

URBAN SAFETY NETS WITH LINKAGES TO BASIC SERVICES AND ECONOMIC PRODUCTION IN KINSHASA

Title	Urban safety nets with linkages to basic services and economic production in Kinshasa, DRC
Zones of intervention	<ul style="list-style-type: none"> ▪ Nsele, Kinshasa
Beneficiaries	<ul style="list-style-type: none"> ▪ 4,000 vulnerable households with children 0-5 years and/or labor constrained. ▪ 1,000 individuals benefiting of temporary employment opportunities through participation in cash for work (CFW).
Objective/s	<p>Improve wellbeing of children and families in Nsele health zone through increased access to basic social services and improved livelihoods. More specifically, the programme aims at:</p> <ol style="list-style-type: none"> 1. Transforming humanitarian cash transfers into a child-sensitive safety nets programme through delivery of regular social cash transfers to vulnerable households with children under 5 years. 2. Capitalizing on existing community structures (CAC) and networks of community workers (Relais Communautaires - RECO) already supported by UNICEF to create/strengthen the linkages between the cash transfers and access to basic social services. 3. Strengthening local economic production in order to stimulate household incomes and generate higher impact on poverty reduction and children wellbeing. 4. Building government leadership and capacities to use newly developed tools and system such as the Social Registry and Management information System (MIS) and to scale up best practices and approaches drawn from this programme into government social safety nets programmes.
Duration	3 years
Requested budget	4,700,894.40 USD (3,854,735.02 EUR)

1. CONTEXT OVERVIEW

The peripheral municipality of Nsele covers a large area on the western outskirts of Kinshasa, where urban space gradually fades into the rural hinterland. Of a total population of 510,692, more than 90,000 (almost 18 per cent) are children under-five. Nsele has poor infrastructure and is relatively far from downtown Kinshasa, where most businesses and administration activities are concentrated.

According to UNICEF's "Zone de Convergence" baseline, Nsele presents poor indicators in terms of health (only 22 per cent of children 0-23 months have been fully vaccinated), nutrition (7 per cent of children aged 6-23 months eat at least three meals a day and consume foods belonging to at least 4 distinct food groups) and WASH (56 per cent of households use a functional water source, available year round and located less than 30 minutes, and only 17 per cent of households have adequate coverage of drinking water).

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

UNICEF is also supporting the creation and strengthening of 198 community-based structures (*Cellules d'Animation Communautaire – CAC*) and capacity building of a network of 1,500 community workers (*relais communautaires – RECO*) in the 15 health areas of Nsele health zone responsible for delivering essential services at community level, such as nutrition screening and counseling, vaccination campaigns, etc., resulting in increased access to social services and better outcomes for children.

2. PROGRAMME STRATEGY

A. Social transfers to address socio-economic vulnerability

The project will provide unconditional cash transfers to 4,000 vulnerable households with pregnant women and children under 5 years and labor constrained households selected from the 25,000 households already registered in the Nsele COVID response project. In addition, 1,000 individuals will benefit of temporary employment opportunities through participation in cash for work (CFW) projects. Among the 4,000 households targeted, 1,000 will be selected to receive a livelihood package.

Cash transfers have been shown to increase household purchasing power and improve household food consumption. Several studies from Sub-Saharan Africa show that cash transfer programs are effective in improving dietary diversity and access to health services for pregnant women and children. The

evidence suggests that the effects are greater when they are regular and predictable and provided in contexts where adequate supply of health and nutrition services exists. Thus, the provision of cash transfers to vulnerable households with children under 5 aim at improving children’s outcomes in health and nutrition. In addition, the integration of cash transfer programmes with other UNICEF’s programmes (such as the CFC) including the creation of linkages between demand-side and supply-side interventions has the potential to activate the demand for basic services among the most vulnerable.

Some areas in Nsele are difficult to access due to bad road infrastructure and also due to a problem of erosion. This causes problems of accessibility for some vulnerable areas that remain uncommunicated during raining season as sandy roads become swamped. Therefore, UNICEF in collaboration with WFP and the Social Fund of the Democratic Republic of Congo (Fonds Social), will contribute to improve living conditions of these populations through road rehabilitation and reforestation to mitigate effects of increasing erosion by using CFW schemes.

The main purpose is to transform the joint humanitarian cash transfers COVID-19 project currently being implemented by UNICEF and WFP into an urban social safety net programme by capitalizing on existing investments and establishing linkages with social services and livelihoods and productive activities. In addition, the proposed programme aims to further strengthen the partnership with government counterparts, particularly the Ministry of Social Affairs (MINAS) and the Fonds Social, and promote alignment with government social safety nets programme, STEP 2¹. For this, the proposed programme will harmonize transfer amounts and implementation approach with the STEP 2 project (see table below).

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

UNICEF and WFP will primarily use mobile money as delivery mechanism and use existing contracts with financial service providers to make payments to beneficiaries. For those households that don’t have phones and/or SIM cards, distributions of phones and sim cards will be conducted as needed in order to enable them to access the mobile money they will receive.

Monthly reconciliation and reporting at household level will be conducted using FSP distribution reports. Additionally, the analysis of transaction data will allow to identify dormant accounts and other abnormalities to minimize inclusion errors and fraudulent behaviour. As much as possible, complaint and feedback mechanisms (including community-based committees, hotline, and Rapid-Pro tool) will also be attached to payment delivery to ensure that beneficiaries can submit any issues or irregularities related to payments and programme implementation in general.

¹ Projet pour la stabilisation de l’Est de la RDC pour la paix

Discussions with VODACOM are ongoing to improve coverage and presence of cash-out points/agents in difficult to access areas, which had to be served using cash in hand during the current joint project. Thus, the objective is that all beneficiaries can receive the cash transfers via mobile money so it contributes to their financial inclusion.

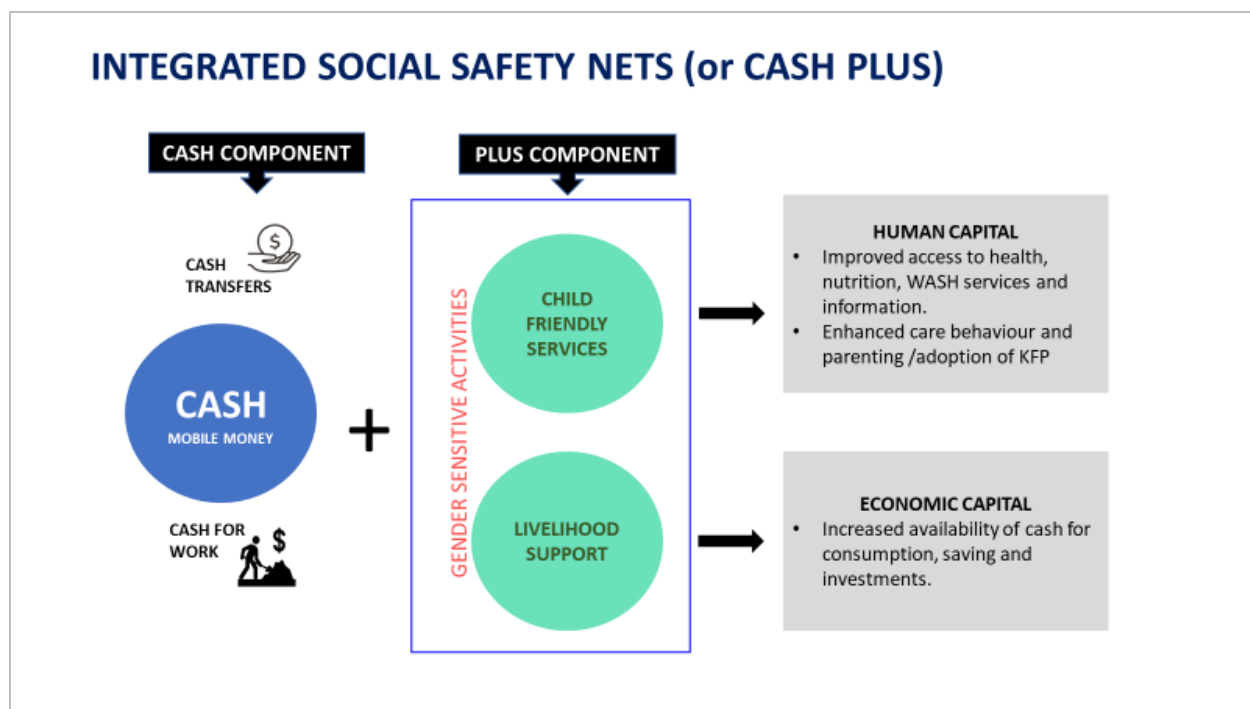
In the absence of a civil registry providing unique identifiers to all Congolese citizens, the risk of fraud attempts, and duplications of beneficiaries are significantly high. Accordingly, UNICEF and WFP will conduct physical reverification and deduplication capitalizing on the biometric registration carried out during the ongoing joint project in Nsele. To ensure the physical presence of the beneficiaries, UNICEF and WFP will use SCOPE cards supported with QR codes already distributed for the Phase 1 and 2 of Nsele project. Following the completion of the verification phase, the project will ensure deduplication before finalizing the beneficiary payment lists.

Moreover, UNICEF is currently conducting an institutional analysis of errors, fraud and corruption that will assess the existing systems, controls and procedures in the DCR as well as their efficiency and efficacy to manage risks and prevent errors, fraud and corruption in cash transfer programmes. Based on the results of the analysis, an action plan will be developed with concrete measures and procedures to be established in order to fill potential gaps and strengthen systems and controls to manage fraud and corruption. Evidence generated will inform the establishment of appropriate mechanisms during the implementation of the Nsele project funded by Belgium.

B. An integrated social safety net programme through a *Cash Plus* approach

Evidence shows that cash transfers help the poorest households meet their basic needs and generate a wide range of benefits, such as increased household productive capacity, improved children's school attendance and better health. Despite this, cash transfers alone are not a 'silver bullet' to address all dimensions of poverty and wellbeing. Research shows that linking cash transfers with complementary interventions and existing services can boost the impacts of cash for more transformative outcomes for children and families. This combination of cash transfers and complementary programmes is called integrated social protection or cash plus.

In the context of piloting and rolling out the national social safety nets (STEP 2) and the universal health coverage, the cash plus model linking safety nets to social services and livelihood support can be an innovative approach in the DRC. This programme is intended to demonstrate the added value of multisectoral convergence to improve children outcomes. Therefore, the project will document the impact of the linkage of cash with social services and productive activities and showcase how cash is an excellent entry point through which to provide households with access to other benefits such as social services and livelihoods support. To do this, the project will combine the **cash component** to a **plus component** consisting of: 1) provision multisectoral package of basic services (health, nutrition, WASH and child protection) and 2) livelihoods and productive activities including targeted distribution of agriculture package and training .



B.1 Linkages to social services: synergies with other UNICEF programmes

UNICEF acknowledges the important role cash transfers can play in improving child outcomes across sectors. More financial resources at the household level, if equitably distributed, can improve children's welfare in a myriad of ways, including but not limited to: giving them access to more diverse nutrition, allowing them to access medical services, enabling them to stay in school, helping them avoid engaging in harmful coping strategies (e.g. early marriage), etc.

It is also worth noting that cash transfers and social support services have a symbiotic relationship, which this project will exploit. The mutually reinforcing relationship between cash and social services is the premise of the "Cash Plus" approach. On one hand, cash is an excellent entry point through which to provide households with access to other benefits, like social services. On the other hand, social services can play a monitoring role regarding cash. First, community workers (RECO) interacting with different households can ensure that all eligible households are receiving their transfers on a regular and timely basis. This monitoring and feedback are crucial to the smooth functioning of the cash disbursement system. Second, community workers will encourage the utilisation of the cash towards the improvement of children outcomes by promoting key family practices (KFP). The project will not impose hard conditionalities (whereby a household would lose their right to a cash transfer were they not to comply with certain conditions) but the role of community workers will allow to follow-up with households such that a portion of their transfers is being used to improved child nutrition, send children to school, or attend regular health check-ups (soft conditionalities).

For this, the project will capitalize on UNICEF's implementation of the Child Friendly Communities (CFC) approach in Nsele to establish synergies between the two programmes for a stronger impact on targeted communities. Thanks to Joint Investment Mechanism (JIM) funds, and with the support of Bill and Melinda cGates Foundation (BMFG), is currently implementing the Child Friendly Communities (CFC) approach. The CFC initiative applies an integrated approach to address overlapping deprivations on children. The programmatic objective is to provide an integrated set of multisectoral child-centered

interventions, including health, nutrition, early childhood development, HIV/AIDS, WASH, child protection and communication for development (C4D). In this way, the CFC will help address the multiple overlapping deprivations of children using community platforms (CAC and RECO) as the main entry point. Therefore, an integrated approach will be used to maximize the impact on targeted population in order to accelerate poverty and vulnerability reduction.

In order to attain good quality and coverage of social services in communities, the range of interventions will rely on the CAC and RECO to promote positive behavioural change activities:

- **Individual behaviours** that fulfil a child's needs or rights (e.g. breastfeeding, handwashing, etc.)
- **Key family practices** that are household-based or household-led (e.g. food safety and hygiene, birth registration, and timely enrolment and support for a child's attendance in primary school, etc.).
- **Community-led actions**, which include those delivered through community mobilization, such as community-led sanitation to eliminate open defecation.

Community engagement is a key component to ensure the success of the project and communities are considered as active partners instead of passive beneficiaries. Therefore, the CAC and the network of community workers (RECO) will be engaged to support programme activities including promotion of KFP and also support programme accountability to cash beneficiaries through community-based complaint committees that had already been established in all CAC as part of the current joint HCT COVID-19 project in Nsele.

B.2. Linkages to livelihoods and productive activities

Linking cash to productive activities responds to the objective of addressing simultaneously the multiple barriers that prevent poor households from accessing better livelihood opportunities; promoting sustained increases in income, assets, and resilience; and ultimately contributing to sustainable poverty reduction. Moreover, evidence shows that nutrition-sensitive agriculture interventions such as homestead gardening can be effective in promoting production diversity and increasing the availability and accessibility to nutritious foods, especially when combined with complementary behavior change communication.

Using a complementary approach, the proposed programme will combine cash transfers with productive assets, inputs and/or technical training and extension services to enhance the livelihoods and productive capacities of poor and vulnerable households. UNICEF will partner with FAO to provide livelihood support combining provisions of agricultural inputs, livestock, equipment, training to improve agricultural production and marketing. For those who do not have access to land, FAO will provide agricultural inputs or livestock kits and provide training on homestead gardening, food preservation and preparation practices and nutrition education. UNICEF will also work through women's associations and other existing community structures such as the CAC and RECOs to promote the adoption of KFP.

3. OBJECTIVES

Urban settings are characterised by much higher inequality than rural settings and by a significantly higher prevalence of female-headed households in urban areas than in rural areas. Moreover, solidarity networks are also weak or non-existent. Thus, through this intervention UNICEF would like to implement and document a model of ***integrated social protection*** (or Cash Plus approach) exploiting the symbiotic

and mutually reinforcing relationship between cash and social support services to the advantage of programme beneficiaries and focusing on influencing future national social safety net programmes to be child, gender, and disability-sensitive.

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

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

4. THEORY OF CHANGE

Outcome: *By 2024, Over 5,300 vulnerable households caring about 25,000 individuals, including children and pregnant and lactating women, living in the Nsele health zone will have their wellbeing improved through increased access to basic social services and improved livelihoods.*

This outcome will be achieved through the below theory of change:

If vulnerable households are provided with regular and predictable safety nets for a period of 24 months to enhance their income and address key drivers of child poverty and vulnerability.

And If the beneficiary communities are organized/structured through the Cellules d'Animation Communautaire and well-equipped to conduct and institutionalize behavioral change activities to increase knowledge, awareness and adoption of key family practices (targeting (health, nutrition, protection, hygiene), gender empowerment as well improve livelihood and productive (agriculture, livestock, fishery) interventions.

And if capacities of MINAS and Fonds Social are reinforced to lead and implement social safety nets programmes including the social registry management (selection, enrollment, case management) and coordination of accompanying measures.

Then (i) the key drivers of vulnerability and poverty of children and their families living in the health zone of Nsele are holistically addressed.

5. PROPOSED ACTIVITIES

Capitalizing on UNICEF's longtime presence in Nsele health zone, which is a convergence health zone², the UNICEF launched a joint intervention with WFP to mitigate the secondary impacts of COVID-19 for 25,000 vulnerable households through the delivery of humanitarian cash transfers for a period of 9 months. UNICEF and WFP considered the Nsele project as an excellent opportunity to test national social protection tools and systems such as the Social Registry and the MIS registration and targeting module and the community-based targeting methodology that can be replicated for larger and longer-term social protection programmes. As an example, 25,000 households have been registered using the Standard Questionnaire of Eligibility (SQE), recently developed by the Ministry of Social Affairs (MINAS) with the technical support of UNICEF and the World Bank.

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

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

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

- **Activity 1.1. Provide regular cash transfers to 4,000 households with children under 5 years old and labor constrained households for a period of 24 months.** UNICEF will select 4,000 beneficiary households from the 25,000 households already registered in the Nsele COVID response project. The main purpose is to promote transformation by capitalizing on existing investment. The payment amount will be aligned with the amount planned by Government in national social safety nets programme (STEP KIN). Therefore, the base amount will be \$ 25 per household per month.
- **Activity 1.2. Provide temporary employment opportunities to 1,000 individuals through cash for work (CFW) for a total of 2 cycles of 100 days during a time period of 24 months.** In partnership with WFP and close collaboration with the Social Fund of the Democratic Republic of Congo (Fonds Social), UNICEF in collaboration with WFP will implement an innovative CFW scheme aiming at rehabilitation of strategic infrastructures (bridges, etc.) and reforestation in order to improve access of most vulnerable areas to services and markets. In line with the approach implemented by the Fonds Social in the STEP 2 project, CFW beneficiaries will be

² The "zone de convergence" approach consists of implementing an integrated multisectoral package of interventions in a targeted health zone to promote the convergence of the programmes of the government of the DRC supported by UNICEF. The goal of convergence is to maximize the outcomes for children by promoting synergy among UNICEF programmes through a holistic approach to addressing the needs of children. In each zone of convergence, a minimum package of 5 interventions are prioritized: 1) registration of children within 90 days of birth; 2) complete vaccination of children under the age of one year; 3) food diversification for children from 0 to 23 months; 4) access and quality of primary school for children aged 6 to 11 and; 5) access to drinking water for children 0-18 years of age.

selected through a combination of community-based selection and required skills at the community level. A transfer value of \$3 per day for 100 days of work (5 days/week) per year will be applied to be in line with the Government STEP 2 project. The conduct of this activity will be subject of a joint planning exercise with beneficiary communities in order to identify together key infrastructures to include as well as criteria to be applied for the beneficiaries.

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

The proposed programme will ride on existing structures and investment to enhance behavioral change at community level focusing on strengthening access to social services and enhanced livelihoods. The proposed interventions are:

- **Activity 2.1. Provide continuous capacity strengthening support to existing networks of community-based structures (CAC) and community workers (RECO) to enable them to deliver basic services.** By establishing links with UNICEF's CFC programme, the proposed project will promote the adoption of KFP as a soft conditionality for cash beneficiaries. KFP are commonly practiced behaviors at household and community level that impact on child survival, growth and development. Nevertheless, promotion of KFP will be carried out for the entire community to ensure positive behavioral change at community level.
- **Activity 2.2. Provide livelihoods support to 1,000 households through provision of agriculture inputs and technical training package.** In collaboration with FAO, UNICEF will support livelihoods and enhance production. For this, FAO will provide agricultural/fishing/livestock inputs, training and technical support to beneficiaries. The following beneficiaries will be prioritized for this activity: 1) those whose main source of income is agriculture, fisheries and/or livestock, 2) households with nutritionally vulnerable population (pregnant, lactating women and children less than 2 years old) and 3) women headed households. In addition, the project will support other nutrition-sensitive activities focused on community/homestead gardening in order to improve child diet diversity with direct linkages to the promotion of KFP.
- **Activity 2.3. Promote gender sensitive approach through the interrelation between the Belgium funded project and the JIM programme.** Partnerships will be developed with local NGOs and grassroots women associations to implement gender-sensitive activities aiming at improving women and young girls' leadership and entrepreneurship skills as well as to promote the creation of informal social protection mechanism such as VSLAs.

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

The success and sustainability of this intervention will highly depend on Government and other local stakeholders' ownership and leadership. Therefore, the project will be fully aligned with the STEP 2 project. Hence, the key strategy to achieve this goal is to provide leadership support to the MINAS and the Fonds Social in effectively using and testing safety nets tools and systems. The project will also use a "learning by doing" approach by involving national government in all stages of the project implementation. In this regards, key interventions will be.

- **Activity 3.1. Support development and improvement of additional modules to strengthen efficiency, effectiveness of the newly developed Integrated Management Information System (MIS).** The project will leverage on the use of the newly developed MIS registration and targeting module to support household registration, case management and monitoring. Registration of new beneficiaries will be done using government MIS mobile application and administering MINAS' Standard Questionnaire of Eligibility (QSE). The project will also provide support to develop additional modules of the MIS (payment and grievances) as well as strengthening the MIS system in order to fully address programme needs.
- **Activity 3.2. Build MINAS of Fond Social' capacities to effectively manage integrated social protection systems** including: (i) household data collection, (ii) community mobilization and sensitization to sensitize and inform about objectives and implementation of project activities; (iii) documentation of best practices and learning lessons from other countries and (iv) conducting real-time trainings and coaching in order to effectively lead the project implementation.

6. IMPLEMENTATION STRATEGY

National ownership and leadership

UNICEF supports government to put in place a national social protection system by providing technical assistance to the MINAS. The ongoing Nsele project has been an excellent opportunity to test recently developed social protection tools and systems such as government registration questionnaires and Management Information System (MIS) registration module, and the community-based targeting methodology, so they can be replicated in larger-scale and longer-term social protection programmes such as the STEP 2 project. The Nsele project was also a good occasion to build MINAS capacities through a “learning by doing approach” that has also contributed to reinforce MINAS leadership as well as ownership of the approach.

For the upcoming project, UNICEF will continue the longstanding partnership with MINAS and to further reinforce their capacities on design and implementation of social safety nets schemes. In addition, UNICEF will also add another key government partner, the Fonds Social, which has a large experience in the implementation of CFW schemes through the STEP project and during Ebola response in the East. Bringing together these two government actors will not only contribute to strengthening their collaboration but will also reinforce government leadership and positioning in the social protection agenda.

Partnership

The success of this project relies on a strong partnership approach involving different stakeholders. In addition to Government stakeholders, UNICEF will continue the partnership with WFP and FAO to transform the cash COVID Nsele project into an integrated social safety net programme linking cash transfers and social services to livelihoods and production to increase income and address poverty.

This partnership relies on the added value and comparative advantages of the three agencies by maximizing impact of interventions. UNICEF is a lead actor in social protection and the design and

implementation of child sensitive and gender sensitive social safety nets schemes. UNICEF currently supports the MINAS to put in place social protection systems such as the Social Registry, a comprehensive MIS and targeting methodology. WFP has a large expertise in implementation humanitarian cash transfers and also CFW schemes that can complement UNICEF social transfers by improving living conditions of populations through rehabilitation of community assets such as roads and reforestation. FAO adds to the partnership the productive component, which is key to ensure households resilience and graduation out of poverty.

Based on this, the project will propose a **collaborative framework** based on comparative advantages and agencies mandate and expertise:

Evidence generation and documentation

Achievements and lessons learned from the implementation of the project will be documented using appropriate research channels. The project will ride on the ongoing research by ensuring a solid and comprehensive data collection in September 2021 to ensure that all key indicators are collected as a baseline for the intervention. In addition to the research, the best practices and lessons learned will be documented and used to ensure the visibility of results achieved in implementing the project as well as to conduct a Realtime evidence-based advocacy for the scaling-up of the project interventions.

The project will conduct an independent evaluation to provide evidence the relevance, efficacy, effectiveness, impact, sustainability.

7. BUDGET

Results	Result/activity	Chronogram			Total (USD)	Budget per year		
		Year 1	Year 2	Year 3		Year 1	Year 2	Year 3
Outcome 1: By 2024, 5,300 households with children 0-5 years living in the peri-urban commune of Nsele in Kinshasa will have their wellbeing improved through increased access to basic social services and improved livelihoods								
Output 1	Over 25,000 vulnerable individuals living in Nsele health zone are supported with social cash transfers to for a period of 24 months.							
Activity 1.1. Over 4000 beneficiaries with children (25,000 vulnerable individuals) living in Nsele health zone are supported with social cash transfers to for a period of 24 months.	X	X		\$2,720,000	\$ 1,632,000	\$ 1,088,000	\$ -	
Activity 1.2. Over 1,000 vulnerable households living in Nsele health zone are supported with social cash transfers for work to rehabilitate socioeconomic infrastructures.	X	X		\$ 792,000.00	\$ 396,000	\$ 396,000	\$ -	
SUBTOTAL OUTPUT 1				\$ 3,512,000	\$ 2,028,000	\$ 1,484,000	\$ -	
Output 2	Over 35 communities (CAC) have an improved access to social and economic services through application of key family practices (KFP) and livelihood behavioral changes and support.							
Activity 2.1. Provide continuous capacity strengthening support to existing networks of community-based structures (CAC) and community workers (RECO) to enable them to deliver basic services.	X	X	X	\$ 70,000	\$ 14,000	\$ 28,000	\$ 28,000	
Activity 2.2. Provide livelihoods support through delivery of agriculture inputs and technical training package to beneficiary households	X	X	X	\$ 200,000	\$ 40,000	\$ 80,000	\$ 80,000	
Activity 2.3. Promote gender sensitive approach through the interrelation between the Belgium funded project and the JIM programme.	X	X	X	\$ 90,000	\$ 18,000	\$ 36,000	\$ 36,000	
SUBTOTAL OUTPUT 2				\$ 360,000	\$ 72,000	\$ 144,000	\$ 144,000	
Output 3	Government leadership and capacities are strengthened to implement the project and scale up the best practices and approaches into future national social safety nets programmes.							
Activity 3.1. Support development and improvement of the newly developed Integrated Management Information System (MIS).	X	X	X	\$ 40,000	\$ 8,000		\$ 32,000	
Activity 3.2. Build MINAS and Fonds Social capacities to effectively carry out integrated social protection systems	X	X		\$ 100,000	\$ 50,000	\$ 50,000	\$ -	
SUBTOTAL OUTPUT 3				\$ 140,000	\$ 58,000	\$ 50,000	\$ 32,000	
Efficient and effective programme management								
Evaluation	X	X	X	\$ 50,000	\$ -	\$ -	\$ 50,000	
Staff	X	X	X	\$ 250,000	\$ 125,000	\$ 125,000		
Communication and visibility; operational costs	X	X	X	\$ 40,680	\$ 16,272	\$ 16,272	\$ 8,136	
SUBTOTAL PROGRAMME MANAGEMENT				\$ 340,680	\$ 141,272	\$ 141,272	\$ 58,136	
PROGRAMMABLE BUDGET				\$ 4,352,680	\$ 2,299,272	\$ 1,819,272	\$ 234,136	
Indirect cost (8%)				\$ 348,214.40	\$ 348,214.40	\$ -	\$ -	
TOTAL BUDGET OF PROGRAMME (USD)				\$ 4,700,894.40	\$ 2,647,486.40	\$ 1,819,272	\$ 234,136	
TOTAL BUDGET OF PROGRAMME (EUROS)				\$ 3,854,733.41				

8. LOGICAL FRAMEWORK

Strategic Objective 1:					
Programme outcome indicators		OUTCOME: By 2024, 25,000 vulnerable individuals, including children and pregnant and lactating women, living in the Nsele health zone will have their wellbeing improved through increased access to basic social services and improved livelihoods.			
N°	Indicator	Baseline		Target	Means of verification
Indicator 1	Food Consumption Score (scale 0-112): % with Acceptable Food Consumption Score	42.61	43.1%	20 percentage point higher than baseline	<ul style="list-style-type: none"> Endline survey in 2024
Indicator 3	Expenditure Share: (Percentage of total household monthly expenditure dedicated to food, health, education, nutrition, agriculture)	TBC		10% lower than baseline	
Indicator 4	Percentage of households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities	All	6.3%	15 percentage points higher than baseline	
		Most	13.6%		
		Some	63.7%		
		None	15.4%		
Indicator 5	Minimum Dietary Diversity – Women Percentage of Women of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W).	39.1%		10 percentage points higher than baseline	
Indicator 6	Poverty headcount ratio	TBC		10% higher than baseline	
Indicator 7	Proportion of household with good knowledge of KFP	N-A		70%	
Programme Output indicators		Output 1: Over 25,000 vulnerable individuals living in Nsele health zone are supported with social cash transfers to for a period of 24 months.			
INDICATOR	DESIGNATION	Number	Target	<ul style="list-style-type: none"> Programme annual reports 	
Indicator 1.1	Number of households with children receiving regular social safety nets assistance (Nsele)				

	Number of Households with children under 5 year	TBC	4,000	<ul style="list-style-type: none"> Social registry
Indicator 1.2	Number of households with enrolled in the cash for work	0	1000	
Indicator 1.3	Number of socioeconomic infrastructures rehabilitated /built	0	To be determined	
Indicator 1.4	Number of vulnerable households included in the social registry	5,000	5,000	
Programme Output indicators	OUTPUTS 2: At least 35 communities (CAC) have an improved access to social and economic services through application of key family practices (KFP) and livelihood behavioral changes and support.			
INDICATOR	DESIGNATION	Number	Target	<ul style="list-style-type: none"> Programme annual reports Programme endline survey 2
Indicator 2.1	Number of CAC operational with members trained to conduct KFP	64	35	
	Number of households reached with key family practices	0	At least 5000	
Indicator 2.2	Number of vulnerable households reached with agriculture /livelihood support	0	1000	
	Number of women empowered with socioeconomic activities		TBC	
Indicator 2.3	Number of vulnerable households included in the social registry (<i>Estimate 50% of Phase 1 households supported by DFID will enter social registry</i>)	5,000	5,000	
Number	Cross-cutting results:			
Programme Output indicators	OUTPUT 3: Government leadership and capacities are strengthened to implement the project and scale up the best practices and approaches into future national social safety nets programmes.			
NUMBER	CROSS-CUTTING INDICATORS	Location	Baseline	Target
Indicator 3.1	Number of tools to support targeting, registration developed and tested	Nsele	2 (revised questionnaire, MIS)	
Indicator 3.2	Number of Government staff whose capacities on shock responsive social protection and humanitarian cash programmes have been built/strengthened.	Nsele	0	40