

POLICY BRIEF



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Mitigating the socioeconomic impacts of COVID-19 with a cash transfer in peri-urban Kinshasa, Democratic Republic of the Congo

Introduction

The COVID-19 pandemic and related containment measures in the Democratic Republic of the Congo triggered a significant deterioration in macro- and micro-economic conditions in 2020,¹ exacerbating the already high levels of poverty and vulnerability in a country experiencing conflict and displacement. During this period, over 80 per cent of households with a monthly income of less than 400,000 Congolese Francs (CDF) (about US\$200) experienced a drop in income.² According to the World Food Programme (WFP), nearly 27.3 million people in the Democratic Republic of the Congo (about 30 per cent of the population) were acutely food insecure, and 1.1 million children (6 per cent of the child population) were acutely malnourished as of February 2021.³ The situation began to improve over the course of 2021 as the COVID-19 containment measures were gradually lifted, and government deficit and inflation decreased to 1.6 per cent of GDP and 9.3 per cent, respectively, by the end of 2021. These rates were still high relative to pre-pandemic levels of 0.8 per cent of GDP and 4.5 per cent, respectively, in 2019.⁴

The Cash Transfer Intervention in Nsélé, Kinshasa

In response to this emergency, UNICEF and WFP initiated a cash transfer programme to mitigate the socioeconomic challenges in the commune of Nsélé, a peri-urban settlement near Kinshasa. The 14 health areas in Nsélé were evaluated using WFP's vulnerability assessment of food security, health and nutrition, as well as by considering the health areas' existing engagement with UNICEF. As only a limited budget was available, the six health areas that were ranked the most vulnerable to poverty – Buma, Dingi Dingi, Kindobo, Mikonga, Mpasa 1 and Mpasa 2 – were selected for the intervention.

Cash transfers were to be accompanied by complementary services, including vegetable-growing kit distribution by the Food and Agriculture Organization of the United Nations, training of local associations and communities in women's leadership, women's rights, gender-based violence and positive masculinity, and financial management of income-generating activities (IGAs) by a partner non-governmental organization. Beneficiaries of this gender-sensitive training were expected to subsequently transfer their learning to their respective association and community members. The complementary services were selected based on a community assessment that identified these components as necessary complements to optimize the impacts of the cash transfers in reducing poverty in a more sustainable way.

The cash intervention was implemented in two phases. The first phase – the humanitarian response phase (Phase I) – provided all households (about 23,000) in the targeted areas with cash assistance equivalent to three months' food expenditure, based on household size. This ranged from a monthly amount of CDF45,000 (US\$23) for a single-member household to CDF150,000 (US\$75) for a household with 12 or more members. For the second phase – the social protection phase (Phase II) – only the most vulnerable households (about 16,000), identified based on community targeting criteria, benefited from a fixed amount of CDF80,000 (US\$40) per month for a further six months.

Impact Assessment

UNICEF Innocenti – Global Office of Research and Foresight conducted an impact assessment to evaluate the impact of this intervention on key outcome indicators of food security, household consumption, resilience-based coping strategies, social cohesion and women's decision-making autonomy. The study also assessed the effects of the intervention on household decision-making dynamics through a gender lens as part of the Gender-Responsive Age-Sensitive Social Protection (GRASSP) research programme (2018–2024) led by UNICEF Innocenti and funded by the United Kingdom of Great Britain and Northern Ireland's Foreign, Commonwealth and Development Office. The impact evaluation is part of broader research to draw lessons for the design and implementation of a shock-responsive social protection system in the Democratic Republic of the Congo.

The impact assessment aligns with the conceptual framework of the GRASSP research programme.⁵ According to this framework, the cash transfer intervention plus the gender-sensitive training of women on their rights, financial management and gender-based violence indicates a gender-sensitive social protection design. The programme should potentially alleviate some gender inequalities and vulnerabilities and empower women through change pathways such as intrahousehold decision dynamics and encouraging investments in human development (intergenerational well-being). Therefore, the study used a gender lens, examining gender-equality outcomes such as women’s independent or joint decision-making in households and disaggregating the analysis according to the gender of the head of the household (whenever possible). In line with the GRASSP conceptual framework, the study also assessed the moderating effects of household characteristics such as household size and age of the head of the household.

The impact assessment used a quasi-experimental study design with quantitative and qualitative components. Two rounds of data collections were conducted in January–March 2021 and November–December 2021 in the six intervention health areas and two adjacent comparison health areas. Impacts were estimated using doubly robust difference-in-differences estimators⁶, comparing households that received both the Phase I and Phase II cash transfers (the treatment group) with non-beneficiaries from the adjacent health areas (the comparison group). Questions regarding the actual receipt of cash and beneficiary experiences were also assessed for all beneficiary households that received at least the Phase I transfer. This analysis was complemented with WFP administrative data on beneficiary payments. Quantitative results were contextualized and triangulated with the results of focus group discussions and semi-structured interviews with intervention stakeholders, local authorities, beneficiaries, and non-beneficiaries.

This brief provides a summary of the findings and recommendations from the impact assessment. Additional details about the intervention, impact assessment design and baseline characteristics of the beneficiaries and non-beneficiaries can be found online⁷. A full report on the impact assessment is forthcoming.



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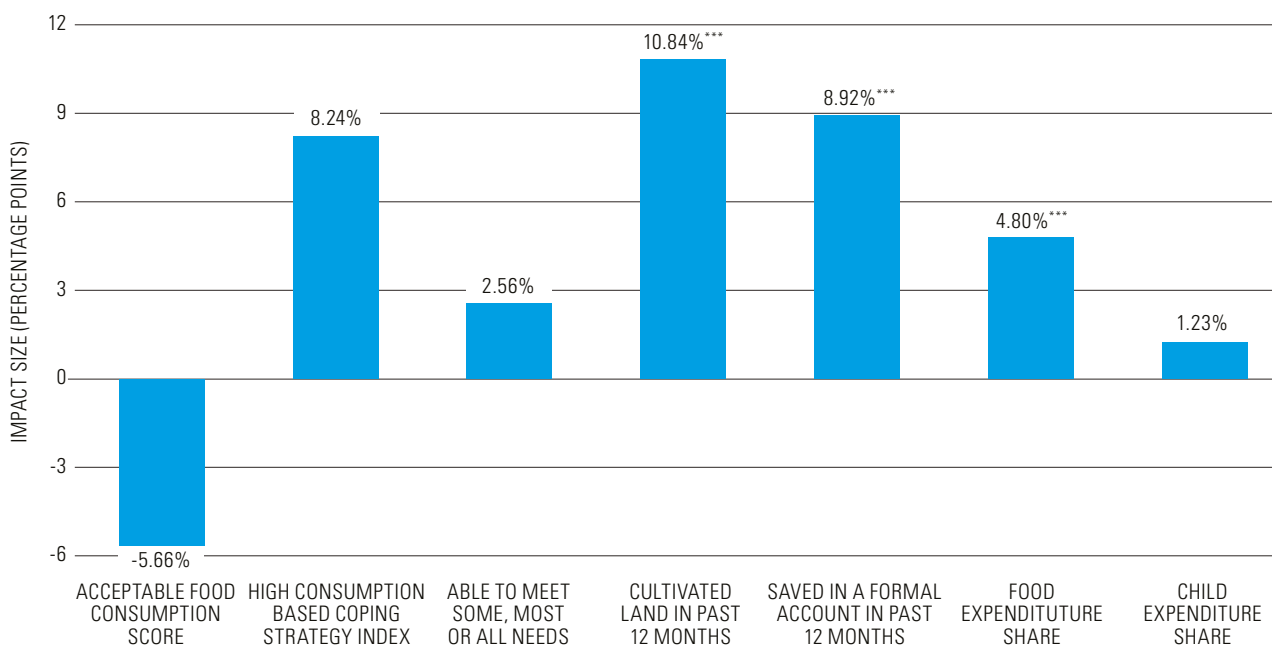
Findings

The findings from the study are organized below based on the research questions of the study.

Question 1: Have cash transfers mitigated the impact of the COVID-19 pandemic at the household level? (What has been the impact on food security, consumption, spending, economic activities and assets, and access to health and education services?)

- The intervention had positive impacts on the proportion of household income spent on food, the proportion of households who saved in a bank or a mobile money account and the proportion of households who cultivated land in the previous 12 months (see Figure 1). The complementary vegetable-growing kit distribution may be one of the factors contributing to the increase in land cultivation.
- For the other key indicators such as the food consumption score, child-related expenditures, number of income-generating activities and the proportion of households able to meet at least some of their needs, the intervention had no impacts because improvements among the beneficiary households were matched by similar improvements in the non-beneficiary households.

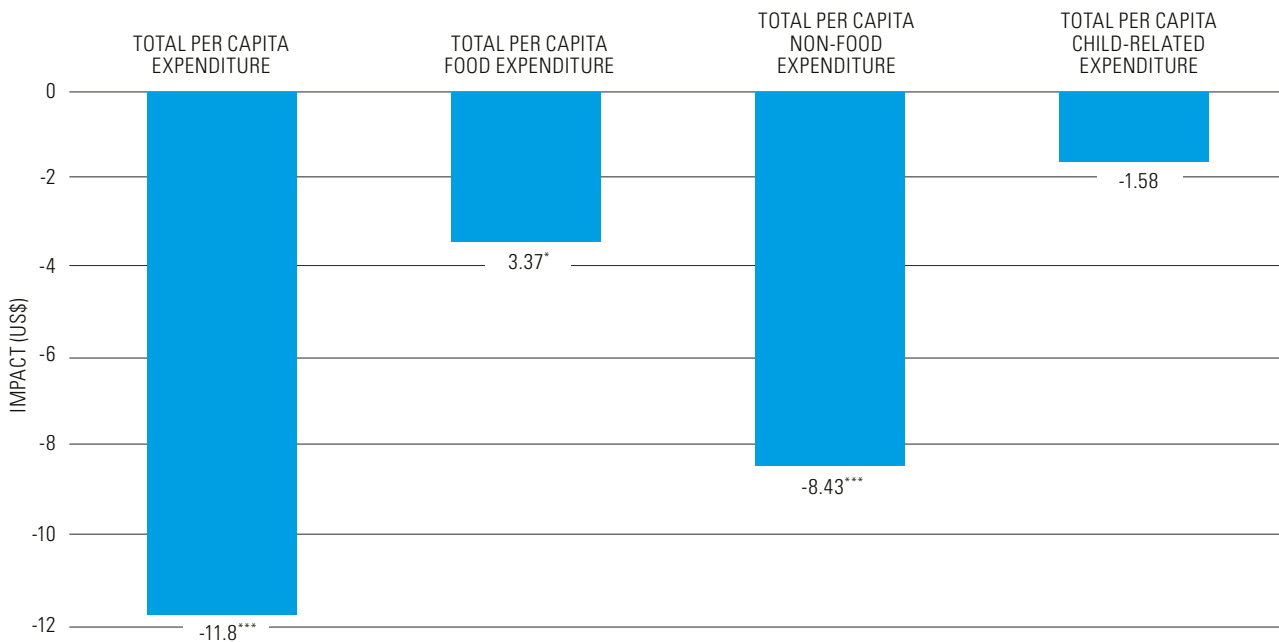
Figure 1: Impacts (in percentage points) on key household outcomes of interest for the intervention



Notes: ** Impact is statistically significant at the 5 per cent level of significance.

- Qualitative data collected from beneficiaries corroborate that cash transfers alleviated households' pandemic-related challenges, such as purchasing food and investing in income-generating activities.
- Observing greater improvements among non-beneficiary compared to beneficiary households, we conclude that the intervention had a negative statistically significant impact on total per capita household expenditure, driven by reductions in per capita non-food expenditure (see Figure 2). The intervention also had a negative statistically significant impact on housing quality and asset ownership.
- Beneficiaries reported using transfers to access education (to pay for school fees and supplies) and health services. However, the intervention had no impact on women's dietary diversity and school attendance rates, with these indicators increasing among both beneficiaries and non-beneficiaries.
- Similarly, the intervention had no impact on children's engagement in productive, domestic work and on average rates of illness and health expenditure, which remained stable among both beneficiaries and non-beneficiaries.

Figure 2: Impacts on per capita total, food, non-food and child-related expenditure (US\$)



Note: Impact is significant at the 10 per cent level of significance; *** Impact is significant at the 1 per cent level of significance.

Question 2: Have transfers changed the dynamics of decision-making in households, including women's joint or independent decision-making?

- The intervention did not have impact on the gender dynamics in household decision-making. Men's status as the head of the household and primary decision-maker was not questioned, nor was the role of women as the capable manager of a household's limited resources.
- According to the beneficiaries, cash transfers tended to reinforce existing gender dynamics in households. Couples who trusted each other arrived at decisions on transfer use through discussion and consensus, whereas couples lacking this mutual trust experienced conflict and disagreement as either partner sought to monopolize transfer resources.
- The intervention's lack of impact on decision-making is unsurprising given the implementation challenges. Implementation of gender-sensitive training was hampered by administrative and logistical delays; training was eventually delivered in a compressed timeline, resulting in haphazard targeting of local actors and associations. The lack of resources prevented the full-scale dissemination of newly acquired knowledge at community level.
- Trainees recognized that the topics of positive masculinity, gender-based violence, female leadership, management of IGAs and inheritance were beneficial for individuals, household management and husband–wife and parent–child relationships.

Question 3: Have transfers created changes in other social dynamics, such as social cohesion or positive coping mechanisms?

- The intervention had no impact on cohesion in the beneficiary communities. During the qualitative interviews, beneficiaries highlighted that community members maintained their existing mutual aid and solidarity practices at the community level despite the cash assistance.
- Although qualitative interviews suggested that conflicts and tensions related to cash transfers were rare and generally linked to individual personalities and difficult relationships that predated the intervention, in the quantitative survey, one in five beneficiaries noted an increase in tensions at community level. These may be explained by the imperfect coverage during geographical targeting, inclusion and exclusion errors during Phase II community targeting, insufficient awareness of eligibility criteria for Phase II and tensions between community relays (those in charge of managing complaints at the community level) and beneficiaries who encountered problems that the former could not solve.

Question 4: Have the intervention parameters of the response 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?

- The involvement of community actors, geographical targeting, extensive communication and awareness activities, careful calculation of cash transfer amounts and the use of secure mobile money (M-PESA) transfers resulted in a generally high level of satisfaction among beneficiaries.
- Nevertheless, the following lessons and possible improvements were identified to make cash transfers and accompanying measures more responsive and sustainable.
- **Community actors:** Actors included volunteer community relays (RECOs) and presidents of community health committees who had received organizational and capacity-building support and were essential to project implementation. However, their level of engagement, extent of local knowledge, and 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 their activities were remunerated (e.g., through a transport allowance), which was not always the case as they were expected to add project-related sensitization messages to their usual voluntary awareness-raising activities. At endline, nearly all qualitative respondents felt that, given the level of effort expected, volunteers should have received more systematic and substantial remuneration than the ad-hoc transport allowance and the US\$100 investment in collective IGAs at the community animation cell level, respectively.
- **Coverage and targeting:** Despite multiple operational problems during registration, biometric data collection and the distribution of beneficiary identity cards and SIM cards, the programme achieved acceptable coverage: nearly 9 out of 10 households (88 per cent) received the identity card and 9 out of 10 households (89 per cent) received the SIM card.⁸ Similarly, 9 out of 10 households reported having received at least one cash transfer.
- **Geographical targeting** was used to serve all residents of the most vulnerable areas in a disadvantaged, peri-urban commune in Kinshasa. Areas for improvement identified by key respondents included verification visits and the involvement of local actors in universal household registration exercises, given the haphazard construction and lack of official addresses in peri-urban areas. Phase II of the intervention used **community targeting** to identify the most vulnerable households that would continue to receive cash transfers for a further six months. In peri-urban areas, however, inclusion and exclusion errors occurred due to RECOs' insufficient knowledge of neighbourhoods and the lack of quantitative cross-check mechanisms to cross-verify the classification of households.

- **Communication and sensitization:** Cash-transfer-related interpersonal and public sensitization efforts⁹ only reached some beneficiaries: 72 per cent were aware of the purpose of the assistance, but less than half were aware of the eligibility criteria, transfer amounts and the duration of the intervention. Only one in six people were aware of the existence of complaint mechanisms. There were no statistically significant differences between the knowledge of women and men recipients in this regard. Key respondents identified weaknesses in the coordination and resourcing of communication functions.
- **Cash transfer benefit level and payments:** The cash transfer covered almost all per capita food expenditure (90 per cent among households headed by men and 83 per cent among those headed by women) and nearly one third of all per capita expenditure (31 per cent among households headed by men and 33 per cent among those headed by women). Women recipients reported receiving similar total transfer amounts to men, which translated into lower per capita transfer amounts as women recipients tended to come from larger households. Women were more likely not to have received transfers for four or more months. The irregularity of payment meant that beneficiaries received lump sum of accumulated payments which could explain the savings and investments in agriculture. The benefit level 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 upscaling under the national social protection system as the government may not have the funds to provide such large transfers in the long term.
- **Payment mechanisms:** Mobile money payment via M-PESA was intended to secure cash transfers, protect beneficiaries' identifies and make disbursements fast and efficient. However, in areas without telephone network coverage, the programme had to distribute cash payments. As a result, about four out of five beneficiaries received transfers by M-PESA, and women were more likely to receive the transfer through this method. Only half the beneficiaries withdrew the money themselves, and almost a quarter shared the personal identification number (PIN) with the Vodacom agents, exposing them to the risk of fraud and SIM-card theft. Insufficient knowledge of the use of M-PESA (e.g., transfer amounts, withdrawal fees, account limits, securing the PIN, promptly withdrawing money and noting the licence number of the agent making the withdrawal) and lack of safeguards and sanctions against fraud by Vodacom agents led to the exploitation of some beneficiaries (in particular, arbitrary commissions charged on withdrawals, SIM card swaps and theft of money and cards). One in five recipients reported encountering problems using M-PESA; this rate was similar for women and men recipients.

- **Complaint and recourse mechanisms:** Mechanisms (supported at community level by UNICEF consultants, a hotline and the U-Report text-messaging service) collected more than 5,000 complaints. However, it was often impossible to provide prompt resolutions and individual responses to complainants, leading to stakeholder frustration, a lack of trust on the part of beneficiaries and, sometimes, tensions between RECOs and the complainants whose issues remained unresolved. Stakeholders suggested the following ways to improve complaint management: respect standard operating procedures (SOPs); digitize the reporting and feedback process; allocate budgets to communities and hold complaint-handling sessions with programme decision-makers at community level.
- **Complementary gender-sensitive and agricultural measures:** Neither the gender-sensitive training and vegetable-growing kit services were implemented as designed due to delays and coordination challenges. Vegetable-growing kits were provided towards the end of the cash transfer programme and after the beginning of the planting season. Gender-sensitive training was delayed and of short duration. Beneficiaries highlighted the need for technical and financial support for the downstream dissemination of knowledge received or for implementers to organize large scale awareness-raising campaigns.

Question 5: How can design parameters be taken into account in a more shock-responsive social protection system in the Democratic Republic of the Congo?

- As a key implementing partner, the Ministry of Social Affairs was fully engaged during the intervention – from preparatory situation assessment, through the phases of identifying, registering and surveying of vulnerable households to SIM-card distribution and cash transfer payments. In the process, the Ministry was able to test the tools it had developed to establish a shock-responsive social protection system in the Democratic Republic of the Congo, namely, the standard eligibility questionnaire and phone-based applications to collect registration data for household identification and targeting.
- Other tools such as manuals, SOPs, community engagement approaches, awareness messages and community targeting methodologies were also developed collaboratively with the Ministry during programme implementation.
- Close involvement in programme implementation has enabled Ministry staff to strengthen their capacity to implement all components of a large-scale cash transfer project in both rural and peri-urban areas. Ministry staff internalized the lessons learnt about key parameters, such as community involvement in creating a vulnerable-household register, different approaches to beneficiary targeting, preparatory steps (context analysis, assessment of technical capacities, need for coordination and communication strategy), fraud and abuse

prevention, payment mechanisms and amounts, transfer modality and complaint and recourse processes – all relevant to establishing a shock-responsive social protection system in the Democratic Republic of the Congo.

- The intervention also demonstrated how to link emergency humanitarian assistance and social protection in the medium term through phased targeting and distinct approaches to cash transfer amounts. Establishing this link or continuum is a crucial step in building the shock-sensitive social protection system.
- Finally, it is important to emphasize the importance of strengthening the Ministry's capacity to take ownership of programmes by equipping it with adequate human and material resources to retain talent, securing high-level, political buy-in and support for developing a shock-responsive social protection system, and implementing all the tools (manuals, SOPs, awareness messages and the data collection system) piloted and developed during the intervention.



Recommendations

Based on the impact assessment results, the following programme and research recommendations are proposed:

Programme recommendations

1. Ensure effective communication and coordination among agencies, implementing partners, local authorities and community actors throughout programme implementation.
2. Increase beneficiaries' awareness and readiness at each stage of programme implementation by providing them with sufficient information about the intervention to achieve better coverage and prevent complaints resulting from misunderstanding the programme or non-compliance with the registration process.
3. Improve the integration of gender aspects in the intervention by strengthening the communication strategy and improving the intensity and timeliness of sensitization messages and training on respecting women's rights and their economic empowerment.
4. Carefully review the evidence base and applicability of complementary services to ensure they are well-suited to deliver the expected outcomes in the given context.
5. Strengthen the capacity of community actors (e.g., RECOs) and public authorities to carry out community mobilization, the implementation and monitoring of cash transfers, and productive and gender-sensitive complementary measures by ensuring they have adequate resources.
6. Ensure beneficiaries have the technical readiness and skills to use electronic payment mechanisms to prevent operational challenges and abuse during programme implementation.
7. Payments also need to be regular and predictable to ensure that beneficiaries can smoothen their expenditure.
8. Require the mobile money provider to facilitate transfer withdrawals and to implement safeguards against fraud and abuse.
9. Improve the usefulness and (vertical or horizontal) adaptability of the vulnerable-household register by ensuring it contains sufficient information on household-resilience indicators that is relevant for different organizations with distinct targeting criteria.

Research recommendations

1. Leverage the horizontal expansion of the intervention to improve the household sample by ensuring better balance between beneficiary and non-beneficiary areas and implementing strategies to deal with sample attrition.
2. Investigate how contextual factors such as gender norms moderate the impact of the complementary services aimed at addressing gender related issues to inform more effective and impactful design of gender-sensitive measures.
3. Understand the independent effects of complementary components, including gender sensitization and gardening-kit distribution.
4. Generate and compare evidence on the usefulness and performance of various targeting methods for a shock-sensitive social protection system in the Democratic Republic of the Congo. This could include modelling a vertical expansion of the cohort of beneficiaries enrolled in the programme.

Limitations

The findings of this study should be interpreted with caution considering that the duration between baseline and endline data collection was relatively short (only nine months) in comparison to many impact assessments that have a longer duration between baseline and follow-ups (usually 1 year or more). The COVID-19 context at the start might have also hampered usual economic and livelihood activities which limited the use of the cash received. In addition, the beneficiary and non-beneficiary areas appear to have been affected differently by COVID-19 and the subsequent economic shocks. The differences between beneficiary and non-beneficiary groups at baseline, and the high attrition rate also present theoretical challenges to the causal inference. The methodological approach used does not fully address these limitations.

Authors

The brief was written Vera Bersudskaya, Frank Otchere, Nyasha Tirivayi and Mathilde C. van Drooghenbroeck on behalf of the Democratic Republic of the Congo Nsélé Cash Transfer Evaluation Team. Full list of the Evaluation Team and their roles can be found in the baseline report (see *Endnote 7*).

Endnotes

- 1 Batana, Yele, Alexandra Jarotschkin and Mervy Ever Viboudoulou Vilpoux, 'Reversing the Adverse Effects of the COVID-19 Pandemic in the Democratic Republic of Congo', World Bank, n.p., 15 November 2021, <<https://blogs.worldbank.org/african/reversing-adverse-effects-covid-19-pandemic-democratic-republic-congo>>, accessed 19 September 2023; iMMAP and USAID, 'Projet d'analyse de situation COVID-19 en RDC: Résultats des enquêtes sur l'impact de la COVID-19 sur les moyens de subsistance', iMMAP, n.p., July–August 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/1.%20iMMAP_DRC_impact_de_la_COVID-19_sur_les_moyens_de_subsistance.pdf>, accessed 19 September 2023; Social Sciences Analysis Cell, 'The Impacts of the COVID-19 Response on Women and Girls in the Democratic Republic of the Congo', United Nations Children's Fund, n.p., December 2020, <www.unicef.org/drcongo/en/reports/impacts-COVID19-response-women-girls-DRC>, accessed 19 September 2023.
- 2 The Economist Intelligence Unit, 'La covid-19 et l'offre de services financiers aux populations vulnérables en République Démocratique du Congo (RDC)', FPM ASBL and ÉLAN DRC, n.p., n.d., <<https://fpm.cd/en/la-covid-19-et-loffre-de-services-financiers-aux-populations-vulnerables-en-republique-democratique-du-congo-rdc/>>, accessed 19 September 2023.
- 3 World Food Programme, 'Emergency Dashboard: Democratic Republic of Congo', WFP, n.p., 23 February 2023, <www.wfp.org/publications/democratic-republic-of-congo>, accessed 19 September 2023.
- 4 Ibid.
- 5 United Nations Children's Fund, 'Gender-Responsive Age-Sensitive Social Protection: A conceptual framework', Innocenti Working Papers no. WP-2020-10, UNICEF Office of Research – Innocenti, n.d., October 2020, <www.unicef-irc.org/publications/1116-gender-responsive-age-sensitive-social-protection-a-conceptual-framework.html>, accessed 19 September 2023.
- 6 Sant'Anna, Pedro H. C. and Zhao Jun B., 'Doubly Robust Difference-in-Differences Estimators', Elsevier, n.d., 29 November 2018, <<http://dx.doi.org/10.2139/ssrn.3293315>>, accessed 19 September 2023.
- 7 <https://www.unicef.org/drcongo/en/media/7766/file>
- 8 This percentage was calculated for areas with telephone network coverage.
- 9 Sensitization activities were carried out through two channels: (1) interpersonal communication (home visits, meetings, training and text messaging) and (2) public communication (megaphone announcements, educational discussions, pictorial demonstrations at public launches and ceremonies, and awareness-raising in places of worship and schools and public places such as markets). Communication materials included posters, banners, printouts, audio messages and U-Report text messaging. RECOs, communication for development consultants, implementation partners, community actors and the press all contributed to programme-related communication. U-Report is a social platform created by UNICEF, available via SMS, Facebook and Twitter where young people express their opinion and be positive agent of change in their communities. More information about U-Report available from [U-Report | UNICEF Office of Innovation](#).

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