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Report No: PAD 5037

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED CREDIT

IN THE AMOUNT OF US\$25 MILLION

AND

A PROPOSED GRANT

IN THE AMOUNT OF SDR 18.6 MILLION (US\$25 MILLION EQUIVALENT)

FROM THE CRISIS RESPONSE WINDOW EARLY RESPONSE FINANCING (CRW-ERF)

AND

A GRANT

IN THE AMOUNT OF US\$9 MILLION

FROM THE GLOBAL AGRICULTURE FOOD SECURITY PROGRAM TRUST FUND

TO THE

DEMOCRATIC REPUBLIC OF CONGO

FOR AN

ADDITIONAL FINANCING TO THE MULTISECTORAL NUTRITION AND HEALTH PROJECT

May 17, 2022

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

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CURRENCY EQUIVALENTS

(Exchange Rate Effective April 30, 2022)

Currency Unit = Congolese Francs

CDF 1,999.4 = US\$1

US\$1 = SDR 0.74

SDR 1 = US\$1.34

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AVEC	(Village Savings and Credit Associations)
BWMP	Biomedical Waste Management Plan
CAC	Community Action Committee
CERC	Contingent Emergency Response Component
CoDeSas	(Health Area Development Committees)
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
CRW ERF	Crisis Response Window Early Response Financing
DA	Designated Account
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EAP	Emergency Response Action Plan
EHS	Environmental Health and Safety
EHS G	Environmental Health and Safety G

UHC
UN

Universal Health Coverage

Congo, Democratic Republic of

Additional Financing to the Multisectoral Nutrition and Health Project

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BASIC INFORMATION – PARENT (DRC Multisectoral Nutrition and Health Project - P168756)

Country	Product Line
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Development Objective(s)

The development objective of this project is to increase the utilization of nutrition-specific and nutrition-sensitive interventions targeting children 0-

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DRC Multisectoral Nutrition and Health Project (P178816)



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

Yes No

—

Climate Change and Disaster Screening

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

PROJECT TEAM

Bank Staff

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Extended Team			
Name	Title	Organization	Location



I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. This Project Paper seeks the approval of the World Bank’s Board of Executive Directors to provide a credit in the amount of US\$25 million and an International Development Association (IDA) grant in the amount of Special Drawing Rights [SDR] 18.6 million (US\$25 million equivalent) from the IDA 19 Crisis Response Window Early Response Financing (CRW-ERF) for an additional financing (AF) to the DRC Multisectoral Nutrition and Health Project (MNHP) (P168756). The proposed AF is co-financed by a US\$9 million grant from the Global Agriculture Food Security Program (GAFSP) Trust Fund. The MNHP was approved by the Board of Executive Directors on May 28, 2019 and became effective on April 21, 2020. It is financed by an IDA grant of SDR 177.3 million (US\$246 million equivalent), an IDA credit of SDR 177.3 million (US\$246 million equivalent), and a US\$10 million grant from the Global Financing Facility for Women, Children and Adolescents (GFF).
2. On May 5, 2022, at the request of the Recipient¹, the World Bank approved the activation of the Contingent Emergency Response Component (CERC; Component 5) of the MNHP (parent project). The CERC activation reallocates US\$50 million within the MNHP to address the emergency food security crisis. DRC meets the technical requirements for an eligible food security event² under the CRW ERF with more than 27.3 million people living in districts categorized as Integrated Food Security Phase Classification [IPC] 3+ and evidence of a worsening situation due to the compounding and negative effects of rQ 0(a)1ndir grant frod ru5(r)ranrs s(g)4(as12(a8,)-37(a)5q0.0(o)5(p)0.00000912 0 612 792 reV



region³, specifically in two provinces already covered by the project (Kasai and Kasai Central), as well as a new province (Kasai Oriental).

4. The proposed AF will support replenishment of the US\$50 million financing gap created by the reallocation from Component 1 of the MNHP for the CERC activation to respond to the acute food security crisis. The proposed financing for the replenishment will come from the IDA 19 CRW ERF to address the escalating food insecurity challenges in the DRC. The co-financing from the GAFSP will also scale up coverage of nutrition-sensitive agriculture services to vulnerable populations in Project areas to enhance development impact (Table 1). The proposed AF, together with a project restructuring will: (i) formalize the reallocation of resources to the CERC; (ii) replenish the project to allow the full implementation of key nutrition activities under Component 1 (C1); (iii) expand key nutrition services to vulnerable populations; (iv) allow for an update of the results framework (RF); and (v) extend the original closing date by 24 months from July 4, 2024, to July 4, 2026. The PDO and implementation arrangements of the project remain unchanged.

Table 1: Proposed AF



development objective for the SoP by expanding nutrition-sensitive agriculture in at least two additional zones in South Kivu province and at least one zone in Tanganyika province.

6. The proposed AF is being processed under emergency procedures. The project is being processed under Section III, Paragraph 12 of the Investment Project Financing (IPF) Guidelines, which allows for expedited procedures. The use of this policy is justified because the DRC is currently facing an urgent need of assistance to respond to the current nutrition and food security challenges that are already critical due to costs associated with the COVID-19 pandemic and is projected to worsen due to increased food and fuel prices due to the ongoing war in Ukraine; and (ii) the project is facing constraints linked to conflict and political instability. The emergency procedure for the preparation of the AF, in order to ensure that resources are readily available for the implementation of the nutrition activities for the most at-risk populations, thus contributing to meet its development objectives. The overall environment and social (E&S) risks for the proposed AF were Moderate in the parent project and remain Moderate for the proposed AF.

B. Country and Sector Context

7. The DRC remains one of the poorest countries in the world. Economic activity has recovered strongly in 2021 with real GDP growth estimated at 5.7 percent. The mining sector has driven growth- copper and cobalt production rose by 12.0 and 7.6 percent, respectively, contributing to an increase in domestic production capacity. The easing of COVID restrictions, and high demand in the mining sector, which also benefited from rising prices, supported growth of 3.9 percent (2020: -1.3 percent). The latest World Bank projections put poverty headcount ratio in 2021, a 0.8 percentage points decrease compared to 2020. Despite adverse effects of the COVID-19 pandemic, explaining a slight poverty increase in 2020 with job losses and reduced consumption for 10 and 20 percent of households, respectively, according to the World Bank Frequency Phone surveys in Kinshasa, favorable economic prospects moderate the overall risk rating.



9. The proposed AF is aligned with the initial design of the MNHP, which aims to build the DRC's capacity to strategically respond to chronic malnutrition to enable the country to move away from the current situation of mainly humanitarian responses to repeated nutrition and food security crises. The prevalence of chronic malnutrition among children under five remains alarmingly high, significantly impacting child survival and human capital development. Around 42 percent, or 6.3 million, of children under the age of 5 are stunted,⁷ (which is the third largest population of stunted children in Sub-Saharan Africa after Nigeria and Ethiopia). While the prevalence of stunting has been decreasing globally and on the African continent, in the DRC it has remained nearly stagnant for the last twenty years.
10. The MNHP builds on analytical work that shows that the main determinants of chronic malnutrition in the DRC are repeated and untreated infections, poor birth outcomes, and inadequate dietary intake among women of childbearing age and young children. These in turn are caused by multiple factors: inadequate access to key maternal and child health services; inappropriate feeding practices; poor hygiene and lack of access to water; lack of production of and access to nutritious and diversified food throughout the year, and extremely low incomes. Thus, chronic malnutrition in the DRC can only be addressed through a combination of multi-sectoral interventions focused on improving maternal and child health and nutrition⁸.
11. The COVID-19 pandemic was declared in the DRC in March 2020 and has heavily impacted the DRC economy and livelihoods, especially among the poorest population. Structural underdevelopment, widespread poverty, and protracted conflict and insecurity have contributed to a context in which large numbers of the extremely poor population live on a precipice between chronic and acute and emergency food insecurity. The combination of public health measures associated with COVID-19 and inflation contributed to a significant increase in acute food insecurity⁹. Extreme weather events, particularly heavy rains, flooding and subsequent soil erosion have also impacted agricultural productivity. An estimated 27 million people in the DRC are highly food insecure¹⁰, with approximately 20.5 million at crisis levels (IPC Phase 3), and 5.4 million at emergency levels (IPC Phase 4)¹¹. An additional 48 million people are moderately borderline/food insecure (IPC Phase 2)

⁷ DRC Multiple Indicators Cluster Survey (MICS), 2018

⁸ DRC Multisectoral Nutrition and Health Project Appraisal Document; Report No: PAD3267

⁹ Acute food insecurity is defined as "when a person's inability to consume adequate food puts their lives or livelihoods in immediate danger". Global Report on Food Crises: acute food insecurity hits new highs, May 5, 2022. [Available: [https://reliefweb.int/report/world/global-report-food-crises-acute-food-insecurity-hits-new-highs-enarruzh#:~:text=Acute%20food%20insecurity%20is%20when,IPC\)%20and%20the%20Cadre%20Harmonis%C3%A9.](https://reliefweb.int/report/world/global-report-food-crises-acute-food-insecurity-hits-new-highs-enarruzh#:~:text=Acute%20food%20insecurity%20is%20when,IPC)%20and%20the%20Cadre%20Harmonis%C3%A9.)]

¹⁰ DRC Integrated Food Security Classification 20th Cycle, September 2021.

¹¹ The IPC Acute Food Insecurity classification differentiates between levels of severity of acute food insecurity, classifying units of analysis in five distinct phases: (1) Minimal/None, (2) Stressed, (3) Crisis, (4) Emergency, (5) Catastrophe/Famine. Each of these phases has important and distinct implications for where and how best to intervene, and therefore influences priority response objectives. [Available :]

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existing community nutrition platform ([NAC]), with contracts expected to be signed in June 2022.

22.Component 2: Improving Service Supply and Strategic Purchasing. The project is supporting the DRC's existing health sector performance-based financing (PBF) strategy to improve RMNCAH



with the hiring of an additional procurement specialist dedicated to the project. Given the volume of work related to procurement, an additional procurement specialist will be recruited for the project, which would bring the total number of dedicated procurement staff for the project to two. Additional staff including two E&S specialists, a nutrition/public health specialist, and an assistant to the project manager to support the monitoring of project activities as well as administrative and logistical matters will be recruited by June 30, 2022. This will ensure closer management of the existing and proposed new activities. Seven out of the eight legal covenants have been fully complied with; the remaining one, recruitment of an external verification agency for the PBF, is partially complied with and expected to be finalized by June 30, 2022.

25. Component 5: Contingent Emergency Response. The disbursement conditions for the CERC were lifted on May 5, 2022, to respond to the Recipient's request for US\$50 million to respond to the acute food security crisis in the Kasai region. The activities to be funded under the CERC are detailed



grant from the GAFSP (US\$9 million) will finance the scale up of nutrition and nutrition-sensitive agriculture services in South Kivu and expand coverage of these services to Tanganyika province.

Below is a summary of the activities by component that will be supported by the proposed AF.

27. Component 1: Improving the Delivery of Community Interventions and Social and Behavioral Change (US\$50 million, IDA consisting of US\$25 million credit and US\$25 million grant). The allocation of US\$50 million from the CRW ERF to this component will fill a financing gap caused by the activation of the CERC. This will allow the initially planned activities, i.e., delivery of community-based nutrition services in the existing project areas (Kwilu, Kasai, Kasai Central, and South Kivu), to be implemented as envisioned and to reach 2.5 million children and women as planned. The activities, which will be facilitated by NGOs, will focus on improving community engagement, linkages to health services, utilization of preventive and promotive health and nutrition services, and early identification and referral of children under five with severe acute malnutrition. New activities related to climate will be included in this project component; these are outlined in Table 4. These are the only new activities to be incorporated in the component.

28. Component 3: Convergence Demonstration Project (US\$8.5 million from the GAFSP). The proposed AF will enable the project to scale up the number of households receiving food production kits and biofortified seeds and crops to establish more nutrition-sensitive and resilient agriculture production. Tanganyika Province will be added as a new geographic area of support under the project. In addition, new health zones in South Kivu Province that are not currently covered under the parent project will receive support under this component through the proposed AF. These provinces were selected due to high fragility because of conflict and insecurity and subsequent high rates of malnutrition, and opportunities for synergy with the World Bank-financed Agriculture operation Integrated Agricultural Growth Project in the Great Lakes ([PICAGL];m0 g, new health zones



reach an additional 30,000 farmers²⁴ through quality seed production and multiplication by community structures with an emphasis on reaching women (at least 60 percent). The project will finance a competitively procured technical assistance contract to identify and contract local partners, including NGOs, farmer associations and cooperatives working in targeted areas to produce bio-fortified crops. The technical assistance will support the National Institute for Agricultural Studies and Research (INERA) and National Seed Service (SENASA), MinAgri, and National Agriculture Extension Service (SNV) to manage the dissemination of bio-fortified crops to farmers. To implement capacity building activities, the proposed AF will build on lessons learned from previous Agriculture projects in the region. The proposed AF will finance training of MinAgri extension agents and MinAgri in the additional intervention areas in Tanganyika and South Kivu. Complementary financing from the parent project will support the training and technical assistance from Ministry of Fisheries and Livestock.

30. To support resilience of the local economy and nutrition-sensitive entrepreneurship, the proposed AF will support establishment of at least 600 Village Saving and Credit Associations (

[AVEC]), which are self-funded and self-managed associations of 15 to 30 people that promote the emergence of microenterprises. The AVECs operate on a 12-month cycle, after which accumulated savings and loan profits are distributed among the members in proportion to the amount they have saved. The AF will support establishment of AVECs with a focus on women (at least 60 percent of AVEC participants), who will receive training in marketing and in developing post-harvest and value addition microenterprises with bio-fortified produce and livestock sourced foods. Building upon experiences from the existing World Bank-financed agriculture project in the same geographic area (PICAGL), matching grants of up to US\$1000 will be provided to AVECs meeting established criteria. The proposed AF will finance technical assistance via an agreement with FAO to provide: (i) capacity building and training of participants to establish AVECs; (ii) group facilitation; (iii) capacity building to develop business plans eligible for loans; and (iv) matching grants of up to 1000 dollars per AVEC, with a target of 60 percent of AVEC members receiving loans through a matching grant mechanism. Detailed implementation procedures, based on previous experiences with AVECs, will be developed and included in a Matching Grant Manual, which will be included as an Annex to Project Implementation Manual (PIM). This Matching Grants Manual must receive non-objection from the World Bank prior to commencement of support to the AVECs.

31. Component 4: Capacity Strengthening and Project Management (US\$0.5 million from the GAFSP).

The proposed AF resources allocated to this component will support project coordination and Monitoring and Evaluation (M&E), as well as all aspects of management (including fiduciary matters, procurement, knowledge management, communication, and monitoring of E&S measures. This component will also support capacity strengthening to improve data management and use, including evaluation of the nutrition-sensitive agriculture component.

²⁴ The PCT has already signed a technical assistance contract with HarvestPlus under the parent project to support the dissemination of biofortified crops to 100 000 households



B. Institutional and Implementation Arrangements

35. The existing implementation arrangements remain the same. The project is anchored in the Ministry of Health (MOH). Through the Project Technical Committee, which is already in place and led by the National Nutrition Program (PRONANUT), representatives from the Ministries of Health, Education, Social Affairs, Agriculture, and Fisheries and Livestock would continue to provide support to the MOH to oversee and provide technical inputs for specific activities and interventions implemented within their sectoral mandates. The national and provincial steering committee, which are already in place, will continue to provide strategic and operational guidance.

36. The PCT that is already in place will continue to manage the AF. This team includes a Project Manager; a dedicated procurement specialist with another being recruited (by June 30, 2022); E&S specialists, a GBV specialist; an M&E specialist; a financial management (FM) and an agriculture specialist, all based in Kinshasa. Provincial level technical assistance has recently been recruited, with four health specialists based in each of the provinces to strengthen support of the project activities and improve coordination and monitoring of implementation, which will be critical as NGOs and UN agencies scale up nutrition and family planning s4TJETETQq0.00000912 0 612 Q00912 0 612 792 reWñBT/F2 11.04 Tf



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to review the internal control procedures in place at the PCT. Several mitigation measures are being implemented and closely followed up during the Bank's implementation support missions. A Chief accountant and two internal auditors have recently been recruited. The AF will benefit from the mitigation measures already put in place.

42. The stakeholders' risks remain Substantial. Given the multisectoral nature of this project, many partners are involved, including government ministries, different levels of actors (central, provincial, district, and community) and external partners (UN Agencies, Development Partners, and local implementing partners). These risks would be mitigated through continued support of a Project Technical Committee and regular progress meetings with implementing partners.

43. The risks for SEA/SH have been revised to Substantial. The SEA/SH risk was rated Moderate for the parent project and upgraded to Substantial for the proposed AF following a revision in the risks screening tools that updated the drivers to incorporate new information on the related country contextual risks, such as national laws and national incidence rates for GBV issues. In addition, a new



benefits with a net present value of US\$1.6 billion, an internal rate of return of 7 percent, and a discount rate of 3 percent. The investment thus presented an attractive 4.3 benefit cost ratio, indicating that each dollar invested has the potential of generating more than 4 times as much in economic benefits over the productive lives of women and children who will have benefited from the project.

45.



food security enhancement. Within the DRC, climate-induced production deficits have led to shortages and high prices accentuated by the COVID-19 pandemic and the war in Ukraine. Under the last activity, the project seeks to favor the promotion of entrepreneurship and local economy through village savings and credit associations, implementation of agri-food production, processing and storage units, and the training of agricultural households - entrepreneurs in management and marketing techniques for agricultural products. According to the literature this activity will contribute towards increasing the profit of agricultural products traded, and reduce post-harvest losses in maize, cassava, beans, and orange-flesh sweet potatoes which was estimated at around 30 percent.

50. The FIRR from this exercise show that all assessed activities are profitable to targeted households. All activities have an average positive NPV of US\$ 14 million with FIRR ranging from 10 to 45 percent. The sensitivity analysis shows that the FIRR is sufficiently robust. In addition, the internal rate of return (IRR) levels confirms the robustness of the positive economic effects and impacts of the project on the area of intervention in the face of the risk of increased costs, reduced income from the activities carried out, or/and delay in the generation of benefits. The sensitivity analysis showed that: (i) an increase in costs by 10 percent presents a FIRR of 4.31 percent; (ii) a decrease in benefits by 10% presents respective FIRRs of 3.9 percent; and (iii) a delay of 1- year during implementation will provide and FIRR of 8.4 percent. The table below presents the summary of this analysis.

Table 3

Activities	FIRR (%)	NPV (US\$ million)
Bio-fortified seeds		
Maize	33.0	14.8
Beans	10.0	



AF will contribute to reduce extreme poverty through: (i) reductions in disability-adjusted life years;

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Corporation (IFC) Good Practice Note on Improving Animal Welfare in Livestock Operations.

63. Social. The project does not involve significant or irreversible social impacts. The key social risks and impacts will continue to be mainly related to occupational health and safety and biosafety risks, community health and safety, biosafety risks and labor and working conditions. Anticipated impacts, (including possible acquisition/restriction of land use, labor and working conditions, and potential impacts to occupational and community health and safety, traffic, and fire safety hazards) can be managed or mitigated. Additionally, there are security issues that could pose challenges for supervision of the project in a few sites in some provinces. To mitigate this, the PCT will be required to prepare Security Risk Assessments (SRA) that will include updates of the baseline information contained in the Bank's Security Due Diligence, prior to preparing related Security Management Plans (SMPs) where applicable, and prior to the start of relevant activities.

64. To mitigate SEA/SH risks, the PCT is following a SEA/SH Master Action Plan that applies to the entire HNP portfolio in the DRC. The Master Action Plan is oriented to preventing, mitigating and responding to risks related to SEA/SH and it includes: (i) provisions for drafting codes of conduct that specifically prohibit SEA/SH and outline applicable sanctions; (ii) an awareness-raising strategy that describes how project workers and local communities will be made aware of the risks and consequences of gender-based violence, including SEA/SH, the responsibilities of workers under the code of conduct, and procedures to report these kinds of incidents; (iii) provisions for organizing independent community consultations with women in safe and enabling environments and with female facilitators, which will provide information as to project-related risks for women and feedback on safe and accessible Grievance Redress Mechanism (GRM) reporting channels for SEA/SH complaints; (iv) a training strategy that describes the responsibilities of workers covered by the code of conduct, SEA/SH concepts, prohibited behaviors and sanctions for violations, and specific procedures to manage SEA/SH complaints in an ethical and confidential manner, following a survivor-centered approach; (v) provisions for mapping a holistic package of services (psychosocial, medical, and legal) to which SEA/SH survivors will be referred, including the quality of the services that providers offer; and (vi) ensure that all tender documents, works contracts or service contracts other than consultancy services under the Project oblige suppliers, subcontractors or consultants to adopt a code of conduct, including provisions to address SEA/SH and applicable sanctions, which will be given to all workers for sigBT/Fn(Ls)63(toe1ich)5()52(will)66



no later than two months after project effectiveness. To take into account activities under the AF and its geographic expansion, the Environmental and Social Commitment Plan (ESCP) and the SEP were updated and consulted upon and disclosed prior to Appraisal on May 9, 2022. As described in the ESCP, additional instruments of the parent project will be updated and disclosed no later than two months after project effectiveness. These include the ESMF with the SEA/SH Master Action plan annexed; the RPF, the IPPF, the LMP, the PMP, and BWMP.

66. A CERC-ESMF was developed and approved by the Bank and disclosed on March 8, 2022, to guide the CERC response in Kasai and Kasai Centrale. Following the guidelines in the CERC emergency operations manual (approved by the World Bank on April 16, 2022), the CERC-ESMF and other relevant instruments will be updated, consulted upon, and disclosed before further CERC activities are rolled out to Kasai Oriental.

67. The parent project has a committed PCT, staffed with six E&S specialists (two Environment, two Social and two GBV). These specialists currently cover four projects (P168756-DRC-Multisectoral Nutrition and Health Project; P167817-Regional Disease Surveillance Systems Enhancement; P147555-Health System Strengthening for Better Maternal and Child Health Results Project; and P173825-DRC COVID-19 Strategic Preparedness and Response Project), to be supported by the aforementioned additional four E&S specialists at provincial level (Kasai, Kasai Central, Kwilu and South Kivu) to adequately support the proposed AF activities, parent project activities, and other requirements from the HNP Portfolio in these four provinces.

68. Citizen Engagement. The project is expected to reinforce citizen engagement and foster transparency, inclusiveness and participation and related accountability mechanisms through initiatives focused on two axes: (i) service delivery, though improved supervision and monitoring of quality-of-



	Communication with the population on climate emergency preparedness and response	to reduce undernutrition, which is in part driven by climate shocks. This activity will help the country adapt to the impacts of climate change. In addition, the community-based nature of the activity will support proactive adaptation to climate shocks which may impact project activities. NGOs contracted to engage with the community on nutrition will include messages on climate emergency preparedness and response



order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit

. For information on how to submit complaints to the World Bank Inspection Panel, please visit

75. Grievance redress mechanism (GRM). The AF will use the same GRM that is being established under the parent project, including setting up committees at the Community O



0.00	0.00	18,672,000.00	0.00	0.00
iLap Category Sequence No: 6	Current Expenditure Category: PPF REFINANCING V1400-ZR			
750,000.00	62,626.03	750,000.00		



		<p>unless and until all of the following conditions have been met in respect of said expenditures: (i) (A) the Recipient has determined that an Eligible Crisis or Emergency has occurred, and has furnished to the Association a request to withdraw Financing amounts under Category (2); and (B) the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and</p> <p>(ii) the Recipient has adopted the CERC Manual and Emergency Action Plan, in form and substance acceptable to the Association.</p>
Type Disbursement	Financing source Trust Funds	Description For the GAFSP grant, notwithstanding the provisions of Part A of this Section no withdrawal shall be made: (a) for payments made prior to the Signature Date of this Agreement; or (b) for payments under Category (2), until and unless the Bank is satisfied that the following condition has been met, namely, that the Recipient has adopted Matching Grant Manual, in form and substance acceptable to the Bank.



Indicator Name	PBC	Baseline	End Target
Percentage of children 6-23 months of age who benefit from an acceptable diet (Percentage)		9.00	15.00



health, nutrition, and population (HNP) services			database	by PRONANUT	
Number of women who received health, nutrition and population services		Bi-annually	DSNIS database	Routine data collection by PRONANUT	MSP/DSNIS
Number of children aged 0-23 months who received essential nutrition services		Bi-annually	DSNIS database	Routine data collection by PRONANUT	MSP/DSNIS
Number of children who received post-natal consultations	Sum of children who received post-natal consultation during the semester	Bi-annually	DSNIS database	Routine data collection through health facility monthly activity reports	MSP/DSNIS
Number of women who received post-partum family planning services		Bi-annually	DSNIS database		

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Annex A: Summary of Changes to the Project Results Framework

	Indicator	Revision	Rationale for change
PDO	Number of women who received essential nutrition services	Revised indicator: Number of women who received health, nutrition, and population services	Better reflection of the PDO
PDO	Number of children who received post-natal consultations	Deleted	This indicator cannot be tracked through routine data systems, but a proxy indicator of coverage will be tracked through another PDO indicator: "number of children 0-23 months who received

