

Summary Review of the UNICEF/WFP Social Protection Response to COVID-19 in Mozambique

SUMMARY REPORT
02/2023

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ACRONYMS

CEDSIF-IP	Centre for Development of Financial Information Systems
SBCC	Social Behaviour Change Communication
CT	Cash Transfer
DFATD	Department of Trade and Foreign Affairs Development
FGD	Focus group discussions
GoM	Government of Mozambique
INAS	National Institute of Social Action
INGD	National Institute for Disaster Risk Reduction and Management
KfW/BMZ	German government development bank
MGCAS	Ministry of Gender, Child and Social Action
NAFEZA	Centre of Women's Associations of Zambézia
CSOs	Civil Society Organisations
WFP	World Food Programme
PASD	Direct Social Support Programme
PASD-PE	Direct Social Support Programme - Post Emergency
PASP	Productive Social Action Programme
PDM	Post Distribution Monitoring
PMF	Performance Monitoring Framework
PSEA	Protection against sexual exploitation and abuse
PSSB	Basic Social Subsidy Programme
QuIP	Qualitative Impact Protocol
RENAMO	Mozambican National Resistance
SIG	Information Management System
TAG	Technical Advisory Group
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
GBV	Gender-based violence
WVI	World Vision International

1. Executive summary

1.1. Background

Mozambique is a country with high levels of monetary and multidimensional poverty, pervasive rates of chronic malnutrition, as well as structural difficulties in the health, education, and social protection systems. The country's high exposure to the impacts of climate change as well as the insecurity caused by armed conflicts has resulted in successive crises over the years, aggravating the situation of vulnerability experienced by a large part of the Mozambican population. The COVID-19 pandemic has further exacerbated this situation, particularly affecting the most vulnerable population, such as children, the elderly, and people with disabilities. On the 1st of April 2020, the Government of Mozambique declared a State of Emergency, restricting movement in the country. Borders were partially closed and some economic activities were suspended. Public health and social distancing measures have strongly impacted urban and peri-urban economies, which are particularly exposed to informal and low-paid productive activities, increasing the vulnerability of a population already exposed to poverty, malnutrition, unemployment, and low levels of livelihoods sustainability.

To mitigate the socio-economic impact of the pandemic, the Government of Mozambique (GoM) adopted measures to "ensure social support and strengthen the resilience of households in situations of poverty and vulnerability exposed to the effects of COVID-19"¹. The GoM's response to the crisis caused by COVID-19 was implemented within the context of the GoM's National Basic Social Security Strategy II (ENSSB II), which allows for the activation of social protection programmes in emergency scenarios. Within this framework, an emergency pandemic response plan was defined for the GoM, namely the COVID-19 Response Plan in Mozambique - Protection (PASD), Direct Social Support Programme - Post Emergency (PASD-PE COVID):

- A horizontal expansion effort in urban and peri-urban areas through the rapid registration of approximately 1.1 million new households, and;
- A vertical expansion effort consisting of a top-up equivalent to three months of regular benefits for all existing social protection beneficiaries (around 530,000 households) across the country.

The intervention was led by the Ministry of Gender, Child and Social Action (MGCAS) and the National Institute of Social Action (INAS), resulting in:

¹ Plano de respostas à Covid-19 em Moçambique – Protecção social
<https://www.unicef.org/mozambique/media/2886/file/PLANO%20DE%20RESPOSTA%20À%20COVID-19%20EM%20MOÇAMBIQUE%20-%20PROTECÇÃO%20SOCIAL.pdf>

- Additional payments to current beneficiaries of the Basic Social Subsidy Programme (PSSB), the Productive Social Action Programme (PASP), and the Direct Social Support Programme (PASD),
- Unconditional cash transfers of 9,000 MT through the Direct Social Support Programme - Post Emergency (PASD-PE "COVID") to 1,102,825 new households, which represents 35% of the poor population living in urban areas.

As part of this national response strategy, UNICEF and the World Food Programme (WFP) supported approximately 90,000 households with PASD-PE "COVID-19", implementing cash transfers in areas of Tete and Zambézia provinces that were already included in the government's national plan. The cash transfers were complemented by a Social Behaviour Change Communication (SBCC) intervention and referrals to appropriate services to address cases of sexual abuse and exploitation as well as other cases of gender-based violence². The present review specifically analyses this intervention by UNICEF and WFP in support of the GoM.

1.2. Objectives

The purpose of this review is to determine the relevance, effectiveness, efficiency, and coherence of the Social Protection Response to COVID-19 implemented by UNICEF and WFP in support of INAS in the urban and peri-urban districts of the provinces of Tete (Moatize and Zobué) and Zambézia (Quelimane city, Quelimane and Milange districts), covering a set of approximately 90,000 households. The review covers the components of the programme implemented with technical and financial support from UNICEF and the WFP in the 5 target areas of intervention mentioned above; and analyses the activities carried out between August 2020 and July 2022.

The main objectives of this review are as follows:

1. To analyse the extent to which the proposed beneficiary identification mechanism and programme design (cash transfer modality and Cash Plus component) are relevant and appropriate to the needs of vulnerable people and respond to specific geographical issues and characteristics
2. To analyse the effectiveness of gender strategies in achieving distinctive results for women, men, girls, and boys in vulnerable populations

² It is worth noting that the cash transfers were complemented by a Social Behavioural Change Communication (SBCC) component developed by both agencies. However, while the WFP was responsible for transmitting messages relating to nutrition (healthy eating habits, the importance of diversity in food, etc.), UNICEF focused its communication efforts on raising awareness among beneficiaries regarding COVID-19 preventive practices, health-enhancing behaviours, the use of money and gender aspects (including the empowerment of women and the prevention of and redress for gender-based violence and sexual exploitation and abuse). Despite this distinction, it was not possible within the context of this review to distinguish the effects of the two organisations' SBCC activities, so when we refer in this report to SBCC activities, we mean the activities conducted by both organisations, indistinctly.

3. To understand the extent to which social protection in response to shocks (PASD-PE) is capable, or has the potential, to produce results in the short and medium term, especially to produce a transformative intervention
4. Examine the efficiency and coherence of social protection efforts in response to emergencies and their alignment and complementarity with government and partner strategies
5. Highlight the lessons of implementation and make recommendations for improving the adaptive social protection project that prioritises women and children.

Aware of the importance of the inclusion criterion, the Review Team included a gender and human rights-sensitive perspective at all stages of the review process.

The main users of this review are UNICEF, WFP, and the Government of Mozambique (MGCAS and INAS). The main stakeholders are the agencies and government staff responsible for implementing and managing the response, including staff from INAS delegations and UNICEF and WFP offices in the provinces.

1.3. Methodology

This programme review is based on a mixed-methods approach to produce measurable and relevant conclusions based on a triangulated interpretation of the results. **Qualitative** methods were used (9 focus group discussions with programme beneficiaries, 55 interviews with key informants from national and local public institutions, civil society organisations and the UN, and service providers, and 45 individual interviews with beneficiaries and specific cases) and **quantitative** methods (secondary data analysis of the social protection intervention based on data from the Post-Distribution Monitoring survey)³. A review of the documents provided by the UNICEF and WFP team was done to understand different aspects of the intervention. The review also included an analytical dimension based on the use of the Qualitative Impact Protocol (QuIP) to identify the causal factors behind the observed results. This analysis considers the context in which the programme was implemented and verifies the results observed related to those predicted by the theory of change, formulating explanations for the progress made and the limits of the achievements, taking into account the constraints and opportunities for the programme's players at each stage of implementation. In applying the QuIP protocol, the methodology of "blind" interviews was observed, where the interviewees did not know which intervention was being analysed, thus securing the independence of the responses.

The methodological approach was based on active participation, the involvement of institutional players (government representatives and institutions), and civil society organisations that participated in the implementation of the intervention to reflect the perceptions of each of the parties at different stages of the intervention.

³ In this report, the Review Team analysed the Post-Distribution Monitoring (PDM) data contained in the monitoring reports provided by the WFP, resulting from the interviews that the WFP itself conducted with the beneficiaries throughout the programme's implementation.

1.4. Main Results of the Review

The review analysed three aspects of the UNICEF-WFP intervention, specifically: relevance, effectiveness, and efficiency and coherence. For each dimension analysed, specific questions were developed and answered based on the triangulation of qualitative and quantitative data and the QulP method. The main results of the review are summarised below.

Relevance

Q.1. Was the PASD-PE applied to COVID-19 in line with the national social protection strategy? Was it appropriate to the institutional capacity in place? Was the UNICEF/WFP-led intervention aligned with the government's response?

The GoM's response to the COVID-19 crisis was implemented within the context of the National Basic Social Security Strategy II (ENSSB II), which allows for the activation of social protection programmes in emergency scenarios. The PASD-PE programme, which was initially oriented towards acting in situations of natural disasters, was adapted to obtain resources to support families in the context of the COVID-19 crisis, and existing resources were used to register new beneficiaries (INAS database). The response thus followed the existing institutional framework for social protection in force in the country, which ensured agility, flexibility, and expanded coverage. The UNICEF-WFP intervention followed the same institutional design and was fully aligned with the government's response, adding the SBCC component and allowing the response to reach approximately 90,000 households in selected areas in the provinces of Tete and Zambézia. In this sense, the UNICEF-WFP response was complementary to the GoM response.

Although the GoM's response uses existing structures, the extension of social protection coverage due to COVID generated an increase in responsibilities that does not correspond to the increase in institutional capacity. The lack of sufficient human and technical resources to manage the increase in the number of social protection beneficiaries created challenges in implementing the GoM and UNICEF-WFP response. Another challenge was the fact that COVID was an "unusual" crisis and very different from the cases that the country's government was used to managing.

Q.2. Did the design of the programme take into account the socio-economic level of the beneficiaries?

The socio-economic situation of the beneficiaries was taken into account in the design of the national response, and subsequently in the design of the UNICEF-WFP intervention. The latter took into account the socio-economic impact of the pandemic on the vulnerable population, extending emergency coverage to more beneficiaries in the provinces of Tete and Zambézia. An adequate definition of the beneficiaries' profile made it possible to identify the most vulnerable profiles based on: (i) the vulnerability profile determined in ENSSB II (ii) the

geographical profile of the households (such as urban, peri-urban, and border neighbourhoods that had the highest multidimensional poverty rates in the country, according to the Multidimensional Poverty indicators drawn up by the MEF, based on data from the 2017 Census). These vulnerable and poor households increased their condition of vulnerability with COVID-19. 95 per cent of beneficiaries said they had seen a reduction in their income during the pandemic. The verification of the selection and lists on the ground and the mobilisation and collaboration of all the programme's partners were essential to ensure that the beneficiaries effectively met the selection criteria, to correct any errors in inclusion on the list, and to identify potential new beneficiaries. The design of the programme took into account the issue of access to mobile phones and connectivity when designing the payment plan but failed to anticipate the problem of mobile phone supply caused by the pandemic.

Q.3. Did the cash-plus approach respond to the vulnerabilities and risks of the target population?

The SBCC messages were important for sensitising beneficiaries and influencing decision-making within the household, complementing the benefits brought by the cash transfer component, despite some flaws in the choice of communication methods that serve as lessons for future interventions, particularly on the issue of gender. Overall, the approach is relevant, but two factors limited its potential: lack of long-term resources and the duration of the programme.

Conclusion on relevance

The UNICEF-WFP intervention to support the Government of Mozambique in the crisis caused by the COVID-19 pandemic was integrated into the national response, with UNICEF-WFP being the technical and funding partner for implementation in specific districts in the provinces of Tete and Zambezia. As part of the overall response, UNICEF-WFP's intervention benefited from using an existing institutional framework, with responsibilities and rules already defined, and fitted in with the description of the country's vulnerability profile, adding a geographical focus and a behaviour change component.

The review showed that the UNICEF-WFP programme was relevant in contributing significantly to the expansion of emergency social protection to the vulnerable population of Tete and Zambezia, but two factors limited its potential: the lack of long-term resources and the duration of the programme.

Effectiveness

Q1. How effective were the methods for identifying groups?

The identification and registration process was effective through geographical targeting, the involvement of activists/CSOs, and collaboration between institutions. The use of identification methods, based on local INAS lists, door-to-door information at the local level from the Neighbourhood Secretary (indicated by the interviewees as reference people), activists, and community word of mouth, were the most appropriate considering the local context and

customs. The use of the existing tool for managing all the beneficiaries of the country's basic social protection system - e-INAS - made it possible to centralize beneficiary data, supporting horizontal expansion. The participation of permanent INAS activists proved to be highly positive for contact with the community, facilitating the identification of beneficiaries and direct work with the community, especially in Zambézia. However, the review identified challenges and various shortcomings, such as different lists of beneficiaries, unclear communication with the communities, limited human resources at INAS to cope with the increase in responsibilities and tasks, difficulty in opening M-Pesa accounts for beneficiaries who didn't have identity documents, etc. These shortcomings were corrected throughout the programme (for example, one of the actions taken to reduce this problem was the printing of "INAS Beneficiary Cards" which allowed a good number of beneficiaries without ID documents to open their M-Pesa accounts). The hiring by UNICEF-WFP of civil society partners who had been trained by INAS represented a step forward in helping to mitigate these challenges and ensure the effectiveness of the intervention. But it should be noted that although the UNICEF-WFP Programme had reached the number of beneficiaries envisaged in the planning and design phase, considering the context and conditions of vulnerability created or exacerbated by COVID-19, it was estimated that there were still many people who needed support.

Q2. What kind of change occurred within the household as a result of the distribution of the cash transfer?

Cash transfers brought positive changes in the quality of life of beneficiaries, although with regional differences (for example, in Tete, 81 per cent of the cash allocation goes to food, while the proportion for this category in Zambezia is 54 per cent)⁴. In general, the cash transfers opened up the possibility of consumption and increased the beneficiary families' resources to prevent risks (savings capacity, investment in small commercial ventures). Beneficiaries were able to improve their hygiene and sanitary conditions (e.g. buying cleaning materials), improve their homes (buying roofing materials, furniture, etc.), access basic health goods and services (e.g. buying medicines, travelling to the hospital, etc.), variety in food purchases (e.g. especially in Tete, people have been able to buy food that they didn't buy very often, such as meat, sugar, etc.), buy food in larger quantities (e.g. especially in Tete), buying more food (e.g. especially in Zambézia, people didn't vary their diet, but bought more of the food they normally ate, such as rice, flour, vegetables, etc.) and improvements in the household diet (e.g. people were able to eat three meals a day, improving the family's diet). Concerning food security, the data collected in the two provinces indicates two main aspects: i) an increase in the volume of products; ii) maintenance of diversity.

Q.3 Were women and people with disabilities involved in deciding how to spend the subsidy?

⁴ The difference may be because in Tete the households received the cash transfer at the time of the emergency, so they used the money to meet basic food needs. In Zambezia, as there were delays between registering and receiving the transfers, people found other solutions to the problems of basic food needs. And with the money from the transfers, in addition to food, they also bought other types of goods.

The quantitative data did not make it possible to establish a positive change clearly in terms of the participation of women and people with disabilities in decision-making, given that the situation had not been assessed since the start of the programme to establish the evolution over the months of implementation. The data collected in the PDM process indicates that decisions on the use of money were mostly taken by women in Tete and jointly by men and women in Zambézia⁵. An analysis of the data from Tete shows that women make decisions alone in 58 per cent of cases and 31 per cent of cases, decisions are made jointly. In the case of Zambézia, 67 per cent of decisions are made by men and women, while in 16 per cent of cases, men decide alone and in 17 per cent of cases women decide alone. However, these figures do not indicate that the decision-making characteristics are exclusively attributable to the UNICEF-WFP intervention. To measure this evolution, it would have been necessary to establish the situation of intra-family decision-making at the start of the programme. The interviews conducted partly confirm this result. In Zambézia, the interviews with beneficiaries revealed open communication dynamics within families about the choice of how to use the money from the cash transfers. Single female heads of household, the main target of the cash transfer, consulted with their children, particularly older ones, or with other family members to make decisions about how to use the money. This did not seem to be a new mechanism created by the transfers, but it may also have been stimulated by them, considering that previously few families had the availability to manage a sum of that amount. In Tete, the man is typically the decision-maker at home. However, when it came to deciding how to spend the money, we found diverse cases on the ground. In some cases, it was the woman who decided or the decision was made jointly. In other cases, the man decided, but based on indications from his wife, who knew what was lacking at home.

Q4. Did the amount of the transfer, its regularity, and the method of payment prevent negative coping strategies?

A review of the literature on the impacts of COVID-19 on coping strategies alerts us to the fact that the pandemic could encourage people to activate and implement negative behaviours. In Mozambique, several pre-existing risk conditions for COVID-19 could be exacerbated: child labour, early marriage, and pregnancy of girls, thus affecting studies⁶. There are informal and unofficial reports by interviewees and members of the communities visited, for example, of an increase in female sex workers, and early marriages, but also an increase in crime and theft. Some respondents mentioned that their children started doing odd jobs to bring in extra income for the household after the start of the pandemic. But the review did not collect enough evidence to show that cash transfers directly or purposefully influenced the implementation of negative coping strategies or acted to prevent them. It is known, however, that in Zambezia some

⁵ In this case, the difference between Tete and Zambézia could be related to the different timing of the transfers: it could be that in Tete the decisions were made only by women because they were alone, due to mobility restrictions. However, as in Zambézia the restrictions had been withdrawn at the time of the transfers, it may be that the women had re-united with their husband or partner.

⁶ UNICEF (2021), The Situation of Children in Mozambique: Summary Report, Maputo.

families resorted to loans to mitigate immediate socio-economic shocks before they started receiving payments (which they received late because of problems with the availability of mobile phones in the market, as mentioned above).

Q5. What impact has the frequency of payment had on the household's consumption or savings decisions?

The size of the transfer, its regularity, and the method of payment has allowed beneficiaries to make appropriate choices about their lives and families. The decision to group payments into two instalments was favourable to beneficiaries who travel very little to receive the benefit. Therefore, rapid access was chosen, reducing the potential costs of relocation and the inconveniences that could be associated with transport, such as social distancing during the pandemic. It should be noted, however, that the delay in allocating the benefit had different effects in the two regions. In Zambézia, as mentioned above, families resorted to debt to mitigate immediate socio-economic shocks since there was a delay in the start of cash transfers.

Q6. Has the Social Behaviour Change Communication (SBCC) component of the COVID-19 response been able to positively influence the nutritional behaviour of beneficiaries during the COVID-19 shock?

As mentioned above, the data collected by the review team did not allow for a distinction to be made between the effects of WFP and UNICEF's SBCC activities to answer this question, since the SBCC component was considered globally. Furthermore, the absence of data on the nutritional behaviour of beneficiaries before the start of the programme does not allow for an in-depth analysis of the influence of the SBCC component on household nutrition. In addition, the data collected in the field was not sufficient to draw any conclusions concerning the nutritional component of the food consumed by the beneficiaries and their families during the pandemic.

However, it is important to emphasise that the Review Team found that the cash transfers allowed beneficiaries to increase their purchasing capacity, positively influencing household nutrition, as has already been highlighted above and according to the perception of the interviewees.

There are regional differences in the influence of the SBCC component on the beneficiaries' eating behaviour, due to differences in the payment cycle. There were positive behavioural changes in Tete, but they were limited to the intervention period (reversed behavioural changes). On the other hand, in Zambézia there were no significant changes in behaviour. It was estimated that this was due to the delay in starting payments and the delay between the payment of one instalment and another (two instalments), as well as due to the methods of disseminating the messages. The messages were disseminated, but the payment did not come until much later and people were unable to make the connection between the cash transfers and the SBCC activities. It is also worth noting that the overall analysis of the QulP interviews shows that 90 per cent of the beneficiaries were unable to follow up on the advice and

information on nutrition after the cash transfer period because they did not have the money to implement these nutritional changes.

Q7. How effective was the communication strategy in increasing knowledge and promoting positive behaviour (help-seeking) concerning gender-based violence?

The taboo surrounding the topic of gender-based violence makes it difficult to evaluate communication activities on this topic, as people do not feel comfortable communicating about it. In Zambezia, communication was mainly conducted by the partner NAFEZA, which is an organisation, specialised in women's rights and experienced in gender issues. However, although the CSOs actively engaged in talks and awareness-raising activities on gender issues and domestic violence, it can be seen that the communication approach on these issues was not entirely adequate, and this was the case in both provinces. These messages were given mainly by men when it is known that a gender-sensitive approach holds that women are more inclined to speak openly about this issue when their interlocutors are female. As for conflict management mechanisms, the review found that, in general, there is a low level of awareness and use of formal help-seeking processes (Green Line). The qualitative research shows that issues of gender-based violence are mainly dealt with informally within the family or through the involvement of local authorities.

Q8: How effective was the communication strategy to raise awareness about gender roles and the equal participation of women, men, girls, and boys in household decisions?

The influence of the communication strategy on raising awareness about gender roles and the equal participation of women, men, girls, and boys in household decisions as a result of the SBCC activities is limited. This limited result can be explained by many negative factors such as the lack of an adequate budget for the implementation of the communication strategy, the absence of a permanent C4D Officer at UNICEF to accompany the SBCC activities throughout the implementation of the Programme, the delegation of the SBCC activities to direct partners of the WFP but not UNICEF (the main person responsible for the SBCC strategy) and poor delineation and concomitance between the SBCC activities and the phases of the cash transfer process. This means that the communication activities did not take place at key moments in the programme cycle; they took place at the wrong time, in the sense that they were carried out before the payment process, or were not linked to the payments.

Q9. How effective was the involvement of women's associations throughout the implementation of the programme in promoting women's participation in social protection, responding to gender-specific needs within social protection programmes, and increasing the capacity of grassroots associations in the social protection sector?

The involvement of local women's associations throughout implementation made the intervention more effective. The associations were closer to the population and closely monitored the intervention with direct contact with the beneficiaries. The main partner in Zambezia was NAFEZA, which was already a well-known CSO in the area and had great community acceptance, as well as being used to working on gender and nutrition issues with

women and vulnerable groups and having a great sensitivity to the context. In the case of Tete, NAFETE (a CSO similar to NAFEZA) encountered problems in its legal registration, preventing the organisation from being involved in the implementation of the programme. Although a NAFETE representative accompanied some of the programme's activities, the organisation's involvement was limited and awareness-raising in this province was mainly carried out by the other CSOs, with support from the WFP. In both Tete and Zambézia, awareness-raising was mainly carried out by male CSO activists/focal points/referents, which is not ideal in a gender-sensitive approach, as highlighted in question 7.

Q10. How effective was the feedback and complaints mechanism in detecting and responding to beneficiary questions/complaints?

Beneficiaries had access to two different channels for making a complaint, one from the top down (mainly Green Line 1458) and the other from the bottom up, the latter being the one that beneficiaries used the most (they would communicate their complaint to the community leader and/or committee, who would then refer the complaint back to the other authorities). In some cases, beneficiaries would also address their concerns directly to CSOs or INAS. In general, the informal complaints mechanisms have made it possible to ensure that the complaints function to highlight problems, despite some limitations. These limitations could be overcome through more formal monitoring of complaints (to find out why some complaints were left unresolved) and better coordination between the local level and the central level (to gather information and resolve it).

Conclusions on the effectiveness of the intervention:

In terms of effectiveness, the outcome of the UNICEF-WFP intervention generated positive changes in the quality of life of the beneficiaries. The process of identifying and registering beneficiaries, despite facing challenges, was effective and the selection was appropriate, combining INAS' vulnerability criteria with a geographical dimension that made it possible to identify beneficiaries in a condition of specific vulnerability as a result of COVID-19. The participation of local CSOs, INAS permanent agents, and neighbourhood committees was very important during the identification and registration phase because, by knowing the community well, they were able to contribute, among other things, to verify that the people enrolled in the programme met the necessary conditions and to correct any shortcomings. As for the communication strategy, it can be seen that the influence of the SBCC component on the nutritional behaviour of the beneficiaries varied according to the region, possibly due to differences in the phasing of payments, which led to a mismatch between the times when messages were transmitted and the times when payments were made, and also had the effect that the activists were sometimes focused on explaining and informing the population about delays and payment dates. Concerning messages on gender issues, the participation of CSOs was important, but the existing taboo made it difficult to work on them in greater depth.

In general, for many beneficiaries, the cash transfers led to an improvement in food security (more food, greater variety, and more nutritious) and increased consumption capacity and savings and/or entrepreneurship. The amount of the transfer, its regularity and the way it was

paid allowed the beneficiaries to make appropriate decisions about their own lives and families. These decisions were different depending on the vulnerability of each beneficiary - for example, beneficiaries who had had their homes damaged by natural disasters chose to invest part of the money in improving the safety conditions of the home. The delay in starting payments, especially in Zambézia, was a flaw that had negative consequences for coping strategies and the effectiveness of the SBCC component. This delay was mainly due to the fact that the payment method chosen (delivery of a SIM card and mobile phone for payment via the M-Pesa system) was affected by mobile phone stock-outs at suppliers. Alternative solutions took a long time to be implemented and were thoroughly discussed between the GoM and UNICEF-WFP because these players were not aligned on the proposed solutions to the mobile phone supply problem.

With regard to the complaints system, it was observed that there was a low level of awareness of the formal means of complaint and that beneficiaries preferred bottom-up and informal channels. This prevented adequate monitoring of formal aid processes and existing formal aid channels (Hotline, Complaint Box, etc.).

Efficiency and Coherence

Q1. Was the implementation by UNICEF/WFP consistent with the model nationally proposed by the government? Was it aligned with and complementary to other ongoing efforts proposed by the humanitarian community at large?

The programme was in line with the disaster response strategy in the Republic of Mozambique and allowed government and humanitarian community efforts to be maximised, taking advantage of each other's knowledge and capacities. As it was aligned with the PASD-PE, the UNICEF-WFP intervention benefited from the existing legal framework and operational structure, which was essential for the agility of the response. In this sense, COVID-19 was an opportunity to strengthen the current coverage mechanisms, expanding the perimeter of non-contributory social protection and showing the way forward to permanently mitigate vulnerability. The WFP-UNICEF intervention also made it possible to establish a new dynamic of cooperation between INAS and the WFP and to reinforce the complementary roles of INGD and INAS in this type of response. Despite pointing out the benefits of the framework in the disaster response strategy in the Republic of Mozambique, the review emphasised that it was necessary to go beyond the possible extension of benefits in the event of an emergency to permanently extend the perimeter of coverage. In this sense, COVID-19 was an opportunity for this crisis to strengthen the current coverage mechanisms, expanding the perimeter of non-contributory social protection and showing the way forward to permanently mitigate vulnerability.

Q2. What were the biggest achievements/lessons learned in coordination (programme documentation, communication, roles and responsibilities)?

A few issues can be mentioned as the greatest achievements of this intervention: (i) despite some initial difficulties, there was efficient cooperation between UNICEF, WFP, INAS and CSOs

at local level, enabling the difficulties encountered in the various phases of the Programme to be overcome; (ii) the involvement of neighbourhood management committees to facilitate communication with beneficiaries, including for awareness-raising activities, was very important. The members of the committees were representatives of the different target populations of the intervention, elected by the community, who were beneficiaries of the programme and who participated voluntarily in the committees; (iii) the identification of opportunities for improvement in the payment process (alternative identity verification measures for registration with M-Pesa for beneficiaries who did not have documents, need for harmonisation of the INAS and WFP payment databases to facilitate reconciliation) (iv) the involvement of CSOs to accompany/follow-up/support the beneficiaries throughout the Programme during the entire project phase, ensuring greater proximity to the community. In terms of lessons learnt, we noted: (i) the need to increase institutional capacity to cope with the new responsibilities arising from the expansion of social protection, as already mentioned in this report (ii) the importance of having a budgeted communication strategy that is flexible and adaptable to the context, as well as a local communication officer (communication specialist) who is trained and responsible for implementation and monitoring.

Q3. What contribution did the emergency intervention make to designing social protection mechanisms adapted to the shocks that can be rapidly activated?

The review highlighted the need to intervene in the following areas to improve contributions:

- 1. The need to have clearer selection and prioritisation criteria and to communicate these criteria better with communities.**
- 2. The need to strengthen the INAS system and structure so that it is able to respond to emergencies when demand and workload increase.**

The review emphasised the importance of implementing a skills reinforcement plan for:

- Support INAS in thematic areas such as adaptive social protection to shocks, issues related to registration, monitoring and evaluation
- Support INAS with Information Management System (IMS) training and the setting up of monitoring indicators
- Strengthen this institution by providing it with complementary resources (human and technological)

Conclusions on the efficiency and coherence of the intervention

The experience of collaboration and cooperation between institutions to help communities overcome the consequences of COVID-19 in general concluded positively, with some lessons learned (e.g. improving the communication strategy and its budget, training and monitoring specialists in the field of communication, adopting messages more appropriate to the context, collaboration with CSOs from the early stages of the project, etc.) that can be used by organisations to fill the gaps in future interventions.

The research also highlights the results in terms of coherence, that the emergency response made it possible to make visible the distinct role between INAS and INGD, that it is important to continue training INAS technicians, and that there is need to invest more in strengthening the capacities of the institution's technical (e-INAS system) and human resources to manage databases.

Recommendations

The review highlighted operational challenges at different stages of the intervention's implementation and suggestions for improving future "Cash Plus" interventions. Table 5 in Annex 9.3 presents the main points of analysis and suggests recommendations for improving processes, detailing the corresponding actions and the level of responsibility of each actor involved in the intervention. The table also presents recommendations for expanding the national social protection system, based on the lessons learnt from the intervention submitted for review. Below, we briefly present these recommendations, and the report presents a specific and detailed action plan for each recommendation.

Recommendation Area 1

Ensure the complementarity and coherence of the strategies of all the partners involved, promoting improvements in the processes of communication, decision-making and implementation of interventions.

The review also identified challenges in aligning and coordinating social protection efforts, which prevented better complementarity and coherence between the strategies of the various players involved. At the operational level, it was noted that lack of alignment and disagreement in terms of the timeline between the different components of the programme had an impact on implementation. For example, the time lag between registration and payment of the cash transfers caused dissatisfaction on the part of the beneficiaries. The following recommendations are therefore suggested for the WFP; UNICEF and the Government of Mozambique (INAS):

- **Recommendation 1:** Promote coordination meetings between all stakeholders (including the mobile payment operator and the local government) from the preparatory phase of the intervention and on a continuous and permanent basis throughout the duration of the programme.
- **Recommendation 2:** Set up an organisational chart defining hierarchies and levels of responsibility.
- **Recommendation 3:** Establish operational manuals or procedures on the main functions of the intervention, following the intervention cycle: (i) Identification and registration; (ii) Payments; (iii) Communication with beneficiaries; (iv) Content and facilitation modalities of the awareness raising modules.

- **Recommendation 4:** Ensure that the different components of the Social Protection Programme act in a coordinated and consequential manner during implementation (e.g. start registering beneficiaries in parallel with payments).

For each of the above recommendations, the report presents a specific and detailed action plan.

Recommendation Area 2

There is a need of ensuring a better communication strategy for and with the beneficiaries of the intervention⁷.

The review highlighted errors in communication with the beneficiaries (incorrect format and communication channels, which negatively impacted the relationship with them and, consequently, partly jeopardised the effectiveness of the actions implemented. The following recommendations are therefore suggested for the WFP; UNICEF, the Government of Mozambique (INAS):

- **Recommendation 5:** Define an appropriate Communication Strategy that is flexible and adaptable to the context, with a gender-sensitive approach.
- **Recommendation 6:** Provide the human and financial resources needed to implement the communication strategy.
- **Recommendation 7:** Carry out rapid evaluations of the intervention - ideally halfway through the programme - to establish the relevance of the intervention and the communication adopted.

For each of the above recommendations, the report presents a specific and detailed action plan.

Recommendation Area 3

Promote improvements to the Monitoring and Evaluation system for post-emergency programmes.

During the data collection phase, the review team identified a gap in the dialogue and coordination between the UNICEF and WFP Monitoring and Evaluation systems, as well as with that of the government, based on common points of reference and understanding of the context. It is important, while bearing in mind the difficulty and emergency nature of disasters, to always start by defining a baseline to qualify the situation of the population, as well as defining common and agreed indicators to monitor the intervention (implementation indicators). The following recommendation is therefore suggested:

⁷ A Communication Strategy is a guiding document for implementing and pursuing all the activities pertaining to communication, such as SBCC, community mobilisation, awareness-raising and information messages, media, focal points in the communities and communication officers in the institutions, monitoring, and coordination between the Programme's different partners.

Recommendation 8: Define a strategy for collecting, consolidating and analysing data for monitoring, following up and evaluating emergency actions.

The report presents a specific and detailed action plan for this recommendation.

Recommendation Area 4

Plan and anticipate future emergencies based on the lessons learnt from the experience of the COVID-19 intervention.

The review revealed that despite Mozambique's experience in crisis management (acquired due to a series of co-variable shocks in recent years), it is necessary to anticipate the planning of resources allocated to the management of post-emergency situations. The following recommendations are therefore suggested for the Government of Mozambique (INAS):

- **Recommendation 9:** Deepen synergies, coordination and cooperation between government institutions.
- **Recommendation 10:** Strengthening institutional capacity, as well as the definition and more dynamic activation of funding flows and mechanisms to allow rapid intervention of short and medium-term assistance in the field of Social Protection.

For each of the above recommendations, the report presents a specific and detailed action plan.

Recommendation Area 5

Use the experience of the intervention to promote more comprehensive social protection.

Although some shortcomings were observed in the centralisation of data in the E-INAS system, in registration and payments, the review demonstrated (through the experiences promoted by the PASD-PE and PMA-UNICEF interventions) that the existing system was highly flexible and had the capacity to promote the horizontal expansion of the social protection system. The following recommendations are therefore suggested for the Government of Mozambique (INAS):

- **Recommendation 11:** Evaluate the possibility of implementing a single registration system, maintaining, and integrating the database of beneficiaries of the COVID-19 response as a vulnerable group in urban/peri-urban areas.
- **Recommendation 12:** Study investment scenarios that allow for the promotion and expansion of non-contributory social protection.

For each of the above recommendations, the report presents a specific and detailed action plan.

2. Introduction and background

2.1. Background

The impact of the COVID-19 pandemic in Mozambique arises in a context of pervasive vulnerabilities that affect the country, considering that it remains one of the poorest countries in the world. These vulnerabilities include high levels of monetary and multidimensional poverty; widespread rates of chronic malnutrition, some structural difficulties of institutions to maintain a generalised efficiency of services in the health, education and social protection systems; limited employment; few income-generating opportunities; livelihoods with little sustainability; high exposure to the impacts of climate change and disasters, as well as significant gender inequalities, among others. In addition, prolonged violence and armed conflicts affect various parts of the country, such as Cabo Delgado, where an armed insurgency has taken hold in recent years, increasing the degree of vulnerability of the population living there.

The COVID-19 pandemic and the public health and social distancing measures adopted to reduce the spread of the virus exacerbated pre-existing vulnerabilities. Children, women, the elderly and people with disabilities have been heavily impacted. National statistics indicate that ten million children in Mozambique were already living in some form of poverty⁸. The COVID-19 pandemic has exacerbated and prolonged this situation, as well as depriving children of access to several of their basic rights, such as access to education. Women and girls responsible for the daily economic support of the family, due to their work in the informal sector, have suffered from the impact of the pandemic on urban and peri-urban economies. People with disabilities, who face barriers to accessing economic resources under normal circumstances, were also among the hardest hit. Indeed, the negative impact of epidemics on the informal economy and on the food and nutritional security of vulnerable populations, particularly children, women and the elderly, had already been observed during major episodes such as Ebola, SARS and MERS.

In the light of this epidemiological context, the Government of Mozambique (GoM) declared a State of Emergency on 1 April 2020, restricting movement within the national territory with partial border closures and suspending some economic activities. Whilst helping to slow down the spread of the virus, these measures could jeopardise millions of livelihoods. Therefore, to mitigate the socio-economic effects of the pandemic and the virus containment measures implemented, the Government of Mozambique (GoM) decided to extend the existing social protection mechanisms, adopting measures that resulted in:

⁸UNICEF (2020). Multidimensional Child Poverty in Mozambique, UNICEF

- i. Horizontal expansion of the social protection system in urban and peri-urban areas through the rapid registration of around 1.1 million new beneficiaries, and;
- ii. Vertical expansion of the social protection system to provide a supplement equivalent to three months of regular benefits for all existing social protection beneficiaries throughout the country (around 530,000 families).

The GoM's response to the crisis caused by COVID-19 is anchored in the current political and legal framework emanating from the National Basic Social Security Strategy II (ENSSB II), which allows for the activation of social protection programmes in emergency scenarios with the aim of "Ensuring social support and strengthening the resilience of Households in situations of poverty and vulnerability exposed to the effects of COVID-19"⁹. In this sense, the response led by the Ministry of Gender, Child, and Social Action (MGCAS) and the National Institute of Social Action (INAS) aimed to carry out:

- Additional payments to current beneficiaries of the Basic Social Subsidy Programme (PSSB), the Productive Social Action Programme (PASP) and the Direct Social Support Programme (PASD);
- Direct post-emergency transfers (PASD-PE COVID) to 1,102,825 new households, which represents 35% of the poor population living in urban areas.

As part of this governmental national response strategy and following the design of the Government Assistance Programme (Direct Social Support Programme - Post Emergency, PASD-PE), UNICEF and the World Food Programme (WFP) supported approximately 90,000 households with cash transfers in selected areas in the provinces of Tete and Zambézia. The cash transfers were complemented with a "cash plus" intervention of Social Behaviour Change Communication (SBCC) and referrals to appropriate services to address cases of sexual exploitation and abuse and cases of gender-based violence. The aim of this review is to analyse the UNICEF-WFP intervention, as follows.

2.2. Objective(s) and scope of the review

Considering the ToR, the general objective of this programme review was to assess the relevance, effectiveness, efficiency and coherence of the Social Protection Response to COVID-19 implemented by UNICEF and WFP in support of the GoM in the urban and peri-urban areas targeted by joint implementation in the following target locations: Moatize and Zobue in Tete; the city of Quelimane and the districts of Quelimane and Milange in Zambézia. This intervention, described in the following section, covers a group of approximately 90,000

⁹ PLANO DE RESPOSTA À COVID-19 EM MOÇAMBIQUE - PROTECÇÃO SOCIAL
<https://www.unicef.org/mozambique/media/2886/file/PLANO%20DE%20RESPOSTA%20À%20COVID-19%20EM%20MOÇAMBIQUE%20-%20PROTECÇÃO%20SOCIAL.pdf>

households selected according to the specific emergency response criteria for the GoM's PASD-PE Programme and covers the two dimensions of the programme implemented by UNICEF-WFP, namely: (i) cash transfers, in an amount equivalent to that distributed in other areas of the response implemented by the government (a monthly amount of 1,500 MZN), (ii) communication actions for behaviour change in nutrition and violence prevention.

The review has a strong learning purpose, through the following dimensions:

- a. Ensure the informed participation of programme decision-makers (throughout the collection, processing and communication of results).
- b. Identify operational and programme lessons that will help improve preparedness, response and planning for shock-resilient social protection.
- c. Strengthen UNICEF's and WFP's accountability to programme beneficiaries and their communities, partners and other key stakeholders.

The main objectives of this review are as follows:

- a. Analyse to what extent the proposed targeting mechanism and programme design (cash plus modality) are relevant and appropriate to the needs of vulnerable individuals (e.g. exclusion and inclusion error) and identified community priorities (geographical targeting).
- b. Analyse how effective gender transformative strategies are in achieving differentiated outcomes for women, men, girls and boys in vulnerable populations.
- c. To understand the extent to which the shock-responsive social protection programme (PASD-PE) is capable, or has the potential, to produce results in the short and medium term, in particular to produce a transformative and/or gender-equitable intervention.
- d. Examine the efficiency and coherence of social protection efforts responding to the shock and their alignment and complementarity with government and partner strategies.
- e. Highlight implementation lessons and make recommendations to improve the design of social protection in response to shock with sensitivity to women and children.

It is hoped that this review will contribute to improving Monitoring and Evaluation (M&E) efforts within ongoing and future social protection programmes in Mozambique. The knowledge generated by the review will also inform the Government's broader plan, allowing INAS to learn and adapt future shock response programmes. The results of the review will contribute to institutional learning in Mozambique and in the global community of practice on crisis response. Mindful of the importance of inclusiveness and especially the perspective in which the intervention was designed, the Review Team included a gender and human rights-sensitive lens throughout all stages of the review process.

2.3. Criteria for reviewing the UNICEF-WFP intervention

The programme review sets out to answer a series of questions designed to help assess the criteria of relevance, effectiveness, efficiency and coherence of the intervention. The questions

specific to each criterion were established on the basis of the list presented in the ToR. The list of questions will be presented and discussed in Chapter 4, when the results of this review are presented¹⁰.

Relevance

The programme review seeks to understand to what extent the response is adapted to local needs and whether it is reaching the most vulnerable children and women. Similarly, this process helps to understand whether the programme increases responsibility, ownership and effectiveness in protecting the target populations. Given the mutations induced by the COVID-19 emergency context, the review looks at whether the response is consistent with the evolution of the effects of the pandemic.

Effectiveness

The programme review seeks to assess whether the results of the programme have been achieved. It assesses whether cash transfers for emergency response and behaviour change communication for health and nutrition and prevention of gender-based violence (GBV) demonstrate a reasonable contribution at the level of immediate results. Special attention is paid to the differential results between groups of women and people with disabilities.

Efficiency and coherence

The review assesses the extent to which social protection intervention in emergencies uses social policy instruments to provide coherent and effective action in humanitarian and emergency conditions. The following are considered as instruments within the framework of adaptation to the humanitarian context and strategic planning, data collection and information management, resource mobilisation and accountability, negotiation and maintenance of a working framework with national and local political authorities. Similarly, the implementation of a monitoring system can be included in this set.

¹⁰During the preliminary discussions with UNICEF, where the Review Team was able to expand the understanding of the implementation of the programme and the expected results of the intervention, it was considered useful to add some questions to the initial list. These questions only elaborate on the initial questions without distorting their essence. For example, the team proposes a question on the integration of the programme into ENSSB II to provide a better appreciation of the potential of the UNICEF-WFP intervention to provide lessons learned for strengthening social protection.

3. Purpose of the review

The purpose of this review is to analyse UNICEF-WFP's intervention in support of the GoM in managing the COVID-19 pandemic, according to the criteria described in section 1.2. This intervention will be briefly described in this chapter.

3.1. Description of the UNICEF-WFP social protection response

The response to COVID-19 by UNICEF and its partners in the field of social protection aimed to increase the resilience of the most vulnerable population during the pandemic, with a focus on children, women and people with disabilities, as illustrated in the Theory of Change. In this regard, UNICEF and the WFP supported the Government's Social Protection response within the framework established by the National Basic Social Security Strategy II (ENSSB II) and under the terms of the PASD-PE programme intervention. The intervention, which covered approximately 90,000 households, was restricted to the provinces of Tete and Zambézia and concentrated on areas that were already included at national level, and funding through the two UN agencies allowed the programme to cover these territories from the very first phase.

The UNICEF-WFP strategy focused on two areas: a cash transfer component and a communication component for social and behavioural change. Both dimensions were combined to multiply the benefits of the programme:

(i) Cash transfers to enable families to access food and basic services and reduce the stress and general social conflict of households with limited economic resources, generating an impact on the general improvement of the health and nutrition of beneficiary households and the prevention of Gender-Based Violence (GBV). The amount of the cash transfers was aligned with the national response, i.e. the equivalent to 1,500 MT per month per household, for 6 months¹¹. For the cash transfer component, UNICEF and WFP supported MGCAS/INAS in three areas:

- support for coordination between MGCAS/INAS and UN agencies for the registration of beneficiaries and the delivery of cash transfers;
- support to find external financing to cover part of the cost of the intervention, with a total amount of US\$ 14,251,161 (CA\$ 20,000,000)¹²;
- funding part of the cost of the intervention reaching 11,704 households in Moatize.

¹¹ MGCAS 27-5_ Presentation UNICEF and WFP

¹² Final Report - PASDPE COVID_Enrolments Milange December 2020-final-1. It should be noted that in addition to funding from Canada, the WFP received funding from the BHA, and KfW/BMZ, to reach approximately 90,000 targeted households..

(ii) Social Behaviour Change Communication (SBCC) to provide beneficiary families with fundamental information on good nutritional practices, self-care and health-seeking behaviours, gender roles and gender-based violence, promoting the use of subsidies in an appropriate way to improve the quality of life of families and reinforcing the referral and reporting of cases of corruption, exploitation and sexual abuse to the appropriate services¹³.

These strategies directly and indirectly address the Sustainable Development Goals (SDGs) for (i) Poverty; (ii) Zero Hunger; (iii) Good Health and Well-being; (iv) Gender Equality; (v) Reducing Inequality; (vi) Responsible Consumption and Production; and (vii) Partnerships for the Goals.

Money transfers

Overall, the intervention aimed to reach approximately 88,579 households with the cash transfers, as detailed in the following table ¹⁴

Table 1- Cash Transfers

Locality		Number of Households
Zambézia	Milange	8,654
	Quelimane City	38,489
	Quelimane District	24,759
Tete	Moatize	15,117
Total		87,019

Obs: It should be emphasised that, at the time of drafting this report, payments were still pending for 178 households in the localities of Quelimane City and Quelimane District. These residual payments were to be made in February 2023.

Beneficiaries were selected in the same way as in the other PASD-PE intervention areas and followed these steps¹⁵:

¹³ UNICEF-MCO-P009135_2021-Annual-Report_080422

¹⁴ UNICEF-MCO-P009135_2021-Annual-Report_080422

¹⁵ Treinamento CPs Comitês Comunitários v2 UNICEF; UN Support to MGCAS SP Response_24-6-20

1. Central INAS provides pre-lists, based on a geographical orientation using the Multidimensional Poverty Index (poverty analysis based on data from the 2017 Census)¹⁶;
2. Selection of families by INAS community workers on the basis of a set of eligibility criteria agreed at national level;
3. Verification and registration of households on the INAS pre-list by community organisations;
4. Nomination of additional beneficiaries by NGO partners and community committees¹⁷;
5. Verification and enrolment of these additional beneficiaries by INAS together with UNICEF and WFP, with the support of CSOs¹⁸;
6. Final list of beneficiaries;
7. Payments by INAS;
8. Sharing data with INAS for inclusion in e-INAS¹⁹.

The criteria used to select the beneficiaries were as follows²⁰:

Households in a situation of poverty and vulnerability:

- Headed by elderly people;
- Headed by People with Chronic and Degenerative Diseases;
- Headed by people with disabilities;
- Headed by children;
- With children and/or living with Older People, People with Disabilities and People with Chronic and Degenerative Diseases;
- Headed by pregnant women with no source of income;
- Headed by women living with 6 or more dependents.

The details of the programme's implementation (selection and enrolment of beneficiaries, payments, SBCC communication methods) will be covered in the chapter on the results of the intervention (below), but a summary of the different phases is given below.

16 Nota técnica seleção de distritos Covid-19 MGCAS 18.05.20 (002)

17UN Support to MGCAS SP Response_24-6-20

18 Final Report – PASD-PE COVID_Milange Registrations December 2020-final-1

19 MGCAS 27-5_Apresentação UNICEF e PMA

20Updateby INAS (Olivia) on 1211.2020

Implementing beneficiary identification

The preliminary analysis of the documents reveals that the identification of the beneficiaries was adapted to the challenges and constraints detailed in the following paragraphs.

Basically, the pre-listing exercise by INAS (at both central and local level) was completed in 2020. On the basis of the pre-lists, the INAS team worked closely with the UNICEF-WFP teams and partners to enrol all the beneficiaries. Actually, the UNICEF-WFP programme relied on the support of Civil Society Organisations (CSOs) and community committees to verify which families met the criteria set out in the PASD-PE COVID intervention design. In Zambezia province, an agreement was reached to involve NAFEZA (Center of Women's Associations of Zambezia), a CSO whose aim is to promote the fulfilment of women's and girls' rights through equitable access to quality services and access to and control of sustainable resources as a way of eliminating gender-based violence²¹. In the selection phase, the organisation helped identify vulnerable families who were not on the INAS-Delegation shortlists, despite meeting the eligibility criteria. In the beneficiary enrolment phase, NAFEZA helped organise the lines at the enrolment sites, ensuring compliance with social distancing measures, disseminating SBCC messages and helping to prioritise the most vulnerable groups. In Tete, UNICEF-WFP's partners were the Christian Council of Mozambique (CCM) and Kulima. In general, in both provinces, CSOs helped to ensure transparency and follow-up throughout the selection and enrolment process²².

This collaboration was important and made it possible to solve some of the challenges encountered: in some cases the pre-lists sent by the Central INAS included some duplicate names (especially in Zambézia); in some cases households were included in the lists without actually meeting the eligibility criteria; in some cases different members of the same household were included in the list, in contrast to what the programme envisaged.²³ In response to the challenges encountered, the shortlists and lists were revised and corrected by the project partners. For example, households that shouldn't have been registered were replaced by other eligible households from the same area, duplicate names of the same household were excluded, etc.

It is also important to mention that when the beneficiary registration was completed, the programme partners noticed a disparity with the timing of the start of the next stage (M-Pesa registration for payment). A significant delay in these two activities caused several problems (movement of beneficiaries and the list became outdated; generation of expectations on the part of the community that the programme would start soon and delay caused tension and distrust on the part of the programme operator).

²¹ NAFEZA

²²Relatório FInal - PASDPE COVID_InscriçõesMilange Dezembro 2020-final-1

²³ Relatório FInal - PASD-PE COVID_InscriçõesMilange Dezembro 2020-final-1

Payments

The Government of Mozambique (GoM) has decided that payments under the national PASD-PE COVID programme will be made electronically, using mobile phones²⁴. Considering the low rate of mobile phone ownership in some of the target areas, it was decided to distribute mobile phones to all beneficiaries to ensure fairness. The electronic payment modality was also intended to ensure transparency and security in the process, increasing the autonomy of beneficiaries who don't have to rely on third parties to use their mobile phones to receive payments. The distribution of mobile phones would also help to reduce gender inequalities²⁵ since women and people with disabilities had less access to mobile phones because they were less able to afford them, and often this access was also hindered by partners or family members.

In August 2020, a contract was signed between the WFP and Vodacom for the payment of the different instalments of cash transfers. According to information provided by the UNICEF team, Vodacom was responsible for opening M-Pesa accounts for the beneficiaries and for transferring money to each M-Pesa account on paydays. On payment days, Vodacom agents were sent to the payment points so that the beneficiaries could withdraw the money. At these payment points, Vodacom would usually also send a "super agent", who would guarantee liquidity to the agents with less capital, to allow continuity in paying the beneficiaries. In Zambezia province, the WFP contracted World Vision to help organise the payments, supporting Vodacom in opening the M-Pesa accounts for the beneficiaries²⁶.

The payments phase faced some challenges. The implementation of payments had to be rescheduled in some areas due to the disruption in the supply chain because of the pandemic and the unavailability on the market of a sufficient quantity of mobile phones to be distributed. Consequently, the start of cash transfers had to be postponed in Quelimane and Milange (in Zambézia) and in Moatize and Zóbuè (in Tete). Alternative solutions were considered (distribution of the SIM card only, without the mobile phone handset), but they took a long time to be approved and implemented (see below in the analysis of results), leading to delays in payments.

Furthermore, the delays in starting the programme in Zambezia were not only due to the distribution of telephones, but also to some challenges faced during the printing of the INAS cards that were key to identifying beneficiaries and opening M-Pesa accounts.

Social Behaviour Change Communication (SBCC)

The cash transfers were complemented by a Communication for Social and Behavioural Change (SBCC) component with the aim of conveying key priority messages promoting the use

²⁴MGCAS 27-5_Apresentacao UNICEF e PMA

²⁵UNICEF-MCO-P009135_2021-Annual-Report_080422

²⁶ Exploratory interview with UNICEF SP team 19/05/2022

of subsidies in an appropriate way to improve families' quality of life, as well as reinforcing the referral and reporting of cases of corruption, exploitation and sexual abuse to the appropriate services²⁷.

While the WFP was responsible for conveying messages relating to nutrition (healthy eating habits, the importance of diversity in food, etc.), UNICEF focused its communication efforts on sensitising beneficiaries to COVID-19 preventive practices, health-enhancing behaviours, the use of money and gender aspects (including the empowerment of women and the prevention of and redress for gender-based violence and sexual exploitation and abuse). Despite this distinction, it was not possible within the context of this review to distinguish the effects of the SBCC activities of the two organisations, due to the beneficiaries' lack of awareness of these differences. Therefore, when referring to SBCC activities in this report, we mean the activities conducted by both organisations, indistinctly.

Therefore, the messages shared through the SBCC component include:

- COVID-19 preventive practices and health-enhancing behaviours
- Gender and protection aspects, including the empowerment of women and the prevention of and redress for gender-based violence and sexual exploitation and abuse
- Promotion of healthy nutritional habits, including infant and young child feeding, and information on available health and nutrition services.

Considering the context of the COVID-19 pandemic, the SBCC component initially planned to rely on mobile phone communication to share messages while reducing interpersonal contact, avoiding crowds and mass gatherings. The messages were planned to be sent via the Rapid-Pro platform, a free-to-use structure designed to send and receive data such as text messages, questions and answers in SMS format using basic mobile phones, generate reports and analyses and present results in real time. The Rapid-Pro platform would have allowed UNICEF to share key messages with beneficiaries, while receiving feedback from them, assessing the level of knowledge acquired through the messages, and avoiding physical contact²⁸. However, given the shortage of mobile phones on the market, as mentioned above, it was necessary to find alternative solutions for distributing the SBCC messages. Thus, the distribution of the SBCC messages preferred other channels: (i) interpersonal communication through community players; (ii) dissemination of messages through community radio stations; (iii) social mobilisation and awareness-raising through CSOs²⁹. This challenge and the solutions found are discussed in greater depth in this review in the chapter on results (see below).

²⁷ C4D plan - mudanças

²⁸ C4D plan - mudanças

²⁹ idem

3.2. Time planning

According to the information presented above, Figure 1 shows the main milestones in the implementation of the intervention.

Figure 1. Main milestones in the implementation of the intervention



Source: PlanEval

At the time of drafting this report, all project activities had been completed and finalised.

3.3. Funding

UNICEF and the WFP signed a UN-UN agreement for the implementation of this project with a total value of US\$ 1,700,000 (UNICEF: US\$ 500,000.00; WFP: US\$ 1,200,000). From UNICEF's contribution, US\$ 416,673.26 was allocated to the payment of cash transfers³⁰.

In addition to internal funding, UNICEF and WFP sought external sources of funding. Canada's Department of Foreign Affairs Trade and Development (DFATD) provided around US\$14,251,162 (CA\$20,000,000) for the UNICEF-WFP intervention. The Grant Agreement

³⁰AnnexC_Full budget (30092020). Based on the documentation available, it was not possible to identify what amount was allocated to Cash Transfers by the WFP.

between UNICEF and DFATD was signed on 6 January 2021³¹. With DFATD funding, the intervention was able to reach approximately 30,000 more households.

The table in Annex 8.3 provides an overview of the intended use of funds from the Department of Foreign Affairs, Trade and Development Canada, as presented in UNICEF's proposal to DFATD. As of 31 December 2021, the total contribution received to date amounted to CA\$9,901,481 (US\$7,946,613.96). By then, 73% of the funds received (CA\$ 7,179,903 / US\$ 5,762,361.59) had been utilised, representing 36% of the overall grant³².

The rest of the funding came from USAID and KfW/BMZ, through the WFP³³.

3.4. Programme management and coordination structures

As stated above, UNICEF and the WFP signed an UN-UN agreement for the joint implementation of PASD-PE COVID, supporting the Government of Mozambique in the implementation of its COVID-19 social protection plan in the provinces of Tete and Zambézia³⁴.

The UNICEF-WFP programme was coordinated jointly with MGCAS/INAS, the government institution responsible for implementing the national social protection plan in response to COVID-19, both at central and provincial level³⁵. Table 1 below shows the responsibilities of each implementing partner in the different activities of the intervention.

Table 2- Responsibilities of the implementing partners

Activity	UNICEF	WFP	MGCAS / INAS	Comments
Coordination with the GoM, ensuring alignment with the social protection response to COVID-19	X	X	X	UNICEF/WFP through the Technical Advisory Group (TAG) and direct trilateral communication with MGCAS/INAS
Coordination with the National Institute for Disaster Risk Reduction and Management (INGD)	X	X		Through INGD Focal Points in each Agency, with a focus on both the Food Security and Social Protection hubs/plans.
Beneficiary identification		X	X	WFP requests list of potential

³¹ Final Signed Grant - Social Protection

³² It should be noted that the amounts of funds utilised and the remaining balance are provisional based on uncertified financial statements. The utilisation of funds is expected to be higher than reported.

³³ Source: clarification provided by the UNICEF team.

³⁴Annual Report

³⁵ MGCAS 27-5_ Presentation UNICEF and WFP

Activity	UNICEF	WFP	MGCAS / INAS	Comments
				beneficiaries from INAS
Verification and selection of beneficiaries	X	X	X	The WFP and its implementing partner carried out remote and community verification and enrolment on the INAS shortlists. UNICEF supported the involvement of local CSOs in verification (at community level) to ensure awareness raising and inclusion of vulnerable groups.
Contract, payment and conciliation with Financial Services Provider/Mobile Network Operator		X		
Development of SBCC key messages on COVID-19, gender and nutrition for community radio and interpersonal counselling at community level	X	X		
Production of SBCC materials as required	X	X		
Agreements with partners (CSOs) for community mobilisation/engagement, programme communication and SBCC	X	X		
Delivery of behavioural messaging campaigns through multiple channels	X	X		
Platforms for community involvement and accountability	X	X		The WFP created and manages the Hotline. UNICEF supports the registration, referral and follow-up of protection cases (including GBV).
Protection from Sexual Exploitation and Abuse (PSEA) case referrals	X	X		
Monitoring & Learning:				(see below)
a. Monitoring of enrolments and payments		X		

Activity	UNICEF	WFP	MGCAS / INAS	Comments
b. Monitoring the SBCC and protection and nutrition cases	X	X		
c. Real-time evaluation	X			Initially, a real-time evaluation of the intervention was planned. This option was replaced by a summary review.

Source: Annex B – Program Proposal (29092020)

To ensure effective coordination of the multiple players, clear mechanisms for documentation, sharing responsibilities and the flow of communication were put in place. Central INAS, its delegations at provincial/district level, the UNICEF team, WFP, Vodacom and CSO partners communicated weekly through virtual meetings, during which issues were highlighted and timely actions agreed upon³⁶.

In the context of the national framework for the social protection response to COVID-19, UNICEF and WFP actively participated in multiple partnership mechanisms, such as the Social Action Group (sectoral working group with the government), the INAS Follow-up Group (coordination mechanism with INAS on cash transfers) and the Adaptive Social Protection Working Group, merged with the Cash Transfers Working Group led by WFP and World Vision International (WVI). In addition, UNICEF co-chaired the Technical Advisory Group (TAG) for the social protection response to COVID-19. The WFP played a key role in the delivery of the PASD-PE COVID, especially capitalising on its existing relationship with Vodacom and its mobile money payment mechanism (M-Pesa). The intervention also relied heavily on the involvement of CSOs (NAFEZA in Zambezia, the Christian Council and Kulima in Tete) to ensure effective communication and engagement with project beneficiaries in Tete) to ensure effective communication and engagement with project beneficiaries.

Monitoring & Evaluation

A Performance Monitoring Framework (PMF) for Monitoring and Evaluating the Intervention was created to track progress towards the intervention's results. As part of the monitoring activities, we can consider, for example, the supervision of each cycle of payments to beneficiaries³⁷ and complaints mechanism.³⁸

³⁶ UNICEF-MCO-P009135_2021-Annual-Report_080422

³⁷ Update by INAS (Olivia) on 1211.2020

³⁸ At the time of this review, the review team did not have access to complete monitoring data.

An external service provider was contracted to carry out Spot Checks to determine whether the beneficiaries of the cash transfers met the requirements to benefit from the programme and MGCAS monitored the payment process to verify whether the beneficiaries actually received the cash transfers from a representative sample of 10% of the beneficiaries.

Furthermore, throughout the implementation of the Programme, aiming to understand how the beneficiaries were using the money from the cash transfers, a data collection process called Post Distribution Monitoring (PDM) was developed, the purpose of which was to collect data on (i) information and awareness raising; (ii) orientation; (iii) the cash distribution process; (iv) the use of cash; (v) the beneficiaries' understanding and use of the existing complaints mechanism. At the same time, an observational process implemented at the Cash Distribution Points was developed with a focus on analysing (i) the Management of the Distribution Points; (ii) the Beneficiary Verification process; (iii) cash handling; and (iv) the Feedback and Complaints Mechanism³⁹.

In Zambezia province, a Social Protection consultant was also hired to support the government, partners and the UNICEF Office in the province. The consultant presented a series of reports: (i) an initial report focusing on the Verification and Enrolment of Beneficiaries phase; (ii) four monthly PASD-PE COVID monitoring reports (from October 2020 to January 2021) reporting on the status of payments, the implementation of the SBCC component, the information captured through the CSO partners and the cases identified and referred through the Green Line; (iii) a final PASD-PE COVID monitoring report covering the implementation period from November 2020 to May 2021⁴⁰.

³⁹ In this report, the Review Team analysed the Post-Distribution Monitoring (PDM) data contained in the monitoring reports provided by the WFP, resulting from the interviews that the WFP itself conducted with beneficiaries throughout the programme's implementation. These were multiple data sets derived from more than 1,000 interviews with WFP beneficiaries carried out over more than 1.5 years in Tete and Zambezia.

⁴⁰ Final monitoring report PASD-PE Zambezia #6-commentsLJ

4. Methodology used to review the intervention

With the aim of ensuring a broad, comprehensive and adequate review for the purposes set out in the paragraph above, a mixed methodology was adopted (document review, qualitative research and quantitative research) integrating two cross-cutting components: (i) an inclusive and participatory research protocol; (ii) an approach based on equity and human rights, sensitive to gender. The review also included an analytical dimension based on the application of the Qualitative Impact Protocol (QuIP) to identify the causal factors of the observed results. The analysis considers the context in which the programme was implemented and examines the results observed in relation to those predicted by the theory of change, formulating explanations for the progress made and the limits of the achievements, taking into account the constraints and opportunities for the programme players at each stage of implementation.

These various working methods are summarised in the following subchapters.

4.1. Document review

A review of documents made available by the UNICEF team was carried out. The purpose of this review was to allow the team to understand various aspects of the intervention, mainly:

(i) the specific context of the intervention and its programme objectives: The review team prioritised the documents relating to the government-led emergency response and its framework in the national social policy strategy, as well as the proposed arrangements for dealing with the pandemic.

(ii) The characteristics of the project's target population: the desk study sought to understand the initial state of the populations by collecting and analysing all available contextual information on the socio-economic conditions of households, families' consumption and nutrition habits, deprivations suffered before and during the COVID-19 crisis, risks of incidents of gender-based violence, etc.

(iii) The main operational features of the programme: targeting, design, payment and awareness-raising operations and procedures for handling complaints and referring incidents of violence.

It should be noted that in the absence of a baseline illustrating the socio-economic, nutritional and violence indicators of the target groups at the start of the project, the Review Team identified several secondary sources at the beginning of the process to carry out the quantitative analysis:

- i. Beneficiary data available from INAS and supplemented by identification work upstream of the UNICEF-WFP intervention in the Information Management System (SGI).

- ii. Post-Distribution Monitoring⁴¹
- iii. The food security reference system managed by the WFP (FIES)
- iv. The payment reports

However, of the sources presented above, only the PDM data was obtained for examination and analysis⁴². With regard to the beneficiary database, the system was inaccessible at the time of the fieldwork and beneficiary data was only extracted in the form of lists separated by site, which was difficult to examine. Finally, the rectified payment base with all payments was not provided due to delays in the reconciliation process.

Knowing the state of the population, the review team tried to identify the parameters on which the components of the cash transfer programme act. And in doing so, the review team tried to identify the challenges, the actions implemented and the alternative solutions applied to serve these populations. In addition, the documentary analysis relating to the stages of the project's implementation aimed to identify the adjustments proposed during the course of the intervention.

A list of documents was made available by the UNICEF team at the beginning of the review and other documents were provided by UNICEF and other stakeholders throughout the data collection phase.

The data collection methods to be applied are summarised in the following subchapters and categorised under the broader headings of qualitative and quantitative methods.

4.2. Qualitative component

The aim of the qualitative component was to gather information from stakeholders and project beneficiaries to understand their unique experiences within the framework of the UNICEF-WFP intervention.

In addition to conducting focus group interviews with project beneficiaries - described below - a number of exchanges were held with civil society organisations (women's associations, local organisations) to gauge their knowledge and understanding of intra-family dynamics, the challenges posed by the COVID-19 crisis and the solutions implemented locally during the intervention. In addition to the beneficiaries of the intervention, the Review Team interviewed non-beneficiary individuals with characteristics close to those of the beneficiaries to find out what information they had received regarding reasons for their non-eligibility in the Programme. Finally, the qualitative component aimed to integrate specific cases - people identified later,

⁴¹ As described later, the PDM corresponds to the collection of data for the monitoring of the process, to be distinguished from the PDM for the monitoring of results that the WFP also conducts.

⁴²The description of the difficulties in accessing each of the sources is specified in the "Challenges and limitations" section of this review. It should be noted that one of the most important data sources for this review is the payments database and direct access to the E-INAS system, where the beneficiaries of the intervention were registered.

beneficiaries who suffered payment delays, people who made complaints - to find out about their experience with the management of the programme.

Interviews with key informants

There were (i) 32 individual interviews with key informants, divided equally between the provinces targeted by this review and (ii) 23 individual interviews with key informants at national level. The key informants proposed for this component are partner institutions and government institutions, including Local Authorities, NGOs, Civil Society Organisations (CSOs), Public Institutions, United Nations Agencies, International Institutions and Service Providers. All the people interviewed were identified through reasonable sampling based on information provided by the UNICEF office in Mozambique. More details on the institutions and people interviewed can be found in **Annex 9.4**.

The individual interviews aimed to understand the history of the programme, its implementation and its adaptations.

Bearing in mind that the review took place at the end of the intervention, the issue of lessons learnt and challenges faced was also addressed with a view to improving the emergency response and adapting ENSSB II to better respond to shocks.

Focus groups (FG) with beneficiaries

Nine (9) FGs were held with beneficiaries of the cash transfer programme, four (4) in Zambézia province and five (5) in Tete province. The main aim of the FG discussions was to collect data on the implementation of the programme and on the changes brought about in the lives of the beneficiaries as a result of their participation in the programme. The participants in the FGs were selected with the support of the Local Authorities, Community Leaders and CSOs. Each FG brought together in the same group participants with homogeneous and similar profiles, though from different backgrounds and socio-demographic characteristics, all of whom were beneficiaries of the cash transfers.

The focus groups had the following characteristics:

- Groups with a maximum of 8 participants
- A maximum duration of 60 minutes
- Held in a comfortable, easily accessible, and open location that will ensure the confidentiality of the discussion
- Use of a pre-designed question guide to lead the discussion
- The moderator/facilitator leads the discussion and takes notes and is flexible in the discussion, directing and encouraging the group

- Discussions recorded and then transcribed.⁴³

The organisation of the focus groups required the support of UNICEF and the teams working in the field to approach the target populations in the least intrusive way possible, trying to reach a reasonable sample. Similarly, given the vulnerability of certain categories of the population, such as people with disabilities or chronic diseases, it was necessary to ensure that carers could accompany these individuals during the focus groups.

Individual interviews with beneficiaries, non-beneficiaries, and specific cases

In preliminary exchanges with the UNICEF team and in reading some of the documents analysed by the review team, consideration was given to the possibility that certain groups of individuals had benefited late from cash transfers or had been identified late by the targeting process. This is why the Review Team proposed interviewing these individuals after having identified the cases corresponding to this situation. Case selection required the support of local structures and operational staff with situational knowledge. The review team also set out to identify cases from the beneficiaries' testimonies during the focus groups.

In the case of interviews with non-beneficiaries and specific cases, the interviews were carried out as normal. In the case of the interviews with beneficiaries, the QuIP methodology was used, and the interviews were carried out blind (cf. methodology described below). The guide for these interviews included more general questions about the changes that had been observed by the respondents in different areas of their lives. Questions about the factors that, in their opinion, contributed to these changes were asked.

Initially, 34 semi-structured interviews were planned, including 20 QuIP interviews. In reality, 23 QuIP interviews and 22 non-QuIP interviews were carried out. The reasons for these differences were related to the context encountered by the review team in the communities and the fact that it identified several particular cases, useful for improving the results of the review.

Qualitative impact protocol (QuIP)

The methodology used to identify the causal factors was the Qualitative Impact Protocol (QuIP). The QuIP is a qualitative methodology for assessing causality, one of a growing number of methodological options for carrying out an impact review without the use of counterfactuals. It is a method that uses beneficiaries' reports of change to qualitatively assess the impact of a programme. Through interviews and group discussions, field researchers collected accounts shared by beneficiaries about changes they had experienced in specific areas of their lives over a pre-defined period. Beneficiaries also shared what they considered to be the drivers of these changes.

In this method, during the primary data collection phase, the beneficiaries interviewed were not aware of which programme was being evaluated ("blind" exchanges). The use of generic,

⁴³With the informed consent of all participants.

exploratory questions about the changes observed, without direct reference to the programme, gives equal weight to all possible influences on the changes observed in people's lives, not just those that referred to the programme in question. This provided neutral and quite enlightening information, allowing the theory of change of the programme to be confirmed or to support its possible refinement. Field researchers collect accounts shared by beneficiaries about changes they have experienced in specific domains of their lives over a pre-defined period. Beneficiaries also shared what they consider to be the drivers of these changes.

According to the proposed approach, the review seeks to: (i) identify the effects of the interventions - i.e. which activities and products contributed to the long-term transformations observed in the context in which they occurred; (ii) understand how these effects are distributed among the players, i.e. how the various development partners have benefited from and contributed to the observed results; (iii) identify and describe the causal relationships between activities, products and results, whether intentional or not, to explain how the observed changes have or have not occurred and have become actionable.

Selection of participants

Different participant selection strategies were considered for each component of the intervention: In the case of cash transfers, the possibility of using existing secondary data on beneficiaries to carry out a stratified selection of interview participants was considered. However, the review team did not receive access to the beneficiary lists before the start of the field activities and convenience sampling was carried out. This sampling observed criteria with regard to geographical distribution and the profile of the people to be interviewed (people who were beneficiaries of the cash transfers; people who had particular cases such as beneficiaries who received only one transfer, beneficiaries who received the transfers very late, people who met the requirements but were not beneficiaries, people who complained and other profiles identified in the field phase). In the case of the SBCC messages, there was no list of beneficiaries. Convenience sampling was therefore considered. The key informants were selected based on the criterion of having been involved, directly or indirectly, in any of the different phases of the project.

The selection of beneficiaries and non-beneficiaries that took part in the semi-structured interviews and focus groups was based on criteria pre-defined by the review team, which had the support of local UNICEF-WFP teams, provincial and municipal authorities, and CSOs that knew the Programme participants. The Review Team travelled to the provinces of Tete and Zambézia to prepare for the fieldwork and data collection and held meetings with the provincial and municipal authorities, including the Neighbourhood Committee, INAS-Delegation and the CSOs, to ensure the correct identification of the people to be interviewed and to form part of the focus groups, as well as to raise awareness of the support of the local parties.

The Review Team disseminated the criteria for choosing and the profiles of the people to be interviewed (People who were beneficiaries of the cash transfers, People who had particular cases: beneficiaries who received only one transfer, beneficiaries who received the transfers

very late, People who met the requirements but were not beneficiaries, People who complained and other profiles identified in the field phase), as well as the approach to be implemented by the different interviewees (e.g. QuIP and Non-QuIP methodology). During these meetings, the strategy for carrying out the QuIP interviews (hidden) was also defined, to ensure the non-influence/neutrality of the interviewees. Therefore, based on the INAS lists and knowledge of the different CSO cases, participants were randomly selected for the interviews, endeavouring to divide the interviewees by different areas.

Interviews with key informants were quicker because only one criterion was used; interviewing people who were directly or indirectly involved in the project at the different stages.

Direct observation

In the initial phase of the review, the review team considered capitalising on the latest payments to carry out a direct observation of the events taking place on this occasion. In reality, this observation was not possible because the payment did not coincide with the field data collection period planned by the review team.

Analysis of qualitative data

With all the data collected, it was analysed to map the results attributed directly or implicitly to the programme by the beneficiaries. These outcomes can be anticipated, unintended, positive or negative. The analysts also mapped other factors, besides the programme, that contributed to the achievement of the intended results.

With the participants' authorisation, the interviews and focus groups were recorded and then transcribed in to facilitate the analysis phase. In cases where the participants did not agree to the interviews being recorded, the research team relied on the notes taken during the interview. From the transcripts and/or notes, the research team first read the beneficiaries' narratives and systematically coded the results and leads. Coding was either deductive, using predetermined themes, or inductive, by identifying repetitions and patterns. During this coding phase, the causal factors were classified on the basis of whether they explicitly referred to the programme's activities, implicitly corroborated or contested the theory of change, or were unrelated to the programme but significant for the achievement of the outcome. This classification made it possible to analyse the respondents' reported experiences and how different factors may have interacted to help bring about the change.

In addition, the analysis of the data collected was also supported by the coding of the QuIP interviews and the development of Cause Maps. These maps, included in various sections of this report, are constructed taking into account the actual changes that have taken place for the beneficiaries of the cash transfers related to the UNICEF-WFP Programme. The Cause Maps are based on responses from the beneficiaries using the QuIP methodology (interviewed without knowing the purpose of the interview and concealing the programme review) and therefore represent the cause-effect relationship between the different changes reported by the

interviewees. In the Cause Maps, the cause-and-effect factors are related by arrows. The intensity and frequency of responses linking one or more causes with one or more effects are given by the colour of the arrow itself. Darker arrows therefore represent a higher frequency of responses linking the existing change deriving from a cause and its effect (or effects).

4.3. Quantitative component

The quantitative component is based on analysing secondary data from the social protection intervention in response to COVID-19. As explained earlier, due to both accessibility issues and lack of consistency, the review team was unable to integrate all the planned sources. In the section on limitations, the different obstacles to accessing secondary data are clarified. Access to the e-INAS system, containing not only the beneficiaries of the intervention, but also INAS's regular programmes, was disabled at the time of data collection. And the database on payments, as reported by the WFP interlocutors, is still not sufficiently consolidated, as the process of reconciling payments had not been fully completed at the time of finalising this report.

Unlike the work initially planned, the review team built the quantitative analysis on Post Distribution Monitoring (PDM) data. This is a process of random and routine data collection carried out over a year and a half by the WFP in the intervention sites to collect various pieces of information on the ownership of payment modalities, receipt of information by beneficiaries, utilisation of money, among other issues. Its purpose is more informative than representative, as it is carried out with few resources and a small number of interviewees. In the case of Tete, 684 people were interviewed between June and August 2021, and in the case of Zambézia, 928 beneficiaries were interviewed between October 2021 and July 2022. Although this data is admittedly not very representative, because it represents only a small part of the beneficiaries, it does allow important findings to be made about the use of transfer money, the use of M-Pesa technology, information received by beneficiaries, among others.

4.4. Risks and Limitations of the review

In the initial phase of the review, the research team identified a series of risks that could affect the course and/or results of the review. In the table below, we present the risks and limitations actually encountered and the solutions that were implemented to overcome them.

Table 3- Risks and Limitations encountered and solutions implemented

Risk(s) and Limitations	Description	Solution
Lack of a baseline	Although the scope of the review does not cover the impact criterion, the provision of a baseline would have made it possible to collect important	In the absence of this baseline, the review team used secondary data to qualify the population affected by the

Risk(s) and Limitations	Description	Solution
	socio-economic information to understand the well-being conditions of the beneficiaries and the populations in general before the intervention and to compare it with the interviewees' testimonies on the changes observed.	intervention.
Identification of specific cases	Identifying specific cases such as people who closely meet the inclusion criteria but are excluded from the intervention or even people who have had difficulty integrating into the intervention requires specific actions and is a sensitive issue. After all, these people can be driven by a sense of injustice.	Through these testimonies, the review team collected the individuals' opinions on the information provided to them by the intervention, in addition to their feelings or animosities.
Vulnerability of beneficiaries	The vulnerability of certain beneficiaries (especially the elderly, people with disabilities and chronic illnesses, especially women) requires adjusting to this audience to allow them to travel to the discussion place and express themselves comfortably. Holding focus groups is a challenge in this case, as it requires assistance from the people who accompany these beneficiaries.	The review team respected people's mobility conditions. Considering, for example, how difficult it is for elderly people, people with disabilities and people with other problems to get around, the Review Team decided to find solutions adapted to the candidate's condition. In this way, activities were carried out in people's homes or in public places that were easily accessible to the respondents. In some cases, the Review Team travelled to people's homes to take them to the location of the interview/focus group and took them back afterwards.
Return to normal life post-COVID-19	Another challenge concerns the re-establishment of productive activities post-COVID-19. Once back to normal life, it could be more difficult to contact certain groups of beneficiaries who have returned to work, or perhaps have moved house. The review team therefore made sure to contact local community stakeholders to contact people who might be in this situation.	The players involved in implementing the programme estimate that a small number of beneficiaries have left the provinces/benefit distribution sites to return to productive activities. This problem, detected from the outset, has not been resolved due to the difficulty of reaching these people. In this case, the review team adjusted the timetable to reach people who had returned to their productive activity or to replace people who had moved house or were at work at the time of the discussion.
Lack of access to some key documentation before the fieldwork or during the primary data collection phase	As mentioned above, the review team did not get access to the lists of beneficiaries before the start of the field activities that were to be extracted from the E-INAS system. The review team managed to contact the INAS technical team during the first week of July to get access to E-INAS. Access to the latter was closed due to system maintenance problems. It was therefore not possible to use existing primary	In the absence of lists of beneficiaries, an intentional selection of respondents was made.

Risk(s) and Limitations	Description	Solution
	data for a stratified selection of interview participants	
Access to process tracking documents such as the unified payment database	The documents provided by the agencies corresponding to the payment process are insufficient. So far, only a list of the volume of payments made to date has been provided. This data did not allow the review team to analyse the payment methods used in each location, possible incidents (beneficiary no-shows, account opening problems) to quantify the incidents and describe their nature.	In the absence of this data, the review team relied exclusively on qualitative interviews to assess the effectiveness of the payment process.
Access to E-INAS to see how beneficiaries are included in the general lists	As mentioned earlier, during the data collection period, the e-INAS system was inaccessible, highlighting some of the technical difficulties that INAS is currently facing. Therefore, access to the beneficiaries' data cannot be established before selecting the cases.	To mitigate this situation and the lack of access to the database, only the WFP lists were used
Complaint data for the overall programme, rather than specific data on Tete and Zambézia	The Hotline Emergency Response monitoring reports present national data and consider the entire PASD-PE COVID programme, without presenting specific data for the WFP-UNICEF intervention in Tete and Zambézia, limiting the possible level of analysis.	From the monitoring reports - Hotline Dashboards - it was possible to identify the number of calls that were made in 2021 in the two provinces about Social Protection/INAS. We consider that these calls refer to the WFP-UNICEF intervention.
Payment documentation restricted by location	The documents provided reflect the volume of payments made per site, but do not reflect key elements such as: - Payment incidents (missing persons, identification problems, registration problems, etc.) - payment conditions (grouped payment, individualised payment), transfer volume per payment.	Based on the data obtained, the review can only be based on the incidents reported by the interlocutors and not on structured elements.
Delay in the primary data collection phase due to unavailability of key informants for interviews	Some of the interlocutors on the list of key informants were not available at the time of the research or after the collection work.	It was not possible to conduct interviews with INGD and MGCAS staff.

Source: PlanEval

4.5. Ethical considerations

The entire Review process was guided by the United Nations Evaluation Group (UNEG) Evaluation Norms and Standards and the revised UNICEF Evaluation Policy, as adopted in

June 2018 by the UNICEF Executive Board. The Review Team followed UNICEF's procedures on ethical standards in research, evaluation, data collection and analysis. In addition, the review team followed Plan Eval's ethical principles of *integrity, independence, impartiality, pluralism, transparency, conflict of interest and reporting irregularities*.

Throughout the data collection activities, respect for the dignity, privacy and freedom of the individual was guaranteed. Special measures were taken for the participation of people with disabilities, as described in section 3.5. The ethical review process and supervision of the review process were clearly explained, and everyone involved in the research and data collection received adequate training in ethical standards.

"Informed consent" forms and information protocols on identity protection and security and data protection and other relevant information were submitted to all interviewees, who were given the right to refuse or agree to take part in the interview. Participants were also asked for authorisation to take photographic records during the interviews. No photographs were taken of participants who asked not to be photographed.

The informed consent forms, as well as the inception report and data collection instruments (**from Annex 9.8 onwards**) underwent an ethical review process and were approved by the ethics committee (**Annex 9.5**) before data collection activities began.

During the fieldwork, UNICEF staff participated in some random spot-check visits to ensure that the interviews and focus groups were conducted in accordance with the defined ethical procedure.

Results of the Review

As highlighted above, the review analysed three aspects of UNICEF-WFP's intervention in particular: relevance, effectiveness, efficiency and coherence. Specific questions were posed for each dimension analysed, which were answered based on the triangulation of qualitative and quantitative data and the QuIP method. Below we present the results we found after the analysis carried out by the review team. These results are presented according to the criteria defined in the review matrix in the annexes.

4.6. Relevance

Table 4- Results of the review

Question of Review	Source / Data collection technique
Q1. Was the PASD-PE Covid in line with the National Basic Social Security Strategy (ENSSB II)? Was it suited to the institutional capacity in place? Was the UNICEF/WFP-led intervention aligned with the government's response?	<ol style="list-style-type: none"> 1. Documents analysis (Social Protection Legislation and Institutional Framework) 2. Stakeholder interviews

<p>Q2. Did the design of the programme take into account the socio-economic situation of the beneficiaries?</p> <ul style="list-style-type: none"> ● How were people's monetary needs assessed? ● Have you considered other hardships such as access to social services, access to mobile communications, connectivity? ● Have you made it easier to register beneficiaries? ● Was the amount of the transfers sufficient to meet the consumption needs of the target populations affected? 	<ol style="list-style-type: none"> 1. Review of documents on Poverty Analysis 2. Focus groups with beneficiaries 3. PDM survey 4. QuiP interviews
<p>Q3. Did the cash plus approach respond to the vulnerabilities and risks of the target populations?</p> <ul style="list-style-type: none"> ● How did the programme design combine monetary benefit and socio-behavioural support? ● Did the awareness-raising aspects meet the needs of the target populations? 	<ol style="list-style-type: none"> 1. Focus groups with beneficiaries 2. Administrative details of the emergency response hotline

Source: PlanEval

Q1: Was the COVID PASD-PE in line with the National Basic Social Security Strategy (ENSSB II)? Is it appropriate to the institutional capacity in place? Is the UNICEF/WFP-led intervention aligned with the government's response?

The GoM's response to the COVID-19 crisis was implemented within the context of the National Basic Social Security Strategy II (ENSSB II), which allows for the activation of social protection programmes in emergency scenarios. The PASD-PE programme, initially oriented towards acting in situations of natural disasters, was adapted to obtain resources to support families in the context of the COVID-19 crisis and existing resources were used to register new beneficiaries (INAS base). In this way, the response followed the existing institutional framework for social protection in force in the country, which ensured agility, flexibility and deeper coverage. The UNICEF-WFP intervention followed the same institutional design and was fully aligned with the government's response, adding the SBCC components and allowing it to reach approximately 90,000 households in selected areas in the provinces of Tete and Zambézia. In this sense, the UNICEF-WFP response was complementary to the GoM response.

Although the GoM's response used existing structures, the extension of social protection coverage due to COVID-19 has generated an increase in responsibilities that has not been accompanied by a corresponding increase in institutional capacity. Lack of sufficient human and technical resources to manage the increase in the number of social protection beneficiaries created challenges in implementing the GoM and UNICEF-WFP response. Another challenge was the fact that COVID-19 was an "unusual" crisis and very different from the emergencies that the country's government was used to managing.

The response followed and expanded the existing institutional framework of social protection, ensuring agility, flexibility and deeper coverage, as well as complementarity between the intervention of the GoM and UNICEF-WFP.

The government's response, as well as UNICEF-WFP's intervention, followed the existing institutional framework for social protection in force in the country, benefiting from contributions from the GoM's social protection programmes that were adapted and applied to COVID-19. Actually, the Mozambican government's response to COVID-19 was planned in such a way as to be able to use the existing capacities in the territory of implementation as described in the joint concept note of the World Bank and the United Nations of March 2020, and the following actions were adopted, which had an impact on the UNICEF-WFP intervention: Adaptation of the PASD-PE programme (initially oriented towards acting in situations of natural disasters) to obtain resources to support families in the field of nutrition; use of existing resources for the registration of new beneficiaries by INAS; using existing digital payment systems (using payment service providers who were already working in the communities, making use of contracts already signed by INAS and other UN partners with service providers); establishing partnerships with organisations that already support INAS in social protection responses in the territory; evaluating responses to check whether those who need them should be part of the national social protection system. In this context, UNICEF-WFP's intervention extends and benefits from the contributions of PASD-PE by applying them to COVID-19 and reinforces INAS's action by integrating the "cash plus" approach.

It was clear from the documentary analysis, in particular a series of reports drawn up by the International Labour Organisation, that the PASD-PE intervention was flexible and integrated into an institutional emergency management framework for the country. The analysis by the International Labour Organisation (ILO) provided a positive assessment of the COVID-19 emergency response plan managed by the Mozambican government, which consisted of implementing social protection mechanisms focused on the most vulnerable populations. On the one hand, it included additional transfers to beneficiaries of the Basic Social Subsidy Programme (PSSB), the Productive Social Action Programme (PASP) and the Direct Social Support Programme (PASD) - Basic Food Basket, equivalent to 3 (three) additional months of allocation, which represented a total coverage of 592,179 households and a total disbursement of US\$ 29 million. On the other, direct post-emergency transfers (PASD-PE COVID) to 1,102,825 new households, thus covering 35% of the urban population, through transfers made every two months for 6 months. Since the UNICEF-WFP intervention follows the general framework of the COVID-19 response, adding the awareness raising component, it benefits from the general framework and its flexibility. In the interviews with the agencies, there was a very positive assessment of the speed with which the response was activated. This assessment coincides with the analysis made by the ILO in a document on the process of designing the COVID-19 response programme.

The COVID-19 crisis has brought an element of novelty with specifics that have proved to be challenges for the management of the intervention.

The COVID-19 pandemic presented itself as an unusual emergency, unlike the crises the country had previously managed, resulting in major institutional challenges that had implications for the management of the response. Compared to the cholera epidemics that the country had previously experienced, as well as the emergencies caused by natural disasters that the Mozambican government had already faced, the COVID-19 pandemic was distinguished by the "novelty" factor, and by the scale of the impacts caused both in terms of health and socio-economic dimensions. The uniqueness of the crisis was evoked in interviews with key informants, who recognised that COVID-19 was a crisis initially characterised by a certain lack of definition, i.e. it wasn't known exactly which category it fell into. Thus, the lack of knowledge about this new virus and the context that could be produced by the pandemic generated uncertainty about the classification of the crisis, causing a certain inertia in the operationalisation of the response, and ultimately leading to the need for a redefinition of responsibilities between the main players in the response at national level.

Actually, the crisis was initially managed according to the institutional framework for epidemics, and so the Ministry of Health took the lead in the response. Given the escalation of the crisis and the INGD's experience with emergencies, it was later integrated into the response. However, its late integration did not have the expected effect on contact with the community, which is why, as suggested by the World Bank (the main donor at national level), it turned to INAS, an agency already used to intervene in the framework of social assistance programmes. COVID-19 has had two types of impact: i) a health impact linked to the health of the population; ii) a secondary socio-economic impact that refers to the socio-economic dimension of the crisis and the loss of resource-generating activities. Due to these characteristics, there was certain inertia in the institutional configuration of the government response, which impacted both the PASD-PE intervention and the UNICEF-WFP intervention.

The response expanded social protection coverage following the existing legal and institutional framework, but there was no increase in the capacity of institutions to manage the corresponding increase in the number of beneficiaries, which represented a major challenge.

The GoM's response was created to enhance the social protection coverage that already existed, which was positive, but it generated a huge increase in responsibility for the agents of the various institutions linked to social protection. These institutions did not have sufficient institutional capacity to manage this increase in responsibility, which led to some shortcomings in the implementation of the response, as will be explained in the other questions in this review.

Q2: Did the design of the programme take into account the socio-economic situation of the beneficiaries?

- **How were the people's monetary needs identified?**
- **Have you considered other hardships such as access to social services, access to mobile communications, connectivity?**
- **Have you made it easier to identify and register beneficiaries?**

The socio-economic situation of the beneficiaries was taken into account in the design of the national response, and so it was also taken into account in the design of the UNICEF-WFP intervention, which was aligned with the GoM response by extending emergency coverage to an already defined vulnerability profile in the country. An adequate definition of the beneficiaries' profile made it possible to identify the most vulnerable profiles based on: (i) the vulnerability profile determined in ENSSB II (ii) the geographical profile of the families, such as urban, peri-urban and border neighbourhoods that had the highest multidimensional poverty rates in the country, according to the Multidimensional Poverty indicators drawn up by the MEF, based on data from the 2017 Census, and vulnerable and poor households living in areas also affected by disasters that have increased vulnerability along with COVID-19. As such, the project's beneficiaries have low levels of education and lack knowledge of good nutrition, hygiene, health and gender equality practices. In this sense, the SBCC messages have been important in sensitising the beneficiaries and influencing decision-making within the household, complementing the benefits brought by the cash transfer component, despite some flaws in the choice of communication methods that serve as lessons for future interventions. It is worth noting that after the payments stopped, the beneficiaries reported not being able to afford to continue implementing the food improvements due to lack of money, which results in a short-term benefit suggesting that social protection should be extended beyond the COVID-19 period.

The socio-economic impacts of COVID-19 pandemic were considered in the design of the intervention and subsequently in the design of the UNICEF-WFP intervention.

The UNICEF-WFP intervention takes into account the socio-economic impact of vulnerable populations, extending emergency coverage to an already defined vulnerability profile in the country. In this sense, both the PASD-PE national response and the UNICEF-WFP intervention promoted the extension of the social protection system to mitigate the impact of the pandemic and the socio-economic consequences resulting from it.

The joint World Bank and United Nations document drawn up in March 2020 and used as a reference for the UNICEF-WFP intervention already anticipated the consequences of COVID-19 for the most vulnerable populations, suggesting that the emergency coverage of PASD-PE be extended to include other types of contingencies, such as the pandemic and other economic, social or conflict emergencies to minimise the effects of these shocks.

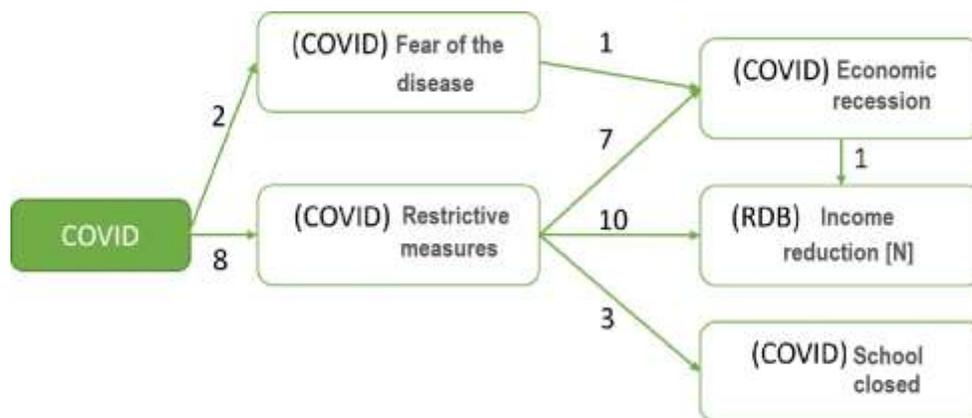
Actually, in Tete, 50.1 per cent of people live in multidimensional poverty and 39.3 per cent in monetary poverty. In Zambézia, 59.1 per cent of the population lives in multidimensional poverty and 60 per cent in monetary poverty⁴⁴. The incidence differs depending on where people live

⁴⁴ UNICEF (2021), The Situation of Children in Mozambique: Summary Report, Maputo.

(urban or rural)⁴⁵. This situation of vulnerability has been exacerbated by the socio-economic consequences of COVID-19 in Mozambique. A joint analysis developed by the ILO, UNWomen, UNFPA and WomenCount indicated a significant reduction in informal employment during the period of the pandemic⁴⁶. In Mozambique, 92.3 per cent of informal employment (outside of agriculture) is carried out by women with low levels of education and little access to opportunities for economic development and social advancement, who were already (even before the pandemic) in a vulnerable condition. Disruptions in the labour market, including restrictions on movement imposed by COVID-19, further undermine this situation of vulnerability in which women and the target groups of the UNICEF-WFP Programme found themselves, and above all their ability to make a living and meet the basic needs of their families. This situation was confirmed by the QuIP interviews, which revealed a correlation between COVID-19 and the negative changes in the interviewees' living conditions.

The following Cause Map (Figure 2) shows that COVID-19 has had multiple effects on the lives of the target communities, which have resulted in a reduction in income, caused progressively by both the restrictive measures and the economic recession.

Figure 1- Map of Causes. The effects of COVID-19, analysis of QuIP interviews⁴⁷.



Source: PlanEval

“(Before COVID-19) For breakfast we made tea with bread. For lunch we cooked rice

⁴⁵UNICEF (2021), The Situation of Children in Mozambique: Summary Report, Maputo.

⁴⁶ ILO (2020), uma avaliação rápida do impacto da COVID-19 no sector da economia informal em Moçambique, Maputo.

⁴⁷ Explanatory Note:

(Category of Consequence):

- RDB: Income, Expenditures and Assets

- COVID: COVID-19 pandemic

- SN: Health and Nutrition

[P]: Consequence perceived positively

[N]: Consequence perceived negatively

with fish and ate it, and for dinner we cooked porridge with that same fish from leftover lunch. (With COVID-19) Sometimes we have lunch and sometimes we don't and sometimes we don't have breakfast (Now - 2022). Difficulties are increasing, prices are rising. A long time ago I used to buy flour and it would last long, but now I buy 500mt of flour and it only lasts a week." (District of Quelimane, Zambézia, Interview Beneficiary Woman, Elderly QulP).

Actually, all the interviewees (beneficiaries and non-beneficiaries) mentioned the difficulties they faced as a result of the health measures that were put in place at the start of the pandemic, with 95 per cent of beneficiaries noting a reduction in their income during this period.

The women who took part in the focus groups said that the local economy had almost ground to a halt, with small markets and street vendors having shrunk considerably because of people's lack of money and the restrictions that limited travelling.

"It was hunger, people didn't move around, there was no business, even if there was, there was no way out." (Quelimane City, Zambézia, Woman participant in the Focus Group)

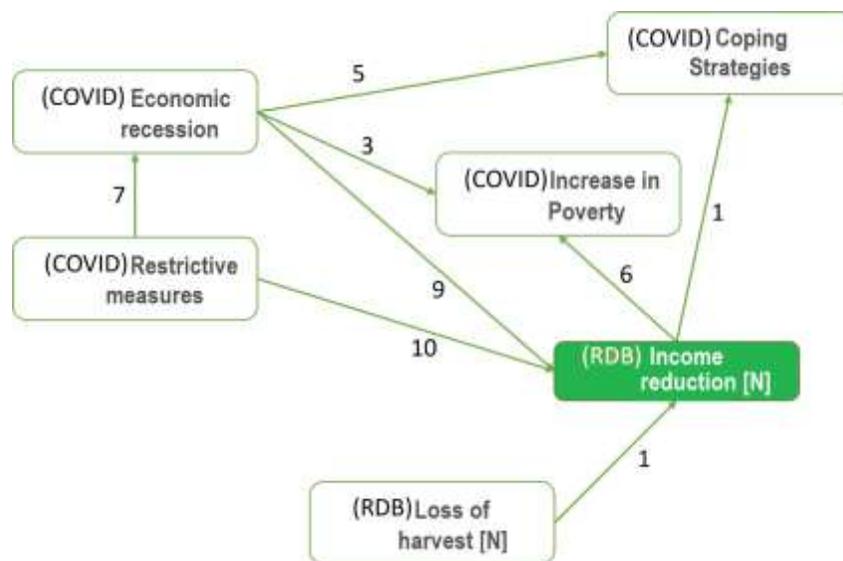
The informal economy also relies heavily on the provision of small services, called "odd jobs". While odd jobs continued to be exchanged, lack of money in the economy led to an overall decrease in the provision of such services during this period, impacting on household incomes and the ability to bring food to the table.

"For me, it was difficult because it was hard to get an odd job, before I had an odd job every week. But during COVID there were no odd jobs. So sometimes we starved, there was no breakfast and sometimes there was no dinner. Because there was no work, there were no odd jobs" (Moatize, elderly male beneficiary).

In both Tete and Zambézia, COVID-19 had an impact above all on urban and peri-urban communities, where economic and commercial circulation and flow are more dynamic and dependent on the movement of people, markets and money. Rural peri-urban communities have had a more indirect and long-term impact related to COVID-19, based mainly on the decrease in the commercial flow of products to and from urban areas. In fact, in rural areas people were able to access their farms, continue their small-scale farming and food production because they were close to agricultural areas. However, in the urban areas, because of the restrictions, people were unable to move around and move in the farming areas, blocking the small-scale subsistence farming that helped households.

The figure below shows the Map of the Causes of Income Reduction, drawn up from the interviews conducted using the QulP protocol. It can be seen that the reduction in income caused by COVID-19 was the cause of the increase in poverty in the target communities, leading families to adopt the implementation of coping strategies (effect).

Figure 2- Map of the Causes of Income Reduction, analysis of QuIP interviews⁴⁸.



Source: PlanEval

Focusing on appropriate targeting criteria made it possible to identify the most vulnerable profiles by combining geographical and categorical criteria. The collaboration of local CSOs, neighbourhood committees and permanent INAS activists was essential to ensure that.

The vulnerability criteria chosen for PASD-PE and for the UNICEF-WFP intervention are those determined in the National Basic Social Security Strategy for INAS's regular social protection programmes.

It should be emphasised here that the COVID-19 crisis had prompted reflection on the apprehension of vulnerability, which had resulted in an important and relevant emergency management practice. For the design of the COVID-19 response and, consequently, also in the UNICEF-WFP intervention, a geographical and categorical *Double Targeting*⁴⁹ perspective was preferred, considering the characteristics and severity of the effects of the COVID-19 pandemic.

⁴⁸ Explanatory Note:

(Category of Consequence):

- RDB: Income, Expenditures and Assets

- COVID: COVID-19 pandemic

- SN: Health and Nutrition

[P]: Consequence perceived positively

[N]: Consequence perceived negatively

⁴⁹ Double targeting is characterised by a combination of two criteria: the first is geographical and the second is categorical. Beneficiary families are thus identified when they meet both of these criteria simultaneously, i.e. they live in the peri-urban areas covered by the intervention and meet the vulnerability criteria identified by the emergency response.

This strategy was effective because it was based on a prior study of the population's situation. The Concept Note states that the shutdown of economic activity would affect urban areas and, in addition, poor and vulnerable families in rural areas. The predicted economic impact is derived from the drop in remittances from families in urban/peri-urban areas and abroad, raising the cost of food and devaluing the local currency. The concept note analysed that these factors would also severely affect the rural population due to higher rates of poverty, food insecurity, children at risk of malnutrition and would be affected by climatic shocks, including seasonal droughts or cyclones in 2019.

In Tete (in June 2020), the two CSOs, Kulima and the Christian Council of Mozambique (CCM), provided support in identifying the beneficiaries, together with the neighbourhood management committees. The lists provided by INAS were checked on the ground to ensure that the beneficiaries did indeed fulfil the selection criteria. Both organisations reported that this was not always the case, as there were people on the list who had a job or did not meet the selection criteria. These cases emphasise the importance of a verification phase (on the ground).

In Zambezia, the mobilisation of the Neighbourhood Secretaries and the INAS Permanent Activists at district level, who have been recognised by everyone as key players at local public institution level to enable identification, has been very important. In addition to these figures, there is also the strong involvement of CSOs, particularly NAFEZA. Although not involved in the initial stages of identifying beneficiaries, the participation of CSOs in identification represented a key element in Zambezia in terms of sensitising communities to participate and accompanying identification in a transparent and rapid manner.

In the initial phase of the identification process, local public institutions, such as the Neighbourhood Committee and INAS, were the main players in fostering the process.

However, it is through collaboration between all intervention partners in the UNICEF-WFP Programme, including NAFEZA, that the existing constraints have been overcome, especially in Quelimane City.

“NAFEZA was involved from the very beginning, inverted commas, because when the beneficiaries were identified, only INAS was at the forefront and, as the programme progressed, they realised that they needed a partner for the communication part. NAFEZA was the organisation selected. That's when we started working in coordination with INAS, although we had already identified the beneficiaries through the secretaries. (For) the community leadership, they were responsible for identifying the most vulnerable people and we supported them when they were already registering to take part in the programme and that's when we were able to see the programme's eligibility criteria, whether or not the person met the criteria to be covered by the programme.”
(Zambezia, Interview with CSO)

In Quelimane District, unlike other municipalities targeted by the Programme, some beneficiary households had also been exposed to the risk of climate-related disasters, namely droughts and cyclones. For example, some of the target areas in Quelimane District had been affected in

2019 by Cyclone Idai and had not yet started recovery programmes or projects when they were hit in 2022 by Cyclone Gombe, thus increasing vulnerability. Indirectly, as mentioned by the interviewees, the Cash Transfer Programme partly supported the recovery of these communities.

“Cyclone Gombe brought a lot of misfortune (...). It would be the same people who benefited (from the transfers, affected by the cyclone) who would do something in the community, from cleaning roads, maintenance, erosion mitigation, so as not to leave people stranded by the aid, because one day it will run out, and even among the beneficiaries to create a kind of savings”. (District of Quelimane, Zambézia, Interview with the representative of the Local Public Institution).

The design took into account the issues of access to mobile communication and connectivity, but failed to anticipate the lack of supply of mobile phones.

The design of the programme took into account the issue of access to mobile phones and the issue of connectivity when designing the payment plan, resulting in the decision to provide mobile phones and SIM cards to all beneficiaries to guarantee equity, transparency and security of the cash transfers, as suggested in the concept note (cf. interviews with UNICEF agents). The government agreed with the concept note's recommendation, although it repeatedly referred to INAS's difficulties in managing this modality properly and successfully; firstly, because of lack of human resources to manage the monetary resources; secondly, to obtain and distribute the number of mobile phones needed due to the difficulties that arose in the import process; and finally, to have the resources that a cash transfer of this nature would require.

However, the GoM was unable to anticipate the problem of the supply of mobile phones caused by the import difficulties arising from the pandemic, which led to delays in payments for the UNICEF-WFP intervention. Various solutions were found, discussed and evaluated among the partners, trying to adapt to the context of the target locations (among these solutions: direct delivery of money to the beneficiaries, purchase of SIMs, since the mobile phone coverage rate in the provinces of Zambézia and Tete is equivalent to 60%, use of mobile phones from people close to the beneficiaries, etc.).

The purchase of SIM cards was considered the most appropriate method, but a test was preferred. This process, which began to be discussed among the partners at the beginning of 2021, and in June 2021, UNICEF, the WFP and the Government carried out a Joint Mission to evaluate the experience of testing implementation in target communities, which was considered to be very positive. However, the option of also distributing SIM cards in Zambézia was not accepted by the Central Government, despite persistent problems with the import of mobile phones. After a long negotiation, MGCAS approved the extension of the payment modality with single SIM card distribution to the other locations in the UNICEF-WFP programme. Meanwhile, by the time this happened, mobile phones were already available on the market again.

This whole process led to a very long delay in payments, generating a lot of tension and mistrust among the population towards the implementing agents, the government and the community members involved in the registration process. In addition, between the time of registration and the time of the delayed payments, some people died or changed location, and were not found by the CSOs when they looked for them. At this point it should be highlighted that in relation to all the procedures involved in implementing the programme (identification, registration of beneficiaries, opening of accounts, registration for transfer and distribution of mobile phones, etc.), the most critical and controversial problems were the definition of the modality/method of transferring resources to beneficiaries.

The agents interviewed agree that the report should mention these difficulties, considering that it took more than a year for the mobile phones to arrive (i.e. between October 2020 and October 2021), resulting in long delays in payments).

The chronological reconstruction of the implementation highlights the following moments: a) the government started transferring money on a small scale in 2020; then problems began with the availability of mobile phones, and then the largest number of payments were made only in 2021; b) UNICEF-WFP made progress in Tete between April and August 2021, and in Zambézia in November 2021.

Q3: Did the cash plus approach respond to the vulnerabilities and risks of the target populations?

- **How did programme design combine monetary benefit and socio-behavioural support?**
- **Did the awareness-raising aspects meet the needs of the target populations?**

The cash plus approach (cash transfer associated with SBCC messages) was designed to respond to the vulnerabilities and risks of the target population. As pointed out in the answer to Q.1, the population in the geographical areas covered by the UNICEF-WFP programme (Zambézia and Tete) is affected by various levels of multidimensional poverty and many were already in a vulnerable condition even before the pandemic. In addition, the beneficiaries of the programme were in vulnerable groups: they were women (mostly pregnant or with children and heads of household), people with disabilities, the elderly, those with low levels of education and who had little knowledge of hygiene and nutritional practices etc.

- Meanwhile, in practice, **the cash plus approach only partially addressed the vulnerabilities and risks of the target population in the short term**, due to the difficulties encountered during the programme's implementation phase. The challenges emerged in various dimensions: (i) changes in local market prices after the implementation of the transfer programme; (ii) unavailability of mobile phones on the market leading to delays in payments and hindering the joint implementation of cash transfers and the provision of SBCC messages; (iii) the method of delivering SBCC messages using a green line, which was known but little used for this intervention; (iv)

the method of sending messages by SMS, which was initially unsuitable for the profile of all the beneficiaries since many were illiterate; (v) taboo on gender violence issues and the method of delivering messages on this subject in an open space with no privacy.

A 'cash-plus' approach designed to respond to the vulnerabilities and risks of target populations.

The beneficiaries of cash transfers are vulnerable and poor people, sometimes with problems that prevent them from working or finding ensure work. They live from day to day, alternating trade activities with small-scale subsistence farming and fishing. They have precarious homes, vulnerable to the weather and in areas prone to malaria, and flooding in the rainy season. The poverty of these households and their economic survival activities mean that they are unable to make consistent savings. COVID-19 has paralysed many economic activities, commercial exchanges and the movement of people, thus reducing the financial flow in the community and the limited capacity to save. Families have come to think daily about how to cope with the day, what they could eat or buy.

In view of this situation of vulnerability and distress caused by COVID-19, it was appropriate to design a communication and information strategy (SBCC as part of the cash transfers) designed to give added value to the cash intervention and to accompany and support the communities in using the money to respond to and mitigate their own needs. Despite this appropriate design, the cash plus approach was developed in a very complex context and had to deal with unexpected situations (e.g. delays in payments, delays in access to mobile phones, price increases, unavailability of products, family separations, etc.), which in part diminished its impact, not having the leading role and differential it should have had.

Nevertheless, the finding that the approach is designed to respond to the vulnerabilities of the beneficiaries, such as malnutrition, the weak participation of women and vulnerable groups in decision-making within the household and gender conflicts, the changing context and the most urgent needs, did not allow this approach to be adequately implemented, which led to a mitigation of its potential results.

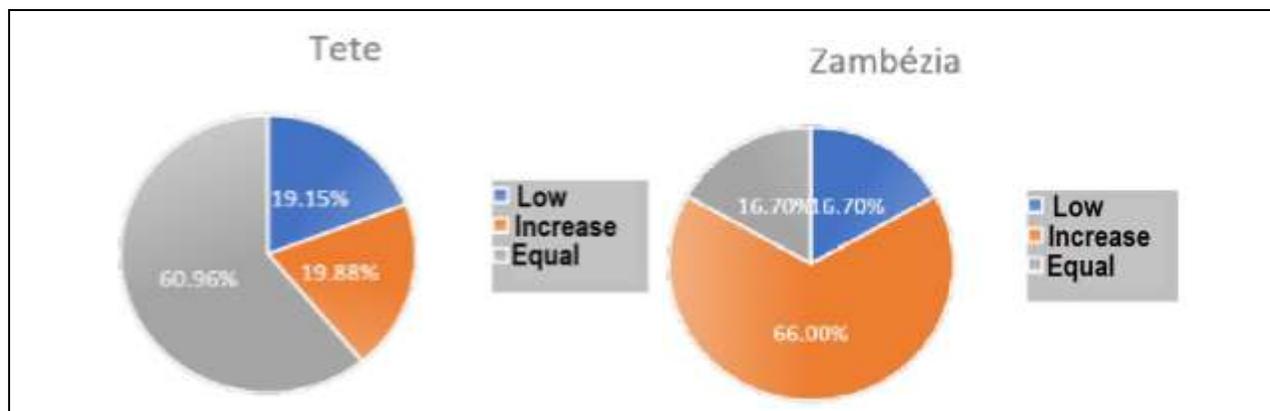
Fluctuating prices on the domestic market and inflation have been an obstacle to beneficiary families maintaining the good nutritional practices experienced during the programme.

At the end of 2021 there was a general increase in prices in Mozambique, and this inflation has worsened the precarious situation of families in the provinces of Tete and Zambézia, reducing their capacity to buy and choose food.

The variation in prices is observed in the PDM data, in relation to the perception of the beneficiaries. Although the majority of beneficiaries in Tete state that there was no change in

prices at the time the benefit was awarded, the situation is different in Zambézia. In this region, 66.5 per cent of those interviewed said they had seen a rise in the prices of primary goods⁵⁰.

Graph 1 - Fluctuations in local market prices after implementation of the transfer programme



Source: PlanEval

This rise in prices made it difficult to keep up with dietary practices after the end of the programme, as the beneficiaries no longer had enough money to cover the costs of better feeding themselves.

The 1458 Emergency Response Hotline (or 1458 Green Line) as a two-way communication tool between the population and humanitarian players is appropriate, but it was little used in the context of this intervention.

Green Line 1458 was a hotline service provided to the affected population and humanitarian agents for requests for information, assistance or to raise concerns about anything related to assistance and humanitarian interventions. The 1458 Hotline was also used as a mechanism to report abuses and cases of corruption. In the context of COVID-19, the service had also been used to disseminate correct information about the virus and to direct relevant calls to health service providers (Green Line 1458, WFP). **Although the use of the 1458 Hotline should be encouraged through the activities of the SBCC, the interviews conducted in the field showed that a few respondents seemed to be aware of the service.** Only a few of those interviewed in the target communities mentioned Green Line 1458. This knowledge, however, appeared to be higher in Tete province than in Zambézia province.

Data from the Green Line monitoring reports show that the service was used more than 25,000 times in Tete and Zambézia in 2021, with the number of calls varying between 464 and 1793

⁵⁰ Primary goods are those basic goods and products that belong to food, health and education habits, such as oil, fish, meat, rice, flour, fruit, school supplies, medicines, etc.

per month (Green Line Emergency Response 1458, between agencies, switchboard, and reports). However, it is important to note that these calls are not limited to those related to this intervention. When looking exclusively at calls related to Social Protection and INAS, the number of calls was significantly lower, as can be seen in the table below.

Table 5- Number of calls to Green Line 1458 related to Social Protection/INAS in 2021, in Tete and Zambézia

	Tete	Zambézia
Dec – Jan	3	9
Jan – Feb	1	6
Feb – Mar	0	6
Mar – Apr	5	1
Apr – May	8	4
May – Jun	1	0
Jun – Jul	43	1
Jul – Agu	36	2
Agu – Sep	11	2
Sep – Oct	18	30
Oct – Nov	0	126
Nov – Dec	0	67

Source: Monitoring data - Hotline 1458 (WFP)

Both the monitoring data and the interviews carried out in the field suggest that although the Green Line 1458 service is known, not many people use it in relation to this intervention.

The beneficiaries interviewed showed an in-depth knowledge of prevention measures against the COVID-19 virus. However, this knowledge cannot be attributed exclusively to SBCC messages.

The review team noted through direct observation during the collection of primary data that there are specific considerations regarding the format of the communication messages, differentiated by thematic content and context.

For instance, in both Tete and Quelimane, with regard to COVID-19 issues, the interviews and Focus Group Discussions (FGDs) revealed that the beneficiaries had in-depth knowledge of contamination prevention practices and measures. Despite this, it is difficult to fully relate this knowledge to the SBCC activities of the UNICEF-WFP Programme, because awareness-raising and dissemination of COVID-19-related messages took place constantly, massively, and extensively during the years of the pandemic, using all available media and communication tools, formats and resources.

"(Where did you hear the messages?) On the radio, they spoke many languages, one of which was Portuguese. It was important to hear these messages. (...) They were all important." (Quelimane City, Zambézia, QULP beneficiary woman)

The initial communication strategy (sending SMS messages) was not entirely suited to the profile of the beneficiaries and was readjusted to better meet the objective of the cash plus intervention.

In the design of the UNICEF-WFP Programme, certain interventions and communication strategies for the SBCC messages were defined which were not appropriate to the local context, partly almost in contrast to the reality experienced by the communities in Tete and Zambézia. For example, in the design of the UNICEF-WFP Programme, the communication and awareness-raising strategy had envisaged sending text messages (SMS) to beneficiaries' mobile phones with content and information on COVID-19 prevention, nutrition, domestic violence and gender issues. These messages were prepared by the responsible SBCC teams at UNICEF and WFP in different languages (to respect the linguistic diversity of the country) and then should have been disseminated by VODACOM at no cost to the beneficiary. **Meanwhile, a large number of beneficiaries are illiterate and thus unable to read the messages in autonomy**⁵¹.

Once this inconsistency between the design and the reality of the beneficiaries in the target localities was noted, the UNICEF-WFP Programme partners decided to employ a different strategy, carrying out community awareness-raising activities through CSO activists, who gave talks and other types of activities on nutrition, domestic violence and gender issues. The CSOs had previously received training from UNICEF-WFP on the programme and its objectives, although not always at the initial stage of implementation.

"At first, we didn't have any training; we just started to understand everything within the programme. But after the technical group was set up, in this case of all the partners, the WFP brought in some trainers to give training to the NAFEZA team, so that we could better understand what the programme's objective was and what modalities we were going to work with." (Zambézia, Interview with CSO)

⁵¹ The illiteracy of the beneficiaries was also noted by the Review Team during the fieldwork to collect primary data in the target communities.

The content of the awareness-raising messages in the SBCC component of the intervention was relevant and appropriate to the beneficiaries' vulnerability in terms of food security and gender-based violence. However, the messages relating to nutrition practices and gender-based violence did not achieve their full capacity to change behaviour due to delays in payment and the way the message was delivered.

In Tete, where the delivery of the transfers encountered fewer barriers than in Zambézia and was more closely monitored by CSOs, the **dissemination of information on nutrition**, such as how to prepare enriched porridge, was **relevant for the target population**, which did not usually use food such as peanuts in the preparation of porridge. The CBOs set up exhibitions to show how to prepare porridge and showed how to use easily accessible ingredients such as eggs and chicken. Thus, it was observed that the messages were only able to have an effect on the nutritional condition of families and the most vulnerable during the period in which there was a concomitance between the cash transfers and the delivery of the messages. In Zambezia, as there was a delay in payments, it was more difficult to achieve the desired effect. In addition, several respondents in Tete mentioned that they were no longer able to use the same ingredients after the transfer money ran out.

“Actually, they had already got some of the product to be able to make this porridge, but they didn't know how to prepare it, because peanuts are used in enriched porridge, and they produce peanuts in the community, but they didn't use them for porridge. They used it more for eating.” (Tete, Interview with CSO)

With regard to gender-based violence, it was noted that they were not always designed taking into account the context of the communities. In Mozambican communities, these issues still encounter many barriers to being discussed openly. Women, in particular, are brought up and educated from a young age to respect and listen to the opinion and instructions of the man in the family, be he the father, uncle, brother or other male figure of reference in the family, with a view to creating a "good wife and woman". At the same time, issues related to domestic violence are considered taboo, private matters that must first be resolved within the family (e.g. with the support of the elders) and then only with the intervention of an external community leader (e.g. secretary). This context makes it difficult to pass on messages and have an open dialogue with the community.

In addition, the activities were set to take place in public spaces, where the activists had no means of making their voices heard (e.g. they were without megaphones). Furthermore, the themes of gender-based violence were dealt with alongside other themes (nutrition, hygiene, gender inequality, etc.). Thus, when planning the dissemination of messages on gender-based violence, an appropriate approach was not defined to ensure that women found the conditions to be able to listen, discuss and present their doubts.

4.7. Effectiveness

Questions of Review	Source/Data collection technique
<p>Q1. How effective were the group identification methods?</p> <p>- To what extent has the target population, including children, women and people with disabilities, been timely identified, targeted and reached through the current selection mechanisms?</p> <p>- What solutions were found to improve these methods?</p>	<ol style="list-style-type: none"> 1. Beneficiary database 2. PDM 3. Payment reports 4. Interviews with payment providers and recipients 5. Focus groups with beneficiaries 6. Individual interviews with non-beneficiaries who meet the programme's requirements 7. Green Line administrative data
<p>Q2. What kind of change has occurred within the household as a result of the distribution of the cash transfer?</p>	<ol style="list-style-type: none"> 1. PDM 2. Interviews with beneficiaries
<p>Q3. Were women and people with disabilities involved in deciding how to spend the subsidy?</p>	<ol style="list-style-type: none"> 1. PDM survey 2. Interviews with beneficiaries
<p>Q4. Did the size of the transfer, its regularity and the method of payment prevent negative coping strategies?</p> <p>- What impact has the frequency of payment had on the household's consumption or savings decisions?</p> <p>- Have delays in the payment of transfers affected the level of effectiveness/relevance of transfers?</p>	<ol style="list-style-type: none"> 1. Focus groups with beneficiaries
<p>Q5. Has the behaviour change component of the COVID-19 response managed to positively influence the nutritional behaviour of beneficiaries during the shock?</p>	<ol style="list-style-type: none"> 1. PDM 2. Focus groups with beneficiaries 3. Interviews with beneficiaries and non-beneficiaries
<p>Q6. How effective was the communication strategy in increasing knowledge and promoting positive behaviour (help-seeking) in relation to gender-based violence?</p>	<ol style="list-style-type: none"> 1. PDM 2. Focus groups with beneficiaries 3. Key informant interviews
<p>Q7. How effective was the communication strategy to raise awareness about gender roles and the equal participation of women, men, girls and boys in household decisions?</p>	<ol style="list-style-type: none"> 1. PDM 2. Focus groups with beneficiaries 3. Interviews with beneficiaries and non-beneficiaries
<p>Q8. How effective was the feedback and complaints mechanism in identifying and responding to beneficiary questions/complaints?</p>	<ol style="list-style-type: none"> 1. Administrative data on complaints 2. PDM 3. Interviews with beneficiaries and non-beneficiaries 4. Monthly reports from the Emergency Response Hotline
<p>Q9. How effective was the involvement of women's associations throughout the implementation of the programme in promoting women's participation in social protection, responding to gender-specific needs within social protection programmes and increasing the capacity of grassroots associations in the social protection sector?</p>	<ol style="list-style-type: none"> 1. Interviews with beneficiaries 2. Key informant interviews

Q1: How effective were the group identification methods?

- To what extent has the target population, including children, women and people with disabilities, been timely identified and reached through current selection mechanisms?
- What solutions have been found to improve these methods?

The identification and registration process was effective through geographical targeting and the vulnerability profile, the involvement of activists/CSOs and collaboration between institutions. The use of identification methods, based on local INAS lists, door-to-door information at local level from the Neighbourhood Secretary (indicated by the interviewees as a reference person) and activists, and community word of mouth, were the most appropriate considering the local context and customs. The use of the existing tool for managing all beneficiaries of the country's basic social protection system - e-INAS - made it possible to centralise beneficiary data, supporting horizontal expansion. The participation of permanent INAS activists proved to be very positive for community contact, facilitating the identification of beneficiaries and direct work with the community, especially in Zambézia. The involvement of community leaders was also essential for the smooth running of the programme, but it was worth highlighting the need to raise awareness among them to avoid fraud, corruption and other abuses. However, the review identified challenges and some shortcomings, such as different lists of beneficiaries, unclear communication with communities, limited human resources at INAs to cope with the increase in roles and responsibilities, difficulty in opening M-Pesa accounts for beneficiaries who didn't have identity documents, etc. These shortcomings were corrected as the programme progressed. The hiring by UNICEF-WFP of civil society partners who had been trained by INAS was a step forward in helping to mitigate these challenges and ensure the effectiveness of the intervention. But it should be noted that although the UNICEF-WFP Programme has reached the number of beneficiaries anticipated in the planning and design phase, considering the context and conditions of vulnerability created or exacerbated by COVID-19, it was estimated that there were still many people who needed support.

An identification process led by INAS with the support of community leaders

The provision of a list by INAS facilitated the identification of beneficiaries but created multiple problems of coordination between players and raised expectations in the communities. The interlocutors mention that the identification process was based on the lists made available by INAS, using mixed segmentation mechanisms (focussing on geographical and categorical scope). The interlocutors at central level, who took part in the first stages of the process, describe that at operational level central INAS informed the UNICEF-WFP Programme partners of a list of selected beneficiaries. Secondly, the heads of stations drew up a preliminary list, which was then sent to the local INAS delegation. The criteria were then explained and communicated to the communities (via the implementing partners contracted by the WFP) who

provided support in terms of facilitating communication and community meetings so that the local populations were clear about the terms of the selection. **Despite the existence of a formal identification process, delays in operationalising the intervention and the mismatch between INAS' priorities and those of the agencies resulted in discordant operational strategies.**

For the government, the priority was to register quickly and as widely as possible, which characterised the PASD-PE registration practice. For this exercise, INAS was trained at the beginning of the intervention. For UNICEF and WFP, priority seems to have been given to operationalising the intervention in Tete and Zambézia, ensuring payment mechanisms and verification of beneficiaries. However, due to the delays observed afterwards, this large-scale registration process resulted in expectations on the part of the populations and confusion, impacting the target population of the WFP-UNICEF intervention.

It should also be noted that the use of the lists was different in the two provinces where the intervention was implemented, causing various challenges. In Tete, some people were told that the programme agents were going to draw up a preliminary list of beneficiaries. This information, however, was erroneous in that INAS initially already had a record of these people. Initially, the target was 17,000 households, but only 16,000 households were reached. It is worth noting that some people who were on the list were not found afterwards, so adjustments were made to the lists. Interviews with key informants do not make it possible to establish the concrete consequences of these errors, but they undoubtedly contributed to increasing confusion among the population about the selection criteria.

In Zambézia, people were identified in various ways, through awareness-raising and mobilisation at local level, which included the involvement of INAS staff, with the permanent agents and the local grassroots structure, especially the neighbourhood secretaries. In fact, the beneficiaries interviewed said that they were informed by the neighbourhood secretary and the INAS-Delegation permanents at local level, but also by neighbours or family members, informed by the aforementioned authorities, that there would be a registration process to receive monetary aid in relation to COVID-19. Word of mouth in these communities is very effective, as people are able to communicate and pass on information quickly. Regarding reference figures, the neighbourhood secretary is considered a key decision-maker and source of information. Mentioned in most of the interviews, the neighbourhood secretary is the first authority/person outside the family indicated or of reference for solving problems and providing reliable information.

“The secretary came home and registered my little girl, who was not receiving any other kind of help and was not included in the INAS social protection system. She had never received any help, neither in goods nor in money” (Quelimane City, Zambézia, Female head of household, mother of a child with disability, Non-QulP beneficiary).

However, some of the beneficiary families, for example with children with severe disabilities, were already on the waiting lists to benefit from the state subsidy, having all the requirements to

be included in INAS's regular social protection system, but because of the low budget available, INAS was unable to provide coverage for these families.

"I was on the INAS waiting list, but I haven't received any help yet. The secretary told me I should still wait" (Quelimane City, Zambézia, Disabled woman, registered but not yet a beneficiary, Non-QulP).

Besides, still in Zambézia, the interlocutors referred to an uncooperative situation on the part of the municipality. This has translated into locally observable situations of tension. For example, there were situations in which some station managers argued that the INAS-Delegation lists were not to be trusted, since they included people who did not correspond to the profile defined by INAS. Although in reality these lists were part of a consultation process. Similarly, interviews with key informants note that in Quelimane the lists of beneficiaries prepared by the Neighbourhood Secretaries had to be redone because there was no correspondence with the list coming from INAS-Delegation and this verification process took some time.

It should be noted that despite the shortcomings mentioned above, which had to be corrected in the course of implementation and the delays created, the identification methods, based on the local INAS-Delegation lists, door-to-door information at local level from the Neighbourhood Secretary and activists and community word-of-mouth, were the most appropriate considering the local context and customs.

A registration system replicated in the national e-INAS database represents an added value and allows data to be centralised. However, it was noted that e-INAS has some dysfunctions, generating technical problems that made it difficult to implement the intervention.

In different interviews, government interlocutors, as well as members of the agencies, emphasise the important role of the e-INAS database in registering new beneficiaries. It should be remembered that this system was implemented in collaboration with CEDSIF-IP (Centre for the Development of Information Systems, a public institute), the institution responsible for implementing the state's public finance system, under the Ministry of the Economy and with its own network that runs on SISTAFE (the state's financial administration system) throughout the country and is accessible exclusively to government institutions. With the support of the ILO and the INAS registration model in association with the Centre for the Development of Financial Information Systems (CEDSIF-IP), the e-INAS system was developed and is present in all state institutions. E-INAS has been in operation since 2019 and allows for the management of all beneficiaries of the PASDE basic social protection system, which contains the following programmes:

- The PSSB: Basic Social Subsidy Programme (this is the country's largest regular programme aimed at vulnerable sectors (the elderly, children aged 0 to 2, people with disabilities, pregnant women, etc.).

- PASP: Productive Social Action Program (a programme to build public infrastructure).
- PASD-PE: Direct Social Support Programme - Post Emergency.

The implementation of this system had been useful for the management of regular programmes (it represented a significant improvement because previously there was no centralised system, but rather an Excel tool with many gaps) and had been useful for the ongoing intervention. For both government partners and agencies, e-INAS had made it possible to centralise beneficiary data, supporting horizontal expansion.

Despite its added value, the use of e-INAS has run into technical and human problems. Hence, the interviews highlight flaws in the e-INAS system and lack of human resources to manage the beneficiary management system correctly. The Review Team learnt, for example, that during the first registrations in Tete the system was blocked for a few hours. INAS technicians and the agents involved at the start of the intervention clarified that because of this, registration was done "offline", and lack of coordination between Central INAS and field staff resulted in duplication and replication errors.

"The first record that was implemented was manual and then recorded on an Excel dashboard. On the one hand, it allowed us to speed up the process, but on the other hand there were many duplication errors. On one occasion the lists were received very late and more than 7,000 beneficiaries were duplicated, which meant the equivalent of 9 million Meticaïs in terms of payment. (Interview with a key informant, Agency Representative)"

The interviews indicate that there had been efforts to improve registration and coordination between Central INAS, the WFP and INAS-Delegation agents. The current registration system is more refined, but with a registration database that still had empty fields, as there were beneficiaries with similar names and incorrect dates of birth which represented a problem for the system and for reconciling payments.

INAS invested heavily in the response, but the agency's lack of human resources to cope with the increased volume of responsibilities with the expansion of social protection benefits due to PASD-PE Covid was a major challenge for the programme's implementation.

In addition to the technical problems with the e-INAS database, as reported above, the review also pointed out shortcomings in terms of INAS's human resources capacity. In fact, despite being an institution with a nationwide presence, INAS has only 31 delegations to cover more than 150 districts, some of them very large, and the staff to do all the territorial work is limited, mainly because no new delegates have been hired since 2017. The reduced capacity in terms of human resources was reflected in the implementation of the emergency response.

Agency interlocutors highlighted considerable effort on the part of INAS in monitoring the registration phase and payments - both in terms of the national response and in the areas of

joint implementation with UNICEF-WFP. During the registration process, for example, two technicians from Central INAS were present and supervised the registration teams along with another person specialised in information technology (from INAS or WFP). However, the review team found that the expansion of social protection meant a lot more work for the agents, as no more human resources were added to the sector. As a result, agents who already had to handle basic programmes also had to deal with Covid-19 response programmes. This has affected the implementation of the registration.

The identification of beneficiaries, for example, was carried out with the "base structures" of each neighbourhood (chief of the neighbourhood, chief of the locality, administrative post), which generated tensions in some communities due to lack of transparency in disseminating the selection criteria. The proposal to hire civil society players by the WFP and UNICEF proved to be an effective support solution for the registration process. The CSO partners were trained by specialised INAS registration technicians, with the participation of the local INAS. This partnership relieved the burden on INAS and at the same time provided local support.

Compared to other emergencies, such as the response in Gaza in 2019 where INAS technicians were already active, here technicians specially hired and trained by INAS for the emergency response were incorporated. WFP interlocutors mention that this was extremely positive, reinforcing INAS' technical capacity at national and sub-national levels. In addition, UNICEF and the WFP played an important complementary role in not only supporting, but also collaborating on implementation and coordinating with INAS with the resources at their disposal. It was an excellent co-operation between WFP, UNICEF and INAS.

Therefore, it can be concluded that some operational shortcomings were also noted despite the remarking role on the centrality of INAS as an implementing agency due to the nature of its territorial presence and its links with the community. Thus, the interlocutors of the agencies mention INAS's shortcomings in relation to its real capacity to cover the entire area affected by the emergency and to move quickly: INAS had hoped to achieve its objective of distributing the cash transfers in 3-4 months, extending this period to 6-8 months, but without accomplishing it. In other words, INAS was able to move swiftly towards implementing the registration phase, completing it between August and September 2020; but when it was supposed to start with the distribution of telephones and payments in August 2021, the situation was all changed and problems arose, because some people moved, others weren't registered, etc. Solving these problems took long time. Apart from that, it is also worth highlighting the communication problems between the central offices and the delegation, which sometimes delayed implementation or made it difficult to resolve problems.

The cooperation of activists (permanent INAS staff) and civil society organisations was an innovative solution that contributed to the effectiveness of the intervention.

The intervention design presents an innovative solution to improve identification methods, through the support of INAS activists and civil society organisations. Within the support provided

by INAS, the interlocutors of the agencies involved in the intervention recognise positive aspects such as the role of INAS activists in their work in the communities. This role was very important in Zambézia, where the activists supported and were responsible for door-to-door community awareness raising with the beneficiaries within the framework of the SBCC. This was an improvement compared to Tete. This illustrates the importance of having activists as middlemen for community awareness-raising and mobilisation activities and the implementation of the programme.

This difference was also important in the implementation to understand what needs to be improved in local action to ensure that communication reaches the beneficiaries. Actually, the interlocutors of the agencies point out that INAS has a limited reach in some neighbourhoods and is permanent in others. For this reason, it was felt that it might have been better to strengthen permanent support. In this scenario, the presence of activists was extremely important, as they were permanently on the ground.

The public authorities in Zambezia were strongly supported in the registration phase and in the communication activities of the WFP's local partner by NAFEZA activists, who stepped in to accompany and support the beneficiaries in the transfer process, from registration to withdrawing the money. The participation of NAFEZA activists had improved the relationship with the community and had also been considered important, because it had guaranteed the service and transparency of the process.

The activists' skills include being trained to manage social problems linked to gender and domestic violence, and providing information on the characteristics of the programme, its criteria and its socio-behavioural component. Similarly, they were prepared to answer any questions or doubts that may arise among the beneficiaries. For the future, it is worth using activists in other programmes.

Dysfunctions in the registration process also linked to the lack of identity documents

During interviews with the agents responsible for payments, the problem of the lack of identity documents was mentioned as an obstacle to the registration of beneficiaries and subsequent payment of the benefit. The problem of lack of identity documents was experienced at the beginning of the intervention in Tete, according to the key informant's testimony:

"There are people who cannot open mobile accounts at M-Pesa because they do not meet basic requirements such as having a document that proves their identity. In Tete, we had to look for solutions to verify identity and ensure payment." (Interview with a Key Informant responsible for the payment process)

The interviews with the agents responsible for payments refer to alternative resources for making money available, avoiding opening an M-PESA account in the absence of identity

documents. It is worth remembering that when beneficiaries did not have identity cards, they could not open an M-Pesa account and were therefore not authorised to use the M-Pesa system with all its functionalities. To overcome this problem, the Vodacom e-voucher modality was implemented, which allows money to be transferred and withdrawn using a token key. Although this option limited the use of cash in hand, because when the beneficiary received the money, they could not use the electronic payment system, according to the interviewees, this method had served to solve the problem of lack of documents and speed up payment. Furthermore, in general, beneficiaries tended to use cash even when they had an M-Pesa account, so this solution did not have a significant impact on consumption practices.

In Tete, another alternative modality has also been implemented, **which is the use of testimony to verify identity**. The key informants responsible for payments reported that in Tete, there were several cases of beneficiaries without identity documents for whom the electronic voucher was not used. **For these cases, another alternative solution was applied, which consisted of opening M-Pesa accounts with someone as a witness, the account was opened in the name of this witness and the beneficiary received the payment on their mobile phone number, which was associated with the witness they indicated. Although this solution was not convenient in the long term, it made it possible to find solutions to the challenges faced in Tete.** The challenge with this was that the financial service provider's reports did not record the name of the original beneficiary, but rather that of the person testifying for the beneficiary who was registered in the M-Pesa system. Therefore, there was no real registration of all the beneficiaries, causing challenges in a reconciliation process that was already heavily disrupted by the discrepancies between the INAS records and the WFP records (cf. section on the payment process). In addition, this aspect also hampered the processes of withdrawals and PIN recovery when they were blocked, as the original beneficiaries needed the presence of the witness and their documents to carry out any operation linked to the account.

There has been an improvement and anticipation of this problem in Zambezia, with greater preparation of registration and enrolment on the lists before payment. With regard to registration, unlike Tete where the flow of registration and subsequent payment is described as poorly organised, in Zambézia the flow was improved by registering beneficiaries before the INAS delegation and the WFP social protection team began their intervention. For Zambézia, registration began a year before the account was opened, allowing enough time for verification of identities.

The programme has been effective for the beneficiaries, but the review revealed that in reality there is greater demand than the programme's capacity and that there are still many people in extremely vulnerable conditions in the programme's areas of intervention who need support.

Subtle differences between beneficiaries and non-beneficiaries create expectations and tensions in demand. Although the identification methods were the most appropriate for attempting to make a selection among the vulnerable people in the population, in the context in which the urban and peri-urban populations in Tete and Zambézia live, the difference between the profile of a beneficiary and a non-beneficiary is very slight and subtle. The beneficiaries of the UNICEF-WFP Programme live in contexts of high exposure to risk and in a condition of strong vulnerability due to unsafe livelihoods, high poverty and many are precariously supported by a single person, namely a woman. From analysing the data and from direct observations, it was clear that women in Mozambican society often face great difficulties, with less access to education, formal work, appropriate health services, etc.

During the primary data collection in the field, it was found that the neighbourhoods are in critical conditions, the communities have poor access to basic services (e.g., drinking water), the houses are built in areas prone to malaria and the communities, especially the most vulnerable, are exposed to various hazards (e.g. diseases, floods, high temperatures, etc.). For instance, the communities of Quelimane District, in Zambezia, where both direct observation of the context and interviews and focus groups have shown that the communities are also exposed to the risks of cyclical disasters (e.g., storms and hurricanes, droughts and floods) as well as living in areas with few services, in precarious and unsafe houses.

As a result, demand outstripped the capacity of the UNICEF-WFP programme.

“To say that the project benefited those people who had been enrolled does not mean that those who were not enrolled had no problems, some were enrolled according to the criteria that had been drawn up. (...)” (Milange, Zambézia, Interview with Public Institution).

Although the UNICEF-PMA Programme had reached the number of beneficiaries anticipated in the planning and design phase, considering the context and conditions of vulnerability created or exacerbated by COVID-19, it is estimated that there are still many people who need support. This was also partly confirmed in the interviews.

“(...)the number of people in need was higher compared to the number of people selected because in reality there are many people, we had a daily target to reach, but unfortunately some people ended up being left out.” (Zambézia, Interview with CSO).

Q2: What kind of change has occurred within the household as a result of the distribution of the cash transfer?

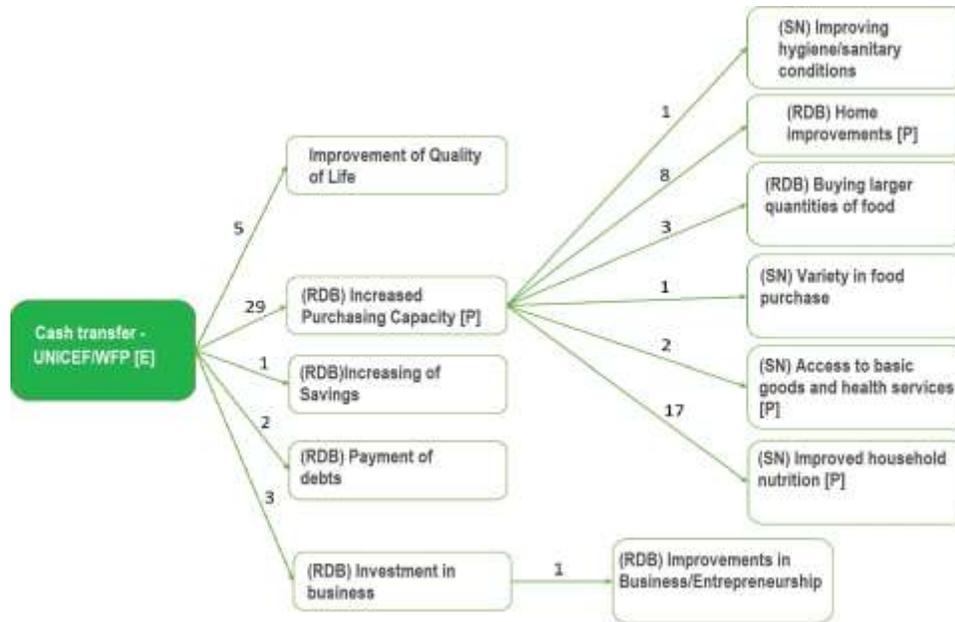
Cash transfers have brought positive changes in the quality of life of beneficiaries, despite regional differences. Actually, cash transfers have opened up the possibility of consumption and increased the resources of beneficiary families to prevent risks (savings capacity, investment in small commercial ventures), and have helped overcome

or manage the COVID-19 crisis. Analysing the interviews conducted through the QUP methodology highlighted an increase in purchasing capacity as the most frequent effect of cash transfers. In turn, by increasing their purchasing power, beneficiaries were able to improve their hygiene and sanitary conditions (e.g. buying cleaning materials), improve their homes (buying roofing materials, furniture, etc.), access basic health goods and services (e.g. buying medicines, travelling to hospital, etc.), variety in food purchases (e.g. especially in Tete, people were able to buy foods they didn't buy very often, such as meat, sugar, etc.), buying more food (e.g. especially in Zambézia, people didn't vary their diet, but bought more of the foods they normally ate, such as rice, flour, vegetables, etc.) and improved household nutrition (e.g. people were able to have three meals, improving the family's diet).

For the beneficiaries, the programme represented an opening up of consumption possibilities and an increase in purchasing capacity, reflected in improvements in nutrition, hygiene and the safety of homes exposed to disaster risks, etc.

As illustrated in the Cause Map in Figure 6 below, cash transfers were considered to be relevant in the lives of beneficiaries, generating, among other things, increased purchasing capacity, increased savings capacity (which is considered a strategy for coping with future shocks), the possibility of paying off debts, investing in businesses and overall improving the quality of life.

Figure 3- Maps of Causes. The Effects of Cash Transfers⁵².



Source: PlanEval

As can it be seen from the causal map above, the increase in purchasing capacity has enabled the beneficiaries to have improved:

- Hygiene and sanitary conditions. Examples include the purchase of cleaning materials
- Housing conditions. Beneficiaries in Quelimane District, who live in areas at risk of cyclones, for example, used some of the money to reinforce their homes in view of other adverse weather conditions. Many dwellings had previously been damaged by the cyclone, which had destroyed the roofs of the houses, the roofs being made of wood and palm leaves.
- Access to basic health goods and services, such as buying medicines, travelling to hospital, etc.
- Food. Especially in Tete, people were able to buy food that they didn't buy very often, such as meat, sugar, etc. In Zambézia, on the other hand, people didn't change their diet, but they bought more of the food they normally ate (rice, flour, vegetables, etc.). In general, with the cash transfers people were able to eat three meals a day.

⁵²Explanatory Note:

(Category of Consequence):

- RDB: Income, Expenditures and Assets
- COVID: COVID-19 pandemic
- SN: Health and Nutrition

[P]: Consequence perceived positively

[N]: Consequence perceived negatively

According to one of the CSOs operating in Tete:

“Basically, that project helped a lot of people, it was at a time when a lot of people had lost their jobs and some businesses no longer had clients, and there were a lot of restrictions, and the support that was given meant they were able to buy some basic products for their livelihoods. In short, it changed people's lives at that time.” (CSO representative, Tete).

The cash transfers had also helped to alleviate the worry and economic responsibility of the carers of people with disabilities, the elderly or those with chronic diseases, who constantly feared that they would not be able to provide care for the people they were looking after. Interviewees reported that, with the programme, families no longer felt alone and totally dependent on the goodwill of others, and facing the problems caused by the condition in which they lived exacerbated by the pandemic.

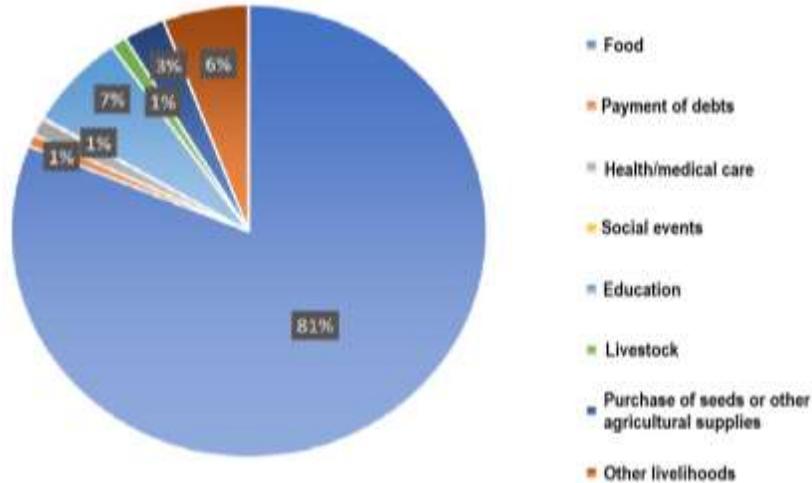
It should be emphasised that the PDM data confirms the qualitative data collected in both provinces. The interviews with beneficiaries in Tete, for example, indicate that all the beneficiaries interviewed used part of the transfer to buy food, while 90 per cent also report having used some of the money to make improvements to their homes, do some business and to buy school materials and clothes for the children.

The UNICEF-WFP intervention has led to an increase in the food security of families benefiting from the programme in the provinces of Tete and Zambézia.

It is possible to observe an adequate allocation of the monetary benefit to goods necessary for the well-being of vulnerable families, especially food. As the graphs below show, in Tete, 81 per cent of the cash allocation goes to food, while the proportion for this category in Zambézia is 54 per cent.

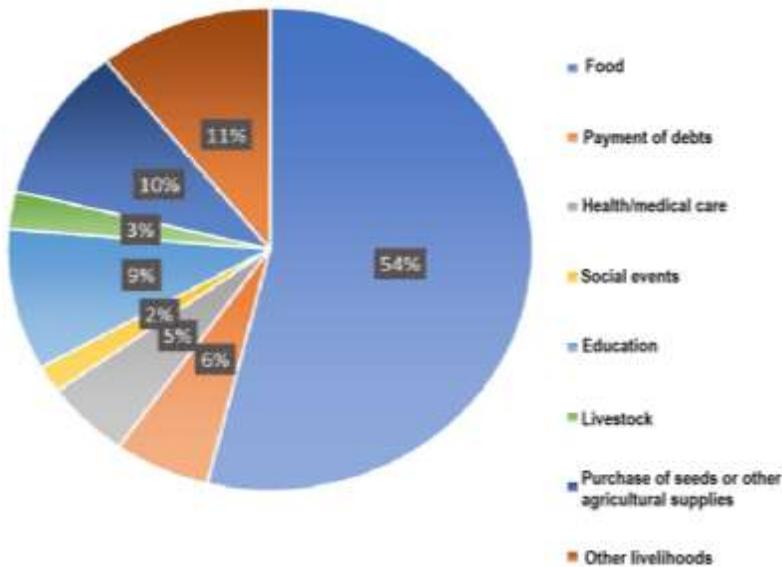
An interesting aspect is also the use of money to pay off debts. In Tete, this category represents 6 per cent versus 11 per cent in Zambezia. Here too, the difference can be attributed to the mismatch in the payment schedule, which means that in Zambézia families took on debt with their peers to mitigate the socio-economic effect of the crisis while waiting to receive the benefit.

Graph 2- Use of cash benefits - Tete



Source: PlanEval

Graph 3- Use of cash benefits - Zambézia

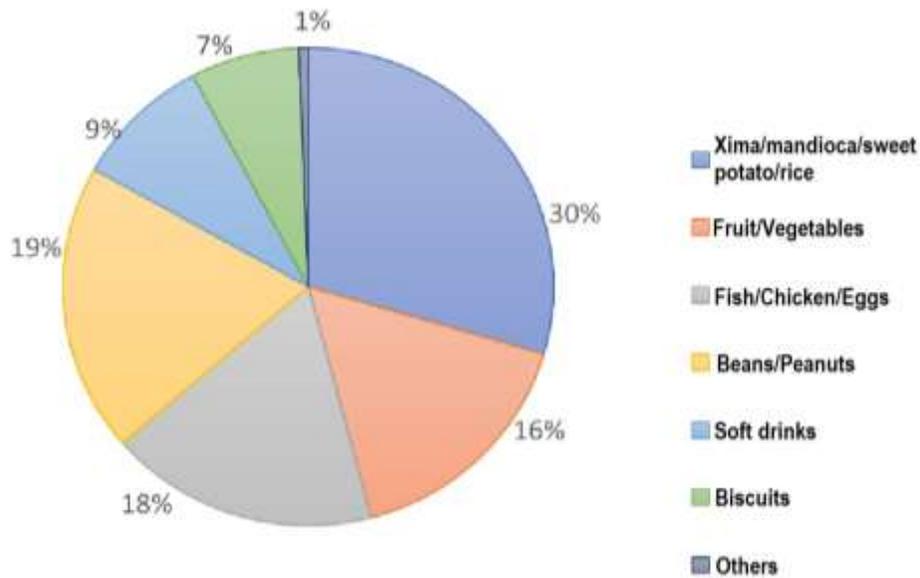


Source: PlanEval

On the other hand, there is an adequate allocation of the benefit (cash transfer) to food variety. As illustrated by the breakdown of the data on the food purchased as a result of the benefit, based on the PDM data, most of the purchases made were in line with the intervention's

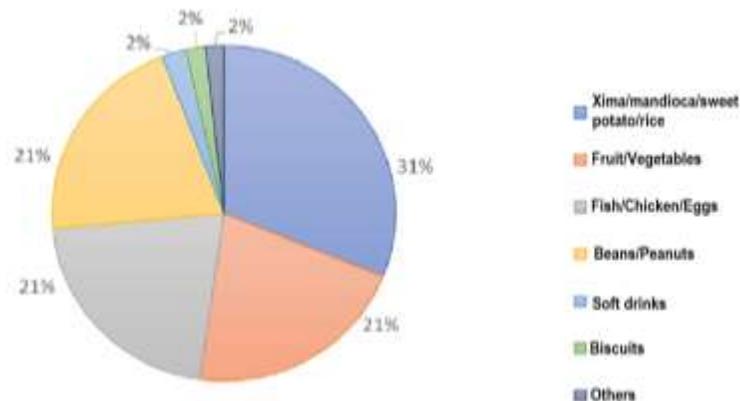
objectives. With regard to products that were not appropriate for a healthy diet (e.g., with a lot of sugar), in Tete the beneficiaries reported using 7% of the benefit to buy biscuits and 9% for soft drinks, while in Zambézia 2% of the benefit was used for biscuits and another 2% for soft drinks. Although the data was not representative, some problems of the appropriation of behaviour change messages were recorded with a higher incidence in Tete.

Graph 4- Main food items purchased - Tete



Source: PlanEval

Graph 5- Main food items purchased - Zambézia



Source: PlanEval

This aspect is crucial because the socio-economic impacts of the COVID-19 pandemic have affected the diet and, consequently, the nutrition of the programme's target population, which was already in a situation of vulnerability. In general, the interviews show that the COVID-19 pandemic has led to a decrease in the quality and quantity of the beneficiaries' food consumption. The decrease in income for most families made it more difficult to buy a variety of food in local markets and several beneficiaries said they had to reduce the number of meals a day during this period before receiving the cash transfer. Those who worked in agriculture or fishing were able to consume their produce, although the restrictions made it more difficult to sell their products in local markets.

"Before Covid, we ate rice, beans, porridge and noodles, but thereafter the only meal we could eat was porridge and beans, if we could eat rice it was from the money from the fish we sold." (Zobué, Tete, non-beneficiary woman with 6 or more dependents)

The interviews in Tete reveal that **the transfer allowed beneficiaries to improve their family's diet, both in terms of quantity and quality.** Several beneficiaries reported having increased the number of meals they ate per day. In some cases, the number of meals was higher than the number of meals they used to eat before the start of the pandemic.

"Before the pandemic there was no breakfast, only lunch and dinner. During the pandemic, before I received the money, I had lunch and dinner. When I received the money, we had three meals." (Moatize - Tete, Female beneficiary with 4 dependents).

In terms of quality, the cash transfer allowed beneficiaries to buy food products they wouldn't normally have been able to afford, while allowing them to buy certain products in larger quantities (and at a better price). This is the case, for example, with rice and oil, as mentioned by a social councillor:

'Here (...) rice is gold, there are families who can't afford to buy rice for six months. Rice is expensive. They can buy corn, yes, but not rice, but at that time they were able to buy rice, they were able to buy 5 litres of oil. (...) Instead of just using that constant basic food, there was a variation.' (Social Councillor)

On the other hand, a possibly unanticipated consequence of the intervention reported by some mothers is that once the money ran out, it was no longer possible to continue buying the same foods. As a result, some children began to complain about not being able to eat these foods anymore:

"Before we used to eat chicken, the children didn't complain, but now we're cooking vegetables, they don't eat any more, they run away from home when there are vegetables, because they were used to it. (Moatize - Tete, Focus Group with elderly women beneficiaries).

In some cases, no significant changes were observed in the beneficiaries' diets. These beneficiaries prioritised home improvements, as mentioned by this beneficiary:

"There's been no change, before and after Covid we had three meals, breakfast, lunch and dinner, but that's not every day. One day we get all three meals, on other days we only get two (...). I eat porridge every day, but the number of meals varies. The type of food hasn't changed (...). This is because I took the money to buy cement to make the floor of my house." (Moatize, Male beneficiary with disability)

In Zambézia, the Review Team found a different situation from Tete. This is probably because the delay in transfers to beneficiaries has conditioned the application of the nutrition information disseminated in the CSO workshops. This was particularly reported in the municipalities of Quelimane City and District, where the increase in prices from the end of 2021 onwards had affected purchasing capacity and therefore the ability to provide better nutritional quality in households.

"The hardships are increasing; the prices are going up. A long time ago I used to buy flour and it would last for long, but now I buy 500mt of flour and it only lasts a week." (Quelimane District, Zambézia, Interview with elderly woman, QuIP).

The messages about nutrition were regarded as particularly important for the beneficiaries because they relate above all to children's health. Most of the beneficiaries, especially women, said that if they could, they would give their children good nutritious food every day, but the reality did not allow this, so they only offered it when it was available.

"(Among the most striking messages) is the message about the children's nutrition, they (the activists and the hospital nurses) said that you can't repeat the food you ate in the morning and have the same in the afternoon, it has to be different. I've never done it because I can't afford it and if I had I could." (Quelimane District, Zambézia, Older Woman Interview, QuIP).

Therefore, while recognising the importance of good food and nutrition, the beneficiaries were frank in saying that they were unable to provide food and nutrition security for their own families, not only because of late payments, but also because of the rise in food prices due to the pandemic and its negative impact on the economy.

The UNICEF-WFP intervention has increased the savings and entrepreneurial capacity of beneficiaries in the provinces of Tete and Zambézia.

Cash transfers also increased the beneficiaries' capacity for savings and entrepreneurship. In Tete, a few people interviewed for this review reported having saved the money; however, several reported that they had used the money to **invest in small business ventures**. For those working in the fields (mainly in the Zobué district), the money invested in the fields made it possible to improve production. Others used the money to buy breeding ponds for pigs, goats or chickens, which they then sold in the markets.

Those who managed to invest their money well report greater changes in their lives than those who did not, as illustrated by the following two contrasting testimonials from beneficiaries:

"The first time we received 4500.00 and we used it to buy food, we stayed for two or three months and then we received 4500.00 again and we bought food again, so this money was only used for food. We didn't change much, but of course we lived well for five months, so it only helped to buy food." (Moatize (Tete), Widowed female beneficiary)

"(...)that money helped me to set up my business and now I'm already buying blocks and cement to build my house." (Moatize (Tete), Male beneficiary with chronic disease)

In Tete, when asked how they would spend the money if they received it again, several respondents said they would use it differently and preferred to invest in a business.

"This time I was going to use it differently. Because the food you eat today ends up here. (...) Doing business is better." (Zobué (Tete), female beneficiary with a chronic disease)

In Zambezia, there were some cases of low financial management and savings capacity, where beneficiaries had not always used the money from the transfers in the right way and had even made investment decisions that were not very productive or profitable. In this case, for example, some beneficiaries decided to buy goods to do some business without also arranging savings. Thus, once the profits from the business ran out, the beneficiaries, who had not saved, returned to the situation before the cash transfers.

"I used to sell coal, so I spent everything on coal. I bought something here at home, but most of it I spent on coal. I sold the coal and with the money I bought food for the house and other things. (...) No, I didn't save anything. After I sold it, that was it, I didn't buy another coal. (Quelimane City, Zambézia, Woman beneficiary, QuIP)

Another person interviewed,

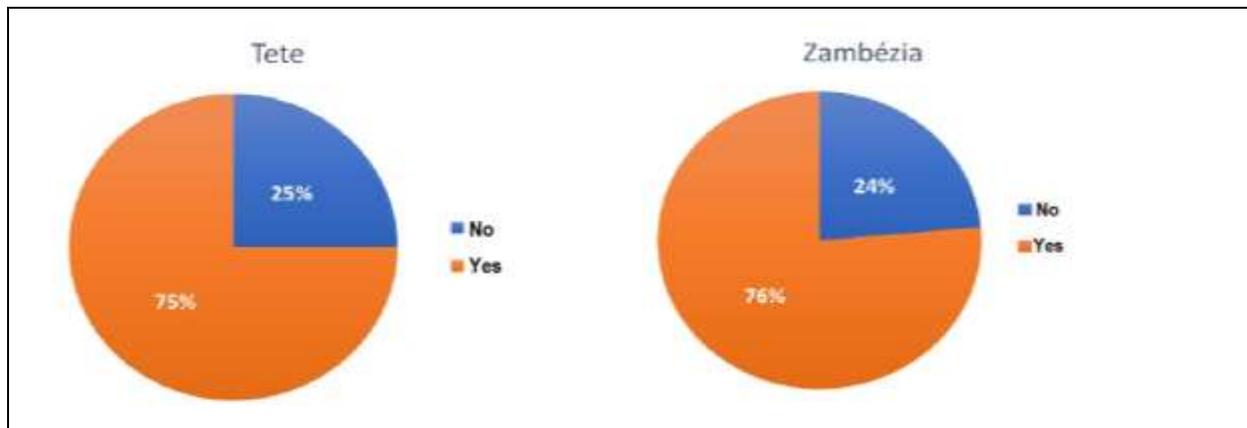
"I received some money on the phone. I wanted to do business with that money, so I bought oranges. After I bought the oranges I bought food, a table and chairs for the house, but I decided not to continue with the business. I didn't keep anything." (Quelimane City, Zambézia, Woman beneficiary, QuIP)

In Zambézia, receiving the cash transfers in two instalments also had the impact of enabling them to start saving. During the interviews, the beneficiaries were also able to make a small saving from the money received, to be used with another instalment (those who received only one at the time of the interview) or at another time. For instance, most of the people interviewed said they had saved at least 500 MZN of the benefit for future consumption. The availability of a large sum of money and the security of having other transfers to receive indirectly resulted in households changing their behaviour in relation to small savings and they were influenced to think a little more about the future and small projects to improve family welfare.

The intervention enabled them to familiarise themselves with M-PESA technology, preferring the diversification of the use of M-PESA to other services.

Another change observed at household level is the becoming familiar with M-Pesa technology and the diversification of the use of M-PESA to other services. For the vast majority of beneficiaries, the UNICEF-WFP intervention was their first experience of using this technology, as the graphs for Tete and Zambézia show, illustrating that for almost 75% of those interviewed in both locations, the programme gave them the opportunity to try out this service.

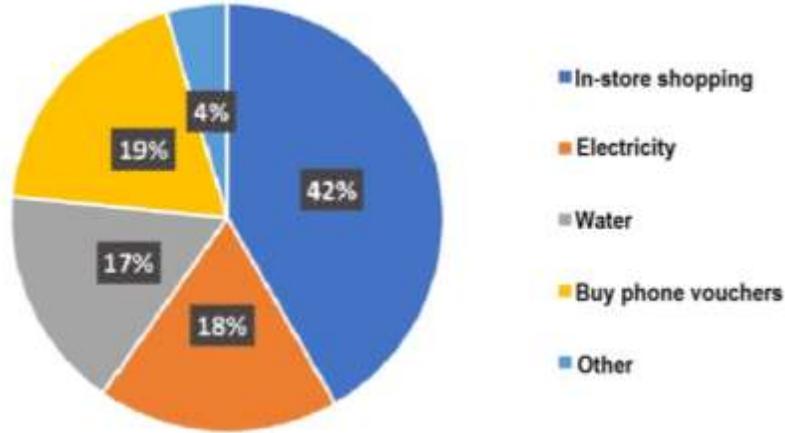
Graph 6- PDM data on the use of M-PESA



Source: PlanEval

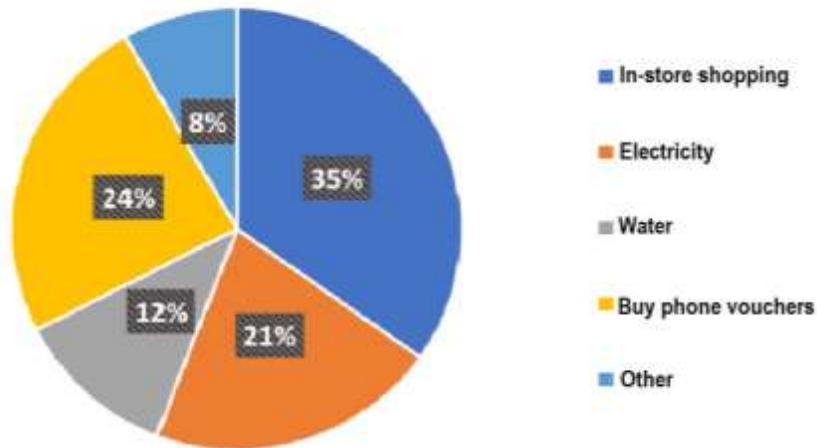
In addition to this, it is worth highlighting that the M-PESA had allowed for the diversification of monetary practices. Hence, the PDM emphasises that beneficiaries in both provinces took advantage of M-PESA to pay for services such as electricity, water and telephone bills, in addition to purchases made in shops.

Graph 7- Main operations carried out with M-Pesa- Tete



Source: PlanEval

Graph 7- Main operations carried out with M-Pesa- Zambézia



Source: PlanEval

M-PESA made it easy to withdraw and subsequently use the money. Beneficiaries said they were able to withdraw the benefit money easily. As illustrated by the PDM data - see figure below - almost all the beneficiaries said that the benefit was withdrawn without any problems, in a single withdrawal. Facilitating access to the transfer was directly linked to the use of mobile phone, an argument promoted by the agencies during the design of the intervention to guarantee ensure access to the cash benefit.

Graph 9 - Easy access to the right of cash in a single withdrawal



Source: PlanEval

In the PDM, when the beneficiaries were asked about their preferences for future interventions, the majority replied that they would prefer to receive the benefit in cash (in hand), as opposed to other common transfer methods already used in the country, such as vouchers.

Q3: Were women and people with disabilities involved in deciding how to spend the subsidy?

The data collected does permit clear establishment of a positive change in terms of the participation of women and people with disabilities in decision-making, since the situation at the start of the programme was not assessed to establish the evolution over the months of implementation. The PDM indicated that decisions on the use of money were mostly taken by women in Tete and jointly by men and women in Zambézia. However, this data did not indicate that the decision-making characteristics were exclusively attributable to the UNICEF-WFP intervention. The interviews conducted partly confirmed this result, but to measure this evolution it would have been necessary to establish the situation of intra-family decision-making at the start of the programme.

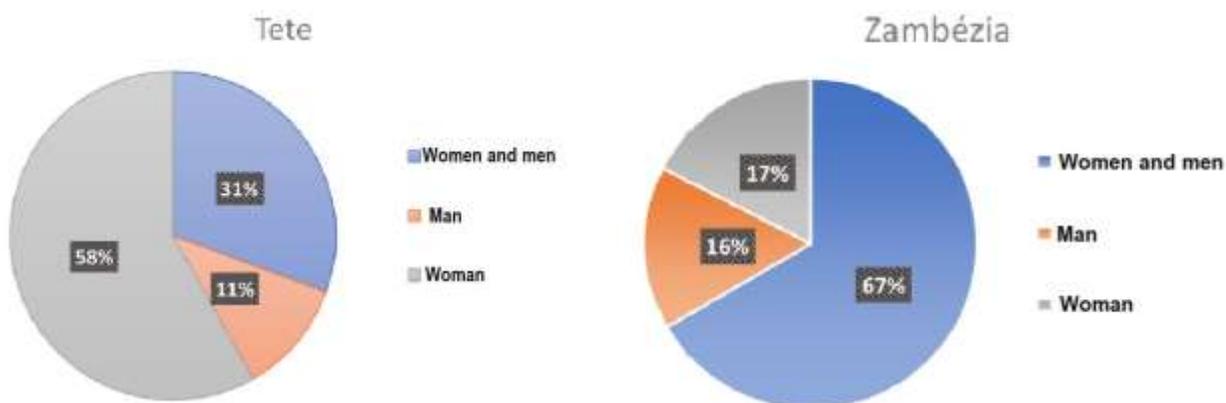
Thus, from the interviews conducted, the beneficiaries were quite divided when it came to making decisions within the household. In Tete, the man is typically the decision-maker at home. However, when it comes to deciding how to spend the money, different cases were found on the ground. In some cases, it was the woman who decided, or the decision was made jointly. In other cases, the man decided, but on the basis of indications from his wife, who knew what

was lacking at home. When it came to widowed or single women, most of them decided how to spend the money themselves. There were reports that the decision was made jointly with another family member, such as the grandmother or eldest child.

In Zambézia, interviews with beneficiaries revealed open communication dynamics within families about the choice of how to use money from cash transfers. Despite being a male dominated society, where women are subject to the decisions of the men in the family, the women interviewed who lived with a husband or partner said that they had presented proposals and discussed the use of the transfers without any problems with their husband, who, they said, had no objections to the ways in which his wife's money was spent. Single female heads of household, the main target of the cash transfer, consulted with their children, particularly older ones, or other family members to make decisions about how to use the money. This doesn't seem to be a new mechanism created by the transfers, but it may also have been stimulated by them, considering that previously few families had the availability to manage a sum of that size.

Analysing the data from the Tete PDM shows that women make decisions alone in 58% of cases and in 31% of cases, decisions are made jointly. In the case of Zambézia, 67 per cent of decisions are made by men and women, while in 16 per cent of cases men decide alone and in 17 per cent of cases women decide alone. However, these figures do not indicate that the decision-making characteristics are exclusively attributable to the UNICEF-WFP intervention. In fact, to measure this evolution, it would have been necessary to establish the situation of intra-family decision-making at the start of the programme⁵³.

Graph 10- Decision-making in the household



Source: PlanEval

⁵³ However, it should be considered that the data relate to all categories of populations targeted by the intervention and not exclusively to women living alone. The survey sample is also too small to draw conclusions about women living alone.

Q4: Did the size of the transfer, its regularity and the method of payment prevent negative coping strategies?

The size of the transfer, its regularity and the method of payment allowed beneficiaries to make appropriate choices about their lives and families. It can be seen that both coping strategies and families' consumption or savings decisions are influenced by their level of vulnerability. The review did not collect enough evidence to show that cash transfers have directly or purposefully influenced the implementation of negative coping strategies or acted to prevent them. It is known, however, that in Zambezia some families resorted to loans to mitigate immediate socio-economic shocks before they started receiving payments.

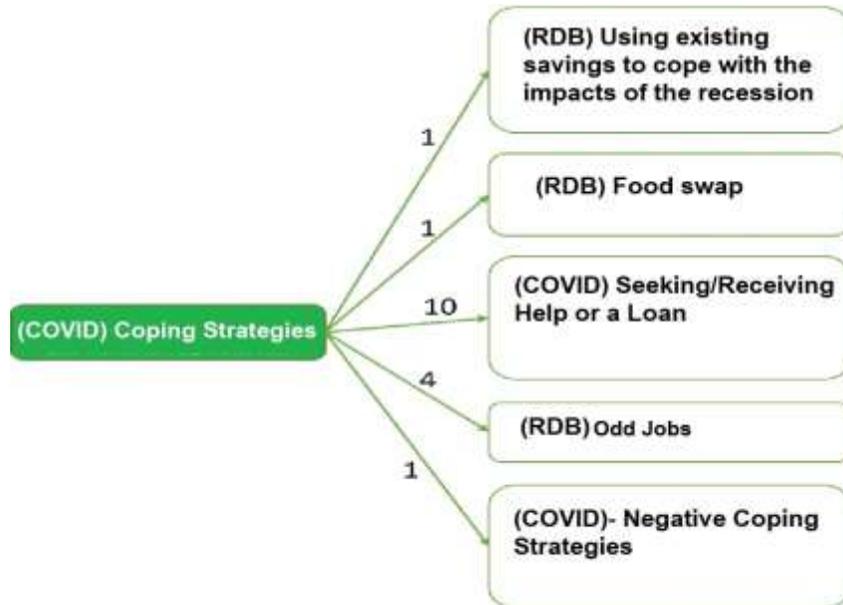
Coping strategies

The literature review on the impacts of COVID-19 on coping strategies showed that the pandemic could encourage people to activate and implement negative behaviours. In Mozambique, there were several pre-existing risk conditions to COVID-19, which could be exacerbated: more than 21% of children aged 7-9 were involved in some form of child labour, 40% of girls (aged 18-24) were married before the age of 18 or lived with someone as if they were married, affecting their studies (only 10% of girls aged 12-17 who were married were attending school), 14% of girls had a child before the age of 15 and 57% before the age of 18⁵⁴. From this perspective, there were informal and unofficial reports by interviewees and members of the communities visited, for example, of an increase in female sex workers, early marriages, but also an increase in crime and theft. Despite these assumptions, there was no evidence that cash transfers had directly or purposefully influenced the non-use of negative coping strategies. Below, the focus is on the coping strategies that were actually observed by the Review Team.

With the informal economy at a standstill and the police preventing people from selling products on the streets, people had to find alternatives to make a living. The Map of Causes below (figure 15) shows the coping strategies adopted by the beneficiaries, the most frequently cited being seeking/receiving help and doing odd jobs.

⁵⁴ UNICEF (2021), The Situation of Children in Mozambique: Summary Report, Maputo.

Figure 4- Map of Causes, analysis of QulP interviews⁵⁵.



Source: PlanEval

When it came to providing small services, collecting wood or weeding are two of the odd jobs frequently mentioned by the interviewees.

“Everything was at a standstill, it was just a matter of going into the bush to get firewood to sell, going to the fields to weed, as weeding wasn’t forbidden, that disease didn’t forbid anyone from weeding, other services weren’t done.” (Moatize (Tete), neighbourhood secretary)

Although odd jobs could be seen as a purely economic transaction in response to satisfying immediate needs, they could also be seen as a form of solidarity and reciprocity between neighbours. In this case, providing such services was not only a survival strategy at an individual level, but also at a community level. Those who had more help those who had less, by getting the latter to provide them with a small service in exchange for some money or some food.

⁵⁵ Explanatory Note:

(Category of Consequence):

- RDB: Income, Expenditures and Assets
- COVID: COVID-19 pandemic
- SN: Health and Nutrition

[P]: Consequence perceived positively

[N]: Consequence perceived negatively

On a less positive note, some respondents mentioned that their children started doing odd jobs to bring in extra income for the household. With the emergence of the pandemic, children started going to school only every two days, and spent the rest of the time helping out around the house or doing odd jobs.

People with families sometimes received help from their families in the form of money or, more often than not, food. One interviewee, for example, mentioned receiving support from her parents when she was allowed to take some vegetables from the field. Thus, this beneficiary's family and family capital helped to reduce her level of vulnerability.

Those who had livestock could better feed their families through the products derived from them (e.g. eggs or milk) or by consuming the livestock themselves, as mentioned by one of the beneficiaries in Moatize:

"For those who were able, they managed on their own way. For me, I had my goats; I milked them just for my family at home. (...) I made porridge for breakfast in the morning for my children and what I could get... other things were for dinner. (...) I slaughtered (goats) to eat." (Moatize, Tete, Male elderly beneficiary).

In general, interviews with beneficiaries and non-beneficiaries indicate that the most vulnerable people, those who lived in isolation or who did not have capital in the form of land or livestock, did not have access to the same support as others.

Another, less recurrent, strategy was borrowing money from neighbours and/or colleagues, although this practice was not very frequent due to the level of poverty of the beneficiaries and the communities where they lived. There were also some interviewees who said they had managed to pay off their debts after receiving the cash transfers.

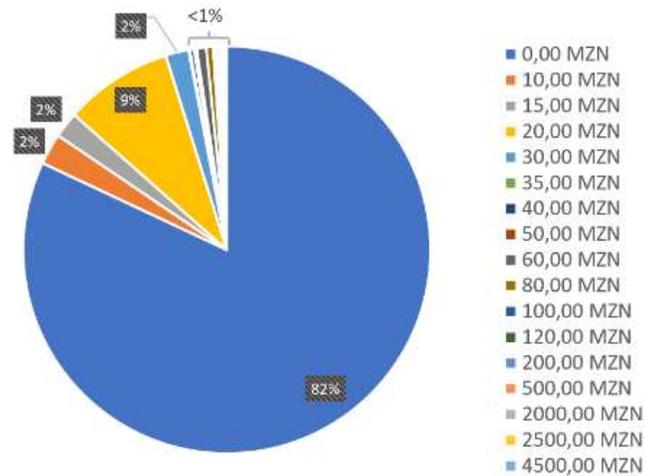
Influence of the size of the transfer, its regularity and the payment method on these coping strategies

The strategy for paying benefits prioritised group payments, combining two instalments, which made it easier to mobilise the beneficiaries. Both the interviews and the PDM survey data show that the payment was grouped into instalments of 4,500 meticaï. From the interviews with the beneficiaries, it appears that this facilitated rapid access, reducing the potential costs of relocation and the inconveniences that were associated with transport, such as social distancing during the pandemic.

The decision to group payments together is favourable to the beneficiaries in terms of "cost-effort travel" versus "obtaining the benefit". Actually, the quantitative data collected through the PDM survey indicates that the costs of returning home were lower in the vast majority of cases, but with a few exceptions.

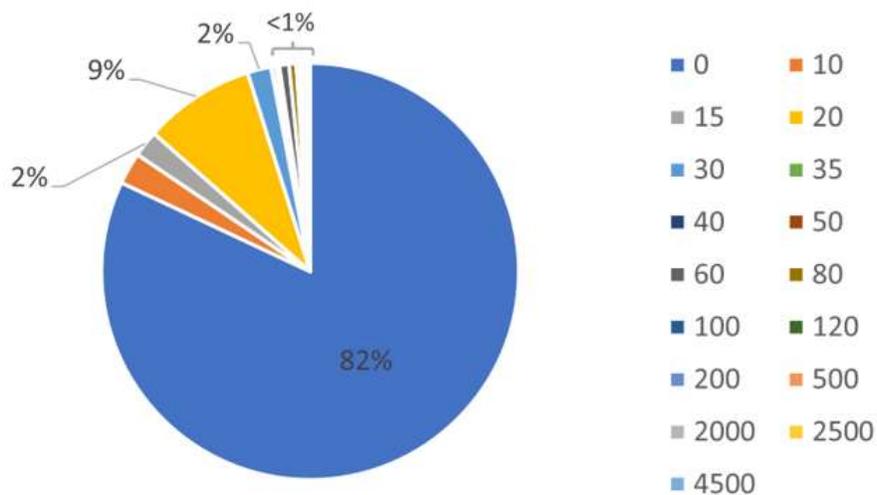
In Tete, 87 per cent of those interviewed reported no costs for returning home, while for the remaining 13 per cent the costs involved in returning home represent between 15 and 80

meticals. In Zambézia, the proportion of beneficiaries who paid to return home was higher, with 82 per cent having no costs and 18 per cent spending between 10 and 100 meticais.



Graph 11 - Resources allocated to transport to return home – Tete

Graph 12 - Resources allocated to transport to return home (in Meticais) - Zambézia



Source: PlanEval

When they were asked about the appropriateness of the frequency of payments, the interviewees in Zambézia said that it was very positive to have received the cash transfers in two instalments, although in some cases there was a significant delay between instalments (e.g. Quelimane City). In addition, interviewees mentioned that they would have accepted receiving the transfers every month, though in smaller amount, since regularity and certainty of receipt are important factors in preferring this solution over several months. For instance, some interviewees said that if they had been sure of receiving constant and regular aid every month or two months, they would have made better food plans and ensured that the children had enough quality and quantity to eat.

The size of the transfers was adequate; however, the transfers could have helped the beneficiary groups even more.

“(Question: Do you think this amount would be adequate in the Mozambican context?) To be adequate we can say no but taking into account that it is what exists because the criterion for determining a subsidy also has to do with the minimum wage, it is calculated on the basis of the minimum wage, but 1500 Mt, considering the number of people who make up a household, we can say that the money is little for the current living expenses”. (Zambézia, Representative of Local Public Institutions - INAS).

Q5: What impact has the frequency of payment had on the household's consumption or savings decisions?

The interviews with beneficiaries also show that the size of the transfers had an impact on the beneficiaries' decision-making. Thus, larger payments seem to favour investments, while smaller payments seem to favour direct consumption, as the following statement from a beneficiary in Tete illustrates:

“I went to buy bags of corn, rice and oil. That money was useful to me. If I had received 9,000 in one instalment, I would have bought a bicycle. But since we received it little by little, I went to buy food.” (Moatize, Focus Group, Male elderly beneficiary)

In Tete, when we asked about the level of satisfaction with the payment method, M-Pesa, there are differences from one station to another. In Moatize (Tete), the majority of beneficiaries are in favour of the service for receiving transfers, as it is considered a safer service:

“(The way to transfer money on M-Pesa) was a good thing. Since, it avoids thieves. While, if I received it by hand, someone could wait for me to take the money (...). When we went to withdraw money there was no problem. Because everyone took their money and stayed at home and that was that.” (Moatize, Tete, Focus group with elderly male beneficiaries).

In Zobué, an Administrative Post belonging to the Moatize district, on the other hand, the beneficiaries were much less favourable to the M-Pesa system. This was because there had been several cases of theft and coercion by M-Pesa agents.

"Many people were robbed (by) M-pesa agents. (...) They had their own way of doing it, others would leave here to withdraw in Musacama and when they got there, they would say that the money had been transferred. They also said that you couldn't delay withdrawing the money because they would take it." (Zobué (Tete), Focus group with male chronic disease beneficiaries)

This question is dealt with in more detail in the section on complaints (Q10).

The decision to group payments into two instalments was favourable to beneficiaries in terms of "cost-effort displacement" versus "obtaining the benefit", facilitating rapid access, reducing potential relocation costs and the inconveniences that could be associated with transport, such as social distancing during the pandemic. It should be noted, however, that the delay in allocating the benefit had different effects between the two regions.

Problems in the payment process that caused delays in payments and affected beneficiaries' consumption needs

The issue of payment management appears in the interviews with key informants as one of the most sensitive and one that has suffered various disruptions from the outset. As already pointed out in chapter 2, the payment process presented some obstacles, mainly in the province of Tete, which were later rectified in Zambézia. As mentioned above, these problems stem from the different positions regarding the adoption of the transfer modality and the challenges it brought. On the one hand, the interviewees from the agencies indicated that from the outset the agencies, in line with the World Bank, promoted the execution of money transfers through mobile money, in search of greater transparency and efficiency in implementation. The use of this payment method would require the distribution of mobile phones to beneficiaries to give them access to their mobile money accounts. As reported in the discussions between the partners (agencies and government), the government representatives agreed, but mentioned that INAS had difficulties in managing this modality properly and successfully. This reluctance was based on lack of human resources to manage the process; secondly, obtaining and distributing the necessary number of mobile phones; and finally, having the resources that a cash transfer of this nature would require.

One of the issues that most hindered the start of the payment process was the supply of mobile phones. It should be noted that the purchase of telephones was generally a well-controlled activity in the implementation of these programmes. In a "normal" situation, WFP

analyses the population's level of access to mobile phones and the purchase of equipment would be made for individuals who did not have phones. However, the generally well-thought through process turned out to be a challenging and slow step because there was no mobile phone on the market with the technical specifications required for the intervention. Agency interlocutors also reported that imports in the context of COVID were limited and that these goods were particularly in demand during the pandemic to support cash transfer programmes in other countries in the region, making access to the goods even more difficult. In addition to tensions related to the phone market, the main interlocutors report some disagreements in the initial discussions between government bodies and institutions. Among the latter, the GoM was reportedly in favour of distributing telephones to all target households to avoid local conflicts, something that was not shared by the other partners.

Alternative solutions to the problem of buying telephones were suggested and implemented to make payments more agile. However, as already pointed out in chapter 2, this process was very time-consuming, generating significant delays in the dates set for the cash transfers. In addition to the problem of access to telephones, other factors hampered the payment process, such as verifying the identity of the beneficiaries and communicating the approval of payments to the beneficiaries for withdrawal. As the WFP already had an agreement with VODACOM, this framework was privileged for making payments in Tete, facing a series of management difficulties due to the situation of the beneficiaries.

Thus, Tete was more challenging than Zambezia due to the following difficulties:

- a) **Lack of identity documents:** As mentioned above, some people were unable to open M-Pesa mobile accounts because they did not fulfil the basic requirements of having a document proving their identity. To this end, Vodacom's e-voucher modality has been implemented, which allows people to transfer and withdraw money using a token key. Although this option limits the use of money because when they receive the benefit they can't use the electronic payment system, according to those responsible for the payment component, it had served to respond to the problem of the absence of identity documents. Furthermore, in general, beneficiaries tended to use cash even when they had an M-Pesa account, so it wasn't a big problem.
- b) **Delays in printing INAS cards:** There were also delays in printing the INAS cards, as well as errors in them, which made it difficult to open the M-Pesa account and further delayed the process.
- c) **Communication problems:** there were inconveniences in communicating with the beneficiaries as the time for withdrawing the money from the moment the e-voucher is received is 7 days and expires. In registering communication problems, there were some cases of money not being available due to the expiry of the deadline. Although the payment could be made again, sometimes the beneficiary realised that they had lost the money.

The delay in payments impacted mainly on the beneficiaries in Zambézia and partly

translated into a loss of trust in the programme. Especially in the municipalities of Quelimane City and Quelimane District, there have been many delays in payments, starting in November 2021. In some cases, the delays made beneficiaries doubt that they would actually receive a cash transfer. It is noteworthy that local institutions were also challenged by the delay situation, with difficulties in communicating with beneficiaries, describing the reasons for the delay and smoothing over expectations.

“After the enrolment there were delays, and it's not today that the money comes out. (...) The community doesn't know that. When you enrol them, they want to receive it right away, but we sensitised them not to wait around in the government. (...) All provinces, districts, at least for those that have been targeted by enrolment, that's because this money is going to come out. Some people even said, you're politicians, you want to "trick" us, others said that we've already voted, even though our names and photographs are gone it is because we've already voted.” (Milange, Zambézia, Public Institution Representative).

In addition, the delays in implementing the payments created, after receipt, some losses in control and transparency in the survey of beneficiaries. In Quelimane City, the last instalment was transferred to around 9,000 people in just a few days, as had been discussed and agreed with all stakeholders during the programme's weekly coordination meetings. This prevented NAFEZA, which was responsible for accompanying the beneficiaries to collect the transfers with the M-Pesa Agents, from being able to follow the process, due to limited human and financial resources. As a result, some beneficiaries had to travel from their own areas to collect the money, given that the M-Pesa agents did not have the full amount. It should be noted, however, that the WFP took precautions to guarantee the availability of resources. Hence, the WFP informed Vodacom in advance (before the payments were made) of the payments that would be made to guarantee liquidity during the payment days. In addition, there have been cases of fraud by family members. NAFEZA is monitoring all these cases, trying to help the beneficiaries resolve them.

The first steps in Tete led to a correction of the payment process, and discussions are still ongoing between INAS and the WFP. Key informants say that in Zambézia the payment process worked better compared to Tete. This evolution is explained by the improvement in processes as a result of Tete's experience.

Among the improvements implemented we can highlight:

- a) **A better identification of beneficiaries:** Unlike in Tete, the identification process was clarified and carried out before the INAS intervention began. At the time of the interviews, key informants indicated that Zambézia was paying almost 100 per cent of the list, although there were 13 per cent of people who did not receive their payment because they moved or did not turn up to collect.
- b) **A mapping of steps and responsibilities in the payment process:** In general,

processes had been improved and the entire flow of information from the registration stage to payment had been mapped. A novelty introduced was the application of the payment instrument tracking tool - *paymentinstrumenttracker* - which is an application that allows the SIM card to be tracked from the moment it is received by the WFP until it is handed over to the beneficiary. The beneficiary proves their identity at the distribution point and World Vision links the serial number to the SIM card. It should be noted that the system for identifying, verifying the identity of, and registering beneficiaries was considered highly positive by the beneficiaries, as it implied an advance in registration compared to the experience in Tete, where the information was recorded using an Excel table.

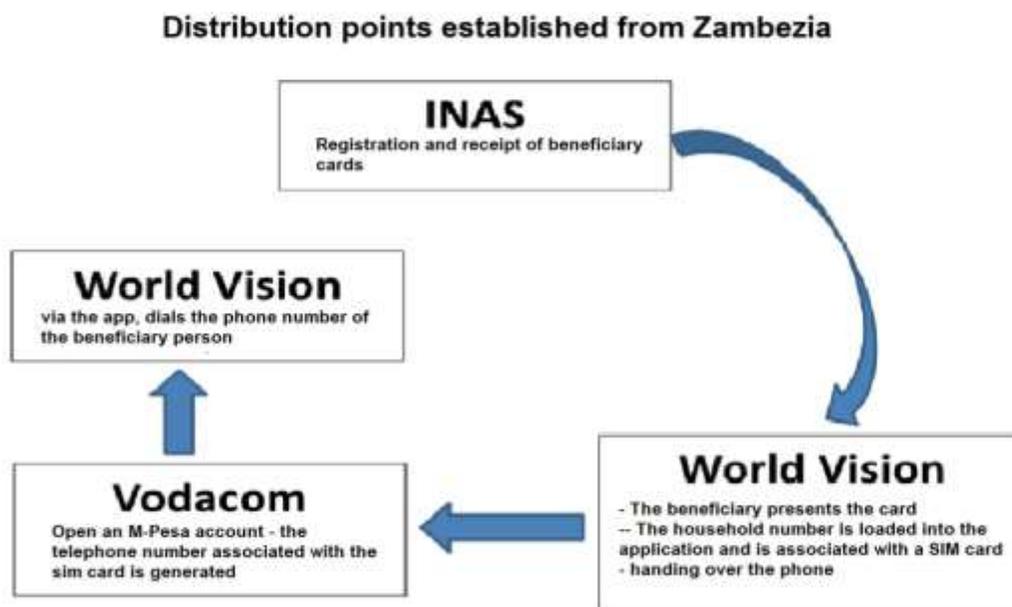
It should be noted, however, that the use of the Excel register made it difficult to reconcile all the information and monitor it afterwards. In addition, it should be noted that the application was developed for other WFP interventions but was adapted for this case with some adjustments. Similarly, it facilitated the process of reconciling payments to compare lists, improved the accuracy of the information and allowed it to be computerised in a single, ensure place.

- c) ***Redefining distribution points and the roles of different organisations during SIM card distribution and M-Pesa account opening:*** Taking into account the experience in Tete, the circuit for accessing benefits was designed through counters by the different players who facilitated the execution of the payment process, assigning responsibilities as follows:

- INAS counter: Register and give the SIM card to the beneficiary.
- World Vision Counter: Enter the family's attachment number in the App, associate it with a SIM card and hand the phone to the beneficiary.
- Vodacom Counter: Open an M-Pesa account and generate the phone number associated with the SIM card.
- World Vision Counter: Associate the beneficiary's phone number via the app for follow-up.
- INAS Counter: Update data in the INAS System for payment

The following diagram shows the circuit for setting up the distribution point, as well as the roles of the different organisations when distributing SIM cards and opening an M-Pesa account:

Figure 5- Distribution points established from Zambézia



Source: PlanEval

Q6: Has the SBCC component of the COVID-19 response been able to positively influence the nutritional behaviour of beneficiaries during the COVID-19 shock?

As mentioned above, the data collected by the review team did not allow for a distinction to be made between the effects of WFP and UNICEF's SBCC activities for the purposes of answering this question, and the SBCC component was considered globally.

Furthermore, lack of data on the nutritional behaviour of beneficiaries before the start of the programme did not permit an in-depth analysis of the influence of the SBCC component on household nutrition. Moreover, the data collected in the field was not sufficient to draw any **conclusions Concerning the** nutritional component of the food consumed by the beneficiaries and their families during the pandemic.

However, it is worth noting that the Review Team found that the cash transfers gave the beneficiaries the perception of eating better and being better nourished (e.g. the findings of the mothers interviewed concerning children in particular) and allowed the beneficiaries to increase their purchasing capacity, positively influencing household nutrition.

However, there were regional differences in the influence of the SBCC component on the beneficiary's eating behaviour. This is due to differences in the phasing of payments and the

influence this had on the monitoring of SBCC messages in time and manner. Hence, the review found positive behavioural changes in Tete, but these were limited to the intervention period (reversed behavioural changes). In Zambézia, on the other hand, no considerable behavioural changes were observed due to the delay in payments and the delay between the two instalments, as well as due to the methods of disseminating the messages, which did not necessarily coincide with the payment phases. The analysis of the QulP interviews shows that 90 per cent of the beneficiaries failed to follow up on the advice and information on nutrition (effect) when they received the cash transfers, precisely because the money had run out.

Positive behavioural changes in Tete, although limited to the intervention period (behavioural changes reversed).

As shown above, the cash transfer had a positive influence on the beneficiaries' diets, providing them with the means to buy a variety of foods in a period of economic slowdown and rising food prices. Beneficiaries who decided to spend the money on food were able to increase the number of meals per day, buy certain valuable ingredients in bulk (such as rice and oil) and buy a greater variety of products (such as pasta, vegetables, legumes, etc.).

The interviews with the beneficiaries also indicate a positive influence of the messages from SBCC on this aspect of nutrition and food security. Most beneficiaries remember receiving information about nutrition, mainly from community leaders and the neighbourhood management committee during community meetings. During these meetings, beneficiaries were told that the money should be spent on food and not on starting businesses. Beneficiaries were also encouraged to adopt a diversified diet. In some places, demonstrations were also arranged to teach beneficiaries how to prepare an "enriched porridge" by adding certain ingredients, such as peanuts, to their usual preparations. According to the CSOs operating in Tete, the information shared during these meetings was subsequently put into practice by the beneficiaries:

"We've seen (changes), yes, even in the nutrition message itself, they asked for a demonstration of the enriched porridge for the children, and we've seen that as the message went on, the population gradually accepted it and changed." (Tete, CSO representative)

The aim of the SBCC was not only to directly change behaviour, but also to reinforce the knowledge and intention to change the behaviour of the households involved. In light of this, the interviews highlight that although the effects of the SBCC messages were limited to the period of the programme's implementation, people showed a predisposition to change their eating behaviour if they had had more money available. In fact, although the majority of beneficiaries managed to improve their diet after receiving the cash transfer, most were unable to maintain their eating habits once the money had been spent. One beneficiary reported managing to eat

three meals a day for a period of three months. After those three months, the family went back to having 2 meals a day, the same situation as before the pandemic. One year after the cash transfer, 92 per cent of the mothers also reported that they no longer had enough money to buy the ingredients needed to prepare the "enriched porridge", although they would be willing to prepare it again if they could afford it.

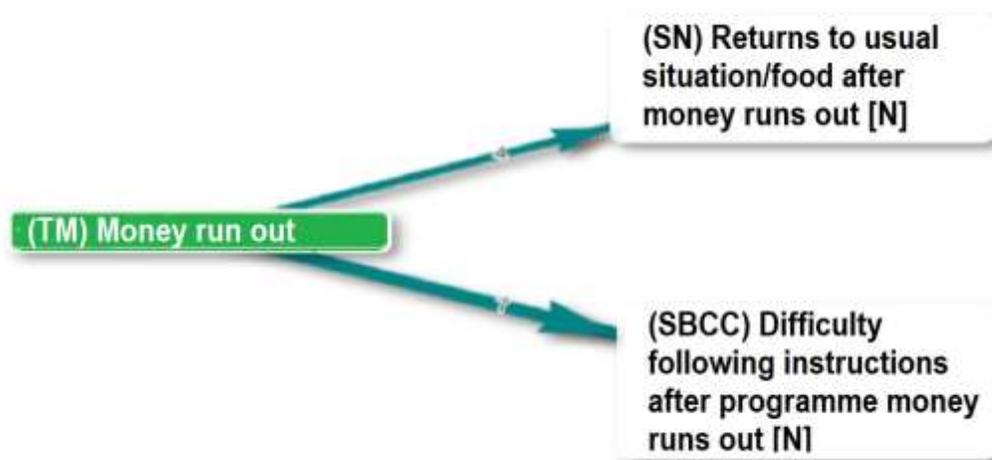
In Zambezia, there were no considerable changes in behaviour due to the delay in payments and the delay between the two instalments, as well as the methods of disseminating the messages

The intervention was not intended to achieve behavioural change, but rather to influence diet in the short term through the availability of money for food and family management, together providing better nutritional information. Nevertheless, **in Zambézia, there is a difference in the evidence of this influence and in food choices between municipalities.** Therefore, it was necessary to make a distinction between the municipalities to understand whether the beneficiaries' eating behaviours have in fact been influenced by the SBCC component.

In the Municipality of Milange, where the payment of cash transfers took place in a linear and rapid manner, and where NAFEZA activists carried out SBCC activities in the target communities throughout the process, the interviewees had a better grasp of information on nutritional issues. The beneficiaries interviewed in the Municipality of Milange, once they had received an instalment, were able to make food choices to improve the nutritional intake within the family, as they had been guided by NAFEZA activists during the talks and at the different stages of the process. In the municipalities of Quelimane City and Quelimane District, on the other hand, the cash transfer process ran into several deadlocks during the implementation phases (defining the correct list of beneficiaries, acquiring mobile phones, distributing the cash transfers) and NAFEZA's talks didn't always coincide with the cash transfer period. This greatly hindered the beneficiaries' understanding of the correlation between cash transfers and SBCC. In fact, although 24% of the interviewees also mentioned having taken part in the talks on preparing nutritious food for children held by NAFEZA, the majority of the beneficiaries interviewed were in fact unable to report or remember specific nutritional messages or those related to the UNICEF/WFP Programme.

The information presented is also evident in the results of the analysis of the QuIP interviews, as represented in the Causes and Effects Map below (Figure 18), which shows that 90% of the beneficiaries were unable to follow up on the advice and information on nutrition (effect) from when they were receiving the cash transfers, even because the money ran out. Therefore, despite the interviewees' clearly expressed desire to buy more food to eat better or have more meals, once the money from the transfers and the programme itself ran out, they went back to their eating habits, no longer implementing what they had done at the time of the cash transfers.

Figure 6- Map of Causes, Cause of the difficulty in following up the indications resulting from analysing the QUP interviews⁵⁶.



Source: PlanEval

As a result, 90 per cent of those interviewed said they had not been able to implement a change in their eating habits even though they had heard the nutritional messages. These messages were heard in 70% of cases during prenatal or paediatric consultations. Despite this, the beneficiaries show that they were aware that children and pregnant women should eat healthily, but without the certainty of a regular, monthly economic benefit, they were unable to provide adequate nutrition for their own children.

Q7: How effective was the communication strategy in increasing knowledge and promoting positive behaviour (help-seeking) in relation to gender-based violence?

The taboo surrounding issues of gender-based violence made it difficult to evaluate communication activities on this topic. In general, there is a low level of awareness and use of formal help-seeking processes (such as the 1458 Green Line, or filing a complaint with one of the integrated service points: the police, forensic medicine, IPAJ, INAS, or civil society), with conflict management being carried out mainly informally through the involvement of local authorities. Considering the local context, the communication approach had some shortcomings.

⁵⁶Explanatory Note:

(Category of Consequence):

- RDB: Income, Expenditures and Assets
- COVID: COVID-19 pandemic
- SN: Health and Nutrition

[P]: Consequence perceived positively

[N]: Consequence perceived negatively

Challenges in the SBCC component

The behaviour change component is essential in Cash Plus programmes to achieve greater results by combining the monetary benefit with awareness-raising. However, in the UNICEF-WFP intervention, this complementarity was slow to activate. Interviews with key informants and beneficiaries of the intervention highlight that COVID-19 was a major challenge in terms of communication, as there was no clarity about what could and could not be said and which communication channels could be used (for example, initially there were no leaflets and radios were not to be used).

In addition, interviews with the agents involved in the early stages of the intervention point out that during the implementation phase there were challenges linked to the choice of time to sensitise the population. In the initial discussions between UNICEF and the WFP, it was decided that the moment of payment would be a time for interaction with the beneficiaries (for example, to teach hand hygiene, organising money within the family, etc.). However, because of the delays in payment, the interaction with the communities was based on expectations of receiving the benefit. People asked when the payment would be made. Thus, the key interlocutors consider that a great opportunity to raise awareness on other topics was lost due to the delay in starting payments.

Another challenge was that although CSOs actively engaged in giving talks and awareness raising activities on COVID-19, gender issues, domestic violence and nutrition, these messages were mainly given by men. Hence, in Zambézia, of the six activists found in the field, who have accompanied beneficiaries since the registration phase and who had supported communication activities, four were men. Women would be more inclined to speak openly on the subject of domestic violence if their interlocutors were female, especially considering that this is a very taboo subject in Mozambican society (as we will discuss below).

The taboo on talking about issues of gender-based violence makes it difficult to evaluate communication activities on this topic⁵⁷

Domestic violence is a recurring problem in Mozambique. As reported by UNWomen based on 2018 INE data, 21.7 per cent of women aged 18-49 who have ever had a partner have experienced physical and/or sexual intimate partner violence at least once in their lives, while 15.5 per cent of women aged 18-49 who have ever had a partner have experienced physical and/or sexual intimate partner violence in the last 12 months⁵⁸. According to the COVID-19

⁵⁷ Note: This section refers to UNICEF's SBCC component.

⁵⁸ UNWomen : <https://evaw-global-database.unwomen.org/en/countries/africa/mozambique>

Rapid Gender Assessment report (2020), around two-thirds of women (69 per cent) and men (67 per cent) feel that GBV is a serious issue in Mozambique⁵⁹.

The COVID-19 pandemic brought new challenges for women and girls around the world. As reported by the UN, many countries around the world have seen an increase in domestic violence as a result of lockdowns and rising tensions in the household⁶⁰. In Mozambique, economic pressure, the loss of livelihoods and disruptions in access to health, social and protection services have placed an additional burden on women and girls.

An effective communication strategy would have resulted in more people adopting positive behaviours towards Gender Based Violence (GBV). Therefore, it would have resulted in fewer cases of GBV and/or a greater number of reported cases.

In Tete, several beneficiaries reported receiving information about gender-based violence from community leaders and CSOs during community meetings. However, when asked whether such cases occurred in their community, most beneficiaries reported that there were no such cases in their community and that everyone was getting along. This type of situation can also be seen in Zambezia, where people were not very open to talking about gender-based violence issues. Although CSOs carried out various awareness-raising and information activities on gender issues, very few beneficiaries remembered having taken part or, even less, mentioned formal complaint services such as the 1458 Green Line.

It is important to stress that in the municipalities targeted by the UNICEF-WFP Programme, there are still early marriages and early pregnancies. Thus, many of the women interviewed were married before the age of 16 and already had at least four children by the age of 25. In this context, it was therefore very difficult to break this taboo in one interview. The fact that the community did not talk about domestic violence, however, did not mean that it did not exist. Data from 2021 reports that in Mozambique, more than 37 per cent of women had suffered sexual or physical violence. At the same time, only 4 out of 10 survivors of sexual violence in Mozambique told anyone or asked for help⁶¹.

The few cases that were revealed through interviews with beneficiaries and community leaders include the case of a woman in Moatize who killed her husband after he beat her and spent the transfer money on alcohol. Another beneficiary, interviewed in Zambézia, also reported being a victim of domestic violence, which is why she decided to divorce her husband. However, it

⁵⁹ RAPID GENDER ASSESSMENT (RGA) ON THE IMPACT OF COVID-19 ON WOMEN AND MEN MOZAMBIQUE. Gender Perspective. UN Women. 2021. Available Online: <https://data.unwomen.org/sites/default/files/documents/Publications/Mozambique%20RGARReport.pdf>

⁶⁰ Spotlight initiative. Article available online: <https://spotlightinitiative.org/news/un-secretary-general-antonio-guterres-calls-ceasefire-homes-violence-against-women-and-girls>

⁶¹ MedicusMundi Mozambique, (2020), Projecto de luta contra a Violência Baseada no Género (VBG) continua por mais dois anos, Maputo

<https://www.medicusmundimozambique.org/pt/actividades/projecto-de-luta-contra-a-violencia-baseada-no-genero-vbg-continua-por-mais-dois-anos>

should be noted that this situation happened before the review of the UNICEF-WFP Programme.

Despite these two reports, it was difficult to assess the effectiveness of the communication strategy in relation to issues of gender-based violence, because of the taboo and the difficulty for the interviewees to talk about the subject. However, it was possible to identify the level of knowledge of conflict resolution processes and the usual way of managing them (see below).

Low knowledge of formal processes and conflict management locally (within the family or community)

In terms of knowledge of formal processes, the review found that there was a low level of familiarity with Green Line 1458, although differences can be observed from one region to another and from one district to another.

In Tete, the beneficiaries in Zobu e seemed to be more familiar with the service than in Moatize district. As partly mentioned above, unlike in Tete, where the services were well known, in Zamb ezia province the people interviewed in the target communities were unaware of the programme's reporting and feedback mechanism. The Green Line 1458, although not the official channel for reporting cases of GBV, guides victims of GBV and, when relevant, refers cases to the relevant players. However, this reporting channel is known to very few interviewees who, to present their complaints and grievances to actors outside the family, turn to the Neighbourhood Secretary or ask for the support of CSO activists.

Actually, the interviews carried out in the field show that **conflicts were generally dealt with locally (within the family or community), rather than through official channels** such as the 1458 Green Line: People usually tried to resolve the issue within the family first; and if that did not work, the community leader and the committee were involved. In Zamb ezia, as mentioned in other questions, the person of reference was always the neighbourhood secretary. Outside the family, the secretary was the key actor in resolving conflicts. They usually resolved them by understanding what the problem was and correcting the wrong behaviour.

"(...)I've never heard of a green line. And when there is violence, the person goes to the secretary and explains what happened". (Quelimane District, Zamb ezia, Woman)

"If the conflict persists, people involve Social Action or the judicial system (Police, Justice)". (Zobu e, Focal Point)

Q8: How effective was the communication strategy to raise awareness about gender roles and the equal participation of women, men, girls and boys in household decisions?

Interviews with beneficiaries suggest that there were no major changes in the way families would make decisions as a result of the SBCC activities. These limited results

can be explained by some negative factors such as the lack of an adequate budget for the implementation of the communication strategy and the absence of a permanent C4D Officer at UNICEF to follow up on the SBCC activities throughout the implementation of the Programme, the delegation of a part of the SBCC activities to the direct partners of the WFP (SPS and SDSMAS) but not to UNICEF (the main person responsible for the SBCC strategy) and the poor delineation and mismatch between the SBCC activities and the phases of the cash transfer process.

Limited evidence of the influence of the communication strategy on raising awareness about gender roles and the equal participation of women, men, girls and boys in household decisions

As mentioned earlier, decision-making within households in Tete differs from one household to another. While in some households, the man is the person in charge and the one who decides how to spend the money from the cash transfer, in other households the decision was made either by the woman herself or as a couple or family. But as described above, the lack of a baseline makes it difficult to evaluate the effectiveness of SBCC activities aimed at raising awareness about gender roles and decision-making within the household.

However, interviews with beneficiaries suggest that there had been no major changes in the way families would make decisions as a result of the SBCC activities. However, a representative of one of the SBCCs reports having observed changes in this respect:

"(...) (...) with the awareness-raising they both started to manage the money. (...) (The awareness-raising) helped a lot, and they ended up agreeing on better money management so that there wouldn't be any unnecessary spending. Because the woman is the one who knows the essentials and needs of the house. (...) (This lesson) was even a little difficult to reach consensus on because the men didn't want to accept it, but we managed to convince them that it's better together than alone." (CSO representative, Tete).

These limited results can be explained by the need to make adjustments to the communication strategy. In Zambezia, the communication strategy, particularly for gender messages and against domestic violence, especially in Quelimane City and Quelimane District, was influenced by several negative factors: lack of an adequate budget for the implementation of the communication strategy, the absence of a permanent C4D Officer at UNICEF who could monitor the SBCC activities throughout the implementation of the Programme, the delegation of SBCC activities to NAFEZA, direct partners of the WFP but not of UNICEF (the main person responsible for the SBCC strategy) without having regular and constant control, the poor delineation and inconsistency between the SBCC activities and the phases of the cash transfer process. It was noted that in the above-mentioned localities the beneficiaries, both in the QulP and non-QulP interviews, made no mention of messages related to gender issues, domestic

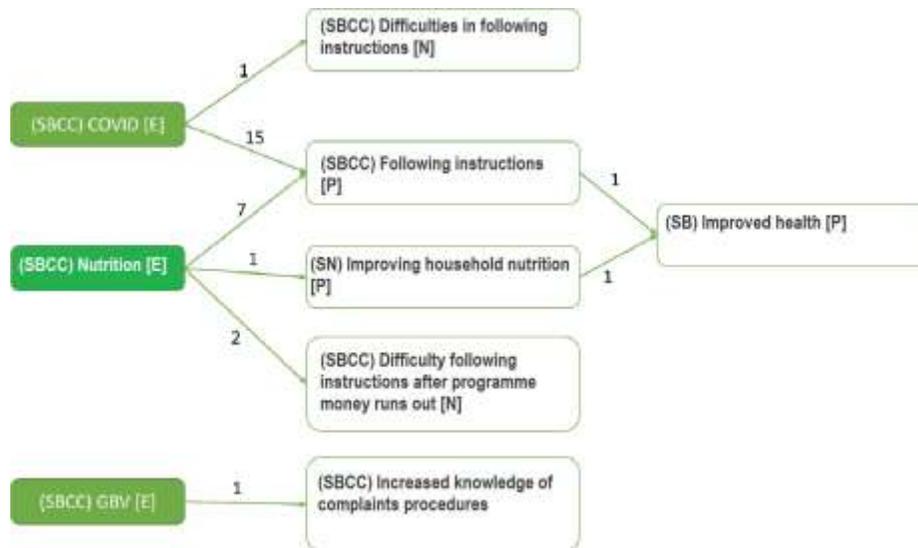
violence or gender roles within the family and communities. Thus, despite the fact that talks and meetings were held in the communities with the aim of raising awareness and informing, the interviewees were unable to recall the content of the messages given. The talks were given in open spaces, by one speaker, to a large number of people and without using megaphones and this jeopardised the reception of the messages. Despite these findings, it was not possible to find a solution throughout the programme that would ensure that the participants, and in particular the beneficiaries, paid adequate attention to the talks (e.g. the megaphones were not purchased until the end of the programme).

"In COVID it was more massive, because the population was always able to see the messages. One of the problems we had here in our programme was precisely the dissemination of information, because we used to give talks to 300 to 400 people in a place where one person was talking and not everyone paid attention. (...) We suggested buying megaphones to record the information and we had T-shirts made so that we would know who makes part of the work, but to this day we have not managed to buy a megaphone." (Zambézia, UNICEF Representative).

One of the most critical issues, also reported by UNICEF and the WFP, was that the ways of transmitting the messages were sometimes not the most appropriate and adequate for the context. In principle, the communication strategy had set out to inform and raise awareness among beneficiaries using text messages on the phone distributed by the Programme and radio spots via community radio stations. Early on in the implementation of the communication strategy, the use of text messages by the Programme's partners was recognised as inappropriate. This was partly because VODACOM, which was initially supposed to send these messages free of charge, was hit by the COVID-19 financial crisis and was unable to sustain the agreement. On the other hand, due to the fact that many beneficiaries are illiterate and cannot use the phone to read these messages, it did not make sense to go ahead with this service. When asked about messages on community radio, beneficiaries in the municipalities of Quelimane City and Quelimane District said they had not heard any messages related to gender issues and domestic violence.

The results of the Cause Maps below (Figure 19) show that the QuIP interviewees were able to follow the awareness-raising messages on COVID-19 prevention measures (97% of QuIP interviewees) and on nutrition (92% of QuIP interviewees), implementing positive changes in behaviour. However, with regard to gender issues, it can be seen from the analysis of the QuIP interviews that only 7 per cent of the interviewees said they had increased their knowledge of the processes for complaining about gender issues.

Figure 7- Maps of Causes. The effects of information strategies for behaviour change⁶²



Source: PlanEval

Q9: How effective is the involvement of women's associations throughout the implementation of the programme in promoting women's participation in social protection, responding to gender-specific needs within social protection programmes and increasing the capacity of grassroots associations in the social protection sector?

General Response: The involvement of local women's associations throughout implementation made the intervention more effective. The associations were closer to the population and closely monitored the intervention with direct contact with the beneficiaries. However, there were regional differences in the involvement of women's associations in the programme, with NAFEZA being very active in Zambezia, while NAFETE's participation in Tete was more limited.

The UNICEF-WFP intervention primarily targets women, who make up the heart of the beneficiary cohort. The needs of women have been taken into account in the design of the programme.

⁶² Explanatory Note:

(Category of Consequence):

- RDB: Income, Expenditures and Assets
- COVID: COVID-19 pandemic
- SN: Health and Nutrition

[P]: Consequence perceived positively

[N]: Consequence perceived negatively

Women represent the most vulnerable group in Mozambique. This vulnerability can be exacerbated by various factors: age, area of residence, level of poverty, physical and mental capacity and schooling, etc. The UNICEF/WFP Programme was a unique initiative at the level of the target municipalities and sought to mitigate the consequences and impact of the COVID-19 emergency, which had the risk of further exasperating the already difficult condition of women. As such, the UNICEF/WFP Programme tried to respond to three main needs:

- Provide immediate monetary assistance
- Ensure or not diminish social inclusion
- Raising awareness of physical and psychosocial protection.

The attention given to women is evident above all in the percentages of female beneficiaries of the Programme, who account for over 90%.

Despite the great efforts made, however, the data collected on the ground indicates that the needs had not been fully met. The need to provide monetary assistance was certainly met, although in the municipalities of Zambézia Province, unlike Tete, the cash transfers did not arrive at the time of greatest need during the COVID-19 crisis (especially in the municipalities of Quelimane City and Quelimane District). As previously mentioned, the gaps in communication did not fully achieve the objectives of sensitising more about the aspects of domestic violence, to increase awareness and support in physical and psychosocial protection. The Review Team believes that the intervention cannot be said to have fully ensured social inclusion, because women's participation in family and social issues does not seem to have changed considerably. Furthermore, there is no baseline that can show a real difference between the situation of women's social inclusion before the pandemic, to be compared with the post-intervention period. In addition, the data was not homogeneous between provinces, with improvements in Tete not found in Zambézia.

NAFEZA's essential involvement in Zambezia, but NAFETE's more limited involvement in Tete

In the case of Zambezia, NAFEZA did fundamental work to mobilise the community, identify beneficiaries and provide transparency in the various phases of the programme's implementation at community level.

NAFEZA is an organisation whose target group is women and the most vulnerable people, so it was well known and had great community acceptance. In addition, NAFEZA was already used to working on gender and nutrition issues with women's and vulnerable groups and was very sensitive to the context. Therefore, the choice to work with this organisation was an asset for the programme, although it could have been enhanced with more support in terms of specific aspects of communication and a greater number of female activists to deal with gender issues. In the case of Tete, NAFETE encountered problems in getting the organisation to register

legally, preventing it from being involved in the implementation of the programme. A NAFETE representative accompanied some of the programme's activities, but the organisation's involvement was limited. **Therefore, awareness-raising on gender issues was mainly carried out by other CSOs, with the support of the WFP, and also by mainly male activists**, which raises the question of whether the women felt comfortable being supported by men, especially on gender issues.

Q10: How effective was the feedback and complaints mechanism in identifying and responding to beneficiary questions/complaints?

Beneficiaries had access to two different channels for making a complaint, one from the top down (mainly Green Line 1448) and the other from the bottom up, the latter being the one that beneficiaries used the most (they would communicate their complaint to the community leader and/or committee, who would then refer the complaint back to the other authorities). In some cases, beneficiaries would also address their concerns directly to CSOs or INAS. In general, the informal complaints mechanisms have made it possible to ensure that the complaints function to highlight problems, despite some limitations. These limitations could be overcome through more formal monitoring of complaints (to find out why some complaints were left unresolved) and better coordination between the local level and the central level (to gather information and resolve it).

Main complaints observed

In Tete, as reported by local authorities and CSOs, the majority of complaints were related to cash transfers, not cases of gender-based violence. Most of the complaints were about payment issues, but CSOs also reported some complaints about the beneficiary selection process. According to a member of a neighbourhood management committee in Moatize, for example, there were cases in which two members of the same household benefited from the programme. Members of the neighbourhood complained about the case to the committee, but the committee felt powerless to do something about it. There were also references to complaints about cases that benefited from the programme even though they were able to support themselves and complaints caused by delays in implementation. The long delays between the selection and registration process made people question the authenticity of the programme.

Finally, with regard to payments, several complaints were made by the beneficiaries and non-beneficiaries interviewed, as well as by the implementing partners. **In general, complaints about payments can be divided into 2 main categories: (i) not receiving a payment; and (ii) not receiving the full amount.**

In the first category, we distinguish different recurring scenarios. One of these scenarios is of people who signed up for the programme and even received a SIM card but ended up not

receiving the payments. The reason why these people ended up not receiving the payments is not clear either to them or to the members of the community committee. These people ended up not benefiting from the programme.

In other cases, the beneficiaries encountered problems with the first payment, but ended up receiving the complete amount in the second payment. Explanations for these cases include the problem of opening M-PESA accounts described in the section on the payment process, which gave rise to alternative solutions such as the use of vouchers.

In some cases, usually involving elderly beneficiaries unfamiliar with M-Pesa technology, the reason they haven't received their payment is because a member of the household has swapped SIM cards and stolen their money. When these beneficiaries complained to the commission, further investigation would reveal that the money was collected, but not by the intended beneficiary. There were also reports of cases where SIM cards were blocked or payment was not made, perhaps because the SIM cards were not active in a phone or were not activated in the correct way.

In the second category, beneficiaries complained about not receiving the full amount. This is the case of people who only received one of the two instalments. Another issue that was mentioned by some interviewees in Zobué is one in which M-Pesa agents would keep part of the money received by the beneficiaries. If the beneficiary wanted to receive something, they would have to leave part of the amount to the M-Pesa agents.

The Vodacom representative also mentioned a situation where lack of small banknotes would make it difficult for M-Pesa agents to pay beneficiaries the exact amount of 4,500 MT. In such cases, they would sometimes give them a little less than the complete amount and ask them to come back another day to receive the remaining amount. For example, the M-Pesa agent only had 200 MT notes, so he paid the beneficiary 4,400 MT and asked him to come back later to receive the remaining 100 MT. If the M-Pesa agent kept delaying payment of the remaining amount, some beneficiaries went to the commission to complain.

Beneficiaries preferred informal (bottom-up) routes, which were generally effective, but which did not allow for accurate monitoring work.

To raise these issues, beneficiaries had access to two different channels for making a complaint, one from the top down and the other from the bottom up. The top-down approach consisted of calling the 1458 Green Line and raising the situation directly with a centralised system operated in Maputo. The Green Line provided basic clarification to callers with requests for information, while cases requiring action were referred, as mentioned by a representative of a CSO operating in Tete:

“(...) that green line wasn't managed from Tete, it was managed from Maputo. (...) what happens is that these complaints are then sent to the province and we're going to do an

investigation to see what really happened (...)." (Tete, CSO Representative)

But as mentioned earlier, considering the PDM data and the qualitative interviews, although the 1458 Emergency Response Hotline was known, it has not been used by many beneficiaries. From the interviews in particular, it emerged that most of the time people preferred a bottom-up approach: reported their complaint to the community leader and/or committee and the leader and committee then raised the issue with the CSOs, who in turn raised the issue with the relevant authorities (UNICEF, WFP, Vodacom), as illustrated in the following quote from a CCM representative:

"The committee was the link we had between the CCM and INAS, so in the event of any complaints, in order for us to avoid crowds, the community itself would put together all the issues, the problems they had identified and inform the committee, and the committee in turn would come to us to resolve the situation and also to avoid crowds, and even so they were always connected to us." (Tete, CSO Representative)

In some cases, beneficiaries would also address their concerns directly to the CSOs via the helpdesk sections or to INAS:

"(...)We had a hotline, so they didn't always approach us, so they would call the hotline directly, and we also had our helpdesk sections, so in the case of questions and complaints they would approach us and we would deal with it right there." (Tete, CSO Representative).

"Sometimes people would see that they were resolved late and they would go directly to INAS to raise their concerns and INAS would refer them to us and we would see that they were the same people who complained to us, but because of the delay they thought that something had happened." (Tete, CSO Representative).

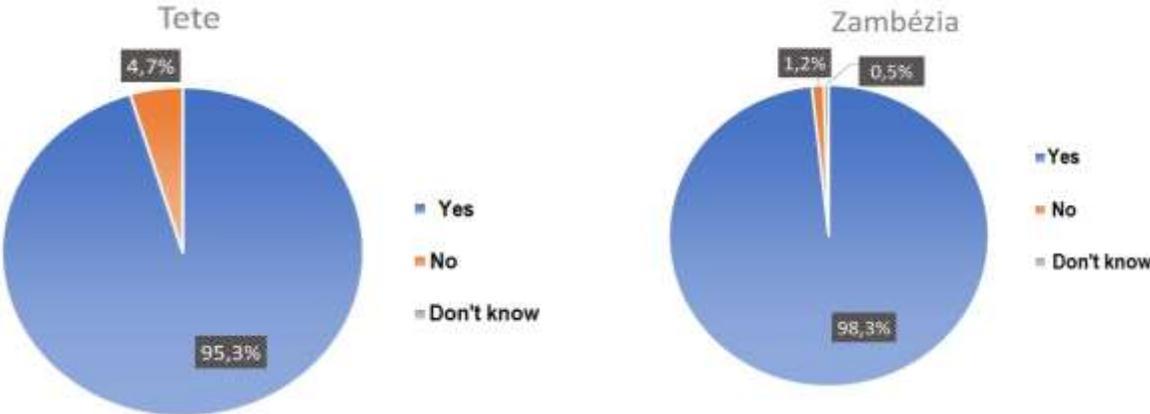
CSOs have therefore played a crucial role in dealing with the different complaints.

"(...)If the beneficiary didn't receive any money in that period, they would complain to us and we would forward that information to the WFP and the WFP would interact with Vodacom together with INAS." (Tete, CSO Representative)

CSOs also played a key role in informing beneficiaries about the money transfer, ensuring that everyone knew how much they should receive and explaining what to do in the event of a complaint. Members of the neighbourhood management committee received training on SBCC, including on issues of fraud and corruption, and then passed on the information to the communities. Through these communication efforts, people were informed about their rights and encouraged to file a complaint whenever those rights were violated.

The PDM data shows that the vast majority of beneficiaries received general information about the intervention, its objective and its criteria, as can be seen in the following graphs. Thus, 95 per cent of respondents said they had received information about the intervention in the two provinces, while only 5 per cent said they had not received such information.

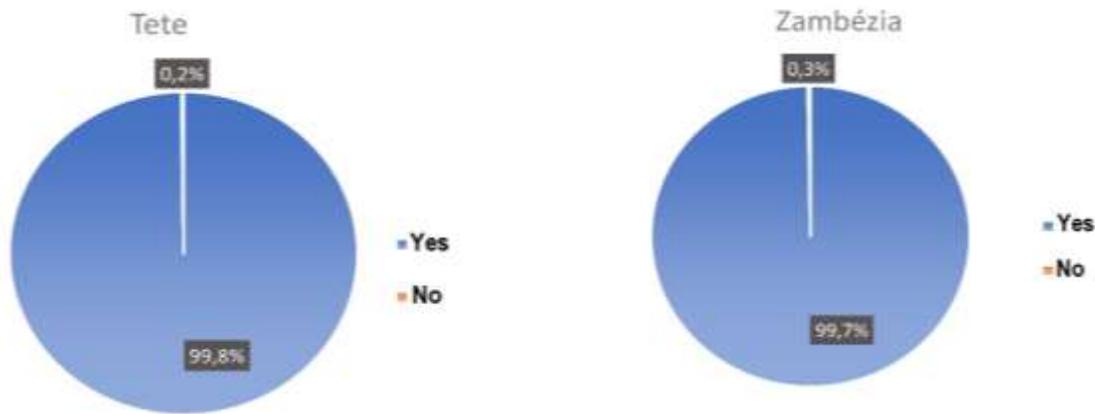
Graph 13- Proportion of beneficiaries who received information about the intervention



Source: PlanEval

Both in Tete and Zambézia, the beneficiaries unanimously state that the information they received was clear and sufficient.

Graph 14- Clarity and sufficiency of the information received⁶³



Source: PlanEval

In general, the use of informal complaints mechanisms was considered effective in resolving problems associated with the intervention, mainly due to a good level of coordination and communication between the different entities. However, informal mechanisms, such as making complaints to the neighbourhood management committee, have the disadvantage of not allowing formal monitoring of the different complaints. Thus, there was no concrete data on the number of complaints that have been made and their resolutions. In the field, several people were interviewed who had filed an open complaint. These cases include people who registered and even received the SIM card, but ended up not receiving the money.

In the case of beneficiaries who only received a transcription and took the issue to the neighbourhood management committee, one of the respondents mentioned the following:

“When I asked, they just said that (the) name wasn't out and when we went to the committee, they didn't give clear answers” (Neighbourhood Secretary, Tete)

Lack of response from the Committee is probably explained by the fact that the Committee itself did not know why some payments were late. This suggests that communication at local level between beneficiaries, neighbourhood management committees, CSOs and partners present at local level (WFP, Vodacom) worked, but that communication between local and central level was an issue. This difficulty could be overcome by making better use of formal, top-down complaints mechanisms.

⁶³ The PDM survey presents the following questions: Did you receive any awareness-raising or training sessions on how the money would be distributed to you? Was the information you received clear?

The CSOs played a very important role in ensuring the transparency of the payment process and in dealing with complaints due to their proximity to the communities. In Zambezia, for example, a higher number of complaints or grievances about receiving or receiving fewer transfers were reported in places where at the moment of payment CSOs did not closely monitor the process.

“So far we have beneficiaries in the municipality who have not yet received their payments. We are still gathering information about these people, and the situation is being rectified so that everyone can receive their payments. In Milange, all those who received mobile phones also received their first and second payments; there were no beneficiaries who were left out. In Quelimane, payments are still being made and some situations are being resolved.” (Zambézia, Interview with CSO)

At the same time, it is the CSOs themselves who are following up on complaints from people who were not selected to enter the programme or who did not receive the transfers properly.

“Yes, some beneficiaries only received one transfer and there was also an error in the system at the time of the transfer, but there weren't 100 beneficiaries who didn't receive the transfer. Because as and when payments were made in a community, we searched for those who hadn't received the benefit in their account so that they could make a claim. So in that claim, all the beneficiaries' information was collected, from the data to the mobile phone number, so that it could be resolved. So, while some were receiving, the others were sorting out their situation.” (Zambézia, Interview with CSO).

4.8. Efficiency and coherence

Table 6 - Efficiency and coherence - Review questions

Review questions	Sources / Data collection techniques
Q1. Was the implementation by UNICEF/WFP consistent with the model proposed nationally by the government? Was it aligned with and complementary to other ongoing efforts proposed by the humanitarian community at large?	1. Stakeholder interviews
Q2. What were the biggest achievements/lessons learned in coordination (programme documentation, communication, well-defined roles and responsibilities)?	
Q3. What contribution did the emergency intervention make to designing shock-adapted social protection mechanisms that can be rapidly activated?	

Source: PlanEval

Q1: Was the implementation by UNICEF/WFP consistent with the model proposed nationally by the government? Was it aligned with and complementary to other ongoing efforts proposed by the humanitarian community at large?

The programme was in line with the disaster response strategy in the Republic of Mozambique and had allowed government and the humanitarian community to maximise their efforts, taking advantage of each other's knowledge and capabilities. As it was aligned with the PASD-PE, the WFP-UNICEF intervention benefited from the existing legal framework and operational structure, which was essential for the agility of the response. In this sense, COVID-19 was an opportunity to strengthen current coverage mechanisms, expanding the perimeter of non-contributory social protection and showing the way forward to permanently mitigate vulnerability. The WFP-UNICEF intervention also made it possible to establish a new dynamic of cooperation between INAS and the WFP and to reinforce the complementary roles of INGD and INAS in this type of response. Despite pointing out the benefits of the framework in the disaster response strategy in the Republic of Mozambique, the review emphasised that it is necessary to go beyond the possible extension of benefits in the event of an emergency to permanently extend the perimeter of coverage. In this sense, COVID-19 was an opportunity for this crisis to strengthen the current coverage mechanisms, expanding the perimeter of non-contributory social protection and showing the way forward to permanently mitigate vulnerability.

The programme is part of the disaster response strategy in the Republic of Mozambique

The WFP-UNICEF intervention was fully in line with the response to disasters in the Republic of Mozambique, since it was aligned with the PASD-PE and this, in turn, was aligned with the response to disasters. The national response plan was drawn up on the basis of the declaration of a state of emergency throughout the country and the identification of the need to implement measures to prevent and mitigate the social impacts of the Covid-19 Pandemic, in Presidential Decrees No. 11/20205 (30-03-2020) and No. 12/20206 (02-04-2020). The implementation of the Plan was led by the Ministry of Gender, Child and Social Action (MGCAS) and its operational division, the National Institute of Social Action (INAS), in collaboration with the Department of Economic Studies of the Ministry of Economy and Finance (MEF) and obtained technical and financial support from the World Bank, UNICEF, the International Labour Organisation and the World Food Programme.

The WFP-UNICEF intervention was based on this general framework, complementing the coverage of the national response in the regions of Tete and Zambézia and aligned with the general principles, selection criteria and operational coordination of the PASD-PE.

The response to the Covid-19 emergency highlighted the importance of having an institutional framework for social protection that was adequate and flexible enough to adapt to unexpected situations, such as the Covid-19 pandemic. It also introduced innovations that strengthened the basic social security system in Mozambique and the use of

technology to register beneficiaries and make transfers. In this sense, it is worth highlighting, first of all, the benefit of having legal frameworks and basic social security programmes in place prior to the Covid-19 emergency, which were strategic when linked to emergency response actions. Fundamentally, the existence of an unconditional cash transfer programme specifically designed to respond to crises. In fact, the PASD-PE programme was created as an instrument for responding to massive emergencies such as droughts, floods and cyclones, based on the National Basic Social Security Strategy (ENSSB II) 2016-2024, and its flexibility allowed it to be adapted to the challenges of the Covid-19 pandemic. Its immediate activation within the framework of this emergency was only possible because the programme, in terms of structure, requirements and processes, was already designed, tested and supported by a solid legal framework. In this sense, the WFP-UNICEF intervention benefited from the legal framework, as it was aligned with the PASD-PE, and helped to demonstrate the importance of having an operational structure to act with agility, broadening the definition of an emergency.

Despite pointing out the benefits of the framework in the disaster response strategy in the Republic of Mozambique, **some interviews with key informants argue that it is necessary to go beyond the possible extension of benefits in the event of an emergency to permanently extend the perimeter of coverage.** In this regard, COVID-19 has been an opportunity for this crisis to strengthen current coverage mechanisms, expanding the perimeter of non-contributory social protection and showing the way forward to permanently mitigate vulnerability.

The management of COVID-19 has made it possible to establish good collaboration between humanitarian and government actors, reinforcing existing cooperation and creating spaces for synergy and joint action.

UNICEF-WFP's intervention is based on existing collaboration between the two agencies in their mission to support the Mozambican government. This has allowed responsibilities to be clearly established on the basis of previous experience, both in terms of practical experience and presence in the territory of each of the agencies, drawing on lessons already learnt. However, it is important to emphasise that the response to COVID-19 and the WFP-UNICEF intervention made it possible to establish new synergies between the agencies to achieve better support for the Mozambican government.

For example, **the intervention resulted in a new dynamic of cooperation between INAS and the WFP, applied to a cash transfer programme** allocated with mobile phones, i.e. an innovative process for Mozambique, which had not been experimented upon until now. In the interviews with key informants at central level, the efforts made in the interactions between INAS and the WFP to streamline the payment process and the registration process stands out. Although these processes presented some challenges (cf. those analysed in the previous sections), they also made it possible to strengthen the capacity of the technicians through training in Excel and the monitoring of some insertion errors in the E-INAS system, which also

permitted the improvement of existing capacity. Although the programme review did not look at the payment reconciliation process, key informants point out that there is a willingness on both sides to establish clear coordination mechanisms to promote greater collaboration between humanitarian and government players.

The response to COVID-19 and the UNICEF-WFP intervention also made it possible to reinforce the intertwined roles between INGD and INAS in the emergency and post-emergency phases. The interviews indicate that the INGD (National Institute for Disaster Risk Reduction and Management) is the main government body in the coordination, initiation and organisation of emergency response and preparedness, coordinating with other sectors and partners to implement relief operations and assistance to populations affected by crises. These coordination activities were manifold: (i) Information, all information related to a crisis is collected; (ii) Logistics, exemption from customs duties for basic needs, for example, (iii) Humanitarian aid, mainly in the 24 hours following the incident, providing food and places of refuge for displaced populations. After this emergency period, there was a transition of responsibility from INGD to INAS. It is important to note that PASD-PE was created precisely as an INAS programme for emergency response and has already been implemented in other emergencies previously, such as in the response to IDAI and in response to the drought in Gaza. Given the nature of the emergency and the secondary - socio-economic - impact of the COVID-19 crisis, the necessary assistance quickly became part of INAS' core competences and the assistance it provided to the most vulnerable populations - through the social safety networks in place.

The intervention framework was thus articulated in two types of action, already predetermined in the existing intervention structure:

- i. a short-term one characterised by prevention, post-emergency intervention (by INGD)
- ii. and another in the medium term characterised by monetary support and assistance/monitoring services (by INAS)

As a result, it can be said that the crisis contributed to a better definition of roles between INGD and INAS.

Q2: What were the biggest achievements/lessons learned in coordination (programme documentation, communication, clear roles and responsibilities?)

A few points to be highlighted as the greatest achievements of this intervention: (i) despite some initial difficulties, there was efficient cooperation between UNICEF, WFP, INAS and the CSOs at local level which enabled the difficulties encountered in the

various phases of the Programme to be overcome; (ii) the involvement of neighbourhood management committees to facilitate communication with the beneficiaries, including for awareness-raising activities, was very important. The members of the committees were representatives of the different target populations of the intervention, elected by the community, who were beneficiaries of the programme and who participated voluntarily in the committees; (iii) the identification of opportunities for improvement in the payment process (alternative identity verification measures for registration with M-Pesa for beneficiaries who did not have documents, the need to harmonise the INAS and WFP payment databases to facilitate reconciliation) (iv) the involvement of CSOs to accompany/follow-up/support beneficiaries throughout the programme during the entire project phase, ensuring greater proximity to the community.

Efficient cooperation between WFP, INAS, UNICEF and CSOs at local level to overcome the difficulties encountered in the various phases of the Programme

The implementing partners interviewed at local level, both CSOs and Vodacom, were highly positive about the level of co-operation and communication between the different entities.

In Tete, despite some initial difficulties, various partners were able to create effective communication and coordination channels between themselves, as illustrated by the following testimonials:

"In the beginning there was a slip-up, but then we got round to fixing it in these coordination meetings, we tried to see what each person's role is on the ground, but that was just a matter of alignment, there was no problem." (Tete, CSO Representative).

"When we started this activity on the ground, we had a lot of disagreements because we come from different companies and different social backgrounds. So, to overcome our differences, we found a mechanism on the ground which was to devise short-term local solutions to address local issues. So we divided ourselves into groups because one related to the other for the same activity, so it was possible to become a team as a body that streamlined activities in Moatize and Zobue and the work went very well. That's why we had a delay in the first few days because we were getting it right to have a single coordination for the work to run smoothly and then it went very smoothly." (Vodacom representative, Tete).

Throughout the implementation, the implementing partners held regular coordination meetings during which solutions to different problems were found in good time.

"Collaboration worked well because all the processes were corrected in good time as

soon as an incident occurred, so I believe it was a desired collaboration and there were no critical issues." (Councillor for the Social Area, Tete)

"In terms of liaison, we had good liaison, information circulated normally between the WFP, INAS and the other players, we communicated. We had regular meetings, when there was a delay in payments the WFP would invite us and we would talk about the problems, what was happening, the reasons and we would also take the information to the community to find out what was happening. So in terms of communication, it was a great success." (INAS representative, Tete)

At the end of the programme, lessons learned meeting was also held with all the implementing partners.

In Zambezia, the collaboration between UNICEF, WFP, INAS and CSOs was also fundamental, especially in overcoming the barriers to implementing the UNICEF/WFP Programme, relating to the obstacles of the different lists of beneficiaries presented at local level and activating the transfers. Meetings, discussions and field visits at national and local level between the partners involved in the Programme helped to strengthen collaboration, clarify doubts and find common solutions to move forward and meet the needs of the beneficiaries.

"In terms of institutional collaboration, everyone was very committed to the programme. On the ground in Quelimane, there was some resistance from the municipality and the local posts, so we understand that this is due to political differences, but in the end good communication brings success, so they realised that there really is a neutrality here and that we really want to help those beneficiaries in need. So it was difficult for them to realise this, but when they did they opened up space for us to work properly." (Zambézia, PMA Representative)

Importance of neighbourhood management committees to facilitate communication with beneficiaries, including awareness-raising activities

Another success in terms of coordination at local level was the involvement of neighbourhood management committees to facilitate communication with beneficiaries, including for awareness-raising activities.

The neighbourhood management committees were set up in the context of the intervention as spokespeople between the beneficiaries and the implementing partners. The members of the committees are representatives of the different target populations of the intervention, elected by the community. The community leader is not part of the committee, as this figure of authority could prevent other committee members from speaking freely. The committee members are also beneficiaries of the programme and their participation in the group is voluntary.

Together with INAS representatives (activists), the committee has played an important role in sharing information about the programme within the community. The CSOs report is positive on the existence of these two players at community level and even considers it to be one of the lessons learned from the programme, as the following statement illustrates:

"In terms of lessons, the programme brought good lessons considering that the awareness-raising was more in the social sphere and included the community's own experience, they were good experiences and the programme helped in this sense of having involved the community in awareness-raising." (CSO representative, Tete).

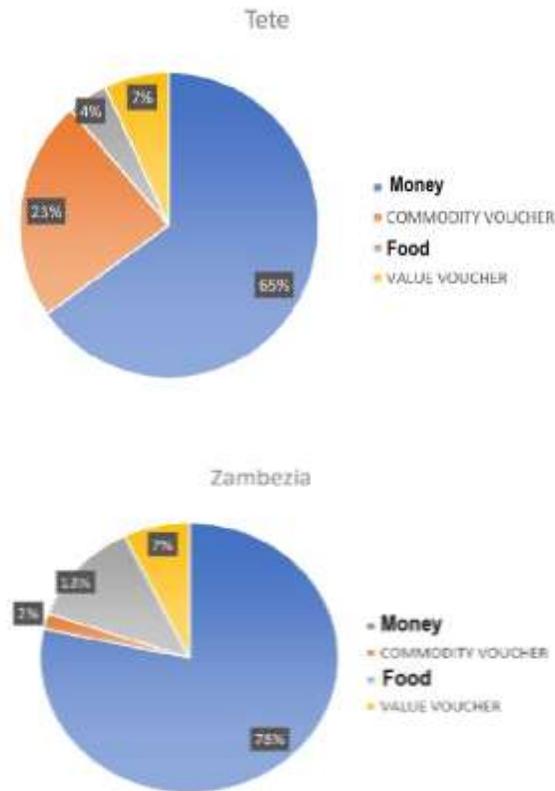
According to the same representative, the committees served as "mirrors" within the community, sharing the information they received from the CSO with the rest of the community.

The payment process revealed shortcomings, but allowed opportunities for improvement to be identified

Difficulties in the process of exchanging payment data - i.e. exchanging records between INAS and PMA, harmonising the payment database - show that this component requires adjustments. Once the data collection was complete, meetings were scheduled to reconcile the records. This experience of coordination and cooperation between programme partners to overcome difficulties should serve as a lesson learnt for the replication of a transfer programme to ensure the rapid implementation of payments.

In the previous sections, the problems linked to registering and managing payments via the M-PESA modality were highlighted. As this was one of the most strategic components, there was a need to establish a clear process guide with responsibilities between INAS, co-operating agencies such as the WFP and service providers. It should be noted that improving this component is important to be able to respond to the need to make payments in the communities in a more direct way. Actually, the PDM data confirms that the beneficiaries largely prefer to receive the benefit in cash (rather than vouchers) and that they are accustomed to using M-PESA technology extensively, as it is the best known, simplest and most ensure:

Graph 15 - PDM data on preferences regarding how the benefit should be received



Source: PlanEval

The involvement of CSOs to monitor/follow-up/support the beneficiaries throughout the Programme during the entire project phase, ensuring greater proximity to the community.

As mentioned in the previous sections, CSOs played a crucial role in all phases of implementation, including community mobilisation, identifying beneficiaries, ensuring transparency throughout implementation, disseminating SBCC messages and managing complaints. This confirmed that CSOs still represented the link between institutions and communities.

The system of monitoring, follow-up and support for beneficiaries in the transfer process implemented by NAFEZA is in fact the greatest lesson learnt from the Programme and should be carried over into other interventions.

In terms of lessons learnt, the following aspects were noted: (i) the need to increase institutional capacity to cope with the new responsibilities that have arisen with the expansion of social protection, as already mentioned in this report (ii) the importance of having a budgeted

communication strategy that is flexible and adaptable to the context, as well as a trained and experienced communication specialist who has the skills and is responsible for implementing and monitoring all SBCC and communication activities in general.

As presented throughout this document, the aspects linked to SBCC, communication and awareness-raising had some weaknesses in terms of coordination and effectiveness during the implementation of the UNICEF-WFP Programme and did not fully achieve the results that had been set out. The Review Team, through interviews with key informants, found that the UNICEF-WFP Programme suffered from lack of a clear and shared communication strategy at different levels, accompanied at local level by professionals, to support CSOs in these crucial activities.

Therefore, the lesson learned was the importance of having a Communication Strategy, shared and agreed between partners, which can include all the responsibilities and actions related to communication (e.g. SBCC, community mobilisation, key messages, media, community focal points and organisational specialists for communication, etc.), which is mainly budgeted. The availability of funds allows for more autonomous planning, independent of other activities. For example, the availability of funds made it possible to plan specific awareness-raising activities for each theme, with a more restricted target audience, which was not dependent on cash transfer activities. This allowed for greater flexibility in the delivery of talks and, above all, greater adaptability of messages to the context, which was not the case with the intervention analysed here.

Q3: What contribution did the emergency intervention make to designing shock-adapted social protection mechanisms that can be activated quickly?

In terms of the contributions of this intervention to designing social protection mechanisms adapted to the shock, the following points are highlighted: (i) The need to improve and revise the selection criteria and priority profiles established by INAS so that they are more comprehensive and clearer and reflect the heterogeneity of social vulnerability, and to better communicate these criteria with communities; (ii) Strengthen the INAS system and institutional capacity in terms of human and financial resources and technical and physical facilities (in quality and quantity) so that INAS is able to respond to the emergency when demand and workload increase in a flexible and adaptive way; (iii) Standardize collaboration practices with CSOs; (iv) Strengthen the comprehensive and shared communication strategy between the partners involved through greater prior preparation.

There is a need to improve and revise the selection criteria and priority profiles established by INAS so that they are more comprehensive and clearer and reflect the

heterogeneity of social vulnerability and communicate these criteria better with the communities.

As explained in the previous sections, the interviews with key informants emphasized the challenge of applying the benefit criteria at local level, given the numerous situations of vulnerability in the areas targeted by the intervention. For their part, the interviews point to difficulties in the process of drawing up lists because the selection criteria are not very comprehensive, given the multiple vulnerabilities in which the communities find themselves and which complicate the selection process. In addition to ensuring that the criteria defined by INAS were able to include and cover the most vulnerable people, it was necessary to strengthen the capacity of technicians to identify these profiles and prepare lists that corresponded and conformed to vulnerability. This was also related to the issue of passing on the lists from the central level to the local level. In Tete, the central INAS informed the INAS Delegation about the criteria for selecting beneficiaries, and then the post chiefs drew up a preliminary list to be sent to the local INAS delegation. The criteria were then explained and communicated to the communities (via the implementing partners contracted by UNICEF and WFP) and the lists were prepared. In this flow, some miscommunications were noted, with some individuals in the community not understanding the reasons for their exclusion.

It is also expressed in the interviews that the process of establishing lists and local verification in Zambézia was more difficult due to political discrepancies between the municipality and the provincial level. The interviews refer to situations in which some post managers argued that the central INAS lists should not be trusted because they included the wrong people. Although in reality it was part of a consultation process. In Quelimane, the lists of beneficiaries had to be redone because there was no correspondence with the list that was at INAS, and it took some more time.

Strengthen the INAS system and institutional capacity in terms of human and financial resources and technical and physical facilities (in quality and quantity) so that INAS is able to respond to emergencies when demand and workload increase in a flexible and adaptive way.

Interviews with INAS technicians reveal a great deal of mobilisation at central and local level, seeking to cooperate with agencies to improve processes. The deployment efforts in the territory also illustrate INAS's ability to deploy its function in the territory. The review shows that this potential could be extended with a capacity-building plan for:

- Support INAS in thematic areas such as adaptive social protection to shocks, issues related to registration, monitoring and evaluation
- Support INAS with SGI training and the development of monitoring indicators
- Strengthen this institution by providing it with complementary resources (human and technological)

Standardising collaboration practices with CSOs

Collaboration with CSOs was very important to ensure community mobilisation and transparency in the process. In addition, the CSOs were able to follow up with the beneficiaries. Despite some flaws in the approach (e.g., more male than female activists to sensitise on gender issues), the collaboration of CSOs was an important asset because it ensured that the criteria for registering beneficiaries, including truly vulnerable people, were respected. Therefore, the practice of engaging and collaborating with CSOs should be standardised and should be activated from the beginning of the process. CSO activists can provide considerable support to INAS and local institutions and partly fill institutional human resource gaps.

In addition, beneficiaries and communities in general showed trust in CSO activists, allowing for more transparency in all phases of implementation, as well as more social acceptance.

Boosting the Communication Strategy through greater prior preparation and a dedicated budget

As aforementioned, a Communication Strategy was a guiding document for implementing and acting on all the activities related to communication, including SBCC, community mobilisation, awareness-raising and information messages, media, focal points in the communities and communication officers in the institutions, monitoring and coordination between the Programme's different partners. The review team noted that the Communication Strategy is an important point that needs to be improved. During the review, it was noted that the activation of mass messages about COVID-19 was well received and accepted in the communities. This should also be utilised in other areas, especially gender issues and domestic violence. In the context of nutrition, the messages are also transmitted through various sources, which allows them to be heard and picked up on a regular basis. This is because it is a social protection intervention, and all activities should be aimed at encouraging social protection mechanisms for the most deprived groups.

The emergency can be an opportunity to promote community engagement to assess people's needs and train local leaders and social organisations in conveying key messages.

In addition, the stakeholders involved should be trained at grassroots level, not only in social protection issues (gender inclusion, domestic violence, nutrition, etc.), but also in community dynamisation techniques, paying attention to gender approaches and having communication support material appropriate to the context, which the beneficiaries can access and understand.

For future interventions it is important to consider the availability of a specialist, trained and experienced in communication at local level, who is responsible for implementation and monitoring and who can be a point of reference for partner institutions. This professional figure

can directly guide the communication, awareness-raising, and mobilisation work of CSOs, carry out ongoing training and ensure that the Programme's communication objectives are respected, that activities with a gender-sensitive approach are implemented and that the community rules of the context are taken into account.

5. Conclusions

UNICEF-WFP's intervention in support of the Government of Mozambique in the crisis caused by the Covid-19 pandemic was integrated into the national response, with UNICEF-WFP being the technical and funding partner for implementation in specific districts in the provinces of Tete and Zambézia. Because it was part of the general response, UNICEF-WFP's intervention benefitted from using an existing institutional framework, with responsibilities and rules already defined, and used the vulnerability criteria defined by INAS, adding a behaviour change component.

Regarding relevance, the review showed that the UNICEF-WFP programme was relevant, making a significant contribution to the expansion of emergency social protection for the vulnerable population of Tete and Zambézia. The collaboration of INAS was an added value, enabling rapid deployment in the territory. The review highlights the fact that INAS was highly mobilised, particularly during the identification and registration phase, despite having limited resources. Also in different interviews, government interlocutors, as well as members of the agencies, emphasise the important role of the E-INAS database in registering new beneficiaries.

The vulnerability criteria chosen for the selection of PASD-PE Covid beneficiaries, which were followed by the UNICEF-WFP intervention, were the traditional INAS criteria. As such, the programme took into account all of the beneficiaries' socio-economic difficulties but limited itself to people with the "traditional" vulnerability profile, without considering, due to lack of resources, other people affected by the socio-economic shock generated by the pandemic. The UNICEF-WFP programme paid attention to the vulnerability criteria defined by INAS and the geographical targeting to identify who should be included in the programme. In conclusion, considering the resources available, the targeting of the intervention was appropriate and allowed the most vulnerable profiles to be identified. The design of the 'cash plus' approach responds to the vulnerabilities and risks of the target populations in the short term, combining the monetary benefit with awareness raising to nutrition practices, decision-making within the household and conflict management. However, although the approach is relevant, two factors limit the approach's potential: the lack of long-term resources and the programme's duration.

With regard to the payment method, i.e., money transfers using a mobile phone electronic system (mobile money), it should be noted that although it was an appropriate method for a normal situation, it proved complicated in the context of COVID-19 due to problems related to the supply of mobile phones because of the pandemic. Faced with this situation and after a long

process of negotiations, the government agreed to distribute SIM cards as an alternative to cell phones. The solution was successfully implemented in Tete province, but when the same solution was to be implemented in Zambézia province, the problem of cell phone supply was solved and cell phones were distributed. This situation led to delays in payments, causing some conflicts and mistrust in the communities.

In terms of effectiveness, the results of the WFP/UNICEF intervention brought about positive changes in the quality of life of the beneficiaries. It was verified that strategies for coping with Covid were determined by the vulnerability of each beneficiary. The amount of the transfer, its regularity and the form of payment modality allowed the beneficiaries to make appropriate choices about their own lives and families, but where there were delays in payments, these delays affected these choices.

For many beneficiaries, the cash transfers resulted in an improvement in food security, especially in terms of access to and usefulness of food. As a result of the transfers, there was a tendency to improve their diet, both quantitatively, by buying more food, and qualitatively, by increasing the consumption of fruit and vegetables and the variety of food consumed. However, the improvements were not long-lasting because at the end of the programme the beneficiaries were unable to afford to maintain their new eating habits. Some beneficiaries managed to save money, which was a positive result, giving them better opportunities to face future crises. Other beneficiaries chose to invest in business.

The research also revealed that the process of identifying and registering beneficiaries, despite facing challenges, was effective, and the targeting was appropriate, combining INAS's vulnerability criteria with a geographical dimension (urban, peri-urban and border areas). The participation of CSOs and permanent activists was very important for the effectiveness of the identification and registration phase, allowing these stakeholders who are closest to the communities to positively interfere in the process.

As for the communication strategy, the influence of the SBCC components on the behaviour and nutritional knowledge of the beneficiaries varied according to the region, possibly due to differences in the phasing of payments, which led to dissonance between the times when messages were transmitted and the times when payments were made, and also had the effect that activists were sometimes focused on explaining and informing the population about delays and payment dates. While positive changes in the nutritional behaviour of many beneficiaries were observed in Tete, the results were more mixed in Zambézia.

About communication on issues of gender-based violence, the taboo surrounding these issues made it difficult to evaluate communication activities on this topic. In general, there was a low level of awareness and low utilisation of existing formal support channels, such as the COVID Green Line. Conflict management was mainly done informally through the involvement of local authorities. Interviews with beneficiaries and PDM data suggest that there were no major changes in decision-making at home, in terms of gender, as a result of SBCC activities. These limited results can be explained by two factors. Firstly, lack of an adequate budget for the implementation of the communication strategy, the absence of a permanent C4D Officer at

UNICEF to follow up on SBCC activities throughout the implementation of the Programme, the delegation of SBCC activities to partners directly from the WFP but not from UNICEF (primarily responsible for the SBCC strategy) and the poor alignment between SBCC activities and the phases of the cash transfer process. Secondly, the limitations also stem from unclear coordination between partner organisations' SBCC communication components. Finally, with regard to informants and complaints, the review indicates that informal complaints mechanisms were better known and utilised than the existing formal mechanisms, although they still made it possible to ensure the complaints function to highlight problems, despite some limitations. These limitations could be overcome through more formal monitoring of informal complaints.

Regarding efficiency and coherence, it should be emphasised that the fact that the UNICEF-WFP intervention was integrated into the overall national response has ensured synergy and complementarity between the government's response and that of the partner UN agencies. In fact, the WFP-UNICEF intervention took place within the framework of the national intervention, completing the coverage of the regions of Tete and Zambézia not covered by the national response. It is worth highlighting the efficient cooperation between WFP, INAS, UNICEF and CSOs at local level to overcome the challenges encountered in the various phases of the Programme and the positive involvement of CSOs and neighbourhood committees in accompanying/following up/supporting the beneficiaries throughout the Programme. Overall, this experience of collaboration and cooperation between institutions to help communities overcome the consequences of COVID-19 has been positively concluded, with some lessons learned that can be used by partner organisations to fill gaps in other future interventions.

- i. The need to have clearer selection and prioritisation criteria and communicate these criteria better with the population
- ii. Strengthen the INAS system and structure so that it is able to respond to emergencies when demand and workload increase
- iii. Promote coordination between INAS and INGD, taking advantage of each organisation's experience in the field of prevention and emergencies
- iv. Expanding and standardising collaboration practices with CSOs;
- v. Strengthen the communication strategy through greater prior preparation with communication experts at local level.

Overall, it is hoped that the beneficiaries of the UNICEF/WFP Programme, who have been identified and are in fact vulnerable, will also be included in the regular INAS programmes and will be able to build more resilience in their lives.

7. Recommendations

The review highlighted operational challenges at different stages of the intervention's implementation and suggestions for improving future "Cash Plus" types of interventions. Table 5 in **Annex 9.3** presents the main issues analysed, and suggests recommendations for improving processes, detailing the corresponding actions and the level of responsibility of each actor involved in the intervention.

The table also presents recommendations for expanding the national social protection system, based on the lessons learnt from the intervention submitted for review. Below, we briefly present these recommendations.

Recommendation Area 1

Ensure the complementarity and coherence of the strategies of all the partners involved, promoting improvements in the processes of communication, decision-making and implementation of interventions.

The review also identified challenges in aligning and coordinating social protection efforts, which prevented better complementarity and coherence between the strategies of the various players involved. At the operational level, it was noted that non-alignment and disagreement in terms of timelines between the different components of the programme had an impact on implementation. For example, the time lag between registration and payment of the cash transfers caused dissatisfaction on the part of the beneficiaries. The following recommendations are therefore suggested:

- **Recommendation 1:** Promote coordination meetings from the preparatory phase of the intervention and on an ongoing basis throughout the duration of the programme.
- **Recommendation 2:** Establish an organisational chart defining hierarchies and levels of responsibility.
- **Recommendation 3:** Develop operational or procedural manuals on the main functions of the intervention, following the intervention cycle: (i) Identification and registration; (ii) Payments; (iii) Communication with beneficiaries; (iv) Content and facilitation modalities of awareness-raising modules.
- **Recommendation 4:** Ensure that the different components of the Social Protection Programme act in a coordinated and consequential manner during implementation (e.g., start registering beneficiaries in parallel with payments).

The actions suggested to implement these recommendations are as follows, under the joint responsibility of the WFP; UNICEF, the Government of Mozambique (INAS):

- Map out the partners and their strategies in advance and hold an initial coordination meeting.
- Set up a clear division of roles and assign responsibilities between the various partners.
- Clarify the intervention methods of each institution, particularly at local level.
- Inform all programme members of their roles and responsibilities.
- Create coordination bodies to ensure internal communication and a smooth decision-making process.

Recommendation Area 2

Ensure a better communication strategy for and with the beneficiaries of the intervention⁶⁴.

The review highlighted errors in communication with beneficiaries (incorrect format and communication channels), which negatively impacted the relationship with them and, consequently, partly jeopardised the effectiveness of the actions implemented. The following recommendations are therefore suggested:

- **Recommendation 5:** Define an appropriate Communication Strategy that is flexible and adaptable to the context, with a gender-sensitive approach.
- **Recommendation 6:** Allocate the human and financial resources needed to implement the communication strategy.
- **Recommendation 7:** Carry out rapid evaluations of the intervention - ideally halfway through the programme - to establish the relevance of the intervention and the communication adopted.

The actions suggested to implement these recommendations are as follows, under the joint responsibility of the WFP; UNICEF, the Government of Mozambique (INAS):

⁶⁴ Por Estratégia de Comunicação entende-se um documento de orientação para implementar e atuar todas as actividades inerentes à comunicação, que sejam CMSC, mobilização comunitária, mensagens de sensibilização e informação, meios, pontos focais nas comunidades e responsáveis da comunicação nas instituições, monitoria e coordenação entre os diferentes parceiros do Programa.

- Define a budget for Communication Strategy with clear goals and outcomes.
- Assign Communication Specialists in each locality who can follow up on all communication activities in general, especially those of CSOs.
- Work with community leaders to understand local concerns and needs and establish communication preferences.
- Increase and expand cooperation with civil society organisations to achieve greater acceptance, ownership and transparency in the processes of verification and monitoring of beneficiaries.
- Establish clear communication channels with the beneficiaries, supervised and monitored by a specialist.

Recommendation Area 3

Promote improvements to the Monitoring and Evaluation system for post-emergency programmes.

During the data collection phase, the review team noted a gap in the dialogue and coordination between the UNICEF and WFP Monitoring and Evaluation systems, as well as with that of the Government, based on common points of reference and understanding of the context. It is important, while bearing in mind the challenge and emergency nature of disasters, to always start by defining a baseline to qualify the situation of the population, as well as defining common and agreed indicators to monitor the intervention (implementation indicators). The following recommendation is therefore suggested:

Recommendation 8: Defining a coordinated and participatory strategy for collecting, consolidating and analysing data for monitoring, following up and evaluating response actions with social protection programmes.

The actions suggested to implement this recommendation are as follows, under the responsibility of the WFP; UNICEF and the Government of Mozambique (INAS, IP):

- Promote financial and human investment to improve the functioning of INAS and its information system.
- Improve the INAS, IP database by taking advantage of the existing model.
- Invest in supplies such as internet and mobility.
- Establish a system of evaluations during the programme (ideally halfway through the programme) involving not only programme implementing agents, but also programme beneficiaries.

Recommendation Area 4

Plan and anticipate future social protection responses based on the lessons learnt from the Covid-19 intervention experience.

The review showed that despite Mozambique's experience in crisis management (acquired due to a series of co-variable shocks in recent years), it is necessary to anticipate the planning of resources allocated to the management of post-emergency situations. The following recommendations are therefore suggested:

- **Recommendation 9:** Strengthen synergies, coordination and cooperation between government bodies.
- **Recommendation 10:** Strengthening institutional capacity, as well as the definition and dynamic activation of funding flows and mechanisms to enable rapid intervention of short and medium-term assistance in the field of Social Protection.

The actions suggested to implement this recommendation are the following, under the responsibility of the Government of Mozambique (INAS):

- Re-evaluate the type of potential crisis to strengthen the preventive and operational stages of the post-emergency response: (i) responsibilities of the warning system, (ii) post-shock intervention, (iii) short and medium-term assistance.
- Include post-emergency management programmes in the annual budget.
- Establish a fund for the mitigation and recovery of emergencies based on budget planning.

Recommendation Area 5

Use the experience of the intervention to promote more comprehensive social protection.

Although some shortcomings were observed in the centralisation of data in the E-INAS system, in registration and payments, the review demonstrated (through the experiences promoted by the PASD-PE Covid and WFP-UNICEF interventions) a great flexibility of the existing system and its capacity to promote the horizontal expansion of the social protection system. The following recommendations are therefore suggested:

- **Recommendation 11:** Analyse the feasibility of implementing a single registration system.

- **Recommendation 12:** Study investment scenarios to promote and expand non-contributory social protection.

The actions suggested to implement this recommendation are the following, under the responsibility of the Government of Mozambique (INAS):

- Analyse the feasibility of transforming the E-INAS system into a single registration system, concentrating the main data of beneficiaries.
- Promote the cross-referencing of administrative data from other sources.
- Implement regular updating mechanisms allowing for periodic reports.
- Invest in the maintenance and security of the SIM, allocating technical and human resources.
- Establish a capacity-building plan to expand both the number of human resources and the qualifications of agents, including and especially INAS agents who need to be trained to better respond to social protection programmes (Social Protection, Social Protection in Emergencies; Information Systems, Monitoring and Evaluation).
- Contracting external operators to support the components that require a high level of technical expertise, for example in the area of payments through the M-Pesa modality, continuing to receive support from UNICEF and WFP for reconciliation”.
- Team up with partners working in the area to take advantage of their skills and knowledge, namely INAS agents and local CSOs.

8. Documents studied

SharePoint File Name	Sub-FileName	Document	
0. ToR		ToR Review SP Covid response 17.09.21 PT	
		ToR Review SP Covid response 17.09.21	
		TOR_Review Reference Group_SP Covid Response PT	
		TOR_Review Reference Group_SP Covid Response	
1. Technical Advisory Group	Communication Brochure	Previous versions (file)	
		0357-Invoice-UNICEF_certified	
		Brochure-Com-COVID21-Final4	
		FOLHETO A4 NOVO_ACTUALIZADO	
	GeoLocation	Cenarios Fundos Humanitarios - 29052020	
		GeoTargetingProposal - 19052020	
	Government Plan & Updates	Adaptação da Protecção social em resposta a Covid19 Versão 14.04.20	
		COVID-19 - Plano e Orçamento INAS	
		Nota técnica seleção de distritos Covid-19 MGCAS 18.05.20 (002)	
		Plano de Acção COVID-19 - TAG 25082020_v5	
		PLANO DE RESPOSTA À COVID-19 EM MOCAMBIQUE - PROTECÇÃO SOCIAL	
		Update by INAS (Olivia) on 1211.2020	
	Joint Concept Note	Mozambique - UN WB Social Protection COVID-19 response_FINAL	
		MZ Resposta Protecção Social COVID19_UN WB_PT	
	Presentations (May-April)	MGCAS 27-5_Apresentação UNICEF e PMA	
		Resposta Urbana_MGCAS-INASS e parceiros_13-4 final	
		SP COVID-19 Response_Partners Meeting 1-4	
		UN Support to MGCAS SP Response_24-6-20	
		UN Support to SP COVID Response	
	TORs	SP COVID-19 Response TAG_TORs_final	
	2. Proposal	Final	Note on GE Aspects_3-7-20

SharePoint File Name	Sub-FileName	Document	
Canada	Submission 25-5-20	Final Signed Grant - Social Protection	
		UNICEF Mozambique Canada SPR Proposalannexes 23-5-20	
		UNICEF Mozambique Canada SPR proposalannexes 23-5-20	
		UNICEF Mozambique Canada_SPPproposal 23-5-20 (final)	
	Previous notes	Access to mobile phone (gender) II	
		Brief Note - UNICEF Response SP COVID19	
		Budget Basic Ideas	
		Gender Responsiveness - SP Reponse	
		Options - UNICEF SP Response COVID19 - Options	
	SupportDocs	AIR_UNICEF_Evaluation Child Grant in Cabo Delgado_Proposal	
		Cash Plus Model_UNICEF IDS 2017	
		CG Theory of Change Handout_PT	
		CHILD GRANT Framework 18_01	
		CHILD GRANT_MODEL PDF	
		Child Grant_Thery of Change	
		TOC_Shock-sensitive Child Grant Programme (Cabo Delgado) fa	
		UNJP Monitoring	
	3. Reports	Annualreport	UNICEF-MCO-P009135_2021-Annual-Report_080422
			UNICEF-MCO-P009135_Annex-A_PMF_080422
			UNICEF-MCO-P009135_Annex-B_HIS_080422
			UNICEF-MCO-P009135_Annex-C_Photos_080422
UNICEF-MCO-P009135_Annex-D_Donor-Statement (Uncertified)			
UNICEF-MCO-P009135_Annual-Report_080422			
Evaluability		Evaluability Note - UNICEF-WFP SP Emergency Reponse to COVID-19 Final	
Presentations		Gender, protection, committees, AAP, PSEA - SP-FA	
		PASD-PE COVID Geral	
		PASD-PE COVID-19 PMA e UNICEF_PS INAS_27-ABRIL-2022 (004)	
		SIB 2020 COVID	

SharePoint File Name	Sub-FileName	Document
		Treinamento para enumeradores - Tete Revisto
4.WFP (Agreement&others)	Amendment	Amend 2 - WFP_001
		Amendment 1 UN to UN_WFP_UNICEF 12022020
		Amendment 2 UN to UN_WFP_UNICEF 22092021
		AMENDMENT NO.1
		UN To UN agreement with UNICEF_signe
		UNICEF_SPR_COVID19_Beneficiary-Data-Management_SOP_Final
		WFP - USD 500,000.00
		WFP Payment Request letter dtd 01Dec2020 - Certified 04Dec2020
		WFP-request
		Data Sharing/Country level DSA
	Annex 3 - DSA-UN-UN-Agreement - Mozambique-Final	
	Draft list of data for sharing WFP-UNICEF	
	Transfer-request-WFP	
	UN to UN agreement with UNICEF dtd october2020	
	UN-DataSharing-SOP-Covid-Signed with WFP	
	WFP - UNICEF - Moz- Data sharing agreement two way_final (05102020) (003)_GE_FA	
	WFP Letter 29April2021 - Certified	
	Data Sharing/Global DSA	Annex 3 - DSA-UN-UN-Agreement - Mozambique-Final
		Annexes - UNHCR-WFP Addendum on Data Sharing - September 2018
		Data Sharing Agreement - UNHCR-WFP-UNICEF Final Signed
		DSA-next-steps
		Letter-DSA-WFP
		Transfer-request-WFP
		UN to UN Agreement_Social Protection to COVID
		UN To UN agreement with UNICEFSp
		UNHCR-WFP Addendum on Data Sharing - September 2018
		UNICEF_SPR_COVID19_Beneficiary-Data-

SharePoint File Name	Sub-FileName	Document
		Management_SOP_Final
	Data Sharing/MCO SOPs for Data Management	UNICEF_SPR_COVID19_BeneficiaryDataManagementSOP_110920
	Disbursements	Letter of Request_WFP to UNICEF
		Summary
		WFP - USD 500,000,00
		WFP Payment Request letter dtd 01Dec2020 - Certified 04Dec2020
		WFP-request
		Annex B - ProgramProposal (29092020)
		AnnexC_Full budget (30092020)
		UN To UN agreement SIGNED
		UN to UN_Agreement_UNICEF Mozambique SPEAR WFP 23-9 (002)
5.SBCC Component		Apresentacao de genero e VBG
		Apresentação Nutricao (1)
		Brochure-Com-COVID21-Final4
		C4D plan - mudancas
		Carta do INAS para INCM solicitacao short code
		componente de C4D PASD PE COVID19-apoio-Nafeza
		Concept Note-comments-SP-LJ fa
		Draft Polls SP COVID-19 FA
		Estrategia para RapidPRO_fa
		GUIAO CSOs-C4D-PASD-PE_Pandemia
		Guião de entrevista de discussao de grupos focais-comments-LJ
		GUIAO-CSOs-C4D-PASD-PE_COVID
		GUIAO-CSOs-C4D-PASD-PE_Pandemia (final)-Final (1)
		GUIAO-CSOs-C4D-PASD-PE_Pandemia (final)-Final
		Guide for Community Mobilizers_V02
		Guide for Community Mobilizers_V03-fa

SharePoint File Name	Sub-FileName	Document
		Guide for Community Mobilizers_V04
		História de Sucesso-Milange
		Lista-Tete-C4D
		Mensages-C4D- INAS-COVID
		Metodologia da pesquisa de avaliacao da satisfacao de beneficiarios-comments-LJ
		PPT Companhias Telefonias Movel-LJfa
		Relatorio mensal Abril 2021
		Relatorio mensal Agosto 2021 - final
		Relatorio mensal Janeiro 2022
		Relatorio mensal Julho 2021
		Relatorio mensal Junho 2021
		Relatorio mensal Maio 2021
		Relatorio mensal Marco 2022
		Relatorio mensal Novembro 2021
		Relatorio mensal Outubro 2021_final
		Relatorio mensal Setembro 2021-final
		Resumo dos encontros com comités
		SMS format_Final-C4D- 20092020 fa
		Work Plan C4D-SP COVID Response 2021
6. Consultancy (A Cipriano)		Annex 3 - Social Protection Consultant COVID Zambezia
		Briefing note template Katarina visit Quelimane-LJcomments Revisto March 3
		Relatório Entregável (1)-comentarios-LJ-AC
		Relatório Final de monitoria do PASD-PE Zambezia #6-commentsLJ
		Relatorio mensal de CONSULTORIA PASD-PE COVID-19 6 Outubro 2021
		Relatório Mensal de monitoria do PASD-PE Zambezia - 2-Final
		Relatório Mensal de monitoria do PASD-PE Zambezai -3 Revisto Fev 23
		Relatório Mensal de monitoria do PASD-PE Zambezia(4) March 22 2021

SharePoint File Name	Sub-FileName	Document	
7. PostDistribution Monitoring	Tete	Cash_Distribution_Point_Observations	
		Cash_Distribution_Point_Observations_cleaned	
		SP_UNICEF_Cash_Interview	
		SP_UNICEF_Cash_Interview_2021_08_19_cleaned	
8. Implementation admin - Tete and Zambézia	Tete	CSAOs_Tete	
		EstatisticasMoatize e Zobue - COVID	
		Gender, protection, committees - SP and lean season - unicef	
		Inscricao-Tete-proposta-orcamentofa	
		PLANO - PASD-PE COVID_Registro-Moatize	
		Presentacao Geral do Programa_6-10-20	
		Treinamento CPsComitesComunitarios v2 UNICEF	
	Zambézia Presentations	/	Gender, protection, committees, AAP, PSEA - SP-FA
			PASD-PE COVID_Geral (22.10.2020)
			PASD-PE COVID_Geral (22.10.2020)
			PASD-PE COVID_Geral (23.10.2020) v1
			PASD-PE COVID_Geral (23.10.2020)
			PASD-PE COVID_Geral
			SIB 2020 COVID
			Treinamento para enumeradores - Tete Revisto
	Zambézia PSEA Trainings	/	Lista de presença_certified
			scanL@@0129_certified
	Zambézia Registration	/	Estatisticas Quelimane Final
			Relatorio Semanal_2-11
			scanL@@0071_certified
			scanL@@0072
			scanL@@0072_certified
	Zambézia		DRAFT Lessons learned Zambezia INTERNAL
			CFM PRESENTATION - FO QUEL - SEPTEMBER 2021 - SOCIAL PROTECTION (2) - Revised
			PASD-PE COVID - Tete & Zambezia (14-10-2020)

SharePoint File Name	Sub-FileName	Document
		PASDPE-INAS&PMA&UNICEF2020_m
		Registro INAS PMA UNICEF_Ajudas de custo-DCT-30.10.20
		Relatório Final - PASDPE COVID_InscricoesMilange Dezembro 2020-final-1
		WFP UNICEF SP COVID joint message_05May20
		WorkplanOlivia_Revisado FA
UNICEF Global SP Guidance		116943 EmergencyProcedures-FINAL 29Nov-2021
		Financial Management SOPs for Cash Transfer Programing V2
		Gender-responsive-social-protection-during-covid-19-2020
		HCT Project Risk Register Template - final
		People with disabilities
		Policy Brief on COVID impact on Children 16 April 2020
		Technical note - Information Systems-Humanitarian context
		Template Feasibility Assessment HCT
		UNICEF Procedure on Preparedness for Emergency Response
Documents received at latest stages of the evaluation process		Minimum Monitoring Requirements Mozambique EN 18.02.2022
		Minimum Monitoring Requirements Mozambique PT 18.02.2022
		Estratégia Nacional de Segurança Social Básica 2016-2024
		Development of Management Information System for Social Protection. The case of e-INAS in Mozambique. ILO
		Plano de resposta à Covid-19 em Moçambique - Protecção Social. INAS.
		Reaching the most vulnerable in the social protection response to the COVID-19 crises in Mozambique: Opportunities and challenges. ILO
		Monitoria comunitária independente ao PASD-PE. PSC-PS
		Informe orçamental da acção social. 2021. Moçambique.
		WFP Nutrition radio spots
		NutriSIM in Zambézia and Tete – SP programme
		DIGA SIM A MAIS COR NOS PRATOS COM COMIDA QUE FAZ BEM. Posters.

SharePoint File Name	Sub-FileName	Document
		Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi. Final EvaluationReport. 2021.
		Real-Time Assessment (RTA) of UNICEF's Ongoing Response to COVID-19 in Eastern and Southern Africa. Regional analysis. 2021.
		Real-Time Assessment (RTA) of UNICEF's Ongoing Response to COVID-19 in Eastern and Southern Africa. Madagascar. 2021.
		Social Protection Response to COVID-19 & Eloise Response— Process-Output Monitoring Report. May-September 2021.
		CBT processMpesa Portuguese
		Shock-Responsive Social Protection Systems Research. Case study Mozambique. 2017.
		Cash transfers and vouchers in response to drought in Mozambique: lessons on social protection linkages and separation of functions. Sarah BaileywithMattiaPolvanesi. July 2019
		List of beneficiaries paid in Zambezia_14_07_2022_cleaned.xlsx
	Linha Verde de Resposta à Emergência	Linha Verde da Resposta á Emergência. Report period; 1st March – 30th April 2022
		Linha Verde da Resposta á Emergência Report period; 16th Dec 2020 - 15th Jan 2021
		Linha Verde da Resposta á Emergência Report period; 16th Jan 2021 - 15th February 2021
		Linha Verde da Resposta á Emergência Report period; 16th February 2021 - 15th March 2021
		Linha Verde da Resposta á Emergência Report period; 16th Mar 2021 - 15th April 2021
		Linha Verde da Resposta á Emergência Report period; 16th April 2021 - 15th May 2021
		Linha Verde da Resposta á Emergência Report period; 16th May 2021 - 15th June 2021
		Linha Verde da Resposta á Emergência Report period; 1st July - 31st July 2021
		Linha Verde da Resposta á Emergência Report period; 1st July - 31st August 2021
		Linha Verde da Resposta à Emergência Reportperiod; 1st August - 30th September 2021
		Linha Verde da Resposta á Emergência Report period; 1st September - 31st October 2021

SharePoint File Name	Sub-FileName	Document
		Linha Verde da Resposta á Emergência Report period; 1st October - 30th November 2021
		Linha Verde da Resposta á Emergência Report period; 1st November - 31st December 2021
		Linha Verde da Resposta á Emergência Report period; 1st December 2021 - 31st January 2022
		Linha Verde da Resposta á Emergência Report period; 1st January – 28th February 2022
		Linha Verde da Resposta á Emergência Report period; 1st February – 31st March 2022
		LINHA VERDE 1458 ANNUAL OVERVIEW. JAN-DEC 2021
		Cash_Distribution_Point_Observations_ZAM_Cleaned
		SP_UNICEF_Cash_Interview_ZAM_Cleaned

9. Annexes

9.1. Terms of Reference

UNICEF & WFP Mozambique

TERMS OF REFERENCE

Summative Evaluation of the UNICEF/WFP Social Protection response to COVID-19 in Mozambique

Purpose: To undertake a Summative Evaluation of the Social Protection response to COVID-19 in selected provinces of Mozambique and establish the mechanisms of continuous programmatic learning.

1. Background and Context

Background

Despite almost two decades of exponential economic growth, Mozambique remains one of the poorest countries in the world, ranking 180 of 189 countries in the latest Human Development Report (2020)¹. A multidimensional analysis of deprivation among children shows that almost one in two Mozambican children can be considered poor, which is higher than the general population and notably higher than neighbouring countries². Deaccelerated economic growth since 2016 and increased socioeconomic inequality has strengthened the need to share growth improvements more broadly and protect poor and vulnerable populations, especially women and children, against socioeconomic vulnerabilities³.

For ten million children of Mozambique who have already been living in some form of poverty, COVID-19 means a deeper and more prolonged poverty and the denial of their basic rights. The 2020 coronavirus pandemic already shows a very significant socioeconomic impact, down turning signs of slow economic recovery, and negatively affecting the most vulnerable populations⁴. COVID-19 is expected to drive a severe economic slowdown globally, with forecasts projecting GDP growth rate at -3 per cent, much worse than in the 2008-9 financial crisis. The impact is likely to reinforce pre-existing gender inequalities, affecting especially women and girls since they represent most informal workers in urban areas and are disproportionately responsible for caring of children, elderly and sick. Persons with disabilities, who face barriers to access economic means under normal circumstances, will also be hit harder. The pandemic is likely to increase the number of working poor, with informal workers rapidly falling below the poverty line⁵.

Both the global context and internal executive decisions will affect income security and worsen living conditions of children, women and people with disabilities in Mozambique. On the one side, the country will not be able to isolate from the global demand slump that could raise unemployment by as much as 7 to 10 percentage points from the current rate of 20 per cent, according to Government projections⁶.

On April 1st, 2020 the Government of Mozambique declared a State of Emergency that restricts movement, affecting travel and trade, partially closed borders and suspended economic activities. While helping to slow down the spread of the virus, these measures put millions of livelihoods at risk. Income lost in households will be directly channelled to children as families might adopt negative coping strategies.

¹ Human Development Report 2020

² 46.7% poverty among children in Multidimensional Child Poverty in Mozambique, MCF-UNICEF, 2016.

³ Mozambique Economic Update: Shifting to More Inclusive Growth, World Bank Group, Washington DC, 2018.

⁴ IMF projections in November 2020 had Mozambique showing signs of economic recovery, with economic growth expected at 8% for 2020.

⁵ Socioeconomic Impact of Coronavirus in Mozambique – UN Situation Analysis and Policy Recommendations, UN in Mozambique, Maputo, March 20th 2020

⁶ Socioeconomic Impact of Coronavirus in Mozambique – UN Situation Analysis and Policy Recommendations, UN in Mozambique, Maputo, March 20th 2020

Unless rapid action is taken to mitigate impacts on urban areas, which are highly exposed to sudden changes in global and domestic market dynamics⁷, it is likely that the higher costs of living and restrictions to mobility and work will worsen access to food and services, generate social unrest and increase levels of violence, including gender based violence.

The provision of sexual and reproductive health services, including maternal health care and gender-based violence related services, are central to women and girls' rights and wellbeing. The diversion of attention and critical resources away from these services as a result from COVID-19 response efforts may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases.

Programme description

Following the onset of the coronavirus pandemic, the Government of Mozambique decided to mitigate the socioeconomic impact of the COVID-19 through the scale up of social protection benefits. As co-chair of the Technical Advisory Group (TAG) of the sector's response to COVID-19, UNICEF has supported the activation of shock-responsive social protection by drafting a joint concept note with the World Food Programme (WFP), the International Labour Organization (ILO) and the World Bank (WB); facilitating joint communications with the Government of Mozambique, in particular, with Ministry of Gender, Children and Social Action (MGCAS) and National Institute of Social Action (INAS); and contributing to a Joint Operational Plan in which UN agencies are able to support Government for implementation.

Both Government and partners have agreed to prioritize urgent support to urban and peri-urban areas, where the effects of the slowdown of economic activities and disruptions in the functioning of urban economies are expected to be severe and immediate. Current social protection response⁸ include:

- Horizontal expansion in urban and peri-urban areas through a rapid registration of approximately 990,000 new beneficiaries. This will be done in two phases, with phase one (fully funded) covering 280,000 households and phase two (funding to be confirmed) covering 710,000 households. The selected programme for expansion (PASD-PE Pandemics) will deliver MZN 1500 (equivalent to approximately USD 25) monthly for 6 months to each household, starting in October 2020. The areas ('bairros') of intervention were selected through geographical targeting using multidimensional poverty maps developed by MEF using 2017 census data. Within the selected areas, INAS applies vulnerability prioritization criteria⁹. All transfers are expected to be done using Mobile money, outsourcing payments through financial service providers for swift operationalization of cash transfers and reduction of health risks.
- Vertical expansion consisting of a top-up equivalent to three-months of regular benefits¹⁰ to all existing social protection beneficiaries (approximately, 530,000 households) in all country, paid through regular 'cash in hand' approach.

UN agencies (UNICEF and WFP) have made their resources and capacities available to Government of Mozambique to provide technical support to INAS during identification, enrolment, monitoring, communication to beneficiaries and payments; as well as to enrol, monitor, communicate and pay to beneficiaries in specific geographic locations where UN could complement Government efforts. The latter would have UN agencies working within the Government plan and sharing beneficiary information with INAS monitoring and information system (e-INAS).

⁷ The 2018 Poverty Assessment by the World Bank finds evidence that smallholding farmers do not have a strong market orientation and retain production for household self-consumption. Under this assumption, rural areas would mitigate their exposure to market fluctuations at least in the short term.

⁸ As presented by MGCAS on May 4th, 2020.

⁹ Households headed by elderly, people with disabilities, or people living with chronic diseases; households headed by children; households headed by pregnant women with no income source; households headed by women with 6 or more dependants; households with children and/or with elderly, people with disabilities, or people living with chronic diseases; households hosting displaced population. Source: INAS Response Plan, Eligibility Criteria of New Beneficiaries, 25/06/20.

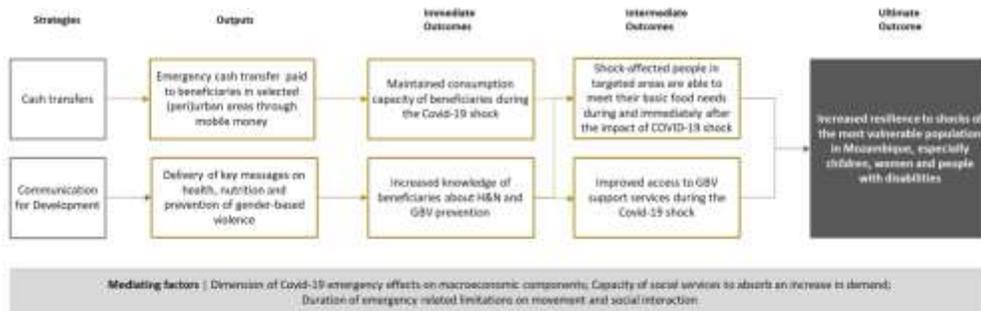
¹⁰ Current regular social protection monthly benefits are: Basic Social Subsidy (PSSB): MZN 540 to MZN 1,000 depending on household size; Productive Social Support/Public Works (PASP): MZN 1,050.

As part of this national response strategy, UNICEF and WFP will jointly reach approximately 90,000 households with cash transfers in selected areas in Tete (finished in August 2021) and Zambezia (in stages finishing in November 2021 and February 2022) provinces following the Government’s PASD-PE Pandemics design. The programme adopts a ‘cash plus’ approach in which cash transfers will be complemented with a C4D intervention and referrals to adequate services to address sexual exploitation and abuse cases and gender-based violence cases.

The goal of the social protection response is to increase resilience of the most vulnerable population in Mozambique, with a focus on children, women and people with disabilities, throughout the COVID-19 pandemic. For this purpose, unconditional cash transfers (MZN 1500 per month for six months, delivered in two payments of three instalment each) and key messages on nutrition, gender and protection will be delivered to poor and vulnerable households in urban and peri urban areas.

It is expected that cash transfers will allow families to access food and basic services (including nutrition and sexual and reproductive; water/sanitation and protection services) and decrease overall household stress and disputes over limited economic resources. By the end of the program, beneficiary households will have maintained or improved access to food before COVID-19 and general wellbeing, including nutritional behaviour, awareness on how to prevent gender-based violence, and to refer cases of gender-based violence to the appropriate established referral pathway.

It is expected that C4D messages delivered to household heads/main recipients of the cash transfer and reinforced through community mobilization efforts (as much as possible in the context of the pandemic) will provide households with key information on good nutritional practices, self-care and health seeking behaviours, gender roles and gender-based violence. By the end of the program, beneficiary households will have increased knowledge about nutrition, gender and gender-based violence and improved access to services in relation to these matters.



Programme Stakeholders

The main users for this evaluation are UNICEF, WFP and the Government of Mozambique (MGCAS and INAS). The primary stakeholders are the agencies’ and Government staff responsible for executing and managing the response, including staff based in Provincial offices. The evaluation team will interview both the agencies’ staff and the staff of key partners.

Definition of roles and responsibilities will guide the joint implementation of the two UN agencies. This will be operationalized through clear channels of communication, with a Focal Point (FP) of this programme in each organization to whom communication from the other agency should be directed.

Table 1. Division of roles and responsibilities between WFP and UNICEF

Activity	Responsibility
Coordination with Government of Mozambique MGCAS/INAS, assuring alignment with the Social Protection response to COVID-19	Joint: WFP/UNICEF through the Technical Advisory Group (TAG) and with direct trilateral communication with MGCAS/INAS
Coordination with INGC, assuring complementarity with overall response plans to COVID-19	Joint: WFP/UNICEF through INGC Focal Points at each Agency, with attention to both Food Security and Social Protection clusters/plans.
Identification of beneficiaries	WFP will request INAS lists of potential beneficiaries/candidates to the PASD-PE Pandemics
Verification and enrolment of beneficiaries	WFP and its implementing partner will conduct remote and community-based verification and enrolment of INAS pre-lists. UNICEF will support engagement of local CSOs in verification (community level) to assure sensitization and inclusion of vulnerable groups.
Contract, payment and reconciliation with Financial Service Provider/Mobile Network Operator	WFP
Development of C4D key messages on COVID-19, gender and nutrition	UNICEF
Production of C4D materials as required	UNICEF
Agreements with partners (CSOs) for community mobilization/engagement, programme communication and C4D	Joint WFP/UNICEF
Delivery of behavioural messaging campaigns through multiple channels (mobile phone, community mobilization when possible)	UNICEF
Community engagement and accountability platforms	WFP will set up and manage Linha Verde UNICEF will support recording, referrals and follow up of protection cases (including GBV)
Referrals of PSEA cases	Joint WFP/UNICEF
Monitoring and Evaluation	
Monitoring of enrolments and payments	WFP
Monitoring of C4D and protection cases	UNICEF
Summative Evaluation	UNICEF

More details on programme description can be found in the **Evaluability Note** attached to this ToR.

2. Evaluation Purpose, Objectives and Scope

The overall goal of this evaluation is to assess the **relevance, effectiveness, efficiency and cohesion** of the shock responsive cash transfers during the 2020/2021 COVID-19 emergency. It will have a strong learning purpose a) ensuring informed participation of programme decision-makers (throughout collection¹¹, treatment and communication of results); b) identifying operational and programmatic lessons that will help to improve

¹¹ Within the constraints of COVID-19 social distancing environment and driven by the ethics principle of 'do no harm' approach¹¹, data collection will follow all health protocols to ensure minimum risk of disease transmission. The sampling will be informed by programme targeting criteria.

preparedness, response and planning for shock-responsive social protection; c) strengthening UNICEF and WFP accountability towards the programme beneficiaries and their communities, partners and other key stakeholders.

Finally, it will stimulate institutionalisation of M&E efforts within ongoing and future social protection programmes in Mozambique.

The primary objectives of this evaluation are to:

- a) Assess the extent to which the proposed targeting mechanism and programme design (cash plus modality) is relevant and appropriate to vulnerable individuals' needs (e.g. exclusion and inclusion error) and identified community priorities (geographical targeting);
- b) Assess the degree to which gender-transformative strategies were effective to reach differential results for women, men, girls and boys in vulnerable populations;
- c) Understand the extent to which shock-responsive social protection (PASD-PE) is able, or has potential, to deliver intended short and mid-term outcomes, in particular, to deliver a gender-transformative and/or gender-equitable intervention
- d) Examine the efficiency and cohesion of shock-responsive social protection efforts and their alignment and complementarity to government and partners' strategies;
- e) Highlight implementation lessons and make recommendations for improving the design of the shock-responsive social protection with sensitivity to women and children.

Knowledge generated by the evaluation will also inform the broader Government plan, allowing INAS to learn and adapt future shock responsive programmes. The results of the evaluation will contribute to institutional learning in Mozambique and in the global shock-responsive community of practice.

The evaluation team should identify lessons learned and recommendations based on its findings. The conclusions and the underlying findings should be based on triangulated data and evidence that the team has gathered through different sources. The team should make no more than five to ten primary recommendations at the national (country offices) and sub-national level (field offices). Any recommendations for the implementation team should be discussed with them before the finalization of the report. Similarly, any recommendations for UNICEF and WFP country offices should be validated through a discussion before the report is finalised.

Scope

The evaluation will cover the Social Protection Response to COVID-19 components led by UNICEF and WFP. The geographic coverage comprises urban and border districts targeted by UNICEF and WFP joint implementation: Moatize and Zobue districts in Tete; Quelimane city, Quelimane and Milange districts in Zambezia.

The evaluation will have to incorporate gender sensitive and human rights informed lenses throughout all stages of the evaluation process.

3. Evaluation Criteria and Preliminary Evaluation Questions

The evaluation will be guided by selected evaluation criteria and by key evaluation questions which are presented below. Considering the short-term scope of the intervention and the expected immediate influence on beneficiaries explained in the theory of change, criteria of sustainability and impact were not incorporated in this exercise. Mid-term effects are presented under effectiveness. Criteria will be further refined during the inception phase.

Relevance: The evaluation will seek to assess the extent to which the response is tailored to local needs, increasing ownership, accountability and cost-effectiveness, as well as whether the shock-responsive cash grant strategy has been sensitive to the political will and institutional capacity in place. It will assess both whether the project reached

the most vulnerable children and woman in the targeted communities, as well as if changes in the COVID-19 emergency context affected its relevance.

- Does the 'cash plus' approach respond to vulnerabilities and risks of the targeted populations? To what extent the size of the transfer meets the consumption needs of the targeted population affected by the COVID-19 shock?
- Did beneficiaries' needs change during the implementation and was the response able to address these changes?
- Was the programme delivery design (e.g. remote enrolment and mobile payment system) considerate of beneficiaries' connectivity limitations/access to mobile phone amongst vulnerable populations? Was the programme able to adapt to changes in the implementation context?
- Has the shock-responsive cash grant strategy has been sensitive to the political will and institutional capacity in place?

Effectiveness: The evaluation will assess the extent to which the program results have been achieved, and whether the emergency cash transfer and the delivery of behaviour change communication on health and nutrition and prevention of gender-based violence (GBV) demonstrate a reasonable contribution at immediate outcome level, including any differential results across groups of women and people with disabilities.

- To what extent was the targeted population, including children, women and people with disability, timely identified, targeted and reached through current selection mechanisms?
- Did children, women and people with disabilities participate in the decisions of how to spend the grant?
- Does the transfer size, its regularity and modality of payment prevent negative coping strategies?
- Has the SBCC component of the COVID-19 response been able to influence positively the nutritional behaviour of beneficiaries during the COVID-19 shock?
- How effective is the communication strategy in increasing knowledge about and promoting positive (help-seeking) behaviours in relation to gender-based violence?
- How effective is the communication strategy in increasing awareness about gender roles and equal participation of women, men, girls and boys in household decisions?
- How effective is the feedback and complaints mechanism in detecting and responding to beneficiaries' questions/grievances?
- How effective is the engagement of women's associations throughout program implementation in promoting women's participation in social protection, responding to specific gender needs within social protection programs and increasing capacity of grassroots associations in social protection sector?

Efficiency and Cohesion: The evaluation will assess the extent to which the social protection response systematically used policy instruments to deliver social assistance in a cohesive and effective manner under emergency and humanitarian conditions. Such instruments (adapted to the humanitarian context) can include strategic planning, gathering data and managing information, mobilising resources and ensuring accountability, negotiating and maintaining a serviceable framework with national and local political authorities.

- To what extent has the response been aligned and complementary to efforts of the government and broader humanitarian community?
- What have been the biggest successes/lessons learned in coordination (programme documentation, communication, clear roles and responsibilities)?

4. Evaluation Approach and Methods

The evaluation methodology will adhere to the United Nations Evaluation Group (UNEG) Norms & Standards. It will use mixed - methods approach and build on monitoring quantitative data as well as qualitative data collected from beneficiaries to further explore the dimensions and causal drivers of possible effects triggered by the programme. The applied methods will follow COVID-19 prevention protocols and can be adjusted in accordance with government restrictions due to the pandemic.

The evaluation will be conducted at an output and immediate outcome levels. The evaluation will be utilization-focused to inform future social protection responses to shocks in Mozambique. The approach will be essentially deductive, trying to identify critical success factors from the assessment of relevance, effectiveness and efficiency of the response. As the evaluation was initially envisioned as a Real-Time Evaluation (RTE), there was no baseline survey conducted, and no requirement (or time) to use complex monitoring methodologies with statistically representative data collection and analysis.

It will also be highly interactive, and the evaluation team will serve as ‘facilitator’, encouraging and assisting field staff, and grassroots associations and CSOs involved in the program, to look critically at their operations and find creative solutions to identified programmatic problems.

The detailed evaluation design will be developed by the evaluation team during the inception phase, in close consultation with the UNICEF and its partners. Opportunities for constructing a counterfactual to measure programme outcomes must be considered in light of budget and programmatic limitations. Considering the response will be rolled out in phases, the evaluation team can analyse the existence of differential results associated with the timing of the intervention.

Specifically, the methodology shall allow for a verification of whether the social effects of the intervention are as expected, and provide insights on factors that are affecting the hoped-for changes. Hence, the focus of the evaluation is to assess the impact contribution through the perception of causal drivers of changes, rather than attribution. Considering the limitations of baseline data on outcome level, it is recommended to follow a qualitative approach to contribution analysis – such as the **Qualitative Impact Assessment Protocol (QuIP)**.¹²

Using qualitative approach, the QuIP addresses the issue of how to attribute changes to different stakeholders or events, whilst minimising pro-project and other sources of bias, and avoiding the need to interview a control group. There are strong ethical grounds for asking people directly about the effect of actions intended to benefit them, and doing so can also contribute practically to detailed learning, innovation and wider accountability.

However, this approach entails finding credible ways to address potential response biases. The QuIP does so by arranging for qualitative data collection to take place without any reference to the project being evaluated, ensuring that field researchers and respondents are not briefed on the project being evaluated and thereby reducing confirmation bias as much as possible up to the point of data analysis. The analysis is then carried out by the lead evaluator and assistants, who are fully briefed and can therefore interrogate and code the data against the theory of change. The aim of separating these roles is to ensure that the analysis remains as independent as possible.

The design should apply rigorous purposive case selection and specify how data collection and analysis methods integrate gender considerations throughout the evaluation process, including to the extent possible, inclusion of girls and boys, women and men, as well as a range of programme stakeholders.

It is expected that the team will develop and apply protocols to mitigate the risk of spreading COVID-19 through the communities. Suggested methods, but not limited to, are presented below:

Potential Quantitative

- Secondary data analysis: where appropriate and feasible the evaluation will analyse monitoring data (mostly at output level) gathered on cash transfer implementation and communication

12. Bath QuIP methodology is under license from the University of Bath. More details on the methodology and guidelines can be found on <https://bathdi.org/about-the-quip/>

feedback activities, official monitoring data from e-INAS system, WFP's process monitoring data on payments to beneficiary households and C4D outreach; Linha Verde (complaints and feedback mechanism). Where possible, WFP's outcome surveys with sample including targeted households of the COVID-19 response, will also be made available for additional reference on food security and livelihood outcome indicators of the beneficiaries.

- Secondary data from food-prices monitoring reports may also be used to assess the purchasing power of the grant, based dietary needs. Complementary, monitoring information on what was actually purchased by the families with the grant can be analysed together with qualitative information to compare purchasing habits before and after the intervention.

Potential Qualitative

- Desk review
- Financial diary approach: compare the spending of selected beneficiary and no-beneficiary households on spending patterns affected by child grant and behaviour change communication.
- Semi-structured interviews with beneficiaries (household level) and non-beneficiaries to contrast coping strategies, behavioural patterns and knowledge levels. Focus group discussions (at community level) will be conducted to assess outcome changes based on self-reported attribution.
- Semi-structured interviews with senior country staff, as well as the staff of partners responsible for programme implementation, government representatives, representatives of the affected population, to capture process narratives and inform the analysis on outcome variations.
- Guided observation: Secondary data from structured observation guides developed by UNICEF and WFP to monitor the registration and payment activities.

Monitoring data that will feed into the evaluation is expected to be collected from the start of the implementation via household visits after two weeks from each payment event, with focus on payment experience, utilization of the grant and knowledge about the C4D messages. The monitoring exercise does not use a statistically representative sample, but an average of 50 random beneficiaries per district and round of data collection.

The inception phase will clarify and finalize the evaluation questions based on the above conditions.

5. Specific Tasks, Deliverables and Timeline

The evaluation is expected to start in November 2021, and finish in April 2022. The key stages of this evaluation and tentative timeline will be the following:

Timeline	Activity	Deliverable 1
November 2021 (4 weeks)	Inception phase <ul style="list-style-type: none"> • Preparation of draft inception report and data collection tools; • Engagement with stakeholders on formulating and agreeing evaluation questions; • Population of evaluation matrix • Preparation of instruments for data collection, 	1. Draft inception report and instruments Recipients: members of the evaluation reference group 2. Presentation of the draft inception report and instruments – in person or via video link – to the Evaluation

	<ul style="list-style-type: none"> Ethical approval process (internal UNICEF) <p>Finalization of inception report, and translation into Portuguese</p>	<p>Reference Group and wider group of partners and UNICEF staff;</p> <p>3. Final inception report (plus completed revision trail addressing all comments)</p> <p>Recipients: members of the evaluation reference group, UNICEF and WFP staff managing evaluation.</p>
<p><i>December 2021 to February 2022</i></p> <p><i>(5 weeks)</i></p>	<p>Data collection phase</p> <ul style="list-style-type: none"> Field work plan Pre-testing and piloting of instruments Enumerator training Preparation of interview transcripts, Field work report 	<p>3. De-brief/feedback with UNICEF staff after each round of data collection with emerging findings and lessons learned on the evaluation process (ppt and report).</p>
<p>Payment: 40% of the total contract value upon completion</p>		
<p><i>End of January 2022 to March 2022</i></p> <p><i>(5 weeks)</i></p>	<p>Drafting, validation and completion phase</p> <ul style="list-style-type: none"> Data analysis and drafting Preparation of a PowerPoint presentation on emerging findings, conclusions and recommendations Engagement with stakeholders on draft report review. Preparation of evaluation and policy briefs. 	<p>5. Validation of Preliminary findings, conclusions and recommendations – in person or via video link with key evaluation stakeholders, including the Evaluation Reference Group.</p> <p>Recipients: members of the evaluation reference group</p> <p>6. A complete first draft evaluation report</p> <p>Recipients: members of the evaluation reference group</p>
<p><i>March 2022 to April 2022</i></p> <p><i>(3 weeks)</i></p>	<p>Final approval</p> <ul style="list-style-type: none"> Finalization of report: before approval report will go through at least two revision rounds by an external party against UNICEF GEROS quality criteria followed by revision by a consultant. Preparation of summary PowerPoint presentation Translation of the draft into Portuguese 	<p>7. A final evaluation report (plus completed audit trail addressing all comments). The main findings should be visualised through graphs and infographics. Gender should also be included as a cross-cutting theme throughout the findings. The approval process for the final report included at least two rounds of revisions with UNICEF MCO and UNICEF ESARO.</p> <p>Recipients: members of the evaluation reference group</p> <p>8. Evaluation Summary Report.</p> <p>Recipients: members of the evaluation reference group and wider group of partners</p>

		<p>9. Evaluation brief. A summary of the key evaluation points, with a maximum of 4 pages, illustrated with data and infographics.</p> <p>Recipients: members of the evaluation reference group.</p> <p>10. Support in UNICEF dissemination efforts. Presenting and sharing the results in a web-based conference and supporting wider communication efforts upon request.</p> <p>Recipients: national and international stakeholders.</p>
<p>Payment: 60% of the total contract value</p>		

Important notes:

- Data transfer to UNICEF archive: Raw data gathered in the exercise are transferred in an organized archive that will permit follow-on users to replicate or extend the analysis. Suitable care is to be taken in assuring the anonymity of respondents and documented in inception and final reports.
- All evaluation products (including dissemination products) should be submitted first in English and the final versions translated into Portuguese by the professional translation service. The financial proposal should include all fees.
- Some data collection activities can be sub-contracted. If so, this should be clearly indicated in the financial proposal (which types of services are subcontracted, at what rate and duration);
- Regular communication with direct supervisor of this consultancy and core programme staff will be required to monitoring work progress.
- The format of and page limits for the final deliverables will be decided in the inception period. A high value will be placed on products that are concise and communicate well with different audiences. Thus, the final products should be edited, translated into Portuguese and produced to include simple infographics and print layout in an easy to read format (Graphic design and translation may be subcontracted by the individual consultant).
- Payments will be processed upon acceptance of the corresponding deliverable and against an invoice that will reference the contract and deliverable numbers.

6. Management Arrangements and Quality Assurance

The evaluation team will bear in mind that the emergency response has already placed a large workload on staff members and will ensure that their research adds as small a burden as possible, while fulfilling the aim of the evaluation. For this reason, if required, evaluation field visits may be combined with field visits for programme operations.

The evaluation team will report to the Research and Evaluation Specialist supported and Social Policy specialist, and work in close collaboration with the WFP programme and monitoring and evaluation team. The team will share the implementation plan prepared in consultation with the Evaluation Reference Group (ERG) and will inform the

supervisor of any problems arising from the detailed planning. Quality assurance will be provided by UNICEF's Evaluation Office.

The evaluation team will have short meetings with the ERG during the inception phase, half-way through the fieldwork and after finalizing field work to discuss and validate the evidence collected through this evaluation. The reference group has no authority to direct the evaluation or to edit the report, but the evaluation team should take the group's views into account, and if the team takes a different approach from that recommended by the advisory group, this should be justified.

The evaluation team will immediately inform the supervisor and the advisory group of any serious issues regarding the integrity or effectiveness of the programme encountered during the evaluation research.

Inception report and draft final report will be subject to a satisfactory rating by an external quality assurance facility, using quality assurance checklists provided in Annex B, before payment can be made.

7. Ethical Considerations

The evaluation team should adhere to the following UN and UNICEF norms and standards and is expected to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Copies of all these documents will be provided upon request:

- United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System
- United Nations Evaluation Group (UNEG) Norms for Evaluation in the UN System, including impartiality, independence, quality, transparency, consultative process
- Ethical Guidelines for UN Evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis will guide the overall process
- UNICEF adapted evaluation report standards and GEROs
- The evaluation should incorporate the human rights-based and gender perspective and be based on results-based management principles and logical framework analysis.

The evaluation team is required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Owing to the envisaged participation of human subjects in the evaluation, the evaluation team should seek ethical review board approval either from a recognized Institutional Review Board in Mozambique or via UNICEF's LTA for ethical approval.

8. Expected Background and Experience of the Evaluation team

The evaluation will be conducted by an evaluation company - national consultants are highly encouraged to apply. Evaluation companies are encouraged to involve young and emerging evaluators in the team. The consultancy will be Maputo-based with possible field visits to the implementation sites for data collection.

Team Composition and responsibilities:

The evaluation will be conducted by a 3-person team including one team leader, one social protection expert and one emergency specialist. The evaluation team is expected to execute the following tasks:

- a. Develop a realistic work plan for the evaluation;
- b. Execute the evaluation to respond to the questions stipulated in the terms of reference (or subsequent revisions of the evaluation questions) and propose the most appropriate methodological approach that allows to evaluate contribution of the programme to the results;

- c. Generate evaluation products and deliverables as shown in the table above, and in accordance with contractual requirements;
- d. Provide written responses to comments from the reference group, and update report accordingly; and,
- e. Provide regular updates to the Evaluation Managers

Required qualifications

Team leader

- 10-year experience in conducting evaluations in emergency contexts, preferably with an UN agency
- Experience in conducting and managing cash transfer /social protection evaluations, including evaluating rapid onset emergencies for UNICEF, other UN agencies or other international partners at the global, regional or country levels.
- Knowledge of latest methods and approaches in humanitarian evaluation, especially participatory methods and accountability to affected populations.
- Verified experience in evaluation in Eastern and Southern Africa Region.
- Experience working in cooperative and rapid changing environment.
- Verified knowledge of qualitative, and specific experience with the Qualitative Impact Assessment Protocol is an asset
- Experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards
- Excellent oral and written communication skills (in English and Portuguese)

Social Protection and Emergency Specialists

- Extensive knowledge of UNICEF's programmes in emergency contexts highly desirable, and of UNICEF's corporate emergency procedures preferred.
- Social protection technical expertise in emergency operations.
- A minimum of five years' experience evaluating humanitarian action
- Familiarity with UNICEF's emergency response, including the Core Commitments to Children
- Verified knowledge of qualitative and quantitative methods
- Fluency in both English and Portuguese is required. knowledge of UNICEF's programmes in emergency contexts highly desirable, and of UNICEF's corporate emergency procedures preferred.

9. Selection Process

Interested companies are requested to submit their financial proposals and a relevant written sample of their work within two weeks of announcement. After the opening, each proposal will be assessed first on its technical merits and subsequently on its price.

The proposal with the best overall value, composed of technical merit and price, will be recommended for approval. UNICEF will set up an evaluation panel composed of technical and procurement staff and their conclusions will be forwarded to the internal UNICEF Contracts Review Committee, or other relevant approving authority.

The evaluation panel will first evaluate each response for compliance with the requirements of the terms of reference (ToR). Responses deemed not to meet all the mandatory requirements will be considered non-compliant and rejected at this stage without further consideration. Failure to comply with any of the terms and conditions

contained in this ToR, including provision of all required information, may result in a response or proposal being disqualified from further consideration.

All shortlisted proposals will be reviewed by the selection panel

The selection of the company will be based on a “best value for money” principle. Interested applicants should, in addition to submitting the technical proposal, submit a financial proposal with all-inclusive fees (subcontracting costs, etc.) for the services to be provided. **Note: this consultancy will require field presence for data collection.** The technical evaluation criteria are stipulated below.

Technical Evaluation Criteria:

Item	Technical Criteria/Qualifications	Max. Points
1	Company experience relevant to the evaluation	20
1.1	Range and depth of experience with similar projects	10
1.2	Client references	5
1.3	Work in emergency responses and in South East Africa and/or Mozambique context	5
2	Key personnel technical skills and Knowledge	35
2.1	Team Leader / Evaluation Specialist	15
2.2	Social protection specialist	10
2.3	Emergency Specialist	10
2	Strength of the technical proposal	35
2.1	Quality of the proposed evaluation design and data collection methods	12
2.2	Use of the latest methods and approaches in humanitarian evaluation, especially participatory methods and accountability to affected populations.	7
2.3	Quality of the proposed work-plan, management structure and monitoring and quality assurance processes	10
2.5	Assessment of ethical concerns and risks and appropriateness of mitigation measures	6
	Total Technical Score	90
	Minimum Technical for pass to financial assessment	70
	<i>Only those candidates meeting the minimum technical score will be eligible for further review.</i>	

10. Administrative Issues

- Payment will be made upon delivering of the deliverables listed above that meet UNICEF quality standards.
- Translations of evaluation deliverables and interpretation services are the responsibility of the consultant and should be included in the bid.

Annex A. Evaluability Assessment
Annex B. Geros guidelines

9.2. Theory of Change

A Theory of Change for the UNICEF/WFP intervention was presented in the Terms of Reference (ToR) for this mission (Figure 1 below).

To achieve the result of greater resilience to shocks for the most vulnerable population in Mozambique, especially children, women and people with disabilities, UNICEF and WFP combined a Cash Transfer strategy with a Communication for Development (SBCC) strategy):

- The monetary component provides for the payment of a transfer in certain (peri-) urban areas through mobile money transfers, to maintain the consumption capacity of beneficiaries during the COVID-19 shock;
- The SBCC component involves the dissemination of key messages on health, nutrition and the prevention of gender-based violence to increase beneficiaries' knowledge of gender-based violence prevention and improve access to health services.

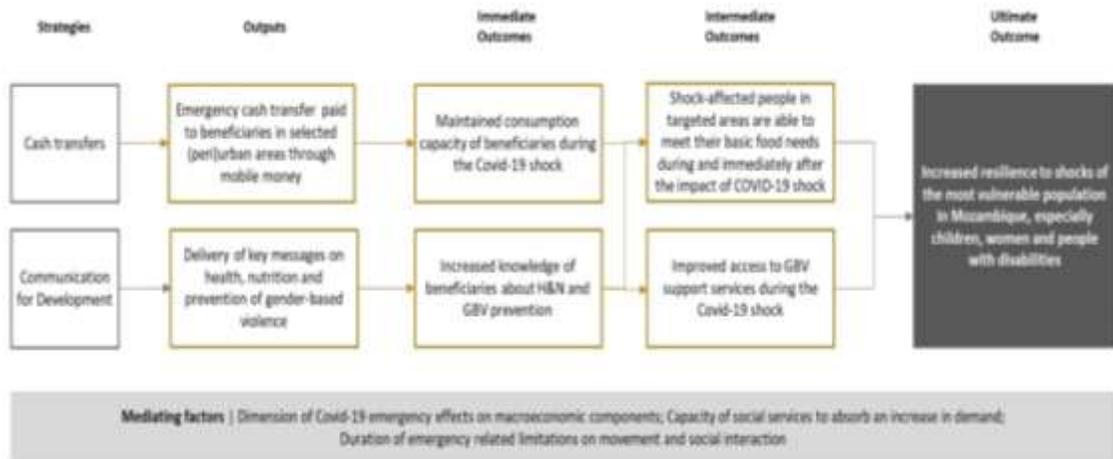
Thus, the programme's logic articulates the distribution of a cash transfer and the benefit of accompanying social and behavioural change. Both dimensions are combined to multiply the benefits of the programme⁶⁵:

In the short term, the monetary component is expected to sustain family economies that have been hit hard by the lack of income. Actually, due to the restrictions on movement and other health measures that particularly affect households in urban and peri-urban areas, the most vulnerable sectors are those most exposed to the loss of monetary resources, the vulnerable sectors are more fragile, since informal labour in the service sector predominates in these areas.

Although the benefit is short-term, its articulation with the nutrition and prevention components makes it possible to promote the use of services and guide families on nutritional care and access to social support services. As a direct consequence of the socio-behavioural component, better knowledge in terms of nutrition and care practices is expected. In the medium term, the link between the transfer and the services could promote changes in the practices of the households targeted by the programme.

⁶⁵ The synergy between the distribution of economic resources, health services and nutrition was studied in research on child nutrition by Smith and Haddad (2002).

Figure 8. Theory of Change



Source: Terms of Reference

9.3. Main issues analysed and recommendations

Table 7- Recommendations

	Discoveries	Recommendation Areas	Recommendations	Suggested actions	Responsible person
1	The review identified gaps in the alignment and coordination of social protection efforts, which prevented better complementarity and coherence between the strategies of the various players involved. At the operational level, it was noted that the lack of alignment and disagreement in terms of the timeline between the different components of the programme had an impact on implementation. For example, among other things, the time lag between registration and payment of the cash transfers caused dissatisfaction on the part of the beneficiaries	Assure the complementarity and coherence of the strategies of all the partners involved, promoting improvements in the processes of communication, decision-making and implementation of interventions.	<ul style="list-style-type: none"> ● Promote coordination meetings from the preparatory phase of the intervention and on an ongoing basis throughout the duration of the programme. ● Establish an organisational chart setting out hierarchies and levels of responsibility. ● Establish operational manuals on the main functions of the intervention, following the intervention cycle: (i) Identification and registration; (ii) Payments; (iii) Communication with beneficiaries; (iv) Content and facilitation modalities of the awareness raising modules. ● Assure different components of the Social Protection Programme act in a coordinated and consequential manner during implementation (e.g. start the registrations of beneficiaries in parallel with payments). 	<ul style="list-style-type: none"> ● Map out the partners and their strategies in advance and hold an initial coordination meeting. ● Establish a clear division of roles and assign responsibilities among the various partners. ● Clarify the intervention modalities of each organisation, particularly at local level. ● Inform all programme members of their roles and responsibilities. ● Create coordination bodies to ensure internal communication and a fluid decision-making process. 	<ul style="list-style-type: none"> - WFP - UNICEF - Government of Mozambique (INAS)

	Discoveries	Recommendation Areas	Recommendations	Suggested actions	Responsible person
2	The review highlighted some gaps in communication with beneficiaries and non-beneficiaries (incorrect communication format and channels, lack of sensitivity to gender issues), which had a negative impact on the relationship with them and, consequently, partly jeopardised the effectiveness of the actions implemented.	Ensure a better communication strategy for and with the beneficiaries of the intervention, including clearer communication about the selection criteria with beneficiaries and non-beneficiaries, about the official complaint channels (e.g. Green Line 1458), which is gender-sensitive	<ul style="list-style-type: none"> ● Define an appropriate Communication Strategy that is flexible and adaptable to the context, with a gender-sensitive approach. ● Provide human and financial resources needed to implement the communication strategy. ● Carry out rapid evaluations on the intervention - ideally halfway through the programme - to determine the relevance of the intervention and the communication adopted. 	<ul style="list-style-type: none"> ● Set a budget for Communication Strategy with clear goals and products ● Assign Communications Specialists in each location who can follow up on the CSOs' activities directly. ● Work with community leaders to understand local concerns and needs and establish communication preferences. ● Enhance and expand cooperation with civil society organisations to achieve greater acceptance, ownership and transparency in the processes of verification and monitoring of beneficiaries. ● Establish clear communication circuits with beneficiaries. 	<ul style="list-style-type: none"> - WFP - UNICEF - Government of Mozambique (INAS)

	Discoveries	Recommendation Areas	Recommendations	Suggested actions	Responsible person
3	During the data collection phase, the review team noted the absence of monitoring data, starting with a pre-project baseline to qualify the situation of the population as well as indicators for monitoring the intervention (implementation indicators).	Promote improvements to the Monitoring and Evaluation system for emergency programmes.	<ul style="list-style-type: none"> ● Set up a strategy for collecting, consolidating and analysing data for monitoring, following up and evaluating response actions with social protection programmes. 	<ul style="list-style-type: none"> ● Promote financial and human investment to improve the functioning of INAS and its information system. ● Improve the INAS, IP database by leveraging the existing model. ● Invest in resources such as internet and mobility. ● Establish a system of evaluations during the programme (ideally halfway through the programme) involving not only those implementing the programme, but also its beneficiaries. 	Government of Mozambique (INAS, IP).

	Discoveries	Recommendation Areas	Recommendations	Suggested actions	Responsible person
4	The review revealed that despite Mozambique's experience in crisis management (acquired due to a series of co-variable shocks in recent years), it is necessary to anticipate the planning of resources allocated to the event of crisis and emergency situations.	Plan and anticipate future social protection responses based on the lessons learnt from the Covid-19 intervention experience.	<ul style="list-style-type: none"> • Deepen synergies, coordination and co-operation between government bodies. • Strengthen institutional capacity, as well as the definition and more dynamic activation of funding flows and mechanisms to enable rapid intervention of short and medium-term assistance in the field of Social Protection. 	<ul style="list-style-type: none"> • • Re-evaluate the typology of potential crises to strengthen the preventive and operational stages of the response: (i) responsibilities of the warning system, (ii) post-shock intervention, (iii) short- and medium-term assistance. • Include shock/emergency programmes in the annual budget. • Set up an emergency mitigation fund based on budget planning. 	Government of Mozambique (INAS).

	Discoveries	Recommendation Areas	Recommendations	Suggested actions	Responsible person
5	<p>Although some shortcomings were observed in the centralisation of data in the E-INAS system, in registration and payments, the review proved (through the experiences promoted by the PASD-PE and PMA-UNICEF interventions) the great flexibility of the existing system and the capacity to promote the horizontal expansion of the social protection system.</p>	<p>Use the experience of the intervention to promote more comprehensive social protection.</p>	<ul style="list-style-type: none"> ● Evaluate the feasibility of implementing a single registration system, maintaining and integrating the database of beneficiaries of the COVID-19 response as a vulnerable group in urban/peri-urban areas. ● Study investment scenarios that allow for the promotion and expansion of non-contributory social protection 	<ul style="list-style-type: none"> ● Study the feasibility of transforming the E-INAS system into a single registration system, concentrating the main data on beneficiaries ● Favour the cross-referencing of administrative data from other sources. ● Implement mechanisms to constantly update information to obtain periodic reports. ● Invest in the maintenance and security of the SIM, allocating technical and human resources ● Develop a capacity-building plan to expand both the number of human resources and the qualifications of agents, including and especially INAS agents who need to be trained to respond better to social protection programmes (Social Protection, Social Protection in Emergencies; Information Systems, Monitoring and Evaluation) ● Internally having people with a high level of technical knowledge, for example in the area of payment through the M-Pesa modality, and continuing to receive technical support from the agencies to reconcile payments ● Team up with partners working in 	<p>- Government of Mozambique (INAS).</p>

	Discoveries	Recommendation Areas	Recommendations	Suggested actions	Responsible person
				the area to benefit from their skills and knowledge, such as INAS agents and local CSOs.	

Source: PlanEval

9.4. Interviews conducted

Table 8 - Semi-structured interviews with key informants

Semi-structured interviews with key informants		
Referral group	Details of interviewees	# of interviews
Local Authorities, NGOs, Civil Society Organisations (CSOs)	<p>Tete - 16 people interviewed (Initially planned: 7 people)</p> <ul style="list-style-type: none"> ○ 1 INAS Provincial representatives ○ 1 Provincial Director of Social Services ○ 1 Councillor for Social Affairs ○ 1 INAS delegate in Moatize ○ 2 Representative of the Head of the Neighbourhood Management Committee ○ 2 Neighbourhood secretaries ○ 4 Neighbourhood Management Committee focal points ○ 1 Kulima representatives ○ 1 Representatives of NAFETE (Centre of Women's Associations of Tete) ○ 1 Representatives of the Christian Council of Mozambique (CCM) ○ 1 District Service Provider Representative (Vodacom) <p>Zambézia - 16 people interviewed (Initially planned: 7 interviews)</p> <ul style="list-style-type: none"> ○ 1 UNICEF representative ○ 1 WFP representative ○ 2 INAS Provincial Representatives ○ 3 Permanent INAS activists ○ 1 Head of AS Department ○ 2 Representative of the Head of the Neighbourhood Committee ○ 1 Mayor ○ 1 Queen ○ 1 NAFEZA representative ○ 3 NAFEZA activists <p><i>Not interviewed:</i> Representatives of World Vision and the district's Service Provider Representative (VODACOM)</p>	32
Interviews with Public Institutions, UN Agencies, International Institutions and Service Providers	<p>National - 23 people interviewed (Initially planned: 14 interviews)</p> <ul style="list-style-type: none"> ○ 7 INAS representatives (including managers, heads of department, IT technicians, etc) ○ 1 WB representative involved in the initial stage of the intervention; ○ 1 ILO representative ○ 5 WFP representatives: <ul style="list-style-type: none"> ▪ Representatives from PS, Emergency, CBT, Monitoring and Evaluation, Provincial Officers ○ 7 UNICEF representatives: <ul style="list-style-type: none"> ▪ Representatives from PS, Emergency, C4D, Field Officer ○ 2 WFP and UNICEF officials involved in the initial process and 	23

Semi-structured interviews with key informants		
Referral group	Details of interviewees	# of interviews
	<p>currently in positions outside the country.</p> <p><i>Not interviewed:</i> INGD and MGCAS staff</p> <p>Note: These interviews were accompanied by more extensive meetings and some were conducted remotely (online).</p>	
Total of interviews		55

Source: PlanEval

Table 9 - Focus Group Discussions

Focus Group Discussions	
Referral group	Description
Heads of Household benefiting from all transfers	<p>Tete - 5 Focus Groups (Initially planned: 4 Focus Groups)</p> <ul style="list-style-type: none"> ○ 1 FG with pregnant women or with 6 or more dependents ○ 1 FG with People with Disabilities (1 of Women) ○ 2 FG with People with chronic diseases (1 of men) ○ 1 FG with the Elderly (1 of Women) <p>Zambézia – 4 Focus Groups (as planned)</p> <ul style="list-style-type: none"> ○ 1 FG with pregnant women or with 6 or more dependents ○ 1 FG with People with Disabilities (1 of Women) ○ 1 FG with People with chronic diseases (1 of men) ○ 1 FG with the Elderly (1 of Women) <p>Note: The FGs were made up of a maximum of 8 people.</p>
Total Focus Groups	9

source: PlanEval

Table 10 - Semi-structured interviews with beneficiaries, non-beneficiaries and specific cases

Semi-structured interviews with beneficiaries, non-beneficiaries and specific cases		
Referral group	Details of interviewees	# interviews per gender
<p>People benefiting from cash transfers</p> <p>People who had particular cases: beneficiaries who received only one transfer, beneficiaries who received transfers very late</p> <p>People who fulfil the requirements but are not beneficiaries</p> <p>People who complained and other profiles identified in the field phase.</p>	<p>Tete - 23 people interviewed</p> <ul style="list-style-type: none"> ● 12 QuIP interviews: <ul style="list-style-type: none"> ○ 5 Pregnant women or women with 6 or more dependents ○ 1 Woman with disability ○ 2 Men with disabilities ○ 2 Women with chronic diseases⁶⁶ ○ 2 Elderly women ⁶⁷ ● 11 non-QuIP interviews: <ul style="list-style-type: none"> ○ 2 Beneficiaries who received only one transfer ○ 1 Beneficiary who received transfers too late ○ 5 People who fulfil the requirements but are not beneficiaries ○ 3 People who filed a complaint <p>Zambézia - 22 people interviewed</p> <ul style="list-style-type: none"> ● 11 QuIP interviews: <ul style="list-style-type: none"> ○ 5 Pregnant women or women with 6 or more dependents ○ 2 Women with disability ○ 1 Man with disability ○ 2 Women with chronic diseases ○ 1 Elderly woman ● 11 non-QuIP interviews <ul style="list-style-type: none"> ○ 4 Beneficiaries who have received only one transfer ○ 3 Beneficiaries who received transfers too late ○ 3 People who fulfil the requirements but are not beneficiaries ○ 1 Person who filed a complaint 	<p>45 interviewed</p>
Total of interviews		45

Source: PlanEval

⁶⁶1 Interview and 1 Focus Group.

⁶⁷Interview and 1 Focus Group.

9.5. Approval by the Ethics Committee



Research Ethics Approval

6 July 2022

Magdalena Isaurralde, PhD
Team Leader (Consultant)
School of Advanced Studies in Social Sciences (EHESS)
Paris, France

RE: Ethics Review Board findings for: *Review of the UNICEF/WFP Social Protection Response to COVID-19 in Mozambique* (HML IRB Review #584MOZB22)

Dear Dr. Isaurralde,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 28 June – 06 July 2022. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Fabio Bezerra Correia Litna, Muhammad Asim Khan, Penelope Lantz, JD

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9.6. Planned utilisation of DFATD funds

Outputs, Activities and Subactivities		2020	2021	2022	TOTAL (USD)	TOTAL (CAD)
Output 1: By 2020, emergency cash transfer support is effectively provided to vulnerable population in urban and peri urban areas		5,950,000	-00	-00	5,950,000	8,330,000
1.1	Enroll and provide timely cash transfers	5,600,000	-00	-00	5,600,000	7,840,000
1.1.1	Cash transfers to beneficiaries/Direct costs (30,000 households)	4,500,000	-00	-00	4,500,000	6,300,000
1.1.2	Operational/Indirect Costs	900,000	-00	-00	900,000	1,260,000
1.1.3	Support interinstitutional referrals through CSOs	200,000			200,000	280,000
1.2	Reach programme participants with CAD messaging and improved referral to PSEA services	350,000	-00	-00	350,000	490,000
1.2.1	Communication for Development activities addressing COVID-19 and gender aspects	300,000	-00	-00	300,000	420,000
1.2.2	Support GRM to capture and address SEA cases through effective referral mechanisms	50,000	-00	-00	50,000	70,000
Output 2: By 2021, child and gender sensitive social protection is expanded to poorest and vulnerable areas of the country		-00	2,850,000	2,80,000	5,680,000	7,952,000
2.1	Support enrolments and payments into the PSSB-Child Grant	-00	2,540,000	2,540,000	5,080,000	7,112,000
2.1.1	Cash transfers to beneficiaries/Direct costs (18,000 households)	-00	2,160,000	2,160,000	4,320,000	6,048,000
2.1.2	Operational/Indirect Costs		380,000	380,000	760,000	1,064,000
2.2	Support implementation of care component		310,000	290,000	600,000	840,000
2.2.1	Communication (SBCC) for improved nutrition/stunting reduction	-00	70,000	50,000	120,000	168,000
2.2.3	Protection case management (including birth registration)	-00	240,000	240,000	480,000	672,000
Monitoring, Evaluation and Learning		120,000	100,000	100,000	320,000	448,000
M.1	Generating evidence for shock responsive Social Protection	120,000			120,000	168,000
M.2	Capacity building for systematic monitoring of Child Grant and informed programme management		100,000	100,000	200,000	280,000
Technical Support		280,000	229,000	229,000	738,000	1,033,200
TS.1	Staff costs	250,000	200,000	200,000	650,000	910,000
TS.1	Supervision & technical assistance activities	30,000	29,000	29,000	88,000	123,200
Sub Total		6,350,000	3,179,000	3,159,000	12,688,000	17,763,200
Indirect Programme Support Costs (4%)		254,000	127,160	126,360	507,520	710,528
Cost Recovery (8%)		528,320	264,493	262,829	1,055,642	1,477,898
TOTAL (USD)		7,132,320	3,570,653	3,548,189	14,251,162	-
TOTAL (CAD)		9,985,248	4,998,914	4,967,464	-	19,951,626

Source: UNICEF Mozambique Canada_SPPProposal 23-5-20 (final)

9.7. Evaluation Matrix

Cr�terio OED-DAE	Perguntas de Avalia�o	Cr�terios de julgamento	Indicador	Fonte / M�todo de Coleta de Dados	Tipo de Dado
Relev�ncia	<p>O PNA-DI aplicado ao COVID-19 est� em conformidade com a estrat�gia nacional de prote�o social? Apoiando � cobertura de emerg�ncia?</p> <p>Resposta: O programa levou em considera�o a situa�o epidemiol�gica das benefi�cias?</p> <ul style="list-style-type: none"> Como foram avaliadas as necessidades espec�ficas das popula�es? Considerou outras prioridades como acesso a servi�os b�sicos, acesso � sa�de, habita�o, conectividade? Facilitou o registro de benefi�cias? O valor das transfer�ncias foi suficiente para responder �s necessidades de consumo das popula�es em vulnerabilidade? <p>Subst�ncias com prioridade de vulnerabilidade e em outras popula�es v�rias?</p> <ul style="list-style-type: none"> Como o programa cobriu benefi�cias essenciais e apoio socioecon�mico? Quanto � a cobertura de atendimento �s necessidades das popula�es v�rias? <p>O programa � adaptado �s novas necessidades das benefi�cias?</p> <ul style="list-style-type: none"> Quanto � �s necessidades das benefi�cias no n�vel de interven�o? Como mudaram durante a implementa�o? Como a resposta respondeu � essas mudan�as? Em qual medida os parceiros (PNA, UNICET, organiza�es da sociedade civil) atenderam essas necessidades? Em qual medida a pre-identifica�o conduzida pelo Governo e no caso governo parceiras atenderam essas necessidades? 	<p>N�vel de alinhamento da estrat�gia nacional e dos documentos de pol�tica social</p> <p>Opin�es das partes interessadas sobre a cobertura dos servi�os e estrat�gia do PNA-DI com o Programa e Estrat�gia Nacional de Prote�o Social</p> <p>Opini�es das benefi�cias sobre os valores alocados, a capacidade de atender �s necessidades de consumo e de atingir as necessidades da emerg�ncia</p> <p>Opini�es das benefi�cias sobre a cobertura das mensagens socioecon�micas, sua utilidade no contexto do COVID-19, ganho em termos de conhecimento</p> <p>Observa�o das mudan�as de comportamento</p> <p>Opini�es das benefi�cias sobre a identifica�o das necessidades no n�vel e no tipo do programa</p> <p>An�lise das necessidades no n�vel do programa (a partir de documentos dos parceiros)</p>	<p>Adapta�o da estrat�gia nacional de prote�o social realizada para responder � emerg�ncia</p> <p>N�mero de benefi�cias por identificados pelo mecanismo de pol�tica</p> <p>N�mero de benefi�cias inscritas na resposta de emerg�ncia COVID-19</p> <p>Relev�ncia dos indicadores de consumo e prepara�o das fam�lias</p> <p>Indicadores financeiros para fam�lia de Inseguran�a Alimentar (FII) no n�vel do agregado familiar</p> <p>N�mero de incidentes de VC reportados at�s da linha verde</p> <p>Relev�ncia dos indicadores de consumo e prepara�o das fam�lias</p> <p>Indicadores financeiros para fam�lia de Inseguran�a Alimentar (FII) no n�vel do agregado familiar</p>	<p>An�lise de documentos - a organiza�o de prote�o social e Quatro Institucionais</p> <p>Entrevistas com partes interessadas</p> <p>Revis�o de documentos sobre An�lise de Pol�tica</p> <p>Grupos focais com as benefi�cias</p> <p>Inquiri�o PNA</p> <p>Grupos focais com as benefi�cias</p> <p>Adress Data de Linha Verde</p> <p>Grupos focais com as benefi�cias</p> <p>Hist�rico de v�rios resultados no n�vel do programa</p> <p>Dados recolhidos no n�vel do programa, durante o design do programa (lista de bases/ SAM/ relat�rios socio-econ�micos)</p> <p>Entrevistas com PNA e UNICET, OSC</p> <p>Diferen�as com PNA, WCC&S</p>	<p>Dados quantitativos e qualitativos gerados em fun�o de campos e vari�veis (dados)</p>
Phases	<p>Qu�o eficaz � a estrat�gia de comunica�o para promover o perfil e orienta�o pr�tica dos comportamentos positivos (previs�o de a�o) em rela�o � vulnerabilidade g�nera?</p> <p>Qu�o eficaz � a estrat�gia de comunica�o para promover a participa�o de g�neros e participa�o qualitativa de mulheres, homens, jovens e idosos nas decis�es familiares?</p> <p>Qu�o eficaz � o mecanismo de feedback e reclama�es na atri�o e resposta �s preocupa�es/reclama�es das benefi�cias?</p> <p>Qu�o eficaz foram os m�todos de identifica�o dos grupos?</p> <ul style="list-style-type: none"> At� que ponto a popula�o-alvo, incluindo crian�as, mulheres e jovens com defici�ncias, foi equitativa e identificada, excluda e atendida por meios dos mecanismos de atri�o ativas? Qu�o situa�es foram encontradas para melhorar situa�es relatadas? <p>Que tipo de inst�ncia � o ponto de contato de agregado familiar a partir da identifica�o das transfer�ncias de renda?</p> <p>As crian�as, mulheres e jovens com defici�ncias participaram das decis�es de como a�o e subs�dio?</p> <p>O tamanho da transfer�ncia, sua regularidade e estabilidade de pagamento impedem estrat�gias de enfrentamento negativas?</p> <ul style="list-style-type: none"> Qu�o impacto teve a regularidade do pagamento nas decis�es de consumo na prepara�o das agregados familiares? Qu�o impacto na prepara�o das transfer�ncias afetando o n�vel de vulnerabilidade das transfer�ncias? <p>O componente de mudan�a de comportamento da resposta ao COVID-19 conseguiu influenciar positivamente o comportamento nacional das benefi�cias durante o choque?</p> <p>Qu�o eficaz � o envolvimento das associa�es de mulheres no design da implementa�o do programa na prepara�o da participa�o das mulheres na prote�o social, atendimento �s necessidades espec�ficas e capacidade das associa�es de base no n�vel de prote�o social?</p>	<p>Opini�es das benefi�cias sobre pol�tica educacional e sua utilidade durante e ap�s a crise do COVID-19</p> <p>Opini�es das benefi�cias sobre a mudan�a de perfil dentro das fam�lias</p> <p>Percep�o das benefi�cias sobre a qualidade da transfer�ncia e o conhecimento da informa�o transfer�ncia</p> <p>Observa�o sobre a natureza das reclama�es e instabilidade de recebimento de transfer�ncias</p> <p>An�lise sobre Dados de registro de benefi�cias</p> <p>An�lise dos processos de verifica�o realizados localmente</p> <p>Observa�o sobre as a�es implementadas para enfrentar os problemas de identifica�o das benefi�cias</p> <p>An�lise das mudan�as em consumo, prepara�o e din�mica familiar</p> <p>Observa�o e an�lise de conhecimentos adquiridos � parte do componente CAD (qualidade de vida e aprendizagem, empoderamento sobre resultados de vida de g�nero)</p> <p>Observa�o e an�lise sobre pr�ticas de consumo e prepara�o</p> <p>Opini�es sobre a participa�o das fam�lias de pagamento</p> <p>Opini�es das benefi�cias sobre a qualidade e diversidade da transfer�ncia familiar</p>	<p>Observa�o e declara�o de novos perfis as agregados familiares e comportamento socioecon�mico</p> <p>Relev�ncia dos indicadores de consumo e prepara�o das fam�lias</p> <p>Inquiri�o PNA - Prepara�o de mulheres que declaram ter o conhecimento consolidado por meio do componente socioecon�mico (educa�o, VC, alimentac�o)</p> <p>N�mero de mulheres que utilizaram o servi�o de atri�o e subs�dio (comunica�o de v�rias inst�ncias)</p> <p>N�mero de benefi�cias que relataram ter recebido conhecimento dos pontos de g�nero e din�mica familiar</p> <p>N�mero de incidentes de VC reportados at�s da linha verde</p> <p>N�mero de reclama�es apresentadas e processadas pelo servi�o especializado</p> <p>Inquiri�o PNA - n�mero de reclama�es e n�vel de satisfa�o dos mecanismos existentes</p> <p>N�mero de benefi�cias inscritas na resposta de emerg�ncia COVID-19</p> <p>Prepara�o de pagamentos �s agregados entregues �s benefi�cias via M�VIA</p> <p>Prepara�o de benefi�cias que participam de eventos durante os dias de pagamento</p> <p>Prepara�o de mulheres benefi�cias de transfer�ncias de renda de emerg�ncia</p> <p>Prepara�o de pessoas com defici�ncias que recebem transfer�ncias de sistemas de emerg�ncia</p> <p>Prepara�o de pessoas com defici�ncias v�rias que recebem transfer�ncias emergenciais de dinheiro</p>	<p>Grupos focais com as benefi�cias</p> <p>Entrevistas individuais com benefi�cias selecionadas</p> <p>Adress Data de Linha Verde</p> <p>Inquiri�o PNA</p> <p>Dados administrativos sobre reclama�es</p> <p>Inquiri�o Cart� Distribui�o PNA 4 Caracter�sticas</p> <p>Inquiri�o PNA</p> <p>Base de dados das benefi�cias</p> <p>Inquiri�o PNA</p> <p>Relat�rios de pagamento</p> <p>Entrevistas com provedores e benefici�rias de pagamento</p> <p>Grupos focais com as benefi�cias</p> <p>Entrevistas individuais com pessoas v�rias benefi�cias que atendem aos requisitos do programa</p> <p>Dados administrativos da Linha Verde</p> <p>Inquiri�o PNA</p> <p>Entrevistas com benefi�cias</p> <p>Dados administrativos da Linha Verde</p> <p>Grupos focais com benefi�cias</p> <p>Inquiri�o PNA</p> <p>Grupos focais com benefi�cias</p>	<p>Dados quantitativos e qualitativos gerados em fun�o de campos e vari�veis (dados)</p>
Medi�o e Coleta	<p>At� que ponto a resposta foi alinhada e complementar aos relat�rios de g�nero e �s vulnerabilidades humanas de um geral?</p> <p>Qu�o foram os maiores desafios/obst�culos encontrados em coordena�o, documenta�o de programas, comunica�o, papel e responsabilidades (seus desafios)?</p> <p>Qu�o contribuiu a resposta de emerg�ncia para o conceito nacional de prote�o social adaptado �s situa�es que possam rapidamente atenuar?</p>	<p>An�lise de entrevistas com institui�es e pessoas</p> <p>An�lise de documentos sobre resultados atingidos durante o d�cimo do programa e sobre a resposta � emerg�ncia em geral</p>	<p>Adapta�o da estrat�gia nacional de prote�o social realizada para responder � Emerg�ncia</p>	<p>Entrevistas com partes interessadas</p>	<p>Dados qualitativos de entrevistas com as partes interessadas</p>

9.8. Semi-structured interviews with CSOs, NGOs and local authorities

Semi-structured interview	
Local Key Informants of the Social Protection Programme - Cash Transfers and SBCC messages	
<u>Maximum time 45 minutes</u>	
Activity	Questions
Instructions for facilitators	<p>This guide will be used to carry out semi-structured interviews with representatives of:</p> <ol style="list-style-type: none"> 1. Civil Society Organisations/Associations 2. Local/international NGOs 3. Local authorities (Provincial/District INAS, Community Leaders, Neighbourhood Head, etc.) <p>Before starting, the Facilitator will introduce him/herself and say what the purpose of the Interview is.</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether or not they agree.</p> <p>The Facilitator collaborates with another person to take notes of the discussion.</p> <p>The The facilitator should fill in some details of the person to be interviewed, which will be included in a "list of interviewees".</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>
Introduction and objectives of the review	<p>Good morning/Good afternoon! My name is _____ and I am a Researcher and the purpose of this meeting is to gather information about the social protection response led by UNICEF/WFP to understand how the programme was developed and its impact.</p>

	<p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how everything worked out.</p> <p>Do you have any questions before we start?</p>
Background information on the participants	<p>Please, ask:</p> <ul style="list-style-type: none"> • What is your name? How old are you? What is your place of birth? • What is the name of your organisation/institution? What is your position in the organisation/institution? How long have you worked in this position? And how long have you worked in the organisation/institution? • How would you describe your relationship with the community?
Opening Questions	<ul style="list-style-type: none"> • What are the main challenges people, families and communities have experienced with COVID-19? • What kind of solutions have people, families and communities found to overcome these difficulties? <p><i>Note: Encourage dialogue.</i></p>
Significance/relevance of the programme to the needs of the beneficiaries	<ul style="list-style-type: none"> • How were you involved in the different phases of the cash transfer programme (identification, registration, transfers and monitoring)? Can you describe your involvement in each phase? <ul style="list-style-type: none"> - Do you think it was the most appropriate way? - Could anything have been done differently? What and how? • Have the institutions and organisations involved in the cash transfer programme been adequately supported to implement this programme? For example: training, manuals, information, etc? • Do you think these measures have succeeded in meeting people's needs? Why? <ul style="list-style-type: none"> - Do you think cash transfers have really helped communities? Why? In what way? How can this be seen? - Do you think something could have been done better? Why? • Do you think the implementation of this programme has taken into account the characteristics, local norms and/or context of the communities (use of telephones, sim cards, network coverage, recharging system, etc.) Why? <ul style="list-style-type: none"> - O valor disponibilizado foi suficiente para responder às necessidades das pessoas? - What has changed in the lives of people who have benefited from cash transfers? - Was the way the money was made available adequate? Why? - During the implementation of the programme, have there been any changes in the context (from start to end)?

	<p>Has the programme addressed these changes? Why and how?</p> <ul style="list-style-type: none"> ● Has anyone been left out of the cash transfer programme? Who? Why did this happen? <ul style="list-style-type: none"> - There are some beneficiaries who have received only one transfer; can you say why this has happened?
<p>Transfer-related performance and SBCC</p>	<ul style="list-style-type: none"> ● To what extent has the programme's target population (especially children, women and people with disabilities) been identified in time and reached through the current selection mechanisms? ● How did you ensure that children, women and people with disabilities (the vulnerable groups) were involved in deciding how to spend the grant? <ul style="list-style-type: none"> - What actions have been implemented? How? Through what mechanisms, messages? ● Which key associations/groups or other players have been involved in ensuring and promoting the participation of vulnerable groups in social protection? <ul style="list-style-type: none"> - Have they received any training on gender issues, nutrition, and domestic violence? ● Have you carried out/been involved in information and dissemination activities for the cash transfer programme? If yes, can you describe the information and dissemination activities you carried out? <ul style="list-style-type: none"> - At which stages of the programme did you carry out these activities? - What kind of information was passed on? - Which channels/media were used to pass on these messages? ● To whom were these messages of information and dissemination of activities addressed? ● What are the main changes and clear benefits of the communication campaign (e.g. in eating habits, gender issues, etc.)? How can this be seen? ● What activities/messages do you think have been most successful in reaching and being understood by the beneficiaries? <ul style="list-style-type: none"> - What message(s) was/were most significant for the communities? - Do you think these activities have increased awareness of gender issues and prevention of domestic violence? How? - Have there also been messages about COVID-19? Have they been useful? Why? ● What changes in the behaviour of individuals, households and communities have been brought about by these messages? ● What represented the programme's biggest challenge/barrier/difficulty in terms of dissemination and information?
<p>Programme Efficiency and Coherence</p>	<ul style="list-style-type: none"> ● How was the collaboration between the institutions and organisations involved in the programme? <ul style="list-style-type: none"> - What changes were created by this collaboration? ● What are the lessons learnt and greatest achievements in coordination, implementation and complementarity with

	<p>other interventions/stakeholders?</p> <ul style="list-style-type: none"> • Are there any good practices that should be considered and taken forward for future interventions?
Impact and future vision	<ul style="list-style-type: none"> • What are the main changes in the community resulting from the implementation of the cash transfer programme? • In your opinion, what have been the programme's main achievements in your community? Could you share a human success story made possible thanks to the cash transfer programme? Examples of life stories and/or work with communities. • Did/does the programme have any sustainable impact on the lives of the women, children, vulnerable people (or also people indirectly involved) who took part in the programme? What impact? How? • In your opinion, what could have been done (differently) to increase the programme's coverage and impact?
Conclusion	<ul style="list-style-type: none"> • Is there anything else you'd like to say? <p>Note: Thank them for their availability and patience in answering and dismissing people.</p>

9.9. Semi-structured interviews with the national Government

Semi-structured interview	
Local National Key Informants of the Social Protection Programme - Cash Transfers and SBCC messages	
<u>Maximum time 45 minutes</u>	
Activity	Questions
Instructions for facilitators	<p>This interview guide is intended to support the exchange with institutions, UN agencies and other organisations involved in the work of reviewing the programme.</p> <ol style="list-style-type: none"> 1. National Public Institutions (MGCS, INAS, MEF) 2. UN agencies (UNICEF, WFP, UNFPA, ILO) 3. International Institutions (WB) <p>Before starting, the Facilitator will introduce him/herself and say what the purpose of the Interview is.</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether they agree.</p> <p>The Facilitator collaborates with another person to take notes of the discussion.</p> <p>The Facilitator should fill in some details of the person to be interviewed, which will be included in a "list of interviewees".</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>
Introduction and objectives of the review	<p>Good morning/Good afternoon! My name is _____ and I am a Researcher, and the purpose of this meeting is to gather information about the social protection response led by UNICEF/WFP to understand how the programme was developed and its impact.</p>

	<p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how everything worked out.</p> <p>Do you have any questions before we start?</p>
Background information on the participants	<p>Please, ask:</p> <ul style="list-style-type: none"> • What is your name? How old are you? What is your place of birth? • What is the name of your organisation/institution? What is your position in the organisation/institution? How long have you worked in this position? And how long have you worked in the organisation/institution?
Opening Questions	<ul style="list-style-type: none"> • To the best of your knowledge, what are the main challenges faced by individuals, families and communities with COVID-19? • Where are the most exposed populations? • What kind of solutions have people, families and communities found to overcome these challenges? • What kind of solutions have public and private institutions found to support communities? You can trace the history of assistance measures during COVID-19 in urban and peri-urban areas? • Can you trace the history of assistance measures during COVID-19 in urban and peri-urban areas? <p><i>Note: Encourage dialogue.</i></p>
Significance/relevance of the programme to the needs of the beneficiaries	<ul style="list-style-type: none"> • How would you describe your relationship with and knowledge of the cash transfer programme? • How were you involved in the different phases of the cash transfer programme (identification, design, implementation phase, monitoring, etc.)? Can you describe your involvement in each phase? <ul style="list-style-type: none"> - Could anything have been done differently? What and how? • How does the cash transfer programme reflect/fit in with the government's intervention strategies? And your organisation? What adaptations were necessary? <ul style="list-style-type: none"> - During the implementation of the programme, were there any meetings or training sessions to help you achieve/understand the programme's objectives? If so, how often? What kind of organisation has been formed around the PASD-DE programme in response to COVID-19? Were they useful? • Do you think the intervention approach helped/brought benefits to communities by responding to needs? Why? In what way? How can this be seen? <ul style="list-style-type: none"> - Do you think something could have been done better? Why?

	<ul style="list-style-type: none"> ● How was the amount made available determined? Do you think it was enough to meet people's needs? What is the basis for the amount of 1500 meticaais per month? ● Was the implementation of the programme appropriate to the context of the communities in Mozambique? Why? ● What are the singularities of urban and peri-urban populations? ● During the implementation of the programme, have there been any changes in the context (from start to end)? Did the programme address these changes? Why and how? ● What changes in the context were also brought about by the programme?
<p>Transfer-related performance and SBCC</p>	<ul style="list-style-type: none"> ● To what extent has the programme's target population (especially children, women, the elderly and people with disabilities) been identified in good time and reached through the current selection mechanisms? ● At any phase were you able to involve the most vulnerable people in decisions about how to implement the programme? When and how? ● Which key associations/groups or other actors have been involved in ensuring and promoting the participation of vulnerable people in social protection? <ul style="list-style-type: none"> - Have they received any training? ● Have you carried out/been involved in the planning and/or implementation of information and dissemination activities for the cash transfer programme? If yes, can you describe the information and dissemination activities you carried out? ● Who were these information messages and activities aimed for? ● What was the programme's biggest challenge/barrier/difficulty in terms of dissemination and information? ● How would you describe the relationship with the service providers? How and when were they involved? Was it important? Why was it important? What would improve?
<p>Programme Efficiency and Coherence</p>	<ul style="list-style-type: none"> ● How has the cash transfer programme integrated/complemented other efforts by the government and other partners? How did it fit in with other non-contributory social protection programmes? <ul style="list-style-type: none"> - What other interventions have helped to respond to the needs of the communities? ● How was the collaboration between the institutions and organisations involved in the programme? <ul style="list-style-type: none"> - What changes were created by this collaboration? ● What are the lessons learnt and greatest achievements in coordination, implementation, and complementarity with other interventions/stakeholders? ● What challenges were met/not met during the emergency response? In terms of, for example, population identification? transfer distribution? Behaviour change? ● Are there any good practices that should be considered and taken forward for future interventions?

Impact and Sustainability	<ul style="list-style-type: none"> ● Are there any changes in the community resulting from the implementation of the cash transfer programme? What kind of changes? ● In your opinion, what have been the programme's main achievements in your community? Could you share a human success story made possible thanks to the cash transfer programme? Examples of life stories/ or work with communities. ● Did/does the programme have any sustainable impact on the lives of the women, children, vulnerable people who took part in the programme? What impact? How? ● In your opinion, what could have been done (differently) to increase the programme's coverage and impact? ● How do you think the programme could be implemented in the future?
Conclusion	<ul style="list-style-type: none"> ● Is there anything else you'd like to say? <p>Note: Thank them for their availability and patience in answering and dismissing people.</p>

9.10. Interviews with Service Providers

Semi-structured interview	
Key informants Social Protection Programme - Cash Transfers and C4D messages <u>Maximum time 45 minutes</u>	
Activity	Questions
Instructions for facilitators	<p>This guide will be used to conduct semi-structured interviews with representatives of:</p> <p>1. Service Providers (telecommunications)</p> <p>Before starting, the Facilitator will introduce him/herself and say what the purpose of the Interview is.</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether or not they agree.</p> <p>The Facilitator collaborates with another person to take notes of the discussion.</p> <p>The Facilitator should fill in some details of the person to be interviewed, which will be included in a "list of interviewees".</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>
Introduction and objectives of the review	<p>Good morning/Good afternoon! My name is _____ and I am a Researcher and the purpose of this meeting is to gather information about the social protection response led by UNICEF/WFP to understand how the programme was developed and its impact.</p> <p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how everything worked out.</p>

	Do you have any questions before we start?
Background information on the participants	<p>Please, ask:</p> <ul style="list-style-type: none"> • What is your name? How old are you? What is your place of birth? • What is the name of your organisation/institution? What is your position in the organisation/institution? How long have you worked in this position? And how long have you worked in the organisation/institution?
Knowledge of the Programme	<ul style="list-style-type: none"> • How would you describe your relationship and knowledge of your relationship with the cash transfer programme? • How were you involved in the different phases of the cash transfer programme (identification, design, implementation phase, monitoring, etc.)? Can you describe your involvement in each phase? <ul style="list-style-type: none"> - Could anything have been done differently? What and how? • Do you think the intervention approach helped/brought benefits to communities by responding to needs? Why? <ul style="list-style-type: none"> - Do you think something could have been done better? Why? • Was the implementation of the programme appropriate to the context of the communities and services offered by your company in Mozambique? Why? • During the implementation of the programme, were there any changes in the context (from start to end)? How did you address them? • What changes the programme has brought about in the company?
Transfer-related performance and SBCC	<ul style="list-style-type: none"> • How were you involved in planning and/or implementing the information and dissemination activities of the cash transfer programme? • What represented the biggest challenge/barrier/difficulty for your company during the implementation of the programme, whether in transfers or in dissemination and information? • How do you describe the relationship with the parties involved in the programme, e.g. Government, Local Authorities, UN Agencies, and Beneficiaries? Why? What would improve? • What changes have taken place with these institutions over the course of the programme?
Programme Efficiency and Coherence	<ul style="list-style-type: none"> • What are the lessons learnt and greatest achievements in coordination, implementation and complementarity with other interventions/stakeholders? • Are there any good practices that should be considered and taken forward for future interventions? • In your opinion, what changes has the programme brought about?

Impact and Sustainability	<ul style="list-style-type: none">● In your opinion, what could have been done (differently) to increase the programme's coverage and impact?● How do you think the programme could be implemented in the future?
Conclusion	<ul style="list-style-type: none">● Is there anything else you'd like to say? <p>Note: Thank them for their availability and patience in answering and dismissing people.</p>

9.11. Semi-structured interviews with Beneficiaries (QuIP)

Semi-structured interview	
Beneficiaries of Cash Transfers and C4D messages <u>Maximum time 45 minutes</u>	
Activity	Questions
Instructions for facilitators	<p>This guide will be used to conduct individual interviews with Cash Transfer and C4D Beneficiaries, heads of households with Pregnant women with no income, Women with 6 or more dependents, People with disabilities, People with chronic diseases, Elderly people, who are in the following situation:</p> <ul style="list-style-type: none"> • have received or will receive all transfers <p>Before starting, the Facilitator will introduce him/herself and say what the purpose of the Interview is.</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>In this interview, the Facilitator should not directly mention the programme's interventions (hidden interview).</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether or not they agree.</p> <p>The Facilitator collaborates with another person to take notes on the discussion.</p> <p>The Facilitator should fill in some details of the person to be interviewed, which will be included in a "list of interviewees".</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>

Introduction and objectives of the review	<p>Good morning / Good afternoon! My name is _____ and I am a Researcher, and we are here today because we wanted to talk about how things worked out during COVID-19, how families coped with their needs, how they were supported by the institutions. So, the aim of this meeting is to hear about your experience of COVID-19.</p> <p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how everything worked out.</p> <p>Do you have any questions before we start?</p>
Background information on the participants	<p>Please, ask:</p> <p>What is your name? How old are you? Level of education? What kind of work do you do? Who supports the family? How?</p>
Opening Questions	<ul style="list-style-type: none"> ● What has happened in your life, your family, and your community with the emergence of COVID-19? <ul style="list-style-type: none"> - Has your family's situation changed with the pandemic? - Did you or your family lose income during this period? ● What have been the main challenges you've experienced with COVID-19? <p>Note: Encourage dialogue.</p>
Strategies for coping with challenges	<ul style="list-style-type: none"> ● What kind of solutions have you found to overcome these challenges (caused by COVID-19)? ● What kind of help did you receive? Have you received any kind of aid in the form of goods or money? From whom? ● How did this help improve your situation? ● Do you still receive this support? ● What would you have done if you hadn't received this help? ● What could have helped more? <p>Note: Encourage dialogue.</p>
Family situation / Gender-based violence	<ul style="list-style-type: none"> ● How did things work out at home during the lockdown? ● What and how did the relationship between the different family members change during this period? And after the lockdown? <p>Do you think relations within the family improved or worsened during this period? And after the lockdown? And why?</p>

	<p>Did you receive any support from the community to deal with the problems at home? From whom? In what way? Note: Encourage respondents to mention SBCC messages</p> <ul style="list-style-type: none"> • Do you think the help you received was adequate? How did it help you? • What struck you most about the advice you received? • How did you apply the advice you received? Did it bring changes to your daily life? What changes? <p>Do you know about the Green Line (help service for domestic violence cases)?</p> <ul style="list-style-type: none"> • Have you or someone you know used it? What do you think of this service?
Decision-making / Gender issues in the family	<ul style="list-style-type: none"> • Who makes the decisions at home? • Have there been any changes in the division of household chores and decision-making during the pandemic? Why? • Do you think your workload at home has increased/decreased compared to the situation before the pandemic?
Nutrition	<ul style="list-style-type: none"> • Has the diet of your family members been affected during the pandemic? In what way? • Has anyone in your family experienced hunger during the pandemic? • Did you manage to keep the same number of meals? • Have you been able to continue eating the same foods or are there some foods that you've stopped eating? • Have the changes in your family's diet brought about changes in other areas of your life? • Have you received any kind of help or advice for your family's nutrition? • Do you think the help you received was adequate? How did it help you? • What struck you most about the advice you received? • How did you apply the advice you received? Did it bring changes to your daily life? What changes?
Messages about COVID-19	<ul style="list-style-type: none"> • What safety or hygiene measures have you implemented to avoid being contaminated by COVID-19? • Who informed you about such measures? • What were those messages like? Were they clear? • What difficulties have you encountered in following these instructions? • What struck you most about the advice you received? • How did you apply the advice you received? Did it bring changes to your daily life? What changes?

Perception - Vision of the Future - Perspectives	<ul style="list-style-type: none">● What's your life like now?● After your experience with COVID-19, what would you do if there was another crisis/emergency situation?
Conclusion	<ul style="list-style-type: none">● Is there anything else you'd like to say? <p>Note: Thank them for their availability and patience in answering and dismissing them.</p>

9.12. Semi-structured interviews with Beneficiaries - Specific cases (Not QuIP)

Semi-structured interview	
Beneficiaries of Cash Transfers and SBCC messages	
<u>Maximum time 45 minutes</u>	
Activity	Questions
<p>Instructions for facilitators</p>	<p>This guide will be used for individual interviews with Cash Transfer Beneficiaries and SBCC, heads of households with Pregnant women without income, <u>Women with 6 or more dependents, People with disabilities, People with chronic diseases, Elderly people</u>, who are in the following situation:</p> <ul style="list-style-type: none"> ● received only one transfer ● received the transfer very late ● filed a complaint <p>Before starting, the Facilitator will introduce him/herself and say what the purpose of the Interview is.</p> <p>In these interviews, the intervention is mentioned directly (<u>non-blind interview</u>).</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether or not they agree.</p> <p>The Facilitator collaborates with another person to take notes on the discussion.</p> <p>The Facilitator should fill in some details of the person to be interviewed, which will be included in a "list of interviewees".</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>

Introduction and objectives of the review	<p>Good morning/Good afternoon! My name is _____ and I am a Researcher, and the purpose of this meeting is that we are collecting information about the part of the social protection response led by UNICEF/WFP to understand how the programme has been developed and its impact.</p> <p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how it all worked out.</p> <p>Do you have any questions before we begin?</p>
Background information on the participants	<p>Please, ask:</p> <p>What is your name? How old are you? Level of education? What kind of work do you do? Who supports the family? How?</p>
Opening Questions	<ul style="list-style-type: none"> ● What has happened in your life, your family, and your community with the emergence of COVID-19? ● What have been the main challenges you've experienced with COVID-19? ● Were these challenges already present before COVID-19 or were they new? ● What kind of solutions have you found to overcome these challenges? ● What kind of help did you receive? Have you received any kind of aid in the form of goods or money? From whom? <p>Note: Encourage dialogue.</p>
Participation and Registration	<ul style="list-style-type: none"> ● How did you find out about the cash transfer programme? ● Who and through what were you informed? What kind of information was it? <ul style="list-style-type: none"> - Did you know what the requirements were to take part in the cash transfer programme? Who informed you? ● Have you or someone in your family been a beneficiary of the Programme? Why? ● Have you or another member of your household registered? Who? Why this person? ● How did you register? What was the registration process like? Did anyone support/help/accompany you in this process? <ul style="list-style-type: none"> - Where did you register? - What kind of document did you present? - Whoever didn't have documentation, how did they resolve it? ● What difficulties did you encounter in this process? Why do you think this happened? <ul style="list-style-type: none"> - Were the difficulties overcome? If so, how? If not, how did you do it, who helped and how? ● Do you know someone who needed this kind of support and didn't take part in the programme? Why did this happen?

	<ul style="list-style-type: none"> ● Do you know someone who has filed a complaint? How was the complaint managed?
Payment method	<ul style="list-style-type: none"> ● By what means (mobile phone, SIM cards) was the transfer made? Can you describe how it happened? ● For your situation, do you think this was the best way? Why? What could have been done differently? <ul style="list-style-type: none"> - Was the transfer system used the most accessible to everyone? Why?
Use of transfer in the family	<ul style="list-style-type: none"> ● How did you use the money from the transfers? <ul style="list-style-type: none"> - Why did you choose to spend the money that way? ● Would you change anything about the way you used transfers? ● Do you think the amount made available was enough? ● What did you do during the waiting time between transfers? Did you have any problems or difficulties? How did you deal with them? ● Who decided how the money received from the transfers should be used? Why? ● Was this decision discussed at home or did you follow the advice of the person who decided how to use the money? Was an agreement reached? <ul style="list-style-type: none"> - Did the children/women participate by giving their own opinion on the use of the money? How? ● Has anything changed in your family since taking part in the programme in terms of decision-making? What and how has it changed? Why do you think it has changed?
SBCC	<ul style="list-style-type: none"> ● During this COVID-19 situation, did you receive any information about the dissemination of the transfer programme? ● In addition to the information about the transfers, what messages did you have access to? <ul style="list-style-type: none"> - By what means (e.g., telephone, radio or other means of communication used and accessible in the area of residence)? What were these communications about? ● Are there some of the most striking messages you remember about nutrition, gender issues and abuse and violence? Why do you remember this/these? ● Were there also messages about COVID-19? Were they useful? Why? ● Was the way you heard or read these messages the most accessible to you? <ul style="list-style-type: none"> - What could be changed? How? ● Were the messages easy to understand? What language were they transmitted in? Is it the most understandable? Why? ● After listening to these messages, has anything/behaviour changed in your life or that of someone in your family?

	<p>What changed and how? Why do you think it has changed?</p> <ul style="list-style-type: none"> ● Did you also hear about nutrition issues, gender issues, abuse, and violence? Who talked about it? <ul style="list-style-type: none"> - Are you familiar with the "Green Line" service? Do you know anyone who has used it? - Has anything changed in your life or in your context of living with the dissemination / introduction of this service? Why? ● What is the feedback from using this complaints service? Positive, if yes why? Negative, if no, why?
<p>Perception - Vision of the Future - Prospects</p>	<ul style="list-style-type: none"> ● How is your life like right now? ● Have there been any changes in your family as a result of the benefits of the transfer? What kind of changes? ● What could be more helpful? ● Has the COVID-19 emergency and the difficulties faced led you to change your thinking or behaviour about the future (e.g., more savings, more solidarity, etc.)? Why?
<p>Conclusion</p>	<ul style="list-style-type: none"> ● Is there anything else you'd like to say? <p>Note: Thank them for their availability and patience in answering and dismissing them.</p>

9.13. Semi-structured interviews with Non-Beneficiaries (Non QuIP)

Semi-structured interview	
Non-beneficiaries of Cash Transfers, but only of SBCC messages <u>Maximum time 45 minutes</u>	
Activity	Questions
Instructions for facilitators	<p>This guide will be used for individual interviews with the requirements, but Non-Beneficiaries of Cash Transfers, only of the SBCC Campaign, household heads such as:</p> <ol style="list-style-type: none"> 1. Pregnant women with no income 2. Women with 6 or more dependents 3. People with disabilities 4. People with chronic diseases 5. Elderly people <p>Before starting, the Facilitator will introduce him/herself and state the purpose of the Interview.</p> <p>In these interviews, the intervention is mentioned directly (<u>non-hidden interview</u>).</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether or not they agree.</p> <p>The Facilitator collaborates with another person to take notes on the discussion.</p> <p>The Facilitator should fill in some details of the person to be interviewed, which will be included in a "list of interviewees".</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>

Introduction and objectives of the review	<p>Good morning/Good afternoon! My name is _____ and I am a Researcher, and the purpose of this meeting is that we are collecting information about the part of the social protection response led by UNICEF/WFP to understand how the programme has been developed and its impact.</p> <p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how everything worked out.</p> <p>Do you have any questions before we start?</p>
Background information on the participants	<p>Please, ask:</p> <p>What is your name? How old are you? What is your place of birth? Marital status? number of family members? age of children? level of education? What kind of work do you do? Who supports the family? How do you support your family?</p>
Opening Questions	<ul style="list-style-type: none"> ● What has happened in your life, your family, and your community with the emergence of COVID-19? ● What have been the main challenges you've experienced with COVID-19? ● What kind of solutions have you found to overcome these challenges? ● What kind of help did you receive? Have you received any kind of aid in the form of goods or money? From whom? ● Has your family received help from the community? <p>Note: Encourage dialogue.</p>
Participation and Registration	<ul style="list-style-type: none"> ● How did you find out about the cash transfer programme? Were messages broadcast over the radio? By telephone? Other means? ● Who and through what did you find out? What kind of information was it? <ul style="list-style-type: none"> - Did you know what the requirements were to take part in the cash transfer programme? Who informed you? ● Did you try to register? ● What was the process like? ● Do you know someone who needed this kind of support and didn't take part in the programme? Why did this happen? ● Have any complaints been filed? How was this complaint managed? ● What have been the consequences in your life of not participating in the cash transfer programme?
Payment method	<ul style="list-style-type: none"> ● Why do you think you were unable to access the transfer programme? Can you describe how it happened?

	<ul style="list-style-type: none"> • What could have been done differently?
Use of resources and relationships within the family	<ul style="list-style-type: none"> • What products have you given up buying during COVID-19 (meat, eggs, fish, rice, oil, vegetables - which ones), soap, school supplies, cleaning materials, etc? • How would you have used the money from the transfers if you had access to it? • I Would you like to know who makes the decisions about purchases in your family, at home, who decides how the money should be used? • Is the decision discussed at home? Who participates in the discussion? Why? • Have there been any changes in this process since COVID-19? What has influenced it? Why?
SBCC	<ul style="list-style-type: none"> • During this COVID-19 situation, did you receive any information about the dissemination of the transfer programme? How did you receive this information (radio, telephone, SMS, other)? • In addition to the information about the transfers, what other messages did you have access to? Other types of messages? • By what means (e.g. telephone, radio or other means of communication used and accessible in your area of residence)? What were these communications about? • Are there any stand-out messages you remember about nutrition, gender issues and abuse and violence? Why do you remember that one? • Were there also messages about COVID-19? Were they useful? Why were they useful? • Was the way you heard or read these messages the most accessible to you? <ul style="list-style-type: none"> - What could be changed? How? • Were the messages easy to understand? What language were they transmitted in? Is it the most understandable? Why? • After listening to these messages, has anything/behaviour changed in your life and that of your family? What changed and how? • Did you also hear about nutrition issues, gender issues, abuse and violence? Who talked about it? <ul style="list-style-type: none"> - Are you familiar with the "Green Line" service? Do you know anyone who has used it? - Has anything changed in your life or your living environment as a result of the dissemination/introduction of this service? Why? • What is the feedback from using this complaints service? Positive, if yes why? Negative, if no why?
Perception - Vision of the Future - Prospects	<ul style="list-style-type: none"> • How is your life like right now? • What could be more helpful? • Has the COVID-19 emergency and the difficulties faced led you to change your thinking or behaviour about the future (e.g. more savings, more solidarity, etc.)? Why?

Conclusion

- Is there anything else you'd like to say?

Note: Thank them for their availability and patience in answering and dismissing them.

9.14. Guide for Focus Group Discussions (Not QuIP)

Guide for Focus Group Discussions	
Households that benefited from Cash Transfers and SBCC messages <u>Maximum time 60 minutes</u>	
Activity	Questions
Instructions for facilitators	<p>This guide will be used with Focus Groups of households benefiting from all instalments of cash transfers, headed by:</p> <ol style="list-style-type: none"> 1. Pregnant women with no source of income 2. Women living with 6 or more dependents 3. People with disabilities 4. People with chronic and degenerative diseases 5. Elderly people <p>Before starting, the Facilitator will introduce him/herself and say what the purpose of the Interview is.</p> <p>In these interviews, the intervention is mentioned directly (<u>non-blind interview</u>).</p> <p>The Facilitator will encourage the person being interviewed to talk and share their opinions.</p> <p>It is important to invite participants to speak, but not to force them.</p> <p>The Facilitator requests permission to record the conversation from the person being interviewed, who must answer whether or not they agree.</p> <p>The Facilitator collaborates with another person to take notes on the discussion.</p> <p>The Facilitator should fill in the attendance list of the participants.</p> <p>The Facilitator, with the interviewee's permission, can take a photograph.</p> <p>Note: COVID-19 prevention measures should be implemented during interviews!</p>

<p>Introduction and objectives of the review</p>	<p>Good morning/Good afternoon! My name is _____ and I am a Researcher and the purpose of this meeting is that we are collecting information about the part of the social protection response led by UNICEF/WFP to understand how the programme has been developed and its impact.</p> <p>Before I start, I'd like to ask if you agree to record this conversation. The conversation will be private and will not be shared or disclosed. I will use the recorded content to analyse the data collected and understand how it all worked out.</p> <p>I would also like to propose a few golden rules that will help us to chat better:</p> <ul style="list-style-type: none"> - Let's listen to the others while they talk - Let's talk one at a time - Let's try to be as brief as possible in our replies, so as to give everyone time to interact - Let's respect each other's opinions even if we don't agree with them
<p>Informações gerais sobre os participantes</p>	<p>Filling in the Attendance List - The Facilitator has an attendance list and asks the participants for the following information: Age, place of birth, marital status, number of family members, age of minors, type of work, educational level, how many instalments received, when and how.</p>
<p>Opening Questions</p>	<ul style="list-style-type: none"> ● What has happened in your lives with the emergence of COVID-19? What challenges have you faced? ● What kind of help did you receive? Have you received any kind of aid in the form of goods or money? From whom? <p>Note: In this case, the facilitator should encourage the responses of each person taking part in the FG, seeking to stimulate dialogue.</p>
<p>Participation and Registration</p>	<ul style="list-style-type: none"> ● How did you find out about the cash transfer programme? ● How did you register? What was the identification and registration process like? Did anyone support/help/accompany you in the process? <ul style="list-style-type: none"> - Where did you register? - Did you have to present any documents? - Whoever didn't have documentation, how did they resolve it? ● What difficulties did you encounter in this registration process? Did you find it difficult to contact the programme management team? ● Do you know someone who needed this kind of support and didn't take part in the programme? What consequences did this

	<p>have on their life?</p> <ul style="list-style-type: none"> ● Do you know anyone who has filed a complaint? How was it managed? <p>Note: The Facilitator should get people talking, drawing out the conversation to answer these questions.</p>
Programme performance	<ul style="list-style-type: none"> ● Did you receive the transfer in one instalment or two? ● By what means (mobile phone, sim cards) was the transfer made? Can you describe how it happened? ● Do you think this was the best way? Why? What could have been done differently? ● From your understanding, has this form of payment also stimulated some changes within the community and the context in which you live? Which ones and why? ● Did you experience any delays in receiving the transfer? Did these delays affect you in any way? ● What do you think has been the greatest success of this cash transfer programme and why? What changes has it brought to your lives, families and communities? Can you give some examples? ● What have been the most visible and striking results of the cash transfer programme?
Use of transference in the family	<ul style="list-style-type: none"> ● What did you mainly buy? Was there enough money to buy: food for the family (e.g. meat, eggs, fish, rice, oil, vegetables - which ones), soap, school supplies, cleaning materials, etc.)? ● Did the family use the money to save for future needs? (Examples of locally observable savings: buying livestock, non-perishable food) Did you set aside money for your children's school or for illness? ● Would you change anything about the way the transfers were used? ● Do you think the amount made available was enough? ● Who decided at home how the money received from the transfers should be spent? Was this decision discussed at home, or did the person who decided how to spend the money follow their lead? Did the children/women participate by giving their own opinion on the use of the money? How? ● Do you think anything has changed in the family in terms of decision-making after taking part in the programme? What changed? How has it changed?

SBCC	<ul style="list-style-type: none"> ● Have you had access to any information messages? Through which channels did you have access? What were these communications about? ● Are there any stand-out messages that you remember? Why do you remember that one? ● Were the messages easy to understand? In what language were they transmitted? What language was used? Is it the most understandable? Why? ● After listening to these messages, what has changed in your lives? Have relationships within the family changed? How and why? <ul style="list-style-type: none"> - After these messages, how did you behave towards your spouse and how did he/she behave towards you? Has anything changed compared to the past?
Perception - Vision of the Future - Prospects	<ul style="list-style-type: none"> ● Where is your life now? ● Are there any changes in your family and community, in your families after participating in the cash transfer programme? What kind of changes?
Conclusion	<ul style="list-style-type: none"> ● Is there anything else you'd like to say? <p>Note: Thank them for their availability and patience in answering and dismissing them.</p>

9.15. Observation Guide

Observation Guide	
Beneficiaries of the Social Protection Programme who receive Cash Transfers	
Activity	Description
Instructions for facilitator	<p>This guide will be used for direct observation of the distribution and receipt of cash transfers.</p> <p>It can also support observations on household consumption and savings practices.</p> <p>The researcher does not intervene in the process but observes how it happens. You can only answer questions if you are asked.</p> <p>When reporting, you should describe how the process took place, using the following questions as a guide.</p> <p>Note: COVID-19 prevention measures must be implemented!</p>
Background information	<ul style="list-style-type: none"> ● Where the distribution takes place? ● What time? ● What day of the week? ● What events take place that day?
The dynamics of the distribution process	<ul style="list-style-type: none"> ● How are people being encouraged to participate? Are there signs of sensitisation? ● Did people arrive in an organised way? ● How beneficiaries interact with operational staff on the ground? ● Did they seem to know how to position themselves, what to do? From what you could see? ● How many people turned up (more or less quantify, a lot, quite a few, almost nobody)? ● Were the distribution sites accessible for everyone? Visible? ● Were the people who serving patients? Did they know what to do? ● Have there been any complaints?

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| | <ul style="list-style-type: none">● Where and how are complaints documented? What information is provided in the event of a complaint/misunderstanding?● Anything in particular that should be reported in care cases?● Have the rules for preventing COVID-19 contamination been respected in the process? Is there a reminder of social distancing rules? Wearing of a mask? |
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9.16. Workplan

PHASE 1: START

04 May - 18 July

After the kick-off meeting between PlanEval and the UNICEF evaluation team, the research team began the review with an initial exploratory phase. Through a first review of the available documentation, the research team familiarised itself with the intervention and identified the primary and secondary data sources for the review.

On 19 May, a meeting was held with UNICEF's Social Protection (SP) team as an exploratory interview, during which clarification was given on different aspects of the intervention.

The UNICEF evaluation team played an essential role at this stage in guiding the review team in its search for primary data sources and putting the team in contact with the participants in the semi-structured interviews.

Deliverable: This Inception Report is a product of this initial phase and contains:

1. The Evaluation Matrix: it identifies, for each Research Question, the profile of the respondents to the semi-structured interviews.
2. A Work Plan: a step-by-step description of the revision process.
3. The Interview Guides: For each respondent profile, the list of questions to be asked during the semi-structured interviews.
4. A Steering Group Roadmap: A roadmap for conducting the two Focus Group Discussions.
5. Timeline and roadmap: A provisional timeline and a roadmap for data collection activities.

The report will be written in Portuguese and then translated into English. The translated version of the report will be delivered no later than three weeks after the approval of the Initial Final Report.

Schedule - Phase 1

Schedule - Phase 1			
Activity	Start	End	Responsible person
Kick-off meeting with the client	04/05/2022	04/05/2022	UNICEF & Plan Eval
Initial documentation review	09/05/2022	20/05/2022	Plan Eval
Meeting with the UNICEF PS team	19/05/2022	19/05/2022	UNICEF & Plan Eval
Develop the Draft of Initial Report and instruments	09/05/2022	03/06/2022	Plan Eval
Delivery of the Draft of Initial Report and instruments	03/06/2022	03/06/2022	Plan Eval
Present the Inception Report and instruments to the Referral Group ⁶⁸	09/06/2022	09/06/2022	UNICEF, Referral Group & Plan Eval
Provide feedback on the Draft of Inception Report and instruments	09/06/2022	23/06/2022	UNICEF / Referral Group
Prepare documentation for the Ethics Approval Process	06/06/2022	18/06/2022	Plan Eval
Finalise the Inception Report based on the comments received	20/06/2022	27/06/2022	Plan Eval
Translate the finalised Inception Report	01/07/2022	01/07/2022	Plan Eval
Translate the finalised Inception Report (PT > ING)	04/07/2022	18/07/2022	Plan Eval

Source: Plan Eval

PHASE 2: DATA COLLECTION

⁶⁸ The exact date of the presentation has yet to be confirmed at the time of writing.

04 July - 29 July

Once the Inception Report has been approved by UNICEF/Referral Group, the research team will start preparing the data collection activities. In addition to the logistics (flights, hotel, transport, etc.), the research team will schedule the interviews and focus groups with the various participants. The UNICEF team, in coordination with INAS Delegation and the CSOs, will support the research team in these efforts, formally introducing the research team to the participants in the institutional interviews and mobilising the participants for the Focus Groups.

Data collection activities will be carried out in both provinces targeted by the intervention (Tete and Zambézia). While the Team Leader will be responsible for conducting high-level interviews at central level, the Social Protection Specialist and Research Associate will go to the provinces of Tete and Zambézia to conduct interviews and Focus Group Discussions with beneficiaries and local implementing partners. Each consultant will be supported by a local researcher for note-taking and translation.

With the consent of the interviewees, the interviews will be recorded and then transcribed for analysis purposes. Throughout the data collection activities, the team will abide by the established Ethical Procedure.

Deliverables: The deliverable at this phase will be a Field Report, providing an overview of the data collection activities that have been carried out. The report will mention any issues encountered in the field that may affect the quality of the data collected.

Schedule - Phase 2

Schedule - Phase 2			
Activity	Start	End	Responsible person
Recruiting local researchers	30/05/2022	27/06/2022	PlanEval
Preparing data collection activities	30/05/2022	27/06/2022	PlanEval
Pre-testing and piloting the instruments	04/07/2022	08/07/2022	PlanEval
Training local researchers	04/07/2022	08/07/2022	PlanEval
Data collection / Field visits	04/07/2022	15/07/2022	PlanEval
De-briefing/feedback meeting with UNICEF team	18/07/2022	22/07/2022	UNICEF & PlanEval
Transcribing interviews	11/07/2022	29/07/2022	PlanEval
Preparing Field Report	18/07/2022	22/07/2022	PlanEval

Delivery of Field Report	22/07/2022	22/07/2022	Plan Eval
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Source: Plan Eval

PHASE 3: ANALYSIS AND PRELIMINARY REPORT

18 July - 23 September

At this stage, the research team will analyse the data collected according to the QULP methodology. The transcribed interviews will be coded to help identify how the intervention contributed to the observed results.

Before preparing the Draft Review Report, the UNICEF and Plan Eval team will meet to discuss the preliminary findings, conclusions and recommendations during a Validation Workshop.

Based on the analysis and results of the Validation Workshop, the research team will then prepare the Draft Review Report.

Deliverable(s): The results of this phase will be:

1. Validation Workshop, during which the preliminary results, conclusions and recommendations will be discussed and validated with and by the relevant stakeholders;
2. Draft review report.

Schedule - Phase 3

Schedule - Phase 3			
Activity	Start	End	Responsible person
Interview coding	18/07/2022	05/08/2022	PlanEval
Data analysis and writing the draft	25/07/2022	19/08/2022	PlanEval
Validation Workshop: Validation of Preliminary findings, conclusions and recommendations	22/08/2022	26/08/2022	UNICEF, Referral Group & PlanEval
Preparing Draft Review Report	22/08/2022	09/09/2022	PlanEval
Delivery of Draft Review Report	09/09/2022	09/09/2022	PlanEval
Provide feedback on Draft Review Report	12/09/2022	23/09/2022	UNICEF / Referral Group

Source: PlanEval

PHASE 4: FINAL REPORT

26 September - 31 October

Based on the feedback received, the research team will revise the Review Report. The Report will then go through a second round of feedback before being finalised.

The report will be written in Portuguese and then translated into English. The translated version of the report will be delivered two weeks after approval of the Final Report.

On the basis of the Final Review Report, the research team will draw up an Executive Summary and an Evaluation Brief.

Finally, the research team will support UNICEF in disseminating the findings of the Review through a presentation of the Final Review Report to a wider audience.

Schedule - Phase 4

Schedule - Phase 4			
Activity	Start	End	Responsible person
Revise the Review Report based on the comments received	26/09/2022	07/10/2022	PlanEval
Provide feedback on the second Draft Review Report	10/10/2022	21/10/2022	UNICEF, Referral Group
Finalise the Review Report based on the comments received	24/10/2022	31/12/2022	PlanEval
Prepare a Summary Review Report and <i>Brief</i> ,	24/10/2022	31/12/2022	PlanEval
Support UNICEF staff in dissemination efforts	12/2022	01/01/2023	UNICEF, Referral Group, PlanEval

Source: PlanEval

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