FINAL REPORT

Evaluation of Expansion and Scale-Up of HIV Sensitive Social Protection in Eastern and Southern Africa 2014-2018

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Evaluation of Expansion and Scale-Up of HIV-Sensitive Social Protection in Eastern and Southern Africa

2014-2018

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CONTENTS

List of tables, figures and boxes 4

List of abbreviations and acronyms 5

Executive summary 7

1. Introduction 12

2. Overview of the initiative 13

- 2.1 Ex-Post Theory of Change 14
- 2.2 Malawi 16
- 2.3 Mozambique 17
- 2.4 Zambia 18
- 2.5 Zimbabwe 19
- 2.6 Regional component 20

3. Evaluation purpose, objectives and scope 20

- 3.1 Purpose 20
- 3.2 Objectives 21
- 3.3 Scope 21

4. Methodology 23

- 4.1 Structured desk review 24
- 4.2 Primary data collection 24
- 4.3 Quantitative analysis of programme data 24
- 4.4 Ethical considerations 26
- 4.5 Limitations 27

5. Findings 27

- 5.1 Relevance 27
- 5.2 Effectiveness 32
- 5.3 Efficiency 40
- 5.4 Sustainability 43
- 5.5 Impact 46
- 5.6 Equity and human rights 52

6. Conclusions 56

7. Lessons learned 58

8. Recommendations 59

REFERENCES

Annex A: Country-level results framework 65

Annex B: Evaluation's Terms of Reference 70

Annex C: Data collection activities and sample size 80

Annex D: Field work instruments 82

Research instruments Eastern and Southern Africa Regional Office 82

Key informant guide: Staff from UNICEF ESARO 82

Research instruments, Malawi 88

Key informant guide: UNICEF Country Office staff 88

Key informant guide: Representatives from government MDAs or partners at national level 96

Key informant guide: Representatives from government MDAs or partners at sub-national level 104

Focus group discussion guide: Extension workers 111

Focus group discussion guide: SCTP beneficiaries 117

List of tables, figures and boxes

Table 1. Evaluation objective and questions per criterion 22

Table 2. Sub-national fieldwork locations 25

Table 3. List of stakeholders consulted by country/office 25

Table 4. Country-level results framework performance 34

Table 5. Enablers and barriers to success 39

Figure 1. Ex-post theory of change of the initiative 15

Figure 2. Performance-target ratio, selected beneficiary and community level reach indicators 36

Figure 3. Project expenditure per office by 31 July; realization vis-à-vis requested budget 41

Figure 4. Share of project expenditure by type 42

Figure 5. Share of selected outcome indicators, by gender 54

Box 1. Changes in country-level results framework 29

Box 2. What to make of service delivery by third parties? 31

Box 3. Under-resourcing of support functions 37

Box 4. Voices from the field: how reducing stigma affects people's day-to-day lives 48

Box 5. Government of the Netherlands leadership on SRH 60

List of abbreviations and acronyms

ACTLi	Adolescent Cash Transfer Learning Initiative (Zambia)
AIDS	acquired immunodeficiency syndrome
AMME	Associação Moçambicana Mulher e Educação (Mozambique)
ART	antiretroviral therapy
C4D	Communication for Development
CATS	Community Adolescent Treatment Supporters (Zimbabwe)
CBOs	community-based organizations
CCCWs	Community Child Care Workers (Zimbabwe)
CCPC	Community Child Protection Committee (Mozambique)
CO	Country Office
CSOs	civil society organizations
CWAC	Community Welfare Assistance Committee (Zambia)
ENSSB I	National Basic Social Security Strategy 2010-2014 (Mozambique)
ENSSB II	National Basic Social Security Strategy 2016-2024 (Mozambique)
EPRI	Economic Policy Research Institute
FDC	Fundação para o Desenvolvimento da Comunidade (Mozambique)
FGDs	focus group discussions
FPAM	Family Planning Association of Malawi (Malawi)
HIV	human immunodeficiency virus
HSCT	Harmonized Social Cash Transfer (Zimbabwe)
HRBA	human rights-based approach
INAS	National Institute of Social Action (Mozambique)
KII	key informant interview
LRS	Linkages and Referral System (Malawi)
MCDSS	Ministry of Community Development and Social Services (Zambia)
MDAs	Ministries, Departments and Agencies
MGCAS	Ministry of Gender, Children and Social Affairs (Mozambique)

MIS	Management Information System
MISAU	Ministry of Health (Mozambique)
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare (Malawi)
MoH	Ministry of Health (Zambia)
MoHCC	Ministry of Health and Child Care (Zimbabwe)
MoLSW	Ministry of Labour and Social Welfare (Zimbabwe)
M&E	Monitoring and Evaluation
NAC	National AIDS Council (Zimbabwe)
NAFEZA	Núcleo das Associações Femininas da Zambézia (Mozambique)
NGO	non-governmental Organization
NSSP	National Social Support Programme (Malawi)
OECD-DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
PSSB	Basic Social Security Programme (Mozambique)
SDSMAS	District Services of Health, Women and Social Affairs (Mozambique)
SSA	Sub-Saharan Africa
SCT	Social Cash Transfer (Zambia)
SCT-HIV	Social Cash Transfer – Human Immunodeficiency Virus (Zambia)
SCTP	Social Cash Transfer Programme (Malawi)
SRH	sexual and reproductive health
TOR	terms of reference
TOC	theory of change
UNICEF	United Nations Children's Fund
UNICEF ESARO	UNICEF Eastern and Southern Africa Regional Office
UNEG	United Nations Evaluation Group
VHWs	Village Health Workers (Zimbabwe)

EXECUTIVE SUMMARY

Introduction

Home to more than 50 per cent of all the people living with human immunodeficiency virus (HIV) in the world, the Eastern and Southern Africa region is the current epicentre of the HIV epidemic. In the region alone, 800,000 individuals become infected every year. Weak healthcare infrastructure, poverty, gender inequity, low awareness of HIV, stigma and discrimination all contribute to the persistence of the HIV epidemic in the region. Over the years, the response of governments and development partners' to the epidemic has evolved, and it now increasingly focuses on addressing the structural drivers of HIV risk within a broader development context, in addition to treatment. In this context, social protection has been identified as an avenue for addressing the needs of vulnerable populations, including persons at risk of contracting HIV, or who are living with and affected by HIV. By ensuring that national social protection systems address HIV-related vulnerabilities, increasing the HIV-sensitivity of social protection systems can help improve HIV outcomes. To this end, UNICEF Eastern and Southern Africa Regional Office (ESARO) implemented the Expansion and Scale-Up of HIV-Sensitive Social Protection in Eastern and Southern Africa initiative in Malawi, Mozambique, Zambia and Zimbabwe (hereafter: 'the HIV-sensitive social protection initiative' or 'the initiative') between 2014 and 2018. This report presents the evaluation of the initiative.

Overview of the initiative

Under the initiative, UNICEF ESARO and UNICEF Country Offices provide technical assistance to the four priority countries, and document cross-country learnings. The initiative aims to: effectively reach and have a positive impact on vulnerable children and adolescents, with a focus on persons at risk of contracting HIV, or who are living with and affected by HIV; strengthen government capacity for scale-up and operationalization of social protection systems; and increase vulnerable children's and adolescents' access to and utilization of social services.

Activities under this initiative have differed in their design and execution, allowing for adaptation to country contexts. In Malawi, activities have focused on monitoring and evaluation of the National Social Support Policy; designing and implementing a system to refer cash transfer beneficiaries to HIV-related social services; and creating demand for HIV services among adolescents. In Mozambique, activities have focused on providing policy-level support to the operationalization of the new social protection strategy, strengthening community-based and statutory case management, and conducting social protection fairs. In Zambia, the Government and UNICEF have evaluated and scaled up a package of services that aims to increase the utilization of HIV services by adolescents. In Zimbabwe, the initiative has focused on strengthening the child protection case management system and ensuring linkages between the country's flagship cash transfer programme and HIV-related services, by using payment days to deliver services. In addition, the initiative's regional component, led by UNICEF ESARO, has focused on documentation and dissemination of best practices and overall technical assistance to the country offices involved.

Evaluation purpose, objectives and scope

The purpose of the evaluation is to understand better how and under what conditions the interventions implemented under the initiative's grant are functioning, and to assess the extent to which the initiative has met its objectives and achieved the expected results. The evaluation also documents the successes, challenges and lessons learned in the implementation of the initiative, and assesses the efficiency and effectiveness of UNICEF's inputs. The evaluation covers the period from 2014 to 2018, which comprises the first and second phases of the grant.

Methodology

The methods utilized to carry out this study include: structured desk research; a review and analysis of secondary data; key informant interviews with government and non-government stakeholders; and focus group discussions with beneficiaries, community workers and volunteers.

The study has several limitations. First, only two sub-national locations could be visited per country, limiting the generalizability of the evaluation's fieldwork findings. Second, limitations derive from the absence of secondary data to address parts of the evaluation criteria on effectiveness, efficiency and impact. Although the primary qualitative data that was collected helped to address parts of these criteria, availability of secondary data from continuous monitoring and evaluation activities under the programme could have enriched the depth of the evaluation.

Study findings

Impact

The HIV-sensitive social protection initiative registered several positive impacts at the beneficiary level. Beneficiaries report better access to and increased utilization of HIV-related social services, in turn improving their well-being. In terms of sexual and reproductive health (SRH) and HIV impacts, beneficiaries show increased knowledge of HIV, a reduction in stigma and discrimination and better adherence to treatment (including for children). Several positive impacts were found in terms of prevention in some countries as well: in Zambia, for instance, adolescents reported higher condom use during their most recent sexual activity. At community level, the initiative produced more empowered, enlightened, and aware communities with regard to knowledge of their rights, and how to access services and information. Capacity building with community structures led to more meaningful interaction with community-based volunteers, strengthening the social inclusion of vulnerable groups. At institutional level, the evaluation found positive impacts reported on governments' commitments to cross-sectoral coordination. The full range of impacts, from greater government buy-in to this initiative and the 'cash plus' model, may only be revealed in the long run, with such impacts offering the potential to stimulate a systems approach to addressing poverty and vulnerability.

Relevance

The design stage of the initiative was largely participatory, and yielded a design that was able to achieve the initiative's objectives, building largely on existing policies, programmes and structures. That said, in most countries, certain activities relied largely on non-governmental service providers as well. A theory of change (TOC), which the initiative lacked prior to this evaluation, could have provided necessary guidance to programme implementers to understand the initiative's longer-term objectives. As for the relevance of results, key informants in governments and UNICEF agree that the project aimed to achieve relevant results; however, beneficiaries hold mixed views on the relevance of the initiative. While some beneficiaries, including most adolescents, valued receiving complementary services, others would prefer for resources to be directed to raising cash transfer benefit levels, or expanding the targeting for these cash transfer programmes. The grant's resources would not have been adequate to realize these objectives, however. By aiming to improve access to and utilization of social services among social protection beneficiaries, the initiative maximized the relevance of the relatively modest budget available under the grant by fostering linkages with complementary services, and therewith optimizing returns on investments.

Effectiveness

At the time of the evaluation, the initiative had not meet one quarter of the output-level and most of the outcome-level targets in the results framework. The initiative's ambitious targets in relation to its modest budget led to the achievements falling short. At the initiative level, however, progress has been made towards achieving the overall objectives, and beneficiaries of existing cash transfer programmes in targeted districts now have improved access to better social services in most of the countries. An inclusive design process, placing communities at the forefront of the 'cash plus' approach, and an age-sensitive approach to the initiative that largely built on existing structures, were the main enablers of these results. Project achievements could have been more systematic, however, as the quality of implementation lowered the effectiveness substantially. In particular, the under-resourcing of support functions – such as capacity building, monitoring and evaluation – had a significant impact on effectiveness.

Efficiency

While the initiative is on track to meet its spending targets, having achieved lower results than expected, several factors reduced the initiative's efficiency. Spending was too activity-oriented at times and better resourcing – in terms of time and budget available – of the ability to plan, monitor and follow up with sub-national implementers could have enhanced efficiency. In addition, the budgeting and planning process within countries was top-down, leading to little ownership over efficiency outcomes among sub-national staff.

Sustainability

First, the enhancement of communities' knowledge and capacities – with regard to HIV, their rights, and how to access HIV-related services and information – has the potential to deliver sustainable results. Moreover, at policy level, the strengthening of capacity has led to national governments' committing to pursuing the 'cash plus' agenda, further indicating a promising degree of sustainability for the initiative's results. Nevertheless, the actual operationalization of a 'cash plus' approach to HIV-sensitive social protection has encountered several challenges, with the heavy reliance on donor funding for the continuation of HIV-sensitive social protection activities arguably being the biggest concern. It could be argued that scaling up the initiative's activities may not be appropriate at this juncture in all countries: as several stakeholders mentioned, priority is and should be given to the ongoing scale-up of the cash transfer programmes prior to adding and scaling up 'plus' activities. Such arguments fail, however, to recognize that to tackle the root causes of deprivation, policy-makers should aspire to achieving progress across different dimensions simultaneously, and this is unlikely to be achieved by cash transfers alone. As such, a strong case can be made for a scale up of the 'cash plus' interventions implemented under the initiative.

Equity and human rights

The HIV-sensitive social protection initiative has improved equity and human rights in some aspects. The initiative managed to include particularly deprived groups, such as persons at risk, living with and affected by HIV and acquired immunodeficiency

syndrome (AIDS), and vulnerable children, adolescents, women and older persons. Additionally, sensitization and outreach efforts led to changes in power relations, as social stigma towards persons affected by HIV was reduced in some countries, and vulnerable adolescents became more empowered. Nevertheless, in countries where activities were mostly targeted to cash transfer beneficiaries, the initiative made other excluded, vulnerable groups feel left out; resource constraints to expansion of the coverage of the initiative could limit higher levels of inclusion. Moreover, activities sometimes were not equitable in reaching intended target populations, and consistency of service delivery and better resourcing of field workers to reach the most vulnerable, remote households could improve outcomes in this area.

Conclusions

Over the last four years, the initiative has supported the agenda for social protection in the region, leveraging the transformative power that integration of sectoral interventions into social protection can have on achieving long-term development outcomes. Overall, the results of the initiative have been positive, although several of the ambitious targets were not met and future efforts are required to sustain the gains made.

Recommendations

Continue engagement with governments on HIV-sensitive social protection
With country-level results lower than expected, a third phase of support could result in structural changes in the countries' social protection systems, delivering high returns on investments. Support could take various forms, including further systems strengthening activities or evidence generation, and should not automatically be extended to all focal countries.

Increase investments in monitoring and evaluation
To increase the long-term impact of the initial investment and the sustainability of its results, time-bound initiatives in an emerging area such as 'cash plus' would benefit from higher investment in monitoring and evaluation. At programme level, monitoring should also be used more continuously throughout implementation to identify measures that could enhance efficiency and effectiveness in a timely manner.

Enhance strategic interaction with community structures
Programmes in all countries would benefit from more strategic interaction with community structures. At the policy level, there is a need to better regulate their involvement and comprehensively build their capacity. At programme level, better communication, mentoring and feedback channels between community structures and sub-national government structures could optimize implementation and keep community volunteers motivated.

Design forthcoming interventions more thoroughly
In future programme design, attention should be given to designing specific, measurable and attainable objectives and associated targets to be met within a realistic timeframe. Setting more realistic targets could have freed up more resources for quality-assuring support functions, and developing a TOC would have clarified objectives and impact trajectories.

Render initiatives more age-sensitive
Mainstreaming age in social protection programming, when done adequately, is an effective way of optimizing the quality of interventions; increasing the relevance, efficiency and impact of programmes; and strengthening the attainment of equity and human rights. Interventions in the focus countries could be more sensitive to the socially prescribed roles, power relations and legal conditions imposed on different age groups, as well as reach and interact with individuals in an age-sensitive manner.

1. Introduction

A total of 36.9 million people were living with human immunodeficiency virus (HIV) at the end of 2017. In that same year, 1.8 million people became infected, of whom, at today's rate, only 75 per cent will ever know their status. Of all the individuals living with HIV, 59 per cent were successfully accessing treatment, leaving a substantial share still excluded. Although recent decades have witnessed progress in scaling up treatment and reducing new infections, leading to a reduction in new HIV infections of almost 50 per cent since the epidemic's peak,[1] much work remains to be done in this area, particularly in reducing incidence of HIV amongst vulnerable populations, especially adolescent girls and young women.

Home to almost 70 per cent of all persons living with HIV worldwide, Sub-Saharan Africa (SSA) is the most affected region in the world. Within SSA, the Eastern and Southern Africa region[2] is the current epicentre of the HIV epidemic, and although only 5 per cent of the world's population live in the region, it is home to more than 50 per cent of persons living with HIV worldwide.[3] National governments and development partners are working hard to improve affected populations' access to essential healthcare, including HIV testing, prevention and treatment services. These efforts have paid off, and the region leads the developing world in, for instance, the percentage of pregnant women that access antiretroviral therapy (ART) medicines to prevent mother-to-child transmission, and the percentage of people living with HIV who are on ART. However, weak healthcare infrastructure, poverty, low awareness of HIV, stigma, discrimination and other factors all contribute to the persistence of the HIV epidemic in the region, with a further 800,000 individuals becoming infected every year.[4]

Over the years, the response of national governments and development partners to the epidemic has evolved, increasingly shifting away from a singular focus on treatment to optimizing treatment and prevention within a broader development context, where the structural drivers of HIV risk, including social and economic inequalities, can be reduced. The actors advocating for HIV responses that are cross-sectorally integrated into the wider development context, and that offer a broader package of services to better address HIV-related vulnerabilities, have included the United Nations Children's Fund (UNICEF). By ensuring that development interventions reach people at risk, living with and affected by HIV, UNICEF advocates for the underlying drivers of the epidemic to be addressed, strengthening HIV outcomes across the region.

Among the development interventions that can result in cross-sectoral impacts, social protection has been identified as an avenue for addressing the needs of people at risk, living with and affected by HIV, as well as the vulnerable and poor at large.[5] In general, the number of social protection programmes, particularly cash transfers, has increased dramatically across Eastern and Southern Africa over the past decade, becoming an important part of national poverty reduction and development plans. An extensive body of evidence links social protection programmes to positive outcomes in both productive and social areas, such as school enrolment, health outcomes and food security. Increasing the sensitivity of these programmes to the needs of vulnerable individuals, including persons at risk of, living with and affected by HIV, has the potential to strengthen outcomes more

1 UNAIDS. *2017 Global HIV Statistics*, Fact Sheet, UNAIDS, New York, July 2018.

2 The UNICEF Eastern and Southern Africa Regional Office (ESARO) covers Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

3 *2017 Global HIV Statistics*.

4 *2017 Global HIV Statistics*.

5 Miller, Elizabeth and Michael Samson, *HIV-sensitive Social Protection: State of the Evidence 2012 in Sub-Saharan Africa*, UNICEF / Economic Policy Research Institute, Cape Town, 2012.

broadly. When HIV-sensitive social protection expands and is scaled up – for instance in the form of a 'cash plus' model, which combines cash transfers with interventions such as parental support and adolescent-sensitive clinical care – the impact in the region in terms of HIV prevention, mitigation, and adherence to treatment could potentially be substantial.

With the objective of increasing the HIV sensitivity of social protection systems in the region, UNICEF's Eastern and Southern Africa Regional Office (ESARO) implemented the *Expansion and Scale-Up of HIV-Sensitive Social Protection in Eastern and Southern Africa initiative* (hereafter: 'the HIV-sensitive social protection initiative' or 'the initiative') between 2014 and 2018, with a grant from the Government of the Netherlands. Under the initiative, UNICEF provided financial and technical support to Malawi, Mozambique, Zambia and Zimbabwe in the operationalization and scaling up of HIV-sensitive social protection, seeking to strengthen linkages between social transfers and access to basic services for children and adolescents. With the objective of better understanding how, and under what conditions, the interventions and the activities implemented under the initiative's grant are functioning, and to assess the extent to which the initiative has met its objectives and achieved the expected results, UNICEF ESARO contracted the Economic Policy Research Institute (EPRI) to conduct an evaluation of the initiative.

This report presents the evaluation of the first and second phases of the initiative. The report starts with an overview of the initiative, followed by an outline of the purpose, objectives and scope of the evaluation. Subsequently, the report elaborates on the methodology used for the evaluation and its limitations. Next, the findings of the evaluation are presented, and the report elaborates on its conclusions and lessons learned. Finally, the report concludes with a set of recommendations.

2. Overview of the initiative

With a grant from the Government of the Netherlands, UNICEF ESARO is providing financial and technical support to Malawi, Mozambique, Zambia and Zimbabwe for the operationalization and scaling up of HIV-sensitive social protection, seeking to strengthen linkages between social transfers and access to basic services for children and adolescents. Under the grant, UNICEF ESARO and UNICEF Country Offices (COs) are providing technical assistance to the four priority countries (component 1), and documenting cross-country learnings (component 2) to strengthen national capacity to design, implement and evaluate inclusive social protection policies and systems. Implementation of the activities under the initiative is expected to lead to the following outcomes: [6]

- Social protection systems effectively reach and positively impact vulnerable children and adolescents (10-19 years of age), with a focus on people at risk, living with and affected by HIV and AIDS;
- Government capacity for scale-up and operationalization of social protection systems is strengthened; and
- Greater numbers of vulnerable children and adolescents access and utilize social services, including healthcare, child protection, and other services.

The initiative has been implemented in two phases: the first phase from December 2014 to June 2016 and the second phase from July 2016 to December 2018. In each country, activities differed substantially in design and execution, allowing for local adaptation and the exploitation of existing national processes and systems.

6 (UNICEF, 2014)

To provide a more detailed overview of the initiative, the following sub-sections outline the design and implementation of the country-specific component 1 within each of the four priority countries, as well as the regional component 2. First of all, the report details the theory of change (TOC), devised after implementation and against which the whole initiative was evaluated.

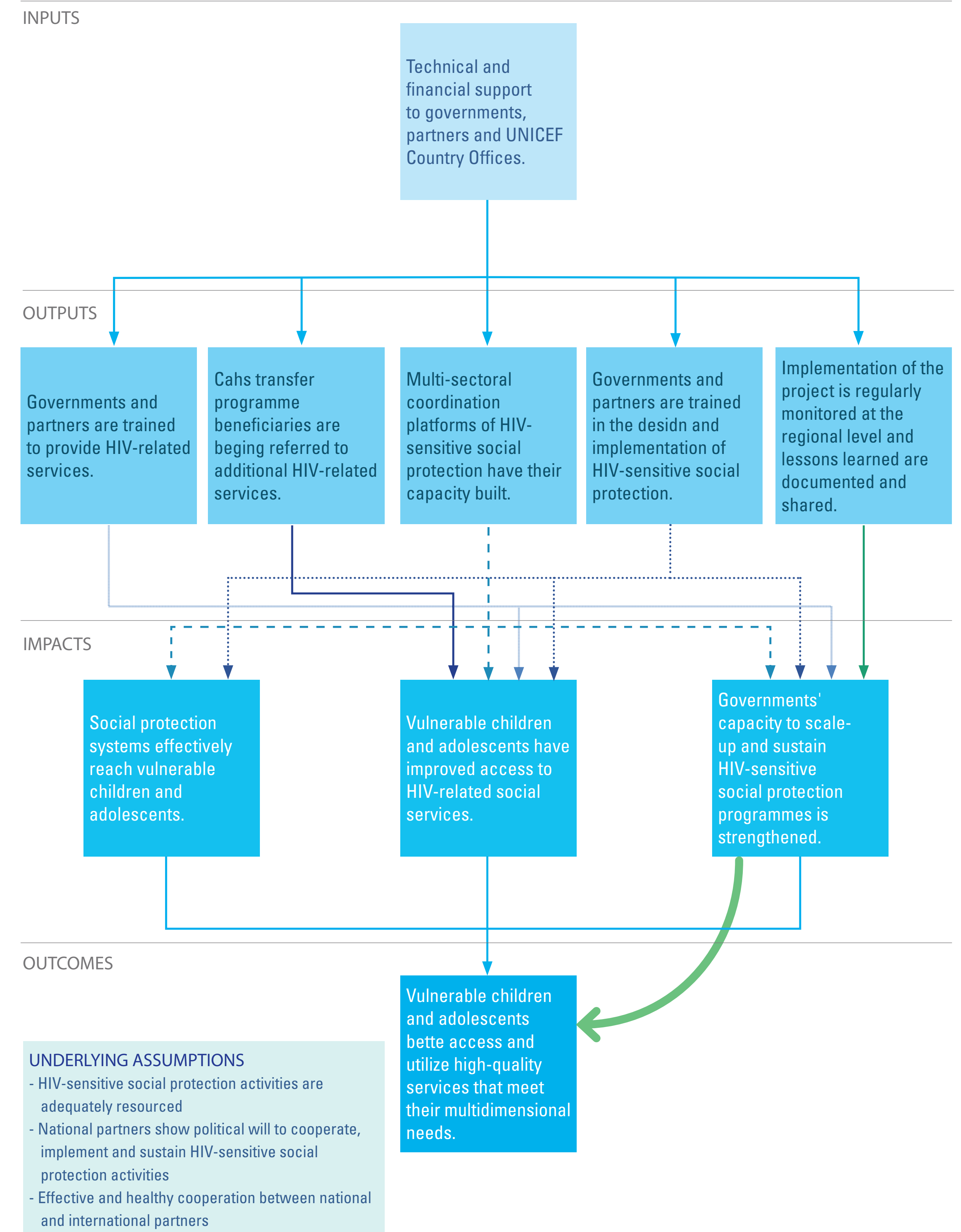
2.1. Ex-Post Theory of Change

Figure 1 below illustrates the TOC devised at the evaluation stage and against which the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative were evaluated. The anticipated trajectory is that the provision of technical and financial support from UNICEF to governments and partners in the four focal countries (**input level**), or from UNICEF ESARO to UNICEF COs, will result in various outputs. These outputs include: governments and partners are trained to provide HIV-related services; cash transfer programme beneficiaries are being referred to additional social services; multi-sectoral coordination platforms of HIV-sensitive social protection are instituted, and members receive training and have their capacity built; governments and partners are trained in the design and implementation of HIV-sensitive social protection; the implementation of the project is regularly monitored at the regional level, and lessons learned are documented and shared (**output level**).

As such, the inputs are expected to lead to outputs that ensure that beneficiaries already in existing cash transfer programmes have *improved* access to *better* HIV-related social services, as well as that the capacity of governments to design, implement and coordinate HIV-sensitive social protection is strengthened. In doing so, as the top output in Figure 1 indicates, the initiative works partially through government structures in the provision of better HIV-related social services, but also has a component of direct service delivery through partners. Children and adolescents affected by HIV are among the most vulnerable groups in society and, for various reasons, are still often excluded from social protection programmes. The strengthening of a government's capacity to design, implement and coordinate HIV-sensitive social protection not only implies better outcomes for already covered beneficiaries, but also implies improved access to social protection for currently excluded HIV-affected populations, including children and adolescents, as these outputs ideally ensure HIV-sensitivity in reach and coverage as well. (Figure 1).

These outputs are expected to result in a range of outcomes (**outcome level**). First, through the training provided to governments for designing and implementing HIV-sensitive social protection and capacity-building activities with multi-sectoral coordination platforms, the initiative is expected to ensure that social protection programmes effectively reach vulnerable children and adolescents; both by reaching those already in social protection programmes more effectively and by reaching those initially excluded. Once reached by social protection programmes, these vulnerable children and adolescents subsequently also have better access to social services. This will either be a result of direct provision of social services to the target group and/or training provided to governments and partners for service provision (which can reduce exclusion), or through making social services more adolescent friendly. Capacity building work with governments and with multi-sectoral coordination platforms to improve the design and implementation of HIV-sensitive social protection programmes can also result in better access, since a better understanding of how to shape and deliver HIV-sensitive social protection may feed into programmatic improvements and contribute to results at this level. Capacity building may also ultimately lead to a strengthening of the government's ability to scale up and sustain HIV-sensitive social protection. In turn, these outcomes are expected to result in enhanced access to and utilization of high-quality services that meet the multidimensional needs of vulnerable children and adolescents (**impact level**).

FIGURE 1. Evaluation objective and questions per criterion



(Fig

Several risks underlie the initiative's TOC. First, limited capacity within governments to operationalize and support planned activities may threaten the successful achievement of results. As governments have limited operational capacity at sub-national levels, the lack of designated staff to implement activities may harm programme outcomes. Second, challenges in the implementation of cross-sectoral approaches could further harm outcomes. As governments still often work in silos, with only limited coordination between ministries, inability to establish linkages between sectors may negatively affect access to and utilization of social services by cash transfer beneficiaries. Supply-side challenges may aggravate these bottlenecks, as often social services are overburdened, far away or not available. Finally, insufficient sensitivity in service provision to the needs of adolescents may hinder the achievement of results among the target group.

2.2. Malawi

In Malawi, activities under the initiative have focused on: monitoring and evaluation; systems strengthening; the design and implementation of a linkages and referrals system; and on demand creation amongst adolescents for HIV services. In phase 1, realizing that the broader set of social protection programmes did not have a designated monitoring and evaluation system in place, support through the grant helped with the development of a monitoring and evaluation system for the National Social Support Programme (NSSP), implemented at national and district level. In addition, in phase 1 support was directed to several districts, including Salima, Nkhata Bay, Phalombe, Bakala, Thyolo and Dedza, which were assisted with the implementation of NSSP coordination mechanisms and/or monitoring of the Social Cash Transfer Programme (SCTP) scale up and data management. Moreover, in addition to the original activities listed in the proposal, the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), with support from UNICEF, designed and implemented a Linkages and Referral System (LRS) pilot under this initiative. Recognizing that cash alone is often not enough to support the most vulnerable households, including those with individuals living with HIV, the LRS pilot aimed to link SCTP households to existing services in the community, facilitating the service's uptake and utilization and maximizing the impact of the transfer.

The LRS model started as a pilot in two districts of Mangochi and Dedza. In line with the model, service providers from six different sectors were visited in these districts, to assess their capacity and the services they offer. In addition, extension workers were trained to conduct home visits to SCTP beneficiaries. During these home visits, extension workers assessed whether the household had any unmet needs in terms of education, health, agriculture and livestock, infrastructure, trade or social and community services. The extension worker then referred the beneficiaries to a service provider able to meet the identified needs in the respective district. Subsequently, extension workers returned once more to assess whether the service had been taken up, and whether it met the needs of the beneficiary. Through linking the SCTP beneficiary to a service that meets that person's needs, the objective of the LRS pilot was to increase the value of SCTP to the beneficiary and optimize the impacts of the programme.

Following the completion of the first phase of the pilot in December 2016, the LRS module was expanded to an additional six districts (Nsanje, Mulanje, Balaka, Salima, Mzimba-North and Chitipa), under phase 2 of the initiative. To date, household visits have not yet been conducted in these districts as the Government is awaiting fund release for this from UNICEF. All preparatory activities have been completed. Moreover, under phase 2 the initiative has focused on generating further lessons learned from the LRS for future expansion of this component to all remaining SCTP districts. UNICEF also contracted the Family Planning Association of Malawi (FPAM) to improve the system's sensitivity to the needs of adolescents, by implementing a demand creation initiative aimed at improving the uptake of HIV services by adolescents in five districts. In addition to the demand creation component, FPAM also delivers HIV and SRH services, and a monitoring and evaluation component seeks to assess the programme's relevance and success.

At national level, the primary implementer of activities under the initiative was MoGCDSW. For the implementation of the LRS pilot and module, the Ministry has been receiving support from Ayala Consulting, a consultancy firm contracted by UNICEF. In addition, the Poverty Reduction and Social Protection Division at the Ministry of Finance, Economic Planning and Development has been overseeing development of, and subsequent reporting against, the new monitoring and evaluation system for the NSSP. At district level, District Officers, as part of a larger District Training Team, have been among the primary beneficiaries of the capacity strengthening support given under the initiative. At community level, extension workers were trained, and service providers in health, education, protection and other sectors were visited and assessed.

2.3. Mozambique

In Mozambique, activities under the initiative focused on systems strengthening in social protection and child protection, and on improving the integration between the two sectors. At national level, in accordance with the proposal, phase 1 activities included: providing training on improved systems for technical staff at the National Institute of Social Action (INAS) under the Ministry of Gender, Children and Social Affairs (MGCAS); conducting a baseline survey for impact evaluation of selected cash and in-kind transfer programmes; and providing support for revision of the National Basic Social Security Strategy 2010-2014 (ENSSB I) to ensure that it was HIV sensitive. Additionally, a sub-national component sought to strengthen community-based case management systems in Tete province, together with linking social cash transfer beneficiaries to child protection services, and the delivery of communication for development (C4D) activities.

The extent to which these activities were implemented varied, and a redesign of the initiative prior to the start of phase 2 refocused activities substantially. The revised design of the initiative outlined three main components, focusing on: (1) policy-level support for the development of clear programmes to operationalize the new social protection strategy; (2) strengthening of the community-based and statutory case-management model; and (3) the implementation of HIV-sensitive activities – linking current social protection beneficiaries to social services – at the sub-national level. Moreover, as part of a broader refocus within the UNICEF Mozambique Country Office, the geographic scope of the initiative shifted from Tete province to Nampula and Zambezia provinces.

As part of the first component of policy-level support, UNICEF supported the design of clear (cash and care) programmes, most notably 'child grants' to benefit different groups of children (i.e. children aged 0-2 years, child-headed households, and orphaned children in poor ad vulnerable households), as outlined in the new social protection strategy (approved in February 2016). More specifically, UNICEF supported MGCAS and INAS with the design, implementation (planned) and evaluation of the first phase of child grants targeting children aged 0 to 2 years. This included participation in, and support for, a technical working group that has been set up for this purpose, with participation from MGCAS, INAS and the Ministry of Health (MISAU). The programme aims to reach 5,000 children by the end of 2018 and 15,000 by the end of 2020.

As part of the second component, UNICEF partnered with non-governmental organizations (NGOs) in Nampula and Zambezia provinces to strengthen the Government's community-based case management system (working with Child Protection Community Committees), and to foster stronger linkages between communities and statutory bodies. Activities included the design and development

of preliminary tools for a statutory case management system, including for case conferences. Activities under the second component also informed the design of the case management model for the planned grant for children aged 0-2 years as part of a 'cash and care' approach to social protection.

As part of the third component, social protection fairs were held in ten districts (five districts in Nampula province and five in Zambezia province) with the objective of linking current social protection beneficiaries [7] and other community members to HIV-related and other services. To organize the fairs and provide the services, UNICEF coordinated with INAS and MISAU at the national level, and with the Provincial Directorate for Gender, Children and Social Action, the Provincial Directorate for Health, the National Institute for Social Communication, INAS Delegations, and civil society organizations (CSOs) at sub-national level.

At national level, activities were implemented with MGCAS, INAS and the MISAU, and at sub-national level, activities were delivered through the Provincial Directorate for Gender, Children and Social Action, the Provincial Directorate for Health, the National Institute for Social Communication and INAS Delegations. Moreover, at sub-national level UNICEF partnered with two NGOs to support case management activities, Fundação para o Desenvolvimento da Comunidade (FDC) in Nampula and World Education International (WEI) in Zambezia. UNICEF also partneredthree community-based organizations (CBOs) to support the organizing and coordinating of the social protection fairs: Ophavela in Nampula and Associação Moçambicana Mulher e Educação (AMME) and Núcleo das Associações Femininas da Zambézia (NAFEZA) in Zambezia. Finally, at community level, the capacity of selected Child Protection Community Committees and the District Services of Health, Women and Social Affairs (SDSMAS) was strengthened.

2.4. Zambia

In Zambia, the larger objective of the initiative has translated into implementation of the Adolescent Cash Transfer Learning Initiative (ACTLi) in phase 1. Acknowledging that combining 'cash plus care' can have a positive impact on adolescents and their exposure to HIV-risky behaviour, the Ministry of Community Development and Social Services (MCDSS) and the Ministry of Health (MoH), with support from UNICEF Zambia, designed the initiative with the objective of increasing utilization of HIV services by adolescents. This was facilitated at the time, as the Mother and Child Health (MCH) Department, which was then part of MCDSS but subsequently transferred to the Ministry of Health (MoH). When the MCH Department was relocated to the MoH, the link was maintained. The initiative was initially implemented in 2015 in four districts with a high number of Social Cash Transfer (SCT) households with adolescents, and a high number of mothers living with HIV (Lufwanyama, Lukulu, Senanga and Itezhi-tezhi).

In these districts, a basic package of support was provided in all intervention sites, consisting of: sensitization of community leaders in the promotion of adolescent-friendly health services; training and activities to incentivize Community Welfare Assistance Committee (CWAC) members for HIV outreach and referral; training and activities to incentivize health staff to provide more adolescent-friendly HIV services; and age- and gender-disaggregated monitoring of HIV-service utilization. In addition, in selected sites, a 'plus package' was implemented consisting of different combinations of services, including training and activities to incentivize community-based condom distributors and adolescent peer educators, revitalization of adolescent-friendly spaces, school-based outreach, community-based drama groups, and other peer education outreach activities

7 Beneficiaries of the Basic Social Security Programme (PSSB), as defined in the Social Protection Strategy 2010-2014: mainly unconditional cash transfers to households headed by elderly people (60+ years).

to increase the utilization of HIV services. To determine the optimal combination of services making up the 'plus package', the initiative also had a research component.

In phase 2, the activities focused on expanding the SCT-HIV linkages intervention piloted as part of ACTLi to an additional 11 SCT districts. To facilitate effective and efficient scale up, the initiative also focused on developing institutional and human resource capacity to plan, monitor and report on the SCT-HIV linkages intervention at central, provincial and (selected) district level. To achieve this, District Adolescent Health Technical Working Groups were set up in targeted districts, which coordinate most activities under the SCT-HIV linkages initiative, and Adolescent Health Focal Points have been appointed at district and facility level, responsible for the effective management of adolescent health activities in their localities. Finally, the initiative sought to document and disseminate the lessons learned over the years.

At national level, the primary implementers of activities were the MCDSS and the MoH. At provincial and district level, the Provincial Social Welfare Officers, Provincial Health Officers, District Social Welfare Officers and District Health Officers were responsible for most programme activities, and have benefitted from capacity development and systems-strengthening support. At community level, support was largely channelled through CWACs and peer educators, who were trained in the SCT-HIV linkages intervention. A particular focus of the initiative was to combine and coordinate supply-side and demand-side interventions to strengthen results from both sides, with improved SRH services for (any) adolescents and dedicated outreach to and referral of adolescents in SCT households, who are the most vulnerable.

2.5. Zimbabwe

In Zimbabwe, activities under the initiative focused on strengthening the existing child protection case management system, and ensuring effective linkages between the Harmonized Social Cash Transfers (HSCT) and access to additional services. Initially these services were particularly centred around HIV-related services. However, in phase 2, the initiative expanded to other services as well, including disability services and services addressing other protection concerns. Realizing that very few cash transfer beneficiary households received any form of HIV-sensitive additional intervention, the project hence aimed to address prevailing gaps in linking the receipt of cash to additional services to strengthen development outcomes for the beneficiaries, particularly in the area of HIV and AIDS. In addition, the project sought to mainstream HIV into social protection and social service programming more broadly. To achieve this, UNICEF improved the HIV-sensitivity of the existing child protection case-management system, and piloted the establishment of linkages between HIV-related services and HSCT in eight districts in phase 1, subsequently expanding to a total of 20 districts in phase 2.

Phase 1 mainly served as the formative stage of the project, focusing on establishing the conceptual linkage between social protection and access to HIV-related services. At national level, activities centred around reviewing the HIV-sensitivity of the national case management system, introducing the concept of 'cash plus care' in government, and building the partnership between the (at that time separate) Department of Child Welfare and Protection Services, and Department of Social Services, which worked together to extend child-sensitive social protection. The 'cash plus care' model was subsequently rolled out in eight districts, and the cash payment days run by the HSCT programme were used to sensitize and orient beneficiaries on the availability of HIV-related services and the provision of HIV-sensitive child care. To facilitate the rolling out of the model, district staff from the Departments of Child Welfare and Protection Service, community workers and volunteers, including Community-based Adolescent Treatment Supporters

(CATS) – most of whom are living with HIV themselves – were trained on the referral of beneficiaries to HIV-related services, to facilitate access to health services, and to provide psychosocial support.

Phase 2 aimed to strengthen the established 'cash plus care' model and further expand its scope to address other issues and challenges that HSCT beneficiaries might face aside from HIV and AIDS, including, for instance, disability and protection violations. Additionally, direct service provision and referrals at paypoints were introduced. Whereas in phase 1 community volunteers with support from district staff focused on providing relevant information to beneficiaries, in phase 2 service providers active within the area were invited to the paypoints to register households in need of additional services directly. These service providers are NGOs that provide a range of services that households might require, ranging from HIV services to disability, legal and child protection services.

At national level, the primary implementer of the activities under the initiative was the Ministry of Labour and Social Welfare (MoLSW), and more specifically the Department of Social Welfare, which houses the HSCT. In addition, the Ministry of Health and Child Care (MoHCC) and the National AIDS Council (NAC) were involved. At national and district level, staff from the Department of Social Welfare were among the primary beneficiaries of the capacity-strengthening support given under the initiative, and a range of NGOs have been involved in systems-strengthening activities and direct service delivery. At community level, Community Child Care Workers (CCCWs), CATS and Village Health Workers (VHWs) have been trained to provide psychosocial support and facilitate access to services that households might require.

2.6. Regional component

In addition to the work in the four priority countries, the initiative has a regional component, led by UNICEF ESARO and HQ. Under phase 1 this regional component focused on providing technical assistance to countries for the design, implementation and evaluation of HIV-sensitive social protection systems, documenting and disseminating lessons learned and best practices, and developing a web-based portal on HIV-sensitive social protection. In addition, UNICEF ESARO had a quality assurance role, coordinated the reporting of activities and led interactions with the Government of the Netherlands. In phase 2, the technical assistance activities continued with an enhanced focus on reporting, documenting and disseminating best practices and lessons learned between the four priority countries, as well as regionally and globally. In addition, as per the proposal, fiscal space and budget analysis of domestic investments in social protection and HIV were conducted, though funded through other channels, and an external evaluation of the initiative was commissioned.

3. Evaluation purpose, objectives and scope

3.1. Purpose

As detailed in the terms of reference (TOR) for this project,[8] the purpose of this evaluation is to understand better how and under what conditions the interventions and the activities implemented under the initiative's grant are functioning, and to assess the extent to which the initiative has met its objectives and achieved the expected results.

8 Please see Annex B for the original TOR.

The evaluation also documents the successes, challenges, and lessons learned in the implementation of the initiative and assesses the efficiency and effectiveness of UNICEF ESARO's and the UNICEF COs' inputs. The results from this evaluation will inform decision making by national governments in the four priority countries on scaling up and continuing implementation of HIV-sensitive social protection systems, and what adjustments are needed therein. This evaluation thus supports UNICEF and the Governments of Malawi, Mozambique, Zambia and Zimbabwe, as well as other development partners – including the Government of the Netherlands – in assessing the continued relevance of the initiative, and it will provide guidance on potential replication in other countries.

3.2. Objectives

The objectives of the evaluation are to provide an independent assessment of implementation and performance of the grant in relation to its objectives; and to document the lessons learned and recommendations for continued implementation of the initiative in the four countries, and possible replication in other countries. To meet these objectives, the evaluation utilized the Organisation for Economic Cooperation and Development-Development Assistance Committee (OEDC-DAC) [9] evaluation criteria to analyse:

1. To what extent were interventions under this initiative implemented in accordance with the project design and what drove, if any, deviations from this?
2. To what extent have interventions under this initiative led to anticipated outcomes and changes in social protection systems in focus countries?
3. How and why have intervention packages led to observed outcomes and changes, and for whom?
4. What key lessons can be learned and replicated from the project?

Supporting these overall evaluation questions, specific evaluation questions were developed for each criterion, presented below in **Table 1**.

3.3. Scope

The evaluation covers the period from 2014 to 2018, which comprises the first and second phases of the grant. Geographically, it covers national and relevant sub-national levels for each of the four countries. For each country, the districts covered at sub-national level were as follows:

- Malawi: Thyolo, Mangochi, Dedza, Nsanje, Mulanje, Balaka, Salima, Mzimba and Chitipa districts.
- Mozambique: Nampula, Moma, Angoche, Nacala Porto, Malema (fairs); Rapale, Muecate, Mogovolas, Nacala-velha e Malema (case management); and Nacala-a-Velha, Ilha de Mozambique, Lalaua and Mogincual (child grant) in Nampula province; and Maganja da Costa, Morrumbala, Milange, Pebane, Mocuba (fairs); and Namacurra, Nicoadala, Quelimane (case management) in Zambezia province.
- Zambia: Itezhi-tezhi, Lufwanyama, Lukulu and Senanga learning districts; and Chinsali, Gwembe, Katete, Luangwa, Lunga, Lusaka, Luwingu, Mungwi, Mwense, Petauke, and Zambezi replication districts, with five additional districts under preparation for scale-up activities during the time of the evaluation (Mongu, Sesheke, Samfya, Chembe, and Mansa).
- Zimbabwe: Buhera, Mwenezi, Bulilima, Binga, Gokwe North, Zvimba, Mudzi, and Rushinga districts.

Given the limited time that was available for in-country fieldwork, the evaluation focused on assessing one programme component at the sub-national level. For Zambia, this was the ACTLi pilot/SCT-HIV linkage

9 OECD, *Glossary of Evaluation and Results Based Management (RBM) Terms*, OECD, Paris, 2000.

Table 1. Evaluation objective and questions per criterion

	Objective	Indicative questions
Relevance	1. To assess the relevance of the programme by looking at the extent to which the programme has addressed the needs of service providers, clients, the community and other stakeholders in a coordinated manner. In terms of relevance, the evaluation will also assess the extent to which results, and lessons learned have been shared within other countries in the region.	Did the project, and the focus on linking HIV and social protection, emerge as a result of demand from countries? What was the design process of the project in the country like, and what influenced any potential redesign?
		To what extent has the programme contributed to national targets? Is there continued need for the initiative in the countries?
		How valuable were the results to the service providers, clients, communities and/or organizations involved?
		How has implementation integrated and 'joined' up with other existing programmes and implementers?
		To what extent have the (intermediate) results of the programme and lessons learned been shared with UNICEF offices/governments in other countries in the region?
Effectiveness	2. To assess the effectiveness of the programme by determining the extent to which the programme has attained its stated objectives (at the output and outcome levels). Under effectiveness, the evaluation will also look at the quality of design and implementation, the decision to deviate from certain original design features, and external factors influencing the programme.	What has been delivered in practice?
		Have the interventions resulted in the scaling up of HIV-sensitive social protection systems?
		To what extent have the project outcomes/specific objectives been achieved?
		How was the intervention/service delivered?
		What was the quality of the design/content of what has been implemented?
		How well was the intervention/service implemented and adapted as needed?
		Were there any deviations from the initial proposal and results frameworks and what was the motivation for these deviations?
		What were the barriers and enablers that made the difference between successful and disappointing implementation and results?
		What are the external factors influencing the delivery and/or functioning of interventions (culture, economic context, infrastructure, etc.) and how have these influenced results?
		What are the external factors that must be in place to replicate in other settings?
Efficiency	3. To assess the efficiency of the implementation process of the programme by analysing qualitative and quantitative outputs in relation to inputs, to see if the response achieved planned results in a cost-effective manner.	Were the allocated resources used efficiently by UNICEF COs and UNICEF ESARO to achieve the objectives?
		To what extent did the intervention represent the best possible use of available resources to achieve results of the greatest possible value to governments, participants and the community?
Sustainability	4. To assess the sustainability of the results of the programme by determining the extent to which results have been achieved by building on existing systems, and the degree to which results are likely to be sustained following completion of the programme.	Are countries likely to continue investing in HIV-sensitive social protection systems?
		Are positive results likely to be sustained? In which circumstances?
		Are the project activities scalable and replicable in-country and beyond? Can this be done without external support?
		Have governments and other stakeholders taken any steps towards incorporating activities supported through the grant into national social protection sector plans and budgets or national HIV sector plans and budgets?
Impact	5. To assess to what extent the programme has achieved positive and/or negative, direct and indirect, and intended or unintended impacts on the country's social protection system.	How many girls, boys, women, and men living in vulnerable households have benefitted from the project and how?
		Which institutions and national processes benefitted and what has changed?
		Did the activities implemented under the grant produce the intended results? If so, for whom, to what extent and in what circumstances?
	Which unintended results – positive and negative – were produced? How did these occur? Has the project had any unintended consequences (positive or negative)?	
Human rights	6. To assess to what extent the programme has been designed and implemented respecting human rights, equity and gender principles.	To what extent did the project apply the human rights-based approach (HRBA) and equity approach (i.e. focus on most deprived areas, most needy children)?

programme, while for Malawi it was the LRS pilot/programme. In Zimbabwe the focus lay on the 'cash plus' model, while in Mozambique the evaluation focused on the social protection fairs.

4. Methodology

The evaluation was conducted in accordance with United Nations Evaluation Group (UNEG) Norms and Standards for Evaluations.[10] A combination of qualitative and quantitative methods was used to meet the study's aforementioned objectives and answer the evaluation questions. The methods utilized to carry out and complete this study include (1) a structured desk review of documentation related to the grant, national policies and strategies on HIV-sensitive social protection, and assessments and studies on the impact of social protection in the four

10 United Nations Evaluation Group, *Norms and Standards for Evaluations*, UNEG, New York, 2016.

countries, (2) a review and analysis of secondary (programmatic) data, (3) key informant interviews (KIIs) with relevant government and non-government stakeholders in each country, and (4) focus group discussions (FGDs) with beneficiaries, community workers and volunteers in each country.

4.1. Structured desk review

A structured desk review of relevant background information on the initiatives and the context in which these operate was conducted, serving a three-fold objective. First, the desk research mapped out and summarized valuable information on the current initiatives under the grant in the four countries, and provided the necessary background for the proposed evaluation framework and methods. Second, the desk research helped to develop and refine the research instruments and primary data collection tools, including key informant interview guides and focus group discussion guides. Finally, the desk review helped to ensure that the proposed recommendations are sensitive to the poverty and vulnerability profile of the interventions' target populations, and are firmly rooted within the programmes' operational contexts.

Documents reviewed include literature on HIV-sensitive social protection, project documents (such as the project proposals, progress reports and country-specific project documentation), as well as national social protection literature, including social protection policies, programme impact evaluations and situational analyses and literature.

4.2. Primary data collection

Primary data collection took place during in-country missions to the four countries. In addition, several remote consultations and KIIs were organized with UNICEF ESARO and UNICEF CO staff who were involved in the design or the operationalization of the first phase of the initiative, but since had moved to other offices. Data collection was undertaken at national and sub-national levels, including interviews with representatives from UNICEF, relevant government ministries, agencies and departments (MDAs), contracted consultants, non-governmental partners and community cadres. Additionally, FGDs were organized with beneficiaries of the supported interventions.

Table 2 provides an overview of the sub-national locations that were selected and visited in each country, chosen to ensure adequate coverage of both phase 1 and phase 2 activities.[11] Table 3 outlines the stakeholders consulted per country/office at national and sub-national levels, adding up to a total of 59 KIIs and 18 FGDs. A more detailed table listing the type and number of research activities with different stakeholders, and the number of people who participated in the research, is provided in Annex C.

4.3. Quantitative analysis of programme data

To assess the initiative's effectiveness and efficiency, the evaluation collected the available quantitative data to develop an understanding of the achieved outputs and outcomes, and the cost of realizing these. Among others, information from programme budgets, management information systems and impact evaluations was analysed. Where possible, this data was broken down by phase, year, gender and/or socio-economic status to also assess the initiative's performance in relation to equity and human rights.

11 The exceptions were Mozambique, where in phase 1 no meaningful activities were implemented in Tete, resulting in its exclusion from the initiative in line with the TOR; and Zambia, where due to time constraints and staffing challenges only one district could be visited.

Table 2. Sub-national fieldwork locations

Country	Sub-national location(s)
Malawi	Mangochi and Mzimba districts
Mozambique	Zambezia province (Morrumbala district)
Zambia	Katete district
Zimbabwe	Buhera and Rushinga districts

Table 3. List of stakeholders consulted by country/office

Country/Office	National stakeholders	Sub-national stakeholders
Malawi Total: 12 KIIs 7 FGDs	• UNICEF HIV section • UNICEF Social Policy section • Ministry of Finance • Ministry of Gender, Children, Disability and Social Welfare • Ayala Consulting • Family Planning Association of Malawi • Irish Aid	• Family Planning Association of Malawi • Ministry of Gender, Children, Disability and Social Welfare • Extension workers • Social Cash Transfer Programme beneficiaries • FPAM beneficiaries
Mozambique Total: 17 KIIs 3 FGDs	• UNICEF Child Protection section • UNICEF Communication for Development section • UNICEF Social Policy, Research and Evaluation section • Ministry of Gender, Children and Social Action • Ministry of Health • International Labour Organization	• UNICEF Child Protection section • Provincial Directorate for Gender, Children and Social Action • Provincial Directorate for Health • Health counsellors • Instituto de Comunicação Social-Sede • Associação Moçambicana Mulher e Educação • INAS permanentes • Geração Biz activists • Fair beneficiaries
Zambia Total: 13 KIIs 4 FGDs	• UNICEF HIV section • UNICEF Social Policy and Research section • Ministry of Community Development and Social Services • Ministry of Health	• UNICEF Social Policy and Research section • Ministry of Community Development and Social Services • Ministry of Health • Health facility staff • Peer educators • Community Welfare Assistance Committee members

Zimbabwe Total: 15 KIIs 7 FGDs	• UNICEF HIV section • UNICEF Child Protection section • Ministry of Labour and Social Services • Ministry of Health • National AIDS Council • Childline • Africaid • JF Kapnek • Justice For Children	• Ministry of Labour and Social Welfare • ChildLine • Africaid • Justice For Children • Village health workers • Community child care workers • Community adolescent treatment supporters • Harmonized Social Cash Transfer beneficiaries
ESARO Total: 2 KIIs	• Social Policy section	

The quantitative data analysed was also used to triangulate findings from the qualitative research. While quantitative and qualitative data on their own are helpful in providing insights into various dimensions of the same problem, integrating quantitative and qualitative approaches can yield insights that go beyond what these approaches could have provided separately. By combining quantitative and qualitative methods, the evaluations aimed to develop results that are generalizable, exploratory and contextual. The integration of methods enhances the reliability of the data and the validity of the findings, and deepens understanding of the context in which the report and its recommendations should be interpreted.

4.4. Ethical considerations

The evaluation's data collection activities were guided by the principles set out in the UNEG Norms and Standards for Evaluation[12] and UNICEF's Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis.[13] Strict adherence to a high set of ethical standards was of the utmost importance, given the subject matter of the evaluation and its focus on vulnerable, marginalized populations. As such, the participatory data gathering approach was designed to avoid stigmatization, discrimination, and any form of harm to children, adolescents, their parents, caregivers, and other community members in the four countries. Following discussions with UNICEF COs it was identified that no official ethical approval process had to be undertaken, and that clearance could be – and subsequently also was – obtained verbally or over email prior to fieldwork from each CO involved.

Prior to each KII and FGD, a consent script was read to the interviewees and participants, informing them about the confidentiality of their responses and their role in the evaluation. Participants were assured of the voluntariness of their participation, and the anonymity of their responses: the report does not link statements to a person's name or position. FGDs were recorded where consent was given by participants to do so. FGD participants' names were not recorded. Subsequently, verbal consent was obtained from all participants. All answers were kept confidential, with the recordings and notes accessible only to the research team.

12 *Norms and Standards for Evaluations.*

13 UNICEF, *Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis*, UNICEF, New York, 2015.

4.5. Limitations

The limitations of the evaluation primarily derive from the limited time available for in-country data collection activities. In each country, only seven days were available to conduct fieldwork. An initial round of remote Skype interviews was organized with all country offices to free up as much time during in-country missions as possible for sub-national data collection. As a result, only two days were spent in the countries' capitals, leaving four to five days for sub-national data collection. With substantial distances to be travelled, this limited data collection to a maximum of two sub-national locations. Moreover, in Zambia and Mozambique, scheduling and logistical challenges, and injury to one of the study's field researchers, meant that the study team was only able to visit one district.

As a result, although efforts were made to select representative districts and communities, and validation meetings were organized with implementers to verify findings from the districts that were visited, the generalizability of the evaluation's field work findings is limited due to the uneven quality of implementation across sub-national locations. It is possible that selection of other districts and communities would have resulted in different findings.

The lack of time to field-test the research tools is another limitation derived from the short time available for in-country activities. As such, the field tools (included as Annex D) served as dynamic, inclusive tools to gather a range of insights from different stakeholders. The research activities during the first in-country mission to Zimbabwe showed that several questions might be addressed more dynamically throughout the conversation; and while the tools remained unchanged, more emphasis was given to some questions than others during subsequent missions.

In addition to limitations derived from the limited time available for fieldwork, a second set of limitations derived from the absence of secondary data to answer some of the evaluation questions on effectiveness, efficiency and impact. Although primary qualitative data collected can be helpful in addressing parts of these evaluation criteria, availability of secondary data from continuous monitoring and evaluation activities under the programme could have substantially enriched the depth of the evaluation, certainly given the limited time available to collect primary data. For effectiveness, detailed data on achieved outputs and outcomes was not readily available in each office. For efficiency, detailed data on the cost of inputs and the relationship with the achieved outputs [14] and impacts was absent, as limited continuous monitoring and evaluation activities had been conducted under the initiative. Moreover, when data was available, often no disaggregation by gender or socio-economic characteristics was available.

5. Findings

Bearing in mind the limitations outlined above, this section presents the evaluation's findings, with a sub-section dedicated to each OECD-DAC criterion.

5.1. Relevance

The evaluation assessed the relevance of the initiative by looking at the extent to which the initiative has addressed the needs of governments and beneficiaries in a participatory and coordinated manner. As part of this, the evaluation also assessed the extent to which the initiative's design and proposed activities were conducive to achieving its objectives.

14 In the project budgets received by the evaluation team, costs of different inputs are mapped against UNICEF Country Programme outputs and outcomes, not against outputs and outcomes at the results-framework level of the initiative.

The evaluation also assessed the extent to which results, and lessons learned have been shared with other countries in the region.

Design and design process of the HIV-sensitive social protection initiative
The design of the initiative and the activities proposed have contributed towards achieving the objectives of the initiative. In line with the ex-post TOC developed for the evaluation, all three outcomes of the initiative depend on two or more outputs being delivered. In all the countries, the activities focused sufficiently on achieving the necessary multiple outputs to achieve the TOC's outcomes (which equate to the initiative's objectives) comprehensively. The scale and extent to which they did so in a systematic manner differed though, with objectives less sustainably met in countries that relied more on third parties for time-bound service delivery.

Meanwhile, UNICEF staff in most COs reported that the initiative suffered from the absence of a clear TOC for the initiative and in the COs' individual project proposals. The alignment of proposed activities with the ex-post TOC shows that the absence of a TOC prior to this evaluation did not necessarily harm the initiative, in terms of diverting activities from the foreseen impact trajectory; rather a TOC could have provided necessary guidance to programme implementers in seeing the larger objectives the initiative aimed to achieve. Moreover, an often-heard critique, especially from UNICEF staff in the health and HIV sections, was that the concept of HIV-sensitivity was not adequately defined. Hence, a TOC could have helped to foster a better understanding of the relationship between the inputs, outputs and outcomes, and the initiative's emphasis on the sensitivity to HIV in social protection. Additionally, a TOC could have provided guidance in balancing systems strengthening activities with direct service delivery.

In terms of the design process, stakeholders reported that the process has been largely participatory. Although the initiative was a regional project, UNICEF COs expressed overall satisfaction with the flexibility that they had to tailor activities and outcomes to their respective country contexts. In addition, government stakeholders in Malawi, Zambia and Zimbabwe expressed satisfaction with their inclusion in the initial discussions on the forthcoming activities under the grant. Nevertheless, in all countries, except for Zambia, there would have been room to involve health stakeholders in government and UNICEF more extensively from the beginning. As the example of Zambia (and later on Zimbabwe, with the inclusion of NAC, and Mozambique, with the inclusion of MISAU) attests, early involvement of health stakeholders resulted in enhanced alignment of the initiative with the country's HIV response at all levels of programming. Only in Mozambique was the national government not involved in the initial design of the initiative: this can partially be explained by the focus in that country on influencing policy. Extensive consultations were held at national and sub-national level in subsequent phases though, and consultations with MISAU ultimately ensured, for instance, alignment of community counselling and testing with national protocols. Nevertheless, the Government and UNICEF expressed the view that the activities could have benefitted from closer interaction between the two during the design stage, certainly on the other areas that did not focus on influencing policy.

As a result of governments' inclusion in the design process in Malawi, Zambia and Zimbabwe, activities under the initiative in these countries – as well as Mozambique – also sought to achieve outcomes and impacts in areas where the government sought progress. Although none of the governments had an explicit focus on linking HIV and social protection when the initiative commenced, government stakeholders did seek to strengthen cross-sectoral returns for vulnerable populations. At a time when the 'cash plus' approach was not yet as prominent as it is today, the initiative helped governments establish social protection programmes as a platform through which these cross-sectoral returns could be delivered – empowering ministries of social development and improving their bargaining positions. In Malawi, for instance, acknowledging that the Ministry of Gender, Children, Disability and Social Welfare's existing attempts to coordinate linkages between SCTP and other services lacked a system supporting the endeavour, government stakeholders at all levels credited the initiative with strengthening the Ministry's capacity to undertake coordination. In Mozambique, the initiative is credited with reviving the focus on adolescents in the MoH and with keeping the 'cash and care' agenda on the table at a time when bilateral donors were keen to focus only on cash.

Among beneficiaries, views on whether the initiative sought valuable results were mixed. Whereas some beneficiaries value the opportunity to receive complementary services, a view supported by most government stakeholders and UNICEF staff, others would prefer the resources to be directed to higher benefit levels, or for more households to be enrolled in the respective country's cash transfer programme instead. This view is often shared by other community members, who do not benefit from the cash transfer programme and who perceive that complementary activities, despite often being accessible to non-cash transfer beneficiaries as well, further skew the provision of services to those already receiving support. The grant's resources would not have been adequate to substantially increase benefit levels or coverage. By aiming to improve access to and utilization of social services among social protection beneficiaries, the initiative maximized the relevance to beneficiaries of the relatively modest budget available under the grant by fostering linkages – and optimizing returns on investments – with complementary services. Moreover, in countries such as Zambia, where coverage is higher and enrolment into the SCT less sporadic, these preferences were less pronounced among non-beneficiaries, and complementary services had relatively broad support.

Adolescents were one beneficiary group who were largely pleased with the design of the initiative and the results it sought to achieve. Of all the adolescents interviewed – who mostly benefited from SRH services – positive views prevailed on the initiative.

BOX 1. Changes in country-level results framework

The activities proposed, and outputs and outcomes sought at the country level, changed several times throughout the course of the initiative. Often, changes to the design and its results framework reflected the care taken when embarking on the first steps towards implementation. In Malawi, for instance, a substantial reorientation took place early in phase 1, when UNICEF realized that the national processes towards the establishment of a single registry were taking more time than expected, and UNICEF and the Government decided to start the LRS pilot. In addition, in Zimbabwe, phase 1 was used to conceptualize and prepare the activities expected to start in phase 2, laying the groundwork for successful roll out. In both instances, a reorientation of the activities and outputs vis-à-vis the initial proposal strengthened the relevance of the initiative in a participatory, timely manner.

Nevertheless, in some other cases changes in the design were also a result of delays in the achievement of proposed activities and targets. These delays were at times a result of external factors over which UNICEF COs had little influence, while at other points they resulted partially from management challenges. In Mozambique, for instance, delays could partially be attributed to challenges in the Mozambican policy environment, complex donor dynamics over the social protection portfolio, and government reorientation of priorities throughout the period, with the legislative process for the National Basic Social Security Strategy 2016-2024 (ENSSB II) taking more time than expected. However, staff turnover and challenges coordinating social protection programming at country level also contributed to the delay, and resulted in the updating of the results framework several times.

Adolescents reported being satisfied with the initiative's focus on HIV-sensitive social protection, especially as for many it gave them their first opportunity to interact with service providers on SRH, as access to information and services would not have been available to them otherwise. The initiative's attempts to provide SRH in an adolescent-friendly manner enhanced the value of the project, and adolescents expressed a strong preference for interacting with peers instead of older health care workers. Governmental health stakeholders in various countries triangulated the relevance of the initiative for adolescents, reporting that the initiative helped governments refocus their efforts on adolescents and fill a gap in service delivery.

Integration of initiative with existing programmes and structures
The initiative was predominantly integrated with existing government policies, programmes and structures. As a result, it strengthened policy and programming at national level, and strengthened the ability of governments to coordinate and deliver. In Mozambique, for instance, the initiative sought to strengthen ongoing policy processes by supporting the Government with the development of ENSSB II and its subsequent operationalization, including strengthening community-based case management, and developing tools and systems for statutory case management. In all countries, support focused on strengthening programming processes around the countries' flagship social protection programmes, linking beneficiaries to complementary services, and strengthening programme implementers' capacity to do this linking.

At district/provincial level, efforts were directed towards strengthening capacity and improving coordination between the various departments. In Zambia, for instance, the initiative helped revitalize the dormant Adolescent Health Technical Working Group at district level, providing it with the programmatic relevance it was lacking before. That said, reinstitution of the Working Group was met with some concern by district-level actors, who felt that these types of coordination platforms suffer from duplication and take up scarce time (with different donor-funded initiatives requiring separate platforms). At the community level, existing community cadres were used in all countries for mobilization, sensitization and, at times, service provision. Mostly, the initiative relied on existing actors and structures, and even led to further harmonization of delivery structures. In Zimbabwe, for instance, CATS, CCWs and VHWs were already present in the target districts, and this initiative strengthened their coordination and cooperation.

Although most processes supported existing structures, all countries with the exception of Zambia had activities under the initiative that relied to various degrees on non-governmental service providers. In Malawi, FPAM was contracted for the delivery of SRH services to SCTP communities, while in Mozambique UNICEF partnered with CBOs to organize social protection fairs and with NGOs to implement various activities supporting community-based case management, using government-developed standards and tools. Although there have been various degrees of interaction between governments and these service providers, and government stakeholders in Mozambique had a vital role in coordination and service delivery, less sustained impact on the capacity of governments to deliver services is expected following the end of their involvement. In both countries, several service providers came on board relatively late in the initiative's timeframe, in 2018 and 2017 respectively. The contracting of these service providers was not envisioned in phase 1 of the original project proposal, and the fact that they were brought on board reflected urgency on the part of UNICEF to meet beneficiary level targets, in the light of nearing the end of the initiative.

In Zimbabwe, involvement from non-governmental organizations was significant. Almost all service providers present at HSCT payment days were NGOs, and the Government mainly served as a coordinator of service provision, with the actual service provision under the initiative largely outsourced. Many of the service providers were brought on board during phase 1, reflecting a deliberate choice to model the initiative with substantial reliance on non-governmental service providers. Although almost all key informants interviewed expressed satisfaction with this model – and the Government reported increased standing in the community as the agent coordinating services – concerns might arise over its long-term sustainability. The outsourcing of service provision to NGOs was combined with strengthening the capacity of the Government to coordinate service provision, however, and the initiative has strong links with other ongoing development initiatives. As a result, the initiative could still manage to deliver longer-term returns through the Government's increased ability to coordinate other services, in the event that this initiative ends in Zimbabwe.

Sharing of lessons learned between UNICEF offices and governments in the region
Sharing lessons learned between the UNICEF COs involved in the initiative, as well as with other countries in the region, for instance through the development of a web-based knowledge sharing platform and workshop, constituted a central part of the initiative. Overall, the organization of various workshops and exchange visits proved itself more fruitful in fostering cross-country learning than the web-based platforms.

In phase 1, UNICEF HQ created a web-based portal on HIV-sensitive social protection. The portal aimed to support sharing of lessons learned across the four priority countries and among other countries in the region. The project proposal envisioned an e-forum on topics of interest and a resource centre for partners supporting HIV-sensitive social protection. The portal was set up but never went live, as UNICEF ESARO and UNICEF HQ lacked sufficient capacity to actively promote its use and uptake. As an alternative, an internal exchange platform was set up on Yammer, UNICEF's social network, for use by UNICEF staff in the COs. There were significantly fewer barriers to uptake for this platform, as it is built on

BOX 2. What to make of service delivery by third parties?

The presence of service providers as agents delivering services in an initiative ultimately seeking to strengthen government capacity to deliver HIV-sensitive social protection reflects the careful balance the initiative had to strike between strengthening systems and delivering beneficiary level results in the short term. Particularly in countries where the social protection system is relatively under-developed, does not reach the target group or suffered from setbacks preventing progress on the initiative's anticipated results, UNICEF had to resort to partnering with NGOs and community para-social structures to complement service provision by state institutions. This was necessary to safeguard the beneficiary level impacts (that were also sought by the Government of the Netherlands). The flagship social protection programmes in Malawi and Zimbabwe are financed almost completely by donors, and current social protection programmes in Mozambique do not include the initiative's target group and were negatively impacted by the country's economic and financial crisis in 2016. As a result, a certain level of involvement from NGOs and community para-social structures to complement service provision by government actors to achieve the initiative's objectives is understandable. Nevertheless, as will be elaborated later in the report, non-systematized, time-limited provision of services by third parties also has the potential to harm outcomes in the long run, by crowding out regular service uptake.

existing platforms already being used by UNICEF COs. The limited use of this platform by its foreseen end-users demonstrates the need to more actively promote the platform's use and manage its community, and attests to the limited utilization that the platform that was initially developed would have had in the absence of a proactive dissemination strategy.

Despite the fact that efforts to engage partners and UNICEF CO staff digitally did not achieve the desired effects, learning was shared across countries, as reflected in the

> Despite efforts to engage partners and UNICEF CO staff digitally not achieving the desired effects, the organization of various workshops and exchange visits resulted in substantial cross-country learning and adaptation.

design of various activities proposed in phase 2, which incorporated learning from the experiences of other countries in phase 1. Among others, stakeholders in Mozambique mentioned that the fairs were held based on the positive experience of linking service delivery to payment days in Zimbabwe. UNICEF engaged peer mobilizers in Malawi after having seen the success of Zimbabwe in reaching adolescents through the CATS. The consultative design and redesign process as set up by UNICEF ESARO within each phase, and between the phases, has been instrumental in achieving these cross-country learnings and adaptations. Annual workshops were organized in Nairobi, during which best practices were shared and progress towards the initiative's stated objectives was reviewed. In addition, regular travel of UNICEF ESARO staff to the countries for technical assistance, a study tour to Kenya and presentations from UNICEF ESARO's regional advisors during several international conferences on the topic helped further disseminate the lessons learned. However, these learning and dissemination events could have been even more effective if more efforts had been directed towards monitoring and evaluation activities in the focal countries, as further elaborated in section 5.2 of the report.

5.2. Effectiveness

Under the criterion of effectiveness, the evaluation assessed the extent to which the initiative has attained its stated objectives at the output and outcome level. In so doing, the evaluation first presents the extent to which country-level targets, as set in the results framework, have been achieved. Second, the evaluation looks at the quality of implementation in the four countries, and the barriers, enablers and external factors influencing the initiative's performance. These analyses combined, in turn, then allow for an assessment of attainment of outputs and outcomes at the initiative level, as presented in the TOC for this evaluation, and ultimately an assessment of whether the initiative's objectives have been met.

Performance of the initiative in meeting targets set in the results framework

The results framework has been updated several times from that which was originally included in the project proposals, and the first proposal does not have a results framework for the regional component included. Reflecting this, the evaluation team has used the results framework as reported against in the mid-phase progress reports as a benchmark for performance. Therewith, the assessment allows for one mid-phase reorientation of the results framework, and disregards the changes within each phase.

As illustrated in Table 4, at the time of the evaluation, the initiative had not met 16 out of 67 output level targets included in the country-level results framework ( ). The initiative has fully met 37 outputs ( ), while another 11 outputs have not been met yet, but are partially met to date or on track to be met in the remaining month of project implementation (>>). For another three outputs, the status is unknown due to the absence

of data (?), or will be determined upon finalization of ongoing country-level evaluation activities. The relatively substantial share of output targets unmet, in turn, contributed to the initiative failing to meet most targets at outcome level, with 11 out of 20 targets unmet, and several others unconfirmed in the absence of data. A more detailed results framework with information for each proposed outcome is included in Annex A.

With a substantial number of targets not met, the performance-to-target ratio was calculated to assess whether performance has fallen significantly short of targets set, or whether targets have been narrowly missed. For selected indicators of outputs targeting beneficiaries and sub-national implementers, the performance-to-target ratio is provided in Figure 2. Although various outputs represented by the red bars will not see their targets met by the end of the year, several others – represented by blue bars – are on track to be met by December 2018. Among the outputs with the lowest ratios, in Malawi, the number of SCTP children referred and the number of adolescents reached with SRH services still has the potential to increase substantially by the end of the year, as extension workers in the districts enrolled in phase 2 in the LRS are conducting home visits in the coming months and FPAM is currently rolling out awareness activities through sports.

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Several factors, as elaborated below, have contributed to the initiative's failure to meet a substantial proportion of outputs and outcomes. Among others, the ambitious targets set and the quality of implementation have been significant contributing factors.

Quality of implementation

In addition to assessing the extent to which activities have been implemented, effectiveness also deals with the quality of what has been implemented. In doing so, the evaluation looks at both the quality of the design of the activities, materials and processes, and their execution or implementation.

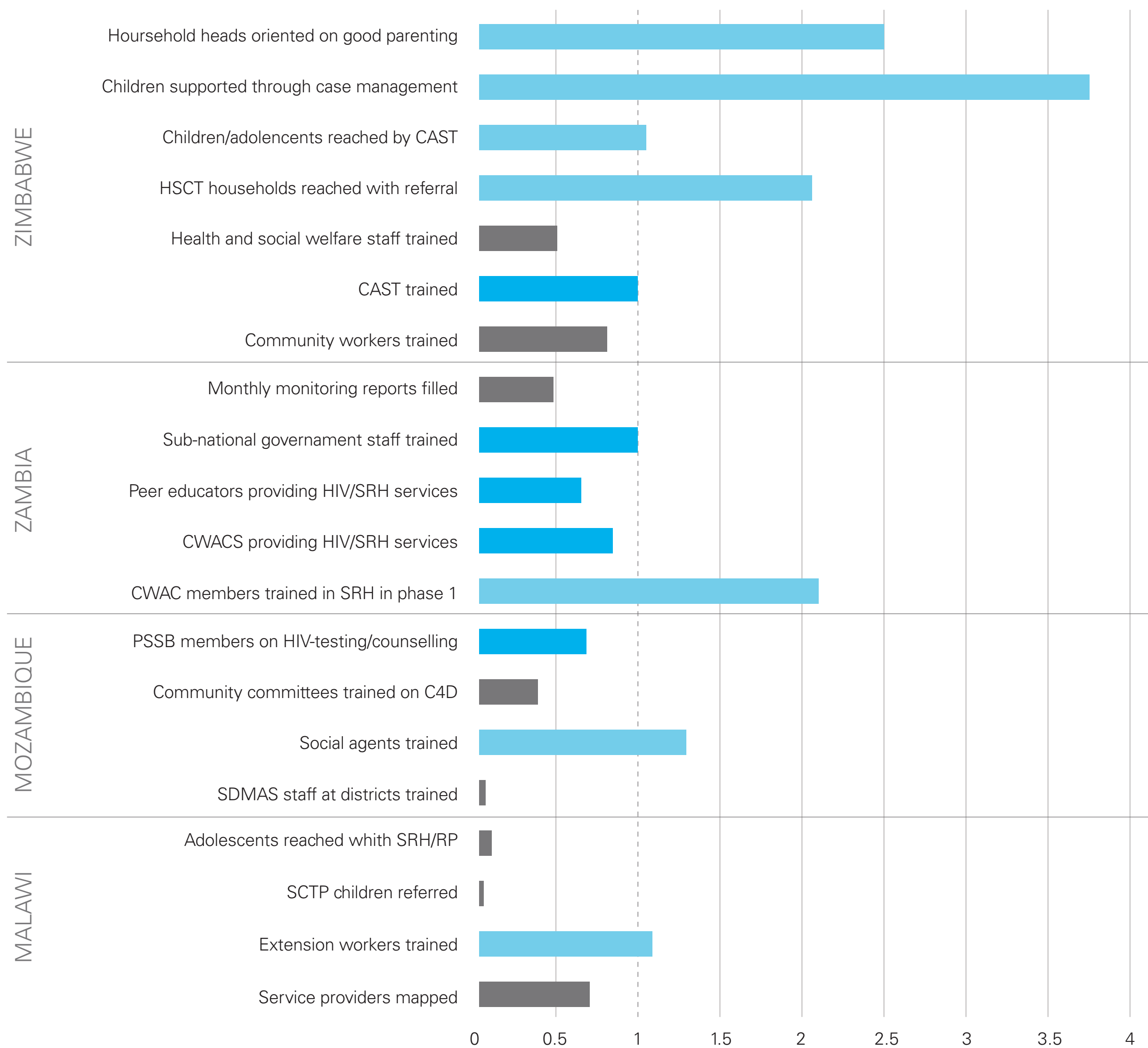
Overall, the majority of the stakeholders interviewed agreed that the design of the activities, materials and processes under this initiative was largely satisfactory. Consensus prevailed among the stakeholders that the majority of activities were designed building on existing systems, and strengthening processes already on-going in the focal countries. Second, when activities, materials and processes were developed, it was done through the engagement of subject-experts within UNICEF and the various line ministries, often building on tested approaches and tools available. In Mozambique, for instance, UNICEF C4D was heavily involved in the development of the mobilization and sensitization materials for the fairs, using their expertise to optimize the appropriateness of the materials used. In Zimbabwe, the materials used by the CATS were developed together with MoHCC and updated following initial feedback from users.

Whereas the design allowed for successful achievement of impacts, implementation of the initiative has proven more challenging and has substantially hampered achievement of results. High ambitions relative to the modest budget, limited resources available

Table 4. Country-level results framework performance

Malawi	Proposal	Target	Status
Phase 1	• M&E system in place for NSSP	System in place	✓
	• Harmonized targeting instrument piloted in 3 districts	Instruments designed and piloted	✓
	• Single registry piloted in 3 districts	Single registry designed and piloted	✓
	• SCTP rolled out in 4 districts	SCTP districts from 8 to 12	✓
	• SCTP MIS operational in 4 districts	4 extra SCTP MIS districts	✓
	• LRS piloted in 2 districts	LRS designed and piloted	✓
Phase 2	• Scale-up of tailored LRS in 8 SCTP districts	Programme documents developed	✓
		LRS districts from 2 to 8	✓
		6,000 service providers mapped	✓
		1,800 Extension Workers trained	✓
		76,000 SCTP households visited	✓
		105,000 SCTP children referred	✓
		300,000 adolescents reached with SRH/FP	✓
	• Lessons learned generated	LRS evaluation conducted	✓
		Strategic scaling document developed	✓
Mozambique			
Phase 1	ENSSB II revised	80% of beneficiary households that apply for dependency allowance have children	✓
	INAS staff trained on programme and MIS	2 INAS technicians and 1 IMS staff for each of 30 delegations trained	>>
Phase 2	Social protection programmes remodelled and tested per ENSSB II	Operational plan completed	✓
		E-INAS implemented at delegations	>>
		Child grant design endorsed by government.	✓
		Institution contracted for evaluation	✓
		Baseline data on child grant collected	>>
	Integrated HIV-sensitive case management system established in Nampula and Zambezia	100% of SDMAS staff at district level trained	✓
		20 social agents trained and mentored	✓
		10 community committees trained	✓
		66% child protection case conferences	?
		50% of districts with qualified social worker	✓
	Community members have knowledge on HIV-sensitive interventions in Nampula and Zambezia	120 community committees C4D trained	✓
		3,000 community members reached	✓
		6 INAS paypoints with integrated services	✓
		600 PSSB household members receive HIV-testing and counselling at paypoint	>>
Zambia			
Phase 1	Design HIV-sensitive intervention to reach SCT adolescents	25% increase from baseline	n/a
		25% increase in adolescents tested	✓(M) ✓(F)
	Ministries have capacity to deliver integrated set of child, gender and HIV-sensitive social protection	1,000 CWAC members trained in SRH	✓
		1,000 CWAC members able to refer	✓
	HIV-sensitive Child Protection Framework in place	Child Protection Framework in place	✓
Phase 2	CWAC and peer educators' able to deliver SRH	4,500 CWACs provide HIV/SRH services	>>
		975 peer educators provide HIV/SRH services	>>
	District and sub-district staff able to implement SCT-HIV linkages initiative	1559 sub-national government staff trained	>>
		75% of monthly monitoring reports filled	n/a
Zimbabwe			
Phase 1	Cost effective and scalable HSCT system in place	55,000 HSCT recipient households	✓
		2.26 CGH targeting effectiveness	✓
		7.7% operational cost HSCT	✓
		35,000 children receiving CPF cash transfer and CP services in national CMS	✓
	Children at risk of / exposed to violence, exploitation and abuse receive quality support and care within national government child protection system	75% of children living with HIV in Africaid programme referred	✓
Phase 2	Capacity building of social welfare and health workforce to support vulnerable children access services	4,300 community workers trained	✓
		600 CATS trained	>>
		720 health and social welfare staff trained	✓
	Age and gender appropriate child protection services provided	23,000 CT households reached with referral	✓
		10,000 children (0-22) reached by CATS	✓
		25,000 children supported through CM	✓
	Multi-sectoral coordination is improved	100% of districts conduct coordination meeting	✓
		4 policy-level coordination meetings held	✓
		50,000 HIV-sensitive materials distributed	✓
	Vulnerable households have improved capacity to care for children	5,750 household heads oriented with good parenting training	✓
		2,300 household members trained in saving and lending	✓
ESARO (or HQ)			
Phase 1	Regional technical assistance to focus countries	4 countries provided with technical assistance	✓
	Document and disseminate lessons learned (HQ)	Lessons learned available and disseminated	✓
	Support portal on HIV-sensitive social protection (HQ)	Web portal set up	✓
Phase 2	Document and disseminate lessons learned / best practices regionally and globally	2 meetings held where lessons learned are presented	✓
	Fiscal space and budget analysis of domestic investments in social protection in 4 countries conducted	4 political economy analyses conducted	>>
		4 fiscal space analyses conducted	>>
		1 fiscal space analytical report produced	>>
	Implementation in 4 countries monitored and quality assurance provided to ensure effective delivery	4 countries provided with technical assistance	✓
		3 reports submitted on time	✓
	External evaluation conducted	External evaluation made available	✓

Figure 2 Performance-target ratio, selected beneficiary and community level reach indicators



for monitoring and evaluation, a tight timeframe, scarce capacity at sub-national levels, a challenging political environment in some focus countries, and internal management challenges faced by the initiative at times prevented the implemented activities from delivering on their full potential.

First, implementation suffered from the initiative's high ambitions relative to the available budget. Compared to the activities and targets set in each country office, the annual budget of approximately €0.5 million available per country was relatively modest. The requested funds would likely not have been enough to reach various targets, including for instance Malawi's target of reaching 300,000 adolescents with family planning services and refer 105,000 children on the SCTP to complementary services. In turn, with a desire to direct as many resources as possible straight to the intended beneficiaries, limited resources were available for quality assurance processes and activities. Stakeholders reported having too few resources for training, mentoring, transportation to implementation sites and monitoring and evaluation. Compounded by a reliance on already-overburdened government actors and structures to execute and report on project processes, this resulted in lower effectiveness of the intervention than desired.

Management challenges within UNICEF and within governments also hampered implementation. Staff turnover within UNICEF and governments, and poorly managed handovers and transitions, resulted in a loss of institutional memory and knowledge about the initiative. In the absence of comprehensive handovers and knowledge transfer, the time needed to catch up on the initiative, in turn, delayed fund release and meant that implementation was rushed to meet approaching deadlines. In Zambia and Mozambique,

BOX 3. Under-resourcing of support functions

The impact of under-resourcing of quality-assuring support functions was most obvious in Zambia and Malawi. In Zambia, the absence of significant resources for provincial involvement, for instance, gradually led to friction between UNICEF and the Government. This occurred as UNICEF tried to direct the available resources as much as possible to the districts for direct implementation, leaving the provincial social welfare and health officers limited to monitoring roles. By contrast, under standard Government of Zambia procedures, these officers would have expected to be 'in the driving seat'. The gradual exclusion of the provincial officers, in turn, undermined government ownership: critical information did not flow through bureaucratic channels from the districts to the Ministry of Community Development and Social Services. As a result, decision making was left to district administrators and UNICEF field officers, leaving high-level government counterparts unaware of what was going on. In order to address this, the Ministry and UNICEF agreed to switch to a provincial approach from 2018, with two provincial clusters of implementation districts spearheading the initiative from 2018 and two more provinces to follow in 2019. Meanwhile, in Malawi, the absence of resources for district officers to monitor activities led to inadequate follow up with extension workers in communities where project activities were not executed to standard, meaning that a substantial number of beneficiaries never received visits. In addition, too few resources were available to adequately evaluate the Linkages and Referral System (LRS), threatening sustainability in the light of donors' inability to act on detailed findings on the LRS's impact and decide on future funding and scale-up. From an equity perspective, this under-resourcing is likely to have hurt the most vulnerable households, particularly as these are often the hardest to reach, requiring more resources than more accessible households. This was also confirmed by community workers in all countries, citing the fact that transportation allowances were too low to cover travel to the most remote communities.

Meanwhile, when adequate resources were provided for support functions, programme officials were better able to monitor, evaluate and act on the higher quality information at their disposal. In Zimbabwe, for instance, adequate mentoring and support processes set up for the CATS have led to successful involvement of vulnerable individuals in the initiative's processes, minimizing potentially adverse impacts. CATS were well trained, equipped with bicycles and provided with regular mentoring and support from Africaid regional managers. Adequate resourcing helped optimize their motivation and self-reported relevance, as well as the quality of implementation and information available for decision making: this ultimately helped develop the CATS into a global model of best practice for adolescent engagement on HIV.

the impacts of staff turnover and associated delays in filling vacancies have been most pronounced. In Zambia, despite material progress made during phase 1, staff turnover impacted what could be achieved. In Mozambique, staff turnover and the absence of a clear governance structure for social protection in the CO contributed to responsibility for the project repeatedly being shifted around, after the person who had originally championed the initiative moved to a different office (this was addressed at a later stage of the initiative). As a result, scheduled activities were delayed substantially, and there was only significant movement on the project once it was made an explicit regional office priority for the CO.

Barriers and enablers for successful implementation and results

As evidenced throughout the previous sub-sections, a multitude of factors influenced the effectiveness of programme implementation and achievement of desired results. Table 5 below highlights these:

While the above factors had a bearing on overall effectiveness, both positively and negatively, the presence of cultural and contextual factors also influenced service delivery and, ultimately, results. In all countries, stakeholders referred to prevailing social and cultural beliefs as negatively influencing results vis-à-vis SRH and HIV testing. In Zambia, some parents believed that education on safe sex encourages adolescents to engage in sexual activity, and that birth control for girls can exert negative impacts later on in life. For Zimbabwe, continuing social stigma towards persons living with and affected by HIV still discourages disclosure of status for some individuals and impacts willingness to get tested – although, as seen in section 5.5, the initiative has positively contributed to substantial improvements in this dimension. Although primary research found that the initiative helped to improve social and cultural attitudes towards persons living with HIV, full social acceptance for persons living with and affected by HIV and AIDS has not yet been achieved.

Assessment of attainment of initiative-level outputs and outcomes

Despite not meeting the targets set in the country-level results frameworks, substantial progress has been made on the outputs and outcomes set in the initiative-level (ex-post) TOC. At the output level, government and partners have been trained to refer beneficiaries to HIV-related services in all countries. Likewise, cash transfer beneficiaries are being referred to additional social services, and multi-sectoral coordination platforms have been set up and are having their capacities and resources strengthened. In addition, governments and partners were trained on the design and implementation of HIV-sensitive social protection, and implementation of the initiative is regularly monitored at regional level.

Overall, systems strengthening and direct service delivery activities contributed to beneficiaries of existing cash transfer programmes having *improved* access to social services in the majority of the countries. That said, substantial progress can still be made in all countries, especially Mozambique, where beyond the fairs, linkages between social protection and HIV-sensitive services are rather weak at programme level. In several instances, systems-strengthening activities also led to social services being of better quality, as services are more relevant to the needs of adolescents, as in Zambia, and for persons with disabilities, as in Zimbabwe. Some gains have been country-wide, with adolescents all over Zimbabwe and Zambia benefitting from the mainstreaming of adolescents into the HIV response, with others limited to the districts where the initiative has been implemented.

Progress on these outputs – although not to the extent envisioned in the country-level results frameworks – has also translated into progress towards the initiative's objectives, captured as outcomes in the TOC. Compared to four years ago, vulnerable children and adolescents have improved access to HIV-related services. Additionally, the capacity of governments to scale up and sustain HIV-sensitive social protection has been strengthened, even though the sustainability of these results remains highly dependent

Table 5. Enablers and barriers to success

Enablers	Barriers
Building on current systems and structures: This meant programmes could be implemented faster, and also fostered greater feelings of ownership from national partners. Building on current systems and structures can also promote greater sustainability of results.	**Nascent social protection systems:** Benefit levels for current cash transfer programmes may be too low to support certain thematic 'cash plus' initiatives, and national social protection systems may not be ready for a full scale-up of 'cash plus.'
Working closely with communities in service delivery: Placing communities at the forefront of delivering the 'cash plus' model built local structures' and actors' capacities and knowledge. Programme implementers' close relationships with communities, including with community leaders, nurtured greater acceptance and ownership of the initiative. Support to community implementers from the formal workforce, and adequate resourcing of this support, is however critical to successful application.	**Supply-side constraints:** Limited human and material resources led to diminished accessibility and availability of services, a situation that higher levels of demand and referrals exacerbated in some countries. Meanwhile, third party service providers maintain their own eligibility criteria, which can be confusing to beneficiaries who seek out and are turned away from services. In cases where a referral for service had been made, being refused could render beneficiaries less willing to take up services in the future.
Inclusive (re-)design process: In Zimbabwe and Malawi, the care taken in the design process optimized relevance, ensuring buy-in from government counterparts. The inclusion of health actors in Zambia and Zimbabwe also strengthened integration of the initiative into the countries' HIV response. In addition, UNICEF ESARO's leadership in sharing best practices between phases optimized results.	**Limited resources for M&E:** Weak M&E systems hampered the provision of feedback on progress against targets and indicators, while quantitative indicators currently in use do not necessarily capture quality of service provision. Already overburdened staff at service delivery level may lack the capacity to do M&E, thereby necessitating further investments in capacity building and human resources.
Age-sensitive approaches: The initiative registered success in mainstreaming, to various extents, adolescents into national plans and programmes. Shaping programmes to meet the unique needs of adolescents and doing so in a manner conducive to the target group helped achieve positive results.	**High levels of staff turnover:** Despite the initiative's capacity building efforts, high levels of staff turnover resulted in loss of skills. The short training period prior to implementation also led to feelings of frustration among those involved in some countries. Where human resources were retained successfully, results have also been more positive.

on maintaining funding and commitment, as further elaborated upon in subsequent sections. Moreover, with underachievement against the country-level results framework, achievements are more fragile than aimed for and would benefit from continued support.

The outcome on social protection systems effectively reaching vulnerable children and adolescents has seen limited sustained progress. Several activities did support the strengthening of targeting and registration systems, with a harmonization of targeting instruments in Malawi, the addition of HIV-sensitive targeting criteria to the SCT targeting in Zambia, and a significant scale-up of more child-sensitive social protection in Zambia. Nevertheless, several barriers to the equitable and efficient uptake of social protection remain for vulnerable children and adolescents. Among these is the lack of resources for support functions, as described in box 3, which reportedly leaves the most vulnerable, remote households not visited during registration campaigns and excluded

from enrolment. In addition, even when vulnerable households were reached, as for instance through the LRS in Malawi, services were not age sensitive and subsequently failed to reach the vulnerable children and adolescents living in these households. Policy-makers note that two-thirds of all referrals go to adults, leaving the needs of children and adolescents largely unmet.

SUMMARY OF EFFECTIVENESS

- Overall, the initiative has not met one quarter of output level targets and most outcome targets set in the country level results framework by the end of the grant period. Among others, the initiative's high ambitions vis-à-vis the relatively modest budget per CO led to achievements falling short from those originally envisioned.
- At the initiative level, material progress has been made towards meeting the overall objectives, and beneficiaries of existing cash transfer programmes do have improved access to better social services in the majority of focus countries.
- An inclusive design process, placing communities at the forefront of the 'cash plus' approach, and an age- and gender-sensitive approach to the initiative that largely built on existing structures, have been among the enabling factors for achieving these results.
- Project achievements could have been much more systematic, though, as suboptimal implementation lowered effectiveness substantially. Limited resources available for monitoring and evaluation, a tight timeframe, scarce capacity at sub-national levels, a challenging political economy in several focus countries and internal management challenges at times prevented the implemented activities from delivering their full potential.
- Other barriers to successful achievement of results include prevailing social and cultural belief, benefit levels for current cash transfer programmes being too low to support 'cash plus' and supply-side constraints leading to unsuccessful up take of overburdened social services.

5.3. Efficiency

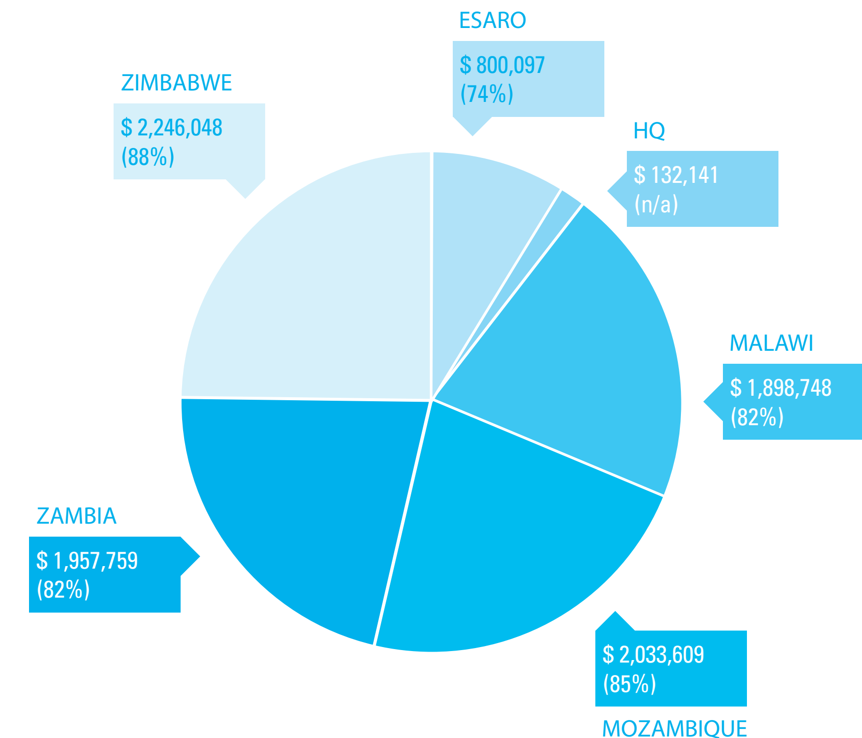
Under the criterion of efficiency, the evaluation assessed the extent to which the initiative's implementation process has been efficient by analysing qualitative and quantitative outputs in relation to inputs, to see if the initiative achieved results in a cost-effective manner.

Budget realization

Out of a total requested budget of €8,999,997, which at the date of receipt of funds equated to USD10,754,616, UNICEF had spent USD9,068,402 by 31 July 2018.[15] This amount includes indirect support costs, which are assumed to be proportionally distributed across the country offices. With 84.3 per cent of the budget spent, and with one-eighth of the project's duration still left until the end of 2018, the initiative is on track

15 UNICEF, 'Donor Statement by Activity (Uncertified) from 01 December 2014 to 30 July 2018 in US Dollars', UNICEF, New York, 2018.

Figure 3. Project expenditure per office by 31 July; realization vis-à-vis requested budget



to meet the spending targets set in both proposals. Figure 3 shows project expenditure against total budget requests as of 31 July 2018.

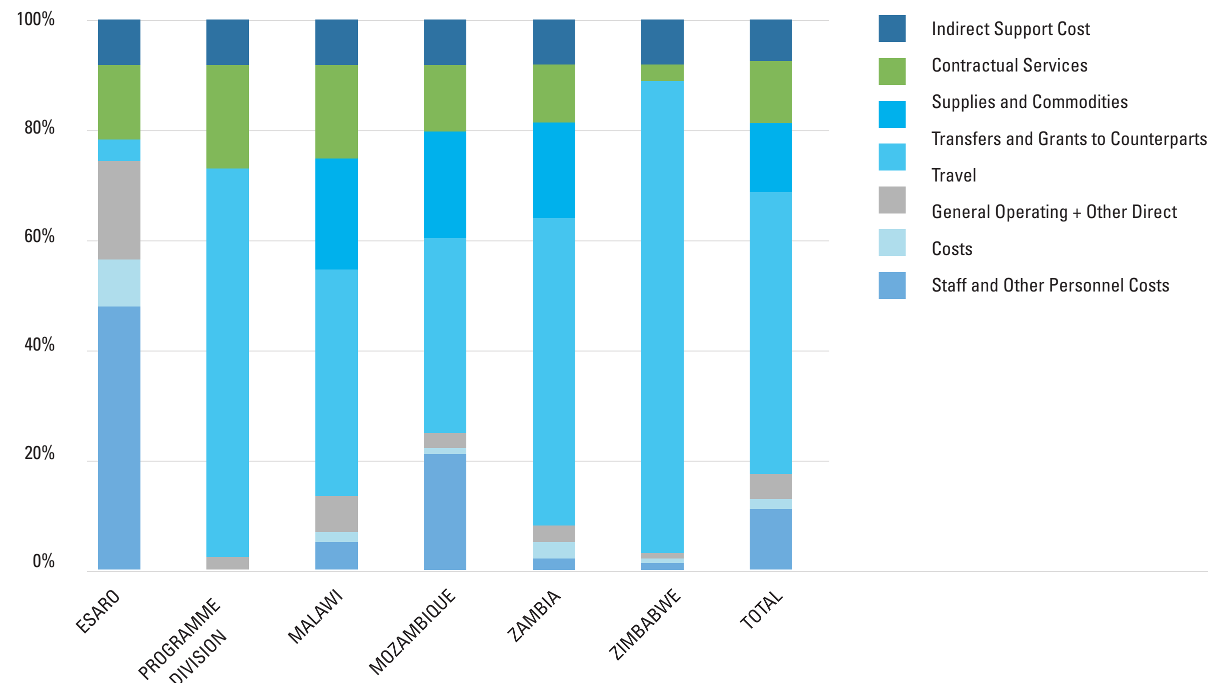
Overall, the largest expenditure type at the initiative level was *Transfers and Grants to Counterparts*, consuming more than half of the project expenditure (see Figure 4). With 11 to 12 per cent, *Supplies and Commodities, Staff and Other Personnel Costs and Contractual Services* are ranked second, third and fourth. However, as Figure 4 also shows, strong variations exist between countries. Zimbabwe, for instance, spent 86 per cent on transfers and grants to counterparts, while Mozambique spent just over one third on the item. In turn, Mozambique spent almost a quarter of all expenses on staff and other personnel costs. By contrast, in Malawi – the CO that spent the second largest amount on this category after Mozambique – staff costs amounted to just 6 per cent of overall spending. These variations can be explained by different approaches to the initiative, with Zimbabwe outsourcing most service delivery and systems strengthening activities to third parties, relying less on staff, while in Mozambique a focus on policy influencing and involvement of more UNICEF sections than in other offices reflects higher spending on staff.

Nevertheless, in light of the lower-than-expected achievement of results by the end of the grant period and spending targets likely being met by the end of the year, the initiative was not as efficient as expected, and inputs did not lead to outputs as envisioned in the proposals.

Factors influencing efficiency of spending

Several factors reduced the initiative's cost-efficiency and cost-effectiveness. First, spending was too activity-oriented at times, attaching only secondary importance to whether the activity also led to achieving its intended outcome. In Zambia, for instance, several key informants interviewed mentioned that activities at the district level

Figure 4. Share of project expenditure by type



were not carefully planned, and capacity-building activities focused on distributing materials without attaching importance to whether people from community structures also understood how to use them. Respondents from community structures in turn mentioned limited involvement from district implementers after the training, and complained about the absence of a process to report back on the outcomes of the activities implemented, ultimately demotivating them to proceed with implementation.

With valuable resources spent on the initial activities, better resourcing of the capacity of programme implementers to plan, monitor and follow up could have identified challenges early on, optimizing the return on the initial investment and the initiative's overall efficiency. With 90 per cent of all travel expenditure accumulated in the first three years, as the initiative matured UNICEF staff actually spent less time in the field, reducing the number of times staff were able to monitor activities and find necessary solutions. More emphasis on indicators assessing the quality of implementation in the results framework vis-à-vis its current focus on quantity could also have optimized this further.

The evaluation found, however, that there was not consensus around the need to resource functions better. Stakeholders in several countries argued that support functions at times also reduced efficiency by taking up scarce resources without adding much value. In Mozambique, for instance, some key informants mentioned that the high cost of taking provincial staff to fairs to monitor activities provided limited value for money. Resources were spent on their travel, accommodation and per diems, without partners seeing the added value of their visits. At the same time, a case can be made in favour of integrating these actors and spending funds on these visits; UNICEF reports this has been instrumental to ensuring that provincial staff were then able to implement the initiative. Critical to the perceived added value of these types of expenditure is integration of these processes into a wider system of monitoring, evaluation and learning, as without adequate follow up and subsequent impact on the programme, the value of the support function is limited, and primarily represents an efficiency-reducing cost.

Finally, several key informants interviewed also mentioned that the budgeting and planning process could have been conducted in a way more conducive to enhancing efficiency. Budgeting and planning were conducted top-down in most countries, leaving little room for sub-national actors to adapt budgets and plans to heterogeneous sub-national contexts. In addition, their absence from the budgeting process meant that sub-national actors felt little ownership of efficiency outcomes, threatening the efficient use of resources further. Within the budgeting and planning process, measures intended to increase the efficiency of resources also in some instances reduced it. Complex administrative and procurement procedures within UNICEF, for instance, are reported to have led to the delay of fund releases to district-level implementers in some cases, delaying the activities and harming efficiency, in light of non-flexible timeframes and subsequent suboptimal achievement of outcomes.

SUMMARY OF EFFICIENCY

- The majority of expenditure has gone on Transfers and Grants to Counterparts, although the amount spent varies significantly between countries, reflecting differences in approach to the initiative.
- With the initiative being on track to meet spending targets, having achieved lower results than expected, the initiative's efficiency is lower than expected as well.
- Several factors have reduced the initiative's efficiency. Spending was too activity oriented at times and a better resourcing of the ability to plan, monitor and follow up could have enhanced efficiency . In addition, the budgeting and planning process was top-down, leading to little ownership of efficiency outcomes among sub-national staff.
- In the absence of data tracking the cost of inputs vis-à-vis the achieved outputs and outcomes, further judgement on cost-effectiveness is limited

5.4. Sustainability

While the achievement of positive results can certainly make the case for continuing an intervention, other factors should be considered when assessing sustainability. For instance, consideration should be given to the likelihood that an activity will continue in the absence of donor funding, and the potential that the HIV-sensitive social protection initiative's activities have to be scaled up and replicated in-country and beyond. Moreover, looking at if and how a programme built upon existing systems and national priorities, as well as any government-led efforts to incorporate programme aspects into national plans and/or budgets, can give insights into long-term sustainability.

Sustainability of results

As elaborated earlier in the evaluation, the HIV-sensitive social protection initiative largely built on existing national systems and structures, which had a positive impact on the expected sustainability of results. At community level, local actors led implementation efforts in all countries, such as CATS and CCWs in Zimbabwe, CWACs and peer educators in Zambia, extension workers in Malawi, and *permanentes*,

Community Child Protection Committee (CCPC) members and health workers in Mozambique. The concentrated efforts at community level to improve service provision also included sensitization and information sharing campaigns, both of which increased communities' awareness on prevention and response to HIV, and how to access services. Even if activities do not continue past the initiative's duration, the enhancement of communities' knowledge on HIV prevention and response has the potential to sustain some of the initiative's impact in the years to come.

Furthermore, the inclusion in implementation of existing actors and structures capitalized on their capacity and strengthened capacity at governmental and non-governmental levels. Increased capabilities for programme coordination and planning for partners within national governments could influence sustainability by strengthening leadership in HIV-sensitive social protection programming. The initiative's fostering of more cross-sectoral coordination between MDAs and NGOs could likewise have positive implications for sustainability, though stakeholders in Zambia and Mozambique suggested that a clearer division of roles and responsibilities between different line ministries and partners would further strengthen implementation and coordination.

Strengthening of capacity, in turn, has also led to national governments' reported commitment to pursuing the 'cash plus' agenda, indicating a promising degree of sustainability for the results of the initiative. This commitment is evident in several developments: Zimbabwe's self-reported increased budgetary allocations to child protection and social protection; the integration of HIV-sensitive activities into MoH and MCDSS sector plans in Zambia; and provincial action plans for the fairs in Mozambique. However, greater representation of 'cash plus' and HIV-sensitive social protection in national plans has yet to be matched by systemic changes to levels of financing (which is beyond the scope of this initiative) from governments for these plans and for the coordination structures that are needed for their implementation. While building and maintaining cross-sectoral linkages can contribute to expanded service provision to a certain extent (particularly if such linkages are between existing service providers), substantially and sustainably scaling up 'cash plus' will inevitably require higher levels of financial commitment, from either donors or government, or from both.

The heavy reliance on donor funding for the continuation of HIV-sensitive social protection activities is arguably the biggest concern regarding sustainability. Of the countries covered by the initiative, Malawi and Zimbabwe rely most on donor funding, and Mozambique to a lesser extent. Moreover, activities currently funded by national governments represent core activities within health and/or social protection, such as the provision of primary health care services or cash-based assistance to vulnerable households. As such, operationalization of an expanded nationally owned 'cash plus' approach to social protection remains at an early stage. Several stakeholders pinpointed the need for better monitoring and evaluation to both detect programme outcomes and provide evidence for advocacy efforts for increased financial support to policymakers and donors.

Low levels of government and donor participation in monitoring and evaluation and other aspects of programme implementation also threaten sustainability, with UNICEF and contracted service providers primarily taking the lead in monitoring and evaluation, and implementation in some cases. For example, while the provincial government in Mozambique is involved in the coordination and delivery of social protection fairs, CSOs consulted in the evaluation – funded by UNICEF – lead the actual monitoring and reporting. Respondents in Mozambique expressed doubts that the fairs would continue following the end of the initiative, or that they had established sustainable linkages between health and social protection, despite high levels of attendance. In order to safeguard the sustainability of the fairs, UNICEF and MGCAS are working on integrating social protection into government-run health fairs, the existence of which pre-dated the HIV-sensitive social protection initiative, and scaling up social protection fairs in the context of the annual social protection week.

Safeguarding the sustainability of the results of the initiative involves investing in building government actors' capacity to take on a bigger role in programme management, implementation, and monitoring and evaluation; it also involves building the capacities of communities. As repeatedly highlighted in this evaluation, community workers preside over identifying, referring, and following up on vulnerable cases in need of services, and their continued participation in HIV-sensitive social protection is essential to the scaling up of 'cash plus'. Community-level workers, especially volunteers, must be supported with sufficient resources to sustain their commitment and maintain adequate access to services. For instance, in Mozambique social workers are often overburdened with work. UNICEF is trying to tackle this supply-side gap through funding an NGO, FDC, to support the provision of social services at community level. However, such efforts do not address capacity challenges experienced within government, and stakeholders interviewed in Mozambique reported low governmental capacity to provide complementary services or supervisory support to community structures. Additionally, primary research in Zambia found that a lack of incentives for peer educators affects their willingness to stay in their positions, as they may decide to pursue other opportunities, such as continued education. As a means of sustaining the participation of community volunteers in HIV-sensitive social protection, stakeholders in Zimbabwe and Zambia suggested (and had already begun the development of) a harmonized, national policy on compensation for community-based volunteers, and the setting up of better support functions for these structures.

Potential for replication and scale-up

Taking the above into consideration, this section closes with some final, overarching observations on the sustainability of the results of the initiative, as well as the potential for replication and scale-up. First, the initiative appears to have achieved sustainability at a policy level, as policymakers have started integrating 'cash plus' and HIV-sensitive social protection into plans, and at more limited scale, budgets. In theory, this bodes well for the replication and scale-up of activities implemented under the initiative, though the actual operationalization of a 'cash plus' approach to HIV-sensitive social protection is likely to encounter several challenges. These challenges include the need for increasing levels of funding, and how to ensure national ownership over service provision, monitoring and evaluation, oversight, capacity building, and overall programme management. As all four grant countries remain at an early stage in terms of developing a nationally owned 'cash plus' approach to HIV-sensitive social protection, higher financial allocations will be needed to increase the initiative's coverage. Stakeholders in all four countries reported that national governments are largely dependent upon donor funding to implement 'plus activities', with some stakeholders expressing doubt that activities could continue without donor technical and financial support. A significant injection of national resources into 'plus activities' appears unrealistic in most countries. That said, the production of a solid evidence base that shows positive impacts from 'cash plus' – for instance Mozambique's forthcoming impact evaluation of the 'cash plus care' focused child grant – could serve as viable advocacy tools for the expansion and ultimate sustainability of the initiative.

Evaluating sustainability not only considers whether activities could continue, but also if activities should continue; or, put another way, if there is value in sustaining results. As already discussed in the section on relevance, policymakers at national level found that the initiative's activities and results were useful for achieving progress against set goals and targets, though reactions from beneficiaries with regard to the activities' perceived value were more mixed. While such reactions neither confirm nor call into question the sustainability of the initiative, they may suggest a need for more reflection on the results – and balancing of 'cash' and 'plus' activities – in order to optimize programme designs and, by extension, enhance sustainability. For instance, stakeholders in all grant countries mentioned the initiative's ambitious plans and targets, with some speculating that limited time for training and capacity building prior to implementation adversely affected overall results. If so, then scaling up of the initiative's activities may not be

appropriate at this juncture despite the achievement of positive impacts across several dimensions. Such arguments, however, fail to recognize that to tackle the root causes of deprivation policy-makers should be working towards progress across multiple dimensions, which may not be achieved by cash transfers alone. As such, a strong case remains for a scaling up of 'cash plus' interventions, including in light of the incubation value such a scale up would deliver to policy-makers.

The following section on impact delves deeper into these results – positive and negative, intended and unintended – at various levels (beneficiary, community, institutional) and in all four grant countries.

SUMMARY OF SUSTAINABILITY

- The initiative appears to have achieved sustainability at a policy level, as strengthening of capacity has already led to national governments' reported commitment to pursuing the 'cash plus' agenda, indicating a promising degree of sustainability for the results of the initiative.
- The enhancement of communities' knowledge and capacity can be seen as sustaining certain results of the initiative in the years to come.
- The actual operationalization of a 'cash plus' approach to HIV-sensitive social protection is likely to encounter several challenges, with the heavy reliance on donor funding for the continuation of HIV-sensitive social protection activities arguably being the biggest concern in relation to sustainability.
- A scale-up of the initiative's activities may not necessarily be appropriate at this juncture in all countries, and in some countries priority could be given to the ongoing scale-up of the cash transfer programmes first, adding and scaling 'plus' activities only in the years to come.

5.5. Impact

This section assesses the impact of the achieved results on target beneficiaries. When considering the impacts discussed here, it is important to acknowledge the limitations mentioned in section 4.5, especially with regard to representativeness and scope. Considering the multi-dimensionality of the results achieved, this report presents impacts reported during primary research at beneficiary, community and institutional levels (impacts on service providers and government), while also recognizing impacts and trends achieved at a broader, regional level.

Beneficiary-level impacts

Overall, the HIV-sensitive social protection initiative had several positive impacts at beneficiary level. First, beneficiaries reported better access to HIV-sensitive social services. This is both a result of strengthened linkages between social protection and social services – leading to better provision of information on existing social services, better awareness among beneficiaries of their rights, and services often being more accessible – and improved sensitivity in service delivery to the needs of vulnerable groups, including adolescents, persons with disabilities and persons living with HIV.

Second, in the face of previously unmet needs, when these services are also utilized, beneficiaries interviewed for the evaluation reported higher levels of well-being. In Zimbabwe, for instance, the uptake of HIV counselling on payment days improved the mental health of one beneficiary and helped get the individual back on antiretroviral therapy. Similarly, in Malawi, a person with a disability reported being referred to a health clinic under the LRS to get a medical passport. In turn, this resulted in more efficient and better service provision for the individual during subsequent health visits, leading to better (self-reported) health status.

Improved well-being of vulnerable individuals resulting from better access and utilization of services was accompanied, especially in Zambia and Zimbabwe, with improvements in well-being thanks to reduced stigma and discrimination towards people living with HIV. Capacity building of members of community structures and the subsequent sensitization of the communities on HIV have been central to reducing stigma and discrimination. In Zimbabwe, most community members interviewed reported increased knowledge on HIV, in turn leading to a reduction in stigma and discrimination, according to several individuals living with HIV who were interviewed. This, ultimately, made many persons living with HIV feel more secure about disclosing their status to their friends and family, though further progress can be made. Better knowledge on issues of SRH and HIV among adolescents, meanwhile, had positive prevention outcomes in Zambia as well, with, for instance, impacts seen on the share of adolescents using a condom during their last sexual activity.[16]

In addition, building the capacity of community structures led, according to beneficiaries, to more regular and more meaningful interaction with community-based volunteers. These interactions, in turn, strengthened inclusion of vulnerable individuals in services and community events. As previously unnoticed vulnerable groups became more visible, community structures in Zambia and Zimbabwe reported being better able to monitor adherence to treatment as well. Related to this, in Zimbabwe one further noticeable impact is that following changes in policy, non-adherence to treatment of children can now be treated as a child protection issue. This has opened up mechanisms to protect the child from harm through the child protection system, leading to improved adherence rates, according to implementers working with children.

On the downside, better visibility of these vulnerable groups and awareness of the community and its structures of these individuals' enrolment into 'plus activities' has, according to beneficiaries, contributed to their exclusion from enrolment into other programmes for which they could have been eligible. For instance in Malawi, enrolment into the SCTP – and not enrolment into the LRS – remains the primary driver of wrongful exclusion from the country's Farm Input Subsidy Programme. Misconceptions among community decision makers and the wider community on the perceived material benefits of the LRS could potentially further aggravate exclusion. The evaluation revealed a range of positive impacts related to health and protection, in both prevention and treatment, with potential longer-term spill over to productive outcomes for beneficiaries as well. Nevertheless, this exclusion from other social protection programmes sheds light on the more limited success the initiative likely had in tackling the economic drivers of HIV risk. Although beneficiaries reported that services were helpful in improving their well-being to some extent, many of the underlying economic drivers of deprivation remain unaddressed; this speaks to a wider scarcity of high-quality services able to address these drivers, rather than weakness in the initiative itself.

The extent to which these impacts also contributed to improved HIV outcomes for beneficiaries is not clear. Nevertheless, with more individuals tested and subsequently aware of their HIV status, and widely reported successes in strengthening adherence to treatment, overall, positive impacts are expected in this area. With a substantial focus on reaching adolescents, this is especially true for this group.

16 Muchindu, D. 'HIV – Social Cash Transfer Linkages: update on the "Adolescents Cash Transfer Learning Initiative" (ACTLi)', Presentation given to Adolescent HIV Prevention Advisory Committee Partners Meeting, 2016.

Community-wide impacts

All grant countries relied on community-based structures and volunteers to deliver services to beneficiaries, and stakeholders who were interviewed reported a variety of impacts at community level. First, building the capacity of community actors and structures, such as CATS in Zimbabwe, peer educators in Malawi, INAS *permanentes* and CCPC members in Mozambique, and CWACs and peer educators in Zambia, led to greater levels of awareness and knowledge of how to identify and link beneficiaries to services that respond to their needs, as well as better provision of case management to beneficiaries. Indeed, results from the primary research indicated that regular follow-up on beneficiary households from CWAC members led to higher uptake of services.

BOX 4. Voices from the field: how reducing stigma affects people's day-to-day lives

Since the beginning of the HIV and AIDS crisis, stigma has been a major barrier to success in treatment and prevention. Stigma manifests itself in individuals living with HIV being seen by communities as socially undesirable, reducing their standing in society. Stigma, and the negative social judgement associated with it, does not limit itself to communities. It is present in schools, health centres and the workplace as well. Stigma has negative impacts on a person's sense of self-worth and leads to depression and adverse mental health outcomes.

The initiative has seen an important impact on the reduction of stigma. In Zambia, for instance, attitudes towards persons living with HIV improved. Among adolescents, willingness to eat together with a person living with HIV increased from 62 to 75 per cent among young men and from 74 to 85 per cent among young women. In addition, beneficiaries in Zimbabwe mentioned a significant reduction in stigma since the implementation of the 'cash plus' model. As one beneficiary in Buhare noted:

"Previously, people would look down on us. At funerals, there were separate plates and cups for people with HIV. I was not even allowed to eat with our neighbours. If you looked thin, people were afraid to walk next to you. Overall, I felt very sad, and would not leave the house much. All is much better now. Now, CCWs taught everyone that you can eat off the same plates and drink from the same cups. With the help of treatment, I also managed to get back to normal and look healthy. This makes me feel much better, also because I know that I am not the only one with this condition. There are more like me, and we are just fine."

Through its impact on reducing stigma, the initiative has the potential to yield long-term development outcomes. Not only is reduced stigma associated with better adherence rates, better integration of vulnerable individuals in society's fabric strengthens bonds between community members, strengthening equity and optimizing social cohesion.

Furthermore, training activities for community-based volunteers and structures not only reached those involved in delivering social protection programmes; health workers in all countries likewise received training on linking beneficiaries to other services. Heightened levels of knowledge and awareness within the communities covered under the initiative flowed out to non-targeted communities in the case of Zimbabwe, and resulted in a demand for inclusion in the initiative in some non-targeted communities in Zambia. Such impacts indicate demand at the grassroots level for the scaling up of HIV-sensitive social protection. Moreover, these impacts could inform advocacy efforts to expand a more generalized 'cash plus' model in grant countries.

In terms of community-wide impacts on HIV-related indicators, respondents in Zimbabwe reported a drop in social stigma towards persons living with HIV and AIDS, and better integration of children living with HIV. Persisting high levels of stigma did lead to concerns about the well-being and retention of CATS, whose HIV status is relatively well known in communities and who at times, despite the adequate support received from their mentors, struggle with stigma resulting from their visibility and openness. In Zambia, sensitization efforts on subjects like child marriage, disabilities, teenage pregnancy, and other topics that drive poverty and vulnerability contributed to more willingness among community members to discuss how to address these issues. More open dialogue about HIV in communities in Zambia also improved the social connection of persons living with HIV, as beneficiaries living with HIV realized that they are not alone. The high levels of attendance at fairs in Mozambique could highlight a growing interest in receiving more information on HIV prevention and response, even if the fairs themselves did not register significant increases in testing. However, despite the fairs' popularity and high attendance – reportedly due to communities' preference of fairs over visiting hospitals for information and services – stakeholders should be careful that fairs do not lead to the unintended impact of establishing a parallel system for HIV testing, birth registration, and other services.

Overall, the initiative produced more empowered, enlightened and aware communities with regard to knowledge about their rights, and how to access services and information on HIV, SRH, disability, and protection.

Although none of the grant countries under the initiative has invested in scaling up HIV-sensitive social protection to national level, the impacts of the initiative did produce results for national governments at various administrative levels, and for NGOs involved in implementation. First, the relevance of the initiative to meeting national goals and targets could be credited with having a positive impact on government buy-in to more multi-sectoral approaches and stronger cross-sectoral coordination, as well as to the 'cash plus' model to effectuate more sustainable change at beneficiary level. Closer working relationships between different social sectors, such as health and social welfare, and non-governmental actors, will be key to the future of HIV-sensitive social protection, and stakeholders interviewed during primary research reported the formation and/or building of the following institutional relationships as a result of the initiative:

- **Malawi:** The mapping of services at the district level has strengthened the MoGCDSW's ability to link social services into the social protection response, strengthening their capacity to deliver complex outcomes. Meanwhile, sectoral ministries report that these linkages have also led to improved sectoral performance, as demand-side constraints to service uptake are now being addressed.

- **Mozambique:** The provision of social services at fairs brought together different institutions that had not previously worked together at service provision level. For instance, each sector appointed a fair focal point that would attend coordination meetings to organize the fairs. Their participation in the fairs not only introduced them as a partner in social protection programming, but also deepened their relationship

with AMME (in Zambezia province) and INAS Delegations and strengthened the role of provincial social welfare departments in coordinating social protection activities at sub-national level. Moreover, as a result of the initiative programming targeted at adolescents became a priority for the Ministry of Health.

- **Zambia:** The initiative helped to build more willingness within the Government to collaborate across MDAs, especially in programming that aims to address complex vulnerabilities. In particular, stakeholders reported that the initiative rendered the MoH a more visible and willing partner for the MCDSS, and that it helped to mainstream adolescents into health and social protection programming. The initiative also contributed to the establishment of a national adolescent health framework in the MoH, with the intention of eventually providing adolescent-friendly SRH services across the country. Meanwhile the MCDSS is spearheading two initiatives to integrate and link delivery of different social protection programmes and basic social services, the Single Windows initiative and the Service Efficiency and Effectiveness for Vulnerable Children and Adolescents programme, both supported by UNICEF and various bilateral donors. The SCT-HIV linkage is a building block in these initiatives and is informing wider work on 'Cash plus' programming to complement the SCT programme, which operates at national scale.

- **Zimbabwe:** Coordination between NAC and social protection stakeholders improved, with the District AIDS Councils cited as being particularly instrumental to this through their bringing together of representatives from MoHCC and MoLSW. Additionally, the initiative enhanced the MoLSW's role in coordination of service providers. In general, stakeholders cited the higher levels of multi-sectoral coordination as contributing to positive and sustainable results.

Going forward, it remains to be seen how the impacts on cross-sectoral coordination and institutional capacity building mentioned above will affect HIV-sensitive social protection in the grant countries, but burgeoning efforts to integrate some activities into national plans and budgets are promising. Moreover, the full range of impacts – from greater government buy-in to cross-sectoral coordination and the 'cash plus' model – may only be revealed in the long run, with such impacts offering the potential to stimulate a systems approach to addressing poverty and vulnerability. Respondents already highlighted the initiative's impacts on systems, with one stakeholder in Mozambique stating that the grant money should be viewed as 'seed money' for the 'cash plus' approach, and stakeholders in Zimbabwe praising the initiative's contribution to harmonizing and strengthening national case management systems. Although these sentiments may reflect unintended impacts, as the grant in Mozambique perhaps was not meant to be 'seed money', they nevertheless contributed to more comprehensive and integrated efforts to reduce poverty, vulnerability, exclusion, and deprivation.

Regional impacts

With the above country-level impacts as background, what have been the initiative's impacts on the region as a whole? First, phase 2 of the initiative largely built upon phase 1's results in terms of expanding the package of services available to beneficiaries, improving access to and uptake of services, enhancing communities' capacities for service provision, and promoting more cross-sectoral cooperation in health and social protection. While the initiative's full impact on HIV-related indicators remains unclear at a regional level, reports of reduced HIV prevalence in Zimbabwe, higher levels of social acceptance of persons living with HIV in Zambia and Zimbabwe, and increased testing in various countries all point to region-wide progress against HIV-related indicators, and the initiative's contribution to the AIDS sector's 90-90-90 target. However, better tracking and monitoring of the performance of HIV-sensitive social protection against targets and goals is needed not only to better measure impacts, but also to support arguments for national investments in scaling up and the sharing of lessons learned with other countries in the region. Moreover, while the impacts of higher demand for, and uptake of, services at the grassroots level demonstrate the positive impacts of community-led sensitization and case management, investment may be needed in increasing available resources and training service providers to keep pace with increasing demand.

Finally, the initiative focused significant attention on adolescents in grant countries, yielding impacts that can be partially attributed to: the deployment of peer educators, like CATS, in communities; more explicit targeting of areas with high numbers of adolescents, as in Zimbabwe; and the development of government plans and structures, like the Adolescent Health Technical Working Group in Zambia. While activities dedicated to HIV treatment and response for persons living with HIV of all ages should continue, the greater inclusion of adolescents in the HIV-sensitive social protection agenda has important implications for prevention efforts, not only for HIV, but also for other issues such as child marriage, early pregnancy, school dropout, and other risky behaviours. Therefore, taking forward the initiative's impact of greater inclusion for adolescents in HIV-sensitive social protection could contribute to national development efforts.

SUMMARY OF IMPACT

- The HIV-sensitive social protection initiative registered several positive impacts at the beneficiary level. Beneficiaries reported better access to and increased utilization of HIV-related social services, in turn improving their well-being.
- In terms of SRH and HIV impacts, beneficiaries reported increased knowledge about HIV, a reduction in stigma and discrimination and better adherence to treatment, including for children. Positive impacts were also found in terms of prevention, as adolescents in Zambia for instance are better aware of HIV-transmission pathways and report higher condom use during their last sexual activity.
- While a range of health and protection impacts were found, beneficiaries reported more limited success in tackling the economic drivers of HIV risk. Although this is primarily an external barrier linked to cash transfer programmes in general, and not a negative impact of the initiative itself, wrongful exclusion of beneficiaries from other social protection programmes did mean that referrals were unsuccessful at times, and left economic needs unaddressed.
- At the community level, the initiative produced more empowered, enlightened, and aware communities in terms of knowledge of their rights, and how to access services and information on HIV, SRH, disability, and protection. Capacity building with community structures led to more meaningful interaction with community-based volunteers, strengthening the social inclusion of vulnerable groups.
- With positive impacts reported in relation to the commitment of governments to cross-sectoral coordination, the full range of impacts from greater government buy-in to this and the 'cash plus' model may only be revealed in the long run, with such impacts offering the potential to stimulate a systems approach to addressing poverty and vulnerability.

- Overall, although the full scale of the initiative's impacts on HIV-related indicators remains unclear at a regional level, reports of reduced HIV prevalence in Zimbabwe, higher levels of social acceptance for persons living with HIV in Zambia and Zimbabwe, and increased testing in various countries all point to region-wide progress against HIV-related indicators, and the initiative's contribution to reaching the AIDS-sector's 90-90-90 target.

5.6. Equity and human rights

The last criterion against which the initiative has been assessed is Equity and Human Rights. A human rights-based approach (HRBA) to international development programming features a number of key characteristics, such as fulfilling human rights, strengthening the capacity of rights holders (beneficiaries) to advocate for their rights and the ability of duty bearers (implementers) to uphold their obligations, and mainstreaming the principles of international human rights documents into all phases of programming and decision making.[17] While HRBA focuses on ensuring equal treatment for all, the concept of equity orients programming more towards addressing social, cultural and/or economic disadvantages that adversely affect different groups of people, which may entail specific approaches for each group, depending on their unique set of vulnerabilities. Within this approach, particular focus is given to gender.

With the above in mind, this report evaluates the extent to which the HIV-sensitive social protection initiative addressed equity and human rights in the following ways:[18]

- **Inclusion:** which groups benefit from the intervention, disaggregated into relevant categories (e.g. persons living with HIV, vulnerable children and adolescents). This category not only considers which groups were included in an intervention, but how the intervention may have affected *excluded* groups.
- **Gender equality and empowerment of women (GEEW):** acknowledging that women and men face different social, political, economic and legal realities, leading to social and economic inequities between them, the evaluation considers the extent to which interventions have addressed the underlying causes of gender inequities and have achieved equitable outcomes for girls and women.
- **Participation:** the evaluation considers the extent to which relevant stakeholders participated in the design, implementation, and monitoring and evaluation of the intervention.
- **Fair power relations:** as human rights and equity approaches seek to equalize power relations between and within advantaged and disadvantaged groups, the evaluation considers the extent to which the intervention changed power relations for vulnerable groups covered under the initiative.

Inclusion

The HIV-sensitive social protection initiative specifically targets vulnerable children and adolescents in areas with high HIV prevalence, though the inclusion of beneficiaries in existing cash transfer programmes enabled the initiative to reach other deprived groups as well: vulnerable older persons in Mozambique, and labour-constrained households in Zambia, Zimbabwe and Malawi. Moreover, various activities were delivered more universally in targeted communities, further allowing other vulnerable groups to benefit from the initiative's efforts.

Nevertheless, in their delivery these activities sometimes fell short of equity standards in some aspects. In Mozambique, for instance, though social protection fairs were open to all and all services were free, some communities had to travel longer distances than others to attend them. At the fairs themselves, older persons experienced challenges in receiving services, crowded out or physically overpowered by adolescents at times. Additionally, there were reports that identification and birth certificate services were available at the first fairs, but not at subsequent ones: such inconsistency in service provision impedes the full realization of equity and human rights. To strengthen equity outcomes, stakeholders in Mozambique recommended that older persons be given preferential treatment at fairs in order to access services, and that service delivery be standardized across the fairs.

In addition, although various activities were open to the wider community, from an equity perspective some concerns were expressed about the focus of most activities on beneficiaries in ongoing cash transfer programmes. While directing activities towards existing beneficiaries and linking them to additional services makes sense from an operational perspective, non-beneficiaries in Zimbabwe and Malawi felt that the initiative delivered disproportionate advantages. Limited resources for implementation and expansion of the initiative, meanwhile, further threaten higher levels of inclusion in all grant countries in the future, thereby jeopardizing equitable coverage levels for other vulnerable and deprived communities.

Finally, stakeholders in most countries felt that the initiative's package of services could be further improved through greater sensitivity to overlapping vulnerabilities, for instance through providing information on HIV and AIDS to persons with disabilities. Zimbabwe is an example of how this can be done successfully, as mainstreaming disability into the HIV response led to the development of a training manual on HIV-sensitive social protection and disability, and the development of a dictionary explaining HIV- and AIDS-related concepts and terms in sign language.

Gender equality and empowerment of women

Women and girls face different social, economic, political and legal realities and have different needs, experiences and priorities to those of boys and men. In all the focus countries, significant inequities exist between men and women, and women and girls often face disproportional barriers to the uptake of services, less representation at all levels of governance, and physical and sexual violence at higher rates than men and boys. In light of these differences, different approaches may be necessary to achieve equitable outcomes for girls and women.

Adequate attention was given to gender throughout the initiative. Activities were often sensitized to the needs of girls and women, and the attitudes of gatekeepers and duty bearers in the communities towards them. In Zambia, UNICEF and the Government identified the initiative as a platform through which gender-related vulnerabilities, such as teenage pregnancy and child marriage, could be addressed. This was done by prioritizing the rolling out of the SCT-HIV in districts where UNICEF-supported interventions addressing, for instance, child marriage were simultaneously being implemented. In Malawi, service providers were sensitized to the needs of girls and women; for instance, cervical cancer screening was added to FPAM outreach events to ensure that these events responded to the needs of women in targeted areas. Finally, participation in the initiative's activities was voluntary, meaning that beneficiaries were not obliged to comply with certain conditions in order to receive assistance: as in many households, such compliance typically falls to woman, the initiative has likely contributed positively to addressing gender inequities in the focus countries.

17 United Nations Research Institute for Social Development, 'The Human Rights-based Approach to Social Protection', Issue Brief no.2, UNRISD, New York, 2016.

18 The categories are based on those presented in United Nations Evaluation Group, *Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance*, UNEG Human Rights and Gender Equality Task Force, New York, 2011. Gender equality and empowerment of women is added separately to the inclusion criteria to ensure focused attention on gender. The GEEW analysis is based on the principles presented in United Nations Evaluation Group, *UN-SWAP Evaluation Performance Indicator Technical Note*, UNEG, New York, April 2018.

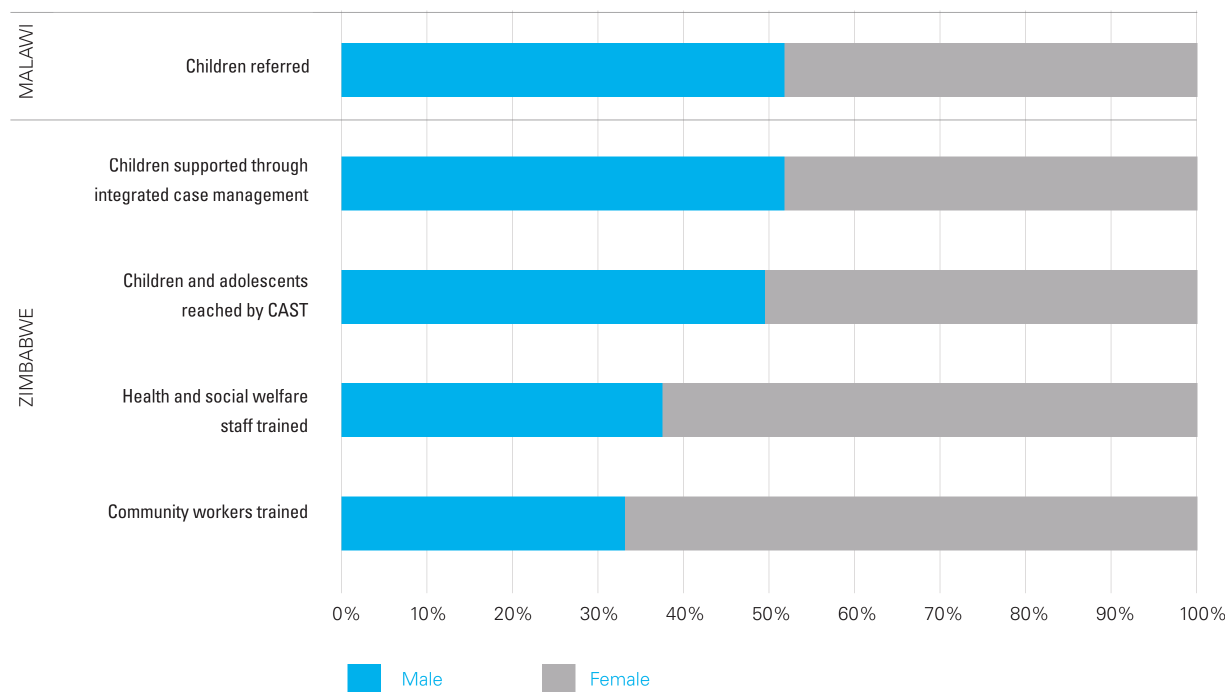
One area for improvement with respect to gender is monitoring and evaluation. Limited gender disaggregated data was available on results, indicating a necessity to improve the integration of gender into monitoring and evaluation. Figure 5 above presents the gender disaggregation for outcome indicators for which disaggregated data was available and shared. As can be seen, the reach of the interventions among children in Malawi and Zimbabwe for the selected outcome indicators was moderately biased towards reaching girls. In Zimbabwe – as well as the other focus countries, based on the findings of the qualitative research – capacity building of community cadres targeted women in larger numbers than men. Not only does this indicate the gender-sensitivity of the implementation structure; by building the skills and capacity of women in the communities, it may also indicate that the initiative is positively contributing to their advancement and empowerment.

Participation

Overall, stakeholders believed that the design process for the initiative was participatory and sensitive to existing contexts. The exception to this was in Mozambique, where stakeholders from the national Government and UNICEF felt the design of the fairs component could have benefitted more from interaction in the initial design phases between the two entities. In addition, most countries also reported that greater involvement of district-level actors in the design would have improved planning and budgeting processes and that consultative discussions with beneficiaries or other community members could have optimized the relevance of the design that was put forward. Increasing levels of participation in both phases, for instance by including NAC in Zimbabwe and (eventually) district actors in Malawi and Zambia, demonstrates a strong recognition of the importance of including local stakeholders in design and implementation efforts,

As mentioned in other sections of this report, nationally led monitoring and evaluation processes for HIV-sensitive social protection remain weak and/or non-existent in the grant countries, and strengthening national participation in this area will be essential

Figure 5. Share of selected outcome indicators, by gender



to the continuation and scaling up of the programme. However, such participation will hinge on the allocation of sufficient resources and capacity building to do so.

Fair power relations

Persons at risk of, living with and affected by HIV and AIDS constitute a disadvantaged social group in all four countries, and are subject to social exclusion and stigma to varying degrees. Stakeholders in Zimbabwe and Zambia reported that the initiative helped to reduce stigma, which suggests success in positively changing power relations between persons living with HIV and AIDS and wider communities. The presence of CATS and support groups in Zimbabwe also rendered HIV and AIDS a more visible issue, with beneficiaries realizing that they are not alone in living with HIV. Furthermore, stakeholders in Zambia and Malawi felt that the initiative gave a 'voice to the voiceless', as persons at risk, living with and affected by HIV and AIDS were linked to service providers and community volunteers who could counsel them and answer their questions in a non-judgmental fashion.

Beyond improving the social status of persons living with HIV, the initiative also influenced power relations within other social structures. Stakeholders in Mozambique, Zambia, Malawi and Zimbabwe all mentioned that the initiative mainstreamed, to various extents, adolescents into national health and social protection agendas. While adolescents as a demographic group are not de facto marginalized, those living with HIV or AIDS, adolescent girls, and adolescents from poor households can experience diminished status due to prevailing cultural and/or social attitudes. The initiative has linked vulnerable adolescents with peer educators, support groups, adolescent-friendly spaces, and information on HIV prevention, child marriage and accessing services, as well as given them access to products such as free condoms and contraceptives. This has empowered adolescents to take charge of their own needs, thereby changing power dynamics within communities. Additionally, the integration of vulnerable adolescents into national development agendas could expand the services and opportunities available to them, thereby enhancing their future socio-economic situations.

The initiative's impact on older persons' positions within targeted communities in Mozambique is unclear, however. Over the past few years, the Mozambican Government has made concerted efforts to reduce poverty and vulnerabilities faced by older persons, such as through the Basic Social Security Programme (PSSB), while the fairs facilitate access to health services for older persons. Results from primary research in Mozambique indicate that the fairs were not age sensitive, though, as older persons had to wait in long queues for services, and there were few activities and engagement opportunities offered to older persons. As such, while the PSSB is striving to improve the economic conditions for extremely poor households facing labour constraints, further efforts may be needed to sensitize communities on the particular vulnerabilities that older persons face due to their health, social, and/or economic status, as well as to design more comprehensive responses to these vulnerabilities.

Reflections on equity and human rights

Although the initiative's expected outputs do not explicitly address equity and human rights, effective social protection programming should further both. And while addressing poverty entails necessary economic interventions, such as cash transfers, sustainably reducing vulnerable populations' exposure to multi-dimensional deprivations requires efforts to tackle systemic inequalities and inequities. Based on the results of the primary research, the HIV-sensitive social protection initiative has improved equity and human rights in some aspects. First, the initiative managed to include particularly deprived groups, such as persons at risk of, living with and affected by HIV and AIDS, women and girls, vulnerable children and adolescents, and older persons, many in households facing labour constraints. Sensitization and outreach efforts to these groups and wider communities led to changes in

power relations, as social stigma towards persons living with and affected by HIV and AIDS was reduced in some countries, and vulnerable adolescents became more empowered. However, excluded groups – who are also often vulnerable – felt that beneficiaries received unfair attention, and resource constraints to expanding coverage of the initiative can threaten higher levels of inclusion. Moreover, while the initiative promotes an HIV-sensitive approach to social protection, some stakeholders in Mozambique suggested a need for more sensitivity to age and disability going forward.

Eliminating economic, social, cultural, environmental, and other inequalities and inequities is a long-term process, though interventions like the HIV-sensitive social protection initiative can make important contributions in this struggle.

SUMMARY OF EQUITY AND HUMAN RIGHTS

- The HIV-sensitive social protection initiative has improved equity and human rights in some aspects. The initiative managed to include particularly deprived groups, such as persons living with and affected by HIV and AIDS, vulnerable children and adolescents, women and older persons, many in households facing labour constraints.
- Sensitization and outreach efforts to these groups and wider communities led to changes in power relations, as social stigma towards persons living with and affected by HIV and AIDS was reduced in some countries, and vulnerable adolescents became more empowered.
- Resource constraints to expanding coverage of the initiative could threaten higher levels of inclusion within targeted areas and between them.
- Activities under the initiative sometimes fell short of equity in some aspects, and consistency of service delivery and better resourcing of field workers to reach the most vulnerable, remote households could improve outcomes in this dimension.

6. Conclusions

Since 2014, UNICEF has been implementing the *Expansion and Scale-Up of HIV-Sensitive Social Protection in Eastern and Southern Africa* initiative in Malawi, Mozambique, Zambia and Zimbabwe. By seeking to strengthen linkages between social transfers and access to basic services for children and adolescents UNICEF COs and national governments have, with support from UNICEF ESARO, been implementing a range of activities to sensitize the national social protection systems of these countries to the needs of persons at risk of, living with and affected by HIV and AIDS. When the initiative began, it was one of the first regional attempts to strengthen and institutionalize the linkages between social protection and social services, at a time when the 'cash plus' approach was not as prominent as it is today.

To that end, a range of different approaches were designed and implemented in the target countries, allowing for local adaptation of interventions. While Malawi developed a system of linkages and referrals, linking cash transfer beneficiaries to existing services, in Zimbabwe the initiative established mechanisms to facilitate HIV-sensitive service provision during payment days. In Mozambique social protection fairs were designed and operationalized to achieve this linkage between social protection and HIV-sensitive services in the short term, while working on the link between cash and care at a systems level as part of the design of the child grant (for children aged 0–2 years), and through support to the national case management system. In Zambia, a hybrid package of adolescent-friendly health interventions was tested and scaled up in areas targeted for social cash transfers to increase utilization of services by adolescents. Overall, the results of the initiative have been positive, although some of the original, ambitious targets were not met and future efforts are required to sustain the gains made.

First, interventions supported by the initiative have delivered positive beneficiary-level impacts. Beneficiaries report having better access to, and increased utilization of, social services that have enhanced well-being. In turn these have delivered a range of positive SRH and HIV outcomes in both prevention and treatment, including for adolescents. With service provision increasingly sensitized to the needs of vulnerable populations, including adolescents, persons with disabilities and women and girls, substantial progress was made towards meeting the objectives of the initiative, especially in Malawi, Zambia and Zimbabwe. However, concerns remain around the on-going challenges of addressing the economic drivers of HIV risk, in light of the constrained abilities of cash transfer beneficiaries to access other social protection programmes, the low benefit levels of existing programmes, and persistent low levels of coverage in most countries. Concerted efforts will be needed to address these challenges in the future, as otherwise, progress could potentially be undone.

The most prominent factors driving positive impact have included the initiative's success in producing more empowered, enlightened and aware communities, who know their rights and how to access services and information on HIV, SRH, disability and protection. These, in turn, further strengthen beneficiary-level outcomes as the attitudes of communities towards persons living with HIV improve, social stigma decreases and power relations are transformed. In addition, broad-based government buy-in has been instrumental in strengthening the cross-sectoral cooperation necessary to facilitate linkages. In turn, government stakeholders credit the initiative with seeking and delivering relevant results; strengthening governments' capacity to coordinate service delivery; and, in the ministries of social development, strengthening their position, relevance and bargaining power at all levels of government.

Nevertheless, the interventions supported by the initiative have not delivered on their full potential yet, and achievement of results has suffered from implementation limitations arising from various factors. The under-resourcing of support functions, especially monitoring, evaluation and follow up, has limited impact, and has substantially reduced efficiency and effectiveness. In addition, management challenges in UNICEF and governments, with relatively high staff turnover that has largely been poorly managed, caused delays at times. This has brought unnecessary stress to sub-national implementers, in the form of expectations to meet timeframes that are now unfeasible. Better resourcing of support functions and more emphasis on staff retention and transition has the potential to significantly strengthen returns on investments made.

Although the HIV-sensitive social protection initiative has achieved sustainability at policy level to some extent, ultimately operationalization of a nationally owned 'cash plus' approach to social protection remains at an early stage. The reliance on donor funding for the continuation of 'plus' activities, and in some countries the dependence on NGOs to implement direct service delivery, are arguably the biggest concerns for sustainability, especially in the light of limited investments in the monitoring and evaluation activities that can develop the evidence base to advocate for more government involvement or donor funding. Although some gains can be sustained by maintaining linkages between existing service providers, scaling up the interventions implemented in this initiative will require higher financial commitments.

To conclude, over the last four years, the initiative has supported agenda setting for social protection in the region, from delivering simple returns towards exploiting the

transformative power that improved integration of sectoral interventions into social protection can have on achieving long-term development outcomes. With the interventions implemented under the initiative having delivered substantial impact, and with further avenues to strengthen the achievement of objectives identified, further support to UNICEF ESARO, UNICEF COs and the governments they support would be a cost-effective continuation, optimizing returns on the initial investments made under this initiative.

7. Lessons learned

The evaluation identified a number of key lessons to be learned from the HIV-sensitive social protection initiative 2014-2018, which could be applied to other country contexts as well. These lessons include:

- Social protection programmes can serve as platforms to deliver cross-sectoral returns, including HIV and SRH outcomes. Linking programmes more explicitly to social services through a 'cash plus' approach has the potential to strengthen outcomes more sustainably, delivering high returns on investments made.
- 'Plus' activities can be delivered as integral programme activities – developed, delivered and funded as part of the cash transfer programme – or can be facilitated through the provision of linkages and referrals to existing services. The latter has the potential to drive health and protection outcomes in particular. Scarcity of existing services to address the economic drivers of HIV risk, and limited acceptance of existing cash transfer programme beneficiaries onto the programmes that do exist mean that the approach adopted – of linking up and referring beneficiaries to existing services – may have limited success. In light of this, outcomes related to strengthening economic resilience are likely best achieved by setting up integral programme activities,
- Synergies in service delivery can be exploited by bringing government actors to the table. If compared to service delivery through third parties, integration of a wide array of government stakeholders into the programme strengthens the quality of design, buy-in into efforts to improve coordination, cross-sectoral achievement of outcomes, and ultimately the sustainability of results.
- Placing communities at the forefront of implementing a 'cash plus' model can build local structures' and actors' capacities and knowledge and, if executed well, can be a low-cost and sustainable approach to implementation. For such a community-driven model to work effectively, community actors and structures need to benefit from integration with sub-national government structures that provide support, supervision and mentoring.
- Programmes and activities targeting adolescents must be designed to meet this target group's unique needs and must reach out to them in a suitable and constructive manner. Working with peer educators and CATS, training health care workers in the provision of adolescent-friendly services, setting up adolescent-friendly spaces and integrating service delivery into fun events can help to reach adolescents successfully.
- Prevailing social and cultural belief must be addressed, so as not to obstruct programme implementation. Particularly when trying to improve HIV and SRH outcomes, programme components must focus on spreading awareness and providing knowledge to the wider community, to reduce stigma towards persons living with HIV and adolescents making use of SRH services.
- Not all countries are ready to operationalize a 'cash plus' model. The level of benefits provided under existing cash transfer programmes might be too low to support 'cash plus' in some countries, and supply-side constraints might lead to unsuccessful uptake of referrals to overburdened social services, and discourage further uptake in the future. Moreover, countries with young social protection programmes might want to focus on scaling up core activities and maturing the programme, before adding a 'plus' component.
- A certain degree of reliance on third-party service providers is inevitable; however, simultaneously strengthening government capacity to coordinate service delivery, including those services delivered by third party providers, is critical for sustainability and national ownership over results.
- 'Cash plus' and HIV-sensitive social protection are emerging areas of policy making. Donors and national governments need better evidence of their positive impact to drive advocacy efforts and decision making on adaptation and scale-up.
- In terms of managing a cross-country initiative, a theory of change (TOC) is vital to guide the initiative and country-specific activities, and can help to strengthen intra-organizational understanding and commitment to the objectives of the initiative. Furthermore, investing in staff retention and effective management of institutional knowledge and memory are key to effectively implementing an initiative spanning multiple years. Resourcing of support functions is also critical to quality assurance and monitoring and evaluation of activities.

8. Recommendations

The following recommendations build on the findings of the evaluation, the conclusions drawn, and the lessons learned.

Continue engagement with governments on HIV-sensitive social protection
To further optimize the return on the initial investments made under the initiative, it is recommended to the Government of the Netherlands and UNICEF to continue with a third support phase to selected governments. The third phase could focus on further enhancing the sustainability of activities, ensuring that achievements can be sustained over the coming years. With country-level results lower than initially expected and the limited integration of the 'cash plus' approach into national social protection programmes, a withdrawal of support could hurt future uptake of the HIV-sensitive protection model in government, losing the current window of opportunity created by the initiative.

The type of support envisioned could take various forms and should be further sensitized to the specific country contexts and the progress made therein. A further review of progress made by UNICEF ESARO with all COs should assess the countries' readiness to operationalize a 'cash plus' approach to HIV-sensitive social protection, reflecting on whether the next phase of support could result in more structural changes to the countries' social protection systems. If this is unlikely, support might be better directed to other countries in the region that show higher potential for returns on such investments. For some countries in the initiative, a more focused and contextualized third phase of support could amplify results on the initial investments made. In such cases, support would be best focused on on-going activities to strengthen systems, and on fostering uptake and enhancing quality of the systems and processes, particularly monitoring, evaluation and learning efforts (as further elaborated upon in the following recommendation).

Sustainably scaling up nationally owned 'cash plus' programming will inevitably require higher levels of financial commitment from governments. Building and maintaining cross-sectoral linkages can contribute to expanded service provision for social protection beneficiaries, particularly if such linkages are established between existing service providers. To further stimulate buy-in to 'plus' activities, the next support phase could seek government counter-funding, with the share of counter-funding gradually increasing as

the initiative progresses. In countries with limited financial contributions from government to social protection programming, this commitment could come in the form of expanded government efforts to coordinate service delivery and, if possible, increased co-financing.

Increase investment in monitoring and evaluation

At initiative and programme level, UNICEF and the governments should consider increasing investment in monitoring and evaluation. To increase the long-term impact of the initial investment and the sustainability of its results, time-bound initiatives and projects in an emerging area such as 'cash plus' will benefit from higher investments in monitoring and evaluation activities. As the sustainability of results in the countries is also contingent on securing funding to continue the 'plus' activities, and governments and donors will desire more robust evidence on the impact of these activities to facilitate decision making, more should be invested in evaluating the impact of country-level interventions.

The manner in which this is done is relevant, as governments and donors should be engaged early on in the design process of the interventions and of the evaluation. This is necessary to optimize the relevance of the findings and their acceptance to governments and donors for the decision-making process. To achieve this, it is important to consider the evidence needs of different ministries (for instance, ministries of finance, which are often badly catered for in impact evaluations, as compared to ministries of social protection). Different donors also attach importance to different result areas. Even in the event of discontinuation of the intervention, monitoring and evaluation activities could maximize the impact of the initiative by developing robust evidence on 'cash plus' interventions that could influence decision making in other countries. Moreover, the long-term return from increased investment in monitoring and evaluation would be optimized if governments' capacity to monitor and evaluate was also strengthened at the same time.

BOX 5. Government of the Netherlands leadership on SRH

In the current context for SRH and HIV policy-making, continued support from the Government of the Netherlands may be instrumental in sustaining results. With several countries targeted by the initiative directly affected by the Mexico City Policy – commonly known as the Global Gag Rule – countries are at risk of reversing progress made on HIV and SRH outcomes. In fact, several organizations involved in the initiative consulted by the study team had had their funding withdrawn in recent months and had to cancel projects, harming the vulnerable populations that these organizations help. The initiative has shown that social protection programmes can serve as platforms to drive positive SRH and HIV outcomes. The Government of the Netherlands has already shown leadership on SRH and HIV responses in the context of the Global Gag Rule, for instance in its fundraising efforts early in 2018 to fill the gap left by the policy. In light of the initiative's encouraging results, continued leadership by the Government of the Netherlands on SRH and HIV could sustain and systematize linkages between social protection, HIV and SRH, and systematize the mechanisms through which these are achieved.

In addition, monitoring should also be used more continuously throughout the programmes to identify measures that could enhance efficiency and effectiveness in a timely manner, to enhance implementation and strengthen outcomes. In Malawi, for instance, better monitoring of the performance of extension workers could have identified communities where the LRS has not been implemented according to prescribed standards, in turn allowing for mentoring and refresher training to tackle flaws in implementation. Assigning designated staff was reported as a successful measure. Moreover, qualitative indicators (such as the quality of training) could be added to the results frameworks to assess whether outputs (training events) lead to outcomes (staff with higher capacity) in a manner conducive to subsequently drive impacts. Gender could also be integrated more effectively, to better monitor the impact of the intervention on the empowerment of women and girls. The enhanced monitoring information that would subsequently be available for decision making would have the potential to strengthen short-term results, ultimately increasing the equity, sustainability and scalability of the intervention in the long run.

Enhance the strategic interaction with community structures

Programmes in all countries would also benefit from more strategic interaction with community structures. Community engagement was identified as a critical component for enhancing government service delivery, by strengthening the social contract between government and people, helping facilitate the efficient flow of information to the community and assisting in the provision of services and execution of programme activities where government capacity falls short. The benefits of the engagement of community actors extend into the community, offering people a channel to influence government service delivery to better meet their needs.

In the initiative's focus countries, community structures have been acting as a critical link between communities and programme implementers, assisting in the implementation of 'plus' activities, such as mobilization, sensitization and service delivery, and the execution of regular programme processes, including monitoring and reporting. The benefits of this engagement have been instrumental in driving some of the positive impacts reported in this evaluation. Working with community structures for the delivery of certain programme activities has proved to be an effective way of achieving and sustaining impacts at relatively low costs. At the same time, it has presented programme implementers with several challenges, as the capacity of community structures tends to be lower than that of government, and they have limited resourcing to support activities. They are also less accountable against targets and objectives, given the voluntary nature of community members' involvement. Challenges have been compounded by ad hoc targeting, a lack of mentoring and limited follow-up, together reducing community volunteers' motivation to remain involved.

Most of these challenges could be overcome by improving the way in which community structures are integrated into the initiative and beyond, on the part of both UNICEF and governments. First, at the policy level, there is a need to better regulate their involvement. Different organizations and actors involve community volunteers differently, using different incentive packages, often with limited coordination between actors. As a result, volunteers frequently move between organizations and projects, and turnover is high. A community engagement policy could help set minimum acceptable standards, protecting community volunteers and the organizations that engage them, and help harmonize and retain delivery across actors. The policy could outline a strategic approach to capacity building, shifting away from ad hoc delivery of one-off training events for project-specific purposes to a coordinated effort to establish community volunteers as information points in the community. Moreover, the policy could address ensuring involvement at all stages of the policy cycle, strengthening equity and human rights, and optimizing programme relevance by listening to communities during design phases, shifting away from a common, singular

model of integration of communities and volunteers into programmes at the programme's implementation phase. As community structures are often disproportionally made up of women, empowerment of the members of these structures positively enhances their capacities, advancing gender equality and equity of outcomes.

Second, at programme level, better communication, mentoring and feedback channels between community structures and sub-national government structures can optimize implementation and keep community volunteers motivated. It is critical to set up and resource support functions in order to ensure the quality of volunteers' involvement. When such support is absent, problems can emerge in implementation that significantly reduce efficiency and effectiveness. To provide such support requires a paradigm shift, approaching engagement of community structures from an acknowledgement that they add value, rather than seeing the use of community structures as a cost-saving exercise. There must also be acknowledgement that these structures can only function when adequately resourced, as part of a sustainable human resource solution supported by a formal workforce. In addition, to strengthen equity it is important that community structures are provided with the means to reach even the most remote households.

Design forthcoming interventions more thoroughly

Relatively comprehensive programme design was integral to achievement of the objectives of the initiative. In all countries, the initiative implemented activities that supported various outputs, which facilitated progress towards its outcomes. The design process was relatively participatory and built on ongoing processes and systems that were already in place. Nevertheless, the initiative also suffered from the absence of a clear TOC in the design, and overly ambitious targets were set. A TOC could have provided necessary guidance to programme implementers in UNICEF and governments to see the larger goals the initiative was intended to achieve, and could have provided clarity to them on what was meant by HIV sensitivity. Setting more realistic targets could have freed up more resources for quality assurance of support functions, and could have motivated UNICEF and government staff, as progress could have been more realistic and evident.

To strengthen the ability of forthcoming interventions to achieve results, UNICEF and the governments it works should adopt a more thorough design and design process, starting with setting clear objectives, and defining the terms and concepts associated with these. While the objectives of the initiative have proven to be relevant, in the future attention should be drawn towards designing specific, measurable and attainable objectives and associated targets, to be met within a realistic timeframe. Second, the expected impact trajectory towards the initiative's objectives should be mapped out in a TOC prior to commencing programme activities, ensuring an alignment of activities and providing clarity for programme implementers throughout implementation. Third, improved cross-sectoral participation and participation of beneficiaries and community members could further optimize the forthcoming relevance of the design and strengthen cross-sectoral and community buy-in. Likewise, clearer consultations with government and donors on their evidence needs coming from the initiative could also strengthen the design of the overall programmes, as well as activities. Particularly for initiatives looking to realize and operationalize a relatively new concept, as 'cash plus' was at the time, activities should be designed so that they generate evidence.

Render initiatives more age sensitive

When done adequately, mainstreaming age into social protection programming is an effective way to optimize the quality of interventions, increasing the relevance, efficiency and impact of programmes and strengthening the attainment of equity and human rights. Different groups across the age spectrum have specific needs and require tailored approaches to respond to their vulnerabilities comprehensively. As the evaluation's findings have shown, the initiative has largely been successful in addressing the needs of adolescents, through adolescent-friendly project components. However, as the example of Mozambique – where older persons complained that during fairs they had to wait in long queues and were physically overpowered by younger people at times – shows, there is still room to strengthen age-sensitivity further and, in so doing, to enhance the relevance of programming to different age groups.

Social protection programming does not always take into account the biological, cultural, institutional and political realities that different ages experience. Adolescent-sensitive and older person-sensitive social protection interventions would recognize the physical and biological vulnerabilities, dependence-related vulnerabilities, and institutional disadvantages that these age groups encounter.[19] Sensitizing programmes would imply sensitizing their design to the socially prescribed roles, power relations and legal conditions imposed on different age groups, as well as sensitizing the way programme implementers reach and interact with individuals from each age group. In Malawi, for instance, the LRS could be rendered more child- and adolescent-friendly by shifting from a household needs assessment to an assessment of the needs of individuals within the household. In addition, in Malawi, Mozambique and Zimbabwe more emphasis could be placed on sensitizing providers of social services (in the areas of health and education, for example) to the needs of adolescents, and making governance, information systems and service delivery more age sensitive. Finally, age sensitivity in communication could improve mobilization and sensitization efforts under the initiative.

19 Based on the definition of child-sensitive social protection found in Roelen, Keetie and Rachel Sabates-Wheeler, 'A Child Sensitive Approach to Social Protection: Serving practical and strategic needs', Paper presented at the International Conference 'Social Protection for Social Justice', Institute of Development Studies, Brighton, 13-15 April 2011.

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ANNEX A COUNTRY-LEVEL RESULTS FRAMEWORK

Malawi	Proposal	Indicator	Target	Achievement
Phase 1 Outcome	• National Social Support Programme (NSSP) implemented with enhanced coordination for maximized outcome to reduce poverty and build resilience of the most vulnerable.	Pov. rate SCTP beneficiaries	Reduced by half	✓
		Ultra-pov. rate SCTP beneficiaries	Reduced by 3/4th	✓
Phase 1 Outputs (incl. mid-phase orientation)	• M&E system NSSP in place	System	System in place	✓
	• Harmonized targeting instrument piloted in 3 districts	Instruments and guidelines	Instruments designed and piloted	✓
	• Single registry piloted in 3 districts	Single Registry	Single registry designed and piloted	✓
	• SCTP rolled out in 4 districts	SCTP districts	From 8 to 12	✓
	• SCTP MIS operational in 4 districts	MIS districts	4 extra	✓
	• LRS piloted in 2 districts	LRS	LRS designed and piloted	✓
Phase 2 Outcome	• Adolescents in SCTP have improved access to family planning and SRH, including HIV services	HIV-sensitive component of SCTP	HIV-sensitive component of SCTP implemented	✓
		% of adolescent in SCTP accessing FP and SR	50 %	✓ (9%)
		# of adolescent in SCTP accessing FP and SRH	70,000 (33,400 female and 36,600 male)	✓ 6,312 (disag. ongoing)
Phase 2 Outputs	• Scale-up tailored LRS in 8 SCTP districts	Programme Documents	Programme documents developed	✓
		# of districts	From 2 to 8	✓ (8)
		# of service providers mapped and assessed	From 2,034 to 6,000	✓ (4,164)
		# of EW trained	From 800 to 1,800	✓ (1,957)
		# of SCTP households visited	From 28,000 to 76,000	✓ (28,000)
		# of SCTP children referred	From 2,663 to 105,000	✓ (5,098)
		# of adolescents reached with SRH/FP service	From 0 to 300,000	✓ (41,829)
	• Lessons learned generated	LRS evaluation	LRS evaluation conducted	>> conducted as of Oct 2018
		Strategic document for scale up to remaining 10 districts	Document developed	>> conducted as of Oct 2018

Mozambique	Proposal	Indicator	Target	Achievement
Phase1 Outcome	• By the end of 2015, social protection programmes will be delivered more efficiently to ultra-poor households with linkages to child protection services through an integrated case management system.	% of children from beneficiary households in child allowance	80%	✓
		% of beneficiary households with children linked to other services	20%	✓
Phase 1 Outputs	• ENSSB II revised	ENSSB secures better coverage and child- and HIV-sensitivity	80 % of beneficiary households that apply for dependency allowance have children	✓
	• INAS staff trained on programme and MIS	# of INAS staff trained	2 INAS technicians and 1 IMS staff for each 30 delegations	>>
Phase 2 Outcome	• Vulnerable households, including PSSB beneficiaries have access to social protection services including cash, care and protection in Nampulaand Zambezia	# of households with access	3,000	?
		Increase in % of children supported through integrated case management	25 % more	?
Phase 2 Outputs (after mid-phase orientation)	• Social protection programmes remodelled and tested per ENSSB II	Operational Plan	Operational plan completed	✓
		E-INAS MIS	E-INAS implemented at delegations	>>
		Child grant endorsement	Child grant design endorsed by governm.	✓
		Impact evaluation child grant	Institution contracted for evaluation	✓
		Baseline data child grant	Baseline data child grant collected	>>
	• Integrated HIV-sensitive case management system established in Nampula and Zambezia	% of SDMAS staff at district trained	100	✓ (6)
		# of social agents trained and mentored	20	✓ (26)
		# of community committees and INAS activists trained	10	✓ (163)
		% of child protection case conferences	66	?
		% of districts that have qualified social workers	50%	✓
	• Community members have knowledge on HIV-sensitive interventions in Nampula and Zambezia	# of INAS activists and community committees trained on C4D material	120	?
		# of community members reached with social mobilization activities at paypoints	3,000	✓ (26,062)
		# of INAS paypoints with integrated services	6	✓ (15)
		# of PSSB household members benefited from HIV-testing & counselling at paypoint	600	>> (407)

Zambia	Proposal	Indicator	Target	Achievement
Phase 1 Outcome	• By the end of 2015, adolescents (10-19 years) and caregivers have increased capacity to demand proven HIV prevention, care and treatment services.	% of adolescents identifying HIV transmission ways and reject HIV misconceptions	25% increase from baseline	✓ (9%)
Phase 1 Outputs	• Design HIV-sensitive intervention to reach SCT adolescents.	% of eligible adolescents reached	25% increase from baseline	n/a
		% of adolescents in area who tested for HIV know their status.	25% increase from baseline	✓ (M-24.5%) ✓ (F-14.6%)
	• Ministries have capacity to deliver integrated set of child, gender and HIV-sensitive social protection measures.	# of CWAC members able to use SRH messaging	1,000	✓ (2,100)
		# of CWAC members able to propose referrals	1,000	✓ (2,100)
	• HIV-sensitive Child Protection Framework in place.	Child Protection Framework	Child Protection Framework in place	✓
Phase 2 Outcome	• By end-2018, adolescent girls and boys in 27 SCT districts have knowledge of HIV prevention and care services.	% of SCT adolescents ever tested for HIV	70 % for male and 60% for female	n/a, will be provided at programme close
		% of SCT adolescents who report using condom at last sex	65%	n/a, will be provided at programme close
Phase 2 Outputs	• CWAC and peer educators' able to deliver SRH.	# of CWACs able to provide HIV and SRH	From 2,100 to 4,500	>> (3,795)
		# of peer educators able to provide HIV and SRH	From 255 to 975	>> (633)
	• District and sub-district staff able to implement SCT-HIV linkages initiative.	# of MCDSS and MOH sub-national staff trained to implement HIV=STT linkages	From 779 to 1559	>> (1,525)
		% of monthly monitoring reports filed by health centres	From 39% to 75%	n/a, will be provided at programme close

Zimbabwe	Proposal	Indicator	Target	Achievement
Phase 1 Outcome	• The most vulnerable households have reduced poverty levels; and children have access to improved child protection services that enable them to secure their basic rights.	% change in mean pov. gap HSCT households	From 63% to 53.5%	✓ (62%)
		Mental health score of HSCT beneficiaries	72.5% do not indicate clinically depressive symptoms	✓ (66%)
		Self-reported well-being of children benefiting from child protection service from CPF	60%	?
		% children engaged in economic child labour in HSCT households	From 12.5% to 10.5%	✓

Zimbabwe	Proposal	Indicator	Target	Achievement
Phase 1 Outputs	• Cost effective and scalable HSCT system in place	# of HSCT recipient households	From 32,591 to 55,000	✓ (52,000*)
		CGH indicator of targeting effectiveness	2.26	✓ (2.26)
		Operational cost of HSCT	7.7%	✓ (7%)
		# of children receiving CPF cash transfer and child protection services in national case management system	35,000	✓ (47,475)
	• Children at risk of and exposed to violence, exploitation and abuse receive quality support and care within national government child protection system.	% of HIV-positive children enrolled in Africaid programme in HSCT districts who were referred to adequate treatment and care services.	75%	✓ (100%)
Phase 2 Outcome	• Children, families and communities are receiving improved child protection services reinforced by household and community economic resilience in targeted areas.	Changes in per capita household consumption per annum.	Increase of consumption from USD2.75 per month to USD2.95	✓ (4,46 USD)
		% change in productive assets	15% more	✓ (15.7% inc. chickens; 27.93% inc. goats; 245% inc. sickle)
		# of children and adolescents in target districts tested for HIV	From 73,737 to 95,858	✓ (>83430*)
		# of children and adolescents in target districts on ART	From 16,340 to 20,425	✓ (5,956*)
Phase 2 Outputs	• Capacity building of social welfare and health workforce to support vulnerable children access services	# of community workers trained	From 1,200 to 4,300	✓ (3,493)
		# of CATS trained	From 253 to 600	>> (597)
		# of health and social welfare staff trained	From 133 to 720	✓ (364*)
	• Age and gender appropriate child protection services provided	# of CT recipient households reached with referrals	From 8,000 to 23,000	✓ (47,235)
		# of children and adolescents reached by CATS	From 5,000 to 10,000	✓ (10,422)
		# of children supported through integrated case management	From 10,000 to 25,000	✓ (93,740)
	• Multi-sectoral coordination is improved	% of targeted districts conducting regular coordination meetings on HIV-sensitive social protection	100%	✓ (100%)
		# of documented policy level coordination meetings between health and social welfare	4	✓ (3)
		# of HIV-sensitive information materials distributed	50,000	✓
	• Vulnerable households have improved capacity to care for children	# of household heads trained in good parenting	5,750	✓ (14,183)
		# of household members trained and engaged in ISALs	2,300	✓

ESARO	Proposal	Indicator	Target	Achievement
Phase 1 Expected Results	• Regional technical assistance to focus countries	Number of countries provided with continued technical assistance	4	✓
Phase 2 Expected Results	• Document and disseminate lessons learned / best practices regionally and globally	Number of regional/global meetings held where lessons learnt are presented	2	✓ (>2)
	• Fiscal space and budget analysis of domestic investments in social protection in 4 countries conducted	National political economy analysis conducted	4	>> (3)
		Fiscal space analysis conducted	4	>> (3)
		Final analytical report produced	1	>>
	• Implementation in 4 countries regularly monitored and quality assurance provided to ensure effective delivery	Number of countries provided with continued technical assistance	4	✓4
		Timely and quality reporting on project	3	✓
	• External evaluation conducted	External evaluation	External evaluation made available	✓
Phase 1 Expected Results	• Document and disseminate lessons learned / best practices	Road map planned for carrying out case studies	Lessons available and disseminated	
	• Support web-based portal on HIV-sensitive social protection	Web based portal	Web portal set up	

ANNEX B EVALUATION'S TERMS OF REFERENCE

TERMS OF REFERENCE	
Title:	Evaluation of: Expansion and Scale-Up of HIV-Sensitive Social Protection in Eastern and Southern Africa
Location:	Remote and field visits to Malawi, Mozambique, Zambia and Zimbabwe
Duration:	55 working days
Start Date:	February 2018

Background and Justification:

Eastern and Southern Africa is the region hardest hit by the HIV/AIDS epidemic; 19 million people live with HIV in the region. UNICEF is advocating for an HIV response that effectively responds to the needs of children and integrates HIV responses into the broader development context across sectors, including social protection, such as providing cash to poor and vulnerable households.

The use of social protection programmes, particularly cash transfer programmes, has increased dramatically over the past decade and has become part of poverty reduction plans and development plans across countries in Eastern and Southern Africa. Along with the growth of these programmes, accumulated research is showing impacts on productive as well as social areas, such as school enrolment, health and food security. Specifically around HIV, cash transfers have effectively addressed structural drivers of HIV risk – including social and economic inequalities – thereby reducing risky sexual behaviour among adolescents and improving access to healthcare. When social protection in the form of cash transfers is combined with interventions such as parental support and adolescent-sensitive clinical care, the effects are even greater in terms of HIV prevention, mitigation and adherence to treatment. In Malawi, Mozambique, Zambia and Zimbabwe, three key bottlenecks that prevent HIV-sensitive social protection systems to be operationalized and thus effectively reach children are:

- Limited coverage of existing programmes, which translates into a limited response for vulnerable children and adolescents
- Limited institutional capacity at national and sub-national levels for scale-up and for the operationalization of a systems approach to social protection
- Weak linkages between social cash transfers and available social services which translates into limited knowledge around entitlements, low uptake and ultimately limited impact.

UNICEF, with funding from the Government of the Netherlands, is implementing an initiative to address these bottlenecks by developing and strengthening inclusive, HIV-sensitive social protection systems in Malawi, Mozambique, Zambia and Zimbabwe. This initiative supports national processes of operationalization and scale-up of HIV-sensitive social protection systems in these four priority countries, to ensure that these systems provide a comprehensive response to the multiple vulnerabilities faced by children and adolescents, including those affected by HIV and AIDS. The initiative was implemented in two phases; activities relevant to each country context as summarized below. The first phase was implemented between December 2014 and June 2016. A second phase covers July 2016 to December 2018.

TABLE 1

Country	Phase 1	Phase 2
Malawi	Operationalization of Social Protection Systems, support to scale-up and development of Monitoring and Evaluation (M&E) structures	Scale up of HIV/AIDS sensitive component within the Malawi Social Cash Transfer Programme with focus on family planning and SRH measures for adolescent SCTP beneficiaries with potential for national expansion.
Mozambique	Social Protection system strengthening through the enhanced linkages between social protection and child protection services for vulnerable children	Enhance linkages between social protection and child protection services for most marginalized children and their families through HIV sensitive community based case management and communication interventions
Zambia	Capacity development for delivery of HIV-sensitive social protection and increased access to a comprehensive package of HIV prevention services for adolescents	Scale up of the HIV-SCT initiative to an additional 12 districts with focus on including the development of a child protection module, institutionalizing operational manuals, and documenting achievements for learning.
Zimbabwe	Social Protection system strengthening through enhanced linkages between social protection and access to education, preventive health and other essential services for children and adolescents.	Enhance implementation of an HIV sensitive social protection programme through a cash + HIV model initiated in 2015. This will see labour-constrained and food-poor households receiving social transfers benefitting from HIV related services within a coordinated and enhanced service delivery system

Implementation of these activities is expected to lead to the following results:

- Social Protection systems effectively reach and impact vulnerable children and adolescents, with a focus on those affected by AIDS.
- Government capacity for scale-up and for operationalization of social protection systems is strengthened.
- Greater numbers of vulnerable children and adolescents access and utilize social services, including health, child protection and other services.

Key stakeholders of the initiative include:

- Government Ministries in the four countries (Malawi: Ministry of Gender, Children Disability & Social Welfare; Mozambique: INAS as part of MGCAS; Zambia; Ministry of Community Development and Social Services and Ministry of Health; Zimbabwe: Ministry of Public Service, Labour and Social Welfare) are the primary implementers of the initiative;
- Ministries of finance and economic development in the countries concerned (to consider the level in which countries will dedicate domestic funding to social protection programmes)
- Provincial and district departments, responsible for implementing the social protection programmes in the four countries
- Other development partners, involved in social protection programmes
- NGOs and CSOs with experience in social protection in the four countries.
- UNICEF, providing technical support and facilitating funding of the initiative;

- Households, including children and adolescents, benefitting from the initiative; and
- Government of the Netherlands as the main donor.

Scope of Work:

Purpose
The purpose of this evaluation is to better understand how and under what conditions the interventions and the activities implemented under the grant are functioning and to assess the extent to which the initiative has met its objectives and achieved expected results. The evaluation will also document the successes, challenges and lessons learned in the implementation of the initiative. The results from this evaluation will inform decisions by the national governments to scale up and continue implementation of HIV sensitive social protection systems and what adjustments are needed. This information will also be useful for UNICEF as well as development partners in determining continued relevance of the initiative and provide information on replicability in other countries.=

Objectives
The main objectives of the evaluation are to provide: 1.) An independent assessment of the performance of the implementation of the grant in relation to its objectives in the four countries, specifically considering the robustness of the social protection systems in place in the countries concerned; and 2.) Lessons learned and recommendations for continued implementation of the initiative in the four countries and possible replication in other countries.

Specifically, under the relevant OECD DAC evaluation criteria (relevance, impact, effectiveness, efficiency and sustainability) the evaluation will analyse:

a. The design of the initiative in both phases including the design of country specific results frameworks, the underlying theory of change and its assumptions.

b. The extent to which the project has achieved its objectives and results or is likely to achieve them, including the extent to which the supported institutions have benefitted.

c. Explore options for long-term sustainability: governance structure (institutionalisation), ownership, possible coordination/management by existing institution or organization, and long-term, stable funding.

Scope and focus
The period to be evaluated spans 2014-2018. This includes both the first and the second phase of the grant. Geographic coverage is at the national (policy and coordination) level as well as at the relevant sub-national levels for each of the four countries Malawi (districts: Mangochi, Dedza, Nsanje, Mulanje, Balaka, Salima, Mzimba and Chitipa), Mozambique (Nampula and Zambezia provinces), Zambia (learning districts: Itezhi-tezhi, Lufwanyama, Lukulu Senanga; replication districts: Chinsali, Gwembe, Katete, Luangwa, Lungwa, Lusaka, Luwingu, Mungwi, Mwense, Petauke, Zambezi) and Zimbabwe (districts: Buhera, Mwenezi, Bulilima, Binga, Gokwe North, Zvimba, Mudzi and Rushinga).

The evaluation will also include the efficiency of the input of the different UNICEF offices involved in the programme: Country Offices in the countries concerned and the East and Southern Africa Regional Office.

Evaluation criteria and questions
The evaluation will use the five standard evaluation criteria: relevance, efficiency, effectiveness, sustainability and impact. Human rights (including children's rights) and gender equality should be included within these criteria[20] .

Overall evaluation questions include:

1. To what extent have interventions under this initiative led to anticipated outcomes and changes in social protection systems in focus countries?
2. How and why have intervention packages led to observed results and changes, and for whom?
3. What key lessons can be learned and replicated from the project?

In addition to these overall evaluation questions, specific evaluation questions by country will be developed in consultation with country stakeholders. Indicative evaluation questions are presented below:

Relevance
- To what extent has the programme contributed to national targets? Is there continued need for the initiative in the countries?
- How valuable were the results to service providers, clients, the community and/or organizations involved?
- How has implementation integrated and 'joined' up with other existing programmes and implementers?
- To what extent have (intermediate) results of the programme been shared with UNICEF offices/governments in other countries in the region?

Effectiveness
- What has been delivered in practice?
- Have the interventions resulted in scale-up of HIV-sensitive social protection systems?
- To what degree have the project outcomes/specific objectives been achieved?
- How was the intervention/service delivered?
- What was the quality of the design/content of what has been implemented?
- How well was the intervention/service implemented and adapted as needed?
- Were there any deviations from the initial proposal and results frameworks and what was the motivation for these deviations?
- What were the barriers and enablers that made the difference between successful and disappointing implementation and results?
- What are the external factors influencing the delivery and/or functioning of interventions (culture, economic context, infrastructure, etc.)? and how have these influenced results?
- What are the external factors that must be in place to replicate in other settings?

20 *Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance.*

Efficiency

- Were the allocated resources used efficiently to achieve the objectives?
- To what extent did the intervention represent the best possible use of available resources to achieve results of the greatest possible value to governments, participants and the community?

Sustainability

- Are countries likely to continue investing in HIV sensitive social protection systems?
- Are positive results likely to be sustained? In what circumstances?
- Are the project activities scalable and replicable in-country and beyond?
- Have governments and other stakeholders taken any steps towards incorporating activities supported through the grant in national social protection sector plans?

Impact

- How many girls, boys, women and men living in vulnerable houses have benefited from the project and how?
- Which institutions and national processes benefited and what has changed?
- What unintended results – positive and negative – were produced? How did these occur? Were there any unintended consequences (positive or negative) of the project?
- Did the activities implemented under the grant produce the intended results in the short, medium and long term? If so, for whom, to what extent and in what circumstances?

Human rights

- To what extent did the project apply the HRBA and equity approach (i.e. focus on most deprived areas, most needy children)?

Methodology:

The evaluation will be conducted in accordance with UNEG Norms and Standards for evaluations. [2] A mixture of qualitative and quantitative methods will be used to answer the evaluation questions. Quantitative data from Management Information Systems (MIS) will be used together with other sources of monitoring and assessment data to determine whether the initiative has met its objectives quantitively. The qualitative methods will allow for an in-depth understanding of the key issues from different stakeholders' perspective. The qualitative data will be structured around the evaluation questions to determine what impact the initiative has had on a broad range of stakeholders and the alignment with national policies. The mixed methods approach will allow triangulation of data collected from different sources, enhancing the quality and credibility of the findings and conclusions of the evaluation.

Data collection

The data collection will be participatory in nature, engaging a broad range of stakeholders at country level.

Key sources of information will include:

- **Document review:** Documents will be reviewed at the inception stage to frame the evaluation. Documents to be reviewed will include documentation related initiatives related to the grant, national policies and strategies related to HIV-sensitive social protection and assessments and studies related to impacts of social protection in the four countries (list of key documents provided in annex 1).
- **Analysis of secondary data:** Secondary data will mainly include data from management information systems and other monitoring data to determine if the initiative has reached its objectives quantitively.
- **Focus group interviews with:**
  - ➲ Beneficiaries
  - ➲ Community workers/volunteers
  - ➲ Government staff
- **Key informant interviews with:**
  - ➲ Government staff (at central level as well as at provincial and district level)
  - ➲ UNICEF staff
  - ➲ NGO staff

A detailed description of the methodology will be provided in the inception report. This will include an overview of the different data collection tools that will be used to answer each of the evaluation questions. Considering the number of geographic locations, the inception report should also include suggested scope for data collection in terms of number of geographical locations where data collection will take place and the number of interviews per location.

Data collected should consider gender aspects as well as age aspects by disaggregating data when relevant.

Ethical considerations must be considered in line with UNICEF guidelines. [3]

Expected Deliverables and Reporting Requirements:

The final evaluation report should meet UNICEF evaluation standards, with focused and actionable recommendations. The report should include at minimum:

- Title page and opening pages
- Executive summary
- Programme description including reconstructed theory of change
- Purpose of Evaluation
- Evaluation criteria
- Objectives
- Evaluation design
- Methodology, including sampling strategy and methodological limitations
- Stakeholder participation

2 *Norms and Standards for Evaluations,*

3 *Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis*

Table 2 EXPECTED DELIVERABLES AND REPORTING REQUIREMENTS:

Phase	Key activities	Deliverables	Duration	Responsibility
Inception phase	• Development of detailed workplan and tools for data collection • Document review • Definition of methodology and field work requirements • Reconstructing the theory of change • Together with UNICEF COs identify and engaging local consultants	• Workplan and time frame agreed upon • Inception report completed including proposed methodology and requirements for field work • Tools for data collection completed • Local consultants contracted	12 days	Consultant
Data collection and analysis	• Key-informant interviews • Focus group interviews • Secondary data analysis • Presentation of initial findings	• Ppt-presentation available (by country) • Initial findings presented in-country	28 days (7 days per country)	Consultant (UNICEF COs to support logistics and identification of data sources)
Report writing and presentation	• Final analysis of results • Report writing • Preparation of a presentation of the final results and organizing a webinar	• Draft report submitted • Final report drafted • 4 two-page briefs (one per country) finalised in English (and Portuguese for Mozambique) finalized • One two-page summary brief finalised • Webinar organised	15 days	Consultant

- Ethical issues and how they were addressed
- Major findings
- Analysis of results
- Conclusions
- Recommendations
- Lessons learned
- Annexes TOR, tools of data collection used

To meet country specific needs of the evaluation, country specific reports should be produced, covering the same layout as the main report.

Desired competencies, technical background and experience:

To undertake this evaluation, UNICEF ESARO will engage the services of an evaluation institution in collaboration with the Netherlands Ministry of Foreign Affairs. The selected evaluation institution will be responsible for the creation of an evaluation team. The evaluation team should consist of at least one senior evaluator to act as team leader, and one qualified national evaluator in each of the countries. The exact division of work will be decided by the institution, but in general, the team leader will be responsible for discussions, negotiations, final decisions, and the shape of the evaluation, while further team members will be tasked with more technical issues (revision of technical reports, in-depth interviews with service providers, decision makers, parents, revision of existing research reports etc.).

Qualifications and skill areas required

Technical expert & team leader:

- Extensive evaluation expertise and experience, including expertise in data collection and analysis; demonstrated skills in similar evaluations; demonstrated technical report writing skills
- Demonstrated experience and expertise in designing and implementing multi sectoral initiatives in partnership with a wide range of stakeholders including government and communities
- Experience working with/in the UN or other international development organizations in the social sector or application of UNEG evaluation standards.
- In-depth knowledge of social protection systems in sub-Saharan Africa.

- Advanced university degree in one or more of the disciplines relevant to evaluation (social policy, economics, demography, anthropology)
- Proven English report writing, presentation, facilitation skills
- National Level Evaluators:
- Extensive evaluation expertise and experience, including data collection, analysis and reporting skills; demonstrated skills in similar evaluations.
- Demonstrated experience and expertise in evaluating multi sectoral initiatives involving a wide range of stakeholders including government
- Understanding of technical aspects of social protection in the country will be an asset.
- Advanced university degree in one or more of the disciplines relevant to evaluation, social policy, economics and social sciences.

Evaluators should be sensitive to beliefs and act with integrity and respect to all stakeholders. Evaluators should protect the anonymity and confidentiality of individual interviewees.

Administrative Issues:

An evaluation reference group will be constituted to support the evaluation manager in overseeing this evaluation. In the four countries UNICEF country offices together with implementing ministries will:

- Facilitate contact between the evaluator and in-country stakeholders (beneficiaries, community workers, etc.) that will serve as sources for the data collection;
- Identify relevant sources of information for the evaluation;
- Validate the evaluation questions;
- Provide support in identifying local consultants
- Provide feedback on initial findings;
- Facilitate on-site presentation of draft conclusions and recommendations
- Support the development of follow-up action plans for each country

Conditions:

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The institute selected will be governed by and subject to UNICEF's General Terms and Conditions for institutional contracts.

Technical Evaluation Criteria and Relative Points:

Evaluation and selection criteria of the consultancy institution:
A two-stage procedure shall be utilized in evaluating proposals, with evaluation of the technical proposal being completed prior to any financial proposal being compared. A 70/30 assessment model for the technical and financial proposal respectively will be adapted. Cumulative weighted average methodology will then apply in determining the best value for money proposal.

Applications shall therefore contain the following required documentation:

a. **Technical Proposal:** Consultant institution should prepare a proposal based on the tasks and deliverables (as per the ToR). The proposal should include approach and methodology with detailed breakdown of inception phase, proposed scope and data collection methodology and approach that will be used by the consultant. The proposal shall also include a brief explanation of the data analysis and report writing and possible dissemination plan. Draft work plan and timeline for the evaluation should be included. The Technical Proposal shall also include updated CVs and list of previous evaluations conducted by the consultants.

b. **Financial Proposal:** Expected financial offer with cost breakdown of consultancy fee and daily subsistence allowance (DSA). The financial proposal shall be submitted in a separate file, clearly named financial proposal. No financial information should be contained in the technical proposal as this will lead to proposal cancellation.

ANNEX C DATA COLLECTION ACTIVITIES AND SAMPLE SIZE

Country/Office	National stakeholders		Sub-national stakeholders	
MALAWI **Total:** 12 KIIs 7 FGDs	• UNICEF HIV section	1 KII, 2 pax	• Family Planning Association of Malawi	2 KII, 3 pax
	• UNICEF Social Policy section	1 KII, 1 pax	• Ministry of Gender, Children, Disability and Social Welfare	2 KII, 4 pax
	• Ministry of Finance	1 KII, 2 pax	• Extension workers	2 FGD, 1 KII, 12 pax
	• Ministry of Gender, Children, Disability and Social Welfare	1 KII, 3 pax	• Social Cash Transfer Programme beneficiaries	4 FGD, 44 pax
	• Ayala Consulting	1 KII, 2 pax	• FPAM beneficiaries	1 FGD, 6 pax
	• Family Planning Association of Malawi	1 KII, 2 pax		
	• Irish Aid	1 KII, 1 pax		
MOZAMBIQUE **Total:** 17 KIIs 3 FGDs	• UNICEF Child Protection section	4 KII, 5 pax	• UNICEF Child Protection section	1 KII, 1 pax
	• UNICEF Communications for Development section	1 KII, 1 pax	• Provincial Directorate for Gender, Children and Social Action	1 KII, 1 pax
	• UNICEF Social Policy, Research and Evaluation section	1 KII, 1 pax	• Provincial Directorate for Health	2 KII, 2 pax
	• Ministry of Gender, Children and Social Action	1 KII, 1 pax	• Instituto de Comunicação Social-Sede	1 KII, 1 pax
	• Ministry of Health	1 KII, 1 pax	• Associação Moçambicana Mulher e Educação	1 KII, 1 pax
	• International Labour Organisation	1 KII, 1 pax	• INAS permanentes	1 FGD, 3 pax
			• Geração Biz activists	1 FGD, 10 pax
			• Fair beneficiaries	1 FGD, 13 pax
			• Health counsellors	1 KII, 2 pax
ZAMBIA **Total:** 13 KIIs 4 FGDs	• UNICEF HIV section	1 KII, 1 pax	• UNICEF Social Policy and Research section	1 KII, 1 pax
	• UNICEF Social Policy and Research section	4 KII, 4 pax	• Ministry of Community Development and Social Services	2 KII, 2 pax
	• Ministry of Community Development and Social Services	1 KII, 2 pax	• Ministry of Health	1 KII, 1 pax
	• Ministry of Health	1 KII, 1 pax	• Health facility staff	2 KII, 2 pax
			• Peer educators	2 FGD, 8 pax
			• Community Welfare Assistance Committee members	2 FGD, 8 pax

Country/Office	National stakeholders		Sub-national stakeholders	
ZAMBIA	• UNICEF HIV section	1 KII, 1 pax	• UNICEF Social Policy and Research section	1 KII, 1 pax
	• UNICEF Social Policy and Research section	4 KII, 4 pax	• Ministry of Community Development and Social Services	2 KII, 2 pax
	• Ministry of Community Development and Social Services	1 KII, 2 pax	• Ministry of Health	1 KII, 1 pax
	• Ministry of Health	1 KII, 1 pax	• Health facility staff	2 KII, 2 pax
			• Peer educators	2 FGD, 8 pax
			• Community Welfare Assistance Committee members	2 FGD, 8 pax
ZIMBABWE **Total:** 15 KIIs 7 FGDs	• UNICEF HIV section	1 KII, 1 pax	• Ministry of Labour and Social Welfare	2 KII, 3 pax
	• UNICEF Child Protection section	1 KII, 1 pax	• ChildLine/Africaid/Justice for Children	1 FGD, 3 pax
	• Ministry of Labour and Social Services	4 KII, 4 pax	• Community Adolescent Treatment Supporters	2 FGD, 7 pax
	• Ministry of Health	1 KII, 1 pax	• Community child care workers	1 FGD, 7 pax
	• National AIDS Council	1 KII, 1 pax	• Village health workers	1 KII, 1 pax
	• Childline	1 KII, 2 pax	• Harmonized Social Cash Transfer beneficiaries	3 FGD, 26 pax
	• Africaid	1 KII, 2 pax		
	• JF Kapnek	1 KII, 2 pax		
	• Justice For Children	1 KII, 3 pax		
ESARO **Total:** 2 KIIs	• Social policy Section	2 KII, 2 pax		

ANNEX D FIELD WORK INSTRUMENTS

Field work instruments for UNICEF ESARO and UNICEF Malawi are attached to this report. The instruments for UNICEF Mozambique, UNICEF Zambia and UNICEF Zimbabwe were variations of the instruments used for UNICEF Malawi. To keep report length to a minimum, these have not been attached.

Research instruments Eastern and Southern Africa Regional Office

Key informant guide: Staff from UNICEF ESARO

RESEARCH GOAL

Key informant interviews are conducted with staff of UNICEF ESARO involved in the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. The KIIs aim to assess:

- To what extent the regional component has been relevant and able to deliver results?
- What key lessons can be learned and replicated from the project?
- Have the interventions resulted in scale-up of HIV-sensitive social protection systems?
- Are the project activities scalable and replicable in-country and beyond?
- To what extent have (intermediate) results from the programme and lessons learned been shared with UNICEF offices/governments in other countries in the region?

RESPONDENT REQUIREMENTS

Key informant(s) must meet the following requirements (more than one participant per partner possible):

1. Must work, or have worked, for UNICEF ESARO on the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018.

PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read the consent paragraph out loud and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant, including their name and designation, prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and this will compromise the quality of the data.

CONSENT SCRIPT

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. We are speaking with representatives of UNICEF ESARO that have been involved in the implementation of the initiative over the last 4 years. We would like to invite you to give us your opinion on a range of questions that seek to assess the impact of the project, how these impacts have been achieved and the lessons we can extract from that. Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. There are no risks to participating in this discussion, and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the project and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to HIV-sensitive social protection.

All your answers will be kept confidential. Your responses and comments will be summarised in the research report, but on no occasion, will you be identified by name. All information collected during this interview will be recorded in audio on this device/laptop only and be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Upon completion of the study all audio and written recordings of the interviews will be destroyed.

The interview will take approximately 60 minutes. We would like to ask your permission to participate in this interview and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

Introductions & Identification

INTERVIEWER IDENTIFICATION

Name of moderator:	
Name of note taker:	
Location:	Date of Interview:
Start time:	End time:

PARTICIPANTS

Name	Gender	Position

Further Observations

Input any observations and characteristics of the surrounding and local givens here

Guiding Questions

1	What activities were implemented under the HIV-sensitive social protection initiative in phase 1 and phase 2 as part of the regional component?

Answers:

2	Did these activities differ from the activities originally envisioned to be implemented for the regional component per the design of the HIV-sensitive social protection initiative? If so, what was the reason for the redesign?

Answers:

3	Were there some activities that were not implemented under the regional component even though they were supposed to be implemented? If so, what was the reason for this?

Answers:

1	Within UNICEF ESARO, how well was the HIV-sensitive social protection initiative managed?

Answers:

2	Were the activities under the HIV-sensitive social protection initiative well designed and implemented? What was the design process like? Did COs and national governments have inputs into this process? How well were the respective responsibilities of UNICEF ESARO and UNICEF COs defined and executed?

Answers:

3	What were the enablers that impacted successful implementation and subsequently results of the HIV-sensitive social protection initiative?

Answers:

4	What were barriers, if any, that impacted successful implementation and subsequently results of the HIV-sensitive social protection initiative? Were there any external factors that influenced the implementation? How did these influence results? In hindsight, would you have designed or implemented any component of the HIV-sensitive social protection initiative differently?

Answers:

5	Were resources put to optimal use? In what ways did the use of resources provide value to government, beneficiaries and the wider community?

Answers:

1	Was the regional component valuable to the country offices? If so, how?

Answers:

2	What results did the regional component deliver? How did these results occur?

Answers:

3	What areas did the regional office support country offices in most? Why? And, with what success?

Answers:

4	Were there any unintended or negative results of the regional support? How did these occur?

Answers:

5	Any positive results that arose from the regional component, are these results likely to be sustained? What is needed for this?

Answers:

1	To what degree has the HIV-sensitive social protection initiative achieved its outcomes and objectives?

Answers:

2	Has the programme resulted in the scale up of HIV-sensitive social protection in the focal countries? What has been the impact of the initiative on other countries?

Answers:

3	What are the key lessons learned? Are these lessons learned scalable and replicable in other countries?

Answers:

4	Have (intermediate) results of the programme and lessons learned been shared with UNICEF offices and governments in other countries in the region? Have networks and partnerships been strengthened in the region?

Answers:

5	Is the capacity of governments to deliver HIV-sensitive social protection in the region better now than before the project? How so? What was the role of the initiative in this?

Answers:

1	Are the focal countries likely to continue investing in HIV-sensitive social protection? What about other countries in the region?

Answers:

2	Have governments and other stakeholders taken any steps towards incorporating activities supported through the grant in national social protection sector plans and budgets? What are the steps that have been taken so far?

Answers:

3	Have governments and other stakeholders taken any steps towards incorporating activities supported through the grant in HIV sector plans and budgets? What are the steps that have been taken so far?

Answers:

4	What are the lessons learned that could be scalable beyond this country? Can this be done without external support?

Answers:

5	Is there a continued need for the HIV-sensitive social protection initiative? If so, what type of support would you like the initiative to focus on in a new phase?

Answers:

1	What recommendations, if any, do you have to further improve the HIV-sensitivity of the region’s national social protection systems?

Answers:

2	Is there anything else that you would like to tell me about the project?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

Research instruments, Malawi

Key informant guide: UNICEF Country Office staff

RESEARCH GOAL

Key informant interviews are conducted with staff of UNICEF country offices involved in the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. The KIIs aim to assess:

- To what extent were interventions implemented as planned? Why?
- To what extent have interventions under this initiative led to anticipated outcomes and changes in social protection systems in focus countries?
- How and why have interventions packages led to observed results and changes, and for whom?
- What key lessons can be learned and replicated from the project?

RESPONDENT REQUIREMENTS

2. Key informant(s) must meet the following requirements (more than one participant per partner possible):

Must work (or have worked) for a UNICEF Country Office on the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018.

PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant personal information, including their position, from each participant prior to starting the interview.

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CONSENT SCRIPT

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. We are speaking with representatives of UNICEF that have been involved in the implementation of the initiative over the last 4 years. We would like to invite you to give us your opinion on a range of questions that seek to assess the impact of the project, how these impacts have been achieved and the lessons we can extract from that. Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don’t want to. There are no risks to participating in this discussion, and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the project and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to HIV-sensitive social protection.

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Introductions & Identification

INTERVIEWER IDENTIFICATION

Name of moderator:	
Name of note taker:	
Location:	Date of Interview:
Start time:	End time:

PARTICIPANTS

Name	Gender	Position	Time in position (circa)

Further Observations

Input any observations and characteristics of the surrounding and local givens here

Guiding questions

1	What activities were implemented under the HIV-sensitive social protection initiative in phase 1 and phase 2?

Answers:

2	Did these activities differ from the activities originally envisioned to be implemented per the design of the HIV-sensitive social protection initiative? If so, what was the reason for the redesign?

Answers:

3	Were there some activities that were not implemented even though they were supposed to be implemented? If so, what was the reason for this?

Answers:

1	Did the HIV-sensitive social protection initiative contribute to, and build on, national social protection systems and processes? If yes, how so?

Answers:

2	How did the HIV-sensitive social protection initiative contribute to national targets?

Answers:

3	How did the HIV-sensitive social protection initiative build on, or integrate with, existing structures, programmes and implementers?

Answers:

4	What institutions and national processes benefitted the most from the HIV-sensitive social protection initiative?

Answers:

1	Within the UNICEF country office, how well was the HIV-sensitive social protection initiative managed?

Answers:

2	Were the activities under the HIV-sensitive social protection initiative well designed and implemented? How well were the respective responsibilities of UNICEF, government and partners defined and executed?

Answers:

3	What were the enablers that impacted successful implementation and subsequently results of the HIV-sensitive social protection initiative?

Answers:

4	What were barriers, if any, that impacted successful implementation and subsequently results of the HIV-sensitive social protection initiative? Were there any external factors that influenced the implementation? How did these influence results? In hindsight, would you have designed or implemented any component of the HIV-sensitive social protection initiative differently?

Answers:

5	How valuable was the support from UNICEF ESARO to the country office? Did this support contribute to achieving results? If so, how? If not, why not? Have lessons from other countries been disseminated with your country office? Was this valuable? How so?

Answers:

6	Were resources put to optimal use? In what ways did the use of resources provide value to government, beneficiaries and the wider community?

Answers:

1	What results did the HIV-sensitive social protection initiative deliver for: - Government partners at national and sub-national levels? - Beneficiaries of existing social protection programmes? - The wider community, including vulnerable populations not covered by existing social protection programmes?

Answers:

2	How did these results occur?

Answers:

3	Were these also the results most desired by government, beneficiaries and the wider community? If so, why? If not, why not? In your answers, please focus on each group separately.

Answers:

4	Were there any unintended results? What were these? How did these occur?

Answers:

5	Were there any negative results? What were these? How did these occur?

Answers:

6	Are the positive results likely to be sustained? Why/why not? What is necessary for this?

Answers:

1	To what degree has the HIV-sensitive social protection initiative achieved its outcomes and objectives?

Answers:

2	Has the HIV-sensitive social protection initiative resulted in the scale up of HIV-sensitive social protection?

Answers:

3	Was the HIV-sensitive social protection initiative successful in directly reaching those affected by HIV?

Answers:

4	Compared to 4 years ago, do vulnerable children and adolescents have better access to social protection today? Do HIV-affected populations have better access to social protection? Have enrolment numbers increased? What was the role of the HIV-sensitive social protection initiative in this?

Answers:

5	Compared to 4 years ago, do vulnerable children and adolescents have better access to social services such as health, education and child protection services? Has utilization increased? What was the role of the HIV-sensitive social protection initiative in this?

Answers:

6	Has the integration between social protection and social services been strengthened? Is it valuable for Harmonized Social Cash Transfer beneficiaries to be linked to other services? How could these linkages further be improved for greater efficiency or impact?

Answers:

7	Is the capacity of the Government to deliver HIV-sensitive social protection better now than before the project? How so? What was the role of the programme in this?

Answers:

1	What are the Government's priorities when it comes to social protection for the coming years? Is the country likely to continue investing in HIV-sensitive social protection? In what way? Is the Government likely to continue investing in establishing linkages between social protection and social services?

Answers:

2	Have governments and other stakeholders taken any steps towards incorporating activities supported through the grant in national social protection sector plans and budgets? What are the steps that have been taken so far?

Answers:

3	Have governments and other stakeholders taken any steps towards incorporating activities supported through the grant in HIV sector plans and budgets? What are the steps that have been taken so far?

Answers:

4	What are the activities and lessons learned that could be scalable beyond this country?

Answers:

5	Is there a continued need for the HIV-sensitive social protection initiative? If so, what type of support would you like the initiative to focus on in a new phase?

Answers:

1	What recommendations, if any, do you have to further improve the HIV-sensitivity of the national social protection system?

Answers:

2	Is there anything else that you would like to tell me about the project?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

Key informant guide:

Representatives from government MDAs or partners at national level

RESEARCH GOAL

Key informant interviews are conducted with staff from Government MDAs or partners involved in the design and implementation of activities under UNICEF's expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. The KIIs aim to assess:

- To what extent interventions under this initiative have led to anticipated outcomes and changes in social protection systems in focus countries?
- How and why have interventions packages led to observed results and changes, and for whom?
- What key lessons can be learned and replicated from the project?

RESPONDENT REQUIREMENTS

1. Key informant(s) must meet one of the following requirements (more than one participant per partner possible):
2. Must work for a government MDA that is part of UNICEF's expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018.
3. Must be relevant representatives from the Ministry of Gender, Children, Disability and Social Welfare; or Ministry of Finance, Economic Planning and Development.

Must be relevant representatives from a non-governmental partner involved in the initiative at national level, such as Ayala Consulting and/or Family Planning Association of Malawi.

PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant personal information, including name, designation and responsibilities, from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

CONSENT SCRIPT

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. We are speaking with representatives of government MDAs and their partners that have been involved in the implementation of the initiative over the last 4 years. We would like to invite you to give us your opinion on a range of questions that seek to assess the impact of the project, how these impacts have been achieved and the lessons we can extract from that. Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. There are no risks to participating in this discussion, and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the project and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to HIV-sensitive social protection.

All your answers will be kept confidential. Your responses and comments will be summarised in the research report, but on no occasion, will you be identified by name. All information collected during this interview will be recorded in audio on this device/laptop only and be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Upon completion of the study all audio and written recordings of the interviews will be destroyed.

The interview will take approximately 60 minutes. We would like to ask your permission to participate in this interview and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

Introductions & Identification

INTERVIEWER IDENTIFICATION

Name of moderator:

Name of note taker:

Location: Date of Interview:

Start time: End time:

PARTICIPANTS

Name	Gender	Position	Time in position (circa)

Further Observations

Input any observations and characteristics of the surrounding and local givens here

Guiding questions

(to be sensitised according to partner)

Before the start of the interview, provide an overview of the HIV-sensitive social protection initiative in Malawi, focusing on the activities that were implemented in the country.

1 Could you elaborate on the activities implemented under this initiative with your office/organization?

Answers:

2 Are you aware of other activities that are implemented under this initiative by other offices/organizations than yours?

Answers:

1 Do you think that the activities you mention in your answer contributed to, and built on, national social protection systems and processes? If yes, how so?
(For respondents not aware of other activities, only focus on activities implemented by office. For respondents aware of other activities, too, focus on all activities.)

Answers:

2 How did these activities contribute to national targets?

Answers:

3 How did these activities build on, or integrate with, existing structures, programmes and implementers?

Answers:

4 What institutions, offices and national processes do you think benefitted the most?

Answers:

1 Are you aware of whether your office/organization was consulted and/or involved in the design of the HIV-sensitive project? If so, in what way? If not, what were the impacts of this?

Answers:

2 Were the activities that you implemented with your office/organization well-designed and implemented?
If yes, how so? If not, what could have been improved?

Answers:

3 What were the enablers that impacted successful implementation and subsequently results of the activities implemented by your office/organization?

Answers:

4 What were the barriers, if any, that impacted successful implementation and subsequently results of activities implemented by your office/organization?
Were there any external factors that influenced the implementation? How did these influence results?

Answers:

5 In hindsight, would you have designed any component of the programme differently?
Were there any design components that hampered achieving results?

Answers:

6	Were resources put to optimal use? Did the use of resources maximize value to you? Did it maximize the value for beneficiaries and the community?

Answers:

1	What results did these activities deliver for your organization? How did these results occur?

Answers:

2	What results did these activities deliver for: - Government partners at national and sub-national levels? (only ask this question to partners, not to government) - Beneficiaries of existing social protection programmes? - Wider community, including vulnerable populations not covered by existing social protection programmes?

Answers:

3	Were these also the results most desired by your organization? What about government, beneficiaries and the wider community? Were these results what they needed and wanted most? In your answers, please focus on each group separately.

Answers:

4	Were there any unintended results? What were these? How did these occur?

Answers:

5	Were there any negative results? What were these? How did these occur?

Answers:

6	Are the positive results likely to be sustained? Why/why not? What is necessary for this?

Answers:

1	What do you think HIV-sensitive social protection is? What services (or programme design features) do you have in mind when you think of HIV-sensitive social protection?

Answers:

2	Compared to 4 years ago, has there been a scale up of HIV-sensitive social protection in your country? In what way? Have programmes become more HIV-sensitive? Are programmes better in reaching those affected by HIV?

Answers:

3	Compared to 4 years ago, do vulnerable children and adolescents have better access to social protection? Have enrolment numbers increased?

Answers:

4	Compared to 4 years ago, do vulnerable children and adolescents have better access to (HIV-sensitive) social services, such as health, education and child protection? Has utilization increased?

Answers:

5	Have the linkages between social protection and social services been strengthened? If so, how so? If not, why not? How could these linkages further be improved greater efficiency or impact?

Answers:

6	How have the activities implemented under the HIV-sensitive social protection initiative contributed to all the above? What was the role of the initiative in strengthening the linkages between social protection and social services, and in increasing the access and uptake of social protection and social services?

Answers:

7	Is the capacity of your office/organization to deliver HIV-sensitive social protection better now than 4 years ago? How so? What is the role of the initiative in this (for instance, if any capacity building activities were undertaken)?

Answers:

1	What are the government's priorities when it comes to social protection for the coming years? Is the country likely to continue investing in HIV-sensitive social protection? If so, why? If not, what evidence is needed for countries to invest? Is the country likely to continue investing in creating linkages between social protection and social services?

Answers:

2	Has government taken any steps towards incorporating activities supported through the grant in national social protection sector plans and budgets and/or HIV sector plans and budgets?

Answers:

3	Is there a continued need for the HIV-sensitive social protection initiative? If so, what type of support would you like the initiative to focus on in a new phase?

Answers:

4	Have the lessons learned been actively disseminated amongst relevant organisations?

Answers:

1	What recommendations, if any, do you have to further improve the HIV-sensitivity of the national social protection system?

Answers:

2	Is there anything else that you would like to tell me about the project?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

Key informant guide: Representatives from government MDAs or partners at sub-national level

RESEARCH GOAL

Key informant interviews are conducted with staff from Government MDAs and partners involved in the design and implementation of activities of activities under UNICEF's expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. The KIIs aim to assess:

- To what extent interventions under this initiative have led to anticipated outcomes and changes in social protection systems in focus countries?
- How and why have interventions packages led to observed results and changes, and for whom?
- What key lessons can be learned and replicated from the project?

RESPONDENT REQUIREMENTS

Key informant(s) must meet one of the following requirements (more than one participant per partner possible):

1. Must work for a government MDA that is part of UNICEF's expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018.
2. Must be relevant representatives from District offices or members of the larger District training team.
3. Must be relevant representatives from a non-governmental partner involved in the initiative at sub-national level.

PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information, including name and position, from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

CONSENT SCRIPT

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. We are speaking with representatives of government MDAs at sub-national level that have been involved in the implementation of the initiative over the last 4 years. We would like to invite you to give us your opinion on a range of questions that seek to assess the impact of the project, how these impacts have been achieved and the lessons we can extract from that.

Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. There are no risks to participating in this discussion, and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the project and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to HIV-sensitive social protection.

All your answers will be kept confidential. Your responses and comments will be summarised in the research report, but on no occasion, will you be identified by name. All information collected during this interview will be recorded in audio on this device/laptop only and be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Upon completion of the study all audio and written recordings of the interviews will be destroyed.

The interview will take approximately 60 minutes. We would like to ask your permission to participate in this interview and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

Introductions & Identification

INTERVIEWER IDENTIFICATION

Name of moderator:

Name of note taker:

Location: Date of Interview:

Start time: End time:

PARTICIPANTS

Name	Gender	Position	Time in position (circa)

Further Observations

Input any observations and characteristics of the surrounding and local givens here

Guiding questions

(to be sensitised according to partner)

Before the start of the interview, provide an overview of the HIV-sensitive social protection initiative in Malawi, focusing specifically on the L&R programme, which aims to strengthen linkages between the SCTP and social services in the district through household visits.

1 Could you elaborate on the activities as part of this initiative (focusing on the L&R programme) implemented under this initiative with your office/organization in this district?

Answers:

2 Are you aware of other activities that are implemented under this initiative by other offices/organizations than yours?
Probe for the adolescent demand creation component.

Answers:

1 Did the activities implemented under the initiative related to the L&R programme contribute to, and build on, existing social protection systems and processes in your district? If yes, how so?
Did it build on, or integrate with, existing structures, programmes and implementers?

Answers:

2 In your district, what institutions and processes have benefitted the most?

Answers:

1 Were the activities that you implemented with your office/organization well-designed and implemented?
If yes, how so? If not, what could have been improved?

Answers:

2 What were the enablers that impacted successful implementation in your district and subsequently results of the activities implemented by your office/organization?

Answers:

3 What were the barriers, if any, that impacted successful implementation in your district and subsequently results of activities implemented by your office/organization?
Were there any external factors that influenced the implementation? How did these influence results?

Answers:

4 In hindsight, would you have designed any component of the L&R programme differently?
Were there any design components that hampered achieving results?

Answers:

5 Were resources put to optimal use? Did the use of resources maximize value to you? Did it maximize the value for beneficiaries and the community?

Answers:

1 Were the activities part of the L&R programme valuable to the district, and your office/organization? If yes, how? If no, why not?

Answers:

2	What results did the L&R activities deliver for: - Government partners at the district-level? (only ask this question to partners, not to government) - Beneficiaries of existing social protection programmes? - Wider community, including vulnerable populations not covered by existing social protection programmes?

Answers:

3	Were these the results most desired by your organization? What about government, beneficiaries and the wider community? Were these results what they needed and wanted most? In your answers, please focus on each group separately.

Answers:

4	Were there any unintended results? What were they? How did these occur?

Answers:

5	Were there any negative results? What were they? How did these occur?

Answers:

6	Are the positive results likely to be sustained? Why/why not? What is necessary for this?

Answers:

1	What do you think the primary outcomes and objectives of the L&R programme were? To what degree has this been achieved? Remind those that are not aware of the outcomes and objectives of them before asking whether the initiative has achieved them. Then, remind those not aware what is meant with HIV-sensitive social protection.

Answers:

2	Compared to 4 years ago, has there been a scale up of HIV-sensitive social protection in your district? In what way? Have programmes become more HIV-sensitive? Are programmes better in reaching those affected by HIV?

Answers:

3	Compared to 4 years ago, do vulnerable children and adolescents have better access to social protection in your district? Have enrolment numbers increased for children and adolescents affected by HIV?

Answers:

4	Compared to 4 years ago, do vulnerable children and adolescents have better access to (HIV-sensitive) social services, such as health, education and child protection in your district? Has utilization increased?

Answers:

5	Have the linkages between social protection and social services been strengthened in your district? If so, how so? If not, why not? How could these linkages be further improved for greater efficiency or impact?

Answers:

6	How have the activities implemented under the HIV-sensitive social protection initiative contributed to all the above? What was the role of the initiative in strengthening the linkages between social protection and social services, and in increasing the access and uptake of social protection and social services?

Answers:

7	Is the capacity of your office/organization in your district to deliver HIV-sensitive social protection better now than 4 years ago? How so? What is the role of the initiative in this? For instance, were any capacity building activities undertaken?

Answers:

1	Have you taken any steps towards incorporating activities supported through the grant in district social protection sector plans, or other plans?

Answers:

2	Is there a continued need for the HIV-sensitive social protection initiative? If so, what type of support would you like the initiative to focus on in a new phase?

Answers:

3	What lessons have been learned as part of the initiative? Have the lessons learned been actively disseminated amongst relevant offices/organisations in the district?

Answers:

1	What recommendations, if any, do you have to further improve the HIV-sensitivity of the social protection system in Malawi?

Answers:

2	Is there anything else that you would like to tell me about the project?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

Focus group discussion guide: Extension workers

RESEARCH GOAL

Focus Group Discussions (FGDs) are conducted with extension workers that have been involved in the L&R pilot, part of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. The FGD aim to assess:

- The relevance of the L&R pilot by looking at the extent to which the pilot has addressed the needs of participants in a coordinated manner.
- The quality of design and implementation of the L&R pilot.
- What unintended results – positive and negative – were produced, and how these occurred.
- The sustainability of the results of the programme by determining the degree to which results are likely to be sustained following completion of the programme.

RESPONDENT REQUIREMENTS

Choose between 4-6 participants who meet one of the following requirements:

1. Must be an extension worker who was trained, or conducted home visits as part of the L&R pilot, which is part of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018.
2. When possible, ensure that the selection is sensitive to gender and age, yielding a diverse selection of voices.

PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview, including name and designation.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

CONSENT SCRIPT

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. We are speaking with extension workers that have been involved in home visits under the L&R pilot. We would like to invite you to give us your opinion on a range of questions that help us evaluate the programme. There are no right or wrong answers and we want you to feel free to express your views honestly.

Your participation in the discussion is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. We want you to know that all answers and information collected during this discussion will be kept strictly confidential. We also ask that all participants please respect the privacy of each person here by not talking about who said what in this meeting outside of this room.

There are no risks to participating in this discussion, and anything you say here today will not affect your work as community volunteer: this meeting is part of an overall evaluation of the project and not of your individual performance. Moreover, we will not be recording your names; rather, we will be assigning you numbers to protect your identities. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to HIV-sensitive social protection in your area.

The discussion will take approximately 45-60 minutes. We would like to ask your permission to participate in this group discussion and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

Introductions & Identification

INTERVIEWER IDENTIFICATION

Name of moderator:

Name of note taker:

Location: Date of Interview:

Start time: End time:

PARTICIPANTS

Nunber	Gender	Age (circa)	Position	Time in position (circa)

Further Observations

Input any observations and characteristics of the surrounding and local givens here

Guiding questions

Before the start of the interview, provide an overview of the L&R programme, which aims to strengthen linkages between the SCTP and social services in the district through household visits. Ask the participants if they can briefly elaborate on their role within the community, what type of households they support and their role within the L&R programme.

1 Before your involvement in the L&R programme, were you aware of the existence of social services for children and vulnerable households (including services in education, health and child protection)? Which services were you aware of?

Answers:

2 What was your perception of these social services? Why did households not take up these services?
What was your perception of the quality of these services? And, of the added value of these services to households in the community? Has your perception changed?

Answers:

3 Have you referred households/individuals to social services before your involvement in the L&R programme? If not, why not?
If yes, do you think they also took up these services? If you don't think they did, why not?

Answers:

4	As part of your involvement in the L&R pilot, did you conduct a supply capacity assessment of service? What was your perception of the capacity of most suppliers?

Answers:

5	Since the introduction of the L&R programme, have you referred any household/household member to an additional service? If yes, who in the household and what kind of services do you typically refer them to? Do you know whether households eventually took up these services?

Answers:

6	What do you think needs to be in place for the household to take up the service? Are there currently any barriers preventing them from taking up the service?

Answers:

1	Do you think that the L&R programme helps to address the challenges and contingencies households in your community face? Does it do so for adolescents as well?

Answers:

2	Under the L&R programme, is there anything in particular you think is of value to the households? What was of particular value for adolescents?

Answers:

3	Is there anything they do not value? Is there anything adolescents do not value?

Answers:

1	If the objective is to refer households and especially adolescents to social services, and have them take up the service, would you have designed the programme any differently? In hindsight, would you have designed the L&R programme differently? Were there any design components that hampered achieving results?

Answers:

1	Overall, how well was the L&R programme implemented? Were you given adequate time to prepare for project activities? How was training organized?

Answers:

2	What contributed to the successful implementation of the programme?

Answers:

3	Were there any barriers that led to unsuccessful implementation of the programme?

Answers:

1	On a scale of 1-10 (1 being the lowest, 10 being the highest), how would you rate the value of the L&R programme to households in your community, children and adolescents and to you?

Answers:

2	If you could choose, would this be the type of support that the government should give to a household? Do you think households would also have preferred this type of support? Or, would you rather have had support to focus on something else?

Answers:

3	Do you think that the cash plus programme increased the perceived benefits of a household's existing enrolment in the SCTP?

Answers:

4	If the L&R programme would terminate, how would this affect the households? And, how would this affect you? How can results be sustained?

Answers:

1	What recommendations, if any, do you have to further improve the L&R programme in your area?

Answers:

2	Is there anything else that you would like to tell me about the programme?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

Focus group discussion guide: SCTP beneficiaries

RESEARCH GOAL

Focus Group Discussions (FGDs) are conducted with heads of households enrolled in the L&R pilot, part of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. The FGD aim to assess:

- The relevance of the L&R pilot by looking at the extent to which the pilot has addressed the needs of participants in a coordinated manner.
- The quality of design and implementation of the L&R pilot.
- What unintended results – positive and negative – were produced, and how these occurred.
- The sustainability of the results of the programme by determining the degree to which results are likely to be sustained following completion of the programme.

RESPONDENT REQUIREMENTS

Choose between eight and ten participants who meet the following requirements:

1. Must be an adult household member of a household enrolled in the SCTP L&R pilot, which is part of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018.
2. When possible, ensure that the selection is sensitive to gender and age, yielding a diverse selection of voices.

PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview, such as name, gender and whether additional services were received.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

CONSENT SCRIPT

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of the expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa initiative, 2014-2018. We are speaking with beneficiaries of the SCTP that have been targeted by the L&R pilot. We would like to invite you to give us your opinion on a range of questions that help us evaluate the programme.

Your participation in the discussion is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. We want you to know that all answers and information collected during this discussion will be kept strictly confidential. We also ask that all participants please respect the privacy of each person here by not talking about who said what in this meeting outside of this room.

There are no risks to participating in this discussion, and anything you say here today will not affect your household's eligibility for further services. Moreover, we will not be recording your names; rather, we will be assigning you numbers to protect your identities. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to HIV-sensitive social protection in your area.

The discussion will take approximately 45-60 minutes. We would like to ask your permission to participate in this group discussion and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

Introductions & Identification

INTERVIEWER IDENTIFICATION

Name of moderator:

Name of note taker:

Location: Date of Interview:

Start time: End time:

PARTICIPANTS

Nunber	Gender	Age (circa)	Time of enrolment in SCTP (circa)	Receipt of additional services (Y/N)

Further Observations

Input any observations and characteristics of the surrounding and local givens here

Guiding questions

Before the start of the interview, provide an overview of the L&R programme, which aims to strengthen linkages between the SCTP and social services. Make sure to describe the activities potentially affecting the beneficiaries, such as the home visit.

1 Are you familiar with the L&R programme implemented in your area?

Answers:

2 Before the L&R programme, were extension workers active within your community? If yes, what was their role? Have you interacted with them on a regular basis?

Answers:

3 Prior to the L&R programme and the household visit, were you aware of the existence of additional social services in your area? How did you become aware of them? Which services were you aware of?

Answers:

4 Have you or anyone in your household made use of any of these services? If yes, what type of service did you make use of? And, who in the household made use of what services (specific focus on children and adolescents)? If no, why did you not avail any of services (no need, barriers to access, etc.)?

Answers:

5	What was your perception of the quality of these services? Did you get the help you were looking for? How would you assess the added value of these services to your household?

Answers:

1	Since the L&R pilot started, have you interacted with extension workers either during a home visit or in the community? If yes, what sort of interactions were these? Did the workers provide you any support? Has the support changed in any way?

Answers:

2	Have you received one/multiple home visits by extension workers? Was the home visit valuable to you and your family? If yes, how so? If no, why not?

Answers:

3	Was there anything in particular you liked about the home visit? Was there anything you didn't like? Was the person conducting the home visit helpful? Did he/she understand your needs?

Answers:

4	Were you or anyone in your household referred to a social service during the visit? Has the person taken up any of the services you were referred to? Was it helpful? If not, why not?

Answers:

5	Has the L&R programme changed your perception about additional services?

Answers:

6	Overall, would you say that the L&R programme is useful to you and your household? Did it support your households in any way?

Answers:

1	On a scale of 1-10 (1 being the lowest, 10 being the highest), how would you rate the value of the L&R programme?

Answers:

2	If you could choose, would this be the type of support that the government should give you? Or, would you rather have had support to focus on something else?

Answers:

3	In what way has the service in addition to the cash provided been useful to your household? How so for adolescents and children?

Answers:

4	If the programme would stop, how would this affect you? How can results be sustained?

Answers:

1	What recommendations, if any, do you have to further improve the value of the L&R programme?

Answers:

2	Is there anything else that you would like to tell me about the programme?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.