Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 09-May-2022 | Report No: PIDA34076

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Congo, Democratic Republic of	P178816	DRC Multisectoral Nutrition and Health Project	P168756
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
DRC Multisectoral Nutrition and Health Project	Eastern and Southern Africa	25-Apr-2022	31-May-2022
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Democratic Republic of the Congo	National Nutrition Program (PRONANUT)

Proposed Development Objective(s) Parent

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.

Components

Improving the Delivery of Community Interventions and Social and Behavioral Change
Improving Service Supply and Strategic Purchasing
Convergence Demonstration Project
Capacity Strengthening and Project Management
CERC

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	59.00
Total Financing	59.00
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS

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

Environmental and Social Risk Classification

Moderate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **The DRC remains one of the poorest countries in the world.** With a population estimated at 89.5 million people, the DRC has the third largest population of poor globally (60 million people). While the poverty rate declined from 94.3 to 77.2 percent between 2005 and 2012 (using the international poverty line of US$1.90), the latest World Bank projections put poverty at 73.3 percent (2020)[1], an increase of 0.7 percentage points compared to 2019.[2] This recent increase is primarily due to the COVID-19 pandemic. High population growth—at more than three percent (and a fertility rate of 6.2 children per woman[3])—coupled with subdued economic growth, means the number of poor is increasing by about 1.5 million every year, and recent economic growth has not been sufficient to reduce poverty. There are significant disparities in poverty. The highest poverty rates in DRC are found in the central and northwestern provinces largely covered by forest. The highest number of poor, however, are found in the provinces along the east-west corridor (Kongo Central to Haut-Katanga), including Kinshasa, and in the east bordering the Great Lakes (Ituri, North and South Kivu).[4] These provinces are also areas most affected by conflict and violence. About 70 percent of the employed population is engaged in subsistence agriculture.

2. **The proposed AF is aligned with the initial design of the MNHP, which was 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 (DRC Multiple Indicators Cluster Survey (MICS) 2018), which is the third largest population of stunted children in Sub-Saharan Africa (after Nigeria and Ethiopia). While the prevalence of stunting has been declining on the African continent over the past decades, in the DRC it has remained nearly stagnant for the last twenty years.

3. **The MNHP builds on analytical work that shows 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 nutrition.

4. **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/emergency food insecurity. The combination of public health measures associated with COVID-19 and inflation contributed to a significant increase in acute food insecurity. 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 insecure[5], with approximately 20.5 million at crisis levels (Integrated Food Security Phase Classification (IPC) Phase 3), and 5.4 million at emergency levels (IPC Phase 4). An additional 48 million people are moderately borderline/food insecure (IPC Phase 2) 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 malnutrition. The GoDRC requested an activation of the CERC on September 22, 2021, to respond to the acute food insecurity crisis identified in the IPC 19 and validated in September 2021[6].

5. **The World Bank reviewed the Recipient's request and supporting documentation and approved a US$50 million allocation to the CERC on May 5, 2022.** The food security situation threatens to compromise the impact of the MNHP and is projected to worsen as the Russia-Ukraine conflict drives food prices higher and destabilizes global food systems. The UN Conference on Trade and Development (UNCTAD) estimated that 60-70% of the DRC's wheat imports come from Russia and Ukraine, 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. DRC will face increasing food access issues in the next six months, which will worsen during the lean season, especially for poor households, due to reductions in imports and increases in transport costs.

6. **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 quantity (DHS 2014). 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.[7]

Sectoral and Institutional Context

Relevance to Higher Level Objectives

7. **The proposed AF is fully aligned with the World Bank Group's (WBG) FY22-26 Country Partnership Framework (CPF) for the DRC[8] which supports the Recipient's strategic priorities and critical governance reforms and will guide the WBG's work for the next five years (2022-27)**. The new CPF places strong emphasis on human development, with a commitment to strengthening systems for improved access and quality of basic services. 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 would align both geographically and strategically with the CPF, as the financing would focus on scaling up

[1] World Bank, 2021: *Macro Poverty Outlook, Spring Meetings,* April 2021

[2] World Bank, 2021: *MPO*, October 2021

[3] *Institut National des Statistiques (INS), Enquête par grappes à indicateurs multiples, 2017-2018, rapport de résultats de l'enquête. Kinshasa, République Démocratique du Congo*

[4] Referred to as "leading areas" in the World Development Report 2009: Reshaping Economic Geography

[5] DRC Integrated Food Security Classification 20th Cycle, September 2021.

[6] DRC Integrated Food Security Classification 20th Cycle, September 2021

[7] 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

[8] Report No. 168084-ZR (January 24, 2022), discussed by the Board of Executive Directors on February 22, 2022.

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

8. **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 years. The DRC's 2020 Human Capital Index (HCI) score was 0.37—below the 0.40 average for SSA[9], and in 2021, DRC ranked 175th out of 189 countries on the UNDP Human Development Index. Furthermore, there are significant gender disparities, DRC ranking 175th out of 178 countries on the United Nations (UN) 2021 Gender Inequality Index. 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).

9. **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 population.[10] 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.

C. Proposed Development Objective(s)

Original PDO

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.

Current PDO

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.

Key Results

The MNHP was designed to increase the availability of a minimum package of 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.

The following PDO indictors remain relevant for the proposed AF:

[9]https://databank.worldbank.org/data/download/hci/HCI_2pager_COD.pdf?cid=GGH_e_hcpexternal_en_ext.
[10] https://covid19.who.int/region/afro/country/cd *[Accessed April 13, 2022]*

- Number of children 0-23 months of age using community nutrition services
- Number of children 6-23 months of age receiving vitamin A supplementation
- Number of children 0-11 months of age completely vaccinated
- Number of women using family planning services

D. Project Description

10. **The proposed AF would 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 Level 2 restructuring would also be processed with the AF.** The allocation of US$50 million from Component 1 to the CERC would be formalized. This would result in 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 grant from the GAFSP (US$9 million) would 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 component-wise activities that would be supported by the AF.

11. **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 would fill a financing gap caused by the activation of the CERC. This would 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 1.5 million women as planned. The activities, which will be facilitated by NGOs (contracts expected to be signed in June 2022) 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.

12. **Component 3: Convergence Demonstration Project (US$8.5 million from the GAFSP).** The AF would 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 would 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 would receive support under this component through the 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 Bank-financed Agriculture operation *Projet*

Integre de Croissance Agricole dans le Grands Lacs Projet Regional (PICAGL; P143307). For the agriculture interventions, households with food production capacity and with children under two and/or pregnant women would be prioritized. Selection of the intervention zones would 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.

13. **The Project Coordination Team (PCT) would sign a technical assistance (TA) agreement with FAO to expand their current support under the parent Project[11] to reach an additional 16,200 households with agriculture production kits and small livestock.** The TA from FAO would 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 AF would also extend the dissemination of biofortified seeds to reach an additional 30, 000 farmers[12] through quality seed production and multiplication by community structures with an emphasis on reaching women (at least 60%). The project would finance a competitively procured technical assistance contract to identify and contract local partners, including NGOs, farmer associations and cooperatives working in targeted areas for the production of bio-fortified crops. The technical assistance would support the National Institute for Agricultural Studies and Research (INERA) and National Seed Service (SENASEM), Ministry of Agriculture (MinAgri) and National Agriculture Extension Service (SNV) to manage the dissemination of bio-fortified crops to farmers. To implement capacity building activities, the AF would build on lessons learned from previous Agriculture projects in the region (see Annex 2). The AF would finance training of MinAgri extension agents and MinAgri in the additional intervention areas in Tanganyika and South Kivu.

14. **To support resilience of the local economy and nutrition-sensitive entrepreneurship, the proposed AF would support establishment of at least 600 Village Saving and Credit Associations (***Associations Villageoises d'Epargne 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 would support establishment of AVECs with a focus on women (at least 60% of AVEC participants), who would 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 Bank financed agriculture project in the same geographic area (PICAGL; P143307), matching grants of up to US$ 1000 would be provided to AVECs meeting established criteria. The AF would 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% of AVEC members receiving loans through a

[11] 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

[12] 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

matching grant mechanism); (iv). Implementation procedures, based on FAO's extensive experience with AVECs, would be developed and included in the Project Implementation Manual and receive non-objection from the World Bank prior to commencement of support to the AVECs. Further details are provided in Annex 2.

15. **Component 4): Capacity Strengthening and Project Management (US$0.5 million total (US$0.5 million from GAFSP.** The AF resources allocated to this component would support project coordination and M&E, as well as all aspects of management (including fiduciary matters, procurement, knowledge management, communication, and monitoring of E&S safeguards measures. This component would also support capacity strengthening to improve data management and use, including: evaluation of the nutrition-sensitive agriculture component.

16. The table below summarizes the Project costs and financing with the proposed restructuring and additional financing:

Components (C)	Original IDA Grant	TF GFF	Proposed Restructuring of IDA original	AF	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	55.50
C4. Capacity Strengthening and Project Management	28.0	2.2	28.0	0.5	30.5
C5. CERC	0	0	50.0	0	50.0
TOTAL	**492**	**10**	**492**	**59**	**560.8**

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

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E. Implementation

Institutional and Implementation Arrangements.

17. **The implementation arrangements would remain the same.** The Project is anchored in the MOH. Through the Project Technical Committee, which is already in place and led by 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, would continue to provide strategic and operational guidance.

18. **The PCT that is already in place would continue to manage the AF.** This team includes a Project Manager; two dedicated procurement specialists; E&S specialists, an M&E specialist; a financial management (FM) and an agriculture specialist, all based in Kinshasa. Provincial level technical assistance has already been recruited, with four health specialists based in each of the provinces to support the project activities. To support the proposed AF, 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 would be engaged at provincial level in Kasai, Kasai Central, Kwilu, and South Kivu. The existing Project Implementation Manual (PIM) would 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 would 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.

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