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The World Bank

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Report No: PAD4410

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL GRANT

IN THE AMOUNT OF SDR 69.3 MILLION
(US$100 MILLION EQUIVALENT)

AND A PROPOSED ADDITIONAL CREDIT
IN THE AMOUNT OF US$100 MILLION

AND A PROPOSED RESTRUCTIURING

TO THE
DEMOCRATIC REPUBLIC OF CONGO

FOR THE

DRC COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROJECT

June 15, 2021

UNDER THE COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)
USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
UP TO US$6 BILLION APPROVED BY THE BOARD ON APRIL 2, 2020 AND
UP TO US$12 BILLION ADDITIONAL FINANCING APPROVED BY THE BOARD
ON OCTOBER 13, 2020

Health, Nutrition & Population Global Practice
Eastern and Southern Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective May 31, 2021})

Currency Unit	=	
SDR 0,69219960	=	US$1

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Hafez M. H. Ghanem
Country Director:	Jean-Christophe Carret
Regional Director:	Amit Dar
Practice Manager:	Francisca Ayodeji Akala
Task Team Leaders:	Ghulam Dastagir Sayed

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
ACG	Anti-Corruption Guidelines
AEFI	Adverse Event Following Immunization
AVAT	African Union Vaccine Acquisition Trust (AVAT)
VAC	Vaccine Approval Criteria
BFP	Bank Facilitated Procurement
CDC	Centers for Disease Control
CERC	Contingency Emergency Response Component
CPF	Country Partnership Framework
COVAX AMC	COVID-19 Vaccines Advance Market Commitment
COVAX Facility	COVID-19 Vaccines Global Access Facility
CMU	Country Management Unit
COVID-19	Coronavirus Disease 2019
DO	Development Objective
DRC	Democratic Republic of Congo
EOC	Emergency Operations Center
EPI	Expanded Program for Immunization
EPRP	Emergency Preparedness and Response Plan
ESCP	Environmental and Social Commitment Plane
ESMF	Environmental and Social Management Framework
EVD	Ebola Virus Disease
FM	Financial Management
FTCF	Fast Track COVID-19 Facility
DEFIL	Disbursement and Financial Information Letter
DP	Development partner
EPI	Expanded Program on Immunization
ESRS	Environmental and Social Review Summary
GAVI	Global Alliance for Vaccines and Immunizations
GDP	Gross Domestic Product
GII	Gender Inequality Index
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HNP	Health, Nutrition, and Population
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
INRB	Institut National de Recherche Biomédicale
IPF	Investment Project Financing Instrument
M&E	Monitoring and Evaluation
MoPHHP	Ministry of Public Health, Hygiene and Prevention
MPA	Multiphase Programmatic Approach
NCD	Non-communicable disease
NDVP	National Deployment and Vaccination Plan
NITAG	National Advisory Committee on Immunization
OHS	Occupational Health and Safety
PAD	Project Appraisal Document

PDO	Project Development Objective
PDSS-PIU	Projet de Développement du Système de Sante – Project Implementation Unit
PEV	Programme Elargi de Vaccination
PHC	Primary Health Care
POM	Project Operational Manual
PP	Project Paper
PPE	Personal Protective Equipment
PSEA	Preventing Sexual Exploitation and Abuse
PrDO	Program Development Objective
R&D	Research and Development
SAGE	Strategic Advisory Group of Experts on Immunization
SEA/SH	Sexual Exploitation, Abuse /and Sexual Harassment
SEP	Stakeholder Engagement Plan
SGBV	Sexual and Gender Based Violence
SPRP	Strategic Preparedness and Response Program, also known as Global COVID-19 MPA
SRA	Stringent Regulatory Authorities
STEP	Systematic Tracking of Exchanges in Procurement
ToRs	Terms of references
UNICEF	United Nations Children's Fund
VAC	Vaccine Approval Criteria (of the World Bank)
VIRAT	Vaccine Introduction Readiness Assessment
VRAF	Vaccine Readiness Assessment Framework
WBG	World Bank Group
WHO	World Health Organization

Congo, Democratic Republic of

Additional Financing for the DRC COVID-19 Strategic Preparedness and Response Project (P176215)

TABLE OF CONTENTS

BASIC INFORMATION – PARENT (DRC COVID-19 Strategic Preparedness and Response Project (SPRP) - P173825)

Country	Product Line	Team Leader(s)		
Congo, Democratic Republic of	IBRD/IDA	Ghulam Dastagir Sayed		
Project ID	**Financing Instrument**	**Resp CC**	**Req CC**	**Practice Area (Lead)**
P173825	Investment Project Financing	HAEH2 (10210)	AECC2 (6546)	Health, Nutrition & Population

Implementing Agency: Ministry of Health

Is this a regionally tagged project?
No

Bank/IFC Collaboration
No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
02-Apr-2020	30-Jun-2022		Substantial

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach [MPA]	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[✓] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on Expanded Implementation Support (HEIS)

Development Objective(s)

MPA Program Development Objective (PrDO)

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

Project Development Objectives (Phase 052)

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

Ratings (from Parent ISR)

	Implementation	Latest ISR
	13-Jul-2020	05-Mar-2021
Progress towards achievement of PDO	S	S
Overall Implementation Progress (IP)	S	MS
Overall ESS Performance	MS	S
Overall Risk	H	H
Financial Management	MS	MS
Project Management	S	S
Procurement	S	MS
Monitoring and Evaluation	S	MS

BASIC INFORMATION – ADDITIONAL FINANCING (Additional Financing DRC COVID-19 Strategic Preparedness and Response Project - P176215)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P176215	Additional Financing DRC COVID-19 Strategic Preparedness and Response Project	Restructuring, Scale Up	Yes
Financing instrument	**Product line**	**Approval Date**	
Investment Project Financing	IBRD/IDA	29-Jun-2021	

Projected Date of Full Disbursement	Bank/IFC Collaboration		
28-Oct-2024	No		
Is this a regionally tagged project?			
No			

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach [MPA]	[ ] Series of Projects (SOP)
[✓] Fragile State(s)	[ ] Performance-Based Conditions (PBCs)
[ ] Small State(s)	[ ] Financial Intermediaries (FI)
[ ] Fragile within a Non-fragile Country	[ ] Project-Based Guarantee
[✓] Conflict	[✓] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[✓] Hands-on, Enhanced Implementation Support (HEIS)
[ ] Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	47.20	24.54	23.61	51 %
Grants				%

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	18,000,000,000.00

MPA FINANCING DETAILS (US$, Millions)

Board Approved MPA Financing Envelope:	18,000,000,000.00
MPA Program Financing Envelope:	18,000,000,000.00
of which Bank Financing (IBRD):	9,900,000,000.00

of which Bank Financing (IDA):	8,100,000,000.00
of which other financing sources:	0.00

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Additional Financing DRC COVID-19 Strategic Preparedness and Response Project - P176215)

FINANCING DATA (US$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	47.20	200.00	247.20
Total Financing	47.20	200.00	247.20
of which IBRD/IDA	47.20	200.00	247.20
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Development Association (IDA)	200.00
IDA Credit	100.00
IDA Grant	100.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Congo, Democratic Republic of	100.00	100.00	0.00	200.00
National PBA	100.00	100.00	0.00	200.00
Total	**100.00**	**100.00**	**0.00**	**200.00**

COMPLIANCE

Policy

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

[ ] Yes [✓] No

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

[✓] Yes [ ] No

Explanation

The project is being processed using the following waivers granted through the MPA: a partial waiver relating to the application of Anti-Corruption Guidelines to unsuccessful bidders in the context of retroactive financing and of framework agreements in place between the borrower and suppliers and financed under retroactive financing or advanced procurement. The project also applies the Blanket waiver issued by the OPCS VP on October 27 for projects being under implementation for less than 12 months (the Bank Policy for IPF, Section III, paragraph 28).

Has the waiver(s) been endorsed or approved by Bank Management?

Approved by Management [ ] Endorsed by Management for Board Approval [✓] No [ ]

Explanation

The MPA-specific waivers have been approved by the Board as part of the Global SPRP MPA approval.

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change
Fragile, Conflict & Violence

Climate Change and Disaster Screening

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

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Ghulam Dastagir Sayed	Team Leader (ADM Responsible)		HAEH2
Clement Tukeba Lessa Kimpuni	Procurement Specialist (ADM Responsible)	Procurement	EAERU
Hugues Agossou	Financial Management Specialist (ADM Responsible)	Financial Management	EAEG2
Ines Melissa Emma Attoua Etty	Financial Management Specialist	Finance/Disbursement	WFACS
Ingrid Cesarine Meka	Financial Management Specialist	Finance/Disbursement	WFACS
Christophe Ngongo Muzyumba	Environmental Specialist (ADM Responsible)	Environmental Specialist	SAEE3
Richard Everett	Social Specialist (ADM Responsible)	Social Development	SAES3
Avril Dawn Kaplan	Team Member	Health Economics	HAWH2
Cyrille Valence Ngouana Kengne	Team Member	Sr. Environmental Specialist	SAEE3
Donat Vema Tunamau	Team Member	Social Development	SAES3
Elena Segura Labadia	Counsel	Legal Advisory	LEGAM
Jonas Nkongolo Nsenda	Team Member	Consultant	HAEH2
Julie Luvisa Bazolana	Procurement Team		AECC2
Karine N. MOUKETO-MIKOLO	Team Member	ACS	HAEH2
Meta Mobula	Team Member	Health	HAEH2
Michel Muvudi Lushimba	Team Member	Health	HAEH2
Min Ji Sohn	Environmental Specialist		SAEE3
Mohammad Ilyas Butt	Procurement Team		EAERU
Patrick M. Mullen	Team Member	Lead Health Specialist	HAWH3
Peter Leonard	Safeguards Advisor/ESSA	Safeguards	AFEDE
Pierre Joseph Kamano	Team Member	Human Development	HAEDR
Yasmine Binti Sangwa	Team Member	Team Assistant	AECC2

Extended Team

Name	Title	Organization	Location

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. **This Project Paper seeks the approval of the World Bank Group's (WBG) Board of Executive Directors for an additional financing (AF) in the amount of US$200 million equivalent (US$100 million IDA grant and US$100 million IDA credit) to the ongoing COVID-19 Strategic Preparedness and Response Project (P173825) for the Democratic Republic of Congo (DRC). The AF includes a project restructuring.** The AF will support an expansion of activities under the DRC COVID-19 Strategic Preparedness and Response Project (P173825), prepared under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA), which was approved by the Board on April 2, 2020, and the vaccines AF to the SPRP, approved on October 13, 2020.[1] The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in the DRC through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The DRC COVID-19 Strategic Preparedness and Response Project, in the amount of US$47.2 million (IDA Grant-D6020-ZR and IDA Credit 6601-ZR), was approved on April 2, 2020.

2. The purpose of the proposed AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the World Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future. The government has entered into an agreement with COVAX Advance Market Commitment (AMC) for the supply of vaccine doses to provide coverage for 20 percent of the population during Phase One. The proposed AF will provide vaccines to cover an additional 5 percent of the population, thereby brining national coverage to 25 percent. It will also finance the cost of in-country distribution of vaccines provided by both the COVAX AMC, African Vaccine Acquisition Task Team (AVATT) and those financed by the AF. World Bank financing for the COVID-19 vaccines and deployment will follow World Bank's VAC. As of April 16, 2021, the World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all World Bank financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRA) identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). The country will provide free of cost vaccination to the population.

3. **The government formally requested WBG financial support to expand the COVID-19 response on December 29, 2020 while the DRC was experiencing its second wave of COVID-19 cases**. The request for COVID-19 support has been reiterated by the new government, which was put in place in April 2021. The proposed AF, which will provide direct support to the Ministry of Public Health, Hygiene and Prevention (MoPHHP) in its COVID-19 vaccination program, will form part of an expanded response to the pandemic. The response is being supported by multiple development partners, including Global Alliance

[1] The World Bank approved a US$12 billion WBG Fast Track COVID-19 Facility (FTCF or "the Facility") to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US$6 billion came from IBRD/IDA ("the Bank") and US$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US$8 billion, bringing the FTCF total to US$14 billion. The Additional Financing of US$12 billion was approved on October 13, 2020 to support the purchase and deployment of vaccines as well as strengthening the related immunization and health care delivery system.

for Vaccines and Immunization(GAVI), United Nations Children's Fund (UNICEF) and WHO, under the government's overall coordination. The DRC has also received COVID-19 vaccines (AstraZeneca) from the COVAX initiative. The Government has recently requested mRNA vaccines (Pfizer) to be included in the next COVAX shipment. The proposed AF to the parent project will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination.

4. **The AF has three main objectives.** First, to ensure affordable and equitable access to COVID-19 vaccines for the most vulnerable populations in the DRC. Second, to strengthen vaccine deployment and distribution systems, including for the delivery of routine immunization programs. Third, to further enhance pandemic preparedness and response activities supported under the parent project. The proposed restructuring of the parent project includes modifications to the Project Development Objective (PDO) to reflect the national scope of vaccine-related activities to be supported under the AF.

5. **This proposed AF fits into the global strategy to deploy a strong vaccine response to bring the pandemic under control.** Following the rapid development of COVID-19 vaccines, immunization is underway in many countries. However, demand will continue to outgrow supply for some time. Distribution of the COVID-19 vaccine is disproportionately benefiting people in high-income countries. It is critical for COVID-19 vaccines to be affordable and available to everyone, and particularly for people living in low-income countries. Within the health sector, the COVID-19 vaccine is embedded in the concept of universal health coverage. Support from the COVAX facility and AVATT, in addition to the proposed AF presents an important opportunity for the DRC to vaccinate priority segments of the population. This will be done while developing a comprehensive vaccine strategy and strengthening the country's distribution system so that it can distribute vaccines as they become more readily available. The DRC is in the heart of Africa, bordering nine countries. It is home to one in every six people in Sub-Saharan Africa (SSA) living below the poverty line and therefore a strong national vaccination program in the DRC is essential to bring the pandemic under control globally. Although there is significant vaccine hesitancy among the Congolese population (please refer to Section III, key risks), financing of COVID-19 vaccination is among the top priorities for the country, given the global public good nature of the COVID-19 vaccine and as a crucial precautionary (preventive) measure in the face of a possible pandemic wave similar to what is currently occurring in South Asia.

6. **The DRC's health system is not currently optimally equipped to undertake nation-wide routine childhood immunization, so the AF will play a role in strengthening the country's immunization system.** Routine vaccination rates are currently at 53 percent[2]—up from 30 percent three years ago—with an objective of reaching 80 percent by 2024 (based on the Government's Mashako plan[3]). The government will face significant challenges in delivering its nation-wide COVID-19 vaccine program. In an effort to rapidly deploy the COVID-19 vaccine, investments could be made vertically, and leave limited capacity, infrastructure and equipment behind to build the country's health system. The proposed AF will therefore invest to efficiently deploy COVID-19 vaccinations, while making investments that strengthen the delivery

[2] Enquête de couverture vaccinale chez les enfants ages de 6 mois a 23 mois en République Démocratique du Congo, 2020. Ecole de Santé Publique de Kinshasa. (Immunization coverage survey among children aged 6 months to 23 months in the Democratic Republic of Congo, 2020. Kinshasa School of Public Health).
[3] The Mashasko Plan, named for the late DRC Minister of Health, Professor Leonard Mashako Mamba, also known as the Emergency Plan for Revitalization of Routine Immunizations was created in 2018, as a direct response to the issue of low immunizations rates in DRC.

of other routine childhood vaccinations in the long term. Establishing a sustainable system to deliver routine immunizations will be critical to building the country's human capital.

7. **The COVAX Facility has established a framework that will be strongly anchored to DRC's National Deployment and Vaccination Plan (NDVP) February 8, 2021**. The NDVP has two phases. During Phase One, up to 25 percent of the population will be vaccinated by end of 2022, and during Phase Two, coverage will reach to 60 percent of the population by 2024. The government is currently elaborating details to increase coverage during Phase Two of the NDVP.[4] The availability and terms of vaccine supply through COVAX remain fluid and prevent planning a firm sequencing of vaccine deployment. As such, the proposed AF enables a portfolio approach that can be adjusted during implementation to respond to the country's pandemic curve and the global market for vaccines.

8. **The first COVAX shipment, of 1.7 million doses of AstraZeneca COVID-19 vaccines, arrived in Kinshasa on March 2, 2021**. This coincided with suspension of distribution of the AstraZeneca vaccine by several countries in Europe due to concerns about blood clots, along with announcement of a new cabinet (including a new Minister of Health), contributing to a delay in the launch of the COVID-19 vaccine campaign. The official launch took place on April 19, 2021, after the National Advisory Committee on Immunization (NITAG) reviewed technical data on side effects and allowed for its use. The next day, the government requested COVAX to redeploy 1.3 million doses to other countries. The government was not confident that it could distribute the more than 30,000 doses per day that would be required to make use of the full shipment before the expiration date of June 24, 2021. The transfer of these vaccines to other countries will not affect the total COVAX allocation to the DRC. Going forward, COVAX shipments will be better calibrated to the pace of vaccination roll-out in the country.

9. **Vaccines are currently being offered in seven out of 26 provinces, which is going to increase to more provinces by June 30, 2021.** This includes at 100 sites in Kinshasa, 24 sites in North Kivu, 24 sites in South Kivu, 19 sites in Haut-Katanga, 13 sites in Lualaba, three sites in Haut-Uele and 31 sites in Kongo Central with more than 34,000 doses of AstraZeneca delivered as of June 14, 2021. More than 1,500 individuals were vaccinated during the first week of the vaccination program, about 2,800 vaccinated in the second week and around 3,000 during the third week. The daily vaccination rates are increasing every week with the expansion of sites, though still very low. The majority of individuals vaccinated are men (78 percent) under the age of 55 (63 percent). Health care workers make up less than 1 percent of those who have been vaccinated as significant vaccine resistance has been observed among health workers. Private clinics are vaccinating more individuals compared to public health facilities. Vaccination activities have been launched in all priority provinces[5]. Efforts to target more health care workers, at-risk populations and women are ongoing. Sensitization campaigns are being held through relevant associations, including the *Ordre des Médecins*, Association of People living with Hypertension and Diabetes, women's associations, and community-based structures. In addition to widespread vaccine hesitancy, the vaccine deployment has been facing lack of sufficient funding including resources for financial motivation of the staff at the health facilities at the health zone level. In coordination with other development partners the current World Bank financed project has financed the enhanced communication activities to improve vaccine acceptance. In addition to GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria

[4] The African Union has established a target of vaccinating 60 percent of the population, which is considered critical for achieving herd immunity.
[5] Kinshasa, North Kivu, South Kivu, Kongo Central, Lualaba and Haut-Katanga.

(GFATM)has provided some resources for the COVID-19 vaccine deployment. With all this, it is expected that acceleration in deployment process will soon occur.

10. **Vaccine hesitancy, the delayed launch of the country's vaccination campaign due to formation of the new government and appointment of the new Minister of Health, limited deployment funds and the vaccine's short shelf life[6] have led to re-deployment of the first batch of COVID-19 vaccines from DRC to neighboring countries.** On April 20, 2021, Gavi received official communication from the MoPHHP requesting the redeployment of 77 percent of doses (1,316,000 doses out of 1,716,000) sent by COVAX. Faced with a high risk of doses expiring, Gavi, in partnership with UNICEF, began redeployment of vaccines to neighboring countries on April 30, 2021. The reallocation was done in consideration of logistical constraints, country absorption capacity and equity. There are plans to allocate the remaining stock of vaccines to the provinces taking into account the expiry date of the existing vaccines. In order to avoid expiration of doses on the future, significant efforts will be made on addressing vaccine hesitancy and acceleration of deployment. Annex 5 has details of the Government's plans to roll-out the deployment of the first shipment of COVAX vaccines.

11. **The COVID-19 vaccination program is an inherently high-risk operation in the DRC context**, which is characterized by large socio-economic and gender inequalities, weak governance, low capacity, and a poorly developed and under-financed health system. Added to this are risks associated with COVID-19 vaccination, especially high levels of vaccine hesitancy and widespread misinformation, but also a weak routine immunization delivery system and uncertainties about supplies and costs. These numerous risks will be mitigated through policy dialogue and technical support by the World Bank and partners, communication and community outreach efforts supported by the proposed AF, and strengthened fiduciary management and monitoring and evaluation, notably through the use of Third Party Monitoring (TPM) of the vaccine distribution and cold chain equipment acquisition as it is being implemented.

B. Consistency with the Country Partnership Framework (CPF)

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

C. Project Design and Scope

13. **The PDO of the parent project (under the Bank's Global COVID response MPA) is to strengthen the government's capacity to prepare for and respond to the COVID-19 pandemic with a focus on selected provinces.** With the proposed AF and restructuring, the PDO will be revised to expand to a

[6] The initial batch had an expiration date of June 24, 2021.

nationwide scope. To this end, the following phrase in the PDO will be dropped: "with focus on selected provinces." The parent project includes the following components: (i) Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness; (ii) Communication Campaign, Community Engagement and Behavior Change; (iii) Implementation Management and Monitoring & Evaluation; and (iv) Contingency Emergency Response (CERC).[7] The proposed AF will support acquisition of COVID-19 vaccines and improvements to the vaccine distribution cold chain, strengthen logistics to deliver vaccines to health facilities and other vaccination points, cover cost associated with vaccine administration, communication activities to improve awareness and reduce vaccine hesitancy, capacity development of health staff, and monitoring and evaluation, as well as further strengthening of preparedness and response activities under the parent project.

14. **The MoPHHP, with support from the National Technical Secretariat for COVID-19 response,[8] is the implementing agency for the project**. The National Technical Secretariat was established by President Tshisekedi to provide technical and operational oversight for the DRC's COVID-19 response. The parent project is implemented by the MoPHHP, with day-to-day management delegated to the Project Implementation Unit (PDSS-PIU). The PDSS-PIU is coordinating and implementing World Bank-financed projects in the Health Nutrition and Population (HNP) sector. The PDSS-PIU will hire additional staff to implement the proposed AF.

D. Project Performance

15. **The project's progress towards achievement of the PDO is currently rated Satisfactory, while overall implementation progress is rated Moderately Satisfactory.** The project continues to make good progress. As of June 14, 2021, disbursements amounted to US$23.61 million, or 51 percent of total project budget. By July 31, 2021, additional expenditures of about US$8 million are expected for procurement of equipment, diagnostic kits and production of oxygen. When the country began its second wave in November 2020, it experienced increased hospitalizations, deaths, and positivity rates. However, since early March 2021, there has been a significant decline in daily caseload and positivity rates (see Annex 3). The Delta variant B.1.617.2 was recently detected in Kinshasa, contributing to the ongoing third wave, thus requiring adequate bed capacity for intensive care and oxygen supplies. The remaining funds in the parent project will be disbursed through the current closing date of June 30, 2022 to respond to the COVID-19 emergency, including for testing, treatment, oxygen therapy, and non-pharmaceutical interventions (NPI).

E. Rationale for Additional Financing

16. **As of June 14, 2021, the DRC reported 35,668 confirmed and probable cases of COVID-19, and 817 deaths, with an estimated case fatality rate of 2.4 percent**. Twenty-three provinces and 174 health zones have reported cases. The epicenter of the pandemic remains Kinshasa, with 71 percent of cases, followed by North-Kivu and Haut-Katanga with 8.6 percent and 5.9 percent of cases. A second wave started in November 2020 and ended in March 2021. There is now a third wave that began in early June,

[7] http://documents1.worldbank.org/curated/en/349641585951020231/pdf/Congo-Democratic-Republic-of-COVID-19-Strategic-Preparedness-and-Response-Project.pdf

[8] The National Technical Secretariat was established to provide technical leadership for the COVID-19 response in DRC and is headed by a coordinator appointed by the President of the Republic. The members include: The Secretary General for Health, the Inspector General of Health, representatives of technical and financial partners, and representatives of civil society.

likely due to the presence of the Delta variant, importation of cases among travelers and non-respect of public health measures by the general population. Further details are provided in Annex 3.

17. This AF contributes to the global response to control the spread of COVID-19 in a sustainable way. It will contribute to financing the DRC's NDVP for COVID-19 vaccine. The COVAX's Vaccine Introduction Readiness Assessment (VIRAT) and the World Bank's VRAF Vaccine Readiness Assessment Framework (VRAF) tools are being used for planning and budgeting. To reach the Phase One objective of achieving coverage of 25 percent of the population by the end of 2022, the total cost of the NDVP including purchase of vaccines and deployment is estimated at US$530 million, of which the COVAX AMC has indicated that it will supply vaccine with an estimated cost of US$330 million. The proposed AF mobilizes another US$200 million. The COVAX AMC will supply vaccine to reach 20 percent coverage, while the proposed AF will finance internal vaccine distribution costs and the purchase of vaccine to cover an estimated additional five percent of the population. Internal vaccine distribution costs will include support to training, cold chain and other equipment, immunization supplies, data systems, IPC and waste management, and risk communication and community engagement. Procurement and supply of the vaccines financed by the AF will be done through the COVAX mechanism, in accordance with the World Bank's VAC. Other partners are currently providing technical assistance (See Box 1 below). In addition to vaccines acquired through COVAX, the African Vaccine Acquisition Task Team (AVATT) convened by the African Union, is in the process of negotiating, through UNICEF, additional access to vaccines that would contribute to taking the total population covered up to 60 percent, in countries that request for it. When firm contracts are in place between UNICEF, as the appointed procurement agent, and the manufacturers, UNICEF will conclude contracts with participating countries for the supply of the vaccines. These contracts will be reviewed by the World Bank to ensure that they comply with all operational policies and provide value for money in terms of both price and delivery times before financing from this IDA Grant and IDA Credit can be disbursed toward the member country upon its request.

Box 1: Potential Supportive Roles for Partner Agencies in Implementation

WHO's role	**Financing amount (if known)**
• Technical support on vaccine deployment, and monitoring and evaluation, based on global and regional WHO guidance. • Technical support on needs assessment and development of the NDVP. • Technical support to the National Immunization Technical Advisory Group to define COVID-19 vaccination policy objectives, strategy, and targets, and to address vaccine safety issues. • Technical assistance in developing national guidelines and standard operating procedures for distribution of COVID-19 vaccines through the EPI. • Support in preparing appropriate regulatory and pharmacovigilance authorities for vaccine licensing and emergency authorization for use in the country. • Develop guidelines and conduct training on surveillance of adverse events following immunization (AEFI) for COVID-19 vaccines and other issues of vaccine pharmacovigilance. • Support for developing appropriate technical content of risk communication and advocacy materials. • Technical support for the identification of target populations.	To be determined (TBD)
UNICEF role	Financing amount

• Support to the government in developing the NDVP and a roadmap for integration of COVID-19 vaccine deployment with the Expanded Proramme on Immunization (EPI). • Support for quantification and forecasting of supply needs, including vaccines, immunization-related supplies, personal protective equipment and other COVID-19 supplies. • Support with vaccine procurement from COVAX and additional acquisition of COVID-19 vaccines. • Coordination with manufacturers and freight forwarders on freight, logistics, insurance and storage to deliver COVID-19 vaccines. • Support to procure and install cold chain rooms at national level, procure and install fridges and freezers at health facilities. • Assist with the production and broadcasting of communication materials. Coordinate with field level actors to identify and engage community groups, influencers and networks to promote accurate information on COVID-19 vaccines. • Support community feedback to address vaccine hesitancy, risk communication and community engagement. • Support establishment of national, subnational and community information and feedback and GRMs. Assist with policy advocacy, public awareness, meetings, events engaging media and influencers. • Provide capacity building of frontline service providers (including outreach and community mobilization interventions) and water, sanitation and hygiene interventions.	TBD
GAVI/COVAX role	Financing amount
• Supply vaccines to port of entry in the country for coverage of 20 percent of the population. • Technical assistance. • Cold chain equipment and supplies.	US$330 million (COVAX AMC) and US$2.8 million for technical assistance and cold chain
Other partners' roles	Financing amount
African Union • Facilitate supply of vaccines (most likely J+J) during subsequent phases to contribute to the objective of 60 percent coverage.	TBD
United States Centers for Disease Control • Support for risk communication and community engagement and technical assistance to the EPI for data management	TBD
UN Humanitarian Coordination Office and UN High Commission for Refugees (UNICEF) • Identification and Mapping of Refugees and Internally Displaced Populations, support for targeting and vaccine distribution to internally displaced and refugee populations.	TBD

18. **This AF is proposed at a crucial juncture in the Government of DRC's response to COVID-19.** Since the parent project was approved in April 2020, there has been rapid emergence of new therapies and successful development and expanding production of COVID-19 vaccines (see Annex 1 for status). The AF will provide upfront financing for safe and effective vaccine acquisition and deployment in the DRC, enabling the country to acquire and distribute the vaccine as efficiently as possible, recognizing there is currently excess demand for vaccines from high-income and lower-income countries. In parallel, the

project will invest in cold chain and vaccine delivery capacity to make sustainable improvements in the DRC's EPI program to improve coverage of essential child immunizations.

19. **The proposed AF will build on the WBG's HNP portfolio in DRC.** The activities will build on COVID-19 MPA-Program DRC COVID-19 Strategic Preparedness and Response Project, as well as on the World Bank's existing health portfolio in the DRC: Health System Strengthening for Better Maternal and Child Health Results Project (*Projet de Développement du Système de Santé* - PDSS) (P147555 – US$714.50 million); Multisectoral Nutrition Project (P168756 – US$492 million); and Regional Disease Surveillance Systems Enhancement IV Project (P167817 – REDISSE – US$150 million for the DRC). In the provinces supported by the PDSS and the Multisectoral Nutrition Project, the proposed AF will have direct synergy with the existing investments in health facilities by strengthening their immunization capacity.

20. **The AF is required for the COVID-19 vaccine to ensure that funds are not re-directed from critical health services, which are already underfunded in DRC.** Government financing for health in DRC is low. Health is not prioritized within the government's budget: per capita health expenditure are US$20 per person, of which only US$3 is financed by the government, whereas US$9 is financed by households, and US$7 is financed by donors.[9] Additionally, 10 percent of the government's budget is allocated to health (2019) and half of it is subsidized by donors channeling resources through the Ministry of Finance.

21. **The Government has not been able to fulfil its co-financing commitments for routine vaccines, including Polio**, **BCG (Bacille Calmette-Guerin), Measles and Tetanus, over the past nine months due to further fiscal constraints caused by the impact of the COVID-19 pandemic.** This resulted in a quasi-stockout at the central level for a period of three months, with the possibility of a stockout at decentralised vaccination centers.[10] An emergency meeting was called with key donors in February 2021 to rapidly finance routine vaccines so that supplies were available on the front lines. The World Bank, through the PDSS, urgently authorized US$3.8 million to cover routine vaccine needs between May and July 2021. An additional government co-financing of US$4 million is expected by the end of 2021, which will also be financed through the PDSS project. This recent experience, whereby the government was not able to plan for and ultimately allocate resources towards routine and basic health services, indicates major governance challenges in the health sector. Over the last 20 years, WBG investments in the health sector have equated to US$1.5 billion (equivalent to 17 percent of total World Bank commitments in DRC). Historically, WBG investments in human development have been input-driven, focusing on infrastructure construction and rehabilitation and with less emphasis on sector governance. However, significant efforts have been made to introduce accountability mechanisms through implementation of performance-based financing. This approach has introduced management and quality tools that aim to improve governance at all levels of the health system.

[9] 2018 National Health Accounts, published in 2020.

[10] Based on a request by the government, the World Bank (through the PDSS project) provided US$3.7 million to enable the government to fulfill its co-financing requirements for the purchase of traditional vaccines this year. An additional US$5 million worth of support to cover the balance of the government's contribution to meet the 2021 total needs for traditional vaccines is expected through the PDSS project soon.

F. National Capacity and COVID-19 Vaccination Plan

(i) Vaccine Readiness Assessment

22. **The DRC has conducted a vaccine readiness assessment to identify gaps and risk mitigation measures**. The assessment also estimates the cost of vaccine deployment, incorporating anticipated support of the WHO, UNICEF, GAVI and the World Bank (see Table 1 below). This assessment considers the government's vaccine deployment strategy, described below. Given the uncertainties related to the COVID-19 vaccine market, including testing, approval, availability and pricing, which require flexibility and close monitoring and strong WBG support during implementation, the assessment will evolve and be revised and updated as necessary to continuously improve project implementation.

Table 1: Summary of Vaccination Readiness Findings from the VIRAT/VRAF 2.0 Assessment[11]

Readiness domain	Readiness of government	Key gaps to address before deployment
Planning and coordination	The national coordinating committee is in place with working groups on: (1) Regulation and registration of vaccines and safety monitoring; (2) Equitable delivery and implementation of immunization services; (3) Data management, monitoring and evaluation; (4) Risk communication and community engagement; and (5) Supply chain, logistics and vaccine forecasting. The subgroups are functional with defined terms of reference. Meetings are regular on a weekly basis. The vaccine will be distributed nationwide stepwise starting with the most affected provinces and risk groups. The number and geographical distribution of the target groups have been defined. The MoPHHP is in communication with other sectors, service providers and the private sector to coordinate immunization planning and identify exact numbers	The AF will strengthen cold chain infrastructure. This activity should be completed by December 31, 2021.

[11] A multi-partner effort led by WHO and UNICEF developed the Vaccine Introduction Readiness Assessment Tool (VIRAT) to support countries in developing a roadmap to prepare for vaccine introduction and identify gaps to inform areas for potential support. Building upon the VIRAT, the World Bank developed the Vaccine Readiness Assessment Framework (VRAF) to help countries obtain granular information on gaps and associated costs and program financial resources for deployment of vaccines. To minimize burden and duplication, in November 2020, the VIRAT and VRAF tools were consolidated into one comprehensive framework, called VIRAT-VRAF 2.0.

	and target groups by province. The country will rely on the systems and infrastructure of the EPI as well as on its experience with the recent use of the Ebola vaccine. The existing cold chain infrastructure needs to be strengthened.	
Budgeting	The budget for vaccine distribution has been developed. This budget considers the cost of the vaccine, operations and system strengthening.	The government's contribution will largely be the regular salaries of health staff (which are already in the budget).
Regulatory	The DRC has a framework that regulates the authorization and use of vaccines. All formalities have been completed for the national regulatory authority to release the first batch of COVID-19 vaccines that was received from COVAX on March 2, 2021.	
Prioritization, targeting, surveillance	Priority target groups for COVID-19 vaccination as well as priority provinces for vaccination have been defined.	Detailed mapping, with numbers of people from priority groups to be vaccinated by location, is currently being done. The AF will also support the process. The exercise is expected to be completed by June 30, 2021.
Service delivery	The DRC will rely on its EPI to distribute COVID-19 vaccines. Protocols exist for informed consent to vaccination. These need to be updated, drawing on recent experience with an Ebola vaccine. In addition, measures are in place to protect those refusing to be vaccinated.	Update the protocols for informed consent as well as the measures to project those refusing to be vaccinated with COVID-19 vaccine. This is completed now.
Training and supervision	COVID-19 vaccination training modules are being developed with support from the WHO.	Adapt and translate the training material developed by the WHO and develop additional training material. Now completed. Ensure training of all staff involved in immunization. This is an ongoing process.
Monitoring and evaluation	The monitoring and evaluation sub-committee is in place with the deliverables defined in its ToRs.	The EPI's existing surveillance and monitoring framework is being adapted with a set of recommended indicators for distribution of the COVID-19 vaccine, including reporting from health facilities delivering the vaccine.
Vaccine, cold chain, logistics, infrastructure	A national logistics working group is in place with the mandate to coordinate the deployment of COVID-19 vaccines.	Detailed mapping of health facilities that will serve as vaccine distribution points at the health zone level is being conducted.

	A distribution strategy has been developed, including the mapping of port(s) of entry, storage points (stores) and fallback facilities in the country with their respective cold chain (2-8C , -20C, -60 / 70C), as well as transport capacity and human resources.	UNICEF has completed an assessment of cold chain and logistic needs. The AF will provide support to fill these gaps. Other infrastructure and equipment requirements (power supply, information technology and communications, water supply and sanitation) need to be assessed. To be completed by July 31, 2021.
Safety surveillance	The vaccine safety and surveillance plan has been developed and will be implemented	Strengthen routine passive surveillance reporting systems to be able to cope with possible increased frequency or severity of adverse events following immunization (AEFI) Detect and investigate potential safety signals or clustering of serious events, immunization errors, community concerns etc.; and Perform systematic causality assessments for AEFI.
Demand generation and communication	Several messages against COVID-19 vaccination are circulating in social networks and among the population. Major awareness campaigns and information strategies should be implemented before, during and after the deployment of the vaccine. The EPI with support of the key DPs has developed a COVID-19 communication plan. Communication remains a very important pillar in COVID-19 vaccination and mainly in gaining social acceptance in order to have satisfactory vaccination participation rates. Communication should take place before vaccination, during vaccination and after vaccination within health zones. Community structures in health zones must be sufficiently involved to provide good communication for behavior change. A study by Target, a non-Governmental Organization, shows that only 6% of surveyed people are in favor of COVID-19 vaccination. *https://www.target-*	Interventions in communities will target populations for behavior change communication. Out of the 4 most affected provinces, on average 120 health zones each will have capacity to communicate on the importance of vaccination. 1,800 development committees must be capable with an approach based on local communities, including focus groups and community circles. The immediate activities of the national COVID-19 communication plan will be financed by the current project, while the later activities of the plan will be financed by the AF. This is ongoing.

	sarl.cd/sites/default/files/download/Target_Synthese_Covid_19_Nov_2020.pdf	

(ii) National Deployment and Vaccination Plan (NDVP)

23. **The Government of the DRC has prepared an NDVP (February 8, 2021), which draws on the findings of the VRAT/VRAF 2.0 assessment and gap analysis.** The general objective of this plan is to introduce a COVID-19 vaccine in the DRC in 2021, with the goal of reducing severe COVID-19 cases and deaths and maintaining essential health services during the pandemic. The plan provides a strategic review of the vaccine landscape and choice of vaccine, determines priority population groups, and considers options for cold chain requirements. The components of the NDVP are as follows.

a) **Coordination:** Activation of a technical coordination group that reports to the National Technical Secretariat.

b) **Planning:** In the initial stage the plan aims to achieve COVID-19 vaccination coverage of 25 percent of the population, or 29 million people by end of 2022 but with a strategy of significantly accelerating vaccinations so that this target can be achieved by mid-2022. The strategy is to use fixed, advanced, and mobile sites for vaccination.

- ***Fixed strategy:*** consists of vaccinating the target people in a fixed location, generally a health structure, with cold chain equipment (hospitals and health centers).

- ***Advanced strategy:*** consists of vaccinating target populations in an identified location, which does not have cold chain equipment; health personnel bring the necessary vaccines and equipment and return the same day.

- ***Mobile strategy:*** consists of vaccinating the target population in an identified location, which does not have cold chain equipment, often located more than five km from a health center. Health workers stay more than a day to immunize target populations.

c) **Logistics: the government will use the same supply route as that of routine EPI vaccines to deliver COVID-19 vaccines to beneficiaries.** According to the NDVP, the EPI's central warehouse in Kinshasa distributes vaccines and other immunization supplies, including syringes, vaccine carriers, cold boxes, and fuel for refrigerators, to warehouses at the provincial level. From provincial warehouses, vaccines and corresponding supplies are delivered to health zones by air, boat, car, or motorcycle. Currently, EPI managers stationed at health zones transfer vaccines to 8,830 health centers where they are administered to beneficiaries by health workers.

d) **Monitoring and Evaluation**: This includes use of the District Health Information Software 2 (DHIS2) strengthened by use of technology as well as verification of the data by a Third-Party Monitor. The main objective of the Third-Party Monitor will be to ensure that activities (logistics, fiduciary, environmental and social safeguards) are being implemented as defined

in the project legal agreements and results framework. Performance indicators will be developed and monitored. The methodology utilized by the Third-Party Monitor will consist of direct observation and frequent review of documents. The Third-Party Monitor will ensure follow-up and oversight of sites, including of EPI at all sites on a weekly/monthly basis in pilot provinces. If necessary, the frequency of supervision might increase as vaccination activities are expanded. The Third-Party Monitor will report directly to the PDSS-PIU and will produce weekly and monthly reports.

e) **Communication:** This includes advocacy, development of key messages, establishment of relevant risk communication and community engagement committees, collection and use of data.

f) **Adverse Event from Immunization (AEFI) surveillance:** The plan aims to rapidly detect AEFI (both through hotline and reports by health care providers).

24. **Allocation of the additional funds under the AF.** The proposed AF will allocate US$85 million for the purchase of vaccines, to cover an additional 5 percent of the population, and US$115 million for investments in cold chain equipment, human resources, and operational costs to distribute vaccines during Phase One, including monitoring and evaluation. The vaccines to be supplied by the COVAX AMC will be purchased directly by GAVI and made available to the DRC through UNICEF. The negotiations for acquisition of vaccines for 5 percent of the population will start with UNICEF during first three months after approval of the project. The WHO is working with the government to develop technical guidelines for training and for monitoring of the program. It is estimated that the COVAX AMC vaccines will be delivered to the country in several shipments over the course of 2021 and 2022. Given that COVAX procurement is moving slower than expected and that the vaccines procured through the African Union (AU) vaccine facility will start being delivered around August 2021, the option to procure vaccines through the AU facility, using World Bank financing, will also be explored during the early phase of implementation. Therefore, the government is initiating dialogue with the AU on this.

Table 2: National Vaccine Coverage and Acquisition Plan

[Based on the current available estimates as of May 19, 2021]

Source of financing (IBRD[12], IDA[13], TF[14], Gov't, Other]	Population Targeted		Vaccine(s)				Number of doses needed	Estimated total US$ (millions)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines already arrived in the country	
	%	Number	Source	Name	Price (US$/($/dose)	Shipping (US$/($/dose)					Name	Doses
Stage 1 (CY22): Health staff, social workers, people with co-morbidities, people aged over 55 years, and (as contingency) people aged over 18 years												
COVAX AMC	20%	23,180,000	COVAX AMC	AstraZeneca	7.00	1.67	2	402	Yes	Yes	AstraZeneca	450,000
IDA	5%	5,795,000	COVAX or AU	TBD	TBD	1.67	2	85	TBD	No		
Stage 1 total	25%	28,975,000						487				
Stage 2: CY22-23												
TBD	15%	17,385,000	COVAX or AU	TBD	10.00	1.67	1	203	TBD			
TBD	20%	23,180,000	TBD	TBD	10.00	1.67	1	271	TBD			
NATIONAL TOTAL	60%	69,540,000						961				

[12] International bank for reconstruction and development
[13] International Development Association
[14] Trust Fund

Box 2: Liability and Indemnification Issues in Vaccine Acquisition and Deployment

Key issues:
• The rapid development of vaccines increases **manufacturers' potential liability** for adverse effects following immunization.
• Manufacturers want to protect themselves from this risk by including **immunity** from suit and liability clauses, **indemnification** provisions, and other **limitation of liability** clauses in their supply contracts.
• **Contractual provisions and domestic legal frameworks** can all operate to allocate that risk among market participants, but **no mechanism will eliminate this risk entirely.**

For COVAX-financed vaccines for AMC countries:
• COVAX has negotiated model indemnification provisions with manufacturers for vaccines purchased and supplied under the COVAX AMC.
• In providing vaccines through COVAX AMC, COVAX requests COVAX AMC Participants to have in place an indemnity agreement directly with manufacturers, and the necessary indemnity and liability frameworks for that purpose – either in the form of the COVAX model indemnification arrangements or prior bilateral arrangements with manufacturers.
• The COVAX Facility will have a no-fault compensation scheme for AMC countries as part of its risk mitigation strategy. This will cover vaccines supplied only through COVAX AMC.
• DRC will have to consider what it will take to implement these indemnification provisions (including statutory implementation) and how they can avail of the benefits of the no-fault compensation scheme.

Vaccines purchased outside of COVAX:
• DRC will need to enter direct indemnification arrangements with manufacturers.
• DRC does not currently have legislation in place to provide statutory immunity for manufacturers.
•Country does not have national no fault compensation scheme.
• Adoption of any such indemnification provisions or compensation scheme would have to be in accordance with DRC's own national strategy and framework.

Possible Bank support to DRC, depending on needs, may include:
• Information sharing on (i) statutory frameworks in The Organisation for Economic Co-operation and Development (OECD) countries and other developing countries; and (ii) overall experience in other countries
• Provide training and workshops for government officials to familiarize them with the issues.
• For World Bank-financed contracts, the World Bank can provide Hands on Expanded Implementation Support

The Project Implementation Manuals (VDDM/PIM) will make clear that the country's regulatory authority is responsible for its own assessment of the project COVID-19 Vaccines' safety and efficacy, and is solely responsible for the authorization and deployment of the vaccines in the country.

25. **The MoPHHP's EPI will have a critical role in ensuring effective distribution of COVID-19 vaccines**. The EPI was created in 1978 with the objective of improving the survival of children and mothers through provision of life saving vaccines. Every five years, the EPI develops the Comprehensive Multi-Year Plan, which includes an estimate of vaccine needs, cold chain supplies, and other immunization-related equipment that is necessary to sustain the immunization program for a designated timeframe. The EPI works with its local counterparts to quantify vaccine needs for each of the 516 health zones in DRC. This information is then shared with UNICEF, which procures traditional vaccines and immunization supplies (e.g. syringes, vaccine carriers, and cold boxes to store[15]). In 2016, the EPI vaccinated seven million people against yellow fever in two weeks. Therefore, the EPI has a rich experience of managing vaccination campaigns across the country with support of its partners mainly GAVI, UNICEF and WHO.

26. **DRC's recent experience in responding to four consecutive Ebola Virus Disease (EVD) outbreaks[16] is relevant for the COVID-19 response.** When the COVID-19 pandemic was declared in March 2020, DRC was already responding to the country's 10th EVD outbreak, affecting the provinces of North Kivu, Ituri, and South Kivu. Significant lessons from EVD10 have informed the COVID-19 response. The EPI was an integral part of the EVD10 response in Eastern DRC where more than 303,000 contacts and contacts of contacts of confirmed cases were vaccinated in a conflict zone over 22 months. The experience with Ebola vaccines highlights the importance of building trust, working with health care workers and communities to ensure that beneficiaries understand how the vaccine works, and have accurate information on where it is available and its side effects. Targeted risk communications and community engagement will be key for a successful COVID-19 vaccination campaign. Risk communication and community engagement are critical to overcome vaccine hesitancy and need to be prioritized for COVID-19 vaccination strategies. Specific lessons that have been incorporated in the COVID-19 vaccination plan based on DRC's EVD responses include:

a) **Development of a communication strategy integrated with the vaccination strategy**. Communication must be led via community-trusted sources to demystify the vaccine development and deployment process. This should include explaining trial phases, side effects, the criteria for prioritizing eligibility during the vaccine roll-out. The vaccine should be administered by known and trusted health care workers. Community level communication campaigns should be initiated early, using local languages and media.
b) **Engagement of community and political leaders**. Working with leaders to inform and engage the community with harmonized messages to avoid conflicting information or misinformation.
c) **Training for health care workers.** Frontline workers need access to key resources so that they can answer questions. Technology, including short videos on phones, can be leveraged to support communication.
d) **Location of vaccination sites.** Provide vaccines at routine health care facilities or locations close by where other routine services can be provided simultaneously.
e) **Evidence-based approach**. Integration of social science, epidemiology, and data on service utilization to understand perception dynamics and to inform immunization strategies, communications, and community outreach.

[15] Immunization in the Democratic Republic of the Congo Landscape Analysis and Policy Recommendations, PATH, September 2016
[16] EVD9, EVD10, EVD11 and EVD12 outbreaks occurred between 2018-2021, coinciding with the COVID-19 pandemic since March 2020.

f) **Incentivizing vaccinators and supervisors**: Incentivizing the vaccinators and supervisors using an electronic database to avoid any governance challenges related to duplication of incentive payments, which was seen during Ebola response. Based on the experience of the Ebola response, mobile payments will be used to reduce intermediaries and improve resource management; this strategy will improve governance at all levels.

II. DESCRIPTION OF ADDITIONAL FINANCING

G. Proposed Changes

27. **The changes proposed for the AF entail expanding the scope of activities in the parent project and adjusting its overall design.** The AF and restructuring will include the following changes to the parent project:

a. Revision of the total project costs to account for an additional IDA commitment of US$200 million.
b. Revision of the PDO of the project where the phrase "with a focus on selected provinces" will be dropped from the PDO statement to reflect the expansion of activities across the country.
c. Addition of new activities to components 1, 2, and 3 that will increase development effectiveness and the impact of the COVID-19 response.
d. Revision of the Results Framework to add new indicators and modify some of the existing indicators given project implementation experience so far and evolution of the pandemic in the country; and
e. Extension of the Closing Date of the project by two years to June 30, 2024, to provide sufficient time for implementation of vaccine supply and deployment.

(i) Proposed New Activities

28. **Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP).** The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. During the first phase, the DRC will use the COVAX AMC for vaccine supply to cover 20 percent of the population, and will use the proposed additional AF to procure the additional vaccines to cover 5 percent of population to be sourced through the COVAX or AVATT mechanism or any other mechanism acceptable for the World Bank.

29. **To support the Government of DRC's vaccination planning, the AF will finance upfront technical assistance to support DRC to establish institutional frameworks for the safe and effective deployment of vaccines.** These will include: i) establishment of policies related to ensuring that there is no forced vaccination and that any mandatory vaccination program (such as for entry to schools) is well designed including mechanisms for ensuring informed consent and due process for those who choose to opt out; ii) acceptable approved policy for prioritized intra-country vaccine allocation; iii) regulatory standards at the national level, including pharmacovigilance; iv) appropriate minimum standards for vaccine management including cold chain infrastructure (with financing as well for the investment to meet those

standards as described below); v) availability of essential water, sanitation and hygiene (WASH) requirements in Health Facilities to avoid nosocomial contaminations including COVID-19 infection of patients, visitors, heath workers and surrounding populations; vi) upgrade existing management information systems for registration and enhanced surveillance systems to identify of target groups, track AEFI and facilitate the production of a personal vaccination record or certificate; and vii) the creation of accountability, grievances, and citizen and community engagement mechanisms. Development of strengthened vaccination policies, distribution systems, pharmacovigilance standards, and cold chain management standards will incorporate other vaccine preventable diseases including climate-induced outbreak prone diseases, to develop sustainable vaccine infrastructure. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of at least 20 percent of a country's population; focusing first on workers in health and social care settings; and then focusing on the elderly and younger people with an underlying condition which places them at higher risk.

30. **The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Components 1, 2 and 3 of the parent project.** To this end, the AF is geared to assist the government of the DRC, working with GAVI, WHO, UNICEF and other development partners, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country. The AF will support vaccine deployment, including: (i) purchasing of COVID-19 vaccines to complement financing under the COVAX facility; (ii) strengthening the supply chain and logistic systems to comply with the cold-chain requirements of different vaccines and promote energy efficiency. Procurement conditions will be used to ensure cold chain purchases are climate friendly. Climate friendly cold chain purchases through the project are anticipated to total US$52.5 million. (iii) supporting training of health providers, community health workers and other personnel responsible for the delivery, storage, handling, transportation, tracking and safety of vaccines. Health worker training will include modules on response to climate shocks and climate-induced outbreaks; (iv) ensuring proper infection prevention control and waste management procedures; (v) conducting assessments to inform the deployment of vaccines (seroprevalence studies in at-risk geographic areas and among People Living with HIV (PLHIV), TB and prisoners, screening for non-communicable diseases); (vi) conducting climate-sensitive planning to identify how to conduct and prepare for vaccination campaigns during climate shocks including flooding and extreme heat; (vii) developing sustainable community-level education networks to increase vaccine literacy, which will be used for COVID-19 vaccination as well as other vaccine preventable diseases, including those induced by climate shocks; (viii) outreach campaigns to reach populations in remote areas including those impacted by climate shocks; and (ix) procurement of PPE, with a focus on climate friendly PPE that can be washed and reused to minimize waste.; and (x) strengthening the policy environment through production of guidelines, standard operating procedures, and protocols. This will include reinforcing the regulatory capacity of the DRC to expedite the registration and approval processes, in line with WHO prequalification procedures and World Bank requirements for financing of vaccines; supporting planning and coordination of the vaccine deployment, leveraging existing coordinating mechanisms under the national immunization program; and strengthening health care waste management and occupational health. To this end, the AF will support acquisition of vaccines, energy efficient cold chain equipment, vehicles, medical supplies and consumables (e.g. personal protective equipment (PPE), syringes and safety boxes, vaccine sharp disposal containers), technical assistance, and operating costs, taking into account evolving needs and what other partners are funding. Annex 5 provides more detail on the first phase vaccine distribution plan.

31. **The AF will strengthen cold chain system**. The AF will equip new health centers with solar refrigerators, to replace those that are out of order and those that run on petroleum, with more reliable, more efficient, and more robust refrigerators with practically zero operating costs. As a result of this AF, it is expected that 99.4 per cent of installed refrigerators will meet the WHO Performance, Quality and Safety (PQS) standards. The AF will also improve immunization coverage of hard to reach target populations. More specifically, this project will enable the country to improve the following immunization service indicators:

a. **Availability of quality vaccines at all levels:** According to the updated inventory of cold chain equipment, the country has 11,138 health centers in all categories (public, private, mixed and religious), of which 7,223 (65 per cent) have refrigerators for storing vaccines and 3,915 (35 per cent) have no refrigerators. Through this AF, it is expected that the 3,915 health centers that are not yet equipped and those whose refrigerators have broken down (about 8 per cent) will be equipped with new solar refrigerators or long-life coolers. This will increase the coverage of cold chain equipment in health centers and enable facilities to have vaccines in sufficient quantity and quality.

b. **Access to vaccination for the entire country's population:** The availability of cold chain equipment in health areas with difficult access will enable the country to reach the unvaccinated and put in place advanced strategies (vaccination through mobile teams) to increase immunization coverage, particularly amongst the most vulnerable.

c. **Increase in immunization coverage:** The increase in cold chain equipment coverage and the improvement of the maintenance system will contribute to minimizing missed opportunities by increasing the number of immunization sessions in fixed and advanced strategies. Recent data already indicates that, in the provinces where the installation of GAVI/RSS2 refrigerators in Cold Chain Equipment Optimization Platform (CCEOP1 and CCEOP2) has already been completed, there is a trend towards an increase in the number of vaccination sessions.

d. **Strengthening the supply chain:** This project will enable the MoPHHP to strengthen the supply chain, particularly at the level of the immunization service delivery points. The country is already receiving support from GAVI to strengthen the end-to-end supply chain by building modern hubs in Kinshasa (Kinkole) and Kisangani. The AF will support the MoPHHP to build a similar modern hub in Lubumbashi and possibly other strategic/priority province(s). The pooling of the logistical resources of the various specialized programs and directorates will gradually become effective as soon as these structures become operational in order to make vaccines and other health products available at all levels.

e. **Assuring equity between all the zones and health centers:** The current data shows that the rate of coverage of cold chain equipment and in particular solar equipment in the health areas varies from one province to another. The average coverage of cold chain equipment was 80 per cent in 2020. Through the implementation of the project's activities in an equitable manner and across all provinces of the country, all Provincial Health Divisions "*Divisions Provinciales de la Santé*" (DPSs) will significantly scale-up their cold chain equipment coverage. The project is also to reduce the gaps in cold chain equipment coverage at the

peripheral level, resulting in equitable immunization activities throughout the country, as vaccination currently differ based on geographic location.

f. **Ensuring safety and quality of vaccines:** The direct-control solar refrigerators (without batteries) selected within the framework of this project have the technology to maintain the required vaccine storage temperatures with no risk of freezing. The availability of cold chain equipment and good maintenance will allow health centers to store and administer quality vaccines. Emphasis will be placed on the management and monitoring of vaccines and temperature.

g. **Strengthening the maintenance of the cold chain equipment:** The implementation of the maintenance plan will make operational the maintenance pools that will be established at the level of the DPSs. The availability of trained and qualified technicians will assure quality maintenance and optimize the operation of the cold chain equipment. Through this project, the EPI will also be able to rehabilitate and extend the cold chain materials, standardize the equipment to ensure the acquisition of spare parts and good maintenance.

h. **Updating equipment inventory**: A mechanism for periodically updating the inventory of cold chain equipment that will make it possible to collect and analyze data on the operation of the inventory tool "*Inventaire CDF_ AnlyseGp*" will be rolled-out.

32. **The AF will build capacity of human resources, especially the vaccinators and supervisors**:

a. The training and supervision of immunization actors will strengthen their skills in immunization against COVID-19 and rest of the routine immunization. The DRC suffers from a lack of capacity building for health workers in EPI management. Currently, with GAVI funding, the country is introducing training modules for immunization management into the training curricula for health workers, but many of the current workers lack the required skills. The COVID-19 vaccination offers an opportunity to build their capacity and increase the number of vaccine providers. The training of supervisors at the central, regional, and health zone levels will allow for monitoring and improving the quality of immunization in each community. The training will cover both theory and practice of immunization, the management of routine immunization and the logistical management of vaccines.

b. Incentivizing the vaccinators and supervisors through performance-based payments using technology to avoid any governance challenges seen during Ebola response. Based on the experience of the Ebola response, mobile payments will be used to reduce intermediaries and improve resource management; this strategy will improve governance at all levels.

33. **The AF will support priority population groups for COVID-19 vaccinations as summarized in Tables 3 below.** The COVID-19 vaccine will be provided free-of-charge at the point of care. It is expected that the supply of COVID-19 vaccines that becomes available during the first phase of the government's NDVP will be enough to cover 25 percent of the population of DRC, or about 29 million people. Risk groups are being identified at the Health Zone level with Zonal Health authorities through registries, existing health records, associations of individuals living with Non-Communicable Diseases (NCDs) or the elderly, but also through ongoing screening activities for NCDs, etc. Phasing of implementation of the initial

distribution, starting with high-risk groups in the seven provinces most-affected by COVID-19 is a realistic strategy in such a large country given the capacity constraints. In Table 3 below, the target populations for the first 25 percent coverage are listed.

Table 3: Priority groups for vaccination in the DRC

Priority	Population group	Number of people	% of population
First	Health professionals and social workers	1,159,000	1%
Second	People with risk factors (chronic renal disease, hypertension, diabetes) *	15,067,000	13%
Third	People aged over 55 years and refugees/displaced	7,454,000	6%
Contingency	People aged over 18 years**	5,295,000	5%
Total		28,975,000	25%

* Refugees and internally displaced persons living in high-density camps will be included in this priority group based on the presence of risk factors per WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommendations. Their estimated population is estimated 0.5 million.

** The number of people in the contingency group (aged over 18 years) is not the total number in the population, but the estimated number to be reached during the first phase. This number will increase to the extent that the three priority groups are not fully covered during the first phase.

(ii) Financing Arrangements

34. The increase in scope as outlined above will be reflected in an increase in component allocation from US$47.2 million to US$247.2 million, with the full amount of the AF being added under Components 1, 2 and 3 (Table 4). The new total allocation to Component 1 will be US$227 million to reflect the AF made available for vaccine purchase and distribution. The new total allocation to Component 2 will be US$10.2 million to reflect the additional financing made available for expanding communication activities to enhance vaccine acceptability. The new total allocation to Component 3 will be US$10 million to reflect strengthening implementation management and monitoring and evaluation.

35. The retroactive financing up to an aggregate amount not to exceed 40 percent of the financing could be considered for this operation. The expenditures will not only need to fulfill fiduciary eligibility but also safeguards eligibility including agreed measures on the ESCP so that they can be reimbursed once the Financing Agreement is declared effective.

Table 4: Project Cost and Financing

Component	Parent Project Cost	Total AF Cost	Parent +AF Cost
Component 1: Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness	**37.0**	**190.0**	**227.0**
Subcomponent 1.1: Early case detection, laboratory confirmation, contact tracing, recording and reporting	4.6	0	*4.6*
Subcomponent 1.2: Strengthening the health system	*31.2*	*52.2*	*83.4*
Subcomponent 1.3: Strengthening national and sub-national coordination to address health-related matters	1.2	2.6	*3.8*
Subcomponent 1.4: COVID-19 Vaccine acquisition, planning and distribution	0	135.2	*135.2*
Component 2: Communication campaign, Community Engagement and Behavior Change	**7.2**	**3.0**	**10.2**
Subcomponent 2 1: Communication campaign activities	5.3	3.0	*8.3*
Subcomponent 2.2: Support for social distancing measures	1.9	0	*1.9*
Component 3: Implementation Management and Monitoring and Evaluation	**3.0**	**7.0**	**10.0**
Subcomponent 3.1: Consulting services, including third party monitoring for the independent verification of Project implementation	3.0	4.0	*7.0*
Subcomponent 3.2: Training in participatory monitoring and evaluation	0	3.0	*3.0*
Component 4: Contingent Emergency Response	**0.0**	**0.0**	**0.0**
Total Cost (US$ millions)	**47.2**	**200.0**	**247.2**

36. Overall, of the US$200 million AF, US$85 million is for vaccine purchase, US$53 million is for immunization system strengthening, US$50 million is for vaccine deployment, and US$12 million is for implementation support and M&E. (See Table 5).

Table 5: Summary of COVID-19 Vaccine Sourcing and Bank Financing

National plan target (population %)	Source of vaccine financing and population coverage				Specific vaccines and sourcing plans	Doses purchased with World Bank finance (2 doses assumed)	Estimated allocation of Bank financing
	COVAX grant	World Bank-financed		Other*			
		Through COVAX	Through direct purchase				
Stage 1a: 20%	20%	0%	0%	0%	- 1st COVAX shipment of 1.7 million doses is AstraZeneca of which was 1.3 million doses were redeployed to other countries. - Next shipment of the COVAX is expected to include 5 million doses and should get to the country around end of July 2021.		Purchase: US$85 million Deployment: US$50 million Others: US$65 million for immunization system strengthening and M&E.
Stage 1b: 5%	-	TBD	0%	AU	- World Bank-financed vaccines through COVAX or AU	11.59 million	
Stage 2: 35%	-	TBD	TBD	AU	TBD	-	-

(iii) Changes in Institutional Arrangements for NDVP Implementation and Oversight

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

38. **Furthermore, United Nations (UN) agencies (WHO and UNICEF) will remain key partners in ensuring vaccine purchase, deployment and supporting community mobilization for this project** (refer to Box 1 for more details on the roles of UN agencies). Vaccine administration will be done through health facilities under the auspices of the central and provincial government health authorities. Strategic and technical advice on COVID-19 vaccination is provided by the National Immunization Technical Advisory Group (NITAG). The DRC NITAG is multidisciplinary group of 15 national experts responsible for providing independent, evidence-informed advice to policy makers and program managers on policy issues related

to immunization and vaccines. During the vaccination campaign, with support from this AF, independent verification of implementation of its technical, operational, and environmental and social aspects, will be done with assessments at key points in the supply chain as well as a sample of vaccination sites. A TPM will work closely with the EPI and monitor the sites on a weekly basis and produce reports.

39. **Overall, the fiduciary capacity of the PDSS-PIU has increased and procedures have improved over time as experience and capacity are built**. An in-depth 2019 fiduciary review found that the PDSS-PIU had ineligible expenditures in the amount of USD$2,313,368 from a period ranging from November 2014 to June 2019. The amount of ineligible expenditures has significantly decreased since the appointment of the current PDSS-PIU management team. At this point in time, the PDSS is managing four World Bank-financed projects (the U.S. Agency for International Development (USAID) financed project that PDSS used to manage has been closed in 2019). The overall fiduciary performance of the PDSS-PIU has been rated Moderately Satisfactory.

40. **While not yet optimal, the WBG is supporting further improvements to effectively manage the expanded HNP portfolio including the upcoming COVID-19 Vaccine Operation.** Key actions supported by the World Bank team include : (i) setting up of a single fiduciary unit and an aggregated fiduciary system rather than fragmented fiduciary arrangement for each project, (ii) fiduciary assistance and implementation support to improve the effectiveness of the governance, risk management and controls over the use of the projects' funds; (iii) enhanced hand-holding by the procurement team of the Bank including HEIS arrangement.

41. The scrutiny of expenditures prefinanced by the MoPHHP prior to reimbursement has been strengthened within the PDSS-PIU which led sometimes to rejection of parts of reimbursement claims submitted by the MoPHHP leadership.

(iv) Changes in the disbursement categories

42. For ease of implementation, the AF will be a single category as in the parent project. The project accounting system will track and report on vaccine spending. For each withdrawal application linked to vaccines, the project will report on the vaccine quantities purchased and amounts disbursed, cumulative data on vaccines purchased and amounts disbursed for vaccines. Funds related to the COVID-19 parent project will be fully disbursed or committed prior to the disbursement on the AF.

(v) Results Framework

43. To measure overall progress in the coverage and deployment of the COVID-19 vaccine including the gender gaps such as in training of health care workers and number of women vaccinated, the project can address, the following indicators are added to the project Results Framework.

(vi) PDO Indicator (new)

44. Percentage of population vaccinated, which is included in the priority population targets defined in national plan [by gender]. Target: 25 percent (new indicator)
45. Percentage of target health centers with triage and isolation capacity for COVID-19 patients. (new indicator)

Intermediate Results Indicators (new)

Component 1

- National Vaccination and Deployment Plan for COVID-19 vaccines validated. Target: Yes (new indicator)
- Percentage of health facilities designated as vaccination sites in project areas having adequate and functioning cold chain equipment maintaining temperature required for the COVID-19 vaccine assigned (new indicator)
- Percentage of specimens submitted for COVID-19 virus laboratory testing with results available within 48 hours. (new indicator)
- Number of targeted health facilities equipped with improved handwashing facilities. (new indicator)
- Number of medical oxygen production units of delivered to target health facilities. (new indicator)
- Number of target health facilities equipped with key equipment for oxygen therapy and monitoring of moderate and severe COVID-19 (new indicator)

Component 2

- National risk communication and community engagement plan developed to reduce COVID-19 transmission and vaccine hesitancy. Target: Yes (new indicator)
- Number of female community health workers (ReCOs) trained to provide accurate information about COVID-19 vaccines. Target: 5000 (new indicator)
- Percentage of population able to identify three key symptoms of COVID-19 and three personal prevention measures. (new indicator)

Component 3

- Number of COVID-19 response reports prepared by the government on project implementation. (new indicator)

46. In addition, the Results Framework will be modified as follows to: i) better reflect the activities financed through the parent project; and ii) remove indicators for which data is not readily available.

PDO Indicators (modified from parent project)

- Percentage of targeted provinces with pandemic preparedness and response plans per MoPHHP guidelines. (modified indicator)
- Number of frontline health workers trained in infection prevention control per MoPHHP-approved protocols in targeted provinces. (modified indicator)

Intermediate Results Indicators (modified from parent project)

Component 1

- Percentage of targeted health facilities with triage capacity. (indicator dropped, reflected by new PDO indicator above)
-

Component 2

- Number of communication campaigns about COVID-19 broadcasted to communities per day. (indicator dropped)

Component 3

- Percentage of complaints to the GRM that receive a response from the project within 4 weeks of initial complaint being recorded. (modified indicator)

H. Sustainability

47. **There is strong political commitment in the DRC to mobilize financial resources for COVID-19 response, including for vaccine purchase and deployment**. Having the funds through the proposed AF for vaccine purchase and deployment will establish an enabling environment for other donors, multilateral development banks and UN agencies to also support efforts in the country. Investments under the parent project and the AF are expected to strengthen the health system in the country, ensuring institutional sustainability to deal with infectious diseases.

48. **The Government of the DRC has repeatedly expressed its commitment to enhancing its vaccination capabilities and performance.** The government has expressed its support for vaccination funding through the Addis Declaration (2017), the Mashako Plan (2018), and the National Forum (2019). In addition, in 2016 the DRC Parliament established a Network to Support Vaccination (REDAVAC), which has lobbied for increased funding in immunization and monitored the disbursement rate of funds for immunization. However, though increasing somewhat over the past several years, the budgeted amounts and (especially) the release of funds have been insufficient; as a result, the government's share of total vaccination financing has not reached ten percent of total vaccine funding over the last few years.

49. **Future rounds of COVID-19 vaccination will be needed, and the DRC will have additional financing requirements.** In addition to the government's goal of reaching coverage of 60 percent of the population during second phase of vaccination, given the current uncertainties on vaccine availability and cost, immunity provided, vaccine hesitancy, and numerous other factors, vaccination effort will likely be protracted and require a sustained effort on several levels. First, though the vaccines are likely to become more affordable and government efforts more efficient, the government will need financial assistance to finance further large-scale vaccine purchases and deployment. Second, from a service delivery perspective, the government will need to continue investments in improving capacity to deliver these vaccines; the planned health system strengthening, interventions as well as efforts to promote strong demand for vaccines, will also strengthen sustainability.

III. KEY RISKS

50. **The overall risk to achieving the PDO with the expanded scope and AF for vaccination remains High.** With the AF, political and governance, macroeconomic, technical design, fiduciary, and stakeholder risks to the overall project all remain High. Risks associated with institutional capacity, sector strategies and policies, and environment and social issues, are rated High.

51. **High levels of vaccine hesitancy pose significant risks.** Recent surveys have measured high levels of vaccine hesitancy among the general population and health care workers in the DRC. A survey conducted in June 2020 found that 60 percent of the sampled population were not favorable to the

COVID-19 vaccine.[17] Another survey undertaken by UNICEF in January 2021 showed that among health care workers, 27 percent are not confident in the COVID-19 vaccine. Fifty-eight percent were concerned about side effects.[18] These risks will be mitigated by support for communication and community engagement initiatives. Conducting surveys, focus group discussions and community feedback interventions will be critical to better understand vaccine hesitancy and inform how to engage with communities using established community structures and key community, political and religious leaders. These activities will include reaching out to health workers by the General Secretary and the new Minister of Public Health, Prevention and Hygiene with financing from the current COVID-19 project so that the vaccine hesitancy can be addressed among health workers. Enhanced communication activities have been already financed under the current COVID-19 project financed by the World Bank.

52. Communications efforts will highlight the importance of building trust, working with health care workers, trusted community and religious leaders, and communities, to understand how the vaccine works, where to get it and what the side effects are, rather than simply communicating the vaccine's existence. Clear communication is being provided on possible vaccine side effects, while all vaccination sites are being supplied with kits to manage possible side effects. A reporting system for Adverse events following immunization (AEFI) has been set up to monitor side effects of those to whom the vaccine is administered. To address risks of aggression against health workers, which occurred during the Ebola epidemic, the AF will support the MoPHHP to regularly assess the level of vaccine acceptance and help identify tensions in the community related to administration of the COVID-19 vaccine. Any risk of forcible vaccination is being minimized by ensuring that COVID-19 vaccination is administered only to people who present themselves to the vaccination site voluntarily requesting to be vaccinated. There is a risk of defaulters - people receiving the first dose without returning for the second dose. For this, the AF will support the MoPHHP to use community health workers to follow-up as well as set up ICT mechanisms to send reminders about the second dose.

53. Diversification of the choice of vaccines might also help reduce vaccine hesitancy, due to negative reports on AstraZeneca prior to vaccine deployment from the media. The MoPHHP has recently requested mRNA vaccines from the COVAX initiative and the country is also considering requesting J&J doses from AVATT.

54. **Political and governance risks remain High**. High vaccine hesitancy and questions regarding government ownership of the COVID-19 vaccine agenda represent risks to implementation. The new Minister of Public Health, Hygiene and Prevention is highly supportive of the COVID-19 vaccine agenda. The government has shown strong commitment to addressing fraud and corruption and improve efficiency in the management of public resources. Recent public trials linked to corruption of former high-level officials reflect renewed commitment to combat corruption. The Internal Audit Department (Inspection Générale des Finances, IGF) has investigated corruption cases in the COVID-19 response and free schooling program. Although investigation reports are not made public, the IGF communicates extensively on the findings through the media and there is strong dialogue between sector ministries and the World Bank around the issues raised. Political risk to the vaccination program will be mitigated through continued strong dialogue between the government and international partners, as well as support to public communication and community engagement on the benefits of the COVID-19 vaccines.

[17] *https://www.target-sarl.cd/sites/default/files/download/Target_Synthese_Covid_19_Nov_2020.pdf*
[18] Evidence and lessons learned on social sciences analytics around vaccination, UNICEF 2021

Fraud and corruption risks are mitigated by fiduciary management measures, as well third-party monitoring of the vaccination campaign. Furthermore, there is an increased risk of political instability in eastern DRC following a recent increase in violence and a state of siege declared in the provinces of Ituri and North Kivu (originally declared May 6 for 30 days, and extended for 15 additional days by the National Assembly, with the possibility that this period may be further extended). This creates a risk of military interference in project implementation, though this is not currently foreseen. Mitigation measures are embedded in the ESCP and through appropriate legal covenants in the Financing Agreement. The situation will be closely monitored from a portfolio perspective, and appropriate adjustments made according to assessments made. There will also be continued strong dialogue with leaders at national and provincial levels as well as with MONUSCO. Considering these mitigation measures, the overall political and governance risk to the parent project remains **High**.

55. **Macroeconomic risk remains High**. While overall macroeconomic risk in the DRC may be High given that the country is experiencing severe fiscal pressures and faces the risk of not having sufficient additional fiscal space for the purchase of vaccines at scale and for other COVID-related response interventions, the proposed AF aims to mitigate this risk by providing financing for vaccine purchase and promoting prioritized deployment to vulnerable groups.

56. **Risks associated with sector policies and strategies are High**. The government, with support from partners, has developed a national COVID-19 response strategy, as well as its NDVP for COVID-19 vaccination. Continued support by partners will contribute to further development and modification of the NDVP as implementation proceeds. Nonetheless, there is a risk that planning will have difficulty in adapting in a timely way to the fast-changing landscape of vaccine regulatory approval, costs and supplies, as well as to the challenges of deployment in the DRC context. This is mitigated by ongoing dialogue and technical support by the World Bank and partners, which will notably reflect the findings of concurrent Third-Party Monitoring of the vaccination program so that course-corrections can be made to address challenges and adapt planning. Given the inherent uncertainties of the situation, the residual risk is High.

57. **Technical design risks remain High.** The large-scale acquisition and deployment of COVID-19 vaccines entails certain significant risks. First, there are significant risks due to uncertainties in vaccine availability, efficacy and regulatory approval, and the evolution of the pandemic, including development of virus variants. Second, a mass vaccination effort stretches capacity, especially in low-capacity environments such as the DRC, entailing risks. The proposed World Bank support for the DRC to develop vaccine acquisition strategies and investment in deployment system capacity aims to mitigate these risks. The remaining risk must be considered against the risk of the country having less timely and effective deployment of vaccines, potentially exacerbating development gaps and eroding past development gains.

58. **The large-scale acquisition and deployment of COVID-19 vaccines entails certain significant risks.** First, global demand for vaccines continues to exceed supply, and vaccines that meet the Bank's VAC may not be available to be acquired in a timely manner. Second, a mass vaccination effort stretches capacity, in particular in low-capacity environments such as DRC entailing risks. The proposed Bank support for DRC to develop vaccination acquisition strategies and invest in deployment system capacity specifically aim to mitigate these risks. The remaining risk must be considered against the risk of the country having less timely and effective deployment of vaccines, potentially exacerbating development gaps and eroding past development gains.

59. **Institutional capacity risks remain High.** The AF is designed to address key institutional capacity risks related to vaccine deployment and distribution. The initial emergency response to COVID-19 revealed weaknesses in the country's governance structure to respond to a national public health emergency. The multiplicity of actors (Presidential Task Force, Secretariat Technique, Inter-ministerial Committee; MoPHHP) and coordination difficulties made initial decision-making challenging. Coordination issues are a risk to implementation of the vaccine deployment, to be mitigated by clarification of roles and responsibilities for management of the vaccines and their distribution. Vaccine deployment cold-chain and distribution capacity are currently inadequate. This risk will be mitigated by investments and technical support for immunization system strengthening needs under this AF; conducting capacity assessments in coordination with the WHO, GAVI, UNICEF, and other partners; and coordinating with other partners the provision of systems strengthening support. The residual institutional capacity risk is High, considering the inherent risk, and the mitigation via system strengthening supported under the AF and by partners.

60. **Fiduciary risks remain High.** The procurement and financial management (FM) risks assessed for the parent project cover risks associated with the procurement and distribution of vaccines, including fraud and corruption risks. The overall fiduciary environment of the country is weak and fiduciary risk including fraud and corruption is High. The country's governance ratings are among the lowest in the world and is ranked 170 out of 180 countries in the Transparency International corruption perception index. As part of a previous World Bank-financed health project (PDSS), tools and systems were developed to mitigate fiduciary risks and improve risk management, governance and controls of the use of financial resources. This included the creation of a database of health care workers that allowed the government to avoid duplicate payments made to health care workers. Lessons learned are reflected by the parent project and proposed AF. Despite progress, the fiduciary risk remains high and mainly driven by the inherent risk at the country level.

61. **Risks specific to the vaccine program include:**

a. **Procurement:** The key procurement risks associated with vaccines relate to: (i) the complexity of the vaccines market given the significant market power enjoyed by vaccine manufacturers; (ii) inability of the market to supply adequate quantities of vaccines to meet the demand; (iii) the limited market access due to advance orders by developed countries; (iv) weak bargaining position; and (v) delays in procurement processes and contract implementation, including payments.

b. **Financial Management:** The key FM risks relate to: (i) untimely funds flow or lack of liquidity; and (ii) lack of adequate controls over the transparent, prioritized distribution and application of vaccines, particularly for the most vulnerable population groups. This AF will use the same options as in the parent project to assess and strengthen control systems, facilitate the timely flow of funds, and ensure adequate liquidity to finance project activities.

Table 6: Main fiduciary risks along with the mitigation measures

Main Risks	Mitigation Measures	Risk Rating
Fiduciary: A. Key FM risks relate to: (i) lack of transparency and adequate control over the identification, management and payment of workers involved in organizing the vaccinations, (ii) delays in funds flow leading to lack of liquidity to pay workers in remote areas, and (iii) diversion of the vaccines for private and personal interest.	(i) Established practices and documented procedures within the Expanded Program of Immunization (PEV) to manage vaccine deployment plan. (ii) Reliance if required on the facilities and experience of the already established development agencies in the field with an adequate track record in managing and providing incentive payments to a great number of workers preferably by mobile payments. (iii) A Third-Party monitoring firm will be recruited to monitor the execution of the vaccine program. PDSS-PIU internal audit will assess and report on the effectiveness of the risk management and controls over the execution of the vaccination program.	*H*
B. Key procurement risks are basically related to (i) weak procurement capacity of the client; (ii) vaccine market challenges; and, (iii) risk of fraud and corruption	(i) The AF will provide options to support the country's needs for direct or advance purchase, procurement through UN agencies. Hands-on Enhanced Implementation Support will be provided by the World Bank. A TPM will also be hired. (ii) Requirement that banks and non-bank financial institutions located outside the country who issue securities (unconditional guarantees) shall have a correspondent financial institution located in the Employer's Country to make it enforceable. (iii) Expanding the scope of the audit function to include technical and/or "Value for Money" audits to make it more difficult for contractors, supplies, and consultants to get away with substandard work/goods or deliverables. (iv) Developing an effective and accessible complaints handling system to increase the probability of detecting irregularities in the implementation process, and (v) Training of the project staff in fraud and corruption framework as part of the institutional strengthening	

62. Considering mitigation measures, the residual fiduciary risk of the project remains High.

63. **The anticipated environmental risks is Substantial.** Each of the various stages of the vaccine deployment and vaccination processes are likely to entail occupational health and safety (OHS), environmental and social issues, while mass vaccination clinics may pose greater risks for vaccinators, especially when functioning in non-traditional settings and with high volumes. Key risks are those related

to (i) OHS and biosafety risks (needlesticks and blood exposures), (ii) use and disposal of medical supplies, (iii) use of cleaning and disinfection chemicals, and waste-related issues including community exposure to medical waste, and (iv) use of ozone depleting refrigerants associated with cold chain logistics. In addition, vaccine transportation and distribution from storage will entail road safety risks, and risks related to the operation of incinerators are also expected.

64. **The social risk for the AF is rated High, as is the Sexual Exploitation, Abuse /and Sexual Harassment (SEA/SH) risk. T**here is an overall social risk of inequity in access to vaccines, such as due to political pressures to provide vaccines to groups that are not prioritized due to need or vulnerability or should target groups be misaligned with available vaccines. Another potential risk is increased incidence of reprisals and retaliation especially against healthcare workers and researchers. Regarding SEA/SH risks, a preliminary risk screening has rated the project as high, with particular drivers of risks associated to high local prevalence and acceptability of violence against women, including sexual violence, and lack of health service providers trained to manage GBV as a health response in many areas of intervention. As well as, challenges related to monitor SEA/SH risks, including female workers in close proximity with male workers with limited supervision. In addition, the essentiality of services delivered strengths pre-existing power inequality between health professional increasing SEA/SH risks. Health crisis such as COVID-19, exacerbate existing vulnerabilities, being women and girls the most affected population. Measures to mitigate these environment and social risks are described in the section on “Environmental and Social” below, leaving residual risk at High.

65. **Stakeholder risks remain High**. The pandemic will continue to have unpredictable effects on a range of stakeholders in the HNP sector and wider civil society. These will be mitigated through the involvement of key stakeholders in governance and oversight of the vaccination program, including third party monitoring, as well as by the project’s citizen engagement/grievance redressal system. To address vaccine hesitancy, and dispel myths and conspiracy theories, multiple outreach platforms are being used for information sharing including messaging through radio programs, television, mobile phones, and community-based platforms with financing from the parent project. The new Minister of Public Health, Hygiene and Prevention has confirmed that he was fully committed to take up the challenge to fully engage community and religious leaders as well as key members of government in to the COVID-19 immunization process in the country. In provinces where vaccination has started, local political authorities are being vaccinated first in order to lead by example and influence the population. Campaigns will be carried out using religious leaders in awareness raising, dissemination of educational materials through different channels. In addition, a feedback mechanism will be set up to collect and respond to questions from the population. In provinces that have not yet started vaccination, a survey will be carried out to identify the reasons for resistance to inform educational messages that will be transmitted by community intermediaries and opinion leaders. Local political and religious leaders as well as community-based organizations will be involved in the process.

Others Risks:

66. **Risk associated with elite capture remains high.** Based on existing data, thus far, the majority of vaccines have been administered within private clinics, which are more likely accessed by expatriates and those of a higher socio-economic class. This pattern partly reflects vaccine hesitancy within populations of lower socio-economic status, exacerbating elite capture. Third party monitoring of the vaccination program will be supported by the AF, which will include monitoring of the targeting and administration of

COVID-19 vaccines, mitigating the risk of elite capture, so that all individuals are able to receive the vaccine regardless of their socio-economic status. Communication campaigns will be developed, which will not just focus on hesitancy, but also on accountability. Support from civil society will be critical for monitoring and transparency.

67. **The handling of personal data can pose risks.** Large volumes of personal data, personally identifiable information and sensitive data are likely to be collected and used in connection with the management of the COVID-19 outbreak under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems. In order to guard against abuse of that data, the Project will incorporate best international practices for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, operations will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.

IV. APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

68. **The socio-economic and human costs of the pandemic have been substantial.** In May 2020, the Government of the DRC examined the health and socio-economic impact of COVID-19 on the country.[19] From a macro-economic perspective, the study concluded that: (i) prior to the pandemic, economic growth had declined appreciably from 5.8 percent (2018) to 4.4 percent (2019); and (ii) during the pandemic, growth for 2020 was estimated at 3.1-3.5 percent (or roughly half the annual growth rate of 6.4 percent between 2010 and 2017. All of the major sectors of the economy have suffered from the combined effects of the pandemic within the country and the impact on international commerce.

69. **From a social well-being perspective, the study noted significant impacts on:** (i) employment and household income (with increases in the incidence of poverty); and (ii) food insecurity (with increases in malnutrition rates). Thus, the economic effects of COVID-19 go beyond the immediate impact on economic activity and include increased morbidity and mortality, direct costs for healthcare, and the long-term impact on human capital accumulation (due to school closures, etc.). In addition to the health impacts directly attributed to COVID-19, the pandemic poses a significant risk of indirect morbidity and mortality from other preventable and treatable diseases with the disruption of essential health services.

70. **The economic case for investing in COVID-19 vaccination for the DRC is very strong, given the costs already incurred and the projected losses to the economy.** While the uncertainty around the costs and effectiveness of a COVID-19 vaccine make it difficult to calculate its cost-effectiveness, the effective launch of a COVID-19 vaccine will: (i) have direct benefits in terms of averted costs of treatment and disability; and (ii) generate wider health and economic benefits. Specifically, vaccination will contribute to: (i) strengthening the health system in general and especially immunization; and (ii) enhancing equity and reducing urban-rural gaps, based on a well-targeted vaccination approach, a focus on last mile delivery, and a reliance on community health systems. Numerous studies have shown that, for the most vulnerable population groups (especially in countries without effective universal health coverage), the potential health-related costs of millions of additional cases of COVID-19 infection in the absence of a vaccine represent a significant or even catastrophic financial impact and risk of impoverishment. The estimated cost of vaccinating 25 percent of the population in DRC is $200 million, even if vaccines avert non-severe cases and no other benefits are taken into account; the investment would break even. Further, investments in vaccine delivery systems generate health and economic benefits beyond just delivering the COVID-19 vaccine. First, investments in last-mile delivery systems to administer the COVID-19 vaccine to remote communities will require strengthening community health systems, which can have spillover effects to effective delivery of other services, helping close the significant urban-rural gap. Second, as the COVID-19 vaccine is introduced and lockdowns and movement restrictions are eased, patients can continue to access care for other conditions. Third, the economic benefits of slowing down the economic downturn are likely needed to vaccinate 25 percent of the population, leaving aside the immediate health benefits. Given both the economic and health system benefits, an effectively deployed COVID-19 vaccine presents significant benefits.

71. **As vaccination proceeds, eased lockdowns and movement restrictions will contribute to increased economic activity**. Even if the development and spread of virus variants affects COVID-19 vaccine efficacy, introduction and deployment to priority populations can assist in significantly reducing disease severity and mortality, decreasing the spread of the disease, and avoiding the costs of potentially millions of additional cases of infection and associated health-related impoverishment. The vaccine can also accelerate a safe reopening of key sectors that are impacted and start to reverse human capital losses by ensuring schools are kept open.

72. **The choice of the interventions included in the proposed AF are consistent with strategies recommended globally.** In conjunction with the interventions supported by the parent project, the introduction of vaccines has been proven to be a potent pharmaceutical intervention which will yield substantial returns in reduced morbidity and mortality. The activities to be financed will yield substantial returns in terms of reduced morbidity and mortality from COVID-19 and averted health and economic costs. The proposed investments will have positive spillover effects on the health system by strengthening community platforms and protecting essential services.

73. **The choice of interventions for the national COVID-19 vaccination campaign is also consistent with WHO/UNICEF guidelines and is well articulated in the NDVP.** The choice of vaccines will be informed by global evidence on vaccine effectiveness, as new candidates are approved for emergency use, and as research results become available on how well they work against more transmittable and/or lethal strains; and by cost and capacity considerations. The project will only provide financing to vaccines that meet the Bank's VAC. The proposed AF for the national COVID-19 vaccination campaign will enable the DRC to vaccinate a substantial number of people rapidly and equitably, and make progress towards herd

immunity, which would ultimately reduce disease transmission to a manageable level. Based on the criteria[20] defined by NITAG, the following three vaccine has the potential to become vaccine of choice for DRC: AZD1222 (AstraZeneca), SARS-CoV-2 vaccine (Sinopharm), SARS-CoV-2 vaccine (Sinovac) and Sputnik V (Gamaleya Intitute). Due to issues related to vaccine hesitancy, the MoPHHP has recently requested doses of mRNa vaccines (either Pfizer or Moderna) from the COVAX initiative.

B. Financial Management

74. **In line with the guidelines as stated in the Financial Management Practices Manual issued by the Financial Management Sector Board on March 1, 2010 (revised on February 10, 2017)**, an FM assessment was conducted for the parent project. The PDSS-PIU will coordinate the project related activities among MoPHHP departments especially the Expanded Program of Immunization (PEV). The FM arrangements will be based on the existing arrangements in place within the PDSS-PIU which has the fiduciary responsibility of four active World Bank financed projects including the parent project. There will be no significant changes in the FM arrangements for the AF. The parent project was effective in June 2020, the first audit is due in June 2021, the staffing arrangement is acceptable, and all the un-audited interim financial reports (IFRs) are submitted on time. In addition, the PDSS-PIU has gained experience in working with the UN agencies and specialized NGOs to ensure fiduciary requirements are complied, and in processing various requests for payment from the sectoral ministry; reviewing allowance and incentive payments to community workers, government civil servants, etc.

75. **The overall FM performance of the parent project is Moderately Satisfactory**. The fiduciary risk has been assessed as High. The risk rating is mainly driven by the weak governance at country and sector levels.

76. **The fund flow arrangements established for the parent project are satisfactory and will be replicated for the proposed AF**. The parent project has not experienced any issues related to disbursements. The Designated Account of the parent project will be used for the AF and the report-based disbursement will apply as well. The World Bank, after analysis, could provide flexibilities on disbursement arrangements to vaccine providers/manufactures. Each case will be studied/reviewed during implementation to facilitate vaccine acquisition while mitigating against the probability of at-risk advance purchases". Other methods such as reimbursements, Special Commitments, or direct payments, will also be available. More details will be provided in the Disbursement and Financial Information Letter (DFIL)

77. **The existing accounting, reporting and audit arrangements will be used for the AF.** The existing multi-projects accounting software will accommodate the transactions resulting from the AF. In addition to financing goods, works, non-consulting services, consulting services, operating costs, and training expenditures as laid out under the parent project, the AF will finance incentive payments to vaccinators, health and community workers involved in the vaccinations. The PEV is responsible for managing the entire vaccine deployment plan, including the management and incentive payments to workers. PEV has long experience in vaccinations and has developed processes and information system tools for effective planning and execution of the vaccination program. An independent third-party having experience in

[20] High efficacy, approval by WHO, inclusion in COVAX program, adaptability to field realities and logistical possibilities of DRC, affordable cost and aacceptability by the population/use in countries less affluent than Western countries.

vaccination program will be recruited to oversee the process and ensure transparency in the distribution of vaccines and compliance with the vaccine deployment plan. The TPM and the PDSS-PIU internal audit will report periodically on the effectiveness of risk management and controls over the execution of the vaccination program.

78. **Additional diligences for vaccine related expenditures.** Oversight arrangements and specific measures in place to safeguard vaccines and oversee the distribution and deployment include the enhancement of assurance on spending on acquisition of COVID-19 vaccines and their distribution. The financial statements shall contain supplemental schedules that will provide information on: (i) COVID-19 vaccine doses acquired; (ii) COVID-19 vaccines administered; (iii) COVID-19 vaccines out-of-stock not administered (e.g. expired, wasted, lost etc.); (iv) closing inventory of COVID-19 vaccine doses; and, (v) summary of COVID-19 vaccines administered by target population groups. controls over the execution of the vaccination program. The ToR of the existing audit arrangements with external auditors will be changed to require an opinion covering the schedule referred to above that covers the purchase of COVID-19 vaccines and their subsequent use. It is considered that distribution and administration of the vaccines in accordance with the plan will provide some assurance over the expenditures incurred for distribution (i.e. inoculation evidences existence of cold-chain and related capacities), and if there are significant variances to plan the auditor will be further asked to ensure at least 50 percent of the costs of distribution are included in the scope of their normal audit.

79. **FM supervision for the AF will be covered as part of the overall FM supervision for the parent COVID-19 project.** FM supervision will be based on risks but at least two missions per year. The overall FM risk will be re-assessed during every FM supervision and will be adjusted as necessary.

80. **Use of United Nation Agencies.** Following the publication of allegations of sexual exploitation and abuse that occurred during the tenth Ebola outbreak in *The New Humanitarian* article, the World Bank cancelled or paused financing planned for affected UN agencies and began updating the relevant UN Standard Forms of Agreement to introduce environmental and social provisions in accordance with World Bank Safeguards Policies/Environmental and Social Framework (ESF), with a focus on PSEA. In the case of contracting a UN agency, a Standard Agreement shall be signed between the Government and the UN that will clearly indicate the level of involvement and the specific role of the agency under the AF. PDSS-PIU has gained experience in working with the UN agencies during the Ebola outbreak, and issued contracts to WHO, UNICEF and the International Organization for Migration (IOM). The Borrower has the ultimate responsibility for ensuring that the UN provide financial reports with sufficient information and on a timely basis and the UN should provide for an agreed format, content and periodicity of the financial reports to support effective supervision of the proposed project. Furthermore, the Bank's audit requirement continues to apply to the Borrower, so the contract between the Borrower and the UN should ensure that all required information is provided on a timely basis for audit purposes.

C. Procurement

81. **As with the Parent Project, Procurement under the AF will also be carried out in accordance with the World Bank's Procurement Regulations for IPF** Recipient **for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017, August 2018). Procurement will also use standard World Bank bidding and procurement documents for acquisition of vaccines and pharmaceuticals.** In line with provisions of para 12 of Bank Policy – Investment Project Financing,

procurement shall follow procedures stipulated in the Procurement Regulations for situations Under Urgent Need of Assistance or Capacity constraints. The AF will also be subject to the World Bank's Anticorruption Guidelines,[21] dated November 2020. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions as well as clearance processes needed.

82. **The major activities planned under this AF will include**: (a) vaccines (including transportation); (b) risk communication; (c) immunization supplies (syringes, gloves, and cold chain elements (refrigerator, freezer, cold box, vaccine carrier, fridge-tag, freeze tag, generator set voltage regulator, mobile immunization unit), and ancillary commodity items (PC/laptop/tablet, PPE, autoclave for waste, Emergency box); (d) upgrade central vaccine storage including some minor civil works; (e) M&E and management.

83. **The current demand for COVID-19 Vaccines exceeds the supply in the market which makes it more difficult for client countries to negotiate terms and conditions.** Acquisition of vaccines will therefore follow Direct Selection. In terms of acquisition of vaccines and in accordance with the various options being offered in terms of accessing vaccines, for A. - Advance Purchase Mechanisms (a) COVAX AMC co-payment arrangements; (b) COVAX Facility finance and risk guarantees for self-financing (IBRD) countries. For B – Direct Purchase Upon Available Vaccine -use of direct procurement options. For the vaccine and cold chain procurement under the AF it is proposed that UNICEF may act as a Supplier/Procurement Agent. The contracts for vaccines purchase will be subject to the World Bank's prior review irrespective of value and procurement approach. Likewise, the contracts with UNICEF for the cold chain are also subject to the Bank's prior review. As the availability of vaccines from various sources/market approaches unfold, the same will be reviewed by the World Bank and agreed with the Recipient.

84. **The procurement approach for the other non-vaccine procurement under the AF may include:** (i) streamlined competitive procedures with shorter bidding time, (ii) use of framework agreements including existing ones, (iii) procurement from UN Agencies enabled and expedited by Bank procedures and standard agreements; (iv) increased thresholds for Requests for Quotations and national procurement, and Direct Selection. The World Bank's Standard Procurement Documents for Procurement under COVID-19 Emergency Operations shall be used. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment, and vaccines, the World Bank will provide technical assistance, at Recipient's request, through BFP to assist them in accessing existing supply chains including vaccines in future.

85. **As under the parent project, the procurement risk is Substantial**. **Specifically, acquisition of COVID-19 vaccines is very specialized and has risks which are unique.** The World Bank's oversight of procurement will be done through increased implementation support and where requested by Recipient, procurement hands-on expanded implementation support. The World Bank's standard prior and post review arrangements apply as specified in the procurement plan.

[21] Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants", dated October 15, 2006 and revised in January 2011 and as of July 1, 2016.

Project Procurement Strategy for Development and Procurement Plan for the AF

86. **The PIU/PDSS has prepared a streamlined and consolidated PPSD which includes the PPSD for the parent project, which is financing the procurement of a large range of equipment, PPE and services**. The final PPSD includes the major procurement activities for the parent project will be prepared and finalized before effectiveness. The procurement plan for the first 18 months under the AF has been prepared during the appraisal. The procurement plan will be updated at least annually or as needed with approval by the World Bank.

87. **The proposed procurement approach prioritizes fast track emergency procurement for the required goods and services.** Key measures to fast track procurement include:

- Direct Selection and/or Limited Competition with identified manufacturers and suppliers of equipment;
- Use of CQS, RFQ or National Open/Limited Competitive procurement procedures as appropriate and agreed with the Bank in the Procurement Plan.
- Making use of the existing BFP arrangements as appropriate.[22]
- Increasing advance payments to 40 percent when supported by an advance payment guarantee;
- Waiving the conditions for bid securities and replacing them with Bid Securing Declarations;
- Maximizing the use of direct payments to foreign suppliers;
- Allowing submission of bids using emails in encrypted files where it is not feasible to receive bids in hardcopy.

D. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Environmental and Social

88. **The parent project has a "Satisfactory" overall environmental and social performance and compliance.** E&S commitments made by the Borrower in its Environmental and Social Commitment Plan (ESCP), which were negotiated and agreed as part of under parent project are met although the ESMF was prepared, cleared and disclosed with a significant delay i.e. on February 9, 2021. To bridge this gap and address risks associated with the distribution of medical equipment under the parent project, an interim Environmental and Social Management Plan (ESMP) was prepared and disclosed in June 2020. The ESCP and a Stakeholder Engagement Plan (SEP) were also prepared and disclosed on March 26, 2020. These instruments cover infection control and medical waste management, risk of transmission of COVID-19, safe transport, distribution and handling of COVID-19 tests, medical equipment and PPEs. They also

[22] Depending on the use of the BFP for the new activities proposed under the AF, the World Bank may request the Government to update the existing BFP arrangement.

include an exclusive list of activities that may cause long term, permanent and/or irreversible adverse impacts.

89. **Activities under the AF will have positive impacts as it will improve capacity for monitoring and containment of COVID-19.** However, it could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment used in the project-supported activities. Facilities treating patients may also generate biological, chemical waste, and other hazardous by-products that could be injurious to human health. These risks will be mitigated with occupational health and safety (OHS) standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and CDC. Effective administrative and infectious-controlling and engineering controls would be put in place to minimize these risks. Climate change can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus including healthcare workers, the elderly, those with pre-existing conditions, people with disabilities and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving health care interventions described above as well as the surveillance monitoring. Additional environmental and social risk management instruments will be developed or updated to address any additional risks stemming from the new AF activities, these are described below in this document.

90. **The parent project has a committed project implementation unit staffed with two E&S specialists.** However, the quantification of additional personnel needed to support the AF activities is required as E&S specialists cover four projects (P168756-DRC-Multisectoral Nutrition and Health Project; P167817-Regional Disease Surveillance Systems Enhancement; P147555-Health System Strengthening for Better Maternal and Child Health Results Project (PDSS); and P173825-DRC COVID-19 Strategic Preparedness and Response Project (SPRP). Similarly, the PIU responsible for the parent project has also committed to the recruitment of two GBV specialists to cover the entire HNP portfolio. One of the GBV specialists will be tasked with the support of SEA/SH risk mitigation in this AF. The above listed instruments do not cover occupational health and safety (OHS) and biosafety risks associated with vaccine deployment. In addition, they do not cover the (i) safe transport and cold chain capacity, cold chain storage capacity. Frequent interruptions of electricity supply and lack of electricity in remote locations remain key constraints in DRC; (ii) procurement, voluntary consent to vaccination, equitable access and prioritized distribution system with a well-established operating procedure to guide vaccine and logistical management and the management of waste generation from vaccines within selected districts.

91. **To take into account activities under the AF, the ESCP and SEP of the parent project were updated and disclosed prior to appraisal, while ESMF (including an annex for the SEA/SH Action Plan), Labor Management Procedures (LMP) and SEP will be further updated by the effective date of the Financing Agreement.** The project's Third-Party Monitoring Agent, who will also be responsible for monitoring of environmental and social safeguards and ESF compliance, will be hired no later than 30 days after the Effective Date. A Security Risk Assessment and Security Management plan will be prepared by the client with support from the World Bank no later than 60 days after Effectiveness. An Indigenous Peoples Planning Framework will be prepared no later than 90 days after the Effective Date. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination. Stakeholder engagement will include key groups that are critical in assisting with vaccine operations. Lessons learned from multiple Ebola outbreaks in DRC have shown that trusted community, political and religious leaders play a critical role in gaining the trust of communities. Qualitative studies such as surveys and focus group discussions are currently being planned. During the

10th Ebola outbreak, through UNICEF and other partners, the DRC put into place a Social Science Analysis Cell, which has facilitated many surveys in the context of Ebola outbreaks and COVID-19. This will be leveraged to conduct surveys, FGDs and obtain ongoing feedback from vulnerable communities. This will help: (a) avoid conflicts resulting from false rumors; (b) ensure equitable access to services for all who need it; and (c) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO, WBG Environmental, Health, and Safety (EHS) Guidelines to the project as well as other international good practices including social inclusion and prevention of sexual exploitation and abuse and sexual harassment, and the World Bank Technical Note on SEAH for HNP COVID-19 Response Operations.

92. **Technical Assistance activities will aim to strengthen policy and reinforce capacity through adoption of relevant guidelines, standard operating procedures and protocols consistent with the World Bank's Environment and Social Framework (ESF).** An assessment will be done of the government's capacity to support E&S training, while quantification of the additional personnel needed to support the activities of the AF will be carried out. The measures to address E&S risks to the parent project remain relevant, including infection prevention and control improvements in health facilities, and assessment and mitigation measures for medical waste management that will be expanded as vaccination sites are established. Quality control of the vaccine from procurement through to storage, transportation and distribution, will be set up to safeguard community health and safety from the effects of unsafe, ineffective and expired or wasted vaccines. Furthermore, the following instruments –ESCP, ESMF and SEP – that were prepared, cleared and disclosed under the parent project, were updated to reflect the AF activities and were disclosed prior to appraisal. Activities to improve delivery to the last mile, especially in remote locations, will be considered as part of the AF. With support from the World Bank and GAVI, the EPI conducted a pilot project for the transport of vaccines and other products at health centers in the province of Equateur. The use of drones increased the availability of vaccine supplies by more than 50 percent in remote health zones. This experience also helped improve the delivery of routine immunization. As part of the COVID-19 vaccination program for landlocked provinces, the use of drones will be considered to ensure that the vaccines reach the most remote populations. Also, of importance are the difficulties in managing the cold chain by the MoPHHP in areas not served by electricity. Cold chain storage capacity and frequent interruptions of electricity supply remain key constraints and this could negatively affect the quality and effectiveness of vaccines. Other risks/impacts are linked to the operation and maintenance of electric generators in areas not served by electricity to maintain the cold chain. Provision of solar panels will not only be a climate friendly approach but will also ensure sustained power supply for the vaccination centers, crucial to maintaining the necessary cold chain for the vaccines. Integral to deployment of solar energy will be training and establishment of locally grounded systems for operations and maintenance.

93. **Several measures will be taken to ensure vaccine delivery does not exclude the most vulnerable populations, particularly women, elderly, poor, refugees, and minorities in accordance with criteria specified in this AF.** Vulnerable populations will include criteria defined by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommendations and will include (but not be limited to) disadvantaged or persecuted people living with disabilities; people living in extreme poverty, homeless and those living in informal settlements or urban slums; low-income migrant workers; refugees, internally displaced persons, asylum seekers, populations in conflict settings or those affected by humanitarian emergencies, vulnerable migrants in irregular situations; nomadic populations; and hard-to-reach population groups such as those in rural and remote areas. First, the World Bank will support the DRC to

develop and adapt an explicit, contextually appropriate, and well-communicated targeting criteria and implementation plan (e.g., the national vaccination program and any subsidiary programs) including criteria for access to vaccines. The government should ensure that this plan be subject to timely and meaningful consultations in accordance with ESS 10. There should be consensus to first target heath workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly, people with risk factors, and people in high-population density locations such as slums and refugee camps. All targeting criteria and implementation plans will be reflected in the country's national vaccination program. Risk of increased incidence of reprisals and retaliation, especially against healthcare workers and researchers, will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes. Further, there will be no mandatory element to the vaccination program – all vaccinations will be voluntary. In addition, the grievance mechanisms required under the ESF should be in place and equipped to address community, worker, and/or individual grievances related to such issues. This includes requirements related to being able to have GRMs in place to address labor and working conditions, and SEA/SH. The mitigation, prevention and response measures identified by the SEA/SH action plan of the parent project will be updated and will be implemented during the AF. In addition, the TPM will carry out third party monitoring of the implementation of the SEA/SH action plan.

E. Gender

94. **The DRC has significant gender inequalities. In the 2017 index, DRC scored 0.652 in the Gender Inequality Index (GII), that is women had a 65.2 percent disadvantage**.[23] **. GII for DRC is ranking 152 out of 160 countries.** In the DRC, 8.2 percent of parliamentary seats are held by women, and only 36.7 percent of adult women have reached at least a secondary level of education compared to 65.8 percent of their male counterparts. For every 100,000 live births, 693 women die from pregnancy related causes; and the adolescent birth rate is 124.2 births per 1,000 women of ages 15-19. Female participation in the labor market is 71.4 percent compared to 73.5 for men). In addition, women face barriers in accessing healthcare services due to social norms, as men may make decisions about healthcare and may oppose vaccines, which will place women in disadvantage to opt to get vaccinated. This in addition to fears of vaccines causing COVID-19, causing fertility problems - sterilization, miscarriages/abortions. DRC also has extremely high rates of conflict-related sexual violence and gender-based violence towards women, which might lead to potential sexual exploitation of women during vaccine distribution. In 2018, more than 35,000 cases of sexual violence were still recorded, the majority of them in the East. [24] During the COVID-19 epidemic, violence increased by 99% in North Kivu Province. As a result, the AF will ensure that grievance mechanisms are established, code of conducts are signed by all immunization staff and training is conducted on Gender Based Violence and Prevention of Sexual Exploitation and Abuse (PSEA) for vaccinators, the PIU, UN agencies, well as local women's organizations and networks, carry out training sessions. A particular emphasis will be placed on ensuring safe, accessible and dignified gender sensitive reporting channels, quality survivor-centered assistance, and enhanced accountability through prompt and respectful investigations. Finally, in forced displacement contexts, such as in North-Kivu which is a priority province, women and girls may be particularly disadvantaged in qualifying for a vaccine due to lack of information, and required identification documents, as well as absence of male companions. It will

[23] The GII reflects gender-based disadvantage in three dimensions—reproductive health, empowerment and the labor market—for as many countries as data of reasonable quality allow. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. Source: Human Development Reports, UNDP

[24] DRC takes a step towards zero tolerance against gender-based violence. https://africa.unwomen.org/en/news-and-events/stories/2020/09/drc-takes-a-step-towards-zero-tolerance-against-gender-based-violence

be critical to decrease gaps between educated and uneducated women to ensure that vaccine uptake is increased among women.

95. **Actions that ensure increased access of the COVID-19 vaccine to women and use of existing family development program to target husbands, religious leaders, and community members will be included in the deployment strategy.** The AF will support the inclusion of training and sensitization to target the male figures of the family and the society to sensitize on the importance of the vaccine for women. Women leaders / traditional female authorities or village elders will be invited to participate in order to counter misinformation. Priority will be given to train female community health workers in responding to inquiries about vaccines, training health care worker, which will also be disaggregated by sex, in order to increase the number of female community workers that are able to respond to inquiries about the COVID-19 vaccine and address the low number of women being vaccinated. This will assist in increasing the number of women and girls that have access to more information on the vaccine.

96. **Training of the workforce may need to be customized to respond to pregnant and lactating women's concerns.** This is because pregnant women are not explicitly part of the clinical trials (women in trials did become pregnant and there is now data also available on reactions among pregnant women from vaccine roll out).

97. **As part of the ESF requirements, Word Bank projects will take steps to mitigate the risks of SEA/SH**. This will be done by establishing grievance mechanisms, ensuring that all staff involved is trained in PSEA and sign a code of conduct. In pandemics, access to services may be reduced due to lockdowns and reduced mobility, and the rule of law becomes fragile, increasing the risks of GBV, including SEAH. There is a concern that women and girls may be forced into exchanging sexual favors for access to testing, treatment, vaccines or even supplies. Currently, Cellules d'animation Communautaires are being leveraged to provide communication on vaccine gratuity and key messages on Prevention of Sexual Exploitation and Abuse. Lessons learned from existing World Bank GBV Prevention and Response Projects(P166763) and High Priority Reopening and Maintenance Project (P101745)are leveraged. These lessons include working at the community level within Health Zones, with both community structures and community-based health structures. Training and capacity building from the existing partner will be considered for use, especially in North Kivu and South Kivu. Another social risk is that marginalized and vulnerable social groups, including women and disabled populations, may have more barriers to access to COVID-19 services and information. There is also a risk that vaccine deployment plans could leave women behind, considering the larger male mortality of COVID-19 and the tendency in many countries to overlook the importance of gender inequalities in social and economic activity. This risk will be reduced as teams are encouraged to carefully assess this aspect of deployment. The TPM is going to independently verify this aspect of the vaccine deployment.

98. **In addition to the ESMF, the client will implement the activities set out in the ESCP, including the SEAH prevention, mitigation, and response Action Plan.** The Environmental and Social Review Summary (ESRS), ESCP, and SEP, of the parent project were updated for appraisal, while the LMP, SEP and ESMF (including an updated SEA/SH Action Plan in an Annex) will be updated by the by the effective date of the Financing Agreement. As noted in the ESCP, the project's Third-Party Monitoring Agent, who will also be responsible for monitoring of environmental and social safeguards and ESF compliance, will be hired no later than 30 days after the by the effective date of the Financing Agreement. A Security Risk Assessment and Security Management plan will be prepared by the client with support from the World

Bank no later than 60 days after the by the effective date of the Financing Agreement. An Indigenous Peoples Planning Framework will be prepared no later than 90 days after the Effective Date. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination. This will help: (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO as well as other international good practices including social inclusion and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH).

F. CLIMATE

99. **Temperature increases have changed DRC's precipitation patterns, increasing the incidence of floods and storms with damaging effects on DRC's population as a whole and especially for the most vulnerable.** The DRC is mainly landlocked, apart from a 40-km coastline on the Atlantic Ocean and is located along the equator and thus experiences a tropical equatorial climate with high precipitation and tropical thunderstorms. The DRC lies within the River Congo Basin where floods frequently happen during equatorial heavy rain events. Several areas along the River Congo are therefore highly exposed to flooding, landslides, and erosion. The northeast of the country is highly susceptible to droughts and has the highest drought coefficient. Mean annual temperature in the DRC is projected to increase 1.72°C and 2.08°C by the 2060's, and between 2.69 and 3.22°C by the 2090's. The temperature rises will likely result in significant risk of drought and wildfire, which can lead to heat-related stress and loss of life and property among the project's target population. Projections also suggest increases in mean annual rainfall by 0.3 to 1.5% by 2050, with higher levels of increases in parts of the countries and peak months. Increasing temperatures and heavy rainfall will increase the incidence of vector-borne diseases (dengue, malaria) and water-borne diseases (diarrhea) and the frequency of diseases related to human proximity (Ebola in rural areas and COVID-19 in urban areas). DRC will likely see more flooding leading to soil erosion, destruction of roads and other infrastructure, all of which threatens safe delivery of vaccines to vaccination sites and impedes population access to health facilities. These vulnerabilities are further compounded by political instability and conflict in the Northeast, resulting in the displacement of up to 4.5 million people. The groups most at risk for climate shocks include the elderly, the ill, the poor, the displaced, and the marginalized, as well as mothers and the very young, all of whom are especially affected by climatic constraints on accessibility to health services during the rainy season.

100. **In addition to the expected benefits from the introduction of the COVID-19 vaccines, the project intends to address climate vulnerabilities and to mitigate against the country's greenhouse gas emissions (GHG)**. Under **Component 1: Emergency COVID-19 Response** (AF: US$190 million), purchase of COVID-19 vaccines will consume US$85 million for the purchase of vaccines of the budget. This includes the costs of the vaccines, supplies, safety boxes for disposal of syringes, syringes, international freight, procurement fees to UNICEF, and other in-country deployment-related costs. While no direct climate financing is expected to be assigned at this time to any of these investments, it is expected that some suppliers are taking active steps to ensure climate-resilient considerations are taken into account during the manufacturing, shipment, and distribution stages of the vaccines. The World Bank team, together with UNICEF, WHO, and GAVI will continue to explore these areas to provide latest information on any specific climate adaptation and mitigation actions taken with regard to the vaccines. Other activities that will be financed under this component will support development of strengthened vaccination policies, including contingency measures in the NDVP to ensure proper distribution systems, pharmacovigilance standards, cold chain management standards as well as to develop sustainable vaccine infrastructure. Climate-

sensitive planning will be conducted for vaccination campaigns to address climate shocks including flooding and extreme heat. Methods such as supply pre-positioning in flood-prone areas, outreach campaigns to flood-impacted areas, plans for conducting vaccination campaigns during extreme heat will be incorporated in plans. Moreover, training of health workers and other personnel for emergency deployment, including training on detection and treatment of climate-related diseases, measures for continuing vaccination efforts in the context of climate-related shocks (e.g. wildfires, flooding, droughts), and reducing risk to climate-related stress among vaccination teams such as dehydration or hyperthermia will take place. Training modules, standards, and materials will explicitly include climate-resilient measures and modules on emergency preparedness and response in case of climate related emergencies and climate-induced disease outbreaks. In addition, the component will strengthen climate-sensitive disease surveillance systems to detect COVID-19 and other diseases (e.g. waterborne and vector-borne diseases). Trainings and tools for disease surveillance systems will include modules on climate-related outbreak-prone diseases. This will integrate weather surveillance to improve the use of information for detecting, investigating, and responding to public health threats.

101. **Under Component 2: Communication campaign, Community engagement and Behavior change (AF: $3 million),** the project will support the development of community level networks and support systems to increase vaccine literacy and acceptance and to enhance healthy behavior change through messaging, community mobilization and vaccine logistics. These efforts will also include important health information on climate change-related health risks linked to the COVID-19 crisis such as the increased risks associated with quarantine in extreme heat events and the promotion of healthy behaviors. Modules on vaccination for climate-induced diseases will be included in trainings and materials.

102. **With respect to climate change mitigation, under Component 1 (AF: US$190 million), the AF will** finance US$52.2 million in climate friendly cold chain equipment that will reduce the impact of the project on the country's GHG emissions. Procurement standards will be used to ensure that cold chain equipment purchased through the project is climate friendly and energy efficient. This will include the procurement of solar and off-the-grid fridges/freezers and low-carbon, energy-efficient waste management equipment. Additionally, the installation of temperature controls and monitoring system on the refrigerators and freezers will monitor any fluctuations and will cut down on excessive use of energy. Climate-smart civil works will also be financed such as rehabilitation of health facilities and cold rooms to ensure they are well-insulated against extreme heat from climate change. This will include procurement of improved thermal insulation and solar reflective roofs. Fuel-efficient refrigerated vehicles and non-refrigerated vehicles will also be procured, and climate-risk considerations and route optimization will be taken into account for vaccine transportation by adjusting routes for vehicles depending on weather and road conditions. This will improve fuel mileage and fuel efficiency of the vehicles, particularly for last mile distribution. Some of the non-refrigerated vehicles will enable outreach to help improve accessibility to vaccination among populations vulnerable to climate shocks and will reduce the use of transportation by beneficiaries, leading to lower GHG emissions from cars, trucks, buses, and other modes of transportation. This component will also ensure adoption of sustainable procurement standards for PPE (e.g., washable, disinfected, and reusable PPE) to reduce waste generated through PPE.

103. **Citizen Engagement.** The citizen engagement activities established in the parent project will be continued for the AF. For the AF, the project will support community feedback in the form of qualitative interviews and surveys with the community, including on vulnerable populations (including women and girls, refugees, internally displaced), as well as trusted community and religious leaders in order to better

understand issues around vaccine hesitancy. It will support the media on effectively communicating key messages to the population on COVID-19 related risks. In addition, an emphasis will be placed on training of community health workers (Relais Communautaires), community leaders, CSOs and community-based structures. Community engagement will ensure that accountability, transparency, and public trust are enhanced. The MoPHHP and PIU will also ensure expansion and utilization of a transparent grievance mechanisms, which will include Prevention of Sexual Exploitation and Abuse (PSEA).

V. WORLD BANK GRIEVANCE REDRESS

104. **Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's** Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. The GRS will be especially important if individuals feel they are not adequately covered by the country vaccination plans. Affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit *http://www.worldbank.org/en/projects-operations/*products-*and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*

105. **Grievance redress mechanism (GRM) sensitive to SEA/SH complaints**. The parent project incorporates a comprehensive project wide GRM which will enable a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 Call centers. The project supports the COVID-19 Call Centers with call-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media. The GRM will be equipped to handle cases of SEAH in an ethical and confidential manner, as rapid guidance on how to respond to these cases will be developed and shared with operators, including a referral pathway for survivors facilitating access to holistic care. This will follow a survivor-centered approach and prioritize survivor's safety, confidentiality, and well-being at all times. The GRM will continue to be publicized by the MoPHHP and GHS and other relevant agencies. Update here the status of compliance with GRM in the parent project.

VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Disbursements Arrangements	✓	
Implementing Agency		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓

VII DETAILED CHANGE(S)

MPA PROGRAM DEVELOPMENT OBJECTIVE

Current MPA Program Development Objective

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

Proposed New MPA Program Development Objective

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

The Project Development Objective (PDO) is to strengthen the DRC government capacity to prepare for and

respond to the COVID-19 pandemic with a focus on selected provinces.

Proposed New PDO

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

EXPECTED MPA PROGRAM RESULTS

Current Expected MPA Results and their Indicators for the MPA Program

Progress towards the achievement of the PDO would be measured by outcome indicators. Individual country-specific projects (or phases) under the MPA Program will identify relevant indicators, including among others:

- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol;
- Personal and community non-pharmaceutical interventions adopted by the country (e.g., installation of handwashing facilities, provision of supplies and behavior change campaigns, continuity of water and sanitation service provision in public facilities and households, schools closures, telework and remote meetings, reduce/cancel mass gatherings);
- Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multi-sectoral health approach developed/or revised and adopted;
- Multi-sectoral operationalmechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systemsin place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities; and
- Mechanisms for responding to infectious and potential zoonotic diseases established and functional; and
- Outbreak/pandemic emergency risk communication plan and activities developed and tested

Proposed Expected MPA Results and their Indicators for the MPA Program

COMPONENTS

Current Component Name	Current Cost (US$, millions)	Action	Proposed Component Name	Proposed Cost (US$, millions)
Component 1: Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness	37.00	Revised	Component 1: Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness	190.00
Component 2: Communication campaign, Community Engagement and Behavior change	7.20	Revised	Component 2: Communication campaign, Community Engagement and Behavior change	3.00
Component 3: Implementation Management and Monitoring & Evaluation	3.00	Revised	Component 3: Implementation Management and Monitoring & Evaluation	7.00
Component 4: Contingency Emergency Response Component (CERC)	0.00	Revised	Component 4: Contingency Emergency Response	0.00
TOTAL	**47.20**			**200.00**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-66010	Effective	30-Jun-2022	30-Jun-2022	30-Jun-2024	30-Oct-2024
IDA-D6020	Effective	30-Jun-2022	30-Jun-2022	30-Jun-2024	30-Oct-2024

DISBURSEMENT ARRANGEMENTS

Change in Disbursement Arrangements

Yes

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2020	1,557,600.00	1,557,600.00
2021	30,753,600.00	32,311,200.00
2022	56,004,200.00	88,315,400.00
2023	55,341,400.00	143,656,800.00
2024	43,707,000.00	187,363,800.00
2025	12,636,200.00	200,000,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

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

LEGAL COVENANTS – Additional Financing DRC COVID-19 Strategic Preparedness and Response Project (P176215)

Sections and Description
1- No later than thirty (30) days after the Effective Date, or such later date as agreed by the Association, the Recipient shall, through PDSS-PIU: select and hire a Third Party Monitoring Consultant (“TPM Consultant ”) with terms of reference, qualifications and experience satisfactory to the Association to monitor the implementation of the Project.

2-No later than thirty (30) days after the Effective Date (or such later date as agreed by the Association), the Recipient, through the MoPHHP, shall: (a) update in a manner acceptable to the Association the PIM; and (b) thereafter, implement the Project in accordance with the PIM.
3-In order to ensure adequate implementation of Component 1.4 of the Project, the Recipient shall, no later than thirty (30) days after the Effective Date (or such later date as agreed by the Association), prepare a manual for COVID-19 Vaccine delivery and distribution ("Vaccine Delivery and Distribution Manual"), in form and substance satisfactory to the Association.
4- Use of the military/security personnel: • All activities under the Project shall be under the control of the MoPHHP and shall be undertaken exclusively for the purposes related to the Project. All goods, works, services, incremental operating costs, and training financed by the Financing proceeds shall be used under the direction and control of the MoPHHP and strictly in accordance with the PIM. • In the event that during Project implementation the military or security personnel is engaged in the generation of any assets, procurement of goods and/or construction of works financed out of the Financing proceeds, and except as the Association may otherwise agree, the Recipient shall ensure that that the ownership of said assets generated, goods procured, and works constructed by the military or security personnel shall be transferred to, or shall vest, with the MOPHHP or any equivalent or appropriate line ministry or agency agreed with the Association.
5- All Project COVID-19 Vaccines shall satisfy the Vaccine Approval Criteria.

Conditions

Type	Financing source	Description
Disbursement	IBRD/IDA	For payments under Category (2) until and unless the Association is satisfied that all the following conditions have been met in respect of said activities: (i) (A) the Recipient has determined that an Eligible Crisis or Emergency has occurred, has furnished to the Association a request to withdraw Financing amounts under Category (2); and (B) the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and (ii) the Recipient has adopted the CER Manual and Emergency Action Plan, in form and substance acceptable to the Association.
Type	Financing source	Description
Effectiveness	IBRD/IDA	The Additional Conditions of Effectiveness consist of the following: namely that the ESMF, the LMP and the SEP have been updated and published all in form and substance acceptable to the Association.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Congo, Democratic Republic of

Additional Financing DRC COVID-19 Strategic Preparedness and Response Project

Project Development Objective(s)

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

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
Strengthen the national public health preparedness capacity to prevent, detect and respond			
Percentage of targeted provinces with pandemic preparedness and response plans per Ministry of Health Guidelines (Percentage)		0.00	100.00
Action: This indicator has been Revised			
Number of frontline health workers trained in infection prevention control per MoPHHP-approved protocols in targeted provinces (Number)		0.00	1,000.00
Action: This indicator has been Revised			
Percentage of targeted health facilities with personal protective equipment and infection control products and supplies, without		0.00	70.00

Indicator Name	PBC	Baseline	End Target
stock-outs in preceding two weeks. (Percentage)			
Action: This indicator has been Marked for Deletion			
Percentage of population vaccinated, which is included in the priority population targets defined in national plan [by gender]), with a target of 25%. (Percentage)		0.00	100.00
Action: This indicator is New			
Percentage of those vaccinated who are female (Percentage)		0.00	50.00
Action: This indicator is New			
Percentage of target health centers with isolation and triage capacity for COVID-19 patients (Percentage)		0.00	100.00
Action: This indicator is New			

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
Comonent 1: Emergency COVID-19 Response National and Sub-national, Prevention and Preparedness			
Percentage of targeted health facilities with triage capacity (Percentage)		0.00	80.00
Action: This indicator has been Marked for Deletion			

Indicator Name	PBC	Baseline	End Target
Percentage of targeted health facilities with isolation capacity (Percentage)		0.00	80.00
Action: This indicator has been Marked for Deletion			
Activation of the public health Emergency Operations Centre for COVID-19 (Yes/No)		No	Yes
Percentage of specimens submitted for COVID-19 virus laboratory testing with results available within 48 hours (Percentage)		0.00	50.00
Action: This indicator is New			
National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines validated (Yes/No)		No	Yes
Action: This indicator is New			
Number of targeted health facilities equipped with improved handwashing facilities (Number)		0.00	40.00
Action: This indicator is New			
Number of medical oxygen production units delivered to target facilities (Number)		0.00	8.00
Action: This indicator is New			
Number of target health facilities equipped with key equipment for oxygen therapy and monitoring of moderate and severe COVID-19 (Number)		0.00	40.00
Action: This indicator is New			
Percentage of health facilities designated as vaccination sites in project areas having adequate and functioning cold chain equipment maintaining temperature required for the COVID-19 vaccine assigned (Percentage)		0.00	80.00

Indicator Name	PBC	Baseline	End Target
Action: This indicator is New			
Component 2: Communication campaign, Community Engagement and Behavior change			
Number of communication campaigns about COVID-19 broadcasted to communities per day (Number)		0.00	3.00
Action: This indicator has been Marked for Deletion			
National COVID-19 risk communication and community engagement strategy established (Yes/No)		No	Yes
National risk communication and community engagement plan developed to reduce COVID-19 transmission and vaccine hesitancy (Yes/No)		No	Yes
Action: This indicator is New			
Number of female community health workers (ReCOs) trained to provide accurate information about COVID-19 vaccines (Number)		0.00	5,000.00
Action: This indicator is New			
Percentage of population able to identify three key symptoms of COVID-19 and three personal prevention measures (Percentage)		0.00	50.00
Action: This indicator is New			
Component 3: Implementation Management and Monitoring & Evaluation			
Establishment of monitoring and evaluation system for COVID-19 (Yes/No)		No	Yes
Action: This indicator has been Revised			
Percentage of complaints to the GRM that receive a response from the project within 4 weeks of initial complaint being		0.00	80.00

Indicator Name	PBC	Baseline	End Target
recorded. (Percentage)			
Action: This indicator has been Revised			
Number of COVID-19 response reports prepared by the government on project implementation (Number)		0.00	4.00
Action: This indicator is New			

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of targeted provinces with pandemic preparedness and response plans per Ministry of Health Guidelines	Numerator: number of provinces targeted by the project with pandemic level response plan according to Ministry of Health (MoH) guidelines. Denominator: number of provinces targeted by the project Targeted provinces inlude 1) Kinshasa, 2) Kongo Central, 3) Kwango, 4) Kwiliu, 5) Haut Katanga, 6) Nord Kivu, 7) Sud Kivu, 8) Ituri, 9) Maindombe and 10) Kassaï. Provinces are	Quarterly	Reports from Provincial Health Directorates (PHD) and National M&E cell	Extraction of data from by PHD and National COVID-19 response M&E cell reports	PDSS/MOH + PHDs + National Covid-19 response M&E cell

	subject to change based on how the pandemic evolves in DRC				
Number of frontline health workers trained in infection prevention control per MoPHHP-approved protocols in targeted provinces	Cumulative sum of frontline health workers who have received training on infection prevention and control according to Ministry of Health guidelines in provinces targeted by the project. Frontline health workers are defined as doctors nurses, and those directly providing services where they are most needed, especially in remote and rural areas. Frontline health workers may also include community health workers, midwives, pharmacists.	Quarterly	Reports from National Infection Prevention Control (IPC) cell and National M&E cell	Extraction of data from National IPC Cell and National COVID-19 response M&E cell reports	PDSS/MOH + National IPC Cell + National Covid-19 response M&E cell
Percentage of targeted health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks.		Monthly	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee
Percentage of population vaccinated, which is included in the priority population targets defined in national plan [by gender]), with a target of 25%.	New Indicator for COVID-19 Vaccine AF - Baseline is set in 2021 Numerator: number of	Quarterly	Reports from National COVID-19 response M&E	Extraction of data from National COVID-19 response M&E cell reports	PDSS/MOH + National Covid-19 response M&E cell

	those identified as priority population [by sex] Denominator: number of those fully vaccinated according to the vaccination regime [by sex] The government has specified a target of vaccinating 20% of the entire population, estimated at 22.8 million people. The denominator is therefore 22.8 million people.		cell		
Percentage of those vaccinated who are female	Numerator: number of females who received complete COVID-19 vaccine Denominator: number of people who received complete COVID-19 vaccine				
Percentage of target health centers with isolation and triage capacity for COVID-19 patients	Numerator: Number of health centers targeted by the project with isolation and triage capacity for COVID-19 patients. Denominator: Number of health centers targeted by the project for treatment of COVID-19 patients. Isolation capacity means the target health center has a designated space for suspected and confirmed	Quarterly	Reports from targeted health centers	Extraction of data from health center reports. Verification by periodic site visits to target health centers by PDSS/MoH/World Bank, as feasible.	PDSS/MOH + Service providers at target hospitals

	COVID-19 patients. Suspected and confirmed patients should immediately be given a mask and directed to a separate area where there is at least 1 m distance kept between them and other patients. Triage capacity means ability of providers to sort patents when they arrive at a health facility, into those with emergency signs, with priority signs, or non-urgent cases. The project currently supports 40 health centers				

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Percentage of targeted health facilities with triage capacity		Monthly	Provincial hospitals		Ministry of Health/National Technical COVID-19 Committee
Percentage of targeted health facilities with isolation capacity		Monthly	Provincial hospitals		Ministry of Health/National Technical COVID-19 Committee

Activation of the public health Emergency Operations Centre for COVID-19		Monthly	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee
Percentage of specimens submitted for COVID-19 virus laboratory testing with results available within 48 hours	Numerator: Number of specimens submitted for SARS-COV-2 laboratory testing with results available within 48 hours Denominator: Number of specimens submitted for SARS-COV-2 laboratory testing This is a national level indicator, and will not attributed to this project alone	Quarterly	Reports form National COVID-19 response M&E cell	Extraction of data from National COVID-19 response M&E cell, which will report on test-specific data on date of sampling an date of result reported	PDSS/MOH + National Covid-19 response M&E cell
National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines validated	New indicator for COVID-19 Vaccine AF. Baseline set for March 2021. Ministry of Public Health has completed a vaccination plan including major topics such as: governance and regulation, target population, procurement, delivery logistics, training, community engagement,	Once	Ministry of Public Health	Submission of final report to the World Bank.	PDSS/MoH

	safeguards, and monitoring of results.				
Number of targeted health facilities equipped with improved handwashing facilities	Cumulative sum of target health facilities equipped with improved handwashing facilities through project suppport. An improved handwashing facility is a location within the helath facility with a water source protected from outside contamination (i.e. piped water connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection) and soap.	Quarterly	Reports from targeted health facilities, project procurement records	Extraction of data from project procurement records. Verification by periodic supervision visits to target health facilties by PDSS/MoH/World Bank, as feasible.	PDSS/MoH + Service providers at target health facilities
Number of medical oxygen production units delivered to target facilities	Cumulative number of units of medical oxyen delivered to health facilities targeted by hospitals.	Quarterly	Reports from targeted health facilities, project procurement records	Extraction of data from project procurement records. Verification by periodic supervision visits to target health facilties by PDSS/MoH/World Bank, as feasible.	PDSS/MoH + Service providers at target health facilities
Number of target health facilities equipped with key equipment for oxygen therapy and monitoring of moderate and severe COVID-19	Cumulative sum of target hospitals that are equipped by project to provide oxygen therapy and monitoring of moderate and severe COVID-19.	Quarterly	Reports from targeted health facilities, project procurement	Extraction of data from project procurement records. Verification by periodic supervision visits to target health facilties by	PDSS/MoH + Service providers at target health facilities

	Key equipment is defined here: https://www.who.int/emergencies/what-we-do/prevention-readiness/disease-commodity-packages/dcp-ncov.pdf?ua=1		records	PDSS/MoH/World Bank, as feasible.	
Percentage of health facilities designated as vaccination sites in project areas having adequate and functioning cold chain equipment maintaining temperature required for the COVID-19 vaccine assigned	Numerator: number of targeted health facilities with adequate and functioning cold chain equipment maintaining temperature required for the COVID-19 vaccine assigned Denominator: number of targeted health facilities	Quarterly	Facility reports		PIU/MOH
Number of communication campaigns about COVID-19 broadcasted to communities per day		Monthly average	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee
National COVID-19 risk communication and community engagement strategy established					
National risk communication and community engagement plan developed to reduce COVID-19 transmission and vaccine hesitancy	New indicator added for COVID-19 Vaccine AF. Baseline is March 2021. Risk communication and commuity enegagmeent plan developped and	Once	Ministry of Public Health	Submission of final report to the World Bank.	PDSS/MoH

	validated by authorities				
Number of female community health workers (ReCOs) trained to provide accurate information about COVID-19 vaccines	New indicator for COVID-19 Vaccine AF. Baseline is March 2021. Cumulative sum of female community health workers who have been trained to provide accurate information about COVID-19 using project support. Accurate information is in regards to the vaccine's efficacy, effectiveness and side-effects	Quarterly	Reports from targeted health facilities, project procurement records	Extraction of data from project procurement records. Verification by periodic supervision visits to target health facilties by PDSS/MoH/World Bank, as feasible.	PDSS/MoH + Service providers at target health facilities
Percentage of population able to identify three key symptoms of COVID-19 and three personal prevention measures	Numerator: Number of respondents to representative population survey who can accurately identify three key symptoms of COVID-19 and three personal prevention measures. Denominator: Number of respondents to representative population survey. This is a national level indicator and will not attributed to this project alone.	Annual	Household survey	Representative sampling of households (phone survey is acceptable given the COVID pandemic).	Third Party Monitor
Establishment of monitoring and	Existence of a monitoring	Once	Ministry of	Reports from National	PDSS/MOH + National

evaluation system for COVID-19	and evaluation system in place to support epidemic preparedness and response (Yes / No) Evidence includes National COVID-19 M&E Cell is producing routine reports that report on key data, including number of new COVID-19 cases, speed of laboratory test, training of providers, administration of IPC, number people from priority groups have received COVID019 vaccine administration.		Health	COVID-19 M&E cell	Covid-19 response M&E cell
Percentage of complaints to the GRM that receive a response from the project within 4 weeks of initial complaint being recorded.	Numerator: Number of complaints to the GRM that receive a response from the project within 4 weeks of initial complaint being recorded. Denominator: Number of complaints to the GRM	Quarterly	Project GRM System		PDSS
Number of COVID-19 response reports prepared by the government on project implementation	Annual number of implementation reports prepared by the government and submitted to the World Bank	Annual - one report per quarter (4 per year)	PDSS/Ministry of Health	Submission of report to World Bank	PDSS/MoH

ANNEX 1: SUMMARY TABLE ON VACCINE DEVELOPMENT AND APPROVAL STATUS

Status of Vaccines as of 06/02/2021

Vaccine	SRA Emergency Use Approval	WHO PQ/EUL
BNT162b2/COMIRNATY Tozinameran (INN) - Pfizer BioNTech	United Kingdom: December 2, 2020 Canada: December 9, 2020 United States of America: December 11, 2020 European Union: December 21, 2020 Switzerland: December 19, 2020 Australia: January 25, 2021	WHO Emergency Use Listing (EUL): December 31, 2020
mRNA-1273 - Moderna	USA: December 18, 2020 Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12th, 2021 UK: January 8, 2021	WHO EUL: April 20, 2021
AZD1222 (also known as ChAdOx1_nCoV19/ commercialized as COVISHIELD in India) - AstraZeneca/Oxford	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16th, 2021 (overseas manufacturing); March 21st, 2021 (for local manufacturing by CSL – Seqirus) Canada: February 26, 2021	WHO EUL: February 15, 2021 for vaccines manufactured by SK Bio and Serum Institute of India
Ad26.COV2.S - Johnson & Johnson	USA: February 27th, 2021 Canada: March 5th, 2021 EU: March 11th, 2021 Switzerland: March 22nd, 2021 UK: May 28th, 2021	WHO EUL: March 12, 2021
BBIBP-CorV - Sinopharm		WHO EUL: May 7th, 2021
CoronaVac - Sinovac		WHO EUL: June 1st, 2021

ANNEX 2: World Bank COVID-19 DRC COUNTRY PROGRAM RESPONSE NOTE

1. This annex summarizes adjustments made to the World Bank country program in the DRC to mitigate economic and social impacts from the COVID-19 pandemic. Adjustments have been made in support of and aligned with the government's response plan and request for support, aligned with the four pillars of the June 2020 WBG COVID-19 Crisis Response Approach Paper.

2. **The first COVID-19 case in the DRC was confirmed on March 10, 2020 in the province of Kinshasa.** As of June 14, 2021, the country has reported 35,668 confirmed and probable cases, as well as 846 deaths with a case fatality rate of 2.5 percent. There are currently 23 provinces and 174 health zones which have reported cases. It is estimated that 87.8 percent of cases are within the 20-69 age range and 4.7 percent are less than 70 years of age. The median age of cases is estimated at 41 years of age..[25] The majority of the cases have been in Kinshasa. Congolese authorities have taken specific and concrete action to contain the spread of the COVID-19 virus since the first case was confirmed in March 2020, including the declaration of a state of emergency. The government-imposed confinement in the central business district of the capital (Gombe), closed the airports, and restricted travel between Kinshasa and the rest of the country. Restrictions were eased at the end of June 2020, and the state of emergency was lifted on July 21, 2020. Facing a second wave of infections, a national curfew (9pm-5am) was put in place on December 18, 2020 and schools did not reopen after the holiday period until February 2021.

3. **The COVID-19 pandemic has already caused significant social and economic impacts in the DRC—exacerbated by weak social outcomes and an economy that is poorly equipped to address shocks.** Given the pre-existing poverty and vulnerability of the Congolese population, the aggregate shocks of the COVID-19 crisis may translate into a welfare shock at the household level. In line with emerging worldwide evidence, Congolese women have been disproportionately affected by the health and socio-economic impacts of measures applied for the control of COVID-19. Most women are employed in the informal sector, which has been heavily affected by border and market closures and restrictions on movement. Similarly, high food prices, declining incomes, and the increase of the exchange rate limit women's ability to meet basic household needs, including food for children. COVID-19 has had an adverse impact on women's health and nutrition, as well as protection, with increased risks of GBV, including risks of sexual exploitation and abuse (SEA) and early marriage, particularly faced by adolescent girls, compounded by an accentuated economic vulnerability and the disruption of education.[26]

4. **The economy.** The International Monetary Fund (IMF) is estimating the additional 2020 fiscal gap related to the pandemic at $700 million—equivalent to 1.9 percent of GDP.[27] The increase in the deficit is a result of underperformance in domestic revenue mobilization (delays in reform implementation, temporary relief measures) and persistently high expenditures—estimated at 12.1 percent of GDP in 2020.[28] The pandemic may also deepen the risks of fragility and increase poverty. The COVID-19 pandemic is negatively affecting growth and fiscal outcomes, with an estimated 2020 growth rate of 0.8 percent—down from 4.4 percent in 2019. The 2020 slow-down was driven primarily by a decline in private consumption and investment but remained positive due to an expansion in the extractive sector.[29] Moderate growth prospects are forecast for 2021 and an accelerated recovery, closer to the pre-COVID

[25] Source: HSD COVID-19 Health indicators Dashboard

[26] CASS: The impacts of the COVID-19 outbreak response on women and girls in the Democratic Republic of the Congo and REACH, *Indicateurs pertinents pour la réponse au COVID-19*.

[27] The pandemic-related fiscal gap of $700 million represents 1.4 percent of GDP in 2020--out of an overall fiscal deficit of 1.9 percent, up from 1.2 percent in 2019.

[28] World Bank (March 2021): MPO

[29] World Bank (March 2021): MPO

level, is projected in 2023. The economic slowdown is expected to result in job losses and a decline in wage income, particularly in urban areas.

5. **Poverty.** Poverty in the DRC is high, remains widespread and pervasive, and is increasing due to impacts from COVID-19. While the poverty rate declined from 94.3 to 76.9 percent between 2005 and 2012 (international poverty rate), the latest World Bank projections put poverty at 73.3 percent (2020)[30,] which is significantly higher than the Sub-Saharan Africa (SSA) average of 42.6 percent.[31] Furthermore, as a result of the COVID-19 pandemic and associated impacts, the 2020 poverty rate increased by 0.7 percentage points compared to 2019.[32] Increases in poverty and inequality are expected due to a decline in labor and non-labor income, disruptions in goods and services markets, and disruptions in public services. Poverty in Kinshasa alone could increase by more than 15 percentage points if the level of inflation reaches the levels recorded in 2017.[33] According to COVID-19 high-frequency phone surveys undertaken in Kinshasa (the latest in December 2020), the proportion of household heads that had worked over the seven days preceding the survey increased from 46.5 percent in June 2020 to 85.4 percent in November 2020 (as movement restrictions eased). To cope with the socio-economic impact of the pandemic, 91.5 percent of households reported a reduction in their non-food expenditures, 85 percent a decrease in their food consumption, and half that they had been drawing on their savings. According to high-frequency phone surveys conducted among poor populations residing in urban and peri-urban areas in Eastern DRC (Beni, Bunia, Goma and Lubero)[34], employment patterns[35] had recovered from 45.9 percent in late May/June 2020 to 67.4 percent in November/ early December 2020. Nonetheless, a high share of respondent (73 percent) continued to report reducing food consumption to deal with recurrent income shocks. Severe food insecurity remained high, at 63 percent, in late November/early December 2020, but had a declined compared to June levels, when 67.1 percent of respondents reported that at least one adult member in the household had not eaten for a full day due to lack of money or resources over the past 30 days. For the same period, severe food insecurity remained noticeably higher among the forcibly displaced (72.4 percent) than the non-forcibly displaced respondents (60.7 percent). While schools had re-opened, more than half of the households in the sample in Eastern DRC reported that children failed to attend 6 out 6 school days, citing high school fees as the main reason (49.3 percent).

6. **Food insecurity.** Based on recent food security data, there are indications the DRC is facing an escalating food security crisis as a result of COVID-19 impacts, insufficient food availability, limited market access, natural disasters, and conflict. According to the 2021 Humanitarian Response Plan**,** around 19.6 million people across the DRC face food insecurity challenges – with approximately 9.6 million facing acute food insecurity (IPC Phase 3 or 4). The provinces of North and South Kivu, Ituri and Kasai Central have the highest number of populations facing high food insecurity. Trade with neighboring countries, particularly Burundi, Rwanda, and Uganda, is critical to reducing food insecurity and sustaining livelihoods in the east. Most of the trade is by small-scale traders, largely women.

7. **Government response.** Due to COVID-19, the authorities are prioritizing activities under the National Strategic Development Plan (« *Plan national stratégique de développement* », PNSD in French) that align with a multi-sector emergency program adopted to mitigate pandemic impacts ("Programme multi-sectoriel d'urgence d'atténuation des impacts du Coronavirus", PMUAIC). The program has been

[30] World Bank (March 2021): MPO
[31] World Bank (March 2021): MPO
[32] World Bank (March 2021): MPO
[33] World Bank (2020): Monetary Poverty and Shared Prosperity in Kinshasa.
[34] Conducted every 5-9 weeks by the DRC Crisis Observatory since late May 2020.
35 Reported as work against pay for at least an hour in the week prior to the interview

costed at $1.8 billion and prioritizes: (i) health emergency response and systems strengthening; (ii) macroeconomic stability and economic recovery; and (iii) risk mitigation and support to the population. To swiftly respond to the COVID-19 pandemic and its impact on the population and the economy, a national plan on COVID-19 preparedness and response was adopted in March 2020. This plan was integrated into the Emergency Multisectoral Program to Mitigate COVID-19 Impacts. In line with this plan, as of end June 2020, the government had allocated $13 million (including $6 million of domestic resources) to the COVID-19 health response, with close to 80 percent of resources allocated to direct healthcare and the remainder to measures aimed to prevent the spread of the pandemic. The national health contingency plan focuses on (i) strengthening early detection and surveillance and fostering technical and operational coordination within the government; (ii) improving the quality of medical care to infected patients; and (iii) developing effective preventive communication strategies and enhancing medical logistic platforms. The emergency program combines a set of measures aimed at reducing the tax burden on companies and on the food supply and medical supply chains and temporarily exempting segments of the population from taxes and utility fees. Additionally, the government has supported to the education sector, including through the free primary education policy that came into effect at the start of the 2020-21 school year and measures put in place to allow for distance learning, strengthen school safety, and ensure teachers are paid during the pandemic. Looking ahead, beyond the immediate COVID response, the government is working to strengthen the health system (immunization system, community level health care facilities, and response, etc.), and advance its UHC strategy.

8. **WBG response.** All WBG engagements in the DRC launched since the onset of the pandemic—lending and non-lending—have a COVID-19 filter, aligning with the four pillars of the June 2020 WBG COVID-19 Crisis Response Approach Paper. The WBG also aims to integrate, when feasible and appropriate, this framework into the implementation of ongoing operations—through restructuring if needed, as well as in Advisory Services and Analytics (ASA) and policy dialogue, to support a resilient recovery. Engagements addressing COVID-19 impacts span the human capital, economic, and infrastructure sectors, and include specific attention to gender impacts, including those related to SEA/SH. Targeted support is and will be provided throughout the three phases of the Approach Paper - relief, restructuring, and resilient recovery.

9. WBG support to the initial relief phase has been through a US$60 million emergency operation (US$47.2 million IDA (P173825), US$13 million from the PEF) to respond to the immediate health concerns presented by the epidemic (approved in April 2020). An US$800 million Emergency Equity and System Strengthening in Education Project (EESSE) (P172341) (approved in June 2020) provides additional support for paying teachers' salaries as fiscal pressure has increased due to a slow-down in the economy and ensured free primary schooling as schools have reopened. Support has also been provided through an ongoing health operation, Health System Strengthening for Better Maternal and Child Health Results Project (PDSS) (P147555), through the social safety net project (STEP) (P171821) (PSDD and STEP strengthened through FY20 AFs), and through an Urban Water Supply Project (PEMU) (P155266). A US$200 million COVID-19 Mitigation, Resilience, and Recovery DPO is under consideration, together with a US$200 million COVID-19 Vaccine Purchase and Distribution Project. The IDA19 Crisis Response Window (CRW) Early Response Financing (ERF) modality has been triggered for DRC and offers up to US$50 million [36]for early action to address emerging food security as a result of the COVID-19 pandemic. Going forward, implementation of ongoing operations in the social sectors will be strengthened, ensuring that progress made in the sectors (free basic education; routine and prenatal care, and vaccination programs) is not reversed as the pandemic consumes national and global resources.

[36] DRC CRW-ERF Eligibility Note was distributed to the Board on May 17,2021 for information

10. To support the DRC in the restructuring phase, newly approved and existing operations in the human development sectors (e.g., health – PDSS, REDISSE4; education – EESSE; and social protection – STEP), coupled with the proposed DPO and vaccine and distribution project, an ongoing SME Development and Growth Project, a solar energy IPP (IFC), the EASE project, which through investments in distribution in Kinshasa and connections to private sector mini-grids and sale of off-grid systems will increase electricity access in underserved areas, and a US$500 million Kinshasa multisector urban development and resilience project (Kin Elenda) will work to restore livelihoods and support enhanced quality of and access to basic services in the DRC. Lending will be complemented by analytical work, including Public Expenditure Reviews (PERs), for the social sectors—in support of efforts to ensure more efficient government spending in the social sectors, a Country Economic Memorandum, and analysis of women's empowerment and girls' education.

11. Moving into the resilient recovery phase, WBG support will be through investments in transport and connectivity; a proposed operation to increase electricity and water access, supply, and sanitation and sector governance; a proposed national agriculture development program; an ongoing regional trade facilitation project (and possible financing of a second phase); and IFC investments in energy, ICT, and financial sectors. WBG (IDA, IFC, MIGA) coordinated engagements in energy aim to significantly ramp up private capital mobilization in decentralized energy grids and a step-up increase in access. The WBG will also focus on engagements to strengthen the business environment and reforms that will enhance the business climate and create further opportunities for private sector investment and operations, and on solidifying reforms aimed to ensure macroeconomic stability and enhance domestic revenue mobilization for stronger and more sustainable macroeconomic management.

12. A forthcoming Country Partnership Framework (CPF) has a proposed COVID-19 filter and will lay out the approach and programming for the FY22-26 period.

Table. 2.1. Indicative Lending and Restructuring program (as of February 2021)

	Saving lives	Protecting poor and vulnerable people	Saving livelihoods, preserving jobs, ensuring more sustainable business growth and job creation	Strengthening policies, institutions, and investments for resilient recovery
Relief	- COVID-19 emergency health project ($47M) (FY20) - PDSS AF ($200M) (FY20) - COVID-19 Vaccine Purchase and Distribution Project ($200M) (FY21)	- STEP2 ($445M) (FY20) - GBV CERC (FY21) - PDSS AF ($200M) (FY20) - COVID-19 Vaccine Purchase and Distribution Project ($200M) (FY21) - PEMU (ongoing)	- Trade facilitation project (ongoing) - PRRAP (ongoing) - Financial Infrastructure and Markets ($30M) (ongoing) - IFC loan rescheduling and new investment to Financial Institution clients to address immediate impact on portfolios ($15-20M)* (ongoing)	- COVID-19 Mitigation, Resilience, and Recovery DPO ($200M) (FY21) - PRRAP (ongoing)
Restructuring	- PDSS AF ($200M) (FY20)	- STEP2 ($445M) (FY20) - EESSE ($800M) (FY20) - PDSS AF ($200M) (FY20) - PEMU (ongoing)	- COVID-19 Mitigation, Resilience, and Recovery DPO ($200M) (FY21) - SME Development and Growth Project ($100M) (ongoing) - IFC Equity investment in a leading bank to establish standards and develop innovative tools ($50-70M) (FY22)* - IFC: develop a solar energy IPP to increase electricity access in underserved areas (ongoing)* - IFC: Develop ICT infrastructure to support increased mobile penetration and digital economy ($60M) (FY23)*	- STEP2 ($445M) (FY20) - Emergency education project ($800M) (FY20) - COVID-19 Mitigation, Resilience, and Recovery DPO ($200M) (FY21) - Kinshasa Urban Project ($500M) (FY21) - PFM TA Project ($100m) (FY22) - COVID-19 Vaccine Purchase and Distribution Project ($200M) (FY21) - PEQPESU (ongoing) - PAQUE (ongoing) - PRRAP (ongoing)
Resilient recovery	- REDISSE ($150M)	- EESSE ($800M) (FY20) - Transport and Connectivity Support Project ($500M) (FY22) - Kinshasa Multisector Development and Urban Resilience Project ($500M) (FY21) - Electricity and Water Access and Governance Project ($500M) (FY22) - Women's and Girls' Empowerment Project ($250M) (FY22)	- COVID-19 Mitigation, Resilience, and Recovery DPO ($200M) (FY21) - Electricity and Water Access and Governance Project ($500M) (FY22) - Kinshasa Multisector Development and Urban Resilience Project ($500M) (FY21) - Regional trade facilitation project (ongoing and proposed follow up operation) - National Agriculture Development Program ($500M) (FY22) - Improved Forested Landscape Management Project ($16M AF in FY21) - IFC program in energy, ICT and financial sectors	- STEP2 ($445M) (FY20) - EESSE ($800M) (FY20) - COVID-19 Mitigation, Resilience, and Recovery DPO ($200M) (FY21) - Transport and Connectivity Support Project ($600M) (FY22) - Kinshasa Multisector Development and Urban Resilience Project ($500M) (FY21) - Electricity & Water Access and Governance Project ($500M) (FY22) - National Agriculture Development Program ($500M) (FY22)

* IFC's expected investment, whose completion are subject to outcome of IFC's upcoming due diligence and reforms presented in the IF/THEN matrix presented in the Annex

ANNEX 3: LATEST COVID-19 SITUATION IN THE COUNTRY

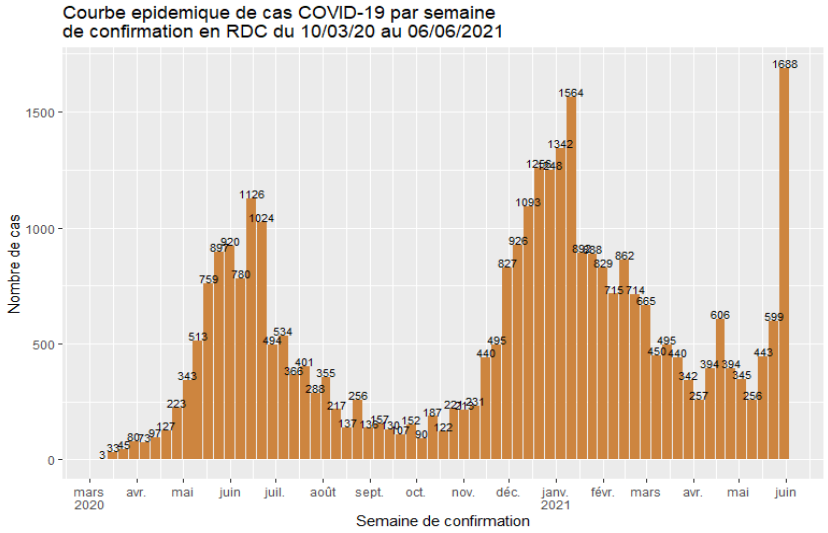
1. **The first COVID-19 case was confirmed in DRC on March 10, 2020 in the province of Kinshasa, which was an imported case from France.** The first case of local transmission was identified on March 17, 2020. The Government of DRC put into place partial lockdown measures and restricted international travel from March to August 2020.

2. As of June 14, 2021, the country has reported 35,668 confirmed and probable cases, as well as 846 deaths with a case fatality rate of 2.5 percent. There are currently 23 provinces and 174 health zones which have reported cases. It is estimated that 87.8 percent of cases are within the 20-69 age range and 4.7 percent are less than 70 years of age. The median age of cases is estimated at 41 years of age.

3. The epicenter of the pandemic remains Kinshasa, with 71 percent of cases, followed by North-Kivu and Haut-Katanga with 8.6 percent and 5.9 percent of cases. There has recently been a steady increase in cases in Haut-Katanga (mine region).

4. At effectiveness in June 2021, 11 provinces with 72 health zones (ZS) were affected, totaling 4,514 cases with 101 recorded deaths. DRC experienced its first wave with the number of daily confirmed cases peaking in June 2020 (to 161 cases per day). This was followed by a decline in cases through mid- October 2020 (to 24 cases per day).

5. The DRC is experiencing a resurgence of cases due to a third COVID-19 wave which began in June with increasing hospitalizations, deaths, and positivity rates. There has been a 181 percent increase in the number of daily cases from May 30 to June 6, 2021 with an increase in positivity rate from 22 to 38 percent. This third wave is likely due to a combination of factors, including the importation of cases, as well lack of respect of public health measures and to the presence of multiple variants. The second wave began in November 2020 and ended in March with a significant decline in caseload and positivity rates. A mandatory curfew which was put into place in December and reinforcement of mask wearing in public places resulted in a decline in COVID-19 cases. Below is the epidemiological curve of number of COVID-19 cases confirmed per week in DRC from October 3, 2020 to June 8, 2021:



ANNEX 4: SUMMARY OF THE PARENT PROJECT COMPONENTS

Following is a summary of the original components of the parent project.[37]

Component 1. Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness (original allocation US$37 million). This component supports the government to enhance disease surveillance, improve sample collection and ensure rapid laboratory-confirmed diagnoses to promptly detect potential COVID-19 cases, and carry out contact tracing to contain COVID-19. Activities include: (i) screening travelers at key Ports of Entry as well as priority communities and targeted health facilities; (ii) diagnosing cases and referring them for treatment; (iii) carrying out contact tracing to minimize risk of transmission; and (vi) conducting risk assessments to identify hot spot areas of transmission.

Component 2: Communication Campaign, Community Engagement and Behavior Change (original allocation US$7.2 million). This component includes communication activities that develop and test key messages and materials for COVID-19 and its vaccine. Risk communication activities include marketing of handwashing and social distancing and mask wearing through various communication channels (mass media, counseling, schools, and workplaces). In DRC, community mobilization takes place through institutions that reach the local population, especially in rural areas (i.e. church, tribal leaders, civil society organizations and community-based structures). The component includes support to establish and maintain a grievance redressal mechanism for citizens on the response to COVID-19, including SEAH complaints.

Component 3.: Implementation Management and Monitoring and Evaluation (original allocation US$3 million). This component supports monitoring; operational support; and project management including central and provincial arrangements for coordination of activities, financial management and procurement. This includes support for the COVID-19 Incident Management System Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and logistical support.

[37] http://documents1.worldbank.org/curated/en/349641585951020231/pdf/Congo-Democratic-Republic-of-COVID-19-Strategic-Preparedness-and-Response-Project.pdf

ANNEX 5: DISTRIBUTION PLAN FOR THE FIRST VACCINE SHIPMENT

1. A distribution strategy for the first COVAX AMC vaccine shipment has been created that aims to reach 25 percent of the population by the end of calendar year 2022. This was originally going to be achieved by primarily targeting priority populations, which have been mapped by priority Provinces. COVID-19 vaccines are currently being offered to the general population in order to increase demand. A decentralized strategy based on the Health Zone approach was adopted, with pre-defined quantities to be delivered to each Health Zone. The EPI teams are collaborating closely with Health Authorities at the Health zone level including Médecins Chefs de Zone and Infirmière Titulaire (Physicians in charge of the zone and Nurse), who work with health centers and community structures within health zones. Lists of targeted beneficiaries will be drawn up by the Provincial EPI Management Teams with close support of the "Médecins Chef de Zone" and the managers from DPS (Division Provincial de la Santé, the provincial health administration). At the Health zone level, Cellules d'Animation Communautaires (Community Mobilization Cells) and Community Health Workers will be leveraged to engage with the population. These are structures that typically engage with Health authorities for routine health activities. There will be reinforcement of risk communication and community engagement through the media in order to increase demand, as well as increased targeting of priority populations, given their weak participation in the campaigns. Health care personnel are being targeted through professional societies (Ordres des Médecins), while individuals with co-morbidities are being sensitized through Non-Communicable disease societies. The MoPHHP is in the process of launching video spots to be diffused by the media, where those that have received the vaccine will offer their personal experience. This will be done with medical professionals, politicians, and the general public. Information on side effects (or the lack thereof) will also be utilized in communication campaigns. A system for enhanced vaccine monitoring and capacity building based on results achieved which is functioning in 17 provinces has been expanded nationwide.

2. During the vaccination campaign, with support from this AF, independent verification of implementation of its technical, operational, and environmental and social aspects, will be done with assessments at key points in the supply chain as well as a sample of vaccination sites.

3. Transportation of vaccines to Kinshasa and to the priority provinces in the country is supported by UNICEF. A cargo plane with the first load of 1.7 million doses of AstraZeneca COVID-19 vaccine arrived at the Ndjili International Airport in Kinshasa on March 3, 2021. There will be two additional central warehouses at the Provincial level from which storage and distribution will occur: Kisangani will cover the north and North-East, while Lubumbashi will cover the South.

4. The distribution plan is as follows:

- ✓ from the Kinkole Hub to seven priority provincial stores (Kinshasa, Haut Katanga, Lualaba, Kongo Central, Haut- UeleNorth and South Kivu) via plane or by road in refrigerated trucks
- ✓ from provincial stores to antennas at the Health Zone level by plane or road, and
- ✓ from Health Zone antennas to vaccination points by transportation on motorcycles and vehicles.

The Provincial EPI and Health Zone management teams will receive their vaccine supply at the Provincial and Heath Zone cold stores, where cold store capacity has been evaluated. Vaccination points will be managed by vaccination teams within health facilities (hospital and health centers) or at mobile sites.

5. Vaccine stocks and data on supply chain will be recorded using existing information management systems such as DHIS-2 (which was partially financed by the Bank through the Human Development

Systems Strengthening Project) and other information management systems for stock management. As not all sites have access to DHIS-2, the AF will support the procurement of tablets to fill the gap regarding access to DHIS-2 at all sites. The TPM will utilize a digital monitoring system which will include one or more interactive Dashboards (targeting different audiences) and will integrate data collected directly in the field via DHIS2 as well as data included in Excel files. The system will also allow the aggregation of data collected on paper or through interviews conducted by telephone or in person if the circumstances so require. Registers at health facilities will contain the names, age and sex of the beneficiaries but will be stored in a safe place. Vaccination will be voluntary, and vaccinators will be trained to ensure proper informed consent and privacy. Each person that will be vaccinated will sign an informed consent form. Each COVID-19 vaccine, provided free-of-charge at the point of care to a beneficiary, will be registered in the COVID-19 vaccination register, which will contain the signature of the beneficiary (or his or her caretaker in case of an underage child or person with disability).

Status of vaccination as of June 14, 2021:

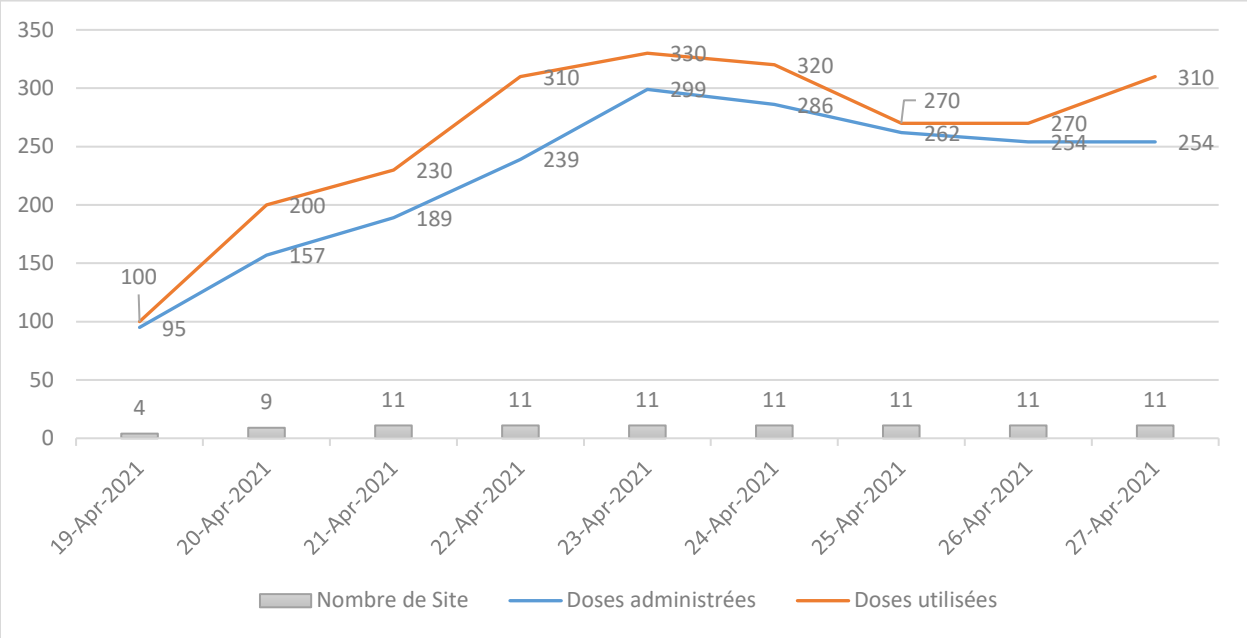
6. Concerns around reports of blood clots as a side effect of AstraZeneca led to delays in the launch of the COVID-19 vaccine campaign. The official launch took place on April 19, 2021, after the GCTV reviewed technical data on side effects and allowed for its use, although neither the President and nor the Prime Minister participated in the ceremony. Vaccines are currently being offered at 100 sites in Kinshasa, 24 sites in North-Kivu, 24 sites in South Kivu, 31 sites in Kongo Central, 11 sites in Lualaba, 3 sites in Haut-Uele and 19 sites in Haut-Katanga. To date, there have been over 34,000 doses of AstraZeneca delivered since the launch. As of June 14, 2021, there are two hundred and sixty-three vaccination sites that are functional out of the 490 that are planned.

7. Vaccines are being pre-positioned and distributed from the Kinkole Hub to 490 sites in seven priority provincial stores (Kinshasa, Haut Katanga, Lualaba, Kongo Central, Haut-Uele, North and South Kivu). About 320,820 doses have already been pre-positioned at each of the 7 Provinces (Kinshasa, Haut-Katanga, North Kivu, South Kivu, Kongo Central, Haut-Ueleand Lualaba).

Table 7: Distribution of the available vaccine doses in the priority Provinces

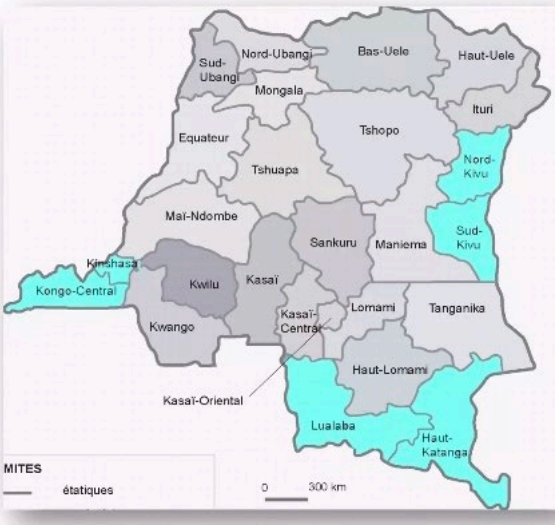
Provinces	**Total Population (2021)**	Vaccine Target	**Number of Doses**
Haut Katanga	**6 869 063**	1 373 813	63 700
Kongo Central	**4 373 903**	874 781	29 520
Kinshasa	**10 294 365**	2 058 873	102 400
Nord Kivu	**9 826 098**	1 965 220	58 100
Lualaba	**2 965 271**	593 054	15 000
Sud-Kivu	**8 153 995**	1 630 799	41 100
Total	**42 482 695**	**8 496 539**	**309 820**

Evolution of Vaccine Distribution during Week 1



8. Sites in Kinshasa have all received Infection Prevention and Control (IPC) training, as well as IPC/waste management materials from WHO and UNICEF. The additional sites in Kinshasa and in the Provinces are currently being prepared and health care providers receiving training at these sites in preparation for vaccine distribution. Supervision at all site have been launched since April 30, 2021.

N°	Provinces	Sites Covid-19
1	Kongo Central	50
2	Nord Kivu	75
3	Kinshasa	109
4	Haut Katanga	93
5	Lualaba	85
6	Sud Kivu	78
	Total	490



ANNEX 6. RISKS OF SEXUAL EXPLOITATION, ABUSE / AND SEXUAL HARASSMENT AND MITIGATION MEASURES

1. **Strong measures are in place to prevent and mitigate SEA/SH risks.** A news report published on September 29, 2020, described allegations of more than 50 accounts of SEA/SH committed by aid workers (including from UN agencies and NGOs) during the DRC's 10th Ebola Virus Disease (EVD10) outbreak.[38] A follow up story related to the EVD10 outbreak was published on May 12, 2021.[39] To mitigate SEA/SH risks, the AF will support the development of protocols and guidelines for use during the COVID-19 Vaccine Operation and finance a Third Party Monitoring mechanism that will independently and rigorously monitor the government and partners' compliance with the agreed upon guidelines and protocols. The proposed AF and parent project will also benefit from and adapt as needed the implementation of an SEA/SH Action Plan covering the HNP portfolio in country that was prepared by the Client. These include a number of mitigation measures that have already been put in place by the Client, such as the adoption and signature of Codes of Conduct by the PIU and health personnel in FOSA and ZS in Kinshasa and the strengthening of the implementing agency capacity to address risks of SEA/SH through training and the recruitment of a GBV specialist (with a second one to be recruited through this AF). In addition, the Client has launched the recruitment of a civil society organization to support with the implementation of SEA/SH risk mitigation measures. Through the contract with OXFAM, awareness raising efforts in communities have reached over 75,000 individuals, and 450 local focal points have been trained on project SEA/SH risk management, building a community-based feedback mechanisms able to cover issues of SEA/SH, among other matters. Other mitigation measures that will be implemented will include the adoption of specific GBV/SEA/SH measures and mitigation plans within projects (Codes of Conduct for project workers explicitly prohibiting SEA/SH; GBV-sensitive protocols included in project GRMs; community consultations, including proactive and enabling consultations with women and girls and other groups particularly at risks of SEA/SH; awareness raising of communities on project standards of conduct; GM and GBV services in place; training and awareness raising of all Clients and other project stakeholders).

2. **Actions undertaken by UN agencies since the allegations include the following**:

a. Adoption of the Prevention of Sexual exploitation and Abuse (PSEA) action plans.
b. Mandatory training for all staff and orientation session for new staff on PSEA.
c. Training of partners on SEA risk assessment.
d. Integration of PSEA activities in all sectors.
e. Internal analysis and recommendations of the effectiveness of the reporting mechanisms (weaknesses identified by the hotline, suggestion boxes, etc.).
f. Strengthening reporting mechanisms and access to GBV services (face to face/PSEA community focal points, participation of women), as well as use of community-based structures to increase awareness.
g. Signing of a code of conduct by all responders.
h. Creation of a hotline for survivors.

[38] https://www.thenewhumanitarian.org/2020/09/29/exclusive-more-50-women-accuse-aid-workers-sex-abuse-congo-ebola-crisis
[39] https://apnews.com/article/united-nations-europe-ebola-virus-entertainment-coronavirus-pandemic-d14715ba3653753d7c1f122f8aea79de

i. Provision of legal services for survivors.
j. Integration of PSEA as a core component for all outbreak responses.

3. **The MoPHHP is working closely with UN agencies.** In addition, it is creating a GBV observatory with assistance from WHO, UNICEF, IOM, Oxfam and donors. This will include developing of a code of conduct, establishment of grievance mechanisms, strengthening of assistance to survivors.

4. **For the COVID-19 vaccine operation, the following has already been put into place for PSEA**:

   a. Mapping exercise of GBV/PSEA services at all 490 vaccination sites in the targeted health zones.
   b. Plans to leverage community-based mechanisms (*Cellules d'Animations Communautaires*) to increase face-to-face communication on PSEA and inform communities that the vaccine is to be provided free-of-charge.
   c. Use of digital mechanisms and cell phone messaging for real-time community feedback.
   d. Signing of code of conduct and sensitization on SEA/SH.

5. **The PDSS/MoPHHP has validated and is implementing the SEA/SH Action Plan.** Prevention measures by the PIU include the following:

   a. A GBV specialist within the PIU has been recruited as of February 1, 2021.
   b. A second specialist will be hired prior to effectiveness of the AF and will be dedicated to the COVID-19 project.
   c. All PIU staff have signed a code of conduct.
   d. The PIU has been trained on SEA/SH risks and management.
   e. Recruitment of an NGO to support implementation of the SEA/SH Action Plan has been launched. Recruitment is expected to be complete by August 31, 2021.
   f. Community-based feedback mechanism covering issues of SEA/SH will be implemented by OXFAM, including the training of 450 focal points on SEA/SH risks and management.
   g. GBV service mapping and referral pathways are under development.
   h. Ongoing consultations in Kinshasa to identify security risks, including SEA/SH, and the community strategies to respond.

6. **Key next steps will include:**

   a. Finalization of the recruitment of the GBV NGO to support with further implementation of the portfolio-wide SEA/SH Action Plan.
   b. Recruitment of the Third Part Monitoring agent to supervise, among other tasks, the implementation of the SEA/SH Action Plan for COVID-19 and HNP projects implemented by the PDSS-PIU.
   c. Development and implementation (through the support of the GBV NGO under recruitment) of SEA/SH procedures for project GRM.
   d. Finalization of mapping of GBV services and development of referral pathways.

e. Ongoing personnel and community awareness raising and training.

7. A GRM has been put in place for the PDSS-PIU to provide means for anonymously reporting suspected fraud, SEA/SH, as well as elite capture.