



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 04/20/2022 | Report No: ESRSAFA393



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Congo, Democratic Republic of	AFRICA EAST	Democratic Republic of the Congo	National Nutrition Program (PRONANUT)
Project ID	Project Name		
P178816	DRC Multisectoral Nutrition and Health Project		
Parent Project ID (if any)	Parent Project Name		
P168756	DRC Multisectoral Nutrition and Health Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/25/2022	5/31/2022

Proposed Development Objective

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.

Financing (in USD Million)	Amount
Current Financing	502.00
Proposed Additional Financing	99.00
Total Proposed Financing	601.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

Yes

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

Public Disclosure



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), an increase of 0.7 percentage points compared to 2019. 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)—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). These provinces are also areas most affected by conflict and violence. About 70 percent of the employed population is engaged in subsistence agriculture.

The GoDRC's request for AF supports the initial design of the MNHP, which was designed 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, with important impacts on 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.

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.

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 knife's edge 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, and heavy rains and flooding and soil erosion also impacted agricultural productivity. An estimated 27 million people in the DRC are highly food insecure, with approximately 20.5 million at crisis levels (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 Integrated Food Security Phase Classification (IPC) 19 and validated in September 2021.



The World Bank reviewed the Government's request and supporting documentation and will approve a US\$50 million allocation to the CERC in April 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.

The extremely underdeveloped provinces where the parent Project is active (Kasai, Kasai Central, South Kivu and Kwilu) have health needs that are higher than anticipated, leaving a substantial portion of the population underserved and unable to access the minimum package of Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (RMNCAH-N) services through health facilities. An extensive health facility assessment in the first year of MNHP implementation found that only 5 percent of the facilities in the selected provinces met the Ministry of Health's (MoH) basic requirements in medicines and commodities, basic equipment, solar power, and water, sanitation and hygiene (WASH). In the absence of these, essential health services for women and children would be of poor quality. The needs were much higher than anticipated in the project provinces and moreover inflation has increased the costs of materials and goods. As a result, the parent project will only be able to finance equipping and refurbishing 50 percent of the facilities in the project provinces, leaving the other 50 percent of facilities without viable health services for the population.

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 nutrition 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.

The proposed AF would also address the high need for nutrition-sensitive interventions to promote longer term resilience and nutrition and food security through increasing vulnerable household access to biofortified crops and household food production kits.

The additional financing will support the following activities:

Component 1: Improving the Delivery of Community Interventions and Social and Behavioral Change (US\$50 million IDA). 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.

Component 2 (US\$37.75 million from GFF): Improving Service Supply and Strategic Purchasing (US\$40 million, GFF). This component would contribute to achievement of the development objectives by supporting health facilities that do not have the basic complement of structural and process inputs to provide quality RMNCAH-N essential services in the project areas and that cannot be supported by the MNHP due to a financing gap . The proposed activities under this component would be implemented in the uncovered health zones in the existing four provinces. The AF would ensure that facilities that were not supported under the original Project and hence, could not be contracted under performance-based financing to enable strategic purchasing of health services, will be provided a package of basic inputs. Specifically, 964 health facilities that were not contracted under PBF would be provided an essential package of medications and equipment with an enhanced operating budget that would reach an estimated 3.4 million beneficiaries, including over 700,000 women of reproductive age and 647,000 children under five. Of these, 60 health centers and 12 general reference hospitals, which do not have sufficient physical infrastructure, would be renovated to ensure safe and client-centered premises, which would include, most critically, solar panels for reliable electricity supply and WASH supplies that comply with the World Bank’s own WASH in Healthcare Facilities Toolkit. An assessment after six months would identify which facilities could be contracted to receive PBF or Direct Facility Financing (DFF) following existing implementation arrangements with the EUPs.

Component 3 (US\$8.5 million from GAFSP): Convergence Demonstration Project. 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 the high fragility because of conflict and insecurity and subsequent high rates of malnutrition. 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.

The PCU would sign a TA agreement with FAO to expand their current support under the Parent Project 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 through quality seed production and multiplication by community structures with an emphasis on reaching women (at least 60%). The project would finance a technical assistance contract between the PCU and HarvestPlus to support the National Institute for Agricultural Studies and Research (INERA) and National Seed Service (SENASEM). HarvestPlus would work with the Ministry of Agriculture (MinAgri) and National Agriculture Extension Service (SNV) to identify and contract local partners, including NGOs, farmer associations and cooperatives working in targeted areas for the production of bio-fortified crops. As soon as there are enough quality seeds and cuttings available, HarvestPlus would undertake training of MinAgri, SNV and partner agents so that they can 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.

To support resilience of the local economy and nutrition-sensitive entrepreneurship, the AF would 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 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 – Projet Integre de Croissance Agricole dans le Grands Lacs Projet Regional (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 matching grants 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.

Component 4 (US\$2.275 million total (US\$2.25 million from GFF; US\$0.5 million from GAFSP): Capacity Strengthening and Project Management. 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: (i) integrated data platforms; (ii) RMNACH-N resource mapping and expenditure tracking; (ii) surveys to support implementation and monitor trends in service utilization; and (iii) evaluation of the nutrition-sensitive agriculture component.

Component 5: Contingency Emergency Response Component. This component will be available for rapid response in the event of an eligible emergency, subject to request from the GoDRC.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The Parent Project is being implemented in four (04) provinces with the highest rates of chronic malnutrition: Kwilu, Kasai, Kasai Central, and Sud Kivu. Kwilu, Kasai and Kasai Central are adjacent each other and generally located in the western central part of the country, with both Kasai and Kasai Central bordering Angola to the south. Sud Kivu is in the far-eastern part of the country, bordering Uganda and Rwanda and Lakes Kivu and Tanganyika to the east. This project aims 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 DRC Multisectoral Nutrition and Health Project (MNHP) was approved by the Board on May 28, 2019 and declared effective on April 21, 2020. The implementation of the Project is approximately 15 months behind schedule due to several factors including



a delayed effectiveness due to a long government and parliamentary approval process, which was followed by a delay in opening the project designated account due to a portfolio-wide freeze resulting from lapsed loans in the DRC. Implementation was further slowed down by the COVID-19 lockdown and restrictions on gatherings (December 2020 -July 2021) and strikes of nurses and doctors (June – July 2021), as well as a lengthy process of negotiation of key contracts with several United Nations agencies on the application of environmental and social standards in the implementation of their activities under the MNHP. The PCU is currently in the process of launching project activities in health and nutrition at the provincial level. Activities that may lead to potential E&S risks and impacts have not yet start on the ground.

The MNHP Additional Financing is preparing to support additional needs to enhance nutrition and food security, including responding to the acute food security crisis as the scale of the crisis in the DRC is increasing. The activities of the AF are aligned with the activities already carried out under the parent project, with the addition of the province of Tanganyika under component 3 and the addition of a new activity in South Kivu and Tanganyika. There are no changes envisioned to the Project Development Objective and the AF will maintain the previous components of the operation. Geographic expansion is envisioned under component 3 by adding Tanganyika province. which is located in the south-eastern part of the DRC, on the shores of Lake Tanganyika.

The AF will support components 1, 2, 3 and 4 as described below:

Component 1: the 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 reaching vulnerable populations under Component 1, as well as expansion of key services to underserved beneficiaries. 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. No new activity and geographic expansion are envisioned under this component.

Component 2: under this component, the AF would ensure that the facilities that were not supported under the parent Project and hence, could not be contracted under performance-based financing to enable strategic purchasing of health services, will be provided a package of basic inputs. Specifically, 964 health facilities that were not contracted under PBF would be provided an essential package of medications and equipment. Of these, 60 health centers and 12 general reference hospitals, which do not have sufficient physical infrastructure, would be renovated to ensure safe and client-centered premises, which would include, most critically, solar panels for reliable electricity supply and WASH supplies that comply with the World Bank’s own WASH in Healthcare Facilities Toolkit. No new activity and geographic expansion are envisioned under this component.

Component 3: 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 the high fragility because of conflict and insecurity and subsequent high rates of malnutrition. 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. The TA would also finance increased production of biofortified seeds and crops to extend the dissemination of biofortified seeds to reach an additional 30 000 farmers through quality seed production and multiplication by community structures with an emphasis on



reaching women (at least 60%). Total number supported under the parent project is 100 000 households. Geographic expansion is envisioned under the AF by adding Tanganyika province.

Under this component, the AF will finance a new activity which would support establishment of at least 600 Village Saving and Credit Associations (Associations Villageoises d'Épargne et de Crédit [AVEC]) to support resilience of the local economy and nutrition-sensitive entrepreneurship. This activity will be implemented in South Kivu and Tanganyika.

Component 5 Contingent Emergency Response Component (CERC) allows for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently. The CERC is expected to be activated in April 2022. The Government of DRC (GoDRC) requested in September 2021 to activate the CERC for US\$50 million to allow the DRC to respond to the acute food security crisis. In agreement with the GoDRC, the activities to be funded under the CERC are detailed in a multisectoral Emergency Response Action Plan (EAP) prepared by the GoDRC with support from UNICEF, World Food Program (WFP) and FAO. The EAP finances a prioritized set of activities from the United Nations Humanitarian Response Plan for DRC for 2022, which was launched by UN partners with the Government of DRC on February 17, 2022 following validation of the Integrated Phase Classification (IPC) assessment that showed that the food security crisis is worsening. The CERC response will be provided in two phases: (i) first phase to respond in areas already covered under the project (in the provinces of Kasai and Kasai Central) immediately upon activation of the CERC (April 2022); and the second phase to respond in areas not currently covered under the project (in the province of Kasai Oriental). The key activities supported by the CERC and which will be implemented by the UN partners are: (i) enhancing social safety-nets through targeted cash transfers; (ii) providing targeted household food production kits; (iii) increasing access to nutrition services for prioritized populations; and (iv) water, sanitation and hygiene (WASH). This is an evolving plan and budget, as the crisis unfolds in the country.

Indigenous Peoples, as defined by the Bank, are known to inhabit at least three of the four provinces (Kasai, Kasai Central and South Kivu). Within the 4 provinces, the project will be implemented in 47 (60%) out of the total 78 health zones with the highest population density and the best connectivity. The population of the 47 selected health zones accounts for nearly 70% of the total population of four provinces. In the additional provinces including Tanganyika, the presence of the Indigenous People is effective and known from all.

Project activities relevant to the ESSs include mainly Component 1, 2, 3 and 5. Activities under component 1 will deliver essential nutrition commodities to health facilities which will likely lead the risks in the transportation, distribution and warehousing. Similar risks are also expected from the activities of component 3 consisting in the transport and distribution of nutritional products. Other activities under component 3 will increase agriculture activities and geographic expansion. In addition, a new activity has been added under this component which will promote post-harvest and value addition activities of bio-fortified produce and livestock sourced foods. Activities under component 2 will include rehabilitation works of the healthcare facilities, will carry some environmental and social risks and impacts. Although the project is financing rehabilitation directly, the ESF applies to all phases which includes the operation of these facilities which may increase the production of biomedical waste. Activities under component 5 would cover activities to be carried out by the project in the event of an emergency.

D. 2. Borrower's Institutional Capacity

The implementation arrangements would remain the same. The Project is anchored in the Ministry of Health. 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 PCU of the full health portfolio which includes an environmental specialist, a social specialist, and a gender-based violence specialist, would continue to manage the AF. E&S specialists are familiar with ESF as this PCU manages four (4) health projects in which three (3) projects are implementing under ESF, especially P168756/DRC-Multisectoral Nutrition and Health Project; P167817/Regional Disease Surveillance Systems Enhancement; and P173825/DRC COVID-19 Strategic Preparedness and Response Project. Considering the limited number of E&S staff to ensure close monitoring of the implementation of the full health portfolio, four (4) additional E&S specialists will be recruited no later than two months after the project effectiveness and will be based in four (4) provinces (Kwilu, Kasai, Kasai Central and Bukavu). The Bank's E&S specialists will continue to support environmental and social capacity building activities for the preparation of E&S documents required by the AF activities.

About the activities related to the CERC, they will be carried out through a partnership with FAO, WFP, and UNICEF. These agencies are not familiar with ESF. To address this gap, the ESF requirements will be included in their contracts/MOU. In addition, as the activities to be implemented by FAO and UNICEF may lead potential E&S risks and impacts, each of the two agencies should recruit an E&S specialists to ensure the implementation of the E&S measures in field. It will not be required to WSP to have an E&S specialist as their activities may lead only low E&S risks. However, WSP should identify a staff within his team who will manage the complaints. The PCU E&S specialists will provide close support to UN agencies to ensure that all E&S measures included in the E&S instruments are properly implemented during the project implementation.

The Ministry of Environment, Conservation and Sustainable Development (MECNDD) governs environmental policies and their compliance. The MECNDD's technical agency in charge of environmental and social monitoring and management is the National Agency for the Environment (Agence Congolaise de l'Environnement or ACE). In accordance with Law No. 11/009 of July 9, 2011 on fundamental principles relating to the protection of the environment and Decree No. 14/030 of November 18, 2014 establishing the statutes of a public establishment called the Congolese Environment Agency 'ACE', ACE's purpose is the evaluation and approval of all environmental and social studies as well as the monitoring of their implementation. It is familiar with the Bank's safeguard policies. Although its head office is located in Kinshasa, ACE has already established offices in some provinces but it doesn't have offices in the provinces targeted by the project. This agency remains understaffed with limited financial capacity, and despite several donor-funded capacity-building initiatives, it still largely relies on donor funds to carry out its field supervision duties. Capacity building is thus required to enable this structure to play its role fully, particularly in the context of the ESF. Despite its familiarity with the Bank's Safeguard policies, ACE does not have much prior experience working with the Bank's Environmental and Social Framework (ESF). Its capacity with ESF will continue to be strengthened through the project.

The parent project has a "Satisfactory" overall environmental and social performance and compliance. E&S commitments made by the Borrower in its Environmental and Social Commitment Plan (ESCP), which were negotiated and agreed under the parent project are met. The implementation of the parent project experienced a delay of more than 15 months due to the COVID-19 situation. The PCU continues to work on launching various project activities, most of which have not yet started. The PCU is currently in the process of launching project activities in health and nutrition at the provincial level. Activities that may lead to potential E&S risks and impacts have not yet start on the ground.



II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The environmental risk rating under the parent project is Moderate and remains Moderate in consideration of the AF. The AF activities will be of a similar type to activities undertaken under the parent project and implemented under similar circumstances. No substantial or irreversible impacts from the project's activities are expected but some of them may have potential adverse direct, indirect and cumulative risks and impacts on the environment. Through component 2, the project will finance the rehabilitation works, especially the renovation of 60 health centers and 12 general reference hospitals to ensure safe and client-centered premises, which would include most critically solar panels for reliable electricity supply and WASH supplies. Potential impacts can be related to occupational health and safety of workers, community health and safety, disposal and management of construction waste, impacts on water quality as well as dust, noise, air emissions, and nuisances related to air and noise emissions during rehabilitation works. No major civil works are envisioned. These impacts can be easily manage through good practice construction environmental management procedures. Also under this component, the project will provide an essential package of medications and equipment which will increase of people having access to 964 healthcare facilities. This will increase the production of biomedical waste which could constitute a reservoir of potentially harmful micro-organisms susceptible of infecting hospital patients, medical workers and the public if not well managed. Other risks and impacts related to the operation of 964 health centers could include the management and disposal medical waste, health and safety of medical workers, managing the safety of medications through appropriate cold chain, etc. These risks and impacts should be continue to be managed through the existing Biomedical Waste Management Plan (BMWP) prepared by the project. Component 3 would enable the project to scale up the number of households with an additional 16,200 households receiving food production kits and biofortified seeds and crops to establish more nutrition-sensitive and resilient agriculture production. The project also supports the delivery of small livestock which may increase the risks related to livestock activities. It is intended to stimulate an increase in agriculture production and livestock activity and if poorly managed, this could have impacts on environmental quality of rivers, could contribute to degradation of forests during the clearing, the disturbance and destruction of natural habitats and sensitive ecosystems, the destruction of microfauna and organic matter with GHG emissions in the case of slash-and-burn agriculture, the risk of pollution by an increase in the use of pesticides. Appropriate measures including in the existing Pest Management Plan (PMP) will continue to be applied for the AF activities. Other environmental risks could also arise from traffic safety for the transportation and distribution of nutritional products and fire and life safety for warehouse/storage facilities. Ongoing support through Technical Assistance under component 3 with the Food and Agriculture Organization of the UN (FAO) and HarvestPlus will continue to be funded by the project. The environmental considerations that are already contained in their current contracts will continue to be applied to the expansion of their support. Additional potential environmental risks and impacts could also arise from the activities of Village Saving and Credit Associations (AVEC) that will be supported by the project. It is envisaged to support investment by village groups and individuals in infrastructure including processing, sorting, storage, drying, packaging, transport and marketing facilities. These investments, which will be supported by matching grants of up to \$1,000, will be small in scale

Public Disclosure



Social Risk Rating

Moderate

On the social side, the project itself does not involve significant or irreversible social impacts and the anticipated impacts (including possible minor acquisition of land/restriction of land use especially for the construction of warehouses or storage facilities for harvested agricultural products), labor and working conditions (including minimal labor influx), and potential impacts to community health and safety can be managed/mitigated. Still now, the overall project activities is not started except the building capacities conducted by HarvestPlus NGO, one of the project partners. This risk rating will be reassessed once potential subproject sites and specific project activities have been identified and their propensity for GBV risks can be determined. As noted the client has no experience or capacity in applying the expanded ESF beyond aspects that are generally included in the OP's, and significant efforts including the preparation of ESF Instruments, follow up of project activities, environmental and social reporting development will be required to capacitate the borrower at both national and local level and familiarize them with the expanded social and environmental remit. All these must be scheduled taking in account the start of project activities. The AF project activities are the same as the parent project except the additional province. This additional province, Tanganyika, has the security and conflict issue which require an security risk assessment before starting of project activities in the work site. This risk can be mitigated by a safety management plan or the measures inserted in the site ESMP. Given the past conflict between the Indigenous People and their neighbor Bantu community, one of mitigation measures is to use security agency or Monusco around the activities area. Currently, that is, during the month of April 2022, there are killings between IPs and Bantu communities in Nyunzu territory. According to our latest information, some soldiers have been killed by the IPs. The best mitigation measure is to avoid activities in Nyunzu territory, although in some areas it is somewhat calm.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating

Substantial

The parent project was rated as moderate regarding SEA/SH risk, but based on the results of recent consultations launched, the AF has been rated as substantial. According to these consultation: (i) social dynamics may be altered due to project activities, increasing the risk of gender based violence (GBV), including intimate partner violence; (ii) due to the extreme vulnerability of the communities, women and adolescent girls may be convinced by their husbands and family members to become pregnant, in order to obtain the benefits of project activities, for instance benefit from the cash transfer initiative, and; (iii) in remote areas with poor communication infrastructure, likelihood of direct interaction between project stakeholders and beneficiaries are higher and create SEA/SH opportunities, in addition to supervision difficulties. In addition, the level of risk is also justified by the national context, in which more than half (50.7%) of DRC women reporting having experienced physical or sexual intimate partner violence, and more than a quarter of women (27%) report having experienced sexual violence in their lifetime, both data points being higher than the regional average.. For all of the above, a number of risk mitigation measures will be outlined and put in place to adequately prevent, mitigate and response to SEAH risk in harmony with the Action Plan developed by the parent project, and will be consider the recommendations of the Violence Against Women and Girls resources guide of Health Secor Brief and Social Protection Brief

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

Public Disclosure



Key environmental and social risks and impacts are mainly related to AF activities under component 2 and 3 and, are expected to be: biomedical waste management, disposal and management of construction waste, nuisances related to air and noise emissions during rehabilitation works, risk of forests degradation during clearing, pest management, occupational health and safety and biosafety risks, community health and safety, labor and working conditions, etc. Additionally, there are security issues in some provinces that could impact the project. The PCU 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.

Under the parent project, E&S instruments were prepared, cleared, and disclosed in 2019. These included the Environmental and Social Management Framework (ESMF), Resettlement Policy Framework (RPF), Indigenous People Policy Framework (IPPF), Biomedical Waste Management Plan (BWMP), Labor Management Procedures (LMP) and Pest Management Plan (PMP). The ESCP and a Stakeholder Engagement Plan (SEP) were also prepared and disclosed in February 2019.

All activities under component 1 and 2 are already covered under the existing E&S instruments. To cover E&S risks and impacts related to AF activities under component 3, in particular the geographical expansion of agriculture activities in Tanganyika and the new activity through AVEC in South Kivu and Tanganyika, the ESMF of the parent project will be updated to provide guidance and a process for AF activities on screening, identifying, assessing and implementing the appropriate environmental and social risk management instruments that will need to be prepared to assess and manage risks and impacts from sub-projects consistent with ESS1 and relevant ESSs, such as Environmental and Social Management Plans (ESMPs), checklist EMPs and other simple forms of assessment and management tools. It will also contain appropriate measures associated with occupational and community health and safety such as transmission of communicable diseases e.g COVID-19. The updated ESMF will be cleared, consulted upon, and disclosed no later than two months after project effectiveness and before the commencement of AF activities.

A CERC-ESMF was developed and approved by the Bank and disclosed March 8, 2022, to guide the CERC response in Kasai and Kasai Centrale. Following the guidelines in the Emergency Action Plan (approved by the World Bank on March 29, 2022), the CERC-ESMF and other relevant instruments including the SEP, RPF, IPPF will be updated before further CERC activities are rolled out to Kasai Oriental.

Regarding issues relating to waste management practices in healthcare facilities, the Biomedical Waste Management Plan (BWMP) of the parent project will be updated to include any gaps related to waste management practices of health facilities to be supported under AF and its geographic expansion

The Environmental and Social Commitment Plan (ESCP) and Stakeholder Engagement Plan (SEP) of the parent project are being updated and disclosed prior to appraisal, and other instruments of the parent project including Pest Management Plan (PMP), Resettlement Policy Framework (RPF), Indigenous Peoples Planning Framework (IPPF) and the Labor Management Procedures (LMP) will be updated and disclosed no later than two months after project effectiveness.

Furthermore, the project prepared the Stakeholder Engagement Plan (SEP) including a Grievance Redress Mechanism (GRM) sensitive to SEA/SH complaints. The project will address the gaps through the implementation of the updated Environmental and Social Commitment Plan (ESCP), as well as targeted training and support to the environmental and social specialists in the PIU and those delivering the program in the provinces.



The parent project has developed an integrated SEA/SH prevention, mitigation and response Action Plan (AP) for the whole HPN portfolio, currently at stage of implementation and relevant for this AF.

All Technical Assistance activities under the AF that include the production crops and distribution of bio-fortified to additional households will continue to be implemented by FAO and HarvestPlus will need to address relevant E&S aspects to ensure that TA products are consistent with ESF.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. In consultation with the Bank the client has prepared and will implement an inclusive Stakeholder Engagement Plan (SEP) proportional to the nature and scale of the project and associated risks and impacts.

The parent project developed a draft SEP which was disclosed on March 19, 2019. This SEP should be revised or updated, consulted and disclosed prior to appraisal and will be finalized and re-disclosed taking in account meaningful consultation in the new province of Tanganyika for the AF and Kasai- Oriental for the CERC Activities prior to project activity implementation on site. The client will seek stakeholder feedback and opportunities for proposed future engagement, ensuring that all consultations are inclusive and accessible (both in format and location) and through channels that are suitable in the local context.

The Borrower will engage in meaningful consultations with all stakeholders throughout the project life cycle, paying particular attention to the inclusion of vulnerable and disadvantaged groups (including the elderly, persons with disabilities, female headed households and orphans and vulnerable children). The Borrower will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

Given the geographically dispersed nature of the population in the project area, a recommendation is that community liaison officers or NGOs could be identified in the affected communities and engaged to implement the SEP under the guidance of the PIU.

As part of the environmental and social assessment, the Borrower will maintain and disclose a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.

The grievance redress mechanism (GRM) sensitive to SEA/SH already under implementation by the parent project will cover the AF, and will handle SEA/SH complaints in an ethical and confidential manner, following a survivor-centered approach. The response mechanism will include a referral pathway for survivors. The consultations will provide information about specific AF risks, including SEA/SH, and the effectiveness and relevance of mitigation measures included in the portfolio SEA/SH AP in order to modify and adapt them to the risks as needed. As the activities are not yet effective in the field, the effectiveness of the GRM for the Nutrition Project will only be known after the effective start of the activities. However, being a Ministry of Health project, the PIU-PDSS GRM will be used for this project as well. This GRM collects complaints and manages them to avoid conflicts and blockages.



B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

ESS2 remains relevant to the project. The Borrower has prepared Labor Management Procedures (LMP) for the parent project which set out the way in which project workers will be managed in accordance with the requirements of national law and ESS2. This includes terms and conditions of employment, non-discrimination and equal opportunity, and the establishment of workers' organizations. The project includes civil servants, direct workers, contractors, primary supply workers and community workers.

The LMP includes measures to ensure that labor measures are in place for voluntary and paid workers, and that the health and safety of workers, especially women, are given adequate attention in the parent project and the AF in Tanganyika. The project also will not hire child labor, except as set out in ESS 2. It also have the details of the grievance redress mechanism for workers and the roles and responsibilities for monitoring such workers, the mechanism includes specific procedures to handle SEA/SH complaints in a safety and confidential manner, following a survivor centered-approach.

Measures to prevent and mitigate potential SEA/SH risks involving project workers will be included in contractor and worker contracts and codes of conduct, that will be signed by all workers, including measures to addressing Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) behaviors and prohibitions against sexual activity with anyone under the age of 18, and all staff will be trained regularly on GBV, including SEA/SH risks and consequences, content of code of conduct and how to denounce SEA/SH incidents.

Measures relating to occupational health and safety, to project workers from injury, illness, or impacts associated with exposure to hazards encountered in the workplace, are addressed in the ESMF and will be incorporated into the subproject ESA instruments. The OHS measures will take into account the World Bank Group's General Environment, Health and Safety Guidelines (EHSGs), the EHSGs for Health Care Facilities and other Good International Industry Practices (GIIP).

The LMP was disclosed on March 19, 2019, and will be updated in order to take into account the the additional province under AF and disclosed no later than two months after project effectiveness.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 remains relevant to the project.

Resources & raw material: The environmental impact of the infrastructure has been assessed in the existing ESMF of the parent project. The required building material will potentially include stones, sand, concrete blocks or timber must be obtained from authorized quarries. The project is not anticipated to be a significant user of water and energy use. The rehabilitation of healthcare facilities include installation of solar panels for reliable electricity supply.



Vegetation and soil loss: In terms of soil loss, the project will ensure that soils on which the agricultural activities will take place, are not disturbed.

Air emissions: During the rehabilitation of healthcare infrastructures, air emissions may include fugitive dust. Those most likely to be affected are people living within the proximity of these infrastructure sites. The implementation of mitigation measures such as dust suppression and vehicle maintenance will be applied to minimize the impact of air emissions during rehabilitation works, and residual impacts are expected to be limited in scope and duration. In addition, air emissions are anticipated from incineration of biomedical waste by health care facilities, including nitrous oxides. These emissions are expected to be reduced through installation of new artisanal incinerators, as part of implementation of the BWMP, meeting minimum WHO specifications for GIIP.

Waste management: Waste is mainly expected from the rehabilitation works of healthcare facilities and the increase of people having access to health care facilities (biomedical). Regarding the rehabilitation works, potential impacts can be related to occupational health and safety of workers, community health and safety, disposal and management of construction waste, impacts on water quality as well as dust, noise, air emissions, and nuisances related to air and noise emissions during rehabilitation works. The ESMF of the parent project identified good practice construction environmental management procedures mitigation measures. When required, site-specific ESMPs will be prepared on the basis of the provisions of the ESMF for rehabilitation works that include guidance related to collection, handling, transportation, disposal and management of construction waste. Regarding healthcare facilities operation, the BWMP of the parent project identified significant gaps in existing practices for the management of biomedical waste, including improper on and offsite dumping and disposal and use of incinerators that don't meet minimum WHO GIIP standards for combustion temperatures (800-1200 degrees Celsius). The BWMP includes measures for contracted health care facilities to manage biomedical waste consistent with the EHSGs for Health Care Facilities. The existing BWMP for the parent project will be updated to incorporate the AF and its geographic expansion and disclosed no later than two months after project effectiveness.

The popularization of biofortified seeds and crops and promotion of biofortified varieties through additional farmers will continue under the AF. An existing Pesticide Management Plan (PMP) prepared under the Kasai emergency program and used for the parent project will be updated to address potential use of pesticides for agriculture activities under the AF and its geographic expansion. The updated PMP will be disclosed no later than two months after project effectiveness.

The AF activities are anticipated to generate negligible greenhouse gas emissions (GHGs). To further minimize these emissions, appropriate measures have been included in the existing ESMF, especially in the adoption of good practices during the agriculture activities.

ESS4 Community Health and Safety

ESS4 remains relevant to the project. The planned rehabilitation works may contain potential community health and safety (OHS) risks. Potential risks/impacts on communities and workers could include dust, noise, construction waste generation, etc. Other environmental risks could also arise from traffic safety for the transportation and distribution of nutritional products and fire and life safety for warehouse/storage facilities. The updated ESMF will identify all



risks/impacts associated to ESS4 and include appropriate mitigation measures, which will be detailed in ESMPs to be prepared during project implementation, as necessary.

However, SEA/SH incidents and communicable diseases may occur even with NGOs or any other institutions supporting local communities, especially if the communities are rural, remote or small. The updated ESMF will include clauses to avoid, minimize, and mitigate any potential impact. However, the AF activities in the additional province including Tanganyika could involve a few labor influx in the work site. This risk could be minimized in the site ESMP. Given past conflicts in Tanganyika Province between IPs and neighboring Bantu communities that have led to deaths and kidnappings, a risk assessment is required to allow for the implementation of appropriate measures, including the development of a security management plan or simply mitigation measures that will be integrated into the site's ESMP prior to the start of activities.

As mentioned above, the additional province including Tanganyika has the security and conflict issue which require an security assessment before starting of project activities in the work site. The PCU 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.

Based on country risks and related activities. The SEA/SH AP is relevant for this AF, notwithstanding, and it will be adapted considering the AF specific risks, if needed. A community awareness-raising strategy will be developed to inform the communities about identified risks and consequences, prohibited behaviors, and GRM procedures to report SEA/SH incidents safely and confidentially, including locally available GBV service providers. In addition, the project will identify GBV service providers in the areas of intervention, including an evaluation of the quality of identified services. In addition, the project will elaborate a referral pathway for SEA/SH survivors, which will include, at a minimum, quality medical services, psychosocial assistance, and legal support.

The project will apply the universal access approach during the rehabilitation works when technically possible to take into account the needs of patients with disabilities as well as health workers and visitors accessing healthcare facilities. The project will also ensure that all existing healthcare facilities include appropriate fire and life safety measures, including the incorporation of local building codes and fire department regulations.

COVID-19 risks could be exacerbated by the project and need to be addressed at the community level through responsible action. The Borrower will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community in line with WHO guidelines on "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" as well as the Africa CDC guideline on "Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19 in Africa". The updated ESMF will provide appropriate measures in accordance with WHO guidelines for COVID-19 to prevent or minimize the spread of infectious diseases among workers and local community. The Project will also support information and awareness-raising measures in the community.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



The Project may undertake land acquisition leading to physical displacement. As the sites and works are not yet known, the project prepared a draft RPF which was disclosed in DRC on March 19, 2019. The RPF will be finalized and re-disclosed by Bank Board Approval. If needed, site-specific RAPS will be prepared, consulted upon, disclosed and implemented for subproject sites before any project works are to begin. However, taking in account the additional provinces activities including Tanganyika and Kasai-Oriental for the CERC activities, the recipient shall update, consult and disclose this draft RPF prior to the project implementation.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 remains relevant. The updated ESMF will provide guidance on screening and mitigation measures to ensure that project activities under the AF related to agriculture do not alter or cause destruction of any critical or sensitive natural habitats.

Relevant requirements of ESS6 are related to the project include the production and distribution of small animal livestock for the complimentary pilots in Component 3. As already planned under the parent project but not yet prepared, 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 IFC Good Practice Note on Good Practice Note on Improving Animal Welfare in Livestock Operations. The project is not anticipated to adversely impact natural or critical habitats.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

There is the presence of Indigenous Communities in Kasai, Kasai Central and Sud Kivu Provinces. The project prepared a draft Indigenous Peoples Policy Framework (IPPF), which provides guidance on meaningful consultation (in a culturally appropriate manner), and ensure inclusion of the Batwa/Pygmy populations in the Provinces. The IPPF also addresses harm and, based on initial consultations, identifies mitigation measures for any adverse impacts and proposals for culturally appropriate benefits. The draft IPPF was disclosed in DRC on March 19, 2019 and will be finalized and re-disclosed in country and on the World Bank external website prior to World Bank Board Approval. In view of the addition of Tanganyika which also has an effective presence of Indigenous People, the Draft IPPF shall be updated, consulted and disclosed prior to the project implementation and not the Kasai-Oriental province because there is no presence of IPs.

ESS8 Cultural Heritage

The project will not affect or involve risks to cultural heritage. However, a Chance Finds protocol prepared for the parent project and included in the existing ESMF will continue to be applied under the AF. The protocol will be applied as needed once specific sub-project sites are identified

ESS9 Financial Intermediaries

This standard is not relevant, as the project is not an FI operation



B.3 Other Relevant Project Risks

Security issues in some of the provinces are expected to have an impact on the project’s E&S supervision including Tanganyika and South-Kivu Provinces..

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

Labor and employment conditions

IV. CONTACT POINTS

World Bank

Contact:	Lisa Shireen Saldanha	Title:	Nutrition Specialist
Telephone No:	5220+32093	Email:	lsaldanha@worldbank.org

Contact:	Wezi Marianne Msisha	Title:	Senior Health Specialist
Telephone No:	5369+3203 / 27-12-7423203	Email:	wmsisha@worldbank.org

Borrower/Client/Recipient

Borrower: Democratic Republic of the Congo

Implementing Agency(ies)

Implementing Agency: National Nutrition Program (PRONANUT)

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Wezi Marianne Msisha, Lisa Shireen Saldanha
Practice Manager (ENR/Social)	Africa Eshogba Olojoba Cleared on 20-Apr-2022 at 05:07:49 GMT-04:00