



1. Project Data

Project ID P145965	Project Name Human Development Systems Strengthening	
Country Congo, Democratic Republic of	Practice Area(Lead) Health, Nutrition & Population	
L/C/TF Number(s) IDA-D1110,IDA-H9360,TF-A1960,TF-A2421	Closing Date (Original) 31-Dec-2018	Total Project Cost (USD) 49,874,738.67
Bank Approval Date 23-Apr-2014	Closing Date (Actual) 31-Dec-2020	
	IBRD/IDA (USD)	Grants (USD)
Original Commitment	15,000,000.00	11,079,750.00
Revised Commitment	54,503,713.62	10,846,357.18
Actual	49,874,738.67	10,085,417.70
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		Group IEGHC (Unit 2)

2. Project Objectives and Components

a. Objectives

As stated in the June 19, 2014 Financing Agreement between the government and IDA (Schedule 1, p. 5), the proposed project development objective (PDO) is "to strengthen select management systems for education and health services in targeted geographic areas in the Recipient's territory." The design document presents the same statement (PAD, pp. 8 and 30).



The PDO did not change throughout the project's life. However, PDO-level indicators and targets were revised as a part of the project's Additional Financing, approved in March 2016. Notably, two new PDO indicators were added to reflect two new areas of project support introduced under the Additional Financing. **One new PDO indicator**, stakeholders' endorsement of a national logistics management information system (LMIS) strategy based on pilot testing, was introduced to track expanded support of essential drugs logistics and, at the same time, replaced two original indicators, respectively: the capacity and functions of the Drugs Regulatory Division, and the quality of essential drugs procurement capacity. **The other new PDO indicator**, development and endorsement of a strategy for a national civil registry and vital statistics (CRVS) system, was introduced to track progress of this new area of project support. The project's Additional financing also modified the description of three original PDO indicators, but neither the measures nor the targets were changed. None of these changes warrant a split rating methodology.

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

Yes

Did the Board approve the revised objectives/key associated outcome targets?

Yes

Date of Board Approval

23-Apr-2014

c. Will a split evaluation be undertaken?

No

d. Components

Original Components:

The project's three components were to finance: (i) technical assistance for tools development and enhancing the use of data in planning and management; (ii) equipment provision; (iii) capacity development; (iv) data dissemination; (v) studies; (vi) website development for data exchange among stakeholders; and (vii) project management and communications.

Component 1: Information Systems (original estimate of \$8.44 million + \$32.08 million in Additional Financing, amounting to a revised component estimate of \$40.52 million; actual cost: \$40.52 million) to enable data-driven decision-making for more efficient resource use and improved human development outcomes.

Subcomponent 1.1: Education Program Information Management System and Geographic Information System (GIS) School Mapping was to improve the governance, quality, and decentralization of education information and initiate education system mapping. Areas of focus included: (i) developing a data management protocol; (ii) establishing provincial education statistics units in targeted provinces; (iii) upgrading and decentralizing information collection and reporting capacity; (iv) enhanced use of data for decision-making; and (v) ensuring wider, more user-friendly dissemination of data for broader stakeholder participation in planning and management. The project was to build on the national population and household census, partly supported by the Bank-financed Catalytic Project to Strengthen the National Statistical Institute, especially the census of all social sector infrastructure, including education facilities



(public and private) and the use of geo-positioning to link infrastructure to populations. The initial phase was to focus on infrastructure, with the possibility of adding other GIS-based information and data. Donor support was to complement the Bank's support. (See also Efficacy sections on "Rationale" and "Attribution.")

Subcomponent 1.2: Health Information Management System (HMIS) and GIS Health Infrastructure Mapping was to enable data-driven, quality, and decentralized decision-making through improved health information management and health mapping. Areas of focus included: (i) upgrading information collection and reporting capacity of existing structures; (ii) enhanced use of data for decision-making; and (iii) ensuring a wider, more user-friendly dissemination of data for broader stakeholder participation in planning and management. Technical assistance to the central level and to three provinces (Equateur, Katanga, and Kinshasa), including health zone level, was to encompass public and non-governmental facilities. As for the education sector, the project was to build on the national population and household census, whose 2014 mapping phase would include a census of all social sector infrastructure, including public and private health facilities and pharmacies.

Subcomponent 1.3: Service Delivery Indicator (SDI) Surveys was to complement information collected through sector management information systems by providing service delivery report cards on education and health care, based on the perspective of users. Two rounds of SDI surveys, one at the project's start and one in the project's fourth year, were to be national in scope and encompass both public and private facilities. Survey design and implementation were to encourage the involvement of all donors for education and health and the joint undertaking, with local partners, of analysis and dissemination to stimulate a feedback loop.

Component 2: Systems for Safe Essential Medicines (original estimate of \$3.71 million + \$9.0 million in Additional Financing, amounting to a revised component estimate of \$12.71 million; actual cost: \$12.71 million) to enhance the capacity for safe and effective essential medicines provision.

Subcomponent 2.1: Strengthening the Regulatory System was to strengthen the regulatory functions of Ministry of Health's (MOH) Pharmacy and Medicines Directorate (DPM) and support its transition to a more autonomous regulatory authority. A performance-based consultancy was to build staff capacity, including: (i) a business plan to transition DPM into a more autonomous, better resourced regulatory authority; (ii) a feasibility study to guide the establishment of a National Quality Control Laboratory; (iii) training of internal evaluators and inspectors (using World Health Organization resources); and (iv) the establishment of new regional centers of training and excellence.

Subcomponent 2.2: Strengthening the Public Procurement System was to strengthen the capacity of FEDECAME, a not-for-profit organization that manages procurement on behalf of MOH's National System for Procurement and Distribution of Essential Medicines. A performance-based consultancy was to support: (i) establishing a five-year business plan for activities scale-up and financial sustainability; (ii) strengthening the prequalification process; (iii) improving FEDECAME's organization and management; and (iv) advocacy to increase the current rolling capital for drugs procurement.

Subcomponent 2.3: Strengthening Public Supply Chain Management was to support MOH in assessing the capacity of its National System for Procurement and Distribution of Essential Medicines (SNAME) and exploring options for more flexibility and efficiency. An experienced consulting firm was to



assess strengths and weaknesses in a few provinces; explore a province-based design; cost various options; and propose an appropriate public-private mix.

Component 3: Analytical Products (original estimate of \$2.85 million; actual cost: \$2.85 million) to ensure access to high quality analytical products for informed decision-making and systems development for social protection; and to enable DRC to learn from and share lessons. An initial work program, identified by the Ministries of Social Affairs and of Labor, Employment and Social Insurance, was to focus on: vulnerability assessment; DRC's experience with risk pooling mechanisms for health services access; a feasibility study of Social Promotion Centers' potential roles for social protection; and a labor market study focusing on skilled manual labor.

Revisions to Components

Initiated under the January 2016 project restructuring, and then substantially boosted with the approval, three months later, of Additional Financing, the following two new areas of support were added to the project.

- Under Component 1, ***a new subcomponent on CRVS (estimated at an additional \$32 million)***.
- Under Component 2, ***new activities supporting the quality assurance of medicines in the private market and the design and testing of an LMIS for essential medicines (estimated at an additional \$9 million)***.

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

The original project cost was estimated at \$15 million (SDR 9.7 million), all of which was to be financed by a proposed IDA Grant. The revised estimated project cost was increased to \$56.08 million, thanks to Additional Financing in the amount of \$41.08 million, which was approved in March 2016. Of the Additional Financing acquired, \$32.08 million was allocated to Component 1 to support the strengthening of the CRVS system, and \$12.71 million was allocated to Component 2 to support the development of an LMIS for essential medicines.

Financing and Borrower Contribution.

The Additional Financing amount of \$41.08 million was financed by: an IDA Grant of \$30 million (SDR 21.8 million); a grant from the Global Financing Facility of \$10 million; and a grant from the Japan Policy and Human Resources Development Fund (PHRD) of \$1.08 million. Data in the World Bank's system reveals that: (i) the original IDA grant was 95 percent disbursed (SDR 8.75 million of the SDR 9.7 million grant amount); (ii) the Additional Financing IDA grant was 90 percent disbursed (SDR 19.54 million of the 21.8 million grant amount); (iii) the Global Financing Facility was 92 percent disbursed (\$9.24 million of the \$10 million grant amount); and (iv) the Japan PHRD was 79 percent disbursed (\$0.85 million of the \$1.08 million grant amount). The ICR (p. 24) reports that \$3.46 million was returned out of the total financing amount of \$56.08 million. No Borrower Contribution was planned or provided.

Key Dates.



The project was approved on April 23, 2014 and became effective nine months later on January 20, 2015. On January 12, 2016 the project was restructured to add two new activities aimed at strengthening CRVS and the development of a LMIS for essential medicines. Additional Financing, approved in March 2016, enabled the full financing of these new activities, providing an additional \$32.08 million for CRVS under Component 1 and an additional \$9.0 million to LMIS under Component 2. The Additional Financing also involved a revision of the results framework, a two-year extension of the IDA grant closing date (from December 21, 2018 to December 31, 2020), a revision of implementation arrangements and disbursement estimates, and the strengthening of project procurement and monitoring and evaluation (M&E). The mid-term review took place on July 30, 2018.

In addition to the (above-cited) two-year extension of the original IDA grant, closing dates of other financing sources were extended to allow adequate time to complete critical activities. In November 2018, the closing date of the IDA grant for Additional Financing was extended by 20 months to August 31, 2020. The PHRD grant (TF-A421) was extended by 14 months to June 30, 2020 in June 2019, and extended a second time to August 31, 2020. The project closed on December 31, 2020.

3. Relevance of Objectives

Rationale

The PDO is highly relevant to current country conditions. At the time of project design, human development was deemed a policy priority for the government. However, social sectors (education, health, and social protection) received inadequate funding, and budget execution in these sectors was low. Expenditures on service delivery were inefficient, with key components neglected, such as the strengthening and decentralization of management information systems and their use in management and decision-making at all levels of the system. The government had also expressed an interest in complementing program information systems with survey data to understand bottlenecks to service delivery. The Bank's 2018 Systematic Country Diagnostic (SCD) corroborated data challenges for evidence-based policy design and monitoring, and emphasized the need for statistical infrastructure (maps, census, household surveys). It highlighted opportunities for quick wins and building cumulative and virtuous cycles for achieving DRC's development goals through the building of inclusive institutions and strengthening governance. The SCD's assessment culminated in recommendations to increase good governance and service delivery at the central and decentralized levels to improve human development indicators. It also pointed to the need to increase health sector resource efficiency by addressing issues of unpaid service delivery staff and essential drugs unavailability, the later rooted in inadequate systems and capacity for their procurement and distribution.

The PDO is substantially relevant to the current development priorities of the country. It is aligned with DRC's National Strategic Development Plan (NSDP) 2019-23 first pillar on improving human capital and social/cultural development. The pillar's objective is to contribute to social inclusion in DRC and includes priority targets for improved access to quality health and education services. Prominent among the NSDP's priority objectives are those aiming for improvements in public health, pharmaceutical regulation and supply chain, and quality of health information. The plan also mentions the importance of strengthening health system governance through improved legislation, regulation, and monitoring of norms and guidelines, all within the context of the decentralization program. DRC's National Health Development Plan articulates these same development objectives. While the NSDP's objectives in education and social



protection are not as explicitly aligned with the PDO, DRC’s Strategy for Education and Training (2016-2025) and National Policy for Social Protection (2015-2030) include pillars on governance aimed at strengthening the application of norms, promoting transparent mechanisms for resource management, and improving M&E. Moreover, national policy and strategic documents do not explicitly refer to CRVS as a priority within the human capital agenda, but ICR mission interviews revealed that the government requested CRVS support because of the persistent challenges in access to quality data and its critical importance in guiding policy formulation across sectors. The government was especially interested in resources for CRVS to improve birth registration and the importance of real-time data to inform decision-making.

There is no Bank strategy for DRC currently in effect at this time, but there is one under advanced preparation. The PDO is highly relevant to the Bank’s vision of its new strategy in DRC, as reflected in its 2020-23 Country Partnership (CPF) Concept Note, and in the shaping of a new CPF for 2021-26. Drawing heavily on the 2018 SCD’s findings and recommendations, noted above, the Bank’s new strategy is anticipated to include strong emphasis on human development, underpinned with the strengthening of governance, information management and data for decision-making, social services decentralization, and poverty alleviation for improved human development outcomes. The CPF 2020-2023 Country Partnership Concept Note acknowledged that World Bank Group investments have had mixed impact and that efforts to strengthen institutional capacity and to stimulate key reforms have had limited effect. In response, it proposed two relevant pillars. Pillar II was to apply a special lens and provide a comprehensive set of engagements to create synergies, focused on ten of DRC’s 26 provinces. Pillar V was to make substantial shifts in resource allocation in favor of human and social capital development and related reform areas, including governance and decentralization, in essence a doubling of resources for human development compared to the previous twenty years (ICR, p. 13). As the new CPF (now programmed for the period 2021-26) takes shape, these pillars continue to be prominent. In FY20 the Bank committed \$1.65 billion to investments in social sectors, human capital development, strategic governance, and related reforms. It opened liaison offices in Goma (North Kivu province) and Kananga (Kasai Central province) to bring the Bank’s support closer to the decentralized service delivery focus of its work.

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Strengthen select management systems for education and health services in targeted geographic areas in the Recipient’s territory

Rationale

Outcomes



- By the project's closing date, 100 percent of education provinces in targeted areas had developed annual work plans and reports, based on improved education information system data available on the Internet, **surpassing the target** of 90 percent of educational sub-provinces. More specifically, the project supported the development of annual work plans and published the information for 182 education subdivisions on the websites of the Ministry of Education.
- On the other hand, only 71 percent of health zones in targeted areas had developed annual work plans and reports based on improved health information system data available on the Internet, **falling short of the 90 percent target**. In part, the shortfall in achieving the target overall was due to the later addition of 169 health zones covered by PHRD financing, of which only 54.1 percent achieved the 90 percent target. This means that the health zones supported by the IDA grants achieved a higher than 71 percent level. Among other reasons for the shortfall were the late procurement of a non-governmental organization to support the additional health zones, and COVID-19 related disruptions that undermined timely deployment in the field.
- The target of completing 80 percent of priority action points identified in the first SDI action plan **was not achieved** because neither of the two envisaged SDI surveys was completed. These surveys were envisaged to complement health and education management information systems data by providing the perspectives of the users of these services.
- The development of a CRVS strategy was started under the project, but not completed by the project's closing date, **falling short of the target to have it completed and endorsed**. Nevertheless, the project advanced the pilot of an electronic CRVS system in Limete (urban area in Kinshasa) and initiated the same pilot in Banza (rural area in Ngungu-Kongo Central). Project activities did provide an initial basis for ongoing stakeholder dialogue and substantially boosted the number of children with birth certificates.
- The project has developed robust platforms for decision-making and better service delivery at all levels of the health and education systems. Together, investments in information management systems promoted the efficacy and quality of education and health service delivery through the delivery of specific work plans, which were routinely monitored and assessed. The GIS platform, established only for health facilities (and not for health and education facilities, as planned), holds the potential to inform strategic decision-making of policy makers, guide priority-setting for improving service quality and access, and provide real-time data in the public arena for the use of others. While ultimately only established for health (and not education) facilities, its effective use could be catalytic for the establishment and use of integrated data platforms and spatial visualization for improved service delivery.
- Project support contributed substantially to improvements in the strategic, legal, regulatory, and planning frameworks and processes for essential medicines in DRC. With project support, stakeholders endorsed a strategy for a national LMIS based on pilot testing, **fully achieving the target**.
- The project reached a total of 1.4 million beneficiaries, **surpassing the target** of 600,000. Forty-nine percent of these beneficiaries were female, **exceeding the target** of 45 percent. As noted above, the only beneficiaries counted were children whose births were registered. Additional beneficiaries not counted under this indicator included beneficiaries of technical assistance and training and improved systems, and a range of stakeholders who had new or improved access to quality information.

Attribution

The ICR did not assess attribution. The PAD notes that there were other donors complementing the Bank as the largest supporter of system strengthening efforts. Investments in strengthening systems for essential



medicines regulation, procurement, and logistics were undertaken in coordination with, and complementary to, the contributions of other partners, including Global Fund, USAID, UNFPA, and the European Union. WHO has played an important overall advisory role for essential drugs, and the recommendations emanating from its 2014 study to strengthen the Pharmacy and Medicines Directorate shaped the Bank's support.

A 10-21-21 meeting with the project team provided more insight. The health facility mapping exercise was supported jointly with another Bank-financed project in DRC (health system strengthening) and with the Global Fund and USAID. Virtually all other outcomes were largely attributable to this project, albeit with some contributions of, and coordination with, other partners. There was (and still is) a strong donor coordination platform in DRC, which is quite large and extremely active. The ICR (p. 22) does note, nevertheless, that this platform has coordination gaps that can lead to fragmentation of donor efforts in some cases. It is chaired by WHO, with the co-chair position filled on a rotating basis. The platform is composed of a number of subgroups focused on, among others, medicines, health management information systems, and governance. The Bank took the lead, under the project, in providing conceptual and technical assistance in strengthening the drugs logistics information system and in establishing the CRVS. The Bank's project also took the lead in evolving the thrust of support not just on information systems as ends in themselves, but especially on the use of these systems for improved governance.

Counterfactual

The ICR did not assess the counterfactual, but the Bank team provided insight during its 10-21-21 meeting with IEG. The project designed and supported brand new initiatives and undertakings, including: the launch of the CRVS system and acceleration of birth registration; the piloting and strengthening of the drugs logistics information system; and the strengthening, consolidation, and decentralization of health and education management information systems. In the absence of the project: (1) there would be no CRVS and government would be lacking essential information embedded in this system; and (2) there would be continued, multiple, duplicative efforts of various donors to acquire and distribute essential drugs and to collect and use social sector data. Most significantly, in the absence of the project, there would have been much less transparency and accessibility of data in the public arena and no progress in the development of a culture of the use of data and evidence for management and decision-making. The project's outcome was not merely focused on improved systems and data. Rather, its emphasis and measurement were on the use of data for planning and management. In the absence of the project, the involvement of – and forged links between – the various stakeholders of information systems, embedded in system strengthening activities, would not have been established.

Rating
Substantial

OVERALL EFFICACY

Rationale

While falling short of some of the targets, the project has developed robust platforms for information sharing, decision-making, and better service delivery at all levels of the health and education systems. Together,



investments in information management systems promoted the efficacy and quality of education and health services through the development and delivery of specific work plans, which were routinely monitored and assessed. Project support substantially developed CRVS capacity through the advancement and pilot testing of a draft strategy, improved coverage and resolution of CRVS-linked feedback cases, and the issuance of birth certificates to almost 1.3 million children. Substantial investments in the drugs sector strengthened systems for regulation, procurement, and logistics.

Among the moderate shortcomings in efficacy were lower than expected levels of health zones producing annual work plans and reports based on information systems data; the failure to complete the first of two SDI surveys before project closing; and the failure to have the CRVS strategy completed and endorsed prior to closing, notwithstanding the positive influence of the pilot and advanced draft on CRVS strengthening and significant acceleration of birth registration coverage.

Overall Efficacy Rating

Substantial

5. Efficiency

Social Sector Efficiency Gains. Because of the nature of this project (supporting information systems, data-driven management and decision-making, and capacity building, all producing indirect benefits that would, in turn, contribute to more efficient service delivery), an end-of-project cost-benefit analysis was not undertaken. Nevertheless, the ICR's ex-post economic analysis did appropriately assess the salient efficiency gains generated by project's investments.

The project design was efficient, with investments focused on activities with great potential for generating significant efficiency gains in the social sectors. It took into account findings in the literature about the contributions of information systems and drugs logistical systems for improving sector efficiency. Indeed, it was efficiency gains in the social sectors that drove the project's design, and these gains were substantially achieved. The project has played and will continue to play a catalytic role for targeting and guiding larger Bank investments in health and education, estimated at about US\$426.5 million (approved and in the pipeline), and its products and outcomes also stand to influence the technical and financial support of other donors through better information and evolved policy and sector environments. Strengthened information management systems and capacity have improved transparency in the collection and use of data, contributing to greater accountability and nurturing a greater sense of comfort to invest in DRC.

Among the specific efficiency gains achieved with project support are the following. *First*, the project contributed to the establishment of viable data critical for health and education performance tracking and to well-performing financial and information flows between the different layers of the education and health systems, enabling evidence-based planning and efficient resource allocation and management. *Second*, the project has contributed to a better functioning CRVS system. The ICR cites various sources in the literature that highlight a range of potential benefits of viable CRVS: people's improved sense of inclusion and government's ability to safeguard human rights and identify and address health needs of the population; strengthened government accountability to monitor progress in achieving social sector goals; support of social protection schemes and



responses to emergencies and crises; and causal links between CRVS performance and health and education outcomes.

Third, the strengthened regulatory system, public procurement mechanisms, and public supply chain management for essential drugs have, collectively, contributed to a steady supply of medicines, supporting equitable distribution patterns, maintaining low retail prices, and safeguarding quality standards. The information technology-supported system allows the direct flow of demand and order information from health facilities to the central supply agency. Sustaining these gains would ensure an efficient drug provision and distribution system, which will, in turn, secure efficiencies and cost savings and save lives. Existing literature cited in the ICR (p. 18) documents the centrality of a well-functioning supply system in low-income countries to the quality of health service provision, particularly reductions in the duration and frequency of stockouts. *Fourth*, the six studies on social protection have the potential to contribute to efficiency gains in the sector, including: improved performance in centers for social promotion; public expenditure efficiency gains; more efficient options for risk-pooling for expanded access to health care; and jobs creation and labor market competitiveness. Data generated from these studies will contribute to an evidence-based Social Protection Strategy and guide priority setting to protect the most vulnerable.

Implementation Efficiency. The project disbursed 94 percent of its envelope, including two IDA grants and Trust Funds, over a period of 5 years, 11 months. This is a considerable feat, given that Additional Financing, introduced in 2016, was almost triple the amount of the original credit and introduced new, substantial areas of support (CRVS and essential drugs logistics system), and most of the activities were completed with a two-year extension. There were, however, some shortcomings in implementation efficiency, particularly: the failure to complete even one of two planned SDI surveys and consequent missed opportunities for their use in analysis and decision-making; and the failure to implement the GIS mapping of education facilities in targeted areas. For the most part, technical assistance, recruited through a non-competitive process, performed well and provided critical value-for-money. The performance of UNESCO was marred by an underachieved indicator on education information systems (specifically GIS-mapping of education facilities).

During implementation, the project implementation unit (PIU) undertook various actions to course-correct implementation issues, including delayed procurement, poor contract management, and gaps in financial management. Decisions to reinforce the PIU team with the recruitment of a deputy coordinator and an M&E specialist significantly improved its performance, but added to the project's administrative costs. Project efficiency was undermined by a number of factors (ICR, pp. 22-23), including: a ten-month delay between approval and first disbursement; challenges in coordinating some of the activities with other Bank-financed projects and activities; some fragmentation in efforts and collaboration within the health donor platform; frequent changes in task team leaders and their effect on the Bank's performance; the closing of schools, borders, lockdowns and travel restrictions, and disruptions of normal operations, brought about by COVID-19; and a protracted unstable political environment, especially surrounding presidential elections and their aftermath. The ICR mission's interview with PIU staff revealed that they were overwhelmed with the execution of micro activities (payment of per diems, organizing workshops for line ministries, among others), deterring their ability to deliver properly on big ticket items of oversight and coordination. Procurement performance was also negatively affected by the fragile country context and the ongoing COVID-19 pandemic (ICR, p. 25).

Nevertheless, the PDO was substantially achieved and the project was able to use 94 percent of all financing, including significant additional financing more than tripling the original project cost, and the undertaking of new



components (returning only \$3.5 million of a total of \$56.1 million) in the space of a two-year extension of the original closing date..

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 <input type="checkbox"/> Not Applicable
ICR Estimate		0	0 <input type="checkbox"/> Not Applicable

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

6. Outcome

The PDO is highly relevant to country conditions and to the new Bank strategy in the country (CPF Concept Note). It is substantially relevant to the government’s development priorities, as articulated in its various strategies and plans. But its relevance to national priorities is rated as “high” considering that the PDO is pivotal to the achievement of the government’s human capital development goals, and interviews with government officials reveal strong appreciation of their critical importance. Notwithstanding moderate shortcomings in reaching some targets, the project achieved substantial efficacy: with the development and use of data and information systems for improved health and education sector governance; a draft, pilot-tested strategy for CRVS strengthening and a substantial boost in birth registrations; strengthened systems for essential medicines regulation, procurement, and logistics; and the generation of data and knowledge about social protection needs and performance for improved policies, approaches, and outcomes. Project efficiency was substantial. Investments contributed to a range of efficiency gains in health and education sector planning, management, and resource allocation, and in the cost, availability, affordability, and equitable distribution of essential medicines.

While relevance, efficacy, and efficiency are all rated to be substantial, overall outcome is rated Moderately Satisfactory, taking into account moderate shortcomings in achievement of some outcome targets and in implementation efficiency.

a. **Outcome Rating**
Moderately Satisfactory

7. Risk to Development Outcome



The overall country context poses a general – and substantial – risk to development outcomes, specifically: the pervading socio-political fragility of DRC, weak governance, high levels of fraud and corruption, and limited availability of qualified local vendors (consultants and firms) and staff to provide technical support and follow-up and to keep the systems running. There are also general concerns about the ability of the government to finance incremental recurrent costs of the enhanced systems, processes, and capacities supported by the project, as well as its commitment to sustain the momentum of these activities. The risk is particularly acute for those activities and outcomes that were only partially achieved prior to project closing.

First, the SDI surveys were not completed by the project's closing date, and so their results (providing the perspectives of users of services, and complementing data generated through strengthened information systems) have not been incorporated into strategic documents, as intended. However, Bank-Executed Trust Funds have been identified to support data analysis and the finalization of the report for the first SDI survey, in partnership with the government. Long-term solutions to network saturation constraints will require large internet bandwidth (e.g., optic fiber) in order to expand and sustain the operation of information systems, at national and decentralized levels.

Second, shortcomings in the completion of CRVS-related activities under the project also pose a threat to the full achievement and sustainability of outcomes post-project. The CRVS reform strategy was not completed. As a consequence, a ministerial decree instituting the CRVS national steering and coordination committees (responsible for overseeing adherence with the national CRVS strategy and for facilitating coordination of stakeholders across 15 ministries) was disregarded. Resubmitted to the Prime Minister's Office for signature in 2018, the decree remains unsigned. A plan to amend the family code to integrate the confidentiality of CRVS personal data is unlikely to happen beyond the project's closing. While birth registration campaigns did reach targets, not all birth certificates could be provided to parents. Measures were taken under the project to finalize birth certificate distribution through school administrators and chiefs. A follow-up process is needed to address birth certificate fraud. Additional birth registration catch-up campaigns are sorely needed, but unlikely to be sustained by the government because of their high costs.

Third, while strengthening the supply chain for essential medicines contributed substantially to project outcomes, there were a number of shortcomings in the implementation of related activities. Trainings in the Strategy for Supply Chain Management of Essential Medicines did not materialize. The rehabilitation of the national pharmaceutical laboratory could not be completed during the project, so was passed on to the Regional Disease Surveillance Systems Enhancement (REDISSE) program. A business plan and administrative and technical manuals for the national medical store network were completed but not fully operationalized. This poorly-funded network receives almost no government funding, and governance is still weak.

The ICR does not provide an assessment of the incremental recurrent costs of sustaining the systems, processes, and capacities developed under the project (including operations, oversight, and maintenance), or of the government's ability or commitment to cover these costs. A meeting with the Bank team (10-21-21) provided more insight. Financial sustainability remains a challenge, given the fragile country context and its limited fiscal space. This was corroborated by interviews with many stakeholders during the ICR mission. It was also anticipated as an issue at the project's design stage, which rated risks for governance and sustainability as high. It will take additional time for the government to recognize fully the value of strong, reliable information systems for achieving its human development goals. Additionally, limited fiscal space has created an environment of acute competition for domestic funding in a fragile country with urgent and vast socio-economic needs. Business plans and budgets emanating from the project include the costs of systems



operation and maintenance, as well as the costs of continued activities. Other sources of financing have been identified to support these costs, during an interim period. There is financial and technical support for these needs under ongoing Bank-financed projects. The health systems strengthening project is supporting health information systems; and REDISSE is continuing support for the drugs logistics management information system and related activities. Moreover, the Bank has a strong portfolio of social sector projects in the pipeline. There is also considerable scope for many other development partners to provide continued support. Sustainability of these systems and capacities will remain a challenge in the short- to medium-term, and will need continued active support and advocacy in order to strengthen further the government's appreciation of the value added of these systems and its commitment to their sustainability.

8. Assessment of Bank Performance

a. Quality-at-Entry

The value of the project was its potential to strengthen country systems in order to improve the delivery of services for the poor and enhance sustainability. The project was strategically focused on this challenging, pivotal constraint to DRC's goal of improved human development outcomes, in a fragile, low-capacity, conflict-afflicted country. The design built on the work of other development partners and other Bank activities (support to census, governance, and decentralization of education information systems in selected provinces). The design also focused on the Bank's comparative advantages, including working through cross-sectoral country systems, in-house technical expertise (including pharmaceuticals), and effective sector dialogue. Moreover, the design appropriately drew on lessons from analytic work and previous Bank-supported interventions and was grounded in the previous Country Assistance Strategy, which influenced its strategic selectivity to maximize chances of success. Exploration of various alternatives culminated in the choice of a multisectoral approach, with central government coordination. This ultimately limited opportunities for contracting technical agencies and non-governmental organizations to provide technical assistance to the various levels of government.

The project's design as a standalone operation (versus an additional financing to existing operations) aimed to ensure greater visibility and impact of planned interventions and reduce the risk they would be relegated to the background. A shortcoming in the design was that there was little discussion or exploration of the choice of lending instruments. In retrospect, a cross-sectoral systems and capacity building project of this nature may have been better designed as a development policy operation (DPO) or an operation with disbursement-linked indicators. These options may well have accelerated reform implementation. It is also possible that a DPO may have paved the way for enhanced sustainability after project closure.

Project M&E was well designed, with its PDO indicators focused on utilization of data for planning and decision-making and on improvements in essential drugs supply chain management, and equally appropriate intermediate indicators. Risk assessment was realistic. Implementation arrangements were also appropriate to the context of a potentially challenging project, involving four line ministries, in a low-capacity, fragile country context. Roles and responsibilities were judiciously distributed across: a high-level Steering Committee; the Ministry of Finance, as coordinating agency; the four line ministries (Health; Education; Social Affairs, Labor and Employment; and Social Safety), in line with their technical responsibilities and specialized departments' mandates; and the PIU. Adjustments were made, as



needed, during implementation, including the reallocation of procurement and payment responsibilities from line ministries to the PIU.

Quality-at-Entry Rating Moderately Satisfactory

b. Quality of supervision

Except for the last supervision mission, less comprehensive than planned because of COVID-19 constraints, Bank supervision was conducted regularly and proactively. An Implementation Status and Results Report (ISR) was produced for each semester of project implementation for a total of 13 ISRs. The Global Financing Facility (Trust Fund manager of the PHRD financing) participated virtually, focusing on CRVS activities. Locally-based Bank staff also participated in supervisions. Aide-memoires and management letters were detailed, of high quality, and candid in their reporting on performance. Notwithstanding a few slight mismatches between ISRs and aide-memoires regarding the gravity of issues raised, restructurings and additional financing were completed in a timely manner, reflected the project's needs, and maintained a results focus. Both the Bank team and project-financed firms provided technical assistance in M&E, financial management, procurement, safeguards, capacity building, and governance.

Bank staff turnover was high, with four Accountability and Decision-Making (ADM) Task Team Leaders (TTLs) during the five-year implementation period). Changes in TTLs brought changes in specialties, and only one was based in DRC, from the start of 2018 to the end of 2019. The PIU expressed its appreciation of the field-base of that TTL and noted that this improved collaboration and the identification and resolution of bottlenecks. One of the co-TTLs (who later became ADM TTL) was a pharmacist, whose skill set accelerated the achievement of medicines-related outputs and outcomes. The PIU noted during an ICR interview that frequent changes in the TTL, and the time it took the incoming TTLs to understand the project, negatively influenced the timeliness of technical reviews and provision of non-objections by the Bank. The Bank's involvement in certain activities (e.g., validation of datasets and deliverables) was perceived as micromanagement, which contributed to other challenges, such as prolonged implementation of technical assistance, the high costs of contracts, and tense relationships with some vendors.

While transition arrangements for some activities that could not be completed prior to closing were passed on to other financing sources, there is no mention in the ICR of transition arrangements to ensure the continuity of systems, processes, capacities, and activity, both in terms of commitment of government and stakeholders and in terms of the financing of incremental recurrent costs associated with operations and maintenance. However, the Bank team explained (10-21-21 meeting with IEG) that these indeed were considered and that they are lining up, from various (Bank and non-Bank) sources, bridge financing of the costs, alongside a continued strategy of technical support, dialogue, advocacy and demonstration effect to raise further the government's appreciation, commitment, and, eventually, financing of these essential systems.



Quality of Supervision Rating

Moderately Satisfactory

Overall Bank Performance Rating

Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The results framework and the indicators, established at the design stage, were adequate for monitoring project progress and outcomes. Three initial PDO-level indicators measured evidence-based management and decision-making informed by data emanating from education and health management information systems and SDI surveys, which were to provide the perspective of users of services. The remaining two indicators tracked, respectively, improvements in the drugs regulatory functions and the quality of procurement of essential medicines. Intermediate outcome indicators were also well chosen, with logical links to the outcome indicators. The results framework in the PAD provided the indicator name, specified the unit of measure, established the baseline and cumulative target values for each project year, and specified the frequency of data collection, source of data, and the agency responsible for data collection. When substantial Additional Financing was approved in March 2016, the results framework was appropriately revised to refine some indicator definitions (without changing their meaning), add, drop, and replace indicators (PDO and intermediate-level), and increase targets, all with a view to reflect new and expanded areas of intervention (CRVS and essential medicines regulation, procurement, and logistics system).

b. M&E Implementation

The PIU and Bank teams effectively ensured that most data was made available in a timely manner in support of sound project monitoring. The PIU was regular in producing a quarterly implementation report, which updated progress, highlighted challenges, and proposed next steps for each project subcomponent. The quarterly reports were more frequent than many other projects, which typically issue reports on a semi-annual basis. Project reports coinciding with the Bank's ISRs also reported on deliverables to update the project results framework. A specific monitoring framework was designed for CRVS activities, which reported on key activities and related milestones. While progress reports highlighted challenges, such as procurement delays and low buy-in of some beneficiaries and stakeholders, they were not sufficiently updated to reflect delays in vendor reporting.

c. M&E Utilization

The increased availability of better quality data (generated from improvements to health and education management information systems), their wide dissemination through the Internet, and their use for management and decision-making at decentralized levels, all contributed to the evidence-based design of Annual Work Plans of health districts. Information generated by regular monitoring and reporting of project progress informed the restructurings and Additional Financing. The SDI surveys, and related follow-up on priority actions plan (a PDO-level indicator), could not be completed prior to project closing,



which was a missed opportunity to access and act upon the perspectives of those who use health and education services.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project focused on institutional capacity building at national, provincial, and sub-provincial levels. As such, it was classified as a Category C project, with no environmental or social safeguards policies triggered.

b. Fiduciary Compliance

Financial Management (FM). The project's audit reports were unqualified and submitted in a timely manner throughout implementation. This achievement was due in part to the presence of a full-time internal auditor in the PIU. At the mid-term review stage, an in-depth review confirmed that FM systems still met minimum Bank requirements. Of the US\$56.08 million funding allocated to the project, \$3.46 million was returned. The ICR asserts that a prompt reevaluation by the project team of services to be delivered may have facilitated the full use of these funds. The ICR also notes a few FM shortcomings: unjustified advances to vendors; checks made to individuals instead of firms; accounting updating and reconciliation delays; and people in charge of activities not commenting on internal audit reports. The Bank's final reporting on FM was delayed by over a year, up to three months after the closing date.

Procurement was challenged by the combination of the fragile country context and the ongoing COVID-19 pandemic. The processing and management of high-value contracts with UNESCO and the Ministry of Education (for acquisition of the information system) and with CIVI.POL (for CRVS) faced delays, caused by weak cooperation with the Ministry of Education and sudden school closures in the wake of COVID-19. A year was lost recruiting a qualified firm to conduct the SDI surveys, with a first round of procurement ultimately deemed unsuccessful. Cooperation was lacking between MOH and the hired firm, especially due to the reluctance of MOH to share data, which delayed the firm's ability to develop the survey sample frame. Some procurements were ultimately dropped from the plan, given the inadequate time remaining to complete them. The PIU was not consistent in its use of the Systematic Tracking of Exchanges in Procurement system for processing and recording procurements, required by the Bank. The procurement risk was consistently rated substantial throughout implementation.

c. Unintended impacts (Positive or Negative)

Over and above the capacity building of the four beneficiary ministries under this project, the PIU and the Ministry of Finance (where the PIU was housed) acquired new project implementing capacities, particularly



in the areas of multisectoral coordination, M&E, and fiduciary functions. The hiring of consultants and firms included those from developed and developing countries, the latter bringing substantial African experience. Project-financed study tours (to Cote d'Ivoire, Burkina Faso, Mauritania, Uganda, and Zambia), the learning from other good practices (Madagascar and Tanzania), and the attendance at a conference in Zambia inspired capacity building and systems designs for CRVS and essential medicines. Together, the technical assistance, study tours, and conference attendance financed under the project provided unique opportunities for both North-South and South-South exchange.

d. Other

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Satisfactory	Moderately Satisfactory	
Bank Performance	Moderately Satisfactory	Moderately Satisfactory	
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

The following lessons are a subset of the lessons presented in the ICR, reworded by IEG to be more succinct:

- A multisectoral project aimed at improved systems, capacity, and transparency risks being undermined by stakeholders with conflicting stakes and interests, especially if these were not assessed at the design stage. In retrospect, a political economy analysis would have enabled the anticipation, mitigation, and better management of incidents of lack of support and interference that arose during the project, especially regarding CVRS reform and the increased autonomy of essential medicines acquisition.
- Failure to conduct a careful and systematic assessment of the various lending instruments and their relative strengths and drawbacks during the design phase can be a missed opportunity for choosing the right instrument that will produce optimal results. This is especially true for a multisectoral operation, focused on institution building in a fragile, low-capacity environment. In retrospect, instruments that may have better supported the project's objectives included disbursement-linked indicators, development policy lending, and Identity for Development (ID4D).
- The proper range and mix of staff expertise required for a complex, multisectoral operation, as well as their in-country location, are critical for quality Bank support to project design, implementation, and the achievement of results, especially in a low-capacity country. High



staff turnover, an imbalance or underrepresentation of requisite technical skills, and changes in TTLs (and in their expertise) all can undermine dialogue, problem-solving, and results.

- It is possible to support the continuity and resilience of a project supporting reforms and institution building, but only if necessary proactive measures are taken. This was demonstrated by other projects and tasks that were able to continue meetings, including new project preparation. This project, however, could have done more to consolidate important results, even under COVID-19 restrictions, especially the greater use of information technology for monitoring, validation of deliverables, building of stakeholder ownership, and online training.
- Information technology holds great potential for facilitating survey work. The under-exploitation of this potential can undermine the timeliness, efficiency, and quality of survey results. The paper-based data collection method used for the SDI survey caused significant delays that ultimately cut short analysis, report writing, and use of survey results for services improvement. Electronic methods (for example, Computer-Assisted Personal Interview) could have accelerated recording of data and analysis.

IEG's review offers one additional lesson:

- Attention to sustainability is critical during project design and throughout implementation. This involves the continued tailoring and prioritizing of interventions to fit the government's interest and commitment and its ability to finance incremental recurrent costs post-project. It also involves advocacy work to raise the interest, appreciation, and commitment of government and stakeholders to project activities and results and recognition of their contributions to national goals. Such dialogue, advocacy, and demonstration effects may take more time than the life of one project and would thus require continued effort for several years post-project.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

Quality of Evidence and Results Orientation. The ICR is clear and systematic in its presentation of the evidence. The results orientation is strong, with an appropriate emphasis on the ultimate use of data, systems, and instruments for improved management and decision-making. Moreover, the discussion of efficacy is well built around the project's results chain, establishing the links across inputs, outputs, intermediate outcomes, and outcomes. One minor shortcoming is that a number of shortfalls in the undertaking and completion of project activities, mentioned in the Risk to Development Outcome section, are not included in the Efficacy section.

Quality of Analysis. The building of the efficacy discussion around the project's results chain supported a quality analysis. Both the achievements and the shortcomings are discussed and explored, shedding light on factors that facilitated and undermined project performance and results. This was particularly challenging (but



successfully done), given the institution-building nature of the project and the complex country context. The analysis is candid and insightful.

Quality of Lessons. The ICR's strong evidence and analysis culminated in useful and relevant lessons for DRC, as well as for other countries. The first lesson, however, about the political economy analysis, might be more explicitly linked with the evidence. IEG added to this ICRR an additional lesson about the importance of vigilant and continued attention to sustainability, which was prominent in the ICR's analysis.

Internal Consistency, Adherence to Guidelines, and Conciseness. This ICR is well written and cogent, and respectful of the guidelines. One inconsistency between the efficacy section and Annex 1 was followed up with the TTL: two different end-result values are presented for the sub-indicator measuring the share of PHRD-funded health zones that developed annual work plans and reports based on improved health and education information systems data, which would be made available on the internet: 51.4 percent (Efficacy section, p. 14) and 54.1 percent (Annex 1 Results Framework).

a. Quality of ICR Rating
Substantial