

UNICEF Democratic Republic of the Congo

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Integrated Urban Safety Net Program in N'Sele



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UNICEF and WFP teams setting up the official launch of Phase 3 of the Integrated Urban Safety Net Program in N'Sele

1st Progress Report for the Government of Belgium

UNICEF Ref. SC210566

Reporting period: August 2021 – 20 June 2022

Submission date: 30 June 2022

1. GRANT SUMMARY

Donor	Government of Belgium
Grant number	SC210566
Programme title	Urban Safety Nets with Linkages to Basic Services and Economic Production in Kinshasa
Agreed amount (US\$)	EUR 3,765,432.68 / US\$ 4,157,909.80
Utilized amount (US\$) ¹	As of December 31, 2021: US\$ 18,551.18 As of June 20, 2022: US\$ 2,242,467.96
Period covered by report	From 1 August 2021 to 20 June 2022 ²
Date of reporting	30 June 2022

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

² Based on the agreement, this narrative report should cover interventions between August and December 2021. Since most of results were achieved in 2022, the report covers the period August 2021 – 20 June 2022.

3. LIST OF ACRONYMS AND ABBREVIATIONS

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

4. PROJECT SUMMARY

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

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

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

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

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

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

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

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

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

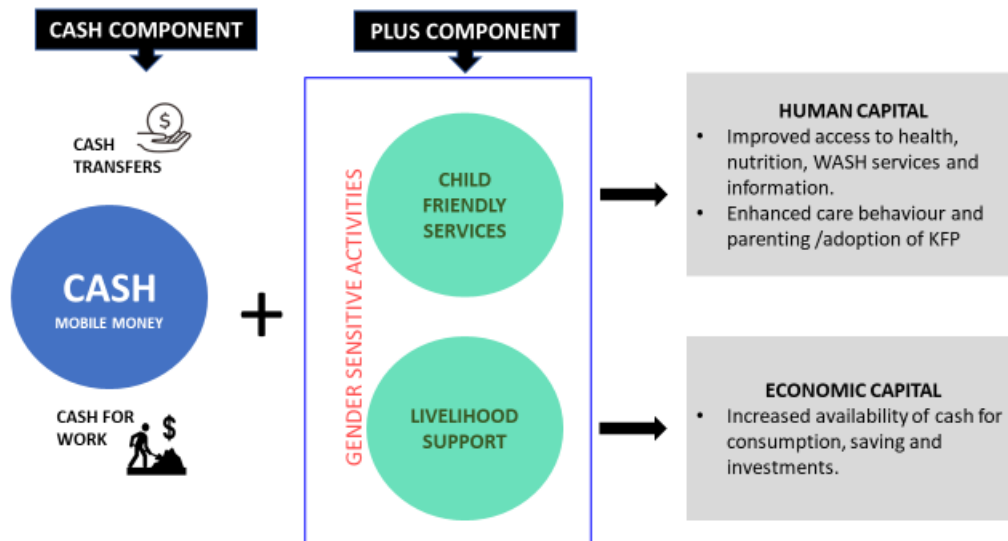
The project will provide unconditional cash transfers to 4,000 vulnerable households with children under 5, person from the third age (65 years old and plus) and households with a head of household living with a disability. In addition, 1,000 individuals will benefit of temporary employment opportunities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

The provision of cash transfers to vulnerable households with children under 5 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.

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

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

INTEGRATED SOCIAL SAFETY NETS (or CASH PLUS)



6. KEY RESULTS ACHIEVED AND RELATED OUTPUTS AND ACTIVITIES

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



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

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

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

- **Beneficiaries targeting and registration**

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

In phase 3 of the project, supported by the Government of Belgium, from the 16,000 beneficiary households in phase 2, UNICEF targeted 4,000 households in three of the most vulnerable HZ from the 6 eligible HZ. Within these 3 HZ, the project targeted the categories of households identified as the most vulnerable households from phase 2 based on the following criteria:

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

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

- **Cash distribution**

In partnership with WFP, UNICEF supported the distribution on cash to targeted beneficiaries. The activity was implemented by the WFP, after the signing with a UN to UN agreement with UNICEF. During the reporting period, a first group of 3,778 vulnerable households benefitted from two cash transfers of US\$ 75 each, one in March 2022 for the period January – March 2022 and one in May 2022 for the period April – June 2022. Cash distribution was implemented through mobile money payments in area covered by telephone network. In uncovered, WFP ensured the cash was directly paid to beneficiaries.

Each distribution was followed by post-distribution monitoring activities, to ensure the distribution was done in good condition and to collect feedback from beneficiaries in order to continue to improve the cash distribution process.

Through the UNICEF support and based on the same eligibility criteria mentioned above, the Ministry of Social Affairs has recently included 622 additional vulnerable households among beneficiaries. These households will benefit from an amount of US\$ 225, corresponding to the period January – September 2022, during the next distribution planned for July 2022. This will enable to complete the caseload of 4,000 households initially targeted for phase 3.

- **Feedback and complaint mechanisms**

From the phase 1 of the intervention, several feedback and complaint mechanisms have been put in place and are still in place to prevent corruption, fraud, sexual exploitation and abuse. These mechanisms allow

beneficiaries to submit any issues or irregularities related to payments and programme implementation. The complaint mechanism is managed by WFP with the support of World Vision International and the Community Complaints Committee based at the health area committees *COMité de DEveloppement SANitaire* (CODESA) level. Mechanisms include a hotline (a toll-free WFP number), an electronic register of complaints (application used by World Vision to register complaints), and the U-Report platform (a UNICEF SMS feedback system).

UNICEF and WFP are jointly elaborating standard operating procedures describing transparent and comprehensive procedures for capturing, addressing appeals, complaints and/or allegations of fraud. This includes details of the mix of available channels (hotline via SMS and calls, face to face community-based complaint committees), categorisation of types of complaints (non-sensitive, sensitive and hypersensitive) as well as standardised processes of how to handle and solve them.

Since the beginning of the phase 3 of the N'Sele project, 561 complaints (i.e. beneficiaries from phase 2 excluded in the phase 3, cases of SIM cards lost or blocked) have been collected by the 57 community-based committees from the grievance mechanism, registered and treated. A distribution of SIM cards combined with direct cash distribution have occurred this May by WFP and Vodacom to the complainant's households.

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

The CFW component was not implemented in year 1 due to limited financial resources. UNICEF will discuss with the donor the funding opportunities for this component to be implemented in 2023.

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.

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.

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

Community actors, and especially RECOs and Community Animation Committee are at the forefront of the project implementation at community level. These actors play a crucial role in promoting community engagement around the cash component of the project as well as around the promotion of key family practices (KFP) as a soft conditionality for cash beneficiaries. KFP include : children immunization, use of mosquito nets impregnated with long-lasting insecticides (MILDA), hand washing with soap and water, civil registration of children within 90 days after birth, family planning, optimal nutritional practices (exclusive breastfeeding, complementary feeding, etc). Thanks to the Belgium support UNICEF could assess the capacities and needs of 57 CAC, including 37 from rural areas, dispatched in the three targeted health areas and support them. During the reporting period, the 456 members constituting the 57 CACs (8 people per CAC) and 3 presidents of the health area committees (CODESA) acting as liaison agents between the implementing partners on the field and the beneficiaries but also with the local authorities were strengthened in capacities on KFP and communication techniques. In turn, trained CAC members will brief all members of their CAC on the same topics. After the training, CAC members were provided with image boxes on KFP to be utilized during awareness raising activities at community level. To ensure a regular coaching and support to CAC, UNICEF also trained 7 MINAS agents on KFP to ensure regular supervisions. Moreover, to ensure coordination of interventions and their adequate monitoring and reporting at the level of each of the 3 health areas, 4 UNICEF consultants in communication for development who work with the president of the health area and health communities (Presicodas), responsible for the CACs at the health area level.

Integrated reporting tools developed under the coordination of the Provincial Health Division will be available to CACs to share data related to the monitoring of activities on the promotion of KFP.

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

UNICEF and FAO launched the activities in support of vulnerable households via agriculture. During the Reporting period, supported by UNICEF, FAO launched its cash plus activities with the training of 34 facilitators, members of CACs, on agricultural techniques through a “champs ecoles paysans” approach. Once trained, these facilitators will train and ensure formative supervisions to beneficiary households in setting up and carrying out food security activities within their households (gardening and breeding to improve child diet diversity). These facilitators will be the local actors who will ensure the close monitoring of the implementation of the techniques learnt in the “champs écoles paysans”. A thousand (1,000) beneficiaries households of agricultural activities were identified based on the following criteria³:

- household beneficiary of the second phase of the project
- household having at least one under 5 child (nutritionally vulnerable)
- household headed by women, or a disable or an over 65 years aged
- household having agriculture, fishing and/or animal husbandry as its main source of income
- household owning a plot of land for agriculture
- household interested in agricultural activity
- household agreeing to work in group with other households

To be able to put in practice the farming techniques learnt, targeted households have been receiving gardening kits (one per household), composed of a hoe, a spade, a rake and a watering can. The distribution of garden seeds of Roma tomato, Caribbean tomato, Chinese cabbage, amaranth, spring onion, nightshade, hot pepper, pepper, onion is also ongoing and will be finalized by the end of June 2022.

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

Through the combination of the Belgian fund and JIM project activities, UNICEF aims to integrate women and girls’ concerns, needs, and priorities in all activities, while addressing specific needs and implementing specific actions aimed at empowering women and girls. With the Belgian fund, UNICEF aims to support women and girls’ beneficiaries of the cash transfer to move out of socio-economic vulnerability, actively participate in decision-making (through CAC, RECOs and CODESA committees), and protect them from the risk of sexual exploitation and abuse (SEA). With the JIM project, the same women will be able to benefit from an integrated package of services (health, nutrition, wash) and Gender-based Violence (GBV) assistance services (medical, psychological, legal, and economic reintegration).

To materialize this, UNICEF has partnered with an international non-governmental organization to implement the gender, GBV and Prevention of Sexual Exploitation and Abuse (PSEA) components of the two projects while ensuring their geographical and technical convergence. In addition, UNICEF recruited a full-time dedicated gender consultant in February 2022, who, under the supervision of the UNICEF gender manager, developed a transformative gender action plan for the three selected health areas of N’sele HZ.

During the reporting period, UNICEF has assessed the capacities of institutional and civil society implementing partners and community actors in gender mainstreaming, GBV risk mitigation and PSEA, resulting in a capacity-building action plan. Thanks to this exercise, 23 partners, members of the Ministry of Health Gender Unit and UNICEF staff have been trained in gender mainstreaming, and communication tools, including on KFP, were revised to be more gender sensitive. In addition, UNICEF PSEA and Child Protection experts trained CACs and MINAS agents on the PSEA. A total of 111 members of CACs, 6 agents from the MINAS and 3 executives from

³ Non-cumulative criteria.

the central office of the N'Sele HZ were trained. In turn, these actors organized training sessions at their respective CACs. Other capacity-building sessions are underway vis-à-vis CACs and RECOs on gender-sensitive communication and GBV's referral mechanisms.

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

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

UNICEF is providing a technical assistance to DRC government in the development and management of the DRC Social Registry. Five tools are developed or under development to support the management of the Social Register, including:

1. An **integrated information management system (MIS)** accompanied by a mobile data collection application using the Standard Eligibility Questionnaire. The system is finalized and hosted to manage the social registry and future social assistance programs. The system is composed of the following modules: a) Registration and targeting module, b) Payment module, c) Complaints management module, d) Program/case management module, e) System/User Administration module and e) Reporting module. To test the application, three data collection missions were organized in Kinshasa, Gbadolite and Kananga. A mission to validate the application will be organized in Kinshasa from June 21 to 24, and a large-scale household data collection in Kananga from 27 June- 03 of July 2022. To date, the social register has 23,000 beneficiaries from 3 different provinces including Nord Ubangi, Kinshasa and Kananga.
2. An **interactive mapping tool** to visualize and locate financial service providers as well as a strategy for mitigating the risk of error, fraud and corruption in social assistance programs is developed

The following tools are under development:

3. **Targeting tools** using community based and scientific based approaches adapted to the country context. These tools will help future social assistance programs to target and select their beneficiaries.
4. **Standard Operating Procedures manual of the social registry**, under development by UNICEF with the support of different stakeholders, to facilitate, normalize and standardize the use of the registry and other related tools.
5. A **legal guide, protocols and a regulatory framework for social safety net programs** to facilitate information sharing and data protection.

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

From 16 to 21 January 2022, UNICEF organized a study visit in Senegal for eight delegates of the Fonds Social de la RDC, the Ministry of Budget and the MINAS, aimed at appreciating the social protection program in this country, thus contributing to inform the setup of a solid foundation for the one in DRC. In particular, the visit aimed at learning from the Senegalese experience and build capacities on piloting social and political safety net programs as well as shocks sensitive social policy.

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

e) the systems and tools put in place (for targeting, payment, register, complaints) and the financing framework for social protection.

7. MONITORING AND EVIDENCE GENERATION

During phase 2, UNICEF DRC had engaged with its Office of Research Innocenti, based in Florence (Italy), to conduct an independent impact assessment to provide evidence on the impact of the intervention on the overall wellbeing of the beneficiary communities. To that end, a baseline data collection and an endline data collection have been carried out as well as one post-distribution monitoring (PDM) survey. The baseline report and PDM report have been finalized. The preliminaries results of the endline report are under review internally. Once cleared, they will be submitted to WFP and FAO for feedback before validation. The final report should be available no later than mid July 2022.

Best practices and lessons learned resulting from this exercise will be used to ensure the visibility of achieved results and develop evidence-based advocacy for phase 3 and its scaling-up. The potential impacts to be analyzed are as follows: (i) food security and diversity, (ii) consumption, (iii) children's schooling, (iv) use of medical care, (v) children's nutrition, (vi) economic activity, agriculture and investment, (vii) shocks and coping strategies, (viii) spending, (ix) social cohesion, (x) financial and non-financial decision making and non-financial within households.

For this third phase of the project, a baseline survey was launched in June. Data collection is ensured by UNICEF through the INS enumerators. Data cleaning and analysis as well as the production of the report will be ensured by UNICEF. An endline survey will also be organized at the end of the project.

8. KEY PROGRAMME CHALLENGES

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

- **Beneficiaries' targeting:** Several cases of refusal of households targeted in phase 2 and excluded from phase 3 were reported. In particular, given the high population density in Nsele urban zone as well as the sociological characteristics of urban dynamics where people are more connected (social media, television, radio), rumors about the assistance quickly spread in the neighborhoods creating expectations and misinformation. UNICEF and WFP put efforts to sensitize beneficiary and non-beneficiary communities about the project and targeting criteria through the following actions: a) work closely with communities involving them from the beginning in the implementation of the project playing an active role so they get familiar with the project objectives and b) provide community actors with capacities and communication tools to facilitate communities information and sensitization.
- **Cash distribution:** some beneficiary households registered for a mobile cash distribution had to be reoriented to cash on hand (direct cash) mechanism due to connection problems in their localities
- **Logistics:** almost half of CACs (23 out of 57) are located in areas where logistic access was an issue, particularly in rural areas, due to bad state of the roads and off roads, especially during rainy season. On some occasions, roads were not practicable at all and beneficiaries' registration had to be conducted by foot.
- **Nomadism** of N'Sele households which made it difficult to localize them during distribution periods.

9. PLANNED ACTIVITIES IN THE NEXT 6 MONTHS

- Ensure the cash transfer for 4,000 households
- Organize the briefing of all CACs members on KFP promotion and communication techniques, including the organization of home visits (cascade training);
- Monitor the reporting of CAC activities on the promotion of KFP

- Scale up the agriculture activities in the targeted HZs
- Ensure data collection and analysis of the baseline study. The final report is expected to be finalized by end of August 2022
- Organize a gender analysis of women's cash use and resilience strategies, focusing on income-generating activities. This also integrates research on community-based complaint mechanisms to protect cash beneficiaries from possible exploitation and abuse by humanitarian actors. Women, recipients of the cash, will be equipped with technical, financial, and life skills. A network of paralegals composed of women's community relays and GBV counsellors will be created to promote and protect women's and girls' rights. In addition, their husbands will be accompanied by community dialogue activities to embrace positive practices and behaviours of women's leadership, a more egalitarian sexual division of labour and the equitable sharing of decision-making on the family budget management. The abovementioned activities will be implemented through a partnership with women-led organizations to promote collective change. This partnership will allow for capacity building, identification, referral and support of these organizations at the community level and will ensure the sustainability of activities.
- Concerning the GBV prevention and response component, UNICEF will build the capacities of GBV stakeholders and facilities to improve survivor's identification and referral and ensure quality care. Mobile safe spaces will be set up to provide a space and framework for girls and women to meet and discuss sensitive issues. The mobile safe spaces will cover the three health areas, day and night, to ensure that GBV survivors and all women of childbearing age, including adolescents, have access to them in even the most remote areas. The technical platforms of three health facilities in the three targeted health areas will be strengthened.

10. VISIBILITY

See video on the project launch: <https://fb.watch/dotxRT3CkX/>

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Avec l'appui de Embassy of Belgium in Kinshasa, nous allons assister de 4.000 familles vulnérables dans les aires de santé de Kindobo, I

Photos of the official launch of the project-phase 3:

**UNICEF Representative and Ministry of Social Affairs during the launch of the phase 3 of the joint project
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Representative of the Belgium Embassy, UNICEF Representative and The Ministry of Social Affairs assisting the first cash distribution of phase 3 ©UNICEF/DRC/2022





UNICEF and FAO representatives assisting the first cash distribution of phase 3 ©UNICEF/DRC/2022



UNICEF and WFP teams setting up the official launch of the phase project ©UNICEF/DRC/2022

11. CONTACTS

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