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Report No: PAD3263

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED THIRD ADDITIONAL GRANT

IN THE AMOUNT OF SDR 85.7 MILLION
(US$120 MILLION EQUIVALENT)

TO THE

DEMOCRATIC REPUBLIC OF CONGO

FOR THE

HEALTH SYSTEM STRENGTHENING FOR BETTER MATERNAL AND CHILD HEALTH RESULTS PROJECT

February 13, 2019

Health, Nutrition & Population Global Practice
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective December 31, 2018)

Currency Unit =	SDR
0.714 SDR =	US$1

FISCAL YEAR
January 1 - December 31

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AfDB	African Development Bank
CDC	Centers for Disease Control and Prevention
CEE	Center of Excellence for Ebola
CERC	Contingency Emergency Response Component
CERIP	Contingency Emergency Response Implementation Plan
CGPMP	Ministry's Procurement Unit *(Cellule de Gestion de la Passation des Marchés)*
DEP	Planning and Evaluation Directorat (*Direction de la Planification et Evaluation)*
DFID	Department for International Development (United Kingdom)
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Office
ERRP	Ebola Emergency Response Project
ESMF	Environmental and Social Management Framework
EUP	Public Utilities
EVD	Ebola Virus Outbreak
GAVI	The Vaccine Alliance
GBV	Gender-Based Violence
GF	Global Fund
GFF	Global Financing Facility
GRS	Grievance Redress Service
HCWMP	Health Care Waste Management Plan
HNP	Health, Nutrition and Population
HRITF	Health Results Innovation Trust Fund
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IMAM	Integrated Management of Acute Malnutrition
IBRD	International Bank for Reconstruction and Development
IP	Implementation Progress
IPF	Investment Project Financing

IPP	Indigenous Peoples Planning
MOH	Ministry of Health
NGOs	Non-Governmental Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PBF	Performance Based Financing
PDO	Project Development Objective
PDSS	Health System Strengthening for Better Maternal and Child Health Results Project
PEF	Pandemic Emergency Facility
PIU	Project Implementation Unit
P-RAMS	Procurement Risk Assessment Management System
PRIMA	Portfolio and Risk Management
REDISSE	Regional Disease Surveillance System Enhancement Project
RMNCAH-N	Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition
RVP	Regional Vice President
SRP	Strategic Response Plan
STEP	Systematic Tracking of Exchanges in Procurement
TF	Trust Funds
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

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DEMOCRATIC REPUBLIC OF CONGO

AF III HEALTH SYSTEM STRENGTHENING FOR BETTER MATERNAL AND CHILD HEALTH RESULTS

TABLE OF CONTENTS

BASIC INFORMATION – PARENT (Health System Strengthening for Better Maternal and Child Health Results Project (PDSS) - P147555)

Country	Product Line	Team Leader(s)		
Congo, Democratic Republic of	IBRD/IDA	Hadia Nazem Samaha		
Project ID	**Financing Instrument**	**Resp CC**	**Req CC**	**Practice Area (Lead)**
P147555	Investment Project Financing	GHN07 (9322)	AFCC2 (6546)	Health, Nutrition & Population

Implementing Agency: Ministry of Health, Democratic Republic of Congo, Ministry Of Finances

Is this a regionally tagged project?				
Bank/IFC Collaboration				
No				
Approval Date	**Closing Date**		**Original Environmental Assessment Category**	**Current EA Category**
18-Dec-2014	31-Dec-2021		Partial Assessment (B)	Partial Assessment (B)

Financing & Implementation Modalities

[ ] Multiphase Programmatic Approach [MPA]	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Disbursement-Linked Indicators (DLIs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	

Development Objective(s)

The proposed project development objective is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

Ratings (from Parent ISR)

	Implementation					Latest ISR
	29-Feb-2016	07-Sep-2016	31-Mar-2017	25-Oct-2017	27-Jun-2018	30-Jan-2019
Progress towards achievement of PDO	MS	S	S	S	S	S
Overall Implementation Progress (IP)	MS	S	S	S	S	MS
Overall Safeguards Rating	MS	MS	S	MS	MS	MS
Overall Risk	S	S	S	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (AF III DRC Health System Strengthening for Better Maternal and Child Health Results - P169753)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P169753	AF III DRC Health System Strengthening for Better Maternal and Child Health Results	Cost Overrun, Restructuring, Scale Up	Yes
Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	27-Feb-2019	
Projected Date of Full Disbursement	Bank/IFC Collaboration		

31-Dec-2021	No		
Is this a regionally tagged project?			
No			

Financing & Implementation Modalities

[ ] Series of Projects (SOP)	[✓] Fragile State(s)
[ ] Disbursement-Linked Indicators (DLIs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[✓] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	
[✓] Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	340.00	202.16	129.01	61 %
Grants	54.53	12.22	42.30	22 %

PROJECT FINANCING DATA – ADDITIONAL FINANCING (AF III DRC Health System Strengthening for Better Maternal and Child Health Results - P169753)

FINANCING DATA (US$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	400.00	120.00	520.00
Total Financing	400.00	120.00	520.00

of which IBRD/IDA	340.00	120.00	460.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Development Association (IDA)	120.00
IDA Grant	120.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
National PBA	0.00	120.00	0.00	120.00
Total	**0.00**	**120.00**	**0.00**	**120.00**

COMPLIANCE

Policy

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

[ ] Yes [✓] No

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

[ ] Yes [✓] No

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

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

Gender Tag

Does the project plan to undertake any of the following?

a. Analysis to identify Project-relevant gaps between males and females, especially in light of country gaps identified through SCD and CPF

Yes

b. Specific action(s) to address the gender gaps identified in (a) and/or to improve women or men's empowerment

Yes

c. Include Indicators in results framework to monitor outcomes from actions identified in (b)

Yes

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Hadia Nazem Samaha	Team Leader (ADM Responsible)	Sr. HNP Specialist	GHN07
Lanssina Traore	Procurement Specialist (ADM Responsible)	Sr. Procurement Specialist	GGOPF
Clement Tukeba Lessa Kimpuni	Procurement Specialist	Sr. Procurement Specialist	GGOPF
Francis Tasha Venayen	Financial Management Specialist (ADM Responsible)	Financial Management Specialist	GGOAC
Faly Diallo	Financial Management Specialist	Financer Officer	WFACS
Joelle Nkombela Mukungu	Environmental Specialist (ADM Responsible)	Environmental Specialist	GENA3
Richard Everett	Social Specialist (ADM Responsible)	Sr. Social Developement Specialist	GSU07
Aissatou Chipkaou	Team Member	Operations Analyst	GHN13
Alaa Mahmoud Hamed Abdel-Hamid	Team Member	Sr. Operations Officer	GHN07
Amba Denise Sangara	Team Member	Program Assistant	GHN07
Amy Champion	Team Member	Operations Officer	GHN07
Andre L. Carletto	Team Member	Operations / CERC	GHN07

Avril Dawn Kaplan	Team Member	Health Specialist	GHN07
Claude Lina Lobo	Environmental Specialist	Environment Specialist	GENA3
Enias Baganizi	Team Member	Sr. Health Specialist	GHN07
Gil Shapira	Team Member	Economist	DECHD
Gyorgy Bela Fritsche	Team Member	Sr. Public Health Specialist	GHN07
Jakub Jan Kakietek	Team Member	Nutrition Specialist	GHN07
Jean-Pierre Lungenyi Ntombolo	Team Member	Social Development Specialist	GSU07
Julie Luvisa Bazolana	Team Member	Program Assistant	AFCC2
Karamath Djivede Sybille Adamon	Team Member	Private Sector Specialist	GHNGE
Lombe Kasonde	Team Member	Health Specialist	GHN07
Marion Jane Cros	Team Member	Sr. Health Economist	GHNGF
Michel Muvudi Lushimba	Team Member	Sr. Health Specialist	GHN07
Rahmoune Essalhi	Team Member		GGOPA
Supriya Madhavan	Team Member	Sr. Health Specialist	GHN07
Sybille Crystal	Team Member	Sr. Operations Officer	GHN07
Tazeem Mawji	Team Member	Health specialist	GHN07

Extended Team

Name	Title	Organization	Location

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

Performance of the Health System Strengthening Project (PDSS)

1. The Executive Directors approved the Health System Strengthening for Better Maternal and Child Health Results Project (PDSS, P147555) on December 18, 2014 for US$226.5 million equivalent (US$130 million IDA Credit 55720; US$90 million IDA Grant D 0210; and US$6.5 million Health Results Innovation Trust Fund (HRITF) Grant TF018675). The project became effective on May 30, 2016. The project development objective (PDO) is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

2. A first Additional Financing (AF1) to strengthen the parent project's long-term objectives of reducing maternal and child mortality and chronic undernutrition by scaling up activities was approved on May 31, 2017. AF1 was approved for US$163.5 million equivalent (US$120 million IDA Credit 59980; US$40 million Global Financing Facility (GFF) Grant TF0A4579; and US$3.5 million United States Agency for International Development (USAID) Grant TF0A5096). AF1 included restructuring of the parent project as follows: (i) inclusion of a Contingent Emergency Response Component (CERC), where the original Part 3(a)(iv) "preparation and implementation of the Recipient's Ebola preparedness plan" was absorbed under the new Part 4(a) "CERC"; (ii) restructure of the Original Part 3(c) "Project Management" to be under Part 3(a) as Part 3(a)(iv); (iii) inclusion of a new Part 3(c) was introduced to support retirement benefits of the MOHP and the organizational reform of MOHP; (iv) revision of the results framework; and (v) extension of the closing date from December 30, 2019 to December 30, 2021. The GFF grant became effective on August 18, 2017, the USAID grant became effective on November 22, 2017, and the IDA Credit became effective on February 13, 2018.

3. A second Additional Financing (AF2), aimed at increasing the delivery of the existing integrated package of essential health services to the targeted population, was approved on January 24, 2018 for US$10 million from the Global Fund (GF, Grant TF0A6495). This grant funded the Performance Based Financing (PBF) under Parts 1 and 2 of the Original Project. The GF grant became effective on August 14, 2018 and closed on August 30, 2018.

4. This project has been under implementation for about 30 months. To date, 62 percent of IDA funding has been disbursed overall, with 44 percent disbursement of the parent project and 73 percent disbursement of the AF1. The project has been performing in a satisfactory manner in terms of progress towards the PDO. The results framework shows considerable progress as 11 indicators out of 19 reached their target for 2018 by June 30, 2018. For instance, the percentage of children completely vaccinated increased from a baseline of 54 percent to 90 percent (September 30, 2018): 39,000 children were vaccinated with the BCG vaccine and 25,000 children were vaccinated with three doses of the DTP/Hepatitis B/Hib pentavalent vaccine. Additional results include 133,832 first-time users of modern contraceptive methods (June 30, 2018); 25,302 people living below the poverty line were exempted from health facility payments (June 30, 2018); 4,853,935 people received nutrition and health services (September 30, 2018); 15,000 assisted deliveries took place as of June 30, 2018; and about 4,000 women attended four antenatal counselling sessions as of June 30, 2018. Utilization of health services has increased from 0.2 percent per year to 0.32 percent per year since the implementation of the project began. The quality score for performance-based financing (PBF) facilities reached 65 percent, though the variation between provinces is wide with Maniema at a low of 37 percent and Kwilu at 76 percent.

5. A midline survey of project-supported PBF was completed in October 2018. While the results are currently being finalized, the preliminary data indicate improvements in multiple structural quality indicators in project-supported health zones. Most notably, the proportion of facilities that have water and soap in consultation rooms

increased from 46 percent at baseline to 69 percent at midline. Furthermore, facilities are more likely to have antiseptic gel, functioning toilets, proper fencing, and basic functioning equipment for provision of maternal and child health. Facilities have also increased the number of days per week in which they provide antenatal care and the data suggest a significant increase in availability of family planning products such as birth control pills, injectables and implants.

6. The PDSS is well anchored in the Five-Year Health System Development Strategy validated by the Government in October 2018 and is seen by the Government as the embryo to achieving universal health coverage by 2030. Furthermore, the Government has adopted PBF as a national policy and the PBF has been institutionalized within the Government. The Government has approved a National Policy on Strategic Purchasing validated by the Council of Ministers in November 2018. Such policy will ensure that all parties implementing PBF will be aligned to the national policy, thereby reducing fragmentation that has hampered the health system over the past 10 years. The policy was developed after review and consultation with all the stakeholders (Government, donors, non-governmental organizations (NGOs), civil society) who have been involved in implementing PBF over the past 10 years in DRC.

7. Progress on some indicators related to nutrition, civil servant and early childhood development (ECD) activities has been slower than expected due to implementation delays caused by the triggering of the CERC on May 25, 2018. These indicators depend on several activities that were included in AF1 and linked to nutrition, pension reforms, family planning and ECD. Indeed, as mentioned above, AF1 became effective in February 2018 and the CERC, at the request of the Government, was triggered four months later, on May 25, 2018. All funding originally programmed for these activities (US$80 million) was transferred to tackle the 9th Ebola Virus Disease Outbreak (EVD 9).

8. Project Implementation Progress is rated moderately satisfactory. Implementation of most of the activities, such as contracting of health facilities to support health, nutrition, and population services, is well underway. More than 3,000 contracts have been signed, payment mechanisms to health facilities and purchasing agencies have been put in place, and technical assistance has been provided to key stakeholders. However, the implementation of other activities has faced delays. For instance, contracts to determine the number of civil servants eligible for retirement have been developed, and firms have been hired to calculate the pension amount and manage grievances. Yet, the actual launching of these activities has not started.

9. Procurement is currently rated moderately satisfactory. This rating is based on the findings of the procurement review that took place on June 5, 2018 and was reported in the Procurement Risk Assessment Management System (P-RAMS), as well as detailed discussions that took place during the last supervision mission in October 2018. Despite recorded progress, some institutional arrangements for procurement are still not implemented. These challenges should be addressed through support and coaching by the international procurement specialist recruited by the project. The next steps are for the Ministry's procurement unit (*cellule des projets et marchés publics*, CGPMP*)* to carry out all the procurement for the project with support from the international procurement specialist. Transfer of competencies is underway, so it is expected that the CGPMP will take over the procurement activities by end-February 2019.

10. Financial Management is rated moderately unsatisfactory. The last archived Portfolio and Risk Management (PRIMA) on July 12, 2018 identified implementation delays with regards to the recommendations made in previous supervision missions, such as ensuring that an advanced analysis report is prepared to inform third

parties of fund advancements and justifications and/or repayments. However, an action plan validated by the Government has been put in place to resolve these deficiencies in a sustainable manner. Proposed actions include the introduction of bi-weekly budget monitoring worksheet, as well as ensuring that the CERC expenses are accounted for clearly and independently from other expense categories. These actions are being implemented as agreed.

11. Environmental and Social Safeguards are rated moderately satisfactory. Issues have been identified in relation to project supported health facilities not having dedicated hygiene/waste personnel and due to suboptimal biomedical waste management. As implementation of project activities progresses, safeguards work will be strengthened, including hiring a Project Implementation Unit (PIU) environmental safeguards specialist, carrying out a more systematic screening process and finalizing all compensatory measures. Terms of reference for the environmental and social specialists have been finalized and validated by the World Bank (WB) team and the recruitment process is underway. This situation does not pose any implementation risks, as these specialists will reinforce the PIU current safeguard team.

12. Finally, the overall risk rating remains Substantial given the challenging operating environment in DRC, the fiduciary risks, as well as the weak capacity of the implementing institutions. In addition, the country's political instability, frequent security crises, and the macro-economic situation has led to additional risks for project implementation. The Ebola outbreaks further add to the project's risk.

Triggering of the CERC to support DRC's Ebola response

13. On May 25, 2018, the Africa Regional Vice President approved the request to activate the CERC for the country's EVD 9 outbreak for an amount of US$80 million on the basis that all conditions for activation were met. As mentioned above, the CERC was triggered at the request of the Government of DRC after the official declaration of the EVD 9 outbreak in Equateur on May 8, 2018. At the time of triggering the CERC, 30 Ebola cases were confirmed, and 27 deaths were recorded. In addition to triggering the CERC, the Pandemic Emergency Facility (PEF) was also triggered at the request of the Government (May 25, 2018), and a US$11.4 million grant was mobilized under the PEF Cash Window. The PEF funding went directly to the implementing partners of the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) while the CERC funding was disbursed through the PDSS/MOH. The EVD 9 outbreak was declared controlled on July 24, 2018. However, on August 1, 2018, the Government declared the 10th Ebola Virus Disease (EVD 10) outbreak in the North Kivu province. Since not all CERC financing for EVD 9 had been exhausted, and due to the similar nature and urgency of the emergency activities, the Government's approved Contingent Emergency Response Implementation Plan (CERIP) was amended to include support for the initial response to EVD 10 in North Kivu by the Government.

14. The funds were reallocated from the Credit No. 59980-ZR disbursement categories 1, 2 and 3 to the CERC disbursement category 4[1] to address the most urgent needs: coordination, case surveillance/investigation/diagnosis, case management, support to health facilities, psychological care, and other control measures. The restructuring for the CERC reallocation was approved on November 29, 2018, taking into

[1] As per Guidance Note, the CERC is introduced in a project as an independent component with its own disbursement category. In the PDSS case, CERC was established as a sub-component (Sub-component 4.2) with a dedicated disbursement category (Disbursement Category 4).

account reallocation from the original project components as follows: (i) US$45 million from Component 1: Improve Utilization and Quality of Health Services at Health Facilities through PBF; (ii) US$15 million from Component 2: Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF; and (iii) US$20 million from Component 3: Strengthen Health Sector Performance – Financing and Health Policy Capacities.

15. At the end of December 2018, 68 percent of CERC resources had been disbursed. The results achieved to-date with the emergency activities financed through the CERC include:

- 94.7 percent (20,849 out of 22,000) of listed eligible people for ring vaccination under research protocols provided consent and were vaccinated;
- 5,048 health workers were trained and/or briefed on standard precautionary measures;
- 5,140 frontline workers mobilized in affected zones for Ebola response and participatory community engagement;
- 83.7 percent (798,150 out of 952,946) of people have access to safe water source in the affected areas;
- 1,410 social infrastructures provided with essential water, sanitation and hygiene (WASH) services (240 health facilities; 400 schools; 770 community facilities/markets/churches);
- 89 percent (4,916 out of 5,518) of contact family members, including children, received psycho-social support and/or material assistance;
- 322 households and 229 health facilities linked to confirmed and probable cases have been decontaminated, sensitized on infection prevention and control, and safety measures put in place; and
- 5,357 contacts were registered between the August 17 and October 29, of which over 2,100 have completed 21 days of follow-up.

16. To date, from the US$80 million mobilized for the CERC, US$55 million has been disbursed or committed. Furthermore, the US$11.4 million from the PEF Cash window triggered under EVD 9 has been fully disbursed. This proposed AF3 is needed because the uncommitted funds under the CERC activated for EVD 9 (US$25 million) are required to support the ongoing efforts to contain and stop EVD 10. Therefore, to fully implement the parent project, AF3 proposes to replenish funds for Components 1, 2, and 3 and to scale up the CERC activities by adding US$40 million IDA to further support the ongoing EVD 10 emergency response through Sub-component 4.2 (CERC). The scale up is in line with the 3rd Strategic Response Plan (SRP3) being prepared by the Government and which would require additional financing for the period of February to July 2019. The World Bank, as a key financier of EVD 9 and 10, has committed to contribute towards SRP3.

World Bank's response to the 10th Ebola outbreak

17. The World Bank's response to the EVD 10 outbreak has focused on three key pillars: funding, technical support and pandemic preparedness. The World Bank is the main financial supporter of the Ebola response. World Bank financing covers 66 percent of the total response; the rest is covered by the European Civil Protection and Humanitarian Aid Operations (ECHO), African Development Bank (AfDB), Department for International Development (DFID), Japan, the Global Alliance for Vaccines an Immunization (GAVI) and USAID/OFDA through its implementing partners. World Bank financing has been used to deliver free health services and medicines in zones affected by the outbreak, provide hazard pay to approximately 60 percent (1,800) of frontline health responders, establish an Ebola treatment center in Goma, expand surveillance facilities and laboratories in areas that are vulnerable to transmission, and increase community engagement efforts to ensure that new cases are

immediately reported and treated. In comparison to the experience in West Africa during the 2014-16 Ebola outbreak, funding for the EVD 9 and EVD 10 outbreaks in DRC was rapidly mobilized due to new financing instruments like the CERC and PEF.

18. The World Bank's Health Nutrition and Population (HNP) teams have been on the ground providing technical support to the Government throughout the outbreak. The World Bank has contributed to the development of DRC's Strategic Response Plans and to the development of the Center of Excellence for Ebola (CEE). The CEE is expected to serve as the foundation for building a national public health institution for DRC, which will also play a regional role in the context of Ebola outbreaks.

19. The World Bank has also been working closely with the Government and other partners to ensure that other provinces and neighboring countries are prepared to identify and rapidly treat Ebola cases. It has provided support to the Government to develop an initial one-year basic preparedness plan that targets the country's 26 provinces. The World Bank has also been working with the Government to develop Neighborhood Preparedness Plans and has financing in place for the nine countries that border DRC. These efforts, which are taking place during a state of emergency to contain and halt the outbreak, will tie into the Regional Disease Surveillance Systems Enhancement IV (REDISSE IV) project that is currently under preparation. REDISSE IV aims to strengthen preparedness, disease surveillance, and response capacity in DRC and the Central Africa sub-region to increase the long-term capacity for governments to respond to future outbreaks.

20. While improvements in the response have been made since the last major Ebola outbreak in West Africa, challenges remain. North Kivu faces a precarious security situation, political uncertainty after the recent elections, weak coordination in the field, and community resistance to Ebola responders. Respondent teams have been directly attacked by members of the community, increasing the difficulty of contact tracing.[2] Unsafe burials are still a source of contamination. Hazard pay has been delayed, largely due to difficulties in validating the list of health providers working in North Kivu and more recently, restricted access to the internet around the elections as well as the fact that EVD10 started in four health zones and is now in 18 health zones. The World Bank has put in place mechanisms to confront many of the challenges encountered. The Governance team has established guidance on procedures to ensure transparency and eligibility of hazard pay and has helped put in place a mobile phone application to facilitate registration of personnel into a single database. To increase transparency of funds, OCHA was tasked to conduct and share a mini-operational review with the Government and partners.

21. In summary, through the CERC, this project has been effective in responding to the Government's needs to address the ongoing outbreak. The project team is continuously designing systems to quickly respond to challenges that emerge during project implementation. Given the World Bank's role as the main funder, and as key player in providing technical support to the Government and working with stakeholders to increase pandemic preparedness in the region, this additional financing is needed to ensure that the World Bank can continue providing its urgent support. Stopping the transmission is critical as the international and regional risk of transmission remains high.

[2] In January 2018, contact tracing was on average 80% with only 59% in Oicha, 73% in Katwa, 82% in Biena, 88% in Butembo, 93% in Beni and 100% in Goma.

II. DESCRIPTION OF ADDITIONAL FINANCING

22. This Project Paper seeks the approval of the Executive Directors to provide an IDA Grant in an amount of US$120 million equivalent as AF3 to the PDSS. The purpose of this AF3 is to replenish US$80 million that was reallocated from Components 1, 2, and 3 to Sub-component 4.2 (CERC). The replenishment would allow the project to achieve its PDO and intended results as per the targets set in the results framework. In addition, AF3 will scale up Sub-component 4.2 (CERC) with the amount of US$40 million to finance emergency response activities to stop EVD 10. Because EVD 10 is an ongoing emergency officially declared by the Government, this operation is being processed following condensed procedures under paragraph 12 of Section III of the Investment Project Financing (IPF) Policy.

23. This paper also seeks management approval to carry out a Level 2 restructuring with the following proposed changes: (i) revision of the PDO to reflect the activation of the CERC; (ii) revision of the results framework to reflect CERC results, with no changes to current project indicators for the other Components 1, 2, and 3; (iii) scale up to reflect the additional funding provided by IDA to the CERC component; and (iv) changes in procurement arrangements to reflect the New Procurement Framework (NPF). These changes are proposed according to the 2017 Bank CERC Guidance Note.[3]

24. There are no proposed changes to the financial arrangements or safeguard policies. The project description will remain as in the original financing, as modified by AF1, and the activities remain as described in the IDA FA for AF1. The Operational Manual endorsed and cleared by the World Bank Fiduciary and safeguard teams, at the time the CERC was triggered, will be used for the implementation of CERC funding when activated.

Financing Gap to the CERC activation for EVD response

25. The reallocation of project funds to the CERC created a financing gap for the Components 1, 2 and 3. The 2017 Bank Guidance on CERC indicates that after funding has been provided through the CERC an "Additional Financing may be used to fully or partially replenish the funds reallocated." The Guidance note also states that the Government and the World Bank should identify and implement actions to restructure the affected project components and/or options to restore funding as appropriate to high priority components of the project from which funding has been withdrawn. Hence, through this AF3, the funds reallocated to the Ebola Response will be replenished, allowing the project to implement the activities originally approved to support the achievement of the intended results and PDO.

26. The US$80 million replenishment of the funding (for Components 1 through 3) will provide the resources required to fully resume implementation of project activities that focus on improving utilization and quality of health services, with a specific focus on maternal and child health interventions, through PBF in selected health zones. The replenishment will also support the establishment of the performance frameworks at all levels of the health system through: (i) supporting PBF implementation and supervision (capacity building, verification and counter verification); (ii) establishing incentive mechanisms to improve performance and

[3] Bank Guidance Note on Contingent Emergency Response Components (CERC) - Oct2017. Catalogue No: OPS5.03-GUID.141 https://worldbankgroup.sharepoint.com/sites/gsg/RDRM/SitePages/Detail.aspx/Documents/mode=view?_Id=295&SiteURL=/sites/gsg/RDRM/

hold the DPS accountable for services; and (iii) establishing internal performance framework contracts within key directorates at the central level. Finally, it will support the activities aimed at strengthening health sector performance through similar activities, including: (i) capacity building to improve quality of care; (ii) development of health financing, human resources and supply chain strategies to improve the performance of the health sector; (iii) strengthening the monitoring and evaluation and health information systems; and (iv) strengthening disease surveillance and response and project management.

Scale up of CERC Sub-component to support EDV response

27. Following an eligible emergency or crisis, IDA allows a country to rapidly reallocate funds from investment projects integrating a CERC to support recovery measures. In the case of crises, notably natural disasters and outbreaks, the activation of CERC can support recovery efforts (please refer to Annex 1 for further information about CERC).

28. Sub-component 4.2 (CERC) was introduced in 2017 through AF1 with zero allocation. With the EVD 9 CERC activation in 2018, US$80 million was reallocated to the sub-component for financing emergency activities. As the EVD 10 outbreak is still ongoing, the AF3 proposes to scale-up financing of this sub-component in the amount of US$40 million to finance the emergency response activities to stop the Ebola transmission, or any eligible crisis. The additional funding will allow the Government to meet the needs that emerged from the EVD 10 outbreak in regions that were not anticipated at the time of the EVD 9 CERC activation.

29. The proposed activities to be financed are similar to those defined in EVD 9 CERC approved response emergency plan (SRP), however it is anticipated that a new activation of the CERC and updating of emergency activities based on the SRP3 will take place (see Annex 1 for procedures). These ongoing activities, which will have a residual system strengthening effect, include but are not limited to: detection of all suspected cases and collection of laboratory samples for confirmation; identification and tracking of all EVD contacts; organization of medical and psychosocial case management including nutritional support; reducing the risk of transmission of EVD in the community; strengthening infection prevention and control measures at health facilities; strengthening surveillance in health districts vulnerable to transmission of EVD due to population movement; strengthening community mobilization through participatory communication on social, behavioral change, and local community engagement and participation; immunization of at-risk groups (front-line staff, case contacts, and contact of contacts); and free care to all infected health areas. All these activities are proven to be core interventions to respond to the Ebola Outbreak.

30. The proposed additional CERC funding directly contributes to the World Bank's strategy to work with countries to build a strong, resilient health system that can deliver essential, quality care in even the most remote areas; improve disease surveillance; and quickly detect, treat and contain future outbreaks. The purpose of robust preparedness and response is universal health security, protecting all people from threats to their health, and aligns with the World Bank Group's ultimate goal of achieving *universal health coverage*.

B. Summary of proposed changes

31. The proposed changes are:

(a) Revision to the Project Development Objective to reflect the activation of the CERC, thus the new PDO will read as follows: "To improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory *and, to provide an immediate and effective response to an eligible crisis or emergency*;

(b) Changes in results framework to reflect CERC results. The new indicators to be introduced include at the PDO level: Number of eligible individuals vaccinated during EVD; and at the intermediate level the following indicators: (i) Percentage of contacts lost to follow up; (ii) Percentage of samples received that have been tested; and (iii) Percentage suspected and probable cases for whom safe and dignified burials have been carried out. One indicator, People who have received essential Health, Nutrition Population service, has been marked for deletion because it was duplicative with an intermediate results indicator.[4] The remaining PDSS indicators are marked as "revised" because their definitions were added to the operations portal, but their indicator names, frequencies and targets remain the same.

(c) Scale up component amount to reflect the additional funding to the CERC component;

(d) Changes in the procurement arrangements to reflect the New Procurement Framework (NPF); and

(e) Changes in the institutional arrangements given that the CT-PBF following the recent organizational reforms in the MOH has been placed under the Secretariat General rather than under the DEP.

32. The proposed changes on project allocation by components are summarized in table 1 below:

Table 1: Project Allocation by Component

Components	Original Credit	AF 1	AF2	CERC activation	Gap financing*	Proposed AF	Revised allocation
C1. Health Service Quality	120.00	174.00	182.00	137.00	45.00	45.00	**182.00**
C2. Health Administration	65.20	90.70	92.70	77.70	15.00	15.00	**92.70**
C3. Health System Financing	41.30	110.30	110.30	90.30	20.00	20.00	**110.30**
C4. Surveillance and Response	0.00	15.00	15.00	95.00	0.00	40.00	**135.00**
TOTAL	226.50	390.00	400.00	400.00	80.00	**120.00**	**520.00**

**Gap financing is not included in the calculation for the revised allocation. Revised allocation is the sum of CERC activation and the proposed AF*

33. Project activities as described under AF1 remain unchanged.

Climate Change Co-Benefits

34. The project has been screened for climate and disaster risks and the overall assessment and the risk has been assessed as Moderate to Low. Changes in the epidemiology of infectious diseases associated with

[4] Number of Direct Beneficiaries. Both indicators have the same target of 25,000,000 beneficiaries and track the number of people who have received services delivered through the project supported performance-based financing mechanism. The indicator marked for deletion was reporting on a quarterly basis, whereas the remaining indicator is the cumulative sum over the life of the project.

climate variability in Africa over the last 40 years have been reviewed and documented, and there is growing evidence of the impact of climate change on infectious disease transmission patterns, nutritional status, reproduction and geographic range. According to the World Health Organization (WHO), the risk of malaria and other mosquito-borne disease outbreaks increases by approximately five-fold in the year following an El Niño event. Ebola outbreaks are projected to become more frequent with global warming due to its intermittent connection to wildlife and climate. Some researchers are connecting deforestation to the disease, noting that the change in landscape is bringing wildlife in closer contact with humans. As the virus is typically found in wildlife, and transmission from animals to humans occurs through contact with infected bodily fluids, causing a "spillover" in species. In addition, the impact of climate change on nutrition outcomes is expected to increase with rising temperatures, which can reduce protein and certain micronutrients in crops. Also, climate change undermines efforts to address undernutrition, hitting women and children the hardest. Poor health and undernutrition in turn further undermine people's resilience to climatic shocks and their ability to adapt.

35. The project intends to address the above vulnerabilities through the following adaptation measures, with investments in improved nutrition services and enhancing the disease surveillance system. With respect to nutrition, the project helps to deliver a basic minimum set of services which aids in early identification and follow-up of undernourished children and improves the timely provision of nutrition services to children under 3 years of age (the most nutritionally vulnerable population). Also, the project strengthens community engagement and outreach, thereby improving community knowledge and thus empowering households. The AF will also continue to ensure access to safe water sources and essential WASH services to reduce the potential for water-borne diseases which contribute to malnutrition risks.

36. With respect to disease surveillance, adaptation measures incorporated into the emergency response plan include: (i) community engagement, advocacy, interpersonal communications, radio broadcasting, and door-to-door visits to build disease awareness and enhance current health protection to climate-sensitive health outcomes, and (ii) health workers training on standard precautionary measures, incorporating elements of adaptive management into public health practice. World Bank financed disease surveillance and response projects, such as REDISSE 1, 2, and 3, have an estimated climate co-benefit of 51 percent. By increasing emphasis on disease surveillance and response, this project is expected to yield greater climate co-benefits than the parent project.

III. KEY RISKS

37. The overall risk for the proposed operation is rated as "Substantial". The political and governance risk is rated high mainly due to the continued unstable political environment, while recent elections resulted in the election of a new President, volatile security situation in North Kivu and other Provinces where recurrent attacks continue to take place. The macroeconomic risks rated substantial relate to the fall of commodity prices which present additional risks that were not envisaged during the preparation of the parent project and thus leading to weaker opportunity to mobilize funding for the social sectors, including the health sector. The World Bank supported the Ministry of Health in developing its first health financing strategy which was validated by the Government in November 2018. Such a strategy, along additional studies being supported by the WB, will look at opportunities to mobilize funding for the health sector and better improve efficiency in the sector. Institutional capacity and fiduciary have been raised to high given the complexity of addressing the Ebola response. Fiduciary mitigating measures include the hiring of additional technical

assistance (account and financial management specialist) as well as development of a manual of procedures for Hazard Pay. Furthermore, looking at the geographical scope, the associated issues of access, and the complexities of working closely with development partners to achieve results continues to present a risk for which mitigating measures have been put in place. These measures include joint operational plans with development partners to capitalize on the value added of each to achieve greater efficiency.

38. The changes introduced to the project development objective and the activities to consider the Ebola response needs do not involve changes to the safeguards policies triggered or the safeguards risks associated with the project. Social risk rating remains moderate. The project's Gender-Based Violence (GBV) risk was rated moderate during the recently-completed DRC GBV portfolio review, and the project is working with the World Bank's GBV team to implement a GBV Action Plan, including the hiring of two safeguards specialists.

IV. APPRAISAL SUMMARY

39. The EVD 9 and 10 outbreaks have several characteristics of concern, notably: (i) the risk of more rapid spread because the outbreak is in an urban area; (ii) the presence of outbreaks in remote and highly insecure locations; and (iii) health care staff have been infected, which may be a risk for further amplification. In addition, there are great logistical challenges given the complex environment in which the current EVD 10 outbreak is underway. These factors affect surveillance, case detection and confirmation, contact tracing, and access to vaccines and therapeutics. The outbreak is occurring in an area with a lot of trans-border migration associated with insecurity and other factors creating an importation risk for other bordering countries. The World Bank's support has been key to prevent further spread of the outbreak within the country and to prevent a regional outbreak. WHO has indicated that fifty-three health care workers have been infected as of December 2018, highlighting the urgent need to strengthen infection control practices in all health care settings for all patients, regardless of their presumed diagnosis. It is also of major importance that infection does not spread within health facilities, therefore the need for urgent and scaled up actions for detection, diagnosis, infection control, and case management to reduce the chances of the disease spreading across provinces.

40. The World Bank has a comparative advantage in supporting health emergency response given the innovative instruments it has put in place, such as the PEF. The PEF[5] funding, which was designed by the World Bank, in consultation with the WHO and other development partners, to support filling a critical financing gap in the international aid architecture that occurs after an initial outbreak and before large-scale humanitarian relief assistance can be mobilized. Funding is aimed at providing surge financing for infectious disease outbreak efforts constituting pandemic response, including, *inter alia*, the deployment of health workers, provision of medicines, vaccines, and essential medical equipment and supplies. The PEF also aims to help encourage and strengthen ongoing efforts toward better preparedness by reinforcing the need to build strong and resilient health systems and accelerate the achievement of universal health coverage. In the context of supporting the on-going EVD10, the Government will request that PEF funding be directly

[5] The PEF was established following the approval by the Executive Directors of the World Bank on May 3, 2016, as a trust fund in the form of a financial intermediary fund (FIF) administered by the World Bank as its trustee. The PEF operates in accordance with the objectives, governance arrangements and other terms and conditions set out in the PEF Framework adopted on June 27, 2017.

allocated to UN agencies which are playing a critical role in supporting the implementation of Ebola Response Plan.

A. Economic and Financial (if applicable) Analysis

Original Project Activities

41. Since no new activities are proposed under the original components as amended and described under AF1, the economic and financial analysis of the original project activities remains valid and therefore no further analysis was carried out. The proposed AF will replenish funding in the amount of US$80 million, which will continue to generate economic benefits through a greater emphasis on addressing Reproductive, Maternal, Neonatal, Child and Adolescent Health – Nutrition. The continued focus on the essential package of health services reinforces the need to invest in high-impact maternal, neo-natal, child, and adolescent health services to accelerate the achievement of improved mother, child and adolescent girls' survival and reduction in mortality related to communicable diseases. A Cost-Benefit Analysis of PDSS was conducted in 2015 to measure the project's economic performance and assess its returns against alternatives. The cost benefit analysis showed a rate of return of 16.09 percent. Therefore, the project is expected to continue with the same or higher rate of return.

Emergency Response Activities

42. The Contingent Emergency Response Implementation Plan (CERIP) approved for CERC activation was expected to contribute to the deployment of rapid response teams from the national and provincial levels to carry out case investigation, trace contacts, put in place case management and other control measures. Main activities included, *inter alia*, the activation of the national coordinating committee for outbreak response, the deployment of a multisectoral field team and a mobile field laboratory, inventory of available intervention kits, exit screening and the support of the development of a national response plan. The total cost of the intervention was estimated at US$80 million over a period of 12 months. The CERIP was expected to support the national efforts to limit and deter the spread of the EVD 9 outbreak, benefiting from the World Bank's experience, support, and convening power.

43. As has been noted in the economic and financial assessments of WBG investments in disease surveillance and response systems (Ebola Emergency Response Project, ERRP - P152359; Regional Disease Surveillance System Enhancement, REDISSE – P154807), preventing and controlling zoonotic disease outbreaks yields large economic benefits by reducing the threats of epidemics and pandemics. The benefits of disease surveillance and prompt effective control go well beyond the health benefits of reducing the number of infections, reducing mortality and morbidity, and avoiding increases in health care costs. Disease outbreaks affect economic activity by decreasing demand (in response to reduced consumer and business confidence, which can substantially and abruptly reduce spending; exports may fall due to disruptions in logistics) and reducing supply (labor absenteeism and disruptions of supply chains will reduce production in agriculture and other sectors; some businesses will close altogether). The impacts of contagion will be to reduce productivity of both labor and capital, which are the major components of growth (UNDP, 2014).

44. Disease surveillance and response in general and EVD outbreak containment, is a global public good, which is both non-rival and non-exclusive. This is one of the primary rationales for public investment in health

security. The benefits of a surveillance and response system and effective containment and termination of an outbreak also go beyond national borders since an undetected, or uncontrolled outbreak is more likely to spread to other countries (WHO, 2005). This has been a concern in DRC which shares borders with nine countries, some of which are highly vulnerable to the potential for cross border transmission of EVD and other epidemic prone disease. The economic and social burden of the last regional outbreak in West Africa in 2014-16 was estimated at US$53.19 billion (2014 USD).[6]

45. By addressing the immediate needs of communities in the context of the ongoing outbreak, the project will contribute to DRC's capacity to rapidly detect and respond to public health threats of national and international concern. Through accelerating containment of the outbreak, the project will immediately contribute towards reducing the threat and burden of disease, particularly among poor and vulnerable populations; prevent further spread of the outbreak to adjacent areas both within and outside of DRC; and, decreasing the threats of future disease outbreaks.

46. The changing nature of the epidemic with unforeseeable evolution, especially with cases in urban setting with increased potential risk of spread of infection within the country and across borders to neighboring countries, required the CERIP to incorporate a flexible strategy with several interventions to allow potential replication and scale up. Therefore, the CERIP aimed to address urgent needs during the first three months and support contingency during the following nine months. As the average case fatality rate is about 50 percent (in previous outbreaks rates ranged from 25 to 90 percent) and the total population exposed in the Equateur Province amounts to approximately 2.5 million people spread over an area of approximately 103,902 km,^{2} potential fatalities could have risen to over 1.5 million people if the interventions were not carried out.

47. Disease outbreaks affect the economy in two different ways. Firstly, by the direct effects of morbidity and mortality on the use of health-care resources and the reduction in the labor force participation (temporarily or permanently through workers being ill, dying, or caring for the sick). Secondly, behavioral effects result from the fear of contagion; for novel diseases, these effects have been large or extremely large, with substantial economic impacts, in all documented epidemics and pandemics. The consequences include absenteeism (workers staying at home for fear of exposure), disrupted transportation, closing of markets and commerce leading to hindering the economy in North Kivu and Ituri Provinces. The Government by working with the implementing partners as well as various ministries (interior, defense) have put in place a quick response plan to mitigate some of the negative impact of the outbreak. However, with the inability to end the transmission in a shorter period, the Ebola outbreak has impacted the livelihood of the population in the province.

48. The proposed intervention will ensure strong community involvement and participation that will in-turn support a secure environment for trade, travel, and commerce links. Based on expected social and economic benefits, the implementation of the proposed activities is fully justified. Economic benefits will particularly include the following: (i) Mitigated outbreak related negative impacts on livelihoods of rural communities and households; (ii) Economic benefits from provision of basic public water and sanitation facilities and

[6] Huber, C., Finelli, L., Stevens, W. The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa. *The Journal of Infectious Diseases.* 2018: 218 (Suppl 5).

social services; and (iii) Economic gains from greater effectiveness in public administration through capacity building, community participation and accountability.

B. Technical

49. Similarly, the technical justification for the original activities remains valid. The activities funded under the CERC remain relevant for the emergency response and include: detection of all suspected cases and collect samples for laboratory confirmation; identification and tracking of all EVD contacts; organization of medical and psychosocial case management including nutritional support; reducing the risk of transmission of EVD in the community; strengthening infection prevention and control measures at health facilities; strengthening surveillance in health districts vulnerable to transmission of EVD because of population movement; strengthening community mobilization through participatory communication on social, behavioral change, and local community engagement and participation; immunization of at-risk groups (front-line staff, case contacts, and contact of contacts); and free care to all infected health areas. All these activities are proven core interventions for a response to the Ebola Outbreak. These activities and their funding have been validated by the Ministry of Health in collaboration with key partners such as WHO, United Nations International Children's Emergency Fund (UNICEF), World Food Program (WFP) and key donors USAID, Centers for Disease Control and Prevention (CDC), and the World Bank. No changes are envisioned with regards to implementation arrangements, as the high-level steering committee will continue to provide oversight and strategic guidance to the project, and the Ministry of Health (MOH) will continue to implement the project through the Planning and Evaluation Directorate (*Direction de la Planification et Evaluation - DEP*).

50. Finally, the next CERC activation, in line with SRP3 will focus on North Kivu and Ituri provinces, but if needed, through the CERC, the World Bank will continue to support health emergency response in other areas. Specifically, the proposed investment of US$40 million will focus on emergency response activities related to the ongoing EVD 10 outbreak. The current affected area has an approximate population of 9.9 million people spread out over 125,141 km^2, bordering Uganda, South Sudan and Rwanda. The Government's SRP3 for the period of February-July 2019 requires funding estimated at US$160 million. The World Bank, through the CERC and PEF funds, is expected to provide about 60 percent of funding needs. The SRP will continue focusing on the utilization of proven public health measures (surveillance, contact tracing, laboratory confirmation/testing, infection prevention and control, engaging communities) as well as new tools at hand (vaccine and therapeutics), to contain the outbreak and to bring it to an end.

C. Financial Management

51. All financial arrangements remain the same which were confirmed at the time of the CERC triggering. The Financial Management rating to the Original Project from latest archived PRIMA Assessment, filed in July 12, 2018 was "Moderately Unsatisfactory". There are substantial and long outstanding FM performance issues under this operation that need to be addressed. An action plan has been put in place to address financial management shortcomings, including improved budget & funds flow management, reinforcement of the internal control environment and addressing the inherent shortcomings of the current institutional arrangements of the project that have been made evident during implementation. These actions are aimed

at improving overall financial management, and if successfully implemented, could lead to upgrading the FM rating to "Moderately Satisfactory."

D. Procurement

52. The procurement arrangements are subject to changes. Procurement under the AF3 will be carried out in accordance with the World Bank Procurement Regulations for IPF Borrowers (dated July 2016, revised November 2017 and August 2018) under the NPF and the Bank's "Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by International Bank for Reconstruction and Development (IBRD) Loans and IDA Credits and Grants" (dated July 2016) as well as the provisions stipulated in the Financing Agreement. All contracts envisaged under this AF will require the project team to further develop the simplified Project Procurement Strategy for Development (PPSD), prepared for negotiations, and a procurement plan to be validated by the World Bank. Taking into account that (i) this AF3 will fund activities under CERC relevant for the emergency response; and (ii) it has not been possible for the Borrower to complete a PPSD and procurement plan for the entire project during project preparation, referring to documents covered under the Bank Policies, particularly "Bank Guidance, Procurement in Situations of Urgent need of Assistance or Capacity Constraints" that includes inter alia a "Guidance on the use of streamlined Procurement Arrangements for Projects in Situations of Urgent Need of Assistance or Capacity Constraints under paragraph 12 of OP10.00", under Section "III", part "A" point 3 and Part F of the same Section III, it is acceptable that the Borrower has prepared a short and simplified PPSD and an initial Procurement Plan supported for this PPSD for the negotiations of this AF. The AF3 will provide the required resources to continue with signing of contracts and initiation of activities. The performance rating from the latest archived P-RAMS Assessment, filed in June 5, 2018, was "Moderately Satisfactory." Given (i) the country context and associated risk, (ii) the unproven experience of the CGPMP since it will have to carry out the procurement activities; and (iii) that this project will be implemented in DRC under the Bank's NPF, the procurement risk is rated High, which after mitigation is expected to reduce to Substantial.

E. Social (including Safeguards)

53. Originally approved instruments remain valid and up to date, as no changes to original project activities are envisioned. This was also confirmed at the time the CERC was triggered. In particular, OP 4.01 (Indigenous Peoples) was triggered under the parent project and will remain triggered under the proposed operation. An Indigenous Peoples Plan (IPP) has been prepared under the parent project and was updated and disclosed as per World Bank guidelines in in February 2019. Overall, the project social safeguards performance is Moderately Satisfactory.

F. Environment (including Safeguards)

54. Since the proposed AF3 is only addressing the financing gap due to the CERC activation in May 2018, the scope and nature of the original project activities remain the same and thus there is no change in the Safeguard Policies triggered. The parent project has been assigned Environmental Category B; it triggered the OP 4.01 (Environmental Assessment), which will remain triggered under the proposed operation. The Health Care Waste Management Plan (HCWMP) prepared consulted upon and disclosed in country and at

the Infoshop in October 2016 and updated and disclosed as per World Bank guidelines in December 2017 and subsequently re-disclosed in February 2019 will be used under this operation as well. Overall, the project environment safeguards performance is Moderately Satisfactory.

V. WORLD BANK GRIEVANCE REDRESS

54. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, because of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*.

55. The parent project has put in place a redress mechanism whereby complaints are recorded and addressed by the project implementation unit on a rolling basis. Furthermore, in the case of the Ebola response activities, a new redress mechanism has been put in place focusing on hazard pay with the support of the health inspector general. The list of people to be paid are made public and the responders are given several days to address their complaints to the Ebola national coordinator or to the inspector general who investigate the complaints and address them with support from the project implementation team.

VI. SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
Components and Cost	✓	
Safeguard Policies Triggered	✓	
Procurement	✓	
Implementing Agency		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
EA category		✓
Legal Covenants		✓
Financial Management		✓
APA Reliance		✓
Implementation Schedule		✓
Other Change(s)		✓

VII. DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

The proposed project development objective is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

Proposed New PDO

To improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory and, to provide an immediate and effective response to an eligible crisis or emergency.

COMPONENTS

Current Component Name	Current Cost (US$, millions)	Action	Proposed Component Name	Proposed Cost (US$, millions)
Improve Utilization and Quality of Health Services at Health Facilities through PBF	182.00	No Change	Improve Utilization and Quality of Health Services at Health Facilities through PBF	182.00
Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF	92.70	No Change	Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF	92.70
Strengthen Health Sector Performance – Financing and Health Policy Capacities	110.30	No Change	Strengthen Health Sector Performance – Financing and Health Policy Capacities	110.30
Disease Surveillance System Strengthening and Response	15.00	Revised	Disease Surveillance System Strengthening and Response	135.00
TOTAL	**400.00**			**520.00**

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2015	0.00	0.00
2016	10,075,930.03	10,075,930.03
2017	47,858,471.77	57,934,401.80
2018	62,263,533.15	120,197,934.95
2019	110,000,000.00	230,197,934.95
2020	80,000,000.00	310,197,934.95

2021	90,000,000.00	400,197,934.95
2022	119,802,065.20	520,000,000.15

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

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

COMPLIANCE

Change in Safeguard Policies Triggered

Yes

Safeguard Policies Triggered	Current	Proposed
Environmental Assessment OP/BP 4.01	Yes	Yes
Performance Standards for Private Sector Activities OP/BP 4.03	No	No
Natural Habitats OP/BP 4.04	No	No
Forests OP/BP 4.36	No	No
Pest Management OP 4.09	No	No

Physical Cultural Resources OP/BP 4.11	No	No
Indigenous Peoples OP/BP 4.10	Yes	Yes
Involuntary Resettlement OP/BP 4.12	No	No
Safety of Dams OP/BP 4.37	No	No
Projects on International Waterways OP/BP 7.50	No	No
Projects in Disputed Areas OP/BP 7.60	No	No

LEGAL COVENANTS – AF III DRC Health System Strengthening for Better Maternal and Child Health Results (P169753)

Sections and Description
Section IV.1.(a) maintain policies and procedures adequate to enable it to monitor and evaluate on an ongoing basis, in accordance with indicators satisfactory to the Association, the carrying out of the Project and the achievement of the objective thereof.
Section IV.1.(b) prepare, under terms of reference satisfactory to the Association, and furnish to the Association, on or about May 30, 2019, a report integrating the results of the monitoring and evaluation activities performed pursuant to paragraph (a) of this Section, on the progress achieved in the carrying out of the Project during the period preceding the date of said report and settingout the measures recommended to ensure the efficient carrying out of the Project and the achievement of the objective thereof during the period following such date.
Section IV.1.(c) jointly with DEP, CT-FBR and the EUPs, and the Association, review, by July 15, 2019, or such later date as the Association shall request, the report referred to in paragraph (b) of this Section, and, thereafter, take all measures required to ensure the efficient completion of the Project and the achievement of the objective thereof, based on the conclusions and recommendations of the said report, and the Association's views on the matter
Section IV.2. The Recipient shall take steps to ensure that the positions of procurement specialist, financial specialist, independent auditor and other key personnel provided for under the Original Financing Agreement, as well as those of financial management specialist/financial controller, auditor, accountant, nutrition specialist and sexual and gender-based violence specialist provided for under the Additional Financing Agreement, shall be kept filled at all times by persons having qualifications and experience acceptable to the Association.

Conditions

Type	Description
Disbursement	Section III. B.1 (a) for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed SDR 17,100,000 may be made for payments made prior to this date but on or after February 1, 2019

	under Category (4).
Type Disbursement	Description Section III.B.1 (b) for payments made under Category (4) for Emergency Expenditures under Part 4(b) of the Project, unless and until the Association is satisfied, and notified the Recipient of its satisfaction, that all of the conditions set out in Section III B of Schedule 2 of the FA have been met in respect of said activities.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Congo, Democratic Republic of

AF III DRC Health System Strengthening for Better Maternal and Child Health Results

Project Development Objective(s)

To improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory and, to provide an immediate and effective response to an eligible crisis or emergency.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	End Target
Improve the utilization and quality of maternal and child health services in targeted areas.			
Percentage of pregnant women having at least 3 antenatal care visits before delivery (Percentage)		57.00	65.00
Action: This indicator has been Revised			
People who have received essential Health, Nutrition, Population services (Number)		0.00	25,000,000.00
Action: This indicator has been Marked for Deletion			
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	7,150,000.00
Action: This indicator has been Revised			

Indicator Name	DLI	Baseline	End Target
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00	5,812,950.00
Number of children immunized (CRI, Number)		0.00	1,250,000.00
Number of women and children who have received basic nutrition services (CRI, Number)		0.00	4,200,000.00
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	1,700,000.00
Average score of the quality checklist at the health centers (Percentage)		20.00	60.00
Action: This indicator has been Revised			
Percentage of Children Fully Immunized (Percentage)		54.00	65.00
Action: This indicator has been Revised			
New curative consultations per capita per year (Text)		0.25	0.50
Action: This indicator has been Revised			
Provide an immediate and effective response to an eligible crisis or emergency *(Action: This Objective is New)*			
Number of eligible individuals vaccinated during EVD (Number)		0.00	120,000.00
Action: This indicator is New			

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Improve Utilization and Quality of Health Services at Health Facilities through PBF			
Number of new and existing acceptors of modern contraceptive use (Number)		194,480.00	500,000.00
Action: This indicator has been Revised			
First time adolescent girls acceptant of modern contraceptives (Number)		0.00	50,000.00
Action: This indicator has been Revised			
Average quality of nutritional services (Percentage)		0.00	55.00
Action: This indicator has been Revised			
Percentage of pregnant women counseled and tested for HIV (Percentage)		17.50	40.00
Action: This indicator has been Revised			
Number of Direct Beneficiaries (Number)		0.00	25,000,000.00
Action: This indicator has been Revised			
Number of women (Number)		0.00	15,000,000.00
Action: This indicator has been Revised			
Percentage of children under 24 months participating in the Growth Monitoring and Promotion activities at community level (Percentage)		26.90	45.00

Indicator Name	DLI	Baseline	End Target
Action: This indicator has been Revised			
Percentage of families participating in parental education sessions at community level (Percentage)		0.00	50.00
Action: This indicator has been Revised			
Exclusive breastfeeding for children under 6 months (Percentage)		0.00	66.00
Action: This indicator has been Revised			
Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF			
Average number of days with stock out of tracer drugs in targeted health facilities on the day of the visit (Text)		>30 days	>15 days
Health personnel receiving training (number) (Number)		0.00	10,000.00
Action: This indicator has been Revised			
Health facilities receiving Client Tracer and Satisfaction Survey feedback (Percentage)		0.00	70.00
Action: This indicator has been Revised			
Strengthen Health Sector Performance – Financing and Health Policy Capacities			
Civil servants eligible for retirement in the Ministry of Health that have received their retirement indemnities/packages and retired from active service (Number)		0.00	4,000.00
Action: This indicator has been Revised			

Indicator Name	DLI	Baseline	End Target
Number of poor people benefiting from fee exemption mechanisms (Number)		5,248.00	6,500.00
Action: This indicator has been Revised			
Disease Surveillance System Strengthening and Response			
Single contract signed and implemented at province level (Number)		2.00	11.00
Action: This indicator has been Revised			
Percentage of contacts lost to follow up (Percentage)		0.00	0.00
Action: This indicator is New			
Percentage of samples received that have been tested (Percentage)		0.00	100.00
Action: This indicator is New			
Percentage suspected and confirmed cases for whom safe and dignified burials have been carried out (Percentage)		0.00	100.00
Action: This indicator is New			

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of pregnant women having at least 3 antenatal care visits before	Numerator: Total number of all new and standard	Quarterly	HMIS/PBF database		MOHP/HMIS

delivery	ANC visits in one year divided by 3. Denominator: Number of pregnant women in the population (4%).				
People who have received essential Health, Nutrition, Population services					
People who have received essential health, nutrition, and population (HNP) services	We have inserted intermediate results indicators in the Results Framework. CRIs for Fully Vaccinated Children, Nutrition services for children and women, Institutional Deliveries were added, including their sum: Total Beneficiaries. The Results Framework contained an original indicator for 'total beneficiaries' which is different from the new CRI for 'total beneficiaries', due on the one hand to more services being counted under the original indicator as opposed to the new indicator, and also due to the requirement of having unique beneficiaries for the new CRIs. The latter for instance had an impact on	Based on projections (file with project team) on past performanc e on CRI from 1 July 2016 till 30 March 2018. Linear projection till end December 2021	PBF database http://www.fbp-rdc.org/#/republique-democratique-du-congo/g/pL5A7C1at1M using Verfied Data	Rigorous ex-ante verification, backed up by counter-verification mechanisms.	Purchasing agencies (public utilities; EUPs)

	how many unique beneficiaries were estimated for growth monitoring services for children under five years of age, and for antenatal care services. Services included in the new CRIs are: fully vaccinated children (same as for the original results framework), growth monitoring visits children aged 6 months to 23 months (volume of services divided by 6 – the target norm for annual visits in this age group), growth monitoring visits children aged 24 months to 59 months (volume of services divided by 4 – the target norm for annual visits in this age group), first antenatal care visits for pregnant women (not counting all follow up visits) and postnatal care visits (assuming unique beneficiaries).				
People who have received essential health, nutrition, and population		Quarterly data	PBF database http://www.f	81.3% of total beneficiaries (excel	Purchasing agencies (public utilities, EUPs)

(HNP) services - Female (RMS requirement)		collection, disaggregated by month	bp-rdc.org/#/republique-democratique-du-congo/g/pL5A7C1at1M based on verified data	sheet with the project team) from CRI	
Number of children immunized		Quarterly data collection, based on monthly data (disaggregated)	PBF database http://www.fbp-rdc.org/#/republique-democratique-du-congo/g/pL5A7C1at1M, based on verified data	Rigorous ex-ante verification backed up by counter-verification mechanisms	Purchasing agencies (public utilities; EUPs)
Number of women and children who have received basic nutrition services		Quarterly data collection, disaggregated by month	PBF database http://www.fbp-rdc.org/#/republique-democratique-du-congo/g/pL5A7C1at1M,	Rigorous ex-ante verification, backed up by ex-post verification mechanisms Derived from services purchased at the health center level; (a) growth monitoring visits for children aged 6m-23m	Purchasing agencies (public utilities; EUPs)

			based on verified data	(total quantity divided by six to get a lower estimate for unique individuals, as the norm is six visits per year); (b) growth monitoring visits for children aged 24m-59m (total quantity divided by four to get a lower estimate for unique individuals, as the norm in this age group is 4 visits per year); (c) first antenatal care visit (excluding follow up visits to get a lower estimate of unique individuals using antenatal care services) and (d) post natal care visits. In all four service categories, nutrition advice and feeding supplements are part of the package delivered.	
Number of deliveries attended by skilled health personnel		Quarterly data collection, disaggregated by month	PBF database http://www.fbp-rdc.org/#/republique-democratique	All deliveries attended to by skilled personnel at health center level, plus all deliveries attended at district hospital level including complicated	Purchasing agencies (public utilities; EUPs)

			-du-congo/g/pL5A7C1at1M, based on verified data	deliveries and caesarian sections.	
Average score of the quality checklist at the health centers	Numerator: Sum of the quarterly quality score (%) of all PBF health centers. Denominator: Number of health centers contracted through PBF.	Quarterly	HMIS/PBF Database		MOHP/HMIS
Percentage of Children Fully Immunized	Numerator: Number of fully immunized children under one year of age. Denominator: Number of children less than one year old (3.85%). A child is considered fully immunized when she/he has received immunization for BCG, polio, DTC3, and measles. In the last few years the DTP vaccine has been replaced by Penta, which includes apart from DTP, Hemophilus Influenza and Hepatitis	Quarterly	HMIS/PBF Database		MOHP/HMIS
New curative consultations per capita per year	Numerator: Number of new curative consultations	Quarterly	HMIS/PBF Database		MOHP/HMIS

	in target health zones during year Denominator: Total population in target health zones during year				
Number of eligible individuals vaccinated during EVD	Sum of eligible individuals who were vaccinated during the past month. Eligible individuals are those defined by national protocol. . End target is currently July 31, 2019, as outbreak is expected to be contained within 6 months.	Monthly	Periodic vaccination reports		Implementing agencies

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Number of new and existing acceptors of modern contraceptive use	Number of new and existing acceptors of modern contraceptive methods. Modern methods such as injections, pills, implants and IUDs, excluding condoms, would be taken into account. These methods are purchased at health center/community and first level referral hospital	Quarterly	HMIS/PBF database		MOHP/HMIS

	levels. 21% of the population is women of child bearing age (women between 15 and 49 years old), of which 23% have an unmet need.				
First time adolescent girls acceptant of modern contraceptives	Number of new and existing adolescent acceptors of modern contraceptive methods. Modern methods such as injections, pills, implants and IUDs, excluding condoms, would be taken into account.	Quarterly	HMIS/PBF database		MOHP/HMIS
Average quality of nutritional services	Numerator: Sum of the nutritional section of the quarterly quality score (%) of all PBF health centers. Denominator: Number of health centers contracted through PBF				
Percentage of pregnant women counseled and tested for HIV	Numerator: percentage of pregnant women who were counseled and tested for in target health zones during the quarter Denominator: number of pregnant women in target health zones during the quarter	Quarterly	HMIS/PBF database		MOHP/HMIS

Number of Direct Beneficiaries	Number of people benefiting from at least one health service.	Quarterly	HMIS/PBF Databse		MOHP-CT-FBP
Number of women	Number of women benefiting from at least one health service.	Quarterly	HMIS/PBF Databse		MOHP-CT-FBP
Percentage of children under 24 months participating in the Growth Monitoring and Promotion activities at community level	Numerator: Number of children under 24 months of age who participated in growth monitoring or promotion activities in targeted communities Denominator: Number of children under 24 months of age in targeted communities	Quarterly	HMIS database		MOHP/HMIS
Percentage of families participating in parental education sessions at community level	Numerator: Number of families participating in parental education sessions in targeted communities Denominator: Number of families in targeted communities NOTE: No data is reported as this activity hasn't yet started due to the Ebola Response efforts.	Quarterly	HMIS database		DEP-Sante/PNSA
Exclusive breastfeeding for children under 6 months	Numerator: Number of children under 6 months	Quarterly	HMIS database		MSP/DSNIS

	who received only breast milk, with no other solids or liquids, including water. Note: exclusively fed infants are allowed to have drops of vitamins/minerals/medicines. Denominator: Number of children under 6 months				
Average number of days with stock out of tracer drugs in targeted health facilities on the day of the visit					
Health personnel receiving training (number)	Number of health personnel who received training through project support	Quarterly	HMIS/PBF database		MOHP
Health facilities receiving Client Tracer and Satisfaction Survey feedback	Numerator: Number of health facilities that received client tracer and satisfaction survey feedback in target health zones Denominator: Number of health facilities in target health zones	Quarterly	PBF/HMIS database		MOHP/HMIS
Civil servants eligible for retirement in the Ministry of Health that have received their retirement indemnities/packages and retired from active service	Number of civil servants eligible for retirement in the Ministry of Health that have received their retirement indemnities/packages and				MOHP

	retired from active service. NOTE: No civil servant has yet been retired as the project is still undergoing the activities such as census leading to the identification and validation of those who are eligible.				
Number of poor people benefiting from fee exemption mechanisms	Number of poor people benefiting from fee exemption mechanisms. The project would support mechanisms to exempt poorer people of fee payments, or to lower their level of fee payment at the health facility. These data are directly accessible through the PBF system. At the health center level up to 5% of all consultations can be exempted, and at the hospital level, up to 10% of referred patients can be exempted, and up to 10% of admissions can be exempted. The exemptions are reimbursed through the PBF mechanism.	Quarterly	HMIS/PBF database		MOHP/HMIS

Single contract signed and implemented at province level	Number of single contracts (Contrat Unique) signed and implemented at province level. The single contract puts in place a performance framework for all funders. It is one budgeted plan of activities in the provincial health administration that is financed through available domestic and external funds.	Annual	Project records		Project team
Percentage of contacts lost to follow up	Numerator: Number of people who encountered suspected/confirmed Ebola case that could not be contacted during the past month Denominator: Number of people who encountered suspected/confirmed Ebola case during the past month The end target is to have no contacts lost to follow up (0%). End target is currently July 31, 2019, as outbreak is expected to be contained within 6 months.	Monthly	Reports from implementing agencies		Implementing agencies
Percentage of samples received that have been tested	Numerator: number of EVD samples tested during the	Monthly	Implementing agency		Implementing agencies

	past month Denominator: number of EVD samples received during the past month End target date is currently July 31, 2019, as outbreak is expected to be contained within 6 months.		reports		
Percentage suspected and confirmed cases for whom safe and dignified burials have been carried out	Numerator: Number of safe and dignified burials conducted for suspected/confirmed Ebola deaths during the past month Denominator: Number of deceased who were suspected or confirmed Ebola cases during the past month Safe and dignified burial is defined as per national protocol. End target date is currently July 31, 2019, as outbreak is expected to be contained within 6 months.	Monthly	Implementing agency reports		Implementing agencies

Annex 1
Contingent Emergency Response Component (CERC)
Overview

What is CERC?

Following an eligible emergency or crisis, the International Development Association (IDA) allows a country to rapidly reallocate funds from investment projects integrating a Contingent Emergency Response Component (CERC) to support recovery measures. In the case of crises, notably natural disasters and outbreaks, the activation of CERC can support recovery efforts, such as repair or restoration of basic physical assets, protection of critical development spending such as on health and education, creation of programs to jump-start economic activity or the activation or scaling up of safety nets to mitigate the impact on vulnerable groups.

CERC Features

- Eligible event: The World Bank defines as eligible an emergency or an event that has caused, or is likely to cause imminent, an economic impact and / or major negative social natural or human origin. The crisis or emergency should be declared officially, in reference to a well-defined process (eg. declaration of national emergency, Level 2 grade of the WHO Emergency Response Framework, etc.);
- Amount: In the case of an emergency, the CERC allows countries to rapidly access financing of the undisbursed and uncommitted components of effective projects with the feature to support early recovery needs. The funds are reallocated from project's components to CERC;
- Procedures: The use of funds follows World Bank procedures and policies. CERC uses the flexibility provided for in the emergency procedures of the WB, which allows a rapid restructuring of the project to meet urgent financing needs (and the use of simplified procedures);
- Timing: The component is designed to support early recovery activities which can be implemented in a relatively short time period of 12 months;
- Institutional Arrangements: Activities funded by CERC are part of the project implementation, therefore the implementation unit is responsible for technical, fiduciary and safeguards aspects of the response.

CERC preparatory steps

To access the CERC, recipient countries must complete preparatory steps before being able to activate the component:

- The inclusion of an Contingent Emergency Response Component in one or more IDA investment projects;
- The adoption of an Emergency Operational Manual which governs the use of the funds at project level. It outlines the institutional arrangements, roles and responsibilities, as well as procedures governing the procurement, financial management, environmental and social safeguards, etc.;
- Preparation and disclosure of an emergency activities section at the Environmental and Social Management Framework (ESMF) which provides overarching guidance to screen, assess,

minimize and mitigate the environmental and social risks and impacts associated with recovery activities to be financed by CERC.

CERC activation procedure

To activate the CERC, recipient countries must develop and submit to the World Bank an activation request letter indicating the Project funding amount and affected components, supported by:

1. A Contingent Emergency Response Implementation Plan (CERIP) providing details about the event, recovery strategy, institutional arrangements and proposed activities, including procurement plan. The CERIP is developed in consultation with the World Bank. Project Implementation Unit develops safeguard assessments and plans for the CERIP activities, where necessary, in line with the ESMF.
2. A copy of the Declaration of Natural Disaster Affected Area (dated)
3. A copy of the Assessment of the damages, losses and needs, such as the post-disaster needs assessment or rapid impact assessment.

Implementation arrangements for the Emergency Response Plan

Once an assessment is carried out to inform the design of Contingent Emergency Response Implementation Plan (CERIP), several implementation arrangements can be selected to best facilitate the response.

1. Project Implementation Unit (PIU): The PIU is the responsible institution for technical, fiduciary and safeguard activities implementation. As the proposed CERIP is developed the PIU might need to increase its staff to address the surge demand of activities related to procurement, technical advisory for implementation, monitoring and evaluation, and safeguards.

2. Use of a third party: During CERIP preparation an assessment of implementation capacity of the PIU is carried out by the Bank with support to the Government. Based on the characteristics and requirements of the Emergency Response Plan's activities it is likely that an UN agency or NGO are best placed for implementing some or all approved activities. In such case, contracts and memoranda of understanding shall be signed under the Bank-UN framework for delegating implementation to the selected service provider; however fiduciary and safeguards supervision remain a PIU responsibility.

3. Retroactive Financing: Under special circumstances and with the approval by the Bank a retroactive finance of emergency items already procured by the Government could be allowed. Eligible items are listed at the Positive list in the Operations Manual, and the procurement process must be conducted up to one month prior the CERC activation date. All approved items for retroactive financing shall be listed at the CERIP. This could be combined with option 1.