

IMPACT ASSESSMENT REPORT

The Impact of the Cash Transfer Intervention in the Commune of Nsélé in Kinshasa



Executive Summary

Background: This report presents the results of the impact assessment of the joint UNICEF/WFP cash transfer program in the peri-urban neighborhood of Nsélé, located near Kinshasa, the capital of the Democratic Republic of Congo (DRC). The dual objective of the intervention was to mitigate the socioeconomic impact of COVID-19 response (border closures, curfews, school closures, and social distancing) on households, women and children, and to support the government in establishing a shock-sensitive social protection system in the DRC.

The intervention targeted the six (6) most vulnerable health areas in the Nsélé Health Zone and was implemented in two phases. The first phase – described as the humanitarian phase – was implemented in the first 3 months and reached 23,111 households with cash transfers of varying amounts based on household size, equivalent to CDF 100,000 (54 USD) per month for an average household of 6 people. The second phase of the intervention – the social protection phase – included flat rate social protection payments of CDF 80,000 (40 USD) per month to the 16,000 most vulnerable households selected among humanitarian phase beneficiaries through community targeting. Complementary services delivered alongside cash transfers included FAO vegetable gardening kit distributions to farmer households, and gender-sensitive activities for local women’s associations and Community Relays (RECO), including training on women’s rights, financial management and gender-based violence (GBV) prevention.

Objective: This report: (1) assesses the impact of cash transfers on food security and socioeconomic conditions of beneficiaries, (2) reviews the strengths and weaknesses of the conceptual and operational parameters of the intervention, (3) examines the feasibility of scaling the cash transfer implementation approach, (4) draws lessons from the design and operationalization of the social protection system and its sensitivity to shocks in DRC, and, (5) assesses the effects of the intervention on household decision-making dynamics through a gender lens.

Methodology: The impact assessment is based on a quasi-experimental study with quantitative and qualitative components. Two rounds of data collection were conducted in January-March 2021 and November-December 2021 in the 6 intervention health areas as well as 2 adjacent comparison health areas. Impacts are estimated using doubly robust difference in differences (DRDID) between beneficiaries and non-beneficiaries in the longitudinal panel. Operational performance analysis uses the full cross-sectional sample, combined with WFP administrative beneficiary payment data. Quantitative results are contextualized and triangulated with the results of focus group discussions (FGD) and semi-structured interviews with intervention stakeholders, local authorities, beneficiaries, and non-beneficiaries.

Methodological limitations: Any generalization of these study results should be made with caution, considering high attrition rate, reduced statistical power resulting from DRDID analyses, the particularity of the COVID-19 context, the duration of the intervention, the irregularity of the payments during the 9 months of the intervention, and the timing of endline data collection (season differed from baseline, and not all households had received the last tranche of payments at the time of the endline survey).

Responses to research questions: The rest of this summary presents the answers to the main research questions and recommendations emerging from the impact assessment.

Q: Have cash transfers mitigated the impact of the COVID-19 pandemic at the household level (what has been the impact on consumption, spending, food security; economic activities and assets; household access to health and education services)?

A: Quantitative analysis shows that the intervention increased the proportion of food expenditure and the proportion of households that cultivated land. Although household food consumption score, the proportion of households able to meet at least some of their needs, and the proportion of women achieving minimum dietary diversity all increased nominally, the impact estimates were not statistically significant since similar increases were observed in the comparison group. Qualitative data collected from beneficiaries was at variance with this finding as respondents indicated that the transfers alleviated their pandemic-related challenges (i.e. purchasing food, investing in income generating activities (IGA) and helping them access education and health services (i.e. paying for school fees and medical care).

- The study detected the following impacts of the intervention: (1) positive impact on the proportion of food expenditure, (2) negative impact on total monthly expenditure, food and non-food expenditure (due to greater improvements among non-beneficiaries), (3) positive impact on the proportion of households that saved over the past year (due to a reduction in savings rate among non-beneficiaries), (4) positive impact on the proportion of households which cultivated land over the past year, and, (5) negative impact on housing quality and durable goods indices (due to greater improvements among non-beneficiaries).
- The qualitative evidence suggests that cash transfers enabled beneficiaries to purchase food, pay school fees, buy prestige items, and invest in IGAs. Based on data from the operational performance module at endline, almost 9 out of 10 beneficiary households perceived changes in their communities after the intervention. These included improved food security (57%), increased incomes (42%), improved living conditions (27%), and improved access to public services (17%)¹. However, quantitative impact analysis could not detect statistically significant impacts on food consumption score, reduced coping strategy index, proportion of child-related expenditure, households' ability to support themselves, women's dietary diversity, food expenditure, non-agricultural economic activities, the number of household

income-generating activities, children's school attendance, or health care expenditure. Inability to detect the positive outcomes apparent in qualitative interviews may be explained by the irregularity of transfer payouts throughout the 9 months of intervention, the timing of endline data collection, high sample attrition between baseline and endline survey, and the resulting reduced statistical power.

Q: Have transfers changed the dynamics of decision-making within households, including women's joint or independent decision-making?

A: Quantitative and qualitative data triangulate the fact that cash transfers have not changed gender dynamics in household decision-making. Indeed, according to the recipients, transfers tended to reinforce existing gender dynamics within the households. Couples characterized by mutual trust arrived at decisions about 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.

- The intervention had no impact on gender dynamics in household decision-making. The man's status as head of household and primary decision-maker was not questioned, nor was the woman's role as the capable manager of household's limited resources.
- The lack of impact on women's agency in decision-making could be attributed to the short duration of the intervention, and the delays in the implementation of the gender-sensitive component.

Q: Have transfers created changes in other social dynamics, such as social cohesion or positive coping mechanisms?

A: The intervention had no impact on cohesion within the beneficiary communities. During the qualitative interviews, beneficiaries highlighted the fact that the transfers did not undermine existing mutual aid and solidarity practices. However, 1 in 5 beneficiary-respondents to the quantitative survey noted increased tensions within the community since the beginning of the intervention.

- The study could not detect any impacts on social cohesion – a reality corroborated by qualitative evidence that transfers have not fundamentally transformed the existing dynamics of solidarity and mutual aid at the community level.
- Although qualitative exchanges suggest that conflicts and tensions related to cash transfers were rare and generally linked to complex personalities and relationships pre-dating the intervention, in the quantitative survey 1 in 5 beneficiaries noted an increase in tensions at the community level. These could be due to the exclusion of some households during the second phase of the intervention without sufficient explanation beforehand and tensions between RECOs and beneficiaries who encountered problems that the former could not solve.

Q: Have the parameters of the intervention been effective in meeting people's needs during the COVID-19 pandemic? Are they sustainable and suitable for expansion to other parts of the country?

A: Intervention parameters were designed to meet the needs of beneficiaries: the involvement of community actors, geographical targeting, extensive communication and awareness activities, careful calculation of transfer sizes and the use of secure mobile money (M-PESA) transfers resulted in a high level of satisfaction among beneficiaries. Nevertheless, a series of lessons and possible improvements were identified to make cash transfers and accompanying measures more responsive and sustainable. Analysis based on transfer recipients' gender revealed that women were more likely to receive the transfer through M-PESA and not to have received transfers for 4 months or more.

- **Community actors**, including volunteer Community Relays (RECOs) and presidents of Community Health Committees (CODESA), who had received organizational and capacity building support, were essential to project implementation. However, their engagement level, extent of local knowledge and their availability to accompany field teams, raise public awareness, respond to complaints, and support beneficiaries in withdrawing transfers varied. They tended to be more accountable when activities were remunerated, which was not always the case. Nearly all qualitative informants felt the remuneration was insufficient given the level of effort expected of these volunteers. If RECOs and Community Area Cells (CACs) are leveraged for scaling cash transfers to other parts of the country, the government should consider increasing the level of remuneration or providing more substantial and regular compensation.
- The **geographic targeting** approach aimed to target the most vulnerable areas and serve all their residents, thus avoiding community tensions. Despite multiple operational problems during registration, biometric enrolment, and distribution of SCOPE and SIM cards, the program achieved acceptable coverage: nearly 9 out of 10 households (88%) were able to have the SCOPE card and 9 out of 10 households (89%) received the SIM card². **Community targeting**, based on criteria defined by community members, went well in rural areas. In urban areas, however, there were cases of inclusion and exclusion errors. According to study respondents, these were a product of RECOs' insufficient knowledge of their neighborhoods and the lack of quantitative cross-check mechanisms to check RECO's classifications of households. In the end, 9 out of 10 households reported having received at least one cash transfer, with children constituting on average 44% of household members. Both targeting approaches are adapted to the national transfer scale-up and could be improved by integrating verification visits into geographical targeting and combining qualitative and quantitative approaches to improve the rigor of community targeting, especially in peri-urban areas.
- **Communication** about the project and beneficiary **sensitization** on the registration and money withdrawal process are crucial for successful

implementation. The program opted to communicate progressively to prevent fraud (the influx of surrounding populations into the intervention area), which made it difficult to mobilize intervention residents for registration-related activities. RECOs and other communication mechanisms only reached a portion of beneficiaries: 72% of beneficiaries were aware of the purpose of the assistance, but less than half were aware of the eligibility criteria, transfer amounts, and duration. Only 1 in 6 people were aware of the existence of complaint mechanisms. A clear communication strategy outlining key messages in local languages, communication channels and actors, allocating appropriate resources and articulating risks with locally tailored mitigation measures should be developed prior to cash transfer scale-up to new regions.

- The **payment amount** was based on household size for the first phase and was set at 80,000 CDF (USD 40) per month for the second phase of the intervention. Adequacy analysis of per capita transfer amounts revealed that they covered on average almost all per capita food expenditure and nearly one third of all per capita expenditure. Qualitative interviews confirmed that the cash was highly appreciated as it was used to purchase food and access essential services, such as education and health. Nonetheless, the amounts allocated to support households in response to COVID-19 would not be sustainable for scale-up under the national social protection system, since the government may not have the funds to provide such sizeable transfers over the long term.
- **Mobile money payment** via M-PESA was meant to secure transfers and protect beneficiaries from indiscretion as well as make disbursements fast and efficient. However, in areas without telephone network coverage, the program had to distribute *physical cash*. As a result, about 4 out of 5 people received transfers by M-PESA. Only half of the beneficiaries withdrew the money themselves and almost a quarter shared the PIN with the agents, exposing them to the risk of fraud and SIM card theft. Insufficient awareness of the use of M-PESA and steps taken by Vodacom agents to prevent fraud have led to abuses against certain beneficiaries (in particular, arbitrary commissions levied on withdrawals, SIM card swaps, theft of money/cards). One in 5 recipients reported encountering problems while using M-PESA. When scaling cash transfers to other regions, the government should take into account telephone network availability, strengthen the technical capacity of beneficiaries (including by providing telephones when needed), ensure beneficiaries know their rights (e.g. transfer amounts, withdrawal fees, account limits) and their responsibilities (e.g. securing the PIN, promptly withdrawing money, noting the license number of the agent making the withdrawal). Agents facilitating transfer withdrawals should be trained and controls/sanctions for abuse should be put in place prior to transfer rollout.
- **Complaint and redress mechanisms**, including the complaints desks at CAC level which were supported by Communication for Development (C4D) consultants, the green line, and U-Report SMS service, collected more than 5000 complaints. However, it was often impossible to provide prompt resolution and individual

response to complainants, leading to stakeholder frustrations and a lack of trust on the part of beneficiaries, sometimes even tensions between RECOs and residents who had complaints. Suggestions to improve the complaint management include: respect of standard operating procedures (SOPs); digitization of the reporting and feedback process; budget allocation to this activity at CAC level; and holding complaint handling sessions with program decision makers at the community level.

- **Complementary measures**, including gender trainings and support to IGAs, started late, and encountered coordination problems between the various implementing partners. Nevertheless, the content of gender trainings was seen as relevant not only for participants' personal lives but also for their communities and associations. Qualitative data attests to improvements in the status of women within CACs, associations, and sensitized households after training. It also suggests that FAO kit distribution contributed to increasing the proportion of beneficiaries engaged in agriculture. When scaling, it is important to plan and time the rollout of complementary components with the transfers, incorporate beneficiary preferences (both material and thematic) and provide adequate support to ensure the dissemination of trainings of trainer at the household level.

Q: How can design parameters be taken into account in a more shock-responsive social protection system in the DRC?

A: The intervention produced lessons on political ownership of shock-sensitive social protection programs, key parameters such as community involvement in creating vulnerable household registers, different approaches to beneficiary targeting, preparatory steps (context analysis, assessment of technical capacities, need for coordination, communication strategy), fraud and abuse prevention, payment mechanisms and amounts, transfer modality, complaint and redress process. All these parameters are relevant for the establishment of the shock-sensitive social protection system in the DRC, and in particular the implementation of the STEP 2 project, financed by the World Bank.

- The partnership with the Ministry of Social Affairs (MINAS) as an implementing partner has strengthened ministry staff capacities in cash transfer targeting (tool development and application), beneficiary identification (testing and use of QSE as well as MIS development for RSU and its testing³), transfer payment mechanisms (mobile money and cash distribution) and setup of complaints and redress mechanisms. Nevertheless, it is important to ensure Ministry's capacity strengthening to take ownership of programs by equipping it with the human and material resources to develop a shock-responsive social protection system, in addition to all the tools developed within the framework of the project (manuals, SOPs, sample awareness messages, data collection system).
- The STEP 2 project contributes to the establishment of the social protection system in the DRC. It includes the creation of the national registry of poor and vulnerable

households, a management information system (MIS) with a targeting module, and the guide to requirements, tools and best practices for the establishment of social protection system for all relevant actors.

- The intervention also demonstrated how to link emergency humanitarian assistance and social protection in the medium term. Establishing this link or continuum is a crucial step in establishing the shock-sensitive social protection system.

Program recommendations

1. Ensure effective communication and coordination between agencies, implementing partners, local authorities, and community actors throughout program implementation.
2. Increase beneficiary awareness and readiness at each stage of program implementation by providing them with sufficient information about the intervention to achieve better coverage and prevent complaints resulting from misunderstanding of the program or non-compliance with the registration process.
3. Improve the integration of gender aspects in the intervention by strengthening the communication strategy, intensity and timeliness of sensitizations and trainings aimed at respect of women's rights and their economic empowerment.
4. Strengthen capacities of community actors (RECOs) and public authorities to carry out community mobilization, implementation, and monitoring of cash transfers along with productive and gender-sensitive complementary measures by ensuring that they have adequate resources.
5. Ensure beneficiaries have the technical readiness and skills to use electronic payment mechanisms to prevent operational challenges and abuse during program implementation. Require the mobile money provider to facilitate transfer withdrawals and to implement safeguards against fraud and abuse.
6. Improve the usefulness and vertical/horizontal adaptability of the vulnerable household registry by ensuring that it contains sufficient information on household resilience indicators relevant for different organizations with distinct targeting criteria.

Recommendations on research

1. Leverage the horizontal expansion of the intervention to improve the household panel, by ensuring better balance between treatment and comparison areas and implementing strategies to deal with sample attrition.
2. Investigate how contextual factors such as gender norms mitigate the impact of gender and women's empowerment complementary services to inform more effective and impactful design of gender-sensitive measures.
3. Future research in a similar context should aim to understand the independent effects of complementary components, including gender sensitizations and gardening kit distributions.
4. Generate and compare evidence on the usefulness and performance of various targeting methods for a shock-sensitive social protection system in the DRC. This could include modelling a vertical expansion of the cohort of beneficiaries enrolled in the program.

Contents

| | |
|---|-----------|
| Executive Summary | 2 |
| Program recommendations | 8 |
| Recommendations on research | 9 |
| Acronyms | 11 |
| 1. Background and objectives of the impact assessment | 12 |
| 1.1 Context of the intervention | 12 |
| 1.2 Objectives of the impact assessment | 13 |
| 2. Description of the intervention and conceptual framework | 15 |
| 2.1 Description of the intervention | 15 |
| 2.2 Conceptual framework | 15 |
| 3. Methodology | 18 |
| 3.1 Study design | 18 |
| 4. Results | 24 |
| 4.1 Have the cash transfers mitigated the consequences of the COVID-19 pandemic at the household level | 24 |
| 4.2 Have transfers changed the dynamics of decision-making within households, including women's joint or independent decision-making? | 41 |
| 4.3 Have transfers created changes in other social dynamics, such as social cohesion or positive coping mechanisms? | 44 |
| 4.4 Heterogeneity of impacts | 46 |
| 4.5 Have the parameters of the intervention been effective in meeting people's needs during the COVID-19 pandemic? Are they sustainable and suitable for expansion to other parts of the country? | 47 |
| 5. Conclusion | 73 |
| 5.1 Discussion of results | 73 |
| 5.2 Methodological limitations | 75 |
| 5.3 Recommendations | 76 |
| Appendix | 78 |
| Appendix A : Selective attrition | 78 |
| Appendix B : Differential attrition | 87 |
| Appendix C: Balance between intervention and comparison areas, including DRDID weights | 90 |
| Appendix D: Multivariate regression, panel households, phase 2 beneficiaries | 95 |
| Appendix E : Alternative specifications | 99 |
| Appendix F : Heterogeneity of impacts | 101 |



Acronyms

| | |
|----------|---|
| BHA | USAID Bureau for Humanitarian Assistance |
| C4D | Communication for Development |
| CAC | Community Animation Cell |
| CAPI | Computer Assisted Personal Interviews |
| CDF | Congolese Franc |
| CEM | Coarse Exact Matching |
| CODESA | Community Health Committees |
| COVID-19 | Coronavirus (SARS-CoV-2 (2019-nCoV)) |
| DRC | Democratic Republic of Congo |
| DRDID | Doubly Robust Difference-in-Differences |
| FAO | Food and Agriculture Organisation |
| FCDO | Foreign, Commonwealth & Development Office |
| FGD | Focus group discussions |
| GBV | Gender-based violence |
| GRASSP | Gender-Responsive and Age-Sensitive Social Protection |
| IGA | Income generating activity |
| INS | National Institute of Statistics |
| KYC | Know Your Customer |
| M&E | Monitoring and Evaluation |
| MINAS | Ministry of Social Affairs |
| MNO | Mobile Network Operator |
| M-PESA | Vodacom mobile money service |
| N | Number of observations (in tables) |
| PIN | Personal Identification Number |
| PMT | Proxy Means Testing |
| QSE | Standard Eligibility Questionnaire |
| RECO | Community relay |
| REGIDESO | Water Distribution Authority |
| RSU | Unified Social Register |
| SOP | Standard Operating Procedures |
| STEP 2 | Second round of funding for Eastern DRC Peace Stabilization Project |
| TMB | Trust Merchant Bank |
| TV | Television |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| USD | US Dollar |
| VAM | Vulnerability Analysis and Mapping |
| WFP | World Food Programme |

1. Background and objectives of the impact assessment

1.1 Context of the intervention

The coronavirus (COVID-19) pandemic that spread across the world in early 2020 posed tremendous health and socioeconomic challenges for the Democratic Republic of the Congo (DRC). Measures to curb the spread of COVID-19 in the DRC, such as the ban on social gatherings, temporary closure of many businesses, schools and universities, travel restrictions, and neighborhood lockdowns in major cities, hampered economic activity, causing a significant deterioration in the macro- and micro-economic conditions in the country in 2020⁴.

Eight out of ten households with a monthly income below 400,000 CDF (~200 USD) had experienced a drop in income by August 2020 and by December 2020, two-thirds had not restored their pre-pandemic standard of living. COVID-19 exacerbated the already high levels of food insecurity resulting from ongoing conflict, displacement, and high poverty rates. According to the World Food Programme (WFP), nearly 27.3⁵ million people in the DRC (about 30% of the population) were experiencing acute food insecurity as of February 2021.⁶ Some 1.1 million children were suffering from severe acute malnutrition and 2.3 million children were moderately or acutely malnourished.⁷

Over the course of 2021, the economic situation improved: the GDP of non-extractive sectors grew by 3.3% in 2021 after contracting by 1.3% in 2020.⁸ After a steep rise in 2020, the government deficit and inflation decreased to 1.6% of GDP and 9.3%, respectively, though they remained high relative to pre-pandemic levels of 0.8% of GDP and 4.5% in 2019.⁹

Women and girls were disproportionately affected by the health and socioeconomic impacts of COVID-19 prevention measures, as they had to care for the sick, lost informal employment, and experienced psychological distress and gender-based violence. The pandemic has also exacerbated pre-existing gender disparities in health, protection, and economic status.¹⁰

In this context, in early 2021, UNICEF and WFP implemented a joint intervention to mitigate the immediate socioeconomic effects of the COVID-19 pandemic through cash transfers to vulnerable households in Kinshasa's Nsélé Health Zone. This was one of the first cash transfer interventions in peri-urban areas in the DRC. The intervention helped the Ministry of Social Affairs (MINAS) pilot the approaches to household identification, registration, targeting, payment methods, and complaint management as well as administering the standard eligibility questionnaire (QSE) developed as part of the STEP 2 programme which aimed at establishing a shock-sensitive social protection system in the DRC.

The UNICEF Office of Research and Foresight – Innocenti (UNICEF Innocenti) conducted an impact assessment to rigorously evaluate the impact of this joint UNICEF/WFP intervention and draw lessons for other interventions in DRC and elsewhere. This report lays out the objectives of the study and describes the intervention, study methodology, and impact evaluation results.

1.2 Objectives of the impact assessment

The study objective was to carry out in-depth analysis of the impact of the intervention on mitigating the socioeconomic effects of the COVID-19 pandemic in Nsélé as well as to document relevant best practices and lessons for the development and implementation of a shock-sensitive social protection system in the DRC.

More specifically, the study aimed to:

1. Assess the impact of cash transfers on food security and socioeconomic conditions of households and individuals, including children and women;
2. Assess the strengths and weaknesses of the program’s conceptual and operational parameters, including targeting, enrolment, payment mechanism, relevance of the cash transfer modality to target groups (i.e. context, needs in the face of COVID-19 effects) and adequacy of the transfer amounts;
3. Assess the feasibility of scaling the cash transfer targeting approach and implementation; and
4. Draw lessons on program design and operational parameters for establishing components of a shock-sensitive social protection system in DRC.

The study aims to answer the following questions:

- *Have transfers mitigated the impact of the COVID-19 pandemic at the household level?*
 - *What has been the impact on household consumption, expenditure, food security, economic activities and assets, access to health and education services?*
- *Have transfers changed household decision-making dynamics, including women’s joint or independent decision-making?*
- *Have transfers changed social relationships¹¹, such as social cohesion¹² or shock response strategies?*

- *Have the intervention parameters been effective in meeting the needs of the population in Nsélé during the COVID-19 pandemic? Are they sustainable and suitable for scaling up at the country level?*
 - *Have transfers reached the target population, including children?*
 - *Was the transfer amount adequate to improve access to relevant services?*
- *How can intervention parameters be considered in the development of a shock-sensitive social protection system in the DRC?*

2. Description of the intervention and conceptual framework

2.1 Description of the intervention

The intervention targeted the six most vulnerable health areas in Nsélé Health Zone, namely Buma, Dingi Dingi, Kindobo, Mikonga, Mpasas 1 and Mpasas 2.¹³ It was carried out in two phases: the first “humanitarian response” phase provided 3 months of cash transfers, with amounts calculated based on household size, translating to CDF 100,000 (~54 USD) per month for an average household of 6 people. This phase covered 23,111 households living in targeted community animation cells (CACs¹⁴). The second phase – the social protection phase – provided 6 months of flat-rate transfers, amounting to 80,000 CDF (~40 USD) per month to the most vulnerable and poor households (16,000 households) selected through community targeting among the 23,111 first phase beneficiaries. The community based targeting was chosen to ensure the targeting was participatory, and took into account the community’s own perceptions and definition of poverty.

To receive the cash transfers, beneficiary households were first identified in their place of residence within the CACs. They then provided their biometric fingerprints, received beneficiary SCOPE cards and collected program Vodacom SIM cards in order to collect the transfers. Most beneficiaries (80%) received their transfers via M-PESA (Vodacom mobile money service), except for those who lived in places without telephone network coverage. Local actors, in particular the authorities and Community Relays (RECOs) were involved at all stages of the intervention and played an important role in raising beneficiary awareness and managing their complaints¹⁵.

Cash transfers were complemented with awareness-raising on COVID-19 and its prevention measures. In predominantly agricultural CACs, FAO distributed gardening kits, consisting of agricultural equipment, watering cans, seeds and technical training delivered by Ministry of Rural Development staff. Training of trainers on women’s rights, financial management (operations, marketing), and gender-based violence prevention was also organized for RECOs and representatives of local women’s associations.

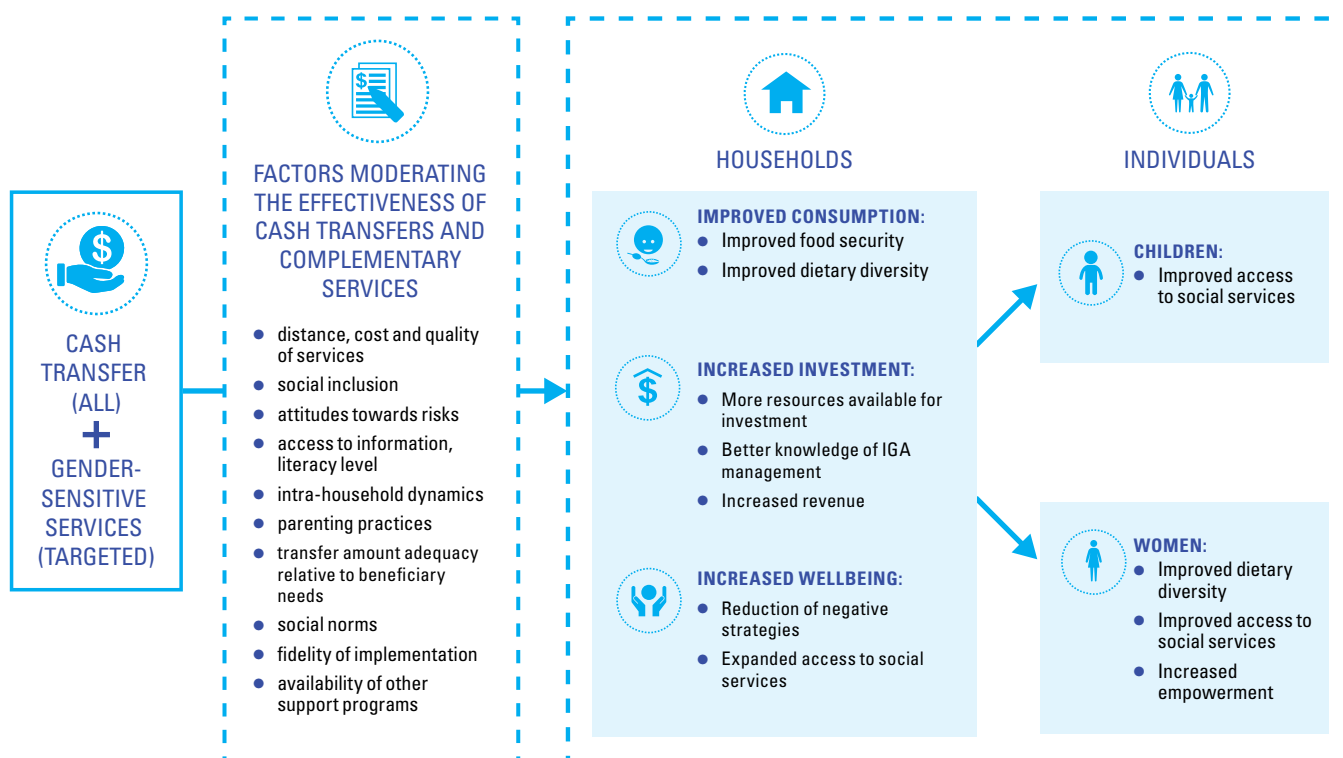
2.2 Conceptual framework

The intervention aimed to mitigate the impacts of the COVID-19 pandemic on households and individuals, including children and women. The conceptual framework is presented in Figure 1a below. At the household level, cash transfers were expected to increase consumption and dietary diversity, facilitate access to healthcare and education, enable investment in economic activities, and reduce the reliance on negative coping strategies when faced with shocks.

At the individual level, cash transfers are expected to (i) improve children’s access to education and health services, (ii) improve dietary diversity, access to healthcare, and women’s empowerment.

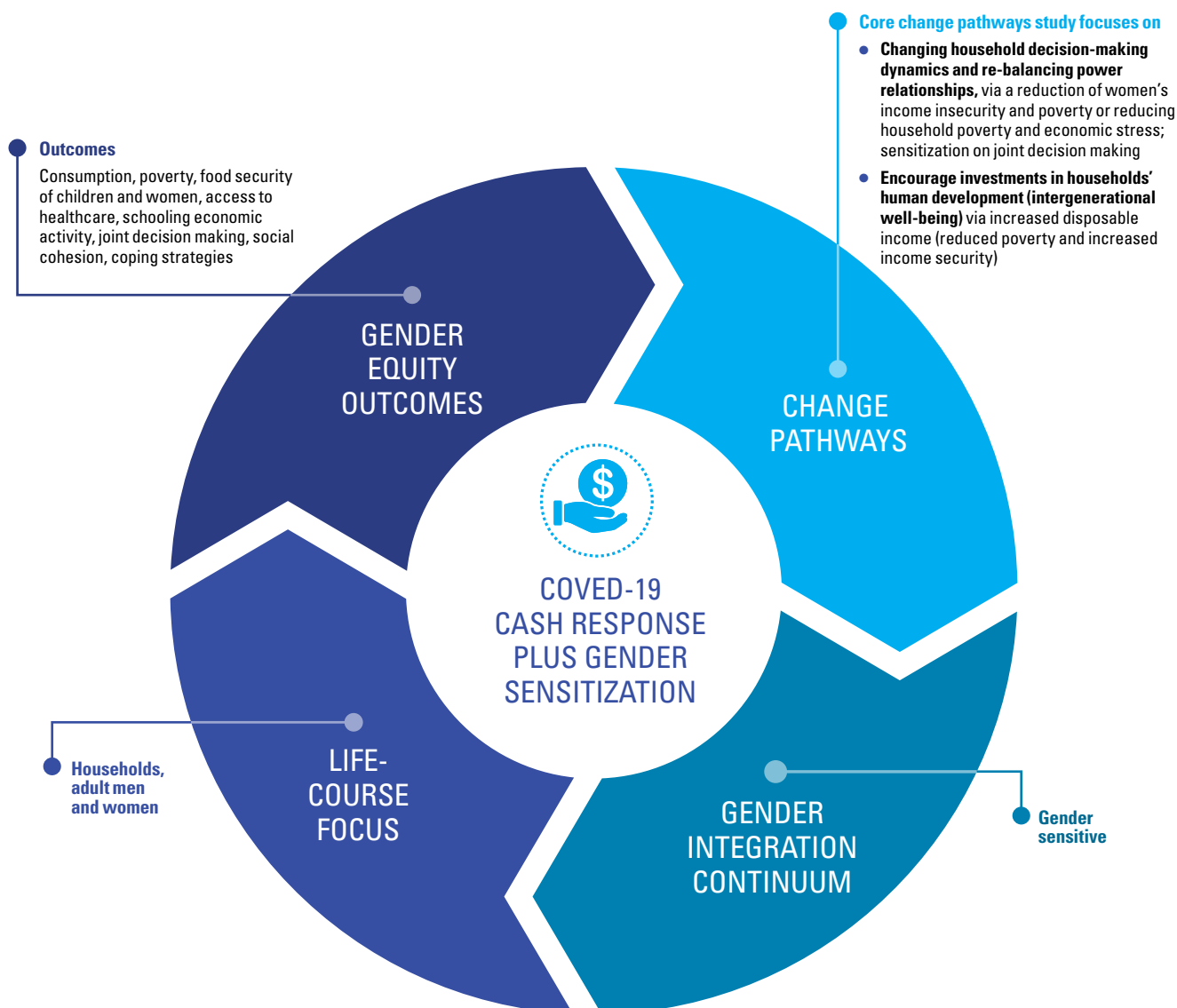
Factors that facilitate or hinder the expected impacts include the availability of services, access to information, social inclusion, attitudes toward risk, the nature of existing relationships within households, parenting practices, social norms, fidelity of intervention implementation, and availability of other support programs.

Figure 1a: Conceptual Framework for the Intervention



The study is also in line with the conceptual framework regarding the effects of gender- and age-sensitive social protection programmes, which was developed as part of the Gender Responsive and Age-Sensitive Social Protection (GRASSP) research programme (UNICEF 2020). According to this conceptual framework, the cash transfer combined with women’s training on their rights, financial management and gender-based violence demonstrate gender mainstreaming in the context. Overall, the program has the potential to reduce gender inequalities and vulnerabilities, and empower women through typical processes of change such as transforming household decision-making dynamics and promoting investments in human development (intergenerational well-being) (Figure 1b). The study also determines how household characteristics, such as household size and the age of the head of household, affect the impacts of the program. Therefore, the study also uses a gender perspective in the analysis, examining gender equality outcomes such as women’s autonomy or (joint) decision-making within households, as well as breaking down analyses by gender of head of household (whenever possible).

Figure 1b. Alignment with GRASSP conceptual framework



3. Methodology

3.1 Study design

This study utilized quantitative data from two data collection rounds before and after the distribution of cash transfers;¹⁶ with qualitative data collected at the end of the intervention to answer the research questions. Quantitative data are used to quantitatively assess program impacts and operational performance, which are further triangulated and contextualized by qualitative data on the perceptions, experiences, and learnings of beneficiaries and other stakeholders.

The quantitative component consists of a quasi-experimental longitudinal panel with treatment and control groups defined at the health area level. The six health areas targeted by the intervention – Dingi Dingi, Buma, Mpsa 1, Mpsa 2, Mikonga and Kindobo – constitute the treatment/intervention area and the two adjacent health areas with similar socioeconomic characteristics – Mikala and Nsélé – constitute the comparison area (see Health Zone Plan, Figure 2).

The sampling frame for the intervention areas consisted of the household register, by health area and CAC, developed for the intervention. In control areas, the sampling frame was constructed from household lists available at the CAC level. Clusters (CACs) were first stratified according to their location (urban / rural) and large CACs segmented before being drawn proportional to their size in terms of number of households. The study households were then sampled with equal probability using the systematic sampling method.

Figure 2 : Health Zone plan



Table 1 presents the number of CACs, households, population size, baseline and final survey sample by Health Area. The baseline survey revealed statistically significant differences between the more vulnerable intervention areas and the comparison areas¹⁷. There was a high attrition rate (33%) between baseline and endline surveys, due to high rates of migration in and out of peri-urban study areas. However, the attrition was not selective and the panel households were similar to all baseline households on several observed characteristics (see Attrition Analysis in Appendix). A booster sample was drawn to supplement cross-sectional endline sample.

Table 1. Study areas

| HEALTH AREA | CAC ¹⁹ | NUMBER OF HOUSE-HOLDS | TOTAL POPULATION | CLASSIFICATION ¹⁹ | STATUS | BASELINE SURVEY | ENDLINE SURVEY | PANEL SAMPLE |
|--------------|-------------------|-----------------------|------------------|------------------------------|-----------|-----------------|----------------|--------------|
| Buma | 15 | 3,072 | 14,477 | Urban and rural | Treatment | 149 | 199 | 111 |
| Dingi Dingi | 10 | 792 | 3,427 | Rural | Treatment | 131 | 148 | 101 |
| Kindobo | 10 | 2,122 | 9,506 | Urban and rural | Treatment | 88 | 115 | 56 |
| Mikonga | 7 | 3,351 | 19,318 | Urban | Treatment | 101 | 125 | 71 |
| Mpasa 1 | 10 | 8,619 | 49,013 | Urban and rural | Treatment | 333 | 446 | 224 |
| Mpasa 2 | 11 | 5,262 | 31,988 | Urban | Treatment | 106 | 118 | 82 |
| Nsélé | 10 | 2,250 | 16,712 | Rural | Control | 459 | 459 | 303 |
| Mikala | 12 | 3,686 | 27,890 | Urban | Control | 468 | 433 | 278 |
| Total | 85 | 29,154 | 172,331 | | | 1,835 | 2,043 | 1,226 |

The qualitative part of the study included 15 key informant interviews including program staff (UNICEF, WFP), World Vision, and Ministry in charge of shock-responsive social protection system (MINAS). In addition, 24 interviews with local authorities, 27 focus group discussions²⁰ and 11 individual interviews were conducted with beneficiaries to better understand the socioeconomic context, the effects of the COVID-19 pandemic, gender norms / dynamics in division of tasks and access / control over resources, the community dynamics, perceptions of intervention parameters, cash transfer modalities, and their use.

Table 2. Qualitative component

| HEALTH AREA | CAC | CLASSIFICATION ²¹ | STATUS | BASELINE | | ENDLINE | |
|----------------------|-------------|------------------------------|--------|--------------|-----------------------|--------------|-----------------------|
| | | | | FOCUS GROUPS | INDIVIDUAL INTERVIEWS | FOCUS GROUPS | INDIVIDUAL INTERVIEWS |
| Kindobo | Matu | Rural | T | 2 | 2 | 2 | 4 |
| Mpasa1 | Ngandu | Rural | T | 2 | 2 | 2 | 6 |
| Mikonga | Emerauld | Urban | T | 2 | 2 | 4 | 6 |
| Mpasa1 | Magengenge | Urban | T | 2 | 1 | 2 | 5 |
| Mikala | Revolution | Urban | C | 2 | 2 | 2 | 2 |
| Nsélé | Le Salut | Rural | C | 2 | 2 | 2 | 1 |
| Dingi Dingi | Dingi Dingi | Rural | T | | | 1 | |
| Program stakeholders | | | | | 7 | | 8 |
| Total | | | | 12 | 18 | 15 | 32 |

3.1.1 Research tools

Two types of research tools were used in the study: quantitative tools (household questionnaire and women’s questionnaire) and qualitative tools (qualitative guides). The quantitative tools were developed by the evaluation team based on MINAS’ Standard Eligibility Questionnaire (QSE), which is among the tools developed to harmonize the social protection system in DRC, as well as existing questionnaires (e.g. Household Hunger Scale, modules from cash transfer surveys in other countries, MICS and DHS surveys). The tools have been revised by UNICEF Innocenti, which has a track record of cash transfer impact evaluations²². UNICEF and WFP programme teams have contributed further improvements to account for local context. The tools are aligned with the conceptual framework and research questions. The semi-structured qualitative guides have been developed to address the key themes of the study. Table 3 summarizes the content and targets of the research tools:

Table 3. Research tools²³

| TOOL TYPE | RESEARCH TOPICS | TARGET GROUP |
|--------------------------------------|--|--|
| Household questionnaire | Food security and consumption; savings and credit; agricultural income and activities; food and non-food expenditure; use of health services; household revenue; shocks and coping strategies; social cohesion; time use; living conditions, assets, water and sanitation. | Head of household or knowledgeable adult |
| Women’s questionnaire | Food consumption; pre- and post-natal care; infant and young child nutrition; child health and immunization; intra-household decision-making dynamics; perceptions of gender complementary services. | Women aged 15 to 49 in surveyed households |
| Focus Group interview guide | The socioeconomic context; the impact of COVID-19; community dynamics; gender dynamics and social assistance programs. | Men and women grouped separately |
| Beneficiary Interview Guide | Program registration process, payment modalities and mechanisms; the use of cash transfers; perceived changes at household and community level; suggestions for improvement. | Recipients of cash transfers |
| Local actors interview guide | The socioeconomic context; the impact of COVID-19; community dynamics; and the impact of social assistance programs. | Local authorities, representatives of the CACs |
| Program stakeholder interview | The objective and design of the intervention, the details and challenges of implementation, effectiveness, sustainability and feasibility of scaling up different intervention parameters. | Program staff and implementation partners |

3.1.2 Data collection

Quantitative data collection

The baseline survey was conducted between 23 January and 22 February, 2021 prior to cash transfer rollout²⁴. Endline data was collected between 11 November and 10 December, 2021.²⁵ A household tracing exercise conducted prior to the endline survey revealed a higher-than-expected attrition rate, leading the research team to add a booster sample (817 households) to the cross-sectional endline data to increase sample for analysis. Ultimately, 1,226 households or 66.8% of the baseline sample were interviewed at endline.

Table 4. Endline quantitative sample

| HEALTH AREA | BASELINE SURVEY | | ENDLINE SURVEY | |
|--------------|------------------------|---------------------------------|----------------|--|
| | HOUSEHOLDS INTERVIEWED | BASELINE HOUSEHOLDS INTERVIEWED | BOOSTER SAMPLE | TOTAL NUMBER OF HOUSEHOLDS INTERVIEWED |
| Buma | 149 | 111 | 88 | 199 |
| Dingi Dingi | 131 | 101 | 47 | 148 |
| Kindobo | 88 | 56 | 59 | 115 |
| Mikonga | 101 | 71 | 54 | 125 |
| Mpasa 1 | 333 | 224 | 222 | 446 |
| Mpasa 2 | 106 | 82 | 36 | 118 |
| Nsélé | 459 | 303 | 155 | 458 |
| Mikala | 468 | 278 | 156 | 434 |
| Total | 1,835 | 1,226 | 817 | 2,043 |

Enumerators were trained before data collection in the field. Their training focused on data collection objectives and approaches (i.e. collection tools, interview techniques, CAPI data entry and quality controls). The training also covered respondent consent, interviewer behavior, household introductions and translation of questions into Lingala. The field pilots were carried out to help enumerators familiarize themselves with data collection tools and test the CAPI.

The data were collected via in-person interviews conducted in accordance with social distancing rules established by the Ministry of Health. Challenges encountered during quantitative data collection included: difficulty in finding/reaching households, lack of telephone coverage, difficult access to some study areas, breakdowns of rented vehicles and insecurity in some CACs.

Qualitative data collection

Qualitative data collection rounds took place between 9 and 16 March, 2021 and between 1 and 14 November, 2021. The baseline was preceded by a 2-day training while the endline was preceded by a 3-day training and a field pretest. The focus groups were organized separately for men and women to allow participants to express themselves freely. Focus groups and individual interviews were conducted in Lingala and recorded on smartphones, after obtaining participant consent. The results of the qualitative interviews were transcribed and translated into French verbatim, ensuring data confidentiality. Some 15 qualitative interviews with program stakeholders were conducted and transcribed by UNICEF Innocenti in French and English.

Among the challenges encountered during qualitative collection were unavailability of some focus group participants, inaccessibility of some study areas during the rainy season and limited experience of INS enumerators in qualitative research methodologies.

3.1.3 Survey weights calculation

Data completeness and structure were checked at the end of data collection before calculating sampling weights to ensure sample representativeness at the level of each stratum. Weight calculations accounted for deviations from the original sample design. The weights correspond to the inverse probabilities of selection at the first stage (CAC) and the second stage (households), adjusted for non-response rates. All final weights were normalized at the level of the strata so that the number of weighted cases equals the number of unweighted cases, for households, for women and for children aged 5-17 surveyed.

3.1.4 Data analysis

Analysis of quantitative data

Data cleaning was carried out collaboratively by the Statistician, INS technical team and UNICEF Innocenti. Cleaning consisted of variable format adjustments, re-coding of «other to specify» into multiple choice modalities, replacing outliers with a local median for key numerical variables, and including food and non-food expenditure data.²⁶

Baseline data were appended with endline data to form a longitudinal panel. To analyze the impact of the intervention, only the panel households which benefited from both phases of cash distributions were used. Household treatment status was cross-checked against the WFP beneficiary database.

The impacts on the outcomes at the household and individual level were estimated using the doubly robust difference-in-differences technique (DRDID)²⁷. This approach is preferred over a standard difference-in-difference (DID) approach due to the baseline imbalance in key indicators which needed to be balanced to make the parallel trends assumption more likely. Covariates used in the estimation are place of residence (urban or rural), household dependency ratio, revenue per capita, wealth index²⁸, transfer size adequacy, and household recent experience of shocks (from COVID or otherwise). The

model generates inverse probability weights for each unit in the control group based on the outcome variable and the covariates and uses weighted outcome regressions to estimate the impacts. Unlike the two-step approach of matching (using propensity scores or coarsened exact matching) and then applying difference-in-difference to the matched sample, the doubly robust difference-in-difference retains the entire control group which ensures that the available data is optimized for power. Impacts are estimated for panel households which reported receiving more than 2 money transfers – essentially households that received both the humanitarian and social protection components of the intervention.

To check on the robustness of the impact estimates, several other specifications were used to produce different estimates, namely: analysis of panel households controlling for covariates, analysis of panel households using intent-to-treat estimates, analysis of all households surveyed at baseline and endline (cross-section) (See Appendices E and F). The results are essentially consistent across the different matching methods as well as for multivariate regression methods. As a result, there is a high degree of confidence that the results presented are not model dependent.

The impact analysis is accompanied by the descriptive analysis of operational performance, including beneficiaries' perceptions of the design and implementation of the intervention. This analysis is based on the cross-sectional sample which reported receiving at least 1 money transfer – essentially households that at least benefitted from the humanitarian phase.

Analysis of qualitative data

Qualitative data was coded in Atlas.ti and NVivo software. Analytical framework was based on the interview guides and research questions. After coding the entirety of the corpus, thematic analysis was conducted to provide answers to the study research questions.

4. Results

This section contains the results of quantitative and qualitative analyses, providing answers to the research questions of the study. The impacts of the intervention are discussed first, followed by analysis of operational performance and relevant lessons learned for the development of a shock-sensitive social protection system in the DRC.

4.1 Have the cash transfers mitigated the consequences of the COVID-19 pandemic at the household level

What has been the impact on consumption, spending, food security; economic activities and assets; household access to health and education services)

Response to the research question: Quantitative analysis shows that the intervention increased the proportion of food expenditure and the proportion of households that cultivated land. Although household food consumption score, the proportion of households able to meet at least some of their needs, and the proportion of women achieving minimum dietary diversity all increased, the impact estimates were not statistically significant since similar increases were observed in the comparison group. Qualitative data collected from beneficiaries corroborate the fact that transfers alleviated households' pandemic-related challenges (i.e. purchasing food, investing in income generating activities (IGA) and helped them access education and health services (i.e. paying for school fees and medical care).

4.1.1 The effects of COVID-19

At baseline, about 2 out of 5 (42%) households in the two treatment arms were affected by a major economic shock since the outbreak of coronavirus. For more than 80% of households in the two treatment arms, this shock was related to COVID-19.²⁹ Table 5 shows the impact of COVID-19 on households' financial capacity and ability to meet household needs. The COVID-19 pandemic and related measures contributed to job losses and reduction in income-generating activities, with men relatively more affected than women. More than half (53.8%) of households reported monetary losses due to COVID-19, translating into reductions in ability to support themselves for 7 in 10 households. Many people had to shut down activities because of lockdowns and social distancing measures. Employees and day laborers, teachers, hustlers and other workers lost their incomes because either their employers stopped operations, or they could no longer venture out in search of informal remuneration.

Table 5. Effects of COVID-19 on beneficiary households

| INDICATOR | AVERAGE | N |
|---|---------|-----|
| Loss of employment: among men | 17.5 | 990 |
| Loss of employment: among women | 9.1 | 990 |
| Reduced economic activity: among men | 24.2 | 990 |
| Reduced economic activity: among women | 16.4 | 990 |
| Engaged in more dangerous / risky work: among men | 2.9 | 990 |
| Engaged in more dangerous / risky work: among women | 1.3 | 990 |
| Monetary losses in the last 12 months due to COVID-19 | 53.8 | 990 |
| Average monthly monetary loss in the last 12 months due to COVID-19 (CDF) | 538,297 | 533 |
| Capacity to meet needs: Major reduction | 36.6 | 916 |
| Capacity to meet needs: Medium reduction | 22.4 | 916 |
| Capacity to meet needs: Small reduction | 9.9 | 916 |
| Capacity to meet needs: No change | 22.6 | 916 |

NOTE: Figures in tables are percentages unless otherwise indicated.

Qualitative interviews and focus groups revealed that COVID-19 prevention measures had negative effects on several dimensions, including food security, household economic activities, and access to education, health care, transport, water, and electricity.

Households struggled to feed themselves as food had become scarce and expensive on the market. Reduced supply translated into higher prices on the few products that remained available. As prices rose, resellers and suppliers who brought produce from the field hiked their prices to make ends meet. Simultaneously, traders complained that they lost customers (both households or street traders) who could no longer afford increasingly expensive food items; given their reduced incomes, margins and purchasing power.

Aside from food, access to education was the second most important need and challenge that households mentioned. After schools reopened, some parents were no longer able to pay their children's school fees, uniforms and school supplies, due to the deteriorating economic environment related to COVID-19.

COVID-19 also impacted access to basic social services. Nsélé residents reported a deterioration in the quality of care, highlighting that they received sedatives instead of proper treatment. Access to healthcare was already difficult before the pandemic, as health facilities required upfront payment regardless of the urgency or gravity of the patients' condition. COVID-19 was seen to further aggravate this reality, because of inflation and reduced availability of transport.

Power supply became a challenge as the government restricted in-person work and banned unpaid bill recovery as COVID-19 spread. Personnel working for the electric company rarely answered calls from users. Breakdowns in electricity supply in turn reduced access to water by limiting drawing hours and the capacity of borehole pumps. As a result, the price of a standard water can doubled.

Table 6 shows how beneficiaries have used their WFP/UNICEF cash transfer. Almost all households (94.4%) bought food. Seven out of 10 households also paid school fees and health-related expenses. Two-thirds of households also prioritized spending on housing (68.6%), clothing (65.1%) and saving or investing in productive activities (65.1%). More than 4 out of 5 households (82.0%) spent at least part of the transfers on children, whether on food, education, clothing, or health care. Notably, about 6 in 10 households (58.6%) used part of their transfers to repay their debts. There were no statistically significant differences in transfer use by gender of recipient. Qualitative data confirm that transfer funds were used, in order of importance, for the purchase of food, the payment of children’s school fees (including school supplies), medical care, and prestige items (television, plastic chairs, mattresses). Other households used some of the money towards investments in small businesses, building materials, etc.

Table 6. Use of cash transfers, by gender of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE-HEADED HOUSEHOLDS | FEMALE-HEADED HOUSEHOLDS | P-VALUE |
|-----------------------------------|----------------|------------------------|--------------------------|---------|
| % who bought the food | 94.36 | 93.73 | 94.97 | 0.493 |
| % who paid school fees | 70.11 | 69.15 | 71.02 | 0.572 |
| % who paid for health care | 68.60 | 68.67 | 68.53 | 0.959 |
| % who bought the clothes | 65.82 | 66.19 | 65.46 | 0.818 |
| % spent on housing/utilities | 65.12 | 62.42 | 67.69 | 0.168 |
| % saved/invested | 65.07 | 65.26 | 64.88 | 0.914 |
| % who repaid loans | 58.66 | 59.25 | 58.09 | 0.777 |
| % spent on children ³⁰ | 82.05 | 82.07 | 82.03 | 0.989 |
| % spent on adults ³¹ | 97.68 | 96.74 | 98.56 | 0.119 |
| <i>N</i> | 1,017 | 463 | 554 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

During the endline survey, respondents were asked whether the socioeconomic situation of their household and their level of access to basic social services has improved since March 2021. While some beneficiaries reported that they continue to face the same challenges, others reported that the cash transfers allowed them to mitigate the impacts of COVID-19 and have been a real relief even if they were not sufficient to meet all household needs. Overall, beneficiaries see the changes observed after March 2021 as resulting from both the resumption of economic activities once the government lifted COVID-19 related restrictions, and the WFP/UNICEF cash transfers.

The quantitative data presented in Table 7 corroborates this trend: nearly 9 out of 10 households (88.7%) perceived changes in their community. Of the beneficiaries who have seen their community evolve, more than half (56.8%) reported people eating better, 41.9% perceived increases in income, 27.4% said that households were better equipped after cash distributions, and 24.7% noted an increase in economic activities. One in 6 (17.4%) cited improved access to public services, such as health care and education. A higher proportion of female transfer recipients noticed an improvement in access to social services (21.5%) than men (13.3%). Very few recipients spoke of the negative effects of the intervention, such as higher food prices (2.7%) or lower incomes (2.3%).

Table 7. Perceptions of changes in the community by cash transfer recipients, by gender of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLDS | FEMALE HEADED HOUSEHOLDS | P-VALUE |
|--|----------------|------------------------|--------------------------|---------|
| Noticed a change in the community | 88.67 | 89.49 | 87.88 | 0.370 |
| <i>N</i> | 1,017 | 463 | 554 | |
| Positive changes: | | | | |
| We eat better (more food security) | 56.82 | 55.17 | 58.42 | 0.502 |
| More revenue | 41.89 | 39.98 | 43.75 | 0.419 |
| Equipped house (TV, other durable goods) | 27.43 | 27.15 | 27.69 | 0.913 |
| More economic activities | 24.71 | 25.58 | 23.86 | 0.701 |
| More access to social services (health, education) | 17.44 | 13.26 | 21.49 | 0.005 |
| Fewer departures | 8.44 | 7.71 | 9.15 | 0.511 |
| Other change in the community | 4.41 | 6.49 | 2.40 | 0.031 |
| Negative changes: | | | | |
| Rising food/input prices | 2.72 | 2.53 | 2.89 | 0.819 |
| Less revenue | 2.26 | 2.13 | 2.39 | 0.855 |
| Lower food/input prices | 1.06 | 1.00 | 1.11 | 0.901 |
| <i>N</i> | 886 | 404 | 482 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

4.1.2 Impact on key program indicators

Figure 3 shows the time since the receipt of the last transfer for phase 1 and 2 beneficiaries. Some 90% of phase 1 beneficiaries had received their last transfer more than 4 months prior to endline data collection – the reason why impact assessment is limited to Phase 2 beneficiaries only. However, given the timing of the endline, only 1 in 10 (11%) of Phase 2 households had received the last transfer in the month preceding the survey. Thus, interpretations of impact assessment results should consider that most households had gone more than a month without receiving funds.

Figure 3. Time since receipt of last money transfer, by phase

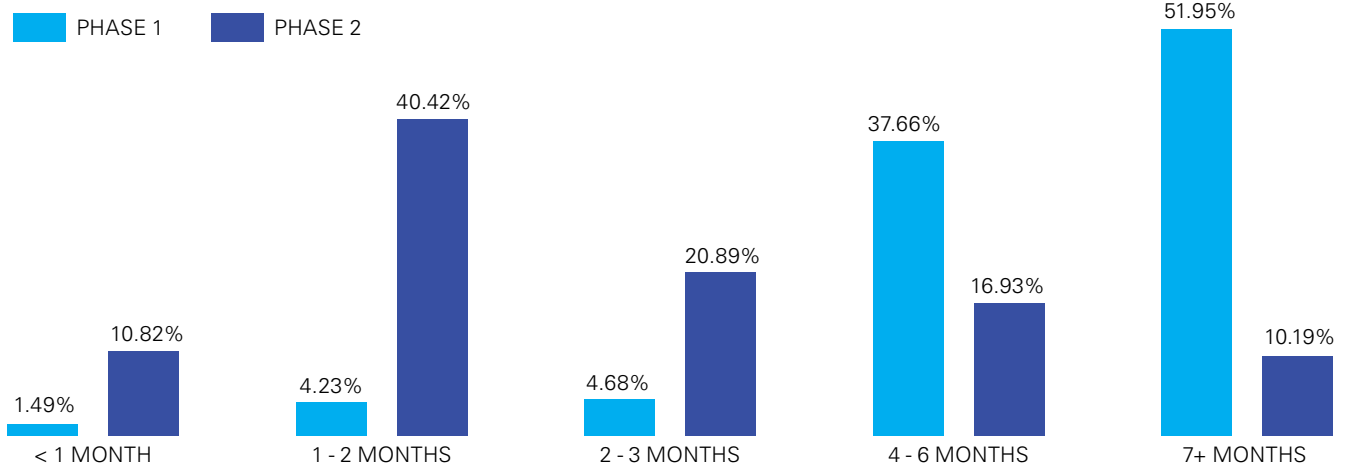


Table 8 presents the impacts of the intervention on the key indicators of the program by comparing the difference-in-differences (endline - baseline value) among beneficiaries and non-beneficiaries of the intervention. **The mean values before and after the intervention show a positive evolution of the beneficiaries' conditions**, including: increase in the food consumption score, increase in the proportion of food expenditure³², increase in the proportion of child-related expenditure, increase in women's dietary diversity as well as in the proportion of women who have achieved minimum dietary diversity. However, in view of similar trends among non-beneficiaries, there were no statistically significant impacts of the intervention on these indicators, except the increase in the proportion of food expenditure.

Table 8. Impact on key outcomes of the intervention

| INDICATOR | IMPACT OF INTERVENTION | TREATMENT MEAN BASELINE | COMPARISON MEAN BASELINE | TREATMENT MEAN ENDLINE | COMPARISON MEAN ENDLINE |
|---|--------------------------------|-------------------------|--------------------------|------------------------|-------------------------|
| | Food Consumption Score (0-112) | -3.649 (2.53) | 40.742 | 45.294 | 44.970 |
| N | 1,954 | 387 | 590 | 387 | 590 |
| Reduced coping strategies index (0-56) | 1.310 (1.35) | 12.276 | 11.422 | 13.191 | 10.914 |
| N | 1,954 | 387 | 590 | 387 | 590 |
| Food expenditure share | 4.803** (1.87) | 43.710 | 45.935 | 52.890 | 48.969 |
| N | 1,952 | 386 | 590 | 386 | 590 |
| Proportion of child-related expenditure | 1.230 (1.73) | 35.140 | 36.568 | 36.538 | 35.979 |

| | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|---|--------------|----------------|-----------------|----------------|-----------------|
| INDICATOR | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| N | 1,500 | 276 | 474 | 276 | 474 |
| Household able to meet some, most or all needs | 2.557 | 82.687 | 86.836 | 84.755 | 87.458 |
| | (4.17) | | | | |
| N | 1,954 | 387 | 590 | 387 | 590 |
| Women's Dietary Diversity | 0.103 | 3.736 | 4.259 | 4.375 | 4.838 |
| | (0.18) | | | | |
| N | 1,528 | 277 | 487 | 277 | 487 |
| % of women who achieved Minimum Dietary Diversity | 0.411 | 32.491 | 45.777 | 42.960 | 57.906 |
| | (4.99) | | | | |
| N | 1,528 | 277 | 487 | 277 | 487 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

The only statistically significant impact is the increase in the food expenditure share among beneficiaries³³. Transfer beneficiaries increased their food expenditure much more than non-food expenditure, while the comparison households increased both categories of expenditure, maintaining a more stable proportion. The tendency of beneficiaries to increase their food expenditures is explained by the fact that food was the most pressing need of vulnerable households and that sensitizations about transfer objective also emphasized food as extracted from the following quotes from the qualitative interviews.

“When we received the money, it helped us to buy food because the UNICEF agents had told us that it was [intended] to buy food” – FGD women, CAC Matu.

“Those who gave us the money, told us that ‘this money is specifically to buy the food. It is not to buy durable goods to put in your homes’” – FGD men, CAC Ngandu.

Tables 9 through 12 below present detailed impacts on key intervention outcomes, disaggregated by gender of the household head. Table 9 contains the gender-disaggregated analysis of **average food consumption scores** before and after the intervention among beneficiaries and non-beneficiaries. Both populations experienced improvements in the average food consumption score between the baseline and endline surveys. Thus, the impact of the intervention is not statistically significant overall and by gender of the household head.

Table 9. Impact on food consumption score

| | IMPACT OF INTERVENTION | TREATMENT MEAN BASELINE | COMPARISON MEAN BASELINE | TREATMENT MEAN ENDLINE | COMPARISON MEAN ENDLINE |
|---|------------------------|-------------------------|--------------------------|------------------------|-------------------------|
| Food consumption score (0-112) | -3.649 | 40.742 | 45.294 | 44.970 | 53.997 |
| | (2.53) | | | | |
| <i>N</i> | 1,954 | 387 | 590 | 387 | 590 |
| Food consumption score, male head of household | -2.384 | 40.502 | 46.148 | 44.979 | 53.826 |
| | (2.73) | | | | |
| <i>N</i> | 1,422 | 281 | 430 | 281 | 430 |
| Food consumption score, female head of household | -4.590 | 40.295 | 43.185 | 45.442 | 55.199 |
| | (4.47) | | | | |
| <i>N</i> | 402 | 78 | 123 | 78 | 123 |
| Acceptable food consumption score | -5.660 | 38.501 | 50.888 | 49.871 | 68.644 |
| | (4.81) | | | | |
| <i>N</i> | 1,954 | 387 | 590 | 387 | 590 |
| Acceptable food consumption score, male head of household | -5.726 | 39.146 | 51.358 | 48.754 | 67.674 |
| | (5.60) | | | | |
| <i>N</i> | 1,422 | 281 | 430 | 281 | 430 |
| Acceptable food consumption score, female head of household | 4.511 | 34.615 | 54.720 | 55.128 | 73.171 |
| | (10.96) | | | | |
| <i>N</i> | 402 | 78 | 123 | 78 | 123 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

The reduced coping strategy index is derived from the frequency and severity of 5 survival strategies: relying on less preferred/less expensive food, borrowing food from friends or relatives, reducing the number of meals per day, reducing meal size, and reducing quantities of food consumed by adults/mothers in favor of young children. The index reflects the level of household food insecurity. Its highest values (max 56) correspond to most severe food insecurity. According to Table 10, the intervention increased the proportion of male-headed households with high (above 10) reduced coping strategy index, but there was no statistically significant impact at the overall level.

Table 10. Impact on consumption-based survival strategies

| DEPENDENT VARIABLE | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|--|--------------|----------------|-----------------|----------------|-----------------|
| | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Reduced coping strategy index (0-56) | 1.310 | 12.276 | 11.422 | 13.191 | 10.914 |
| | (1.35) | | | | |
| <i>N</i> | 1,954 | 387 | 590 | 387 | 590 |
| Reduced coping strategy index (0-56), male head of household | 1.818 | 11.815 | 11.307 | 12.961 | 10.214 |
| | (1.24) | | | | |
| <i>N</i> | 1,422 | 281 | 430 | 281 | 430 |
| Reduced coping strategy index (0-56), female head of household | 0.172 | 12.910 | 11.496 | 13.192 | 12.463 |
| | (2.92) | | | | |
| <i>N</i> | 402 | 78 | 123 | 78 | 123 |
| Households with high reduced coping strategy index | 8.237 | 52.455 | 49.075 | 58.398 | 46.441 |
| | (5.12) | | | | |
| <i>N</i> | 1,954 | 387 | 590 | 387 | 590 |
| Households with high reduced coping strategy index, male head of household | 10.922** | 51.246 | 49.167 | 59.075 | 43.488 |
| | (5.57) | | | | |
| <i>N</i> | 1,422 | 281 | 430 | 281 | 430 |
| Households high reduced coping strategy index, female head of household | -4.570 | 55.128 | 47.210 | 52.564 | 54.472 |
| | (12.85) | | | | |
| <i>N</i> | 402 | 78 | 123 | 78 | 123 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Food expenditure share attests to the level of food security of the household: a higher proportion generally indicates a higher level of vulnerability.³⁴ Nevertheless, an increase in the share of food expenditures among food-insecure households may indicate that they are able to dedicate more resources to food. Food expenditure share has risen among beneficiary and non-beneficiary households since the beginning of the intervention (see Table 11). The intervention had a positive impact on food expenditure share, especially in male-headed households. Female-headed households in intervention and comparison areas experienced similar increases in food expenditure share.

Table 11. Impact on the food expenditure share

| | IMPACT OF INTERVENTION | TREATMENT MEAN BASELINE | COMPARISON MEAN BASELINE | TREATMENT MEAN ENDLINE | COMPARISON MEAN ENDLINE |
|---|------------------------|-------------------------|--------------------------|------------------------|-------------------------|
| Food expenditure share | 4.803** (1.87) | 43.710 | 45.935 | 52.890 | 48.969 |
| N | 1,952 | 386 | 590 | 386 | 590 |
| Food expenditure share, male head of household | 5.737*** (1.98) | 42.653 | 45.807 | 52.794 | 48.867 |
| N | 1,420 | 280 | 430 | 280 | 430 |
| Food expenditure share, female head of household | 1.990 (3.55) | 47.628 | 47.596 | 53.839 | 49.804 |
| N | 402 | 78 | 123 | 78 | 123 |
| High food expenditure share | 10.169** (4.25) | 6.218 | 7.584 | 22.539 | 11.017 |
| N | 1,952 | 386 | 590 | 386 | 590 |
| High food expenditure share, male head of household | 10.955** (4.41) | 3.929 | 6.032 | 22.143 | 10.930 |
| N | 1,420 | 280 | 430 | 280 | 430 |
| High food expenditure share, female head of household | 12.241 (10.07) | 14.103 | 15.146 | 24.359 | 10.569 |
| N | 402 | 78 | 123 | 78 | 123 |

Note: Impact estimates use the DRDID method of Sant’Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Qualitative data corroborates the increase in food expenditure share as households bought food provisions. Many households reported increasing the number of meals a day and the amount of food in their stocks.

“Of course, cash transfers have solved a lot of the difficulties we had before. Before we ate a small amount, now we have increased the amount of food... We buy more quantities of food. The cash transfers allowed our household to eat three times a day, something we couldn’t do before.” – Male beneficiary, CAC Emeraude

“I am happy and thank you for thinking of us, providing us with financial assistance that allowed us to stock up on food for our households. It helped us to get treatment, buy maize and cassava flour and with the remaining money we bought cooking oil” – FGD women, CAC Mangengenge

Table 12 presents the impacts of the intervention on monthly household expenditure. First, it should be noted that the average food and non-food expenditure³⁵ of beneficiary and non-beneficiary households has increased in absolute terms since the baseline survey. However, the largest increases were recorded among non-beneficiaries. The average total monthly expenditure of beneficiaries increased by 67,000 CDF (~33 USD) and 223,000 CDF (~111 USD) among non-beneficiaries, which translates into a negative impact on average total monthly expenditure of 129,000 CDF (~65 USD). As for child-related expenses³⁶, they increased on average by 23,000 CDF (~11 USD) among beneficiaries and 59,000 CDF (~29 USD) among non-beneficiaries. The estimated impact on child-related expenses is negative 30,000 CDF (~15 USD). However, looking at per capita expenditures, negative statistically significant impacts are observed for total expenditure and non-food expenditure but not food or child-related expenditures.

Table 12. Impact on monthly food, non-food and child-related expenditures

| DEPENDENT VARIABLE | IMPACT OF INTERVENTION | TREATMENT MEAN BASELINE | COMPARISON MEAN BASELINE | TREATMENT MEAN ENDLINE | COMPARISON MEAN ENDLINE |
|---|----------------------------|-------------------------|--------------------------|------------------------|-------------------------|
| Total monthly expenditure (CDF) | -128,653*** (30,273.50) | 296,884 | 348,251 | 363,795 | 571,573 |
| Total monthly expenditure (CDF), per capita | -23,602*** (6,318.48) | 69,206 | 65,786 | 76,466 | 101,301 |
| Monthly food expenditure (CDF) | -50,053*** (17,252.57) | 131,149 | 162,057 | 180,371 | 268,432 |
| Monthly food expenditure (CDF), per capita | -6,747* (4,101.18) | 29,731 | 30,138 | 40,578 | 48,242 |
| Monthly non-food expenditure (CDF) | -78,600*** (16,076.54) | 165,736 | 186,193 | 183,424 | 303,141 |
| Monthly non-food expenditure (CDF), per capita | -16,855*** (3,084.25) | 39,476 | 35,649 | 35,887 | 53,060 |
| Monthly child-related expenditure (CDF) | -30,408** (12,801.69) | 103,503 | 122,760 | 126,739 | 181,338 |
| Monthly child-related expenditure (CDF), per capita | -3,156 (2,032.84) | 16,503 | 18,606 | 20,554 | 26,638 |
| N | 1,952 | 386 | 590 | 386 | 590 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

4.1.3 Impact on economic activities and household assets

Table 13 shows the positive impact of 8.9 percentage points on the proportion of households who saved in a formal and secure account (banking or mobile money). This result is due to the decline in the proportion of savers among non-beneficiaries.

Table 13. Impact on savings & investment

| DEPENDENT VARIABLE | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|--|--------------|----------------|-----------------|----------------|-----------------|
| | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Saved in a bank / mobile money account in the last 12 months | 8.926** | 17.313 | 29.316 | 17.571 | 23.729 |
| | (4.26) | | | | |
| Households that made a purchase on credit | 5.290 | 27.390 | 25.702 | 31.525 | 24.237 |
| | (4.95) | | | | |
| Priority spending: Savings / business investment | 5.250 | 8.269 | 12.952 | 12.920 | 12.712 |
| | (3.53) | | | | |
| <i>N</i> | 1,954 | 387 | 590 | 387 | 590 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Table 14 presents the impacts on productive income-generating activities (IGAs). Although the average number of IGAs increased among beneficiaries, non-beneficiaries experienced similar increases, and ultimately the impact is not statistically significant. The intervention did have a positive impact of 10.8 percentage points on the proportion of households that cultivated land in the past 12 months. During the intervention period, the proportion of households cultivating land decreased among non-beneficiaries, while it increased among project beneficiaries who, thanks to cash transfers, were able to access land and agricultural inputs. There was no statistically significant impact on other types of income-generating activities³⁷, although the proportion of households with a non-farm businesses and casual work increased among beneficiaries.

Table 14. Impact on the number of household productive activities

| | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|--|--------------|----------------|-----------------|----------------|-----------------|
| DEPENDENT VARIABLE | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Number of income-generating activities | 0.135 | 2.517 | 2.476 | 2.744 | 2.546 |
| | (0.10) | | | | |
| Agriculture | 10.840** | 56.072 | 49.540 | 60.982 | 41.864 |
| | (4.75) | | | | |
| Breeding | 2.398 | 39.793 | 26.346 | 43.411 | 25.593 |
| | (3.88) | | | | |
| Non-agricultural business | -2.528 | 38.243 | 41.613 | 47.545 | 55.085 |
| | (4.99) | | | | |
| Casual work | 3.701 | 9.819 | 14.541 | 15.504 | 14.746 |
| | (3.29) | | | | |
| Paid labor | -0.458 | 7.752 | 15.564 | 7.494 | 17.458 |
| | (2.14) | | | | |
| Other sources of income | -0.464 | 100.000 | 100.000 | 99.483 | 99.831 |
| | (0.36) | | | | |
| N | 1,954 | 387 | 590 | 387 | 590 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Qualitative data corroborate improvements in recipients' economic activities. Program stakeholders interviewed noted an increase in economic activities as a result of cash transfers, especially in remote locations. The study noted small investments made by several households through these cash transfers. Many beneficiaries feel that without these cash transfers, they would have even more difficulties and would not have resumed their businesses.

"We've seen a lot of businesses that reappear because they actually existed before. People tell us I had this little business before, but COVID came and I had to stop or I had to slow down or it didn't work anymore or so on. Or new business completely. [...] if we take the example of Kindundu, this is one of the remote places, so there we make direct cash, on the other hand. When we went there for biometric registrations, when we got there, there was nothing. [...] And even the market was extremely limited et cetera. [...] since assistance came in, we can say that the face of Kindundu has changed." – Key informant

“We bought food provision. Then we bought merchandise: charcoal that my wife sells. And since I only have one child who is in sixth grade of humanities, the youngest, we also paid the expenses for him to continue his studies. My wife sells the charcoal and with the profits she pays the child’s expenses” – FGD men, CAC Mangenge.

“This money helped me in this sense: I who did not have chickens, I now have some. I didn’t have ducks, but now I have some. As for the field, I had some. But for now with this money, I have poultry [and] I have a second-hand bike ” – FGD men, CAC Matu.

“There was a slight improvement because we had added a little money to the business that my wife runs. But since the cost of living is very high, she finds it difficult to resume her business because she had lost all her money” – FGD men, CAC Ngandu.

Discussions with beneficiaries and RECOs also highlighted cases where households have managed to start or restart an IGA. The transfers thus made it possible for households to resume business, either by boosting their available capital or by building up new capital. Some households seem to have invested in activities to anticipate the end of transfers and ensure the sustainability of transfers.

“I had received my money, at the first transfer it was 200,000 CDF. It was with this that I had gathered the capital for my business of selling beer, a business that I run to this day” – Beneficiary woman, CAC Emeraude

“With this money, I simply thought to invest. I didn’t do anything else, I can’t lie to you. I saw the needs in the neighborhood... I had seen that people were asking for more juice, sugary drinks and food. [...] This trade helps me tremendously.” – FGD women, CAC Emeraude

“Some have only used this money to eat believing that this money will always come, but those who were wise started their business: opening shops, pharmacies or other activities” – RECO, CAC Ngandu

“There are many people who have really asked themselves and wondered: what are we going to do with this so that it lasts us longer than expected? And there are really a lot of stories of people who have invested some of the money. So, here we will say that the majority of the money was spent on food, on school fees so that’s also really great, on health. But also a lot of them invested some of the money they received and they really thought about what could make them last the longest. And there are some it’s really interesting because they embarked on something that wouldn’t pay off right away. But a little more in the long run.” – Key informant

Table 15 presents the impact estimates on the housing quality index³⁸, the asset index³⁹ and access to livestock. Access to electricity and the proportion of households with livestock have increased in intervention and comparison areas. However, if we compare the evolution of beneficiaries with those of non-beneficiaries, it appears that the intervention did not have a significant impact on these indicators. There was a negative impact on the housing quality and durable goods indexes, due to significant improvements among non-beneficiaries, while program beneficiaries have remained relatively at the same level.⁴⁰ It should be noted that the intervention did not focus on improving the quality of housing or asset building.

Table 15. Impact on housing quality and household assets

| DEPENDENT VARIABLE | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|---------------------------------|---------------------|----------------|-----------------|----------------|-----------------|
| | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Has electricity | 6.212 (3.99) | 8.269 | 56.480 | 18.863 | 66.780 |
| Housing quality index | -0.085** (0.04) | -0.205 | 0.093 | -0.202 | 0.229 |
| Asset index | -0.071*** (0.02) | -0.048 | -0.013 | -0.072 | 0.051 |
| Has livestock | 2.398 (3.88) | 39.793 | 26.346 | 43.411 | 25.593 |
| Total number of livestock units | 0.424 (0.59) | 0.180 | 0.126 | 0.736 | 0.213 |
| N | 1,954 | 387 | 590 | 387 | 590 |

Note: Impact estimates use the DRDID method of Sant’Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

4.1.4 Impact on access to education and health care

According to focus group discussions and qualitative interviews, expenses related to children’s education (school fees, supplies, clothes, etc.) was the second most cited use of the cash received, especially since payments were made during the back-to-school periods. The prioritization of these expenditures demonstrates the importance that households place on the education of children:

“We divided: one part for food purchases and the other for my children’s school fees because they had been expelled from school for lack of payment” – FGD men, CAC Emeraude.

“I paid the school fees of the child who was in sixth grade of the humanities and for these children, I paid for school kits and ketch shoes” – FGD women, CAC Emeraude.

“The first thing to cover was the school fee. We also kept [a portion of the transfer] for food and I invested some money in my business” – FGD women, CAC Mangengenge.

“I had bought school supplies and school uniforms for my children” – FGD women, CAC Mangengenge.

Table 16 shows that overall school attendance rates improved similarly among beneficiaries and non-beneficiaries. The intervention had no statistically significant impact on children’s school attendance, apart from the negative impact on the proportion of children who had ever attended school (which was due to increased proportion among non-beneficiaries). Nevertheless, qualitative evidence suggests that the provision of cash transfers has been a real relief for households. Some said they were satisfied because the cash transfers allowed them to pay school fees in private/secondary schools, supplies, uniforms and shoes for their children enrolled in free public primary schools, or pay state exam registration fees for high school students.

Table 16. Impact on school attendance of children aged 6 to 17

| | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|----------------------------------|--------------------|----------------|-----------------|----------------|-----------------|
| DEPENDENT VARIABLE | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Has previously attended school | -5.126** (2.30) | 94.253 | 90.947 | 93.775 | 95.569 |
| N | 4,118 | 696 | 1,313 | 755 | 1,354 |
| Currently attending school | -3.389 (3.12) | 83.333 | 84.403 | 87.417 | 91.433 |
| N | 4,118 | 696 | 1,313 | 755 | 1,354 |
| Currently attending school, boy | -5.070 (3.61) | 83.333 | 81.689 | 87.931 | 90.060 |
| N | 2,072 | 354 | 648 | 406 | 664 |
| Currently attending school, girl | -2.875 (3.91) | 83.333 | 86.648 | 86.819 | 92.754 |
| N | 2,046 | 342 | 665 | 349 | 690 |
| Attends a private school | -5.110 (4.42) | 36.638 | 22.827 | 42.119 | 34.047 |
| N | 4,118 | 696 | 1,313 | 755 | 1,354 |

Note: Impact estimates use the DRDID method of Sant’Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Table 17 shows a relative increase in the proportion of beneficiary children involved in household chores (such as collecting water or wood, shopping, cooking, washing dishes and cleaning the house, washing clothes, caring for children and/or the elderly/sick). The levels and patterns are very similar between the beneficiary and non-beneficiary households, resulting in no impact on children’s productive and domestic work.

Table 17. Impact on productive and domestic work performed by children aged 5-17

| | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|---|--------------|----------------|-----------------|----------------|-----------------|
| DEPENDENT VARIABLE | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Agricultural, commercial or productive work | -3.211 | 20.588 | 16.798 | 22.378 | 20.612 |
| | (4.39) | | | | |
| N | 1,526 | 272 | 478 | 286 | 490 |
| Domestic work | -1.284 | 82.353 | 79.774 | 87.719 | 85.890 |
| | (5.12) | | | | |
| N | 1,524 | 272 | 478 | 285 | 489 |
| Domestic work, boys | 1.064 | 76.712 | 77.155 | 83.784 | 84.167 |
| | (6.20) | | | | |
| N | 763 | 146 | 229 | 148 | 240 |
| Domestic work, girls | -0.844 | 88.889 | 83.560 | 91.971 | 87.550 |
| | (5.37) | | | | |
| N | 761 | 126 | 249 | 137 | 249 |
| Domestic work, 5 to 11 year olds | -4.816 | 77.844 | 73.142 | 81.366 | 80.843 |
| | (7.37) | | | | |
| N | 835 | 167 | 246 | 161 | 261 |
| Domestic work, 12 to 17 year olds | 2.254 | 89.524 | 88.176 | 95.968 | 91.667 |
| | (4.90) | | | | |
| N | 689 | 105 | 232 | 124 | 228 |

Note: Impact estimates use the DRDID method of Sant’Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Table 18 shows a slight reduction in the proportion of people who had been ill in the past 30 days among both beneficiary and non-beneficiary households. The average monthly expenditure on health has decreased for beneficiary households, while it remained stable for non-beneficiaries. Nevertheless, the impact on health spending is not statistically significant. Qualitative interviews converge on the fact that access to health care has been difficult even before the advent of COVID-19. The high cost of medicines, the upfront payment for consultations and treatment, the insufficiency or complete lack of medicines in some health facilities are factors that have made this access even more difficult during the pandemic. However, qualitative data suggest that thanks to the money transfers several beneficiaries have managed to obtain treatment (e.g. for hernia, malaria, etc.).

Table 18. Impact on health and health expenditure

| | IMPACT OF INTERVENTION | TREATMENT MEAN BASELINE | COMPARISON MEAN BASELINE | TREATMENT MEAN ENDLINE | COMPARISON MEAN ENDLINE |
|--|-------------------------|-------------------------|--------------------------|------------------------|-------------------------|
| Illness or injury in the past 30 days | 0.019 (2.93) | 24.280 | 20.797 | 23.176 | 19.799 |
| <i>N</i> | 12,941 | 2,117 | 3,858 | 2,481 | 4,485 |
| Preventive health spending in the past 30 days | 4,874.06 (4,010.18) | 8,083.95 | 9,041.20 | 7,366.44 | 3,503.94 |
| <i>N</i> | 2,798 | 514 | 821 | 575 | 888 |
| Treatment expenditure in the last 30 days | -5,345.93 (8,238.71) | 44,506.91 | 47,339.60 | 41,919.13 | 52,907.26 |
| <i>N</i> | 2,798 | 514 | 821 | 575 | 888 |
| Other health expenses (for example, transportation) | -2,020.62 (2,563.25) | 8,100.49 | 4,491.84 | 4,697.30 | 3,230.24 |
| <i>N</i> | 2,798 | 514 | 821 | 575 | 888 |
| Total health expenditure in the last 30 days | -1,136.20 (2,810.83) | 14,735.64 | 12,487.59 | 12,511.15 | 11,808.61 |
| <i>N</i> | 12,941 | 2,117 | 3,858 | 2,481 | 4,485 |
| Borrowed money or sold goods to pay for your health expenses | -0.015 (5.00) | 29.961 | 20.283 | 31.652 | 23.874 |
| <i>N</i> | 2,798 | 514 | 821 | 575 | 888 |

Note: Impact estimates use the DRDID method of Sant'Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

According to interviews with stakeholders, the intervention had a dual objective: to mitigate the impacts of COVID-19 through cash transfers and to strengthen the government's capacity to set up a shock-sensitive social protection system through the piloting of the tools and approaches integrated into the STEP 2 project. The shared perception of program stakeholders was that the goal of mitigating the impact of COVID-19 has been achieved. Indeed, qualitative data suggest that transfers enabled recipients to buy food, pay for health care and pay school fees. In contrast, quantitative estimates of impact on food security, health expenditure and school attendance are not statistically significant. The inability to detect the positive effects revealed in qualitative data is partly explained by similar improvements/trends among non-beneficiaries, short duration of the intervention, irregularity of transfers during the intervention (in terms of timing and amounts), the timing of endline data collection, and reduced statistical power to detect impacts. It should be noted, however, that some households have invested in new or existing income-generating activities to sustain the effects of this one-off support. This is confirmed by quantitative estimates which show the positive impact on the prioritization of savings and/or investment in income-generating activities.

4.2 Have transfers changed the dynamics of decision-making within households, including women's joint or independent decision-making?

Response to the research question: Quantitative and qualitative data triangulate the fact that cash transfers have not changed gender dynamics in household decision-making. Indeed, according to the recipients, transfers tended to reinforce existing gender dynamics within the households. Couples characterized by mutual trust arrived at decisions about 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.

According to Table 19, the proportion of women who find that they have free choice and control over their lives, as well as the proportion of women who find that they are able to make decisions within the household, have increased in beneficiary and non-beneficiary households. Qualitative data confirm that cash transfers have enabled women to actively participate and to give their opinion and to be listened to. At the same time, there is a decrease in the perceived level of women's autonomy in decision-making on different aspects of household life, namely agricultural production, expenditure, use of transfers, health care, clothing purchases, schooling and childcare in both beneficiary and non-beneficiary households. Finally, given the parallel trends in the intervention and comparison areas, no significant impact was detected on household gender dynamics. Household decision-making follows cultural norms and household habits, both of which are difficult to transform. The relatively short duration of the intervention and the limited nature of gender complementary services may explain the lack of impact on women's agency in household decision-making.

Table 19. Women’s agency and decision-making in the household

| | IMPACT OF | TREATMENT MEAN | COMPARISON MEAN | TREATMENT MEAN | COMPARISON MEAN |
|--|---------------------|----------------|-----------------|----------------|-----------------|
| DEPENDENT VARIABLE | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| Has free choice and control of her life | 3.589 (6.90) | 35.740 | 39.305 | 50.903 | 51.335 |
| Can make decisions within her household | 2.679 (7.40) | 35.740 | 43.126 | 46.570 | 51.540 |
| Decision-making power: agricultural/family business production | -85.666 (112.20) | 761.842 | 629.969 | 635.526 | 512.963 |
| Decision-making power: main household expenditures | 22.418 (79.42) | 688.043 | 533.607 | 669.565 | 485.976 |
| Decision-making power: small household expenditures | -59.251 (87.04) | 835.156 | 625.267 | 667.188 | 491.204 |
| Decision-making power: monetary transfers/government food subsidies | 12.988 (118.02) | 717.568 | 632.762 | 633.784 | 475.962 |
| Decision-making power: buy clothing for herself | -129.882 (99.49) | 737.500 | 519.988 | 614.286 | 488.542 |
| Decision-making power: seek health care for herself | -95.974 (110.61) | 779.412 | 590.457 | 536.275 | 410.897 |
| Decision-making power: take children to the doctor/health facility | -97.288 (150.45) | 673.958 | 563.878 | 535.417 | 515.672 |
| Decision-making power: send children to school/relations with school | -24.233 (131.62) | 667.143 | 493.455 | 597.143 | 436.986 |
| N | 1,528 | 277 | 487 | 277 | 487 |

Note: Impact estimates use the DRDID method of Sant’Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

Qualitative data from focus groups and in-depth interviews confirm that there has been no questioning of the man’s culturally assigned role as head of household and main decision-maker. The women who did not see men’s prerogative to make key decisions about resource allocation as a problem felt that men are the household heads but also they do not oppose their wives’ opinions when she believes it necessary to prioritize another need. In general, most men said that women cannot make decisions in a male-headed household and that the economic hardships caused by COVID-19 cannot be used as an excuse to undermine the man’s authority in the household.

Table 20 presents the responses of transfer recipients holding the beneficiary SIM card (or SCOPE card in areas without a telephone network). Women represent the majority (54.5%) of the recipients. More than half of female (52.7%) and male (57.5%) recipients said they made decisions about cash transfer use alone. This figure rises to 80.5% among women heads of household and 57.9% among men heads of household. Just over a third of female (35.6%) and male (37.8%) respondents said they were involved in transfer use decision-making. However, some women (11.7%) and men (4.8%) recipients of the transfers admitted to having been excluded from these decisions.

Table 20. Decision-making by cash transfer recipients

| INDICATOR | AVERAGE | N |
|---|---------|-------|
| % of women transfer recipients | 54.5 | 1,017 |
| Women – decides independently | 52.7 | 554 |
| Men - decides independently | 57.5 | 463 |
| Female heads of household – decides independently | 80.5 | 200 |
| Male heads of household – decides independently | 57.9 | 437 |
| Women - participates in decision-making | 35.6 | 554 |
| Men - participates in decision-making | 37.8 | 463 |
| Women - excluded from decision-making | 11.7 | 554 |
| Men - excluded from decision-making | 4.8 | 463 |

NOTE: Figures in tables are percentages unless otherwise indicated.

Qualitative evidence corroborates that it was often women who made decisions on the allocation of the cash assistance, especially when the SIM was registered in the woman’s name or if her husband gave her the SIM card to make withdrawals. Women tended to make autonomous decisions about basic needs, where they were sure their husbands would not object. The analysis also reveals that women’s proposals regarding investments in petty commerce, childcare and food were often adopted after consultation. This was often the case because such proposals were in line with program directives and their anticipatory nature was attractive (in case of investment in IGA). Some women were granted a say in cash transfer allocation because prior to the intervention they had sacrificed their business capital to meet multiple household needs arising during COVID-19.

“Decisions are made in close collaboration with my wife but in order of priority. Example: The woman’s decision is mandatory when it comes to children’s health care, when it comes to paying the school fee or doing household work. We always ask ourselves what expense they should start with. Then we will do the rest. For example, it was my wife who convinced me that we put some money in the small business in front of us” – FG Homme, CAC Ngandu.

“Since I started getting the money, I came [home] with it. If I buy something to eat, I bring the rest home, I present to my wife, here is the money, what do you say? She was the one who said that we were saving a little so that we would overcome the problem of... I left it to my wife to make all the decisions about how the money should be used.” – Male beneficiary, CAC Mangenge.

According to recipients, the level of women’s involvement in the allocation of funds was generally consistent with the couple’s relationship and pre-existing habits. Among harmonious couples, either the husband or the wife withdrew the money and each informed the other of what happened. The allocation of money could be the subject of dialogue and compromise prior or immediately after withdrawal. Conversely, disputes arose when the woman or the man did not manage transfers transparently. Respondents cited examples of women withdrawing the money without telling her husband or ignoring her husband’s advice and household needs to buy items for herself (beauty products, weaving, etc.). There were also cases where men spent the money on their concubines or their own needs without telling their wives. All these instances proved problematic and led to conflicts, including separation of couples. There were also reports of violence resulting from lack of transparency or unilateral use of money by one of the spouses. Thus, the transfers seemed to accentuate and reinforce existing household dynamics.

4.3 Have transfers created changes in other social dynamics, such as social cohesion or positive coping mechanisms?

Response to the research question: The intervention had no impact on cohesion within the beneficiary communities. During the qualitative interviews, beneficiaries highlighted that the transfers did not undermine existing mutual aid and solidarity practices. However, 1 in 5 beneficiary-respondents to the quantitative survey noted increased tensions within the community since the beginning of the intervention.

Table 21 suggests that the transfers had no impact on social cohesion among beneficiaries. Cohesion is a social phenomenon rooted in the reality of place and would be difficult to change over 9 months of the intervention. Qualitative data corroborate that the dynamics of social cohesion and solidarity/mutual aid practices in the different CACs have not been affected by COVID-19 nor by the cash transfer program. Despite the difficult living conditions, people contributed money to help the needy during key social events (burial, marriage, etc.) and to cover healthcare expenses. Churches also intervened to help some of the vulnerable. Some women who started receiving transfers even organized donations for those who faced difficulties during registration and were still awaiting their transfers.

Table 21. Impact on social cohesion

| | IMPACT OF | TREATMENT | COMPARISON | TREATMENT | COMPARISON |
|---|------------------|-----------|------------|-----------|------------|
| DEPENDENT VARIABLE | INTERVENTION | BASELINE | BASELINE | ENDLINE | ENDLINE |
| The majority of people in this community generally get along well with each other | 5.216 (3.99) | 88.372 | 91.513 | 88.630 | 87.288 |
| I feel part of this community | 3.623 (3.19) | 88.630 | 91.669 | 90.439 | 89.661 |
| Given an opportunity, the majority of people in this community would try to take advantage of you | -0.670 (5.32) | 38.760 | 38.969 | 38.501 | 40.000 |
| <i>N</i> | 1,954 | 387 | 590 | 387 | 590 |

Note: Impact estimates use the DRDID method of Sant’Anna and Zhao (2020) with the following covariates, transformed into binary variables: urban area, wealth index, dependency ratio, per capita household income, shocks, diversity of household income sources and adequacy of the amount of transfer received. Baseline means are weighted using weights predicted by the DRDID model. * 10% significance, ** 5% significance, *** 1% significance.

During qualitative interviews, beneficiaries and local authorities also acknowledged the occurrence of transfer-related conflicts between family members, tenants and their landlords and sometimes between neighbors. In their eyes, these were isolated cases. However, according to quantitative data, nearly a quarter of the beneficiaries (22.7%) observed new tensions at community level, probably because some households did not receive support at the same time as their neighbors (see Section 4.4). Relations between RECO and CAC residents experiencing problems accessing transfers have also deteriorated. Some believed that the RECOs were not doing enough to find solutions to their complaints; while the RECOs claimed that they did their best to follow up on complaints but that their power was limited.

“Your program has created conflicts for us with the authorities in our neighborhood [RECOs, CODESA and local chiefs]. One wonders if the error is related to your procedure or that of our authorities [RECOs, CODESA, local chiefs] because we had to make several appeals about our complaints but they remained without any response. Our authorities had reassured us that you would come back but nothing was done. That’s why we can’t appreciate everything because unlike others, we couldn’t participate until the end of the process” – FG Men, CAC Ngandu.

“We have become the target for those who have complaints that we cannot resolve. It is said that we are responsible for their lack of response, that we benefit from all this. Yet we cannot exert pressure in any other way. However, with time and explanations, many people begin to understand. Previously some have even stopped greeting us and others chased us from their homes” –RECO, CAC Ngandu.

4.4 Heterogeneity of impacts

Many interventions generally have differential impacts on population subgroups based on pre-treatment characteristics of the beneficiaries which may produce different responses to the intervention. It is for this reason that this study explored the heterogeneity of impacts with characteristics such as household size (small [up to 6 members] or large) and age of household head (young [below the median age of household head [47] or old). The hypothesis for the choice of age of head as a potential moderator was that younger heads of household were perhaps less entrenched in traditional gender roles and so women’s autonomy was more likely to improve in households with a young head. Choice of household size as a potential moderator is based on the hypothesis that smaller households received higher transfers per capita which could lead to more impacts.

The analysis showed that none of the selected variables systematically resulted in heterogenous impacts on the core indicators (such as food consumption score, share of expenditure on children, and women’s dietary diversity), or on women’s decision-making autonomy. The only exception is that the overall increase in the food expenditure share (reported in Table 8) is driven by impacts in large households, and in households where the head is young. Tables on the heterogeneity of impacts are given in the Appendix F. It must be noted that variables such as transfer size as share of baseline consumption and urban or rural residence are already used as controls in the estimation of impacts so could not be again used to explore heterogeneity.

4.5 Have the parameters of the intervention been effective in meeting people’s needs during the COVID-19 pandemic? Are they sustainable and suitable for expansion to other parts of the country?

Answer to the research question: Intervention parameters were designed to meet the needs of beneficiaries: the involvement of community actors, geographical targeting, extensive communication and awareness activities, careful calculation of transfer sizes and the use of secure mobile money (M-PESA) transfers resulted in a high level of satisfaction among beneficiaries. Nevertheless, a series of lessons and possible improvements were identified to make cash transfers and accompanying measures more responsive and sustainable. Analysis based on transfer recipient’s gender revealed that women were more likely to receive the transfer through M-PESA and not to have received transfers for 4 months or more. Moreover, the last per-capita transfer amount was lower among female recipients compared to men (since they came from larger households).

Table 22 provides an overview of beneficiaries’ level of satisfaction with the different parameters of the cash transfer intervention on a scale of 1 (not at all satisfied) to 10 (completely satisfied). The level of satisfaction expressed is very high for each parameter among both male and female transfer recipients despite the challenges noted by stakeholders, community actors and beneficiaries themselves.

Table 22. Level of satisfaction of recipients with the different parameters of the intervention, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLD | FEMALE HEADED HOUSEHOLD | P-VALUE |
|---|----------------|-----------------------|-------------------------|---------|
| Satisfaction with geographic targeting (phase 1) | 8.20 | 8.25 | 8.16 | 0.499 |
| Satisfaction with household registration | 8.19 | 8.22 | 8.16 | 0.725 |
| Satisfaction with SCOPE card distribution | 8.26 | 8.24 | 8.28 | 0.756 |
| Satisfaction with biometric registration | 8.19 | 8.27 | 8.11 | 0.219 |
| Satisfaction with SIM card distribution | 7.95 | 7.82 | 8.08 | 0.111 |
| Satisfaction with community targeting (Phase 2) | 7.84 | 7.97 | 7.71 | 0.072 |
| Satisfaction with communication and sensitization | 8.14 | 8.19 | 8.09 | 0.534 |
| Satisfaction with the transfer amount | 8.30 | 8.28 | 8.32 | 0.785 |
| Satisfaction with the transfer payment mechanism | 8.23 | 8.20 | 8.26 | 0.692 |
| N | 1,017 | 463 | 554 | |

The following subsections triangulate quantitative and qualitative assessments of the different intervention parameters. They also assess the adaptability and sustainability of intervention parameters for the extension of cash transfer programs across DRC.

4.5.1 Parameter 1: Community volunteer engagement approach

The intervention leveraged existing volunteer community outreach actors (RECOs) to facilitate beneficiary targeting, identification, awareness-raising and complaint management. RECOs volunteer at the CAC level and are responsible for directing households to public health, education, protection and other services. RECO involvement in the program has facilitated access to resident households and communication with them:

“These are the multisectoral structures [...] They are volunteers who work for their community [...] in health promotion, in sanitation promotion, et cetera, and we thought they were community elected officials. And we thought that these were the appropriate structures to be interlocutors of the project in the household.” – Key informant.

Although CACs and RECOs are supposed to exist everywhere, stakeholders noted major differences in their dynamism, knowledge of the environment and their capabilities:

“This is still important because when we entered, the CACs that we saw, that we were boasted [as being functional] are not necessarily the same that we have seen...” – Key informant.

Some areas did not have functional CACs. In these cases, stakeholders initiated and supported the establishment of these structures – the number of functional CACs in intervention areas has increased from 63 to 190. In fact, most stakeholders interviewed cited the revitalization of the CACs as one of the project’s key successes.

Before getting involved in the program activities, local authorities, presidents of CODESA and RECOs received information on intervention objectives and approaches as well as a briefing on sexual abuse prevention. The CACs also received small grants to launch income-generating activities (IGAs), which were meant to help motivate the RECOs and to cover the costs of engaging in program-related activities. The funding of IGAs aimed to strengthen cohesion between RECOs within the same CAC and to provide them with a sustainable source of income (rather than paying them for the implementation of project activities), while maintaining their status as volunteers serving their community.

Some key informants felt that IGA grants were insufficient compared to the workload expected from RECOs, namely: sensitization of targeted households⁴¹ and support to all processes around the implementation of the intervention⁴². The RECOs did receive additional transport allowance for some activities, for example when they accompanied the MINAS and World Vision enumerators during household registration. However, such allowances were not foreseen for all the expected RECO activities. As a result,

RECOs tended to be less invested in non-remunerated intervention activities. Given that RECOs come from the same communities and are more or less as vulnerable as project beneficiaries, many key informants suggested to look for ways to compensate RECOs, especially when intervention activities required them to leave their occupations for days or even weeks. When extending cash transfers to other parts of the country, if RECOs and CACs are engaged, more substantial subsidies or more adequate and regular allowances for activities should be considered.

“When you see we had thought, and this is a strong point in my opinion, if we strengthen the community with AGRs (connection problem) I think it’s good because it’s not individual, it’s community spirit and these people can stay. They can continue their volunteering while knowing that they have a productive activity in common. I don’t know productive activity, pigs, goats. [...] but it has to be significant [income-generating] activities because I saw the project gives 100 USD. 100 USD. I don’t know, 100 USD makes me laugh.” – Key informant.

4.5.2 Parameter 2: Two-phase targeting and beneficiary registration

Beneficiary targeting was done in two stages: first, the geographic targeting of the most vulnerable CACs and all their resident households, including a mop-up exercise to ensure complete coverage; and then the community-based targeting of households according to the vulnerability criteria defined by community representatives.

Phase I – Geographic targeting

Geographic targeting aimed not only to identify the most vulnerable areas and assist all their residents to mitigate the consequences of COVID-19, but also to avoid discontent, tension or unrest within the community that had never experienced similar interventions before.⁴³ Local authorities, including the mayor, the chief medical officer and the presidents of CODESA were asked to classify health areas in the Nsélé Health Zone according to their poverty and vulnerability levels. Six health areas were selected for the intervention. Thereafter, in rural health areas (Buma, Kindobo, Dingi Dingi) all CACs were targeted, while in peri urban Mikonga, Mpassa 1 and Mpassa 2, only the CACs that were identified as the most vulnerable were retained. The list of CACs was then adjusted to ensure that CACs not targeted, but surrounded by targeted CACs would benefit from the intervention to reduce the risk of intra-community tensions:

“So sometimes we were forced to add CACs that were in the middle of two CACs that were taken for reasons [that are] obvious, because otherwise it would have caused community problems, people would not have understood why they but not me.” – Key informant.

Additional CACs have also been added to ensure that the intervention reaches the number of beneficiaries expected by the donors.

Intervention stakeholders were generally satisfied with the results of geographic targeting. Some saw value in doing a tour of CACs before proceeding with registration to confirm and validate CACs:

“What should be done once geographic targeting is done, I think we should do a quick check beforehand, before starting household registration, that’s the first thing. This is for phase one. But again, I think overall it was well done. I’m just talking about a few CACs that probably could have been, how shall I say, discarded.” – Key informant.

Household census, registration and mop-up

The project partnered with community actors to register all households in targeted CACs. RECOs and local authorities oriented the MINAS and World Vision enumerator teams on CAC boundaries and introduced them to CAC residents – which was critical to the success of the intervention:

“I don’t think we could have started this project without the existing relationship that UNICEF had with the CAC.” – Key informant.

Despite the efforts of RECOs and enumerators, some households were missed during the initial door-to-door registration. Some were away from home at the time of enumerator visits. Others were hesitant to register as they were not used to receiving assistance and were wary of potential foul play by program stakeholders:

“Some told us ‘but what money? It’s magic money.’ There were lots of discussions. Others said, ‘How can you give money to someone who has done nothing [for it], that you are given the money without having to do anything, just like that? This money that you were told you will have for 3 months, so after 3 months people will get sick, others will die, you will be sacrificed, your land plots will be confiscated” – RECO, CAC Mangengenge.

Some households intentionally gave false identities to investigators because of their suspicions, which would later lead to know-your-customer (KYC) issues when registering SIM cards and M-PESA accounts (see section 4.4.5).

After the census, households were invited to dedicated sites for biometrics – digital fingerprinting – with all members of their household aged 5 or older. This step was plagued by delays and operational challenges: few beneficiaries showed up at the sites, some did not bring all household members, waiting times were long due to the limited number of biometric devices and operations started late due to traffic jams.⁴⁴ As a result, in the longitudinal sample, about one-third (32.4%) of households had the same biometric size as the household size reported in the baseline survey, just under half (45.9%) had the biometric size below the declared size, and just over one-fifth (21.7%) had a higher rate than that reported in the baseline survey.

The distribution of SIM cards along with the opening of an M-PESA account was the last registration step required prior to cash transfer disbursement. Initially, beneficiaries residing in areas without mobile network coverage were invited to collect their SIM cards in locations with the network, but this approach was soon abandoned in favor of *direct cash* distributions in partnership with Trust Merchant Bank (TMB).

At the beginning of the intervention, program stakeholders made an effort to mop-up households who were missed at one of the registration steps to ensure their access to assistance. In the end, almost 9 out of 10 of targeted CAC resident households (88.2%) had a SCOPE card and almost 9 out of 10 households (88.6%) in areas with mobile network coverage areas had a SIM card at the time of the endline survey (Table 23). Although SCOPE and SIM cards were generally issued to heads of household, following encouragement by program staff, more than half (53.9% and 57.4% respectively) were registered to women.

Table 23. SCOPE and SIM cards possession

| INDICATOR | AVERAGE | N |
|---|-------------|--------------|
| HAS THE SCOPE CARD | 88.2 | 1,154 |
| SCOPE card registered to a woman | 53.9 | 763 |
| SCOPE card registered to the head of household | 65.3 | 766 |
| SCOPE card registered to the spouse of household head | 28.5 | 766 |
| SCOPE card registered to someone else | 6.3 | 766 |
| HAS THE SIM CARD | 88.6 | 1,154 |
| SIM card registered to a woman | 57.4 | 688 |
| SIM card registered to the head of household | 61.2 | 696 |
| SIM card registered to the spouse of household head | 31.2 | 696 |
| SIM card registered to someone else | 7.6 | 696 |

NOTE: Figures in tables are percentages unless otherwise indicated.

Phase II – Community targeting

The beneficiaries of the second phase were chosen on the basis of community targeting. Community representatives developed vulnerability and poverty criteria⁴⁵ (Table 24). These criteria were then applied by the targeting committees of each CAC (composed of RECOs, local authorities and MINAS representatives) to the lists of first phase beneficiaries in order to identify «Mokeleli» (middle) and «Mobola» (poor) households who would continue to receive support for another 6 months.

Table 24: Vulnerability and poverty criteria used in community targeting

| CRITERIA | STABLE HOUSEHOLD « MOZUI » | MIDDLE HOUSEHOLD « MOKELELI » | POOR HOUSEHOLD « MOBOLA » |
|-----------|--|--|---|
| Housing | Owner of a house made of durable materials and with all the amenities | Tenant of house made of durable materials with limited access to water and electricity | Lives in a sheet metal shed on a plot without any amenities |
| Income | Average monthly income of more than 300,000 CDF | Average monthly income of less than 150,000 CDF | Monthly income of less than 50,000 CDF |
| Nutrition | 3 daily meals, diversified and balanced | 2 daily meals, limited and undiversified | 1 daily meal, very limited in quality and quantity |
| Education | All children attend good quality primary and secondary schools with the possibility of university education | Less than 50% of children attend primary neighborhood schools | No child attends primary school |
| Health | Access to the nearby health center and in case of complication goes to private hospitals and clinics in Kinshasa | Self-medication and in case of complication goes to the nearby health center | No treatment and in case of complication resorts to self-medication or prayer |

Source: UNICEF DRC.

Stakeholders recognized and appreciated the value and importance of involving the community in defining targeting criteria. Nevertheless, the qualitative analysis of stakeholder and RECO perceptions on the role of RECOs in community targeting revealed two major findings that need to be addressed to scale up cash transfers in the DRC.

First, stakeholders and RECOs were unanimous that involvement of RECOs in community targeting gave a lot of power to RECOs (even though in principle the targeting committees included several actors from the community and the local administration⁴⁶). However, this power is not interpreted in the same way: it was seen as a probable source of fraud by the stakeholders, whereas for RECOs it was a source of pride. Stakeholders suspected that RECOs had engaged in fraud and clientelist practices to put people on the lists, a claim that is supported by this beneficiary testimony:

“Some demanded money to be on the vulnerable list. It turned out that some truly vulnerable were not retained while non-vulnerable were on the lists of beneficiaries of the second phase” – Male beneficiary, CAC Mangengenge.

For their part, the RECOs suggested that the inclusion and exclusion errors resulted from mishandling of the lists by the program stakeholders:

“We were asked to identify vulnerable households and to leave the families who were stable. [...] When we sent the list [of the second phase], several vulnerable had been included but other stable families still found themselves in this phase for the vulnerable, even though we had not identified them.” – RECO, CAC Ngandu.

“At the second targeting, we had a problem in the CAC MUKOKO I, because there was a disruption in the lists; those of this CAC came out in the other CAC. [...] The people who were selected are not vulnerable. [...] We had filed a complaint but until now [it remains] without follow-up. In the meantime, these people benefit but the vulnerable do not benefit.” – President CODESA, CAC Emeraude.

Furthermore, it turned out that even though RECOs and other targeting committee members were anchored in the community, in peri-urban neighborhoods where there is high resident mobility and turnover, they did not know all the residents by their names and addresses⁴⁷. Insufficient knowledge of households by community leaders in peri-urban areas has led to exclusion and inclusion errors. Table 25 demonstrates the imprecision of household classification: the only statistically significant difference between phase 1 and phase 2 households was house type. The proportion of households with an income not exceeding CDF 150,000 (USD 75) per month was 62.4% among phase 2 households versus 52% among households that were not admitted to phase 2 – and this difference is not statistically significant. The same applies to the proportion of owners and the number of daily meals.

Table 25: Differences between phase 1 and phase 2 households, according to key community targeting criteria

| INDICATOR | ALL HOUSEHOLDS | BENEFICIARIES (PHASE 1) | BENEFICIARIES (PHASE 2) | P-VALUE |
|-------------------------------------|----------------|-------------------------|-------------------------|---------|
| Owner of the house | 50.89 | 61.67 | 65.45 | 0.596 |
| Modern house in a plot / concession | 41.60 | 63.89 | 25.16 | 0.000 |
| Income of 150,000 CDF or less | 52.01 | 52.01 | 62.37 | 0.075 |
| Two or fewer meals per day | 87.95 | 93.08 | 87.72 | 0.134 |
| N | 1,835 | 116 | 387 | |

NOTE: Figures in tables are percentages unless otherwise indicated. The statistics are based on baseline data for households that were found in the WFP database.

Program stakeholders had a shared feeling that a quantitative check should have been incorporated into the community targeting process to reduce the influence of targeting committees, for example, by using proxy means testing (PMT)⁴⁸ with QSE data⁴⁹ or applying community targeting criteria to QSE data in order to generate the list of phase 2 beneficiaries, subject to community validation. For the extension of cash transfers to other parts of the country, a mixed quantitative and qualitative approach to targeting vulnerable households is recommended in order to reduce power⁵⁰ and address the knowledge gaps of community actors.

Ultimately, the two targeting exercises resulted in cash transfer distributions to the identified households. Almost 9 out of 10 households (89.5%) in the intervention areas, regardless of the recipient sex, reported receiving at least one cash transfer. Among beneficiary households, children accounted for 43.9% of household members. On average, households received 4.5 transfers, reflecting the fact that the payment schedule was compressed to meet donor deadlines and some households had not received their last tranche at the time of endline data collection.⁵¹ Male recipients received an average of 5 transfers compared to 4.6 transfers received by their female peers.

Table 26 presents the characteristics of households that received at least one cash transfer. About a quarter (22.8%) were headed by women. The average age of the household head was 50 years old. Three-quarters (76.8%) of household heads were married, nearly all (93.8%) had received some education, but almost 1 in 5 (18.1%) had not completed primary school. These households had an average of 6.1 members, with an average of 3.3 adults and 2.7 children. Half (49.3%) of the household members were women. Over half (54.1%) of household members aged 15 or older are already married. There were more female recipients in urban areas. Female recipients came from larger households (6.2 persons) with a higher dependency ratio (1.3) compared to male recipients (5.5 persons and 1.1, respectively).

Table 26. Characteristics of households that received at least one cash transfer, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE | FEMALE | P-VALUE |
|---|----------------|-------|--------|---------|
| | (1) | (2) | (3) | (4) |
| Urban | 44.24 | 35.79 | 52.29 | 0.000 |
| Female head of household | 22.75 | 2.94 | 41.60 | 0.000 |
| Age of household head | 49.84 | 49.38 | 50.28 | 0.505 |
| Head of household is married | 76.78 | 86.84 | 67.21 | 0.000 |
| Head of household has gone to school | 93.80 | 96.58 | 91.16 | 0.000 |
| Head of household did not finish primary school | 18.11 | 14.40 | 21.64 | 0.000 |
| Household size (count) | 5.87 | 5.52 | 6.19 | 0.002 |
| Number of adults | 3.21 | 3.07 | 3.34 | 0.078 |
| Number of children | 2.66 | 2.46 | 2.85 | 0.001 |
| Dependency ratio | 1.20 | 1.08 | 1.31 | 0.006 |
| % of members 0-4 years | 12.64 | 12.15 | 13.11 | 0.379 |
| % of female members | 49.30 | 42.31 | 55.94 | 0.000 |
| Household average age | 26.78 | 28.13 | 25.49 | 0.012 |
| % of 15+ year old household members are married | 54.11 | 62.52 | 46.12 | 0.000 |
| N | 1,017 | 463 | 554 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

4.5.3 Parameter: communication / sensitization

Sensitization activities were carried out through two channels: (1) interpersonal communication (home visits, meetings, training, SMS) and (2) public communication (megaphone announcements, educational discussions, animation at public launches and ceremonies, awareness-raising in places of worship, schools and places of public gathering such as markets). Communication materials included posters, banners, printouts, audio messages and U-Report SMS. RECOs, C4D consultants, implementation partners, community actors and the press all contributed to program-related communication.

Entrusting community outreach to RECOs' perfectly aligned with their volunteer responsibilities to sensitize and inform households in their neighborhood⁵². However, the level of awareness raising required for this heterogeneous area with high-density urban neighborhoods and remote villages without mobile network coverage, inaccessible during rain, where populations had never seen cash distributions, proved to be too ambitious a task for RECOs, who were not accustomed or available to volunteer so regularly and intensively.

"We relied on the community to raise awareness but I don't think it's viable. I think it's really good to involve them of course [...] But on the other hand, these people [...] they are part of the community [...] That is, they spend their day like the others, carrying out activities to be able to eat in the evening. So we ask them in their free time, without being paid, to raise awareness [across ...] the neighborhood. [...] Well, I know that the idea is really to have volunteers and so on, but for me we cannot ask volunteers to [...] Ask them all that time. Because, in fact, it is said that the community played an active role, it is true, but these people were involved in all stages of the project. It means that in our ideal, these people, they should be involved every day in fact." – Key informant.

In addition, abrupt last-minute changes and late arrival of the program teams to Nsélé, as well as a lack of resources and equipment required for effective awareness-raising, such as transport and megaphones, have further complicated RECOs' task. Other limitations included: impossibility to track whether school and religious leaders were passing on program messages; competing work requests of the person responsible for U-Report; and limited reach of printed posters to those who visited community structures and were literate.⁵³

Box 1: Communication issues on intervention in the peri-urban context

As this was the first time such an intervention had been carried out in a peri-urban commune in Kinshasa, there were concerns that transparent communication about cash distributions with amount dependent on household size would cause an influx of people to the target CACs, fraudulent inflation of household sizes and security problems. Thus, stakeholders opted to first present the program as a government initiative to create a register of vulnerable households that would be used by organizations wishing to provide assistance to the population: *«in fact, [...] Maybe we should have raised awareness before the project, the problem was that if we did that, there was the risk that it would become a 'pull factor' and that we would have people even from elsewhere coming to register. So that's why at the beginning [...] we tried to keep a 'low profile' and just register people without really telling them that there was going to be cash assistance, telling that we were working on a register of residents of this CAC or this health area and that in the future [...] if there was an assistance project etc. these people would be considered.»* – Key informant

Yet distrust of the government among Nsélé residents has undermined interest and buy-in for preparatory activities, including biometrics. As stated above (section 4.4.2), some even suspected that this operation was linked to the upcoming elections. To address the low participation rate in biometrics, WFP and World Vision began educating residents about the cash transfer program and the fact that the amounts would depend on the biometric size of the household. As a result, the visibility of MINAS and its vulnerable household registry project was diminished.

Fraud prevention concerns have led stakeholders to facilitate community targeting criteria focus groups without explaining how these criteria will be used. They revealed that the intervention would have two phases once the disbursements started. At the end of the project, however, most key informants stressed the importance being transparent about the transition to the second phase – which would target the most vulnerable on the basis of community-agreed upon criteria – to avoid tensions and complaints arising from misunderstanding: *«So the targeting phases there, it has to be done with a lot of transparency. [...] And then there is a challenge of insecurity [...] but also there is the risk of fraud [which] is very high. You see the dilemma: at the same time you want people to be made aware of the second phase, of the new criteria, at the same time you have to expect this very high propensity for cheating that is in the urban environment – in the village people respect each other.»* – Key informant

Before extending cash transfers to new areas, a clear communication strategy should be developed that articulates risks and mitigation strategies (e.g., identifying the types of rumors that the intervention would generate) and defining clarification messages tailored to local context (e.g. public mistrust of government initiatives).

The effectiveness of sensitization activities can be assessed based on beneficiaries' knowledge about the purpose of the intervention, eligibility criteria, cash transfer parameters and complaint mechanisms. Table 27 shows that most households (71.7%) were aware of the purpose of the assistance. Half (50%) were informed of the frequency of transfers. But less than half were aware of the cash transfer eligibility criteria (40%), the amount (38.3%) and duration (38.5%). Only 1 in 6 (16%) were aware of the channels to complain if something went wrong. There were no statistically significant differences in the knowledge of the female and male recipients. These results echo stakeholders' concerns about awareness inadequacies.

Table 27. Awareness of the intervention among households that received at least 1 transfer, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLDS | FEMALE HEADED HOUSEHOLDS | P-VALUE |
|--------------------------------------|----------------|------------------------|--------------------------|---------|
| Knows the purpose of cash transfers | 71.74 | 74.46 | 69.15 | 0.136 |
| Knows the eligibility criteria | 39.99 | 41.76 | 38.31 | 0.417 |
| Knows the amount of cash transfers | 38.28 | 41.67 | 35.05 | 0.067 |
| Knows the duration of cash transfers | 38.50 | 38.47 | 38.52 | 0.988 |
| Knows the frequency of cash transfer | 49.97 | 49.68 | 50.25 | 0.905 |
| Aware of complaint mechanisms | 16.00 | 16.61 | 15.43 | 0.669 |
| N | 1,017 | 463 | 554 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

4.5.4 Parameter: Payment amount

The two phases of the intervention applied two different approaches to calculating transfer amount in light of their distinct objectives: emergency relief and social protection. For the first phase, the amount was based on the cost of a household food basket, which varied with its size. For the second phase, a fixed amount of 80,000 CDF (40 USD) was calculated based on the poverty line for a medium-sized household. Stakeholders acknowledged that both approaches have their drawbacks: the variable amount poses a follow-up challenge and encourages recipients to inflate their household size, household size does not fully reflect household needs⁵⁴, biometric household size does not always match the registered household size⁵⁵; whereas the fixed amount has been perceived by beneficiaries and stakeholders as insufficient to meet the multiple needs of households (even if the intervention did not aim to cover all their needs):

“But it must be said that this assistance will not cover all the needs of the population. So it’s just something that happens to help these households in a little bit.” – Key informant.

Table 28 presents adequacy analysis of total cash disbursements for the two phases relative to baseline total and food expenditure of phase 2 beneficiary households. Results are presented by quintiles of total per capita monthly expenditure, by sex of household head, and by household size. The first column in the table shows the average monthly per capita cash transfer amounts, calculated as the total transfer amount divided by

the size of the household reported at baseline. The second column shows the total per capita monthly expenditures reported by households at baseline. The third column shows the share of total per capita monthly expenditures that the transfer represents. The next two columns present the same calculation for per capita monthly food expenditure. Adequacy analysis shows that two phases of cash transfers covered almost all (87.8%) of household food expenditure and almost one-third (31.5%) of their total expenditure⁵⁶. Thus, the intervention achieved its objective of covering household food needs. Notably, the amounts have been quite generous compared to other cash transfer programs.⁵⁷ The transfers covered 96.8% of food expenditure of small households with up to 6 members and 69.1% of food expenditure of large households with 7 or more members. The intervention covered nearly all (89.5%) food expenditures and 30.7% total expenditures among male-headed households, compared to 83.2% food expenditures and 33.4% total expenditures among female-headed households.

Table 28. Adequacy of transfer amounts relative to beneficiaries' expenditures

| | AVERAGE MONTHLY PER CAPITA CASH TRANSFER (CDF) EXPECTED FOR THE TWO INTERVENTION PHASES* | AVERAGE BASELINE TOTAL MONTHLY PER CAPITA EXPENDITURE (CDF) | % OF TOTAL MONTHLY PER CAPITA EXPENDITURE THAT CASH TRANSFER REPRESENTS | AVERAGE BASELINE MONTHLY PER CAPITA FOOD EXPENDITURE (CDF) | % OF MONTHLY PER CAPITA FOOD EXPENDITURE THAT CASH TRANSFER REPRESENTS |
|--|--|---|---|--|--|
| QUINTILES OF TOTAL MONTHLY PER CAPITA EXPENDITURE | | | | | |
| Lowest | 11,586 | 25,129 | 49.2 | 10,573 | 152.4 |
| Second | 13,049 | 41,043 | 31.9 | 18,972 | 79.5 |
| Third | 14,911 | 56,591 | 26.4 | 25,220 | 78.8 |
| Fourth | 18,670 | 77,253 | 24.3 | 34,171 | 59.1 |
| Highest | 36,870 | 145,185 | 25.5 | 59,256 | 69.3 |
| Male head of household | 18,528 | 69,505 | 30.7 | 29,228 | 89.5 |
| Female head of household | 20,472 | 68,520 | 33.4 | 31,019 | 83.2 |
| Small household (<7) | 23,707 | 82,112 | 33.7 | 34,815 | 96.8 |
| Large household (7+) | 9,421 | 42,670 | 26.7 | 19,193 | 69.1 |
| Total | 19,056 | 69,237 | 31.5 | 29,715 | 87.8 |

* Expected amounts are calculated based on household size reported at baseline and not the biometric household size. The calculation assumes that households received the 3 monthly transfers (based on their household size) for phase 1 and 6 monthly transfers of CDF 80,000 for phase 2.

According to Table 29, beneficiaries received a sizeable amount averaging 580,000 CDF (approximately 290 USD) over the course of the intervention. Female recipients received CDF 125,000 (USD 62.5) per capita, lower than the CDF 160,000 (USD 80) per capita received by male recipients – partly because the female recipients came from larger households. Recipient-reported amount of the last transfer followed the same trend: the amounts received by women and men were similar on average, but women received less money per capita (25,100 CDF) than male recipients (35,200 CDF). Beneficiaries of all sexes were largely satisfied (average of 8.3 out of 10) with transfer amounts. Nevertheless, less than a third (32.8%) said that this amount was sufficient to cover all their basic needs for one month. Of those who found the transfer insufficient, more than half (55.6%) admitted that the amount covered only 25% to 50% of their basic monthly needs. The analysis in the previous table confirms the feeling of beneficiaries and stakeholders that the transfer was insufficient to cover all household food and non-food needs.

Table 29. Amounts, satisfaction and sufficiency of transfers, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLDS | FEMALE HEADED HOUSEHOLDS | P-VALUE |
|--|----------------|------------------------|--------------------------|---------|
| Total amount (CDF) received according to WFP data | 582,907 | 582,142 | 583,651 | 0.920 |
| <i>N</i> | 921 | 419 | 502 | |
| Total amount (CDF) per capita received according to WFP data | 142,250 | 160,390 | 124,617 | 0.001 |
| <i>N</i> | 921 | 419 | 502 | |
| Self-reported last transfer amount (CDF) | 118,569 | 121,544 | 115,738 | 0.212 |
| <i>N</i> | 1,004 | 459 | 545 | |
| Self-reported last transfer amount (CDF) per capita | 30,024 | 35,220 | 25,079 | 0.000 |
| <i>N</i> | 1,004 | 459 | 545 | |
| Satisfaction with the transfer amount | 8.30 | 8.28 | 8.32 | 0.785 |
| <i>N</i> | 1,017 | 463 | 554 | |
| Transfer was sufficient to cover all basic household needs for 1 month | 32.80 | 29.95 | 35.52 | 0.091 |
| <i>N</i> | 1,017 | 463 | 554 | |
| Transfer was insufficient: 75%+ of needs | 2.55 | 2.14 | 2.96 | 0.593 |
| Transfer was insufficient: 50% to 75% of needs | 28.39 | 28.32 | 28.46 | 0.970 |
| Transfer was insufficient: 25% to 50% of needs | 55.63 | 55.62 | 55.63 | 0.998 |
| Transfer was insufficient: less than 25% of needs | 13.44 | 13.92 | 12.94 | 0.725 |
| <i>N</i> | 720 | 341 | 379 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

Although some beneficiaries have argued that transfer amount was insufficient to cover their needs⁵⁸, all agreed that the transfer was necessary and brought them real relief during a particularly difficult period of their lives:

“This intervention helped us a lot as households. It made it possible to pay for school supplies and school fees for the children, to pay for building materials, to buy mattresses...” – FG Men, CAC Mangenge

“The cash has reduced the difficulties. But they are still there. I think things would have been even worse if these cash transfers weren’t there.” – FGD women, CAC Emerald

“I managed to have a hernia operation with this money. At the same time, we had a stock of food at home. I would have died if I didn’t have that money.” – Men’s FG, CAC Emerald

“We were getting by a little bit with the little help; This allowed us to pay the rent, buy food, pay for the children’s schooling, buy medicine in case of illness at home. From 2020 until 2021, we started to breathe a little bit during this period when we were receiving cash transfers.” – FGD men, CAC Ngandu

Stakeholders also felt that the project was successful in achieving the objective of mitigating the economic impact on households by providing funds that enabled households to fill budget gaps.

4.5.5 Parameter: Payment mechanism

There were several reasons to use mobile money to disburse cash transfers. Above all, mobile money would ensure household security and discretion in a peri-urban context where *Kuluna* (armed youth gangs) operate:

“The population was very much in agreement why? because they want to withdraw the money anonymously. In an invisible way... in his community. He can leave his house, he withdraws money in town, he does his shopping, he comes back, no one knows he received the money.” – Key informant.

Mobile money was also supposed to save time and cash transportation-related expenses.

Leveraging M-PESA appeared relatively easy in peri-urban area of Kinshasa. However, program stakeholders quickly realized that some areas of intervention were not covered by the mobile networks. Although they hired Vodacom to install mobile antennas, the operator did not carry out this operation in time⁵⁹. Therefore, the intervention partnered with TMB Bank to make *direct cash* distributions to about 3000 households in 9 CACs with no network coverage, generating additional program costs. Only 14.8% of *cash direct* recipients experienced problems during distributions: the majority of them (57.1%)

cited late payments or miscommunication about distribution dates, a third (32.1%) reported a long, expensive and/or insecure travel to reach the distribution site, 1 in 7 (14.3%) did not appreciate the lack of amenities at the distribution site and some *direct cash* beneficiaries (3.6%) reported poor treatment from UNICEF, WFP, their partners and/or community leaders.

In the areas with mobile network, Vodacom distributed the program SIM cards to households⁶⁰, opening an M-PESA account for them at the same time. There were two account options: those who had a valid ID (voter card, passport, driver's license, etc.) could open premium accounts, those without valid identity could get a standard Lite account capped at 204,000 CDF (about 100 USD). The identification documents attached to the new accounts had to be verified by Vodacom on the back end. Several accounts were blocked as a result of checks that revealed irregularities in identification, such as multiple accounts using the same voter card⁶¹.

To make the transfers, WFP first had to transfer money to Vodacom along with a payment order with numbers and amounts to be disbursed. To receive the transfers, beneficiaries needed a validated premium account or an empty standard Lite account so as not to exceed the transaction limit.⁶² There were cases, especially at the time of double payment at the end of the first phase of the intervention, where the holders of the standard Lite accounts were not able to receive their doubled transfers since the amount exceeded the ceiling. Gradually, the rate of failed transactions decreased, following multiple checks and sensitizations on the need to withdraw money from standard accounts and the decision to make payments in several instalments for Lite accounts:

"In any case, if you are in operations, you will notice and today in payments we have barely 2% of transactions [failed]. It is no longer 5%, 8%, as it was before."
– Key informant

Table 30 shows that 4 out of 5 beneficiaries received transfers through M-PESA: 71.6% among men and 88.4% among female recipients. Only half (49.5%) of them withdrew the money themselves while almost a quarter (24%) gave both the phone and the PIN code (which must be kept in secret) to the mobile money agent facilitating the withdrawal. This may be due to beneficiaries' poor technical skills or for practical reasons where the recipient preferred to send someone else to make the withdrawal. One in 5 recipients said they had encountered problems with the M-PESA transfer: 67.8% reported that they had to pay the mobile money agent for the withdrawal, 31.2% complained about the effort required to withdraw the money, 13.1% did not have a phone or did not know how to use M-PESA, 12% found the Vodacom agent rude, while 10.1% experienced SIM-card related problems (SIM not received or connectivity problem) or theft.

Table 30. Receipt of cash transfers by M-PESA, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLDS | FEMALE HEADED HOUSEHOLDS | P-VALUE |
|--|----------------|------------------------|--------------------------|---------|
| Receives transfer by M-PESA | 80.21 | 71.58 | 88.41 | 0.002 |
| <i>N</i> | 1,017 | 463 | 554 | |
| Withdrew the money himself/herself | 49.52 | 49.52 | 49.52 | 0.999 |
| Gave his/her phone (but not the PIN) | 24.04 | 23.65 | 24.34 | 0.859 |
| Gave his/her phone and PIN | 24.04 | 25.38 | 23.01 | 0.496 |
| M-PESA transfer: no problem | 78.69 | 76.08 | 80.70 | 0.210 |
| <i>N</i> | 828 | 339 | 489 | |
| Type of problem encountered: | | | | |
| Agent request payment for withdrawal | 67.80 | 68.73 | 66.91 | 0.831 |
| Long, expensive or insecure travel to agent | 31.20 | 28.69 | 33.60 | 0.532 |
| No phone / doesn't know how to use / withdraw MPESA | 13.09 | 8.25 | 17.72 | 0.133 |
| Agent was rude | 12.04 | 19.15 | 5.25 | 0.080 |
| Transfer not received / stolen, lost SIM card, no connectivity | 10.14 | 11.11 | 9.21 | 0.714 |
| Money arrived late | 9.45 | 10.14 | 8.79 | 0.777 |
| Agent has no liquidity | 6.30 | 2.98 | 9.47 | 0.158 |
| Other problems | 6.06 | 6.59 | 5.55 | 0.792 |
| <i>N</i> | 166 | 77 | 89 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

Qualitative data offer further insight into various problems related to beneficiaries' low technical literacy. Some people without phones lost their SIM cards. Those who kept their SIM cards, had to borrow a phone from neighbors or acquaintances (with an unspoken obligation to thank them monetarily for the service). Once at the cash-out agent point, people often gave the phone and PIN code to the M-PESA agent to check the balance and make the cash out. There were cases of agents withdrawing money from the account and telling customers their accounts were empty, some agents quoted a balance was lower than the actual sum on the account, others demanded additional withdrawal fee, others claimed not to have enough cash to cash out the entire sum to customers, still others performed SIM-swaps, discreetly exchanging beneficiary SIM cards for white ones. There were also people who presented themselves to beneficiaries as agents, just to steal their SIM cards. Some beneficiaries found their SIM cards blocked after leaving the phones to be charged in shops, where several attempts were made to break into the account with an incorrect PIN code.

Stakeholders highlighted the lack of beneficiary training on the use of M-PESA as the main reason for these abuses. Without telephones, the brief explanations received by beneficiaries during SIM card distributions by Vodacom agents remained theoretical. To address beneficiary abuses, stakeholders have increased sensitizations on how to use the M-PESA service, different account types, amounts, WFP payment of withdrawal fees, frequent fraud cases, and precautionary measures to prevent fraud. They also set up 'cash-out points' in remote neighborhoods to avoid beneficiaries resorting to 'street corner' agents.

In addition to providing a cash withdrawal mechanism for recipients in their neighborhoods, stakeholders proposed several recommendations for future rollout of cash transfers across DRC. According to them, training on using M-PESA for vulnerable and sometimes illiterate beneficiaries should be strengthened and adapted to ensure that they understand the process, their rights (e.g. transfer amounts, payment of withdrawal fees, standard account limits), and responsibilities (e.g. securing the PIN, regularly withdrawing the money, noting the license of the agent making the withdrawal). The training should be delivered before the starting transfer payout. Some even insisted that refresher trainings should continue prior to each distribution. Another suggestion was to provide the phones to those who did not have them to reduce the risk of SIM cards being lost or stolen. Finally, Vodacom agents should also receive training about the program and strict controls and sanctions put in place in response to abuse of beneficiaries.

4.5.6 Parameter: complementary services

Cash transfers were accompanied by complementary services, which included sensitization on women's leadership in CACs, sessions on women's rights and positive masculinity, and trainings on budget management and income-generating activities by an NGO partner "Afia Mama". As part of the program, FAO also provided cash transfer beneficiaries engaged in agriculture with gardening kits containing seeds and work tools.

Overall, stakeholders noted that delayed start of complementary activities, unavoidable due to internal administrative and logistical constraints, meant there was insufficient time to fully implement them as intended at the community level. More time and better coordination between FAO and the NGO “Afia Mama” engaged in capacity building of agricultural and women’s associations would have allowed to better prepare, structure and co-develop these activities with the beneficiaries of agricultural support.

“The 3rd thing we also learned, we had the capacity building component in terms of gender, in terms of GBV, but also in terms of income-generating activities (IGAs). Unfortunately, the project was short-lived. Over the 9 months, we had maybe 4 to 5 months where we set up capacity building operations on gender and IGAs. And for this kind of process, IGA, generally, the lessons learned elsewhere, show us that it takes at least 9 to 12 months of real operation on the AGRs for us to begin to feel a little the effective results of the better management [...] of AGR.” – Key informant

Focus groups with beneficiaries of FAO support revealed general satisfaction with the distributed vegetable seeds, but the agricultural equipment was deemed inadequate for agriculture and not meeting the needs of agricultural households:

“... The rake is compliant, the seeds were compliant. There was a small difference with regard to shovels, the ones they gave us are more used by masons for mixing sand and cement because they have supports around. They must be brought back to the adjusters to style the sides from left to right and make them flat. This is when they can be used to shape garden row bands. That is the challenge. For watering cans too, they are of good capacity but the hole through which the water comes out is small, it drags out the work compared to the watering cans that we usually use” – FG women’s associations, CAC Dingi Dingi

“We did not ask for these materials, we have our work tools to which we are accustomed. They took these materials with them according to their will. [...] You have to ask the farmer what he needs, what his needs are and ‘what materials you use’, he will say what he needs but as they thought of us, they did things according to them, there is no way to refuse them” – FG women’s associations, CAC Dingi Dingi

As for the sensitizations provided by Afia Mama, representatives of women’s associations, RECO and CAC presidents recognized that training on positive masculinity, gender-based violence, female leadership, management of IGAs and inheritance were very useful both at the individual level in terms of acquiring new knowledge, at the family level for household management and husband-wife / parent-child relationships; and at the associative level for sharing of responsibilities between men and women, and the management of IGAs, etc. But the different CACs did not seem to have had the same training, at least based on the topics mentioned in the Mikonga in the Dingi Dingi health areas.⁶³ Topics covered during trainings were seen as relevant and related to their daily

lives with regard to the relationship between men and women, forms of violence, family issues, financial management or even those related to succession. For the RECOs, the topics covered strengthened their knowledge as community sensitizers; the content they felt would facilitate their work within the community:

“A lot of what we learned during these activities, we didn’t know. We heard about gender, equality, etc. Without grasping the meaning, we wanted to understand in depth in order to best resolve the cases we encounter in our community and thus help people. With the IGAs, during cash transfers, households did not know how to use this money, we also did not know how to help them to better manage their money; but thanks to these activities of Afia Mama, we knew what message to give to the community so that they can manage this money for the better and understand its importance” – FG RECOs, CAC Emerald

Women’s groups said that the content of gender-sensitive trainings has been integrated into their meetings and awareness-raising activities – which had begun the day following trainer of trainers’ workshop. Notably, these were undertaken in a few nearby CACs due to lack of resources, motivation and support. Some associations have engaged in power restructuring to open up decision-making positions to women.⁶⁴ The training on IGAs management has helped some associations to rethink the management of rotating funds with a focus on developing IGAs.

“In the CACs, they [women] have taken on responsibilities, they are vice-presidents, secretaries, treasurers, etc... and they are very committed to the capacity building they have received. In management, with IGAs, during household visits, you notice that women are now able to manage their homes thanks to the training they have undergone and we also receive thanks from husbands who testify to their wives’ evolution. Still others ask us not to stop with these teachings, that we can continue them because people change, especially women and men also now understand where to place women.” – FG women’s associations, CAC Dingi Dingi

Finally, gender-sensitive trainings improved RECOs status and diversified their knowledge, so they were now informed of gender issues in addition to health. Reportedly the community listened to them more, came to respect them more, seeing them as advisors on human and women’s rights, inheritance, IGAs, positive masculinity, etc. The relevance of sensitizations carried out by the RECOs and CAC presidents has increased their legitimacy within the community so much so that it became easier to mobilize people for community work:

“We were raising awareness more about health but thanks to these trainings we became interdisciplinary, we are no longer limited to the health field but we are now embracing all areas, depending on the problem encountered in the community” – FG RECOs, CAC Emerald

Although beneficiaries (RECO, CAC, women's associations) highlighted the gradual changes observed following the training, they felt several aspects could be improved, particularly in terms of the overall organization and content of the training. The beneficiaries noted the improvised nature of the trainings, poor communication (overreliance on telephone messages / SMS without follow-up), the lack of involvement of RECO, CAC and CODESA in training preparation, the inconsistency between the number of days on the banners and the actual number of training,⁶⁵ the non-involvement of beneficiaries in theme selection, and the tendency to always treat men as perpetrators and women as essentially victims.⁶⁶

While accompanying measures are relevant in the context of the extension of cash transfers at the country level, they must be better aligned with the distribution of transfers, the agricultural equipment supplied must meet farmer needs, training must be better organized and must respect the timetable required to adequately develop all the themes. Finally, RECO, CAC and members of women's associations insisted that it was essential to provide technical and financial support to enable them to reconstitute knowledge received during the training for large scale awareness-raising campaigns.

4.5.7 Parameter: complaint and recourse mechanisms

In addition to raising awareness and supporting the preparatory stages of the intervention, the RECOs were involved in collecting and managing complaints. They resolved complaints related to understanding the intervention, such as the targeting criteria for the second phase, on their own. Other complaints, including registration issues, biometrics, SIM cards, non-receipt of transfers, problems with the use of M-PESA, were recorded and forwarded to CODESA offices on a weekly basis from where they were collected and consolidated into Excel files for each health area by C4D consultants. The C4D coordinator completed the overall consolidation and referred complaints to UNICEF, which directed them to the relevant actors, including WFP, FAO, Vodacom or TMB.

Such an approach required strong involvement and coordination between several actors to ensure that complaints were dealt with in a timely and adequate manner and that beneficiaries received responses to their concerns. However, key informants reported flaws in the chain at several levels: RECOs were not always available to receive beneficiaries with complains because they were busy with their actual occupations⁶⁷; the deadlines for processing complaints defined in the operational procedures were not respected; and even when solutions were provided, responses were communicated to the C4D team as a summary rather than responding to each complaint individually.⁶⁸ As a result, it was rare for households who had communicated their complaints to RECOs to receive feedback on their specific cases, which, in the eyes of beneficiaries, called into question the effectiveness of this communication channel. Ultimately, they preferred to come and complain directly to stakeholders during their follow-up field visits.

“Ah, I think they need to be more dynamic, the offices [of complaints at the CAC level]. [...] Because we have the office, but is there really control over those who manages these offices? Are they always there for you, to have the data, to have the complaints of the beneficiaries? I can have my complaint today. The office is 1 km away. When I go there, the person concerned is not there and I have to go to my activities. I go into my activities, the complaint will die in me.” – Key informant

“So they put their complaint but the complaints never experienced any response or feedback [...] They issue the complaints, but they do not receive the feedback easily.” – Key informant

“The comment I can make for the follow-up of complaints is that they [stakeholders] have to follow all these names, because these names that we sent to them and they have not responded. Now we, we are disturbed.” – RECO, CAC Mangengenge

“What was well done, was that if we give them the complaints, they also responded, they did not sabotage or neglect what they were told, if you tell them that people did not receive the money, they check to see if it is true, they had the concern of these people, they wanted them to benefit. If that person in their complaint lied about not having the money when they had already received [it], they will dismiss the complaint. But the complaints of those who had not really benefited, they were dealing, you will see that out of the ten complaints filed at least eight will be answered. After resolution people come to thank us.” – RECO, CAC Emerald

Stakeholders suggested ways to improve complaint management; which were to comply with standard operating procedures (SOPs); digitize reporting so that complaints are recorded and sorted in real time; budget the activity to enable the CACs to ensure permanent staffing of the complaint offices; and develop a regular schedule of community-level complaints resolution directly by stakeholders to ensure that people receive responses to their concerns just as during *cash direct* distributions. These recommendations would be relevant for the extension of cash transfers across the national territory.

In addition to the complaint offices at the CAC level, there were other channels to voice complaints, namely the helpdesks at the distribution sites, the WFP free hotline and U-Report, the SMS survey system. Some stakeholders suggested that these impersonal mechanisms would not be used by the most vulnerable or for highly sensitive complaints but could serve people who do not want to share their problems with their fellow RECO community members. Nevertheless, the hotline received and resolved many complaints, including at least one case where the wife denounced her husband for monopolizing the assistance.

Table 31 shows that overall, beneficiaries noted very few problems during the intervention. Almost all beneficiaries (94.7 per cent) said they were treated with respect by UNICEF, WFP and partner staff. Some 9 out of 10 households (90.7%) did not notice any irregularities in the transfer process. Irregularities reported include requests for favors to access assistance from RECOs/CACs (3.7%), fraud in the transfer process (2.1%), corruption/privileges granted to certain households (1.9%), and influence peddling (0.9%).

Table 31. Major irregularities during the intervention, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLDS | FEMALE HEADED HOUSEHOLDS | P-VALUE |
|---|----------------|------------------------|--------------------------|---------|
| Treated with respect by UNICEF/WFP staff and partners | 94.70 | 93.73 | 95.63 | 0.277 |
| No irregularities during transfer process | 90.71 | 91.54 | 89.92 | 0.479 |
| Asked for favors to access support | 3.65 | 3.59 | 3.72 | 0.918 |
| Fraud in the transfer process | 2.08 | 2.72 | 1.48 | 0.253 |
| Corruption / some households privileged | 1.94 | 1.14 | 2.69 | 0.085 |
| Influence peddling / agents charge fees | 0.90 | 1.27 | 0.56 | 0.326 |
| N | 1,017 | 463 | 554 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

Households which have experienced problems in the transfer process or have concerns related to receiving transfers should be able to seek help or complain through the mechanisms established to ensure accountability to recipients. As already stated above, only 1 in 6 endline respondents indicated being aware of the complaint mechanisms – a rate that should be significantly improved in the future. Less than a third (31.4%) of those who were aware of these channels have filed complaints, mainly for reasons of non-receipt of transfers or receipt of an amount lower than expected. Those who did not file a complaint did not do so mainly because they did not encounter problems. No statistically significant differences between male and female recipients are detectable.

Table 32. Use of complaint mechanisms, by sex of recipient

| INDICATOR | ALL HOUSEHOLDS | MALE HEADED HOUSEHOLDS | FEMALE HEADED HOUSEHOLDS | P-VALUE |
|---|----------------|------------------------|--------------------------|---------|
| Filed a complaint | 31.40 | 31.41 | 31.39 | 0.999 |
| <i>N</i> | 170 | 75 | 95 | |
| Excluded during registration, biometrics, or SIM distribution | 20.66 | 23.86 | 17.37 | 0.753 |
| Forced to pay, abuse/sexual exploitation | 0.85 | 1.69 | 0.00 | 0.348 |
| Payment not received or received less than expected | 74.77 | 64.44 | 85.35 | 0.072 |
| Other complaint | 13.61 | 21.94 | 5.07 | 0.098 |
| <i>N</i> | 60 | 25 | 35 | |
| Did not file a complaint | 68.60 | 68.59 | 68.61 | 0.999 |
| <i>N</i> | 170 | 75 | 95 | |
| No problems encountered | 75.63 | 77.08 | 74.14 | 0.785 |
| Process too difficult / no feedback is provided | 13.37 | 13.07 | 13.69 | 0.939 |
| Fear of losing the transfer | 4.34 | 7.25 | 1.36 | 0.251 |
| Dissuaded by the community | 3.88 | 0.00 | 7.85 | |
| Another reason not to complain | 7.06 | 9.05 | 5.02 | 0.459 |
| <i>N</i> | 110 | 50 | 60 | |

NOTE: Figures in tables are percentages unless otherwise indicated.

4.6 How can design parameters be taken into account in a more shock-sensitive social protection system in the DRC?

Answer to the research question: The intervention produced lessons on political ownership of shock-sensitive social protection programs, key parameters such as community involvement in creating vulnerable household register, different approaches to beneficiary targeting, preparatory steps (context analysis, assessment of technical capacities, need for coordination, communication strategy), fraud and abuse prevention, payment mechanisms and amounts, transfer modality, complaint and recourse process. All these parameters are relevant for the establishment of the shock-sensitive social protection system in the DRC, and in particular the implementation of the STEP 2 project, financed by the World Bank.

One of the main objectives of the project was to strengthen MINAS' capacity in the design and implementation of shock-sensitive social protection programs. Their involvement in all stages of the intervention provided them perspectives and experience on the different approaches to geographic and community targeting (including development and application of tools), household identification (piloting QSE), payment mechanisms and amounts (the management of cash transfers in peri-urban areas), as well as complaint and redress mechanisms. Program stakeholders highlighted the **capacity strengthening of MINAS staff as a sustainable outcome of the intervention.**

“... We have been able to make substantial gains on capacity building. [...] So I’m leaving with a team I formed in Nsélé. My core [...] who learned the software, who learned the supervision techniques, the techniques of framing the collection. So that’s something very, very important.” – Key informant

“[T]he project allowed us to test our tools. So today, I know how to lead a targeting process, I know how to record, I know how to set up the committee, animate the targeting committees.” – Key informant

Although **the government recognized and appreciated technical capacity building**, the collaboration agreement between MINAS and the partner agencies did not allow the ministry appropriate program achievements, even though this would have made it possible to demonstrate government results and skills acquired with support of technical and financial partners.

The World Bank-funded STEP 2 project constitutes an integral part of the development of the social protection system in the DRC. With this project, MINAS is responsible for setting up a vulnerable household registry, an MIS containing, among other things, a module on targeting, as well as a national guide with guidelines, requirements, tools (such as QSE), and best practices. **The intervention was rich in lessons concerning all of these key elements of the STEP 2 project.**

In terms of **developing the vulnerable household registry**, Nsélé intervention presented the first opportunity for MINAS to pilot the use of QSE, developed with the support of partners. It also tested the approach of strengthening, structuring and collaborating with local actors (mainly CACs and RECOs) to identify and raise awareness among households. Local actors have played a crucial role in the registration process but required more material support and a clear communication strategy to ensure better household awareness. Another learning was to administer all QSE modules at once to ensure all information that might be relevant to different organizations, especially information related to household shock resilience, is available.

Regarding targeting, **the intervention allowed MINAS to participate in geographic targeting and community targeting**. It seems important to choose the right targeting unit (e.g. CAC boundaries were not always well known / demarcated), take into account the proximity of targeted entities to avoid tensions, and conduct verification visits to ensure that the selected locations are visibly vulnerable. As for community targeting, it is important to empower the community to define the relevant poverty and vulnerability criteria, while ensuring that the influence of community actors on the targeting of individual households is balanced. This could be achieved by leveraging quantitative data for beneficiary selection (e.g. applying PMT and/or the community-defined criteria directly to registry data). Given divergent views on the most appropriate approach for a shock-sensitive social protection system, more discourse and consultation are obviously required, complemented by studies on different targeting methods.

Lessons learned on preparatory steps, fraud prevention, payment mechanisms, and the complaint management process in a peri-urban context of the Nsélé can feed into the **national guide** to be developed as part of the STEP 2 project.

Although a multi-sectoral assessment was carried out in September 2020 by UNICEF, WFP and FAO, key informants were unanimous on the need to **better prepare** the intervention: to ensure that all partners have visited the entire targeted area, to better understand infrastructure and technical capacity constraints of the population ensuring they are taken into account during program implementation, to establish effective and transparent coordination between partners (including data-sharing agreements), to develop a clear and locally-tailored communication strategy with risk mitigation measures, as well as making adequate time and resource provisions to carry out all activities.

The intervention adopted several measures to prevent abuse and **fraud**, including training on sexual abuse and exploitation for RECOs, the use of mixed teams during registration, staff rotation⁶⁹, biometric registration and sequential SIM card numbers, channels for raising complaints and regular follow-up in the field. Stakeholders have also been agile in their responses to identified fraud cases (see Section 4.4.5). In addition, an in-depth study on fraud was also commissioned to inform the development of the guide:

“As part of the technical assistance to MINAS, there is an institutional analysis of errors, corruption and fraud. So we told the consultant to look at Nsélé’s project because it will also help us, have recommendations, identify the most recurring risks and what can we do to strengthen, to improve the management of services. – Key informant

The intervention was **rich in learning** around **mobile money transfers**. The partnership with Vodacom could have been improved if the company had received at least 6 months’ notice to install the antennas in the target villages without a telephone network, if it had further digitized their way of working, if the requirements and modalities of the complete and adapted training⁷⁰ of beneficiaries and the M-PESA agents’ awareness of the project (and the penalties for possible abuses) were better defined, and whether the company was obliged to take measures to facilitate the cash out of beneficiaries. However, speakers stressed the value of using mobile money as a tool for population recovery, including providing phones to beneficiaries who did not have them in order to empower them and accompany the use of mobile money.

The intervention produced a series of lessons on the **complaint management process**: first, complaint offices at the community level should be dynamic and accessible to beneficiaries, the escalation and processing of complaints should be prompt and systematic (e.g. according to clear standard operating procedures), and responses to complaints must be provided on a case-by-case basis and communicated securely to people awaiting resolution. One of the proposals would be to set up complaints office hours to collect complaints and provide feedback at community level on a regular basis (e.g. weekly or bi-monthly). These recommendations are important as secure and responsive complaint and redress mechanisms are needed to ensure all voices are heard and addressed during crises.

As for the **modality of assistance**, speakers suggested that cash transfer was the best form of assistance, provided that beneficiaries understood the purpose of assistance. Nevertheless, they also stressed that **cash should be complemented by technical support** that would help beneficiaries better manage their resources, access jobs and/or engage in IGAs to achieve sustainable social protection. This support should align with the distribution of cash transfers (and other inputs, if applicable) and continue for at least 9 to 12 months to deliver effective results. Another lesson is that it is not always possible to follow the same targeting approach for cash transfers and the plus components (e.g. seed distributions).

The intervention demonstrated how **humanitarian assistance and social protection can be linked across the two phases of an intervention**, with two distinct approaches to targeting, different cash transfer amounts and durations. MINAS' involvement in this project has also helped to develop relationships between humanitarian and development actors. These contacts should facilitate government leadership and coordination of stakeholders in order to steer the establishment of a shock-sensitive social protection system in DRC:

“Moreover, I also think that this is another benefit [...] as part of the project. Because [...] the first partners with whom I will sign a data sharing protocol, it will certainly be UNICEF, WFP and FAO for working together” – Key informant.

5. Conclusion

5.1 Discussion of results

The joint UNICEF/WFP cash transfer intervention in the Nsélé Health Zone targeted the most vulnerable health areas and aimed to mitigate the effects of COVID-19 as well as serve as a pilot for the design of shock-sensitive social protection system in DRC. Cash transfers were accompanied by FAO distributions of gardening kits to farmer households and gender-sensitive complementary activities – namely training on women’s rights, financial management and prevention of gender-based violence – provided to local women’s associations and RECOs.

Two data collections were conducted in 2021: the baseline survey (January – March) and the endline survey (November – December). Among the impacts detected are: (1) the increase in the proportion of food expenditure in the budget of beneficiaries by 5 percentage points (especially in households headed by men) which is partly explained by the fact that households have stocked up on food, following the messages disseminated by World Vision to use transfers for food, (2) the increase in the proportion of households engaged in agriculture⁷¹ by 11 percentage points which is partly explained by their increased capacity to access land, invest in agriculture as well as the distribution of agricultural kits to beneficiaries by FAO as part of the support of cash transfers, and (3) the increase by 9 percentage points of the proportion of households that saved in a bank or mobile money account in the previous year. The negative impacts on expenditure and housing quality and assets indices are due to greater improvements among non-beneficiaries compared to those of beneficiaries.

Qualitative evidence suggests that cash transfers have enabled beneficiaries to purchase food, pay school fees, buy prestige items and invest in IGAs. At the end of the intervention, beneficiaries perceived improvements in the areas of food security (57%), increased incomes (42%), improved living conditions (27%) and improved access to public services (17%).

However, the quantitative analysis of the impacts could not detect statistically significant impacts on the food consumption score, the reduced coping strategy index, the proportion of expenditure related to children, the ability of households to meet their needs, women’s dietary diversity, children’s school attendance and domestic work, nor on health expenditure. Inability to detect positive impacts revealed by qualitative data is likely the result of transfer irregularity, timing of endline data collection, and reduced statistical power to detect impacts; especially small impacts, given the high attrition and the DRDID analytical approach.

During the 7 months of intervention, the transfers did not have a significant impact on women’s autonomy in decision-making. Qualitative data corroborates this reality, revealing that transfers have only reinforced pre-existing household dynamics.

Nonetheless, a majority of women (53%) said they independently decided how to spend the transfer, 36% are consulted and only 12% are completely excluded from decision-making on the use of transfer. The gender sensitization provided to associations and community actors as part of the intervention was appreciated and considered relevant. However, it filtered down only to some of the CACs due to lack of resources.

The study could not detect any impacts on social cohesion, corroborated by the qualitative results on the lack of change in solidarity and mutual support practices since the beginning of the intervention. Although the analysis of qualitative data revealed only a few individual cases of tension and conflict, 1 in 5 endline respondents reported feeling an increase in tension at the community level during the intervention, mainly due to problems related to program implementation.

Managing cash transfers in a peri-urban context of Kinshasa with a strong population turnover and neighborhood life “at the daily rate”⁷² proved to be a real challenge of communication, logistics, and coordination between several United Nations agencies, their implementing partners and community actors. Stakeholders regretted not having defined a clear and transparent communication strategy from the outset. The strategy needed to take into account the risks of fraud and possible mitigation measures, the societal context marked by mistrust of the government, the pre-election period and prior experiences of cheating by NGOs. The lack of reliable information among beneficiaries has created problems at all stages of the intervention, going from identification, biometric registration to distribution of SIM cards, and also when withdrawing money.

Despite operational challenges, cash transfers reached a large part (89%) of the target population, including children who represented on average 44% of beneficiary household members. This could not have been achieved without active involvement of community actors in geographic and community targeting and their support at the various stages of registration and mop-up. Challenges identified during implementation include the inclusion of relatively wealthier CACs, inclusion and exclusion errors following community targeting in peri-urban CACs, coordination between different actors, public awareness, accessibility of rural areas and turbulent nature of peri-urban areas.

The challenges related to the peri-urban context, which was new to stakeholders, were compounded by the tight and ambitious timeline that put pressure to move quickly to disburse funds before the deadlines. This compromised planning and coordination between stakeholders at the beginning of the project, later leading to coordination and alignment issues with the messages to be communicated. The decision to collect just a portion of QSE at the beginning to speed up household identification later limited the ability to cross-check the community targeting results and forced FAO to conduct additional targeting exercise which delayed their kit distribution rollout.

Nevertheless, the intervention allowed the government to test its tools (e.g. QSE, monitoring sheets, data collection applications) and to draw lessons about engaging communities in vulnerable household registry creation, the different approaches to

beneficiary targeting, the preparatory steps (context assessment, technical capacities, coordination, communication strategy), abuse and fraud prevention, payment mechanisms and amounts, complaint management process, as well as assistance modality - all relevant for the implementation of STEP 2 in five provinces and Kinshasa.

To conclude, the intervention mitigated the impact of the pandemic on the most vulnerable households by supplementing their budget (up to 88% of their food expenditure). It has also strengthened the government's capacity to implement social protection programs and generated many lessons to be taken into account when implementing the STEP 2 project which aims to propel the establishment of the social protection system in the DRC.

These findings can be used to inform future design, implementation and scale-up of the intervention in Nsélé and other similar peri-urban settings. The results can also guide efforts to make the intervention more gender-sensitive and transformative. This intervention provides useful lessons about what worked and what didn't. It proposes avenues for improvement not only to ensure positive impacts on food security, consumption, women's autonomy in decision-making and other socioeconomic outcomes, but also for the development of shock-responsive and sustainable social protection programs.

5.2 Methodological limitations

The study has a number of limitations, and the results presented here should be interpreted with caution. First, the lack of balance between treatment and comparison areas suggests that the two geographic areas are fundamentally different. Doubly robust difference-in-differences estimation has been used to maximize the sample size and ensure balance in the variables considered as key covariates. While this addresses the question of parallel trends, it does not address the question of imbalance in key outcomes at baseline – although there is a better balance at baseline when observations are weighted with the weights from the doubly-robust difference-in-difference approach.

Another limitation of the study is the selective attrition between baseline and endline which meant that the panel sample is different from the full sample from baseline in some characteristics (see Appendix A). The results presented can be generalized to households with similar characteristics as the panel households but may not be valid for households with different characteristics than that of the panel sample.

Another limitation of the study is the irregular frequency of payments which may have affected households' ability to effectively smooth their consumption. Other studies have shown that payment irregularities generally present an obstacle to achieving the desired impacts of cash transfers. It should also be noted that the time between baseline and follow-up surveys was about 9 months, which is less than the typical time of at least one year between data collection cycles for remittance impact assessments. Given that beneficiary households have invested more in their farming activities and have probably not

yet harvested, the results might have been different if the data collection had taken place 12 months after the baseline survey. In addition, the last and double disbursement was delayed, resulting in follow-up data being collected in most survey areas prior to the last transfer.

Finally, it should not be forgotten that the intervention began at a very particular time in terms of COVID-19 containment measures and a generally weak micro-economic context. It is therefore likely that the impacts will be different if a similar intervention is implemented under different conditions.

5.3 Recommendations

Program Recommendations

- 1. Ensure effective communication and coordination between agencies, implementing partners, local authorities and community actors throughout program implementation.** This would help prevent operational challenges related to household identification, registration, cards distribution, beneficiary sensitization, their post-distribution accompaniment and complaint management in high-pressure emergencies.
- 2. Increase beneficiary awareness and readiness at each stage of program implementation by providing them with sufficient information about the intervention in order to achieve better coverage and prevent complaints resulting from misunderstanding of the program or non-compliance with the registration process.** In addition to RECOs and other communication channels, existing media and community groups could be involved in the dissemination of key information, while ensuring the mitigation of particularly high fraud risks in the peri-urban context.
- 3. Improve the integration of gender aspects in the intervention by strengthening the communication strategy, intensity and timeliness of sensitizations and trainings aimed at respect of women's rights and their economic empowerment.** During the intervention, gender-sensitive trainings started late, which hindered subsequent adequate dissemination of the content to community members. Future gender sensitizations could also include direct awareness-raising campaigns within communities as well as components that directly address existing gender norms.
- 4. Strengthen capacities of community actors (RECOs) and public authorities to carry out community mobilization, implementation and monitoring of cash transfers along with productive and gender-sensitive complementary measures by ensuring that they have adequate resources.** The intervention relied mainly on unpaid volunteer RECOs to sensitize communities on complex and unfamiliar program in their neighborhoods, characterized by different terrain and population densities.

In the future, such volunteers would need additional support in order to be adequately equipped to carry out their tasks. In a similar vein, the human and material resource capacities of implementing partners, and in particular MINAS, should also be prioritized.

- 5. Ensure beneficiaries have the technical readiness and skills to use electronic payment mechanisms to prevent operational challenges and abuse during program implementation. The extension of the infrastructure providing telephone network coverage in all sites is necessary to facilitate the use of mobile money. Require the mobile money provider to facilitate transfer withdrawals and to implement safeguards against fraud and abuse.**

- 6. Improve the usefulness and (vertical / horizontal) adaptability of the vulnerable household registry by ensuring that it contains sufficient information on household resilience indicators relevant for different organizations with distinct targeting criteria.** The initial round of data collection excluded the module on household income-generating activities (such as agriculture), housing quality, asset ownership, access to water and food security status. The availability of this information from the outset would have facilitated FAO targeting of agriculture households for gardening kit distributions and enabled quantitative cross-check of community targeting results.

Research Recommendations

- 1.** Leverage the horizontal expansion of the intervention to improve the household panel, by ensuring better balance between treatment and comparison areas and implementing strategies to deal with sample attrition.

- 2.** Investigate how contextual factors such as gender norms mitigate the impact of gender and women's empowerment complementary services in order to inform more effective and impactful design of gender-sensitive measures.

- 3.** Future research in a similar context should aim to understand the independent effects of complementary components, including gender sensitizations and gardening kit distributions. In this study, the impacts of additional gender awareness and agricultural components could not be measured due to limited variation in program design across targeted health areas. Future research could include several branches of study, e.g. only cash transfers, only accompanying measures, cash transfers with accompanying measures and control groups.

- 4.** Generate and compare evidence on the usefulness and performance of various targeting methods for a shock-sensitive social protection system in the DRC. This could include modelling a vertical expansion model of the cohort of beneficiaries enrolled in the program.

Appendix A : Selective attrition

Table A1: Found vs. unfound households, full sample

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|--|----------------|-----------|--------|---------|
| Female head of household | 25.17 | 23.58 | 25.93 | 0.310 |
| Age of household head | 47.78 | 46.14 | 48.57 | 0.000 |
| Married head of household | 73.43 | 75.79 | 72.30 | 0.191 |
| Head of household has studied | 93.12 | 93.73 | 92.82 | 0.513 |
| Head of household did not finish primary school | 15.08 | 14.28 | 15.46 | 0.539 |
| Household size | 5.94 | 5.62 | 6.09 | 0.014 |
| Average household age | 25.68 | 25.57 | 25.73 | 0.817 |
| Dependency ratio | 1.08 | 1.07 | 1.09 | 0.621 |
| % of household members 0-4 years old | 12.18 | 13.07 | 11.76 | 0.134 |
| % of household members 5-17 years old | 31.12 | 30.29 | 31.51 | 0.328 |
| % of household members 18-59 years old | 48.19 | 48.20 | 48.18 | 0.989 |
| % of household members 60+ years old | 8.51 | 8.44 | 8.55 | 0.915 |
| % of women household members | 50.34 | 49.70 | 50.65 | 0.461 |
| % of household members 15+ years old that are married | 53.49 | 57.55 | 51.53 | 0.015 |
| Urban area | 0.49 | 0.52 | 0.48 | 0.318 |
| Acceptable food consumption score | 48.74 | 51.05 | 47.63 | 0.215 |
| Reduced coping strategy index | 11.35 | 11.76 | 11.15 | 0.309 |
| Food expenditure share | 44.17 | 44.13 | 44.19 | 0.939 |
| Share of child-related expenditure | 34.44 | 33.68 | 34.81 | 0.284 |
| Household can meet some, most or all needs | -12.32 | -12.61 | -12.18 | 0.802 |
| Poverty rate | 76.11 | 73.54 | 77.34 | 0.203 |
| Food consumption score (range is 0-112) | 44.78 | 45.37 | 44.49 | 0.445 |
| Food consumption score, male head of household | 45.31 | 46.08 | 44.93 | 0.378 |
| Food consumption score, female head of household | 43.19 | 43.07 | 43.24 | 0.947 |
| Acceptable food consumption score | 48.74 | 51.05 | 47.63 | 0.215 |
| Acceptable food consumption score, male head of household | 49.82 | 52.94 | 48.27 | 0.149 |
| Acceptable food consumption score, female head of household | 45.53 | 44.91 | 45.80 | 0.886 |
| Reduced coping strategy index | 11.35 | 11.76 | 11.15 | 0.309 |
| Reduced coping strategy index, male head of household | 11.01 | 11.10 | 10.97 | 0.844 |
| Reduced coping strategy index, female head of household | 12.35 | 13.90 | 11.67 | 0.090 |
| High reduced coping strategy index | 48.38 | 49.26 | 47.95 | 0.580 |
| High reduced coping strategy index, male head of household | 46.89 | 46.13 | 47.26 | 0.662 |
| High reduced coping strategy index, female head of household | 52.82 | 59.41 | 49.94 | 0.078 |

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|--|----------------|------------|------------|---------|
| Total monthly expenditures (CDF) | 354,520.25 | 353,748.15 | 354,890.05 | 0.908 |
| Total monthly food expenditures (CDF) | 159,047.98 | 158,288.54 | 159,411.72 | 0.828 |
| Total monthly non-food expenditures (CDF) | 195,472.27 | 195,459.62 | 195,478.33 | 0.998 |
| Total monthly child-related expenditures (CDF) | 119,140.59 | 117,176.27 | 120,081.43 | 0.673 |
| Formal savings (in savings or mobile money account) | 25.60 | 27.64 | 24.62 | 0.158 |
| Household has purchased on credit | 26.94 | 23.53 | 28.59 | 0.055 |
| Priority expenditure: savings / investment in economic activity | 12.32 | 13.60 | 11.70 | 0.302 |
| Priority expenditure (amount in CDF): savings / investment in economic activity | 122,593.79 | 120,502.59 | 123,763.52 | 0.871 |
| Household has cultivated land during past 12 months | 45.45 | 38.33 | 48.88 | 0.000 |
| Livestock | 28.10 | 23.42 | 30.35 | 0.009 |
| Livestock head count | 0.14 | 0.11 | 0.16 | 0.220 |
| Non-agricultural enterprise | 40.44 | 42.56 | 39.43 | 0.260 |
| Daily worker | 10.51 | 11.73 | 9.92 | 0.278 |
| Salaried worker | 13.08 | 11.85 | 13.67 | 0.342 |
| Other income sources | 40.03 | 40.62 | 39.74 | 0.693 |
| Number of income-generating activities | 1.78 | 1.69 | 1.82 | 0.004 |
| 2+ income sources | 54.48 | 48.43 | 57.40 | 0.000 |
| Electricity | 38.65 | 39.98 | 38.01 | 0.613 |
| Housing quality index | 0.00 | 0.03 | -0.01 | 0.123 |
| Asset index | -0.00 | -0.00 | -0.00 | 0.889 |
| Majority of people in this community get along well | 87.89 | 86.12 | 88.75 | 0.183 |
| You feel as member of this community | 88.59 | 86.33 | 89.69 | 0.100 |
| Majority of people in this community would take advantage of you, given an opportunity | 38.90 | 39.65 | 38.53 | 0.599 |
| N | 1,835 | 610 | 1,225 | |

NOTE: Figures in the tables are percentages unless otherwise indicated.

Table A2: Found versus non-found households, intervention area

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|--|----------------|------------|------------|---------|
| Female head of household | 26.96 | 26.55 | 27.12 | 0.847 |
| Age of household head | 48.07 | 46.28 | 48.76 | 0.007 |
| Married head of household | 71.91 | 70.60 | 72.42 | 0.682 |
| Head of household has studied | 91.94 | 92.93 | 91.55 | 0.579 |
| Head of household did not finish primary school | 18.44 | 17.84 | 18.67 | 0.786 |
| Household size | 5.40 | 4.90 | 5.60 | 0.003 |
| Average household age | 27.28 | 28.43 | 26.84 | 0.211 |
| Dependency ratio | 1.09 | 1.08 | 1.10 | 0.841 |
| % of household members 0-4 years old | 12.43 | 13.02 | 12.20 | 0.508 |
| % of household members 5-17 years old | 28.80 | 26.62 | 29.64 | 0.131 |
| % of household members 18-59 years old | 47.73 | 47.88 | 47.67 | 0.929 |
| % of household members 60+ years old | 11.05 | 12.48 | 10.50 | 0.277 |
| % of women household members | 49.00 | 47.70 | 49.51 | 0.458 |
| % of household members 15+ years old that are married | 54.53 | 56.68 | 53.69 | 0.435 |
| Urban area | 0.47 | 0.46 | 0.48 | 0.834 |
| Acceptable food consumption score | 43.12 | 45.73 | 42.12 | 0.262 |
| Reduced coping strategy index | 12.22 | 13.72 | 11.64 | 0.054 |
| Food expenditure share | 43.01 | 42.62 | 43.15 | 0.663 |
| Share of child-related expenditure | 33.83 | 32.16 | 34.43 | 0.180 |
| Household can meet some, most or all needs | -14.43 | -12.62 | -15.12 | 0.307 |
| Poverty rate | 77.07 | 68.94 | 80.17 | 0.009 |
| Food consumption score (range is 0-112) | 42.61 | 43.42 | 42.29 | 0.429 |
| Food consumption score, male head of household | 43.12 | 44.16 | 42.72 | 0.391 |
| Food consumption score, female head of household | 41.20 | 41.35 | 41.14 | 0.945 |
| Acceptable food consumption score | 43.12 | 45.73 | 42.12 | 0.262 |
| Acceptable food consumption score, male head of household | 44.62 | 46.54 | 43.87 | 0.467 |
| Acceptable food consumption score, Female head of household | 39.07 | 43.49 | 37.40 | 0.409 |
| Reduced coping strategy index | 12.22 | 13.72 | 11.64 | 0.054 |
| Reduced coping strategy index, male head of household | 11.87 | 13.25 | 11.34 | 0.084 |
| Reduced coping strategy index, Female head of household | 13.16 | 15.01 | 12.47 | 0.221 |
| High reduced coping strategy index | 52.03 | 58.20 | 49.65 | 0.019 |
| High reduced coping strategy index, male head of household | 50.48 | 55.29 | 48.61 | 0.067 |
| High reduced coping strategy index, Female head of household | 56.22 | 66.24 | 52.43 | 0.063 |
| Total monthly expenditures (CDF) | 305,975.19 | 305,907.89 | 306,000.85 | 0.994 |

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|--|----------------|------------|------------|---------|
| Total monthly food expenditures (CDF) | 133,381.18 | 133,101.73 | 133,487.68 | 0.954 |
| Total monthly non-food expenditures (CDF) | 172,594.01 | 172,806.15 | 172,513.17 | 0.972 |
| Total monthly child-related expenditures (CDF) | 101,504.88 | 98,558.19 | 102,627.85 | 0.721 |
| Formal savings (in savings or mobile money account) | 19.65 | 20.64 | 19.27 | 0.669 |
| Household has purchased on credit | 26.88 | 25.63 | 27.36 | 0.635 |
| Priority expenditure: savings / investment in economic activity | 9.32 | 10.63 | 8.81 | 0.462 |
| Priority expenditure (amount in CDF): savings / investment in economic activity | 95,396.78 | 80,155.47 | 102,496.44 | 0.311 |
| Household has cultivated land during past 12 months | 53.19 | 49.45 | 54.63 | 0.182 |
| Livestock | 36.16 | 31.61 | 37.91 | 0.105 |
| Non-agricultural enterprise | 38.25 | 42.39 | 36.65 | 0.194 |
| Daily worker | 8.46 | 8.81 | 8.32 | 0.796 |
| Salaried worker | 10.40 | 11.09 | 10.13 | 0.738 |
| Other income sources | 38.06 | 39.19 | 37.62 | 0.658 |
| Number of income-generating activities | 1.85 | 1.83 | 1.85 | 0.717 |
| 2+ income sources | 57.61 | 52.64 | 59.53 | 0.085 |
| Electricity | 10.98 | 10.22 | 11.28 | 0.560 |
| Housing quality index | -0.15 | -0.10 | -0.17 | 0.012 |
| Asset index | -0.05 | -0.05 | -0.05 | 0.836 |
| Possède du bétail | 36.16 | 31.61 | 37.91 | 0.105 |
| Livestock head count | 0.17 | 0.13 | 0.18 | 0.488 |
| Majority of people in this community get along well | 84.94 | 79.34 | 87.10 | 0.039 |
| You feel as member of this community | 86.00 | 81.02 | 87.93 | 0.066 |
| Majority of people in this community would take advantage of you, given an opportunity | 39.48 | 39.18 | 39.59 | 0.911 |
| <i>N</i> | 908 | 263 | 645 | |

NOTE: Figures in the tables are percentages unless otherwise indicated.

Table A3: Found versus non-found households, comparison area

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|--|----------------|------------|------------|---------|
| Female head of household | 23.41 | 21.40 | 24.60 | 0.377 |
| Age of household head | 47.49 | 46.03 | 48.34 | 0.031 |
| Married head of household | 74.92 | 79.61 | 72.16 | 0.019 |
| Head of household has studied | 94.27 | 94.32 | 94.25 | 0.960 |
| Head of household did not finish primary school | 11.79 | 11.65 | 11.87 | 0.930 |
| Household size | 6.46 | 6.15 | 6.65 | 0.051 |
| Average household age | 24.11 | 23.46 | 24.49 | 0.191 |
| Dependency ratio | 1.07 | 1.05 | 1.08 | 0.667 |
| % of household members 0-4 years old | 11.94 | 13.11 | 11.26 | 0.142 |
| % of household members 5-17 years old | 33.39 | 32.99 | 33.62 | 0.678 |
| % of household members 18-59 years old | 48.64 | 48.44 | 48.76 | 0.855 |
| % of household members 60+ years old | 6.03 | 5.46 | 6.36 | 0.396 |
| % of women household members | 51.64 | 51.17 | 51.92 | 0.558 |
| % of household members 15+ years old that are married | 52.47 | 58.20 | 49.09 | 0.004 |
| Urban area | 0.50 | 0.55 | 0.48 | 0.180 |
| Acceptable food consumption score | 54.24 | 54.96 | 53.81 | 0.778 |
| Reduced coping strategy index | 10.49 | 10.31 | 10.60 | 0.669 |
| Food expenditure share | 45.31 | 45.23 | 45.35 | 0.895 |
| Share of child-related expenditure | 34.96 | 34.57 | 35.21 | 0.649 |
| Household can meet some, most or all needs | -10.26 | -12.61 | -8.87 | 0.115 |
| Poverty rate | 75.17 | 76.87 | 74.16 | 0.508 |
| Food consumption score (range is 0-112) | 46.90 | 46.80 | 46.96 | 0.927 |
| Food consumption score, male head of household | 47.35 | 47.39 | 47.32 | 0.970 |
| Food consumption score, female head of household | 45.43 | 44.64 | 45.83 | 0.773 |
| Acceptable food consumption score | 54.24 | 54.96 | 53.81 | 0.778 |
| Acceptable food consumption score, male head of household | 54.67 | 57.35 | 53.03 | 0.372 |
| Acceptable food consumption score, Female head of household | 52.81 | 46.21 | 56.19 | 0.345 |
| Reduced coping strategy index | 10.49 | 10.31 | 10.60 | 0.669 |
| Reduced coping strategy index, male head of household | 10.21 | 9.61 | 10.58 | 0.216 |
| Reduced coping strategy index, Female head of household | 11.43 | 12.89 | 10.68 | 0.175 |
| High reduced coping strategy index | 44.80 | 42.68 | 46.05 | 0.271 |
| High reduced coping strategy index, male head of household | 43.53 | 39.83 | 45.79 | 0.120 |
| High reduced coping strategy index, Female head of household | 48.98 | 53.16 | 46.84 | 0.421 |
| Total monthly expenditures (CDF) | 401,724.54 | 388,399.96 | 409,564.84 | 0.106 |

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|--|----------------|------------|------------|---------|
| Total monthly food expenditures (CDF) | 184,005.88 | 176,531.92 | 188,403.63 | 0.081 |
| Total monthly non-food expenditures (CDF) | 217,718.65 | 211,868.04 | 221,161.21 | 0.262 |
| Total monthly child-related expenditures (CDF) | 136,289.23 | 130,661.78 | 139,600.47 | 0.282 |
| Formal savings (in savings or mobile money account) | 31.43 | 32.80 | 30.63 | 0.457 |
| Household has purchased on credit | 27.00 | 21.98 | 29.96 | 0.044 |
| Priority expenditure: savings / investment in economic activity | 15.26 | 15.79 | 14.95 | 0.753 |
| Priority expenditure (amount in CDF): savings / investment in economic activity | 138,856.92 | 140,511.53 | 137,829.03 | 0.924 |
| Household has cultivated land during past 12 months | 37.87 | 30.13 | 42.42 | 0.004 |
| Livestock | 20.21 | 17.39 | 21.86 | 0.151 |
| Non-agricultural enterprise | 42.60 | 42.69 | 42.55 | 0.969 |
| Daily worker | 12.52 | 13.88 | 11.72 | 0.397 |
| Salaried worker | 15.71 | 12.42 | 17.65 | 0.067 |
| Other income sources | 41.96 | 41.67 | 42.12 | 0.873 |
| Number of income-generating activities | 1.71 | 1.58 | 1.78 | 0.001 |
| 2+ income sources | 51.42 | 45.32 | 55.00 | 0.001 |
| Electricity | 65.74 | 61.89 | 68.01 | 0.196 |
| Housing quality index | 0.15 | 0.13 | 0.17 | 0.428 |
| Asset index | 0.04 | 0.03 | 0.04 | 0.654 |
| Possède du bétail | 20.21 | 17.39 | 21.86 | 0.151 |
| Livestock head count | 0.11 | 0.09 | 0.13 | 0.404 |
| Majority of people in this community get along well | 90.79 | 91.10 | 90.60 | 0.751 |
| You feel as member of this community | 91.13 | 90.23 | 91.66 | 0.418 |
| Majority of people in this community would take advantage of you, given an opportunity | 38.33 | 40.01 | 37.35 | 0.250 |
| <i>N</i> | 927 | 347 | 580 | |

NOTE: Figures in the tables are percentages unless otherwise indicated.

Table A4: Found versus non-found households' individual characteristics, full sample

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|---|----------------|------------|------------|---------|
| Women's minimal dietary diversity (MDD-W) | 0.44 | 0.43 | 0.44 | 0.770 |
| Decision-making: agricultural production/family enterprises | 6.36 | 5.88 | 6.57 | 0.094 |
| Decision-making: major household expenditures | 5.58 | 5.32 | 5.71 | 0.294 |
| Decision-making: daily household expenditures | 6.93 | 6.51 | 7.14 | 0.091 |
| Decision-making: cash transfers / government food assistance | 5.73 | 5.33 | 5.93 | 0.188 |
| Decision-making: buy clothing for herself | 5.99 | 5.37 | 6.29 | 0.038 |
| Decision-making: get medical consultation or treatment for herself | 5.52 | 4.92 | 5.83 | 0.027 |
| Decision-making: take children to the doctor / to a health facility | 5.42 | 5.07 | 5.60 | 0.179 |
| Decision-making: send children to school / school relations | 5.30 | 5.13 | 5.38 | 0.529 |
| Feels she has free choice and control over her life | 34.69 | 33.20 | 35.35 | 0.430 |
| Feels capable of taking decisions within her household | 36.50 | 35.74 | 36.84 | 0.642 |
| Attended school or preschool (6-17 year olds) | 93.50 | 92.56 | 93.90 | 0.326 |
| Child (6-17 year old) attended school in 2020-2021 | 85.57 | 84.37 | 86.10 | 0.500 |
| Boy (6-17 year old) attended school in 2020-2021 | 85.04 | 84.82 | 85.12 | 0.921 |
| Girl (6-17 year old) attended school in 2020-2021 | 86.10 | 83.97 | 87.09 | 0.255 |
| Children attended private school | 31.69 | 32.45 | 31.36 | 0.757 |
| School expenditures for children (6 to 17 years old) | 121,091.06 | 119,409.70 | 121,788.53 | 0.834 |
| Was ill or injured in past 30 days | 22.25 | 22.13 | 22.30 | 0.912 |
| Preventative health spending in past 30 days | 13,478.61 | 9,908.70 | 15,052.04 | 0.419 |
| Health treatment spending in past 30 days | 54,424.49 | 51,454.14 | 55,733.67 | 0.589 |
| Other health-related expenditures (ex. transport) | 6,133.58 | 5,685.35 | 6,331.13 | 0.600 |
| Total health expenditures in past 30 days | 16,473.75 | 14,839.46 | 17,199.62 | 0.449 |
| Borrowed money or sold goods to cover health expenditures | 25.27 | 24.81 | 25.47 | 0.845 |
| Agricultural, commercial or productive work | 0.17 | 0.15 | 0.18 | 0.085 |
| Domestic work | 79.67 | 79.70 | 79.65 | 0.985 |
| Domestic work - boys | 73.93 | 74.66 | 73.57 | 0.763 |
| Domestic work - girls | 85.33 | 85.04 | 85.46 | 0.895 |
| Domestic work (5 to 11 year olds) | 73.46 | 74.02 | 73.18 | 0.794 |
| Domestic work (12 to 17 year olds) | 87.30 | 87.50 | 87.21 | 0.922 |
| N | 636 | 194 | 442 | |

NOTE: Figures in the tables are percentages unless otherwise indicated.

Table A5: Found versus non-founds households' individual characteristics, intervention area

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|---|----------------|------------|------------|---------|
| Women's minimal dietary diversity (MDD-W) | 0.39 | 0.39 | 0.39 | 0.937 |
| Decision-making: agricultural production/family enterprises | 6.84 | 5.69 | 7.20 | 0.053 |
| Decision-making: major household expenditures | 6.32 | 5.87 | 6.50 | 0.351 |
| Decision-making: daily household expenditures | 8.09 | 7.79 | 8.20 | 0.421 |
| Decision-making: cash transfers / government food assistance | 6.28 | 4.76 | 6.82 | 0.004 |
| Decision-making: buy clothing for herself | 6.74 | 5.80 | 7.07 | 0.086 |
| Decision-making: get medical consultation or treatment for herself | 6.15 | 4.62 | 6.69 | 0.004 |
| Decision-making: take children to the doctor / to a health facility | 6.05 | 5.25 | 6.34 | 0.094 |
| Decision-making: send children to school / school relations | 5.91 | 5.75 | 5.97 | 0.757 |
| Feels she has free choice and control over her life | 33.14 | 35.72 | 32.34 | 0.430 |
| Feels capable of taking decisions within her household | 31.96 | 31.01 | 32.25 | 0.752 |
| Attended school or preschool (6-17 year olds) | 93.10 | 90.40 | 93.96 | 0.135 |
| Child (6-17 year old) attended school in 2020-2021 | 83.45 | 81.17 | 84.18 | 0.339 |
| Boy (6-17 year old) attended school in 2020-2021 | 83.90 | 81.76 | 84.50 | 0.472 |
| Girl (6-17 year old) attended school in 2020-2021 | 83.00 | 80.68 | 83.84 | 0.482 |
| Children attended private school | 35.88 | 32.06 | 37.10 | 0.282 |
| School expenditures for children (6 to 17 years old) | 123,682.07 | 115,152.44 | 126,266.24 | 0.596 |
| Was ill or injured in past 30 days | 23.17 | 25.05 | 22.54 | 0.368 |
| Preventative health spending in past 30 days | 19,615.06 | 10,512.40 | 23,038.70 | 0.326 |
| Health treatment spending in past 30 days | 59,303.19 | 52,921.41 | 61,703.47 | 0.541 |
| Other health-related expenditures (ex. transport) | 7,895.29 | 6,822.65 | 8,298.72 | 0.493 |
| Total health expenditures in past 30 days | 20,116.41 | 17,602.18 | 20,966.97 | 0.580 |
| Borrowed money or sold goods to cover health expenditures | 30.14 | 28.26 | 30.84 | 0.641 |
| Agricultural, commercial or productive work | 0.20 | 0.17 | 0.21 | 0.342 |
| Domestic work | 81.33 | 80.90 | 81.49 | 0.871 |
| Domestic work - boys | 75.41 | 75.29 | 75.45 | 0.978 |
| Domestic work - girls | 87.60 | 86.54 | 87.99 | 0.742 |
| Domestic work (5 to 11 year olds) | 76.29 | 75.90 | 76.43 | 0.912 |
| Domestic work (12 to 17 year olds) | 87.84 | 87.24 | 88.06 | 0.861 |
| <i>N</i> | 294 | 81 | 213 | |

NOTE: Figures in the tables are percentages unless otherwise indicated.

Table A6: Found versus non-found households' individual characteristics, comparison area

| INDICATOR | ALL HOUSEHOLDS | NOT FOUND | FOUND | P-VALUE |
|---|----------------|------------|------------|---------|
| Women's minimal dietary diversity (MDD-W) | 0.47 | 0.45 | 0.48 | 0.473 |
| Decision-making: agricultural production/family enterprises | 6.02 | 5.97 | 6.05 | 0.867 |
| Decision-making: major household expenditures | 5.11 | 5.07 | 5.13 | 0.880 |
| Decision-making: daily household expenditures | 6.12 | 5.87 | 6.26 | 0.430 |
| Decision-making: cash transfers / government food assistance | 5.39 | 5.58 | 5.29 | 0.601 |
| Decision-making: buy clothing for herself | 5.46 | 5.16 | 5.65 | 0.393 |
| Decision-making: get medical consultation or treatment for herself | 5.10 | 5.05 | 5.14 | 0.846 |
| Decision-making: take children to the doctor / to a health facility | 4.95 | 4.98 | 4.94 | 0.940 |
| Decision-making: send children to school / school relations | 4.91 | 4.84 | 4.94 | 0.837 |
| Feels she has free choice and control over her life | 35.80 | 32.00 | 37.93 | 0.117 |
| Feels capable of taking decisions within her household | 39.77 | 38.01 | 40.76 | 0.322 |
| Attended school or preschool (6-17 year olds) | 93.79 | 93.68 | 93.85 | 0.918 |
| Child (6-17 year old) attended school in 2020-2021 | 87.16 | 86.02 | 87.77 | 0.624 |
| Boy (6-17 year old) attended school in 2020-2021 | 85.91 | 86.30 | 85.70 | 0.888 |
| Girl (6-17 year old) attended school in 2020-2021 | 88.35 | 85.75 | 89.77 | 0.231 |
| Children attended private school | 28.56 | 32.65 | 26.36 | 0.192 |
| School expenditures for children (6 to 17 years old) | 119,214.08 | 121,536.60 | 118,032.73 | 0.794 |
| Was ill or injured in past 30 days | 21.50 | 20.42 | 22.08 | 0.378 |
| Preventative health spending in past 30 days | 8,060.54 | 9,473.42 | 7,349.75 | 0.357 |
| Health treatment spending in past 30 days | 50,116.93 | 50,396.23 | 49,976.42 | 0.954 |
| Other health-related expenditures (ex. transport) | 4,578.11 | 4,865.36 | 4,433.60 | 0.756 |
| Total health expenditures in past 30 days | 13,490.11 | 13,216.28 | 13,639.12 | 0.848 |
| Borrowed money or sold goods to cover health expenditures | 20.97 | 22.33 | 20.28 | 0.606 |
| Agricultural, commercial or productive work | 0.15 | 0.13 | 0.15 | 0.291 |
| Domestic work | 78.24 | 78.97 | 77.81 | 0.750 |
| Domestic work - boys | 72.58 | 74.29 | 71.43 | 0.573 |
| Domestic work - girls | 83.51 | 84.09 | 83.21 | 0.847 |
| Domestic work (5 to 11 year olds) | 70.94 | 72.93 | 69.59 | 0.487 |
| Domestic work (12 to 17 year olds) | 86.85 | 87.66 | 86.45 | 0.746 |
| N | 342 | 113 | 229 | |

NOTE: Figures in the tables are percentages unless otherwise indicated.

Appendix B : Differential attrition

Table B1: Baseline characteristics, panel households

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|--|----------------|-------|-------|---------|
| Female head of household | 25.74 | 24.18 | 27.33 | 0.306 |
| Age of household head | 48.40 | 48.20 | 48.62 | 0.692 |
| Married head of household | 72.28 | 72.08 | 72.48 | 0.879 |
| Head of household has studied | 92.83 | 94.09 | 91.54 | 0.179 |
| Head of household did not finish primary school | 15.39 | 12.39 | 18.47 | 0.035 |
| Household size | 6.12 | 6.61 | 5.60 | 0.000 |
| Average household age | 25.68 | 24.62 | 26.77 | 0.022 |
| Dependency ratio | 1.08 | 1.08 | 1.08 | 0.949 |
| % of household members 0-4 years old | 11.75 | 11.28 | 12.24 | 0.281 |
| % of household members 5-17 years old | 31.33 | 33.36 | 29.26 | 0.020 |
| % of household members 18-59 years old | 48.58 | 48.93 | 48.23 | 0.716 |
| % of household members 60+ years old | 8.34 | 6.43 | 10.28 | 0.007 |
| % of women household members | 50.61 | 51.74 | 49.46 | 0.110 |
| % of household members 15+ years old that are married | 51.60 | 49.35 | 53.89 | 0.070 |
| Urban area | 0.49 | 0.50 | 0.48 | 0.835 |
| Acceptable food consumption score | 48.04 | 52.97 | 43.01 | 0.013 |
| Reduced coping strategy index | 11.15 | 10.66 | 11.65 | 0.247 |
| Food expenditure share | 44.23 | 45.23 | 43.20 | 0.069 |
| Share of child-related expenditure | 34.62 | 35.01 | 34.20 | 0.503 |
| Household can meet some, most or all needs | 86.16 | 88.93 | 83.33 | 0.035 |
| Poverty rate | 76.78 | 74.65 | 78.96 | 0.280 |
| Food consumption score (range is 0-112) | 44.73 | 46.61 | 42.82 | 0.061 |
| Food consumption score, male head of household | 45.11 | 46.77 | 43.33 | 0.121 |
| Food consumption score, female head of household | 43.65 | 46.08 | 41.45 | 0.127 |
| Acceptable food consumption score | 48.04 | 52.97 | 43.01 | 0.013 |
| Acceptable food consumption score, male head of household | 48.39 | 51.70 | 44.85 | 0.131 |
| Acceptable food consumption score, Female head of household | 47.05 | 56.93 | 38.11 | 0.004 |
| Reduced coping strategy index | 11.15 | 10.66 | 11.65 | 0.247 |
| Reduced coping strategy index, male head of household | 10.97 | 10.62 | 11.34 | 0.401 |
| Reduced coping strategy index, Female head of household | 11.66 | 10.77 | 12.47 | 0.321 |
| High reduced coping strategy index | 47.87 | 46.20 | 49.58 | 0.343 |
| High reduced coping strategy index, male head of household | 47.20 | 45.86 | 48.62 | 0.495 |
| High reduced coping strategy index, Female head of household | 49.82 | 47.26 | 52.13 | 0.449 |

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|--|----------------|------------|------------|---------|
| Total monthly expenditures (CDF) | 359,488.69 | 407,239.64 | 310,452.80 | 0.000 |
| Total monthly food expenditures (CDF) | 161,498.32 | 186,683.32 | 135,635.61 | 0.000 |
| Total monthly non-food expenditures (CDF) | 197,990.37 | 220,556.32 | 174,817.19 | 0.000 |
| Total monthly child-related expenditures (CDF) | 120,677.46 | 137,348.98 | 103,557.32 | 0.004 |
| Formal savings (in savings or mobile money account) | 25.02 | 30.39 | 19.53 | 0.001 |
| Household has purchased on credit | 28.75 | 29.88 | 27.60 | 0.461 |
| Priority expenditure: savings / investment in economic activity | 11.68 | 14.29 | 9.01 | 0.019 |
| Priority expenditure (amount in CDF): savings / investment in economic activity | 124,236.69 | 134,135.62 | 108,184.72 | 0.325 |
| Household has cultivated land during past 12 months | 47.72 | 41.65 | 53.92 | 0.064 |
| Livestock | 30.40 | 22.85 | 38.13 | 0.001 |
| Non-agricultural enterprise | 39.90 | 42.19 | 37.55 | 0.258 |
| Daily worker | 10.44 | 11.83 | 9.03 | 0.142 |
| Salaried worker | 14.54 | 18.55 | 10.44 | 0.009 |
| Other income sources | 39.59 | 41.06 | 38.08 | 0.375 |
| Number of income-generating activities | 1.83 | 1.78 | 1.87 | 0.272 |
| 2+ income sources | 57.21 | 54.52 | 59.98 | 0.190 |
| Electricity | 39.87 | 67.49 | 11.62 | 0.000 |
| Housing quality index | -0.01 | 0.14 | -0.16 | 0.000 |
| Asset index | -0.00 | 0.04 | -0.04 | 0.000 |
| Possède du bétail | 30.40 | 22.85 | 38.13 | 0.001 |
| Livestock head count | 0.16 | 0.13 | 0.18 | 0.252 |
| Majority of people in this community get along well | 89.14 | 90.61 | 87.64 | 0.148 |
| You feel as member of this community | 89.91 | 91.59 | 88.19 | 0.097 |
| Majority of people in this community would take advantage of you, given an opportunity | 38.70 | 37.44 | 39.99 | 0.422 |
| N | 1,226 | 581 | 645 | |

Table B2: Baseline individual characteristics, panel households

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|---|----------------|------------|------------|---------|
| Women's minimal dietary diversity (MDD-W) | 0.44 | 0.48 | 0.39 | 0.019 |
| Decision-making: agricultural production/family enterprises | 6.57 | 6.05 | 7.20 | 0.020 |
| Decision-making: major household expenditures | 5.72 | 5.16 | 6.50 | 0.009 |
| Decision-making: daily household expenditures | 7.15 | 6.28 | 8.20 | 0.000 |
| Decision-making: cash transfers / government food assistance | 5.92 | 5.27 | 6.82 | 0.003 |
| Decision-making: buy clothing for herself | 6.28 | 5.63 | 7.07 | 0.003 |
| Decision-making: get medical consultation or treatment for herself | 5.82 | 5.13 | 6.69 | 0.005 |
| Decision-making: take children to the doctor / to a health facility | 5.59 | 4.93 | 6.34 | 0.003 |
| Decision-making: send children to school / school relations | 5.37 | 4.93 | 5.97 | 0.044 |
| Feels she has free choice and control over her life | 35.33 | 37.89 | 32.34 | 0.142 |
| Feels capable of taking decisions within her household | 36.87 | 40.83 | 32.25 | 0.011 |
| Attended school or preschool (6-17 year olds) | 93.91 | 93.86 | 93.96 | 0.945 |
| Child (6-17 year old) attended school in 2020-2021 | 86.12 | 87.80 | 84.18 | 0.074 |
| Boy (6-17 year old) attended school in 2020-2021 | 85.15 | 85.74 | 84.50 | 0.538 |
| Girl (6-17 year old) attended school in 2020-2021 | 87.10 | 89.79 | 83.84 | 0.029 |
| Children attended private school | 31.44 | 26.53 | 37.10 | 0.016 |
| School expenditures for children (6 to 17 years old) | 121,802.04 | 118,064.61 | 126,266.24 | 0.540 |
| Was ill or injured in past 30 days | 22.29 | 22.05 | 22.54 | 0.834 |
| Preventative health spending in past 30 days | 15,052.04 | 7,349.75 | 23,038.70 | 0.209 |
| Health treatment spending in past 30 days | 55,733.67 | 49,976.42 | 61,703.47 | 0.422 |
| Other health-related expenditures (ex. transport) | 6,331.13 | 4,433.60 | 8,298.72 | 0.015 |
| Total health expenditures in past 30 days | 17,185.77 | 13,617.78 | 20,966.97 | 0.226 |
| Borrowed money or sold goods to cover health expenditures | 25.47 | 20.28 | 30.84 | 0.007 |
| Agricultural, commercial or productive work | 0.18 | 0.15 | 0.21 | 0.071 |
| Domestic work | 79.67 | 77.86 | 81.49 | 0.316 |
| Domestic work - boys | 73.62 | 71.57 | 75.45 | 0.453 |
| Domestic work - girls | 85.46 | 83.21 | 87.99 | 0.175 |
| Domestic work (5 to 11 year olds) | 73.23 | 69.71 | 76.43 | 0.169 |
| Domestic work (12 to 17 year olds) | 87.21 | 86.45 | 88.06 | 0.680 |
| N | 442 | 229 | 213 | |

Appendix C: Balance between intervention and comparison areas, including DRDID weights

Table C1: Balance of DRDID covariates

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|--|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Urban area | 0.45 | 0.44 | 0.47 | 0.313 |
| Dependency ratio (>3) | 0.05 | 0.05 | 0.06 | 0.821 |
| Per capita income (<median) | 0.59 | 0.59 | 0.59 | 0.912 |
| Wealth index (<median) | 0.57 | 0.58 | 0.55 | 0.365 |
| Wealth index | 19.52 | 20.01 | 18.93 | 0.213 |
| Income sources (>2) | 49.79 | 51.71 | 47.51 | 0.139 |
| Household experienced a shock / affected by COVID-19 | 0.63 | 0.62 | 0.63 | 0.787 |
| Transfer covers >20% of total household expenditure | 0.83 | 0.83 | 0.84 | 0.582 |
| N | 1,548 | 1,005 | 543 | |

Table C2: Balance of key outcomes indicators

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|---|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Food consumption score (0-112) | 43.02 | 45.29 | 40.74 | 0.001 |
| Food consumption score, male head of household | 43.32 | 45.99 | 40.65 | 0.001 |
| Food consumption score, female head of household | 42.20 | 43.41 | 40.99 | 0.385 |
| Reduced coping strategy index | 11.85 | 11.42 | 12.28 | 0.315 |
| Reduced coping strategy index, male head of household | 11.59 | 11.31 | 11.88 | 0.523 |
| Reduced coping strategy index, female head of household | 12.54 | 11.72 | 13.37 | 0.423 |
| Food expenditure share | 44.82 | 45.92 | 43.71 | 0.025 |
| Food expenditure share, male head of household | 44.13 | 45.63 | 42.62 | 0.009 |
| Food expenditure share, female head of household | 46.68 | 46.72 | 46.65 | 0.972 |
| Household can meet some, most or all needs | 84.76 | 86.84 | 82.69 | 0.101 |
| Share of child-related expenditure | 35.68 | 36.18 | 35.12 | 0.477 |
| Women's dietary diversity | 4.07 | 4.27 | 3.81 | 0.000 |
| % of women with minimal dietary diversity | 0.40 | 0.45 | 0.34 | 0.000 |
| N | 1,398 | 940 | 458 | |

Table C3: Balance of key household characteristics

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|---|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Female head of household | 26.87 | 26.87 | 26.87 | 1.000 |
| Age of household head | 48.41 | 48.25 | 48.58 | 0.727 |
| Married head of household | 72.92 | 73.22 | 72.61 | 0.841 |
| Head of household has studied | 92.33 | 92.93 | 91.73 | 0.521 |
| Head of household did not finish primary school | 17.90 | 14.86 | 20.93 | 0.024 |
| Household size | 6.01 | 6.56 | 5.47 | 0.000 |
| Average household age | 25.73 | 24.11 | 27.36 | 0.000 |
| Dependency ratio | 1.15 | 1.17 | 1.13 | 0.623 |
| % of household members 0-4 years old | 11.99 | 12.00 | 11.97 | 0.978 |
| % of household members 5-17 years old | 32.10 | 34.55 | 29.65 | 0.002 |
| % of household members 18-59 years old | 47.04 | 46.89 | 47.20 | 0.852 |
| % of household members 60+ years old | 8.87 | 6.56 | 11.18 | 0.001 |
| % of women household members | 50.75 | 52.43 | 49.07 | 0.026 |
| % of household members 15+ years old that are married | 52.87 | 50.32 | 55.41 | 0.052 |
| Attended school / preschool (6+ year olds) | 91.50 | 91.94 | 91.07 | 0.530 |
| N | 977 | 590 | 387 | |

Table C4: Balance of monthly expenditures

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|---|----------------|------------|------------|---------|
| | (1) | (2) | (3) | (4) |
| Total monthly expenditure | 322,598.72 | 348,246.52 | 296,884.48 | 0.000 |
| Total monthly food expenditure | 146,601.71 | 162,014.80 | 131,148.69 | 0.000 |
| Total monthly non-food expenditure | 175,997.01 | 186,231.71 | 165,735.79 | 0.000 |
| Total monthly child-related expenditure | 113,127.35 | 122,726.96 | 103,502.86 | 0.026 |
| Total monthly per capita expenditure | 67,496.08 | 65,790.20 | 69,206.39 | 0.266 |
| Total monthly per capita food expenditure | 29,931.62 | 30,131.97 | 29,730.75 | 0.778 |
| N | 976 | 590 | 386 | |

Table C5: Balance of poverty rate

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|--|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Poverty rate | 80.69 | 81.85 | 79.53 | 0.379 |
| Poverty rate, male head of household | 81.03 | 83.33 | 78.72 | 0.130 |
| Poverty rate, female head of household | 79.78 | 77.84 | 81.73 | 0.460 |
| N | 254 | 150 | 104 | |

Table C6: Balance between housing characteristics

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|-------------------------------------|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Individual traditional house | 35.12 | 28.63 | 41.60 | 0.000 |
| Modern house with a plot/concession | 33.57 | 40.01 | 27.13 | 0.000 |
| Number of rooms | 8.25 | 10.04 | 6.46 | 0.059 |
| People per room | 2.98 | 3.03 | 2.93 | 0.463 |
| Owner | 56.94 | 49.81 | 64.08 | 0.000 |
| Tenant | 29.85 | 36.69 | 23.00 | 0.000 |
| Improved floor | 54.70 | 70.12 | 39.28 | 0.000 |
| Improved roof | 85.03 | 96.94 | 73.13 | 0.000 |
| Improved water source | 30.47 | 44.14 | 16.80 | 0.000 |
| Improved toilet | 18.20 | 23.47 | 12.92 | 0.000 |
| Improved cook stove | 3.42 | 5.81 | 1.03 | 0.000 |
| Improved canalization | 45.78 | 46.86 | 44.70 | 0.536 |
| Improved handwashing | 10.08 | 13.71 | 6.46 | 0.000 |
| N | 977 | 590 | 387 | |

Table C7: Balance of assets

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|-------------------------|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Washing machine | 1.01 | 2.03 | 0.00 | 0.000 |
| Television | 36.47 | 56.15 | 16.80 | 0.000 |
| Landline phone | 2.45 | 2.06 | 2.84 | 0.443 |
| Computer | 2.70 | 4.88 | 0.52 | 0.000 |
| Refrigerator / freezer | 8.83 | 15.84 | 1.81 | 0.000 |
| Water boiler | 2.02 | 3.79 | 0.26 | 0.000 |
| Stove | 10.65 | 20.77 | 0.52 | 0.000 |
| Air conditioning | 0.49 | 0.99 | 0.00 | 0.015 |
| Fan | 14.75 | 25.12 | 4.39 | 0.000 |
| Internet access at home | 3.12 | 4.95 | 1.29 | 0.000 |
| Microwave | 0.45 | 0.65 | 0.26 | 0.296 |
| Mobile phone | 71.63 | 80.47 | 62.79 | 0.000 |
| Bicycle | 3.23 | 2.33 | 4.13 | 0.131 |
| Moto or scooter | 2.88 | 2.92 | 2.84 | 0.943 |
| Animal carriage | 0.09 | 0.18 | 0.00 | 0.193 |
| Car or truck | 0.87 | 1.74 | 0.00 | 0.001 |
| Motorboat | 0.12 | 0.24 | 0.00 | 0.317 |
| N | 977 | 590 | 387 | |

Table C8: Balance of economic activities and income

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|---|----------------|------------|------------|---------|
| | (1) | (2) | (3) | (4) |
| Number of economic activities | 1.32 | 1.35 | 1.29 | 0.131 |
| <i>N</i> | 977 | 590 | 387 | |
| Revenue from agricultural production / sale | 145,227.48 | 169,104.23 | 132,442.83 | 0.136 |
| <i>N</i> | 221 | 94 | 127 | |
| Revenue from vegetable production / sale | 105,620.14 | 119,056.70 | 91,297.87 | 0.175 |
| <i>N</i> | 122 | 75 | 47 | |
| Revenue from food commerce | 177,066.93 | 216,698.29 | 136,013.80 | 0.126 |
| <i>N</i> | 170 | 100 | 70 | |
| Revenue from non-food commerce | 140,091.76 | 134,319.88 | 145,009.22 | 0.669 |
| <i>N</i> | 132 | 78 | 54 | |
| Revenue from daily work | 97,274.46 | 106,158.53 | 84,118.42 | 0.258 |
| <i>N</i> | 110 | 72 | 38 | |
| Per capita income | 47,444.10 | 48,281.74 | 46,604.30 | 0.801 |
| <i>N</i> | 976 | 590 | 386 | |

Table C9: Consumption balance

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|----------------------------------|----------------|------|------|---------|
| | (1) | (2) | (3) | (4) |
| Number of meals per day - adults | 1.98 | 2.02 | 1.95 | 0.078 |
| Number of meals per day | 2.00 | 2.04 | 1.96 | 0.079 |
| <i>N</i> | 977 | 590 | 387 | |

Table C10: Balance of children's schooling

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|--|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Attended school / preschool | 93.61 | 93.29 | 93.98 | 0.441 |
| Currently attending school | 82.51 | 83.76 | 81.00 | 0.000 |
| Currently attending school, boy | 82.82 | 84.45 | 80.96 | 0.001 |
| Currently attending school l'école, girl | 83.10 | 84.71 | 81.13 | 0.000 |
| Currently attending private school | 32.75 | 26.92 | 39.38 | 0.000 |
| <i>N</i> | 4,118 | 2,582 | 1,536 | |

Table C11: Balance of health expenditures

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|--|----------------|-----------|-----------|---------|
| | (1) | (2) | (3) | (4) |
| Was ill or injured in past 30 days | 21.80 | 20.11 | 23.63 | 0.000 |
| Preventative health spending in past 30 days | 6,930.68 | 5,924.38 | 7,857.36 | 0.223 |
| Health treatment spending in past 30 days | 45,801.24 | 48,897.28 | 42,950.17 | 0.109 |
| Other health-related expenditures (ex. transport) | 5,008.75 | 3,775.72 | 6,144.22 | 0.020 |
| Total health expenditures in past 30 days | 12,585.61 | 11,781.70 | 13,455.51 | 0.162 |
| Borrowed or sold goods to cover health-related expenditure | 26.21 | 21.44 | 30.60 | 0.000 |
| <i>N</i> | 2,798 | 1,635 | 1,163 | |

Table C12: Balance of child work, productive and domestic

| INDICATOR | ALL HOUSEHOLDS | C | T | P-VALUE |
|---|----------------|-------|-------|---------|
| | (1) | (2) | (3) | (4) |
| Agricultural, commercial or productive work | 38.26 | 14.93 | 55.90 | 0.000 |
| Domestic work | 83.91 | 83.11 | 84.72 | 0.434 |
| Domestic work, boy | 80.43 | 80.76 | 80.14 | 0.841 |
| Domestic work, girl | 87.39 | 85.18 | 89.92 | 0.077 |
| Domestic work, 5 to 11 years old | 78.47 | 77.72 | 79.18 | 0.638 |
| Domestic work, 12 to 17 years old | 90.90 | 89.42 | 92.58 | 0.185 |
| <i>N</i> | 689 | 440 | 249 | |

Appendix D: Multivariate regression, panel households, phase 2 beneficiaries

Table D1: Impact on food consumption score

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|---|--------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Food consumption score (0-112) | -4.289 | 42.758 | 46.606 | 44.918 | 54.915 |
| | (2.80) | | | | |
| <i>N</i> | 2,165 | 501 | 581 | 502 | 581 |
| Food consumption score, male head of household | -3.421 | 42.854 | 46.774 | 45.067 | 54.260 |
| | (3.02) | | | | |
| <i>N</i> | 1,637 | 360 | 436 | 391 | 450 |
| Food consumption score, female head of household | -6.956 | 42.511 | 46.081 | 44.400 | 57.243 |
| | (4.62) | | | | |
| <i>N</i> | 528 | 141 | 145 | 111 | 131 |
| Acceptable food consumption score | -7.177 | 42.626 | 52.968 | 50.190 | 70.393 |
| | (5.48) | | | | |
| <i>N</i> | 2,165 | 501 | 581 | 502 | 581 |
| Acceptable food consumption score, male head of household | -8.559 | 43.636 | 51.703 | 49.634 | 68.861 |
| | (5.99) | | | | |
| <i>N</i> | 1,637 | 360 | 436 | 391 | 450 |
| Acceptable food consumption score, Female head of household | -2.568 | 39.999 | 56.933 | 52.126 | 75.836 |
| | (10.12) | | | | |
| <i>N</i> | 528 | 141 | 145 | 111 | 131 |

Note: Means are adjusted for sampling weights. Covariates include: urban area; household baseline characteristics: per capita income, food expenditure, poverty rate, household size, agricultural revenue; household head baseline characteristics: age, sex, level of education. * 10% significance ** 5% significance; *** 1% significance.

Table D2 : Impact on reduced coping strategy index

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|--|--------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Reduced coping strategy index (0-56) | 1.300 | 11.613 | 10.659 | 13.154 | 10.496 |
| | (1.32) | | | | |
| <i>N</i> | 2,165 | 501 | 581 | 502 | 581 |
| Reduced coping strategy index (0-56), male head of household | 1.324 | 11.420 | 10.622 | 12.712 | 10.109 |
| | (1.30) | | | | |
| <i>N</i> | 1,637 | 360 | 436 | 391 | 450 |
| Reduced coping strategy index (0-56), female head of household | 1.133 | 12.116 | 10.774 | 14.692 | 11.870 |
| | (2.48) | | | | |
| <i>N</i> | 528 | 141 | 145 | 111 | 131 |
| High reduced coping strategy index | 7.718 | 49.375 | 46.197 | 57.967 | 45.162 |
| | (5.61) | | | | |
| <i>N</i> | 2,165 | 501 | 581 | 502 | 581 |
| High reduced coping strategy index, male head of household | 8.909 | 49.016 | 45.859 | 57.400 | 42.949 |
| | (5.47) | | | | |
| <i>N</i> | 1,637 | 360 | 436 | 391 | 450 |
| High reduced coping strategy index, female head of household | 2.597 | 50.306 | 47.259 | 59.941 | 53.024 |
| | (10.46) | | | | |
| <i>N</i> | 528 | 141 | 145 | 111 | 131 |

Note: Means are adjusted for sampling weights. Covariates include: urban area; household baseline characteristics: per capita income, food expenditure, poverty rate, household size, agricultural revenue; household head baseline characteristics: age, sex, level of education. * 10% significance ** 5% significance; *** 1% significance.

Table D3 : Impact on food expenditure share and child-related expenditure share

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|---|--------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Food expenditure share | 5.701*** | 42.734 | 45.232 | 52.206 | 48.747 |
| | (1.92) | | | | |
| <i>N</i> | 2,165 | 501 | 581 | 502 | 581 |
| Food expenditure share, male head of household | 5.620*** | 42.186 | 44.851 | 51.594 | 48.414 |
| | (1.90) | | | | |
| <i>N</i> | 1,637 | 360 | 436 | 391 | 450 |
| Food expenditure share, female head of household | 6.485* | 44.158 | 46.426 | 54.338 | 49.928 |
| | (3.40) | | | | |
| <i>N</i> | 528 | 141 | 145 | 111 | 131 |
| High food expenditure share | 11.217*** | 5.593 | 7.114 | 20.915 | 10.540 |
| | (4.06) | | | | |
| <i>N</i> | 2,165 | 501 | 581 | 502 | 581 |
| High food expenditure share, male head of household | 10.212** | 3.978 | 5.172 | 19.973 | 10.220 |
| | (4.12) | | | | |
| <i>N</i> | 1,637 | 360 | 436 | 391 | 450 |
| High food expenditure share, Female head of household | 16.057* | 9.794 | 13.205 | 24.194 | 11.676 |
| | (8.26) | | | | |
| <i>N</i> | 528 | 141 | 145 | 111 | 131 |
| Child-related expenditure share | 1.372 | 34.038 | 35.005 | 35.712 | 35.220 |
| | (1.71) | | | | |
| <i>N</i> | 1,803 | 388 | 489 | 417 | 509 |

Note: Means are adjusted for sampling weights. Covariates include: urban area; household baseline characteristics: per capita income, household size, dependency ratio, agricultural revenue, savings, asset index, received transfers from family members or others; household head baseline characteristics: age, sex, level of education. * 10% significance ** 5% significance; *** 1% significance.

Table D4 : Impact on monthly total, food, non-food and child-related expenditures

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|--|----------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Total monthly expenditure (CDF) | -90,297.321*** | 302,318.974 | 407,239.641 | 378,926.853 | 574,953.757 |
| | (30,272.67) | | | | |
| Total monthly food expenditures (CDF) | -29,875.173* | 130,437.339 | 186,683.323 | 184,299.527 | 269,587.727 |
| | (15,819.67) | | | | |
| Total monthly non-food expenditures (CDF) | -60,422.148*** | 171,881.635 | 220,556.318 | 194,627.326 | 305,366.030 |
| | (18,303.05) | | | | |
| Total monthly child-related expenditures (CDF) | -25,146.739** | 102,094.531 | 137,348.982 | 125,391.820 | 181,527.708 |
| | (11,875.02) | | | | |
| N | 2,165 | 501 | 581 | 502 | 581 |

Note: Means are adjusted for sampling weights. Covariates include: urban area; household baseline characteristics: per capita income, household size, dependency ratio, agricultural revenue, savings, asset index, received transfers from family members or others; household head baseline characteristics: age, sex, level of education. * 10% significance ** 5% significance; *** 1% significance.

Table D5 : Impact on capacity to meet household needs

| | IMPACT DE | MOYENNE INTERVENTION | MOYENNE CONTRÔLE | MOYENNE INTERVENTION | MOYENNE CONTRÔLE |
|--|----------------|----------------------|------------------|----------------------|------------------|
| DEPENDENT VARIABLE | L'INTERVENTION | ENQUÊTE DE BASE | ENQUÊTE DE BASE | ENQUÊTE DE SUIVI | ENQUÊTE DE SUIVI |
| | (1) | (2) | (3) | (4) | (5) |
| Household can meet some, most or all needs | 5.357 | 83.707 | 88.932 | 85.687 | 88.131 |
| | (3.95) | | | | |
| N | 2,163 | 501 | 581 | 501 | 580 |

Note: Means are adjusted for sampling weights. Covariates include: urban area; household baseline characteristics: per capita income, household size, dependency ratio, agricultural revenue, savings, asset index, received transfers from family members or others; household head baseline characteristics: age, sex, level of education. * 10% significance ** 5% significance; *** 1% significance.

Table D6 : Impact on women's dietary diversity

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|---------------------------|--------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Women's dietary diversity | 0.004 | 3.980 | 4.406 | 4.398 | 4.858 |
| | (0.21) | | | | |
| N | 1,841 | 400 | 520 | 413 | 508 |

Note: Means are adjusted for sampling weights. Covariates include: urban area; household baseline characteristics: per capita income, food expenditure, poverty rate, household size, agricultural revenue; household head baseline characteristics: age, sex, level of education. * 10% significance ** 5% significance; *** 1% significance.

Appendix E : Alternative specifications

Table E1 : Impact on key outcome indicators, panel households, intent to treat (ITT)

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|--|--------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Acceptable food consumption score | -11.143** | 43.007 | 52.968 | 49.290 | 70.393 |
| | (5.28) | | | | |
| <i>N</i> | 2,452 | 645 | 581 | 645 | 581 |
| Reduced coping strategy index | 1.761 | 11.648 | 10.659 | 13.246 | 10.496 |
| | (1.30) | | | | |
| <i>N</i> | 2,452 | 645 | 581 | 645 | 581 |
| Food expenditure share | 4.412** | 43.195 | 45.232 | 51.110 | 48.747 |
| | (1.89) | | | | |
| <i>N</i> | 2,450 | 643 | 581 | 645 | 581 |
| Child-related expenditure share | 0.751 | 34.197 | 35.005 | 35.172 | 35.220 |
| | (1.64) | | | | |
| <i>N</i> | 2,043 | 505 | 489 | 540 | 509 |
| Household can meet some, most or all needs | 2.330 | 83.333 | 88.932 | 84.909 | 88.178 |
| | (3.59) | | | | |
| <i>N</i> | 2,452 | 645 | 581 | 645 | 581 |
| Women's dietary diversity | -0.188 | 4.096 | 4.401 | 4.406 | 4.898 |
| | (0.22) | | | | |
| <i>N</i> | 3,603 | 845 | 933 | 891 | 934 |
| % of women with minimal dietary diversity | -0.059 | 0.389 | 0.477 | 0.460 | 0.606 |
| | (0.05) | | | | |
| <i>N</i> | 3,603 | 845 | 933 | 891 | 934 |

NOTE: Means are adjusted for sampling weights. Covariates include: Urban area, household head characteristics: age, sex, marital status, level of education. * 10% significance ** 5% significance; *** 1% significance.

Table E2 : Impact on key outcome indicators , cross-sectional households, intent to treat (ITT)

| | INTERVENTION | BASELINE MEAN | BASELINE MEAN | ENDLINE MEAN | ENDLINE MEAN |
|--|--------------|-----------------|------------------|-----------------|------------------|
| DEPENDENT VARIABLE | IMPACT | TREATMENT GROUP | COMPARISON GROUP | TREATMENT GROUP | COMPARISON GROUP |
| | (1) | (2) | (3) | (4) | (5) |
| Acceptable food consumption score | -11.248** | 44.057 | 54.121 | 46.044 | 67.358 |
| | (4.63) | | | | |
| <i>N</i> | 3,885 | 908 | 927 | 1,155 | 895 |
| Reduced coping strategy index | 1.264 | 12.161 | 10.587 | 13.416 | 10.578 |
| | (1.05) | | | | |
| <i>N</i> | 3,885 | 908 | 927 | 1,155 | 895 |
| Food expenditure share | 5.263*** | 43.055 | 45.252 | 52.332 | 49.265 |
| | (1.69) | | | | |
| <i>N</i> | 3,879 | 902 | 927 | 1,155 | 895 |
| Child-related expenditure share | 2.469* | 33.602 | 34.908 | 35.946 | 34.773 |
| | (1.45) | | | | |
| <i>N</i> | 3,250 | 706 | 796 | 954 | 794 |
| Household can meet some, most or all needs | -1.627 | 83.823 | 88.171 | 83.583 | 89.562 |
| | (2.79) | | | | |
| <i>N</i> | 3,885 | 908 | 927 | 1,155 | 895 |
| Women's dietary diversity | -0.253 | 4.109 | 4.434 | 4.336 | 4.913 |
| | (0.23) | | | | |
| <i>N</i> | 5,489 | 1,137 | 1,457 | 1,510 | 1,385 |
| % of women with minimal dietary diversity | -0.080* | 0.399 | 0.478 | 0.435 | 0.593 |
| | (0.05) | | | | |
| <i>N</i> | 5,489 | 1,137 | 1,457 | 1,510 | 1,385 |

NOTE: Means are adjusted for sampling weights. Covariates include: Urban area. * 10% significance ** 5% significance; *** 1% significance.

Appendix F : Heterogeneity of impacts

Table F1 – Heterogenous impacts by size of household (small or large)

| VARIABLE | OVERALL | SMALL | LARGE | INTERACTION |
|----------------------------------|---------|---------|----------|-------------|
| Food consumption score | -3.649 | -4.791 | -3.799 | -0.992 |
| | (2.530) | (3.521) | (3.028) | (4.696) |
| Resilience based coping | 1.310 | 4.509** | -0.429 | 4.937* |
| | (1.346) | (2.108) | (1.681) | (2.686) |
| Food expenditure share | 4.803** | 1.014 | 6.343*** | -5.329 |
| | (1.870) | (2.235) | (2.197) | (3.256) |
| Share of expenditure on children | 1.230 | 1.526 | 0.662 | 0.863 |
| | (1.725) | (2.033) | (2.419) | (3.227) |
| Ability to meet needs | 2.557 | -7.345 | 6.940 | -14.285* |
| | (4.168) | (6.391) | (4.935) | (7.990) |
| Women dietary diversity | 0.103 | 0.369 | -0.157 | 0.526 |
| | (0.176) | (0.292) | (0.215) | (0.355) |
| Minimum dietary diversity-Women | 0.004 | 0.059 | -0.062 | 0.121 |
| | (0.050) | (0.077) | (0.074) | (0.107) |
| Free choice and control-W | 3.589 | -0.008 | 11.770 | -11.778 |
| | (6.897) | (8.810) | (8.230) | (12.105) |
| Can make decisions within HH | 2.679 | 3.492 | 9.616 | -6.125 |
| | (7.405) | (9.879) | (8.458) | (12.938) |

Table F2 – Heterogenous impacts by age of household head

| VARIABLE | OVERALL | HEAD OLD | HEAD YOUNG | INTERACTION |
|----------------------------------|--------------------|-------------------|---------------------|---------------------|
| Food consumption score | -3.649 (2.530) | -5.337 (3.286) | -2.363 (2.905) | -2.975 (4.370) |
| Resilience based coping | 1.310 (1.346) | -0.879 (1.740) | 3.176** (1.373) | -4.055* (2.198) |
| Food expenditure share | 4.803** (1.870) | 2.562 (2.381) | 6.733*** (2.493) | -4.171 (3.461) |
| Share of expenditure on children | 1.230 (1.725) | -1.208 (2.330) | 3.280 (2.201) | -4.489 (3.212) |
| Ability to meet needs | 2.557 (4.168) | -1.133 (5.902) | 5.922 (5.606) | -7.056 (8.137) |
| Women dietary diversity | 0.103 (0.176) | -0.116 (0.227) | 0.321 (0.239) | -0.437 (0.330) |
| Minimum dietary diversity-Women | 0.004 (0.050) | -0.031 (0.077) | 0.010 (0.066) | -0.041 (0.102) |
| Free choice and control-W | 3.589 (6.897) | 5.666 (8.216) | 2.685 (8.492) | 2.981 (11.823) |
| Can make decisions within HH | 2.679 (7.405) | -1.368 (8.750) | 9.610 (9.660) | -10.978 (13.002) |

Endnotes

- 1 Women recipients of transfers were more likely to see improved access to social services (21%) than men (13%).
- 2 This percentage is calculated for areas with telephone network coverage.
- 3 Within the framework of MINAS-FSRDC, with technical assistance from UNICEF.
- 4 Batana, Y, et al. 2021. « Reversing the adverse effects of the COVID-19 pandemic in the Democratic Republic of Congo », World Bank. <https://blogs.worldbank.org/fr/africacan/inverser-les-effets-nefastes-de-la-pandemie-de-covid-19-en-rdc>; iMMAP & USAID. Results of surveys on the impact of COVID-19 on livelihoods. COVID-19 Situation Analysis Project in the DRC. https://reliefweb.int/sites/reliefweb.int/files/resources/1.%20iMMAP_DRC_impact_de_la_COVID-19_sur_les_moyens_de_subsistance.pdf; CASS. The impacts of the COVID-19 response on women and girls in the Democratic Republic of Congo. 17 December 2020. <https://www.unicef.org/drcongo/media/5416/file/COD-CASS-impacts-COVID-response-women-girls.pdf>
- 5 The Economist Intelligence Unit. 2021. COVID-19 and the provision of financial services to vulnerable populations in the Democratic Republic of Congo (DRC). FPM ASBL and ELAN DRC. <https://fpm.cd/en/la-covid-19-et-loffre-de-services-financiers-aux-populations-vulnerables-en-republique-democratique-du-congo-rdc/>
- 6 World Food Programme. January 2021. Emergency dashboard. <https://www.wfp.org/publications/democratic-republic-of-congo>
- 7 Ibid.
- 8 <https://www.afdb.org/fr/pays-afrique-centrale-republique-democratique-du-congo/perspectives-economiques-en-republique-democratique-du-congo>
- 9 Ibid.
- 10 CASS. The impacts of the COVID-19 response on women and girls in the Democratic Republic of Congo. 17 December 2020. <https://www.unicef.org/drcongo/media/5416/file/COD-CASS-impacts-COVID-response-women-girls.pdf>; UN Women. 2020. Addressing the economic consequences of covid-19: policy solutions and options for a gender-responsive response and recovery. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-Addressing-the-economic-fallout-of-COVID-19-fr.pdf>
- 11 Social relationships encompass how individuals interact with each other, including the structure of social networks (behaviors, frequency of contact, geographic proximity), support (help, empathy, affirmation) and quality of relationships (satisfaction).
- 12 Social cohesion is solidarity and the sense of belonging to a social group.
- 13 See the more detailed description of Intervention in the report baseline: UNICEF Office of Research – Innocent. 2021. Impact assessment of the joint UNICEF-WFP intervention: cash transfers in the commune of Nsélé in Kinshasa. <https://www.unicef.org/drcongo/en/media/7766/file>
- 14 A Buma, Dingi Dingi and Kindobo all CACs were targeted; at Mikonga, Mpsa 1 and Mpsa 2 only the most vulnerable CACs (those located far from the Airport Road) were targeted.
- 15 Several redress and redress mechanisms used in the intervention Included: the toll-free WFP green line, the electronic complaints register (application used by World Vision to record complaints), help desks at the CAC level, the Community Complaints Committees based at CODESA level and the U-Report (a UNICEF SMS feedback system).
- 16 The last transfers were disbursed between 5 and 12 December, so 83% of households will not have received the last transfer of 160,000 CDF by the date of the final survey.
- 17 UNICEF Innocenti. 2021. Impact assessment of the joint UNICEF-WFP intervention: cash transfers in the commune of Nsélé in Kinshasa. <https://www.unicef.org/drcongo/en/media/7766/file>
- 18 CACs were stratified into 41 urban CACs (64 clusters) and 22 rural CACs (33 clusters) in the intervention area and 12 urban CACs (30 clusters) and 10 rural CACs (30 clusters) in the comparison area. For the baseline survey, 60 urban clusters (30 T/30 C) and 63 rural clusters (33 T/30 C) were selected into the sample.
- 19 CACs were classified as urban/rural based on accessibility, predominant activities, availability of social services.
- 20 A total of 97 women and 106 men participated in the focus groups.
- 21 CACs were classified as urban/rural based on accessibility, predominant activities, availability of social services.
- 22 UNICEF Office of Research & Foresight —Innocent has partnered with FAO and the University of North Carolina at Chapel Hill on the Transfer Project to generate evidence on cash transfers in sub-Saharan Africa and facilitate the translation of results into improved social protection policies: <https://transfer.cpc.unc.edu/>.
- 23 All search tools are available on demand.
- 24 The baseline survey was conducted at the time when households were already registering for the program and collecting their SIM cards.

- 25 The last transfers were disbursed between 5 and 12 December, thus 83% of households will not have received the last transfer of 160,000 CDF (~80 USD) at the time of endline data collection.
- 26 The values of total food and non-food expenditure derived variables in the 1st percentile and 99th percentile have been replaced by the respective median values.
- 27 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>
- 28 Wealth index combines housing characteristics, durable assets and livestock. The index is based on 20 principal components of the following 27 variables: traditional/modern housing, owner/renter, tile or cement floor, improved roofing (concrete, slate, tile, sheeting), improved water source (faucet, drinking fountain, protected water source or bottled water), improved toilet (W.C. inside or outside, private or public latrine), improved fuel source (electricity, gas), improved water disposal (sump, sewer or a dedicated hole in the plot), water for handwashing is available in a fixed space; washing machine, television, landline, computer, refrigerator, heater, stove, air conditioning, fan, internet, microwave, mobile phone, bicycle, motorcycle, carriage, car, motor boat.
- 29 UNICEF Office of Research – Innocent. 2021. Impact assessment of the joint UNICEF-WFP intervention: cash transfers in the commune of Nsélé in Kinshasa. <https://www.unicef.org/drcongo/media/7761/file>
- 30 Expenses for children include: the food, education, clothing, health care
- 31 Adult expenses include: the food, clothing, health care, transportation
- 32 Due to the greater increase in food expenditure compared to non-food expenditure, see Table 11.
- 33 Food expenditure share is calculated as follows: household food expenditure divided by total household expenditure. Food expenditure includes expenditure on cereals, roots and tubers, meat and fish, dairy products, fruits and vegetables, oils and fats, sugar and condiments and non-alcoholic beverages. Total expenditure includes food and non-food expenditure, consisting of alcohol, wine and tobacco, soap, household goods, transport, fuel, water, electricity, communication, rent, miscellaneous equipment, health, education, clothing and social events.
- 34 WFP. Food Expenditure Share. <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-expenditure-share>
- 35 Non-food expenses include alcohol, wine and tobacco, soap, household goods, transport, fuel, water, electricity, communication, rent, miscellaneous equipment, health, education, clothing and social events.
- 36 Child-related expenditures = (food expenditure + monthly water expenditure multiplied by children's adult equivalent) + (monthly expenditure on clothing, health care and education monthly, multiplied by the proportion of household members under 18 years of age)
- 37 The project offered technical support on agricultural practiced but did not provide specific support for other types of IGAs.
- 38 The housing quality index is based on principal components analysis of the following variables: type of house, ownership status, improved soil, improved water source, improved toilets, improved kitchen, improved water drainage and improved hand washing.
- 39 The asset index is based on principal components analysis of the following variables: electricity, washing machine, television, landline telephone, computer, fridge, water heater, stove, air conditioning, fan, internet, microwave, bicycle, motorcycle, trolley, car, motorboat.
- 40 Even though 68.6% of beneficiaries reported prioritizing housing-related expenses, they may have prioritized small expenses that are not part of the housing quality index.
- 41 The objectives of the assistance, their rights as beneficiaries, the two phases of the intervention and the geographic and community targeting criteria.
- 42 The physical and biometric registration, SCOPE card distribution, SIM card distribution, cash transfer distribution, collection and processing of complaints, and technical support/sensitization of beneficiaries to use M-PESA.
- 43 "If you want there to be peace, for people not to make noise, take time to give assistance to all the households that are in the area you are going to target... This will reduce tension. Now afterwards, in the second phase, you will continue to target the most vulnerable because at least you will have explained to people: no you, you have your part... Now let us take care of the most vulnerable." – Key informant
- 44 Several explanations were put forward by key informants to explain the absence of (some members of) households at the time of the biometric registrations: the timing around the holidays and school closures in January and February – the time when children are often sent to visit relatives in the city, the possibility that they had overstated their household size at the time of the census. Some households also felt that taking pictures and digital fingerprints was related to elections and preferred not to participate.
- 45 These criteria were formulated in the three focus groups with the community representatives chosen by the RECOs and validated by local authorities: "In fact, the community itself has defined who is poor and who is not. Because we started precisely from their perception of poverty, of wealth: what is rich according to them and what is poor according to them. So they listed a number of criteria and we structured those criteria according to the different dimensions of life, for example different sectors, education, health and so on. » – Key informant

- 46 Community targeting criteria were applied through the following steps: (1) validation of the targeting criteria by community leaders: CODESA, neighborhood chiefs, health services, commune; (2) organization of community targeting workshops with targeting committees (RECOs, neighborhood chiefs, presidents of women's and youth associations). During these workshops, the targeting criteria were assessed according to a weighting system (from 1 to 3 in terms of severity of poverty). Members of the targeting committees presented households' situation publicly and MINAS representatives determined the weighting; (3) calculation of poverty scores and preparation of the provisional list of beneficiaries: according to the weightings obtained, households with a score of 10 to 15 were retained; (4) validation of lists by CAC and handling of complaints pertaining to errors of inclusion or exclusion.
- 47 On the other hand, stakeholders did not note any difficulties in rural areas, given the stable nature of the residents and the fact that people know each other.
- 48 The use of a PMT is possible under the following conditions: having a PMT formula, testing this formula, completing data collection (cost and time), verifying data quality and estimation of poverty scores. The use of such an approach was not judged relevant/efficient in the context of a short-term emergency intervention.
- 49 The intervention split the collection of QSE data into two phases, to be able to use QSE data it would be necessary to administer the entire QSE at the time of household registration.
- 50 Another approach to balance the power of local actors would be to have a targeting committee to establish the preliminary list and a validation committee (different from the targeting committee) to approve it.
- 51 3 disbursements, of which the last two of the "Emergency" phase, contained double the amount allocated.
- 52 Usually, the RECOs are community actors involved in sensitization activities: every RECO covers an average of 40 to 50 households within a well-defined geographical area. RECOs organize the campaign using megaphones and home visits. As part of the program, RECOs were asked to include specific messages in their outreach activities. To facilitate this, the project supported the restructuring of CACs described in section 4.4.1.
- 53 The SMS mechanism is easy to use and does not necessarily require several staff: the program designs messages which are validated and translated into local language, then with the support of the U-report expert, the database is created from the SIM numbers of the beneficiaries and the message is shared. Thereafter the responses are analyzed assess beneficiary satisfaction and their questions.
- 54 For example, a female head of household with 4 young children is more vulnerable and would need more assistance than a 5-person household with 3 active adults.
- 55 In the longitudinal sample, about 1/3 (32.4%) of households had the same biometric size as reported in the baseline survey, just under half (45.9%) had the biometric size below the declared size, and just over 1/5 (21.7%) had a size larger than that reported in the baseline survey. Program stakeholders attributed the discrepancy to households inflating their numbers at registration and the absence of one or more household members at biometric registration.
- 56 It is important too point out that the amounts distributed by WFP are not necessarily the amounts beneficiaries collected, due to for example the fees charged by agents who facilitated withdrawals and other cases of abuse (see section 4.4.5).
- 57 Only 1 of 13 cash transfer programs analyzed had covered more than 30% of household spending, see Figure 2 (p. 5) of the UNICEF Innocent Research Centre, Nyasha Tirivayi, N, Waidler, J and Otchere, F. 2021. Cash Transfers - Past, Present and Future: Evidence and Lessons Learned From the Transfer Project. Innocent Research Briefs. <https://doi.org/10.18356/26642166-2021/07>.
- 58 The amount of the "emergency" phase was intended to cover all household food needs, whereas the amount of the "social protection" phase was intended to: boost the budgets of the most vulnerable households in the intervention area.
- 59 Although the partner Vodacom has been engaged for the installation of mobile antennas in these localities since November 2020, The operator insisted that he had not received sufficient notice to carry out this operation: « [...] Yes [the client] tells us that he wants to pay in these villages in 3 months, in 4 months, in 5-6 months it we gives enough time for us to move an antenna and go and install there where we can launch a new site at that location. place there, cover this area to make payments. » – Key informant
- 60 These SIM cards used sequential numbers to reduce the risk of fraud.
- 61 « [...] 5-6 people used the same card because he comes out with a voter card, they will have an account that gives more freedom, that could be the reason. Just as it can also start from the fact that maybe field agents are better paid when they bring back premium accounts uh this is an opportunity, in fact, for dishonest gain to create premium accounts to earn more. » – Key informant
- 62 If there were already 100,000 CDF in a standard Lite account (capped at 204.000 CDF), the holder of this account could not receive more than 104.000 CDF.
- 63 In the CAC Dingi Dingi, the theme of positive masculinity and positive femininity has not been addressed, while it has been in the CAC Mikonga. In both localities, the following topics were discussed: women's rights; gender-based violence ; income-generating activity ; inheritance (succession) ; women's leadership. In the CAC Mikonga, participants also mentioned themes such as divorce and parity (which was not reflected in Dingi Dingi), as well as other sub-themes developed during trainings on women's rights or inheritance.
- 64 Most of the "partner" associations of Afia Mama are run by men. Dingi Dingi, for example, the "so-called" women's association has any women among its leadership; and the participants in our focus group in this health area were only men. They argued that in their health areas, women are not only afraid to take responsibility for power; but also most are not educated.
- 65 Training scheduled for 5 days was given in two or three days, which did not allow to go into depth and meant that the trainings lasted late into the evening, inconveniencing participants travelling from far away.

- 66 Such a consideration has been considered dangerous because it does not capture the role of women in the production of violence: "I had not found any disadvantages in all these matters except that it was always the man who was condemned to them. It was he who appeared to be the perpetrator of violence against women. Yet, it is true that the woman also commits many of the blunders, both are guilty. Other violence is committed by women, as we saw recently at the police station, a woman who had raped a man and a woman. This is real on both sides, it is up to us to be vigilant, it is up to us to make them aware of the harmful effects of these practices, to make them understand that it is not only the man who does bad acts but also the woman. Not only condemning the man but also the woman because a crime is a crime" - FG RECO, CAC Emerald
- 67 « ... Madam, our RECOs work on a voluntary basis. They do not ask for anything to follow up on a file. There are on the other hand indeed, RECOs who flee the population, that is to say, who avoid disturbances to the populations. When you're not motivated by something, it's complicated...» – FG men, CAC Emerald
- 68 The following process was used to manage verified complaints: exclusion complaints: the project organized mop-up sessions ; complaints regarding SIM card loss or defect : mop-up were organized to manage these complaints cases ; non-payment: top-ups were organized on subsequent payments.
- 69 "It was very complicated because [...] to avoid any risk of collusion [...] on tried to send different people for the distribution of SCOPE cards. So, it was for [...] Preventing fraud [...] But at the same time it meant that the people we were sending they hadn't really been in those places. They didn't really know..." – Key informant
- 70 In particular, the training should be adapted to the vulnerable public and include the following topics: the use of phones, their rights (transfer amounts and commissions to be paid) and the M-PESA product (types of accounts and their respective constraints, PIN code not to share, how to make a withdrawal / transfer) before and during the first payments.
- 71 There are two rainy seasons (March-April and October), the harvest is ready 3 months later. During the dry season from June to August, farmers plant leafy vegetables and fruiting vegetables.
- 72 The local expression to describe someone who works all day to earn what he/she will eat in the evening.

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