



## 1. Project Data

**Project ID**  
P147489

**Project Name**  
Great Lakes Emergency Women's Health Pr

**Country**  
Africa

**Practice Area(Lead)**  
Health, Nutrition & Population

<b>L/C/TF Number(s)</b> IDA-55250,IDA-H9780,IDA-H9790,IDA-H9800	<b>Closing Date (Original)</b> 30-Jun-2018	<b>Total Project Cost (USD)</b> 94,990,796.61
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<b>Bank Approval Date</b> 26-Jun-2014	<b>Closing Date (Actual)</b> 31-Dec-2019
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	<b>IBRD/IDA (USD)</b>	<b>Grants (USD)</b>
Original Commitment	106,960,000.00	0.00
Revised Commitment	105,041,934.51	0.00
Actual	94,990,796.61	0.00

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## 2. Project Objectives and Components

### a. Objectives

The objectives in the legal agreements and the PAD were identical and did not change during implementation. Project objectives were: (i) to expand the provision of services to mitigate the short and medium term impact of sexual and gender based violence; and (ii) to expand utilization of a package of health interventions targeted to poor and vulnerable females (PAD p.10). The first part of the PDO applies to



Burundi, Rwanda, the Democratic Republic of Congo (DRC) and to the International Conference for the Great Lakes (ICGLR). The second part of the PDO applies only to Burundi and DRC.

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

Yes

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

No

**c. Will a split evaluation be undertaken?**

Yes

**d. Components**

**1. Holistic Support for Sexual and Gender-Based Violence and Violence Prevention (appraisal estimate of US\$50.51 million; actual allocation of US\$50.62 million).** This component was meant to support the delivery of an integrated package of short and medium-term assistance to survivors of SGBV at both the community and health facility level while promoting gender equality, behavioral change, and violence prevention in the intervention zones of each participating country. The response aimed to support survivors' physical, mental, social and economic well-being. Guiding principles for support to survivors included confidentiality, informed consent, and respect. The component aimed to strengthen the capacity of existing structures and systems at the community and health facility levels with referral mechanisms strengthened in order to provide a continuum of care. The component included the following main areas of support: integrated support for survivors of SGBV and prevention of violence at the community Level; integrated support for survivors of SGBV at health facility level; and support for existing integrated Centers of Excellence in North and South Kivu.

**2. High Impact Basic Health Services (appraisal estimate of US\$34 million; actual US\$34 million).** In DRC, the component supported the introduction of a Performance Based Financing (PBF) aimed at: improving utilization and quality of health services; improving access to health services for the most vulnerable; and strengthening Performance Purchasing Agencies (PPA) for management of PBF. The project funded PBF payments to health facilities, including upfront quality improvement funds for targeted facilities; essential drugs; health services for the most vulnerable through the Provincial Health Equity Funds; performance-based contracts for regulatory entities; and, operating and management cost of PPAs to implement PBF. In Burundi, the project aimed to reinforce maternal, reproductive and emergency obstetric services at the health facilities that participated in the national PBF program in the three targeted provinces. The national PBF program was supported through the WB Financed Health System Support Project ("KIRA") (P156012 – US\$50 million).

**3. Regional Networking, Knowledge Sharing, Capacity Building and Research (appraisal estimate of US\$22.4 million; actual allocation of US\$21.2 million).** This component funded (i) Regional Learning and Capacity Building activities, including knowledge sharing and Training of Trainers of member states; and (ii) Regional Communication to raise awareness on SGBV. It also supported Program Management and



Institutional Capacity Building of ICGLR's to deliver its mandate. ICGLR was to play a convening role, supporting regional knowledge sharing and advocacy efforts in SGBV (PAD p.76).

**Project scope and area selection.** The operation targeted some of the poorest and most vulnerable groups in the Great Lakes Region (PAD, p. 9). The PAD (pp.11-12) stated that geographic areas were carefully selected based on the following criteria: (i) unmet needs for key services; (ii) violence/conflict levels; (iii) presence of refugees or internally displaced people; (iv) poverty and vulnerability levels; and/or (v) presence of other development partners, to avoid duplication or build partnerships. In DRC, the project targeted the provinces of North and South Kivu. In Burundi, the project targeted the provinces of Cibitoke, Makamba and Muyinga. In both DRC and Burundi, provinces were selected based on their high rates of conflict and sexual violence. In Rwanda, the project had a national scope. The majority of project funds (69%) were allocated to DRC activities (ICR, p. 12).

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

**Cost, financing, and Borrower contribution.** At appraisal, the total project cost was estimated at US\$107 million, consisting of IDA Grants to: DRC, US\$73.86 million; Burundi, US\$15.15 million; ICGLR Conference, US\$3 million; and an IDA Credit to Rwanda, US\$14.95 million. The actual cost reported by the ICR (US\$105.8 million) and the actual cost based on the disbursed amount of U\$95 million reported in the system did not match because the ICR amounts were calculated using exchange rates at the time of project approval (ICR, p. 12 and p. 84). There was no direct Borrower contribution planned or provided.

Project estimated costs were distributed as follows:

Components	Total Costs in US\$ Million				
	DRC	Burundi	Rwanda	ICGLR	Total
1. Support for GBV Survivors & Violence Prevention	34.97	5.76	9.78		50.51
2. Basic Health Services	31.69	2.34			34.03
3. Reg Knowledge Sharing & Capac Building	7.2	7.05	5.17	3	22.42
Total Estimated Project Costs	73.86	15.15	14.95	3	106.96

**Dates.** Appraisal was finalized on June 12, 2014 and the project became effective on September 22, 2014. A Mid-Term Review was carried out on November 17, 2017. The project closing date was extended by a total of 18 months, beyond the original closing date of June 30, 2018 to allow the completion of project activities. The project closed on December 31, 2019.

**Restructurings.** The project underwent four restructurings:



– The first two restructurings (August 27, 2015 and February 27, 2017) included changes in institutional arrangements, disbursement arrangements, and legal covenants.

-The 3rd and 4th restructurings (March 6, 2018 and April 25, 2019) included changes in the project closing date, results framework, and disbursement arrangements. Consequential downward revisions of some associated outcome targets were made during the last restructuring of April 25, 2019, eight months before project closing, at which time US\$79.39 million were disbursed (84%).

### 3. Relevance of Objectives

#### Rationale

The project was responsive to a set of issues affecting women who were among the most vulnerable groups in the Great Lakes Region. Women faced multiple and mutually reinforcing constraints, including high levels of violence, inadequate control over their health, limited economic opportunities and lack of control over resources (PAD, p. 3). The severity of constraints varied widely across countries. Violence against women and girls has become a major public health and development issue in the Great Lakes Region. For example, in DRC, 97 percent of women faced one or more of the above-mentioned constraints; 42 percent were affected by both domestic violence and inadequate control over their health, and 25 percent by three key constraints (domestic violence, lack of control over their health, and inadequate control over resources). In Burundi, groups most at risk of sexual violence included young women, female headed households, and marginalized populations who were easy targets of SGBV. In Rwanda, gender-based violence and violence against children remained important problems in spite of strong government commitment to promote gender equality and to reduce SGBV.

The objectives were aligned with the World Bank Group (WBG) strategic priority to address fragility, conflict, and violence (FCV). Addressing gender issues in FCV countries, including preventing and responding to GBV, has been part of IDA commitments since IDA 16. The IDA 19th replenishment reiterates the commitment to address gender in FCV situations and calls for a continuous focus on GBV and deepening partnerships with local institutions to deliver services and increase the agency of women and girls (Gender in FCV Evaluation Approach Paper, p.4, forthcoming). The new World Bank Group FCV Strategy (2020-2025) explicitly refers to this in para 51 and 72. As per the ICR (p.14), the project was closely aligned with the objectives of the United Nations (UN) Special Envoy to the Great Lakes Region and the UN Special Envoy on Sexual Violence in Conflict at the time of its closure.

The objectives were relevant to the WBG Gender Strategy (2016-2023). In particular, they are clearly aligned with two pillars: (i) "improving human endowment", focusing on reducing maternal mortality and improving women's access to maternal health; and (ii) enhancing women's voice and agency and engaging men and boys", aiming to reduce GBV and its impacts, especially in fragile and conflict situations.

The objectives also supported regional commitments outlined in the WBG's Africa Gender Action Plan (FY2018-2022). Addressing "Gender Gaps in Fragility and Violence" is one of the five priorities outlined in



the current Plan, including through: (i) increasing the availability and affordability of reproductive health services, including for survivors of GBV in all IDA financing operations for maternal and reproductive health; and, (ii) increasing the number of operations in fragile contexts preventing or responding to GBV, including through access to essential services and livelihood support activities for women (Africa Gender Action Plan p. 14).

The PDO was relevant to Bank country strategies for DRC at appraisal and closing. The PDO for DRC was relevant to the Country Assistance Strategy at appraisal (CAS FY2013-FY2016), especially regarding the objective of expanded utilization of essential health services by poor and vulnerable women. This objective was aligned with the CAS strategic objective (iii): "Improve social service delivery to raise human development indicators", and CAS Outcome 3.2. "Improved access to health services in targeted areas". The project was also relevant to CAS strategic objective (iv) to address fragility and conflicts in the Eastern provinces, as it targeted GBV survivors in North and South Kivu. The CAS at appraisal did not include any specific objective to address GBV. Although the DRC CPF for 2021-2026 is still under preparation, the PDOs are aligned with the priorities identified by the 2018 Systematic Country Diagnostic (SCD) that will inform the strategy. It prioritizes improved access to comprehensive family planning services, good quality health services and addressing gender inequalities, including GBV, as well as addressing masculinities and male identities (in particular, in conflict-affected areas). The SCD also recommends addressing the impact of conflict in the eastern provinces through programs tailored to specific groups (including survivors of sexual violence).

The objectives were aligned with the WBG country strategies for Rwanda, both at appraisal and closing. Gender was considered a cross-cutting issue for the Country Partnership Strategy at appraisal (FY2014-FY2018, then extended until FY2020) and at closing (CPF FY2021-2026), the latter focusing on human capital investments and policy support for reaping the benefits of the demographic dividend and increasing women's economic empowerment. The 2019 Systematic Country Diagnostic identifies "expand response and prevention services to address GBV in all districts and sectors" as a strategic action for one of its high-impact priority areas ("building on Rwanda's success in gender equality"). The corresponding CPF (FY2021-2026) identifies GBV as one of the areas that need further attention to tackle gender gaps in Rwanda (para. 31, p. 16).

The objectives were aligned with the former CAS and remain aligned with the current CPF for Burundi. The PDO was aligned with objective 2.3 of the CAS FY2013- FY 2019 "Improved access to and quality of basic social services". The strategy reports that GVB "remains a major obstacle to the achievement of gender equality." Furthermore, the PDO is aligned with objective 1.3 of the current CPF (FY2019-FY2023): "Improve access to quality reproductive, maternal, child health, and nutrition services" and, to some extent, to the objective 1.1. "Expand social protection and economic inclusion for the poor, women and other vulnerable groups".

The PDO was and remains aligned with national policies on gender and GBV in the three countries, as reported by the PAD Annex 5, in particular: the National Gender Policy (2009) and the National Strategy against GBV (2009) for DRC; the National Gender Policy 2012-2025 (strategic objective 2) for Burundi; and, the National Gender Policy 2010 (strategy 6: "Increasing measures to address GBV by tackling the different influencing factors"); and the National Policy against GBV (2011) in Rwanda. The PDO is also aligned with governments' ratification of 1979 CEDAW; endorsement of the 1995 Beijing Platform, and the Africa UNiTE campaign to end violence against women and girls.



The ICR also highlighted the relevance of PDO to the national health policies in Burundi and DRC. In DRC, with the Five-Year Health System Development Strategy (2019-2022), which sees PBF as the means to achieve Universal Health Coverage. In Burundi, the project is aligned with the National Health Policy (2016-2025) and the National Health Development Plan (2019-2023), which have a distinct focus on improving the quality of maternal and adolescent health services.

## Rating

High

## 4. Achievement of Objectives (Efficacy)

### OBJECTIVE 1

#### Objective

Expand the provision of services to mitigate the short and medium-term impact of sexual and gender-based violence.

(Under the Original Outcome Targets)

#### Rationale

##### Theory of change

The ICR (p. 34) noted that the entire premise of the project was to improve the wellbeing of GBV survivors and vulnerable women in one of the most conflict-ridden regions of the world, and that most survivors were women. The ICR presented a broad illustration of the theory of change linking activities directly to outcomes, and noting that project activities to build awareness about GBV and to increase availability of integrated GBV services in communities, health facilities, and at Centers of Excellence would plausibly result in expanded provision of services for survivors, leading to the mitigation of the short and medium-term impact of sexual and gender-based violence.

#### Outputs and intermediate results

In DRC:



All 2014 baselines for the following indicators were recorded as zero prior to project contributions.

The project did not achieve any of its original targets for intermediate results under Objective 1 in DRC:

The number of survivors who presented themselves at least once to a SGBV case manager trained by the project reached 13,014 in 2019, short of the original target of 27,060 survivors.

The number of survivors treated in a health facility was 14,446 in 2019, short of the original target of 20,075 survivors.

The number of beneficiaries receiving specialized mental health care was 1,064 beneficiaries, short of the original target of 6,975 survivors.

Survivors receiving psychosocial, legal services, and referral to health services at the community level reached 17,741, short of the original target of 29,660 survivors.

The number of poor and vulnerable women benefitting from economic empowerment activities was 3,991 women in 2019, short of the original target of 13,530 women.

The number of persons benefitting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equality, and/or reproductive health reached 473,407 persons in 2019, short of the original target of 1,260,000 people.

#### In Burundi:

Concerning baselines, the Task Team clarified (7/27/2021) that there was lack of consistency across countries in the PAD, and that it was unclear what were the initial data sources for baselines. This was a major reason why the results framework was restructured. Ultimately, beneficiaries were counted in the same manner in each country for component 1, i.e., those receiving services that were directly financed by the project.

The number of poor and vulnerable women benefitting from economic empowerment activities increased from a baseline of 17,000 women in 2014 to 31,326 women, essentially attaining the target of 31,600 women.

The number of survivors receiving medical treatment, psychosocial, forensic, and legal services increased from a baseline of zero in 2014 to 3,820 survivors in 2019, exceeding the target of 550 survivors.

The number of persons benefitting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equality and/or reproductive health increased from a baseline of 2,100 in 2014 to 257,759 in 2019, exceeding the target of 9,400 persons.

Reported SGBV cases taken to the prosecutor increased from a baseline of 240 cases in 2014 to 1,458 cases in 2019, exceeding the target of 1,300 cases.





One-Stop-Centers (OSCs) set up and/or upgraded and staffed as per guidelines increased from zero in 2014 to three in 2019, attaining the target.

The percentage of criminal investigations conducted on SGBV cases using reference from OSCs increased from a baseline of zero in 2014 to 55% in 2019, exceeding the target of 34%.

Staff involved in SGBV services and trained in relevant areas increased from a baseline of 65 staff in 2014 to 972 staff in 2019, exceeding the target of 320 staff.

#### In Rwanda:

Sensitization and advocacy activities to promote gender equality that were implemented reached 8 activities, short of the original target of 39 activities.

The number of survivors receiving medical treatment, psychosocial, and forensic services increased from a baseline of zero in 2014 to 52,032 survivors in 2019, exceeding the original target of target of 29,400 survivors. 3019 survivors received legal services, and reported cases taken to the prosecutor reached 12,828, exceeding the original target of 7,866 cases.

OSCs set up and/or upgraded and staffed as per guidelines increased from a baseline of zero in 2014 to 23 OSCs in 2019, exceeding the original target of 17 OSCs.

Staff involved in SGBV services trained in relevant areas reached 1,706 staff, exceeding the target of 230 staff.

#### **Outcomes**

According to the ICR (p. 16 and p. 38), all related project activities and results framework indicators focused on expanding services, and not wider impacts on outcomes for GBV survivors or women. Per Operations Policy Bank Guidance for ICRs, when the articulation of a PDO statement includes activities/outputs explained by “to”, then what comes after that usually constitutes the main objective(s) to assess, i.e., the mitigation of the short and medium-term impact of sexual and gender-based violence. Even if a longer-term impact beyond the purview of the project was unsuitably included in the PDO statement, then such an outcome is part of the outcomes that are used to assess and rate efficacy. Nevertheless, the Task Team (7/27/2021) noted that while the results indicators did not measure impact, the link between the results tracked by the project indicators and impact is clearly demonstrated in the literature.

In terms of service provision, the percentage of reported cases of SGBV who received emergency kits (PEP) within 72 hours:





- increased in Burundi from a baseline of 30% in 2014 to 39% in 2019, short of the original target of 60%; and
- receded in Rwanda from a baseline of 30% in 2014 to 27% in 2019, and remained short of the original target of 60%.
- The percentage of eligible cases of SGBV who received emergency kits (PEP) within 72 hours in DRC increased from a baseline of 25% in 2014 to 71% in 2019, exceeding the target of 50%.

The ICR's discussion on Post-Exposure Prophylaxis or PEP indicates the importance of both supply side and demand side aspects for alleviating barriers to seek care. PEP must be started within 72 hours after exposure to HIV to be effective. The ICR reported that many survivors arrived at a facility after the 72-hour window, due to various barriers, and were not eligible for treatment (ICR, p.18). Barriers may include distance and travel time, fear of retaliation, weak penal systems, fear of arresting the perpetrator who is often the main economic earner in the family, and limited awareness of services available or of survivor rights (ICR, p. 19). Only 20% of the planned sensitization and advocacy activities were undertaken in Rwanda.

The percentage of reported cases of SGBV who received at least 2 multidisciplinary services as needed (medical, legal and psychosocial):

- increased In Burundi form a baseline of zero in 2014 to 87% in 2019, exceeding the target of 75%;
- increased in Rwanda from a baseline of 20% in 2014 to 100% in 2018, exceeding the original target of 80%; and
- increased in DRC from a baseline of 50% in 2014 to 51% in 2019, short of the target of 75%.

Note: The ICR (p. 30) argued that a split rating was not applied because there was no major change to the project's scope and targets were revised in both directions to be both more and less ambitious. The argument is not persuasive, as the guidelines lead us to go through the split rating process and find out if the changes make a difference in the efficacy ratings. The principle is to ensure that the project demonstrated accountability for reaching the envisioned level of outcome, without penalizing the project for reasonable adaptations during implementation. Therefore, evaluation of project performance in the ICR should take into account performance against both original targets and revised targets.

**Rating**  
Modest



## **OBJECTIVE 1 REVISION 1**

### **Revised Objective**

Expand the provision of services to mitigate the short and medium-term impact of sexual and gender-based violence.

(Under the Revised Outcome Targets)

### **Revised Rationale**

**Theory of Change:** The same as above, under original Objective 1.

### **Outputs and intermediate results.**

#### In DRC:

The number of survivors who presented themselves at least once to a SGBV case manager trained by the project increased to 13,014 in 2019, short of the revised target of 16,193 survivors. As noted above under the Original Objective 1, 2014 baselines in DRC were recorded as zero prior to project contributions.

The number of survivors treated in a health facility increased to 14,446 in 2019, exceeding the revised target of 10,000 survivors.

The number of beneficiaries receiving specialized mental health care increased to 1,064 beneficiaries, exceeding the revised target of 727 survivors.

Survivors receiving psychosocial, legal services, and referral to health services at the community level reached 17,741 survivors, short of the revised target of 18,538 survivors.

The number of poor and vulnerable women benefitting from economic empowerment activities reached 3,991 women in 2019, short of the revised target of 8,456 women.

The number of persons benefitting from sensitization and advocacy activities to improve awareness and knowledge of SGBV, gender equality and/or reproductive health reached 473,407 persons in 2019, short of the revised target of 787,500 people.

In Burundi: The same as under the Original Objective 1, above.

In Rwanda:



Sensitization and advocacy activities to promote gender equality that were implemented reached 8 activities, attaining the revised lower target.

The number of survivors receiving medical treatment, psychosocial, and forensic services increased from a baseline of zero in 2014 to 52,032 survivors in 2019, exceeding the revised target of 29,600 survivors. 3019 survivors received legal services, and reported cases taken to the prosecutor reached 12,828, essentially attaining the revised target of 12,866 cases.

OSCs set up and/or upgraded and staffed as per guidelines increased from a baseline of zero in 2014 to 23 OSCs in 2019, exceeding the revised target of 23 OSCs.

Staff involved in SGBV services trained in relevant areas reached 1,706 staff, exceeding the target of 230 staff.

The ICR (p. 19) also noted that the project delivered lifesaving medical services to GBV survivors. Centers of Excellence in DRC treated complex cases, including 731 women for fistula repair, 1,546 women for uterine prolapse and 242 women for other gynecological complications.

## **Outcomes**

The percentage of reported cases of SGBV who received emergency kits (PEP) within 72 hours:

- increased in Burundi from a baseline of 30% in 2014 to 39% in 2019, exceeding the revised target of 35%; and
- receded in Rwanda from a baseline of 30% in 2014 to 27% in 2019, and remained short of the revised target of 42%.
- the percentage of eligible cases of SGBV who receive emergency kits (PEP) within 72 hours in DRC increased from a baseline of 25% in 2014 to 71% in 2019, exceeding the target of 50%.

The results for reported cases of SGBV receiving at least 2 multidisciplinary services as needed (medical, legal and psychosocial) are shown above under the original Objective 1.

In view of the results in service provision compared to revised targets, the achievement of this objective is considered to be marginally substantial under these revised targets.

**Revised Rating**  
Substantial



## **OBJECTIVE 2**

### **Objective**

Expand utilization of a package of health interventions targeted to poor and vulnerable females.

### **Rationale**

#### **Theory of change**

The theory of change illustrated by the ICR considered that increasing the availability of medicines, infrastructure, equipment of health facilities along with improvements in the quality of health services would plausibly expand the utilization of a package of health interventions targeted to poor and vulnerable females.

### **Outputs and selected intermediate results**

For all countries under the project, 453,529 persons received essential health, nutrition, and population services exceeding the target of 333,737 persons (ICR, p.67).

In DRC, with a budget of US\$31.7 million, the project expanded maternal child health services in target zones through the implementation of a PBF scheme that contracted public and private health facilities (including 26 hospitals and 250 health centers in 13 health zones covering 3.75 million people) and involved the public health administration and the provincial public purchasing bodies. Payments to contracted facilities were based on the delivery of a defined quantity and quality of health services. Compliance was verified by a purchasing agency, a third-party agency, the provincial health directorates, and health administrators. Contracted facilities used payments to improve infrastructure and equipment (ICR p. 23; ICR Box 2 p.29).

The average availability of essential tracer drugs at health facilities in DRC increased from a baseline of 63% in 2014 to 87% in 2019, surpassing the target of 80%.

The average quality score at health facilities (per PBF check-list) in DRC was 77% in 2019, short of the target of 85%.

The percentage of identified poor people benefiting of Equity Fund in DRC reached 43% in 2019, exceeding the target of 30%; and the annual number of identified poor beneficiaries reached 59,152 in 2019, exceeding the target of 51,723.



In Burundi, the scope and budget of Component 2 were smaller at US\$2.3 million, and included training for health workers, research on the main causes of maternal deaths, upgrading facility equipment, and supplying facilities with medication in targeted provinces (ICR, p. 24).

The number of youths who benefited from reproductive health services in Burundi reached 23,755 in 2019 surpassing the target of 10,000 persons.

**Outcomes**

A split evaluation for this objective was not deemed necessary, as it was clear at the outset that it would not be consequential to the assessment of this objective. For two outcome indicators that had reduced targets, both of the original and revised targets were not met.

DRC surpassed its PDO targets for utilization of modern contraception, antenatal care and births attended by skilled health personnel. This achievement as measured by administrative data, was bolstered by a more rapid increase in trends in targeted health zones than in non-targeted zones, suggesting project contribution to the observed increase in service utilization for poor and vulnerable females. The difference in difference model found a significant impact on utilization of modern contraception and antenatal care (12.3% and 18.3% increases, respectively). The model also found that while the project likely increased utilization of assisted deliveries, results were not statistically significant.

Note: The results framework for both DRC and Burundi was revised during the fourth project restructuring of April 24, 2019 because of methodological issues that were identified in the latter period of the project (ICR, p. 14).

Indicator	Unit	Baseline	Original Target	Revised Target	Endline
Prevalence of modern contraceptive use (women between 15-49 years old)	%	7% (revised from 9%)	18%	N/A	26%
Annual number of women aged 15-49 who use modern contraception	#	38,970	130,343	N/A	194,883
Percentage of pregnant women who receive 4 antenatal care visits	%	50% (revised from 41%)	60%	69%	69%
Annual number of pregnant women who receive 4 antenatal care visits	#	55,302	94,569	N/A	100,001



Births (deliveries) attended by skilled health personnel	%	47% (revised from 74%)	84%	N/A	100%
Annual number of births (deliveries) attended by skilled health personnel	#	52,050	115,860	N/A	155,859

The ICR noted a rapid decrease in contraception use after PBF ended, likely due to the lack of commodities (ICR p. 24). This decrease was not observed in antenatal care or institutional deliveries.

In Burundi, results were less positive. The project surpassed its PDO target for births attended by skilled health personnel, reaching 100% but it did not meet its targets (original or revised) for utilization of antenatal care and modern contraception. The ICR analysis compared trends in PDO indicators for targeted and non-targeted provinces and, observed a positive trend across provinces, especially on modern contraceptive use. Yet, using a difference-in-difference model, the ICR reported no major difference in service utilization between provinces that received support and those that did not.

Indicator	Unit	Baseline	Original Target	Revised Target	Endline
Prevalence of modern contraceptive use (women between 15-49 years old)	%	34% (revised from 22%)	31%	43%	23%
Annual number of women aged 15-49 who use modern contraception	#	112,558	165,860	N/A	277,266
Percentage of pregnant women who receive 4 antenatal care visits	%	36%	64%	51%	44%
Annual number of pregnant women who receive from 4 antenatal care visits	#	31,622	52,598	N/A	44,819
Percentage of births (deliveries) attended by skilled health personnel	%	77% (revised from 73%)	89%	N/A	100%
Annual number of births (deliveries) attended by skilled health personnel	#	67,893	92,195	N/A	114,723



The ICR suggested that the type of incremental support and the amount of funding invested for this objective in Burundi (see above under outputs), when compared to DRC, may not have been sufficient to increase utilization across target provinces (ICR, p. 26).

On balance, the achievement of this objective is considered to be marginally substantial.

**Rating**  
Substantial

## OVERALL EFFICACY

### Rationale

Under the first objective, the project sought to expand services to meet the needs of GBV survivors with an integrated support for survivors of GBV and violence prevention in all three countries and to mitigate the short and medium-term impact of sexual and gender-based violence. The project focused on service expansion. Related services were limited before the project, and the project expanded important services to GBV survivors and women such as Post-Exposure Prophylaxis for HIV, multidisciplinary GBV services such as health services for GBV survivors, mental health services for GBV survivors, legal services and economic empowerment activities for women. Under the original outcome targets, the project partly achieved its first objective to expand the provision of services to mitigate the short and medium-term impact of sexual and gender-based violence.

The second objective sought to expand utilization of high impact basic health services through a package of health interventions targeted to poor and vulnerable females in two countries, DRC and Burundi, as both countries had acute service delivery gaps and quality deficiencies (ICR, p. 10). The project aimed at strengthening health systems so that vulnerable women could access services they needed. The project almost fully achieved this second objective, but with shortcomings, under the original outcome targets.

Under the original outcome targets, the aggregation of achievements across both objectives is consistent with a modest efficacy rating.

**Overall Efficacy Rating**  
Modest

**Primary Reason**  
Low achievement

## OVERALL EFFICACY REVISION 1

### Overall Efficacy Revision 1 Rationale

Under the revised outcome targets, the project almost fully achieved, with some shortcomings, its two objectives to expand the provision of services to mitigate the short and medium-term impact of sexual and gender-based violence, and to expand utilization of a package of health interventions targeted to poor and vulnerable females.





Under the revised outcome targets, the aggregation of achievements across both objectives is consistent with a substantial efficacy rating.

### **Overall Efficacy Revision 1 Rating**

Substantial

## **5. Efficiency**

There was no economic analysis at appraisal. The PAD (pp. 24-25) presented generic arguments about a strong rationale for the public provision of services for survivors of SGBV and vulnerable women, and the economic rationale for investing in maternal health.

The ICR conducted an economic analysis (ICR, pp. 85-93, Annex 4) and used three measures to show that the project benefits outweighed its costs: (i) the benefit to cost ratio (BCR -the ratio between the benefits and costs of the project, expressed in monetary units at discounted present values); (ii) the net present value (NPV -that is, the sum of the present values of a cash flow stream); and, (iii) the internal rate of return (IRR -the discount rate that equates the present value of the project's cash inflow to the present value of its outflow).

As reported in the ICR, and given that the project included several benefits that were hard to quantify, the ICR analysis was limited to five quantifiable benefits for which the team had some data. These included the number of: i) deaths averted due to emergency medical service provision to GBV survivors; ii) HIV infections averted due to the administration of PEP within 72 hours; iii) deaths averted due to increased utilization of antenatal care; iv) deaths averted due to increased assisted deliveries; and v) deaths averted due to increased utilization of modern contraception (ICR p.46).

The economic analysis was sound and clear in its limitations. This ICRR agrees that it was reasonable to expect these benefits as a result of project interventions. The assumptions used to calculate the number of deaths averted and to monetize them as well as the cost of HIV infections averted were reasonable and are clearly spelled out in ICR (e.g., number of productive years of life saved, years living with HIV, annual cost of HIV treatment). To address the lack of specific data, three scenarios were used considering a low, mid and high estimate, respectively. A discount rate of 3% was used, and a sensitivity analysis was undertaken using a 5% discount rate.

Even using low-estimate scenarios, the project benefits outweighed its costs. The Benefit-Cost Ratio (BCR) ranges from 5.32 for the low estimate, to 6.96 for the high. The project investment of US\$95 million generated economic benefits with a net present value ranging from US\$381 million to US\$526 million. The internal rate of return ranged from 8.31 to 11.90 percent.

However, there were significant shortcomings in the efficiency of implementation. Delays in implementation reduced project efficiency. The project had only disbursed one third of its funds one year before it was originally scheduled to close. Long procurement processes in all countries resulted in delayed activities. This led to extensions in all countries and for ICGLR. Institutional arrangements were changed twice in DRC, where



activities for component 2, including PBF, took 2.5 years to start. In Rwanda the project only started to move at a suitable pace after the third restructuring when activities were streamlined and funding was better aligned with government's goals of addressing GBV in hospitals. In Burundi construction contracts were severely delayed, and only concluded in the final month of project implementation (ICR p. 33). Implementation inefficiencies were also observed in multi-sectoral coordination in DRC and Burundi (ICR, p. 36), lack of standardized approach among the five separate country engagements (ICR, p. 37), and overall issues with coordination and lines of authority (ICR, p. 45).

## Efficiency Rating

Modest

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	✓	8.31	0 <input checked="" type="checkbox"/> Not Applicable

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

## 6. Outcome

**Relevance of objectives** is rated high across the entire project, as the objectives were and remain relevant to addressing GBV and investing in maternal and reproductive health, and remain fully relevant to country and Bank strategies at project closing.

**Efficiency**, also assessed across the entire project, is rated modest in view of significant shortcomings in the efficiency of implementation.

### Efficiency and Outcome

- Under the original outcome targets, efficacy is rated modest, as the objectives were partly achieved. The outcome is rated moderately unsatisfactory under the original outcome targets.
- Under the revised outcome targets, efficacy is rated substantial, as the objectives were almost fully met. The outcome is rated moderately satisfactory under the revised outcome targets.



According to IEG/OPCS guidelines, when project objectives/associated outcome targets are revised, the final outcome is determined by the weight of Bank disbursements under each set of objectives/outcome targets (in this case: 84% under the original outcome targets, and 16% under the revised outcome targets):

- Under the original targets, the outcome is rated moderately unsatisfactory (3) with a weight value of 2.52 (3 x 84%).
- Under the revised targets, the outcome is rated moderately satisfactory (4) with a weight value of 0.64 (4 x 16%).

These add up to a value of 3.16 (rounded to 3), corresponding to an overall outcome rating of moderately unsatisfactory, consistent with significant shortcomings in the operation's achievement of its objectives and in its efficiency.

#### **a. Outcome Rating**

Moderately Unsatisfactory

## **7. Risk to Development Outcome**

Several aspects of the project are expected to be sustained over the long term. This includes cross country collaboration and regional learning supported by ICGLR; pursuing challenging multisectoral work to prevent the impacts of GBV; the leading work of Centers of Excellence on GBV prevention and response; and the ability of medical professionals to handle complex GBV cases, supported by training, infrastructure and equipment procured through the project; as well as CBOs and other community structures that were strengthened or created through the project, such as the Village Saving and Loans Associations satellites (ICR p.47).

In addition, as per the ICR, recently approved Bank projects are providing continuous support in DRC and Rwanda to sustain results. In Eastern DRC, the GBV Prevention and Response Project (P166763 – US\$100 million), included lessons from this project in setting up and measuring multisectoral services to survivors; the Multisectoral Nutrition Project (P168756 – US\$492 million) will continue to finance PBF in South Kivu; and, the Health System Strengthening for Better Maternal Child Health Results (PDSS) will continue to support PBF in North Kivu. In Burundi, the Health System Support Project (KIRA, P156012 – US\$ 50 million) has incorporated some of the health services covered by the OSCs in each target province.

Yet, the use of government's own resources to sustain access to services supported by the project is limited. While in Rwanda OSC services are integrated into the government's budget, in Burundi OSCs services are paid through out-of-pocket expenditures. The government's own resources to sustain PBF in DRC are limited (ICR p.47).



Burundi and DRC remain fragile and the security situation may impact the sustainability of results. Burundi and DRC are two long-standing FCV countries: they were in the harmonized list of Fragile and Conflict-Affected States at the time of project appraisal (2013); and they remained there at the time of ICR.

## 8. Assessment of Bank Performance

### a. Quality-at-Entry

Thorough analysis at appraisal informed project design. The ICR (p. 6) noted the following: “as the WB was implementing multiple disarmament, demobilization and reintegration projects in the Great Lakes Region [at the time of project appraisal], it became apparent that investments were needed for women who had survived decades of violence and conflict”. The PAD in its Annex 5 included a detailed analysis of GBV policy and related legal framework in the three focus countries; it also listed relevant interventions implemented in the countries at appraisal (PAD pp. 144-150). Annex 6 outlined findings of a review of evidence that included over 40 impact evaluations of interventions that provided holistic services to survivors of SGBV and prevention services for SGBV (PAD p.151-157). In addition, the project team at appraisal had surveyed the work of other multilaterals, international and local NGO, and community-based initiatives with whom they could partner with.

Given a tight timeline for project processing, readiness was incomplete and many activities, such as preparing operations manuals, safeguard instruments, and recruiting key staff were postponed to the implementation phase, and the launch of most project activities was therefore delayed (ICR, p. 44).

The project had a complex design, both in terms of its technical components, institutional arrangements and results framework. The ICGLR's role as a regional entity was not added until very late in the preparation process when an unexpected regional grant became available. Hence, the true regional component of the project was added late in the preparation cycle, after the project had been designed as a three-country operation. The political economy between the participating countries made information sharing and planning of joint events a challenge (ICR, p. 44).

There was lack of alignment between the project's ambition of working in three different countries, and issues related to the emergency nature of the operation and low institutional capacity in focus countries. The project aimed at using complex integrated, multisectoral, systems-strengthening approaches and complex institutional arrangements to address GBV and improve women's health that were in line with best practices. As a result, there were many actors in each country, which hindered or prevented good coordination of project activities, and, as described in the ICR and restructuring papers, institutional arrangements took time to establish and operate given the fragile setting (ICR p.49). The time necessary to address social and cultural barriers as well as human and financial resource constraints in fragile settings was underestimated. Bank staff acknowledged that “the project experienced greater barriers than anticipated in identifying SGBV survivors within communities and linking them to health services in Burundi and DRC (Project 4th Restructuring Paper, p.7).

According to the ICR (p. 35), the project was not a true regional operation. The rationale for the regional approach during preparation was to share lessons between countries and implement a shared agenda.



Yet the PAD recognized the vastly different contexts and needs in each country. The project had different institutional arrangements, used different activities, and at times different components in each country. The results framework did not include regional level indicators, which would have streamlined reporting and made assessing the project's overall performance more straightforward. According to the ICR (p. 38), the results framework at entry did not sufficiently define project indicators so that they could be measured consistently across countries. The ICR also noted that the PDO statement could have been simplified to make evaluation of results clearer.

### **Quality-at-Entry Rating** Moderately Unsatisfactory

#### **b. Quality of supervision**

According to the ICR (p. 45), the project had an insufficient supervision budget given that it was a multisectoral and multi-country operation implemented in a fragile context. The Task Team established efficient ways to conduct supervision and drew on the expertise of an interdisciplinary team, including public health specialists, mental health specialists, PBF specialists, and gender specialists. The initial changes made by the team through restructurings were related to design, and later changes focused on the results framework.

Internal coordination was an issue. As reported by the ICR, the project did not function as one, but rather as five separate country engagements (DRC component 1, DRC component 2, Burundi, Rwanda and ICGLR) with separate implementation units and country dialogues. Bank team members had limited coordination across countries and between sectors (ICR p.37).

Nevertheless, the Task Team undertook its supervision efforts in spite of major challenges during implementation, including the conflict and the volatile security environment in Burundi that led to the suspension of all operating international NGOs in the country in June 2018, affecting not only progress related to results for Burundi, but also ICGLR that was based there. The project Mid-Term Review was concluded in November 2017, a year before the project was expected to close. Following the Mid-Term Review, overall progress improved, including disbursements and coordination. Implementation Status and Results Reports were effectively used to monitor project implementation and raise issues and questions to management.

Lessons learnt during implementation were used to inform a new operation in DRC: Gender-Based Violence Prevention and Response Project (P166763, approved in August 2018), as reported by the last project restructuring (4th Restructuring Paper p.6).

### **Quality of Supervision Rating** Moderately Satisfactory



## Overall Bank Performance Rating

Moderately Unsatisfactory

## 9. M&E Design, Implementation, & Utilization

### a. M&E Design

The objective on health interventions was clearly stated and was reflected by its indicators, while the first objective on SGBV was complex and not fully reflected by its indicators. M&E design put a lot of emphasis on impact evaluation (IE). Three impact evaluations were planned in collaboration with the WB Gender Innovation Lab and a baseline survey originally meant to assess results of PDO 2 in DRC was incorporated into the evaluation of the Health System Strengthening for Better Maternal Child Health Results Project or PDSS (for its acronym in French *Projet du Développement du System de Sante*, P147555, US\$714.5 million) (ICR p.38). Greater attention at appraisal on the choice and definition of indicators, especially for PDO 1, and the data needed would have facilitated the assessment of project results. There were no adequate indicators directly linked to the regional knowledge sharing, research and capacity building. Nor were there indicators that captured collective project achievements, despite the regional nature of the project.

### b. M&E Implementation

The project completed two of the three impact evaluations it had originally planned. The impact evaluation in Burundi was cancelled due to the 2015 crisis, which substantially delayed project activities. In addition, the end line survey in DRC was not conducted as planned because it was integrated into the impact evaluation. The ICR reported that this IE is currently delayed due to COVID-19 (ICR p.40).

The expected reporting on the Kampala Declaration indicators did not progress as planned and was discontinued with the Mid-Term Review. Achieving this implied a continuous monitoring and collection of country level SGBV data that were at the discretion of respective Member States (thus, outside the scope of the ICGLR's mandate and budget). The project team realized after the first monitoring report that a regular monitoring on this was outside the ICGLR's control and discontinued the effort during the Mid-Term Review.

### c. M&E Utilization

The project contributed to the evidence-base on interventions to prevent and mitigate the effects of GBV. Project funds supported the evaluation of two innovative approaches to improve mental health of survivors and prevent intimate partner violence. The results of both IEs would undoubtedly be widely shared to inform future interventions. Indeed, the Rwanda IE results have already been used by the government to decide whether to scale up the Agents of Change Program nationwide.

Lessons learned from the use of GBV indicators were shared with other Bank teams aiming to improve measurement of available services to GBV survivors although it is not clear how they were used to improve measurement of project PDOs. However, the Task Team clarified (7/27/2021) that in all



countries, the project invested in improving tracking of GBV indicators. This was done through project records, and the Bank and PIU teams invested a substantial amount of time in the final two years of the project to improve reporting (verifying data sources, clarifying indicator definitions, and cross-checking calculations).

The mid-term evaluation of PDSS provided useful insights on the plausible impacts of this project; yet it is not clear how these results informed project implementation. The PDSS IE was completed in 2018, and included three provinces in DRC. The PBF approach used in both projects was the same (see ICR Box 2 p.29).

## **M&E Quality Rating**

Modest

## **10. Other Issues**

### **a. Safeguards**

The project was classified as Environmental category B and triggered two safeguard policies: OP/BP 4.01 (Environmental Assessment) was triggered in all three countries, and OP/BP 4.10 for Indigenous People was triggered in DRC. The project was prepared under Emergency Procedures outlined in OP10.00, which allowed for deferring preparation of safeguards instruments until project implementation.

The ICR reported several delays in preparing province-specific Indigenous Peoples Plans in DRC. The ICR (p. 42) also noted that one Integrity case was reported in DRC during project implementation and has now been closed. The ICR did not provide further information to explain this issue, however, the Task Team clarified (7/27/2021) that this was due to confidentiality (the TTLs received a complaint through the GRM; it was communicated to INT; and the case was then opened and followed by INT). The project developed Environmental and Social Action Plans explaining anticipated impacts, as well as required safeguards documents and instruments (ICR p. 42). But the ICR did not explicitly report on compliance with safeguard policies, even though the latest safeguards rating was recorded as moderately unsatisfactory in the Operations Portal. Per Task Team clarifications (7/27/2021), safeguard policies were followed, but implementation of the IPP in DRC was a challenge, resulting in a moderately unsatisfactory rating at the end of the project.

### **b. Fiduciary Compliance**

Procurement was rated Moderately Satisfactory throughout project implementation, except for two brief periods. Long procurement processes in all countries resulted in delayed activities. The ICR was not explicit about full compliance with operational policies on financial management, procurement and disbursement, nor did it mention qualified or unqualified audits. But the Task Team confirmed (7/27/2021) that procurement guidelines were followed throughout implementation, and that all audits were unqualified.





**c. Unintended impacts (Positive or Negative)**

The project was the first IDA operation with a major focus on GBV in fragility, conflict and violence settings. It contributed to build evidence on what works, and strengthened the capacity of Bank staff working on this topic. The project contributed to expand the evidence-base related to services for GBV survivors. The IE of the Narrative Exposure Therapy in DRC was found to be an effective and promising strategy to offer mental health services in community settings (ICR Box 1 p.21 and ICR p.48).

**d. Other**

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**11. Ratings**

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Satisfactory	Moderately Unsatisfactory	Both ICR and this ICR Review rated Relevance of Objectives as high and Efficiency as modest. The ICR rated efficacy as substantial across the entire project, and this ICR Review undertook a split evaluation methodology according to IEG/OPCS guidelines since associated PDO-level outcome targets were revised. The split evaluation found modest efficacy under the original outcome targets and substantial efficacy under the revised outcome targets. The aggregation of the assessment under original and revised outcome targets (following the split evaluation methodology) yields an overall outcome rating of moderately unsatisfactory.
Bank Performance	Moderately Satisfactory	Moderately Unsatisfactory	There is no actual disagreement on the sub-ratings of Bank Performance: the ICR rated Quality-at-Entry as modest, and this ICR Review also rated it as moderately unsatisfactory



because of significant shortcomings. The ICR rated the Quality of Supervision as substantial, and this ICR Review also rated it as moderately satisfactory because of moderate shortcomings. The aggregation of the two sub-ratings is consistent with a moderately unsatisfactory rating for overall Bank Performance

Quality of M&E	Modest	Modest
Quality of ICR	---	Substantial

## 12. Lessons

The ICR (pp. 47-49) offered many lessons and recommendations, including the following lessons restated by IEG:

**This project illustrates the importance of making adequate provisions for evaluation when testing new interventions, even in FCV settings.** The project contributed to the evidence-base on interventions to prevent and mitigate the effects of GBV in low income and fragile settings. Project funds supported the evaluation of two innovative approaches to improve mental health of survivors (through NET) and prevent intimate partner violence (through its Agents of Change program that trained couples). The IE of NET in DRC and the IE of couples' training in Rwanda both showed promising results that will undoubtedly inform future interventions as already shown by the government of Rwanda's use of the evidence of the couples' training program to inform the decision of whether to scale up the intervention nationwide.

**Partnering with experienced local NGOs and leveraging existing capabilities achieves greater results, especially in low income and fragile settings.** Centers of Excellence provided specialized care and comprehensive services to GVB survivors, that were otherwise not available in DRC Eastern provinces. This effort aimed at complementing and improving existing services. The specific expertise of Centers of Excellence contributed to train public providers and increased community outreach, while filling service gaps through, for example, mobile clinics. This strategy ultimately contributed to increase the quality and availability of GBV specialized services and reproductive, sexual and maternal health services in public facilities and it was then replicated in Burundi and Rwanda. While the ICR reported issues in referral systems between Centers of Excellence and public facilities, the importance of investing in existing NGO's resources and strengthening links with publicly run facilities in fragile and low-income setting should not be undervalued, given the limited capacity and resources in those settings.

**Working with existing local leaders and community-based organizations enlarges project outreach.** The outreach of the project's was larger when services were delivered with community-



based organizations. The project worked with local leaders to change norms and practices, decrease stigma around GBV, and raise awareness about available services. The project also partnered with CBOs to conduct community therapy sessions and deliver services. This approach helped broaden awareness which resulted in more people searching for individualized services in DRC and Burundi.

**Reducing social and cultural barriers for SGBV survivors to access services takes time and should be internalized in project ambitions at the design stage.** While the project recognized this issue in its design, it did not fully incorporate it in its PDO and intermediate indicators until very late in implementation. The greater than anticipated difficulties in identifying SGBV survivors within communities and linking them to health services observed in Burundi and DRC were noticed after the Mid-Term Review. Had the reasons for not accessing services been explored earlier, this would have resulted in more accurate targets and less changes near the end of project implementation.

### 13. Assessment Recommended?

Yes

Please Explain

Given that the operation is the first one devoted to gender-based violence, an IEG project visit could shed further light on implementation issues and examine the sustainability of the results achieved. Specifically, further assessment of the approach and results of this project may be particularly relevant to the forthcoming IEG evaluation on Gender in FCV.

### 14. Comments on Quality of ICR

The ICR presented a broad overview of the theory of change that linked project activities directly to outcomes (ICR, p. 7). Some of the evidence issues were related to the project itself and its design, and not to the ICR that aptly explained them. The ICR offered specific lessons, directly derived from project experience. Lessons learned, insights, and recommendations are likely to be useful for future operations aiming at responding to GBV. The ICR had some shortcomings, however. It did not undertake a split evaluation according to guidelines, even though associated PDO-level outcome targets were revised. The ICR had reporting gaps on fiduciary compliance and on compliance with safeguards. This ICR Review recognizes the challenge of assessing the project and its undertakings in three countries, but the ICR could have been more concise. Although it was largely results-oriented, its storyline was diluted by a lengthy implementation narrative, and unnecessary tables and figures, resulting in a main text of 49 pages.

In the larger context extending beyond project performance, nonetheless, the ICR acted as a vehicle to convey important knowledge generated by the project on relevant aspects of gender-based violence in FCV settings.



**a. Quality of ICR Rating**  
Substantial