Child-Sensitive Social Protection in Zimbabwe

MAY 2010

Cover photo:
Harmonised Social Cash Transfer Test Distribution, Goromonzi District February 2011 (Team Consult)

Report prepared on behalf of Team Consult for UNICEF by:
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<th>Definition</th>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AMTOs</td>
<td>Assisted Medical Orders</td>
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<td>ART</td>
<td>Anti Retroviral Therapy</td>
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<td>BEAM</td>
<td>Basic Education Assistance Module</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CEDC</td>
<td>Children in Especially Difficult Circumstances</td>
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<td>CRS</td>
<td>Catholic Relief Service</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DSS</td>
<td>Department of Social Services</td>
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<td>EDMS</td>
<td>Essential Drugs and Medical Supplies</td>
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<td>ESPP</td>
<td>Enhanced Social Protection Programme</td>
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<td>FAO</td>
<td>Food and Agriculture Organisation</td>
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<td>GDP</td>
<td>Gross National Product</td>
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<td>HAZ</td>
<td>Help Age Zimbabwe</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDPs</td>
<td>Internally Displaced People</td>
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<td>JI</td>
<td>Joint Initiative</td>
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<td>Logframe</td>
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<td>MDGs</td>
<td>Millennium Development Goal</td>
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<td>MDTF</td>
<td>Multi-Donor Trust Fund</td>
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<td>MIMS</td>
<td>Multiple Indicator Monitoring Survey</td>
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<td>MoJLPA</td>
<td>Ministry of Justice, Legal and Parliamentary Affairs</td>
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<td>MoLSS</td>
<td>Ministry of Labour and Social Services</td>
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<td>Medium Term Plan</td>
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<tr>
<td>NAP</td>
<td>National Action Plan</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NSA</td>
<td>Non-state-actors</td>
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<td>NSSA</td>
<td>National Social Security Agency</td>
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<tr>
<td>ORCEL</td>
<td>Operational Research and Capacity Building on Social Cash Transfers for Extremely Poor Labour Constrained Households</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PASS</td>
<td>Poverty Assessment Study Survey</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>POBS</td>
<td>Pension and other Benefits Scheme</td>
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<td>PoS</td>
<td>Programme of Support</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>ZimVAC</td>
<td>Zimbabwe Vulnerability Assessment Census</td>
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<td>ZUNDAF</td>
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Executive Summary

This study understands child-sensitive social protection as an inclusive concept that is sensitive to the specific needs of children without neglecting the needs of other vulnerable groups like elderly persons, persons living with disabilities, chronically sick persons and unemployed youth. Survey results show that in Zimbabwe large numbers of children suffer from deprivations with regard to food and nutrition, education, shelter, water and sanitation. Children are also exposed to violence, abuse and exploitation. Lack of access to basic social services, lack of social welfare interventions, and – above all – extreme poverty are the main drivers of children’s deprivations.

As a basis for the subsequent analysis the study first clarifies the concept and the terminology related to poverty, vulnerability and child-sensitive social protection with special emphasis on the term OVC (Chapter 2). This is followed by an analysis of the social protection needs of children, of other vulnerable groups and of the households in which they live (Chapter 3). The next chapter assesses to what extent ongoing interventions meet the social protection needs (Chapter 4). The last chapter gives recommendations on how to improve social protection under the prevailing conditions in Zimbabwe (Chapter 5).

Over the last decade social protection needs have been growing. High incidence of HIV and AIDS has resulted in the loss of breadwinners, has created generation-gap households and has orphaned large numbers of children. At the same time an unprecedented economic decline and hyperinflation has eroded employment, incomes, savings and social and welfare services. Government social protection programmes are either dormant or have a very low coverage.

Currently approximately 78% of the population of Zimbabwe is absolutely poor and 55% live below the food poverty line. People living below the food poverty line cannot meet any of their basic needs and suffer from chronic hunger. It is estimated that approximately 6.6 million people including 3.5 million children suffer from this extreme form of deprivation. In this situation the main tasks of social protection measures and programmes are to lift all extremely poor households above the food poverty line and to prevent moderately poor and non-poor households falling into extreme poverty. This has to be done by raising the income of extremely poor households while at the same time providing access to basic social services.

The international community has responded to the crisis by providing large scale emergency food assistance, by implementing a variety of livelihood programmes and by investing in the rehabilitation of social services like education, health, water and sanitation. Among them are the UNICEF managed Programme of Support (PoS) to the National
Action Plan (NAP) for OVC 2004-2010 and the Protracted Relief Programme (PRP). Both are multi-donor, multi-sector trust funds that seek to address deprivations with regard to food, nutrition and livelihoods and provide basic social and welfare services with special emphasis on OVC and HIV and AIDS prevention and mitigation.

Nearly all donor funded interventions are channeled through non-state–actors. They have contributed significantly to the survival of millions of people. But they also face a number of conceptual and practical challenges in terms of coverage, fragmentation, coordination, predictability, reliability, transparency and coordination. Some of these challenges are:

- In terms of their target group NAP and the PoS focus on OVC without clearly defining this term. They estimate the number of OVC at 1.3 million while in fact all the 3.5 million children living in extremely poor households urgently require social welfare interventions.
- The focus on OVC and on HIV/AIDS overlooks the reality that in order to improve the well-being of children, the families in which they live have to be empowered to fulfill their roles as caregivers. Instead of fragmented interventions targeted directly at OVC, the PoS and other initiatives need to adopt a more holistic and family centered approach.
- For the 3.5 million children living below the food poverty line the main driver of their deprivations is household poverty. This calls for more determined poverty reduction efforts.
- The approximately 1,250,000 extremely poor households that have adult household members fit for productive work require temporary consumption transfers combined with livelihood programmes to work themselves sustainably out of poverty. The 250,000 extremely poor labour constrained households require long term social assistance.
- In addition, to be lifted over the food poverty line, children and other vulnerable groups require access to basic social and welfare services.

The most disadvantaged are the 250,000 households that are extremely poor and at the same time labour constrained and the 700,000 children living in these households. They are unable to access labour-based programmes like public works. Their need for long term social assistance cannot be met by the short term programmes offered by NGOs. Government social assistance programmes reach less than 12,000 households. In summary, the vast majority of the neediest households are unreached by the ongoing interventions. This is the most pressing unsolved problem of social protection in Zimbabwe.
Recommendations to improve child-sensitive social protection in Zimbabwe:

- Elaborate a child-sensitive social protection policy framework that includes a mix of interventions which are tailored to the needs of the different categories of extremely poor households and aim at lifting them above the food poverty line. At the same time the policy has to include interventions that prevent moderately poor and non poor households from falling into extreme poverty. The policy has to take into account that poverty reduction and access to basic social and welfare services are interdependent.

- Re-orient the Programme of Support for the National Action Plan for OVC. Instead of directly targeting OVC it should target food poor families and empower them to care for their children and for other vulnerable household members. This will require a substantially higher budget and cooperation with other programmes like the PRP. PoS should aim at lifting 150,000 extremely poor labour constrained households above the food poverty line by providing them with regular and reliable social cash transfers. PRP and other programmes should annually assist 120,000 extremely poor labour endowed households to work themselves permanently out of extreme poverty. In this way by 2015 750,000 households (half of all extremely poor households) would be empowered to provide basic needs to about 1.6 million children that are presently suffering from a multitude of deprivations.

- Explore the feasibility of government led social cash transfers as a core component of the future social protection programme. Action research in the form of a test social cash transfer programme planned, implemented, monitored and evaluated by the Department of Social Services (DSS) would serve this purpose. The programme would target extremely poor labour constrained households – the neediest category of households that is unreached by other programmes. Action research will contribute to enhancing conceptual and practical skills and experience as well as programme ownership of DSS officers on all levels. It is also an opportunity to for DSS to rationalize and streamline the multitude of existing categorical social assistance schemes that are partly dormant and partly working in a low coverage mode. A detailed concept proposal for operational research on social cash transfers is given in Annex 3.
Introduction
Introduction

During the last 10 years Zimbabwe has experienced an unprecedented decline of nearly all human development indicators. Zimbabwe’s Human Development Index fell from 0.659 in 1990 to 0.525 in 2000 and further to 0.491 in 2006. GDP per capita has fallen from USD 439.50 in 2000 to USD 170 in 2006 (EIU Data Services). Income inequality measured by the Gini coefficient increased from 0.53 in 1995 to .61 in 2003. All these indicators are likely to have fallen further since 2006. Unemployment is estimated to be at 80% (ZimVAC 2009). Hyperinflation resulted in the collapse of Government revenues and expenditures in 2008. Employment based social protection mechanisms such as private and public pension and insurance schemes have been eroded. Very little data on household economic status is available from 2003. The Poverty Assessment Study Survey (PASS) 2003 is the last reliable data source.

The high HIV and AIDS prevalence has led to decreasing life expectancy, has orphaned 25% of all children in Zimbabwe and has resulted in a growing number of generation gap households. Specific population groups like farm workers and urban slum dwellers have been internally displaced and survive to a large degree on emergency aid. Public services like basic health care, education, sanitation and water have deteriorated. As a result of the general economic decline more than half of the population, including approximately 3.5 million children, is living below the food poverty line. Children living in food poor households are deprived of most of their basic needs. In order to support themselves and their families, children adopt risky coping strategies including child prostitution and illegal child migration.

In 2000 Zimbabwe launched one of the best social protection systems in Africa called the Enhanced Social Protection Programme. During the last decade the financial resources available to implement this programme as well as the social protection implementation structures have shrunk to such an extent that Government social protection interventions are now far from meeting the growing social protection needs.

As a response to the widespread poverty and vulnerability in Zimbabwe, the international community has organized large scale emergency food aid programmes. During the worst period of economic problems in 2008, food aid channeled through Non State Actors (NSA) reached more than 5 million people. To address the problems faced by the rising number of orphans and other vulnerable children (OVC), since 2006 UNICEF and the Ministry of Labour and Social Services (MoLSS) supported a large scale, multi-sector Programme of Support for OVC in partnership with 32 NGOs and 150 sub-grantees.

The new Government of National Unity established in February 2009 has taken some positive steps towards stabilization. ‘Dollarization’ has
stopped inflation and is reviving markets. A Short Term Economic Recovery Program (STERP) for the year 2009 giving priority to political and governance issues, social protection and stabilization has been launched in March 2009. It was followed by the Medium Term Plan 2010 – 2015 (MTP) which emphasizes economic growth and food security as well as access to social services by all. Social protection is a priority of the new Government and preliminary activities to elaborate social protection policies are under way. UNICEF contributes to the policy process which should lead to a child-sensitive social protection strategy.

In this situation Government and partners are involved in a process of reviving and re-orienting social protection in Zimbabwe by using a three pronged approach that includes:

- **Re-orient ongoing programmes implemented by non-state-actors:** As long as donors are not directly funding Government, social protection activities may have to be implemented to some extent through non-state-actors. A second phase of the Programme of Support and similar programmes using lessons learned to improve the programme concepts will serve this purpose.

- **Increase investment in national social protection systems:** Innovative ‘post-crisis transitional fund models’ like the BEAM (Basic Education Assistance Module) may be used to inject funds more directly into existing social services to increase the coverage of interventions.

- **Strengthen the capacity of Government social protection structures:** This involves capacity building support to Government on all levels to develop concepts, legislation, policies and programmes including a social protection policy framework. At the same time social service and social protection capacities (physical as well as human capital) have to be rehabilitated in order to be well prepared for effective implementation once internal and external funding sources will be available.

This study has the task to contribute to this approach by:

- Clarifying the concept and the terminology related to poverty, vulnerability and child-sensitive social protection.

- Briefly analyzing the social protection needs of children and other vulnerable groups and households in Zimbabwe.

- Providing an overview of ongoing social protection interventions in Zimbabwe in order to identify the main gaps between needs and services provided.
Provide recommendations how the upcoming social protection strategy, the future Programme of Support and other programmes managed by UNICEF and by others could contribute to effective child-sensitive social protection.

Elaborate guidelines for targeting the social protection interventions of the Programme of Support to the National Action Plan for OVC (the guidelines are provided in a separate report).

A detailed TOR for this study is provided in Annex 1.
Concept and Terminology of Child-Sensitive Social Protection
Concept and terminology of child-sensitive social protection

In order to be useful for analyzing social protection needs and interventions in Zimbabwe, the terms social protection, social welfare, poverty, vulnerability and child-sensitivity and their inter linkage have to be defined in operational terms.

Social protection, poverty and vulnerability

This study is based on an inclusive concept of social protection. While highlighting specific social protection needs of children, it recognizes that social protection policies and programmes have to respond to the needs of all vulnerable groups which include elderly persons, people living with disabilities, chronically ill people and unemployed youth. The concept is reflected in the following definition given in the United Nations Report on the World Social Situation 2010:

**Social protection** refers to a group of policy measures and programmes that reduce poverty and vulnerability and seek to protect society’s more vulnerable members against livelihood shocks and risks, enhance the social status and rights of the marginalized, protect workers and diminish people’s exposure to risks associated with ill health, disability, old age and unemployment.

Key terms in this comprehensive definition that require further clarification are poverty and vulnerability. The Programme of Action of the World Summit for Social Development 2006 describes poverty as follows:

**Poverty** has various manifestations, including lack of income and productive resources sufficient to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion.

The UN Report on the World Social Situation 2010 contains the following definition of vulnerability:

The concept of **vulnerability** captures the likelihood that people fall into poverty owing to shocks to the economic system or personal mishaps.
This definition clearly distinguishes between poverty (which describes the present deprivation of a person or household) and vulnerability (which describes the risk of being in future affected by such deprivations). The PRP Monitoring Guidelines formulate this relationship as follows:

*While poverty is concerned with not having enough now, vulnerability is about having a high probability now of suffering a future shortfall.*

It is noted that the term vulnerability has in the past been used to describe a much broader not clearly defined context, overlapping with the term poverty and leaving room for interpretations. However, for clearly defining social protection needs and for precisely defining the target groups and objectives of social protection the definitions of poverty and vulnerability given above seem to be more appropriate.

In line with these definitions the tasks of social protection can be summarized as:

- To lift extremely poor (food poor) people out of life threatening poverty
- To alleviate the poverty of people that suffer from any of the manifestations of poverty listed in the definition of poverty given above
- To reduce the vulnerability of people to falling into poverty

This concept of social protection is consistent with the Millennium Development Goals, the first of which is to halve by 2015 the proportion of people living in extreme poverty. It is also consistent with the human right to a life free from hunger enshrined in the Universal Declaration of Human Rights that states ‘Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care and necessary social services’ (Article 25/1).

It is also consistent with the MTP which emphasizes household food security (reduction of the number of food poor households), the promotion of pro-poor growth through targeted poverty programmes and projects and the provision of accessible, affordable and quality social services.

At the Millennium Summit in 2000 world leaders restated: *Men and women have the right to live their lives and raise their children in dignity free from hunger and from the fear of violence, oppression and injustice* (General Assembly resolution 55/2, para.6). The General Assembly resolution 59/186 of 2004 on Human Rights and Extreme Poverty states:
It has been recognized that extreme poverty is a violation of human rights, even of the right to life itself.

While the holders of human rights are individual persons including children, it is important to note that the declarations quoted above refer to families as the social and economic units that care for children and other vulnerable persons living in the respective households. To reach the neediest members of the society, social protection interventions often have to target households (or heads of households) in order to empower them to perform their caregiver functions.

**Child-sensitive**

A Joint Statement on Advancing Child-Sensitive Social Protection, published in June 2009 by a number of UN organizations, international NGOs, research institutes and DFID, observes: *While many social protection measures – ranging from pensions to unemployment insurance – already benefit children without explicitly targeting them, small nuances in how children are considered in the design, implementation and evaluation of social protection programmes can make a huge difference.*

The same statement proceeds: *Concretely, child-sensitive social protection should focus on aspects of well-being that include: providing adequate child and maternal nutrition; access to quality basic services for the poorest and most marginalized; supporting families and caregivers in their child care role, including increasing the time available within the household; addressing gender inequality; preventing discrimination and child abuse in and outside the home; reducing child labour; increasing caregivers’ access to employment or income generation; and preparing adolescents for their own livelihoods, taking account of their role as current and future workers and parents.*

Instruments to enhance child-sensitive social protection are:

- Social transfers
- Social insurance
- Social services such as health and education
- Policies, legislation and regulations

Social services have to be complimented by social welfare interventions that prevent and respond to violence, abuse and exploitation of children.

Among the steps to be taken to further child-sensitive social protection the Joint Statement emphasizes:
Progressive realization: Set priorities and sequence policy development and implementation to progressively realize a basic social protection package that is accessible to all those in need and is fully child-sensitive

Ensure balance and synergies between social transfers and social services: Adequate investment in and linkages between transfers and social services are needed to ensure the reach, effectiveness and impact of social protection.

In summary, this study understands child-sensitive social protection not as a separate child-focused strategy that runs parallel to other social protection strategies. It rather conceives social protection as an inclusive concept that is sensitive to the specific needs of children without neglecting the needs of other vulnerable groups like elderly persons, persons living with disabilities, chronically ill persons or unemployed youth.

Orphans and vulnerable children (OVC)

Neither the UN Report on the World Social Situation 2010 nor the Joint Statement Advancing Child-Sensitive Social Protection use the otherwise widely used term OVC. For analytical clarity this study will also avoid the term OVC. Given the above definitions of social protection, poverty and vulnerability, the term OVC is not appropriate for defining how children in need should be targeted by social protection interventions.

**OVC definition of NAP**

Orphans are those children whose parents have died; vulnerable children are children with unfulfilled rights. Vulnerable children include: Children with one parent deceased; Children with disabilities; Children affected and/or infected by HIV and AIDS; Abused children (sexually, physically, and emotionally); Working children; Destitute children; Abandoned children; Children living on the streets; Married children; Neglected children; Children in remote areas; Children with chronically ill parent(s); Child parents; Children in conflict with the law

**OVC definition of PoS**

Vulnerable children include: Children with one parent deceased; children with disabilities; children infected
or affected by HIV/AIDS; abused children (sexually, physically and emotionally); working children; destitute children; abandoned children; children living in the streets; married children; neglected children; children in remote areas; children with chronically ill parents, child parents; children in conflict with the law; other vulnerable children as defined by their communities

**OVC definition of MIMS**

In the MIMS, Orphans and Vulnerable Children (OVC) were defined as children under age 18; who had lost one or both parents; whose parent or parents had been ill for 3 of the last 6 months; who lived in a household in which an adult (aged 18-64 years) had died during the past year who was chronically ill for 3 of the 12 months before he or she died; who lived in a household in which an adult (aged 18 – 64 years) was chronically ill (or who has been ill for 3 of the past 12 months); and who lived in a child headed household

**OVC definition of BEAM**

Orphan (both parents); one parent deceased; child in foster care under poor foster parents; never been to school; disabled and poor; dropped out of school due to economic hardship; living on the street; living in child-headed household; household extremely poor and has no assets

The box shows how different documents struggle with the task to define OVC. The definitions are just lists of examples and do – when used for analysis, programming and targeting – result in substantial inclusion and exclusion errors. Instead the study will try to characterize children in need of social protection in more precise terms.
Social Protection Needs in Zimbabwe
Social protection needs in Zimbabwe

3.1 Child poverty

Most affected by the economic and social decline summarized in the introduction are vulnerable groups like children, the elderly, people living with disabilities and people living with HIV and AIDS. Data from the Zimbabwe Demographic and Health Survey (ZDHS) in Table 1 give the percentage of children suffering from different manifestations of poverty. The table shows that:

- Regional differences in poverty are significant
- Rural areas have higher incidence of poverty compared with urban areas

Table 1: Prevalence of severe deprivations by region

<table>
<thead>
<tr>
<th>Province</th>
<th>Shelter</th>
<th>Sanitation</th>
<th>Water</th>
<th>Information</th>
<th>Food</th>
<th>Education</th>
<th>Health</th>
<th>Provincial Consumption Poverty Ranking (PASS 2003)</th>
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<td>Bulawayo</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td>19</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>44</td>
<td>36</td>
<td>26</td>
<td>20</td>
<td>12</td>
<td>2</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

Source: Zimbabwe Demographic and Health Survey, 2006
Table 2 gives the proportion of children suffering from different deprivations by wealth quintile. The table shows that all deprivations are correlated with wealth.

Table 2: Proportion of children affected by severe deprivations by wealth quintile

<table>
<thead>
<tr>
<th>Type of Severe Deprivation</th>
<th>Shelter</th>
<th>Sanitation</th>
<th>Water</th>
<th>Information</th>
<th>Food</th>
<th>Education</th>
<th>Health</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>24.4</td>
<td>20.4</td>
<td>11.7</td>
<td>9.6</td>
<td>0.6</td>
<td>0.5</td>
<td>1.9</td>
<td>24</td>
</tr>
<tr>
<td>Second</td>
<td>16.2</td>
<td>11.9</td>
<td>8.8</td>
<td>5.5</td>
<td>0.5</td>
<td>0.3</td>
<td>1.6</td>
<td>22</td>
</tr>
<tr>
<td>Third</td>
<td>3.1</td>
<td>5.4</td>
<td>6.3</td>
<td>4.5</td>
<td>0.4</td>
<td>0.2</td>
<td>1.2</td>
<td>20</td>
</tr>
<tr>
<td>Fourth</td>
<td>1.8</td>
<td>0.5</td>
<td>1.2</td>
<td>0.5</td>
<td>0.4</td>
<td>0.1</td>
<td>1.0</td>
<td>17</td>
</tr>
<tr>
<td>Richest</td>
<td>0.6</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.2</td>
<td>0.0</td>
<td>0.6</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>46.1</td>
<td>38.2</td>
<td>28.1</td>
<td>20.0</td>
<td>2.0</td>
<td>1.2</td>
<td>6.3</td>
<td></td>
</tr>
</tbody>
</table>

Source: Zimbabwe Demographic and Health Survey, 2006

The statistics quoted lack consistency: While average food deprivation affects 12% of all children according to Table 1, it affects only 2% according to Table 2. Similar discrepancies between the two tables are found with regard to education and health deprivations.

Data from the Multiple Indicator Monitoring Survey of 2009 (MIMS) summarized in Table 3 also show a strong correlation between household wealth and a number of child welfare indicators.

Table 3: Multiple deprivations by wealth quintile

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>Under five mortality rate</th>
<th>Height for age % below -2SD</th>
<th>Weight for age % below -2SD</th>
<th>Primary school Net Attendance Rate</th>
<th>Marriage before age 15</th>
<th>Under five having birth certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>118</td>
<td>39.6</td>
<td>15.7</td>
<td>84.9</td>
<td>7.8</td>
<td>22.3</td>
</tr>
<tr>
<td>Second</td>
<td>85</td>
<td>37.7</td>
<td>11.7</td>
<td>90.9</td>
<td>6.7</td>
<td>28.9</td>
</tr>
<tr>
<td>Third</td>
<td>94</td>
<td>35.5</td>
<td>11.5</td>
<td>93.1</td>
<td>5.9</td>
<td>33.2</td>
</tr>
<tr>
<td>Fourth</td>
<td>86</td>
<td>35.2</td>
<td>11.6</td>
<td>92.1</td>
<td>3.8</td>
<td>42.6</td>
</tr>
<tr>
<td>Highest</td>
<td>80</td>
<td>25.2</td>
<td>6.9</td>
<td>97.4</td>
<td>1.4</td>
<td>66.9</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>35.2</td>
<td>11.8</td>
<td>91.2</td>
<td>4.7</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Source: Multiple Indicator Monitoring Survey 2009
For a country where half of the population lives below the food poverty line, the incidence of food deprivation (2% and 12%) and of underweight (11.8%) are surprisingly low. This is possibly the result of the massive emergency food aid (see chapter 4.2) combined with remittances from family members that have migrated to South Africa and the UK. In January 2009, 19% of all urban households received support in cash and/or food from relatives or friends outside the household (ZimVAC, 2009). These factors seem to have reduced food and nutrition related deprivations while other deprivations (shelter, sanitation, water) have not equally been addressed. Representatives of the World Food Programme pointed out that without food aid, the incidence of food deprivation and of underweight would probably be higher.

The incidence of educational deprivation is also low. This could be partly the result of the Basic Education Assistance Module (BEAM). However, of the children of primary school going age, who had not attended school in 2009, most of them (71%) had not done so because of financial constraints (MIMS 2009). This signals again the strong correlation between household income and access to social services.

Although the massive deprivations with regard to shelter, sanitation and clean water show an extremely strong correlation with poverty, they also indicate a lack of effective social services:

- Due to a dramatic decline in the quality of public health services, under five mortality has increased from 77 in 1995 to 94 in 2009. In the same period infant mortality has increased from 53 to 67. Maternal mortality has increased from 168 per 100,000 in 1990 to 725 in 2007.

- Water and sanitation services have also deteriorated. Water point committees that used to maintain hand pumps in rural areas lack supplies for maintenance and repairs. Water and sanitation deficits in municipal areas and small towns resulted in 2009 in a cholera outbreak that killed more than 4,000 people.

- MIMS 2009 shows that only 21% of OVC have been reached by some, also not formally documented, form of external support.

Other social protection needs are indicated by:

- A large number of street children
- A significant number of children crossing the borders to look for work in other countries
- The incidence of child labor, child abuse and child prostitution
3.2 Household poverty

Households are the primary social and economic units that care for the welfare of vulnerable household members like children or elderly persons. As poverty and the availability of social services are the main factors that impede the capability of households to fulfill this function, social protection interventions have to be based on an analysis of household poverty as well as on an analysis of social services.

The ZimVAC Rural Vulnerability Assessment 2006 has analyzed different types of households with regard to their poverty status. ZimVAC characterizes households that have no working age adult or have a dependency ratio of 3 or more as ‘high risk dependency households’. They have a high probability of being extremely poor or at risk of falling into extreme poverty because they have no or only few breadwinners. In other contexts these households are called labour constrained households. Survey results for the number of high risk dependency households in Zimbabwe (see Table 5) range from 14.4% to 36%.

ZimVAC data also show how many of all the households that have orphans fall into the lowest income, expenditure and asset quartiles (see Table 4). The results indicate that households with orphans only have a slightly higher chance to belong to the 25% poorest households when measured in terms of income, expenditure, asset ownership or food security. In terms of assets they are even significantly better off than other households. Caring for orphans does not seem to be a valid indicator for household poverty or vulnerability.

Table 4: Share of households with orphans that are in the lowest income, expenditure, assets, and food security quartile calculated from ZIMVAC 2006

<table>
<thead>
<tr>
<th>Social protection needs in Zimbabwe</th>
<th>Households with orphans (percent in category)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest income quartile</td>
<td>27.1%</td>
</tr>
<tr>
<td>Lowest expenditure quartile</td>
<td>26.0%</td>
</tr>
<tr>
<td>Lowest asset quartile</td>
<td>15.7%</td>
</tr>
<tr>
<td>Food insecure</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

Source: Miller, C. Zimbabwe child and family vulnerability analysis 2007

The following needs assessment is done to determine which categories of households most urgently require social protection interventions and what are the main social protection needs of the prioritized population groups. Due to the lack of recent household survey data the assessment is based
on data from the Poverty Assessment Study Survey (PASS II) 2003 and on triangulations with whatever more recent data could be found.

2002 census results indicate that Zimbabwe had a population of 11.6 million living in 2,650,000 households (average household size 4.4). According to the PASS II 2003 results, 63% of the 11.6 million people fell under the Total Consumption Poverty Line (TCPL) and 43% were below the Food Poverty Line (FPL). This means that 7.3 million people living in 1.7 million households were absolutely poor of which 2.3 million living in 500,000 households were moderately poor while 5 million living in 1.1 million households were extremely poor.

Taking into account that migration during recent years may have balanced the population growth effect of high birth rates, it can be assumed that the population size is more or less still where it was in 2003. Poverty levels have most probably increased. Some sources assume that by now 78% (2 million households) are below the Total Consumption Poverty Line (TCPL) while 55% (1.5 million households) are below the Food Poverty Line (FPL). This means that approximately 6.4 million Zimbabweans are extremely poor of who approximately 3.5 million are children (according to the 2002 census results the share of children below 18 is 49% of the total population, but extremely poor households have an over average number of children). These are extremely rough estimates which will have to be revised as soon as new household survey data are available.

The assumption that food poverty is high and has increased in recent years is supported by data from the ZimVAC Urban Food Security Assessment 2009. Survey results indicate that the proportion of households who had eaten only one meal the day prior to the survey increased from 4.2% in 2006 to 18% in 2009 while the households with three meals per day shrunk from 54.1% to 22.6%. In addition to reducing the number of meals households reported limiting the size of portions. In 2006 this was done by 45% while in 2009 82% of the surveyed households had to reduce the size of their meals. In rural areas extreme food deficits may even be higher.

The distinction between moderate poverty (households which are absolutely poor but not extremely poor) and extreme poverty is important. Persons living in extremely poor households suffer from severe hunger during most of the year, become physically weak, tend to sell or consume their productive assets (e.g. livestock, tools, seed), give up investing in their future (like sending children to school), and die from infections that other people survive. For these reasons extremely poor people are slow to respond to programs, which demand a certain amount of effort and contributions (like credit and saving schemes). The 3.5 million children (orphan or not) living in extremely poor households are the neediest and most deprived of all children in Zimbabwe.
In line with the MDGs and because poverty is the main driver of deprivation, the core objective of social protection in Zimbabwe should be to reduce and eventually eradicate extreme poverty. This involves the mammoth task of lifting 1.5 million households with 3.5 million children above the Food Poverty Line. A second objective should be to prevent moderately poor households and non-poor households from sliding into extreme poverty. A third objective is to provide access to basic social services and welfare services to all Zimbabweans with a special emphasis on making them accessible to the poorest and most vulnerable groups.

3.3 Categories of poor households needing different types of social protection interventions

With regard to the causes of poverty it is estimated that out of the 1.5 million households suffering from extreme poverty, approximately 1.250,000 are poor because of conjunctural factors. Conjunctural poverty is caused by unemployment or underemployment. It involves households with able-bodied adults who have no access to productive employment. If these households get access to skills training, to productive assets, to employment, or to well designed public works programmes, they are able to escape from extreme poverty.

The extreme poverty of the other 250,000 households is structural as it is related to the structure of the household. These households have few or no able-bodied adult household members. In demographic terms these households have either no working age household member who is fit for productive work or have a high dependency ratio. They are labour constrained. Due to HIV and AIDS or due to other reasons the breadwinners have died leaving grandparents, who are too old to work, and orphans, who are too young. Labour constrained households cannot react to self-help oriented or labour-based projects or programmes.

Specific sub categories of labour constrained households are elderly-headed households, child-headed households, disabled-headed households, households headed by a chronically ill person and households headed by a working age adult who has to care for a large number of dependents. For some of these sub categories survey results are given in Table 5. While the different surveys arrive at widely varying results for most of these categories, their data are similar with regard to:

- In rural areas more than 20% of households are elderly headed (but not all elderly headed households are labour constrained)
● In rural areas between 7% and 8% of elderly-headed households are elderly living alone
● 4.5% of all households (approximately 112,500 households) are elderly-headed with one or more children living in the same household (again not all of them are labour constrained)
● Less than .5% (less than 12,500) are child-headed households

Table 5: Percentage of different categories of vulnerable households

<table>
<thead>
<tr>
<th>Categories of households</th>
<th>PASS 2003</th>
<th>OVC baseline 2004/5</th>
<th>ZIMVAC 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly-headed hh</td>
<td>12.3%</td>
<td>22%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Elderly-headed hh with OVC</td>
<td>4.7%</td>
<td>4.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Elderly alone</td>
<td>1.1%</td>
<td>6.7%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Child-headed</td>
<td>0.5%</td>
<td>0.45%</td>
<td>0.29%</td>
</tr>
<tr>
<td>High risk dependency ratio</td>
<td>14.4%</td>
<td>22.1%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Remarks: 1) In all surveys children are defined as 0 to 17 years of age. 2) PASS and OVC baseline define elderly as 60+, ZIMVAC defines elderly as 65+. 3) High risk dependency households are defined as households with no working adult and households with a dependency ratio of 3 or worse. 4) The PASS includes rural and urban populations while the OVC baseline and the ZimVAC focus on the rural population.

Figure 1 summarizes the four categories of poverty described above. The 400,000 households in Category A are in a relatively favourable situation. They are just moderately poor and include household members able to do productive work. They are able to respond to self-help oriented projects and programs in order to overcome their poverty and hunger.

Figure 1: Households in Zimbabwe suffering from different categories of poverty
The 100,000 Category B households are labour-constrained and are therefore unable to respond to labour-based interventions. Households headed by a pensioner, who receives a small pension, or households regularly supported by remittances are typical for this group.

The 1,250,000 Category C households suffer from extreme poverty in spite of the fact that they have household members able to perform productive work. Many small-scale farmers or former farm workers fall into this category. To improve the economic situation of these households they have to be targeted by programmes specifically tailored for extremely poor but viable households.

The 250,000 households in Category D are in the most unfavourable situation. They suffer from extreme poverty. At the same time they cannot respond to development projects or programs because they have no household members able to perform productive work. They have no or little self-help capacity. This group – the 10% worst off households in Zimbabwe – most urgently requires social protection interventions.

The demographic structure of Category D households is different from other households. Of the approximately 1,100,000 persons living in Category D households approximately 700,000 are children, 200,000 are elderly people (65+) about 100,000 are people living with disabilities or people who are chronically ill. The remaining 100,000 are fit for work adults (18 to 64) who care for 3 or more dependents.

In the process of recovery and economic development, which will be accompanied by increasing opportunities for employment and self-employment, a number of households in Category A and C will be able to escape from poverty. Category B households may benefit from higher pensions. Category D households will, however, not automatically benefit from economic development, because they lack employable adults who can make use of such opportunities.

In summary: Approximately 55% of the population in Zimbabwe live in extreme poverty. This means that approximately 6.4 million of the 11.6 million Zimbabweans including 3.5 million children suffer from chronic hunger and other deprivations. The inadequacy of social services (health, water, sanitation, education) combined with the inability to pay for transport and fees (if services are available) prevents them from meeting their most basic needs. Lifting these 6.4 million people over the extreme poverty line, while at the same time caring for the specific problems of children and other vulnerable groups (psycho-social support, reintegration, basic education and vocational skills training, protection from sexual abuse), are the challenges which require an effective social protection policy and programme.
3.4 Specific social protection needs of households that are extremely poor but not labour constrained

Extremely poor households, which have household members that are fit for productive work, need employment or income generating activities in order to work themselves out of poverty. However, there are a number of reasons why extremely poor households often fail to access employment or income generating interventions or any intervention that reduces their constraints:

- Due to extreme poverty household members may be weak and may not qualify for public works
- As they have no collateral they may not be accepted as members of credit and savings groups or other community level activities that are based on the principle of reciprocity
- Because of their low economic and social status they may not get priority when community leaders decide on who will get access to interventions offered to the community
- In case they manage to receive an investment grant like a starter package (seed and fertiliser) they may be forced to sell it to meet their urgent immediate need for food or health care.

In order to address their specific social protection needs this category of households requires temporary consumption transfers which meet their immediate needs especially for food over a period of 6 to 12 months. In addition they require employment opportunities or self-employment promoting interventions that result in generating sustainable incomes. The Protracted Recovery Programme (PRP) and others are implementing such programmes, which will be briefly discussed in Chapter 4.5. In summary: The 1,250,000 extremely poor households which are not labour constrained require a combination of consumption and productivity oriented interventions.

3.5 Specific social protection needs of extremely poor households that are at the same time labour constrained

Typically these households consist of members who are either too old to work or too young or disabled or chronically sick. They are generation gap households (e.g. grandmother with orphans), households headed by people who live with disabilities or with HIV and AIDS, child-headed households and single mothers with many children. During the ‘hungry months’ (October to March) many of these households (those who live in emergency areas) benefit from emergency food aid programmes. Once
food aid is phased out, the extremely poor labour constrained households (which do not benefit much from development) will again suffer from extreme deprivation.

Extremely poor households which do not have any household member who is fit for productive work or households where one fit household member has to care for 3 or more dependents require regular and reliable social transfers which will empower them to meet their basic needs and to invest in human capital (the health and education of their children). This may be a specific area for UNICEF to target. In summary: The 250,000 extremely poor households, which are at the same time labour constrained, require social transfers until their household structure has changed and they are no longer labour constrained.
Assessment of Social Protection Interventions
4.1 Government social protection programmes

For those employed in the formal sector Zimbabwe has a number of contributory insurance schemes that reduce the risks associated with old age, disabilities, unemployment, accidents, funeral expenses and survivors’ upkeep. There are private insurance schemes and Government programmes. The National Social Security Authority (NSSA) presently runs two compulsory programmes: The Pension and other Benefits Scheme (POBS) and the Accident Prevention and Workers’ Compensation Insurance Fund. Benefits from these funds include:

- Retirement pension
- Invalidity pension
- Survivors’ pension
- Funeral grant

Hyperinflation reduced the value of pensions to such an extent that by 2008 they lagged so much behind inflation that they became meaningless. Starting from April 2009 NSSA started to pay in US Dollars. Since then NSSA pays minimum pensions of USD 25 per month (in line with the Food Poverty Line which was established as USD 27 in September 2009). The highest paid pensioner currently receives USD 388 per month.

During the 1990s the Government of Zimbabwe established a number of non-contributory programmes under the Enhanced Social Protection Programme (ESPP) mainly aiming at providing social protection for the population outside the formal sector such as:

- Public assistance programmes
- Public Works Component (PWC)
- Children in Especially Difficult Circumstances (CEDC)
- Essential Drugs and Medical Supplies (EDMS)
- Basic Education Assistance Module (BEAM)

Annex 2 gives the 2010 budget of the Department of Social Services (DSS) for these and other programmes currently ‘existing’. The budget shows that due to underfunding none of the programmes run by the DSS is able to provide meaningful social protection, except for the BEAM which receives donor funding (see chapter 4.3). According to information received from DSS the number of persons or households reached in
January 2010 by the programmes that are currently active are: Maintenance of disabled persons 3,510; Maintenance of elderly persons 4,015; Destitute households including child-headed households 4,140. The total of 11,665 represents coverage of 4.7% of the 250,000 extremely poor labour constrained households that urgently require social welfare interventions.

The Ministry of Labour and Social Services in cooperation with UNICEF has commissioned an Institutional Capacity Assessment of the Department of Social Services. The objective is to assess the Department’s human resource and institutional capacity and identify gaps in carrying out its statutory mandate of child care and protection.

In summary: Before the economic crisis, the DSS provided a variety of social protection transfers to needy persons and households through its provincial and district structures. Today the financial resources and the capacity in terms of human resources and skills of the DSS have been eroded to such an extent that most of the social protection programmes are not operational.

The MTP includes the following programmes in its chapter on social protection:

- Public Works/FOOD for Work
- Public and Private Contributory Pensions and Contributory medical Insurance
- Non Contributory Pensions including Disability Assistance, War Veterans Fund and Heroes Dependency Assistance Fund
- Assisted Medical Treatment Orders (AMTOs)
- Public Assistance Programmes
- Older Persons Assistance
- National Action Plan for Orphans and Vulnerable Children

The MTP assessment of the challenges and constraints faced by existing social protection interventions is given in Chapter 4.6

4.2 Emergency assistance

Simultaneous with the economic decline of the last decade emergency assistance, predominantly in the form of food aid, has increased. In response to the drought in 2008 the two main emergency food aid organizations (WFP and C-safe) together provided aid to more than 5 million people.
Food aid is based on annual ZimVAC vulnerability assessments of the food deficits of each Ward in the country. Food insecure Wards are allocated a quota indicating the percentage of people that can be provided with food aid. Administration and delivery is organized through NGOs and private sector transporters. Household targeting is done on village level by poverty mapping involving the whole community.

The food rations are provided on a monthly basis from October to March. They consist of 10 kg maize, 1 kg beans and 0.6 litres vegetable oil. This ration provides 1,700 Kcal food energy per person per day. In March 2010 prices, the market value of a ration is approximately USD 6. It is estimates that the market value of the ration represents about half of the total costs of the programmes.

Some of the emergency assistance is provided in the form of Food for Work or Cash for Work again mainly channelled through NGOs. A recent study commissioned by the MDTF concludes: *Today the use of public works approaches within the humanitarian sector is not coordinated and erratic and the states’ own public works initiative has been grounded by loss of manpower, skills, transparency and adequate financial and logistical resources.* *(Wallace-Karenga 2009)* Some of these programmes provide free food distribution for households with no adult labour capacity and food for work for households with adult labour capacity.

In view of the high transfer costs of food aid, a number of pilot projects are experimenting with different forms of cash transfers. Most of these programmes simply replace the food rations by an amount of cash equivalent to the value of the ration at current market prices which are recalculated every month. In practice that means that beneficiaries of the pilot scheme in Gokwe (WFP financed and implemented by Concern Worldwide) received USD 5.21 per person in November, USD 5.22 in December and USD 6.42 in January.

As pilot activities in the area of cash in emergencies have started only recently, the following monitoring and evaluation results are still preliminary:

- Transfer costs for cash transfers are significantly lower compared to transfers in kind
- Markets respond effectively. Traders welcome the additional purchasing power resulting in increased business turnover and stock up to meet the demand of cash recipients
- Pilots use different delivery mechanism like direct delivery by the NGOs or hiring specialised private companies. So far no security problems have been experienced
- Given the background of hyperinflation and initial problems
experienced during the transition to US Dollars, beneficiaries initially seemed to prefer food rations or a mixture of food and cash but are now increasingly realising the advantage of cash.

- There are concerns that cash transfers being more attractive compared to food may lead to increased interference into the targeting. Up to now there is no documented evidence with regard to interferences. This risk will have to be closely monitored.

In summary, the preliminary monitoring and evaluation results of the cash in emergency pilots are positive.

In terms of social protection the emergency food aid programmes ensured the survival of millions of extremely needy people and will still be required – hopefully at a decreasing scale - for years to come. They also seem to have significantly reduced the food and nutritional deprivations of many children (see Tables 1 and 2).

If progressively transformed from food transfers to cash transfers they could in future reduce transaction costs, avoid the risk of disrupting markets and stimulate local economic activities. By broadening their objectives from mainly smoothing food consumption to supporting livelihoods they could reduce the danger of creating a dependency syndrome.

However, for labour constrained ultra poor households and for the children living in these households, emergency aid in food or cash is not an appropriate tool for providing social protection. While these households require continuous, reliable and predictable transfers, emergency aid is unpredictable (will their Ward be declared food insecure or not) and is only available from October to March.

4.3 UNICEF interventions

The overall goal of the 2007 – 2011 UNICEF country programme, in line with ZUNDAF outcomes, is to promote every Zimbabwean child’s right to equitable access to quality services, including those in health, water, sanitation and hygiene; basic education; and protection. The country programme places OVC and HIV and AIDS at its centre by focusing on vulnerability reduction, gender equality, prevention of HIV, and the survival, protection, treatment and support, for those living with HIV/AIDS (UNICEF 2006).

While this formulation is comprehensive with regard to children’s need for social services and welfare services it does not explicitly mention the need of children to access the most basic material needs, which are denied to the 3.5 million children that live in households below the food poverty line. The terms poverty or food poverty – the overwhelming
concerns of the MDGs, of PRSPs and of most development strategies – are not mentioned. As household poverty is a core cause for many deprivations faced by children, poverty reduction may have to be integrated in UNICEF’s objectives.

Also by just mentioning OVC as the centre of the programme (the limitations of this term for situation analysis, planning and targeting are discussed in Chapter 2) and not referring to families or households that require empowerment with regard to their roles as care givers, this goal could encourage a rather narrow categorical approach to social protection.

In practice UNICEF has been running a very big programme with a budget of more than USD 130 million in 2009. These funds have been used to maintain essential services and for responding to emergencies under extremely difficult and constantly changing political and economic frame conditions. The main achievements have been:

- Partnership building in order to mobilize and coordinate resources and capacities for effective, high coverage interventions. This has been achieved through managing the multi-sector, multi-donor Programme of Support (PoS) for the National Action Plan for OVC (NAP) discussed below and other large scale pooled funding arrangements

- Revitalization of the Basic Education Assistance Module (BEAM) which will assist 560,000 primary school children with regard to school fees and levies and has been recognized as an innovative model for directly channeling resources to existing local service structures

- Extensive humanitarian actions especially with regard to water and sanitation issues that contributed significantly to stem the cholera outbreak

- Child protection from violence, exploitation and abuse has been achieved through a number of initiatives like assisting the Ministry of Justice, Legal and Parliamentary Affairs (MoJLPA) to establish victim friendly courts and, in partnership with NGOs, through supporting child-centered psychosocial legal and investigative services

- UNICEF has also created a Justice for Children project in order to influence the ongoing constitution making process and the accompanying transitional justice agenda to include children’s rights into the legislative reform
The Programme of Support (PoS) for the National Action Plan for OVC

The National Action Plan was launched by Government in September 2005. Its overall goal is to ensure that orphans and other vulnerable children have access to essential services, including education, food, health services, and birth registration and be protected from abuse and exploitation. A National Secretariat for coordination and implementation of the NPA was established in the DSS.

The goal of the NAP is: By December 2010, to develop a national institutional capacity to identify all orphans and vulnerable children and to have reached out with service provision to at least 25% of OVC in Zimbabwe considered to be the most vulnerable.

NAP estimates the number of OVC in 2007 at 1.22 million of whom 1.1 million are orphans and 120,000 are other vulnerable children. Compared to 3.5 million children living in extremely poor households (see chapter 3.3), the NAP is significantly underestimating the number of children urgently needing social protection interventions. The reason might be the vague NAP definition of OVC (see box in chapter 2) that is unsuitable for quantification of the target group.

Another feature of the NAP is that children’s needs are not prioritized, that the need to assist caregivers or households as a whole are not mentioned and that the urgent need of being lifted out of extreme poverty is not taken into account. The NAP is a useful tool to mobilize resources but is not necessarily very useful as a plan for action.

The Programme of Support (PoS) was established in order to support the implementation of the NAP through strengthening community-level organizations supporting the care and protection of vulnerable children and to put in place a mechanism to ensure increased and predictable funding. UNICEF was entrusted to manage the PoS for the first phase (2006 – 2010) and signed agreements with the six donors who by March 2008 pledged together USD 84.8 million into the pool.

The PoS has a steering committee called Working Party of Officials that consists of seven ministries, the National AIDS Council, NGOs, UNICEF, donors and other civil society. A Technical Review Committee formed by 5 line ministries, NAC, SIDA, DFID and UNICEF makes final decisions on submitted proposals for funding. A Core Team formed by MoLSS, NAC and UNICEF steers and coordinates the programme. 32 civil society partners (NGOs and CBOs) are the direct recipients of funds. They implement the programme activities, partly directly and partly through 150 other organizations (sub-grantees). In summary: Donors pool funds in a UNICEF account, Civil Society Organizations apply for
funds, the Technical Review Committee selects the partners, tripartite agreements signed by MoLSS, UNICEF and NGOs are the basis for implementation, monitoring and auditing. Implementing organizations report to both, MoLSS and UNICEF.

The advantage of this multi-donor, multi-sector model is that it provides a platform for consultations and cooperation between government, donors and a variety of implementers leading to more transparent and coordinated funding of NAP activities. As of March 2010 the PoS has reached the following number of children (information from PoS Monitoring Unit):

- No. of OVC provided with school related assistance: 249,314
- No. of OVC provided with medical support: 26,778
- No. of OVC living with HIV/AIDS on ART: 533
- No of OVC provided with food/nutritional assistance: 73,365
- No. of OVC receiving psychosocial support: 94,459
- No. of OVC who obtained birth certificates: 2,055
- No. of OVC who completed vocational training: 8,324
- No. of OVC provided with legal assistance: 2,674
- No. of children reunited with their families: 5,413

The 2009 Progress Report of the PoS concludes: The programme seems to be on course to reaching 400,000 children by 2010.

While the PoS has achieved a certain degree of relief to a substantial number of children, it also faces a number of conceptual and practical challenges, partly inherited from the NAP:

- The PoS does not have a clear and commonly shared definition of OVC. Implementers seem to be confused with regard to who precisely is their target group (see Box in Chapter 2)
- The PoS significantly underestimates the number of children urgently needing social welfare interventions (see chapter 5.2). The target of 400,000 children represents just 11.5% of the 3.5 million extremely needy children.
- The composition of interventions listed above is unbalanced. More than half of the interventions just provide school fees and levies (249,314), while food and nutrition interventions reached only 73,365 children. When subtracting the children provided with school fees and levies only, the actual coverage is only 213,601 or 6.1%
Most interventions are fragmented. Providing school fees only responds to one particular deprivation while most children suffer from a number of deprivations and require assistance which meets more than one of their priority needs. Number of children “reached” therefore does not mean that their core needs have been addressed.

The main cause of children's many deprivations – the extreme poverty of the households in which they live – is hardly addressed by the PoS.

Targeting OVC directly neglects the fact that children depend on their caregivers and that caregivers will only be able to fulfill their role in the context of the economic situation of the household as a whole.

Many of the shortcomings listed above seem to result from the fact that the mix of interventions and their integration (or lack of integration) are more determined by the proposals submitted by non-state-actors than by a social protection concept.

The deficits listed above call for a re-orientation of the PoS in order to provide more comprehensive, inclusive and family oriented social protection. Respective recommendations are given in Chapter 5.2.

**The Basic Education Assistance Module (BEAM)**

BEAM provides school fees and school levies to primary school children living in very poor households. In order not to conflict with the unwritten donor condition that funding should not go through government institutions, an Education Transition Fund has been established which channels funds to more than 5,000 schools. School Development Committees organize a participatory targeting process and control school attendance of beneficiaries.

The scheme aims to reach 560,000 children which otherwise would not have been able to attend school. Costs per term are USD 8.75 per child amounting to total annual costs of USD 26.25. Compared to a total of approximately 3.6 million school age children of whom 3,277,000 were enrolled in 2006 (Gandura 2009), BEAM will cover 16% while the original objective of BEAM is a coverage of 25%. Considering that more than half of all school age children in Zimbabwe are living in extreme poverty, the target of 25% and the planned coverage of 16% are too low.

BEAM is regarded as an innovative transitional funding model. Complemented by UNICEF programmes that provide textbooks, stationary and learning material or by block grants to schools, BEAM could significantly reduce educational deprivations. The programme would be even more successful if secondary schools would be included.
In the medium term Government should consider to replace BEAM by providing free primary and secondary education.

Problematic is the fact that school fees are a standalone intervention and that conditionality is imposed which could lead to situations where children from the poorest households are excluded because they are unable to meet the conditions.

The process of BEAM’s revitalization and potential success can be interpreted as a movement towards Government led social transfer schemes at district and ward level: While initially educational funding was channeled through NGOs, the funds for the 3rd term 2009 and for all terms 2010 (costed at USD 20 million in the PoS budget) were delivered to BEAM because this Government run scheme was evaluated as both, more cost-effective and able to target more children.

4.4 Selected other externally funded social protection programmes implemented by Non-State-Actors

In addition to emergency aid, NGOs and CBOs also implement different kinds of social service and social protection programmes that try to meet different social needs and target different categories of vulnerable groups. By financing non-state-actor interventions donors attempt to fill the gap caused by the deterioration of Government services described above.

World Food Programme (WFP)

The WFP Health Based Safety Net provides nutrition support for ART patients, Pre-ART clients, TB patients and clients of home based care in the form of food supplements. These interventions target individuals, are terminated as soon as the patient has recovered and are limited to a maximum duration of 6 months. People living below the food poverty line face the risk of falling back into malnourishment shortly after being discharged from the programme.

The WFP Social Based Safety Nets provide food rations to food insecure households hosting chronically ill members or OVC, food insecure displaced marginal households, returnees, pre-school and primary school children in food insecure and high malnutrition areas and provide institutional feeding (orphanages, elderly homes, care homes for the disabled). While returnees receive a one-off ration all other programmes are limited to durations between 6 and 12 months.

The WFP Livelihood Based Safety Nets basically provide food, vouchers or cash for work in the context of community asset creation or restoration. The transfers are provided until the respective assets are created.
Protracted Relief Programme II

PRP II is targeting households both in rural and urban settings and aims to reach more than 2 million people by improving their livelihoods. Components of PRP II include increased food production through provision of agricultural inputs, promotion of approaches including conservation farming, improved farmer extension methodologies, provision of small livestock, increased access to potable water and sanitation, improved hygiene practice, promotion of improved nutrition through small vegetable gardens, home based care, and provision of social transfers (PRP II, 2009).

Similar to the PoS, PRP II is a multi-donor, multi-sector fund coordinating 21 NGO implementing partners who work with 30 local partners. While PoS is managed by UNICEF, PRP is managed by MTLC (Managing Technical Learning Coordination) a project of the private company GRM International. Many of the implementing NGOs are also implementing partners of PoS.

While PoS interventions are predominantly providing access to social and welfare services, PRP has a broader spectrum with a focus on food security. Both programmes are similar in that they count the persons “reached” but face challenges with regard to systematic coverage of the neediest households and with regard to responding to their needs in a holistic way.

4.5 Social cash transfer pilot projects targeting extremely poor labour constrained households

Some NGOs like Help Age Zimbabwe (HAZ), Catholic Relief Service (CRS) and the Joint Initiative Consortium (JI) implement cash pilots for persons or households that require reliable long term assistance. Help Age Zimbabwe runs a small pilot for 180 beneficiaries that are older than 80 years. CRS and JI implement pilots that do not exclusively target extremely poor labour constrained households but include them in their programmes.

The dilemma of these pilots is that Due to the limitations of programme funding cycles, NGOs are not able to offer long-term assistance to those households among the chronically poor that may continue to need direct assistance, for example because of high dependency ratios, chronic illness or disability. This is the role of Government, who are ultimately responsible for providing long-term, reliable and predictable social welfare assistance to the chronically poor. As such the exit strategy for NGO assistance for this category is referrals to the Department of Social Services, under the government’s wider Social Protection Framework.
However, it is also important to acknowledge that in the short and medium term, government systems in Zimbabwe are unlikely to have the capacity to absorb all these additional households (Smith 2009).

Extremely poor labour constrained households are neither able to access labour based social protection programmes nor can their needs be met by the short term transfer programmes offered by NGOs, while government social welfare programmes do not have the capacity to absorb them. They fall through all safety nets. This is one of the most pressing unsolved problems of social protection in Zimbabwe.

4.6 Summary: to what extent do ongoing interventions meet the needs for child-sensitive social protection?

From the perspective of a grandmother heading a food poor household with a number of orphans and no adult household member fit for work, ongoing social protection interventions have not much to offer. Her primary concern is to feed the children and to meet some of their other basic needs. Insurance programmes are out of her reach because neither she nor any other family member has worked in the formal sector. Emergency food aid can only reach her if ZimVAC declares that her Ward is food insecure. Even if she gets food aid, it will not meet her cash requirements for soap, clothing, and transport to a health center or medicine. Also food aid stops after 6 months and may not be available in the next year.

Except for BEAM which reaches a significant number of poor households, the chances that she will be reached by any other programme are slim. However, with regard to BEAM her children may not be able to fulfill the conditions applied (regular attendance) because the household may partly survive on child labour or because of other poverty related reasons like lack of clothing or lack of soap to keep clothes clean.

She heads one of the 250,000 extremely poor and labour constrained households (category D in Figure 1) which include approximately 700,000 children. The children in her household are deprived with regard to most of their needs and their human rights, even the right to survival. Extremely poor labour constrained households headed by people living with disabilities or by chronically sick people and the children living in these households are in a similar desperate situation. No programme with significant coverage targets these households. The vast majority of the neediest households are un/reached by the ongoing social protection interventions in Zimbabwe.
Most child-headed households belong to the same category of extremely poor and labour constrained households. Will a 14 year old girl caring for younger siblings be able to complete primary school with the help of BEAM if her household does not simultaneously get more comprehensive assistance including protection from heritage grabbing relatives or sexual abuse? The concept of child-sensitive social protection leads to the conclusion that comprehensive and high coverage interventions for the approximately 12,500 child-headed households in Zimbabwe should given high priority in DSS and UNICEF programme planning.

In more general terms the challenges and constraints of social protection programmes in Zimbabwe are comprehensively described in the MTP:

- Lack of comprehensive and overarching Social Protection Framework
- Social protection income/cash transfer strategies have suffered major value erosion due to hyperinflation
- Highly fragmented and uncoordinated programmes
- The current design and implementation of safety nets perpetuates a dependency syndrome
- Government red tape and duplication of activities by Government departments have resulted in costly programmes with minimum impact
- Lack of systematic selection criteria that leads to exclusion and erroneous inclusion resulting in the able bodied benefiting at the expense of the terminally sick, old and handicapped
- Limited programme coverage resulting in pensions and insurance schemes being confined to formally employed individuals, and
- In some programmes the size of the benefits are too meager and coverage too small to make a meaningful impact.

Encouraging is the experience that UNICEF and partners have demonstrated an enormous potential and capability to address challenges like the cholera outbreak and have rapidly designed and implemented innovative interventions like reviving BEAM and implementing it at scale. Therefore more inclusive and high coverage social protection interventions that focus on the neediest households, which are for structural reasons unable to fend for themselves, do not seem out of reach even under the prevailing political and economic conditions.
Recommendations
Recommendations

5.1 Elaborate a child-sensitive social protection policy framework

Under the heading policy measures for social protection, the MTP (page 111) lists as number one of the activities to be performed: *Develop a comprehensive and overarching Social Protection Policy Framework to improve programme design, beneficiary selection and benefit delivery.*

The social protection policy formulation is in its initial stages. A National Social Protection Consultative Forum held in November 2009 reviewed the situation in Zimbabwe and discussed the experience with social protection policies in neighboring countries. The Multi-Donor Trust Fund (MDTF) managed by the World Bank intends to commission consultancy services for facilitating a participatory process of elaborating a social protection policy framework. UNICEF’s critical role in this process is to ensure that children’s and families’ needs are in the centre of conceptualizing and operationalizing social protection in Zimbabwe.

The policy will have to define the rational, principles, objectives, priorities, target groups, types of interventions, institutional set up and implementing structures, funding mechanisms, coordination arrangements and monitoring and evaluation requirements. Based on the policy, ongoing social protection interventions have to be assessed and re-oriented and additional programmes have to be designed, costed and funded.

The social protection policy has to ensure that a mix of interventions is planned and implemented, which is tailored to the needs of the different categories of extremely poor households and lifts them above the extreme poverty line. At the same time the policy and programme has to include interventions that protect moderately poor households and non-poor households from falling into extreme poverty.

The core problem of all extremely poor households is under-consumption and lack of access to basic services caused by a lack of purchasing power. In order to overcome this problem the social protection policy will have to identify programmes to empower all extremely poor households by directly or indirectly increasing their incomes. Extremely poor households, which are at the same time labour constrained, require direct income support in the form of social assistance. The non-labour constrained extremely poor households require a combination of temporary consumption grants combined with assistance that results in employment or in sustainable income generating activities.

A more detailed analysis of options for assisting extremely poor labour constrained households (category D in Figure 1) is given in Chapters 5.2
and 5.3. Interventions for non labour constrained extremely poor households (category C in Figure 1) are a rather complex issue because the 1,250,000 households in this category are heterogeneous. Small farmers require different interventions compared with urban unemployed youth, internally displaced households or adolescent mothers. Some interventions which may be suitable for a number of these categories are ongoing (like the provision of training in conservation farming, training allowances, small livestock, seed, fertilizer and tools for small farmers or skills training for adolescent mothers). However, the challenge is to integrate these interventions into a consistent social protection policy which ensures that a large share of category C households is reached by interventions that are tailored to their specific needs.

Social protection is a multi-sector task that requires the coordinated cooperation of a number of ministries. The social protection policy therefore has to establish linkages between social services (welfare, health and nutrition, education, health), economic services (agricultural extension, micro-finance) and emergency and disaster management activities. It is the role of social protection to ensure that all these services reach the extremely poor which are often by-passed as they are more difficult to reach compared to the better off population.

In summary, a comprehensive social protection policy will have to include the following types of interventions:

- Regular social transfers that lift 250,000 extremely poor labour constrained households above the food poverty line (social assistance)
- A combination of temporary consumption transfers combined with an investment in productive assets and/or training to facilitate that 1,250,000 extremely poor labour endowed households work themselves out of poverty (livelihood programmes)
- Government and private sector insurance programmes that reduce the risk of moderately poor or non-poor households from falling into extreme poverty (social security)
- Programmes tailored to the needs of persons including children that live in institutions (orphanages, old people’s homes, prisons) or on the street
- Welfare services like home-based care, psychosocial support, HIV prevention, protection of children from exploitation and abuse, birth registration
- Linking extremely poor households and their children to social services (welfare, health, nutrition, water, sanitation, education and justice) where services are functioning
- Ensuring that social services reach out to extremely poor

Recommendations
households (e.g. user fee policy) and are tailored to their needs and to the needs of the children living in those households.

- Extremely poor households caring for children or other persons with profound and multiple disabilities or for severely chronically ill persons, may have to be considered labour constrained (and thus eligible for social transfers) even if their dependency ratio is lower than 3 because the caregivers may not be able to work.

- Transformative measures that regulate and enforce the social and economic rights of children and of other vulnerable groups. Such measures may include free primary and secondary education and free basic health care as well as measures that ban child labour and that enforce the protection of children from exploitation and abuse.

It is important to be aware of the linkages between poverty and social and welfare services. While extreme poverty denies access to basic services (inability to pay for transport to health centres, to pay user fees, to meet school requirements), lack of access to basic services (health, HIV prevention, water and sanitation) results in reduction of the capacity to work and in the death of breadwinners, a main reason for falling into extreme poverty. In addition to insurance programmes mentioned above, the provision of basic services has to be seen as an indispensable means to prevent extreme poverty.

As social protection is a cross-cutting task that requires coordinated interventions from different ministries, civil society, UN agencies and donors, coordination on national, sub-national and community level is essential. Tools to coordinate all the programmes listed above on national level are a social protection policy, a social protection steering committee, a technical committee and a government unit that takes the lead. The policy will have to determine how coordination will be done on sub-national and community level.

### 5.2 Re-orient the Programme of Support for the National Action Plan for OVC

Both, the NAP and the PoS end in December 2010. A comprehensive review of the PoS is under way and will be the basis for negotiating the next NAP and the next PoS. Based on the analysis given above (Chapter 4.3) the following recommendations for the re-orientation are given:

- While not abandoning the objective to improve children’s access to social and welfare services, the next NAP and the next PoS should not just aim at ‘reaching’ children with one or two services. Instead NAP and PoS should focus much more on fundamentally changing children’s lives by lifting a substantial number of children out of extreme poverty.
In order to lift a large share of the 3.5 million neediest children out of extreme poverty the PoS needs to target household poverty because household poverty is the driver of most deprivations. The PoS needs to economically empower the caregivers to be able to meet children’s needs.

- By lifting households above the food poverty line the PoS will not only benefit children but all household members. This is in line with other UNICEF interventions like WASH, which also do not narrowly focus on children only.

- By reducing household food poverty, the PoS will not only improve the well-being of children living in extremely poor households but will also contribute to achieving the MDGs.

- In order to improve the data base for planning social protection interventions PoS should support a new Poverty Assessment Study Survey.

To achieve the above the PoS should consider redefining its target group. Instead of directly targeting OVC it should target food poor families or households and empower them to care for their children and for other vulnerable household members. In order to achieve a more balanced combination of

- facilitating access to social and welfare services and
- reduction of household poverty,

the next PoS should allocate a much bigger share of total funds to raising the income of extremely poor households.

Considering the big number of extremely poor households it would, however, be unrealistic to assume that PoS alone could achieve a sufficient impact with regard to the reduction of extreme poverty. PoS has to be coordinated with complementary programmes such as the Protracted Relief Programme (PRP). If PoS focuses on extremely poor labour constrained households while PRP and others focus on extremely poor labour endowed households, it could still be possible to achieve the MDG target of halving extreme poverty by 2015.

In detail PoS should plan to lift by 2015 150,000 extremely poor labour constrained households with 400,000 children out of extreme poverty by providing them with social cash transfers. At average annual costs of USD 350 per household the total annual costs of the social cash transfer programme will amount to 52.5 million once it has been scaled up to reach 150,000 households. At the same time PRP and other programmes should annually assist at least 120,000 extremely poor but labour endowed households to work themselves permanently out of poverty. In this way by 2015 750,000 households would be lifted above...
the food poverty line and would be empowered to provide basic needs for about 1.6 million children that are presently extremely needy.

Annual costs of USD 52.5 for social cash transfers plus costs for the ongoing enhancement of social and welfare services are calling for a substantially higher budget for the PoS. These funds will only be made available if donors realize that social cash transfers to extremely poor labour constrained households not only benefit a large number of children but will also reduce the deprivation of other vulnerable members of extremely poor labour constrained households like elderly persons, persons living with disabilities and chronically sick persons. Considering that at least 70% of all extremely poor and labour constrained households are in one or the other way HIV and AIDS affected, social cash transfers also serve as an AIDS mitigation programme and could therefore be co-financed by the GFATM.

During the present political situation these programmes will most probably have to be implemented by non-state-actors. However, the mix of PoS interventions and their geographical distribution should not be determined by the proposals submitted by NGOs but should be guided by a social support plan to which the implementing partners will have to align. The planning process should be participative, should be led by Government and should start as early as possible.

By participating in the planning process, implementing partners will be able to bring in their experience and will at the same time be re-oriented from an OVC-HIV/AIDS centered approach to a family centered approach and from delivering in kind to managing social cash transfers. The ongoing cash transfer pilot programmes will provide valuable lessons learned (see Chapter 4.5).

In addition to receiving cash transfers which will lift them above the food poverty line, extremely poor labour constrained households require access to welfare services and social services. To meet this need, the next PoS will have to take a holistic approach by linking beneficiary households to existing services where these services exist and by improving health, nutrition and WASH services where they are deficient. At the same time children who suffer from deprivations that are not or not only caused by poverty, have to be targeted by specialized services like psychosocial support and home-based-care.

While the re-orientation of the PoS recommended above will lead to shifts in priorities, in planning and implementation procedures and structures, and in the mix, geographical distribution and coordination of interventions, it is important to ensure that beneficiaries of ongoing PoS interventions are protected from hardships associated with programmatic changes.
Finally the next PoS should assist the Government to implement a new Poverty Assessment Study Survey (PASS) that provides data on the poverty levels of different categories of households. These data are required to verify the estimates of the numbers of poor and extremely poor households, of children and of other vulnerable groups used in Chapter 3, which are based on outdated statistics. They are also needed to analyze further the causes of poverty and vulnerability and the cause-effect relationships between household poverty and children’s deprivations.

5.3 Explore the feasibility of government led social cash transfers as a core component of the future social protection programme

Social assistance in the form of social cash transfers to households that for reasons beyond their control are unable to fend for themselves is a core Government function. Government has performed this function before the economic crisis weakened its capacity and is still running social assistance programmes on a limited scale (see Chapter 4.1). In order to provide broad coverage, reliable and sustained social assistance, Government will have to revitalize and to some extent reform its social assistance interventions as soon as possible.

Under prevailing frame conditions characterized by scarcity of domestic funds, the unwillingness of donors to directly fund Government activities, and eroded capacities of the DSS, Government is not able to fund and implement large scale social assistance interventions in the form of cash transfers or in any other form. However, it seems prudent that Government prepares for the time when frame conditions normalize and funds for social protection will again be available.

In addition to investing in national social protection systems through using innovative ‘post-crisis transitional fund models’ like BEAM to inject funds more directly into existing social services, there is need to strengthen Government human resource capacity to conceptualize and manage effective social protection interventions. The MDTF is already commissioning consultancies tasked to assess capacity building needs of DSS structures on national and sub-national level in detail, to implement capacity building activities, and to facilitate a participatory process to elaborate a social protection policy framework.

It is recommended to complement these activities by a social cash transfer pilot programme planned, implemented, monitored and evaluated by the DSS. The scheme would target extremely poor labour constrained households. Technical assistance and the financing mechanism could be provided by the MDTF in cooperation with UNICEF. The rationale for recommending this activity is:
The analysis given above (Chapter 3) has identified that extremely poor labour constrained households urgently require social protection interventions. Ongoing social cash transfer pilot activities implemented by NGOs are mostly ‘cash in emergency’ type interventions. They do not systematically target this specific category of households and are not tailored to the specific needs of extremely poor labour constrained households.

Interventions tested by non-state-actors are also not necessarily replicable by Government structures and will not easily lead to Government ownership.

A scheme implemented by the DSS will inform the policy formulation process with regard to the feasibility, cost-effectiveness and impact of social cash transfers as a core component of a social protection policy.

The scheme would be organized as a learning process (action research). In this way DSS officers on all levels would acquire conceptual and practical skills and experience and would take full ownership. The process will facilitate on-the-job-training that will complement other more classroom type capacity building activities.

Action research on social cash transfers is also an opportunity for DSS to rationalize and streamline the multitude of categorical schemes that are partly dormant and partly working in a low coverage mode.

A detailed Concept Proposal for Operational Research and Capacity Building on Social Cash Transfers for Extremely Poor Labour Constrained Households (ORCEL) is given in Annex 3.
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ANNEX 1

Terms of Reference
Terms of Reference

Consultancy to Write a Strategy/ Thought Paper on Child-Sensitive Social Protection in Zimbabwe

Title: Social Protection Specialist
Location: Harare, Zimbabwe
Duration: 6 weeks
Start Date: February 2010
Reporting to: UNICEF, but with regular communication to the UNCT as well as the Ministry of Labour and Social Services

BACKGROUND AND JUSTIFICATION

HIV/AIDS, deepening poverty and the effects of the socio-economic crisis of recent years has severely impacted on children’s and well-being in Zimbabwe. Despite a number of innovative programming schemes in recent years for orphans and other vulnerable children (OVC), evidence indicates that both the incidence and prevalence of orphans are rising in Zimbabwe (ZDHS, 2009). Orphanhood prevalence amongst children aged 0-17 years remains high at 37% and only 21% of these have been reached through some form of external support (MIMS, 2009). A further 17% of the most marginalised children, mostly those from impoverished families in rural areas, are not attending school due to associated costs and are therefore especially vulnerable to violence, exploitation and abuse. Unpublished UNICEF and partner reports further indicate that children are increasingly adopting risky livelihoods to support their families, including child prostitution and irregular child migration.

Social Protection is a priority of the new Government of National Unity in Zimbabwe but as yet no comprehensive “child sensitive social protection” strategy or policy is in place. Zimbabwe has an extensive range of social protection mechanisms, many functioning relatively well before the recent macro-economic crises. A number of these programmes, however, lack broader policy frameworks, including targeting guidelines and rigorous monitoring systems. These same programmes have also struggled to cope with the context of transition which has limited Government’s capacity to manage and monitor such programmes.
In a new “transitional fund model” managed by UNICEF, funds have been injected into the revitalisation of BEAM (the Basic Education Assistance Module) providing for school funds, levies and examination fees to OVC, through the Programme of Support for OVC. The Programme of Support is a multi-sector, multi-donor fund that coordinates OVC support and care assistance through community-based partners. Both the BEAM and the Programme of Support for OVC now active in Zimbabwe provide new opportunity to review social protection in Zimbabwe given their national coverage and available funding.

Zimbabwe is striving to maintain peace and security so that it may achieve the rate of economic growth that will enable it to develop once again. While many people will benefit from the economic growth that is looked for, some will not. Even if the growth is pro-poor, it is well recognised that not all poor people are able to participate in the growth or to access its benefits. Inequities based on socio-economic status and geographic locations are already highly visible in social outcomes such as health and education access of children.

Special measures are required to ensure that vulnerable children across the country are adequately protected. A variety of such measures have been active in Zimbabwe’s past. What sort of measures might now be revised and/or introduced? A consultancy is proposed to answer this question, developing options that interested parties, most notably government and the development/humanitarian partners, could consider.

However in order to be able to develop practical options there is also the need to firstly understand the context and the underlying critical issues which might warrant the choices of specific options over others. In practice this requires a study that explores in depth, the full range of critical issues involved; specifically in the context of issues affecting the social well-being and protection of Zimbabweans. The consultant is therefore also required to include such a study as part of its contractual terms and should use the outcome to inform choice of appropriate options.

**SCOPE OF WORK**

The broad scope of work required include a description of different forms of child-related social protection and related measures, child grants and/or other cash transfers formerly in place, active or to be introduced in Zimbabwe that that would address the socio-economic challenges of children and families who, for a variety of reasons, are unable to achieve adequate livelihood opportunities. This also includes critical analysis of the advantages and disadvantages – including the costs - for vulnerable families and the government of Zimbabwe.
Main tasks

- Based on available documentation, briefly analyse household coping strategies in the current context of Zimbabwe that prompt social protection interventions for the most vulnerable;

- Conduct a literature review of child-focussed social protection measures suitable for the transition context in Zimbabwe, in view of previously designed active/ inactive social protection schemes for children in the country and the region;

- Taking note of the 2009 revitalisation of the BEAM study and the future potential of the Programme of Support for OVC as well as other related schemes, analyse child-focussed social protection measures for their advantages and disadvantages, their impact on poverty and the cost for both government and beneficiaries;

- Develop a “thought” paper for UNICEF and critical partners as to how to complement and strengthen existing social protection programmes that benefit the most vulnerable children in Zimbabwe;


EXPECTED DELIVERABLES

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<th>Tasks</th>
<th>End Products/ Deliverables</th>
<th>Time frame – 6 weeks</th>
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<td>Analysis of household coping strategies in the current context of</td>
<td>Literature review chapter of the issues paper which focuses on Zimbabwe’s prior social</td>
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<tr>
<td>Zimbabwe that prompt social protection interventions for the most</td>
<td>protection schemes of benefit to vulnerable children and families, but also references</td>
<td></td>
</tr>
<tr>
<td>vulnerable</td>
<td>notable social protection schemes internationally from which Zimbabwe might draw</td>
<td></td>
</tr>
<tr>
<td></td>
<td>inspiration</td>
<td></td>
</tr>
<tr>
<td>Literature review of child-focussed social protection measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suitable for the transition context in Zimbabwe, in view of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>previously designed active/ inactive social protection schemes for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>children in the country and the region</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Tasks** | **End Products/ Deliverables** | **Time frame – 6 weeks**
--- | --- | ---
Analyse the current and former social protection measures in Zimbabwe, as well those mentioned in the review, for their advantages and disadvantages, their impact on poverty and the cost for both government and beneficiaries | Analysis chapter of the issue paper which takes into account all the key tasks elements | 2 weeks
Develop a “thought” paper for UNICEF and critical partners as to how to complement and strengthen existing social protection programmes that benefit the most vulnerable children in Zimbabwe | Full fledged “thought” paper taking into account all key elements of the tasks above and incorporating key issues as well as policy/strategic intervention recommendations | 2 weeks
Where appropriate, recommendations must take into account relevant requirements of the “STERP” of the Government of Zimbabwe, revised ZUNDAF for the UNCT and the Mid-term Review of UNICEF 2009/2010

**DESIRED BACKGROUND AND EXPERIENCE**

**For institutions:**
- Should have a good track record in policy development
- Should have experienced team with at least five years experience in the field of policy development.
- Have capacity to coordinate meeting of various stakeholders.
Individuals

- Advanced University Degree in Social Sciences with specific reference to social policy or public policy management or related technical field.
- Proven experience in preparing social policy reports/documents
- Proven ability to conceptualize, plan and manage programs as well as transfer knowledge and skills;
- Must be fluent in English with excellent writing skills;
- Ability to plan and maintain project schedules and meet required deadlines
- 6 years or more of working experience in the area of social/public policy
- Ability to coordinate different interest groups
- Good analytical, communication, managerial, leadership and advocacy skills.
- Experience working in a conflict/post-conflict environment.

REPORTING

Will report to the Chief of Child Protection, UNICEF, with close liaison with the Deputy Representative and Representative of UNICEF. Will also undertake dialogue with social protection partners in the country, as guided by the supervisor. Members of the UNCT team will provide respective agency inputs as will as contribute to relevant chapters of the paper. The consultant will have access to key UN publications on the subject matter and his/her work will be facilitated by the UNCT as much as possible. The consultant will be provided with work tools such as a desk but must provide own transport and computer.
ANNEX

Department of Social Services Budget Estimates for 2010
### 111. DEPARTMENT OF SOCIAL SERVICES BUDGET ESTIMATES FOR 2010

**IMPLICATIONS OF EXPENDITURE TARGETS ON THE FUNDING FOR ONGOING PROGRAMMES**

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Budget Estimate 2009</th>
<th>Revised Budget Estimate 2009</th>
<th>Projected Expenditure To 31/12/09</th>
<th>Expenditure Targets 2010</th>
<th>Ideal Budget Requirements 2010</th>
<th>Envisaged Shortfall 2010</th>
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<tbody>
<tr>
<td>Basic education assistance module</td>
<td>8,000,000</td>
<td>8,000,000</td>
<td>16,900</td>
<td>15,000,000</td>
<td>79,186,815</td>
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<td>Children in difficult circumstances</td>
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<td>2,000,000</td>
<td>68,180</td>
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<td>Public works</td>
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<td>6,000,000</td>
<td>3,000</td>
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<td>Health assistance</td>
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<td>Maintenance of disabled persons</td>
<td>3,000,000</td>
<td>3,000,000</td>
<td>100,000</td>
<td>4,500,000</td>
<td>4,500,000</td>
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<tr>
<td>Maintenance of elderly persons</td>
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<td>160</td>
<td>2,000,000</td>
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<td>National heroes dependants assistance</td>
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<td>1,000,000</td>
<td>70,000</td>
<td>1,000,000</td>
<td>1,381,560</td>
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<td>Public assistance families</td>
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<td>227,600</td>
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<td>5,000,000</td>
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<td>Paupers burial</td>
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<td>1,000,000</td>
<td>1,719</td>
<td>2,000,000</td>
<td>2,000,000</td>
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<td>Support to government institutions</td>
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<td>99,901</td>
<td>3,700,000</td>
<td>5,500,000</td>
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<td>Community recovery programmes</td>
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<td>-</td>
<td>20,000</td>
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</tr>
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<td>Poverty assessment study survey 111</td>
<td>15,000</td>
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<td>15,000</td>
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<td>HIV/AIDS awareness</td>
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<td>2,000</td>
<td>12,000</td>
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<td>Children in the streets fund</td>
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<td>Registration and monitoring of NGOs</td>
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<td>8,000</td>
<td>5,000</td>
<td>100,000</td>
<td>100,000</td>
<td>-</td>
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<tr>
<td>Millennium development goals</td>
<td>10,000</td>
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<td>-</td>
<td>10,000</td>
<td>10,000</td>
<td>-</td>
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<tr>
<td><strong>Total Budget Estimate 2009</strong></td>
<td><strong>35,795,000</strong></td>
<td><strong>29,795,000</strong></td>
<td><strong>618,771</strong></td>
<td><strong>42,426,000</strong></td>
<td><strong>154,675,375</strong></td>
<td><strong>112,249,375</strong></td>
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</tbody>
</table>
ANNEX 3

ORCEL Project Concept Note
Project Concept Note

ZIMBABWE

Operational Research and Capacity Building on Social Cash Transfers for Extremely Poor Labour Constrained Households (ORCEL)

1. Key development issues and rationale for Bank involvement

During the last 10 years Zimbabwe has experienced an unprecedented decline of nearly all economic and human development indicators. 78% of the population lives below the Total Consumption Poverty Line, 55% below the Food Poverty Line. Hyperinflation resulted in the collapse of Government revenues and expenditures in 2008. Employment based social protection mechanisms such as private and public pension and insurance schemes have been eroded. The high HIV and AIDS prevalence has led to decreasing life expectancy, has orphaned 25% of all children in Zimbabwe and has resulted in a growing number of generation gap households. Children living in food poor households are deprived of most of their basic needs.

While until the year 2000 Zimbabwe had one of the best social protection systems in Africa called the Enhanced Social Protection Programme, this programme as well as the social protection implementation structures have eroded to such an extent that Government social protection interventions are now far from meeting the growing social protection needs.

The Short Term Emergency Recovery Programme (STERP) acknowledges social protection as a priority sector for poverty reduction, growth and development in Zimbabwe. Social cash transfers are widely recognized as one of the tools for providing social protection for those households that for reasons beyond their control are unable to fend for themselves. These are households which are in the lowest poverty quartile and have no adult household member fit for productive work or have a dependency ratio of 3 or worse. It is estimated that approximately 10% of all households in Zimbabwe belong to this category.

These households are predominantly composed of children and, noting the heavy impact of HIV and AIDS and recent humanitarian crises in Zimbabwe, children are the age group to be most affected. This is evident in the findings of the MIMS survey in which children most affected by hunger and lack of access to basic services are also those from the poorest quartile.

During the last years these households and their children have for most part benefitted from large scale food aid programmes and from other humanitarian interventions implemented by non state actors. These
services are not necessarily comprehensive in nature, are not necessarily reaching the neediest nor necessarily meet their priority needs. Government social protection programmes have deteriorated and are reaching only a very small fraction of the households that urgently need social assistance.

In order to pave the way for a reconstruction and reform of social protection in Zimbabwe that benefit the most vulnerable, including children and families, knowledge generation, capacity development and funding is required. While internal and external funds for Government-led social protection will hopefully be made available in the process of normalization and recovery, knowledge generation and capacity building should start as early as possible.

Research questions

- Do DSS structures on national and district level have the capacity to implement a social cash transfer scheme?
- What are the most appropriate mechanisms for cost-effective targeting, administration and delivery of social cash transfers?
- How to ensure that inclusion and exclusion errors are minimized and that any form of leakage is avoided?
- What is the impact of regular social cash transfers for beneficiaries, non-beneficiaries, communities and the local economy?
- Can social cash transfers for extremely poor labour constrained households replace some of the many categorical social assistance programmes implemented by the DSS and provide inclusive social protection at scale?

Operational research in the form of social cash transfer pilot activities, that will be designed and implemented by officers of the Department of Social Services (DSS) on national, provincial, and district level with Technical Assistance from the Bank and from UNICEF, would serve a number of purposes. It would generate knowledge on the feasibility, cost-effectiveness and impact of social cash transfers implemented through Government structures. It would provide an opportunity for the DSS to rationalize and streamline its multitude of categorical public assistance programmes. It would also facilitate learning and capacity building processes at all levels of the DSS.

This project would complement other interventions of the Multi-Donor Trust Fund like the support to the elaboration of a Social Protection Framework for Zimbabwe. It would also complement the cash transfer pilot schemes implemented by non state actors in the context of humanitarian assistance. While humanitarian assistance is short term, the needs of the extremely poor labour constrained households are long term and require different types of programmes.
2. Objectives, target group and institutional arrangements

Household level objectives

- Reduce poverty, hunger and starvation in all extremely poor and at the same time labour constrained households living in the pilot area.
- Increase school enrolment and attendance, the health and nutrition of children living in target group households as well as child protection outcomes such as the reduction of child marriage, child labour and potentially unsafe migration.

Knowledge generation and capacity building objectives

- Generate information on the feasibility, cost-effectiveness and benefits including the positive and negative outcomes of social cash transfers as a component of a broader social protection framework and accompanying programmes in Zimbabwe.
- Facilitate ownership and capacity building of Government structures through assisting DSS officers to implement action research, and through on-the-job training.
- Contribute to rationalizing and streamlining of social assistance programmes implemented by the DSS.

Target group

Households in the pilot area that are extremely poor (lowest expenditure quartile) and at the same time labour constrained (no fit adult household member or a dependency ratio of 3 or worse). The pilot area should have approximately 20,000 households resulting in a target group of approximately 2,000 households.

3. Preliminary project description

The project will be implemented by the DSS with assistance from the Bank and from UNICEF. At national level a senior DSS officer (full time) assisted by other officers as required, will be in charge of the overall management including monitoring. He/she will be assisted by a full time UNICEF officer. At the level of the pilot district, coordination will be done by one District Social Welfare officer (full time) assisted by other officers as required. Funds for transfers to beneficiaries will be channeled through a private financial institution. Funds for administrative costs on national and district level will be channeled through UNICEF.

DSS in cooperation with the Bank and UNICEF will select a pilot area. Targeting and approval should be done in a transparent and participative process involving the community and civil society. The volume of the transfers for different household structures has to be determined. Delivery should be reliable, safe, client friendly and cost-effective. Target group households are mainly composed of children, elderly persons, persons living with disabilities and with HIV and AIDS. In addition to income support they need to be linked to social services.
The pilot will also have to find ways how to fine-tune targeting for special cases like extremely poor households that care for children or other persons with profound and multiple disabilities or for severely chronically ill persons. Due to the workload related to intensive care such households may be labour constrained even if their dependency ratio is lower than 3.

In order not to reinvent the wheel DSS and UNICEF will base the programme design as far as possible on the lessons learned from ongoing pilots implemented by non state actors in Zimbabwe and by Government implemented social cash transfer programmes in neighboring countries. Procedures for targeting, approval, delivery and monitoring will be clearly explained in a Manual of Operations and in Guidelines for Monitoring.

The Manual has then to be tested and improved in a sequence of test runs until a promising design has been elaborated. Based on lessons learned from the test runs the pilot programme will be rolled out, implemented and monitored over a period of 2 years. After one year an external evaluation will be commissioned which will assess the performance and impact and will provide policy recommendations.

4. Risk factors

The pilot programme has the task to anticipate risks and to mitigate foreseeable risks by an appropriate design. Unforeseen risks will become evident during implementation and have to be mitigated during the testing phase and throughout implementation. To facilitate risk mitigation the programme has to be organized as a continuous learning process. Foreseeable risks that have to be mitigated in the design phase and monitored during implementation are:

- Interference in the targeting and approval process
- Financial management and accountability problems
- Security issues when cash is delivered
- Market failures
- Supply side deficits with regard to social services

5. Proposed schedule and resource estimate

Phase 1 (III + IV 2010): Operational research to prepare a social cash transfer pilot scheme

1. Selection of a pilot area. Formation of a management team. Financial arrangements (funding and responsibilities for accounting) for phase 2
2. Organising workshops and exposure trips of the management team to learn from pilot cash transfer activities in Zimbabwe and to study the social protection policy and the inclusive social cash transfer scheme in Malawi
3. Rapid appraisal of administrative, human resource and infrastructural frame conditions in the area where the operational research will be carried out

4. Preliminary agreement on key parameters like objectives, target group, targeting mechanism, volume of transfers and delivery mechanism

5. Drafting, testing and evaluating targeting and delivery procedures including training of officers for the testing of the procedures

6. Designing and costing a 24 months pilot scheme (Logframe, plan of activities, detailed budget, institutional set up, Manual of Operations, Guidelines for Monitoring) and presenting it to decision makers

Phase 2 (I 2011 – IV 2012): Implementation of the pilot scheme

1. Setting up and on-the-job training of management units and supervision and reporting arrangements on national and district levels

2. Organising funding and accounting procedures

3. Organising a monitoring and evaluation system

4. Rolling out the scheme in accordance with the Manual of Operations

5. Organising frequent workshops of stakeholders involved in order to identify lessons learned

6. Corrective action and replanning based on monitoring and evaluation results

7. Biannual progress reports and final reports giving an assessment of the feasibility, cost-effectiveness and impact of the pilot scheme as well as recommendations with regard to scaling up to national level

8. In case of approval – planning and funding the scale up of the social cash transfer scheme.

6. Resource requirements

- UNICEF social protection officer for 30 months and administration costs (USD 200,000)
- External consultancy for 9 months over the entire period (USD 250,000)
- Vehicles and office equipment to be determined (estimated USD 100,000)
- Costs for workshops, exposure trips, trainings etc. (estimated USD 100,000)
- Administrative costs for targeting, approval, delivery and monitoring (allowances for national officers, fuel, stationary, etc.) estimated at USD 200,000
- Costs of transfers to 2.000 beneficiary households estimated at USD 1.2 million (USD 300 per household per year)
- External evaluation estimated at USD 300,000.