

Document of
The World Bank

FOR OFFICIAL USE ONLY

Report No: PAD 5037

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED CREDIT

IN THE AMOUNT OF US\$25 MILLION

AND

A PROPOSED GRANT

IN THE AMOUNT OF SDR 18.6 MILLION (US\$25 MILLION EQUIVALENT)

FROM THE CRISIS RESPONSE WINDOW EARLY RESPONSE FINANCING (CRW-ERF)

AND

A GRANT

IN THE AMOUNT OF US\$9 MILLION

FROM THE GLOBAL AGRICULTURE FOOD SECURITY PROGRAM TRUST FUND

TO THE

DEMOCRATIC REPUBLIC OF CONGO

FOR AN

ADDITIONAL FINANCING TO THE MULTISECTORAL NUTRITION AND HEALTH PROJECT

May 17, 2022

Health, Nutrition & Population Global Practice
Eastern and Southern Africa Region

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank authorization.

CURRENCY EQUIVALENTS

(Exchange Rate Effective April 30, 2022)

Currency Unit = Congolese Francs

CDF 1,999.4 = US\$1

US\$1 = SDR 0.74

SDR 1 = US\$1.34

FISCAL YEAR

January 1 - December 31

Regional Vice President: Hafez M. H. Ghanem

Country Director: Jean-Christophe Carret

Regional Director: Amit Dar

Practice Manager: Francisca A. Akala

Task Team Leaders: Lisa Shireen Saldanha, Wezi Marianne Msisha

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AVEC	<i>Associations Villageoises d'Épargne et de Crédit</i> (Village Savings and Credit Associations)
BWMP	Biomedical Waste Management Plan
CAC	Community Action Committee
CERC	Contingent Emergency Response Component
CoDeSas	<i>Comité de développement de l'aire de santé</i> (Health Area Development Committees)
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
CRW ERF	Crisis Response Window Early Response Financing
DA	Designated Account
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EAP	Emergency Response Action Plan
EHSG	Environmental Health and Safety Guidelines
E&S	Environmental and Social
ESCP	Environment and Social Commitment Plan
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plans
ESRS	Environmental and Social Review Summary
ESS	Environment and Social Standards
FAO	Food and Agriculture Organization of the United Nations
FIRR	Financial Internal Rate of Return
FM	Financial Management
GAFSP	Global Agriculture and Food Security Program
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFF	Global Financing Facility for Women, Children and Adolescents
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEIS	Hands-on Expanded Implementation Support
HNP	Health, Nutrition and Population
HRP	Humanitarian Response Plan
HZ	Health Zone
ICER	Incremental Cost Effectiveness Ratio
IDA	International Development Association
IFC	International Finance Corporation
IGF	Internal Audit Unit
IMF	International Monetary Fund
INERA	National Institute for Agricultural Studies and Research
IP	Implementation Progress
IPC	Integrated Food Security Phase Classification

IPF	Investment Project Financing
IPPF	Indigenous People's Planning Framework
IR	Intermediate Result
IRR	Internal Rate of Return
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MinAgri	Ministry of Agriculture
MNHP	Multisectoral Nutrition and Health Project
MOH	Ministry of Public Health
NAC	<i>Nutrition a Assis Communautaire</i> (National Community Nutrition Platform)
NPV	Net Present Value
OP	Operational Policy
OPCS	Operations Policy and Country Services
PBF	Performance-Based Financing
PCT	Project Coordination Team
PDO	Project Development Objective
PDSS	<i>Projet de Développement du Système de Santé</i> (Health System Strengthening Project)
PICAGL	<i>Projet Intègre de Croissance Agricole dans le Grands Lacs</i> (Integrated Agricultural Growth Project in the Great Lakes)
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PMP	Pest Management Plan
PMU	Project Management Unit
PPA	Project Preparation Advance
PPSD	Project Procurement Strategy for Development
PRONANUT	National Nutrition Program
PROSANA	National Program for Food Security and Nutrition in Agriculture
RAP	Resettlement Action Plan
RF	Results Framework
RMNCAH-N	Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition
RPF	Resettlement Policy Framework
SDG	Sustainable Development Goals
SDR	Special Drawing Rights
SEA/SH	Sexual Exploitation and Abuse and Sexual Harassment
SENASAM	National Seed Service
SEP	Stakeholder Engagement Plan
SMP	Security Management Plan
SGBV	Sexual and Gender Based Violence
SNV	<i>Service National de Vulgarization</i> (National Agriculture Extension Service)
SoP	Series of Projects
SRA	Security Risk Assessments
TA	Technical Assistance

UHC	Universal Health Coverage
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WBG	World Bank Group
WFP	World Food Program

Congo, Democratic Republic of

Additional Financing to the Multisectoral Nutrition and Health Project

TABLE OF CONTENTS

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING	8
II. DESCRIPTION OF ADDITIONAL FINANCING	16
III. KEY RISKS	20
IV. APPRAISAL SUMMARY	22
V. WORLD BANK GRIEVANCE REDRESS	31
VI SUMMARY TABLE OF CHANGES.....	33
VII DETAILED CHANGE(S).....	33
VIII. RESULTS FRAMEWORK AND MONITORING	39



BASIC INFORMATION – PARENT (DRC Multisectoral Nutrition and Health Project - P168756)

Country	Product Line	Team Leader(s)		
Congo, Democratic Republic of	IBRD/IDA	Wezi Marianne Msisha		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P168756	Investment Project Financing	HAEH2 (10210)	AECC2 (6546)	Health, Nutrition & Population

Implementing Agency: National Nutrition Program (PRONANUT)

Is this a regionally tagged project?	
No	

Bank/IFC Collaboration
No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
28-May-2019	04-Jul-2024		Moderate

Financing & Implementation Modalities

<input type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC)
<input checked="" type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)



Development Objective(s)

The development objective of this project is to increase the utilization of nutrition-specific and nutrition-sensitive interventions targeting children 0-23 months of age and pregnant and lactating women in the project regions and to respond to an eligible crisis or emergency.

Ratings (from Parent ISR)

	Implementation				Latest ISR
	14-Oct-2019	15-Jun-2020	25-Jan-2021	10-Nov-2021	13-May-2022
Progress towards achievement of PDO	MS	MS	MS	MS	MS
Overall Implementation Progress (IP)	MS	MS	MS	MS	MS
Overall ESS Performance	S	S	S	S	S
Overall Risk	S	S	S	S	S
Financial Management	MS	MS	MS	MS	MS
Project Management	MS	MS	MS	MS	MS
Procurement	MS	MS	MS	MS	MS
Monitoring and Evaluation	S	MS	MS	MS	MS

BASIC INFORMATION – ADDITIONAL FINANCING (DRC Multisectoral Nutrition and Health Project - P178816)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P178816	DRC Multisectoral Nutrition and Health Project	Restructuring	Yes



Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	31-May-2022	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
04-Nov-2026	No		
Is this a regionally tagged project?			
No			

Financing & Implementation Modalities

<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input checked="" type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)
<input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	492.00	38.36	439.15	8 %
Grants	10.00	0.71	9.29	7.1 %

PROJECT FINANCING DATA – ADDITIONAL FINANCING (DRC Multisectoral Nutrition and Health Project - P178816)

FINANCING DATA (US\$, Millions)

**SUMMARY (Total Financing)**

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	502.00	59.00	561.00
Total Financing	502.00	59.00	561.00
of which IBRD/IDA	492.00	50.00	542.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing**World Bank Group Financing**

International Development Association (IDA)	50.00
IDA Credit	25.00
IDA Grant	25.00

Non-World Bank Group Financing

Trust Funds	9.00
Global Agriculture and Food Security Program	9.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Congo, Democratic Republic of	25.00	25.00	0.00	50.00
Crisis Response Window (CRW)	25.00	25.00	0.00	50.00
Total	25.00	25.00	0.00	50.00

COMPLIANCE**Policy**

Does the project depart from the CPF in content or in other significant respects?

Yes No



Does the project require any other Policy waiver(s)?

[] Yes [] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Agriculture and Food

Education

Social Protection & Jobs



Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Lisa Shireen Saldanha	Team Leader (ADM Responsible)	Nutrition	HAEH2
Wezi Marianne Msisha	Team Leader		HAEH2
Guy Kiaku Kindoki	Procurement Specialist (ADM Responsible)		EAERU
Jean-Claude Azonfack	Procurement Specialist		EAERU
Mamata Tiendrebeogo	Procurement Specialist		EAERU
Lydie Madjou	Financial Management Specialist (ADM Responsible)		EAEG2
Hugues Agossou	Financial Management Specialist	Financial Management	EAEG2
Christophe Ngongo Muzyumba	Environmental Specialist (ADM Responsible)	Environmental Safeguards	SAEE3
Moise Bo Nyambe Bolamu	Social Specialist (ADM Responsible)	Social Safeguards	SAES3
Asa Margareta G. Hoglund Giertz	Procurement Team	Agriculture	SAEA2
Cheikh Amadou Tidiane Dia	Team Member	Agriculture	SAEA2
Christine Kyala Foma	Environmental Specialist	Environmental Safeguards	SAEE3
Christopher C. Gabelle	Team Member		GTFS2
Cyrille Valence Ngouana Kengne	Environmental Specialist		SAEE3
Elena Georgieva Georgieva-Andonovska	Team Member	Governance	EEAG2
Elena Segura Labadia	Counsel		LEGAM
Fatima El Kadiri El Yamani	Team Member	Health Economist	HAEH2
Ghulam Dastagir Sayed	Team Member		HAEH2
Julia Mensah	Team Member		HAEH2
Karine N. MOUKETO-	Team Member	Program Assistant	HAEH2



MIKOLO			
Name	Title	Organization	Location
Luc Lapointe	Procurement Team	HEIS Procurement	HAEH2
Michel Muvudi Lushimba	Team Member	PBF	HAEH2
Mohammad Ilyas Butt	Procurement Team		EAERU
Patience Balomba Mpanzu	Team Member	Agriculture	SAEA2
Supriya Madhavan	Team Member	Reproductive Health	HAEH2
Tazeem Mawji	Team Member		HAEH2
Yasmine Binti Sangwa	Team Member	Program Assistant	AECC2
Extended Team			
Name	Title	Organization	Location



I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

- 1. This Project Paper seeks the approval of the World Bank’s Board of Executive Directors to provide a credit in the amount of US\$25 million and an International Development Association (IDA) grant in the amount of Special Drawing Rights [SDR] 18.6 million (US\$25 million equivalent) from the IDA 19 Crisis Response Window Early Response Financing (CRW-ERF) for an additional financing (AF) to the DRC Multisectoral Nutrition and Health Project (MNHP) (P168756).** The proposed AF is co-financed by a US\$9 million grant from the Global Agriculture Food Security Program (GAFSP) Trust Fund. The MNHP was approved by the Board of Executive Directors on May 28, 2019 and became effective on April 21, 2020. It is financed by an IDA grant of SDR 177.3 million (US\$246 million equivalent), an IDA credit of SDR 177.3 million (US\$246 million equivalent), and a US\$10 million grant from the Global Financing Facility for Women, Children and Adolescents (GFF).
- 2. On May 5, 2022, at the request of the Recipient¹, the World Bank approved the activation of the Contingent Emergency Response Component (CERC; Component 5) of the MNHP (parent project).** The CERC activation reallocates US\$50 million within the MNHP to address the emergency food security crisis. DRC meets the technical requirements for an eligible food security event² under the CRW ERF with more than 27.3 million people living in districts categorized as Integrated Food Security Phase Classification [IPC] 3+ and evidence of a worsening situation due to the compounding and negative effects of the Coronavirus Disease 2019 (COVID-19) and the ongoing war in Ukraine on food security in the Democratic Republic of the Congo (DRC), which was already affected by structural underdevelopment, climate-related shocks, and conflict and insecurity.
- 3. The budget for the CERC activities was reallocated from undisbursed and uncommitted resources originally earmarked for activities in Component 1 of the MNHP (Improving the Delivery of Community Interventions and Social and Behavioral Change).** This proposed AF, together with a restructuring, will formalize the reallocation of resources from Component 1 to Component 5 and then address the resulting financing gap to allow the implementation of key nutrition activities that are essential for achieving the Project Development Objectives (PDO). The parent project is currently implemented in 50 percent of health zones in four provinces with the highest rates of chronic malnutrition in the DRC (South Kivu, Kivu, Kasai, and Kasai Central). With the CERC activation, the project will provide a multisectoral package of support for the food insecurity crisis in the Kasai

¹ September 22, 2021, Ref No. CAB/MINFIN/SESOC/OLY/2021/1830

² The Eligibility Note for the CRW Early Response Financing for Food Insecurity in the DRC (No. IDA/SecM2021-0140) was circulated for information to the Executive Directors on May 17, 2021



region³, specifically in two provinces already covered by the project (Kasai and Kasai Central), as well as a new province (Kasai Oriental).

- 4. **The proposed AF will support replenishment of the US\$50 million financing gap created by the reallocation from Component 1 of the MNHP for the CERC activation to respond to the acute food security crisis.** The proposed financing for the replenishment will come from the IDA 19 CRW ERF to address the escalating food insecurity challenges in the DRC. The co-financing from the GAFSP will also scale up coverage of nutrition-sensitive agriculture services to vulnerable populations in Project areas to enhance development impact (Table 1). The proposed AF, together with a project restructuring will: (i) formalize the reallocation of resources to the CERC; (ii) replenish the project to allow the full implementation of key nutrition activities under Component 1 (C1); (iii) expand key nutrition services to vulnerable populations; (iv) allow for an update of the results framework (RF); and (v) extend the original closing date by 24 months from July 4, 2024, to July 4, 2026. The PDO and implementation arrangements of the project remain unchanged.

Table 1: Proposed AF by Component

Component	Proposed AF	Financing source
C1. Improving the Delivery of Community Interventions and Social and Behavioral Change	US\$ 50 million to replenish the financing used for the CERC activation	IDA 19 CRW ERF
C2. Improving Service Supply and Strategic Purchasing	No change	
C3. Convergence Demonstration Project	US\$ 8.5 million to scale up nutrition sensitive interventions	GAFSP
C4. Capacity Strengthening and Project Management	US\$0.5 million for capacity strengthening and monitoring and evaluation in nutrition sensitive agriculture	GAFSP
5. CERC	No change	

- 5. **The parent project was the first in a series of projects (SoP) with the development objective of contributing to the reduction of stunting in children aged 0-23 months in the DRC.** The extended time horizon for impact recognized that reducing stunting requires a longer-term engagement that exceeds the usual length of a single World Bank operation⁴. The proposed AF will contribute to the achievement of the development objectives of the parent project and therefore to the overall

³ The multisectoral package includes cash transfers, household food production kits, nutrition services, and water, sanitation, and hygiene services. These provinces were selected due to the high numbers of people affected by the food security crisis, potential to benefit from Project presence in the greater Kasai area, and alignment with the other geographic investments outlined in the World Bank Group’s (WBG) FY22-26 Country Partnership Framework (CPF) for the DRC discussed by the Board of Executive Directors on February 22, 2022 (Report No. 168084-ZR (January 24, 2022)

⁴ Interventions aimed at reducing the risk of stunting need to be delivered over three years (from conception through two years of age) to reduce the most severe impact of stunting on physical and cognitive development; and over six years (from conception through five years of age) to fully mitigate the risk of stunting on child growth, morbidity, and survival.



development objective for the SoP by expanding nutrition-sensitive agriculture activities to cover at least two additional zones in South Kivu province and at least one zone in Tanganyika Province⁵.

- 6. The proposed AF is being processed under emergency procedures.** The proposed AF is being processed under Section III, Paragraph 12 of the Investment Project Financing (IPF) Policy, including condensed procedures. The use of this policy is justified because the DRC is deemed to have: (i) urgent need of assistance to respond to the current nutrition and food security crisis, which was already critical due to costs associated with the COVID-19 pandemic and is projected to worsen with increased food and fuel prices due to the ongoing war in Ukraine; and (ii) ongoing capacity constraints linked to conflict and political instability. The emergency procedures allow acceleration of the preparation of the AF, in order to ensure that resources are readily available to facilitate timely implementation of the nutrition activities for the most at-risk populations, thus enabling the project to meet its development objectives. The overall environment and social (E&S) risks and impacts in the proposed AF were Moderate in the parent project and remain Moderate for the proposed AF.

B. Country and Sector Context

- 7. The DRC remains one of the poorest countries in the world.** Economic activity in DRC recovered strongly in 2021 with real GDP growth estimated at 5.7 percent. The mining sector was a key driver of growth- copper and cobalt production rose by 12.0 and 7.6 percent, respectively, due to an increase in domestic production capacity. The easing of COVID restrictions, and higher revenues from the mining sector, which also benefited from rising prices, supported growth of non-mining sectors by 3.9 percent (2020: -1.3 percent). The latest World Bank projections put poverty at 72.1 percent in 2021, a 0.8 percentage points decrease compared to 2020. Despite adverse effects of the COVID-19 pandemic, explaining a slight poverty increase in 2020 with job losses and reduced food consumption for 10 and 20 percent of households, respectively, according to COVID-19 High Frequency Phone surveys in Kinshasa, favorable economic prospects made it possible to reverse the trend by 2021.
- 8. Poverty remains widespread, including in urban areas.** Significant geographical disparities exist between provinces, with extreme poverty concentrated in central and northwestern provinces. DRC is second only to Nigeria in Sub-Saharan Africa in the number of extreme poor. Despite some improvements in recent years, social and human development indicators remain weak: in 2020, infant mortality was 63.8 per 1000 live births, higher than the Sub-Saharan average of 50.3, while the HCI of 0.37 is among the lowest of Sub-Saharan African countries. With the agriculture sector employing over 60 percent of the working age population, vulnerability to climate change related risks (floods, droughts) is substantial⁶.

⁵ Tanganyika province was selected for expanded nutrition-sensitive agriculture activities due to high stunting prevalence (greater than 40%), high food insecurity, and potential for synergy with existing World Bank-financed Agriculture operation *Projet Integre de Croissance Agricole dans le Grands Lacs* (PICAGL; P143307) (Integrated Agricultural Growth Project in the Great Lakes)

⁶ World Bank, 2022: Macro Poverty Outlook,



9. **The proposed AF is aligned with the initial design of the MNHP, which aims to build the DRC’s capacity to strategically respond to chronic malnutrition to enable the country to move away from the current situation of mainly humanitarian responses to repeated nutrition and food security crises.** The prevalence of chronic malnutrition among children under five remains alarmingly high, significantly impacting child survival and human capital development. Around 42 percent, or 6.3 million, of children under the age of 5 are stunted,⁷ (which is the third largest population of stunted children in Sub-Saharan Africa after Nigeria and Ethiopia). While the prevalence of stunting has been decreasing globally and on the African continent, in the DRC it has remained nearly stagnant for the last twenty years.
10. **The MNHP builds on analytical work that shows that the main determinants of chronic malnutrition in the DRC are repeated and untreated infections, poor birth outcomes, and inadequate dietary intake among women of childbearing age and young children.** These in turn are caused by multiple factors: inadequate access to key maternal and child health services; inappropriate feeding practices; poor hygiene and lack of access to water; lack of production of and access to nutritious and diversified food throughout the year, and extremely low incomes. Thus, chronic malnutrition in the DRC can only be addressed through a combination of multi-sectoral interventions focused on improving maternal and child health and nutrition⁸.
11. **The COVID-19 pandemic was declared in the DRC in March 2020 and has heavily impacted the DRC economy and livelihoods, especially among the poorest population.** Structural underdevelopment, widespread poverty, and protracted conflict and insecurity have contributed to a context in which large numbers of the extremely poor population live on a precipice between chronic and acute and emergency food insecurity. The combination of public health measures associated with COVID-19 and inflation contributed to a significant increase in acute food insecurity⁹. Extreme weather events, particularly heavy rains, flooding and subsequent soil erosion have also impacted agricultural productivity. An estimated 27 million people in the DRC are highly food insecure¹⁰, with approximately 20.5 million at crisis levels (IPC Phase 3), and 5.4 million at emergency levels (IPC Phase 4)¹¹. An additional 48 million people are moderately borderline/food insecure (IPC Phase 2)

⁷ DRC Multiple Indicators Cluster Survey (MICS), 2018

⁸ DRC Multisectoral Nutrition and Health Project Appraisal Document; Report No: PAD3267

⁹ Acute food insecurity is defined as “when a person’s inability to consume adequate food puts their lives or livelihoods in immediate danger”. Global Report on Food Crises: acute food insecurity hits new highs, May 5, 2022. [Available: [https://reliefweb.int/report/world/global-report-food-crises-acute-food-insecurity-hits-new-highs-enarruzh#:~:text=Acute%20food%20insecurity%20is%20when,IPC\)%20and%20the%20Cadre%20Harmonis%C3%A9.](https://reliefweb.int/report/world/global-report-food-crises-acute-food-insecurity-hits-new-highs-enarruzh#:~:text=Acute%20food%20insecurity%20is%20when,IPC)%20and%20the%20Cadre%20Harmonis%C3%A9.)]

¹⁰ DRC Integrated Food Security Classification 20th Cycle, September 2021.

¹¹ The IPC Acute Food Insecurity classification differentiates between levels of severity of acute food insecurity, classifying units of analysis in five distinct phases: (1) Minimal/None, (2) Stressed, (3) Crisis, (4) Emergency, (5) Catastrophe/Famine. Each of these phases has important and distinct implications for where and how best to intervene, and therefore influences priority response objectives. [Available : [https://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/ipc-acute-food-insecurity-classification/en/#:~:text=In%20particular%2C%20the%20IPC%20Acute,\(5\)%20Catastrophe%2FFamine.](https://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/ipc-acute-food-insecurity-classification/en/#:~:text=In%20particular%2C%20the%20IPC%20Acute,(5)%20Catastrophe%2FFamine.)]



and are at risk of backsliding into IPC Phase 3 or worse. Within these figures 857,000 children and 468,000 women are suffering from acute malnutrition¹².

12. The food security situation threatens to compromise the impact of the MNHP and is projected to worsen as the war in Ukraine drives food prices higher and destabilizes global food systems. The United Nations Conference on Trade and Development (UNCTAD) estimated that 60-70 percent of the DRC's wheat imports come from Russia and Ukraine¹³, which will have a crippling impact on food imports into the country. The DRC is one of the countries in Africa that is projected to be most affected by price increases in fuel and commodities, including oil, wheat, and fertilizer. The DRC is facing increasing food access issues, which will worsen during the lean season, especially for poor households, due to reductions in imports and increases in transport costs.

13. Poor availability and access to nutritious foods remains a critical constraint to improving nutrition, especially in food insecure zones. Nationally, only 8 percent of children 6-23 months consume a diet with adequate quality and quantity¹⁴. This is partially due to poor knowledge about nutritious diets for children, but another key driver of child malnutrition is poor availability and access to nutritious food. In the project areas this is due to poor agricultural productivity and low rural incomes that are a result of limited use of agriculture practices and technologies (e.g., improved seeds (including biofortified seeds, nutrition-smart agriculture, and fertilizers). Low agriculture productivity and diversity is a major challenge for rural households in food insecure zones where the parent project is active, where most of the food consumed is locally produced and many households are subsistence farmers. Extreme weather events, particularly flooding, high temperatures, landslides, and drought are also a driver of food and nutrition insecurity in the country. These extreme weather events disproportionately impact the poor and are expected to increase in frequency with climate change.¹⁵

C. Relevance to Higher Level Objectives

14. The proposed AF is consistent with the World Bank Group's (WBG) FY22-26 Country Partnership Framework (CPF) for the DRC discussed by the Board of Executive Directors on February 22, 2022 (Report No. 168084-ZR (January 24, 2022)). The new CPF places strong emphasis on human development, with a commitment to strengthening systems for improved access and quality of basic services. The proposed AF will support the CPF's Focus Area Two, which aims to strengthen systems for improved service quality and human capital development. The CPF focuses on developing human capital and the economy along two heavily populated corridors, with the rationale that a geographic focus in the implementation of some investment operations would strengthen policy dialogue with decentralized authorities and bolster the quality of World Bank supervision. This AF will align both geographically and strategically with the CPF, as the financing will focus on scaling up multisectoral

¹² DRC Integrated Food Security Classification 20th Cycle, September 2021

¹³ UNCTAD. The Impact on Trade and Development of the War in Ukraine: UNCTAD Rapid Assessment; 16 March 2022.

[Available : https://unctad.org/system/files/official-document/osginf2022d1_en.pdf]

¹⁴ DRC Demographic and Health Survey, 2014

¹⁵ <https://earth-perspectives.springeropen.com/articles/10.1186/s40322-014-0026-8>;

<https://climateknowledgeportal.worldbank.org/country-profiles> <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000119408.pdf>; <https://www.globalhungerindex.org/case-studies/2020-drc.html>



services in the provinces of Kasai, Kasai Centrale, Kasai Oriental, South Kivu and Kwilu. Additionally, this proposed AF will support human capital development through the scale up of services addressing the stunting and child survival components of the human capital index.

15. Access to human development services is weak. Half of all children in the DRC have not received routine immunizations, over 5.2 million people are forcibly displaced, 27 million people are food insecure, and there have been repeated Ebola outbreaks in the past several years. A new Ebola outbreak was confirmed in Equateur Province on the 23rd of April 2022, which is the sixth Ebola outbreak in DRC since 2018. The DRC's 2020 Human Capital Index (HCI) score was 0.37, which is below the 0.40 average for SSA¹⁶, and in 2021, the DRC ranked 175th out of 189 countries on the UNDP Human Development Index. Furthermore, there are significant gender disparities, the DRC ranking 175th out of 178 countries on the United Nations (UN) 2021 Gender Inequality Index¹⁷. Gender-based violence also represents a significant challenge, with more than half of women and girls aged 15 and above having experienced physical violence and/or Sexual Exploitation Abuse/Sexual Harassment (SEA/SH)¹⁸.

16. The COVID-19 pandemic puts further stress on the health system and society at large. As of April 12, 2022, there have been 86,747 confirmed cases of COVID-19 with 1,337 deaths, the majority of which have been in Kinshasa. A total of 964,948 vaccine doses have been administered, covering 0.6 percent of the total population¹⁹. The vaccine rollout has been hampered by vaccine hesitancy and access issues. The COVID-19 pandemic has added enduring socioeconomic impacts, led to a slight increase in poverty in 2020, and put stress on an already weak health system. The COVID-19 pandemic presents significant challenges to the DRC's fragile economy and its health and agricultural sector and is contributing directly to the numbers of people who are now food insecure.

D. Parent Project Background and Status

17. The PDO is to improve utilization of nutrition-specific and nutrition-sensitive interventions targeting children 0-23 months and pregnant and lactating women, and to respond to an eligible crisis or emergency. The MNHP was designed to increase the availability of a minimum package of Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (RMNCAH-N) services through health facilities, as well as to expand access to a package of nutrition and family planning services at the community level.

18. The parent project has five components:

- Component 1. Improving the Delivery of Community Interventions and Social and Behavioral Change (*US\$120 million from IDA; US\$7.8 million from the GFF*)
- Component 2. Improving Service Supply and Strategic Purchasing (*US\$247.0 million from IDA*)
- Component 3. Convergence Demonstration Project (*US\$47.0 million from IDA*)

¹⁶https://databank.worldbank.org/data/download/hci/HCI_2pager_COD.pdf?cid=GGH_e_hcpexternal_en_ext.

¹⁷ UNDP Gender Inequality Index, 2020

¹⁸ DRC Demographic and Health Survey, 2014

¹⁹ <https://covid19.who.int/region/afro/country/cd> [Accessed April 13, 2022]



- Component 4. Capacity Strengthening and Project Management (*US\$ 28.0 million from IDA; US\$2.2 million from the GFF*)
- Component 5. CERC (*US\$50 million from IDA reallocated from Component 1*)

19. Implementation status. Following a delayed start, the MNHP is progressing towards the achievement of the development objectives. The past six months have seen improved implementation of the parent project's various components, including financial management, procurement, and safeguards. Progress towards the PDO and Implementation progress (IP) is rated Moderately Satisfactory (Implementation Status and Results Report sequence number 05 filed on May 13, 2022). As of May 10, 2022, overall Project disbursement stands at US\$39.06 million (8 percent of total project financing), with projected disbursement of US\$188 million (36 percent of total project financing) by December 31, 2022. The implementation of the project is 15 months behind schedule due to several factors, including a delayed effectiveness due to a long government and parliamentary approval process, a portfolio-wide freeze resulting from lapsed loans in the DRC, followed by the COVID-19 lockdown and restrictions on gatherings (December 2020 – July 2021) and strikes of nurses and doctors (June – July 2021).

20. To fast-track implementation and address low disbursement, several measures were put in place, including hands-on expanded implementation support (HEIS) to support procurement of approximately US\$250 million in high value contracts necessary to roll out nutrition, health, and agriculture services at the community and facility level and intensive supervision by the World Bank starting in November 2021 as mission travel became permissible. The Project Coordination Team (PCT) recruited additional technical assistance to support the implementation of the project at national and provincial levels and adapted the project approach and workplan to address the delayed start.

Following is a summary of implementation progress and results achieved thus far:

21. Component 1: Improving the Delivery of Community Interventions and Social and Behavioral Change. This component is focused on improving community engagement, linkages to health services, and preventive and promotive health and nutrition services focused on pregnant/lactating women and children 0-23 months in the project areas. Activities are underway through an agreement with the United Nations Children's Fund (UNICEF) (US\$25 million), signed in February 2022, to deliver essential nutrition commodities to health facilities, including micronutrient supplements, treatment for severe acute malnutrition, and nutrition equipment. UNICEF is also providing technical assistance to strengthen provincial- and district-level capacity to manage the supply chain for nutrition commodities. An international firm was recruited to develop and implement a communications strategy to support demand generation. Formative research in four provinces is contributing to the development of a comprehensive social and behavioral change communication strategy focused on nutrition and family planning. The PCT is in the process of competitively recruiting four non-governmental organizations (NGOs) to deliver community-based nutrition services to 2.5 million children and pregnant/lactating women through scale-up of the



existing community nutrition platform (*Nutrition a Assis Communautaire* [NAC]), with contracts expected to be signed in June 2022.

22.Component 2: Improving Service Supply and Strategic Purchasing. The project is supporting the DRC's existing health sector performance-based financing (PBF) strategy to improve RMNCAH-N outcomes and strengthen health system performance in 792 health facilities, covering a population of about 28 million people with essential health services. Critical steps have been completed to establish the conditions that allow PBF to be rolled out starting in mid-May: (i) contracts were signed with the public utility entities (*Entités d'utilité publique* [EUPs]) that administer PBF in the four project provinces; (ii) health service providers were trained on the PBF approach and data managers were trained on accurate reporting on PBF indicators; and (iii) the majority of health facilities have opened bank accounts in preparation for the receipt of PBF funds. A contract was signed with an international NGO to expand family planning services at community level, and recruitment of three additional NGOs is expected to be finalized in late May 2022.

23.Component 3: Convergence Demonstration Project. Under the parent project, households in selected health zones that are already receiving nutrition and health interventions delivered through Components 1 and 2 also receive complementary activities in agriculture, social protection, and education. Due to the long start up time to prepare nutrition-sensitive agriculture interventions, activities have already started to support agri-multipliers to produce enough biofortified cuttings and seeds for distribution to 100,000 households. These activities are supported by a technical assistance contract signed with HarvestPlus²⁰ and implemented in partnership with the Ministry of Agriculture (MinAgri) and key partners²¹. Preparations are also underway for targeted distribution of household food production kits to improve access to improved quality of foods to 18,000 households through an agreement with the Food and Agriculture Organization (FAO). Additional convergence activities with social protection (targeted cash transfers to pregnant women and mothers of children 0-23 months of age) and education (micronutrient supplementation in schools) will roll out in Fiscal Year 2023 once the NACs are operational.

24.Component 4: Capacity Strengthening and Project Management. Due to the COVID-19 lockdown and associated restrictions that prevented technical experts from traveling to the project provinces from Kinshasa or from outside the country, activities in 2021 mainly focused on this component, which included national level capacity building, including updating policies and norms, training materials, and standardized supervision tools. All key staff for safeguards, monitoring and evaluation, financial management and procurement are in place and functioning. The project has experienced some delays in procurement, although there have been improvements in recent months

²⁰Harvest Plus is part of the Consultative Group on International Agriculture Research Program on Agriculture for Nutrition and Health and improves nutrition and public health by developing and promoting biofortified food crops that are rich in vitamins and minerals.

²¹MinAgri and other relevant directorates (Studies and Planning [*Direction des Etudes et de la Planification; DEP*]) and agencies including INERA and Centers for Adaptation and Improved Seed Multiplication [*Centres d'Appui et de Production de Semences Améliorées, CAPSA*])



with the hiring of an additional procurement specialist dedicated to the project. Given the volume of work related to procurement, an additional procurement specialist will be recruited for the project, which would bring the total number of dedicated procurement staff for the project to two. Additional staff including two E&S specialists, a nutrition/public health specialist, and an assistant to the project manager to support the monitoring of project activities as well as administrative and logistical matters will be recruited by June 30, 2022. This will ensure closer management of the existing and proposed new activities. Seven out of the eight legal covenants have been fully complied with; the remaining one, recruitment of an external verification agency for the PBF, is partially complied with and expected to be finalized by June 30, 2022.

25. Component 5: Contingent Emergency Response. The disbursement conditions for the CERC were lifted on May 5, 2022, to respond to the Recipient’s request for US\$50 million to respond to the acute food security crisis in the Kasai region. The activities to be funded under the CERC are detailed in a multisectoral Emergency Response Action Plan (EAP)²², which seeks to mitigate the nutritional impacts of the crisis, protect the purchasing power of poor households to continue access to food, and to prevent lingering food security crisis over the medium term by ensuring access to and/or provision key inputs and labor for the ongoing or upcoming planting and harvest season. Agreements will be signed with the World Food Program (WFP), UNICEF, and FAO, which will implement a prioritized set of activities to reach vulnerable households with: (i) targeted cash transfers through enhanced social safety-nets; (ii) household food production kits; (iii) increased access to nutrition services; and (iv) expanded access to water, sanitation, and hygiene (WASH) services.

II. DESCRIPTION OF ADDITIONAL FINANCING

A. Proposed Changes

26. The proposed AF will support the replenishment of the financing gap that resulted from activating the CERC, thereby allowing the full implementation of key preventative and curative nutrition activities to reach vulnerable populations under Component 1, as well as expansion of key nutrition services to underserved beneficiaries. A restructuring is also being processed with the AF. The allocation of US\$50 million from Component 1 to the CERC, has created a financing gap in Component 1 that would reduce the coverage of critical community-based nutrition services to pregnant and lactating women and children under two in provinces with critically high levels of child malnutrition. Thus, the replenishment of the financing to Component 1 is essential to ensure that the project can meet the development objectives. The financing for this replenishment was allocated through the CRW ERF in May 2021 to address the escalating food insecurity challenges in the DRC. A

²² The EAP draws from an emergency response plan launched by UN partners with the DRC government on February 17, 2022, following the validation of the IPC 20 results which showed that the food security crisis is worsening. The EAP includes items on the agreed positive list and received non-objection from the Association on April 19, 2022. The CERC manual of operations was also updated to detail the implementation arrangements and fiduciary and safeguards processes associated with the project activities and received non-objection from the Association on April 16, 2022.



grant from the GAFSP (US\$9 million) will finance the scale up of nutrition and nutrition-sensitive agriculture services in South Kivu and expand coverage of these services to Tanganyika province.

Below is a summary of the activities by component that will be supported by the proposed AF.

27. Component 1: Improving the Delivery of Community Interventions and Social and Behavioral Change (US\$50 million, IDA consisting of US\$25 million credit and US\$25 million grant). The allocation of US\$50 million from the CRW ERF to this component will fill a financing gap caused by the activation of the CERC. This will allow the initially planned activities, i.e., delivery of community-based nutrition services in the existing project areas (Kwilu, Kasai, Kasai Central, and South Kivu), to be implemented as envisioned and to reach 2.5 million children and women as planned. The activities, which will be facilitated by NGOs, will focus on improving community engagement, linkages to health services, utilization of preventive and promotive health and nutrition services, and early identification and referral of children under five with severe acute malnutrition. New activities related to climate will be included in this project component; these are outlined in Table 4. These are the only new activities to be incorporated in the component.

28. Component 3: Convergence Demonstration Project (US\$8.5 million from the GAFSP). The proposed AF will enable the project to scale up the number of households receiving food production kits and biofortified seeds and crops to establish more nutrition-sensitive and resilient agriculture production. Tanganyika Province will be added as a new geographic area of support under the project. In addition, new health zones in South Kivu Province that are not currently covered under the parent project will receive support under this component through the proposed AF. These provinces were selected due to high fragility because of conflict and insecurity and subsequent high rates of malnutrition, and opportunities for synergy with the World Bank-financed Agriculture operation Integrated Agricultural Growth Project in the Great Lakes (*Projet Integre de Croissance Agricole dans le Grands Lacs* [PICAGL]; P143307). For the agriculture interventions, households with food production capacity and with children under two and/or pregnant women will be prioritized. Selection of the intervention zones will be based on the existence of strengthened health and community nutrition services to allow synergies between the multisectoral inputs to enhance nutrition security and resilience.

29. The PCT will sign a technical assistance (TA) agreement with FAO to expand their current support under the parent project²³ to reach an additional 16,200 households with nutrition-sensitive agriculture production kits. The TA from FAO will also deliver community-based activities to promote nutrition awareness among farmer groups (in coordination with Component 1 activities) and increase adoption of nutrition-sensitive agricultural practices through Farmers Field Schools and community mobilization. The proposed AF will also extend the dissemination of biofortified seeds to

²³ The PCT has already signed a technical assistance contract with FAO under the parent Project to support the delivery of agriculture production kits and small livestock for 18,000 households with children under the age of 23 months and/or pregnant women in selected project areas under the MNHP



reach an additional 30,000 farmers²⁴ through quality seed production and multiplication by community structures with an emphasis on reaching women (at least 60 percent). The project will finance a competitively procured technical assistance contract to identify and contract local partners, including NGOs, farmer associations and cooperatives working in targeted areas to produce bio-fortified crops. The technical assistance will support the National Institute for Agricultural Studies and Research (INERA) and National Seed Service (SENASSEM), MinAgri, and National Agriculture Extension Service (SNV) to manage the dissemination of bio-fortified crops to farmers. To implement capacity building activities, the proposed AF will build on lessons learned from previous Agriculture projects in the region. The proposed AF will finance training of MinAgri extension agents and MinAgri in the additional intervention areas in Tanganyika and South Kivu. Complementary financing from the parent project will support the training and technical assistance from Ministry of Fisheries and Livestock.

30. To support resilience of the local economy and nutrition-sensitive entrepreneurship, the proposed AF will support establishment of at least 600 Village Saving and Credit Associations (*Associations Villageoises d'Épargne et de Crédit* [AVEC]), which are self-funded and self-managed associations of 15 to 30 people that promote the emergence of microenterprises. The AVECs operate on a 12-month cycle, after which accumulated savings and loan profits are distributed among the members in proportion to the amount they have saved. The AF will support establishment of AVECs with a focus on women (at least 60 percent of AVEC participants), who will receive training in marketing and in developing post-harvest and value addition microenterprises with bio-fortified produce and livestock sourced foods. Building upon experiences from the existing World Bank-financed agriculture project in the same geographic area (PICAGL), matching grants of up to US\$1000 will be provided to AVECs meeting established criteria. The proposed AF will finance technical assistance via an agreement with FAO to provide: (i) capacity building and training of participants to establish AVECs; (ii) group facilitation; (iii) capacity building to develop business plans eligible for loans; and (iv) matching grants of up to 1000 dollars per AVEC, with a target of 60 percent of AVEC members receiving loans through a matching grant mechanism. Detailed implementation procedures, based on previous experiences with AVECs, will be developed and included in a Matching Grant Manual, which will be included as an Annex to Project Implementation Manual (PIM). This Matching Grants Manual must receive non-objection from the World Bank prior to commencement of support to the AVECs.

31. Component 4: Capacity Strengthening and Project Management (US\$0.5 million from the GAFSP).

The proposed AF resources allocated to this component will support project coordination and Monitoring and Evaluation (M&E), as well as all aspects of management (including fiduciary matters, procurement, knowledge management, communication, and monitoring of E&S measures. This component will also support capacity strengthening to improve data management and use, including evaluation of the nutrition-sensitive agriculture component.

²⁴ The PCT has already signed a technical assistance contract with HarvestPlus under the parent project to support the dissemination of biofortified crops to 100 000 households



32. The table below summarizes the project costs and financing with the proposed restructuring and additional financing:

Table 2. Project Components and Costs (in US\$ million)

Components (C)	Original IDA Grant	GFF	Proposed Restructuring of IDA original	Proposed AF (IDA + GAFSP)	Total project
C1. Improving the Delivery of Community Interventions and Social and Behavioral Change	170.0	7.8	120.0 (-50 for CERC)	50.0 (replenish C1)	177.8
C2. Improving Service Supply and Strategic Purchasing	247.0	0	247.0		247.0
C3. Convergence Demonstration Project	47.0	0	47.0	8.5	55.5
C4. Capacity Strengthening and Project Management	28.0	2.2	28.0	0.5	30.7
C5. CERC	0	0	50.0	0	50.0
TOTAL	492	10	492	59	561

33. **Closing Date Extension:** The project closing date will be extended by 24 months from July 4, 2024, to July 4, 2026. This is necessary to mitigate the impact of the delays linked to COVID-19 and the 11-month delay between Board approval and effectiveness due to the long process of government and parliamentary approval. The extension will provide sufficient time for completion of the new as well as original nutrition, health, and food security activities. This will bring the cumulative project implementation period to seven years and two months.

34. **Results Framework:** The project results framework is being revised to include the new activities and revised project information, as well as areas not previously reflected in the parent project. One PDO indicator is being deleted (number of children who received post-natal consultations) due to lack of available data through government routine systems. However, a proxy indicator of services provided to these children is still captured through another PDO indicator, “number of children 0-23 months who received essential nutrition services”, allowing the project to continue to monitor elements of care in line with the theory of change. The following additional revisions are being made to the results framework: (i) revision of end target of one PDO indicator; (ii) revision of the definition of one PDO indicator; (iii) addition of new intermediate results (IR) indicators to reflect the activities related to the CERC food security response and the expansion of nutrition-sensitive agriculture activities.; and (iv) addition of an intermediate results indicator on GBV support. Details on the revisions and the rationale for the changes are summarized by component in Annex A. Across components, project monitoring reports will include gender-disaggregated data where possible. In addition, all indicators are being revised to reflect the new Project closing date except the three CERC indicators, which reflect the CERC ending date of 18 months after CERC activation.



B. Institutional and Implementation Arrangements

35. **The existing implementation arrangements remain the same.** The project is anchored in the Ministry of Health (MOH). Through the Project Technical Committee, which is already in place and led by the National Nutrition Program (PRONANUT), representatives from the Ministries of Health, Education, Social Affairs, Agriculture, and Fisheries and Livestock would continue to provide support to the MOH to oversee and provide technical inputs for specific activities and interventions implemented within their sectoral mandates. The national and provincial steering committee, which are already in place, will continue to provide strategic and operational guidance.

36. **The PCT that is already in place will continue to manage the AF.** This team includes a Project Manager; a dedicated procurement specialist with another being recruited (by June 30, 2022); E&S specialists, a GBV specialist; an M&E specialist; a financial management (FM) and an agriculture specialist, all based in Kinshasa. Provincial level technical assistance has recently been recruited, with four health specialists based in each of the provinces to strengthen support of the project activities and improve coordination and monitoring of implementation, which will be critical as NGOs and UN agencies scale up nutrition and family planning services and technical assistance over the next three months. To support the proposed AF activities, two additional technical agriculture specialists will be recruited at provincial level in South Kivu and Tanganyika to support the roll out of the nutrition-sensitive agriculture and support coordination and synergies between the different sectors. Four new E&S specialists will be engaged at provincial level in Kasai, Kasai Central, Kwilu, and South Kivu. These additional specialists are expected to be in place by August 30, 2022. The existing PIM will continue to be used, which incorporates all operational details at the national and local levels, including technical guidelines, M&E, E&S, and administrative and fiduciary functions. The PIM will be updated as required to include specific processes arising from the new activities under the proposed AF, including the addition of the matching grants to AVECs under Component 3.

III. KEY RISKS

37. The proposed AF does not include material changes in the types or scope of activities that are financed under the parent project and the residual overall risk of the proposed AF remains Substantial.

38. **The Political and Governance risks remain High.** While this risk is largely outside the project's control, the level of risk remains high given the potential for fragility. The potential shift in focus of the Recipient to the COVID-19 epidemic, the new Ebola outbreak, and the economic impacts of the war in Ukraine could impact the commitment to the delivery of health and nutrition interventions at the community level and throughout the public sector. The project mitigation measures include: (i) close engagement and coordination with communities by key stakeholders at both provincial and national levels, including the Ministries of Health, Agriculture, Fisheries and Livestock, Social Affairs, and Education, to proactively address issues and strengthen ownership of the project activities; (ii) strengthening relationships between communities and health facilities through *Comité de*



développement de l'aire de santé (Health Area Development Committees [CoDeSas]) and monitoring this aspect of citizen engagement as an intermediate results indicator; (iii) setting and applying clear eligibility criteria for project support beneficiaries; and (iv) improving public disclosure of information and strengthening grievance mechanisms.

39. The Macroeconomic risk remains High. Given the significant fiscal pressure, low revenue mobilization, and high dependence on volatile extractives sectors, macroeconomic risks are High. Without improved domestic revenue mobilization, which will allow for increased spending in human and physical capital, diversification of the economy, and an acceleration of economic growth, poverty numbers may continue to rise. In the medium- to long-term, continued weak public investment will also curtail development and there is a risk of increased debt, which might limit the space to absorb shocks. To mitigate macroeconomic risks, the WBG will engage comprehensively, through dialogue and investments, and work in close collaboration with the International Monetary Fund (IMF) to strengthen macroeconomic and fiscal management. The WBG will consider the use of Development Policy Financing or performance-based disbursement methods to support reforms for improved macroeconomic and fiscal management. Under another World Bank-financed Health sector operation, the Health System Strengthening Project (*Projet de Développement du Système de Santé* [PDSS]; P147555), the capacity of the Administrative and Financing Department of the MOH is being assessed to identify opportunities to increase the financial management of the donor financed operations in the health sector. The short-term objective is to increase capacity to supervise donor- financed operations, with a longer-term objective of reinforcing capacity, through training and hands-on support, to improve management of the medium-term budgets, government funds channeled through the line ministry, and donors-funded projects in the sector.

40. The risks ratings for institutional capacity for implementation and sustainability are Substantial because of the general limited capacity of the Recipient, PRONANUT, as well as the national sectoral ministries and provincial governments. To mitigate this risk, the project design has prioritized the strengthening of the operational and technical coordination at the local, provincial, and central levels, including the addition of TA at provincial level to support the line ministries and ensure coordination.

41. The rating for fiduciary risks remains High. Fiduciary risks have a high probability of impacting the PDO in an adverse way. Although the project benefits from a strong and experienced PCT, the overall fiduciary environment of the country is weak and fiduciary risk including fraud and corruption is High. The fiduciary risks identified for the parent project remain high both at the country and the project levels. According to the corruption perception index 2021 of Transparency International, DRC ranked 169th out of 180 countries, with very little progress compared to 2020 when the country was ranked 170th. At the PCT level, a recent investigation carried out by the Recipient's Internal Audit Unit (IGF) pointed out several weaknesses. Several external stakeholders are involved in the implementation of the projects coordinated by the PCT, and this increases risk exposure. In addition, some additional risks have been identified during implementation support missions of the parent project including: (i) delays in recruiting the audit firms; (ii) delays in executing the annual work plans; and (iii) a need



to review the internal control procedures in place at the PCT. Several mitigation measures are being implemented and closely followed up during the Bank's implementation support missions. A Chief accountant and two internal auditors have recently been recruited. The AF will benefit from the mitigation measures already put in place.

42. The stakeholders' risks remain Substantial. Given the multisectoral nature of this project, many partners are involved, including government ministries, different levels of actors (central, provincial, district, and community) and external partners (UN Agencies, Development Partners, and local implementing partners). These risks would be mitigated through continued support of a Project Technical Committee and regular progress meetings with implementing partners.

43. The risks for SEA/SH have been revised to Substantial. The SEA/SH risk was rated Moderate for the parent project and upgraded to Substantial for the proposed AF following a revision in the risks screening tools that updated the drivers to incorporate new information on the related country contextual risks, such as national laws and national incidence rates for GBV issues. In addition, a new social screening tool was developed to assess SEA/SH risks for social interventions in the project, especially for cash transfer activities. The revision of the rating was also based on the results obtained in the community consultations carried out during the elaboration of the CERC-Environment and Social Management Framework (ESMF), which were more focused on GBV risks than previous assessments, and which are relevant to the proposed AF with regards to the activities to be implemented. The most relevant contextual risks are as follows: (i) social dynamics may be altered due to project activities, increasing the risk of GBV, including intimate partner violence; (ii) women and adolescent girls may be forced into pregnancies to obtain the benefits of project activities, in order to benefit of cash transfer initiative; and (iii) for cash transfer and payments in remote areas with poor telecommunication connectivity and where mobile cash transfer is not possible, direct interactions between project stakeholders and beneficiaries in the context of physical cash transfer may increase the risk of SEA/SH opportunities and pose supervision difficulties. To mitigate SEA/SH risks, a SEA/SH Master Action Plan has been developed for the entire Health, Nutrition and Population (HNP) portfolio in the DRC, which is coordinated through the same PCT, and a dedicated GBV specialist has been recruited for the project.

IV. APPRAISAL SUMMARY

A. Economic and Financial Analysis

44. At appraisal, the case for the parent project was made based on the intrinsic and instrumental value of improvements in nutrition outcomes. A benefit-cost analysis was carried out to estimate the potential return on investment in terms of increases in economic productivity and incomes and to assess the overall economic impact of the project. The analysis referenced an established body of research on the detrimental effect of malnutrition during pregnancy and the first years of life, its effects on cognitive ability, educational attainment, lifetime earnings and economic output. The analysis showed that in the base-case scenario, the project investment would generate economic



benefits with a net present value of US\$1.6 billion, an internal rate of return of 7 percent, and a discount rate of 3 percent. The investment thus presented an attractive 4.3 benefit-cost ratio, indicating that each dollar invested has the potential of generating more than 4 times as much in economic benefits over the productive lives of women and children who will have benefited from the project.

45. The economic and financial analysis of the proposed AF also focuses on the activities financed by the GAFSP which aims to sustainably improve the nutrition and resilience of the most vulnerable populations in the South Kivu - Tanganyika corridor, which have been significantly affected by conflict and insecurity, making the population of these two provinces particularly fragile and affected by malnutrition. To assess the profitability of the project actions, a financial analysis based on comparing “with- project” and “without-project” situations, allowing the calculation of the financial internal rate of return (FIRR) as well as the net present value (NPV), and more other relevant indicators to facilitate the comparison and to shows the impact on the beneficiaries’ income.
46. The analysis covers activities of nearly 70 percent of the project budget. The models were based on information provided by the DRC Ministry of Agriculture and literature. The analysis incorporated a discount rate of 12 percent based on other projects in the DRC. In the absence of baseline studies, assumptions about the “without-project” scenarios were based on relevant literature. Taxes were not included as the sector is considered informal and no taxes are currently collected within the context of targeted project activities; an impact horizon of 5 years.
47. The analysis incorporated the following information on direct beneficiaries: 600 peasant school fields; 200 vegetable garden school; 30 000 households receiving biofortified seeds (5 persons per household); 16 200 agricultural households; 100 Agri-multipliers disseminating biofortified seeds; 600 Village Savings and Credit Associations; 200 Agri-food production, processing, and storage units. According to MinAgri, each household is assumed to have an average of 0.5 hectares (ha) of land and average yield in the targeted region is 2.5t/ha (maize), 10t/ha (cassava), 1t/ha (beans), and 10t/ha (sweet potato). The average price in the targeted region is \$0.75/kg (maize), \$0.48/kg (cassava) \$1,75/kg (beans), and \$0.48/kg (sweet potato).
48. The project will implement mobilization for community nutrition. Some studies have demonstrated the value of such community-based approaches on the improvement in nutrition and food security, with benefits in terms of reduction in health costs. Specifically, each targeted household is expected to benefit from a decrease in childhood health expenses, an increase in food utilization and stability, and improvement in their productivity.
49. To assess the availability and access to bio-fortified seeds, the analysis compares “with-project” and “without-project” situations, allowing for the calculation of the FIRRs as well as the NPVs. It covers biofortified seed production, training activities through peasant school field and vegetable garden school. Bio-fortified seed production consists of major crops in the DRC, such as maize, beans, cassava, and orange-flesh sweet potato. MinAgri identified these crops as having high potential for



food security enhancement. Within the DRC, climate-induced production deficits have led to shortages and high prices accentuated by the COVID-19 pandemic and the war in Ukraine. Under the last activity, the project seeks to favor the promotion of entrepreneurship and local economy through village savings and credit associations, implementation of agri-food production, processing and storage units, and the training of agricultural households - entrepreneurs in management and marketing techniques for agricultural products. According to the literature this activity will contribute towards increasing the profit of agricultural products traded, and reduce post-harvest losses in maize, cassava, beans, and orange-flesh sweet potatoes which was estimated at around 30 percent.

50.The FIRR from this exercise show that all assessed activities are profitable to targeted households. All activities have an average positive NPV of US\$ 14 million with FIRR ranging from 10 to 45 percent. The sensitivity analysis shows that the FIRR is sufficiently robust. In addition, the internal rate of return (IRR) levels confirms the robustness of the positive economic effects and impacts of the project on the area of intervention in the face of the risk of increased costs, reduced income from the activities carried out, or/and delay in the generation of benefits. The sensitivity analysis showed that: (i) an increase in costs by 10 percent presents a FIRR of 4.31 percent; (ii) a decrease in benefits by 10% presents respective FIRRs of 3.9 percent; and (iii) a delay of 1- year during implementation will provide and FIRR of 8.4 percent. The table below presents the summary of this analysis.

Table 3

Activities	FIRR (%)	NPV (US\$ million)
Bio-fortified seeds		
Maize	33.0	14.8
Beans	10.0	2.0
Cassava	20.0	21.0
Sweet potatoes	45.0	20.0
Entrepreneurship		
Agri processing	45.0	11.4
Sensitivity analysis		
Costs increase by 10%	4.3	-9.7
Incomes decrease by 10%	3.9	-8.9
Incomes delayed by 1 year	8.4	25.6

B. Technical

51.The proposed AF (in addition to the parent project) has the potential to make significant contributions to DRC’s economic development by improving healthcare delivery and outcomes, while promoting systems strengthening. The proposed AF support will contribute to: (i) decreased maternal, newborn, and child deaths and related morbidity and (ii) strengthened capacities and systems to deliver health services more efficiently. While it is challenging to establish causality between the benefits of the proposed AF and economic development, in the long term, the proposed



AF will contribute to reduce extreme poverty through: (i) reductions in disability-adjusted life years; and (ii) reductions in the costs of child and maternal morbidity and mortality.

52. Despite large reductions, maternal, newborn and child mortality are stagnating in many countries at levels much higher than in best performing countries and higher than the Sustainable Development Goals targets. An analysis by researchers at the Brookings Institution and Duke Global Health Institute²⁵ found that many high-burden countries are off track to achieve the maternal, neonatal and child health SDGs. As mortality declines, further reductions are more difficult.

53. The nutrition-sensitive interventions to be financed by the GAFSP are designed according to best practices. Important pathways to address malnutrition through the agri-food sector are through increased production, incomes, improved knowledge, and women's empowerment²⁶. The combination of production activities, knowledge, and income-generating structures (the AVECs), with the particular focus on women through community engagement and mobilization, seek to include all these aspects. Further, international evidence shows that nutrition sensitive agriculture activities are more effective in terms of their impacts on especially stunting and wasting when implemented in a cross-sectoral context, in parallel with e.g., health and education. Under the proposed AF, the GAFSP financed activities will be complemented in a similar manner as nutrition services will be provided to the target beneficiaries in South Kivu. Beneficiaries in Tanganyika will be selected in part based on their access to complementary nutrition and health services financed under other projects.

C. Financial Management

54. The overall coordination of the proposed AF including FM will be carried out by the PCT already in charge of the FM activities of the parent project as well the other World Bank-financed projects in the health sector. The PCT has: (i) a PIM; (ii) a multi-project and multi-site accounting software; (iii) an internal audit function; and (iv) a financial management unit staff that has acceptable skills, experiences, and knowledge relevant to monitor the AF. The parent project's FM performance was rated Moderately Satisfactory following the last implementation support mission in March 2022. The interim financial reports are generally provided without delay and are acceptable to the Bank. For the parent project as well as this AF, the World Bank determined that FM arrangements at the PCT could be deemed adequate to implement the project.

55. Implementation arrangements of the ongoing project will be maintained. The proposed operation will use the existing FM arrangements currently in place at the PCT for the purposes of the MNHP. For the proposed AF, the PCT will: (i) use the existing designated account as for the parent project.

²⁵ McArthur JW, Rasmussen K, Yamey, G. How many lives are at stake? Assessing 2030 sustainable development goal trajectories for maternal and child health. *BMJ* 2018;360; doi: <https://doi.org/10.1136/bmj.k373>

²⁶ Sharma IK, Di Prima S, Essink D, Broerse JEW. Nutrition-Sensitive Agriculture: A Systematic Review of Impact Pathways to Nutrition Outcomes. *Advances in Nutrition* 2021; 12:251–275; doi: <https://doi.org/10.1093/advances/nmaa103>



No new Designated Account is required for the proposed AF. The ceiling of the DA could be adjusted to accommodate the proposed AF if required. FAO will oversee the provision of technical assistance and assist the AVEC to manage matching grants. As the country is currently under the lapsed loans status at the time of negotiation, and no advance can be provided for AF activities by increasing the ceiling of the existing DA until the situation is resolved; (ii) update the manual of procedures to include specific processes resulting from activities supports by the proposed AF, including matching grants to AVECs; (iii) update the accounting software to accommodate the AF transactions, and (iv) amend the Terms of Reference of the external auditor to include activities resulting from the AF.

56. Implementation arrangements of the ongoing project will be maintained. The proposed operation will use the existing FM arrangements currently in place at the PCT for the purposes of the MNHP. The overall FM risk at preparation is considered High. The proposed FM arrangements, including the mitigation measures for this project, are considered adequate to comply with the provisions of the World Bank Directive: Financial Management Manual for World Bank IPF Operations, and the World Bank Guidance: Reference material - Financial Management in World Bank IPF Operations.

D. Procurement

57. The procurement for the proposed AF will be carried out in accordance with the World Bank's procedures specified in the World Bank Procurement Regulations for IPF Borrowers dated July 2016 (revised November 2017, August 2018, and November 2020), hereafter "Procurement Regulations". In addition, the AF will be subject to the "Guidelines on preventing and combating Fraud and Corruption" in Projects Financed by the International Bank for Reconstruction and Development (IBRD) Loans and IDA credits and grants, as stipulated in section 2.2a of Annex IV of the Procurement Regulations. The proposed AF will use the Systematic Tracking of Exchanges in Procurement to plan, record, and track procurement transactions.

58. Activities under the CERC activated on May 5, 2022, will be carried out using streamlined and flexible procurement procedures offered in the Regulations as described in the CERC Manual. UN agencies may be hired by the Recipient on a sole-source basis for contracts for which they offer their unique roles and qualifications in responding to emergency situations. The proposed AF will replenish funds allocated to the CERC. Only minimal new consultant services contracts are foreseen under the proposed AF as the others were already in the parent project's procurement plan.

59. The Project Procurement Strategy for Development (PPSD), previously prepared for the parent project, has been revised to reflect the additional activities. Like the parent project, the main risks associated with the proposed AF are: (i) delays in project implementation linked to the increase in workload; (ii) low technical capacity of the Recipient to manage procurement; and (iii) fraud and corruption. The approved Procurement Plan for the proposed AF and the CERC are included in the Negotiations package. The Procurement Plan will be updated at least annually or as required to reflect the actual Project implementation needs and improvements in institutional capacity.



60. The procurement activities for the proposed AF will be carried out by the PCT within the MOH. A procurement capacity and risk assessment has been regularly carried out by the World Bank for this executing agency. After a slow start, the PCT has improved procurement processing time with key support, including the HEIS for high value and complex contracts. The existing procurement arrangements will, therefore, continue. The PCT including HEIS will continue to support the implementation of the proposed AF and the CERC activities. The fiduciary staff of the PCT have sufficient knowledge of and experience with the World Bank’s policies and procedures for implementing projects financed by the World Bank. To manage the increasing workload, the PCT started to strengthen its capacity with an additional dedicated procurement specialist for the Project expected to be hired by June 30, 2022.

E. Legal Operational Policies.

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

F. Environmental and Social

61. The E&S risks and impacts of the proposed AF were rated Moderate in the parent project and remain rated Moderate in the proposed AF; there are no potential large-scale, significant and/or irreversible environmental nor social impacts expected to arise from this project or its additional financing. The environmental and social standards (ESS) relevant to this operation are the same as those under the parent project. The safeguard implementation under the parent project is rated Satisfactory with moderate E&S risks. Eight of the ten ESSs were screened as relevant for the parent project and remain relevant for the proposed AF. ESS 9 (Financial Intermediaries) is not relevant for the Project since no activity will involve financial Intermediaries. The Project will also not affect or involve risks to cultural heritage and, as such, ESS 8 (Cultural Heritage) is not relevant; but a Chance Finds protocol was prepared for the Project and included in the ESMF.

62. Environment. The project does not involve significant or irreversible environmental impacts. Key environment risks and impacts will continue to be mainly related to disposal and management of construction waste, risk of forests degradation during clearing, and pest management. Biomedical and biological waste management will be closely followed with consideration of WBG Environmental, Health and Safety guidelines (EHSGs). Relevant requirements of ESS6 that are related to the project include the production and distribution of small animal livestock for the complimentary pilots in Component 3. The project will be expected to meet the requirements of ESS6 through preparation and implementation of an Animal Health and Welfare Plan which will be prepared and disclosed no later than two months after project effectiveness. The plan will be consistent with the International Finance



Corporation (IFC) Good Practice Note on Improving Animal Welfare in Livestock Operations.

63. Social. The project does not involve significant or irreversible social impacts. The key social risks and impacts will continue to be mainly related to occupational health and safety and biosafety risks, community health and safety, biosafety risks and labor and working conditions. Anticipated impacts, (including possible acquisition/restriction of land use, labor and working conditions, and potential impacts to occupational and community health and safety, traffic, and fire safety hazards) can be managed or mitigated. Additionally, there are security issues that could pose challenges for supervision of the project in a few sites in some provinces. To mitigate this, the PCT will be required to prepare Security Risk Assessments (SRA) that will include updates of the baseline information contained in the Bank's Security Due Diligence, prior to preparing related Security Management Plans (SMPs) where applicable, and prior to the start of relevant activities.

64. To mitigate SEA/SH risks, the PCT is following a SEA/SH Master Action Plan that applies to the entire HNP portfolio in the DRC. The Master Action Plan is oriented to preventing, mitigating and responding to risks related to SEA/SH and it includes: (i) provisions for drafting codes of conduct that specifically prohibit SEA/SH and outline applicable sanctions; (ii) an awareness-raising strategy that describes how project workers and local communities will be made aware of the risks and consequences of gender-based violence, including SEA/SH, the responsibilities of workers under the code of conduct, and procedures to report these kinds of incidents; (iii) provisions for organizing independent community consultations with women in safe and enabling environments and with female facilitators, which will provide information as to project-related risks for women and feedback on safe and accessible Grievance Redress Mechanism (GRM) reporting channels for SEA/SH complaints; (iv) a training strategy that describes the responsibilities of workers covered by the code of conduct, SEA/SH concepts, prohibited behaviors and sanctions for violations, and specific procedures to manage SEA/SH complaints in an ethical and confidential manner, following a survivor-centered approach; (v) provisions for mapping a holistic package of services (psychosocial, medical, and legal) to which SEA/SH survivors will be referred, including the quality of the services that providers offer; and (vi) ensure that all tender documents, works contracts or service contracts other than consultancy services under the Project oblige suppliers, subcontractors or consultants to adopt a code of conduct, including provisions to address SEA/SH and applicable sanctions, which will be given to all workers for signature. In addition, the PCT has been strengthened with the recruitment of two GBV experts responsible for the implementation of the SEA/SH Master Action Plan for the entire DRC HNP portfolio, under the coordination of the social specialist.

65. E&S Instruments. The parent project prepared, consulted upon, and disclosed all required instruments: ESMF, Biomedical Waste Management Plan (BWMP), Pest Management Plan (PMP), Resettlement Policy Framework (RPF), Indigenous Peoples Planning Framework (IPPF), Stakeholder Engagement Plan (SEP), a prevention, mitigation and response SEA/SH Action plan, and Labor Management Procedures (LMP) on March 26, 2019. The ESMF prepared under the parent project and disclosed both in-country and Bank website in 2019 will be updated to cover E&S risks and impacts related to the proposed AF activities. The updated ESMF will be cleared, consulted upon, and disclosed



no later than two months after project effectiveness. To take into account activities under the AF and its geographic expansion, the Environmental and Social Commitment Plan (ESCP) and the SEP were updated and consulted upon and disclosed prior to Appraisal on May 9, 2022. As described in the ESCP, additional instruments of the parent project will be updated and disclosed no later than two months after project effectiveness. These include the ESMF with the SEA/SH Master Action plan annexed; the RPF, the IPPF, the LMP, the PMP, and BWMP.

66.A CERC-ESMF was developed and approved by the Bank and disclosed on March 8, 2022, to guide the CERC response in Kasai and Kasai Centrale. Following the guidelines in the CERC emergency operations manual (approved by the World Bank on April 16, 2022), the CERC-ESMF and other relevant instruments will be updated, consulted upon, and disclosed before further CERC activities are rolled out to Kasai Oriental.

67.The parent project has a committed PCT, staffed with six E&S specialists (two Environment, two Social and two GBV). These specialists currently cover four projects (P168756-DRC-Multisectoral Nutrition and Health Project; P167817-Regional Disease Surveillance Systems Enhancement; P147555-Health System Strengthening for Better Maternal and Child Health Results Project; and P173825-DRC COVID-19 Strategic Preparedness and Response Project), to be supported by the aforementioned additional four E&S specialists at provincial level (Kasai, Kasai Central, Kwilu and South Kivu) to adequately support the proposed AF activities, parent project activities, and other requirements from the HNP Portfolio in these four provinces.

68.Citizen Engagement. The project is expected to reinforce citizen engagement and foster transparency, inclusiveness and participation and related accountability mechanisms through initiatives focused on two axes: (i) service delivery, through improved supervision and monitoring of quality-of-service delivery, formative research into barriers to service utilization, promotion of disclosure of information in the health sector through public posting of facility hours and drug and service prices, increased use of results-based mechanisms, and publicly available data on budgets and performance rating through the project; and (ii) increased demand for services and accountability, through citizen engagement through the NAC model with support from NGOs under Component 1 and with support of the FAO, through Club Dimitras (“listening clubs”) under Component 3, which are both focused on engaging communities and community leaders to strengthen their awareness of services, set priorities, and ensure that clear eligibility criteria are set for project beneficiaries.

69.The project has two citizen engagement indicators in the results framework to track relationships between communities and health facilities through CoDeSas, which are networks of elected community members with the aim of ensuring a voice for community members in how their health facilities function to serve their needs. The project will track the number of functional CoDeSas (as measured by the CoDeSas submitting quarterly activity reports) and the quality of the CoDeSas (as measured by a functionality score). The project will also strengthen the existing GRM for a more effective system for citizens at the local level.

70.Climate. The proposed AF has been screened for climate disaster risks and has been found to be



highly exposed while impacts on project activities are anticipated to be low. The DRC is located within the Congo Basin with the world’s second largest tropical rainforest, which is documented to store 8 percent of global forest carbon stocks. Annual mean temperature was 24.1°C between 1901 and 2020, is projected to increase between +1.7°C to +4.5°C by end of the century, and heat waves are projected to increase in frequency and duration. The DRC experiences extreme weather and climate variability, resulting in a high exposure to floods and droughts. As rainfall becomes more intense, soil erosion and waterlogging of fields could translate into decreased yields and increased food insecurity.

71. Climate change has contributed to undernutrition in the DRC, notably through the effect of climate hazards on food production. The majority of the population relies on rain-fed subsistence agriculture²⁷, which is hampered by climate hazards in the country including flooding, landslides, and droughts²⁸. These extreme weather events, along with conflict, economic shocks, and insect infestations are one of the driving forces behind food insecurity in the DRC²⁹. For example, in 2020, 500,000 people in the country lost most of their food reserves due to flooding³⁰. These extreme weather events disproportionately impact the poor who are the most vulnerable to food insecurity^{31,32}. Climate change is expected to increase the incidence of extreme weather events in the country, further compromising food security and contributing to undernutrition in the DRC³³. The primary climate adaptation efforts are focused on the country’s most vulnerable sectors: water resources, agriculture, land use and forestry, sanitation, health, and energy.

72. The Project intends to adapt to the impacts of climate change through the following measures:

Table 4
: Climate Adaptation Measures in the Project

Project component & Cost	Sub-Component	Climate-related action	Activity details and how it will address climate adaptation
Component 1: Improving the Delivery of Community Interventions and Social and Behavioral Change (US\$50 million, IDA)		Delivery of essential nutrition commodities to health facilities, including micronutrient supplements, treatment for severe acute malnutrition, and nutrition equipment as well as technical assistance for nutrition supply chains	Improving nutrition supply chains and delivering nutrition commodities will help to reduce under-nutrition in DRC, which is in part driven by climate shocks. This activity will help the country adapt to the impacts of climate change
		Nutrition social behavior change interventions	Community based engagement in nutrition services, improvements in service utilization, and service referral will help

²⁷ <https://earth-perspectives.springeropen.com/articles/10.1186/s40322-014-0026-8>;

<https://climateknowledgeportal.worldbank.org/country-profiles>

²⁸ <https://www.globalhungerindex.org/case-studies/2020-drc.html>

²⁹ <https://www.globalhungerindex.org/case-studies/2020-drc.html>;

³⁰ <https://www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-27/en/>

³¹ <https://climateknowledgeportal.worldbank.org/country-profiles>

³² <https://www.globalhungerindex.org/case-studies/2020-drc.html>

³³ <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000119408.pdf>; <https://www.globalhungerindex.org/case-studies/2020-drc.html>



<i>Project component & Cost</i>	<i>Sub-Climate-related action</i>	<i>Activity details and how it will address climate adaptation</i>
		to reduce undernutrition, which is in part driven by climate shocks. This activity will help the country adapt to the impacts of climate change. In addition, the community-based nature of the activity will support proactive adaptation to climate shocks which may impact project activities.
	Communication with the population on climate emergency preparedness and response	NGOs contracted to engage with the community on nutrition will include messages on climate emergency preparedness and response with a focus on preparing for the impact of climate shocks on agricultural activities and food storage. This will help both the population and the project adapt to the impacts of climate shocks and identified climate risks.
	Climate-sensitive planning for distribution of nutrition commodities	The contracted NGOs will develop plans to distribute nutritional commodities during climate emergencies and ensure that commodities are secured during climate emergencies. Such measures will include distributing before projected rainy seasons, implementing storage measures to reduce impact of climate emergencies, and using community level distribution systems to maintain distributions during climate shocks.

73. **Gender.** The project identified gender inequities in the provision of maternal and child health services, including family planning, and in the access to nutrition-sensitive agriculture services. Recruitment of international NGOs to deliver expanded family planning and nutrition at community level is expected to address this inequity by increasing utilization of these services during project implementation. Additionally, the project will make a special effort to reach women farmers, who often have less mobility and availability for farmer training days due to their multiple roles. Gender bias training will be included in the training and capacity building of MinAgri and partner extension agents, including recognition of the multiple roles of women that may condition how extension services are delivered to them. As part of the PDO is focused on increasing utilization of services by women, the results framework monitors several indicators linked to project activities related to gender, specifically: measurement of the number of women who received health and nutrition services, including family planning, antenatal care, and iron and folic acid supplementation. The project’s monitoring and evaluation system for nutrition and CERC activities will incorporate gender disaggregated indicators to monitor the percentage of beneficiaries receiving cash transfers who are women; the percentage of women in the households receiving biofortified crops and agriculture production kits who are women (pregnant and lactating women and mothers of children under two will be prioritized for these kits); and the number of women receiving loans through the Village Saving and Credit associations (a target of 60% women).

V. WORLD BANK GRIEVANCE REDRESS

74. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB’s Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in



order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org

75. Grievance redress mechanism (GRM). The AF will use the same GRM that is being established under the parent project, including setting up committees at the Community Outreach Committees (CACs) level that can be used to raise concerns or complaints regarding the conduct of project related workers. Training on the GRM will roll out starting in June 2022 to establish functional systems by September 2022 as community level services are initiated. In addition, the parent project has an agreement with United Nations Population Fund (UNFPA) to support the development and implementation of an SEA/SH-sensitive complaint mechanism to facilitate the reporting and management of SEA/SH incidents²⁶.



VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Cancellations Proposed		✓
Disbursements Arrangements		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓

VII DETAILED CHANGE(S)

COMPONENTS

Current Component Name	Current Cost (US\$, millions)	Action	Proposed Component Name	Proposed Cost (US\$, millions)
Improving the Delivery of Community Interventions and Social and Behavioral Change	177.80	Revised	Improving the Delivery of Community Interventions and Social and Behavioral Change	177.80
Improving Service Supply and Strategic Purchasing	247.00	Revised	Improving Service Supply and Strategic Purchasing	247.00
Convergence Demonstration Project	47.00	Revised	Convergence Demonstration Project	55.50
Capacity Strengthening and	30.20	Revised	Capacity Strengthening	30.70



Project Management			and Project Management	
CERC	0.00	Revised	CERC	50.00
TOTAL	502.00			561.00

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-64410	Effective	04-Jul-2024	04-Jul-2024	04-Jul-2026	04-Nov-2026
IDA-D4790	Effective	04-Jul-2024	04-Jul-2024	04-Jul-2026	04-Nov-2026
TF-A9954	Effective	04-Jul-2024	04-Jul-2024	04-Jul-2026	04-Nov-2026

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed

IDA-64410-001 | Currency: XDR

iLap Category Sequence No: 1	Current Expenditure Category: G/W/NCS/CS/OC/TR EXCPT PT 1.2/4.2ii_pro memoria				
30,000,000.00	14,874,624.96	15,000,000.00	100.00	100.00	
iLap Category Sequence No: 2	Current Expenditure Category: SUBGRANTS BPNS PT 1 / RH PT 2.2				
72,750,000.00	23,691.72	70,750,000.00	100.00	100.00	
iLap Category Sequence No: 3	Current Expenditure Category: PBF SUBGRANTS PART 2.1				
66,650,000.00	77,053.34	52,978,000.00	100.00	100.00	
iLap Category Sequence No: 4	Current Expenditure Category: CASH TRANSFERS PART 3				
4,350,000.00	0.00	1,350,000.00	100.00	100.00	
iLap Category Sequence No: 5	Current Expenditure Category: CERC				



0.00	0.00	18,672,000.00	0.00	0.00
iLap Category Sequence No: 6		Current Expenditure Category: PPF REFINANCING V1400-ZR		
750,000.00	62,626.03	750,000.00		
iLap Category Sequence No: 7		Current Expenditure Category: PPF REFINANCIGN V2420-ZR		
2,800,000.00	0.00	2,800,000.00		
iLap Category Sequence No:		Current Expenditure Category: G/W/NCS/CS/OC/TR EXCPT PT 1.2/4.2ii		
0.00	0.00	15,000,000.00		100.00
Total	177,300,000.00	15,037,996.05	177,300,000.00	
IDA-D4790-001 Currency: XDR				
iLap Category Sequence No: 1		Current Expenditure Category: G/W/NCS/CS/OC/TR EXCPT PT 1.2/4.2ii_pro memoria		
30,000,000.00	14,874,492.42	15,000,000.00	100.00	100.00
iLap Category Sequence No: 2		Current Expenditure Category: SUBGRANTS BPNS PT 1 / RH PT 2.2		
72,750,000.00	23,677.52	70,750,000.00	100.00	100.00
iLap Category Sequence No: 3		Current Expenditure Category: PBF SUBGRANTS PART 2.1		
66,650,000.00	77,053.29	52,978,000.00	100.00	100.00
iLap Category Sequence No: 4		Current Expenditure Category: CASH TRANSFERS PART 3		
4,350,000.00	0.00	1,350,000.00	100.00	100.00
iLap Category Sequence No: 5		Current Expenditure Category: CERC		
0.00	0.00	18,672,000.00	0.00	0.00



iLap Category Sequence No: 6		Current Expenditure Category: PPF REFINANCING V1400-ZR		
750,000.00	444,698.18	750,000.00		100.00
iLap Category Sequence No: 7		Current Expenditure Category: PPF REFINANCIGN V2420-ZR		
2,800,000.00	0.00	2,800,000.00		
iLap Category Sequence No:		Current Expenditure Category: G/W/NCS/CS/OC/TR EXCPT PT 1.2/4.2ii		
0.00	0.00	15,000,000.00		100.00
Total	177,300,000.00	15,419,921.41	177,300,000.00	

TF-A9954-001 | Currency: USD

iLap Category Sequence No: 1		Current Expenditure Category: GDS,WKS,NCS,CS prt 1.2 & 4.2ii		
10,000,000.00	5,542.09	10,000,000.00	100.00	100.00
Total	10,000,000.00	5,542.09	10,000,000.00	

Expected Disbursements (in US\$)

Fiscal Year	Annual	Cumulative
2019	0.00	0.00
2020	2,681,600.00	2,681,600.00
2021	5,824,800.00	8,506,400.00
2022	8,265,200.00	16,771,600.00
2023	8,755,500.00	25,527,100.00
2024	8,455,500.00	33,982,600.00
2025	7,308,350.00	41,290,950.00
2026	6,304,450.00	47,595,400.00
2027	2,404,600.00	50,000,000.00



SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	● High	● High
Macroeconomic	● High	● High
Sector Strategies and Policies	● Moderate	● Moderate
Technical Design of Project or Program	● Moderate	● Moderate
Institutional Capacity for Implementation and Sustainability	● Moderate	● Substantial
Fiduciary	● High	● High
Environment and Social	● Moderate	● Moderate
Stakeholders	● Moderate	● Substantial
Other		
Overall	● Substantial	● Substantial

LEGAL COVENANTS – DRC Multisectoral Nutrition and Health Project (P178816)

Sections and Description

The Recipient shall, no later than sixty (60) days after the Effective Date, or such later date as agreed by the Association, update, and thereafter maintain at all times during Project implementation, the Project implementation manual (“Project Implementation Manual” or “PIM”), in form and substance satisfactory to the Association.

The Recipient shall ensure that not later than six (6) months after the Effective Date, a Preparedness Plan is prepared and adopted in form and substance acceptable to the Association.

The Recipient shall no later than ninety (90) days after the Effective Date, or such later date as agreed by the Association, recruit, under terms of reference satisfactory to the Association, and in accordance with the terms of the PIM, an External Verification Agency to conduct independent annual verifications of: (a) the BPNS delivered under Part 1 of the Project; and (b) the performance of implementing agencies (including Health Administration Directorates and Services) under the Performance Frameworks of Part 2 of the Project.

Conditions

Type	Financing source	Description
Disbursement	IBRD/IDA	Notwithstanding the provisions of Part A above, no withdrawal shall be made: (a) for payments made prior to the Signature Date; or (b) for Emergency Expenditures under Category (2),



		<p>unless and until all of the following conditions have been met in respect of said expenditures: (i) (A) the Recipient has determined that an Eligible Crisis or Emergency has occurred, and has furnished to the Association a request to withdraw Financing amounts under Category (2); and (B) the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and</p> <p>(ii) the Recipient has adopted the CERC Manual and Emergency Action Plan, in form and substance acceptable to the Association.</p>
Type Disbursement	Financing source Trust Funds	<p>Description</p> <p>For the GAFSP grant, notwithstanding the provisions of Part A of this Section no withdrawal shall be made: (a) for payments made prior to the Signature Date of this Agreement; or (b) for payments under Category (2), until and unless the Bank is satisfied that the following condition has been met, namely, that the Recipient has adopted Matching Grant Manual, in form and substance acceptable to the Bank.</p>



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Congo, Democratic Republic of
DRC Multisectoral Nutrition and Health Project

Project Development Objective(s)

The development objective of this project is to increase the utilization of nutrition-specific and nutrition-sensitive interventions targeting children 0-23 months of age and pregnant and lactating women in the project regions and to respond to an eligible crisis or emergency.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
Increase utilization of nutrition-specific/sensitive interventions targeting project beneficiaries			
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	4,000,000.00
<i>Action: This indicator has been Revised</i>			
Number of women who received health, nutrition and population services (Number)		0.00	1,500,000.00
<i>Action: This indicator has been Revised</i>			
Number of children aged 0-23 months who received essential nutrition services (Number)		0.00	2,500,000.00
<i>Action: This indicator has been Revised</i>			
Number of children who received post-natal consultations (Number)		613,684.00	816,200.00



Indicator Name	PBC	Baseline	End Target
<i>Action: This indicator has been Marked for Deletion</i>			
Number of women who received post-partum family planning services (Number)		134,806.00	138,850.00
<i>Action: This indicator has been Revised</i>			
Number of pregnant women who received iron and folic acid supplementation (Number)		42,798.00	59,917.00
<i>Action: This indicator has been Revised</i>			
Number of households that received food production kits (Number)		0.00	34,200.00
<i>Action: This indicator has been Revised</i>			
Number of beneficiaries who received cash transfers (Number)		0.00	18,000.00
<i>Action: This indicator has been Revised</i>			

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
C1: Improving the Delivery of Community Interventions and Social and Behavioral Change (Action: This Component has been Revised)			
Number of villages/neighborhoods with a NAC (Nutrition a Assis Communautaire) (Number)		0.00	1,100.00



Indicator Name	PBC	Baseline	End Target
<i>Action: This indicator has been Revised</i>			
Percentage of children 6-23 months of age who benefit from an acceptable diet (Percentage)		9.00	15.00
<i>Action: This indicator has been Revised</i>			
C2: Improving the Service Supply and Strategic Purchasing (Action: This Component has been Revised)			
Average quality of care score at health centers supported by performance-based financing (Percentage)		25.00	65.00
<i>Action: This indicator has been Revised</i>			
Percentage of children who received treatment and recovered from Severe Acute Malnutrition (SAM) in target health zones (Percentage)		45.00	70.00
<i>Action: This indicator has been Revised</i>			
Number of first-time users of modern contraception (Number)		536,001.00	577,425.00
<i>Action: This indicator has been Revised</i>			
Number of women using family planning services in targeted health zones (Number)		323,154.00	348,129.00
<i>Action: This indicator has been Revised</i>			
Number of women aged 15–49 years who received antenatal care, four times or more (Number)		216,987.00	373,760.00
<i>Action: This indicator has been Revised</i>			



Indicator Name	PBC	Baseline	End Target
Percentage of GBV/SEA/SH cases referred for management in appropriate facilities (Percentage)		0.00	100.00
<i>Action: This indicator is New</i>			
C3: Convergence Demonstration Pilot			
Number of adolescent girls who receive iron and folic acid supplements in school (Number)		0.00	18,000.00
<i>Action: This indicator has been Revised</i>			
Number of households that received biofortified crops in project zones (Number)		0.00	130,000.00
<i>Action: This indicator has been Revised</i>			
Number of loans supporting nutrition-sensitive agriculture allocated to members of Village Saving and Credit associations meeting project criteria (Number)		0.00	360.00
<i>Action: This indicator is New</i>			
C4: Capacity Strengthening and Project Management			
Number of Community Health Development Committees (CoDeSa) who submitted quarterly activity reports (Number)		0.00	1,100.00
<i>Action: This indicator has been Revised</i>			
Average community health development committee (CoDeSa) functionality score (Percentage)		0.00	70.00
<i>Action: This indicator has been Revised</i>			



Indicator Name	PBC	Baseline	End Target
Percentage of complaints addressed within the period specified in the Project Operations Manual (Percentage)		0.00	75.00
<i>Action: This indicator has been Revised</i>			
Execution rate of the Provincial Health Directorate's approved work plan (Percentage)		0.00	75.00
<i>Action: This indicator has been Revised</i>			
C5: CERC (Action: This Component is New)			
Number of children under five treated for severe acute malnutrition (SAM) (Number)		0.00	8,000.00
<i>Action: This indicator is New</i>			
Number of households that received food production kits (Number)		0.00	60,000.00
<i>Action: This indicator is New</i>			
Number of households who received cash transfers (Number)		0.00	130,000.00
<i>Action: This indicator is New</i>			

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
People who have received essential		Bi-annually	DSNIS	Routine data collection	MSP/DSNIS



health, nutrition, and population (HNP) services			database	by PRONANUT	
Number of women who received health, nutrition and population services		Bi-annually	DSNIS database	Routine data collection by PRONANUT	MSP/DSNIS
Number of children aged 0-23 months who received essential nutrition services		Bi-annually	DSNIS database	Routine data collection by PRONANUT	MSP/DSNIS
Number of children who received post-natal consultations	Sum of children who received post-natal consultation during the semester	Bi-annually	DSNIS database	Routine data collection through health facility monthly activity reports	MSP/DSNIS
Number of women who received post-partum family planning services		Bi-annually	DSNIS database	Routine data collection through health facility monthly activity reports supplemented by NGO/NSA reports	MSP/DSNIS
Number of pregnant women who received iron and folic acid supplementation		Bi-annually	DSNIS database	Routine data collection through health facility monthly activity reports	MSP/DSNIS
Number of households that received food production kits		Quarterly	Project records	FAO routine monitoring system	DEP/Minagri
Number of beneficiaries who received cash transfers		Quarterly	Reports of UGP PIP	Routine data collected by the PIP Project Implementation Unit	Ministry of social affairs



Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of villages/neighborhoods with a NAC (Nutrition a Assis Communautaire)		Annual	PRONANUT data	Routine data collection by PRONANUT	MSP/Pronanut/DSNIS
Percentage of children 6-23 months of age who benefit from an acceptable diet		Annually	Survey data	Annual surveys financed/cofinanced by the project	MSP/Pronaut
Average quality of care score at health centers supported by performance-based financing		Bi-Annually	PBF Database	PBF PDSS quality scoring used for PBF payments	EUP FBP/CT-FBR
Percentage of children who received treatment and recovered from Severe Acute Malnutrition (SAM) in target health zones		Bi-annually	PBF database	Routine data reported by the healthy facility monthly activity reports	MSP/Pronanut/DSNIS
Number of first-time users of modern contraception		Bi-annually	PBF database	Routine data reported by the healthy facility monthly activity reports supplemented by NGO/NSA data	MSP/PNSR/CT FBR
Number of women using family planning services in targeted health zones		Bi-annually	PBF database	Routine data reported by the healthy facility monthly activity reports supplemented by the NGO/NDA data	MSP/PNSR/CT FBR
Number of women aged 15–49 years who received antenatal care, four times or		Bi-annually	Performance Based	Routine data reported by the healthy facility	MSP/PNSR/CT FBR



more			Financing database	monthly activity reports	
Percentage of GBV/SEA/SH cases referred for management in appropriate facilities			Project monitoring reports		
Number of adolescent girls who receive iron and folic acid supplements in school		Quarterly	School registers	Data collected by the School Health Program	Ministry of Health, School Health Program
Number of households that received biofortified crops in project zones	Sum of households who produce fortified crops in project zones during semester	Bi-Annually	National Service of Agricultural Statistics	Data collected by HarvestPlus	DEP/Minagri
Number of loans supporting nutrition-sensitive agriculture allocated to members of Village Saving and Credit associations meeting project criteria					
Number of Community Health Development Committees (CoDeSa) who submitted quarterly activity reports		Quarterly	Project reports	Routine data collected by the project	Project management
Average community health development committee (CoDeSa) functionality score		Quarterly	TBD	Routine data collected by the project	TBD
Percentage of complaints addressed within the period specified in the Project Operations Manual		Quarterly	Project reports	Routine data collected by the project	Project management
Execution rate of the Provincial Health Directorate's approved work plan		Quarterly	Project reports	Routine data reported by the Provincial Directorates of Health	Project management



Number of children under five treated for severe acute malnutrition (SAM)	Number of children under five treated for severe acute malnutrition (SAM) through outpatient services		DSNIS database	Routine data collection through health facility registers in health zones receiving CERC support	MSP/DSNIS
Number of households that received food production kits	Sum of households that received household food production kits in the previous quarter through CERC support	Quarterly	Project records	FAO routine monitoring reports	DEP/MinAgri
Number of households who received cash transfers	Sum of households who received cash transfers during the previous quarter	Quarterly	Project records	WFP routine monitoring reports	Ministry of social affairs/WFP



Annex A: Summary of Changes to the Project Results Framework

	Indicator	Revision	Rationale for change
PDO	Number of women who received essential nutrition services	Revised indicator: Number of women who received health, nutrition, and population services	Better reflection of the PDO
PDO	Number of children who received post-natal consultations	Deleted	This indicator cannot be tracked through routine data systems, but a proxy indicator of coverage will be tracked through another PDO indicator: “number of children 0-23 months who received essential nutrition services”
PDO	Number of households that received food production kits	End target revised from 18,000 to 34,200	Reflect expansion of nutrition-sensitive agriculture activities financed under Component 3
PDO	Number of beneficiaries who received cash transfers	End target revised from 20,000 to 18,000	The project will increase coverage of cash transfers under the CERC component (monitored under the IR indicators)
Component	Indicator	Revision	Rationale for change
1	Number of villages with a NAC	End target revised from 1030 to 1100	More accurately reflect project coverage
2	Percentage of GBV/SEA/SH cases referred for management in appropriate facilities	New indicator	Align results framework with GBV Action Plan
3	Number of multipliers that received biofortified crops in project zones	Revised indicator: Number of households that received biofortified crops in project zones End target revised from 100,000 to 130,000	More accurately reflect project activities and reflect expansion of nutrition-sensitive agriculture activities



	Indicator	Revision	Rationale for change
3	Number of loans supporting nutrition-sensitive agriculture allocated to members of Village Saving and Credit associations meeting project criteria	New indicator	Reflect expansion of nutrition-sensitive agriculture activities
4	Number of Community Health Development Committees (CoDeSa) who submitted quarterly activity reports	End target revised from 1030 to 1100	More accurately reflect project coverage
4	Average community health development committee (CoDeSa) functionality score	End target revised from 50 to 75	More accurately reflect project activities
4	Percentage of complaints addressed within the period specified in the Project Operations Manual	End target revised from 75 to 100	More realistic service delivery goal
5 (CERC)	Number of children under five treated for Severe Acute Malnutrition (SAM)	New indicator	Monitor CERC implementation
5 (CERC)	Number of households that received food production kits	New indicator	Monitor CERC implementation
5 (CERC)	Number of beneficiaries who received cash transfers	New indicator	Monitor CERC implementation