Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 13-Jun-2021 | Report No: PIDISDSA32310
## BASIC INFORMATION

### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo, Democratic Republic of</td>
<td>P176215</td>
<td>Additional Financing DRC COVID-19 Strategic Preparedness and Response Project</td>
<td>P173825</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent Project Name</th>
<th>Region</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC COVID-19 Strategic</td>
<td>AFRICA EAST</td>
<td>08-Jun-2021</td>
<td>29-Jun-2021</td>
</tr>
<tr>
<td>Pre paredness and Response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project (SPRP)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Area (Lead)</th>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health, Nutrition &amp; Population</td>
<td>Investment Project Financing</td>
<td>Democratic Republic of Congo</td>
<td>Ministry of Health</td>
</tr>
</tbody>
</table>

**Proposed Development Objective(s) Parent**

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

**Proposed Development Objective(s) Additional Financing**

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19, and strengthen national systems for public health preparedness.

**Components**

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

## PROJECT FINANCING DATA (US$, Millions)

### SUMMARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Project Cost</td>
<td>200.00</td>
</tr>
<tr>
<td>Total Financing</td>
<td>200.00</td>
</tr>
<tr>
<td>of which IBRD/IDA</td>
<td>200.00</td>
</tr>
<tr>
<td>Financing Gap</td>
<td>0.00</td>
</tr>
</tbody>
</table>
B. Introduction and Context

Country Context

1. As of June 8, 2021, the DRC reported 33,334 confirmed and probable cases of COVID-19, and 817 deaths, with an estimated case fatality rate of 2.5 percent. Twenty-three provinces and 174 health zones have reported cases. The epicenter of the pandemic remains Kinshasa, with 70.4 percent of cases, followed by North-Kivu and Haut-Katanga with 8.8 percent and 6.1 percent of cases. A second wave started in November 2020 and ended in March 2021. There is now a third wave that began in early June, likely due to the presence of the Delta variant, importation of cases among travelers and no-respect of public health measures by the general population. Congolese authorities have taken specific and concrete action to contain the spread of the COVID-19 virus since the first case was confirmed in March 2020, including the declaration of a state of emergency. The government-imposed confinement in the central business district of the capital (Gombe), closed the airports, and restricted travel between Kinshasa and the rest of the country. Restrictions were eased at the end of June 2020, and the state of emergency was lifted on July 21, 2020. Facing a second wave of infections, a national curfew (9pm-5am) was put in place on December 18, 2020. In addition, the government suspended the resumption of schools following the Christmas break.

2. The COVID-19 pandemic has already caused significant social and economic impacts in the DRC—exacerbated by weak social outcomes and an economy that is poorly equipped to address shocks. Given the pre-existing poverty and vulnerability of the Congolese population, the aggregate shocks of the COVID-19 crisis may translate into a welfare shock at the household level. In line with emerging worldwide evidence, Congolese women have been disproportionately affected by the health and socio-economic impacts of measures applied for the control of COVID-19. Most women are employed in the informal sector, which has been heavily affected by border and market closures and restrictions on movement. Similarly, high food prices, declining incomes, and the increase of the exchange rate limit women's ability to meet basic household needs, including food for children. COVID-19 has had
an adverse impact on women’s health and nutrition, as well as protection, with increased risks of GBV, including risks of sexual exploitation and abuse (SEA) and early marriage, particularly faced by adolescent girls, compounded by an accentuated economic vulnerability and the disruption of education.¹

Sectoral and Institutional Context

3. The DRC’s health system is not currently optimally equipped to undertake nation-wide routine childhood immunization, so the AF will play a role in strengthening the country’s immunization system. Routine vaccination rates are currently at 53 percent²—up from 30 percent three years ago—with an objective of reaching 80 percent by 2024 (based on the Government’s Mashako plan³). The government will face significant challenges in delivering its nation-wide COVID-19 vaccine program. In an effort to rapidly deploy the COVID-19 vaccine, investments could be made vertically, and leave limited capacity, infrastructure and equipment behind to build the country’s health system. The proposed AF will therefore invest to efficiently deploy COVID-19 vaccinations, while making investments that strengthen the delivery of other routine childhood vaccinations in the long term. Establishing a sustainable system to deliver routine immunizations will be critical to building the country’s human capital.

4. The AF is aligned with the WBG FY13-16 Country Partnership Strategy (Report No. 66158-ZR) and the proposed strategic directions of a forthcoming WBG Country Partnership Framework (CPF) for FY22-26, which applies a COVID-19 filter to all operations. Aligned with the June 2020 WBG COVID-19 Crisis Response Approach Paper, the CPF proposes support along three phases of the COVID-19 pandemic: relief, restructuring, and resilient recovery. The proposed AF and parent project fall under the relief phase: successful deployment of an effective vaccine is critical to reducing COVID-19 transmission and adverse socio-economic impacts. The project also falls under the proposed focus area one of the forthcoming CPF, which proposes engagements that will strengthen systems for improved service quality and human capital. The AF, like the parent project, is also aligned with both global health priorities and IBRD/IDA priorities on improving pandemic preparedness.

C. Proposed Development Objective(s)

5. the PDO of the parent project will be revised to allow for the now nationwide scope of the project. To this end, the following phrase in the PDO will be dropped: “with focus on selected provinces.” The parent project includes the following components: (i) Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness; (ii) Communication Campaign, Community Engagement and Behavior


³ The Mashasko Plan, named for the late DRC Minister of Health, Professor Leonard Mashako Mamba, also known as the Emergency Plan for Revitalization of Routine Immunizations was created in 2018, as a direct response to the issue of low immunizations rates in DRC.
The proposed Additional Financing will expand the scope of the parent project, and will support procurement of COVID-19 vaccines, improvements to the cold chain, logistics to deliver vaccines to health facilities and other vaccination points, costs of vaccine administration, communication activities to improve awareness and reduce vaccine hesitancy, capacity development of health staff, and monitoring and evaluation, as well as further strengthening of preparedness and response activities under the parent project. The project uses a Multiphase Programmatic Approach (MPA).

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

Current PDO
The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in DRC.

Key Results
Component 1
• National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines validated. Target: Yes (new indicator)

Component 2
• National risk communication and community engagement plan developed to reduce COVID-19 transmission and vaccine hesitancy. Target: Yes (modified indicator)
• Number of female community health workers (ReCOs) trained to provide accurate information about COVID-19 vaccines. Target: 5000 (new indicator)

D. Project Description

6. The AF will support the Government of DRC’s vaccination planning, and it will finance upfront technical assistance to support DRC to establish institutional frameworks for the safe and effective deployment of vaccines. These will include: i) establishment of policies related to ensuring that there is no forced vaccination and that any mandatory vaccination program (such as for entry to schools) is well designed including mechanisms for ensuring informed consent and due process for those who choose to opt out; ii) acceptable approved policy for prioritized intra-country vaccine allocation; iii) regulatory standards at the national level, including pharmacovigilance; iv) appropriate minimum standards for vaccine management including cold chain infrastructure (with financing as well for the investment to meet those standards as described below); v) availability of essential water, sanitation and hygiene (WASH) requirements in Health Facilities to avoid nosocomial contaminations including COVID-19 infection of patients, visitors, heath workers and surrounding populations; vi) upgrade existing management systems.

information systems for registration and enhanced surveillance systems to identify of target groups, track AEFI and facilitate the production of a personal vaccination record or certificate; and vii) the creation of accountability, grievances, and citizen and community engagement mechanisms. Development of strengthened vaccination policies, distribution systems, pharmacovigilance standards, and cold chain management standards will incorporate other vaccine preventable diseases including climate-induced outbreak prone diseases, to develop sustainable vaccine infrastructure. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of at least 20 percent of a country’s population; focusing first on workers in health and social care settings; and then focusing on the elderly and younger people with an underlying condition which places them at higher risk.

### Legal Operational Policies

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Triggered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects on International Waterways OP 7.50</td>
<td>No</td>
</tr>
<tr>
<td>Projects in Disputed Areas OP 7.60</td>
<td>No</td>
</tr>
</tbody>
</table>

### Summary of Assessment of Environmental and Social Risks and Impacts

The environmental risk classification for the project is Substantial under the World Bank ESF. Key environmental risks and impacts are related to biosafety, including: (i) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19), and (ii) occupational and community health and safety issues related to risks from communicable disease transmission as a result of testing, handling, transporting, disposing of supplies and medical samples, as well as to health facilities and laboratories rehabilitations/construction activities.

This classification takes also into account the capacity of the designated PIU, as well as all stakeholders involved in the preparation and implementation of the DRC COVID-19, to manage potential risks, as well as the current health system to respond to COVID-19 at the national and provincial level.

Social risk is considered High, as is SEA/SH risk. Key social risks are those related to (i) marginalized and vulnerable social groups (including indigenous peoples, the poor, and displaced persons and/or refugees) who will not be vaccinated until phase 2 of the government plan, after the first prioritized 20 percent of the population has been vaccinated, and may be unable to access facilities and services designed to combat the disease, due to long distances to participating health centers, language or cultural barriers, etc.; (ii) social conflicts resulting from false rumors and misinformation, (iii) issues resulting from people being kept in quarantine, including stigma faced by those admitted to treatment or isolation facilities, and (iv) risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries.

### E. Implementation
Institutional and Implementation Arrangements

7. Implementation/institutional arrangements for project implementation and oversight will remain the same as for the parent COVID-19 project. The PDSS-PIU unit will coordinate project-related activities among MoPHHP departments, with technical lead by the EPI and in coordination with the National Technical Secretariat and development partners. Additional technical support will be provided to the PDSS-PIU and the Provincial Health Directorates. However, the quantification of additional personnel needed to support the AF activities is required; once the additional staff has been identified, recruitment will begin as soon as possible so that these staff are on board by the effectiveness.

8. Furthermore, United Nations (UN) agencies (WHO and UNICEF) will remain key partners in ensuring vaccine purchase, deployment and supporting community mobilization for this project (refer to Box 1 for more details on the roles of UN agencies). Vaccine administration will be done through health facilities under the auspices of the central and provincial government health authorities. Strategic and technical advice on COVID-19 vaccination is provided by the National Immunization Technical Advisory Group (NITAG). The DRC NITAG is multidisciplinary group of 15 national experts responsible for providing independent, evidence-informed advice to policy makers and program managers on policy issues related to immunization and vaccines. During the vaccination campaign, with support from this AF, independent verification of implementation of its technical, operational, and environmental and social aspects, will be done with assessments at key points in the supply chain as well as a sample of vaccination sites. A TPM will work closely with the EPI and monitor the sites on a weekly basis and produce reports.

CONTACT POINT

World Bank
Ghulam Dastagir Sayed
Senior Health Specialist

Borrower/Client/Recipient
Democratic Republic of Congo

Implementing Agencies
Ministry of Health
Honore Tshiyoyo
Project Coordinator
minister.finance@gouv.cd
FOR MORE INFORMATION CONTACT

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

APPROVAL

<table>
<thead>
<tr>
<th>Task Team Leader(s):</th>
<th>Ghulam Dastagir Sayed</th>
</tr>
</thead>
</table>

Approved By

<table>
<thead>
<tr>
<th>Practice Manager/Manager:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Director:</td>
<td>Jean-Christophe Carret</td>
<td>13-Jun-2021</td>
</tr>
</tbody>
</table>