

Requesting Organization :	United Nations Children's Fund		
Allocation Type :	ST Décembre 2021- Deuxième Allocation Standard		
Primary Cluster	Sub Cluster	Percentage	
Cash multi-sectoriel		100.00	
		100	
Project Title :	Unconditional multipurpose cash transfers to vulnerable Congolese households in Mbulula health zone, Kongolo territory, Tanganyika province to ensure access to basic needs and services		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	DRC-21/HCG10/AS2/CASH/UN/21249
Cluster :		Project Budget in US\$:	1,999,999.22
Planned project duration :	7 Months	Priority:	
Planned Start Date :	01/03/2022	Planned End Date :	30/09/2022
Actual Start Date:	15/04/2022	Actual End Date:	14/11/2022
Project Summary :	<p>The principal objective of this project is to assist vulnerable Internally Displaced Persons (IDPs) and host community members affected by the recent population movements in Mbulula health zone, Kongolo territory, in Tanganyika province in access basic needs and services through monthly unconditional, Multi-Purpose Cash (MPC) transfers. The proposed activity targets 3,700 IDP and vulnerable host community households (4049 men, 4464 women, 6674 boys, 7013 girls) with the objective to reduce vulnerabilities and improve living conditions of beneficiaries.</p> <p>In summary this intervention has the following objectives:</p> <ol style="list-style-type: none"> 1. UNICEF will provide multipurpose cash assistance to 3,700 IDP and host community households for 4 months to improve their ability to cover the basic needs of the households and the needs of children and improve access to basic services, including improvements to the short-term food security of beneficiary households 2. Improve living conditions and reduce vulnerabilities of IDP and most vulnerable households in Mbulula through MPC transfers 3. UNICEF and implementing partner (IP) will organize sensitization sessions for community members to ensure that crises affected populations are better informed and less exposed to protection risks <p>In line with the multisectoral approach of the HF's strategy, UNICEF will integrate the MPC intervention and complement the project with in-kind assistance interventions/packages funded under UNIRR, UNICEF's rapid response program, to ensure that the basic needs of the households are fully covered. As of December 30 2021, UNICEF has already started its in-kind distributions and assisted almost 500 vulnerable households in Mbulula.</p> <p>UNICEF will coordinate and share information with CWG and clusters at national and local level.</p> <p>The proposed intervention also aims to support and strengthen community structures through the revitalization of CACs (Cellules d'Animation Communautaire - CAC) and networks of community workers (Relais Communautaires - RECO) to enhance the engagement of the community supporting the design and implementation of the program. UNICEF will also utilize the CAC structures to collect feedback and grievances of beneficiary households and conduct community sensitization.</p> <p>Before commencing activities, UNICEF will inform and receive approval of the official Territory Administrators and Local Community Leaders and at provide information back to Local Authorities to ensure ownership of the program at local level.</p> <p>UNICEF will work with a I/NGO implementing partner organizing beneficiary and community sensitization, targeting data collection, organizing phone and SIM card distributions and process monitoring.</p> <p>In line with the "do no harm principle" UNICEF will organize sessions with the local community members to ensure that protection risks due to GBV, SEA, and COVID 19 are minimized.</p> <p>UNICEF promotes the use of Social Safety Nets (SSN) to improve the resilience of communities and sustain the positive outcomes of humanitarian cash interventions for longer periods through cash transfers. In line with the Nexus approach and to establish linkages to longer term support mechanisms for the community, based on the availability funds, UNICEF will consider including the same households into a shock responsive social safety net after the conclusion of the intervention in Mbulula territory.</p>		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
4,049	4,464	6,674	7,013	22,200

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,239	3,571	5,339	5,610	17,759
Host Communities	810	893	1,335	1,403	4,441

Indirect Beneficiaries :

The indirect beneficiaries of this program is the members of the IDP and host community members including non-beneficiary households. The indirect benefits to the community in general is the multiplier effects, increased financial inclusion and literacy and increased sensitization on GBV mitigation measures and PSEA"

Multiplier effect: The intervention is expected to contribute to the beneficiary and non-beneficiary households through the multiplier effect of cash interventions. As provided by the HF strategy document, cash assistance is expected to have a multiplier effect of 1.5-2.5 of the transfer value. For this specific project, UNICEF expects, the multiplier effect of the intervention to be USD 2,100,000.00 to USD 3,500,000.00. In addition to direct financial benefits to the beneficiaries, the project is also expected to boost local businesses, including service delivery and supply chain structures. The community in general will benefit from the sensitization sessions and information campaigns.

Financial literacy and inclusion: The preferred transfer mechanism for this intervention is mobile money transfers. Through this mechanism UNICEF aims to improve financial literacy and inclusion of vulnerable households to ensure that the beneficiaries can continue benefiting from using the accounts after the end of the project as well. The positive effects of increased use of MMT in the targeted zones are expected to expand beyond the beneficiary households further benefiting the community.

Additional objectives of the program: In addition to cash transfers and In line with the "do no harm principle" UNICEF will organize sessions with the local community members to ensure that protection risks due to GBV SEA and COVID 19 are minimized. the project is also expected to boost local businesses, including service delivery and supply chain structures. The community in general will benefit from the sensitization sessions and information campaigns

Catchment Population:**Link with allocation strategy :**

In line with the allocation strategy and linked with UNICEF's already existing operations in the Mbulula health zone, the proposed intervention will mainly focus on improving IDP and most vulnerable host community households' access to basic needs and services and reduce vulnerabilities through regular, unconditional multi-purpose cash transfers. The assistance is multi-sectoral and through MPC transfers, UNICEF will be contributing to the beneficiaries' households capacity to address their needs or finance their recovery in a dignified manner.

Beyond the benefits to beneficiary households, the proposed intervention also aims to stimulate local commerce and revitalize the local economy through the increased demand and purchasing capacity due to the regular cash injections.

The proposed programme is designed to support social cohesion between the host community and IDPs and revitalize community structures, such as the CAC and RECO mechanisms, in order to enhance community engagement in the project design and implementation while strengthening UNICEF's accountability to the affected populations. UNICEF will work closely with local authorities and exchange information with to ensure ownership of the intervention and secure smooth implementation

As a signatory of the Grand Bargain, unrestricted multipurpose cash transfers is UNICEF's preferred transfer modality. In line with UNICEF's commitments under the Grand Bargain, the program will also allow UNICEF to enhance its MPC capacity with a view to scaling up the use of cash-based transfers in the region and in the DRC.

As per its standard procedures, UNICEF targets female members of households as the primary recipient of MPC benefits to improve the financial literacy and inclusion of women.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
Japan and Germany	246,360.00
	246,360.00

Organization focal point :

Name	Title	Email	Phone
Katya Marino	Deputy Representative	kmarino@unicef.org	+243970159258
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BACKGROUND**1. Humanitarian context analysis****2. Needs assessment**

The humanitarian situation in Mbulula health zone has significantly deteriorated since 2020 due to the ongoing continuous conflict and insecurity in its neighboring territories of Nyunzu and Maniema. The region received large population movements and since the first half of November 2021, nearly 19,000 internally displaced people have arrived in the Health Areas of Mbulula and Bigobo, which has 29,721 inhabitants.

The incoming IDP populations create a sudden population increase of more than 60% of the total number of inhabitants of these receiving health areas, exerting great pressure on the low incomes of host communities and already fragile local markets and service providers.

There are no IDP camps supported by humanitarian agencies in the areas. The IDPs were forced to move with the host communities where the results of the Comprehensive Emergency Food Security Assessment (EFSA 2021) in Katanga show that in August 2021, 65 percent of households in the Territory of Kongolo (including the Mbulula ZS) live in food insecurity of which 17.4 percent in severe food insecurity and 47.4 percent in moderate food insecurity.

In addition to the humanitarian situation caused by the armed conflict, the region has also suffered from a recent outbreak of measles pandemic and floods earlier this year. Approximately 15,515 people were affected by the floods, the majority of whom were identified in Mbulula health zone (10,630 people affected). The extensive damage on houses, health centres, schools and agricultural zones have significantly increased the vulnerability of the community.

The specific needs assessments for this project:

1. Kongolo & Mbulula inter-cluster Needs Assessment Mission Report (to be finalized January 2022)
2. DRC IPC 20th Cycle (November 2021)
3. Tanganyika Population Movement Commission Report (November 2021)
4. OCHA DRC Population Movement Fact Sheet (November 2021)
5. Joint Multisectoral Needs Assessment, Reach (October 2021)
6. REACH-RDC-ICSM-Factsheet (Octobre-2021)
7. Smart survey to be conducted by UNICEF and Pronanut in Mbulula and Kongolo health zone in January

3. Description Of Beneficiaries**4. Grant Request Justification**

The proposed project targets the health zone of Mbulula in Kongolo territory, which is in line with the prioritization criteria of the allocation strategy. With already ongoing humanitarian assistance programmes in the area, UNICEF has the access and operational capacity to implement the proposed intervention. The markets are functional in the area and feasibility analyses are positive for cash transfers. UNICEF has an ongoing Cash for Nutrition program for 2,000 households in Manono, Tanganyika, where the beneficiaries of the program receive unconditional and unrestricted multi-purpose cash assistance complementary to nutrition treatment. UNICEF has geographic presence in the area with UNICEF's field office in Kalemie, Tanganyika, which enables close supervision of activity implementation and the central office in Kinshasa provides technical support.

Through this proposal, UNICEF will conduct regular, unconditional, multi-purpose cash transfers to 3,700 IDP and vulnerable host community households in combination with in-kind assistance to cover needs through a multi-sectoral approach. Additionally, based on the availability of funds, UNICEF can/will deliver sectoral assistance/service provision to complement its interventions.

UNICEF will also utilize the funds to establish MPC operational capacity and experience in Kongolo territory, which can be scaled up to address needs in case of further deterioration of the humanitarian situation or cover additional beneficiary caseload/health zones in Kongolo and neighboring territories based on future funding opportunities, such as CERF or other donor grants.

Geographical targeting and the targeting methodology are in line with the strategy: IDP and host community households. Targeting is categorical (IDPs) and community based (most vulnerable hosts). UNICEF will also benefit from the targeting exercise for UNIRR to save time and shorten preparation phase.

The transfer value for this intervention is calculated using the consolidated MEB adopted by the DRC National Cash Working Group in March 202

UNICEF will transfer each household CDF 175,000 per month, for 4 monthly transfer cycles. This transfer value is calculated as provided below:

- a) Transfer value based on the gap analysis
- b) Food component (1) of the MEB with December prices update for a HH of 6 (CDF 145,908) (mKengela National Average for November)
- c) Basic services component (3) for a family of 6 (CDF 90,090) (MEB figures)

d) Poor household income for a family of 6 (CDF 60, 501.6) (WFP Gap Analysis shared by CWG)

(B) + (C) - (D) = (A)
145,908 90090 60501.6 175496.4

The figure of 175,496 is rounded down to CDF 175,000 to allow accounting benefits for the organization and to simplify the cash out process for the beneficiaries. In addition to the base transfer value, UNICEF will add cost of fees for at least 2 cash outs from beneficiary accounts.

To ensure highest levels of programmatic and financial accuracy and accountability, UNICEF will utilize the HOPE system, UNICEF's corporate tool for beneficiary data collection and management, transfer management, grievance and feedback collection and management platform. Equipped with clear segregation of role and responsibilities, segregation of duties, and audit traceability HOPE is UNICEF's standard data and transfer management platform for cash operations. The system was rolled out in DRC in October 2021 and will be utilized for this intervention.

In addition to cash transfers and in line with the "do no harm principle" UNICEF will organize sessions with the local community members to ensure that protection risks due to GBV SEA and COVID 19 are minimized. The project is also expected to boost local businesses, including service delivery and supply chain structures. The community in general will benefit from the sensi

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

- 1. Provide multipurpose cash to 3,700 IDP and host community households (22,200 individuals) for 4 months to improve their ability to cover the basic needs of the households and the needs of children and improve access to basic services, including improvements to the short-term food security of beneficiary households**
- 2. Improve living conditions and reduce vulnerabilities of IDP and most vulnerable households in Mbulula through MPC transfers**
- 3. Ensure that crises affected populations are better informed and less exposed to protection risks**

Cash multi-sectoriel

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2021-SSO1.1 : L'Assistance monétaire à usages multisectoriels de 3,3 millions de personnes (+46 pour cent) à travers le pays, pour un montant de transferts équivalents à US\$ 97,2 millions, afin de répondre aux besoins vitaux des personnes les plus vulnérables et d'améliorer leurs conditions de vie	SO1: La réponse multisectorielle permet de couvrir les besoins vitaux de 9,6 millions de personnes afin de préserver leur intégrité physique & mentale	100

Contribution to Cluster/Sector Objectives : Provide for the basic needs of households through multisectoral assistance based on multiple-use cash transfers

Reduce vulnerabilities and improve household living conditions through multisectoral assistance based on multiple-use cash transfers

Outcome 1

IDP and vulnerable host community households in the Mbulula health area, Kongolo territory, have sufficient purchasing capacity to cover the most urgent needs of children and families and vulnerability levels of the beneficiary households are reduced.

Output 1.1

Description

3,700 households assisted with unconditional MPC transfers for a period of 4 months with a total transfer Value of \$ 1,295,000

Assumptions & Risks

Assumptions:

The security situation in the targeted areas remain calm,
Local authorities and all community leaders authorize interventions in their areas

Risk: Mismanagement of funds, faulty payment lists and delayed/failed transfer of funds

Mitigation Measure:

- Payment list creation process can only be done through HOPE system. Segregation of roles for the payment list creation and payments are embedded in HOPE. The process is managed by UNICEF staff as per the authorization levels and segregation of duties specified by UNICEF DRC,
- Beneficiary data is encrypted. Implementing partners or any other persons cannot access or modify data to manipulate lists for misuse or fraudulent activities,
- All transactions concerning creation of payment lists, transfers and reconciliation of transfers are logged on HOPE to assure audit trail,
- All HHs and members of households are assigned with unique identifiers and telephone numbers,
- Reconciliation of each payment is embedded in operating procedures of HOPE and by authorized personnel. Transfer reconciliations are done digitally through HOPE and Cash-Assist systems based on reports provided by FSP,
- With MMT, UNICEF can conduct transfer reconciliation at HH level,
- Payment verification is embedded into the transfer cycle. All beneficiaries will be provided with cell phones. UNICEF can conduct verification of payments by directly contacting beneficiaries.

Risks: Fraudulent behavior, duplications, fake/ghost beneficiaries and failed verification of vulnerabilities, Challenges and risks related to beneficiary identification and lack of national IDs

Mitigation Measures:

- Biographic information of all beneficiaries are digitally recorded in HOPE, including pictures of the recipient,
- HOPE has embedded functions for identifying duplications through data analysis. All cases picked up by HOPE are treated on an individual basis by authorized UNICEF staff. All actions and decisions concerning the cases are logged in HOPE for audit trail,
- As a second level control, during phone and SIM card distributions, authorized UNICEF staff, IP and community members are present to verify the beneficiaries,
- UNICEF staff members will be present at all SIM and Phone distributions to oversee the process,
- UNICEF will conduct spot checks by directly contacting beneficiaries through phone calls and SMSs.

Risks: Protection risks within the beneficiary households and communities

Mitigation Measures:

- UNICEF will organize revitalize community structures for sensitization of the communities and grievance and feedback collection
- UNICEF will implement programmes in a conflict sensitive manner in line with UNICEF's "do no harm" policy
- UNICEF will assess the potential protection risks which can be caused by the programmes and take mitigation measures with the community members to ensure that UNICEF's programmes do no harm to targeted populations
- UNICEF uses HOPE's grievance and complaint module for efficient tracking of complaints

Risks: Increased prices and negative impact on the markets

Mitigation Measures:

- UNICEF and TPM partner will regularly monitor markets to ensure that the markets are functioning and that beneficiaries have access to goods and services as intended by the program. In case of market deterioration UNICEF will alternative measures including supporting communities with sectoral assistance until markets are functional again.
- UNICEF will work closely with CWG and other partners at national and local levels to monitor market functionality on a regular basis.

Risk: Sexual exploitation and harassment of targeted beneficiaries

Mitigation Measures:

- All UNICEF and IP staff members will receive PSEA and GBV prevention trainings,
- UNICEF and IP will work with CAC and RECOs for organizing sensitization sessions on GBV, PSEA and COVID 19 prevention
- HOPE system has embedded special for reportin

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Cash multi-sectoriel	# de personnes assistées à travers une réponse en espèces à usage multiple	4,049	4,464	6,674	7,013	22,200
Means of Verification : total number of households assisted through HOPE reconciliation and reporting data							
Indicator 1.1.2	Cash multi-sectoriel	Montants (US\$) distribués à travers une réponse en espèces à usage multiple					1,295,000
Means of Verification : total amount of funds transferred – (HOPE & SAP), reports							
Indicator 1.1.3	Cash multi-sectoriel	% des ménages qui rapportent avoir été capables de répondre à leurs besoins de base, en ligne avec leurs priorités					40
Means of Verification : Beneficiary household surveys							
Indicator 1.1.4	Cash multi-sectoriel	% of beneficiaries who say they are satisfied with the assistance received					80
Means of Verification : Beneficiary household surveys							
Indicator 1.1.5	Cash multi-sectoriel	% of beneficiaries informed about the programme (who is included, what people will receive, duration of assistance)					100

Means of Verification : Beneficiary household surveys

Activities

Activity 1.1.1

Finalize and verify pre-intervention assessments to ensure that the cash modality and MMT mechanisms are applicable in the targeted zones in Mbulula. UNICEF and Mobile Money Transfers (MMT) Financial Service Provider (FSP) will conduct the assessment. Before the start of implementation of the intervention.

Activity 1.1.2

UNICEF and IP to revitalize Cellules d'Animation Communautaire (CAC) and identify the relais communautaires (RECO), as well as start with the incentives programmes for CAC and RECOs, organize sensitization for the CAC members and RECOs on the purpose and nature of the program, MMT procedures and financial inclusion, PSEA and GBV. This activity will be implemented prior to the start of the intervention in Mbulula.

Activity 1.1.3

Through a standard competitive procurement process, UNICEF will identify an implementation partner and a third-party monitoring partner.

UNICEF will provide necessary training sessions to the respective partner staff as required.

UNICEF started preparation of the TORs for the IP and the will launch the calls for proposals when the HF grant is approved.

Activity 1.1.4

UNICEF will process the order of SIM cards and cell phones for 3,700 households. SIM cards will be provided by the MMT FSP and phones will be procured through a competitive process. The process will start 2 months before the planned date for distribution of the phones and SIM cards. Phones and SIM cards will be used to allow beneficiaries to utilize MMT accounts and access funds.

Activity 1.1.5

Targeting data collection: UNICEF will use a combination of categorical and community-based targeting approach to identify IDP and the most vulnerable host community households. UNICEF will finalize vulnerability criteria jointly with community members and conduct a targeting and registration exercise based on the targeting criteria agreed with the community members. During the targeting phase communities will participate in the design of the targeting criteria and their feedback will feed into the final design criteria.

The targeting and registration exercise will be conducted jointly with community members and respective implementing partner staff. The IP will be responsible of collecting the registration data through door to door household surveys in Mbulula. The IP staff will use tablets for collecting data using the KOBO collect tool linked to HOPE. The data will be encrypted with access only available to authorized UNICEF staff members. After data collection all beneficiary data will be imported into HOPE for data cleaning, deduplication and registration.

Data of all members of the households will be collected to allow UNICEF to conduct an efficient deduplication exercise.

The data collection will be conducted by IP staff under the supervision of UNICEF. The collection of data and targeting process will be completed by the end of the 3rd month after the start of the program.

Activity 1.1.6

Registration of beneficiaries and payment list creation and monthly transfers:

UNICEF will import beneficiary data into HOPE and conduct data cleaning and deduplication through HOPE's data management module. All duplicate cases will be reported to IP field staff for reverification at the field level.

Upon finalizing the data cleaning and deduplication phase, UNICEF will proceed with creation of the specific "Unconditional multipurpose cash transfers to vulnerable Congolese households in Mbulula health zone, Kongolo territory, Tanganyika province to ensure access to basic needs and services" program on the system and target beneficiaries into program using the targeting criteria mentioned in the previous activity.

UNICEF, IP and MMT FSP will jointly organize SIM card and telephone distributions and they will physically reverify the beneficiaries through SIM card distributions and finalize lists after the allocation of Mobile Money Account number to all beneficiaries in the system. This will allow UNICEF to ensure the accuracy of the payment lists.

The mobile money accounts will be opened in the name of the head of household and alternate receiver will be designated. UNICEF will prioritize females as the main recipients of the MMT accounts to enhance financial inclusion and empowerment of women in targeted communities.

After the physical reverification UNICEF will create final payment lists on HOPE and use the CASHASSIST platform to conduct monthly cash transfers for 4 months. Beneficiaries will receive the transfer value + cash out fees through MMT.

The cash assistance provided to targeted households is unconditional and multipurpose and the transfer value is calculated using the consolidated MEB endorsed by the CWG in DRC.

UNICEF will reconcile and report on the distributions immediately after each transfer cycle. The transfer data will be reconciled through Cash Assist, HOPE and SAP for triangulation of transfer reconciliation data.

Activity 1.1.7

UNICEF will work jointly with the CACs, TPM and Implementing partners to conduct process monitoring on a regular basis from targeting phase until conclusion of the project.

UNICEF and IP will organize programmatic field missions after each transfer cycle to ensure that beneficiaries access funds in an efficient and secure manner and document any challenges or risks regularly.

UNICEF will utilize HOPE's grievance and feedback management (GFM) module to conduct case management at the level of households and individual beneficiary details. HOPE's GFM module allows UNICEF to manage cases on an individual basis and all cases are recorded in the system with a unique case number to allow programmatic and audit traceability.

Onsite complaint and feedback mechanisms include direct reporting to IP cash monitors and CACs, FGDs with UNICEF and IP after each distribution cycle, randomized discussions with TPM monitors.

UNICEF will also utilize its RAPIDPRO tool to disseminate information and collect feedback from beneficiaries through SMS surveys. The inputs of the RAPIDPRO surveys will also feed into the Payment Verification module of HOPE.

UNICEF will conduct at least one post distribution monitoring activity for a representative sample of the beneficiary households to document the change achieved as an outcome of the project. UNICEF will use TPM partner for this activity. The Area Office and TPM may decide to conduct additional PDMs based on the availability of the resources.

Activity 1.1.8

UNICEF will work with the implementing partner on preparation and implementation of an humanitarian cash transfers (HCT) in an efficient and effective manner. In this regard the partner staff will receive trainings on data collection tools and techniques, managing distribution sites in an efficient safe manner, PSEA and GBV sensitization and MMT procedures and roles and responsibilities.

Outcome 2

Crises affected populations are better informed and less exposed to protection risks

Output 2.1

Description

22,200 IDPs and host community members and CACs/RECOs benefit from sensitization sessions on GBV and COVID 19 preventions measures.

Assumptions & Risks

Assumptions:

- The security situation in the targeted areas remain calm,
- Local authorities and all community leaders authorize interventions in their areas,
- Stakeholders agree with UNICEF and its partners on the intervention methods,
- Markets and supply chains to the target areas remain functional,
- Cash liquidity in the targeted areas remain sufficient.

Risks: Protection risks within the beneficiary households and communities

Mitigation Measures:

- UNICEF will organize revitalize community structures for sensitization of the communities and grievance and feedback collection
- UNICEF will implement programmes in a conflict sensitive manner in line with UNICEF's "do no harm" policy
- UNICEF will assess the potential protection risks which can be caused by the programmes and take mitigation measures with the community members to ensure that UNICEF's programmes do no harm to targeted populations
- UNICEF uses HOPE's grievance and complaint module for efficient tracking of complaints

Risks: Increased prices and negative impact on the markets

Mitigation Measures:

- UNICEF and TPM partner will regularly monitor markets to ensure that the markets are functioning and that beneficiaries have access to goods and services as intended by the program. In case of market deterioration UNICEF will alternative measures including supporting communities with sectoral assistance until markets are functional again.
- UNICEF will work closely with CWG and other partners at national and local levels to monitor market functionality on a regular basis.

Risk: Sexual exploitation and harassment of targeted beneficiaries

Mitigation Measures:

- All UNICEF and IP staff members will receive PSEA and GBV prevention trainings,
- UNICEF and IP will work with CAC and RECOs for organizing sensitization sessions on GBV, PSEA and COVID 19 prevention
- HOPE system has embedded special for reporting sensitive and PSEA related cases to UNICEF staff members at appropriate levels.
- UNICEF's Third Party Monitoring partner will aim to collect regular monitoring of the impacts of the intervention in order to contribute to an early warning system by monitoring the perceived impacts and changes in gender-based violence
- UNICEF has PSEA & GBV focal points in all offices across the country supervised by the PSEA Programme Manager based in Kinshasa.

Risks: Lack of complaints and feedback mechanisms, process and outcome monitoring and community sensitization:

Mitigation measures:

- Beneficiaries can directly communicate their grievances community structures such as RECO and CACs, IP and UNICEF
 - UNICEF is currently working on establishing its own "green line" through Congo Call Centre in collaboration with respective UN Partners
 - Only authorized staff members from UNICEF and IPs have access to HOPE's grievance and feedback module,
- All cases are automatically assigned with unique case numbers. All action taken regarding cases are registered in HOPE's activity log for audit trail,

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Cash multi-sectoriel	% of beneficiaries accessing assistance without protection risks					100
Means of Verification : Beneficiary household survey, data on reported incidences							
Indicator 2.1.2	Cash multi-sectoriel	Nombre de personnes au sein de la population touchée (ventilées par âge et par sexe) touchées par des messages clés et du matériel de sensibilisation sur l'exploitation et les abus sexuels (groupe de discussion, sensibilisation de proximité et de masse, campagne médiatique, les guichets d'informations etc..)	4,440	4,884	5,994	6,882	22,200
Means of Verification : Beneficiary household survey							
Indicator 2.1.3	Cash multi-sectoriel	% beneficiaries that report increased perception of safety and protection from COVID-19					100
Means of Verification : Beneficiary household survey							
Indicator 2.1.4	Cash multi-sectoriel	% of beneficiaries reporting that the men and women jointly makes decisions on spending the transfer					70
Means of Verification : Beneficiary household survey,							
Activities							
Activity 2.1.1							
UNICEF will prioritize women as the owners of the MMT account to empower the female members of the beneficiary households and improve financial inclusion and literacy. UNICEF, with the MMT FSP, will organize sensitization sessions on the use of the MMT accounts and the rights and responsibilities of beneficiaries. This prioritization will take place during the distribution of the SIM cards & Phones and activation of the MMT accounts.							
Activity 2.1.2							
UNICEF, through the implementing partner will enhance access to community based complaints mechanisms and information on GBV response services available. For this purpose, UNICEF will conduct a risk analysis to identify GBV and SEA potential risks and barriers related to cash services and mapping of the existing community based structures trusted by communities.							
Establish/strengthen access to safe and trusted reporting channels							
Training of IP staff directly involved in the programme on PSEA and GBV core concepts and safe identification and referral							
Additionally, UNICEF will develop, print, and distribute sensitization materials on PSEA and GBV prevention, reporting and referral. UNICEF will conduct this activity immediately after identifying the implementing partner.							
Activity 2.1.3							
Organize awareness raising sessions on COVID 19 during registration and SIM & Phone card distributions. UNICEF and IP will apply standard COVID prevention measures during data collection and distributions and organize sensitization sessions with the CAC and RECOs in line with UNICEF's do no harm principle.							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
UNICEF DRC will ensure that a robust monitoring and evaluation plan is incorporated into the design, implementation and end of the project.							
Program visits are essential to build trust with partner relationships, identify and resolve implementation problems before they become a problem, and help ensure progress in achieving expected results.							
The M&E system will ensure data quality during regular program visits and assurance of data quality (DQA). DQAs will include periodic verification of data and data sources. After the visits of the program and DQA, partners and other staff will be informed of the corrective actions to be implemented. Where possible and appropriate, UNICEF will introduce and incorporate innovations in the monitoring of our projects in order to improve our use of data for decision-making.							
This includes the use of third-party monitoring and real-time monitoring using Rapid Pro, for timely reporting and increased accountability to affected populations. Effective coverage of high impact interventions, bottlenecks and obstacles will be monitored at a decentralized level using the UNICEF DRC program monitoring approach which involves semi-annual data collection drawn from the systems national governments with a view to their gradual strengthening.							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Finalize and verify pre-intervention assessments to ensure that the cash modality and MMT mechanisms are applicable in the targeted zones in Mbulula. UNICEF and Mobile Money Transfers (MMT) Financial Service Provider (FSP) will conduct the assessment. Before the start of implementation of the intervention.	2022				X								
Activity 1.1.2: UNICEF and IP to revitalize Cellules d'Animation Communautaire (CAC) and identify the relais communautaires (RECO), as well as start with the incentives programmes for CAC and RECOs, organize sensitization for the CAC members and RECOs on the purpose and nature of the program, MMT procedures and financial inclusion, PSEA and GBV. This activity will be implemented prior to the start of the intervention in Mbulula.	2022					X	X						
Activity 1.1.3: Through a standard competitive procurement process, UNICEF will identify an implementation partner and a third-party monitoring partner. UNICEF will provide necessary training sessions to the respective partner staff as required. UNICEF started preparation of the TORs for the IP and the will launch the calls for proposals when the HF grant is approved.	2022				X	X							
Activity 1.1.4: UNICEF will process the order of SIM cards and cell phones for 3,700 households. SIM cards will be provided by the MMT FSP and phones will be procured through a competitive process. The process will start 2 months before the planned date for distribution of the phones and SIM cards. Phones and SIM cards will be used to allow beneficiaries to utilize MMT accounts and access funds.	2022						X	X					
Activity 1.1.5: Targeting data collection: UNICEF will use a combination of categorical and community-based targeting approach to identify IDP and the most vulnerable host community households. UNICEF will finalize vulnerability criteria jointly with community members and conduct a targeting and registration exercise based on the targeting criteria agreed with the community members. During the targeting phase communities will participate in the design of the targeting criteria and their feedback will feed into the final design criteria. The targeting and registration exercise will be conducted jointly with community members and respective implementing partner staff. The IP will be responsible of collecting the registration data through door to door household surveys in Mbulula. The IP staff will use tablets for collecting data using the Kobo collect tool linked to HOPE. The data will be encrypted with access only available to authorized UNICEF staff members. After data collection all beneficiary data will be imported into HOPE for data cleaning, deduplication and registration. Data of all members of the households will be collected to allow UNICEF to conduct an efficient deduplication exercise. The data collection will be conducted by IP staff under the supervision of UNICEF. The collection of data and targeting process will be completed by the end of the 3rd month after the start of the program.	2022							X					

<p>Activity 1.1.6: Registration of beneficiaries and payment list creation and monthly transfers:</p> <p>UNICEF will import beneficiary data into HOPE and conduct data cleaning and deduplication through HOPE's data management module. All duplicate cases will be reported to IP field staff for reverification at the field level.</p> <p>Upon finalizing the data cleaning and deduplication phase, UNICEF will proceed with creation of the specific "Unconditional multipurpose cash transfers to vulnerable Congolese households in Mbulula health zone, Kongolo territory, Tanganyika province to ensure access to basic needs and services" program on the system and target beneficiaries into program using the targeting criteria mentioned in the previous activity.</p> <p>UNICEF, IP and MMT FSP will jointly organize SIM card and telephone distributions and they will physically verify the beneficiaries through SIM card distributions and finalize lists after the allocation of Mobile Money Account number to all beneficiaries in the system. This will allow UNICEF to ensure the accuracy of the payment lists.</p> <p>The mobile money accounts will be opened in the name of the head of household and alternate receiver will be designated. UNICEF will prioritize females as the main recipients of the MMT accounts to enhance financial inclusion and empowerment of women in targeted communities.</p> <p>After the physical reverification UNICEF will create final payment lists on HOPE and use the CASHASSIST platform to conduct monthly cash transfers for 4 months. Beneficiaries will receive the transfer value + cash out fees through MMT.</p> <p>The cash assistance provided to targeted households is unconditional and multipurpose and the transfer value is calculated using the consolidated MEB endorsed by the CWG in DRC.</p> <p>UNICEF will reconcile and report on the distributions immediately after each transfer cycle. The transfer data will be reconciled through Cash Assist, HOPE and SAP for triangulation of transfer reconciliation data.</p>	2022						X	X	X	X		
<p>Activity 1.1.7: UNICEF will work jointly with the CACs, TPM and Implementing partners to conduct process monitoring on a regular basis from targeting phase until conclusion of the project.</p> <p>UNICEF and IP will organize programmatic field missions after each transfer cycle to ensure that beneficiaries access funds in an efficient and secure manner and document any challenges or risks regularly.</p> <p>UNICEF will utilize HOPE's grievance and feedback management (GFM) module to conduct case management at the level of households and individual beneficiary details. HOPE's GFM module allows UNICEF to manage cases on an individual basis and all cases are recorded in the system with a unique case number to allow programmatic and audit traceability.</p> <p>Onsite complaint and feedback mechanisms include direct reporting to IP cash monitors and CACs, FGDs with UNICEF and IP after each distribution cycle, randomized discussions with TPM monitors.</p> <p>UNICEF will also utilize its RAPIDPRO tool to disseminate information and collect feedback from beneficiaries through SMS surveys. The inputs of the RAPIDPRO surveys will also feed into the Payment Verification module of HOPE.</p> <p>UNICEF will conduct at least one post distribution monitoring activity for a representative sample of the beneficiary households to document the change achieved as an outcome of the project. UNICEF will use TPM partner for this activity. The Area Office and TPM may decide to conduct additional PDMs based on the availability of the resources.</p>	2022						X	X	X	X	X	
<p>Activity 1.1.8: UNICEF will work with the implementing partner on preparation and implementation of an humanitarian cash transfers (HCT) in an efficient and effective manner. In this regard the partner staff will receive trainings on data collection tools and techniques, managing distribution sites in an efficient safe manner, PSEA and GBV sensitization and MMT procedures and roles and responsibilities.</p>	2022					X	X	X	X	X	X	
<p>Activity 2.1.1: UNICEF will prioritize women as the owners of the MMT account to empower the female members of the beneficiary households and improve financial inclusion and literacy. UNICEF, with the MMT FSP, will organize sensitization sessions on the use of the MMT accounts and the rights and responsibilities of beneficiaries. This prioritization will take place during the distribution of the SIM cards & Phones and activation of the MMT accounts.</p>	2022						X	X	X	X	X	

Activity 2.1.2: UNICEF, through the implementing partner will enhance access to community based complaints mechanisms and information on GBV response services available. For this purpose, UNICEF will conduct a risk analysis to identify GBV and SEA potential risks and barriers related to cash services and mapping of the existing community based structures trusted by communities. Establish/strengthen access to safe and trusted reporting channels Training of IP staff directly involved in the programme on PSEA and GBV core concepts and safe identification and referral Additionally, UNICEF will develop, print, and distribute sensitization materials on PSEA and GBV prevention, reporting and referral. UNICEF will conduct this activity immediately after identifying the implementing partner.	2022							X	X	X	X		
Activity 2.1.3: Organize awareness raising sessions on COVID 19 during registration and SIM & Phone card distributions. UNICEF and IP will apply standard COVID prevention measures during data collection and distributions and organize sensitization sessions with the CAC and RECOs in line with UNICEF's do no harm principle.	2022							X					

OTHER INFO

Accountability to Affected Populations

Based on its experience and lessons learned from previous Interventions, UNICEF will integrate multiple cross-cutting themes, including accountability to the affected population (AAP), conflict analysis and do no harm, gender, and the environment.

The main principles of UNICEF's intervention are based on human rights-based approach, cross-sectoral work, extending the reach of programming, and value for money.

Before commencing activities UNICEF will inform and receive approval of the official Territory Administrators and Local Community Leaders.

AAP: UNICEF implements AAP measures throughout all steps of project design and implementation. UNICEF supports and works through community structures such as CACs and RECOs to engage community for sensitization and design the targeting criteria for the program. CAC and RECOs are UNICEF's primary partner for working with the community to inform and target potential beneficiaries. During the registration and transfer phases of the program UNICEF and implementing partner again will work closely with community structures to organize registration/distribution activities to ensure program is well understood and accepted by the community and collect continuous feedback from them.

UNICEF, through the implementing partner will enhance access to community based complaints mechanisms and information on GBV response services available. For this purpose, UNICEF will conduct a risk analysis to identify GBV and SEA potential risks and barriers related to cash services and mapping of the existing community based structures trusted by communities.

Establish/strengthen access to safe and trusted reporting channels

For mobile money usage, UNICEF will work with the FSP for organizing sensitization sessions on how to use the MMT services and the rights and obligations of beneficiaries.

To ensure that effective complaints and feedback mechanisms are in place and properly used, throughout the program implementation UNICEF will equip 5 primary tools :

- 1- HOPE system's Grievance and Feedback module: UNICEF will use this module to manage, record and report on individual and household level cases. This module is UNICEF's corporate tool for case management and special roles and access levels based on the sensitivity of the grievance
- 2- UNICEF's Hotline: The "Green Line" hotline, managed by Congo Call Centre, is used by the WFP and UNFPA for receiving and managing grievances from their beneficiaries. UNICEF is planning to activate the green line for its cash-based interventions in the 1st quarter of 2022.
- 3- Supporting community structures: UNICEF works directly with the communities through activation of the CAC structures already existing in DRC. UNICEF will reactivate the CAC and Relais Communautaires and directly work with and through them from targeting to case management.
- 4- UNICEF's RapidPro system: In 2021 UNICEF utilized RapidPro system to reach out to 2 million individuals in DRC for a two communication. UNICEF uses the system to send out SMS messages to registered beneficiary telephone numbers and beneficiaries can send free of charge SMS to UNICEF to provide their feedback and grievances.
- 5- Third Party Monitoring: UNICEF will employ a TPM partner throughout the implementation of the program for process and outcome monitoring to ensure independent and accurate monitoring.

In addition to these tools UNICEF will continue implementing the standard grievance and feedback collection mechanisms such as help desks, focus group discussions and process and post distribution monitoring to collect feedback from beneficiaries and community members.

UNICEF will also work closely with and share data and information with CWG at national and local levels.

See annexe A for more details

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

3- Likely to contribute to gender equality, but without attention to age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

Do no harm: A "do no harm" approach is at the heart of the intervention. UNICEF will ensure that beneficiaries are served in a "safe" environment. In line with this approach UNICEF and IP will make sure COVID 19 prevention measures are applied at each distribution site and sensitization session.

Protection: The "gender" theme will be integrated in a transversal manner in all the phases of the project's implementation, both at the level of the implementing partners and with regard to the beneficiaries in order to guarantee equal and non-discriminatory access to assistance for all. In general, strengthening equity in the delivery of various services and considering specific gender-sensitive actions.

Data disaggregated by sex and age will be analyzed at all phases of project implementation.

The PSEA strategy is in line with the standard policy of the Humanitarian Country Team in the DRC. It is based on a zero-tolerance culture towards any form of misconduct with a sexual connotation and a culture of prevention, gender equality and accountability to all stakeholders. This involves the training of all UNICEF and implementing partner staff involved in the project on PSEA and the signature of codes of conduct taking into account the PSEA aspects as a prerequisite. Awareness-raising sessions will be conducted at the community level for the beneficiaries by including information on the services available in the target areas (referencing mapping of cases of violence and sexual violence from the protection cluster). The green line (49 55 55) to denounce any abuse, will be communicated to beneficiaries in the areas targeted by the project.

GBV: During implementation, community based platforms will be used to raise awareness on available GBV services and strengthen safe and confidential referral of GBV survivors to specialized providers in accordance with survivor centered approach. In the child protection sector, the identification and care / referral of children and adolescents' victims of sexual and gender-based violence.

Training of IP staff directly involved in the programme on PSEA and GBV core concepts and safe identification and referral. Additionally, UNICEF will develop, print, and distribute sensitization materials on PSEA and GBV prevention, reporting and referral. UNICEF will conduct this activity immediately after identifying the implementing partner.

Throughout implementation, UNICEF will ensure that girls, boys, women and men, including older people and people with disabilities, have access to feedback and complaints mechanisms so that remedial action can be taken to meet their specific assistance and protection needs. UNICEF will mitigate protection and in particular GBV risks across interventions through systematic protection risk analyzes and the contextualization and dissemination of tools (e.g. security audit, checklist) aimed at to mitigate the risks of GBV in the interventions, the integration of regular consultations with women and girls in the programmatic monitoring of the interventions, Identification of entry points within existing programming to implement the actions recommended from GBV guidelines.

The UNICEF-led Clusters and UNICEF DRC emergency programs are among the lead of the humanitarian community in promoting a gender disaggregated analysis in all parts of emergency programs - evaluations of needs, implementation, and monitoring. All the Clusters in the DRC have developed several fundamental commitments on gender in their sectors. These are clear and achievable measures to be systematically included in humanitarian programs. Surveillance data include data disaggregated by sex and age of affected children.

Key activities will also include:

- Adapt prevention and intervention measures according to the specific needs of women, men, boys and girls.
- Integrate regular consultations with women and girls in interventions and monitoring in all sectors
- Identify entry points into point

Country Specific Information

Safety and Security

Access

UNICEF has been present in the DRC since 1963 to save children's lives, defend their rights and help them reach their potential. To date, UNICEF has ten field offices which support interventions throughout the country, including three offices in the provinces of North Kivu (Goma and Beni) and Ituri (Bunia). This historic presence in the country, and the experience acquired in several sectors, make UNICEF one of the main emergency and development actors in the DRC. This decentralized office structure, associated with a strong supply and logistics capacity and reinforced security measures allow UNICEF to reach vulnerable populations in hard-to-reach places while ensuring good risk management.

UNICEF has an office in Kalemie where the implementation of the project will be coordinated from. UNICEF already has an ongoing "cash for nutrition" program in Manono, neighboring Kongolo. Access to the Mbulula and Kongolo territories is open. UNICEF also has ongoing rapid response (UNIRR) NFI kits distributions in Mbulula and Kongolo. Additionally, UNICEF has on ongoing cash intervention through MMT in Manono, in the same province.

According to the initial assessments the network coverage is present, and markets are functioning (REACH-RDC-ICSM-Factsheet- Octobre-2021). Additionally, a recent Kongolo & Mbulula inter-cluster Needs Assessment Mission took place in late December and initial results of the confirm accessibility of the targeted health zone.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Chief Emergency (P5)	D	1	28,280.00	7	5.00	9,898.00
	In charge of the UNICEF emergency response for the DRC						
1.2	Emergency Specialist (P4)	D	1	23,957.92	7	10.00	16,770.54
	In charge of the general coordination of the cash response for the DRC						
1.3	Emergency Specialist (P3), Kalemie	D	1	20,132.25	7	20.00	28,185.15
	In charge of the general and technical coordination of the UniRR project for eastern DRC						
1.4	Emergency Officer (P2), Kalemie	D	1	16,096.50	7	30.00	33,802.65
	In charge of the technical supervision of the HCT project for Tanganyika						
1.5	Emergency Officer (NoB), Kalemie	D	1	9,799.08	7	20.00	13,718.71
	Support the implementation of the HCT project in Tanganyika and supervision at the field level (1 staff x \$9,799 x 7 months)*20% = \$13,718						
1.6	Staff Operations-Finance/Admin(P3)	S	2	20,132.25	7	20.00	56,370.30
	Support the implementation of the HCT project in Tanganyika responsible for managin financial and administrative tasks at Kalemie and Kinshasa levels (2 staff x \$20,132 x 7 months)*20% = \$56,370						
1.7	Staff Operations - Finance/Admin (NOB)	S	2	9,799.08	7	25.00	34,296.78
	Support the implementation of the HCT project in Tanganyika and supervision at the field level						
1.8	Driver	S	1	2,650.00	6	100.00	15,900.00
	Support with the operational aspect of project implementation (1 staff x \$2650 x 6 months)*100% = \$15900						
	Section Total						208,942.13
2. Supplies, Commodities, Materials							
2.1	Telephone handsets and sim cards for beneficiaries	D	3700	14.00	1	100.00	51,800.00
	UNICEF will acquire 3700 basic telephones to distribute to beneficiary households to allow beneficiaries to access to Mobile Money Transfers Details are in the annexe						
2.2	Unconditional MPC transfers to beneficiary households	D	3700	87.50	4	100.00	1,295,000.00
	Monthly unconditional multipurpose cash transfers to beneficiary households. Details are in the annexe						
2.3	CAC revitalization	D	300	5.00	6	100.00	9,000.00
	Incentives for community structure members. Usd 5 per months per person, for 300 persons for 6 months.						
2.4	PSEA/GBV Support	S	1	50,000.00	1	100.00	50,000.00
	PSEA/GBV Support. Details are in the annexe						
	Section Total						1,405,800.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

4. Contractual Services							
4.1	Third party monitoring partner contract	D	1	6,666.67	6	100.00	40,000.02
	"Costs for the Third Party Monitoring Partner for the HCT program in Mbulula. This is to cover the 30% of total TPM partner for cash activities in Tanganyika. Details are in the annexe Conduct an analysis of the effectiveness of the implementation of validated activities in accordance with the commitments agreed between UNICEF and its implementing partners (project documents, work plan, logical frameworks of program documents) Ensure the verification of the results reported by the partners in the periodic progress reports; Organize satisfaction surveys with beneficiaries of humanitarian cash transfers and share the results; Organize post distribution surveys (PDM) to verify and report on the relevance and proper use of cas. \$6,666 x 6 months = \$40,000. The unit cost was calculated through an appel d'offre						
4.2	Vodacash monthly cash out fees for households	D	3700	2.50	4	100.00	37,000.00
	2 cash out fees per month for each beneficiary HH. \$2.5 for each transaction from CDF 40,801 - CDF 102,000. 3700 households x \$2.50 x 4 months = \$37,000 Two cash out fees to allow households to avoid taking all the cash assistance at once. Details are in the annexe						
4.3	Visibility: Consultant for Human Interest Stories	D	1	150.00	21	100.00	3,150.00
	Hiring consultant for human interest stories. 1 consultant x \$150/day/21 days = \$3150						
4.4	Vodacash transfer cost for cash transfers	D	3700	2.00	4	100.00	29,600.00
	Monthly transfer cost for cash transfers to beneficiary households 3700 households x \$2 x 4 months = \$29600. Details are in the annexe						
	Section Total						109,750.02
5. Travel							
5.1	Mission de Suivi	D	5	1,692.00	1	100.00	8,460.00
	Project monitoring (4staff*3 days*141 DSA/j)* 5 visits						
5.2	Programmatic visits	D	5	10.00	141	100.00	7,050.00
	(5 visits x 10 day)*141=7050						
5.3	Spot checks	D	3	5.00	141	100.00	2,115.00
	(3 spot checks x 5 day)*141=2115						
	Section Total						17,625.00
6. Transfers and Grants to Counterparts							
6.1	Cash based transfers implementing partner	D	4	20,000.00	1	100.00	80,000.00
	Implementing partner for Cash distributions in Kalemie. Details are in the annexe						
	Section Total						80,000.00
7. General Operating and Other Direct Costs							
7.1	General Operation Costs	S	1	44,341.00	1	100.00	44,341.00
	Cost of running the office including rental maintenance, insurance and operational costs. Details are in the annexe						
7.2	Production of articles and products for pona bana and bana okapi	S	1	2,700.00	1	100.00	2,700.00

	Production of reports and the mobilization of Child Reporters and Youth Reporters for visibility. 1 month x \$2700= \$2700		
	Section Total		47,041.00
SubTotal	15,132.00		1,869,158.15
Direct			1,665,550.07
Support			203,608.08
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			130,841.07
Total Cost			1,999,999.22

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Tanganyika > Kongolo > Mbulula	100.00000	0	0	0	0		CASH: Activity 1.1.1: Finalize and verify pre-intervention assessments ... CASH: Activity 1.1.2: UNICEF and IP to revitalize Cellules d'Animation ... CASH: Activity 1.1.3: Through a standard competitive procurement proces... CASH: Activity 1.1.4: UNICEF will process the order of SIM cards and ce... CASH: Activity 1.1.5: Targeting data collection: UNICEF will use a comb... CASH: Activity 1.1.6: Registration of beneficiaries and payment list cr... CASH: Activity 1.1.7: UNICEF will work jointly with the CACs, TPM and l... CASH: Activity 1.1.8: UNICEF will work with the implementing partner on... CASH: Activity 2.1.1: UNICEF will prioritize women as the owners of the... CASH: Activity 2.1.2: UNICEF, through the implementing partner will en... CASH: Activity 2.1.3: Organize awareness raising sessions on COVID 19 d...

Documents	
Category Name	Document Description
Fiche supplémentaire à la Note Conceptuelle	Targetting For Mbulula (1).xlsx
Budget Documents	Budget 02032022.xlsx
Fiche supplémentaire à la Note Conceptuelle	UNICEF Anti Fraud Strategy FINAL 2018 GBM-newcover.pdf
Fiche supplémentaire à la Note Conceptuelle	Annexe A.docx