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Report Number: ICRR0024353

1. Project Data

Project ID	Project Name
P145263	LISUNGI - Safety Nets System Project
Country	**Practice Area(Lead)**
Congo, Republic of	Social Protection & Jobs

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-53580,IDA-59860,IDA-63690,IDA-D4220	28-Feb-2018	31,330,890.56
Bank Approval Date	**Closing Date (Actual)**	
29-Jan-2014	29-Feb-2024	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	2,000,000.00	0.00
Revised Commitment	32,481,781.19	0.00
Actual	31,330,890.56	0.00

Prepared by	Reviewed by	ICR Review Coordinator	Group
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Project ID	Project Name
P161154	Lisungi Safety Nets System Project - AF (P161154)

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
		0
Bank Approval Date	**Closing Date (Actual)**	

30-Mar-2017

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

Project ID	Project Name
P166143	LISUNGI Safety Nets System Project II (P166143)

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
		0
Bank Approval Date	**Closing Date (Actual)**	
07-Feb-2019		

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

2. Project Objectives and Components

a. Objectives

According to the 2014 Financing Agreement (FA Schedule 1, p. 5), and the Project Appraisal Document (PAD 2014, p. 17), the Project Development Objective (PDO) was to “Establish the key building blocks of a national safety net program and pilot a cash transfer program to improve access to health and education services of poorest households in participating areas". In 2017, in order to reflect the project’s scaling up and the introduction of a new activity (Income Generating Activities – IGA), the PDO was refined to " Strengthen the social safety net system and its programs aimed at improving both access to health and education services and productivity among poor and vulnerable households in participating areas." (PAD 2017, p. 1 and FA 2017

Schedule 1, p. 4). For the purpose of this ICRR, the revised PDO (2017) will be used and can be unpacked as follows:

Objective 1. Strengthen the safety net system and its programs;

Objective 2. Improve access to health and education services for poor and vulnerable households in participating areas; and

Objective 3. Improve productivity for poor and vulnerable households in participating areas.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

No

c. Will a split evaluation be undertaken?

No

d. Components

The project included three components:

Component 1: Establishment of key building blocks of a national safety net program and enhancement of local capacities. (Original financing: US$1.2 million of which US$0.2 million from the International Development Association (IDA) and US$1 million from government funds; Actual cost at closing: US$2.0 million). This component aimed to establish the basic elements of an effective national safety net system. Activities included: (i) the development of a Management Information System (MIS); (ii) establishment of a unique registry of potential safety net beneficiaries; (iii) the setting up of an Information, Education, and Communication campaign (IEC); (iv) the setting up of Monitoring and Evaluation (M&E) procedures; (v) technical assistance to evaluate and finance studies to address the needs of specific populations such as the disabled and the indigenous population; (vi) procurement of equipment and software to make the system functional; and (vii) training of Lisungi project staff.

Component 2: Strengthening the demand-side of services through cash transfers. (Original financing: US$12.2 million, of which US$1.4 million from the IDA and US$10.8 million from government funds; Actual cost at closing: US$23.5 million). This component aimed to establish a cash transfer program in order to increase the consumption of the poorest households with children and/or elderly members. Households with children would receive conditional cash transfers (CCT) and elderly beneficiaries would receive unconditional cash transfers (UCT). Activities under this component included: (i) beneficiary identification and selection based on a multi-step process including community-based targeting, a proxy means test (PMT), and community validation; (ii) payment of benefits to eligible households on a quarterly basis for a period of 24 months; and (iii) coordination with health and education sectors to facilitate access to services and monitor conditions.

Component 3: Project management, M&E. (Original financing: US$3.6 million, of which US$0.4 million IDA and US$3.2 million government funds; Actual cost at closing: US$6.1 million). This component aimed to

ensure that the implementing structures became operational and included the following (i) hiring of (non-civil servant) staff; (ii) procurement of equipment and operating costs directly linked to the daily management of the project at the central and local levels; (iii) regular internal audits and annual external audits; (iv) training of key personnel at the central and local levels; and (v) development of project manuals and procedures.

As mentioned earlier, Component 2 was modified during implementation in order to introduce a new activity: support to IGAs. In addition, in 2019, the project partnered with the United Nations High Commissioner for Refugees (UNHCR) to expand its geographical focus, integrate refugees among the project's beneficiaries, and implement activities in the Likouala region (ICR, p. 14).

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

The project had six restructurings; two of which were 'Level Two' restructurings:

1. In March 2017, the first Additional Financing (AF1) and restructuring revised the original PDOs and increased the original credit amount by US$10 million.
2. In June 2018, the second restructuring removed counterpart financing since the government had not contributed funds to the project since December 2016.
3. In February 2019, the second AF (AF2) added another IDA credit of US$12.84 million and an IDA grant of US$9.16 million from the IDA Window for Host Communities and Refugees (WHR).
4. In October 2019, the fourth restructuring extended the loan and project closing date.
5. In September 2022, the fifth restructuring extended the loan and project closing date.
6. In February 2024, the sixth restructuring focused on reallocating funds between subcomponents and partial cancellation of funds.

As a result of these restructurings, the Project Development Indicators (PDI) were revised by (1) increasing the targeted number of beneficiaries (due to an increase in financing); (2) introducing an indicator to capture support to IGAs (as a new activity); (3) introducing indicators to monitor number of refugees and indigenous populations (IPs) reached (as two new categories of beneficiaries); and (4) introducing new sub-indicators (e.g., percentages of women (female), social pensions, other cash transfers (conditional cash transfers or CCTs)) to reflect corporate results indicators (CRI) (ICR, p. 7).

Though AF2 established linkages across the World Bank-financed human development portfolio to tackle supply-side constraints in health and education (ICR, p. 8); however, neither the PDO nor the PDIs were modified to reflect this new balance between demand and supply side interventions.

In order to scale-up the initial pilot project designed in 2014 into a national social safety net project, the project was extended on three occasions for a total of six years**:** (1) The first AF extended the closing date from 28 February 2018 to 31 December 2019. (2) The second AF extended the project by three years, setting the new closing date to 31 December 2022. (3) The restructuring in 2022 extended the closing date to 29 February 2024 (ICR, p. 8).

3. Relevance of Objectives

Rationale

The project was highly relevant since it addressed the development challenges faced by the Republic of Congo, namely: (1) very low education and health outcomes, (2) high unemployment, especially among youth, and (3) small and fragmented social protection services (PAD 214, p. 15 and ICR, p.2). It was also relevant to the needs of the people by (1) adapting and responding to the needs of the people as a result of the COVID-19 pandemic; and (2) introducing and supporting IGAs.

The project was aligned with the Government's strategies and sectoral policies. Specifically, it was in line with the Government's Poverty Reduction Strategy Paper 2012-2016 which emphasized governance (political and economic), diversification of the economy, infrastructure development, social inclusion, and equity (PAD 2014, p. 13). At appraisal, the Ministry of Social Affairs, Humanitarian Action, and Solidarity (*Ministère des Affaires Sociales de l'Action Humanitaire et de la Solidarité* or MASAH) had recently completed a new National Social Action Policy (*Politique Nationale d'Action Sociale* or PNAS) envisioning better targeted, comprehensive safety net programs (PAD 2014, p. 13).

The project was also fully aligned with the World Bank's strategies throughout the project's lifetime. Specifically, the project supported the World Bank's Country Partnership Strategy's (CPS FY13-16) Pillar 2 (Vulnerability and Resilience) which sought to strengthen social protection and envisaged providing advisory assistance to the MASAH for the implementation of the PNAS (CPS Report No. 71713-CG, p. 19). The AF1 (2017) was also aligned with the Systematic Country Diagnostic (SCD) of the Republic of Congo, which highlighted the importance of increasing access of the population to social programs (PAD 2017, p. 1). At closing, objectives remained fully aligned with the Country Partnership Framework (CPF) for FY20-24 (Report No. 126962-CG), which was extended until 2025. In particular, the project contributes to the CPF Focus Area 2 which aims to build human capital and enhance resilience for social inclusion (CPF, p. 30). Finally, the project contributed to the World Bank's global strategy of reducing absolute poverty and promoting shared prosperity.

In addition to being fully aligned with national and Bank strategies, **the project maintained its relevance through its adaptability to respond to the COVID-19 pandemic by using the systems it has put in place to quickly register** 250,000 beneficiary households who were able to receive cash transfers to mitigate the economic impact of lockdowns (ICR, p. 25).

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Strengthen the safety net system and its programs

Rationale

The Theory of Change (ToC) held that by (i) establishing a Single Social Registry (*Registre Social Unique* or RSU) as a national database of the poor and a payment system; (ii) setting up a MIS and a Grievance Redress Mechanism (GRM); (iii) training Lisungi project staff; and (iv) carrying out information campaigns, the social protection system would be improved by creating a single entry point for multiple interventions for the poor and vulnerable Congolese; efficiency of cash transfers would be enhanced; and citizens would know better their rights.

Prior to the project, in Congo, the social protection system was small and fragmented. In 2011, Congo, an oil-producing country, had a high poverty rate estimated to be 46.5 percent and high inequality with the top quintile of the population retaining more than 52 percent of the overall household income PAD 2014, p. 14). Congo's social protection system was in adequate to address this high poverty rate. It was also underfunded with MASAH's budget constituting only was only 0.51 percent of the 2012 revised national budget (PAD 2017, p. 3) and with an extremely low social protection coverage (0.9 percent in 2005) compared to 14.3 percent for Sub-Saharan Africa (PAD 2017, p.3). Furthermore, it lacked the necessary components to make it effective (targeting, monitoring, etc.). The project aimed at strengthening the social safety system to allow a more equitable sharing of oil prosperity to generate employment and reduce both poverty and inequality (PAD 2014, p. 13). It planned to do so by (1) taking a more systematic approach to targeting specific groups of the populations (the poorest and most vulnerable); (2) consolidating and coordinating cash transfer programs for the poor and vulnerable population; and (3) strengthening governance and the government's capacity to manage and design safety net programs (PAD 2014, pp. 16-17).

Outputs and Intermediate Results

The **project exceeded almost all the targets it had established under this Outcome,** mainly:

The project established a unique registry of potential beneficiaries and a modular MIS. The initial target was to register 15,000 potential beneficiary households which was increased to 80,000 (AF2). By 2024, the project had succeeded in registering 893,058 households (more than 10 times the revised target) which consisted of around two-thirds of Congo's population. This made Congo the country with the highest Single Social Registry (*Registre Social Unique* or RSU) coverage in Sub-Saharan Africa (ICR, p. 12). This success was partly due to the ability of the project to register the 250,000 beneficiary households of the COVID-19 project, another Bank-funded operation.

The project surpassed all its initial (and revised targets) for the number of beneficiaries of the Social Safety Net (SSN) programs (see Table 1) with the highest being the social pension beneficiaries (elderly) which were more than four times what was initially targeted.

Table 1. Number and type of beneficiary (targeted and reached)

Type of beneficiary	Initial target	Revised Target	Actual achieved (2024)	Percentage achieved
Social safety net (SSN) programs	50,000	80,000	172,814	216%
SSN programs (female)	25,000	40,000	89,413	224%
Percentage female	50%	50%	52%	104%
SSN programs (social pensions)	3,500	10,000	45,789	458%

SSN programs (refugees)	18,000	18,000	24,514	136%
SSN programs (indigenous)	0	3,000	4,887	163%

Several "building blocks" of a social safety net program were established. The project set up a modular MIS system to enroll potential beneficiaries in the different cash transfer programs, track payments, monitor compliance with conditions. It also supported monitoring and evaluation (M&E) to produce administrative reports and put in a place a GRM. However, the GRM was only able to process 36 percent of the more than 17,000 complaints received and did not achieve the target of addressing 70 percent of grievances (ICR, p. 29).

Several information campaigns were implemented. However, the ICR does not provide any information regarding these campaigns (number, frequency, quality, etc). The Results Framework (RF) indicates that 100 percent of beneficiaries know their rights and responsibilities regarding the program rules and entitlements (ICR, p. 29) and equally 100 percent of beneficiaries report they are aware of IGA's objectives and entitlements (ICR, p 29). However, and as the ICR points out, it would have been preferable to do a proper assessment with specific questions to assess the degree of beneficiaries' awareness (ICR, p. 29). Furthermore, the high number of complaints mainly from households who would have like to be included in the program (ICR, p. 29) is an indication that the communication of eligibility criteria was not effective.

A high number of project personnel were trained. The project had initially established a target of 170 staff to be trained at the MASAH's decentralized offices *(Circonscription d'Action Sociale - CAS*) (ICR, p. 30). The project succeeded in building the capacity of 418 project personnel, thus achieving 245 percent of the original target.

Outcomes

- **Increase in number of World Bank-financed projects using the RSU**. Several World Bank-funded projects (e.g. Health Sector project (P143849), the Skills Development for Employability Project (P128628), the Urban Development and Poor Neighborhood Upgrading Project (P146933) and the Social Protection and Youth Productive Inclusion Project (P174178)) used the RSU to register their beneficiaries which led to the significant expansion of the RSU (ICR, p. 27).
- **Buy-in by other development partners**. Other development partners (e.g., *Agence Française de Développement* – AFD and the United Nations Children's Fund - UNICEF) provided technical and financial support indicating the success of the project in enhancing Congo's national social safety net system (ICR, p. 13).
- **Rapid response to the COVID-19 pandemic which was among the fastest in sub-Saharan Africa** (ICR, p. 19). The systems established by the project permitted the identification and rapid targeting of 250,000 households who benefited from one-time emergency cash transfers. It also enabled the government to introduce mobile payments in urban areas, where the pandemic's impact was most severe (ICR, p. 25).
- **Use as a policy tool to mitigate the effects of fuel subsidy reform**. The safety net system was also used to accompany the International Monetary Fund (IMF)'s conditions on increased social sector investment. In mid-2024, the government used the National Safety Net Program (*Programme National de Filets Sociaux* or PNFS) to make the first round of domestically financed payments to offset the adverse impact of fuel subsidy reforms on the poorest households (ICR, p. 24).

However, an important outcome – the improved efficiency of the payment system – was not tracked. There is no information on whether the cash transfers were done regularly and in a timely manner. Though the project had envisaged to monitor the "percentage of cash transfer beneficiary households who receive payments in a timely manner", this indicator was removed due to difficulties in tracking payments to nomadic beneficiaries in Likouala (ICR, p. 7).

Rating
Substantial

OBJECTIVE 2

Objective
Improve access to health and education services for poor and vulnerable households in participating areas

Rationale
The ToC held that by providing (1) conditional cash transfers to households; and (2) performance-based grants to health facilities and education support to schools in Likouala, poor and vulnerable households' access to health and education services would be improved in participating areas.

In Congo, at the time of project appraisal in 2014, health and education outcomes were low. Throughout the country, health outcomes were poor and there were large inequalities between urban and rural areas and between different socioeconomic groups. The main shortcomings in health outcome indicators were: (a) High infant mortality rate. In rural areas, the rate was estimated at 51 per 1,000 births compared to 45 in urban areas, while the same rate was 52 among the poorest 20 percent population of the country and 36 among the richest 20 percent. (b) Low full vaccination of children aged 12-23 months. Only 49.3 percent of urban children aged 12- 23 months old have received all required vaccinations, while even fewer rural children in that age group have been fully vaccinated (39.7 percent). (c) Low prenatal exams. Only 73 percent of women with no education benefitted from antenatal care during their last pregnancy (PAD 2014, pp. 14-15).

In education, despite improvements in a few outcome indicators such as the enrollment rate, there were still major shortcomings in the internal efficiency of the Congolese education system, such as: (a) More than one-third of the population (38.4 percent) had not completed primary school, and only 3 percent had gone on to higher education. (b) The average number of years of schooling achieved by boys aged 6 to 14 years old was 2.5, while that of girls of the same age was 2.6. (c) The primary school completion rate was low (83 percent) and the dropout rate was significant (5.7 percent). Furthermore, there were high disparities at the regional level - with much lower access in rural areas; and among different socio-economic groups – with poor children more likely to drop out of school due to a lack of income to pay for transport, school materials, and extra fees (PAD 2014, p. 15).

Outputs and Interim Results

The RF includes information on the number of households reached with CCT (73,617 households) of which 6.6 percent were IPs. However, no information is provided on the initial target to determine whether the

project achieved its target or not. Furthermore, neither the ICR nor the RF provide information on the number or sex of children who benefited from these CCTs.

Table 2. CCT beneficiaries

Indicator	Initial target	Revised Target	Actual achieved (2024)	Percentage achieved
Beneficiaries of Safety Nets programs (CCTs)	n/a	60,500	73,617	n/a
Beneficiaries of social safety net programs - Indigenous population (CCTs)	n/a	3,000	4,887	n/a

In addition, the ToC includes supply level outputs (education sector support provided to schools and performance-based grants to health facilities) (ICR, p. 4). However, the ICR does not provide any information (number of schools/health facilities supported).

The RF includes three Interim Results Indicators, only one would be considered as such (Percentage point increase of pregnant women receiving the maternal health package), the other two (Percentage points increase in enrolment rates in primary schools by grades and gender and percentage points increase of children under 1 year-old in with vaccination card up-to-date) are outcome indicators. All three indicators were dropped after AF2 (ICR, p. 30). Nevertheless, the PIU continued monitoring the percentage point increase of pregnant women receiving the maternal health package which was achieved (85 percent achieved versus 80 percent targeted).

Outcomes

Based on three different sources (the Results Framework, the Impact Evaluation, and the Borrower's ICR), the project exceeded almost all the targets it had established under this Outcome, mainly:

According to the RF, the project achieved the following outcomes:

- Increase to 80 percent the beneficiaries aged 12-23 months who had regular bi-monthly visits to health centers (ICR, p. 11); and
- Increase to 97 percent the children aged 6-14 years attending school at least 80 percent of the time (ICR, p. 11).

Table 3. Outcome indicators for Objective 2

Indicator	Initial target	Revised Target	Actual achieved (2024)	Percentage achieved
Percentage of infant beneficiaries aged 0-11 months who had regular monthly visits to health centers	70	90	64	71%

Percentage of beneficiaries aged 12-23 months who had regular bi-monthly visits to health centers	70	70	80	114%
Percentage of beneficiary children aged 6-14 years attending school at least 80 percent of the time	95	90	97	197%

The outcome that was not achieved was the "Percentage of infant beneficiaries aged 0-11 months who had regular monthly visits to health centers" which had a target of 90 percent yet the project was able to achieve 64 percent (ICR, p. 11). Furthermore, the "percentage points increase of children under 1 year-old in participating areas with vaccination card up-to-date" had an initial target of 62 percent. After AF1, this target was decreased to 40 percent due to shortage of vaccine in health centers. After AF2, the indicator was marked for deletion. Nevertheless, the PIU continued monitoring it and the ICR states that at project closing the target reached 61 percent. While it is true that this means that the result surpassed by 195 percent the revised target (ICR, p. 31), the ICRR would not consider this as a success since it fell short of the original target of 62 percent.

According to the impact evaluation covering activities from 2015 to 2022 in Brazzaville, Pointe-Noire, and Cuvette (ICR, p. 14), the project contributed to a decrease in the following:

- Percentage of children aged 0 to 11 months who had not had medical visits by 5.8 percent;
- Percentage of children aged 12 to 23 months who did not have regular compulsory medical visits by 4.2 percent;
- Percentage of unvaccinated children aged 0 to 23 months by 4.2 percent; and
- Percentage of children aged 6 to 14 who did not attend school decreased by 4.8 percent.

The ICR does not discuss the robustness of the methodology underlying the impact evaluation, nor whether such a decrease is significant.

The impact evaluation for Likouala was still ongoing by the time of the drafting of the ICR.

According to the Borrower ICR, the project was able to achieve the following outcomes for the Lisungi beneficiary households who were able to (1) **have higher access to public services** (education, health, drinking water, and electricity) than non-beneficiary households (gains in these indicators ranging from 4-17 percent; (2) **increase their food budget** by 33 percent from 1,500 FCFA per day to 2,000 FCFA; (3) **increase their possession of durable goods**; and (4**) have higher exam pass rates** from 60 percent in 2021 (before Lisungi support) to 96 percent in 2023 in schools that received project support. The source of these indicators is not available.

The project was able to achieve these outcomes by (1) implementing accompanying measures to strengthen the demand side (e.g., carrying out home visits and issuing health cards to beneficiaries in Likouala exempting them from essential health services fees and running functional literacy and numeracy campaigns); and (2) by supporting directly supply-side constraints in both the health and education sectors and, indirectly, by partnering with two Bank-funded projects (e.g., provision of learning material, building capacity of CAS staff, teacher training and remuneration) (ICR, p. 13). However, the ICR does not provide information on the effectiveness of such support (e.g., whether the sequencing of the supply level activities

was in line with the demand level activities). The project team noted that were challenges in ensuring that supply-level interventions and CCTs were well-synchronized, in particular in the Likouala region.

Rating

Substantial

OBJECTIVE 3

Objective

Improve productivity for poor and vulnerable households in participating areas

Rationale

The ToC held that by providing productive economic inclusion grants and startup kits and apprenticeships to youth, asset depletion would be reduced and economic productivity among poor and vulnerable households, including indigenous peoples and refugees, would be improved.

A top-up cash transfer was provided to select households (either current beneficiaries of the CCT or to other poor households enrolled in the social registry) on the basis of a short plan outlining proposed IGAs and included accompanying measures such as training and guidance on how to make a success of the activities (PAD 2017, p. 10). Furthermore, this activity aimed to increase beneficiaries' access to credit and promote savings by establishing linkages with micro-finance institutions and/or banks (PAD 2017, p. 10).

The IGA cash transfer was designed to increase productivity and promote empowerment of selected beneficiaries. The proposed IGAs were meant to be small-scale (undertaken at household level) and could include (a) the purchase of inputs for gardens or subsistence farming to improve dietary diversity of households; (b) the establishment of community savings groups; (c) the support to adopt alternative livelihoods such as the purchase of small equipment, e.g. a sewing machine or the means to deliver goods to market; and (d) the provision of capacity building activities to ensure that the small scale activities are operational. Besides that, this activity aimed to increase beneficiaries' access to credit and promote savings by establishing linkages with micro-finance institutions and/or banks (PAD 2017, p. 10).

Outputs and Interim Results

The project did not fully meet the output targets for this Outcome.

While the project succeeded in achieving 124 percent of the target for the Congolese population, the project failed to meet the IGA target for indigenous people reaching only 6.5 percent of the initial target (see Table 3). This was due to several challenges including (1) low literacy and numeracy challenges, (2) lack of agency of indigenous people (treated as property of ethnic Bantu people), (3) difficulty in identifying productive opportunities due to their nomadic lifestyles, and (4) challenges in establishing regular coaching schedules.

Table 3. Number of beneficiaries of IGA activities

Indicator	Initial target	Revised Target	Actual achieved (2024)	Percentage achieved

Beneficiaries of SSN programs (IGA)	40,000	80,0000	99,197	124%
Beneficiaries of SSN programs (IGA indigenous)	0	9,000	587	6.5%

In addition to the above activity, the project trained a total of 900 young men and women, including 250 refugees and 45 indigenous youth (ICR, p. 15). It also covered the cost of "labor market insertion kits" consisting of basic tools and equipment for young vocational training graduates to exercise their chosen trades (ICR, p. 8).

Outcomes

The project had not identified a PDI for this Outcome (improved productivity) but included two IRIs that were intended to serve as proxies for productivity: (1) the percentage of households reporting that asset depletion is prevented as a result of CCTs and IGA transfers, and (2) the percentage of beneficiaries that feel project investment (IGA) reflected their need. Whereas the first could be considered a proxy indicator at the outcome level, the second is a relevance indicator. In addition, the project had initially envisaged another proxy indicator to measure productivity (Percentage of beneficiary households with 15 percent consumption increase) which was deleted in 2019 after AF2. The RF indicated that the project fell three percentage points short of meeting the target related to asset depletion (see Table 3).

Table 4. Proxy outcome indicators for Outcome 3

Indicator	Initial target	Revised Target	Actual achieved (2024)	Percentage achieved
Percentage of households reporting that asset depletion is prevented as a result of transfers (CCT and IGA)	50	50	47	94%
Percentage of beneficiary households with 15 percent consumption increase	75	n/a	71 (2021)	95%

1.Both the completed and ongoing impact evaluations indicate that the project has achieved the following:

- **Decrease in poverty incidence.** Between 2015 and 2022, the Lisungi program helped reduce poverty by 23.5 percent for project beneficiaries. The positive effect on poverty reduction is higher for households who benefitted from CCTs and IGAs than those who received only CCTs. Between 2015 and 2022, the incidence of poverty among those households experienced a reduction in poverty of 38.9 percent. (ICR, p. 41).
- **Increase in economic productivity.** 24 percent of beneficiaries had invested part of their cash transfer benefits to open their own micro business in Makoua district, where the analysis was conducted.
- **Increase in consumption.** The first impact evaluation which covered the period 2015-2022, indicated that consumption increased by over 30 percentage points in Brazzaville, Pointe-Noire, and Cuvette compared to non-beneficiaries of cash transfers. Midline results for Likouala showed an increase in daily household consumption of 25 percent (ICR, p. 41). While the impact evaluation for Likouala has

not yet provided results on human capital, midline results indicate a very strong increase in household expenditures by 34 percent (ICR, p.14).
- **Increase in asset accumulation.** The value of beneficiary assets increased by a multiple of 3.5 compared to 2.5 for non-beneficiaries in Likouala (ICR, p. 41).
- **Improved responsiveness to shocks. B**eneficiaries often used their savings to respond to shocks. Households in the control group were likely to ask parents and friends for help, suggesting that the intervention helped build beneficiary households' resilience (ICR, p. 41).
- **Creation of multiplier effect on local economy.** The Efficiency Analysis stated that cash transfers generated multiplier effects on the local economy of up to 1.84 (ICR, p. 42); however, no information is provided as to how this impact was calculated.

The Borrower ICR provides additional information which indicates a more limited impact of the IGA activities than what the ICR has described given the weaknesses in the IGA-related accompanying measures that were provided due to (1) the type of training (more specialized training and coaching on specific livelihood tracks were needed); and (2) the capacities of implementing partners (both the NGOs that lacked specific sectoral expertise and decentralized sectoral government services, such as agricultural extension services, that were under-resourced) (ICR, p. 47).

Rating
Substantial

OVERALL EFFICACY

Rationale
The project's overall efficacy is rated **Substantial** based on the aggregated achievements of project objectives, as discussed above. The project succeeded in setting up the Social Safety Net "architecture" which was used by successive Bank-funded projects as well as by other development organizations. It also achieved several of its targets to improve better access to health and education services. However, the project's indicators do not allow for understanding the actual number of children assisted, neither does it provide a baseline to assess the degree of change that was achieved. In addition, two important results were not met: (1) Percentage of infant beneficiaries aged 0-11 months who had regular monthly visits to health centers (under Objective 2), and (2) Indigenous people who benefitted from IGA (under Objective 3). Finally, the proxy indicators for productivity were also not fully met.

Overall Efficacy Rating

Substantial

5. Efficiency

Efficiency as analyzed based on coverage, timeliness, cost, capacity, and implementation arrangements.

In terms of coverage, the project reached a large number of beneficiaries, exceeding most of the initial targets set. The project was able to register a high number of vulnerable persons as well as provide cash transfers to a wide range of beneficiaries (elderly, women, youth, refugees and indigenous peoples). This high coverage and the substantially higher number of beneficiaries reached than originally targeted was partly due to the scaling up to respond to the COVID-19 pandemic when 250,000 persons were registered to receive a one-time cash transfer to mitigate the impact of the pandemic (ICR, p. 25).

Inclusion/exclusion errors are not mentioned in the ICR. The project established specific criteria when selecting beneficiaries which included both a Proxy Means Testing (PMT) and community validation (ICR, p. 18). Nevertheless, the ICR does not discuss any errors of inclusion/exclusion which are common in social protection programs. In order to measure its targeting accuracy, the project had initially intended that at least 75 percent of its beneficiaries were living below the food poverty line. Its targeting achieved ensured that 81 percent of the total beneficiaries were below the poverty line (ICR, p. 30). While achieving its objective in terms of inclusion, nevertheless, this means that 19 percent of the project's beneficiaries were above the poverty line. Furthermore, the GRM received a high number of complaints (17,000) from persons who were not included and since the rate of addressing these complaints was low (36 percent) this may be an indication of some exclusion errors; however, there is insufficient information to make this determination

The project became effective in seven months (ICR, p. iii); however, it later experienced delays due several operational factors which led to a 14-month extension. The project was delayed for four main reasons: (1) Coordination challenges among the three sectoral ministries (Social Affairs, Health and Education) slowed down implementation (ICR, p. 9). (2) From 2016-2017, project implementation was significantly affected by the shortfall in counterpart funding (ICR, p. 46). (3) In 2022, the project experienced implementation delays resulting from the PIU's mobilization for the COVID-19 response. (4) Remoteness of the Likouala region created logistical challenges which further delayed implementation (ICR, p. 9). As a result, the project closing date was extended to February 29, 2024 (ICR, p. 8).

The Bank succeeded to a large extent – but not completely - in filling the financial gap created by the lack of counterpart funding. The US$ 15 million of counterpart financing did not materialize as originally envisaged which resulted in the temporary suspension of cash transfer payments (ICR, p. 6). In order not to jeopardize the achievement of the PDO (ICR, p. 6), the World Bank managed to find alternate sources of funding. In addition, the project had benefitted from favorable exchange rates and efficiency gains. Thus, available funds were reallocated from the cash transfer subcomponent to the Health and Education subcomponents (ICR, p. 8).

The project's operational cost was not analyzed in the ICR. The ICR provides the percentage of the budget allocated per component/subcomponent and estimates that the "cost" of the CCTs is 38.5 percent and that of IGAs is 18 percent (ICR, p. 45). However, these percentages do not reflect the operational cost of the activity, but rather the percentage of the budget allocated for the activity. As a result, it is not possible to assess whether the project's efficiency and operational costs decreased over time. The information does not allow the comparative efficiency analysis of the pilot phase versus the scaling up phase nor to compare the efficiency of

implementing in rural versus urban areas, in particular whether the introduction of mobile payments improved efficiency.

Overall project management costs (under component 3) represented 19 percent of the total project amount. This is below the 21 percent estimated at appraisal (ICR, p. 16).

The Internal Rate of Return (IRR) at the end of the project is higher than originally estimated. Using the same activities (cash transfers and consumption) to calculate the IRR, and a discount rate of six percent, the return on investments analysis carried out at the end of the project shows a benefit to cost ratio of 1.11 and an estimated IRR of 33 percent, which compares favorably to the IRR of 19 percent and benefit to cost ratio of 1.12 estimated at appraisal (ICR, Annex 4, p. 43). By adding the activities to support human capital and economic inclusion, the ICR calculates the IRR to be 42 percent and the benefit to cost ratio to be 1.14.

Implementation arrangements, while they allowed for greater sectoral integration, created some inefficiencies due to some coordination challenges and low capacity at the decentralized level. The inter-sectoral steering committee (Comité d'Orientation Stratégique - COS) which included representatives of the Ministries in charge of Finance, Social Affairs, Education, and Health ensured greater complementarity and multi-sectoral integration. However, this arrangement also created coordination challenges and tensions between the PIU and the MASAH as supervisory Ministry. The ICR does not discuss implementation issues at the decentralized level. The Borrower ICR points out to difficulties at that level due to a lack of qualified staff and operating resources which undermined the CAS offices' involvement (ICR, pp. 46-47).

Overall efficiency findings reflected what would be expected in the operation's sector.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal	✓	19.00	71.80 ☐ Not Applicable
ICR Estimate	✓	33.00	75.00 ☐ Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives was rated High, as development objectives were fully aligned with both the Government's as well as partners' - including the World Bank – priorities. Overall efficacy was rated Substantial, as the project succeeded in setting up the basic building blocks of a Social Safety Net system and in registering

a high number of vulnerable persons. However, the robustness of the methodology used for the Impact Evaluation is not known so the robustness of the evidence is also not fully known. Efficiency was also rated Substantial, reflecting what would be expected in the operation's sector. The aggregated findings are indicative of a Satisfactory outcome rating.

a. Outcome Rating

Satisfactory

7. Risk to Development Outcome

The risk to development outcome is analyzed across the following dimensions: policy, financial, organizational, technical capacity regarding the strengthening of a social safety net system.

At the policy level, safety nets have become anchored in Congo's policy framework. In 2019, the government issued Decree n° 2019-134 which officially institutionalized the single registry for all social programs and mandated all such programs to utilize it for identification and targeting. Furthermore, a complementary decree established data sharing and protection protocols (ICR, p. 12). Since then, safety nets have become anchored in Congo's policy framework with increasing ambition, culminating in the creation of a National Safety Net Program (*Programme National de Filets Sociaux* or PNFS) by decree n° 2023-1740 in 2023 (ICR, p. 10).

Financial sustainability remains a major challenger due to the difficulty in mobilizing domestic social protection financing. Nevertheless, the government funded the first round of domestically financed PNFS payments in mid-2024 to offset the adverse impact of fuel subsidy reforms on the poorest households (ICR, p. 24). In addition, the government has financed the construction of a new building that will house the RSU along with the staff of the PNFS (ICR, p. 12).

Organizational strengthening - through the establishment of a single registry, a MIS and a GRM - is another aspect that contributes to sustaining development outcomes. The operational tools that were developed (e.g., establishment of the beneficiary registry, the PMT for targeting, MIS, the M&E system) will be key for further developing and improving the efficiency and allow the further expansion of SP in the country (ICR, p. 12). As of early 2024, more than 893,000 households – representing around two-thirds of Congo's population – were registered in the RSU (ICR, p. 12). Currently, the government is working on improving the RSU's interoperability with the civil registration and vital statistics databases which would allow the scalability of the system (ICR, p. 12).

At the human resources level, the project strengthened MASAH's capacities at the central and decentralized levels. The project established a PIU staffed mostly by civil servants. This was meant to ensure that those individuals would be re-absorbed by their ministries after the project, and that capacity would thereby remain in the civil service instead of having to rely on consultants (ICR, p. 19). The central level MASAH staff participated in several national and international capacity development activities, including for example the Global Forum on Adaptive Social Protection and the Core Courses organized by the Social Protection and Jobs Global Practice (ICR, p. 17). Furthermore, the project built the capacity of 418 staff working at the local Social Assistance Circumscription (CAS) offices (ICR, p.30). UNICEF and UNHCR both

played key roles as partners for institutional strengthening regarding the CAS staff, as well as health and education officials in the Likouala region. Once the National Safety Net Program had been established in 2023, capacity building efforts also began to include the PNFS team (ICR, p. 17).

At the beneficiary/household level, the accompanying measures contributed to increase the success of the businesses and training on financial education, savings and measures targeted to beneficiary families with children, importance of nutrition, hygiene, and education (PAD 2017, p. 5 and ICR, p. 14). In addition, basic literacy and numeracy skills training was provided to IPs (ICR, p. 12). However, no information regarding number of persons who benefitted from these capacity building measures, nor their quality and effectiveness which limits the ability of the ICRR to determine the extent to which they are sustainable.

Finally, the sustainability of supply side aspects remains limited. The Borrow ICR notes that despite investments, schools and health centers remain inadequately staffed and resourced, which affects the quality of service delivery. Poor households are unable to consistently access high quality education and health services, thus limiting the sustainability of health and education outcomes (ICR, p. 46).

Overall, the project's sustainability is supported by (1) its extension and scaling up over time, (2) its institutionalization, (3) its success in becoming the main vehicle for shock response in the country (ICR, p. 10 and p. 23), (4) its use by subsequent Bank-funded instruments and other development organizations to deliver cash transfers (ICR, p. 13). However, whereas the social safety net system as a means to implement CCTs may be sustainable and scalable, the achievement of human development outcomes is dependent on the availability and quality of health and education services.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project's design had some strong elements, in particular the use of analytical assessments and lessons learnt from other national and international social protection programs. However, it did not appropriately assess the risk of lack of counterpart funding or low capacity of implementing partners.

The project's design benefitted from several analytical assessments (PAD 2014, pp. 14-15). Including the 2011 Household Consumption Survey (Enquête Consommation Ménage or ECOM) and the 2011/12 Demographic and Health Survey (DHS). It also incorporated lessons from several evaluations such as the Independent Evaluation Group's Safety Nets Review of 2011 - Evidence and Lessons Learned from Impact Evaluations on Social Safety Nets (PAD 2014, p. 16) and the evaluation of the implementation of the Country Partnership Strategy for FY10-12 (PAD 2014, p. 25).

The design of the pilot project was clear and concise and was based on clearly identified government priorities and drew on international good practices and lessons learned from the MASAH and other development partners in Congo. The pilot project consisted of three well-defined components that focused on the core building blocks of the future delivery system which allowed for the gradual expansion of scope through two consecutive Bank-funded AF operations (ICR, p. 22).

The project's implementation arrangements relied on a mix of national systems (MASAH) and partnerships with UNICEF to ensure sufficient capacity and UNHCR to increase its geographic scope and target refugees. The project was executed by MASAH and supported by an inter-sectorial steering committee (Comité d'Orientation Stratégique, COS) and a technical LISUNGI project team. UNICEF and UNHCR both played key roles as partners for institutional strengthening regarding the CAS staff, as well as health and education officials (ICR, p. 17). UNICEF provided technical assistance to the design and implementation of IECs and built the capacity of the CAS social workers (ICR, p. 13). In 2019, collaboration with the UNHCR was formalized as a technical assistance contract between UNHCR and a government institution under a World Bank-financed project – the first of its kind (ICR, p. 23). However, the ICR does not mention any collaboration with technical institutions to provide the capacity building necessary to ensure the success of IGAs.

The project's design had some weaknesses: one related to government funding and another to the complexity of project design in a low-capacity environment.

The project did not sufficiently consider the risk of counterpart funding not materializing and put in place mitigating strategies. Given the significant share of expected counterpart (US$15 of the total US$17 million) (PAD 2014, p. 24), the initial project design was heavily reliant on counterpart funding. Due to the economic slowdown resulting from the oil price shock, the government was unable to mobilize the necessary funds. The project team was able to mobilize resources to fill the funding gap; however, this contributed to implementation delays (ICR, p. 26).

The project's design was complex given the low-capacity context. The amount of cash transfer was variable and depended on household composition (number of children, number of elderly). The transfers were conditional on regular health center visits and at school attendance of least 80 percent per child per month. The variable benefit amount increased operational complexity and made it difficult for beneficiaries to understand their entitlements leading to a high number of grievances (ICR, p. 24). Furthermore, monitoring compliance with conditionalities proved complex and burdensome given the limited implementation capacity for health facilities, schools, and the PIU (ICR, p. 24).

In addition, the design of the Results Framework did not include some relevant outcome indicators, nor did it have baseline data for some output level (discussed further in the M&E section below).

Furthermore, during restructuring and according to the project team, the design of the scaling up of the project and expansion into the Likouala region in the north relied too much on the experience gained during the pilot phase and was not sufficiently adapted to the different and more challenging context of the northern region.

Finally, since as per World Bank guidelines, including the Theory of Change in Project Appraisal Documents became mandatory as of May 2018, the project design did not include a ToC which presented the pathways from inputs, outputs to outcomes and objectives. Nevertheless, the PAD included a detailed RF – albeit with some weaknesses - which allowed the ICR to re-construct a ToC. The RF is discussed below under M&E Design.

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision
The following elements were considered to have contributed to the quality of the Bank's supervision and had a favorable impact on project activities:

- Continuity in team leadership allowed for smooth transitions and proper handovers between task team leaders.
- Appropriate skills combination of Bank supervision teams located both at headquarters and in Brazzaville permitted comprehensive technical support.
- Quick pivoting to weekly virtual technical meetings with the PIU during the COVID-19 pandemic guaranteed smooth implementation support (ICR, p. 20).
- Dedicated, monthly meetings with the PNFS team provided technical assistance as needed (ICR, p. 23).
- Effective collaboration across the Education and Health, Nutrition and Population General Practices allowed addressing supply-side challenges.
- Provision of analytical and advisory services allowed to refine the targeting methodology by complementing community targeting with the use of PMT to rank households by vulnerability level (ICR, p. 23).
- Technical assistance through the Rapid Social Response Trust Fund through the task "Informing gender smart social protection in Congo" (P173535) provided technical advice to refine IGA activity and improve the handling of Gender-Based Violence issues (ICR, p. 23).
- Good collaboration with development partners (AFD, UNICEF, UNHCR) helped address financing and implementation challenges.

Finally, project funds were almost completely disbursed (98.21 percent); different design improvements were made as part of the restructurings and AFs; and counterpart capacity was built (ICR, p. 20).

Quality of Supervision Rating
Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
The RF included Outcome level indicators for two out of three of the project's objectives which were clearly stated. However, the outcome related to productivity (Objective 3) did not have an

associated indicator, despite it being a key element of the AF PDO statement (ICR, p. 20). Instead, t**he RF contained two IRIs for Outcome 3 that served as proxies for productivity:** (i) the percentage of households reporting that asset depletion is prevented as a result of CCTs and IGA transfers, and (ii) the percentage of beneficiaries that feel project investment (IGA) reflected their need. However, the second is an indicator of relevance (and not an outcome indicator).

The RF did not provide any baseline information even though two baseline surveys were conducted. While baseline data for most indicators were not available at appraisal (ICR, p. 20), the PIU was able to do so relatively quickly and conducted two baseline studies: one **in 2**015 and a second in 2021 covering the Likouala region (ICR, p. 41). However, the RF was not updated with this baseline information. Lacking baseline information and number of children and mothers reached, it is difficult to assess the extent to which the project succeeded in achieving its outcomes, since measuring solely the "percent increase" may give the impression that the project was highly successful, even when the number of beneficiaries is relatively low.

The RF exhibited some confusion between outcome and output level indicators by including output indicators to measure outcome level achievements. For example, for Objective 1, the RF identifies "number of beneficiaries registered" and "number of beneficiaries assisted" as the indicators to monitor the project at PDO level whereas they are output level indicators. In addition, the number of beneficiaries receiving conditional cash transfers is an output indicator for Objective 2 and the number of beneficiaries of IGA for Objective 3. The RF also includes outcome level indicators as Intermediate Results Indicators (e.g., efficiency of payments, efficiency of GRM, beneficiary awareness).

The RF is missing some key indicators. For example, it includes indicators focusing mostly on the demand side (number of beneficiaries) and does not monitor the supply side activities (e.g., number health facilities receiving performance-based grants for number of schools assisted). It also does not monitor any outcome results for the unconditional cash transfers for elderly.

Sex-disaggregated monitoring was included unevenly in the RF. The project monitored the number of women beneficiaries of social safety net programs. Though the majority of IGA grants were allocated to women to close gender gaps in asset ownership and enable their productive economic inclusion (ICR, p. 14), there is no sex-disaggregated indicator capturing this result. Equally =, though the project identified gender gaps in education between boys and girls and tracked school attendance for both sexes after receipt of the CCTs (ICR, p. 17), neither the RF nor the ICR provide sex-disaggregated data regarding children's access to health and education services.

Interestingly, the RF monitored the project's relevance and efficiency through a few indicators. This included the percentage of grievances received and resolved within 30 days (ICR, pp. 36-38).

b. M&E Implementation

The ICR states that the project's M&E implementation included adequate resources, such as a dedicated M&E specialist and third party-expertise provided by universities and consulting firms (ICR, p. 21). The development of a M&E strategy and the establishment of the MIS helped track progress towards the PDOs (ICR, p. 21). The project collaborated with UNHCR which had a presence in Likouala to monitor project activities (ICR, p. 19). However, the Borrower ICR mentions that the PIU's M&E team

was understaffed with only one staff responsible for collecting and processing data and reporting activities for the first seven years of the project (ICR, p. 47).

The project utilized several tools to implement M&E. These included: (1) surveys on household resilience, (2) monitoring surveys, (3) beneficiary surveys carried out by external evaluators, (4) one targeting assessment, (5) UNHCR verification surveys, (6) annual process evaluations and/ or thematic assessments (e.g., effectiveness of cash transfer and IGA activities), (7) annual independent audits to assess the program's operations; (8) regular spot checks on a bi-annual basis to reduce fraud and corruption, and (9) two impact evaluations (ICR, pp. 20-21).

Several indicators were modified or eliminated during project implementation. **Two original PDO indicators were changed in the AF2 restructuring.** "The percentage of beneficiary households who live below the food poverty line" was moved to become an IRI, and the indicator "percentage of cash transfer beneficiary households who receive payments in a timely manner" was removed due to difficulties in tracking payments to nomadic beneficiaries in Likouala. Additional changes which included edits to indicator formulations, new indicators, or indicator deletions were introduced either for clarity or to align with new corporate results indicators. They did not represent substantive changes in the logic of the results measurement (ICR, p. 7). They included the following:

- **Introduction of new PDIs to track type of beneficiaries** (e.g., number of refugees and indigenous peoples)
- **Introduction of new PDIs to capture corporate results indicators** (e.g., Beneficiaries of social safety net programs" and its sub-indicators for percentages of women (female), social pensions, other cash transfers (conditional cash transfers or CCTs), and other social assistance programs, such as IGAs
- **Increasing target to reflect additional financing** (e.g., number of beneficiary households registered)
- **Increasing target to reflect achievement of previously-set target** (e.g., percentage of infant beneficiaries aged between 0 and 11 months old who had regular monthly visits to health centers was increased from 70 percent to 90 percent since it had been surpassed in participating project areas)
- **Deletion of indicators** (e.g., number of elderly receiving UCTs and number of CAS staff trained, percentage of beneficiaries aged between 12 and 23 months old who had regular bi-monthly visits to health centers)

The quality of M&E implementation is mixed. The team was proactive about updating the RF and Operations Portal throughout the long implementation period, including managing glitches that occurred with successive system upgrades (ICR, p. 21). However, the RF, though it was updated with the introduction of the Outcome 3 (productive activity), it did not include a PDI to measure this outcome. Finally, the ICR is silent on the quality of the M&E though the Borrower's ICR notes shortcomings from some local NGOs that could have performed better in monitoring local level activities (ICR, p. 46).

The project could have tracked and analyzed additional outcome-level indicators to demonstrate results. For example, the project was supposed to provide cash transfers on a quarterly basis for two

years for a total of eight quarterly payments (PAD 2014, p. 21). At the end of the two-year period, a community committee would evaluate the beneficiary household to determine whether the household would continue receiving the benefits or be referred to other interventions provided by MASAH (PAD 2024, p. 21). Neither the PAD nor the ICR provide information regarding the criteria to make such a determination. In addition, neither the RF nor the ICR provide information on the number/percentage of households which continued to receive benefits. Another example is that given the duration of the project (10 years), the M&E could have collected more information to measure human development outcome indicators, such as (1) education enrolment and completion in addition to attendance; and (2) used surveys such as Multiple Indicator Cluster Survey (MICS) and/or DHS to provide information regarding its achievements.

c. M&E Utilization

To a large extent, M&E data and reports were used effectively to inform project implementation and management decisions and scale-up.

Monitoring data helped in improving the accompanying measures to increase effectiveness of health and education services. Early monitoring data showed that health services utilization remained low. As a result, the project partnered with UNICEF, which provided technical assistance and financing to strengthen the IECs in targeted communities and reinforce the capacity of the CAS social workers (ICR, p. 13). Similarly, in the Likouala region, early monitoring data identified challenges in the take-up of education services. As a result, the project introduced functional literacy and numeracy campaigns for indigenous populations (ICR, p. 21).

Results of the impact evaluation led to scaling up: The first impact evaluation demonstrated that cash transfers had a significant effect not only on the uptake of health and education services, but also on household investment and productivity. This motivated the government to scale the project through AF1 (ICR, p. 20).

Thematic assessments resulted in better sequencing of activities. Monitoring data and thematic assessments demonstrated that IGA payments should be phased-in a few months after CCT payments are introduced. In order that productive grants are not used for consumption support but invested in productive assets (ICR, p. 21). This led the project to modify its approach.

Though the project undertook two gender studies, the ICR does not mention if the recommendations were implemented or not. The first focused on reinforcing the productive economic inclusion component and the second provided an assessment of gender-based violence (GBV) risk and proposed mitigation measures (ICR, p. 17). There is no information as to whether the recommendations of both studies were incorporated into project implementation.

Evidence from the different surveys was used for advocacy purposes. The project’s regular carrying out of surveys and studies served to carry out evidence-based advocacy and demonstrate to decision-makers that cash transfers are an effective tool in the fight against poverty (ICR, p. 47).

Interestingly, although some indicators were removed during restructurings, the PIU continued to monitor them indicating the usefulness of these indicators (e.g., number of staff trained and

percentage of beneficiaries aged between 12 and 23 months old who had regular bi-monthly visits to health centers) reflecting the utility of these indicators.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project's overall safeguards rating was recorded as Moderately Satisfactory in the Operations Portal.

The parent project was appraised in 2014 under the old safeguards policies and as such was categorized as category C and did not trigger any safeguards policy. Subsequently the two AFs triggered different Operational Policies (OPs). AF1, which included an expansion of the project areas and an upgrade of the Environmental and Social (E&S) risk category to B, triggered OP 4.10 (Indigenous Peoples). AF2 which further scaled up the project, triggered OP 4.01 (Environmental Assessment), OP4.36 (Forests), OP4.09 (Pesticides), OP4.11 (Physical Cultural Resources) and OP4.12 (Involuntary Resettlement) (ICR, p. 21). However, the ICR (p. i) indicates that the EA category remained unchanged between appraisal and closing and rates it as “C”. The ICR does not explicitly state if the project complied with the Bank's safeguards policies.

The project prepared and disclosed all the necessary E&S frameworks and plans. The project prepared (1) an Environmental and Social Management Framework (ESMF) that included an Environmental and Social Management Plan (ESMP); (2) an Indigenous Peoples Policy Framework (IPPF), and (3) a Resettlement Policy Framework (RPF). In addition, the project also developed a procedure for accident and incident response which was crucial in responding to the incidents that occurred during implementation. It also prepared a Biomedical Waste Management Plan and trained health facility staff on issues relating to the management, storage, and incineration of biomedical waste (ICR, p. 21).

By closing, the social safeguards compliance of the project was rated moderately satisfactory though there is no information on how safeguard compliance was rated in each of the 16 Implementation Status Reports (ISR). The ICR states that the project implementation faced safeguards issues, such as the difficulties in defending the rights of the indigenous population (ICR, p. 19) without providing additional details and if/how these issues were addressed.

As mentioned earlier, the project faced challenges in setting up a functional GRM and in establishing grievance management committees. Only 36 percent of the grievances were registered, processed, and resolved (against 70 percent indicated as a target in the results framework) (ICR, p. 22). Furthermore, the ICR does not provide information on how the GRM and safeguards were communicated at the community level. Neither does it describe the type of grievances received and the extent to which they were related to safeguard issues.

b. Fiduciary Compliance

In terms of financial management, the ICR mentions that the project adequately met all the financial management requirements at closing (ICR, p. 22) and financial management performance was consistently rated as moderately satisfactory (MS). It also states that quarterly Interim Financial Reports (IFRs) and annual audit reports were submitted regularly and on a timely basis. The closing audit was received before the due date of June 30, 2024. However, several weaknesses were observed which included (1) inefficient organization of the accounting team; (2) delays in the justification of advances and documentation of expenses; and (3) insufficiently justified expenses for XAF 37 million which were noted during the last supervision mission and which were addressed appropriately with the support of the Bank team (ICR, p. 22).

In terms of procurement performance, the project was upgraded from Moderately Unsatisfactory (MU) to Moderately Satisfactory (MS) at closing. Procurement activities were carried out in accordance with the relevant Bank procedures and guidelines, including the World Bank Procurement Directives for the parent project (PAD 2014) and the World Bank Procurement Regulations for Investment Project Financing (IPF) Borrowers for the additional financing and the Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by the IBRD Loans and IDA Credits and Grants (PAD 2017) (ICR, p. 22).

c. Unintended impacts (Positive or Negative)

The ICR identified one positive unintended impact. The RSU played a crucial role in Congo's response to the COVID-19 pandemic, which was among the fastest in Sub-Saharan Africa (ICR, p. 12).

The ICR alludes to another unintended impact on peace-building which was strengthened by including both refugees and host communities in social protection programs. However, the ICR does not provide additional information on how and to what extent this was achieved (ICR, p. 25).

As a result of the Lisungi project, the Education sector project has included the construction of schools in the Likouala region to strengthen supply side activities.

d. Other

The project undertook several steps to enhance social inclusion by targeting women, indigenous peoples and refugees.

The majority of IGA grants were allocated to women to close gender gaps in asset ownership and enable their productive economic inclusion (ICR, p. 14).

The project tapped into the Rapid Social Response Fund's Gender Window to conduct two studies and strengthen the gender outcomes of the project. The first research focused on the productive economic inclusion component and provided recommendations for strengthening it (e.g., addressing lack of affordable childcare as a barrier for women to pursue IGAs and the need to engage men to support women's economic activities). The second study provided an assessment of (GBV) risk and mitigation measures (ICR, p. 17).

Though these two studies provided recommendations to strengthen women's inclusion and to put in place GBV risk mitigation measures (ICR, pp. 14-15), the ICR does not provide any information on what risks were identified and whether there were specific unintended gender-related results due to the targeting of women for IGA activities.[SH1] [RA2]

Furthermore, **the project targeted youth in Likouala**, and trained a total of 900 young men and women, including 250 refugees and 45 indigenous youth (ICR, p. 15).

Collaboration with other development partners allowed the inclusion of IPs and refugees as beneficiaries. Collaboration with UNHCR and AFD allowed for geographic expansion (efficiency) and with UNICEF led to improving delivery (effectiveness). (PAD 2017, p. 4).

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	
Bank Performance	Satisfactory	Moderately Satisfactory	Quality at Entry is rated Moderately Satisfactory due to insufficient risk mitigation of lack of counterpart funding, complexity of design, weak Results Framework and expansion of project to a new geaographical area without considering sufficiently the context.
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

The ICRR confirms the series of lessons and recommendations emerging from the project's experience (ICR, pp. 26-27). The ICRR summarizes the most relevant lessons below:

Better risk assessment during design allows for putting in place mitigation measures. The risk of substantial government counterpart funding falling through was not identified as such. As a result, mitigation measures were not foreseen ahead of time resulting in project delays.

In limited capacity contexts, a simpler design for calculating cash benefits and monitoring of conditionalities is better than a more complex one. A relatively simple design allows for ease in communicating entitlements to beneficiaries and improves project efficiency.

Social safety net programs are more effective when they address both demand side as well as supply side challenges. SSN tend to focus more on the demand side (eligibility, selection criteria, CCTs/UCTs setting up systems to deliver transfers). However, it is equally important to strengthen linkages with the health and education sectors to overcome supply side challenges and to ensure outcome level results for CCTs.

Combining CCTs and IGAs allows for smoother consumption patterns since poor households do not need to use the IGA transfers to meet their food needs when they are faced with external shocks (e.g., illness, death of a family member) which undermines their ability to make productive investments.

The lesson regarding the inclusion of both refugees and host communities in social protection programs and its impact on peace-building is not supported by any analysis. The information provided is limited to better access to social services and poverty reduction for both refugees and host communities (ICR, p. 25).

Additional Note: The ICR missed an opportunity to draw lessons regarding some important aspects of the project such as (1) implementation difficulties faced in rural versus urban areas and how they were addressed; (2) challenges with working with other Bank-financed programs to improve supply side aspects (ICR, p. 13) (what worked, what did not, if there were challenges with sequencing, geographical overlap, etc.); (3) implementation challenges due to its multisectoral nature (education, health, social protection) (ICR, p. 16); (4) difficulties in identifying productive opportunities given the indigenous populations nomadic lifestyles (ICR, p. 14); (5) the importance of ensuring minimum capacity (by running functional literacy and numeracy sessions in the Likouala region) to improve indigenous people's understanding of their rights under the project (ICR, p. 12); (6) integrating refugees and host communities in SSN programs; and (7) targeting predominantly women for IGAs and whether this had any unintended positive/negative outcomes.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

Overall ICR quality is rated Substantial, but marginally so. There are a number of aspects where more information could have strengthened the ICR.

The ICR has some positive features, including a well-reconstructed Theory of Change. However, the reconstructed ToC - which was based on the project's Results Framework - could have been strengthened with the inclusion of the key assumptions underlying the ToC (e.g., existence of sufficient capacities at the decentralized level; access to remote locations, internet connectivity).

The ICR is concisely written and makes well-use of the available data from the impact evaluation to demonstrate results. However, given the duration of the project (10 years), and even though it was not an education nor a health project, it would have been interesting to include health (infant mortality rates) and

education outcomes (enrollment, retention, completion) by referring to evidence from MICS and/or DHS studies.

The ICR lacks some essential information, such as information regarding (1) the cooperatives established (ICR, p. 14), (2) outcomes related to the UCTs to elderly persons, (3) selection criteria for IGAs, and (4) the ratio of beneficiaries that received only IGA support to those that received CCT and IGA assistance, and (5) analysis of the accompanying measures and their impact (or lack thereof) on outcomes except in efficiency analysis (ICR, p. 41). In addition, under the description of the components, the ICR does not present separately the four sub-components of Component 2 in detail: Subcomponent 2A (CCTs), Subcomponent 2B (IGAs), Subcomponent 2C (Health Services), and Subcomponent 2D (Education services) which are listed in Table 3 (ICR, p. 45). Whereas Annex 4 (Efficiency Analysis) provides information on the budget allocated to these four subcomponents; however, it is unclear what amount was used to finance the UCTs targeting the elderly.

Given that the project started as a pilot and was later scaled-up, the ICR could have provided an analysis between the different phases of the project in terms of effectiveness. The project expanded during its lifetime the type of activities, geographic area and type of beneficiaries. An analysis regarding the differences in terms of targeting, implementation challenges faced, etc. would have been useful, especially since there were several challenges in implementing the project in the Likouala region.

With the exception to the reference that the government mobilized the PIU during the COVID-19 pandemic to prepare and implement a new emergency operation (ICR, p. 16), there is insufficient analysis of the impact of COVID-19 on project implementation, especially on the access to health and education services during COVID-19. Although gender is addressed, however, there is insufficient information provided regarding the impact of targeting mostly women for the IGA transfers nor on how the sex-disaggregated differences to access to health and education services were addressed.

The ICR is insufficiently candid especially for a project that had a duration of 10 years and was implemented in a context that had substantial internal weaknesses in the fiduciary environment (PAD 2014, p. 70), including weak internal controls. It also does not capture the several challenges mentioned in the Borrower's ICR (such as weak capacity of local implementing partners). The ICR could have been more candid and addressed the inclusion/exclusion errors and how they were addressed, especially given the weakness in the GRM. Community validation of poor households merited more discussion especially in the different types of communities (urban, rural, nomadic, refugees). The ICR should also have discussed the robustness of the methodology underlying the two main sources of evidence for project results, i.e., the beneficiary assessment and the impact evaluation. Finally, the ICR is insufficiently critical of the Results Framework which had several shortcomings discussed in the M&E Design section and which the project team highlighted during the interview.

The Lessons Learned section provides hints regarding several challenges that have impacted both the project's efficiency (e.g., logistical challenges) as well as effectiveness (e.g., importance of linking CCTs and IGAs, targeting both the host community and refugees) which were not raised in the Efficacy/Efficiency sections.

a. Quality of ICR Rating

Substantial