Report Number: ICRR0024098

1. Project Data

Project ID P166763	**Project Name** DRC - GBV
Country Congo, Democratic Republic of	**Practice Area(Lead)** Social Sustainability and Inclusion

L/C/TF Number(s)	**Closing Date (Original)**	**Total Project Cost (USD)**
IDA-D3330	30-Jun-2023	78,301,152.13
Bank Approval Date	**Closing Date (Actual)**	
30-Aug-2018	30-Sep-2023	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	100,000,000.00	0.00
Revised Commitment	86,499,999.75	0.00
Actual	77,204,115.67	0.00

Prepared by	Reviewed by	ICR Review Coordinator	Group
Maria Shkaratan	Ebru Karamete	Avjeet Singh	IEGSD (Unit 4)

2. Project Objectives and Components

a. Objectives

The Original Project Development Objective (PDO) was “to increase in targeted Health Zones: (i) the participation in Gender-Based Violence (“GBV”) prevention programs; (ii) the utilization of multi-sectoral response services for survivors of GBV; and (iii) in the event of an Eligible Crisis or Emergency, to provide an immediate and effective response to said Eligible Crisis or Emergency.” (Financing Agreement, page 6). The PDO was stated identically in the Project Appraisal Document (PAD), except the quotation marks around GBV were removed and the article “an” before “immediate” was deleted (PAD, page 1).

The PDO was not revised.

For the purposes of this Implementation Completion and Results Report (ICR) review, the objective will be assessed as follows:

PDO 1: To increase participation in the GBV prevention programs in targeted Health Zones.

PDO 2: To increase utilization of the multi-sectoral response services for survivors of GBV in targeted Health Zones.

The third part of the PDO ("in the event of an Eligible Crisis or Emergency, to provide an immediate and effective response to said Eligible Crisis or Emergency") will not be evaluated because it was never triggered and never implemented.

b. Were the project objectives/key associated outcome targets revised during implementation?

No

c. Will a split evaluation be undertaken?

No

d. Components

1. Original components

Component 1 *Gender-Based Violence prevention and integrated support for survivors at community level* (cost at appraisal: US$54.5 million; actual cost: 40.6 million) was to finance GBV prevention and survivor assistance activities at community level. A protocol for these activities was to be developed by the Social Fund for Democratic Republic of Congo (Fonds Social pour la République Démocratique du Congo or FSRDC), and the activities were to be led by Umbrella non-governmental organizations (NGOs) in partnership with local NGOs and women's community-based organizations (CBOs). Prevention activities would aim at: (i) community mobilization and promotion of behavior change; (ii) livelihood interventions (establishment of Village Savings and Loans Associations (VSLAs) and support to women in building savings and in developing income-generation activities (IGAs); and (iii) gender transformative training (addressing gender inequality at household level). Survivor support would be provided by CBOs and focused on awareness-raising, life skills, and livelihood activities.

Component 2 *Response to Gender-Based Violence* (cost at appraisal: US$27.5 million; actual cost: 26.1 million) was to finance two subcomponents. Subcomponent 1 was to support two Centers of Excellence (CoEs), hospitals specializing in treating survivors of sexual violence, NGOs: Panzi Hospital and Foundation in South Kivu and Heal Africa in North Kivu. The CoEs were to deliver medical, legal, and psychosocial survivor support, and provide specialized services in decentralized One-Stop Centers in Maniema and Tanganyika. These hospitals were also partners under the World Bank's Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project (GL GBV). Subcomponent 2 aimed at strengthening the GBV response in the health sector, focusing on the following: (i) training health care providers (HCPs), including community health workers, in responding to GBV; (ii) implementing minor rehabilitation of health facilities; (iii) supporting service provision at hospital and health center level (using

the Performance Based Financing (PBF) approach, building on the quality of survivor services); and (iv) procuring emergency medication for survivors (purchase, stock management, drug distribution).

Component 3 ***Support to Policy Development, Project Management and Monitoring and Evaluation*** **(cost at appraisal: US$17.9 million; actual cost: US$11.2 million)** was to finance three subcomponents. Subcomponent 1 would fund policy development and capacity building, specifically: (i) FSRDC's coordination of the GBV response; (ii) assessment of the national GBV database (managed by the Ministry of Gender, Family and Children (MGFC)), based on global best practices; and (iii) dissemination of the 2016 Family Code and Law on Sexual Violence at the community level. Subcomponent 2 would cover overall Project management costs and financial management. Subcomponent 3 was to finance Monitoring and Evaluation (M&E) (including the management information system (MIS) and a third-party process evaluation), and an impact evaluation of mental health activities (the last phase of an impact evaluation of the Narrative Exposure Therapy (NET), which was started under GL GBV).

Component 4 ***Contingency Emergency Response Component (CERC)*** **(cost at appraisal: US$0 million; actual cost: US$0 million)** was to provide immediate response in the event of an eligible crisis or emergency.

Revised Components:

The components remained unchanged.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project Cost: The appraisal estimate was US$100.0 million, and the actual disbursement was US$77.9 million. The difference between the appraisal estimate and the amount disbursed at closure was US$22.1 million. This difference is explained by: (i) the cancellation of US$13.5 million during the first and second restructurings; (ii) the fluctuations in the USD/SDR exchange rate (the Project was denominated in SDR); and (iii) a pending payment to the Umbrella NGO in Maniema province (to be resolved as soon as possible).

Project Financing: The Project was fully financed by an IDA grant.

Borrower/Recipient contribution: There was no Borrower's contribution.

Project Dates: The Project was approved on August 30, 2018, and became effective on July 19, 2019. The MTR review was on May 2, 2022. The Project was restructured twice: (i) on June 30, 2023, and (ii) on January 29, 2024. The original closing date was June 30, 2023. The Project was extended once, for three months, to September 30, 2023, which was the date of the Project's actual closure. The extension was needed to accommodate the change in implementation agency, which is discussed under "Restructuring 1" (below).

Restructurings: The project had two level II restructurings**:**

Restructuring 1 (June 2023) involved the following main changes: (i) in the implementing agency: the original one (FSRDC) was liquidated in April 2023, and the responsibility for Project implementation was

transferred to the Ministry of Finance; (ii) in costs (please see details below); and (iii) in closing date (as described under “Project dates” above.

The restructuring involved a cancellation of the US$10.5 million of Project funds (First Amendment to the Financing Agreement, page 1), resulting in reduced funding for Components 1 and 3. This was done at government request: the original plan to expand activities geographically was not possible due to operational constraints caused by the change in the Project’s implementing agency and by currency devaluation, which reduced remaining Project funds.

Restructuring 2 (January 2024) involved the following main change: a cancellation of US$3.0 million of Project funds (as confirmed by the Project team at IEG request), resulting in reduced funding for Component 1. The cancellation was done at government request, following the previously concluded dissolution of the FSRDC.

3. Relevance of Objectives

Rationale

Country and Sector Context. At Project appraisal, DRC was a post-conflict and fragile country characterized by political instability, poor governance, weak state institutions, persistent poverty, and a rapidly growing population. It remained plagued by conflict, especially in its Eastern and Central regions, with a proliferation of armed groups and a military presence, especially in the North Kivu, South Kivu, Maniema, and Tanganyika provinces where Project implementation took place. The security situation was worsened by political instability due a delay in presidential elections from November 2016 to December 2018, and a further delay in forming the government. (ICR, page 5) DRC ranked 176th out of 188 countries in the 2016 Gender Inequality Index, which measures national gender gaps using economic, political, education, and health criteria. Important gender equality gains were made in legislation and in health and education sectors. However, GBV was still a significant barrier to women’s engagement in social and economic life. Overall, 52 percent of all women aged 15-49 had reported experiencing physical violence and 27 percent had experienced sexual violence. While physical violence against women aged 15-49 had fallen from 64 to 52 percent between 2007 and 2014, it remained high. The conflict in the Eastern Provinces and then in Kasaï and Tanganyika, was one of the main reasons for sexual violence in those areas. (PAD, pages 1-2, 12)

Relevance to Government Strategies during implementation and at closure. The Project was aligned with the revised government’s NSCGBV 2020, which focused on addressing all forms of GBV, in addition to conflict-related sexual violence, and was organized around seven principal axes, all of which had relevance for Project activities: (i) GBV prevention, especially at community level; (ii) women’s socio-economic empowerment; (iii) socialization and education of youth about GBV; (iv) security and protection with a gender focus; (v) holistic multi-sectoral GBV survivor care; (vi) justice and addressing impunity; and (vii) monitoring and evaluation around GBV. The Project was also aligned with the government’s National Gender Policy (2017-2021), specifically, with the following four of its five strategic axes: (i) consolidating gender equality and the empowerment of women; (ii) strengthening the role and place of women and girls in the economy and employment; (iii) increasing access of women and girls to decision-making spheres; (iv) fighting against forms of sexual violence. (ICR, page 7, 12; CPF FY2022-26, pages 156-157)

Relevance to the WBG's Assistance Strategies at closure. The Project was aligned with the WBG's DRC Country Partnership Framework (CPF) FY2022-26, specifically with the Focus Area 1 "Strengthen stabilization efforts for reduced risk of conflict and violence" and Focus Area 2 "Strengthen systems for improved service delivery and human capital development", and the cross-cutting theme "Gender". Focus Area 1 aimed at strengthening crisis resilience of vulnerable, displaced, and conflict-affected populations, as well as at improving community interconnectedness and regional integration. Focus Area 2 aimed at increasing access to basic services in health, education, and social protection, as well as at addressing gender disparities and factors of GBV (including norms). The cross-cutting theme "Gender" focused on reducing gender inequities in the DRC while addressing GBV. Overall, the CPF FY2022-26 had a strong focus on gender and stated that "gender will be integrated into all activities and engagements across the WBG portfolio in DRC" with a "specific focus on addressing GBV as a project implementation risk in non-GBV specific engagements" and "through dedicated components or engagements focused on GBV prevention and response". In addition, addressing GBV was a core objective in both the Regional Gender Action Plan for WBG's Eastern and Southern Africa (AFE) FY2024-28 and the WBG's Gender Strategy FY2024-30.

Previous sector experience. The reviewed Project was prepared as a follow-up operation on the first WBG's large-scale GBV and health project in the Africa region titled *Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project* (GL GBV, P147489). It was in the late stages of implementation at Project approval. The GL GBV project was focused on GBV prevention survivor response via NGOs and women's community-based organizations (CBO), partnered with the health sector and specialized Centers of Excellence (CoEs) (Panzi Foundation in South Kivu and Heal Africa in North Kivu), and used FSRDC as the implementing agency; and the revied Project had the same focus, partnerships, and implementation agency. (ICR, page 6) The reviewed Project was also supported by the parallel operations *Emergency Equity and System Strengthening in Education Project* (P172341), the *Health System Strengthening for Better Maternal Child Health Results Project* (P147555), the *Eastern Recovery Project (STEP-3)* (P145196), and the analytical work DRC Gender Diagnostic Report; and followed by the *Girls Learning and Empowerment Project* (P178684). (CPF, page 158).

The objectives were pitched at the appropriate level, considering the FCS context and capacity for implementation. Based on the above, the relevance of the objectives is rated high.

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1
Objective
PDO 1: To increase participation in the GBV prevention programs in targeted Health Zones.

Rationale

An abbreviated theory of change (ToC) for the Project was included in the PAD; the ICR reconstructed the ToC (ICR, Annex 7, Figure 2). The TOC of the project was overall sound, linking project activities, outputs and outcomes to achievement of the objectives. The PDO indicators to measure the achievement of the objective were clear, outcome oriented and measurable. To achieve the two PDO objectives, the Project supported the following activities: (i) community-level behavior change interventions; (ii) supporting financial savings and income generation programs, providing gender transformative training, and creating capacity for community-level immediate advice and referrals; (iii) services for GBV survivors at community level though the CoEs, health sector, One Stop Centers, and by trained community members; (iv) periodic process evaluations; (v) final impact evaluation. The intermediate outcomes as described in the PAD's ToC were as follows: (i) changes in attitudes and behavior in relation to GBV at community level toward reduced acceptability of violence and increased community level support to survivors; (ii) women's improved decision making and access to GBV-related resources; and (iii) improved availability and quality of, as well as access to services for the GBV survivors. The achievement of the intermediate outcomes would ultimately result in the following PDO outcomes: (i) increased participation in GBV prevention (including decreased acceptance of GBV); and (ii) increased utilization of the response services by survivors of GBV (increased accessibility of GBV response services and Post-Exposure Prophylaxis (PEP); and high-quality survivor services by partners).

While the ICR's ToC provided a comprehensive description of the Project's inputs, instead of presenting outputs and outcomes, it listed output and (intermediate and PDO) outcome indicators. Such approach prevented a comprehensive description of the logic of Project and led to a curtailed picture of expected results and impact. Also, the critical assumptions were missing.

The efficacy of the reviewed Project under Objective 1 was assessed using the following indicators:

Outputs/Intermediate Outcomes

Objective 1 outputs were measured using the following indicators:

1. "Numbers of beneficiaries participating in community level economic support services". The achievement at closure was 87,711 people, against the target of 3,800 people and the baseline of zero. The actual result was more than 23 times above the target. The ICR pointed out that some of the targets were set too low at appraisal, and it was proposed to increase them at MTR, but a related restructuring was never implemented.

2. "Number of beneficiaries receiving specialized mental health care". The achievement at closure was 10,503 people, against the target of 3,200 people and the baseline of zero. The result was 3.3 times above the target. The ICR pointed out that some of the targets were set too low at appraisal, and it was proposed to increase them at MTR, but a related restructuring was never implemented.

3. "Number of service providers trained in NET". The achievement at closure was 265 people, against the target of 60 people and the baseline of zero. The result was 4.4 times the target value. The ICR pointed out that some of the targets were set too low at appraisal, and it was proposed to increase them at MTR, but a related restructuring was never implemented.

Note: The RF in the PAD indicated an original target of 60; this target was increased to 100 in FSRDC progress reports during implementation, though no change was formally made to the results framework. (ICR, page 14)

4. “Percent reported change in women’s participation in household decision-making” (measured using community survey). The achievement at closure was 41.6 percent, while the baseline was 45.8 percent, and the target was to increase it by 20 percent. The target was zero percent achieved: there was a decrease in participation instead of the expected increase.

5. “Percent change in help-seeking behavior for women and men aware of IPV cases at community level” (measured using community survey). The achievement at closure was 88.4 percent, while the baseline was 85 percent, and the target was to increase it by 20 percent. The actual achievement was a 4-percentage point increase, which means that the target was 20 percent achieved.

PDO outcomes:

1. “Percentage reported decrease in accepting attitudes towards GBV in targeted Health Zones” (measured annually using a questionnaire based on Demographic and Health Survey (DHS) tools). The achievement at closure was 29.6 percent, while the baseline was 43.7 percent, and the target was to decrease it by 20 percent. By closure, the baseline was decreased by 32.3 percent, exceeding the target by 62 percent.

2. “Numbers of direct project beneficiaries (disaggregated for percentage of women and number of Twa populations)”. The achievement at closure was 8,614,146 people, against the target of 785,000 people and the baseline of zero. The outcome was more than 10 times above the target. The ICR pointed out that some of the targets were set too low at appraisal, and it was proposed to increase them at MTR, but a related restructuring was never implemented. The gender specific sub-target (“Percentage of female beneficiaries”) was four percent exceeded: 52 percent against the target of 50 percent. The Twa community sub-target (“Number of Twa community members”) was 58.3 percent exceeded: 47,485 people against the target of 30,000 people.

Rating. The Project mostly achieved its intended Objective 1 results, and its efficacy rating is Substantial, with minor shortcomings. The project surpassed both PDO indicator targets - on reported decrease in accepting attitudes towards GBV and on direct beneficiaries - and exceeded the intermediate targets on access to economic support services, to professional mental health services, and on service provider training for Narrative Exposure Therapy (although the targets for these indicators were set too low). However, it fell short of achievement of two intermediate indicators, i.e. reported change in women's participation in household decision making and change in help-seeking behavior for women and men aware of IPV cases at community level.

Rating
Substantial

OBJECTIVE 2
Objective
PDO 2: To increase utilization of the multi-sectoral response services for survivors of GBV in targeted Health Zones.

Rationale

Please see the discussion of the ToC under Objective 1.

The efficacy of the reviewed Project under Objective 2 was assessed using the following indicators:

Outputs/Intermediate Outcomes:

1. “Number of health personnel receiving training on GBV service provision”. The achievement at closure was 433 personnel, against the target of 400 personnel and the baseline of zero. The target was 8.3 percent exceeded.

2. “Number of reported cases of GBV that access at least one service supported by the project”. The achievement at closure was 78,466 people, against the target of 60,000 people and the baseline of zero. The target was 30.8 percent exceeded.

3. “Percentage of rape cases that access services within 72 hours of the incident”. The achievement at closure was 46 percent, against the target of 50 percent and the baseline of zero. The target was 92 percent achieved (almost fully achieved).

4. “Percentage of beneficiaries who meet regularly with their case manager, as defined in the project manual”. The achievement at closure was 98 percent, against the target of 80 percent and the baseline of zero. The target was 22.5 percent exceeded.

5. Data for the following three indicators was not possible to collect, and the achievement at closure is not known:

- “Percentage of essential medication (PEP, STI Treatment and Emergency Contraception) for which there was no stock out during the implementation period”.
- “Percentage availability of basic equipment at health facility level in line with the project’s quality check-list”.
- “Percentage of small-scale works at health facility level complying with ESMF requirements”.

PDO outcomes:

1. “Percentage increase in reported cases who receive access to multidisciplinary services, defined as at least two of the following (medical, psychosocial, security, legal support and livelihoods support)”. The achievement at closure was 53 percent, while the baseline was 50 percent (there was a six percent increase in access. While the official target in the PAD was zero, the FSRDC was routinely and informally monitoring this indicator against a target of 80 percent (ICR, page 68). 80 percent target was also used in the last ISR. The PAD in fact also notes that zero percentage increase was expected only once approximately 75% of survivors are accessing at least 2 services (PAD, page 44). Having a zero target also raises the question of why the target would be set so low compared to what the client is using and is a shortcoming of the M&E framework; the achieved result is quite insufficient.

2. “Percentage of eligible reported GBV cases who receive Post Exposure Prophylaxis (PEP) Treatment within 72 hours”. The achievement at closure was 100 percent, against the target of 80 percent and the baseline of 13 percent. The target was 25 percent exceeded.

3. “Percentage of implementing partners providing services to GBV survivors in line with quality standards”. The achievement at closure was 82 percent, against the target of 80 percent and the baseline of zero. The target was three percent exceeded.

Rating. The Project partially achieved its intended Objective 2 results, and its efficacy rating is Modest. The project surpassed the two PDO indicator targets, on GBV cases receiving PEP treatment in 72 hours and on implementing partners providing services to GBV survivors in line with quality standards. However, the PDO indicator target - on increase in reported cases who receive access to multidisciplinary services - was not achieved. Also, three intermediate indicators were not measured, and, while they were marked for deletion at MTR as no data could be obtained for them, they were not actually dropped.

Rating
Modest

OVERALL EFFICACY

Rationale
For Objective 1, the rating for efficacy is Substantial, with minor shortcomings. While both PDO targets and three (out of seven) IRI targets were reached, most of them were significantly over-achieved, pointing to the low bar in setting of targets. For Objective 2, the rating for efficacy is Modest. Two out of three PDO outcomes were achieved, but one that was quite relevant to measure the achievement of the PDO was not achieved. Three IRI results were unknown because it was impossible to monitor them. The overall efficacy is rated Substantial, with moderate shortcomings.

Overall Efficacy Rating

Substantial

5. Efficiency

a. Economic Analysis:

At appraisal. The Project’s PAD did not include an economic analysis, but a brief verbal description of expected benefits of GBV prevention and survivor support in general. The ICR reported that due to the absence of data on the “costs of service provision and the effects of GBV”, there was no full-fledged economic analysis at appraisal, but there was a review of “the economic costs of GBV”, including the “direct costs related to health care and legal expenses and indirect costs related to the value of lost productivity”. (ICR, page 17)

At closure. An economic analysis was conducted at closure. Benefits were estimated partially, only for those Component 1 and Component 2 outcomes that were quantifiable and for which data were available, specifically: (i) number of cases of sexual and physical violence averted due to the community mobilization activities for the

previous 12 months; (ii) productivity gains for women engaged in IGAs; (iii) number of cases of HIV transmissions averted due to the administration of PEP treatment within 72 hours; and (iv) improvements in mental, sexual, and reproductive health as a result of psychosocial and medical support. The costs were equal to the total Project cost. The discount rate was 3 percent, applied over 20 years. The ICR noted that due to the partial accounting for the Project's benefits, the net benefits and the economic and social rate of return were underestimated (ICR, page 47). The results of the analysis were as follows. The benefit-cost ratio was 7.0 (13.3 in the "high benefits" scenario); the net present value (NPV) was US$436.3 million (US$889.6 million in the "high benefits" scenario); and the economic internal rate of return (EIRR) was 21.5 percent (29.5 percent in the "high benefits" scenario). Since the EIRR was above the opportunity cost of capital (discount rate), the Project was economically efficient.

b. Administrative Efficiency

The ICR pointed out that the Project efficiency was negatively affected by the difficult external circumstances of implementation: a long-term FCS context; continued incidents of violence (including the "state of siege" and resurgence of armed group M-23 in North Kivu in 2021, and violent protests in Eastern DRC); political instability; and an extended political transition after presidential elections at the end of 2018. Other negative external factors included COVID-19, Ebola outbreak in North Kivu, a volcanic eruption in North Kivu, and impassable roads across Project sites. Additionally, the liquidation of the FSRDC (the Project's implementing agency) in April 2023 negatively affected implementation.

Procurement issues also caused delays with implementation. Some of the contracts did not start until 12-18 months after the effectiveness due to extended procurement processes. For example, the project activities in Maniema and Tanganyika provinces began a year after effectiveness; in Maniema, they were slow to implement due to the issues with the CoE and Umbrella NGO collaboration. FSRDC also experienced coordination challenges early-on and recurring staff vacancies, including for technical specialist positions in health, GBV, safeguards, and M&E.

However, the Project managed to adapt to the circumstances and address the procurement delays: the Bank and FSRDC used close monitoring to address delays, scheduling weekly or biweekly calls to review issues and identify solutions and carrying out close field monitoring to address bottlenecks. FSRDC intervention and determined consortium leadership in Maniema helped to overcome collaboration issues. As a result, considerable progress occurred in the last 12-18 months of implementation.

On balance, considering the economic viability of the Project, as well as the team's ability to adapt to the challenging external factors and limit the extension of closing to 3 months only, but also taking into account the delayed implementation of some activities (until they were expedited during the last 12-18 months of implementation), Project's efficiency rating is Substantial, with moderate shortcomings.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 ☐ Not Applicable
ICR Estimate	✓	21.50	0 ☑ Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

The overall Relevance of objectives is rated as High. For efficacy, while Objective 1 is Substantial, with minor shortcomings, Objective 2 is rated as Modest. The overall efficacy is rated Substantial, with moderate shortcomings. Efficiency is rated as Substantial. Thus, the overall outcome is rated as Moderately Satisfactory.

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

Institutional. The sustainability of the GBV prevention and response depends on a cohesive and stable partnership between government and civil society to combine project management expertise at central level with effective community-level support for service delivery and community mobilization. However, at Project closure, such links did not exist, and the expertise on both sides was incomplete. The Project relied on the FSRDC in project management; on local NGOs and CBOs in improving community-level services and in prevention activities; and on CoEs and health sector in survivor support. However, the FSRDC was abruptly dissolved and replaced by a newly formed agency with an expanded mandate (and the same name) five months before Project closure, in April 2023; therefore, a continued leadership in the GBV response at Project closure was at risk. The expertise of two other relevant agencies - Ministry of Public Health (MoPH) and MGFC - was not fully reliable based on Project's experience, which demonstrated poor fiduciary and management expertise, weak personnel skills, and poor infrastructure. Further, while the CoEs had exceptional technical expertise, the feasibility studies documented internal capacity and fiduciary constraints. Overall, at Project closure, there was no clear leadership and no efficient government-NGO partnership for a continued GBV response. (ICR, pages 27-28).

8. Assessment of Bank Performance

a. Quality-at-Entry

The ICR reported that the Project benefited from the design based on the experience of a previous Bank operation, GL GBV. Relevant risks were identified and mitigated through design and other measures,

including the M&E plan. The team was sufficiently staffed with the operations, fiduciary, and technical experts. Project design incorporated a separate M&E component and allocated resources to upgrade the MIS that had been used by the GL GBV project and to conduct a process evaluation to monitor quality of support services. The MIS was built to simplify and streamline the data collection and reporting process and establish a comprehensive dashboard. (ICR, pages 27, 22, 25)

However, the implementation arrangements exposed the Project, as it turned out, to the risk of reduced sustainability of outcomes. The Project was reliant on a single government agency (FSRDC) for managerial and fiduciary support and on the CoEs for technical support. It turned out that FSRDC was politically vulnerable, leading to its liquidation before the Project was closed; and the CoEs had insufficient capacity to expand. In the hindsight, investing in the fiduciary and technical capacity of the MoPH and MGFC would have supported outcome sustainability better. (ICR, page 28)

Quality-at-Entry Rating
Satisfactory

b. Quality of supervision
The ICR reported that the Bank team provided frequent and comprehensive implementation support, with regular meetings and missions. A total of twelve implementation support missions was conducted (two missions per year on average), including three virtual missions during the COVID-19 pandemic when support was especially critical. The Bank team produced comprehensive aide-memoires for each mission. The team was well-staffed to support FSRDC on technical issues (e.g., fiduciary) and included technical specialists with experience in DRC and in GBV prevention and response. (ICR, pages 27, 23) The Bank and FSRDC used close monitoring to address the procurement delays, which is explained in detail in section 5b.

However, there were gaps in documenting Project implementation: not all aide-memoires were filed in the operations portal or in team archives on time; the aide-memoire for the December 2021 mission was provided in draft form only; only a limited number of ISRs was produced (four in the first 24 months and two in 2021-2022, the last ISR one year before closure). Also, the FSRDC dissolution made it difficult to provide regular M&E updates, and the M&E dashboard and results from the process evaluations were not updated and discussed regularly, affecting reporting of some indicators. (ICR, page 23)

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The RF reflected the logic of Project interventions in the PAD, was sufficiently linked to the PDO and the ToC, and was comprehensive yet manageable. The PDO outcome indicators reflected all expected Project outcomes. The intermediate indicators were linked to the PDO indicators, providing more details. The indicators measured both objective results and beneficiary satisfaction with different aspects of the Project. All of the RF indicators were quantitative time-bound, and attributable to the Project.

The ICR reported that at design, resources were allocated to upgrade the GL GBV's MIS to simplify and streamline the data collection and reporting process, establish a comprehensive dashboard, and conduct a process evaluation to monitor quality of support services (ICR, page 25).

The M&E system included an impact evaluation (randomized controlled trial) to measure the impact of NET and a process evaluation on GBV that included qualitative and quantitative data analysis.

b. M&E Implementation

The ICR reported that the Project developed a detailed indicator matrix outlining the indicators, their definitions, calculation methodology, and responsible parties. A related training for partners on the definitions and methodology was conducted, and competent M&E teams at national and provincial levels was involved in training. Project data were regularly collected and reported during implementation, including in the ISRs, aide-memoires. Challenges with overly complex reporting tools were addressed by working with partners to simplify the collection tools and eliminate superfluous data points. The Project had difficulties collecting data for health sector indicators (as mentioned in subsection "M&E design"), however, the qualitative data collected during the process evaluation on medical care were used to cover data gaps. (ICR, page 25)

However, there were some deficiencies in M&E implementation. The Project did not manage to implement the discussed revision of the RF to correct mistakes with the low setting of some targets and challenges in collection or reporting on other indicators, leading to difficulties with outcome monitoring. The changes would be as follows: (i) three IRIs would be dropped as no data could be collected for them (at closure, no data was collected for those three indicators); and (ii) targets for several indicators would be significantly increased, as they were set without a consideration for planned geographic expansion and communication outreach (at closure, six results were reported as exceeding the targets by 3.3 times to 23 times, making the usefulness of the corresponding indicators questionable).

Also, while the FSRDC's M&E team was technically strong, it relied heavily on the World Bank M&E specialists to use the dashboard. (ICR, page 25)

c. M&E Utilization

The ICR reported that the process evaluation examined in detail the quality of GBV services, community attitudes towards GBV, and sustainability of women's CBOs as service providers, which allowed for course correction in implementation. Data from the process evaluation were used during the mid-term review to advocate for additional resources for CBOs, including ongoing training needs and materials for GBV focal points. It was also used to improve access to care at the CoE in Tanganyika. M&E data were likewise used throughout the life of the project to inform implementation and introduce course

corrections where needed. Data were used to continue support for CBOs and incorporate them in expansion of services, given their broader geographic coverage and the diverse types of GBV for which CBOs offered support. (ICR, page 25)

Based on the above, the overall M&E Quality is rated Substantial.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

Environmental and Social Safeguards. At appraisal, the Project was classified as Environmental Category B (Partial Assessment) in relation to the small rehabilitation works and small-scale livelihoods activities. Social risks were largely due to the presence of indigenous peoples in Project zones. The following safeguards policies were triggered: Environmental and Social Assessment (OP/BP 4.01), Pest Management (OP/BP 4.09), and Indigenous Peoples (OP/BP 4.10). An Environmental and Social Management Framework (ESMF), as well as an Indigenous People's Policy Planning Framework (IPPF), were prepared, cleared, and disclosed by the Borrower prior to Project appraisal. The safeguards assessment carried out during the Project closing mission in September 2023 reported no major outstanding non-compliance issues. (ICR, page 26) During implementation, the overall safeguard rating was Satisfactory or Moderately Satisfactory; it was Satisfactory at closure.

The Project also developed a grievance redress mechanism (GRM) to manage potential complaints. All grievances were resolved satisfactorily by the end of the Project. However, due to the staffing shortage, Project site risk screenings were delayed, and GRM implementation experienced some challenges, including in management of local grievance committees by partners rather than the Project and gaps in community sensitization. (ICR, page 26)

b. Fiduciary Compliance

Financial management (FM). The ICR reported that Project's FM performance rating was Moderately Satisfactory throughout implementation. External audits were conducted annually for 2019-2022 and issued as unmodified. The external audit for 2023 is due in June 2024. The Project was overall in compliance with FM rules and policies. The principal concerns related to delays in lifting disbursement conditions to finalize timely documentation for health structures payments (final payments are still pending at the time of completion of this review, and the Project team is working on resolving them), lack of adequate supporting documentation from partner NGOs, and delays in payments at Project closure. The FM team worked to address NGO gaps by helping to ensure consistent processes to verify completion of activities against NGO payment requests.

Procurement. The ICR reported that the Project's procurement performance rating was Moderately Satisfactory throughout implementation (ICR, page 26). The Bank's procurement team conducted regular

support missions. The FSRDC team included a Procurement Specialist at the national level and Procurement Officers in each of the four provinces. Procurement arrangements set forth in the Project's legal agreement were functional throughout the Project, and the Project was in compliance with the procurement rules.

c. Unintended impacts (Positive or Negative)

No unintended impacts were reported.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Moderately Satisfactory	Due to a partial achievement of the Objective 2 results, it was rated as Modest, which translated into the Moderately Satisfactory overall outcome rating.
Bank Performance	Satisfactory	Moderately Satisfactory	Due to gaps in reporting on implementation progress, quality of supervision is rated as moderately satisfactory, which translated into moderately satisfactory overall bank performance rating.
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

1. In countries with institutional instability (typical for the FCS countries), sustainable project outcomes may not be achieved unless multiple institutional arrangements for project implementation can be provided; this could include strong government institutions and civil society partnerships, combined with robust capacity building and support to these organizations. In the reviewed Project, a heavy reliance on a single politically vulnerable government agency (Social Fund for Democratic Republic of Congo (FSRDC)) for management and fiduciary responsibilities and on non-governmental Centers of Excellence (CoEs) (hospitals specializing in treating survivors of sexual violence, NGOs) as technical partners led to an increased

risk to development outcomes of the operation. FSRDC was dissolved before the Project was closed; and the CoEs had insufficient capacity to expand. Instead of choosing to work with selected partners, the Project could have invested in strengthening fiduciary and technical capacity of traditional ministry structures (Ministry of Public Health (MoPH) and Ministry of Gender, Family and Children (MGFC), which would support the continuity of the Project's efforts.

2. In projects aiming at women's support and empowerment and the development of income generating activities (IGA), it can be beneficial to work with local women's community-based structures. Engagement with women's community-based structures benefited the Project by ensuring that it had a local base for launching community mobilization and economic support activities, which also served as a bridge between prevention and survivor support activities. The evaluation at closure demonstrated that women's CBOs can continue to operate as independent structures long-term if they receive appropriate skills strengthening support, develop sustainable IGAs, and benefit from broad community support. Participants of the Project's economic support activities saw Village Savings and Loan Association (VSLAs) and IGAs as important efforts leading to women's empowerment.

3. Decentralization of service delivery and referral pathways to local NGOs and women's community-based organizations (CBOs) can increase the accessibility of survivor care. In the reviewed Project, survivors accessed care through CBO focal points much more often than through any other entry point. Positioning caregivers at multiple levels, through government, multi-sectoral response centers, and local CBOs, allowed survivors to access care quickly and be referred as needed.

4. In FCS settings, mental health care interventions, such as Narrative Exposure Therapy (NET), can be delivered more efficiently and sustainably if trained community-based non-specialists are involved in addition to health professionals. In the reviewed Project, the impact evaluation for NET demonstrated that trained CBO focal points in conflict-affected settings were effective at delivering the therapy. This approach allowed the Project to assist more survivors and also increased the sustainability of the NET outcomes by training people who will remain in the community.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR provided a good justification of the PDO relevance, sufficient technical details to understand the value-added of the Project, the factors of Project performance, the outcomes, and various aspects of implementation. It delivered a good quality efficacy analysis, which was based on comprehensive information and was well-supported and candid, with evidence linked to findings and relevant information on all other aspects of project performance. The ICR was analytical, had internal consistency, and suggested lessons that are useful for future lending operations in FCS countries.

There were two minor deficiencies. First, the ToC was mistakenly based on result indicators instead of results (as detailed in section 4, under Objective 1). Second, there was an error in calculating the Bank performance rating, according to the ICR guidelines, the lower of the two ratings of Bank performance in ensuring quality at entry and quality of supervision determines the rating of overall Bank performance and accordingly Bank Performance should be rated moderately satisfactory.

Overall, the ICR quality is rated as Substantial.

a. Quality of ICR Rating
Substantial