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Report No: PAD3840

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT
IN THE AMOUNT OF US$23.6 MILLION

AND A PROPOSED GRANT
IN THE AMOUNT OF SDR 17.2 MILLION
(US$23.6 MILLION EQUIVALENT)

TO

THE DEMOCRATIC REPUBLIC OF CONGO

FOR THE

DRC COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROJECT (SPRP)

UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
US$1.3 BILLION IDA AND $2.3 BILLION IBRD EQUIVALENT

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective February 29, 2020)

Currency Unit =	
SDR 0.72818362 =	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:	Magnus Lindelow
Task Team Leader:	Pierre Joseph Kamano

ABBREVIATIONS AND ACRONYMS

BFP	Bank Facilitated Procurement
CDC	Centers for Disease Control
CERC	Contingency Emergency Response Component
CHE	Current Health Expenditure
COUSP	Public Health Emergency Operations Center (*Centre d'Opération pour les Urgences en Sante Publique*)
COVID-19	Coronavirus disease
DRC	Democratic Republic of Congo
EID	Emerging Infectious Diseases
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESRS	Environmental and Social Review Summary
ESS	Environmental and Social Standards
EVD	Ebola Virus Disease
GBV	Gender Based Violence
GBV/SEA/SH	Gender-based Violence, Sexual Exploitation and Abuse, and Sexual Harassment
GDP	Gross Domestic Product
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IPV	Intimate Partner Violence
IMF	International Monetary Fund
INRB	National Institue of Biomedical Research (*Institut National de Recherche Biomédicale)*
IOM	International Organization of Migration
IPC	Infection Prevention and Control
LMP	Labor Management Plan
M&E	Monitoring and Evaluation
MPA	Multiphase Programmatic Approach
OHS	Occupational Health and Safety
OIE	World Organization for Animal Health (*Organization Internationale de l'Elevage)*
PAD	Project Appraisal Document
PDO	Project Development Objective
PDSS	Health System Strengthening for Better Maternal and Child Health Results Project (*Projet de Développement du Système de Santé*)
PIM	Project Implementation Manual
PIU	Project Implementation Unit

PNDS	National Health Sector Development Plan *(Plan National de Développent Sanitaire)*
PPSD	Project Procurement Strategy for Development
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
REDISSE IV	Regional Disease Surveillance Systems Strengthening Phase IV
SARS-CoV-2	2019 novel coronavirus
SEP	Stakeholder Engagement Plan
STEP	Systematic Tracking of Exchanges in Procurement
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
WHO	World Health Organization

TABLE OF CONTENTS

DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Congo, Democratic Republic of	DRC COVID-19 Strategic Preparedness and Response Project (SPRP)	
Project ID	**Financing Instrument**	**Environmental and Social Risk Classification**
P173825	Investment Project Financing	Substantial

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach (MPA)	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[✓] Fragile State(s)
[ ] Disbursement-linked Indicators (DLIs)	[ ] 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)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020		31-Mar-2025

Bank/IFC Collaboration

No

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

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	3,348.40
with a reduction of IBRD	90.00
with a reduction of IDA	561.60

Proposed Project Development Objective(s)

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.

Components

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

Organizations

Borrower:	Democratic Republic of Congo
Implementing Agency:	Ministry of Health

MPA FINANCING DETAILS (US$, Millions)

Board Approved MPA Financing Envelope:	4,000.00
MPA Program Financing Envelope:	3,348.40
of which Bank Financing (IBRD):	2,610.00
of which Bank Financing (IDA):	738.40
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	47.20
Total Financing	47.20
of which IBRD/IDA	47.20
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	47.20
IDA Credit	23.60
IDA Grant	23.60

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Congo, Democratic Republic of	23.60	23.60	0.00	47.20
Crisis Response Window (CRW)	23.60	23.60	0.00	47.20
Total	**23.60**	**23.60**	**0.00**	**47.20**

Expected Disbursements (in US$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	20.00	17.00	10.20
Cumulative	20.00	37.00	47.20

INSTITUTIONAL DATA

Practice Area (Lead)
Health, Nutrition & Population

Contributing Practice Areas
Agriculture and Food

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

Explanation
Responding to Natural or Man-made Disaster

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	High
2. Macroeconomic	High
3. Sector Strategies and Policies	High
4. Technical Design of Project or Program	High
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	High
7. Environment and Social	Substantial
8. Stakeholders	High
9. Other	Substantial
10. Overall	High
Overall MPA Program Risk	High

COMPLIANCE

Policy

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

[ ] Yes [✓] No

Does the project require any waivers of Bank policies?

[ ] Yes [✓] No

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).

Legal Covenants

Sections and Description

No later than 30 days after the Effective Date (or such later date as agreed by the Association), the Recipient, through the MoH, shall prepare and adopt a manual acceptable to the Association ("Project Implementation Manual" or "PIM").

Conditions

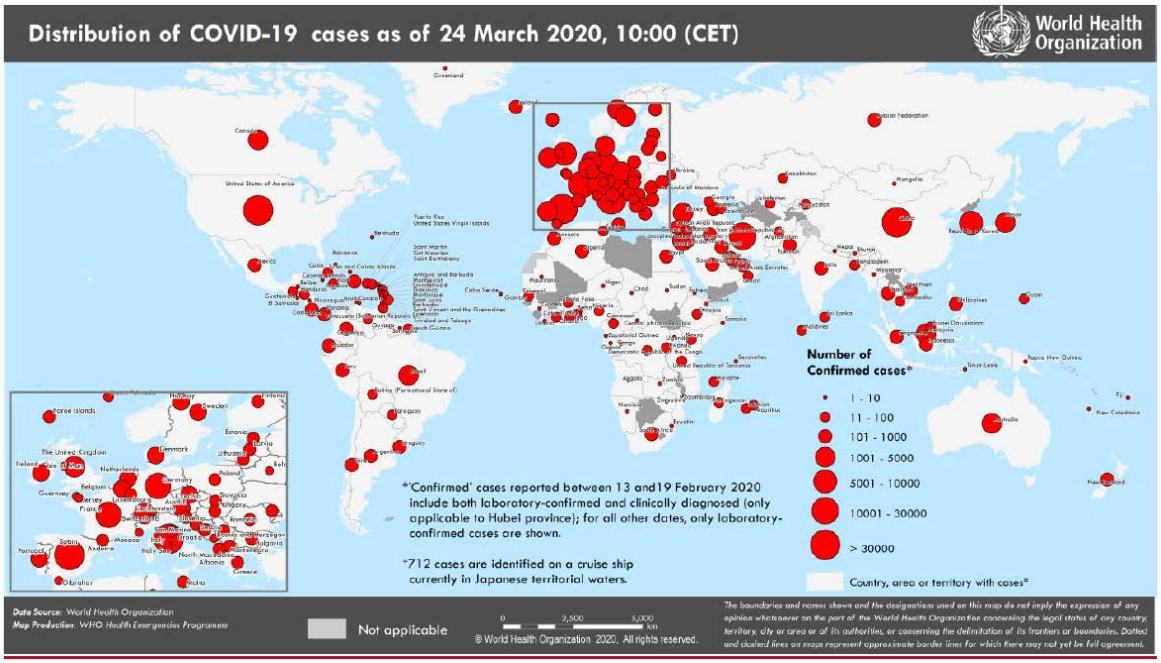
I. PROGRAM CONTEXT

1. **This Project Appraisal Document (PAD) describes the emergency response to DRC under the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach (MPA),** approved by the World Bank's Board of Executive Directors on March 20, 2020 with an overall Program financing envelope of International Development Association (IDA) US$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US$2.7 billion.[1]

A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) is spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since March 2020, the number of cases outside China increased thirteenfold and the number of affected countries more than tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. Figure 1 provides details about the global spread of COVID-19. As of March 24, 2020, the outbreak resulted in 372,757 confirmed cases and 16,231 deaths.[2]

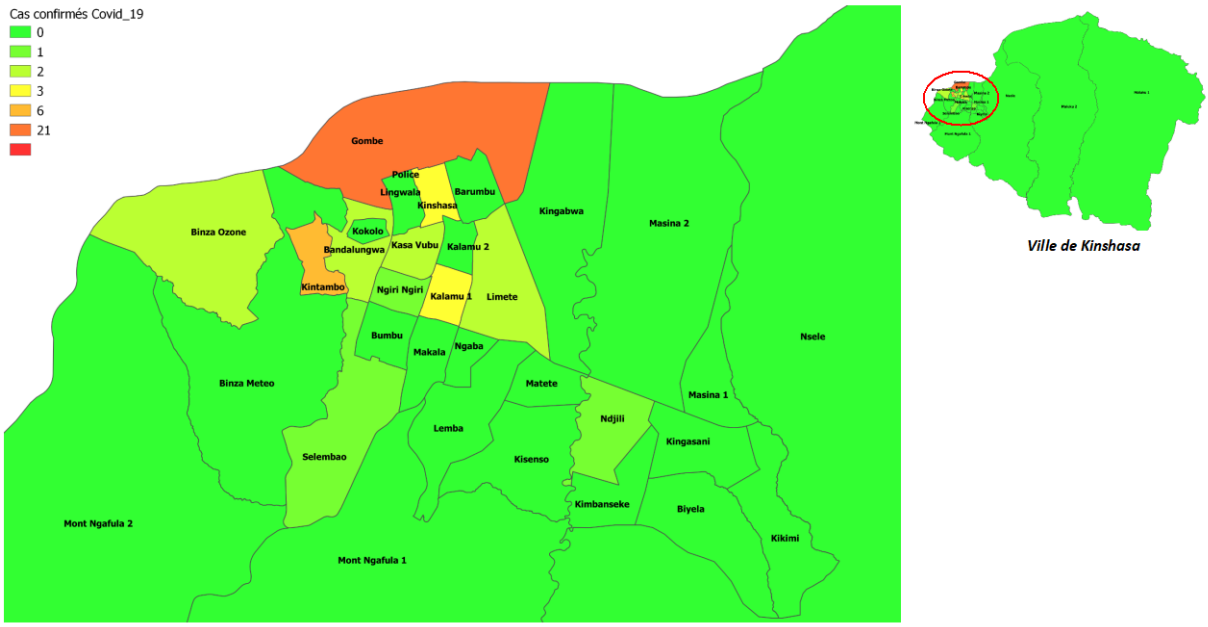
Figure 1. COVID-19 Cases[3]



[1] World Bank Report No: PCBASIC0219761
[2] World Health Organization. March 24, 2020. Coronavirus diseases 2019 (COVID-19) Situation Report – 64. Geneva: World Health Organization.
[3] World Health Organization. March 17, 2020.

3. **The first COVID-19 case was confirmed in DRC on March 10, 2020 in the province of Kinshasa.** As of March 24, 2020, the country recorded 45 confirmed cases. All cases have been in Kinshasa. The first case of local transmission was identified on March 17, 2020. Ten health zones[4] have been affected, all of which have limited service availability. Similar to many other countries, DRC faces daunting challenges because local transmission is occurring. The disease is also spreading rapidly across Africa: as of 24 March 2020, 1,988 total COVID-19 cases and 58 deaths have been reported in 43 African countries.[5] The nine countries that share borders with DRC have reported a total of 73 cases as of March 24, 2020 with no deaths. Burundi and South Sudan have not yet reported cases. Angola, Central African Republic, Congo, Tanzania, Uganda and Zimbabwe all have cases. The global situation indicates that both the number of cases can escalate, and type of transmission (imported versus local) can change rapidly. Figure 2 presents the distribution of confirmed COVID-19 cases in Kinshasa.

Figure 2: Distribution of COVID-19 cases in Kinshasa, March 24, 2020



4. **COVID-19 is one of several emerging infectious disease (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968. Each killed more than a million people globally. Although countries are now far more prepared than in the past, the world is also far more interconnected, and more people have behavioral risk factors such as tobacco use[6] and pre-existing health issues (cardiovascular disease, diabetes, etc.) that increase the

[4] Health Zones in Kinshasa affected are Gombe, Binza, Kintambo, Bandal, Kas aVubu, Kinshasa, Limete, Kalamu, Ndjili et Selembao.
[5] Africa CDC. March 24, 2020. Outbreak Brief #10: Coronavirus Disease 2019 (COVID-19) Pandemic.
[6] Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." *http://www.pvmarquez.com/Covid-19*

risk of death among those with COVID-19.[7] According to data from China, those aged 60 and above are at increased risk of death.

5. **Scientists are still working to understand the full picture of COVID-19 symptoms and severity.** Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 to 98 percent of patients develop a fever, 76 to 82 percent develop a dry cough and 11 to 44 percent develop fatigue or muscle aches.[8] Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent confirmed cases globally have resulted in death, WHO has been careful in providing a death rate associated with COVID-19. This is because in an upfolding pandemic where the number of known cases is likely underestimated (due to limitations to testing, etc.), such statistics can be misleading. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation.

B. Updated MPA Program Framework

6. **This project was prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility.** Table-1 provides the proposed project for DRC.

Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount ($ million)	Estimated IDA Amount ($ million)	Estimated Other Amount ($ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	P173825	Simultaneous	Strengthen the DRC government's capacity to prepare for and respond to the COVID-19 pandemic with a focus on selected provinces.	IPF	0.00	$47.20	0.00	April 2, 2020	Substantial

[7] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387
[8] Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072

C. Learning Agenda

7. **The DRC project under the MPA Program will support adaptive learning throughout implementation.** It will build on DRC's experience controlling multiple zoonotic diseases, including Ebola, as well as knowledge and lessons provided from other international organizations including the WHO, the Africa Centers for Disease Control (CDC), United States CDC, United Nations Children's Fund (UNICEF), International Organization of Migration (IOM) and others. DRC will contribute to the MPA learning agenda as follows:
   - *Forecasting*: Modeling the progression of the pandemic, both in terms of new cases and deaths and the economic impact of disease outbreaks under different scenarios;
   - *Technical*: Cost and effectiveness assessments of prevention and preparedness activities; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines;
   - *Supply chain approaches*: Assessments may be financed on options for timely distribution of medicines and other medical supplies; and
   - *Social behaviors*: Assessments on the compliance and impact of social distancing and hand washing measures under different contexts.

II. CONTEXT AND RELEVANCE

A. Country Context

8. **DRC's epidemiological profile, as well as its geographical and environmental diversity make it prone to many health challenges.** With a territory of close to 2.3 million square kilometers, DRC is the largest country in Sub-Saharan Africa. It shares about 9,000 km of borders with nine countries and has a population of approximately 90 million people. The population is young - about 43 percent is less than 15-years of age. Conflict, continued insecurity, poor service delivery and limited access to services have led to persistently high poverty and weakened economic development. In 2018, DRC had a Gross Domestic Product (GDP) per capita of US$562, and 73 percent of the population—equaling 60 million people—lived on less than US$1.9 a day. [9] The country has a life expectancy at birth of 60 years (2017), and the top causes of death—the same over the past decade—include malaria, lower respiratory infections, neonatal disorders, and tuberculosis (2017). [10] In 2018, infant and under-five mortality were 43 and 70 deaths per 1,000 live births respectively. [11] In 2014, maternal mortality stood at 846 deaths per 100,000 live births—one of the highest in the world. [12] Women in DRC, and particularly in the East, experience high levels of sexual and gender-based violence as part of the ongoing conflict. Malnutrition and inadequate access to water and sanitation services are primary drivers of death and disability and have remained consistent between 2007 and 2017. [13] While the prevalence of chronic malnutrition (stunting) has declined on the African continent over the past two decades, it has been stagnant in the

[9] World Bank. 2020. World Development Indicators.
[10] IHME. 2020. Democratic Republic of Congo. Accessed March 18, 2020 from http://www.healthdata.org/democratic-republic-congo.
[11] INS, 2019. Enquête par grappes à indicateurs multiples, 2017-2018, rapport de résultats de l'enquête. Kinshasa, République Démocratique du Congo.
[12] *Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité* (MPSMRM), *Ministère de la Santé Publique* (MSP) et ICF International, 2014. *Enquête Démographique et de Santé en République Démocratique du Congo* 2013-2014. Rockville, Maryland, USA : MPSMRM, MSP et ICF International.
[13] IHME, 2020.

DRC at 44.4 percent in 2001, 45.8 percent in 2007, 43.5 percent in 2010 and 42.6 percent in 2013. [14] DRC ranked 146 among 157 countries on the 2018 Human Capital Index: a child born in DRC today will attain only 37 percent of human capital as a productive adult (18-year-old), given the risks of poor health and education she faces in the country.[15]

9. **DRC is currently witnessing the tail-end of its tenth Ebola Virus Disease (EVD10) outbreak in North Kivu, Ituri and South Kivu provinces.** The outbreak is now the second largest in history after the 2014-16 West African Outbreak, and worst in DRC. As of March 16, 2020, EVD10 had infected approximately 3,444 confirmed and probable cases in 29 health zones, resulting in 2,264 deaths (and an overall case fatality ratio of 66 percent).[16] DRC was home to the first known Ebola outbreak in 1976, and the country has had multiple recent Ebola outbreaks (2012, 2014, 2017 and 2018). Beyond Ebola, DRC has regular outbreaks of diseases of international concern, such as cholera, measles, yellow fever, monkey pox, and plague, most of which begin in remote areas and are discovered weeks after the first cases appear. While EVD10 has garnered substantial funding and international attention, DRC has been facing concurrent cholera and measles outbreaks that have resulted in greater morbidity and mortality. Cholera is considered endemic to the region, whereas measles resulted in 341,389 cases and 6,412 deaths between December 31, 2018 and March 1, 2020.[17] Fragility, conflict and violence across the country are a challenge to rapidly identifying and containing outbreaks.

10. **The Government gained critical experience during the EVD10 response that will rapidly inform the COVID-19 response.** Coordination and leadership were critical given the number of actors involved in the response. Development of a single response plan that was adopted by all partners with a streamlined budget. The plan was implemented under the leadership of the Ministry of Health, which helped increase the efficiency of the response. The plan assigned essential public health interventions to co-leads for implementation.

11. **Even with a rapid and effective response, the COVID-19 pandemic will have a significant effect on the country's already weak economy.** The global economic impact of COVID-19 is already evident and reaches well beyond the disease's impact on morbidity and mortality. The Chinese economy has slowed, interrupting production and global supply chains. Transport has been limited or restricted between and within countries. School closures, social distancing and voluntary or mandated isolation have changed people's behavior and productivity. Global financial markets have responded to the vast uncertainly among consumers and firms, with stock indices plummeting. In DRC and other low- and middle-income countries, the economic consequences of the pandemic will likely be substantial. DRC could face weaker growth, and the diversion of public resources away from ongoing development efforts. With an economy that is highly dependent on mining products, mining accounting for more than 90 percent of total exports (of which over 40 percent go to China), an international drop in the trade of raw materials, minerals, and agriculture products will significantly affect DRC's revenues. In addition, local transmission of COVID-19 and its spread to provinces and rural areas with minimal health infrastructure, personnel,

[14] *Ministère du Plan* et Macro International, 2008 ; MPSMRM, 2014; INS 2019.
[15] Word Bank. 2019. World Development Report 2019: The Changing Nature of Work. World Bank: Washington, DC.
[16] WHO. 2020. Ebola in the Democratic Republic of Congo: Health Emergency Update. Accessed March 18, 2020 from https://www.who.int/emergencies/diseases/ebola/drc-2019
[17] WHO. 2020. Measles and Rubella Surveillance. Accessed March 18, 2020 from https://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/

and equipment will disrupt the economy and have lasting impacts on human capital formation.

B. Sectoral and Institutional Context

DRC's Health System

12. **Despite years of support and institutional capacity development, DRC's health system remains weak and poorly equipped to face COVID-19.** The country has 0.09 physicians per 1,000 inhabitants[18] and health facilities have been abandoned or destroyed in many regions due to insecurity and limited investment. In Kinshasa, the capital home to 10-12 million people, there are five public hospitals, all of which are in urgent need of support to address common health issues, let alone respond to a surge in demand brought on by COVID-19. In the provinces, the health system is equally ill equipped to respond to a pandemic. According to the Emergency Response Plan prepared by the Ministry of Health in 2017, out of the 1,077 health facilities in the Kasai province, 29 percent were destroyed or looted during the recent crisis, 32 percent experienced increased demand for care due to influx of internally-displaced persons, and 13 percent were abandoned by health staff who fled fearing for their safety.[19] Similar situations exist in other provinces.

13. **Quality of care throughout the country remains very poor.** Performance of health workers (absenteeism, clinical quality of care, interpersonal skills) is poor, health facilities have insufficient financial resources, the average availability of essential medicines is low and highly uneven between provinces and therapeutic classes, the range of services available at health facilities is limited, and the convenience of services (operating hours, proximity) is inadequate. A key concern during the EVD10 response was improving Infection Prevention and Control (IPC) due to the high prevalence of nosocomial infections and expanding hygiene and sanitation facilities at health clinics to protect health workers and avoid spread within facilities. Such high prevalence of nosocomial infections was observed in private health clinics run by traditional healers where the population primarily seeks care. Furthermore, lack of access to reliable clean water in communities throughout the country will constrain attempts to implement appropriate hygiene measures. Given the highly contagious nature of COVID-19, IPC will be a concern when it comes to providing adequate protection to health workers and minimizing the spread of infection.

14. **Households have limited financial risk protection from catastrophic health expenditures.** Current Health Expenditure (CHE) in DRC is low in absolute term and by international standards, as is domestic spending on health. CHE per capita in DRC amounted to US$21.80 in 2016, below the US$37 average for low-income countries.[20] Donors are the main spenders on health in DRC, followed by households through out-of-pocket spending.[21] Government spending represents only 12 percent of CHE.[22] Over the last decade, health represented about 4 to 5 percent of the total budget (4.8 percent in 2016), way below the 15 percent Abuja target albeit the last 2 years, health as share of the national budget

[18] World Development Indicators, 2020.
[19] Kismul H., Acharya P., Mapatano M., Hatloy A. 2017. Determinants of Childhood Stunting in the Democratic Republic of Congo: Further Analysis of Demographic and Health Survey 2013–14.
[20] Programme National des Comptes Nationaux de la Santé (PNCNS). 2018. Rapport sur les comptes de la santé RDC 2016. PNCNS : Kinshasa.
[21] PNCNS, 2018.
[22] PNCNS, 2018.

amounted 10 percent.[23] Four percent of households encountered catastrophic health expenditure in 2012,[24] but the prevalence was four times higher among the poorest (8 percent) than among the richest (2 percent). The limited financial protection provided to households, specifically the poorest, means that during a COVID-19 outbreak, many people may be pushed further into poverty due to catastrophic health expenditures.[25] While progress towards Universal Health Coverage (UHC) is a priority for the government, as reflected in the 2019-2022 National Health Sector Development Plan (*Plan National de Development Sanitaire* – PNDS recadré), the objectives are yet to be realized. The plan provides an orientation for mobilizing and pooling resources for the health sector.

Initial Government Response to COVID-19

15. **The Government has established a two layered coordination mechanism to respond to COVID-19.** The mechanism follows International Health Regulations and aims to establish an efficient multisectoral coordination system to monitor health emergencies as they arise. For the COVID-19 response, a national level committee provides strategic oversight, whereas provincial level committees provide operational support. At the national level, a ***Multisectoral Crisis Committee for COVID-19*** chaired by the Prime Minister ensures strategic coordination with participation from all key ministries, which include health, budget, social affairs, interior and security, communication and media. The Minister of Health is the Permanent Secretary of the Multisectoral Committee. The Multisectoral Crisis Committee is supported by the ***National Technical COVID-19 Committee*** that provides technical expertise and ensures management and oversight of the national strategy for COVID-19. The National Technical Committee serves as an umbrella for five working groups with an incident management system. At the provincial level, a **Provincial Coordination Committee** is chaired by the Governor of each province, with the Provincial Health Department responsible for organizing the relevant subcommittees. The National Technical COVID-19 Committee convenes daily and assesses working groups reports and information generated from decentralized levels. It also draws on information provided by the Public Health Emergency Operations Center (*Centre d'Opération pour les Urgences en Sante Publique* – COUSP), established in 2017 to gather and analyze information and resources to support incident management activities. COUSP was activated to manage EVD10, as well as the ongoing Cholera and Measles outbreaks.

16. **The Government has developed a National Strategic Preparedness and Response Plan on COVID-19, which was shared with stakeholders on March 16, 2020 for review.** The Preparedness and Response Plan follows WHO guidelines for COVID-19, dated February 12, 2020. It was developed in collaboration with multiple donors, including the United Kingdom's Department for International Development, WHO, United States Agency for International Development, US CDC, UNICEF, the Government of Canada, European Union and Belgium Embassy. It aims to:
    i. Strengthen technical and operational coordination of activities to prepare for and respond COVID-19 through existing mechanisms and partnerships;
    ii. Develop and implement early detection of suspected cases of COVID-19 with or without epidemiological links (including monitoring of travelers with or without epidemiological links) at entry points (airports, ports and other border posts), health facilities and in the community;

[23] PNCNS, 2018.
[24] Enquête 1, 2, 3, 2012.
[25] PNCNS, 2018.

iii. Respond quickly and effectively to any suspected or confirmed case of COVID-19 through surveillance (case investigation, contact tracing, alerts, surveillance at points of entry), isolation, referral and laboratory confirmation, optimized psychosocial and medical care, preventive measures and infection control; and
iv. Develop and implement an aggressive communication campaign, awareness programs, and handwashing and social distancing measures for behavioral change in the community, including communication at entry points and to airline companies.[26]

17. **The Government is pursuing an approach focused on a sanitary cordon (*cordon sanitaire*) strategy.** This approach is aligned with the WHO strategy that focuses on developing interventions around clusters of cases where local chains of transmission can be linked. The Government will implement interventions that target currently affected health zones. Testing will be done among contacts of confirmed cases, and a referral system has been established that designates health facilities to cover specific health zones.

18. **The Government is taking unprecedented measures to limit risks to the population of DRC.** On March 18, 2020, the President outlined steps that will be taken to contain the virus. Most notably, as of Friday March 20, 2020, all flights from at-risk countries are suspended (with the exception of cargo planes and other means of freight transport). All people, upon arrival at a national boarder, are required to complete an information sheet and have their temperature tested and suspected cases are quarantined for 14 days. In terms of social gatherings, all meetings of more than 20 people in public or outside the home are prohibited; schools, universities, higher official and private institutes are closed for four weeks starting March 19, 2020; and all sporting events, restaurants, and mourning halls are suspended or closed until further notice. On March 24, 2020, the Government declared a state of emergency and increased measures to contain the spread of disease. Most notably, all travel from Kinshasa to the Provinces and Provinces towards Kinshasa was halted to confine the capital.

Lessons from the EVD10 response

19. **EVD10 was the largest historical Ebola outbreak DRC has experienced and provides valuable insight into how the country can most efficiently and effectively respond to COVID-19.** Unlike the previous nine EVD outbreaks, the most recent outbreak was geographically widespread (covering three provinces and 29 health zones) and for the first time since its manifestation in 1976, occurred in a conflict zone. The Ministry of Health declared EVD10 on August 1, 2018. The last case was reported on February 24, 2020, and if no new cases are reported, the outbreak will be declared over on April 12, 2020. Critical public health interventions were implemented under the leadership of the Ministry of Health during EVD10, with support from co-leads, grouped by sub-pillar of the response. A single Strategic Response Plan was adopted by all partners with a streamlined budget, under the Ministry's leadership. Although the diseases differ substantially, the experience from EVD10 provides valuable insight for the approach to contain and address COVID-19 in DRC. The main strategic objective for EVD10's coordination was to break the chains of transmission, ensure rapid detection and isolation of cases, intensify

[26] These four areas are corresponding with the Technical Working Groups of the response. The plan outlines eight areas: i) coordination and emergency public health operation centers, ii) epidemiological surveillance and points of entry, iii) prevention and control of infections and biosecurity, iv) laboratory, v) medical care, vi) psychosocial care, vii) communication on risks and community engagement, and vii) logistics.

multidisciplinary public health measures around any confirmed case, strengthen community engagement activities, strengthen health systems and ensure effective coordination of both local and international partners. Best practices from the response are summarized in Table 2.

Table 2. Best practices from EVD10 and relevance for COVID-19 response

Technical area	EVD10 response	Relevance for COVID-19 response
Response Coordination	• National Coordination adopted Incident Management System to improve information flow and decentralize decision-making • National Coordination created functional groups with clear roles and responsibilities to ensure improved span of control and chain of command • National Coordination established clear roles for co-leads to avoid duplication of activities	• Use of an Incident Management System to support coordination of COVID-19 response • Under the leadership of the Government, ensure a weekly strategic meeting with health of agencies and Incident Management System team
Surveillance	• Monitoring Unit established to improve follow-up of lost contacts • Food distribution provided to contacts • Community leaders involved in ensuring proper contact tracing • Active case finding and door-to-door activities implemented to improve case detection coupled with community watch interventions to ensure tracking of movements (new arrivals, deaths, illnesses)	• Involve community structures at early stage of surveillance activities
Community Engagement	• Community-centered approach adopted with feedback mechanisms to follow and address rumors • Anthropologists and social scientist engaged to provide feedback on response pillars • Trust gained quickly from local religious, traditional and community leaders to mitigate community resistance • Community structures and community health workers who speak local language used to better communicate with communities	• Communicate critical risk and event information to all communities and counter misinformation
Infection Prevention and Control (IPC)	• Established standardized package for IPC • Implemented ring IPC with supervision (IPC focal point at health facilities) and frequent evaluations (use of IPC score card)	• Define and implement standardized IPC package • Capitalize on IPC toolkit and standard package for training of trainers
Case	• Decentralized transit centers used to rapidly	• Conduct screening at entry

Technical area	EVD10 response	Relevance for COVID-19 response
Management and Free Care	test and isolate cases in setting close to communities, which also improved willingness to seek care	points • Establish referral mechanisms from health zones to identified hospitals with treatment capacity • Consider similar model of decentralized transit center
Operational Preparedness	• Defined package of activities for operational preparedness to reduce the risk of spreading EVD to other health zones • Deployed experts in each health zone to implement readiness activities and strengthen the health system • Trained rapid response teams to investigate alerts in non-affected health zones	• Conduct training to equip health zones based on clear protocols and package of activities • Use similar preparedness package of interventions for COVID-19
Financial Management	• Tools and a manual of procedure developed to manage Hazard pay were not fully enforced • Reporting requirements for the Project Implementation Unit (PIU) on Ebola response were not clearly defined and enforced • Ex-post annual audits occurred too late to be relevant	• Agree upon and enforce processes for managing hazard Pay (eligibility criteria, pay scales & beneficiary headcount rationalization mechanisms) at the onset • PIU to report on a monthly basis (i) on the sources and uses of funds and cash forecast for the next three months, (ii) key activities, contracts and critical issues to bring to attention • Appoint Financial Controller to strengthen financial management of the project • Conduct hands on Financial Management supervision on a quarterly basis • Grievance Redress Mechanism highlights the possibility of anonymously reporting suspected fraud
Procurement	• Weak procurement capacity affected the speedy implementation of the Ebola response	World Bank procurement accredited staff/consultant to provide support during the first three months of the project implementation. • Hands-on Expanded Implementation Support on COVID19 procurement.

Linkages between the COVID-19 Strategic Preparedness and Response Project and Existing World Bank Operations in DRC

20. **The COVID-19 Strategic Preparedness and Response Project will coordinate with and leverage existing World Bank health projects in DRC.** The Health System Strengthening for Better Maternal and Child Health Results Project (*Projet de Développement du Système de Santé* – PDSS – P147555 – US$514.5 million) operates in 11 provinces[27] to improve utilization and quality of maternal and child health services. PDSS has developed multiple quality improvement tools that will be critical to deliver high quality services to COVID-19 patients. The Multisectoral Nutrition and Health Project (P168756 – US$502 million) operates in four provinces[28] to increase utilization of quality nutrition-specific and nutrition-sensitive interventions targeting children and pregnant and lactating women. The project strengthens a vast network of community health workers to deliver basic nutrition and health services to families. Community health workers will be essential to engage and educate communities about COVID-19 and to refer people for health services. Finally, Regional Disease Surveillance Systems Strengthening Phase IV (REDISSE IV – P154807 – US$150 million for DRC) is a regional project that aims to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness. This operation will coordinate most closely with REDISSE IV, which is pending effectiveness.

21. **The REDISSE IV and COVID-19 Strategic Preparedness and Response Projects will complement each other in support of disease surveillance and response.** REDISSE IV will primarily operate at the national level. The project will work to strengthen national laboratory capacity and improve community-based surveillance. REDISSE IV uses the One Health approach to recognize the connectedness of human, animal and environmental health and the need to address challenges in a collaborative, multi-sectoral and trans-disciplinary approach. REDISSE IV strengthens not only the human health Joint External Evaluation, but also the evaluation of the Performance of Veterinary Services and epidemiological surveillance network for animal health to improve analytical capacity and exchange of information. The COVID-19 Strategic Preparedness and Response Project will cover REDISSE IV's blind spots where there are limited services on prevention and case management. The new project will work to ensure that provinces can adequately respond to the COVID-19 pandemic. The two projects will facilitate exchange of information (they both use the same Project Implementation Unit (PIU)) to minimize the chances of duplication and maximize synergies. They will establish standard operating procedures, which should strengthen reporting procedures to WHO and the World Organization for Animal Health (*Organisation Internationale de l'Elevage* – OIE). Both projects will build on existing systems that have been put in place during prior Ebola outbreaks.

22. **Given the size of the country and the vast needs of the health system, selected provinces will be supported through the project.** However, given the constantly evolving nature of the COVID-19 pandemic, the project may change geographic scope rapidly as needed. The initial focus of the project will be on supporting the containment of the epidemic in Kinshasa where it originated in the country

[27] Equateur, Sud Ubangi, Tshuapa, Mongala, Mai-Ndombe, Kwilu, Kwango, Maniema, Haut-Katanga, Haut-Lolami, and Lualaba
[28] Kwilu, Kasai, Kasai Central, and South Kivu.

and supporting the development of a *cordon sanitaire* mechanism (ring-fencing mechanism). This approach aims to reduce the risks of transmission to neighboring provinces. In parallel, preparedness activities will be supported for provinces in the vicinity of Kinshasa (Bas-Congo, Kwango, and Kwilu). In addition, Goma and Lubumbashi will be supported to upgrade their existing capacity to test and manage acute cases. These two cities are most likely to be subject to imported cases either from Kinshasa or from international connections.[29]

C. Relevance to Higher Level Objectives

23. **The project is aligned with World Bank strategic priorities, particularly its mission to end extreme poverty and boost shared prosperity.** It is aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions: (i) improving national preparedness plans including organizational structure of the Government; (ii) promoting adherence to the International Health Regulations; and (iii) using international framework for monitoring and evaluation of International Health Regulations. The economic rationale for investing in MPA interventions is strong, given that success can reduce the economic burden suffered by individuals and countries. The project complements World Bank and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. In line with IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of International Health Regulations (2005), Integrated Disease Surveillance and Response, and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of UHC and of the Sustainable Development Goals, and the promotion of a One Health approach.

24. **The World Bank remains committed to providing a fast and flexible response to the COVID-19 pandemic, utilizing all World Bank operational and policy instruments and working in close partnership with the government and other agencies.** Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed World Bank response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The World Bank COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan outlining the public health measures for all countries to prepare for and respond to COVID-9 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

III. PROJECT DESCRIPTION

A. Development Objectives

Project Development Objective statement:

[29] As of March 23, Lubumbashi declared the first two cases imported from Kinshasa via Air Congo.

25. The Project objectives are aligned to the results chain of the National COVID-19 Strategic Preparedness and Response Program. ***The Project Development Objective (PDO) is to strengthen the DRC government's capacity to prepare for and respond to the COVID-19 pandemic with a focus on selected provinces.***

PDO level indicators:

26. The PDO will be monitored through the following PDO level outcome indicators:
    - Percentage of targeted provinces with pandemic preparedness and response plans per Ministry of Health Guidelines
    - Percentage of targeted health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks
    - Number of health staff trained in infection prevention control per Ministry of Health-approved protocols in targeted provinces

B. Project Components

27. **The DRC operation addresses national preparedness and response systems while focusing on selected provinces.** The proposed project is aligned with the country COVID-19 preparedness and response plan that has a total estimated cost of US$130 million. World Bank support will focus on strategic activities that will provide a platform for aligning donors. In addition to intervening at the national level through coordination, strategic planning, and monitoring and evaluation (M&E), the project will support Kinshasa and its hinterland (Bas-Congo, Kwango, and Kwilu) in developing a *Cordon Sanitaire* to limit the spread of the epidemic outside of Kinshasa where local transmission has already started. Concurrently, it will strengthen the health system's capacity to respond to a surge of COVID-19 cases. Lubumbashi and Goma will be reinforced to provide testing capacity and health care for acute emergency cases (including a package aimed at enhancing provincial coordination, M&E and implementation capacity by bolstering provincial level hospitals, laboratories, communication and social distinction campaigns). However, as the epidemic is evolving so rapidly, the geographical focus of the project might evolve as well.

28. Technical and financial partners operating in DRC are aligned with the Government's COVID-19 response plan. UN agencies such as WHO, UNICEF, IOM and others provide technical support in the development of the plan, as well as execution of its interventions and development of protocols. Financial partners such as DFID, GAVI, USAID, JICA, and the Global Fund, provide financial and technical support to the government plan, mainly through UN agencies. More donors will likely mobilize funding once the COVID-19 Plan is validated by the Government.

Component 1: Emergency COVID-19 Response, National and Sub-national Prevention and Preparedness (US$37 million equivalent)

29. **This component aims to provide:**
    i. Immediate support to prevent COVID-19 from spreading and limiting local transmission through containment strategies;

ii. Support for institutional development with a comprehensive platform for better coordination between the national and provincial levels to address health issues, including epidemics and other common widespread diseases; and
iii. Support for rehabilitation and equipment at selected primary health care facilities and hospitals for the delivery of critical medical services with proper IPC measures, and to cope with increased demand for services posed by the pandemic.

30. **The threefold aim will contribute to the enhancement of disease detection capacities through training of technical staff, the provision of laboratory equipment and systems to ensure prompt case finding and contact tracing.** It will enable DRC to mobilize surge response capacity through trained and well-equipped frontline health workers. It will support development of a policy dialogue framework at the provincial level and build provinces' capacity to engage and coordinate with the national level. The policy framework will be implemented in selected areas where provincial hospitals and laboratories will be upgraded and equipped for COVID-19 through staff training, WASH and communication for behavior change programs.

31. **As COVID-19 will place a substantial burden on inpatient and outpatient health care services, the component will develop intra-hospital IPC measures.** This will include necessary improvements in blood transfusion services to ensure the availability of safe blood products. This will also include support for intensive care facilities within hospitals with medical equipment and training of health teams. There will be support for ensuring access to safe water and basic sanitation in health facilities, as well as to strengthen medical waste management and disposal systems, provision of critical medical supplies, diagnostic reagents, including kits.

32. **The component will also cover other operational expenses such as those related to mobilization of health teams and hazard/indemnity pay consistent with the Government's applicable policies**. Support will be provided to improve access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and population. Subcomponents include:

Sub-Component 1.1 Early Case Detection, Laboratory Confirmation, Contact Tracing, Recording, and Reporting.

33. **This sub-component aims to:** (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support case investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information drawing on the system developed during the last Ebola outbreak.

Sub-Component 1.2: Health System Strengthening.

34. **This sub-component aims to support the health care system for preparedness planning to provide optimal medical care, maintain essential community services and minimize risks for patients and**

health personnel. It will include training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity would be achieved through harmonized development plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines. Also, strategies will be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

Sub-Component 1.3: Infrastructure (observatories, reference labs, clinical capacity), equipment, reagents and commodities and building analytical and assessment capacity embedded within National Primary Human Health Systems.

35. **The sub-component aims to strengthen prevention and response planning for EIDs in the context of human and animal health**. It will support simulation exercises in selected provinces. It will lay the foundations for the REDISSE IV operation to make the linkages between the One Health system at the central level with the human health system supported by the COVID-19 operation at the provincial level. It will build a more comprehensive One Health system at the provincial level and ensure synergies between the provinces and central level.

36. **The sub-component will enhance zoonotic diseases information systems through development of a uniform disease information system in DRC**. This will be part of the control program to provide stronger analytical capacity to enable the country to participate in global disease information sharing, complying with their obligations as members of OIE and WHO. This will contribute to improved global and regional control of COVID-19 and other emerging infectious diseases. The system will be linked to rapid and standardized methods of routine analysis of surveillance data, which would demonstrate important changes in animal health, and promptly supply this information to field personnel.

Component 2: Communication Campaign, Community Engagement and Behavior change (US$7.2 million equivalent)

37. **This component will include communication campaign activities that develop and test key messages and materials for COVID-19 and enhance infrastructure to disseminate information from national to state and local levels and between the public and private sectors.** Communication activities will support cost effective and sustainable methods such as marketing of handwashing and social distancing through various communication channels (mass media, counseling, schools, workplace and integrated into specific interventions). It will include outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Support will be provided for information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. In DRC, community mobilization takes place through institutions that reach the local population, especially in rural areas (i.e. church, tribal leaders, CSOs). In addition, support will be provided for: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on COVID-19; (ii) general preventive measures such as “dos” and “don’ts” for the general public; (iii) information and guidelines for health care providers: (iv) training

modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; (vi) symposia on surveillance, treatment and prophylaxis; (vii) support to establish and maintain a grievance mechanism (such a call center) to directly engage with citizen to collect their views and with government agencies and other stakeholders to report on the outbreak, and services rendered to citizens within the preparedness and response national plan for COVID-19. Experienced NGOs would be contracted for the implementation of community-based activities, including WASH activities in coordination with health zone and provincial level management.

38. **The component will support community engagement throughout the response.** Support will be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement, similar to what was used during the EVD10 response, including to address issues such as inclusion and healthcare worker's safety. This component will support rebuilding community and citizen trust that can be eroded during crises. This component will also include community-based animal disease surveillance and early warning networks. It will support the establishment at the community level of early warning systems to support a robust emergency reporting and feedback system against notifiable diseases. A critical objective of the sub-component is to improve the commitment of all participants of the "epidemiological surveillance networks". The project will also support training for animal health workers organizations.

39. **Support will be provided for social distancing and behavioral changes**. Financing will be made available to develop guidelines on social distancing measures to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the Ministry of Health on the caring of health and other personnel involved in pandemic control activities. Additional preventive actions will be supported that will complement social distancing (i.e., personal hygiene promotion, including promoting handwashing, and distribution and use of masks), along with increased awareness and promotion of community participation in slowing the spread of the pandemic.

Component 3: Implementation Management and Monitoring and Evaluation (M&E) (US$3 million equivalent)

40. **Support to strengthen public structures for Project coordination and management will be provided, including central and provincial arrangements for coordination of activities, financial management and procurement.** Relevant structures will be strengthened by the recruitment of additional staff and consultants responsible for overall administration, procurement, gender based violence, safeguards, and financial management under the PDSS implementation unit. To this end, the project will support costs associated with project coordination as well as M&E system. This component will support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

Component 4: Contingency Emergency Response Component (CERC) (US$0 million)

41. **Following an eligible crisis or event, the Client may request the World Bank to re-allocate project funds to support additional emergency response.** This component would draw from the uncommitted credit or grant resources under the project from other project components to cover emergency response. CERCs can be activated without needing to first restructure the Original Project, thus facilitating rapid implementation. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is

activated. In anticipation of such an event, this sub-component will improve the Government's response capacity in the event of an emergency, following the procedures governed by the Investment Project Financing Bank Policy paragraphs 12 and 13, for situations of urgent need of assistance.

Project cost by component

42. Table 3 presents the project cost by component. One expenditure category will be established for all project costs, as presented in Table 4.

Table 3. Project cost by components

	Budget (US$ million)
Component 1: Emergency COVID-19 Response National and Sub-national, Prevention and Preparedness • **Sub-Component 1.1** Early Case Detection, Laboratory Confirmation, Contact Tracing, Recording, Reporting. • **Sub-Component 1.2:** Health System Strengthening • **Sub-Component 1.3:** Infrastructure (observatories, reference labs, clinical capacity), equipment, reagents and commodities and build analytical and assessment capacity embedded within National Primary Human Health Systems.	**37.0**
Component 2: Communication campaign, Community Engagement and Behavior change • Communication campaigns • Community engagement • Social Distancing and behavioral changes	**7.2**
Component 3: Implementation Management and M&E	**3.0**
Component 4: CERC	**0**
Total	**47.2**

Table 4. Budget summary by type of expenditure

Type of expenditure	**Total cost (US$ million)**
Technical Assistance; Goods and Services; medicines, therapeutics and equipment; Works; operating costs, including hazard pay.	47.2
Total	**47.2**

C. Project Beneficiaries

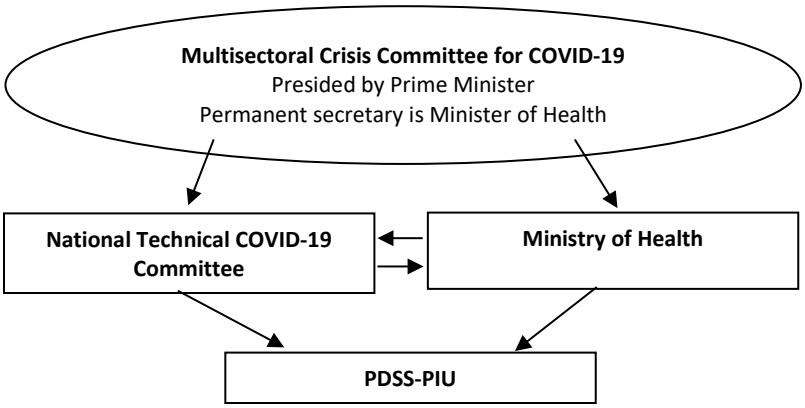
43. **The expected project beneficiaries will be the population at large**. Given the nature of the disease, beneficiaries include infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

44. **Strategic leadership for the Project will be provided through the leadership of the *Multisectoral Crisis Committee for COVID-19* presided by the Prime Minister with the Ministry of Health as Permanent Secretary.** The ***Ministry of Health*** is the government entity responsible for managing and implementing Project activities. The Ministry of Health will be accountable for meeting project objectives, and providing oversight, monitoring and evaluation of project activities. The Multisectoral Crisis Committee for COVID-19 has a ***National Technical COVID-19 Committee*** with five working groups monitoring the implementation of each pillar of the response, the implementation of an Incident Management System with two incidents managers (one managing preparedness in provinces and the second focusing on Kinshasa). The National Technical Committee is headed by the National Technical Coordinator who is the Director of the National Institute of Biomedical Research (*Institut National de Recherche Biomédicale* – INRB). The ***Project Implementation Unit (PDSS-PIU)*** will be the one currently coordinating and implementing the various Health, Nutrition, and Population projects, including PDSS, the Multisectoral Nutrition Project and REDISSE IV. The PDSS-PIU will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. Figure 3 presents the institutional arrangements.

Figure 3: Project Institutional Arrangements



45. **While the COVID-19 pandemic is ongoing, the National Technical COVID-19 Committee will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project.** This will be aligned with the DRC National COVID-19 Response and Preparedness Planned validated by the Government and its partners in March 2020. Once the pandemic is declared over in DRC, the Ministry of Health will have overall responsibility for the project. It will be managed by the ***National Steering Committee on Health*** (*Comité National de Pilotage*) which manages other health projects such as PDSS and the Multi-sectoral Nutrition Project, under the responsibility of the Secretary General for Health. In this situation, the National Steering Committee on Health will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project. The National Steering Committee on Health will be chaired by the Minister of Health and made

up of representatives from all project beneficiary ministries.

46. **The National Technical Committee put in place by the Prime Minister under the leadership of the Director of the INRB will provide overall operational guidance.** It will also provide general oversight of Project implementation, performance monitoring, cross-sectoral coordination and consistency with sector policy and strategies, development of the Annual Work Plans and Budgets, procurement plans and progress reports. It will report to the national steering committee and as needs arise to the Multisectoral Committee at its request.

47. **Financial management and procurement will be assured by the PDSS-PIU according to the existing procedures.** Large goods and services will be handled by a COVID-19 fiduciary team. The PDSS PIU will: (i) prepare the annual work plans and budgets for onward transmission to the National Coordination Committee; (ii) carry out disbursements and procurement in accordance with World Bank procedures; (iii) prepare and consolidate periodic progress reports; (iv) monitor and evaluate project activities; and (v) liaise with stakeholders on issues related to implementation. The PDS-PIU will report on a monthly basis a summary of the Interim Financial Report showing the sources and uses of funds and cash forecast for the next three months. The report will provide an update on key activities, contracts and critical issues to bring to attention. The report will be made available to the ***Interministerial Coordination Committee*** (*Comité Interministériel de Coordination)* ten days following the month end. More details will be provided in the Project Implementation Manual (PIM) being updated.

48. **The PDSS-PIU will be expanded to allow for efficient and effective implementation.** A separate fiduciary team will be assigned within the PDSS-PIU to focus on the fiduciary management and monitoring, and evaluation of the proposed activities as defined in the COVID-19 Plan. At minimum, the additional PIU staff appointed will include: a) a focal point, who will ensure efficient implementation of the various project components carried out in collaboration with other relevant ministries; b) a financial management specialist; c) an accountant; d) a procurement specialist; and e) a financial controller appointed by the Ministry of Finance and located within the PDSS-PIU (more details will be in implementation manual).

B. Results Monitoring and Evaluation Arrangements

49. M&E activities will be the responsibility of the PDSS-PIU using information from the National Steering Committee. The project will use the M&E modalities put in place under the EVD10 response operation:
    - **Reporting:** The Ministry of Health will produce a daily reports to be consolidated into a monthly report for the purpose of project monitoring based on agreed targets and the progress made of implementation of critical project activities. This report will contain tables of performance against indicators for the proposed project.
    - **Supervision and implementation support**: An experienced World Bank team of health, operational, and fiduciary specialists will provide day-to-day implementation support to the Ministry of Health and PDSS-PIU.

C. Sustainability

50. **A critical lesson from EVD10 was the need to invest in underlying health systems during the emergency response.** This is essential to sustain gains in containing the disease. Strengthening DRC's health system

includes expanding trained medical personnel, strengthening IPC and triage, and ramping up diagnostic capacity and infrastructure for patient management, including isolation facilities. Interventions financed under this Strategic Preparedness and Response Project should support both COVID-19 health services as well as non-COVID-19 health services. DRC is prone to disease outbreaks. This risk can only be mitigated by using every opportunity to strengthening public health surveillance and emergency response alongside strengthening the country's health system.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

51. **Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic, it is apparent there will be economic impact from increased sickness and death**. During the Spanish Influenza pandemic in 1918-19, 50 million people died – about 2.5 percent of the then global population of 1.8 billion. The most direct economic impact of COVID-19, if we assume it is similar to Spanish Influenza, will be through increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined, will be significant.

52. **Another significant set of economic impacts will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection.** The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at 800 deaths and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. The measures that people took to reduce contamination resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures. Prompt and transparent public information policy can reduce economic losses.

53. **A last set of economic impacts are those associated with governments' policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population.** These policy actions can be oriented to the short, medium or long-term or, in spatial terms to the national, regional or global levels. When government resources are redirected towards containing a pandemic, other sectors and development priorities will suffer.

B. Fiduciary

Financial Management

54. **The project will leverage the existing financial management and disbursement arrangements of PDSS-PIU for its implementation.** The main activities to be implemented will be based on the Government's COVID-19 preparedness and response plan. The activities under this project are similar to those handled under EVD10 for which PDSS played a key fiduciary role. For the hazard pay, lessons learned and tools developed to mitigate fiduciary risks (manual of procedures, biometric identification of beneficiaries, and audit) with EVD10 will apply to the current operation. There are no overdue audit reports and

Interim Financial Reports.

55. **For disbursement purposes, a designated account will be opened in a financial institution acceptable to IDA and managed by the PDSS-PIU.** IDA will provide an advance representing six-monthly forecast of expenditures. The disbursements will be based on Statements of Expenditures. Other disbursement methods reimbursement, special commitment and for instance Direct payment will apply as well. Given that the processing of this operation is under situations of urgent need of assistance or capacity constraints, disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open, or limited competition, or Direct Selection, as set out in the procurement plan, must be made only through Direct Payment and/or Special Commitment disbursement methods.

56. **The PDSS-PIU will submit quarterly interim financial reports to the World Bank, using the same PDSS formats.** Similarly, the PDSS external Audit firm will conduct annual audits of the project financial statements audits. The Audit report will be submitted to the Bank no later than six months following the end of the year. The implementation PDSS CERC manual used for the EVD10 will serve as the basis for the development of the project implementation manual (PIM).

57. **As of March 9, 2020, the amount of lapsed loans and ineligible expenditures pending reimbursement to the World Bank are USD$ 1,897,586 and USD $ 77,453 respectively.** While DRC is currently in a lapsed loan situation, the proposed project is an emergency operation that is aimed at enabling the DRC government to respond to the COVID-19 pandemic by rapidly purchasing the required goods and services and implementing the project activities. The emergency nature of the project combined the current economic and financial situation of the country will require an advance of part of the loan proceeds in a designated account to be managed by the project. World Bank management has given a waiver to allow the use of Advance method. This is only applicable for this emergency. Retroactive Financing, not exceeding 40 percent of the financing amount will be considered for eligible expenditure paid not more than 12 months before the date of the signing of the Financing Agreement.

58. **The overall project Financial Management risk is assessed as High.** Table 5 includes the main constituent elements of the risk and their respective mitigation measures. The implementation of the mitigation measures will be reviewed, and the Financial Management risk will be reassessed as part of the continuous implementation support on the project. Financial management implementation support will take place quarterly.

59. **The project's Fiduciary risk is High.** DRC's portfolio as a whole is characterized by high fiduciary risks with a number of allegations of fraud and corruption constantly reaching the World Bank and numerous cases of procedural non-compliance frequently detected. To some extent, this operation is similar to the World Bank intervention in the 9th & 10th EVD responses. Lessons learned and tools and systems developed with EVD to mitigate fiduciary risks will apply to the current project. PDSS-PIU staff capacity will be strengthened, the World Bank will provide support through a procurement accredited staff and Hands-on Expanded Implementation Support; and the existing implementation manual used for EVD10 (PIM) will be updated to reflect some processes specific to the current operation. However, the residual

risk remains High due to the emergency nature of the project.

Table 5. Financial Management Risks and Mitigation Measures

Risks	Mitigation Measures
Potential ineligible expenditures and delay in providing reports as a result of incomplete documentation provided by the implementing agencies, overdue unacquitted cash advances, or use of funds for non-project related expenditures.	• The nature of eligible expenditures will be clearly defined • Advances to implementing agencies will be limited and controlled • The PIM being updated will provide more information on the fiduciary requirements, including the management of hazard Pay (eligibility criteria, pay scales & beneficiary headcount rationalization mechanisms). • A financial controller will be appointed by the Ministry of Finance within the PDSS-PIU. • Close hands on support will be provided by the World Bank fiduciary team
Duplication of expenditures with expenses being charged to multiple partners/financing sources.	• A detailed global response plan will be prepared, and each partner will be assigned specific activities to finance • A common reporting template will be designed for use by all partners • Common reporting frequencies and consolidation will also be agreed upon so that joint communication among donors is established • Use of coordinated external audits
The PDSS currently has a Moderately Unsatisfactory Financial Management performance rating.	• The Ministry of Health and PDSS-PIU are implementing various activities to improve this rating such as improvement of budget monitoring, upgrading accounting software deficiencies, and updating their manual of procedures • World Bank staff will closely monitor activities

Procurement

60. **Procurement under the MPA will be carried out in accordance with the World Bank's Procurement Framework.** Procurement by countries will follow the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Projects will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. Countries will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

61. **The major planned procurement across countries is expected to include**: (i) medical/laboratory equipment and consumables; (ii) Personal Protective Equipment (PPE) in facilities and triage; (iii) clinical management equipment; (iv) refurbishment and equipment of medical facilities; (v) technical assistance for updating or

reviewing national plans and costs; (vi) human resources for response; and (vii) expertise for development and training of front-line responders. Country projects will prepare streamlined project procurement strategies for development (PPSD). The DRC procurement plan has been developed and dated March 26, 2020.

62. **Country procurement approaches will utilize the flexibility provided by the World Bank's Procurement Framework for fast track emergency procurement by the countries.** Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate; (ii) streamlined competitive procedures with shorter bidding time; (iii) use of framework agreements including existing ones; (iv) procurement from UN Agencies enabled and expedited by World Bank procedures and templates; (v) use of procurement agents; (vi) force account, as needed; and (vii) increased thresholds for Requests For Quotations s and national procurement, among others. As requested by the Borrower, the World Bank will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation.

63. **Country projects may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE.** The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from developed countries.

64. **Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the above country procurement approach options available to countries, the World Bank will provide, at borrowers' request, World Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains**. Once the suppliers are identified, the World Bank could proactively support borrowers with negotiating prices and other contract conditions. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the World Bank disbursement option available to them The BFP would constitute additional support to borrowers over and above usual Hands on Expanded Implementation Support which will remain available. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics.

65. **BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies.** The Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average.) In addition, the Bank may help borrowers access governments' available stock.

66. **All the procurement approach options mentioned above remain available depending on country's preference in order to provide the most efficient and effective support to projects in the specific circumstances.** All procurement under the project will be undertaken by the existing PDSS-PIU within the Ministry of Health. Given the limited capacity of this unit and the urgent requirements and specific

arrangements, Hands-on Expanded Implementation Support is planned to support this unit. A World Bank procurement accredited staff/consultant will provide support to the implementation unit during the first three months of the project implementation.

67. **Given the emergency nature of the requirements, it was agreed that the Borrower will develop a streamlined Project Procurement Strategy for Development during the project preparation phase and finalizes the same early during the implementation.** An initial procurement plan for the first three months has been agreed with the Borrower and will be updated during implementation. The project will use the PDSS existing CERC manual updated.

68. **To support the emergency response, country-specific projects will utilize rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms**. The key procurement risk is failed procurement by countries due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE. Other key procurement risks include Borrower import restrictions in place for goods/service providers/consultants/contractors from certain countries, as well as constraints in institutional and implementing capacity in borrowing countries, particularly where there are quarantines be in place or other restrictions that impact on public administration.

69. **To help mitigate this risk, the World Bank will provide BFP leveraging its comparative advantage as convener with the objective of facilitating Borrowers' access to available supplies at competitive prices, as described in the procurement section of this document.** BFP in identifying suppliers and facilitating contracting between them and borrowers may bring a perception that the World Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks – these would relate to questions of transparency, equity in terms of which borrowers get access to what and when, issues with quality, timeliness of delivery, value for money, and any other issues of contractual non-performance by the suppliers identified by the World Bank. To partially mitigate these risks, the World Bank and the Borrower will clearly delineate the roles and responsibilities of the World Bank and the Borrowers for whom the World Bank facilitates access to available supplies. Moreover, BFP is provided to mitigate the greater risk that the World Bank could be providing financing for medical supplies that may not be readily available to developing countries. This is more proactive approach in assisting borrowers is justified as an effective way to complement other procurement options and help clients achieve COVID19 projects' development objectives on a fit-for-purpose basis.

70. **The procurement risks identified in DRC are:** limited knowledge of the World Bank's New Procurement Framework, lack of realistic planning and weak contract management capacity including insufficient involvement of civil servants in procurement process, from the identification of project needs to plan to contract award and contract management. The risk is 'High' and will be mitigated by providing hands-on support, including arranging trainings on World Bank New Procurement Framework for PIU staff, support throughout given procurement processes, and other support for following-up high value contracts. Major risks to procurement and proposed mitigation measures are summarized in Table 6.

Table 6. Procurement Risks and Mitigation Measures

Risks	Mitigation Measures
Limited capacity to conduct emergency procurement	• PDSS-PIU will maintain staff with the appropriate capacity dedicated to the COVID-19 response • World Bank will provide support through a procurement accredited staff and Hands-on Expanded Implementation support
Managing fraud and corruption and noncompliance	• *Ex ante* due diligence of firms being selected will be attempted using databases available in country and externally • Post review of contracts will be scheduled immediately on award of contracts for all contracts that would have been usually prior reviewed
Capacity of the market and supply chain to meet the demand	• Proposed mobilization of existing service providers consisting in the possibility to proceed with contracts extension for additional activities through contract amendment are expected to address the emergency medical service requirements • Measures for supplier preferences like direct payments by the World Bank, advance payments, etc., will be applied on need basis.
Social impacts of emergency on markets, especially (i) on labor markets and (ii) eventual reluctance to accept foreign laborer	• There are no known restrictions on use of foreign personnel. So, the PIU needs to envision referring to specialist in sociology to prevent such events

C. Legal Operational Policies

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

D. Environmental and Social Standards

71. **The project will have positive impacts because it should improve COVID-19 surveillance, monitoring and containment.** However, the project is anticipated to have adverse environmental and social risks and impacts on human populations and biophysical environment because it will support a range of activities. Activities include procurement of goods, consultancy services, technical assistance, training, workshops, and monitoring and evaluation, as well as rehabilitation and construction of health facilities and laboratories. The operation is likely to have significant or potential adverse social impacts

on indigenous peoples, the poor, and/or other vulnerable groups (such as displaced persons and/or refugees). The project has the potential to contribute directly to increased social fragility or conflict.

72. The project is being implemented under the Environmental and Social Framework (ESF), and due to the novelty of COVID19 and the challenging health context in the country, the project is rated **Substantial** for Environmental risks and **Substantial** for Social risks. The relevant Environmental and Social Standards (ESSs) are: ESS1 (Assessment and Management of Environmental and Social Risks and Impacts); ESS2 (Labor and Working Conditions); ESS3 (Resource Efficiency and Pollution Prevention and Management; ESS4 (Community Health and Safety); ESS7 (Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities); and 10 (Stakeholder Engagement and Information Disclosure).

73. **Environmental issues**: Key environmental risks are: (i) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19), and (ii) occupational health and safety issues related to testing, handling, transporting, disposing of supplies and medical samples, and upgrading of designated health facilities/laboratories. The public health facilities or quarantine centers which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous waste. These impacts are not envisaged to be significant or irreversible. They are expected to be site specific, limited to existing health facilities.

74. **Social Risk Issues:** Key social risks are those related to (i) marginalized and vulnerable social groups (including indigenous peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project; (ii) social conflicts resulting from false rumors and misinformation; (iii) issues resulting from people being kept in quarantine, including stigma faced by those being admitted to treatment or isolation facilities; and (iv) risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries.

75. **GBV/SEA/SH Risks:** An early GBV risk assessment was conducted and determined that the GBV risk is Substantial. GBV risks are mainly related to contextual risks, but also to project and COVID-19 specific risks. In DRC, intimate partners violence (IPV) and sexual exploitation (SE) are higher than the regional average. There is also a high risk of child marriage and restrictive gender norms often result in violence acceptability. The project's implementation area further exacerbates the GBV risks given the humanitarian setting and the remoteness of some area, which may hinder accessibility and supervision of female workers and beneficiaries. Early indications from other COVID-19-impacted countries suggest that the COVID-19 emergency might further increase the likelihood of GBV in DRC.[30]

76. In order to mitigate these risks, a GBV/SEA/SH prevention and protection Action Plan will be developed two months after effectiveness. Based on the Good Practice Note Addressing Sexual Exploitation and Abuse and Sexual Harassment (GPN SEA/SH) in Investment Project Financing Involving Major Civil Works, the project will set up a series of prevention, mitigation and response

[30] Based on the experience of countries which have been strongly hit by the virus, such as China and Italy, there has been an increase of domestic violence during the epidemic. After the virus outbreak, various countries also reported the increase of other forms of GBV, including violence against women and girls (VAWG) in emergency settings, sexual exploitation and violence by state officials and armed guards, workplace violence in the health sector, and racial and sexual harassment

measures to address the GBV risks. Specifically, the project will develop a GBV/SEA/SH prevention and protection Action Plan, which will include measures to address GBV risks, including an Accountability and Response Framework, worker's Codes of Conduct, and SEA/SH Awareness Raising Strategy to sensitize workers and local communities. The Framework will specify how allegations of GBV/SEA/SH will be handled, as well as the GBV response protocol, including details on service providers to which GBV/SEA/SH survivors will be referred to. Given the contextual and project's SEA/SH risks, the project will recruit a GBV Specialist within the PIU. Monitoring GBV risk and impacts will be included as part of the overall project M&E and the project will look for opportunities to collaborate with other projects addressing GBV issues in provinces where this is feasible. Finally, the project-level GRM will include specific measures to confidentially and safely collect and register GBV cases utilizing a human-centered approach and ensuring a clear referral path to services for GBV survivors.

Environmental and social risk management instruments:

77. **This project is operating as an emergency operation**. To mitigate against environmental risks, the project will develop and implement an Environmental and Social Management Framework (ESMF) to be prepared within 2 months after the Effectiveness Date. It will include indicative measures for the preparation during project implementation of Infection Control and Waste Management Plan (ICWMP) as well as a template for preparing Environmental and Social Management Plans (ESMPs), as necessary for isolation centers to be rehabilitated (or constructed). It will also outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements.

78. **The ESMF and project activities will apply good international industry practice for infectious disease control as established by the WHO, and medical waste management.** The project is not expected to incur resettlement, or impact natural habitats, or cultural sites. Any rehabilitation and/or construction activities of health facilities including isolation centers will develop and implement an ESMP, integrating the risks and mitigation measures during the preparation and construction phase. This document will be approved before the start of works.

79. **Security personnel:** In case screening posts, quarantine and isolation centers are to be protected or operated by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. Government security personnel deployed to provide security or other services as part of implementing activities related to the Project will be managed consistent with the requirements of ESS4 and World Bank guidance on Use of Military Forces to Assist in Covid-19 Operations.

80. **Environmental and Social Commitment Plan (ESCP):** The Borrower has prepared jointly with the Bank an ESCP, which includes environmental and social measures, to which the Borrower is committed, including the preparation of environmental and social instruments during project implementation. Mitigation measures for site-specific impacts will be managed through the implementation of required safeguards instruments to be prepared as per the ESMF. Relevant capacity building

measures will be included in the ESMF and ESCP, and the environmental and social specialists to be recruited by the PDSS, including a GBV specialist, will provide support for the project's overall environmental aspects. The ESCP was disclosed on March 26, 2020.

81. **Institutional capacity:** The PDSS-PIU has a certain experience in implementing World Bank financed projects. However, it is also managing several other health projects. As a result, this project will hire two additional experts (one environment and one Social) who will support the project with the monitoring of environmental and social risks management. A GBV specialist also will need to be hired to join the team of experts. The E&S specialists will need capacity building to be able to help the project respond to the requirements of the ESF in terms of E&S risks and impacts management, including GBV/SEA/SH risks.

82. **Stakeholder Engagement:** A initial Stakeholder Engagement Plan (SEP) has been developed and disclosed on March 26, 2020. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It will be updated periodically as necessary, via the inclusion of a Risk Communication and Community Engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020). The project will also draw on other recently-available resources for carrying out stakeholder engagement in the context of COVID-19, including the World Bank's "Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (March 20, 2020).

83. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The SEP will support project activities related to a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Borrower will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including GBV/SEA/SH, and the proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited mobility, as well as women and children. GBV consultations will be focused on understanding women and girls' experience, their wellbeing, health and safety concerns as it relates to COVID-19 prevention and response initiatives.

84. **Grievance Redress Mechanism (GRM):** A project-wide grievance redress mechanism (GRM), sensitive to GBV/EAS/HS risks, and proportionate to the potential risks and impacts of the project will be established. Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19.

85. **Labor Management Procedures (LMP):** The project will follow the applicable requirements of ESS2,

including preparation of Labor Management Procedures to be completed before engaging project workers in Project activities, and to updated and revised periodically as necessary. The LMP will help to protect, implementing adequate occupational health and safety measures for healthcare and laboratory personnel (despite the challenge of growing global shortages of PPE (masks, gloves, etc.) due to the worldwide COVID-19 response) and other Project workers (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

86. **Occupational Health and Safety (OHS)**: To ensure health and safety of workers, and any other person that can be affected by project activities during all operational phases, contractors will develop and implement a Health, Safety and Environmental plan in line with World Bank Environment, Health and Safety Guidelines (for construction activities), and International Good Practices.

87. **Resource Efficiency and Pollution Prevention and Management:** Highly infectious medical waste is expected from the handling of COVID-19 samples. Medical and chemical wastes are expected to be generated from medical facilities and laboratories, and their transportation and disposal may cause risks related to ESS3. In addition, rehabilitation and/or construction of medical facilities, health facilities, or isolation facilities may pose risks related to air quality, noise, construction wastes, etc. As noted above, the Borrower will develop and implement an ESMF, including templates an ICWMP and ESMPs as necessary for rehabilitation or construction of The ICWMP will follow WHO COVID-19 guidance documents and other best international practices.

VI. GRIEVANCE REDRESS SERVICES

88. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project 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 Bank 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 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*.

VII. KEY RISKS

89. **The overall project risk rating is High.** Political and governance, macroeconomic, sector strategies and policies, technical design, fiduciary, and stakeholders and are all rated high. Institutional capacity risks and environment and social risks are rated substantial. The relevant gender-based violence and preventing sexual exploitation and abuse risks will be addressed during project implementation.

Table 7: Project risks and mitigation measures

INHERENT RISK	Assessment of Mitigation measures (indicative)
Political & Governance: HIGH • Lack of accountability measures to ensure that resources supporting COVID-19 activities reach intended health care facilities and beneficiaries. • Low priority given to public accountability and transparency in program management • Difficulty of containing the populations of quarantined areas, particularly in food insecure or fragile contexts • Governance challenges in the health and other sectors involved in country responses • Lack of adequate legal and regulatory framework to ensure legitimate and proportionate collection, use and processing of personal data	• The President has called on all stakeholders and has declared a national emergency and has appointed a national coordinator to overlook activities being implemented • The National Coordination Committee is functional and will provide a platform for dialogue and engagement with authorities at the highest level. The Government has already mobilized US$1.8 million and is processing urgently the national action plan and call for support requests. It is expected that the project will support strengthening of the CNC and improve transparency and dialogue. • Two incident managers will be established to monitor feedback and respond to queries. • By appointing the PDSS-PIU as the implementing unit, it is expected that governance will be improved as it is an experienced unit, which will be strengthened. • Lessons learned from the EVD10 will be used to improve data collection, treatment and publication.
Macroeconomic = HIGH • Reduction in fiscal capacity of governments due to global economic disruption and slowdown, and potential unavailability of fiscal resources. This would negatively impact public health service delivery with respect to COVID-19 prevention, mitigation, and treatment, in addition to other essential health service delivery.	• The DRC economy has extensive exposure to heavily-affected major economies (specifically China, Euro Area and United States). Mining products accounted for more than 90 percent of total exports, of which over 40 percent go the China. A stronger slowdown in global growth and demand for mining products, with adverse consequences on commodity prices, could further weigh on the DRC's economic prospects through the net exports and the

	foreign direct investment. Previous analyzes have shown that a one percentage point slowdown in China's economy would lead to a 0.3 percentage point loss in GDP growth for DRC. In that context, global impact on the DRC economy is expected to be around 0.6 percentage point loss in GDP growth in 2020 compared to initial projections, and simulations suggested a possible 1.4 percentage points reduction on the more pessimistic scenario (widespread of disease). Donors contributions, including the World Bank support will contribute to mitigating these impacts.
Sector policies/strategies = HIGH • National health policies do not provide adequate enabling environment for COVID-19 emergency response and supported activities (e.g., case detection & reporting, social distancing measures, health system strengthening, communications, multi-sector policy for prevention and preparedness, infrastructure, etc.)	• The Government is calling on the expertise created during Ebola epidemics to provide timely response. It is expected that a good coordination, which will be supported through the project, will contribute to strengthening the health system response.
Technical design = HIGH • Intervention activities not effective in containing the spread of COVID-19, as well of other infectious diseases of animal origin. • Lack of timely and predictable access to expert advice and technical support • Lack of sufficient quantity of drugs and other medical inputs needed to address the health needs of the general population during a pandemic • Lack of adequate national M&E to track progress and emerging issues	• The Government has taken significant steps to effectively respond to the emergency and is implementing activities, including for prevention, mitigation, treatment, surveillance, and health system strengthening.
Institutional capacity = SUBSTANTIAL • Project implementing agencies do not have sufficient authority, leadership, and capacity to take leading role in COVID-19 prevention and control. • Inadequate institutional capacity to manage project and perform effectively in each country to	• The project design clearly addresses institutional arrangements to complement efficiently line ministries to support swift implementation of activities. • However, COVID-19 emergency interventions will require more hands-on and monitoring

contain and mitigate the impact of COVID-19 • Inadequate capacity for planned surveillance, surveys and monitoring and evaluation • Low-level commitment and engagement at local and community levels means that strong central commitment does not translate into action on the ground • Inadequate or lack of multi-sectoral participation	which has been embedded into the project M&E.
Fiduciary = HIGH • Potential ineligible expenditures and delay in providing reports as a result of incomplete documentation provided by the implementing agencies; limited capacity to conduct emergency procurement.	• The nature of eligible expenditures will be clearly defined • Advances to implementing agencies will be limited and controlled • The PIM of procedures being updated will provide more information on the fiduciary requirements • Close hands on support will be provided by the World Bank fiduciary team • *Ex ante* due diligence of firms being selected will be attempted using databases available in country and externally • Post review of contracts will be scheduled immediately on award of contracts for all contracts that would have been usually prior reviewed
Environment and Social = SUBSTANTIAL Key environmental risks • Management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19) • Occupational and community health and safety issues related to testing, handling, transporting, disposing of supplies and medical samples, and upgrading of designated health facilities/laboratories. Key social risks : • Marginalized and vulnerable social groups (including indigenous peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease • Social conflicts resulting from false rumors and misinformation,	A number of safeguard instruments addressing environmental and social risks and impacts have been or will be developed to address E&S risks, including: • Appraisal stage ESRS • ESCP • SEP • ESMF • ESMP(s) • ICWMP • LMP • GBV/SEA/SH Risk Assessment and Action Plan

• Issues resulting from people being kept in quarantine, including stigma faced by those admitted to treatment or isolation facilities, and • Risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries.	
Stakeholders = HIGH • The existence of denial and misinformation associated with COVID-19, in addition to mistrust of some governments, which could lead to the rejection of public health interventions and information in some country contexts, contributing to the continued spread of the disease. • Controlling the spread of COVID-19 spread may expose the government to criticism for the curtailment of civil rights due to the adoption of quarantines and other related measures	• A communication campaign has been launched and is starting to yield effects. Community leaders, including church members, Parliamentarians, and civil society organizations have been mobilized to deliver messages to the community. • The project design includes communication and outreach activities that directly impact on people at the grassroot. Implementation support, technical assistance and training will be provided since the inception. • Capacity building and institutional development for the short and medium terms to help build system resilience will be conducted in particular at provincial level. This will ensure that a clear link between the required centralized decision making (the principle of 'direct chain of command') with the needed local-level implementation, communication strategies include local-level implementing actors as targets; capacity building at different levels engaged in the response.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Congo, Democratic Republic of

DRC COVID-19 Strategic Preparedness and Response Project (SPRP)

Project Development Objective(s)

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.

Project Development Objective Indicators

Indicator Name	DLI	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
Number of health staff trained in infection prevention control per MOH-approved protocols in targeted provinces (Number)		0.00	300.00
Percentage of targeted health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks. (Percentage)		0.00	70.00

Intermediate Results Indicators by Components

Indicator Name	DLI	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
Percentage of targeted health facilities with isolation capacity (Percentage)		0.00	80.00
Activation of the public health Emergency Operations Centre for COVID-19 (Yes/No)		No	Yes
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
National COVID-19 risk communication and community engagement strategy established (Yes/No)		No	Yes
Component 3: Implementation Management and Monitoring & Evaluation			
Establishment of monitoring and evaluation system for COVID-19 (Yes/No)		No	Yes
Percentage of complaints to the GRM satisfactorily addressed within 4 weeks of initial complaint being recorded. (Percentage)		0.00	90.00

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	Numerator: number of targeted provinces with	Monthly	Provincial level hospitals		**Ministry of Health/National**

plans per Ministry of Health Guidelines	pandemic level response plan according to Ministry of Health guidelines. Denominator: number of targeted provinces				**Technical COVID-19 Committee**
Number of health staff trained in infection prevention control per MOH-approved protocols in targeted provinces	Cumulative sum of health workers who have received training on infection prevention and control according to Ministry of Health guidelines.	Monthly	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee
Percentage of targeted health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks.	Numerator: Number of targeted health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks. Denominator: Total number of district health centers/ district hospitals.	Monthly	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee

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	Numerator: number of targeted health facilities with triage capacity Denominator: number of	Monthly	Provincial hospitals		Ministry of Health/National Technical COVID-19

	targeted health facilities				Committee
Percentage of targeted health facilities with isolation capacity	Numerator: Number of targeted health facilities with isolation capacity Denominator: Number of targeted health facilities	Monthly	Provincial hospitals		Ministry of Health/National Technical COVID-19 Committee
Activation of the public health Emergency Operations Centre for COVID-19	Emergency Operation Center is Activated (yes or no)	Monthly	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee
Number of communication campaigns about COVID-19 broadcasted to communities per day	Number PER DAY of communication campaigns about COVID-19 that are broadcasted to communities. reported as a monthly average.	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					
Establishment of monitoring and evaluation system for COVID-19					
Percentage of complaints to the GRM satisfactorily addressed within 4 weeks of initial complaint being recorded.	Numerator: Number of complaints to the GRM addressed in four weeks of initial complaint being recorded. Denominator: Number of complaints to the GRM	Quarterly	Ministry of Health/National Technical COVID-19 Committee		Ministry of Health/National Technical COVID-19 Committee

ANNEX 1: Project Costs

COUNTRY: Congo, Democratic Republic of
DRC COVID-19 Strategic Preparedness and Response Project (SPRP)

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
COMPONENT 1: EMERGENCY COVID-19 RESPONSE NATIONAL AND SUB-NATIONAL, PREVENTION AND PREPARDNESS	37.0	IDA		
COMPONENT 2: COMMUNICATION CAMPAIGN, COMMUNITY ENGAGEMENT AND BEHAVIOR CHANGE	7.2	IDA		
COMPONENT 3: IMPLEMENTATION MANAGEMENT AND M&E	3.0	IDA		
COMPONENT 4: CERC	0.0	IDA		
Total Costs	47.2			
Total Costs	47.2			
Front End Fees				
Total Financing Required	47.2			

ANNEX 2: Implementation Arrangements and Support Plan

COUNTRY: Congo, Democratic Republic of
DRC COVID-19 Strategic Preparedness and Response Project (SPRP)

Note to Task Teams:

1. *[All sub-sections must have a continuous paragraph numbering for the entire main text or for each annex per institutional standard.]*

   (a) This is the sub-para numbering for this level.

      (i) This is the sub-para numbering for this level. This is the sub-para numbering for this level.

Please delete this note when finalizing the document.

1. **The project implementation arrangements involve the Ministry of Health, The National Technical Secretariat, and PDSS Project implementation unit.** The Ministry of Health will be responsible for the overall implementation of project activities. The Ministry of Health will work closely with other health and non-health agencies, including the Ministry of Finance, The Technical Secretariat, and PDSS on project implementation. The PDSS-PIU staff capacity will be strengthened as the World Bank will provide support through a procurement accredited staff and Hands-on Expanded Implementation Support; and the existing implementation manual used for EVD10 (PIM) will be updated to reflect some processes specific to the current operation. A financial controller will be appointed by the Ministry of Finance within the PDSS-PIU. In addition, the PDSS will be strengthened with hiring of two additional experts (one environment and one Social) who will support the project with the monitoring of environmental and social risks management. A GBV specialist also will need to be contracted to join the team of experts.

2. **Under the technical coordination of the Technical Secretariat, the Ministry of Health, as well as the PDSS will be given full responsibility for implementing their activities according to the PIM and Action Plan of the Project[31].** A review of the PIM and AP implementation achievements and constraints will be carried out trimestrally and will form the basis for the preparation of the following trimestral AP, according to priorities and potential health, economic and social changes. The description of the roles and responsibilities of each institution will be detailed in the PIM.

3. **To assist the Ministry of Health with project implementation, PDSS has been designated as a Fiduciary agent responsible, respectively for procurement and financial management tasks.** PDSS will liaise with the directorates responsible for the implementation and procurement roles of the AP activities and will report on the progress made on a monthly basis. Also, PDSS will receive training and technical support to implement the project. The financial management activities will be conducted by the current team of PDSS.

[31] Action Plan is a course of actions or strategy to achieve one or more goals of the project.

4. **The support plan includes direct actions from the World Bank and through our partnership with the WHO and other agencies.** The World Bank will provide overall project management and implementation support. This includes technical and fiduciary oversight. This will be conducted by the World Bank representative based in Kinshasa and through ongoing virtual and presential technical missions from the World Bank. This support will be strengthened through the collaboration with WHO. WHO maintains on the ground country presence and is the lead technical agency for the health sector and for the COVID-19 response. The WHO will provide technical guidance and support to the DRC Ministry of Health for the implementation of the project. The Presidential Task-Force under the President leadership, the Intersectoral Committee under the leadership of the Prime Minister, the Technical Secretariat under the leadership of the National Director of INRB, the Minister of Health, and the PDSS will closely work in ensuring alignment in the strategic response plan with operational activities. The World Bank is, with WHO in the technical advisory group, working closely with the Technical committee and the Ministry of Health to swiftly implement activities and corrective measures as needed.

5. **A more detailed implementation plan will be part of the PIM which will be used by all stakeholders.**