

UNICEF Democratic Republic of the Congo

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Integrated Urban Safety Net Program in N'Sele



UNICEF/DRC/2023

2nd Progress Report for the Government of Belgium

UNICEF Ref. SC210566

Reporting period: August 2021 – 31 May 2023

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1. GRANT SUMMARY

Donor	Government of Belgium
Grant number	SC210566
Programme title	Urban Safety Nets with Linkages to Basic Services and Economic Production in Kinshasa
Agreed amount (US\$)	EUR 3,765,432.68 / US\$ 4,157,909.80
Utilized amount (US\$) ¹	As of May 31, 2023: US\$ 2,631,560.57
Period covered by report	From 01 June 2022 to 31 May 2023 ²
Date of reporting	30 June 2023

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¹ Funds utilisation amounts in the report are only interim figures. The final financial statement will be made available after expiry of the contribution by the UNICEF Comptroller.

² Based on the agreement, this narrative report should cover interventions between June 2022 and May 2023 but with a focus on activities carried out between June 2022 and March 2023.

3. LIST OF ACRONYMS AND ABBREVIATIONS

AAP	Accountability to Affected Population
CAC	Community Animation Committees/Cellules d'animation communautaire
CBT	Community Based Targeting
CFC	Child Friendly Community
CFW	Cash For Work
CODESA	Comité de Développement Sanitaire
COVID-19	Coronavirus Disease 2019
FAO	Food and Agriculture Organization
GBV	Gender-based Violence
KFP	Key Family Practices
HZ	Health zone
INS	National Institute of Statistics
MINAS	Ministry of Social Affairs
MIS	Integrated Management Information System
PDM	Post-distribution monitoring
PRESICODAS	Président du Comité de Développement Sanitaire
PSEA	Prevention of Sexual Exploitation and Abuse
RECO	Community worker/Relais Communautaire
SEA	Sexual Exploitation and Abuse
SQE	Standard Questionnaire of Eligibility
WASH	Water, Hygiene and Sanitation
WFP	the World Food Programme

4. PROJECT SUMMARY

The peripheral municipality of Nsele covers a large area on the western outskirts of Kinshasa, where urban space gradually fades into the rural hinterland. Of a total population of 510,692 people, more than 90,000 people (almost 18 per cent) are children under-five years old. Nsele has poor infrastructure and is relatively far from downtown Kinshasa, where most businesses and administration activities are concentrated. Nsele presents poor indicators in terms of health (only 22 per cent of children 0-23 months have been fully vaccinated), nutrition (7 per cent of children aged 6-23 months eat at least three meals a day and consume foods belonging to at least 4 distinct food groups) and Water, Sanitation and Hygiene/WASH (56 per cent of households use a functional water source, available and located less than 30 minutes, and only 17 per cent of households have adequate coverage of drinking water).

In response to these socio-economic vulnerabilities, UNICEF has been supporting the health zone (HZ) of Nsele since 2011 through implementation of the Child Friendly Community (CFC) approach, which involves empowering communities to own and lead in the delivery of high quality, integrated child-centred services. In the same zone, UNICEF is also piloting the *Zone of Convergence* approach, which consists of implementing an integrated multi-sectoral package of interventions in a limited number of specific localities (within a HZ) chosen to promote the convergence of the various programmes led by the Government and supported by UNICEF. This approach aims to maximize the outcomes for children by promoting synergy among UNICEF programmes through a holistic approach. In each zone of convergence, a minimum package of five interventions is prioritized: 1) registration of children within 90 days of birth; 2) complete vaccination of children under the age of one year; 3) food diversification for children from 0 to 23 months; 4) access to quality primary school for children aged 6 to 11 and 5) access to drinking water for children 0-18 years of age.

In Nsele, UNICEF is also supporting the creation and strengthening of 198 community-based structures (Cellules d'Animation Communautaire – CACs) and promoting capacity building of a network of 1,500 community workers (Relais Communautaires – RECOs) responsible for delivering essential services at community level, such as nutrition screening and counselling, vaccination campaigns, etc., resulting in increased access to social services.

The Nsele HZ was highly impacted by the Coronavirus Disease 2019 (COVID-19) epidemic and its secondary impacts. The COVID-19 pandemic had a devastating health, social and economic impact on already vulnerable populations, particularly women and children, undermining access to food, employment, health care and education.

Capitalizing on UNICEF's longtime presence in Nsele HZ, which is a convergence HZ, UNICEF launched a joint intervention with the World Food Programme (WFP) to mitigate the secondary impacts of COVID-19 for 25,000 vulnerable households through the delivery of humanitarian cash transfers for a period of 9 months. UNICEF and WFP considered the Nsele project as an excellent opportunity to test national social protection tools and systems such as the Social Registry and the MIS registration and targeting module and the community-based targeting methodology that can be replicated for larger and longer-term social protection programmes. As an example, 25,000 households have been registered using the Standard Questionnaire of Eligibility (SQE), recently developed by the Ministry of Social Affairs (MINAS) with the technical support of UNICEF and the World Bank.

Thanks to Belgium funding, UNICEF and WFP will be able to capitalize investments made through the joint UNICEF-WFP cash COVID-19 project funded by FCDO and USAID-BHA, and to transform the current humanitarian cash transfer project into an integrated urban social safety nets programme, with linkages to social services and economic production (cash plus approach).

5. PURPOSE OF THE DONOR'S CONTRIBUTION AND PLANNED RESULTS

The overall objective of this 3-year programme is to improve the wellbeing of children and their families in the peri-urban commune of Nsele (Kinshasa) through increased access to basic social services and improved livelihoods. More specifically, the programme aims at:

1. Transforming humanitarian cash transfers into a child-sensitive safety nets programme through delivery of regular social cash transfers to vulnerable households with children under 5 years.
2. Capitalizing on existing community structures (CAC) and networks of community workers (RECO) already supported by UNICEF to create/strengthen the linkages between the cash transfers and access to basic social services.
3. Strengthening local economic production in order to stimulate household incomes and generate higher impact on poverty reduction and children wellbeing.
4. Building government leadership and capacities to use newly developed tools and system such as the Social Registry and Management information System (MIS) and to scale up best practices and approaches drawn from this programme into government social safety nets programmes.

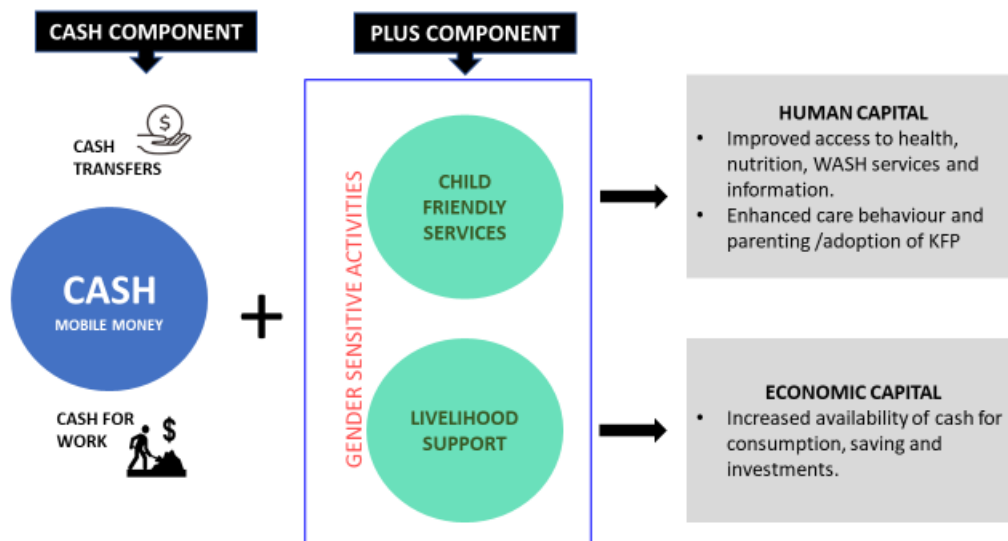
The project will provide unconditional cash transfers to 4,000 vulnerable households with children under 5, person from the third age (65 years old and plus) and households with a head of household living with a disability. In addition, 1,000 individuals will benefit of temporary employment opportunities through participation in cash for work (CFW) projects. Among the 4,000 households targeted, 1,000 will be selected to receive a livelihood package.

The provision of cash transfers to vulnerable households with children under 5 aims at improving children's outcomes in health and nutrition. In addition, the integration of cash transfer programmes with other UNICEF's programmes (such as the CFC) including the creation of linkages between demand-side and supply-side interventions has the potential to activate the demand for basic services among the most vulnerable.

	Unconditional Cash Transfers (UCT)	Cash for Work (CFW)	Livelihood Support
TARGETING	Categorical targeting & community-based targeting (CBT)	Self-targeting vulnerable households with ability to work	Categorical targeting & community-based targeting (CBT)
BENEFICIARIES	4,000 households	1,000 individuals	1,000 households
BENEFIT	\$25	\$3	\$ 165
DURATION	24 months	100 days per year	One shot
AMOUNT	\$600	\$600	\$165

In addition, the project will document the impact of the linkage of cash with social services and productive activities and showcase how cash is an excellent entry point through which to provide households with access to other benefits such as social services and livelihoods support. To do this, the project will combine the **cash component** to a **plus component** consisting of : 1) provision multisectoral package of basic services (health, nutrition, WASH and child protection) and 2) livelihoods and productive activities including targeted distribution of agriculture package and training.

INTEGRATED SOCIAL SAFETY NETS (or CASH PLUS)



6. KEY RESULTS ACHIEVED AND RELATED OUTPUTS AND ACTIVITIES

The project is implemented in the Nsele HZ (Buma, Kindobo and Dingi Dingi health areas) by UNICEF in partnership with the WFP and the Food and Agriculture Organization/ FAO (see map):



OUTCOME: *By 2024, 25,000 vulnerable individuals, including children and pregnant and lactating women, living in the Nsele health zone will have their wellbeing improved through increased access to basic social services and improved livelihoods.*

OUTPUT 1: **Over 25,000 vulnerable individuals living in Nsele health zone are supported with social cash transfers to for a period of 24 months.**

Activity 1.1. Provide regular cash transfers to 4,000 households with children under 5 years old and labor constrained households for a period of 24 months.

- **Beneficiaries targeting and registration**

Among the 22,244 households targeted for cash interventions in phase 1 of the project (supported by USAID and FCDO) in phase 2, only households categorized as ‘poor’ (“mokeleli”) or ‘extremely-poor’ (“mobola”) in six HZ were identified to receive cash assistance for additional six months. These households were identified through a community-based targeting, via the organization of focus groups with community members (with men and women separately) to identify the vulnerability criteria following a participatory approach. Household identification via the CBT approach was completed by the administration of the MINAS’ Standard Questionnaire of Eligibility to collect socio-economic information from the households to double-check that they qualify as ‘poor’ or ‘extremely-poor’. This process has allowed to target 16,000 vulnerable households to receive a US\$ 40 transfer for 6 months.

In phase 3 of the project, supported by the Government of Belgium, from the 16,000 beneficiary households in phase 2, in 2022 UNICEF targeted 4,000 households in three of the most vulnerable HZs from the six eligible HZs. Within these three HZs, the project targeted the categories of households identified as the most vulnerable households from phase 2 based on the following criteria:

- households with children under 5;
- households with a head of household living with a disability;
- households with a person from the third age (65 years old and plus).

It has to be noted that those households targeted in phase 3 were already registered with the support of the National Institute of Statistics (INS), UNICEF and WFP using a biometric mechanism through the SCOPE mobile application as they were beneficiaries in the second phase of the project.

- **Cash distribution**

Cash distribution cycles	N. of beneficiary households	Amount in CDF	Amount in USD
1st cycle: February-April 2022	3,987	592,069,500	299,025
2nd cycle: May-July 2022	3,988	592,218,000	299,100
3rd cycle: August-October 2022	3,988	592,218,000	299,100
4th cycle: November- December 2022	3,989	592,366,500	299,175
5th cycle: April-May 2023	2,619 (via Mobile Money Transfer)	408,564,000	196,425
TOTAL		2,368,872,000	1,392,825

Since February 2022, beneficiary households benefitted from five cash transfer rounds (USD 75 per trimester) for a total amount of USD 1,392,825.

In the second year of the project implementation, the MINAS, UNICEF and WFP closely worked together to enable UNICEF to start using its internal tool HOPE³ to manage the Mobile Money Transfers (MMT) . Thus, at the end of April 2023, 2,619 households received USD196,425 through this modality. It has to be noted that 10 additional expected beneficiaries could not receive cash via MMT due to inactive SIM cards or beneficiaries that have been hard to trace back). Those beneficiaries who are reachable will be included in the cash in hand distribution that will be organized in June and July 2023 by the WFP, adding up to the remaining 1,375 households, eligible for cash in hand transfer.

With the HOPE system in place, UNICEF has the capacity for collecting and managing beneficiary data for processing both humanitarian and social cash transfers in an integrated, secure, and efficient manner. HOPE also allows UNICEF to manage beneficiary data in line with UNICEF's data protection regulations minimizing risks related to the use/misuse of sensitive beneficiary data.

MMTs were followed by post distribution monitoring conducted by both UNICEF, and the MINAS, as well as the CAC members and the RECOs to ensure the distribution was done in good condition and to collect feedback from beneficiaries in order to continue to improve the cash distribution process.

- **Feedback and complaint mechanisms**

Since phase 1 of the intervention, several feedback and complaint mechanisms are functional to prevent corruption, fraud, sexual exploitation and abuse. These mechanisms enable beneficiaries to submit any problems or irregularities concerning payments and program implementation. The complaints mechanism is managed by WFP and UNICEF. The WFP hotline, 491111 is widely disseminated to receive complaints related to the project and allegations of SEA. The inter-agency PSEA hotline 495555 powered by UNFPA was also actively promoted. At community level, community-based complaint and feedback mechanisms to support face to face reporting of staff misconduct and information sharing on project related issues were established.

cbcm

During the reporting period, UNICEF and WFP jointly developed a standard operating procedure describing transparent and comprehensive procedures for collecting and processing appeals, complaints and/or allegations of fraud. These procedures include details on the mix of channels available (SMS hotline and appeals, face-to-face community complaints committees), categorization of complaint types (non-sensitive, sensitive and hypersensitive) as well as standardized processes on how to handle and resolve them.

Since the start of phase 3 of the N'Sele project, 581 complaints (i.e., phase 2 beneficiaries excluded from phase 3, cases of lost or blocked SIM cards) have been collected, recorded and processed by the 57 community complaint mechanism committees. Out of the 581 complaints, one highly sensitive complaint regarding a PSEA issue was addressed and closed in a positive and secure manner.

Activity 1.2. Provide temporary employment opportunities to 1,000 individuals through cash for work (CFW) for a total of 2 cycles of 100 days during a time period of 24 months.

The CFW component was not implemented due to limited financial resources. UNICEF as the lead agency conducted consultations with WFP and FAO on the possible scenarios on how to proceed with the CFW component. These scenarios will be discussed more deeply with the donor to identify the best way forward.

OUTPUT 2: At least 35 communities (CAC) have an improved access to social and economic services through application of key family practices (KFP) and livelihood behavioral changes and support.

³ HOPE is UNICEF's official digital management information system for beneficiary data and transfer management. The system is utilized by UNICEF for all its cash-based interventions to enhance accuracy, efficiency and traceability of cash transfers.

Activity 2.1. Provide continuous capacity strengthening support to existing networks of community-based structures (CAC) and community workers (RECO) to enable them to deliver basic services.

Community engagement is a key component to ensure the success of the project. Capitalizing of existing networks of RECOs and on their work at community level, which consists in monitoring community action plans and conducting community-based surveillance activities, UNICEF has relied on them as a source for critical feedback mechanisms to inform the project teams on their progress as well as challenges and also, to ensure the Accountability to Affected Population (AAP).

Along 2022 and 2023 community actors, and especially RECOs and Community Animation Committee are at the forefront of the project implementation at community level. These actors play a crucial role in promoting community engagement around the cash component of the project as well as around the promotion of Key Family Practices (KFP) as a soft conditionality for cash beneficiaries. Under KFP we have: children immunization, use of mosquito nets impregnated with long-lasting insecticides (MILDA), hand washing with soap and water, civil registration of children within 90 days after birth, family planning, optimal nutritional practices (exclusive breastfeeding, complementary feeding, etc.). During the first year of the project implementation, thanks to the Belgium support UNICEF could assess the capacities and needs of 57 CAC, including 37 from rural areas, dispatched in the three targeted health areas and support them. The 456 members constituting the 57 CACs (8 people per CAC) and 3 presidents of the health area committees (CODESA) acting as liaison agents between the implementing partners on the field and the beneficiaries but also with the local authorities were strengthened in capacities on KFP and communication techniques. After the training, CAC members were provided with image boxes on KFP to be utilized during awareness raising activities at community level. UNICEF also strengthened the capacities of 7 MINAS agents and recruited and deployed 4 consultants in Social and Behavioral Change promotion, to ensure a regular coaching, support and supervision to CACs during their awareness raising activities.

Between March 2022 and June 2023, more than 16,000 households beneficiaries of cash transfer were sensitized by CACs on KFP in the health areas of Kindobo, Buma and Dingi Dingi.

Together, all the community actors regularly monitor (notably through door to door home visits) the smooth appropriation of the KFPs by the beneficiaries and systematically report on registries how the cash distributions contributed in the Social Behavioral Change (in terms of Key Family Practices, food security and diversification) of the beneficiaries as well as on the state of their economic situation, especially the women, who have been for more than 50% directly receiving and managing the cash received in the family and thus fostered their empowerment and social positioning within the household.

Real time monitoring results during these visits revealed significant changes within the households regarding the number of meals per day consumed by the Households, going from 1 to 2 meals as well as on the meals' diversification. Changes also have been registered in the 3 localities health centers, where the number of children suffering from malnutrition have decreased.

At the end of the project, those results will be quantified and compared to the baseline report situation, to concretely measure the impact of the cash transfers on the well-being of the targeted populations.

Activity 2.2. Provide livelihoods support to 1,000 households through provision of agriculture inputs and technical training package

As known the livelihood component, led by FAO, has been launched in May 2023, aimed to support 1,000 vulnerable households (among the 4,000 beneficiaries of cash transfer) through the provision of agriculture inputs and technical training package. These 1,000 households have been selected following these criteria's:

- household beneficiary of the second phase of the project
- household having at least one child under 5 years old (nutritionally vulnerable)
- household with a head of the household with a disability or over the age of 65

- household having agriculture, fishing and/or animal husbandry as its main source of income
- household owning a plot of land for agriculture
- household interested in agricultural activity
- household agreeing to work in group with other households

In addition to FAO support training on agricultural techniques toward 34 local facilitators, these are now ensuring formative supervisions to beneficiary households in setting up and carrying out food security activities within their households (gardening and breeding to improve child diet diversity) and also ensuring the close monitoring of the implementation of the techniques learnt in the “Farmers Field School” and providing advice during the monitoring time.

Beneficiary households were trained in several agricultural production techniques, including the use of biofertilizers and biopesticides which enabled since the beginning of the project, more than 77 tons of 10 different culture varieties have been harvested by the 1000 beneficiaries.

In order to promote good agricultural practices and the application of the techniques learned, the beneficiaries received, at the start of each crop cycle (every three months), a batch of seeds of different crops, including tomatoes (varieties, Caribbean and Roma), Chinese cabbage, amaranth, onion (spring variety), bell pepper, hot pepper and eggplant. Since May 2022 3 seed batch distribution have been carried out every trimester. At the start of the 4th production cycle, the project introduced production techniques for plants with a high added value (higher price value per kg). Thus, seeds of okra, carrot, radish, lettuce etc. have been distributed to beneficiaries to enable the setup of fields’ demonstrations and nurseries at the community level. This last practice aims to gradually lead the beneficiaries to a market-oriented production, through the marketing of agricultural products with a high value added.

Activity 2.3. Promote gender sensitive approach through the interrelation between the Belgium funded project and the JIM programme.

Through the combination of the Belgian fund and JIM project activities, UNICEF led activities to support women beneficiaries of the cash transfer to move out of socio-economic vulnerability, actively participate in decision-making (through CAC, RECOs and CODESA committees), and protect them from the risk of sexual exploitation and abuse (SEA). Furthermore, UNICEF supported the reinforcement of access to care services for girls as well as women survivors of gender-based violence and could obtain medical, psychological, legal support as well economic reintegration.

To materialize this, UNICEF partnered with an international non-governmental organization to implement all these components and ensure their geographical and technical convergence and complementarity.

During the first year of the project, UNICEF strengthened the capacities of 23 partners, members of the Ministry of Health Gender Unit and UNICEF staff in gender mainstreaming, and communication tools, including on KFP, were revised to be more gender sensitive. In addition, 111 members of CACs, 6 agents from the MINAS and 3 executives from the central office of the N’Sele HZ were trained on PSEA. In turn, these actors organized training sessions at their respective CACs (see previous report).

During the second year of project implementation, UNICEF conducted a gender analysis of women’s cash use and resilience strategies, focusing on incoming-generating activities was done.

100 women cash recipients were trained on financial management and on how to set up and run income-generating activities and have shared their knowledge with women from their Community-Animated-Cells (CACs).

To prevent violence against women in the project, over 216 beneficiaries of the cash distributions (108 women and 108 men) were engaged in discussions on positive masculinity and social behaviours norms. These

discussions lead to the setup of men's groups embracing positive practices and behaviours about women's leadership, a more egalitarian sexual division of labour and the equitable sharing of decision-making on the family budget management.

As for GBV prevention and response, UNICEF's partner organised awareness-raising activities in the communities to pass messages on what constitutes gender-based violence and what constitutes sexual exploitation and abuse. RECOPE who had received specific training informed members of communities on the avenues to bring up complaints and services available where they could seek support. Furthermore, the project brought services closer to survivors: first, UNICEF through its partner trained 70 female community members and accompanied them to become counsellors able to provide first aid psychosocial support to survivors of GBV at community-level. Social workers linked to the department of social affairs of DRC also benefited from capacity-building on management of GBV cases. Second, capacities of local health centres to care for survivors of GBV were increased with the technical support of UNICEF partner and supervision by the health provincial division, as well as with medicine, including PEP kits. Third, UNICEF supported the establishment of 3 fixed safe spaces for women and adolescent girls in the community to increase their access to information specific to them (their rights, GBV prevention and available services, life competencies, sexual and reproductive health), support their empowerment and facilitate support to and referral of survivors to care services. Women and girls' management committees were set up for the spaces and counsellors trained were included in those committees. Finally, these fixed spaces were complemented by mobile safe spaces, with mobile clinic services that provided consultations for women and girls, coupled with the promotion of messages on their right, GBV, life skills, family planning and sexual reproductive health.

Between August 2022 and March 2023, 184 survivors of GBV, of which 143 girls and 2 boys, were identified and provided with holistic support, including medical, psychosocial, legal and socio-economic support based on the identified needs and wishes of the survivors for each case.

This package of GBV prevention and response activities co-funded by the JIM ensured beneficiaries of the cash distribution programme as well as their entire community could all have improved access to services for survivors of gender-based violence, including cases of sexual exploitation and abuse. Furthermore, the package ensured beneficiaries and their communities engaged in processes to transform social behaviours norms and practices that promoted gender inequality and gender-based violence.

Prevention of sexual exploitation and abuse:

UNICEF, in collaboration with WFP, took measures to ensure safeguarding, especially in relation to prevention of sexual exploitation and abuse.

UNICEF and WFP promoted access of girls, boys, men and women to safe mechanisms for reporting sexual exploitation and abuse. In this light, the inter-agency PSEA hotline 495555 and the WFP complaints hotline 491111 were massively disseminated during awareness raising campaigns and on posters.

Meanwhile UNICEF contracted an international NGO, Magna, to facilitate the establishment of Community-Based Complaint Mechanisms (CBCM) at local level to facilitate reporting in localities with no/poor mobile phone network. UNICEF supported community members to identify 25 community focal points who were trained to safely receive and refer allegations of sexual misconduct. Since the beginning of the project, one allegation of sexual exploitation and abuse was received in October 2022. The investigation by the government counterpart was completed in 2023 and disciplinary measures taken against the perpetrator. It is worth noting that investigation was carried out by a government personnel who was one of the cohorts of the first ever sexual misconduct investigations training carried out in the DRC, organised by UNICEF in June 2022.

OUTPUT 3: Government leadership and capacities are strengthened to implement the project and scale up the best practices and approaches into future national social safety nets programmes.

Activity 3.1. Support development and improvement of additional modules to strengthen efficiency, effectiveness of the newly developed Integrated Management Information System (MIS).

UNICEF continued to support DRC government in the development and management of the DRC Social Registry. As underlined in the previous report, except for this Management Information System and the Community Based Targeting study which are under finalization, the rest of the tools (interactive mapping of financial service providers, Standard Operating Procedures-SOP manual of the social registry, legal guide, protocols and a regulatory framework for social safety net programs, etc.) contributing in building the national social protection system have been developed and validated by the Government. In June 2022 a first version of the MIS had been validated, since then due to new requests from the Government and linked to the structure of the platform, new adjustments are still being made. As known the MIS will also be hosting the unique social registry, which thanks to the data collection deployments organized in June and July 2022, enabled the registry to count now 24,350 households, corresponding to 146 250 people, including the cash beneficiaries households in N'Sele health zone.

Activity 3.2. Build MINAS of Fonds Social' capacities to effectively manage integrated social protection systems

As underlined in the previous report, in January 2022, UNICEF organized a study visit in Senegal for eight delegates of the Fonds Social de la RDC, the Ministry of Budget and the MINAS, to better understand and appreciate their social protection program, thus contributing to inform the setup of a solid foundation for the one in DRC. In particular, the visit aimed at learning from the Senegalese experience and building capacities on piloting social and political safety net programs as well as shocks sensitive social policy.

The visit was the occasion for the participants to understand a) how the Senegalese social protection program and its components have been designed, b) the institutional (political and strategic) framework and the importance of the commitment of the authorities for a successful social safety net program, c) the functioning of the different components of the social protection program, such as the National Program for Family Security Grants, Universal Health Coverage, the Emergency Programme for Community Development, including the adaptive social protection component (responsive to shocks), d) the links between the different programs and e) the systems and tools put in place (for targeting, payment, register, complaints) and the financing framework for social protection.

MINAS was able to build on this experience and from February 2022 to now, MINAS staff supported the different data collection deployments at the national level, to feed the ongoing set up of the social registry. Also MINAS as well as Fonds Social have been participating in trainings organized to improve Government's ownership on the afore mentioned developed tools, so that they are prepared to use them in different social protection programmes.

7. MONITORING AND EVIDENCE GENERATION

During phase 2, UNICEF DRC had engaged with its Office of Research Innocenti, based in Florence (Italy), to conduct an independent impact assessment to provide evidence on the impact of the intervention on the overall wellbeing of the beneficiary communities. The impact assessment is based on a quasi-experimental

study with quantitative and qualitative components using doubly robust difference-in-differences (DRDID)⁴ between beneficiaries and non-beneficiaries in the longitudinal panel of households receiving both the Phase I and Phase II of the cash transfers. To that end, a baseline data collection and an endline data collection have been carried out.

The endline report highlighted the impact of the intervention on key outcome indicators of food security, household consumption, resilience-based coping strategies, social cohesion, and women's decision-making autonomy. The study also assessed the effects of the intervention on household decision-making dynamics through a gender lens. Overall, the intervention had greatly improved the living conditions of the beneficiaries which can be noted by the increased proportion of food expenditure share from 44% to 53%, the increased proportion of households who saved in a bank or a mobile money account (from 17 to 18%) and the increased proportion of households who have the means to cultivate land in the past 12 months (56% to 61%). In terms of gender dynamics, transfers tended to reinforce existing gender dynamics within the households. Couples that had mutual trust arrived at decisions on transfer use through discussion and consensus. Whereas couples lacking mutual trust experienced conflicts and disagreements as one or the other partner sought to monopolize transfer resources. It has to be noted that more than half of female (52.7%) respondents said that they took alone the decision regarding the use of the cash transfer. This figure rises to 80.5% among female heads of household. Even though the report highlighted a generally high level of satisfaction among beneficiaries, it has also provided lessons and possible improvements areas to make cash transfers and accompanying measures more responsive and sustainable.

For this third phase of the project, a baseline survey was launched in June. Data collection is ensured by UNICEF through the INS enumerators. The baseline report has been finalized in December 2022. The baseline report has shown that 62.9% of households report living with difficulty. Furthermore, only 9% of households claim to be able to meet most (or all) of their basic needs. In terms of subjective poverty, almost 82% of households consider themselves poor (or very poor). In terms of happiness, 66.5% of households consider themselves to be unhappy (or very unhappy). An endline survey will also be organized at the end of the project.

8. KEY PROGRAMME CHALLENGES

The implementation of the activities during the reporting period was challenged by the following factors:

- **Implementation of the CFW component:** the objectives of the component have not been matching the dedicated envelope. One scenario has to be chosen among the two proposed to the Belgium cooperation.
- **Beneficiaries' targeting:** As underlined in the previous report, several cases of refusal of households targeted in phase 2 and excluded from phase 3 were reported. In particular, given the high population density in Nsele urban zone as well as the sociological characteristics of urban dynamics where people are more connected (social media, television, radio), rumors about the assistance quickly spread in the neighborhoods creating expectations and misinformation. UNICEF and WFP put efforts to sensitize beneficiary and non-beneficiary communities about the project and targeting criteria through the following actions: a) work closely with communities involving them from the beginning in the implementation of the project playing an active role so they get familiar with the project objectives

⁴ Sant'Anna, Pedro H. C. and Zhao, Jun B., Doubly Robust Difference-in-Differences Estimators (2020). Available at SSRN: <https://ssrn.com/abstract=3293315> or <http://dx.doi.org/10.2139/ssrn.3293315>

and b) provide community actors with capacities and communication tools to facilitate communities information and sensitization.

- **Cash distribution:** Very few beneficiary households registered for a mobile cash distribution had problems with activating their SIMS/accounts for this second year, this includes especially elderly beneficiaries. UNICEF have planned to reorient them to the cash on hand list for the next rounds of distributions.
- **Access to the field:** The road to the Buma health area is difficult to access, as there is a group of young thieves commonly known as "KULUNA" who cause insecurity in the region and represent a risk both for the beneficiaries and the implementing actors
- **Logistics:** almost half of CACs (23 out of 57) are located in areas where logistic access was an issue, particularly in rural areas, due to bad state of the roads and off roads, especially during rainy season. On some occasions, roads were not practicable at all and beneficiaries' registration had to be conducted by foot.
- **Nomadism** of N'Sele households which made it difficult to localize them during distribution periods.

9. KEY PLANNED ACTIVITIES IN THE NEXT 6 MONTHS

- Finalization of the cash distribution cycle (up to December 2023) coupled with awareness raising activities on KFP
- Make a final decision for the implementation of the CFW component
- Launch a new agricultural production season up to September-October 2023 and have the final evaluation of the mass production
- Collect and analyze quantitative data on key project results on households' adherence to KFPs and on key indicators concerning their economic situation after the cash transfer programme.

10. VISIBILITY

UNICEF ensured to mention Belgium's contribution through the following posts published in the UNICEF DRC Twitter page and human-interest stories (HIS) published in the UNICEF DRC website.

Twitter:

<https://twitter.com/UNICEFDRC/status/1618881861920428032>
<https://twitter.com/UNICEFDRC/status/1617492903676329985>
<https://twitter.com/UNICEFDRC/status/1610259757440417792>
<https://twitter.com/UNICEFDRC/status/1583111433201782784>
<https://twitter.com/UNICEFDRC/status/1574670330123231232>
<https://twitter.com/UNICEFDRC/status/1555123972387348480>
<https://twitter.com/UNICEFDRC/status/1538794096629800964>
<https://twitter.com/UNICEFDRC/status/1517511121082765320>
<https://twitter.com/UNICEFDRC/status/1516417014591631363>
<https://twitter.com/UNICEFDRC/status/1514937179943968769>
<https://twitter.com/UNICEFDRC/status/1500078744064643074>
<https://twitter.com/UNICEFDRC/status/1499029264368287749>
<https://twitter.com/UNICEFDRC/status/1498986915114242051>
<https://twitter.com/UNICEFDRC/status/1498621356396748801>

<https://twitter.com/UNICEFDRC/status/1485892738847498244>

HIS

<https://www.unicef.org/drcongo/recits/albertine-repris-chemin-ecole>

<https://www.unicef.org/drcongo/recits/education-des-enfants-une-priorite-pour-Marlene>

<https://www.unicef.org/drcongo/recits/transferts-monetaires-pour-avenir-meilleur>

11. CONTACTS

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UNICEF Democratic Republic of the Congo

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