* *2) February* *3) March* *4) April* *5) May* *6) June* *7) July* *8) August* *9) September* *10) October* 11) November 12) December Enter responses as
15. What was the reason for this? *(use codes provided, list up to three)*				
a. Reason 1 ____	b. Reason 2 ____	c. Reason 3 ____		

Codes for Q15
1= Because of inadequate household stocks due to drought/poor rains;
2= Inadequate food stocks from previous season because insecurity prevented us from harvesting the crop;
3= Inadequate household food stocks because of pest damage to crop;
4= Inadequate household food stocks because we did not plant enough;
5=We did not have enough money to buy food from the market;
6=Food in the market was very expensive;
7= No one was willing to offer us some food;
8=We could not cook because we had no fuel wood;
9=There was no food distribution;
10=Bread winner/head of household died or moved away;
11=We were not able to reach the market because of distance or insecurity or lack of transport;
12=There was no food in the market;
13=Floods / water logging;
14=Other (Specify)

SECTION E: COPING STRATEGIES							
1. In the past 30 days, how frequently did your household use the following strategies in order to access food? (refer to the frequency table below for CSI Score)							
		Never	Seldom (< 1 day a week)	Once in a while (1-2 days a week)	Pretty often (3-6 days/ week)	Almost every day	CSI Score (use table below)
1.	Limit portion size at mealtimes in past month?	1	2	3	4	5	
2.	Reduce number of meals eaten per day in past month?	1	2	3	4	5	
3.	Skip entire days without eating in past month?	1	2	3	4	5	
4.	Borrow food or rely on help from a friend or relative in past month?	1	2	3	4	5	
5.	Rely on less expensive or less preferred foods in past month?	1	2	3	4	5	
6.	Purchase food on credit, or take a loan to buy food in past month?	1	2	3	4	5	
7.	Gather unusual types/amounts of wild food or hunt in past month?	1	2	3	4	5	
8.	Harvest immature crops (e.g. green mealies) in past month?	1	2	3	4	5	
9.	Send household members to eat elsewhere in past month?	1	2	3	4	5	
10	Send household members to beg in past month?	1	2	3	4	5	
11	Restrict consumption by adults so children can eat more in past month?	1	2	3	4	5	
12	Rely on casual labour for food in past month?	1	2	3	4	5	

Frequency	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Q 11	Q 12
1	2.3	2.9	3.7	2.3	3	2.3	3.1	3.1	3	3.5	3.1	2.3
2	4.6	5.8	7.4	4.6	6	4.6	6.2	6.2	6	7	6.2	4.6
3	6.9	8.7	11.1	6.9	9	6.9	9.3	9.3	9	10.5	9.3	6.9
4	9.2	11.6	14.8	9.2	12	9.2	12.4	12.4	12	14	12.4	9.2
5	11.5	14.5	18.5	11.5	15	11.5	15.5	15.5	15	17.5	15.5	11.5

2. In the last month, did you utilise the following coping strategies? *0=No; 1=Yes; 2=N/A*		Enter code
1.	Avoid spending on healthcare in order to buy food?	
2.	Reduce expenditure on education/withdrew child/children from school in order to buy food?	
3.	Have children work	
4.	Reduce expenditure on agricultural and livestock input to buy food?	
5.	Collect and sell firewood	
6.	Sell household assets	
7.	Sell livestock	

SECTION F: MCT OPERATIONAL PROCESSES (Beneficiaries of MOBILE CASH TRANSFER only)										
Section F1: Handset Functionality and training to use										
1. Do you have a reliable handset? *0=No* *1=Yes*	2. Have you changed handsets in the last 5 months? *0=No>>Q4* *1=Yes*	3. Did this change affect timely receipt of MCT cash? *0=No* *1=Yes*	4. How do you usually charge your handsets (power)? (see codes below)		5. How reliable is the power source? *1=Very reliable* *2= Moderately reliable* *3=Unreliable*	6. Have power issues ever delayed the timely receipt of the transfer? *0=No* *1=Yes*	7. Have you received any form of training on: 7a. MCT mechanisms? *0=No* *1=Yes*	7b. Use of phone? *0=No* *1=Yes*	7c. Ensuring security of your MCT? *0=No* *1=Yes*	8. Was the training sufficient? *0=No* *1=Yes*
Codes for Q4: 1=Solar from homestead; 2= Solar from neighbour at a fee; 3=Solar from neighbour for free; 4=Solar from nearby shops at a fee; 5= Solar from nearby shops for free; 6=Electricity from home; 7=Electricity from shop at a fee; 8=Electricity from shop for free 9=Electricity from neighbour for free; 10=Electricity from neighbour for fee; 11=Other (specify)										
Section F2: Access to Ecocash Agents and Services										
9. Are Ecocash agents available in the community? *0=No* *1=Yes*	10. What type of agent is nearest to your community? *1=Agent in Ecocash booth* *2=Agent in general dealer store* *3=Agent in bottle store* *4= Other, (specify)*	11. What is the distance to the nearest agent? *1= <1Km* *2=1-2Km* *3=2-3Km* *4=4-5Km* *5=+5Km*	12. Do the agents always have a cash float available to dispense when required? *0=No* *1=Yes*	13. In the absence of Ecocash agents or cash floats, how do you access the MCT? (two options) *1= use transfer transactions with Ecocash subscriber* *2=transfer to someone and get cash from them* *3=transfer to a person travelling to town to perform cashout* *4=transfer to ISAL group subscribed to Ecocash and receive cash* *5=wait until cash is available from agent* *6= travel to the nearest ecocash agent* *7=Other (specify)*					
14. Have you ever encountered any problem with an Ecocash agent? *0=No>>Sec F3* *1=Yes*	15. How was the problem addressed? 1= reported to CARE field officer 2=Asked a neighbour or friend to speak to the agent 3=Other (specify)	16. Were you satisfied with the way it was addressed? *0=No* *1=Yes*	17. Have you ever been charged extra money for cash-out service? *0=No* *1=Yes*	18 Have you ever been given conditions to facilitate cash out? *0=No* *1=Yes*						

Section F3: Transactions and trouble shooting						
19. Do you know how to do Ecocash transactions on your phone? *0=No* *1=Yes*	20. Have you sought assistance in using Ecocash on your phone? *0=No>>Q23* *1=Yes*	21. Who provided assistance? *1=Econet Customer Care* *2= CARE/WV Field officer* *3=Family Member* *4=Neighbour/Relative* *5=Other (specify)*	22. Were you satisfied with the assistance you received? *0=No* *1=Yes*	23. Is there an incident where you did not receive a scheduled MCT? *0=No>>Q25* *1=Yes*	24. Who did you follow-up with? *1=Ecocash Agent* *2=CARE field officer* *3=Agritex Officer* *4=Other (Specify)*	25. How satisfied are you with the transaction service? *1=Fair;* *2=Satisfactory* *3=Good;* *4=Excellent*
26. Who is the registered receiver of the MCT in household? (who's phone is registered) *1= Household head;* *8=Other (specify)* *2=Spouse* *3=Adult daughter* *4=Adult Son*		27. Is MCT recipient in the household disabled? *0=No>>Q32* *1=Yes*	28. Does the disabled household member require any assistance in accessing the MCT?	29. Who provides assistance? *1=Household member* *2=Ecocash Agent* *3=Neighbour or*	30. Who decides on the use of the money for the disabled MCT recipient? *1= Decide for themselves* *2= Spouse* *3= Household*	31. Are there incidences were money was used without knowledge of the disabled recipient? *0=No* *1=Yes*
32. How long did it take to receive first MCT after being identified as a recipient? *1=Immediately* *2=After 1 month* *3=After 2 months* *4=After 3 months* *5= Yet to receive*		33. How regular is the receipt of the MCT? *1. On a monthly basis* *2. Once in two months* *3. Once in three months* *4. Once in four months* *5. Once in five months* *6. Yet to receive* *7. Irregular disbursement* *8. Other (specify)*	34. How much does your household receive (per month)? (*Enter amount)*	35a. Is the MCT amount you are receiving adequate for your basic needs? *0=No 1=Yes* 35b. If no, why? *1 = Household size big* *2 = Too many expenses* *3 = No other source of income* *4=Inflated food price* *5=High transport cost to Ecocash transaction* *6 = Other (Specify)*	35c. How much of your basic needs did the MCT cover? *(using a scale of 0-10)* 36. What is the largest amount MCT you have received in the past five months? *(enter amount)*	37. What was the total amount received from the MCT since the programme started *(Enter amount)*

Section F4: Network services			
38. How reliable is the network? *1=Very reliable* *2=Moderately reliable* *3=Unreliable*	39. Have you or your community been visited by a network provider for troubleshooting? *0=No>>Sec F5* *1=Yes* *2=999>>Sec F5*	40. How many times did they visit in the last five months? *1=Once 2=Twice* *3=Thrice 4=More than 4 times* *999=Do not know*	41. Did they resolve the problem related to the network? *0=No* *1=Yes*

Section F5: USE OF MCT

Codes for Q59: 1= Women of child bearing age should eat iron rich foods; 2 = Feed your baby foods from at least 4 food groups per day; 3 = Mothers give ORT to children with diarrhea at home as you seek treatment; 4 = Exclusively breastfeed your baby for the first 6 months; 5 = Wash hands at 5 critical times – After using the latrine, after changing baby diapers, Before cooking, Before feeding the baby and before eating; 6 = Drink water from protected water sources; 7=other

42. In this household, who generally decides how the payment from the MCT programme is used? 1= *Household head;* 2=*Spouse;* 3=*Adult daughter;* 4=*Adult Son;* 5=*Another household member;* 6=*Relative/Guardian;* 7=*Other (specify)*	43. Who do you consult with when deciding how to use the payment from the MCT programme? 1= *No one;* 2 = *Spouse;* 3= *Household head;* 4=*Other adult family members (Not Spouse);* 5= *Children in the household;* 6 = *All family members;* 7 = *Friend in the Community;* 8 = *Relative in the community;* 9=*Other (specify)*	44. Who in your household benefits most from the payments of the MCT programme? 1 = *All Household Members benefit the same way;* 2 = *Adult(s) Only ;* 3 = *Elderly ;* 4 = *All Children ;* 5= *Biological Children;* 6 = *Orphaned Children;* 7 = *Disabled Children;* 8 = *Main Beneficiary;* 9= *Others (specify)*

45. Do other people in the community know that you are receiving payments from the MCT programme? *0=No 1=Yes 999= Do not know*	46. Is it a problem for you that others in the community know that you are receiving payments from the MCT programme? *0=No>>Q48 1=Yes*	47. If yes, why would it be a problem if others know you are receiving payments from the MCT? *(use codes below, choose the three most important reasons)*		
		a.	b.	c.

Codes for 46:1 =May Be Asked For Money By Others; 2 = May Be Asked To Care For Other Family Members; 3 = Embarrassed; 4 = Concerned For Safety; 5 = Jealousy; 6 = Witchcraft fears; 7= Concerned That I Will Be Removed From Other Support Programs; 8= May Not Get Additional Help In Times Of Need; 9= Don't Actually Qualify For The Program; 10 = Other Specify)____________________________________

48. What proportion of the MCT do you use for food? *(using a scale of 0-10)*	49. Has anyone in the community ever asked you for money before or after payment of the MCT transfer? *0=No 1=Yes*	50. Have you shared any of the money received? *0=No>>Q53 1=Yes*	51. What was your reason for sharing? 1=giving family friends (*vaSahwira*) out of love 2=giving relatives in need other than myself (empathy); 3=feel obliged to share; 4=Other (Specify)

52. How many times have you shared the cash received? 1=Each time I receive 2=Only when I have additional cash to spare 3=Other (specify)	53. Did you send any of the MCT to other people? *0= No 1=Yes, Relative in the community 2=Yes, Person in urban areas 3=Yes, Person outside Zimbabwe 4=Yes, to relative or friend in community/urban area 5=Other (specify)*	54. Does the household save any of the MCT to their Ecocash Wallet? *0=No>>57 1=Yes*	55. What proportion of the MCT do you save each month when you receive the transfer? *(using a scale of 0-10)*	56. In the previous month, how much did you save? (enter amount)	57. Did you receive nutritional messages on SMS during the past 5 months? 0=No>>60 1= Yes 999=Don't know

58. From Whom? 1. CARE 2. World Vision 3. Government 4. Community group 5. ECONET 6. NGO 7. Other	59. State three good nutritional practices promoted through the MCT project? *(see codes below, and list up to three)*			60. During MCT project meetings, did you share any nutrition messages promoted through the project? *0=No 1=Yes*	61. What mobile services do you mostly buy using the MCT? (3) 0=None; 1=SMS bundles 2=Airtime 3= Data 4=Songs and Video 5=Ringtones 6=Payments through Ecocash (includes bills, purchases) 7=other			62. Did you receive any other health on SMS during the past 5 months? *0=No; 1=Yes* (answer for each) 999=Don't know 1.Water and sanitation 2. Family planning 3. HIV/AIDS 4. Child vaccination 5. Other					63. Have you received agricultural messages on SMS? (choose all that apply) *0=No; 1=Yes* (answer for each) 999=Don't know 1. Price information 2. Marketing 3. Farming advice 4. Weather 5. Credit 6. Other (specify)					
								1=	2=	3=	4=	5=	1	2	3	4	5	6

SECTION G: HOUSEHOLD CONSUMPTION AND EXPENDITURE												
G1. Staple foods	1. Has your household consumed [item] in the last two weeks?	2. How much of [item] did your household consume in the last two weeks?		3. Of the total quantity consumed in the last two weeks, how much was purchased (from store, local market etc)?			4. Of the total quantity consumed in last two weeks, how much is from own production and what is the value if you were to purchase it?			5. Of the total quantity consumed, how much was in the form of gifts food aid, gift from relative?		
	0=No 1=Yes	Quantity	Unit code	Quantity	Unit code	Value (USD)	Quantity	Unit code	Value in USD	Quantity	Unit code	Value in USD
1. Maize meal (porridge, mugaiwa,)												
2. Samp (Manhuchu/mangcutshu/amatshakada/)												
3. Mhunga/Inyawuthi grain												
4. Mhunga meal												
5. Millet Rukweza/Uphoko)												
6. MIllet meal												
7. Sorghum (Mapfunde/Amabele/Itsheta/), grain												
8. Sorghum, meal												
9. Rice, imported (Mahatma, Mariana)												
10. Rice, traditional												
11. Wheat/Flour												
12. Bread/Bread rolls												
13. Macaroni/Spagehtti/Noodles												
14. Buns/Biscuits/Cookies												
15. Other cereal/bread items												
G2. Tubers												
16. Sweet potatoes												
17. Potatoes												
18. Cassava (tubers)												
19. Cassava (flour)												
20. Other roots/tubers												
G3. Pulses and legumes												
21. Sunflower												
22. Soya beans												
23. Dried beans												
24. Groundnuts,												
25. Roundnuts, Nyimo/ indlubu/												
26. Cowpeas												
27. Peas												
28. Other pulses, legumes												
G4. Vegetables	1. Has your household consumed [item] in the last two weeks?	2. How much of [item] did your household consume in the last two weeks?		3. Of the total quantity consumed in the last two weeks, how much was purchased (from store, local market etc)?			4. Of the total quantity consumed in last two weeks, how much is from own production and what is the value if you were to purchase it?			5. Of the total quantity consumed, how much was in the form of gifts (food aid, gift from relative)? What was the value?		
	0=No 1=Yes	Quantity	Unit Code	Quantity	Unit code	Value (USD)	Quantity	Unit code	Value in USD	Quantity	Unit code	Value in USD
29. Onions												
30. Tomatoes												
31. Cabbages												
32. Rape/ Covo/ Chomoulier												
33. Okra												
34. Pumpkin leaves (*Ibhobola/muboora*)												
35. Cassava leaves												
36. Sweet Potato Leaves												
37. Amaranthus leaves (*Mowa/Bonongwe*)												
38. Cucumber												
39. Green beans												
40. Carrots												
41. Pumpkin												

42. Green mealies												
43. Beetroot												
44. Cauliflower												
45. Garlic												
46. Green Pepper												
47. Lettuce												
48. Pepper/Chilli (mhiripiri)												
49. Nyevhe												
50. Other Vegetables												
G5. Fruits												
51. Oranges												
52. Apples												
53. Mangoes												
54. Bananas												
55. Pawpaws												
56. Watermelons												
57. Lemons/ Lime												
58. Pineapples												
59. Pears												
60. Guavas												
61. Avocados												
62. Wild fruits												
63. Sugarcane (Nzimbe/Inzimbe)												
64. Tinned Fruits												
65. Dried Fruits												
66. Other fruits												
G6. Fish												
67. Kapenta/ Matemba (small dried fish)												
68. Bream (fresh/ frozen)												
69. Bream (dried/ smoked)												
70. Mackerel (fresh/frozen)												
71. Mackerel (dried)												
72. Canned Fish (sardines, pilchards,tuna)												
G7. Meat and poultry products												
73. Chicken (fresh/ frozen/ dried)												
74. Other poultry (fresh/ frozen/ dried)												
75. Beef (fresh/ frozen/ dried)												
76. Pork incl Bacon (fresh/ frozen/ dried)												
77. Goat meat (fresh/ dried)												
78. Sheep meat/ Mutton (fresh/ frozen/ dried)												
79. Game meat (fresh/ frozen/ dried)												
80. Mopane Worms (Macimbi/ Madora)												
81. Casings (Matumbu/amatumbu)												
82. Rough Tripe												
83. Other Offals e.g. liver, kidneys etc												
84. Tinned Meat												
85. Other meat												
G8. Dairy products												
86. Milk (fresh)												
87. Milk (powdered, excl baby milk)												
88. Sour/Fermented Milk												
89. Eggs												
90. Cheese												
91. Other dairy products												
G9. Fats and Oils												
92. Butter												
93. Margarine												
94. Peanut butter												
95. Cooking Oil												
96. Other fats (excl cooking oil)												
G10. Sugar and Sweets												
97. Sugar												

98. Honey/ Jam/ Glucose												
99. Cocoa and chocolate												
100. Ice Cream												
101. Other sweets												
G11. Substances												
102. Cigarettes												
103. Tobacco												
104. Snuff (Bute/umdombo or igwai lamakhala)												
105. Other Tobacco												
106. Spirits												
107. Wines												
108. Ciders												
109. Clear beer												
110. Opaque beer												
111. Traditional brews (incl Cane Spirit) (Chibuku)												
112. Other alcoholic beverages												
G12. Beverages and food												
113. Chips & Crisps												
114. Sweet reed (Ipwa/Imfe)												
115. Baby foods (e.g., Cerelac, vitasoy, baby milk, etc.)												
116. Food from kiosks, cafés, restaurants (incl Takeaway Food)												
117. Other foods and beverages, (specify)												
118. Coffee (fresh, blend, or instant)												
119. Drinking chocolate/Milo/cocoa												
120. Juice												
121. Soft drinks												
122. Maheu (amahewu)												
123. Mineral water												
124. Others												
G13. Food additives												
125. Salt												
126. Spices												
127. Soups												
128. Other (specify)												
G14. Expenditures												
129. Household textiles and furnishings e.g. bed sheets, blankets, towels, curtains												
130. Household utensils e.g. cutlery, glassware, plates, cups												
131. Mops, brooms and brushes												
132. Furniture e.g. beds and mattresses, tables, chairs, carpets												
133. Home repairs and maintenance (plumbing, painting, stove repairs, etc.), construction												
134. Rent of dwelling												
135. Garbage collection (solid waste)												
136. Water and sewage charges												
137. Cable/pay TV (DSTV, ZBC, etc.)												
138. Electricity												
139. Gas												
140. Charcoal												
141. Coal, excl charcoal												
142. Firewood												
143. Diesel fuel (for lighting and cooking only)												
144. Kerosene/Paraffin/fuel for cooking/lighting												
145. Batteries, light bulbs, lighters, matches, candles												
146. Other housing expenses												

G15. Hygiene	1. Has your household consumed [item] in the last two weeks?	2. How much of [item] did your household consume in the last two weeks?		3. Of the total quantity consumed in the last two weeks, how much was purchased (from store, local market etc)?			4. Of the total quantity consumed in last two weeks, how much is from own production and what is the value if you were to purchase it?			5. Of the total quantity consumed, how much was in the form of gifts food aid, gift from relative?		
	0=No 1=Yes	Quantity	Unit Code	Quantity	Unit Code	Value (USD)	Quantity	Unit Code	Value in USD	Quantity	Unit Code	Value in USD
147. Bath/ handwashing soap												
148. Laundry detergent												
149. Toothpaste and toothbrushes												
150. Sanitary towels												
151. Toilet paper and other tissues												
152. Cosmetics (e.g., lotion, creams, glycerin, make-up, petroleum jellies, etc.)												
153. Hair care (e.g., perming, braiding, conditioning, shampooing; haircuts, etc.)												
154. Baby diapers												
155. Insecticides												
156. Other hygiene expenses												
G16. Transport fares												
157. Public transport to and from work												
158. Public transport to/from school incl boarding school and abroad												
159. Other public transport (e.g., to/from church, visits)												
G17. Transportation maintenance												
160. Petrol/diesel/oil												
161. Vehicle maintenance and repairs												
162. Motorbike repairs (tires/tubes, oil, etc.)												
163. Bicycle repairs (tires, tubes, solution, etc.)												
164. Boat/canoe repairs												
165. Other private transport												
G18. Communication												
166. Mobile phones (connection fees, air time excl cost of phone)												
167. Landline phones (connection fees, prepaid and postpaid)												
168. Internet (connection and subscription fees)												
169. Postal expenses												
170. Other communication expenses												

G19. Education: for 3rd School Term of 2015	1. What was the amount you paid? USUSD	2. Source of Money (Codes below)
1. School fees (incl boarding fees)		
2. Contributions to school/PTA		
3. Private tuition		
4. School stationery (exercise, books, pens, pencils, rulers, rubbers, mathematical sets, textbooks, paper, etc.)		
5. Purchase of other school requisites (e.g., for boarders-snacks, mazoe, biscuits, tinned foods, etc.)		
6. School uniforms (incl shoes, socks, ties, materials, tailoring charges)		
7. Other education expenses (graduation ceremonies, tuck shop money, pocket money for students, boarding and lodging for students, remittances to students, etc.)		
Codes for Q2; 1=Sale of agricultural produce, 2=livestock sales, 3=remittances, 4=cash transfer from MCT, 5= cash transfer from other NGO, 6=sale of food handout, 7=Other (specify)		
G20. Health expenditure in the last 5 months		
8. Purchase of medicines from pharmacy		

9. Fees for doctors and nurses		
10. Fees for midwives		
11. Fees for dentists		
12. Fees for hospital stays		
13. Fees for faith healers		
14. Fees for traditional healers		
15. Payments to hospital/health center/ surgery		
16. Medical Aid (CIMAS, First Mutual)		
17. Payments for transportation to health facility		
18. Other health expenses		
G21. Clothing and footwear expenditure in the last 5 months		
19. Zambias (Wraps)		
20. Children's clothing		
21. Men's clothing		
22. Women's clothing (excl zambias)		
23. Fabric/material		
24. Tailoring charges		
25. Men's footwear e.g. shoes, sandals		
26. Women's footwear		
27. Children's footwear		
28. Footwear repair charges		
G22. Other expenses		
29. Entertainment (e.g., cinema, disco/ watching soccer/boxing, video hire, visits to entertainment centers, e.g., adventure city excl alcohol)		
30. Domestic servants		
31. Stationery (e.g., copies, printing, paper, envelopes, excl stationery for education)		
32. Typing services, filling in official forms		
33. Newspapers, Magazines, Journals, Novels (not for educational purposes)		
34. Payments made for bribes		
35. Costs of milling		

SECTION H: CEREAL AVAILABILITY AND CONSUMPTION							
Cereal Type	1. Do you currently have [cereal] in stock from your own harvest *0=No>>next Cereal* *1=Yes*	2. Where do you source additional cereal from? *1= GMB depots* *2= local farmers* *3=informal markets* *4=retail shops* *5= food aid* *6= share from relative* *7= share from neighbour* *8=Other (Specify)*	3. How accessible is the source of cereal from your home? *1=Easily accessible* *2=Moderately accessible* *3= Difficult to access*	4. Has your cereal stock changed in the last 5 months? *1=Decreased >>Q6* *2=Increased* *3=Still the same*	5. If increased, what do you attribute this to? (list two) *1= food aid from government* *2=food aid from NGO* *3=food for work* *4=purchasing using cash from NGO* *5=purchasing using cash from MCT programme* *6=donated by church* *7=donated by individuals* *8=Other (Specify)*		6. How much cereal was accessed by your household in the past month? (in kg)
1. Maize Grain							
2. Maize Meal							
3. Pearl Millet *(mhunga)* Grain							
4. Pearl Millet *(mhunga)* Meal							
5. Finger Millet *(zviyo/rukweza)* Grain							
6. Finger Millet *(zviyo/rukweza)* Meal							
7. Sorghum *(mapfunde)* Grain							
8. Sorghum *(mapfunde)* Meal							
9. Other (specify)							

SECTION H: CEREAL AVAILABILITY AND CONSUMPTION (CONT'D)					
Cereal Type	7. Was [cereal] consumed by your household in the past month? *0=No>>next cereal* *Cereal* *1=Yes*	8. How many cereal based meals were consumed by children in your household yesterday? 0=None *1= 1 meal* *2= 2 meals* *3=3 meals* *4=3+meals*	9. How many cereal based meals were consumed by adults in your household yesterday? *0=None ;1= 1 meal* *2= 2 meals* *3=3 meals* *4=3+meals*	10. What are the main challenges faced in accessing [cereals]? *(list up to two)* *1= food stock destroyed* *2=Food too expensive* *3=No food in local markets* *4= insufficient food distributions* *5= poor harvests* *6=other (specify)*	
1. Maize Grain					
2. Maize Meal					
3. Pearl Millet *(mhunga)* Grain					
4. Pearl Millet *(mhunga)* Meal					
5. Finger Millet *(zviyo/rukweza)* Grain					
6. Finger Millet *(zviyo/rukweza)* Meal					
7. Sorghum *(mapfunde)* Grain					
8. Sorghum *(mapfunde)* Meal					
9. Other (specify					

SECTION I: GENDER DYNAMICS		(select one option only and enter one code)	
1.	Who usually takes care of and raises children?	0=No one; 1=Women 2=Men 3=Boys 4=Girls	
2.	Who is mainly doing casual work for cash?	0=No one; 1=Women 2=Men 3=Boys 4=Girls	
3.	Who is mainly doing casual work in-kind?	0=No one; 1=Women 2=Men 3=Boys 4=Girls	
4.	Who is actively participating in community activities?	0=No one; 1=Women 2=Men 3=Boys 4=Girls	
5.	Who usually makes decisions about food-related issues?	0=No one; 1=Women 2=Men 3=Boys 4=Girls	
6.	If you receive/were to receive food transfer, who usually makes decisions about how it is consumed?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
7.	If you receive/ were to receive cash transfer, who usually makes decisions about how it is spent?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
8.	Who is making decisions about agricultural activities (example: which crops to grow and the area where this will be grown)?	0=Women 1=Men 2=Boys 3=Girls	
9.	Who controls the budget and utilisation (spending?) of money in your family?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
10.	Who usually decides how the money you earn will be used: you, your (spouse/partner), or you and your (spouse/partner) jointly?	1=Respondent 2= Spouse/Partner 3=Respondent and Spouse jointly 4=Other _____	
11.	Would you say that the money that you earn is more than what your (spouse/partner) earns less than what s/he earns, or about the same?	1=More than him/her 2=Less than him/her 3= About the same 4=Spouse/partner has no earnings 5=Do not know 6=N/A	
12.	Who usually decides how your (spouse/partner's) earnings will be used: you, your (spouse/partner), or you and your (spouse/partner) jointly?	1=Respondent 2= Spouse/Partner 3= Respondent and Spouse jointly 4=Spouse/partner has no earnings 5=Other _____	
13.	Who usually makes decisions about women's healthcare?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
14.	Who usually makes decisions about making major household purchases?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
15.	Who usually makes decisions about women's participation in community activities	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
16.	Who usually makes decisions about women's participation in off farm work?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
17.	Who usually makes decisions about children's schooling?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
18.	Who usually makes decisions about children's healthcare?	1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside	
19.	Have there ever been any conflicts, or disagreements when decisions about the above are made?	0=No >>Q23 1=Yes 2=Prefer not to answer	
20.	If yes (Q19), who is involved in the conflicts, or disagreements	1=HH head and spouse 2=HH head and other member of family 3=Hh head and rest of family 4=Other _____	
21.	If yes, what was the nature of the disagreement?	1=Major ; 2= Minor; 3=Moderate	
22.	What was done to resolve/ address the disagreement?	1=resolved internally; 2= Sought help from relative/friend; 3= Sought legal assistance; 4= Nothing	
23.	Has there been any incidence of domestic violence in the past 5 months?	0=No>>Section J 1=Yes	
24.	If yes, who was involved?	1=HH head and spouse 2=HH head and other member of family 3=Hh head and rest of family 4=Other _____	
25.	What was done to resolve the domestic violence?	1=resolved internally; 2= Sought help from relative/friend; 3= Sought legal assistance; 4= Nothing	

SECTION J: EDUCATION														
HOUSE-HOLD MEMBER ID NUMBER [PID] [for persons aged 3 and above]	1. Is [Name] currently attending school? 0=No 1=Yes	2.Was [NAME] attending school in the 3rd term of 2015 0=No 1=Yes	3. What was the reason for not attending school during the a. 3rd term of 2015 OR b. 1st term 2016? *(See codes below)*		4. What grade level of education is [NAME] currently attending? (age 6-24) *(See codes below)*	5. What was the reason for [NAME] dropping out/ leaving school? (age 6-24) (*See Codes below*)	6. What is the highest level of education attained? (Codes below)	7. How much have you spent on [NAME's] schooling expense for the current term (January 2016)? *(only for those currently attending) (If none=0)*					
								a	b	c	d	e	f
PID			a.	b				Fees	Uniform	Extra lessons	Stationery & books	Transport	Other
Codes for Q3 and Q5: 1=Started working/Business; 2=Expensive; 3=Too far; 4=Not selected/Failed; 5=Pregnancy; 6=Made girl pregnant; 7=Completed studies/school; 8=Got married; 9=No need to continue school; 10=School not important; 11=Unsafe to travel to school; 12=Expelled; 13=Lack of financial support; 14=Needed to help out at home; 15=Illness/Injury/Disabled; 16=Abusive teacher; 17=Other(specify)													
Codes for Q4 and Q6: 0= ECD (Grade 0); 1= Grade 1/Sub Std; 3=Grade 2/Std 1; 4=Grade 3/Std 2; 5=Grade 4/Std 3; 6= Grade 5/Std 4; 7=Grade 6/Std 5; 8=Grade 7/Std 6; 9=Form 1; 10=Form 2; 11=Form 3; 12=Form 4; 13=Form 5; 14=Form 6; 15=Certificate/Diploma; 16=Bachelors degree; 17=Post-graduate/Diploma; 18=Masters'/Doctorate 19. Other/illiterate													

SECTION K: CROP PRODUCTION IN CURRENT AGRICULTURAL SEASON (2015/16)																
Field type	1. Does your household own/rent/access the following field type (*see first column*): *0=No>> Next crop* *1=Yes*	2. What is the total size of the plot? 1= Square meters (m^2) 2=Acres 3=Hectares		3. Did you utilise the field you own in the last five months? *0=No>> Q9* *1=Yes*	4. What crops did you plant on the land this season? (list the two main crops) (see crop codes below)		5. What was the total area planted a. in the last five months b. during 2014/2015 season? 1= Square metres (m^2) 2=Acres 3=Hectares				6. What was the main source of money for acquiring inputs? *1=Sale of agricultural produce* *2=livestock sales* *3=remittances* *4=cash transfer from MCT* *5= cash transfer from other NGO* *6=sale of food handout* *7=sale of hh assets* *8=Money from casual labour(maricho)* *9=Other (specify)*	7. In the last five months, how many grain traders do you know outside this village who could buy your produce?	8. Did you face any challenges in your crop production? *(list the three major problems)* *1=shortage of money for inputs* *2=unavailability of inputs in local agro-dealer shops* *3=lack/Inadequate draught power* *4=shortage of family members to work the land* *5= no money to hire labour (maricho)* *6=erratic/no rainfall /water supply* *7= other (specify)*		
		Size	Code				Size	code	Size	code					
1. Garden															
2. Home Field															
3. Distant Field															
4. Community Garden															
5. Any other agricultural field															

CROP CODES :1=Maize; 2=Sorghum (*mapfunde*); 3=Pearl millet (*mhunga*); 4=Roundnuts *(nyimo)*; 5=Groundnuts (*nzungu*); 6=Yams (*madhumbe/magogoya*); 7=Finger millet/rapoko (*zviyo/rukweza*); 8= Tobacco; 9= Wheat (*gorosi*); 10=Sugarcane; 11= Potato; 12=Beans; 13=Peas; 14=Lentils; 15=Soyabeans; 16=Cotton; 17= Leafy green vegetables(e.g. covo) 18=Root vegetables (e.g. carrots), 19= Bulbs (e.g. onions), 20= Fruits (e.g. tomato, cucumber, oranges, lemons), 21 = Cowpeas 22= Other (specify)

9. Have you made any of the following changes in your farming practices in the last 5 months?
0. No >> Next 1. Yes

1. Change crop variety		7. Build trenches or diversion ditch	
2. Change crop type or introduce new crop		8. Practice zero or minimum tillage	
3. Change planting dates		9. Use cover crops/incorporation of crop residue	
4. Change amount of land under production		10. Change fertiliser or pesticide application	
5. Implement soil and water conservation		11. Plant trees	
6. Mix crop and livestock production		12. Re-planting	

SECTION L: LIVESTOCK											
Livestock code	Livestock Type	1. How many of each of the following livestock do you own in the last 5 months? [enter number, If no livestock owned enter ' 0>>Q3']	2. Who controls use of [livestock] *1=Household head 2=Spouse 3= Head & spouse jointly 4=Other adults in the household 5=Children 6= All household members 7=Someone else from outside*	3. How many were diseased in a. the last month b. the last five months? *(enter number)*		4. How many died in the a. last month b. last 5 months? *(enter number)*		5. Did you sell any of the livestock in the last five months? *0=No>>7 1=Yes*	6. Why did you sell the livestock? *1= to buy food 2= to pay school fees 3= to pay medical expenses 4= to pay off debt 5= to pay funeral costs 6= no longer needed 7= Other (Specify)*	7. Did you buy any livestock in the last five months? *0=No>>Sec. M 1=Yes*	8. What was the source of cash for buying the livestock? *1=Sale of agricultural produce 2=livestock sales 3=remittances 4= Mobile Cash Transfer 5= cash transfer from other NGO 6=sale of food handout 7=Other (specify)*
				a	b	a	b				
1.	Bull (*bhuru*)										
2.	Ox (*jon'osi*)										
3.	Calf (*mhuru*)										
4.	Cow (mhou)										
5.	Heifer (tsiru)										
6.	Steer (nzombe)										
7.	Goats										
8.	Donkeys										
9.	Chickens (indigenous)										
10.	Chickens (broilers)										
11.	Chicken (layers)										
12.	Ducks										
13.	Turkeys										
14.	Sheep										
15.	Pigs										
16.	Rabbits										
17.	Rock rabbit (mbira)										
18.	Guinea fowl(hanga)										

SECTION M: SHOCKS						
1. In the last 5 months, have you or any of your household members experienced [SHOCK]? 0=NO >> next item 1=YES		2. As a result of this [SHOCK], did your income decrease? 0=No>> next shock 1=Yes 2=No change	3. What did your household do in response to this [SHOCK] to try to regain your former welfare level? [*list 2 most important coping mechanisms, use*			COPING STRATEGIES CODES: 0. Did nothing 1. Relied on own-savings 2. Received unconditional help from relatives/friends 3. Received unconditional help from government 4. Received unconditional help from NGO/Religious Inst. 5. Changed eating patterns 6. Employed HH members took on more employment 7. Adult HH member who were not working had to find a job 8. HH members migrated 9. Reduced expenditure on health and/or education 10. Obtained credit 11. Sold agricultural assets 12. Sold durable assets 13. Sold land/building 14. Sold crop stocks 15. Sold livestock 16. Intensify fishing 17. Sent children to live elsewhere 18. Engaged in spiritual efforts 19. Intensify gardening 20. Replanting 21. Other (Specify)
			1st	2nd		
1. Flood						
2. Drought						
3. Storm						
4. Severe water shortage						
5. Crop disease						
6. Crop failure						
7. Crop theft						
8. Crop damage when stored						
9. Loss of land/theft						
10. Livestock death						
11. Livestock theft						
12. High food prices						
13. High input prices						
14. Job loss/no salary						
15. Inability to pay loan						
16. Business failure						
17. Accident						
18. Severe illness						
19. Death of bread earner						
20. Community Misunderstandings						
21. Displacement						
22. Other Shock (Specify)						

SECTION N: SOCIAL NETWORKS									
1. Does someone in your household participate or belong to a social network or gathering within the community? [*ask for each group separately*] 0 = No> Q2 1 = Yes>>Q3		2. If not, why not? *1=network not available in area* *2=no money to contribute to subscriptions* *3=lack of trust* *4=not eligible* *5=other (specify)*	3a. Does a household member have a leadership position in the Social Network?? *0 = No* *1 = yes*	3b. If yes which gender has this position? *1 = Female* *2 = Male* *3 = Both*	4. Which gender is dominant in these networks? *1=Female* *2=Male* *3=Balanced*	5. Which age group is dominant in these networks? *1=0-14yrs* *2=15-24yrs* *3=25-54yrs* *4=55-64yrs* *5=Above 65yrs* *6=All age groups equal*	6. Do you exchange knowledge and assistance on how to cope or combat food shocks (e.g. crop failure) in SOCIAL NETWORK? *0=No* *1=Yes*	7. What do you use as your mode of communication in each network? *(state primary and secondary mode)* 1=cell phone 2= letter 3=community meetings 4=visits 5=other (specify)	
1. Religious groups									
2. Community program									
3. Marounds /mikando									
4. Farmers' group									
5. Business co-operative									
6. Building co-operative									
7. Youth groups									
8. Burial society									
9. Village assembly									
10. Ward assembly									
11. Civil Protection Committee									
12. MCT recipient meeting									
13. Other NGO cash transfer									
14. Other (specify)									

SECTION O: SOCIAL SAFETY NETS

Source ID	1. Besides the MCT programme, has anyone in your household earned or benefited from any service, income as cash or in kind *0 = No 1 = Yes*		2. If yes, when did they receive this service or income?(1=Jan,2=Feb;3=M;4=Apr 5=May;6=Jun;7=Jul;8=Aug;9=Sep; 10=Oct;11=Nov;12=Dec)	3. How much was received by the HOUSEHOLD (convert b,c,d to USD Value)				4. How often does/did the household benefit from this? 1 = every month; 2 = after two months; 3 = after three months; 4 = Other (specify)	5. During a drought does the household prefer food or cash transfers? 1 = Food; 2 = Cash Transfer; 3 = Both; 4=Either; 5.Other (specify)	6. State the main reason for response in Q5 (if preference is for food or cash transfers)	
				a. Cash	b. In-kind	c. Food	d. Service				
1.	Free education										
2.	School feeding									Codes for 5: 1= meets immediate consumption needs; 2= allows for flexibility in purchasing 3= enables access to health facilities and medicines; 4= Can barter for other goods and services; 5= can be used for payment of services (e.g. maricho); 6=has less stigma; 7=not affected by inflation; 8= reduces gender violence; 9= easier to control or use in the household; 10= household has more control than community or community leaders; 11=Other (specify)	
3.	Other MCT programme										
4.	Food/Cash for work										
5.	Other cash transfer from NGOs										
6.	Government food donations										
7.	Government cash assistance										
8.	Free health services										

SECTION P: INTER-HOUSEHOLD TRANSFERS OF GOODS, SERVICES AND MONEY (REMITTANCES)

Item List	1. In the past 5 months, did you or member of your household RECEIVE any of these items? 0= No>>5 1= Yes	2. What was the amount received? *(convert all in-kind items to USD equivalent)*	3. Where does the provider live? *1=Same village 2=Different village 3=Same district 4=Different district 5=Different country*	4. What was the reason for these transfers? *1=Sudden shortfall of income 2=General assistance 3=Family event 4=Repayment of earlier help 5=They expect my help in the future*	5. In the past 5 months, did you or member of your household GIVE OUT any of these items? 0= No>>Sec Q 1= Yes	6. What was the amount given out? *(convert all in-kind items to USD equivalent)*	7. Where does the receiver live? *1=Same village 2=Different village 3=Same district 4=Different district 5=Different country*	8. What was the reason for these transfers? *1=Sudden shortfall of income 2=General assistance 3=Family event 4=Repayment of earlier help 5=I expect their help in the future*
1) Cash gifts								
2) Food or other consumables								
3) Labour or time								
4) Agricultural implements or tools								

SECTION Q: HOUSEHOLD LIVELIHOODS										
1. What was the PRIMARY and secondary source of income for your household in the past month? *0=Not involved in this livelihood* 1=*Primary;* *2=Secondary;*			2. Has anyone begun operating a non-agricultural enterprise in the household in the past 5 months? 0=No>>8 1=Yes	3. What was the main source of income for starting the enterprise? 1=MCT only 2=MCT +Credit from family/friends 3=MCT + Credit from Private Lenders 4=MCT +Personal Savings 5=Personal Savings only 6=Personal savings + credit from friends/family 7=Personal savings +credit from private lendings 8=other (*specify*)	4. What month was the enterprise started? 1=September 2015 2=October 2015 3=November 2015 4=December 2015 5=January 2016 6=February 2016 Timeline?	5. What type of business is it? (pick codes from Q5 below)	6. Who in the household owns/manages this enterprise? 0=Female household member 1=Male household member 2=Both	7. How many people are involved in the enterprise a. From family b. Hired?		8. Does any household member intend to start an enterprise using savings from the MCT? (*for beneficaries only*) 0=No 1=Yes
1=Vegetable/fruit sales;		13=Gold Panning;							a.	b.	
2=Remittance;		14=Gold/Diamond Mining;									
3=Crop sales;											
4=Casual agric. labour;											
5=Casual non-agric labour;		15= Livestock Sales;									
		16=Begging/Welfare;									
6=Skilled trade/artisan;		17=Cross-border trade;									
7=Small/medium business;		18=Cash or in-kind transfer from other NGOs									
8=Petty Trade;		19=Cash or in-kind transfer from Government									
9=Beer Brewing;											
10=Formal salary;											
		20=Tuckshop									
11=Pension;		21=Flea Market stall									
12=Fishing;		22= Gifts									
		23 = Other *(specify)*									

Codes for Q5: Economic Sectors:
1=Vegetable/ Fruit sales ; 2=Crop Sales; 3=Skilled trade/artisan; 4=Small/medium business (Flea market, tuckshop); 5=Petty trade 6=Beer brewing; 7=Fishing; 8=Gold Panning; 9=Gold/Diamond Mining; 10=Livestock Sales; 11=Cross border trade, 12=Catering; 13=Other (specify)_____

SECTION R: HOUSEHOLD ASSETS								
Asset Type	1. Do you own [ASSET] in your household? *0=No>>next Asset* 1=*Yes*	2. How many [ASSETS] do you use or own? (enter number)	3. Who in the household controls use of [ASSET]? *1=HH head;* *2=Spouse* *3= Head & spouse jointly* *4=Other adults in the household;* *5=Children* *6= All household members;* *7=Someone else from outside*	5. Is there community sharing of your asset? *0= No* *1=Yes*	6. Did you purchase [ASSET] in the last 5 months? *0=No>>next Asset* 1=*Yes*	7. Who in the household purchased the [asset]? *1=HH head;* *2=Spouse* *3= Head & spouse jointly* *4=Other adults in the household;* *5=Children* *6= All household members;* *7=Someone else from outside*	8. What was the source of cash for purchasing the asset? *1=Sale of agricultural produce;* *2=livestock sales;* *3=remittances* *4=Mobile Cash Transfer* *5= cash transfer from other NGO;* *6=sale of food handout* *7=Other (specify)*	9. How much did you spend on the purchase of [ASSET]? [enter amount in USD]
1. Ox plough								
2. Ox cart								
3. Cultivator								
4. Harrow								
5. Wheelbarrow								
6. Bicycle								
7. Car								
8. Television								
9. Radio								
10. Cell phone								
11. Solar Lamp								
12. Bed								
13. Hoe								
14. Axe								
15. Sprayer								
16. Slasher								
17. Sickle								
18. Watering can								
19. Chains								
20. Tractor								
21. Yokes								
22. Rope								
23. Water tank								
24. Chicken house								
25. Cattle kraal								
26. Granary (Dura)								
27. Curing barn								
28. Pig/rabbit sty								
29. Generator								
30. Solar system								
31. Water pump								
32. Torch								

SECTION S: LABOUR						
Enter PID (from 14 years)	1. What was the employment status of member in September 2015? *1 Formally Employed* *2. Informally employed (excluding maricho)* *3. Household worker* *4. Self employed* *5. Unemployed*	2. What is the current employment status of member? *1 Formally Employed* *2. Informally employed (excluding maricho)* *3. Household worker* *4. Self employed* *5. Unemployed>>5*	3. In the last month, approximately how many days per week did [NAME] work this status?	4. In the previous month, what was member's take-home earnings? (Enter value)	5. Did [NAME] do any casual labour (maricho) for anyone who is not a member of your household in the last five months? *0=No>>Sec T* *1=Yes*	6. What was the average monthly wage in cash or in-kind, that [NAME] received for days worked at casual labour (maricho) during the last five months?

SECTION T: CREDIT AND SAVINGS									
1. In the past 5 months, have you received a loan? 0 = No>>Q10 1 = Yes	2. Who in the household received the loan? *1=HH head* *2=Spouse* *3= Head & spouse* *4=Other male adults in the hh* *5= Other female adults in the hh*	3. What was the total loan received by the household? *(amount in USD)*	4. Did the loan have an interest rate? 0 =No>> Q7 1 = Yes 999=Don't know	5. How much was the interest rate? *1=<5%* *2=6-10%* *3=11-15%* *4=16-20%* *5=21-25%* *8=26-30%* *9=31-35%%* *10= >36+%* *999=Don't know*	6. Who provided the loan? *(list two sources)* *1=Relative* *2=Neighbour* *3=Grocery/ Local Merchant* *4=Shark Lender* *5=Religious Institution* *6=Bank* *7=ISALs (Mikando/ Marounds)* *8=Cooperative* *9=Other (Specify)*	7. What was the loan mainly used for? *1=Farm Activity* *2=Off-Farm Business* *3=Education* *4=Food Consumption* *5=Buy New Property* *6=Health* *7=Other (Specify)* *999=Don't know*	8. Have you paid back the loan? 0 = No 1 = Yes>>Q10	9. Why were you unable to pay back the loan? *1=no money to pay back* *2= too many debts to pay back* *3= Other (specify)*	10. Do you save any money from income earned through IGPs? 0 = No>>Sec U 1 = Yes

11. How much do you save from your income generating activities? *(in USD)* *[enter amount]*	12. Where do you save the money? (*two priority options*) *1=Phone Wallet* *2=Bank* *3=ISAL group* *4=Under pillow/bed/clothes* *5=In Teapot/Pot* *6=Entrust to friend /relative for safekeeping* *7=Handbag/wallet*	13. How often were you able to save money in the last five months? *1=5 out 5 months* *2=4 out of 5 months* *3=3 out of 5 months* *4=2 out of 5 months* *5=1 out of 5 months* *6=0 out of 5 months*	14. Were you able to make any savings last month? (if yes, state amount) 0 = No>>Sec. V 1 = Yes		15. Why did you decide to save? [Most important reason] *1=investment in domestic and physical assets 2=investment in business* *3=investment in crops* *4. Investment in livestock?* *5=future consumption* *6=loan repayments,* *7=ceremonies* *8=Other(specify)*
			Saving	Amount (USD)	

SECTION U: HOUSING CONDITIONS AND ENERGY USE							
1. What type of dwelling is it? 1=Traditional Hut; 2=Wooden Cabin; 3=Makeshift Structure; 4=Cottage; 5=Brick And Asbestos 6=Combination Of Traditional Hut And Brick And Asbestos /Iron Sheets 7=Other (Specify)	2. What is its tenure status? 1= Owned, by Head 2= Owned, by Spouse 3= Owned, Jointly (Head and Spouse) 4= Owned, by Others 5= Rented (Normal) 6= Rented (subsidised) 7= Supplied free by employer 8 = Supplied free by relative or other person 9= Rent paid by relative or other person 10= Other (specify)	3. What is the major construction material of the roof? 1= Thatch, Straw 2= Mud 3= Wood, Planks 4= Iron sheets 5= Asbestos 6= Tiles 7= Tin 8= Concrete/ Cement 9= Other (specify)	4. What is the major construction material of the external wall? 1= Thatch, Straw 2= Mud and poles 3= Timber 4= Un-burnt bricks 5= Burnt bricks with mud 6= Burnt bricks with cement 7= Cement blocks 8= Stone 9= Other (specify)	5. What is the major material of the floor? 1= Earth 2= Earth and cow dung 3= Cement 4= Mosaic or tiles 5= Bricks 6= Stone 7= Wood 8= Other (specify)	6. What is the main source of water for drinking for your household? 1= Private connection to pipeline (Tap) 2= Public taps 3= Bore-hole 4= Protected well/spring 5= Unprotected well/spring 6= River, stream, lake, pond 7= Vendor/Tanker truck 8= Gravity flow scheme 9= Rain water 10= Other (specify)	7. How long does it take to collect the drinking water from the main source? *(enter time in minutes)*	
						a. To and From	b. Waiting Time

8. What type of toilet is mainly used in your household? 1= Covered pit latrine private 2= Covered pit latrine shared 3= Blair 4= Uncovered pit latrine 5= Flush toilet private 6= Flush toilet shared 7= Bush 8= Other (specify)	9. Do you have a hand washing facility at the toilet? 0= No 1= Yes with water only 2= Yes with water and soap 3=Other specify	10. Which energy type is used often by this household?	a. Do you use this energy type? 0=No 1= Yes	b. Cooking 0=No 1= Yes	c. Lighting 0= No 1= Yes
		1= Electricity			
		2= LPG			
		3= Paraffin/Kerosene			
		4= Wood / Sawdust Burning			
		5= Charcoal			
		6= Gel			
		7= Dung			
		8= Solar			
		9= Biomass Burning (e.g. leaves, fruits, crop residue, grass, etc)			
		10= Other (specify)			

SECTION V: ACCESS TO FACILITIES AND MARKETS				
Facility Type	1. Do you know where the nearest [facility] is located? *0=No* *1=Yes*	2. How far is it to the nearest [facility]? 1=<1Km 2=1-5Km 3=5-10Km 4=11+ Km	3. Main means of transport and time to travel	
			a. Main means: 1=On Foot 2=Bicycle 3=Motorbike 4=Scotch Cart 5=Public Transport 6=Personal Vehicle 7=Other (Specify)	b. Time taken: 1=Less Than 10 Min 2=Between 11-30 min 3= Between 31-59min 4= 1 Hour -1 and a half hours 5=1 and a half to 3 hours 6= more than 3 hours
1. Food Market/Shops				
2. Post Office/postal agency				
3. Preschool/nursery				
4. Primary School				
5. Secondary/High School				
6. Public Health facility/centre				
7. Private or Mission Health Facility				
8. Pharmacy				
9. Grinding mill				
10. Input market or dealer (for seeds, fertiliser, agric. implements)				
11. Police station/post				
12. Bank				
13. Mobile Cash Transfer				
14. Public transport (road, or rail, or water transport)				
15. Growth point				
16. Farmer cooperative(s)				
17. Agricultural extension office				
18. Others (specify)				

Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units	Unit Codes	Units
1	90 KG Bag	4	20 Litre Tin/ Bucket	7	Box/Carton	10	Gram	13	Bottle /Tin 250 ML	16	Bottle /Tin 500 ML	19	Cup/ Mug	22	Bundle
2	50 KG Bag	5	0.5 KG Packet	8	Piece/Number	11	Litre	14	Bottle /Tin 300 ML	17	Bottle /Tin 750 ML	20	Plate	23	Small basket
3	Kilograms	6	0.25 KG Packet	9	Dozen	12	Millilitre	15	Bottle /Tin 375 LT	18	Tonne	21	Large Basket	24	Scotch cart
														25	Other (specify)

Annex H Evaluation consultancy terms of reference

Evaluation Consultancy Terms of Reference

Title:	Zimbabwe Humanitarian Response 2015/16

Background

CARE International in Zimbabwe is implementing an Emergency Cash-First Response to Drought-Affected Communities in the Southern Provinces of Zimbabwe, over eight months through to March 2016.

The project's overall objective is ***to enhance food security of vulnerable and drought-affected households in 4 provinces of Zimbabwe.*** This project will support 336,000 people (approximately 67,200 households) affected by severe drought in the southern provinces of Zimbabwe. The action will address the immediate food needs of vulnerable men, women, boys and girls through the provision of mobile cash transfers that aim to cover 50% of the household food basket and nutritional needs. Beneficiaries will

redeem cash to address basic household needs, primarily local food purchase. The project's specific outcome is to ensure ***target households (HH) are able to cope with food shocks and meet their basic food needs during the 2015/16 agricultural period.*** See section 10 of this TOR for key programme documents.

Early indications are that crop yield and pasture conditions in Southern areas of Zimbabwe have been severely affected this year by poor rainfall distribution patterns during the lean season. Official reports forecasted that harvests will be well below local and national needs, requiring a response by government and other stakeholders (UN, NGOs and private sector) to fill the expected significant and potentially life-threatening food gaps. These food gaps are expected to be filled through the market, with private traders already active in moving cereal from areas of surplus to areas of high demand. Further, the Government of Zimbabwe has granted import permits to private traders to bring in additional cereal from neighbouring countries to meet the national requirements and gaps. With the market functioning, a cash-transfer approach is an appropriate response to meet targeted food security needs in the lean season whilst supporting the development of longer term market capacities to respond to food shortages.

The drought in most of the southern parts of the country has also significantly reduced the demand for agriculture related casual labour opportunities, such as harvesting and processing. These activities normally provide significant levels of household income during this period for the poorest families. Household incomes are therefore expected to be significantly reduced on top of production losses, further increasing food insecurity and resulting in diminished household access to food in the immediate term.

Purpose, Objectives and Scope

The evaluation needs to be carried out to assess the outcomes of the cash transfer project anticipated at the outset of the project. The evaluation is expected to provide a comprehensive analysis of the project's achievements, lessons learned, and recommendations for future actions in the different districts of Zimbabwe. Due to the importance of this learning from this project we are looking for a high quality/rigorous final evaluation in line with research standards. The target audience for the evaluation includes such key stakeholders as government, international donors, UN and non-governmental organisations responding to food insecurity in Zimbabwe and beyond, particularly through a cash-first response.

This is a high priority evaluation for CARE (and for DFID) following up on the recent report by the High Level Panel on Humanitarian Cash Transfers, which has called for a significant scale-up of 'multi-sector' cash in responding to emergencies, use of financial sector providers to increase efficiency and different funding to transform the system.

The specific purposes of the evaluation is to:

- Assess the outcome and impact of the project in relation to its objectives, activities and outputs as set out in the log frame and recommend ways of improving the delivery model of similar humanitarian programmes in future.
- Assess how effectively the project has addressed the challenges encountered, including assessing the project's rationale, beneficiary accountability mechanisms, and phase out plan
- Assess the level to which identified gender issues were addressed.
- Account to local stakeholders and funders for the project's performance.
- Verify whether the funds were used effectively and efficiently to deliver results (assessing Value for Money).
- Consider how this work can be used to develop resilience strategies in Zimbabwe and in the context of climatic shocks.

Key Evaluation Questions

The following are key, though not exhaustive, research questions that the evaluation should seek to address:

- What proportion of the cash transfer amount went towards the purchase of food for the household?
- To what extent did the project affect the development, functionality and role of local markets?
- How, if at all, were gender dynamics affected at the household level, and how can the project strengthen positive change in this area?
- What are the current challenges in using mobile money as a modality for cash transfer programming in slow onset humanitarian contexts?
- Compare the modalities of cash vs. in-kind response and the appropriateness given the context

The tenderers are expected to refine the priority evaluation questions and select relevant secondary questions.

Data and Methodology

The Humanitarian project is committed to a rigorous monitoring framework which will produce a robust baseline, as well as a number of ongoing reports related to market performance, household expenditure of the cash transfer, and documentation of coping strategies. Additional existing information can be collected from available secondary sources including the ZimVAC, 2nd Crop and Livestock Assessment, and various evidence papers on humanitarian/social cash transfers. As such, a wide amount of data will be readily available for the evaluation, and should be utilised as appropriate.

Tenderers should outline in detail the evaluation design and methodology they propose to use, the potential risks and challenges for the evaluation and how these will be managed. CARE does not endorse a particular methodology for this evaluation, and therefore tenderers are invited to propose approaches and methods which they believe will most effectively and efficiently answer the different priority questions and meet the purpose of the study within the time available. The successful tenderer will then refine this proposal during inception, in consultation with CARE, the evaluation reference group, and other stakeholders.

Tenderers should note that we are committed to quality and rigour in line with international good practice in evaluation. The evaluation should adhere to international best practice standards in evaluation, including the OECD DAC International Quality Standards for Development Evaluation, and DFID's Ethics Principles for Research and Evaluation.

The methods and assessment frameworks employed for this evaluation should facilitate the collection and analysis of data, be relevant to the questions outlined in section 1 above, and make optimal use of existing data. Sources that will be used in the evaluation would, at a minimum, include:

- Monitoring data: Evaluators are expected to build on and make use of the available monitoring data, in particular the project's quantitative baseline survey. CARE will provide the evaluators with the data and more details at the beginning of inception.
- Document review: Review of key documents. A table of key programme and project documents will be provided by CARE to the evaluator with further assistance available if required.
- Interviews with key partners and users: Interviews with key stakeholders including similar humanitarian projects/programmes (WFP/USAID/Harmonised Cash Transfer Programme (HCTP)), National and district level Coordination Committees (FNC/DDRC/DAs), Traders, Grain and Millers Associations, market actors, etc. Interviews with key staff members from CARE and DFID. These interviews may be done in person if feasible.

- Surveys: to solicit input from additional stakeholders and beneficiaries. If surveys are used, these should be rigorously designed with appropriate sampling methods and expectation of acceptably high response rates. Alternative or complementary approaches such as focus groups could be considered.
- The tenderers might also consider conducting a review of relevant other literature and findings on ensuring relevance and use of impact evaluation findings by governments and policy makers.
- For VfM assessment, data should primarily be drawn from administrative reporting systems and informed by the evaluator's own primary data.

Skills and qualifications

The Consultancy team will be composed of experts with the following essential and desirable profiles and qualifications:

Essential:

- A solid and diversified track record of experience in cash transfer programming and/or evaluation in drought-affected contexts or slow-onset emergencies;
- Knowledge of humanitarian evaluation methods and techniques, including a thorough understanding of data collection, evaluation methodologies and design, and strong qualitative and quantitative research skills
- Fully conversant with the principles and working methods of project cycle management. The expert, or at least one of the experts proposed, should have solid knowledge of and practical experience with gender issues and gender integration analysis.
- Strong analysis, report writing and communication skills

Desirable:

- Experience in rural Zimbabwe (years of experience may vary per expert irrespective of their position on the team);
- Full working knowledge of English and vernacular languages and excellent report writing

The composition of the team of experts should be balanced to enable complete coverage of the different aspects of Consultancy as set out in these terms of reference, including cross-cutting issues.

Logistics and procedures

The evaluator will formally report to the CARE Assistant Country Director - Programmes. Day to day support, facilitation and coordination will be provided by CARE International in Zimbabwe, which will provide support in terms of setting up interviews, getting travel permission and informing relevant stakeholders of the evaluation. An Evaluation Reference Group, led by CARE, will be responsible for quality assuring, advising and approving the evaluation outputs and commenting on draft reports. The Group will include staff from CARE, World Vision and DFID.

In the event of any major disagreement over the content of the evaluation, CARE will endeavour to find a consensus, and if necessary, ensure that any strategically critical dissenting perspectives are acknowledged in the final report.

Outputs

Required outputs include:

- An evaluation plan and methodology for final evaluation (to be developed and delivered during inception phase of studies)
- Baseline questions to guide CARE in ensuring that planned baseline data and report cover all areas of evaluation study

- A power-point presentation to CARE at the end of the final evaluation, detailing evaluation framework, process, findings and recommendations
- A first draft of the final report submitted to the evaluation coordinator for consultation and a final evaluation report and summary report of publishable quality written in English. More specifically:
    - A full, jargon-free final evaluation report including recommendations and an executive summary. The report should include a full list of references and appendices including the evaluation framework, programme of work, list of interviewees and participants, and any background information and supporting data including sources;
    - An accessible summary report to be published and shared across project partners and stakeholders internationally.
- The final report should include a self-assessment of the progress made so far in line with DFID Project Completion Review (PCR) template

The consultant will produce the following by the stated deadlines:

1. Evaluation framework, including methodology and a draft outline of the report – November 2015.
2. Preparation for Final Evaluation – January 2016
3. Field work for Final Evaluation – February 2016
4. Draft report for Final Evaluation – early March 2016
5. Final report (including a self-assessment report of Project Completion Review) for Final Evaluation – end March 2016

Please note that all outputs must be in line with guidance as set out within "*Editorial requirements for consultants preparing evaluation reports for DFID*".

Reporting and contracting arrangements

The **supplier** will:

- Develop a rigorous plan and methodology for the evaluation;
- Map and review project documentation and conduct other data collection methodologies to fulfil the evaluation as approved by CARE;
- Hold a 1 day workshop to share the findings, solicit inputs and identify potential future steps from a group of interested stakeholders including CARE
- Produce full and summary final evaluation reports.

CARE will:

- Make available all appropriate documentation and resources for the evaluation.
- Support the coordination of key informant interviews and ensure that key project staff are available for interviews.
- Coordinate timely feedback to the draft evaluation reports and submit a management response to the final full report.

Applicants for this consultancy should provide the following:

1. A proposal showing your understanding of the assignment and how you would approach the work, including proposed methodologies, any foreseen challenges, timeline and budget. (12 point font size, Roman Times Font type);

2. Up-to-date CVs or organisational record with CVs for relevant staff.

Please submit your tender to jobs@careinternational.org by midnight CET 16th November, 2015.

CARE Contact point

Edward Watkiss
Humanitarian Programme Coordinator
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London SE1 7TP

Tel 00 44 20 7091 6064
Email: watkiss@careinternational.org

Duty of care

The Supplier is responsible for the safety and well-being of their Personnel and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

CARE will share available information with the Supplier on security status and developments in-country where appropriate. CARE will provide the following:

- A copy of visitor notes (and a further copy each time these are updated), which the Supplier may use to brief their Personnel on arrival.

The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided. They must confirm in their Tender that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

Budget

The allocated budget for this evaluation is max. £150,000 (incl. VAT, travel and all expenses). Tenderers are expected to prepare a budget detailing planned expenses. Value for money will be a key criterion in selection and the final budget will be agreed with the successful supplier.

Documentation / References

Humanitarian Programme Business Case

Business Case
Zimbabwe Humanitari

Humanitarian Programme Log frame

Logframe
Humanitarian.xlsx