

Targeting vulnerable households for humanitarian cash transfers

Using a community-based, participatory approach to target
the most vulnerable in Zimbabwe's cash-first response



CASE STUDY

A case study by CARE International

care



Acknowledgements

Grateful appreciation to Nhlanhla Mlilo, Monitoring and Evaluation Officer at CARE Zimbabwe, who compiled this study.

It was edited by Abel Whande, Team Leader of the Cash Transfer Programme at CARE Zimbabwe; Ciara O'Malley, Senior Cash and Markets Advisor at CARE International UK; and Aatif Somji, Humanitarian Advocacy and Policy Intern at the CARE International Secretariat.

Many thanks to those at the CARE Zimbabwe country office who supported the collection of primary data required to develop this study, in particular to Bothwell Mhashu and Lindah Dosi. Thank you also to Abraham Mamvura, M&E Officer for World Vision International (WVI), and Sibongakonke Ndlovu, WVI Field Officer who also supported on the primary data collection.

Acronyms

AGRITEX	Zimbabwe Department of Agricultural, Technical and Extension Services
CTP	Cash transfer programme
DDRC	District Drought Relief Committee
DFID	Department for International Development
FAWG	Food Assistance Working Group
FGD	Focus group discussion
FNC	Zimbabwe Food and Nutrition Council
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
PDRC	Provincial Drought Relief Committee
WFP	World Food Programme
WVI	World Vision International
ZimVAC	Zimbabwe Vulnerability Assessment Committee

© CARE International 2017

PHOTOS

Front cover photo (from left to right): Jeina Mukazi, Ropafadzo Gwenyama, Simbisai Musande and Marry Chitsunge, who all acted as Gender Accountability Focal Points for the cash transfer programme in Masvingo, Zimbabwe.

Back cover photo: Susan Chingombe, a Gender Accountability Focal Point in Masvingo, Zimbabwe.

(photos © Cynthia R Matonhodze / CARE 2017)

Contents

Executive summary	4
1 Background	5
2 Justification for the study	5
3 Methodology	6
4 Targeting	6
4.1 Geographical targeting	6
4.2 Community targeting	9
4.3 Beneficiary targeting	12
5 Conclusion	17
Annex 1: Script for cash transfer programme public address meeting	18

Executive summary

This case study details the experiences of the emergency cash-based response to droughts in southern Zimbabwe from 2015 to 2017. CARE International in partnership with World Vision International (WVI) implemented a Department for International Development (DFID)-funded programme 'Emergency Cash First Response to Drought-Affected Communities in the Southern Provinces of Zimbabwe' from August 2015 to May 2017. It was the largest ever multi-purpose unconditional cash transfer programme in Zimbabwe. The programme aimed to meet the immediate food needs of households who were affected by the 2015 and 2016 droughts.

As with all humanitarian programmes, financial resources for this emergency response were finite. A critical element of cash-based programming is to ensure that a *sufficient* transfer value is distributed to households, in order for the intervention to be effective in meeting their immediate food needs. Therefore, a prioritisation process must take place, according to the needs of households, to channel resources to the most vulnerable. This underlines the importance of an effective targeting process.

The key challenge in targeting is how to establish who is most vulnerable. The factors determining this are context-specific and require local knowledge. For this reason, the Zimbabwe cash transfer programme used a multi-stage, community-based approach to targeting.

This case study evaluates the cash transfer programme's overall targeting process, from the macro, provincial level, to the micro, household level. It explains the targeting process, highlights successes and challenges faced and incorporates recommendations for future cash transfer programmes.

The key conclusions based on the experiences of targeting in this programme are as follows:

- Good targeting does not happen easily or without costs: **sufficient resources must be allocated to the overall targeting process**, including verification and registration. With a large-scale programme, those resources are required throughout most of the programme's life, and not just in the first month or two, although the need will be less intensive as time goes on. Investing time and money into the targeting, registration and verification processes will pay dividends in the long run by helping to ensure a more effective programme which truly targets those most in need of assistance.
- **Use a participatory, community-based approach to targeting at the local level.** This should include good communication, facilitation and the active participation of targeted communities. This gives affected communities the opportunity to actively have a say on who will be targeted and prioritised for assistance, empowering them to take decisions into their own hands.
- **Complement this community-led approach with a robust verification process** to validate the data and ensure that those households which are objectively most in need according to the vulnerability criteria are indeed the ones being selected by the community.
- **Collect as much data as possible on the food security and vulnerability of communities** in the programme regions to corroborate the targeting data and ensure robust results.

1 Background

In 2015-17, Zimbabwe faced severe drought driven by one of the strongest El Niño events of the last three decades. The drought seriously affected the 2014/15 and the 2015/16 agricultural seasons, reducing households' subsistence production and income, constraining livelihood options and severely limiting access to food, resulting in livestock deaths. In February 2016, a state of national disaster was declared, with 4.1 million households projected to be affected.¹ In addition, a national liquidity crisis emerged, resulting in a depletion of cash nationally and a consequent rise in the use of mobile money.

In response to this, CARE International implemented an unconditional, multi-purpose cash transfer programme, in partnership with World Vision International (WVI), and supported financially by the UK Department for International Development (DFID). In August 2015, the Emergency Cash First Response to Drought-Affected Communities in the Southern Provinces of Zimbabwe programme, herein referred to as the Cash Transfer Programme (CTP), began. In 22 months, it transferred over \$40 million to 73,718 households affected by severe drought, assisting 400,279 vulnerable people.

The programme's objective was to address the immediate food needs of vulnerable women, men, girls and boys by providing unconditional, unrestricted cash transfers that aimed to cover approximately 70% of the minimum daily calorie requirements. The cash-based response was delivered via mobile money transfer, in partnership with telecommunications companies Econet and NetOne.

A strategic decision was made to target **women** as the cash recipients from the households. Based on CARE and World Vision's experiences from previous programmes, and a specific gender analysis² conducted for one of these programmes, it was found that women provide most of the services related to food consumption and family welfare within the household, and that any income earned and controlled by women is usually allocated to these areas. These findings were complemented by evidence from DFID showing that where women are the main recipients of a cash transfer, this often increases their role in household decision making and promotes more balanced gender

relations.³ Finally, the decision also aligned with CARE's mandate to protect and empower women and girls.

Based on women's roles in managing food and household resources, and the intention that the cash transfer be directed toward these aims, CARE and World Vision encouraged women to register as recipients, and explained this rationale in community meetings. This approach was endorsed by leaders and community members. Having women as cash recipients promoted women's greater access to and participation in household financial decision making, ensuring that women had a voice on the allocation of household income. At the same time, the intervention sought to stimulate local markets through an injection of cash into local economies.

Zimbabwe has 10 provinces, which are divided into 59 districts and 1,200 wards. The cash transfer programme was implemented in four provinces. Within these four provinces, 15 districts and 204 wards were targeted. The majority of beneficiaries redeemed cash or used it for electronic payment for goods/services at registered mobile money agents and merchants, or conducted person to person transactions to address food and other basic household needs. Around 87.5% of the cash transfers were used to meet household food needs.

As the cash response was viewed by communities as the preferred way to receive flexible humanitarian assistance, most community members wanted to be part of the programme. However, limited resources did not allow for blanket coverage over a wide geographical area. As a result, the programme was designed to target the most vulnerable drought-affected households, and thus reach those most in need.

2 Justification for the study

Targeting in development and humanitarian programmes can be influenced by external constraints, such as community power dynamics, security considerations, political interference, limited staff numbers, and limited time. In Zimbabwe, most agencies rely to some extent on local authorities to actively participate in and support the targeting process within disaster-affected communities. If the targeting process is not properly implemented, it may remain opaque to recipients: they may not be aware of their entitlements, or of the process of determining who is entitled to what.

Inaccuracies regarding targeting in humanitarian programmes normally lead to two types of errors. An

¹ Oxford Policy Management (2017) Zimbabwe 'Cash First' Humanitarian Response 2015-2017 Evaluation Report, pii, http://www.cashlearning.org/downloads/user-submitted-resources/2017/07/1499698501.2017_OPM_Evaluation_Final.pdf

² ENSURE consortium (2014) Enhancing nutrition, stepping up resilience and enterprise: Gender analysis report, November 2014, http://pdf.usaid.gov/pdf_docs/PA00KHCG.pdf

³ Arnold, C, Conway, T, and Greenslade, M (2011) Cash transfers: Evidence paper, Department for International Development, London

exclusion error occurs when those who need assistance, and who meet the programme’s vulnerability criteria and therefore should be recipients, are omitted. An **inclusion error**, on the other hand, occurs when those who are not as urgently in need, and therefore should not qualify for assistance, receive benefits from the programme. Both types of error cause programmes to be less effective than they might otherwise be. Considerable efforts should therefore be made to minimise them.

The following case study seeks to document CARE and World Vision’s collective experience and approach to targeting in their mobile money cash transfer programme, and to understand the success factors, challenges encountered and potential opportunities for further improvement.

3 Methodology

This case study focuses on how the Zimbabwe cash transfer programme conducted its beneficiary targeting, documenting the targeting processes at provincial, district, ward and village levels, the successes and challenges faced, and what lessons were learned during the implementation of the programme.

The case study uses a mixed-method, qualitative-led approach that focuses on both processes and outcomes. As a learning document, the study focuses on experiences from both consortium partners (CARE and WVI) as well as other programme stakeholders, such as community members and government officials.

Twelve key informant interviews were held with district-level officials and senior programme staff. The interviews at the community level explored both the operations and the perceived impact of the targeting process, from the perspective of the CTP leadership, the Ministry of Labour and Social Welfare and the Department of Agricultural, Technical and Extension Services (AGRITEX).

In addition, four focus group discussions (FGDs) were conducted. The FGDs sought to examine community understanding of household targeting, selection and verification. The focus was on capturing the community-lived realities of targeting in the CTP, the challenges that people encountered, and their understanding of cut-offs and verifications. Furthermore, recommendations were sought on ways to improve the programme’s processes and procedures. Participatory tools were used to help stimulate discussion by participants and to encourage them to analyse and present their views. Other relevant documentation was also analysed, including programme monitoring and evaluation (M&E) reports, the programme’s Beneficiary Registration Manual, targeting and selection reports and monthly progress reports.

4 Targeting

The overall targeting process was conducted in three stages:

1. Geographical targeting
2. Community targeting
3. Beneficiary targeting

Geographical targeting was carried out at the national and provincial level. Community targeting focused on the district and ward level, while beneficiary targeting was carried out at the household level.

The targeting process involved a prioritisation of provinces, districts and wards, followed by ward meetings where communities selected households through a discussion and ranking exercise led by trained enumerators. The table on the next page outlines the overall approach to targeting.

4.1 Geographical targeting

Erratic rains in combination with drought seriously affected the 2014/15 and the 2015/16 agricultural seasons. As a matter of principle, the CTP focused on the most food insecure provinces and districts, where structural poverty and climatic variation impair livelihoods the most.

National level

The Zimbabwe Food and Nutrition Council (FNC) is a department within the Office of the President and Cabinet whose mandate is to promote a multi-sectoral response to food insecurity and nutrition. It conducts rural vulnerability assessments through its Zimbabwe Vulnerability Assessment Committee (ZimVAC⁴) survey – an annual report that includes mapping of food insecurity across the country. Once the ZimVAC report is approved by Cabinet, the FNC shares the report with aid agencies and donors through the national Food Assistance Working Group (FAWG) – similar to the food security and nutrition clusters in other countries – members of which include donors, international organisations, local non-governmental organisations (NGOs) and government. CARE and WVI are active members of the Food Assistance Working Group.

From the ZimVAC rural livelihoods assessments, it was clear that the southern parts of the country were most severely affected by both the 2014/5 and the 2015/6 droughts, with many households facing the prospect of

⁴ ZimVAC is a consortium established in 2002, and is comprised of government, NGOs, UN agencies, and other international organisations, led and regulated by the Government of Zimbabwe. It is chaired by the FNC.

APPROACH TO TARGETING

Level	Process	Actors	Supporting data
Provinces and districts	<p>CARE and WVI triangulated data from the 2014/15 Second Round Crop and Livestock Assessment Report (Ministry of Agriculture, Mechanisation and Irrigation Department), the 2015 ZimVAC Rural Livelihoods Assessment, rapid assessments and market surveys to determine the districts most in need.</p> <p>CARE and WVI liaised with other food assistance actors (mainly World Food Programme – WFP) to divide districts between them based primarily on presence.</p>	CARE, WVI, DFID, WFP, Zimbabwe Food and Nutrition Council (FNC), Provincial Drought Relief Committees, provincial administrators, Ministry of Social Welfare, AGRITEX, other food assistance aid agencies.	2014/15 Second Round Crop and Livestock Assessment Report, July 2015 ZimVAC assessment report, aid agency rapid assessments.
Wards and villages	<p>Ranking wards by food insecurity and vulnerability through District Drought Relief Committees (DDRCs), and utilising secondary data and CARE/WVI district rapid vulnerability assessments.</p> <p>In the first phase of the CTP, a cut-off figure was allocated to each village, based on population, for how many households could receive support.</p> <p>In the second phase of the CTP, village mapping was introduced which allocated household cut-off based on village vulnerability status. This meant rather than allocating the number of households that would receive cash based on the population of the village, it was based on their relative vulnerability.</p>	CARE and WVI district teams, DDRCs, district administrators, Ministry of Social Welfare, AGRITEX, village community members.	ZimVAC assessment report 2015, crop assessments, village mapping, CARE/WVI district rapid vulnerability assessments.
Households	<p>Leaders called a meeting of all households in the ward; the programme was explained and households divided into villages (or subgroups according to village headmen).</p> <p>Enumerators who had been trained on the targeting process and criteria facilitated a discussion on vulnerability criteria (with emphasis on access to food) and conducted a ranking process with community members.</p> <p>Another group of enumerators conducted a verification of households through random selection and snowballing.*</p>	CARE and WVI district offices, community leaders (councillors, secretaries, village headmen), community members.	Targeting criteria and process established by CARE and WVI, household demographic data collected.

Source: CARE (2015) Drought Response Zimbabwe 2015 – DFID Proposal

* *Snowballing is a sampling methodology which involves existing study recruits (eg a group of key informants or people engaged in a focus group) who then propose other relevant people who could be future study recruits. The group of people engaged in the study therefore grows like a snowball.*

selling their assets to purchase food. The areas affected included **Matabeleland North, Matabeleland South, Masvingo** and **Midlands** provinces. CARE and World Vision have long-term development programmes in these provinces and therefore had a strong mandate to deliver emergency humanitarian assistance to these affected communities. Indications from the FAWG meetings suggested that no specific donors or humanitarian agencies had yet committed resources to provide humanitarian assistance in these four affected provinces.

Provincial level

The CARE/WVI team engaged provincial leadership in the four chosen provinces through the Provincial Drought Relief Committees (PDRCs), which have the mandate to coordinate drought relief efforts across each of Zimbabwe's provinces. Each PDRC seeks to ensure that all food insecure districts within its province receive adequate humanitarian support, without duplication of efforts by humanitarian actors or government. Ideally, the PDRC's members are the provincial administrator, district administrators, district social welfare officers, district AGRITEX officers, national security services, World Food Programme (WFP) and NGOs. CARE and WVI are active members of the PDRCs in the four provinces mentioned above.

Following the completion of each ZimVAC survey, the FNC disseminates the results at the provincial level through the PDRCs. PDRCs then convene to endorse the results and map the most severely affected districts. This process is followed by a capacity and gap analysis, with support from the Ministry of Labour and Social Welfare, resulting in recommendations of what relief response should and can feasibly be provided. Through the PDRC meetings, humanitarian agencies, based on their approved funding, are required to declare their individual priority districts to ensure no duplication of relief efforts. Based on this process, CARE and WVI prioritised the 15 districts in which the cash transfer programme was implemented.

Successes and challenges

The process outlined above allows for coordination between aid agencies and government to ensure that affected communities get timely support.

In practice, key informants revealed that due to resource constraints not all PDRC members from government ministries were able to attend all the meetings that were organised to coordinate drought relief efforts. The absence of some technical advisors can potentially lead to poor quality or even politically biased decisions. Therefore, it is important for aid agencies to engage early on with key attendees to secure their attendance and participation in these meetings.

While the FAWG and PDRCs provide natural platforms for the sharing of information at national and provincial levels respectively, a disconnect can sometimes exist in terms of the information shared between the two platforms, specifically on who plans to do what in a specific province/district. Nationally, the FAWG is the coordinating body for relief work by aid agencies. However, commitments made at the national level are not automatically shared at provincial meetings. Similarly, some organisations may directly initiate programmes in specific regional areas without sharing such plans at the national level through the FAWG.

The lack of coordination between national and provincial structures has two potential negative implications for the targeting process. Firstly, programmes may be implemented in districts that are not the most food insecure, despite other districts being in greater need of assistance. Secondly, multiple organisations may end up targeting the same districts, leading to duplication of efforts. The latter was experienced under the Zimbabwe CTP: the programme's initial planned targeting included three districts which, it later transpired, were being targeted as priority districts by other international agencies and partners. The issue was amicably resolved, as CARE agreed to substitute the three districts and instead selected two other drought-affected districts. However, the duplication and subsequent rectification process led to some delays in the provision of humanitarian assistance. Better coordination is therefore required between national decisions at the FAWG level and decisions at the provincial level PDRC meetings to ensure a more effective and efficient response.

Recommendations

- **Ensure greater coordination between national and provincial food security platforms.**
This will improve the targeting process of humanitarian programmes, leading to a more efficient and effective response. Through greater coordination between platforms, those areas that are most food insecure will be prioritised and the risk of duplication will be minimised.
- **Give an adequate notice period to ensure key members of the PDRC are able to attend meetings.**
The absence of some technical advisors in these meetings can lead to poor quality and sometimes politically biased decisions. A good working relationship with the provincial administrator and heads of key ministries is therefore important to improve member attendance and participation in PDRC meetings.

4.2 Community targeting

District level

CARE and World Vision, with the approval of the relevant PDRCs, engaged with the District Drought Relief Committee (DDRC) in each district to triangulate the ZimVAC Rural Livelihood Assessment Report 2015, ZimVAC Lean Season Monitoring Report (January 2016), AGRITEX Crop and Livestock Assessment reports and CARE Community Food Security Monitoring reports, together with any available local food security data, to determine the most affected wards.⁵

The DDRCs, chaired by the district administrator in each of the target districts, draw their membership from district-level government departments. They are mandated to undertake ward ranking by order of food insecurity jointly with donors and NGOs, and to approve programme work plans. This approval allowed CARE and World Vision to begin convening ward assemblies with the community for mobilisation and registration. The outcomes of the DDRC meetings were a ranking of the wards based on their

levels of food insecurity; agreement on the programme work plan; and local buy-in for the targeting methodology to be employed by CARE/WVI. Before the implementing partners could proceed to the operational areas, the DDRC resolutions were presented at the full district council meeting for adoption and operationalisation by the local authority.

Successes and challenges

In September 2015, when activities started across the 15 operational districts, programme staff representing CARE/WVI attended DDRC meetings to facilitate ward ranking. In the majority of districts, the ward ranking process went smoothly. For example, a CARE/WVI field supervisor from one district reported that ward ranking was a participatory process, well informed by food security data from various governmental and non-governmental organisations represented at the DDRC.

The box below shows a snapshot of the minutes from Mberengwa District's September 2015 DDRC meeting, during which ward rankings were carried out. While

MINUTES OF MBERENGWA DISTRICT DDRC WARD RANKING MEETING, SEPTEMBER 2015

Ward ranking of vulnerability

Registration and distribution will start with the most vulnerable wards which are in the following order: 13, 5, 11, 28, 34, 37, 4, 32, 17, 6, 29, 24, 8, 9, 31, 30, 23, 19, 18, 26, 7, 14, 25, 15, 1, 33, 20, 3 and 12.

Mr Saruchera stated that registration will start the week beginning 14th of September 2015 and that the programme will run from September 2015 to March 2016.

Wards 12, 24, 30 and 32 were re-ranked by the committee based on the district crop assessment report which AGRITEX agreed to share.

Ward 12

The ZimVAC and crop assessments forecasted on the impact of continued Chimwe irrigation production which did not materialise because of a number of issues which include disconnection of water as a result of a ballooning electricity bill and as a result there was no production. Therefore, this had a ripple effect on the cereal deficit which is higher than reflected in the ZimVAC report. The committee agreed that the ward be re-ranked and is the 30th vulnerable ward out of the 37 wards in the district.

Ward 24

The committee suspected typing errors on the figure. Total production for sorghum was 57MT according to the district crop assessment report as opposed to the 202MT mentioned in the ZimVAC report which could be inflation and this affected the total cereal production and deficit. Livelihood activities in the ward cannot make up for the difference as they have very little significance. The committee agreed that the ward be re-ranked and is the 12th vulnerable ward.

Ward 30

District crop assessment figures for maize is 32MT as opposed to the 412MT mentioned in the ZimVAC report. There is a 380MT difference. The committee suspected a typing error that maybe ZimVAC report wanted to say 41MT which is more acceptable though above the district assessment report figure. The committee therefore dismissed 412MT and agreed on 32MT as the total production. Against the cereal requirement this lowered the month stocks to one and this ward was agreed to be 16th vulnerable ward.

Mr Saruchera said further consultations with members of the DDRC to justify the re-ranking may be required and the committee through the technocrats will be required to justify.

⁵ A ward is an administrative/political/local authority area, typically used for electoral purposes. It is a sub-unit of a district, headed by an elected councillor. On average, districts in Zimbabwe have 25-35 wards.

experiences from Mberengwa and most other districts present a positive picture, key informants involved in one district's ward ranking process reported it to be a politically volatile space. Although the ZimVAC findings of July 2015 formed the basis of the ward ranking, there remained strong political undertones, with the committee seeking to achieve political balance across the district. In such districts, some wards – still food insecure and requiring assistance during peak hunger season, but not as severely affected by drought as others were – were pushed to be included in the programme.

To avoid conflict under such circumstances, CARE/WVI conducted intensive verifications in these controversial wards through a community-based approach (detailed below). While this ensured that the programme reached the most vulnerable households in the wards, the challenge with this process was that it impeded humanitarian response times.

To ensure that the most vulnerable wards were targeted, apart from relying on secondary data sources, CARE/WVI programme staff also conducted **District Rapid Vulnerability Assessment Surveys**. The team then used these findings to support the ward prioritisation process during DDRC meetings. This helped to safeguard the programme from being implemented in less vulnerable areas, which can occur due to political pressure. The Rapid Vulnerability Assessment Surveys were carried out in all 15 districts, with technical support from AGRITEX, and were also used to validate the ZimVAC results. The process demanded good facilitation skills to achieve the desired results and, particularly from the perspective of emergency programming, exhibited significant time constraints. However, it importantly ensured that those most in need would receive assistance and was therefore a necessary step in the targeting process.

As part of the CTP, CARE/WVI conducted an **End of Programme Food Security Survey** in May 2017 that aimed to provide projections of food security in the operational districts for the 2017/18 consumption year. These findings can be used for future targeting as they give a clear picture of the projected food security situation per ward. Based on the findings, 48% of wards were observed to have harvest stock to last until August 2017; 35% of wards had stock to last until December 2017; and 17% of wards had enough to last until the next harvest season in April 2018. The information gathered through the End of Programme Food Security Survey can be triangulated with the 2017 ZimVAC Rural Livelihoods Assessment to form a clearer picture of food security projections.

Ward level

Following the conclusion of DDRC meetings, councillors are notified to allow implementing partners to begin convening ward assemblies with the community for mobilisation and registration. For the targeting exercise to be successful, it is important to engage with community leaders and arrange the registration process in collaboration with them. The wider community should be notified of the exercise at least one week before the scheduled date to allow sufficient time for them to attend. Community leaders are informed that the announcement of such meetings will be a joint responsibility of both CARE/WVI and community leadership.

The notification letter used by the CTP team included the following important information:

- type of exercise, ie household targeting
- time and date
- venue/location
- who should attend
- estimated length of time
- what participants should bring
- basic information about how the exercise would be conducted.

The procedures for conducting ward level meetings are similar, whether the aid agency plans to use cash programming or in-kind assistance. A public assembly meeting is preceded by a caucus meeting with ward leadership and representatives of various government departments. Caucus meetings are held to orientate local leaders on the programme's objectives, provide a guide to how the village ranking exercise will be carried out, and verify the number of villages and households in the ward against information provided by the district administrator's office. Caucus meetings with local leaders allowed CARE/WVI to:

- acknowledge the presence of all local leaders at the meeting
- communicate the programme's objectives
- provide a simple guide to how the exercise would be carried out
- establish the community dynamics
- verify the number of villages that exist in a community against information obtained from the district administrator

- register all village heads using a village registration form
- provide village heads with generated village IDs for easy identification of households within the database.

Immediately after the caucus meetings, CARE/WVI staff addressed the whole community, who gathered for the registration process at a ward assembly point. To ensure the same message was shared across all targeted areas, a script was produced and shared with all field staff to use when addressing communities (see Annex 1).

The meeting with each community aimed to:

- provide information on the CTP and on donor and implementing agencies
- clearly articulate the purpose of the targeting exercise about to be conducted
- provide a clear guide to the participatory approach of the registration exercise
- explain the role of CARE/WVI and the community during the exercise
- explain that at least 80% of households in each village must be present for targeting to start.

During the first phase of the project, the maximum number of households targeted per ward was determined through a proportional calculation process:

- Across all the districts, the case load was allocated proportionally to various wards based on the **ZimVAC food insecure population projections**.
- Once the ward caseload was determined, it was then proportioned across all villages according to the **total village population** (ie irrespective of their food security situation).

Successes and challenges

Discussions on the allocation of caseloads at ward caucus meetings were therefore based on a proportional calculation process according to the population across all villages. This determination of household cut-off numbers per village led to high inclusion errors, as the focus was more on household population numbers than on assessing specific vulnerabilities and needs at the village level.

For example, take a hypothetical village where the cut-off figure for households to be included in that village is 30. In the household vulnerability ranking, the households ranked 30 and 31 might have the exact same status in terms of vulnerabilities. However, due to the population proportional cut-off figure, household 31 would not be included in the programme, despite also being affected

by the drought and equally vulnerable to food insecurity. Similarly, greater assistance would be allocated to larger villages (by virtue of their larger population) even if these populations were relatively more food secure than other, smaller villages.

In some districts, the programme team faced challenges of inflated numbers of villages within wards. Some irregularities were observed between the district administrator's records and the registrations conducted after engaging with community leaders. Where these discrepancies were sufficiently large, CARE/WVI would temporarily suspend the registration process pending further investigation and clarification from the district administrator. The district administrator would then be engaged to gather councillors and other local leaders to provide more accurate information on the villages.

In the second phase of the CTP, a **village mapping process** was introduced – incorporating factors such as asset ownership and proximity to irrigation, markets and road networks – which meant that aid was allocated as per need across the different villages within each ward. The programme targeted fewer wards compared to the first phase so it could concentrate its efforts and cover all particularly vulnerable households in targeted wards. Unlike the first phase, where the programme effectively imposed a limit on the number of vulnerable households per village, the new approach provided a more effective village-level targeting system.

Although the village mapping process was difficult due to a lack of official assessment reports, the team felt it improved the programme's targeting at both village and household levels. In one ward, for example, five villages originally included in the programme were identified as relatively food secure through the village mapping process, and therefore did not require assistance through the CTP. The 200 households within these villages had access to land in a local irrigation scheme, meaning they were seen as relatively food secure. Using the village mapping process therefore prevented significant inclusion errors.

Recommendations

Effective community targeting can be achieved by having a well-structured process which is coordinated and communicated from district to household level across all stakeholders. This can be achieved through the following:

- **Good engagement and facilitation skills, supported by evidence from national assessment reports.** Staff from aid agencies responsible for targeting must receive proper and adequate training on facilitation methods before conducting any targeting processes, so that they can engage stakeholders effectively. This

will allow acceptance of the programme and ensure minimum or no conflict regarding decisions on where and who should be targeted. The process must be supported by referencing national assessment reports and other relevant assessments carried out by aid agencies.

- **Participatory community mapping, although time consuming, can be used as an effective tool to support robust targeting results.**

The primary objective of community mapping is to get useful information about local perceptions of resources in villages, and not to develop an accurate geographical map. If it is done effectively, the map, which is created by communities themselves, can help to verify the characteristics of households in a village in terms of access to land by men and by women, and access to food, water, common livelihood sources, community services and public infrastructure, etc. This can in turn allow aid agencies to allocate appropriate cut-off figures for the number of people in the village to be included, based not on a village's population but rather based on its relative vulnerability.

- **Adequate notification period and channels for mobilisation for community meetings.**

This ensures that all community members receive information about the programme and increases attendance and participation, as well as allowing participants enough time to gather all the necessary documents required to complete the registration process. This will ultimately improve the quality of the targeting process. For example, the programme developed a standardised notification letter. Various community contact points such as schools, clinics, traditional leadership and local government departments were given these letters to mobilise communities. This was complemented by staff phoning key stakeholders, clinics and schools to help spread the word.

- **Use of a public address script.**

This script should be provided for staff to ensure that they communicate all of the most important points about the programme at ward meetings, including the programme's purpose, duration, donor, implementing partners, entitlements and delivery mechanism. Importantly, the script should explicitly outline who the target groups should be, according to certain needs and priority criteria (see Annex 1).

- **Conduct rapid vulnerability assessments before the programme commences.**

This will inform DDRC ward prioritisation ranking and therefore speed up the targeting process and make ward selection more accurate.

- **Start registrations with the most vulnerable wards.**

This should be based on the triangulation of national assessments and the use of organisation-led rapid analysis, to ensure those with the greatest need receive assistance first.

- **Establish registration points closer to communities to boost participation by marginalised groups.**

For example, during registrations in one district, over 70% of participants in a ward were male. Programme staff were informed that most women did not attend because the selected meeting point was very far from their homes, meaning a lot of time spent walking, which would potentially impact on their daily chores. With the decentralisation of ward centres, participation by minority groups (ie women, the elderly, the disabled) increased markedly.

4.3 Beneficiary targeting

Household level

Though several smaller-scale cash transfer programmes had been undertaken in Zimbabwe over the years, and both CARE and WVI had experience in household targeting, an innovative targeting approach was designed to suit the CTP's scale and facilitate its timeliness.

In programmes of this kind in Zimbabwe, households rank each other according to their perceived food security vulnerability using indicators pre-determined by the organisation carrying out the targeting process. During the first phase of the programme, CARE/WVI used this traditional approach to household ranking. Household ranking was conducted immediately after ward assemblies, with communities asked to assemble themselves into their respective villages. CARE/WVI then used a participatory **food insecurity household ranking** process (see box on the next page) to identify the most vulnerable, food insecure households to qualify as programme beneficiaries.

The food insecurity ranking was undertaken to investigate food insecurity differences and inequalities within the community. The ranking enabled CARE/WVI to identify and understand local indicators and criteria for well-being and to map the relative food insecurity position of households within a community.

Key probing questions during this exercise should address:

- feelings of uncertainty or anxiety over food (situation, resources, or supply)
- perceptions that food is of insufficient quantity/quality
- reported reductions in food intake
- reported consequences of reduced food intake
- socially unacceptable means of obtaining food.

PHASE 1 FOOD INSECURITY HOUSEHOLD RANKING PROCESS

1. Discuss with the community and agree upon a common definition of a household. *For CARE/WVI, a household represents a group of people who eat from the same pot.*
2. After mapping all households, ask community members to divide themselves into groups of relatively similar well-being.
3. Facilitate group discussions where community members describe their situation in terms of livelihood activities and coping strategies related to the drought.
4. CARE/WVI staff rank these subgroups according to their level of vulnerability.
5. Each group then ranks its constituent households in terms of food security, with 1 being the most food insecure.
6. CARE/WVI staff ensure that the community ranks absentee households, including the bedridden, orphans and vulnerable children, the chronically ill and disabled, so that they are considered/represented.
7. Once the full ranking has been carried out, CTP staff immediately conduct a public re-verification with community leaders, discuss the findings and reach a final consensus on who qualifies for assistance through the programme.

The above approach, while empowering communities, in some cases failed to provide safeguards against cheating and manipulation at the village level, leading to inclusion and exclusion errors. For example, in one district re-registrations had to be conducted in numerous villages during the first phase after it emerged that household rankings were not conducted fairly. Villagers had been coerced to follow a particular order of ranking during pre-registration meetings. In another district, household targeting was suspended for one village after the headman disallowed the participation of some households, citing that they had not yet paid fines for crimes committed in the past. This demonstrated that aid programmes can, at times, be used as a disciplinary tool by unscrupulous leadership. Also noted with concern by aid agency staff was that some village members would remain silent throughout the ranking process and individual follow-ups, or the information received through anonymous tip-offs. Households would attribute this to either fear of witchcraft or intimidation by local leadership. Once this issue was identified during registration, such villages were then earmarked for 100% verification.

In May 2016, at the beginning of the programme's second phase, a revised approach was adopted based on learnings from phase one. These learnings emanated from a review of data from various sources during phase one, including the following:

- **Complaints response mechanisms:** complaints received through help desks, walk-ins, CTP community gender and accountability focal points and an anonymous hotline were largely used to report on inclusion/exclusion errors.

- **Process monitoring:** information from such processes as post-distribution monitoring revealed village and ward food security status, showing that some areas were less deserving of inclusion in the programme as they were relatively better off.

Beneficiary targeting for the second phase was fundamentally different to the first phase. Following learning from phase one, CARE/WVI developed a beneficiary registration manual with specific vulnerability indicators for household targeting (see box on the next page).

Although these indicators were universal in scope, and were based on information from ZimVAC reports and documentation from previous food security interventions, field teams working with various communities also identified certain context-specific indicators to be used alongside the universal indicators in the household ranking process. Naturally, context-specific indicators can vary by location. For example, in Midlands and Masvingo provinces, a household with four cattle may be considered wealthy and less vulnerable to food shocks. However, this is not the case in Matabeleland South, where many households own more than four cattle. Therefore, in Matabeleland, households with four (or fewer) cattle are still considered at risk of food insecurity.

All core staff received training on targeting when the programme was being set up. At the start of phase two, staff and registration enumerators were trained again. The CTP employed a 'smart' registration process that was a first of its kind in large-scale relief work in Zimbabwe (see flow chart on the next page).

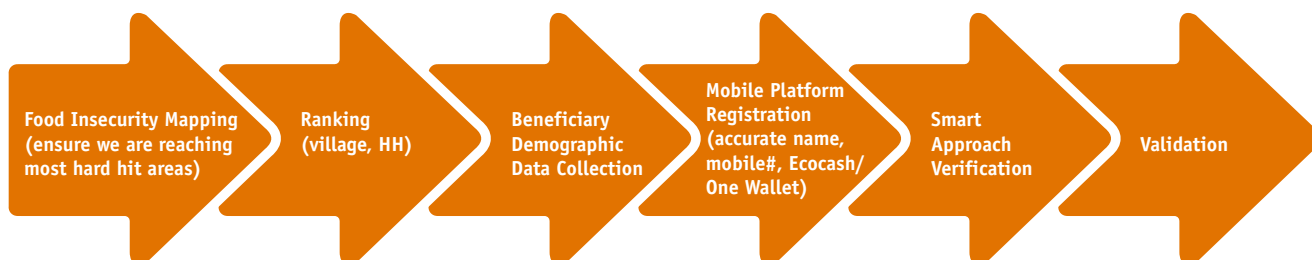
HOUSEHOLD FOOD INSECURITY INDICATORS

Households will be ranked in a participatory process that is based on clearly defined food insecurity indicators. The community will reflect on their food insecurity and define the characteristics of a food insecure household. These indicators will be minuted by CARE/WVI staff. The programme has identified the following food insecurity indicators which will be compared with indicators determined by the community.

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

Source: CARE (2016) Beneficiary Registration Manual, Emergency Cash First Response to Drought-Affected Communities, Second Version, p7.

PHASE 2 REGISTRATION FLOW CHART



Field officers interviewed agreed that while core staff understood the registration processes in the first phase, there were challenges among some enumerators who tried to apply their experiences of in-kind aid to the CTP targeting process. This led to a lack of uniformity in the ranking processes across the 15 operational districts. For example, in one district all households were ranked; in another, rankings were done only up to the cut-off point of the total number of households that would be included in the programme; in a third district, the team registered up to the cut-off point, plus an extra 10% of households as a buffer list in case households' circumstances changed.

In the second phase, however, after the development of a targeting and registration manual, all core staff, registration and verification enumerators were trained centrally to standardise targeting and registration procedures.

The targeting and registration manual states that:

Household verifications will be conducted during the registrations and reinforced through public verifications of selected households to ascertain the consistency and accuracy of submitted information. Complaints in respect of inclusion

and exclusion errors will be investigated, findings shared at public meetings and changes made on the register to maintain eligible beneficiaries only. Where significant irregularity is detected, the registers in question will be cancelled and the village asked to re-register with close supervision by agency staff and a representative from the DDRC to ensure compliance with the selection criteria.⁶

Verification is an important aspect of the targeting process as it ensures that the initial data collected is indeed correct. In the first phase, 100% verification was done for all large households sized 10 and above, as well as for all small households with 1-2 people. In the second phase, this verification was done in addition for 2.5% of all other registered beneficiaries using a smart verification approach. This entailed a combination of random sampling and a snowball verification process where households that were physically verified were also asked about the needs and vulnerabilities of other households in the community. In many ways, the snowball process can provide a more accurate verification, with households within a community being close-knit and having an intimate knowledge of each other's socio-economic status.

Successes and challenges

With regard to the household food security indicators, in all the areas visited by the programme evaluation team, the community members consulted routinely cited categories of people assisted (eg households with orphans, households with a chronically ill person, large households) rather than emphasising issues of poverty and food insecurity. Some cases were described where someone met the criteria for assistance (eg having orphaned grandchildren in the household) despite not being among the poor. This suggests that while the categories were meant to help the community identify vulnerable households, in some cases people took them literally or used them as a way to be included or to suggest a household that was not particularly vulnerable.

Compared to the first phase, the second phase included a more robust and well-documented physical verification process of 14,207 selected households (approximately 20% of the total caseload), conducted by a team of independent verifiers in all 15 districts. Of these households, 6,330 were randomly selected, 5,216 were identified through snowballing, 2,002 were large households (10+ members), and 659 were complaints-based verifications. **The verification led to the removal of 531 households** (a 3.7% inclusion error) on criteria

determined by the programme related to income, assets, harvests, false information and 'double dipping' (concurrent receipt of assistance from social welfare). **Through this process, 424 households which met the criteria were also identified and added.**

Although this verification system was a comprehensive approach, it faced resource challenges in large districts where there are many villages. In these districts, verification took a lot of time. However, it was generally agreed among programme staff that the delays were worthwhile as the system managed to remove undeserving cases, leading to a cleaner distribution list. Findings from a November 2016 audit verification of registered beneficiaries showed that **the smart registration process was successful as all registered households were confirmed to be resident in their villages.** While a few differences in terms of household sizes were noted, these were caused by the marriage, migration or death of household members, which had not been updated in the programme database.

During the second phase, **community validation meetings** were introduced in each ward across the 15 operational districts. These meetings aimed at validating registration data, such as household head and cash recipient name, ID numbers, functionality of a mobile line, activity on the mobile money wallet and proof of residency, in order to minimise the risk of failed transactions. Once all these data points were validated the district was ready to receive cash. The introduction of these community validation meetings was highlighted in the lessons learned workshop as one of the key changes in the second phase that led to significantly reduced inclusion/exclusion errors.

Recommendations

- **Develop and use a targeting manual/step-by-step guide on how the programme will conduct targeting.** This manual can be used to support staff capacity development in targeting, and to enable a harmonised approach across all targeted areas. The same document can guide discussion and communication between staff at national, provincial, district and ward level. This enhances programme accountability and enables a systematic approach.
- **Improve coordination between national and provincial forums.** This is required to avoid duplication of effort and delays in provision of much-needed support to vulnerable communities. FAWG members should deliberate and agree on how best some well-known disconnects could be addressed to better service affected communities.

⁶ CARE (2016) CTP Beneficiary Registration Manual, Emergency Cash First Response to Drought-Affected Communities, Second Version.

- **Break villages down into smaller groups to ensure every person who wishes to take part can be heard.**

Active participation of all village members, especially women and vulnerable groups, is important to ensure every person who chooses to take part has the opportunity to be heard and to participate in identifying needy community members to receive support. Some of the barriers identified which affect participation include fear of witchcraft, victimisation and political pressures. These barriers are minimised through multiple small village groups carrying out the household ranking.

To break down these barriers to equal and fair participation, it is recommended that during registration, communities are split into smaller groups to make the process more manageable and to triangulate results. Villages can be split into groups of women, men and children, with each group generating their own ranking list. These lists can then be combined and all participants regroup to deliberate and to generate one final list for the village. Through this approach, barriers to participation, including fear of witchcraft, victimisation and political pressures, are minimised, thereby boosting the participation of all groups within the community. As different groups may produce varying rankings regarding relative household vulnerability, good facilitation is crucial to enable these lists to be harmonised. In cases where different groups cannot agree, staff will either conduct 100% verification of the whole village, or verification of those households about whom different groups have not been able to agree.

- **Constantly update the programme database after conducting any verification or registration process.**

This will minimise discrepancies in household sizes caused by migration, marriage and deaths.

- **Use a community-based targeting approach, with guidance and communication on how cut-off numbers are decided.**

According to the programme evaluation, the community-based targeting process was perceived to be participative and fair overall. However, the process's weaknesses were that people could nominate those

they knew and liked, and that vulnerability criteria were sometimes over-emphasised. Determining how many people should benefit from each village was also challenging: communities felt that at times, some poor and needy people were left out. Better guidance and communication around the targeting process, and, in particular, about how decisions are reached regarding cut-off numbers and criteria for inclusion, would likely reduce these sentiments, as would clearly communicating how inclusion/exclusion errors would be addressed by the aid agencies.

- **Implement a smart verification system to validate the targeting data.**

Verification provides an added level of assurance to the initial targeting data collected. However, a trade off exists between accurate targeting on the one hand and resources (time, money) on the other. Employing a smart verification process, such as through the use of snowballing, can help minimise the resources required while still achieving the goal of greater accuracy in targeting.

- **Introduce community validation meetings to confirm registration data before implementing cash transfers.**

Confirming household registration data minimises the risk of failed transactions. Resolving these issues later would be more time-consuming and likely lead to delays in providing assistance to those in need.

- **Allocate more resources to the targeting and registration processes.**

Dedicating a greater investment of time and money to village ranking, household ranking, registrations and verifications will pay dividends in the long run by helping to ensure a more effective programme which targets those most in need of assistance.

- **Increase awareness of complaints response mechanisms.**

Ensure knowledge of and access to help desks, walk-ins and anonymous tip-off hotlines. Have in place trained community gender and accountability community focal points, who can act as the first port of call for their fellow community members on answering queries.

5 Conclusion

CARE/WVI's Zimbabwe Cash Transfer Programme was very successful overall. The multi-stage, community-based targeting approach was a particularly effective and well-received tool in ensuring that those most in need were able to receive the assistance they required to mitigate the effects of drought-induced food insecurity. By way of example, although the self-selected target threshold for inclusion error was 5%, in the second phase, the average inclusion error per month across the entire programme was just 0.15%, demonstrating the accuracy of the targeting process.

The experiences during this programme demonstrate that good targeting does not happen easily or without costs. Over the course of the programme, understanding of and approaches to targeting at both the ward and household levels evolved, based on a culture of continuous learning. Ongoing verification together with routine food security monitoring surveys provided invaluable information that guided targeting based on need in each community.

The main objective of targeting is to minimise inclusion and exclusion errors, thus making sure that cash assistance reaches the most deserving households. The experiences of various populations were sought and reviewed to inform what went well and what could be improved with regard to targeting for this programme, and to inform future programming.

This case study incorporates many recommendations about the ways in which the quality of targeting can be improved. The key recommendations can be summarised as follows.

- **Use a community-based targeting approach** that includes good communication and facilitation, and encourages the active participation of all those from targeted communities who wish to take part. This process allows affected communities to actively have a say on who will be targeted and prioritised for assistance, empowering the community to take decisions into their own hands
- However, this **community-based process must be complemented with a robust verification process** to validate the data, ensuring that those households which are most vulnerable and therefore in greatest need are indeed the ones selected by the community. In order to balance robust verification checks with programme cost efficiency, a smart verification system should be used.
- Insofar as programme resources allow, **collect as much data as possible on the vulnerability of communities**, either through collecting primary data or by triangulating other external data sources. This will make the targeting process more robust and therefore reliable, as well as supporting the determination of village cut-off figures by village vulnerability rather than by population.
- **Allocate sufficient resources to the overall targeting process.** Investing time and money in the targeting, registration and verification processes will pay dividends in the long run by helping to ensure a more effective programme which truly targets those who are most in need of assistance.

Annex 1: Script for cash transfer programme public address meeting

1. Meet with community leaders prior to the meeting. Explain the purpose of the meeting.
2. Collect official village information from village heads; village heads to sign off the village registration form.
3. Introduce the agency and team: name, objectives, values of the organisation (including that the organisation is apolitical), overview of the types of programmes.

Programme name	Emergency Cash First Response to Drought-Affected Communities in the Southern Provinces of Zimbabwe
Donor	Department For International Development (DFID)/UK Aid
Partners	CARE (Masvingo and Midlands) and World Vision (Matabeleland North and South)
Service providers	Econet and NetOne
Objectives	To address the immediate food needs of vulnerable men, women, boys and girls through the provision of mobile unconditional cash transfers that aim to cover approximately 50% of the household food basket and nutritional needs.
Duration	Programme duration April to June 2016. Cash transfers will be done for the months of May and June 2016.
Target group	<p>The cash transfer programme targets people affected by severe drought: the first priority is labour-constrained households (eg household with orphans only aged below 16 years, elderly head of household with no support, female-headed household without support, disabled persons without support) who are food insecure and are not receiving any other social assistance such as grain from government as part of a productive community asset programme, grain assistance from social services, assistance from other NGOs, remittances (pensions and allowances from government and private companies).</p> <p>The second priority is non-labour-constrained households who are highly food insecure and are not receiving any other social assistance such as grain from government as part of a productive community asset programme, grain assistance from social services, assistance from other NGOs, remittances (pensions and allowances from government and private companies). Non-labour-constrained household members, if they are called to participate in community meetings and public works activities as a directive from the government, should actively participate, as good citizens, because they will tend to benefit from the works just like any other community member.</p>
Requirements to be in the programme	<ol style="list-style-type: none"> 1. Household to be registered in the village register, functional and active for the past three continuous months. 2. Household members need to be residing in the household for the past three months. 3. Household should be ranked in a community ranking form. 4. Household should have a household member who is a cash recipient with proper registered details. 5. In exceptional cases, a household not having a cash recipient should nominate a proxy, but with approval from the village head.
Aid delivery	<ol style="list-style-type: none"> 1. A cash recipient should have a SIM card properly registered in his/her name. 2. Cash recipients need to access a handset to check balances and do cash outs. 3. At cash-out points, cash recipients need to produce an ID. 4. Cash recipients need to know that cash in the wallet doesn't expire. 5. A cash recipient with a registered line on the EcoCash platform should not register another line. 6. Making false reports doesn't increase the chances of getting extra aid and entitlements.

Entitlements	The programme will register people and once we know how many households and household members we have registered we will do the calculations and see how much each household will receive in the first month, and scale it up in the second month.
Accountability	Community members will have access to a functional help desk during registrations, verifications and validation days. The programme also uses suggestion boxes which will be placed at convenient places, programme staff and toll-free hotlines.
Gender integration	The programme will focus on ensuring that women, girls and children are integrated and supported to participate in the programme implementation process.

CASE STUDY



CARE International UK

89 Albert Embankment
London SE1 7TP

T: +44 (0) 20 7091 6000

www.careinternational.org.uk

Registered charity number 292506

CARE International in Zimbabwe

8 Ross Ave
Belgravia
Harare

T: +263 4 708 047