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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 25-Mar-2020 | Report No: PIDA29006



BASIC INFORMATION

A. Basic Project Data

Country Congo, Democratic Republic of	Project ID P173825	Project Name DRC COVID-19 Strategic Preparedness and Response Project (SPRP)	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 02-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Democratic Republic of Congo	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to strengthen the DRC government capacity to prepare for and respond to the COVID-19 pandemic with a focus on selected provinces.

Components

- Component 1: Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness
- Component 2: Communication campaign, Community Engagement and Behavior change
- Component 3: Implementation Management and Monitoring & Evaluation
- Component 4: Contingency Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	47.20
Total Financing	47.20
of which IBRD/IDA	47.20
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	47.20
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IDA Credit	23.60
IDA Grant	23.60

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

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Other Decision (as needed)

B. Introduction and Context

Country Context

- DRC’s epidemiological profile, as well as its geographical and environmental diversity make it prone to many health challenges.** With a territory of close to 2.3 million square kilometers, DRC is the largest country in Sub-Saharan Africa. It shares about 9,000 km of borders with nine countries and has a population of approximately 90 million people. The population is young - about 43 percent is less than 15-years of age. Conflict, continued insecurity, poor service delivery and limited access to services have led to persistently high poverty and weakened economic development. In 2018, DRC had a Gross Domestic Product (GDP) per capita of US\$562, and 73 percent of the population—equaling 60 million people—lived on less than \$1.9 a day.¹ The country has a life expectancy at birth of 60 years (2017), and the top causes of death—the same over the past decade—include malaria, lower respiratory infections, neonatal disorders, and tuberculosis (2017).² In 2018, infant and under-five mortality were 43 and 70 deaths per 1,000 live births respectively.³ In 2014, maternal mortality stood at 846 deaths per 100,000 live births—one of the highest in the world.⁴ Women in DRC, and particularly in the East, experience high levels of sexual and gender-based violence as part of the ongoing conflict. Malnutrition and inadequate access to water and sanitation services are primary drivers of death and disability and

¹ World Bank. 2020. World Development Indicators.

² IHME. 2020. Democratic Republic of Congo. Accessed March 18, 2020 from <http://www.healthdata.org/democratic-republic-congo>.

³ INS, 2019. Enquête par grappes à indicateurs multiples, 2017-2018, rapport de résultats de l’enquête. Kinshasa, République Démocratique du Congo.

⁴ *Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) et ICF International, 2014. Enquête Démographique et de Santé en République Démocratique du Congo 2013-2014.* Rockville, Maryland, USA : MPSMRM, MSP et ICF International.



have remained consistent between 2007 and 2017.⁵ While the prevalence of chronic malnutrition (stunting) has declined on the African continent over the past two decades, it has been stagnant in the DRC at 44.4 percent in 2001, 45.8 percent in 2007, 43.5 percent in 2010 and 42.6 percent in 2013.⁶ DRC ranked 146 among 157 countries on the 2018 Human Capital Index: a child born in DRC today will attain only 37 percent of human capital as a productive adult (18-year-old), given the risks of poor health and education she faces in the country.⁷

2. **DRC is currently witnessing the tail-end of its tenth Ebola Virus Disease (EVD10) outbreak in North Kivu, Ituri and South Kivu provinces.** The outbreak is now the second largest in history after the 2014-16 West African Outbreak, and worst in DRC. As of March 16, 2020, EVD10 had infected approximately 3,444 confirmed and probable cases in 29 health zones, resulting in 2,264 deaths (and an overall case fatality ratio of 66 percent).⁸ DRC was home to the first known Ebola outbreak in 1976, and the country has had multiple recent Ebola outbreaks (2012, 2014, 2017 and 2018). Beyond Ebola, DRC has regular outbreaks of diseases of international concern, such as cholera, measles, yellow fever, monkey pox, and plague, most of which begin in remote areas and are discovered weeks after the first cases appear. While EVD10 has garnered substantial funding and international attention, DRC has been facing concurrent Cholera and Measles outbreaks that have resulted in greater morbidity and mortality. Cholera is considered endemic to the region, whereas measles resulted in 341,389 cases and 6412 deaths between December 31, 2018 and March 1, 2020.⁹ Fragility, conflict and violence across the country are a challenge to rapidly identifying and containing outbreaks.
3. **The government gained critical experience during the EVD10 response that will rapidly inform the COVID-19 response.** Coordination and leadership were critical given the number of actors involved in the response. Development of a single response plan that was adopted by all partners with a streamlined budget. The plan was implemented under the leadership of the Ministry of Health, which helped increase the efficiency of the response. The plan assigned essential public health interventions to co-leads for implementation.
4. **Even with a rapid and effective response, the COVID-19 pandemic will have a significant effect on the country's already weak economy.** The global economic impact of COVID-19 is already evident and reaches well beyond the disease's impact on morbidity and mortality. The Chinese economy has slowed, interrupting production and global supply chains. Transport has been limited or restricted between and within countries. School closures, social distancing and voluntary or mandated isolation have changed people's behavior and productivity. Global financial markets have responded to the vast uncertainty among consumers and firms, with stock indices plummeting. In DRC and other low- and middle-income countries, the economic consequences of the pandemic will likely be substantial. DRC could face weaker growth, and the diversion of public resources away from ongoing development efforts. With an economy that is

⁵ IHME, 2020.

⁶ *Ministère du Plan et Macro International*, 2008 ; MPSMRM, 2014; INS 2019.

⁷ World Bank. 2019. *World Development Report 2019: The Changing Nature of Work*. World Bank: Washington, DC.

⁸ WHO. 2020. *Ebola in the Democratic Republic of Congo: Health Emergency Update*. Accessed March 18, 2020 from <https://www.who.int/emergencies/diseases/ebola/drc-2019>

⁹ WHO. 2020. *Measles and Rubella Surveillance*. Accessed March 18, 2020 from

https://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/



highly dependent on mining products, mining accounting for more than 90 percent of total exports (of which over 40 percent go to China), an international drop in the trade of raw materials, minerals, and agriculture products will significantly affect DRC's revenues. In addition, local transmission of COVID-19 and its spread to provinces and rural areas with minimal health infrastructure, personnel, and equipment will disrupt the economy and have lasting impacts on human capital formation.

Sectoral and Institutional Context

DRC's Health System

5. **Despite years of support and institutional capacity development, DRC's health system remains weak and poorly equipped to face COVID-19.** The country has 0.09 physicians per 1,000 inhabitants¹⁰ and health facilities have been abandoned or destroyed in many regions due to insecurity and limited investment. In Kinshasa, the capital home to 10-12 million people, there are five public hospitals, all of which are in urgent need of support to address common health issues, let alone respond to a surge in demand brought on by COVID-19. In the provinces, the health system is equally ill equipped to respond to a pandemic. According to the Emergency Response Plan prepared by the Ministry of Health in 2017, out of the 1,077 health facilities in the Kasai province, 29 percent were destroyed or looted during the recent crisis, 32 percent experienced increased demand for care due to influx of internally-displaced persons, and 13 percent were abandoned by health staff who fled fearing for their safety.¹¹ Similar situations exist in other provinces.
6. **Quality of care throughout the country remains very poor.** Performance of health workers (absenteeism, clinical quality of care, interpersonal skills) is poor, health facilities have insufficient financial resources, the average availability of essential medicines is low and highly uneven between provinces and therapeutic classes, the range of services available at health facilities is limited, and the convenience of services (operating hours, proximity) is inadequate. A key concern during the EVD10 response was improving Infection Prevention and Control (IPC) due to the high prevalence of nosocomial infections and expanding hygiene and sanitation facilities at health clinics to protect health workers and avoid spread within facilities. Such high prevalence of nosocomial infections was observed in private health clinics run by traditional healers where the population primarily seeks care. Furthermore, lack of access to reliable clean water in communities throughout the country will constrain attempts to implement appropriate hygiene measures. Given the highly contagious nature of COVID-19, IPC will be a concern when it comes to providing adequate protection to health workers and minimizing the spread of infection.
7. **Households have limited financial risk protection from catastrophic health expenditures.** Current Health Expenditure (CHE) in DRC is low in absolute term and by international standards, as is domestic spending on health. CHE per capita in DRC amounted to US\$21.80 in 2016, below the US\$37 average for low-income countries.¹² Donors are the main spenders on health in DRC,

¹⁰ World Development Indicators, 2020.

¹¹ Kismul H., Acharya P., Mapatano M., Hatloy A. 2017. Determinants of Childhood Stunting in the Democratic Republic of Congo: Further Analysis of Demographic and Health Survey 2013–14.

¹² Programme National des Comptes Nationaux de la Santé (PNCNS). 2018. Rapport sur les comptes de la santé RDC 2016.



followed by households through out-of-pocket spending.¹³ Government spending represents only 12 percent of CHE.¹⁴ Over the last decade, health represented about 4 to 5 percent of the total budget (4.8 percent in 2016), way below the 15 percent Abuja target albeit the last 2 years, health as share of the national budget amounted 10 percent.¹⁵ Four percent of households encountered catastrophic health expenditure in 2012,¹⁶ but the prevalence was four time higher among the poorest (8 percent) than among the richest (2 percent). The limited financial protection provided to households, specifically the poorest, means that during a COVID-19 outbreak, many people may be pushed further into poverty due to catastrophic health expenditures.¹⁷ While progress towards Universal Health Coverage (UHC) is a priority for the government, as reflected in the 2019-2022 health sector development strategy (*Plan National de Développement Sanitaire – PNDS recadré*), the objectives are yet to be realized. The plan provides an orientation for mobilizing and pooling resources for the health sector.

Initial Government Response to COVID-19

8. **The first COVID-19 case was confirmed in DRC on March 10, 2020 in the provinces of Kinshasa.** As of March 24, 2020, the country recorded 45 confirmed cases. All cases have been in Kinshasa. The first case of local transmission was identified on March 17, 2020. Ten health zones¹⁸ have been affected, all of which have limited service availability. Similar to many other countries, DRC faces daunting challenges because local transmission is occurring. The disease is also spreading rapidly across Africa: as of 24 March 2020, 1,988 total COVID-19 cases and 58 (CFR 3%) deaths have been reported in 43 African countries.¹⁹ The nine countries that share borders with DRC have reported a total of 73 cases as of March 24, 2020 with no deaths. Burundi and South Sudan have not yet reported cases. Angola, Central African Republic, Congo, Tanzania, Uganda and Zimbabwe all have cases. The global situation indicates that both the number of cases can escalate, and type of transmission (imported versus local) can change rapidly.

9. **The government has established a two layered coordination mechanism to respond to COVID-19.** The mechanism follows International Health Regulations and aims to establish an efficient multisectoral coordination system to monitor health emergencies as they arise. For the COVID-19 response, a national level committee provides strategic oversight, whereas provincial level committees provide operational support. At the national level, a **Multisectoral Crisis Committee for COVID-19** chaired by the Prime Minister ensures strategic coordination with participation from all key ministries, which include health, budget, social affairs, interior and security, communication and media. The Minister of Health is the Permanent Secretary of the Multisectoral Committee. The Multisectoral Crisis Committee is supported by the **National Technical COVID-19 Committee** that provides technical expertise and ensures management and oversight of the national strategy for COVID-19. The National Technical Committee serves as an umbrella for five

PNCNS : Kinshasa.

¹³ PNCNS, 2018.

¹⁴ PNCNS, 2018.

¹⁵ PNCNS, 2018.

¹⁶ Enquête 1, 2, 3, 2012.

¹⁷ PNCNS, 2018.

¹⁸ Health Zones in Kinshasa affected are Gombe, Binza, Kintambo, Bandal, Kas aVubu, Kinshasa, Limete, Kalamu, Ndjili et Selembao.

¹⁹ Africa CDC. March 24, 2020. Outbreak Brief #10: Coronavirus Disease 2019 (COVID-19) Pandemic.



working groups with an incident management system. At the provincial level, a **Provincial Coordination Committee** is chaired by the Governor of each province, with the Provincial Health Department responsible for organizing the relevant subcommittees. The National Technical COVID-19 Committee convenes daily and assesses working groups reports and information generated from decentralized levels. It also draws on information provided by the Public Health Emergency Operations Center (COUSP), established in 2017 to gather and analyze information and resources to support incident management activities. COUSP was activated to manage EVD10, as well as the ongoing Cholera and Measles outbreaks.

10. **The government has developed a National Strategic Preparedness and Response Plan on COVID-19, which was shared with stakeholders on March 16, 2020 for review.** The Preparedness and Response Plan follows World Health Organization (WHO) guidelines for COVID-19, dated February 12, 2020. It was developed in collaboration with multiple donors, including the United Kingdom's Department for International Development, WHO, United States Agency for International Development, US Centers for Disease Control (CDC), United Nations Children's Fund (UNICEF), the Government of Canada, European Union and Belgium Embassy. It aims to:

- i. Strengthen technical and operational coordination of activities to prepare for and respond COVID-19 through existing mechanisms and partnerships;
- ii. Develop and implement early detection of suspected cases of COVID-19 with or without epidemiological links (including monitoring of travelers with or without epidemiological links) at entry points (airports, ports and other border posts), health facilities and in the community;
- iii. Respond quickly and effectively to any suspected or confirmed case of COVID-19 through surveillance (case investigation, contact tracing, alerts, surveillance at points of entry), isolation, referral and laboratory confirmation, optimized psychosocial and medical care, preventive measures and infection control; and
- iv. Develop and implement an aggressive communication campaign, awareness programs, and handwashing and social distancing measures for behavioral change in the community, including communication at entry points and to airline companies.²⁰

11. **The government is taking unprecedented measures to limit risks to the population of DRC.** On March 18, 2020, the President outlined steps that will be taken to contain the virus. Most notably, as of Friday March 20, 2020, all flights from at-risk countries are suspended (with the exception of cargo planes and other means of freight transport). All people, upon arrival at a national boarder, are required to complete an information sheet and have their temperature tested and suspected cases are quarantined for 14 days. In terms of social gatherings, all meetings of more than 20 people in public or outside the home are prohibited; schools, universities, higher official and private institutes are closed for four weeks starting March 19, 2020; and all sporting events, restaurants, and mourning halls are suspended or closed until further notice. On March 24, 2020, the government declared a state of emergency and increased measures to contain the spread of disease. Most notably, all travel from Kinshasa to the Provinces and Provinces towards Kinshasa

²⁰ These four areas are corresponding with the Technical Working Groups of the response. The plan outlines eight areas: i) coordination and emergency public health operation centers, ii) epidemiological surveillance and points of entry, iii) prevention and control of infections and biosecurity, iv) laboratory, v) medical care, vi) psychosocial care, vii) communication on risks and community engagement, and viii) logistics.



was halted to confine the capital.

C. Proposed Development Objective(s)

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Development Objective(s) (From PAD)

The Project Development Objective (PDO) is to strengthen the DRC government capacity to prepare and respond to the COVID-19 pandemic with a focus on selected provinces.

Key Results

12. The PDO will be monitored through the following PDO level outcome indicators:

- Percentage of targeted provinces with pandemic preparedness and response plans per Ministry of Health Guidelines
- Percentage of targeted health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks
- Number of health staff trained in infection prevention control per MOH-approved protocols in targeted provinces

D. Project Description

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13. **The DRC operation addresses national preparedness and response systems while focusing on selected provinces.** The proposed project is aligned with the country COVID-19 preparedness and response plan that has a total estimated cost of US\$130 million. World Bank support will focus on strategic activities that will provide a platform for aligning donors. In addition to intervening at the national level through coordination, strategic planning, and monitoring and evaluation (M&E), the project will support Kinshasa and its hinterland (Bas-Congo, Kwango, and Kwilu) in developing a *Cordon Sanitaire* to limit the spread of the epidemic outside of Kinshasa where local transmission has already started. Concurrently, it will strengthen the health system's capacity to respond to a surge of COVID-19 cases. Lubumbashi and Goma will be reinforced to provide testing capacity and health care for acute emergency cases (including a package aimed at enhancing provincial coordination, M&E and implementation capacity by bolstering provincial level hospitals, laboratories, communication and social distinction campaigns). However, as the epidemic is evolving so rapidly, the geographical focus of the project might evolve as well.



Component 1: Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness (US\$37 million)

14. This component aims to provide:

- i. Immediate support to prevent COVID-19 from spreading and limiting local transmission through containment strategies;
- ii. Support for institutional development with a comprehensive platform for better coordination between the national and provincial levels to address health issues, including epidemics and other common widespread diseases; and
- iii. Support for rehabilitation and equipment at selected primary health care facilities and hospitals for the delivery of critical medical services with proper IPC measures, and to cope with increased demand for services posed by the pandemic.

15. The threefold aim will contribute to the enhancement of disease detection capacities through training of technical staff, the provision of laboratory equipment and systems to ensure prompt case finding and contact tracing. It will enable DRC to mobilize surge response capacity through trained and well-equipped frontline health workers. It will support development of a policy dialogue framework at the provincial level and build provinces' capacity to engage and coordinate with the national level. The policy framework will be implemented in selected areas where provincial hospitals and a laboratories will be upgraded and equipped for COVID-19 through staff training, WASH and communication for behavior change programs.

16. As COVID-19 will place a substantial burden on inpatient and outpatient health care services, the component will develop intra-hospital IPC measures. This will include necessary improvements in blood transfusion services to ensure the availability of safe blood products. This will also include support for intensive care facilities within hospitals with medical equipment and training of health teams. There will be support for ensuring access to safe water and basic sanitation in health facilities, as well as to strengthen medical waste management and disposal systems, provision of critical medical supplies, diagnostic reagents, including kits.

17. The component will also cover other operational expenses such as those related to mobilization of health teams and hazard/indemnity pay consistent with the Government's applicable policies. Support will be provided to improve access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and population. Subcomponents include:

Sub-Component 1.1 Early Case Detection, Laboratory Confirmation, Contact Tracing, Recording, Reporting.

18. This sub-component aims to: (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection, isolation, safe transport, referral and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support case investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional



support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information drawing on the system developed during the last Ebola outbreak.

Sub-Component 1.2: Health System Strengthening.

19. **This sub-component aims to support the health care system for preparedness planning to provide optimal medical care, maintain essential community services and minimize risks for patients and health personnel.** It will include training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity would be achieved through harmonized development plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines. Also, strategies will be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

Sub-Component 1.3: Infrastructure (observatories, reference labs, clinical capacity), equipment, reagents and commodities and building analytical and assessment capacity embedded within National Primary Human Health Systems.

20. **The sub-component aims to strengthen prevention and response planning for EIDs in the context of human and animal health.** It will support simulation exercises in selected provinces. It will lay the foundations for the REDISSE IV operation to make the linkages between the One Health system at the central level with the human health system supported by the COVID-19 operation at the provincial level. It will build a more comprehensive One Health system at the provincial level and ensure synergies between the provinces and central level.

21. **The sub-component will enhance zoonotic diseases information systems through development of a uniform disease information system in DRC.** This will be part of the control program to provide stronger analytical capacity to enable the country to participate in global disease information sharing, complying with their obligations as members of OIE and WHO. This will contribute to improved global and regional control of COVID-19 and other emerging infectious diseases. The system will be linked to rapid and standardized methods of routine analysis of surveillance data, which would demonstrate important changes in animal health, and promptly supply this information to field personnel.

Component 2: Communication Campaign, Community Engagement and Behavior change (US\$7.2 million)

22. **This component will include communication campaign activities that develop and test key messages and materials for COVID-19 and enhance infrastructure to disseminate information from national to state and local levels and between the public and private sectors.**



Communication activities will support cost effective and sustainable methods such as marketing of handwashing and social distancing through various communication channels (mass media, counseling, schools, workplace and integrated into specific interventions). It will include outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Support will be provided for information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. In DRC, community mobilization takes place through institutions that reach the local population, especially in rural areas (i.e. church, tribal leaders, CSOs). In addition, support will be provided for: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on COVID-19; (ii) general preventive measures such as “dos” and “don’ts” for the general public; (iii) information and guidelines for health care providers; (iv) training modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis; (vii) support to establish and maintain a grievance mechanism (such a call center) to directly engage with citizen to collect their views and with government agencies and other stakeholders to report on the outbreak, and services rendered to citizens within the preparedness and response national plan for COVID-19. Experienced NGOs would be contracted for the implementation of community-based activities, including WASH activities in coordination with health zone and provincial level management.

23. **The component will support community engagement throughout the response.** Support will be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement, similar to what was used during the EVD10 response, including to address issues such as inclusion and healthcare worker’s safety. This component will support rebuilding community and citizen trust that can be eroded during crises. This component will also include community-based animal disease surveillance and early warning networks. It will support the establishment at the community level of early warning systems to support a robust emergency reporting and feedback system against notifiable diseases. A critical objective of the sub-component is to improve the commitment of all participants of the “epidemiological surveillance networks”. The project will also support training for animal health workers organizations.
24. **Support will be provided for social distancing and behavioral changes.** Financing will be made available to develop guidelines on social distancing measures to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the Ministry of Health on the caring of health and other personnel involved in pandemic control activities. Additional preventive actions will be supported that will complement social distancing (i.e., personal hygiene promotion, including promoting handwashing, and distribution and use of masks), along with increased awareness and promotion of community participation in slowing the spread of the pandemic.

Component 3: Implementation Management and Monitoring and Evaluation (M&E) (US\$3 million)

25. **Support to strengthen public structures for Project coordination and management will be**



provided, including central and provincial arrangements for coordination of activities, financial management and procurement. Relevant structures will be strengthened by the recruitment of additional staff and consultants responsible for overall administration, procurement, gender based violence, safeguards, and financial management under the PDSS implementation unit. To this end, the project will support costs associated with project coordination as well as M&E system. This component will support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

Component 4: Contingency Emergency Response Component (CERC)

- 26. **Following an eligible crisis or event, clients may request the World Bank to re-allocate project funds to support additional emergency response.** This component would draw from the uncommitted credit or grant resources under the project from other project components to cover emergency response. CERCs can be activated without needing to first restructure the Original Project, thus facilitating rapid implementation. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated. In anticipation of such an event, this sub-component will improve the Government’s response capacity in the event of an emergency, following the procedures governed by the Investment Project Financing Bank Policy paragraphs 12 and 13, for situations of urgent need of assistance.

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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- 27. **The project will have positive impacts because it should improve COVID-19 surveillance, monitoring and containment.** However, the project is anticipated to have adverse environmental and social risks and impacts on human populations and biophysical environment because it will support a range of activities. Activities include procurement of goods, consultancy services, technical assistance, training, workshops, and monitoring and evaluation, as well as rehabilitation and construction of health facilities and laboratories. The operation is likely to have significant or potential adverse social impacts on indigenous peoples, the poor, and/or other



vulnerable groups (such as displaced persons and/or refugees). The project has the potential to contribute directly to increased social fragility or conflict.

28. The project is being implemented under the Environmental and Social Framework (ESF), and due to the novelty of COVID19 and the challenging health context in the country, the project is rated **Substantial** for Environmental risks and **Substantial** for Social risks. The relevant Environmental and Social Standards (ESSs) are: ESS1 (Assessment and Management of Environmental and Social Risks and Impacts); ESS2 (Labor and Working Conditions); ESS3 (Resource Efficiency and Pollution Prevention and Management); ESS4 (Community Health and Safety); ESS7 (Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities); and 10 (Stakeholder Engagement and Information Disclosure).
29. **Environmental issues:** Key environmental risks are: (i) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19), and (ii) occupational health and safety issues related to testing, handling, transporting, disposing of supplies and medical samples, and upgrading of designated health facilities/laboratories. The public health facilities or quarantine centers which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous waste. These impacts are not envisaged to be significant or irreversible. They are expected to be site specific, limited to existing health facilities.
30. **Social Risk Issues:** Key social risks are those related to (i) marginalized and vulnerable social groups (including indigenous peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project, (ii) social conflicts resulting from false rumors and misinformation, (iii) issues resulting from people being kept in quarantine, including stigma faced by those being admitted to treatment or isolation facilities, and (iv) risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries.
31. **GBV/SEA/SH Risks:** An early GBV risk assessment based was conducted and determined that GBV risk is Substantial. GBV risks are mainly related to contextual risks, but also to project and COVID-19 specific risks. In DRC, intimate partners violence (IPV) and sexual exploitation (SE) are higher than the regional average. There is also a high risk of child marriage and restrictive gender norms often result in violence acceptability. The project's implementation area further exacerbates the GBV risks given the humanitarian setting and the remoteness of some area, which may hinder accessibility and supervision of female workers and beneficiaries. Early indications from other COVID-19-impacted countries suggest that the COVID-19 emergency might further increase the likelihood of GBV in DRC.²¹

²¹ Based on the experience of countries which have been strongly hit by the virus, such as China and Italy, there has been an increase of domestic violence during the epidemic. After the virus outbreak, various countries also reported the increase of other forms of GBV, including violence against women and girls (VAWG) in emergency settings, sexual exploitation and violence by state officials and armed guards, workplace violence in the health sector, and racial and sexual harassment



32. In order to mitigate these risks, a GBV/SEA/SH prevention and protection Action Plan will be developed. Based on the Good Practice Note Addressing Sexual Exploitation and Abuse and Sexual Harassment (GPN SEA/SH) in Investment Project Financing Involving Major Civil Works, the project will set up a series of prevention, mitigation and response measures to address the GBV risks. Specifically, the project will develop a GBV/SEA/SH prevention and protection Action Plan, which will include measures to address GBV risks, including an Accountability and Response Framework, worker's Codes of Conduct, and SEA/SH Awareness Raising Strategy to sensitize workers and local communities. The Framework will specify how allegations of GBV/SEA/SH will be handled, as well as the GBV response protocol, including details on service providers to which GBV/SEA/SH survivors will be referred to. Given the contextual and project's SEA/SH risks, the project will recruit a GBV Specialist within the PIU. Monitoring GBV risk and impacts will be included as part of the overall project M&E and the project will look for opportunities to collaborate with other projects addressing GBV issues in provinces where this is feasible. Finally, the project-level GRM will include specific measures to confidentially and safely collect and register GBV cases utilizing a human-centered approach and ensuring a clear referral path to services for GBV survivors.

Environmental and social risk management instruments:

33. **This project is operating as an emergency operation.** To mitigate against environmental risks, the project will develop and implement an Environmental and Social Management Framework (ESMF) to be prepared within 2 months after the Effectiveness Date. It will include an indicative measures for the preparation during project implementation of Infection Control and Waste Management Plan (ICWMP) as well as a template for preparing Environmental and Social Management Plans (ESMPs), as necessary for isolation centers to be rehabilitated (or constructed). It will also outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements.

34. **The ESMF and project activities will apply good international industry practice for infectious disease control as established by the WHO, and medical waste management.** The project is not expected to incur resettlement, or impact natural habitats, or cultural sites. Any rehabilitation and/or construction activities of health facilities including isolation centers will develop and implement an ESMP, integrating the risks and mitigation measures during the preparation and construction phase. This document will be approved before the start of works.

35. **Security personnel:** In case screening posts, quarantine and isolation centers are to be protected or operated by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. Government security personnel deployed to provide security or other services as part of implementing activities related to the Project will managed consistent with the requirements of ESS4 and World Bank



guidance on Use of Military Forces to Assist in Covid-19 Operations.

36. **Environmental and Social Commitment Plan (ESCP):** The Borrower has prepared jointly with the Bank an ESCP, which includes environmental and social measures, to which the Borrower is committed, including the preparation of environmental and social instruments during project implementation. Mitigation measures for site-specific impacts will be managed through the implementation of required safeguards instruments to be prepared as per the ESMF. Relevant capacity building measures will be included in the ESMF and ESCP, and an environmental Specialist to be recruited by the PDSS will provide support for the project's overall environmental aspects.
37. **Institutional capacity:** The PDSS-PIU has a certain experience in implementing World Bank financed projects. However, it is also managing several other health projects. As a result, this project will hire two additional experts (one environment and one Social) who will support the project with the monitoring of environmental and social risks management. A GBV specialist also will need to be hired to join the team of experts. The E&S specialists will need capacity building to be able to help the project respond to the requirements of the ESF in terms of E&S risks and impacts management, including GBV/SEA/SH risks.
38. **Stakeholder Engagement:** A initial Stakeholder Engagement Plan (SEP) has been developed and disclosed prior to project appraisal on XXXXXXXX. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It will be updated periodically as necessary, via the inclusion of a Risk Communication and Community Engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020). The project will also draw on other recently-available resources for carrying out stakeholder engagement in the context of COVID-19, including the World Bank's "Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (March 20, 2020).
39. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The SEP will support project activities related to a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Borrower will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including GBV/SEA/SH, and the proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited mobility, as well as women and children. GBV consultations will be focused on understanding women and girls' experience, their wellbeing, health and safety concerns as it relates to COVID-19 prevention and



response initiatives.

40. **Grievance Redress Mechanism (GRM):** A project-wide grievance redress mechanism (GRM), sensitive to GBV/EAS/HS risks, and proportionate to the potential risks and impacts of the project will be established. Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19.
41. **Labor Management Procedures (LMP):** The Project will follow the applicable requirements of ESS2, including preparation of Labor Management Procedures to protect, implementing adequate occupational health and safety measures for healthcare and laboratory personnel (despite the challenge of growing global shortages of PPE (masks, gloves, etc.) due to the worldwide COVID-19 response) and other Project workers (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.
42. **Occupational Health and Safety (OHS):** To ensure health and safety of workers, and any other person that can be affected by project activities ruction and operational phases, contractors will develop and implement a Health, Safety and Environmental plan in line with World Bank Environment, Health and Safety Guidelines (for construction activities), and International Good Practices.
43. **Resource Efficiency and Pollution Prevention and Management:** Highly infectious medical waste is expected from the handling of COVID-19 samples. Medical and chemical wastes are expected to be generated from medical facilities and laboratories, and their transportation and disposal may cause risks related to ESS3. In addition, rehabilitation and/or construction of medical facilities, health facilities, or isolation facilities may pose risks related to air quality, noise, construction wastes, etc. As noted above, the Borrower will develop and implement an ESMF, including templates an ICWMP and ESMPs as necessary for rehabilitation or construction of The ICWMP will follow WHO COVID-19 guidance documents and other best international practices.

Note: To view the Environmental and Social Risks and Impacts, please refer to the Appraisal Stage ESRS Document.
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E. Implementation

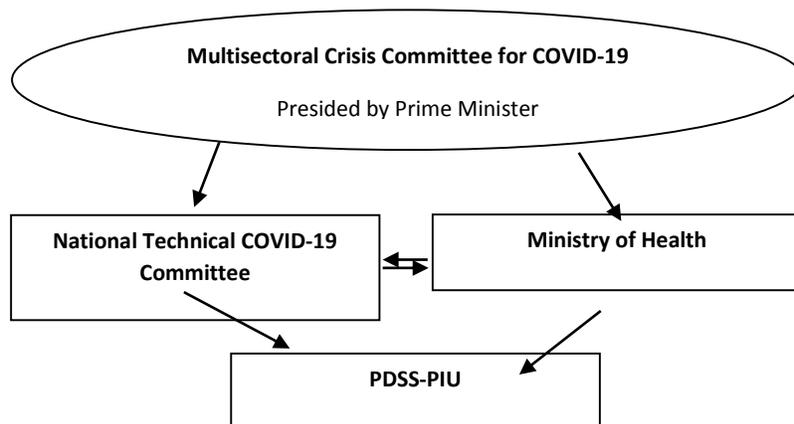
Institutional and Implementation Arrangements

44. **Strategic leadership for the Project will be provided through the leadership of the *Multisectoral Crisis Committee for COVID-19* presided by the Prime Minister with the Ministry of Health as Permanent Secretary.** The *Ministry of Health* is the government entity responsible for managing and implementing Project activities. The Ministry of Health will be accountable for meeting



project objectives, and providing oversight, monitoring and evaluation of project activities. The Multisectoral Crisis Committee for COVID-19 has a **National Technical COVID-19 Committee** with five working groups monitoring the implementation of each pillar of the response, the implementation of an Incident Management System with two incidents managers (one managing preparedness in provinces and the second focusing on Kinshasa). The National Technical Committee is headed by the National Technical Coordinator who is the Director of the National Health Laboratory and Biomedical Institute (INRB). The **Project Implementation Unit (PDSS-PIU)** will be the one currently coordinating and implementing the various Health, Nutrition, and Population projects, including PDSS, the Multisectoral Nutrition Project and REDISSE IV. The PDSS-PIU will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. Figure 3 presents the institutional arrangements.

Figure 3: Project Institutional Arrangements



45. **While the COVID-19 pandemic is ongoing, the National Technical COVID-19 Committee will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project.** This will be aligned with the DRC National COVID-19 Response and Preparedness Planned validated by the Government and its partners in March 2020. Once the pandemic is declared over in DRC, the Ministry of Health will have overall responsibility for the project. It will be managed by the **National Steering Committee on Health** (Comité National de Pilotage) which manages other health projects such as PDSS and the Multi-sectoral Nutrition Project, under the responsibility of the Secretary General for Health. In this situation, the National Steering Committee on Health will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project. The National Steering Committee on Health will be chaired by the Minister of Health and made up of representatives from all project beneficiary ministries.
46. **The National Technical Committee put in place by the Prime Minister under the leadership of the Director of the INRB will provide overall operational guidance.** It will also provide general oversight of Project implementation, performance monitoring, cross-sectoral coordination and



consistency with sector policy and strategies, development of the Annual Work Plans and Budgets, procurement plans and progress reports. It will report to the national steering committee and as needs arise to the Multisectoral Committee at its request.

47. **Financial management and procurement will be assured by the PDSS-PIU according to the existing procedures.** Large goods and services will be handled by a COVID-19 fiduciary team. The PDSS PIU will: (i) prepare the annual work plans and budgets for onward transmission to the National Coordination Committee; (ii) carry out disbursements and procurement in accordance with World Bank procedures; (iii) prepare and consolidate periodic progress reports; (iv) monitor and evaluate project activities; and (v) liaise with stakeholders on issues related to implementation. The PDS-PIU will report on a monthly basis a summary of the Interim Financial Report showing the sources and uses of funds and cash forecast for the next three months. The report will provide an update on key activities, contracts and critical issues to bring to attention. The report will be made available to the **Comite Interministeriel de Coordination** ten days following the month end. More details will be provided in the Project Implementation Manual (PIM) being updated.
48. **The PDSS-PIU will be expanded to allow for efficient and effective implementation.** A separate fiduciary team will be assigned within the PDSS-PIU to focus on the fiduciary management and monitoring, and evaluation of the proposed activities as defined in the COVID-19 Plan. At minimum, the additional PIU staff appointed will include: a) a focal point, who will ensure efficient implementation of the various project components carried out in collaboration with other relevant ministries; b) a financial management specialist; c) an accountant; d) a procurement specialist; and e) a financial controller appointed by the Ministry of Finance and located within the PDSS-PIU (more details will be in implementation manual).

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