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INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL GRANT

IN THE AMOUNT OF SDR 21.8 MILLION
(US\$30 MILLION EQUIVALENT)

WITH AN ADDITIONAL GRANT
FROM THE GLOBAL FINANCING FACILITY (GFF)
IN THE AMOUNT OF US\$10 MILLION

TO THE

DEMOCRATIC REPUBLIC OF CONGO

FOR A

HUMAN DEVELOPMENT SYSTEMS STRENGTHENING PROJECT

March 8, 2016

Health, Nutrition & Population Global Practice
Africa Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective JANUARY 31, 2016)

Currency Unit = SDR
0.72437523 SDR = US\$1

FISCAL YEAR
January 1 – December 31

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
CAS	Country Assistance Strategy
CFEF	Project Coordination Unit (<i>Cellule d'Exécution des Financements en Faveur des États Fragiles</i>)
CRVS	Civil Registration and Vital Statistics
DHIS-2	District Health Information Software
DPM	Drugs Regulatory Division (<i>Direction de la Pharmacie et du Médicament</i>)
DRC	Democratic Republic of Congo
EMIS	Education Management Information System
GFF	Global Financing Facility
GIS	Geographic Information System
GNI	Gross National Income
GPE	Global Partnership for Education
GRS	Grievance Redress Service
HDSSP	Human Development Systems Strengthening Project
HMIS	Health Management Information System
LMIS	Logistics Management Information System
MDTF	Multi-Donor Trust Fund
NGO	Nongovernmental Organization
PDO	Project Development Objective
PHRD	Policy and Human Resources Development
PNAM	National Drugs Procurement Program (<i>Programme National d'Approvisionnement en Médicaments Essentiels</i>)
SDI	Service Delivery Indicator
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Regional Vice President:	Makhtar Diop
Country Director:	Ahmadou Moustapha Ndiaye
Senior Global Practice Director:	Timothy Grant Evans
Practice Manager:	Trina Haque
Task Team Leaders:	Luc Laviolette/Christophe Rockmore

**DEMOCRATIC REPUBLIC OF CONGO
HUMAN DEVELOPMENT SYSTEMS STRENGTHENING**

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ADDITIONAL FINANCING DATA SHEET

Congo, Democratic Republic of

AF-DRC Human Development Systems Strengthening (P156421)

AFRICA

Health, Nutrition and Population Global Practice

Basic Information – Parent									
Parent Project ID:		P145965			Original EA Category:		C - Not Required		
Current Closing Date:		31-Dec-2018							
Basic Information – Additional Financing (AF)									
Project ID:		P156421			Additional Financing Type (from AUS):		Scale Up		
Regional Vice President:		Makhtar Diop			Proposed EA Category:		C – Not Required		
Country Director:		Ahmadou Moustapha Ndiaye			Expected Effectiveness Date:		03-Oct-2016		
Senior Global Practice Director:		Timothy Grant Evans			Expected Closing Date:		31-Dec-2020		
Practice Manager/Manager:		Trina S. Haque			Report No:		PAD1735		
Team Leader(s):		Luc Laviolette/ Christophe Rockmore							
Borrower									
Organization Name			Contact		Title	Telephone		Email	
Democratic Republic of Congo			Henri Yav Mulang		Minister of Finance	243-81811-6565		minfinrdc@micronet.cd	
Project Financing Data - Parent (DRC Human Development Systems Strengthening-P145965) (in USD Million)									
Key Dates									
Project	Ln/Cr/TF	Status	Approval Date	Signing Date	Effectiveness Date	Original Closing Date	Revised Closing Date		
P145965	IDA-H9360	Effective	23-Apr-2014	19-Jun-2014	20-Jan-2015	31-Dec-2018	31-Dec-2018		
Disbursements									
Project	Ln/Cr/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed

P145965	IDA-H9360	Effective	XDR	9.70	9.70	0.00	1.31	8.39	13.55
Project Financing Data - Additional Financing AF-DRC Human Development Systems Strengthening (P156421)(in USD Million)									
<input type="checkbox"/>	Loan	<input checked="" type="checkbox"/>	Grant	<input checked="" type="checkbox"/>	IDA Grant				
<input type="checkbox"/>	Credit	<input type="checkbox"/>	Guarantee	<input type="checkbox"/>	Other				
Total Project Cost:		41.08			Total Bank Financing:		30.00		
Financing Gap:		0.00							
Financing Source – Additional Financing (AF)								Amount	
BORROWER/RECIPIENT								0.00	
International Development Association (IDA)								30.00	
Global Financing Facility								10.00	
Japan Policy and Human Resources Development Fund								1.08	
Total								41.08	
Policy Waivers									
Does the project depart from the CAS in content or in other significant respects?							No		
Explanation									
Does the project require any policy waiver(s)?							No		
Explanation									
Team Composition									
Bank Staff									
Name	Role	Title	Specialization	Unit					
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Maurizia Tovo	Team Member	Lead Social Protection Specialist	Social Protection	GSP07
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Simeon Yaovi Mensah Alate	Translator	Togo

Locations

Country	First Administrative Division	Location	Planned	Actual	Comments
Congo, Democratic Republic of	South Kivu	South Kivu	X		For the AF
Congo, Democratic Republic of	Katanga	Katanga Province	X		
Congo, Democratic Republic of	Nord Kivu	Nord Kivu	X		For the AF
Congo, Democratic Republic of	Maniema	Province du Maniema	X		
Congo, Democratic Republic of	Kasai-Oriental	Province du Kasai-Oriental	X		
Congo, Democratic Republic of	Kasai-Occidental	Province du Kasai-Occidental	X		
Congo, Democratic Republic of	Eastern Province	Orientale Province	X		
Congo, Democratic Republic of	Equateur	Province de l'Equateur	X		
Congo, Democratic Republic of	Kinshasa	Kinshasa City	X		
Congo, Democratic Republic of	Bas-Congo	Province du Bas-Congo	X		
Congo, Democratic Republic of	Bandundu	Bandundu Province	X		For the AF

Institutional Data				
Parent (DRC Human Development Systems Strengthening-P145965)				
Practice Area (Lead)				
Health, Nutrition & Population				
Contributing Practice Areas				
Cross Cutting Topics				
[] Climate Change				
[] Fragile, Conflict & Violence				
[] Gender				
[] Jobs				
[] Public Private Partnership				
Sectors / Climate Change				
Sector (Maximum 5 and total % must equal 100)				
Major Sector	Sector	%	Adaptation Co-benefits %	Mitigation Co-benefits %
Health and other social services	Health	52		
Education	General education sector	29		
Public Administration, Law, and Justice	Public administration-Other social services	19		
Total		100		
Themes				
Theme (Maximum 5 and total % must equal 100)				
Major theme	Theme	%		
Human development	Health system performance	43		
Human development	Education for all	19		
Public sector governance	e-Government	19		
Social protection and risk management	Other social protection and risk management	19		
Total		100		
Additional Financing AF-DRC Human Development Systems Strengthening (P156421)				

Practice Area (Lead)				
Health, Nutrition & Population				
Contributing Practice Areas				
Education, Governance, Social Protection & Labor				
Cross Cutting Topics				
[] Climate Change				
[] Fragile, Conflict & Violence				
[] Gender				
[] Jobs				
[] Public Private Partnership				
Sectors / Climate Change				
Sector (Maximum 5 and total % must equal 100)				
Major Sector	Sector	%	Adaptation Co-benefits %	Mitigation Co-benefits %
Education	General education sector	35		
Health and other social services	Health	35		
Health and other social services	Other social services	30		
Themes				
Theme (Maximum 5 and total % must equal 100)				
Major theme	Theme	%		
Human development	Education for all	35		
Human development	Health system performance	35		
Social protection and risk management	Social Protection and Labor Policy & Systems	30		
Total			100	

I. Introduction

1. This Project Paper seeks the approval of the Board of Executive Directors to provide an additional grant in an amount of SDR21.8 million (US\$30 million equivalent) to the Democratic Republic of Congo: Human Development Systems Strengthening Project (HDSSP) (P145965, H9360). The proposed Additional Financing would help finance the costs associated with a financing gap in the project and a scale-up and broadening of the scope of some activities.
2. The proposed Additional Financing would aim specifically to (a) expand the geographic scope and depth of the Education Management Information System (EMIS) which is currently being rolled out through Component 1; (b) cover a financing gap for the two rounds of Service Delivery Indicator (SDI) surveys implemented under Component 1; (c) scale up new activities within Component 1, introduced in a recent Level 2 restructuring, that will aim to strengthen the national system for civil registration and vital statistics (CRVS); and (d) scale up activities related to the pharmaceutical regulatory system and to the public supply chain management system under Component 2. The closing date for the project would be extended by two years to December 31, 2020 to allow for sufficient time for utilization of the Additional Financing and the Results Framework is revised to reflect the additional activities, to align the indicators with the revised project allocations and to adjust some of the targets to the revised project closing date. Additional changes include: (i) update to legal covenants; (ii) update to disbursement projections to account for additional financing; and (iii) revision to procurement arrangements.
3. The proposed grant would be co-financed by a US\$10 million grant from the Global Financing Facility (GFF) Multi-Donor Trust Fund (MDTF) and, subject to approval by the Government of Japan, by a US\$1.08 million grant from the Policy and Human Resources Development (PHRD) Trust Fund. The GFF grant would specifically co-finance the activities in Component 1 to strengthen the CRVS system, whereas the PHRD grant would co-finance activities to enhance the utilization of the data generated by the Health Management Information System (HMIS) in Component 1 of the parent project¹.

II. Background and Rationale for Additional Financing in the amount of US\$30 million.

4. The original HDSSP (P145965) is financed by an IDA grant of SDR 9.7 million (US\$15 million equivalent) which was approved by the Board on April 23, 2014 and became effective on January 20, 2015 with a closing date of December 31, 2018. To date, approximately 14 percent of the grant has been disbursed. This disbursement level is ahead of the projections and is expected to increase over the next six months when a series of contracts will begin implementation. Most of the activities in the parent project are underway, albeit several with delays due to slow procurement. Most of these procurement bottlenecks have been removed through agreements signed with major partners such as the United Nations Educational, Scientific, and Cultural Organization (UNESCO) and the NGO SANRU, and the arrival in Kinshasa of two long-term international technical assistants on pharmaceutical systems (envisaged in the parent project to anchor most activities under Component 2). Seven studies under Component 3 are at various stages of conception and implementation, with three of them

¹ Should the PHRD grant not receive the approval from the Government of Japan, the project would be restructured to remove the PHRD-related indicators from the results framework.

having started their data collection. This Additional Financing follows a Level 2 restructuring approved on January 13, 2016, which added activities related to the CRVS system and to the systems for safe essential medicines as well as cancelled one of the legal covenants.

5. The development objective of the parent project is to strengthen select management systems for education and health services in targeted geographical areas in the recipient's territory. The project was designed to strengthen two types of management systems: (a) EMIS and HMIS; and (b) systems for regulation, procurement, and logistics related to essential medicines. The project also has a component that finances analytical work and learning activities. The project focuses on the national level and in a select number of provinces. The direct beneficiaries include decision makers and staff of the Ministries of Primary, Secondary Education and Initiation to New Citizenship (the Ministry of Primary, Secondary, and Professional Education at the time of project preparation); Public Health; Social Affairs; Labor, Employment and Social Insurance; Justice and Human Rights; and Interior and Security, through a stronger evidence base to strengthen the systems for effective and efficient service delivery. The project supports the following:

- (a) The development of decentralized and computerized information management systems (EMIS and HMIS) and related activities to increase the utilization of data for decision-making;
- (b) The roll out of two SDI surveys and the related communication and planning activities;
- (c) Activities to reform and strengthen the CRVS system and increase birth registration;
- (d) Technical assistance to deepen the support provided to the pharmaceutical regulatory system and to the public supply chain management system for safe essential medicines;
- (e) A series of studies and learning activities to inform national policies in human development.

6. The proposed Additional Financing for the HDSSP is consistent with OP/BP 10.00 (Investment Project Financing) under which IDA may provide Additional Financing for investment lending for scaling up the development effectiveness of a project that is performing well and/or to compensate for cost overruns. The project is consistent with the World Bank's guidelines, namely (a) the project is rated Satisfactory on the Project Development Objective (PDO) and Moderately Satisfactory on implementation progress for a minimum of 12 months; (b) all legal covenants have been complied with; and (c) there are no outstanding audit reports. The project will follow the Bank's 'Guidelines: Procurement of Goods, Works, and Non-Consulting Services under IBRD Loans and IDA Credits & Grants by World Bank Borrowers' and 'Guidelines: Selection and Employment of Consultants under IBRD Loans and IDA Credits & Grants by World Bank Borrowers' both dated January 2011 (revised July 2014), as well as the World Bank's guideline on Anti-Corruption 'Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants', dated October 15, 2006 and revised in January 2011.

7. Human development is a priority for the current government. Some progress has been observed in recent years in select health and education indicators, but considerable challenges remain. The ranking of the Democratic Republic of Congo (DRC) on the Human Development Index, while still low, improved to 176 out of 188 countries in 2015 from its previous ranking at the bottom of the scale. The 2013–2014 Demographic and Health Survey reports a 30 percent reduction in under five mortality since 2007. However, chronic malnutrition rates have remained high (43 percent of children under five years of age are stunted) and stagnant, while the fertility rate remains high at 6.6 children per woman and is increasing. The same survey found that only 25 percent of children under five years of age had been registered at birth and only 14 percent possessed a valid birth certificate. Access to primary education has improved significantly, but out-of-school children are still too numerous and quality of education remains a challenge—3.5 million children of primary school age are not in school. Gross enrollment rates for primary education have increased significantly in recent years to reach a little over 111 percent in 2013. At completion of the 5th grade, the average score for knowledge of mathematics was 46 percent and knowledge of French was 44 percent (PASEC 2013). A review of social safety nets in the DRC conducted by the Bank in 2015 confirmed that coverage of these programs is very limited; the existing small, fragmented, and often poorly targeted programs offer minimal protection and opportunities to the most vulnerable. These statistics point to the urgent need to strengthen systems and ensure delivery of good quality services for human development.

8. The systems that deliver human development services were severely weakened during the decades of conflict and instability. They are in the process of being rebuilt, but significant weaknesses remain. The Government recognizes the need to build strong institutions and systems to enable it to meet the needs of a growing population for effective health, education, and social protection services and wants the Bank to scale up its support in this area. While financing for health and education in the DRC remain below international targets, this year's national budgetary process has prioritized five sectors, which includes education and health.

9. In both education and health, the Government is shifting its focus from increasing access to services (which had been a valid post-conflict reconstruction priority) to an improvement in the quality of service delivery while continuing to increase access, but with a sharper focus on equity. The greater focus on quality and equity is critical to achieve the much needed improvements in health and education outcomes that will lay the foundation for sustained and inclusive growth and support the Government's midterm goal of becoming an emerging economy. The Government recognizes that it needs strong systems, including information systems, to achieve these improvements in quality and equity and wants to see the Bank step up its support in this area.

10. In addition to the greater focus on systems strengthening for better quality and greater equity, the following significant changes have taken place in the DRC since the original project was approved:

- (a) **Changes in the policy and partnership environment.** Over the last year, two important initiatives have emerged to accelerate human development in the DRC. First, social protection has gained greater visibility with the appointment of the vice prime minister responsible for employment and social insurance and the subsequent development of a national Social Protection Policy which includes birth registration.

Second, the GFF in Support of Every Woman and Every Child was announced in September 2014 to help close the funding gap for reproductive, maternal, newborn, child, and adolescent health. This coincides with the adoption of the new Sustainable Development Goals including goal 16.9 on ensuring birth registration and legal identity for all. The GFF has a financing window specifically for strengthening these systems. The DRC was chosen to be one of four ‘front-runner’ countries for the GFF and is currently working on its business case for wider financing, but US\$10 million is available immediately to finance the CRVS. The Bank houses the GFF Trust Fund.

- (b) **Urgent need for more reliable and timely education statistics.** The interest in decentralizing and modernizing the EMIS which led to the inclusion of the EMIS in the parent project has grown considerably since the parent project was developed. This is partly due to the catalytic effect of the financing from the parent project which covers 19 of the 30 educational provinces and which has been supplemented by UNESCO financing to cover an additional two educational provinces. However, because there is currently no alternative source of financing to produce the annual statistics, there is an urgent need to cover the remaining nine educational provinces with the EMIS. The greater focus which the Global Partnership for Education is giving to data for decision making is also an important incentive to rapidly build the EMIS (a US\$100 million project is currently being prepared for Global Partnership for Education financing of primary education in the DRC, for which the Bank has recently been appointed the supervising entity). The Government is also keen to deepen the functionality of the EMIS to include a module on student identification.
- (c) **Growing focus on strengthening and using the national drug supply system.** When the parent project was developed, the Bank was one of the few donors that were willing to invest in strengthening the national drug supply systems. However, at that time, the Bank was still not using that system within its health projects. The situation has changed significantly since the parent project was prepared, partly due to the technical assistance provided by the Bank (notably for the recently developed strategic plan for the national drug supply system). Several donors are seriously considering to start using the national system and the Bank has already decided to do so in its two large health projects. There is thus an urgent need to increase the Bank’s concurrent technical assistance to strengthen the drug supply system beyond what had been envisaged when the initial project was developed.
- (d) **Greater interest in addressing challenges relating to quality of service delivery.** As noted above, there has been a shift toward a greater focus on quality of service delivery, yet there are very limited data available to inform decisions on quality in the DRC context. For example, the Minister of Primary, Secondary Education, and Initiation to New Citizenship declared the next five years as the ‘years of education quality’ and organized a national symposium on the topic in August 2015. During a visit to the DRC of the executive director of the Global Partnership for Education (GPE) the prime minister hosted a special meeting with development partners on October 20, 2015 to discuss ways to improve the quality of education. The demand for the Service Delivery Indicator (SDI) surveys to be financed by the project is

therefore increasing. However, the costs of these surveys are anticipated to be higher than estimated during project preparation and so additional financing will be required to fill the financing gap and to ensure adequate dissemination and integration into policymaking.

11. Link with existing strategies, policies and programs. The proposed project is consistent with the Government's Poverty Reduction Strategy Paper II (2011-15). The 2012 Government Development Program defines a roadmap of the targets outlined in the Poverty Reduction Strategy Paper II and aims to, among other things, improve human development. The Government is currently developing its next national development plan (FY16–FY21) and has indicated that systems strengthening for the social sectors will continue to be a priority. At the operational level, the fact that the activities are all implemented by the sectoral ministries ensures strong coordination with other initiatives, including Bank-financed operations.

12. Link to Bank strategy. The project supports the World Bank Group's strategic Twin Goals goals of reducing poverty and boosting shared prosperity. The systems to be strengthened have a direct link to poverty reduction through human capital formation. Mechanisms to track and address inequity in the social sectors will also be strengthened. The project is also aligned with the Bank strategy for Africa. The project focuses on the foundation of the strategy—public sector capacity—in systems that will contribute to increased competitiveness and employment (through a well-educated and healthy work force) and to reduced vulnerability and increased resilience (through improved health and the development of a national social protection strategy). The project is an integral part of the World Bank Group's Country Assistance Strategy (CAS) for the period FY13–FY16 (Report 66158). One of the higher-level objectives of the CAS, to which this project will contribute, is to increase access to social services and to raise human development with a focus on strengthening governance and service delivery systems. The CAS has identified the following four outcomes related to that objective: (a) increased access to clean water and sanitation; (b) improved access to health services in targeted areas; (c) improved access to basic education in targeted areas; and (d) strengthened social protection. In particular, the CAS includes a Human Development Service Delivery Technical Assistance Program, which is part of the parent project.

13. Risks. The overall risk is rated as Substantial. The unstable political environment leading up to the presidential elections of November 2016 and the macroeconomic risks related to the fall of commodity prices present additional risks that were not envisaged during the preparation of the parent project. The risks related to poor governance remain. While institutional capacity for implementation continues to be a risk, the risk of low capacity (including financing capacity) for sustainability is greater. The fiduciary environment in DRC continues to be a risk. While most of the project activities present limited risks related to sector strategies and policies, the proposed reform of the CRVS system increases this type of risk. The original main risks pertained to (a) coordinating a range of sectoral stakeholders in a multisectoral project; (b) the weak fiduciary environment; (c) uneven implementation capacity; and (d) poor governance. To date, these risks have proven to be manageable.

III. Proposed Changes

Summary of Proposed Changes	
The main changes from the parent project are to (a) scale-up the Sub-component to strengthen the CRVS system; (b) scale up and deepen support provided by the parent project to the EMIS and add social accountability activities; (c) fill a financing gap for the planned SDI surveys; (d) scale-up support provided by the parent project to strengthen the systems for safe essential medicines; and (e) support for the use of national HMIS data in policy planning and review. The Results Framework has been revised to reflect the additional activities, to align the indicators with the revised project allocations, and to adjust some of the targets to the revised project Closing Date of December 31, 2020. There will be no change to the PDO or to the project components, although some of the latter will have increased budgets.	
Change in Implementing Agency	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Project's Development Objectives	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Results Framework	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
Change in Safeguard Policies Triggered	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change of EA category	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Other Changes to Safeguards	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Legal Covenants	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
Change in Loan Closing Date(s)	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Cancellations Proposed	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Disbursement Arrangements	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Reallocation between Disbursement Categories	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Disbursement Estimates	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
Change to Components and Cost	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
Change in Institutional Arrangements	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Financial Management	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Change in Procurement	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
Change in Implementation Schedule	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
Other Change(s)	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
Development Objective/Results	
Project's Development Objectives	
Original PDO	
The proposed project development objective is to strengthen select management systems for education and health services in targeted geographic areas in the Recipient's territory.	
Change in Results Framework	
Explanation:	

At the PDO level, one new indicator has been added to measure the impact of the new Sub-component 1(d) on CRVS. The two PDO-level indicators relating to Component 2 (Systems for Safe Essential Medicines) have been replaced by one new indicator that focuses on the Logistic Management Information System (LMIS) which will receive the bulk of the financing in Component 2. At the intermediate result level, one indicator has been added on the new sub-component on the CRVS, one on reforms within the Division of Pharmacy in the Ministry of Public Health, one on the citizen feedback mechanism that will be instituted in the project for the CRVS catch-up activities, and one on the HMIS data production and use. Results targets have been adjusted where appropriate (including a considerable increase in the number of project beneficiaries and in the proportion of female beneficiaries) to reflect the increased allocations and the two-year time extension in the project closing date.

Compliance

Covenants - Additional Financing (AF-DRC Human Development Systems Strengthening - P156421)

Source of Funds	Finance Agreement Reference	Description of Covenants	Date Due	Recurrent	Frequency	Action
IDA	Schedule 2, Section I A.(a)	Maintain throughout the period of project implementation the Project Steering Committee to provide general orientation, oversight, and coordination among the line ministries and their relevant divisions and units for the efficient implementation and coordination of the project with terms of reference, composition, and powers acceptable to the Association.		<input checked="" type="checkbox"/>	CONTINUOUS	New
IDA	Schedule 2, Section I A.(b)	Maintain throughout the period of project implementation		<input checked="" type="checkbox"/>	CONTINUOUS	New

		the Cellule d'Execution des Financements en faveur des Etats fragiles (CFEF) to run the day-to-day management, implementation, and coordination of the project, with staffing, terms of reference, composition and powers acceptable to the Association.				
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Covenants - Parent (DRC Human Development Systems Strengthening - P145965)

Ln/Cr/TF	Finance Agreement Reference	Description of Covenants	Date Due	Status	Recurrent	Frequency	Action
IDA-H9360		Finance Agreement :Hiring of independent auditor Description :The Recipient shall hire the independent auditors in charge of the audits referred to in Section II B. 3 of this Schedule no later		Complied with	<input type="checkbox"/>		No Change

		than three months after the Effective Date. Due Date :19-Dec-2014					
IDA-H9360		Finance Agreement :Steering Committee Description :The Recipient shall create no later than three months after the Effective Date and thereafter shall maintain throughout the period of Project implementation the Project the Steering Committee . Due Date :19-Dec-2014		Complied with	<input type="checkbox"/>		No Change

Conditions

Source Of Fund	Name	Type
IDAT	Execution and Delivery of GFF Grant Agreement	Effectiveness

Description of Condition
Evidence satisfactory to the Association has been furnished to the Association that: (i) the GFF Grant Agreement has been executed and delivered; and (ii) all conditions precedent to its effectiveness or to

the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled.										
Source Of Fund			Name				Type			
GFF			Execution and Delivery of Financing Agreement				Effectiveness			
Description of Condition										
Evidence satisfactory to the Association has been furnished that: (i) The execution and delivery of this Agreement on behalf of the Recipient have been duly authorized or ratified by all necessary governmental action; and (ii) The Financing Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled.										
Risk										
Risk Category							Rating (H, S, M, L)			
1. Political and Governance							High			
2. Macroeconomic							Substantial			
3. Sector Strategies and Policies							Substantial			
4. Technical Design of Project or Program							Substantial			
5. Institutional Capacity for Implementation and Sustainability							High			
6. Fiduciary							High			
7. Environment and Social							Low			
8. Stakeholders							Substantial			
9. Other										
OVERALL							Substantial			
Finance										
Loan Closing Date - Additional Financing (AF-DRC Human Development Systems Strengthening - P156421)										
Source of Funds					Proposed Additional Financing Loan Closing Date					
Global Financing Facility					31-Dec-2020					
International Development Association (IDA)					31-Dec-2020					
JAPAN: Ministry of Finance - PHRD Grants					31-Dec-2020					
Change in Disbursement Estimates (including all sources of Financing)										
Explanation:										
Changes in disbursement estimates are necessary because of the additional US\$41.08 million and the new closing date which extends the previous one by two years.										
Expected Disbursements (in USD Million)(including all Sources of Financing)										
Fiscal Year	2015	2016	2017	2018	2019	2020	2021			

Annual	0.30	3.60	10.70	10.09	8.51	7.00	0.88			
Cumulative	0.30	3.90	14.60	24.69	33.20	40.20	41.08			

Allocations - Additional Financing (AF-DRC Human Development Systems Strengthening - P156421)

Source of Fund	Currency	Category of Expenditure	Allocation	Disbursement % (Type Total)
			Proposed	Proposed
IDA	XDR	Goods, Non-Consulting Services, Consultants' Services, Operating Costs, Workshops and Training for the Project, except for Components 1.2 (iv), 1.2 (v) and 1.4	14,500,000.00	100.00
IDA	XDR	Goods, Non-Consulting Services, Consultants' Services, Operating Costs, Workshops and Training for Component 1.4 of the Project	7,300,000.00	50.00
		Total:	21,800,000.00	
PHRD		Goods, Non-Consulting Services, Consultants' Services, Operating Costs, Workshops and Training for Components 1.2 (iv) and 1.2 (v) of the Project	1,080,000.00	100.00
		Total:	1,080,000.00	
GFF	USD	Goods, Non-Consulting Services, Consultants' Services, Operating Costs, Workshops and Training for Component 1.4 of the Project	10,000,000.00	50.00
		Total:	10,000,000.00	

Components

Change to Components and Cost

Explanation:

The three components of the parent project remain relevant and are performing in a satisfactory manner, therefore they will remain essentially the same. The recent restructuring had introduced activities relating to the CRVS in Component 1 and to quality assurance of medicines in the private market and design and

testing of an LMIS in Component 2. This Additional Financing increases the value of Components 1 and 2.

Current Component Name	Proposed Component Name	Current Cost (US\$M)	Proposed Cost (US\$M)	Action
Component 1: Information Systems	Component 1: Information Systems	8.44	40.52	Revised
Component 2: Systems for Safe Essential Medicines	Component 2: Systems for Safe Essential Medicines	3.71	12.71	Revised
Component 3: Analytical Products	Component 3: Analytical Products	2.85	2.85	
	Total:	15.00	56.08	

Other Change(s)

Change in Procurement

Explanation:

Each of the technical ministries will continue to be responsible for the implementation of the activities under their purview, but the procurement and payments will all be made by the CFEF Unit. The parent project had envisaged that procurement would be managed by the line ministries. The implementation of the parent project so far has demonstrated that the current procurement capacity in the technical ministries is insufficient to have them handle the procurement efficiently and so it is proposed that the function be centralized in the CFEF Unit and that an additional procurement specialist be recruited in the CFEF. That specialist would not only facilitate procurement transactions but also contribute to building capacity in the line ministries.

Change in Implementation Schedule

Explanation:

With an additional US\$41.08 million, the closing date will be extended by two years to allow enough time for disbursing the additional amount. A revised implementation schedule had been prepared to account for the additional activities as well as the additional implementation period.

Appraisal Summary

Economic and Financial Analysis

Explanation:

The economic analysis conducted for the parent project remains valid, except that it does not cover the new activities in sub-component 1d on CRVS. The CRVS activities are not well-suited for cost-benefit analyses given the indirect nature of the gains and the lack of precise data on costs and benefits. Therefore, this analysis focuses on the current policies, the expected efficiency gains, and the available economic evidence from other countries. The analysis concludes that the proposed investment is justified economically. See annex 3 for the full economic analysis.

Well-functioning CRVS systems offer numerous social and economic benefits. Importantly, they can bolster people's sense of inclusion and enable governments to safeguard human rights (UNICEF 2013; Lo

and Horton 2015; Shibuya and Gilmour 2015). Better data on births, deaths, and causes of death can help governments identify and address population health needs (Alkema et al 2015; Amouzou et al. 2015; Lopez and Setel 2015). These data can be used to strengthen government accountability, to monitor progress toward achieving global health and education goals, and to plan and improve service delivery (AbouZahr et al. 2015a, 2015b; Moxon et al. 2015). The CRVS systems can also support social protection schemes and improve humanitarian responses to emergencies and conflicts, among other advantages. The editorial board of *The Lancet* (2015) recently called the CRVS systems a “cornerstone of sustainable development.”

In 2013/14, only 24 percent of children under five in the DRC were reported as having had their births registered, one of the lowest rates in Africa. The CRVS system in the country is characterized by slow and incomplete data collection, inequitable access to registration services, and other administrative inefficiencies. The ratio of registration rates between the richest quintile and the poorest grew from 0.8 to 2.45 between 2001 and 2013/14 (Sub-Saharan Africa average was 2.42 in 2013). This suggests that despite the extension of the registration deadline to 90 days, poorer parents either fail to see value in registration, are not aware of alternative means to register, or cannot afford the exorbitant fees.

The proposed project approach of a catch-up campaign linked to school registration will reach a cross-section of the population, particularly since primary school is officially free in almost all of the DRC and the gross primary enrollment rates are relatively high (111 percent in 2013). The approach delivers additional government services where populations willingly go for an existing service. The project will address the economic barrier of late registration by paying a reduced fee, which may actually raise government revenue, because it will likely result in significant increases in volume.

Several studies have identified causal links between greater birth registration and better education and health outcomes. One study found that a higher score on a composite measure of CRVS performance was associated with better health outcomes with regard to healthy life expectancy, maternal mortality ratio, and child mortality risk (Phillips et al 2015). A study by the Inter-American Development Bank found that children with registered births attended school longer, on average, than did children without registered births—controlling for socioeconomic determinants of education and other possible confounders (Corbacho et al 2012).

Higher national educational attainment, in turn, has been shown to boost productivity and stimulate economic growth (Barro 2000; Stevens and Weale 2003; Aghion et al. 2009). Greater schooling is also associated with positive externalities for the national economy, including more innovation, less unemployment, and less crime (Barro 2000). One meta-analysis found that a 1 percent-increase in school enrollment was, on average, associated with a 1-3 percent-increase in per capita GDP (Sianesi and Van Reenen 2002). The analysis incorporated data from studies conducted in various high-income, middle-income, and low-income countries. However, some studies suggest that the quality of education is more strongly correlated with growth than the length of schooling or the school participation rates (Sianesi and Van Reenen 2002, 2003; Hanushek and Wößmann 2007, 2010).

In the DRC, the registration of students should eventually lead to more efficient service delivery planning, by improving input allocation (that is, linking supply to demand) and taking corrective measures on educational system problems (for example, student progression) using longitudinal data linked to unique birth records to strengthen reliability.

Is Public Sector Provision or Financing the Appropriate Vehicle?

The project aims to reinforce the stewardship functions of the Government and to eventually ensure equal

opportunities for human development to all residents. A stronger CRVS system will allow the Government to play a critical role in resource distribution to gradually correct market failures. These failures include inadequate and inequitable access to health-care and education services, as well as the poor quality of these services. In particular, this project will support the Government in providing bundled services, as opposed to requiring people to expend effort and resources on individual services that are not always relevant to them. Eventually, the aim will be for the Government to provide such services using computerized systems in appropriate facilities, such as maternities and clinics. The use of modern systems should increase the productivity of registration workers.

What is the World Bank's Value Added?

The project's focus on system strengthening is a paradigm shift for post-conflict DRC. Until recently, most of the investments have focused on inputs and front-line service delivery, often in emergency situations. Some donors are still reluctant to invest directly in government systems and instead choose to provide support through independent firms or non-governmental organizations. While the quality of that technical assistance is usually good, such an approach often leads to weak government ownership.

The overall scale of resources available from the Bank allows the Government to consider the full scope of needs in the sectors and then prioritize based on available resources. This ability to facilitate planning at scale is critical for systems strengthening. The Bank is well placed to provide the necessary technical assistance, to support government ownership of the project, and to facilitate coordination among the ministries of the interior and security, justice and human rights, education, and public health.

This project would be implemented in close coordination with larger Bank investments, particularly in the education and health sectors. During the 2015 fiscal year, the Bank financed US\$200 million in education sector projects, with similar-scale investments in the health sector (US\$226.5 million).

Technical Analysis

Explanation:

The Appraisal Summary developed for the parent project remains largely relevant, except for the new sub-component on CRVS. In the case of the DRC, a rapid assessment conducted by the Bank in October 2015 based on a methodology developed by the World Health Organization (WHO) and the University of Queensland classified the national CRVS system as 'dysfunctional' with a score of 22 out of a possible 75 points. The average national birth registration rate is currently at 25 percent - far below the global average of 65 percent. Other vital events, including marriages and deaths, are estimated to have even lower registration rates.

The legal framework for the country's CRVS system is largely anchored in the "Code de la Famille" and the "Loi Portant la Protection de l'Enfant" and will require modifications to introduce innovations such as computerization and to protect confidentiality of information. Responsibilities regarding the system's implementation are shared by two ministries. The Ministry of Justice is officially tasked with the production and distribution of official registration documents as well as with their archival storage and data management, while the Ministry of the Interior is charged with all operational aspects of civil registration and issuance of national IDs.

Both demand-side and supply-side challenges help explain the poor state of the country's current CRVS system. On the supply side, while a robust system existed a few decades ago, conflict and instability has weakened the system. Funds for the printing and procurement of basic paperwork, such as standardized

models of vital event certificates, are scarcely available. In the case of birth certificates, funding and logistical support has been made available by the United Nations Children's Fund (UNICEF). Even in urban centers, where such administrative coverage is principally satisfactory, staff will often lack training and perform their duties without a government salary, which may lead to a demand for informal fees.

Demand for registration services of vital events is also weak, especially in rural areas. Households are often not aware of both the legal obligations and the potential benefits of birth- and other registration services. The Legal Framework puts an obligation on the population to register vital events, but outside of major urban centers, proof of registration is seldom demanded. Furthermore, the impetus to register live births and other vital events is often hindered by geographical and administrative barriers. In the absence of widespread rural coverage, parents and relatives will often have to travel significant distances to register a vital event at a civil registration office, leading to additional financial burdens in the form of direct cost (travel, informal payments) and indirect cost (expenditure of time).

Recognizing the severe shortcomings of the current state of CRVS services, the Ministry of the Interior and Security had developed a strategy and action plan to revitalize the system in 2014, including an emphasis on the creation of new civil registration offices to reduce physical access barriers, the addition and training of qualified personnel, and the execution of widespread awareness campaigns promoting primarily birth registration on a nation-wide scale. So far, there has been no progress on the plan's execution, primarily due to lack of funding. It should be noted, however, that this strategy does not take full advantage of global knowledge and is not fully aligned with evidence on efficient approaches that could work in the DRC. This is why it is proposed that the project support a process of policy reform to modernize the national CRVS strategy.

It is proposed to add a new sub-component to the project, with an additional financing of US\$10 million IDA resources and US\$10 million co-financing from the GFF Trust Fund. A number of options had been considered as potential support to the CRVS, given the magnitude of the needs and the related costs. The main trade off is between supporting all aspects of the CRVS system in a smaller geography versus tackling a more limited set of priorities at a larger scale. It is proposed that the project take a dual approach (a) supporting a process of reform leading to a costed revised national strategy and implementation plan; and (b) activities to increase the coverage of birth registration, with the objective of increasing the proportion of children in the DRC who possess a valid birth certificate. Given their role as 'breeder documents' for other forms of identification, particularly the national ID, systems and processes will be developed that allow for integration and interoperability.

This large-scale activity will include a complaints hotline and a website through which participants in the campaign can file complaints. These complaints will be registered and the responses monitored. The project results framework includes an indicator on Percentage of feedback cases treated and closed (see annex 1).

The HMIS performed poorly in the 2005–15 strategy period and had little information and structure combined with an overly complicated reporting template. The Ministry of Public Health is responding to the problems by reaching an agreement with multiple partners (the NGO IMA with financing from the U.K. Department for International Development, the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund, and the Bank) to roll out the DHIS-2-based HMIS system and is working to rationalize indicators, starting with its own and potentially extending to vertical programs (which have 80 percent overlap with the HMIS reporting). This reduction in the reporting burden and the ease of reporting should support increased data availability.

Building on the existing support for the HMIS provided through the parent project, this proposed

Additional Financing, and the Health Systems Strengthening Project (P147555), the US\$1.08 million in PHRD Trust Fund proceeds will be used to strengthen use of data at operational levels for planning and monitoring purposes and to increase stakeholder participation in the planning process. Support will be provided in four areas: (a) development of localized versions of the national strategy and action plan in two provinces; (b) development of a monitoring portal; (c) technical assistance for regular monitoring and planning at the local level; and (d) increased accountability through civil society participation in the review and planning process. This pilot, which builds on what the Government of Luxemburg and World Health Organization partnership have attempted, will focus on two new provinces to develop knowledge and practices that may then be expanded with other financing.

Social Analysis

Explanation:

NO CHANGE

Environmental Analysis

Explanation:

NO CHANGE

Risk

Explanation:

The overall risk is rated as Substantial. The unstable political environment leading up to the Presidential elections of November 2016 and the macroeconomic risks related to the fall of commodity prices present additional risks that were not envisaged during the preparation of the parent project. The introduction of new activities relating to CRVS and to LMIS both elevate the risks related to sector strategies and policies. The risks related to poor governance remain. While institutional capacity for implementation continues to be a risk, the risk of low capacity (including financing capacity) for sustainability is greater. The fiduciary environment in DRC continues to be a risk. The original main risks pertained to (a) coordinating a range of sectoral stakeholders in a multi-sectoral project; (b) the weak fiduciary environment; (c) uneven implementation capacity; and (d) poor governance. To date, these risks have proven to be manageable.

IV. World Bank Grievance Redress

14. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB’s Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in 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 Grievance Redress Service (GRS), please visit <http://www.worldbank.org/GRS>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

Annex 1: Revised Results Framework and Monitoring Indicators

Project Name:	AF-DRC Human Development Systems Strengthening (P156421)	Project Stage:	Additional Financing	Status:	FINAL
Team Leader(s):	Luc Laviolette	Requesting Unit:	AFCC2	Created by:	Luc Laviolette on 05-Dec-2015
Product Line:	IBRD/IDA	Responsible Unit:	GHN07	Modified by:	Christophe Rockmore on 25-Feb-2016
Country:	Congo, Democrat	Approval FY: 2016			
Region:	AFRICA	Lending Instrument:	Investment Project Financing		
Parent Project ID:	P145965	Parent Project Name:	DRC Human Development Systems Strengthening (P145965)		

Project Development Objectives

Original Project Development Objective - Parent:

The proposed project development objective is to strengthen select management systems for education and health services in targeted geographic areas in the Recipient's territory.

Results

Core sector indicators are considered: Yes

Results reporting level: Project Level

Project Development Objective Indicators

Status	Indicator Name	Core	Unit of Measure		Baseline	Actual(Current)	End Target
Revised	Educational sub-provinces in targeted areas with annual plans and reports based on improved SIGE data available on the internet	<input type="checkbox"/>	Percentage	Value	0.00	0.00	90.00
				Date	01-Apr-2014	03-Aug-2015	31-Dec-2020
				Comment			

New	Strategy for a national CRVS system developed and endorsed by the various stakeholders	<input type="checkbox"/>	Yes/No	Value	No	No	Yes
				Date	31-Dec-2015	25-Feb-2016	31-Dec-2020
New	National LMIS strategy, based upon pilot testing, endorsed by the stakeholders	<input type="checkbox"/>	Yes/No	Value	No	No	Yes
				Date	31-Dec-2015	25-Feb-2016	31-Dec-2020
Revised	Health zones in targeted areas with annual plans and reports based on improved SNIS data available on the internet	<input type="checkbox"/>	Percentage	Value	0.00	0.00	90.00
				Date	01-Apr-2014	31-Dec-2015	31-Dec-2020
New	Health zones in targeted areas with annual plans and reports based on improved SNIS data available on the internet (PHRD-financed areas)	<input type="checkbox"/>	Percentage Sub Type Breakdown	Value	25.80	25.80	90.00
				Date	31-Dec-2015	31-Dec-2015	31-Dec-2018
				Comment	Weighted average for Kwilu and Sud Kivu (both 25.8) for the month of December 2015.		Trust fund support is for three years.
Revised	Priority action points in the first SDI action plan which have been completed	<input type="checkbox"/>	Percentage	Value	0.00	0.00	80.00
				Date	01-Apr-2014	03-Aug-2015	31-Dec-2020
Marked for Deletion	Score of the capacity of the Drugs Regulatory Division (DPM) regulatory functions	<input type="checkbox"/>	Number	Value			
				Date		03-Aug-2015	31-Dec-2018
Marked for Deletion	Score for the quality of procurement of essential medicines	<input type="checkbox"/>	Percentage	Value			
				Date		03-Aug-2015	31-Dec-2018
				Comment			

Intermediate Results Indicators

Status	Indicator Name	Core	Unit of Measure		Baseline	Actual(Current)	End Target
Revised	Territorial coverage of the GIS-based education map system in the targeted areas	<input type="checkbox"/>	Percentage	Value	0.00	0.00	90.00
				Date	01-Apr-2014	03-Aug-2015	31-Dec-2020
New	Recommendations from 2014 WHO evaluation of the DPM which have been implemented with support from the project	<input type="checkbox"/>	Number	Value	0.00	0.00	20.00
				Date	31-Dec-2015	25-Feb-2016	31-Dec-2020
				Comment			
New	Children receiving a birth registration certificate	<input type="checkbox"/>	Number	Value	0.00	0.00	600000.00
				Date	31-Dec-2015	31-Dec-2015	31-Dec-2020
				Comment			
New	Children receiving a birth registration certificate (under 5 years of age)	<input type="checkbox"/>	Number Sub Type Breakdown	Value	0.00	0.00	125000.00
				Date	31-Dec-2015	31-Dec-2015	31-Dec-2020
				Comment			
New	CRVS-linked feedback cases addressed and closed	<input type="checkbox"/>	Percentage	Value	0.00	0.00	90.00
				Date	31-Dec-2015	25-Feb-2016	31-Dec-2020
				Comment			
Revised	Territorial coverage of the GIS-based health map system in the targeted areas	<input type="checkbox"/>	Percentage	Value	0.00	0.00	90.00
				Date	01-Apr-2014	03-Aug-2015	31-Dec-2020
				Comment			
New	HMIS reports submitted in a timely fashion in health zones supported by PHRD grant	<input type="checkbox"/>	Percentage	Value	25.80	25.80	90.00
				Date	31-Dec-2015	31-Dec-2015	31-Dec-2018
Revised	Health and education workers trained on information management systems in targeted areas	<input type="checkbox"/>	Number	Value	0.00	97.00	2480.00
				Date	01-Apr-2014	02-Dec-2015	31-Dec-2020
				Comment			

Revised	Action plans developed based on Service Delivery Indicators (SDI) surveys and disseminated	<input type="checkbox"/>	Number	Value	0.00	0.00	2.00
				Date	01-Apr-2014	31-Dec-2015	31-Dec-2020
				Comment			
Revised	Business plan for a more autonomous essential medicines regulatory authority developed and disseminated	<input type="checkbox"/>	Number	Value	0.00	0.00	1.00
				Date	01-Apr-2015	03-Aug-2015	31-Dec-2020
				Comment			
Revised	Business plan for the FEDECAME developed and disseminated	<input type="checkbox"/>	Number	Value	0.00	0.00	1.00
				Date	01-Apr-2014	03-Aug-2015	31-Dec-2020
				Comment			
Revised	Action plan to optimize logistics of essential medicines in targeted provinces developed and disseminated	<input type="checkbox"/>	Number	Value	0.00	0.00	1.00
				Date	01-Apr-2014	03-Aug-2015	31-Dec-2020
				Comment			
Revised	Studies supported by Component 3 of the project which have been completed and disseminated	<input type="checkbox"/>	Number	Value	0.00	0.00	10.00
				Date	01-Apr-2015	03-Aug-2015	31-Dec-2020
				Comment			
Revised	Direct project beneficiaries	<input checked="" type="checkbox"/>	Number	Value	0.00	97.00	603500.00
				Date	01-Apr-2014	02-Dec-2015	31-Dec-2020
				Comment			
Revised	Female beneficiaries	<input checked="" type="checkbox"/>	Percentage Sub Type Supplemental	Value	0.00	0.00	45.00

Annex 2: Detailed Description of Modified or New Project Activities

1. The proposed Additional Financing would aim specifically to (a) expand the geographic scope and depth of the EMIS, which is currently being rolled out through Component 1; (b) cover a financing gap for the two rounds of SDI surveys implemented under Component 1; (c) scale up new activities within Component 1, introduced in a recent Level 2 restructuring, that will aim to strengthen the national system for CRVS and increase the use of health data for decision making; and (d) scale up activities related to the pharmaceutical regulatory system and to the public supply chain management system under Component 2.

2. The proposed grant would be cofinanced by a US\$10 million grant from the GFF MDTF and, subject to approval from the Government of Japan, by a US\$1.08 million grant from the PHRD Trust Fund. The GFF grant would specifically cofinance the activities in Component 1 to strengthen the CRVS system, whereas the PHRD grant would cofinance activities to enhance the utilization of the data generated by the HMIS in Component 1 of the parent project. Should the Government of Japan not approve the PHRD grant, the project will be restructured to remove the PHRD-related indicators from the results framework.

Component 1: Information Systems (Total: US\$40.52 million; Current: US\$9.44 million from IDA; Additional Financing: US\$20 million from IDA; US\$10 million from the GFF MDTF, US\$1.08 million from Japan PHRD Trust Fund).

3. Component 1 of the parent project has four subcomponents: (a) EMIS; (b) HMIS; (c) SDI surveys; and (d) CRVS System. This additional financing is proposing to add the following activities to those originally financed:

4. Subcomponent 1.1: Education Program Information Management System and GIS School Mapping (Total: US\$13.02 million; Current US\$3.02 million; Additional Financing: US\$10 million from IDA) An EMIS is a repository for data collection, processing, analyzing, and reporting of educational information including on schools, students, teachers, and staff. When GIS coding is used to tag information about infrastructure, the EMIS is also able to produce a ‘school map’ that enables decision makers to use spatial planning as an approach for more efficient use of resources for new construction and maintenance, by indicating more clearly where the resources are most needed (for example, where the ratio of classrooms to populations of school-aged children is the lowest). The EMIS information is used by Ministry of Education, NGOs, researchers, donors, and other education stakeholders for research; policy and planning; M&E; and decision making. EMIS information is specifically used to create indicators that monitor the performance of an education system and to manage the distribution and allocation of educational resources and services. While EMIS platforms vary in size, scope, and capability, most systems include the following standard modules: schools/institutions; students; teachers/staff; classes and grades; enrollments and graduates; buildings and infrastructure; textbooks and other resources; and finances.

5. The parent project, with parallel financing from UNESCO, is supporting the rollout of an EMIS in 21 of the 30 educational provinces of the country. The proposed Additional Financing will extend the coverage of the information system to the remaining nine educational provinces. The system functionality will also be broadened to include additional activities to develop and

scale up a computerized student identification system, which will be a building block for the national identification system and also enable tracking student progression through the education system. The same school-linked platforms (for example, annual school registration days) will be used to populate the student registry as well as to carry out catch-up campaigns to increase availability of birth certificates. The project will also finance additional community-based activities to strengthen demand-side governance, using the data generated by the new EMIS to empower communities to participate in the education of their children and demand quality services. This demand-side governance work would build on the pilot, which has been designed with financing from an externally financed output provided by the Embassy of Belgium in Kinshasa. Financing will also be provided to carry out a geo-tagged survey of all educational infrastructure in the country (with the exception of the four provinces that will be covered by a joint project of the governments of the United States and the United Kingdom) to enable the development of the GIS education map. While the building of the national school GIS map had been envisaged in the original project as part of the EMIS, the geo-tagged data was to be collected through the national census. However, delays in carrying out the census have generated the need for specific financing for this activity.

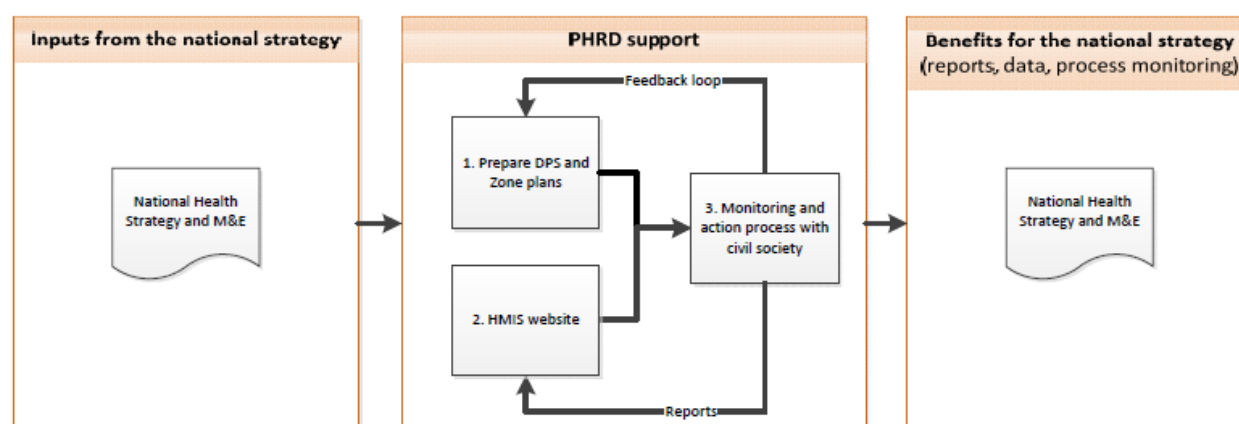
6. Subcomponent 1.2: Health Information Management Systems and GIS Health Infrastructure Mapping: (Total: US\$3.76 million; Current US\$2.68 million; Additional Financing: US\$1.08 million from the Japan PHRD Trust Fund) Additional Financing will be provided to strengthen the M&E planning, coordination, and review processes, as the basis of strengthened country M&E systems for the use of data from the HMIS to promote evidence-based decision making at the national and local levels. Primarily, the grant will be used to strengthen the demand for and use of data at the operational levels (provincial level and health zones) in two provinces over a period of three years. In addition, it will support increased accountability at all levels through citizen engagement in the decision-making process and the reporting of data on a publicly available monitoring portal. Support will be provided in four areas: (a) development of localized versions of the national strategy and action plan; (b) development of a monitoring portal; (c) technical assistance for regular monitoring and planning at the local level; and (d) increased accountability through civil society participation in the review and planning process.

7. Because the preparation of the new health sector strategy is fully financed and nearly completed, the grant will work to strengthen decentralized capacity to plan, monitor, and take corrective measures on the decentralized versions of the strategy. The activities address the recognized failure of the previous strategy to regularly monitor progress and take corrective action. This approach will both benefit from and complement the rollout of the DHIS-2 system across the country. The completion of the work, financed by the Global Fund, the NGO IMA with financing from the U.K. Department for International Development, the Global Alliance for Vaccines and Immunization, and the Bank, is expected in June 2016. In the selected provincial health directorates, the focus on taking corrective actions based upon monitoring data will increase the demand and accountability for data and results.

8. This proposed addition takes as its starting point the partnership of the Ministry of Health and the donors to put into place a decentralized HMIS using the DHIS-2 platform with the necessary infrastructure to make this function. This is complemented by the rationalization of reporting forms for facilities to facilitate correct and complete data provision by reducing

disincentives to reporting at the facility level. The HMIS is the platform for the M&E of the forthcoming strategy. The focus on the provinces and zones reflects both the continuing decentralization process and the operational realities of health care delivery. Information reported by health facilities will be entered and analyzed for quality and content at the zone level and be transferred upward to the province and national levels. Information will be used at the zone and province levels to evaluate progress on the locally adapted health plans and to identify corrective actions. The information will also feed into national M&E and policymaking. The subnational reports and plans will be posted on the HMIS portal, which will be developed and maintained by the HMIS team and monitored as part of the project’s reporting. Figure 2.1 shows the initial conditions, the PHRD interventions, and the implications for national and subnational reporting.

Figure 2.1 PHRD Grant Schema



9. Proceeds will finance consultant services for technical assistance, training for the Ministry of Health staff to develop and maintain the monitoring portal, the organization of the monitoring activities, and the participation of civil society members of facility management committees in review meetings and the level of the health zones and provinces. Ministry of Health staff will implement the activities in conjunction with stakeholders and consultants.

10. Subcomponent 1.3: Service Delivery Indicator Surveys: (Total: US\$3.74 million; Current US\$2.74 million; Additional Financing: US\$1 million from IDA) Additional Financing will be provided to fill a financing gap for the two surveys that are currently planned. There will be no change in the scope of the activities envisaged in the original project.

11. Subcomponent 1.4: Strengthening Civil Registration/Vital Statistics (CRVS) System: (Total: US\$20 million; Current US\$0 million; Additional Financing: US\$10 million IDA and US\$10 million GFF Trust Fund) Civil registration is defined by the United Nations as the “Universal, continuous, permanent, and compulsory recording of vital events provided through decree or regulation in accordance with the legal requirements of each country.” (United Nations Statistics Division). It is the act of recording and documenting of vital events in a person’s life (including birth, marriage, divorce, adoption, and death) and is a fundamental function of governments. The civil registry provides individuals with the documentary evidence required to secure recognition of their legal identity, their family

relationships, their nationality, and their ensuing rights, such as social protection and inheritance. Especially when linked to a national ID system, it can help facilitate access to essential services, such as health, education, and social welfare, and can contribute to activities such as gaining formal employment, exercising electoral rights, transferring property, and opening bank accounts.

12. Unlike other sources of vital statistics, such as censuses and household surveys, the data from CRVS systems permit the production of statistics on population dynamics, health, and inequities in service delivery on a continuous basis for the country as a whole and for local administrative subdivisions. This provides more accurate information and the ‘denominator’ for assessing progress with plans across sectors for improving economic growth and reducing poverty. Accurate vital statistics and the ability to monitor and respond to causes of death and disability underpin many global targets, including new commitments to universal health coverage and tackling the global epidemic of noncommunicable diseases.

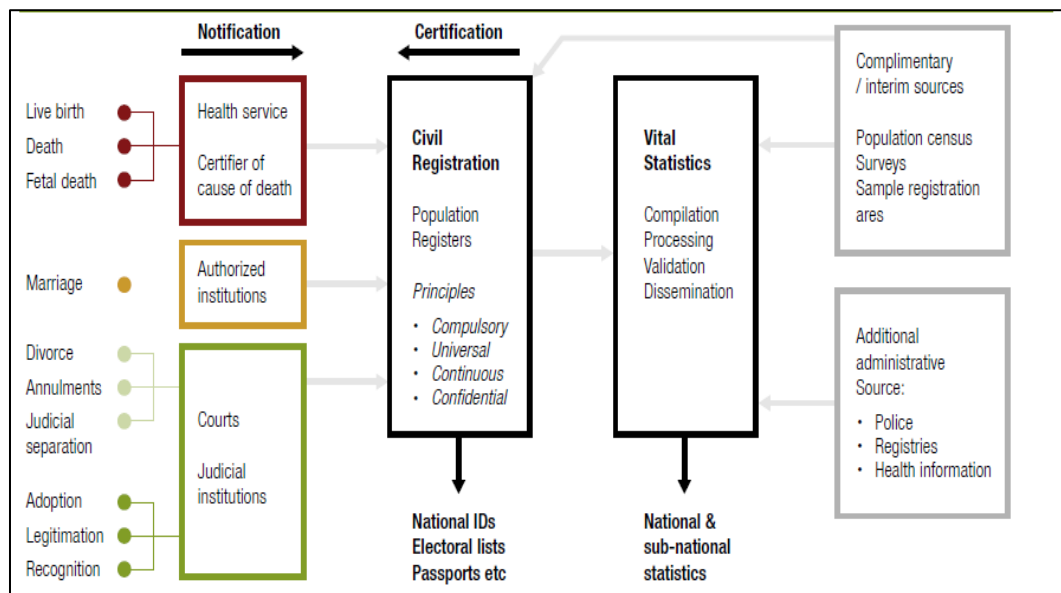
13. It is proposed to add a new subcomponent to the project, with an additional financing of US\$20 million. A number of options have been considered as potential support to CRVS, given the magnitude of the needs and the related costs. The main trade-off is between supporting all aspects of the CRVS system in a smaller geography versus tackling a more limited set of priorities at a larger scale. It is proposed that the project take a dual approach: (a) supporting a process of reform leading to a costed revised national strategy and implementation plan and (b) activities to increase the coverage of birth registration, with the objective of increasing the proportion of children in the DRC who possess a valid birth certificate. Given their role as ‘breeder documents’ for other forms of identification, particularly the national ID, systems and processes will be developed that allow for integration and interoperability. CRVS encompasses births, deaths, marriages, adoptions, and recognitions. The strategy phase will encompass all aspects of CRVS. The birth registration phase will focus exclusively on birth registration.

- (a) **CRVS/identity policy and program reform process.** The project would support a multistage process to reform the current antiquated and poor-performing CRVS system. This process would be supported by a multistakeholder advisory group comprising government officials, members of civil society, user groups (that is, entities that need strong identity systems, such as commercial banks), and development partners. International experience will be gleaned to identify key innovations that need to be tested in the DRC context (for example, computerization) and pilots will be carried out to test feasibility. UNICEF assistance that will be provided at the same time, with a focus on creating closer linkages between institutional deliveries and civil registration offices, will also be assessed and its relevance considered in the new strategy. Once an agreement is reached on a proposed draft strategy, the project will finance a process to undertake the necessary changes to the legal framework. The strategy will be accompanied by a costed implementation plan and the project has set aside some funds to initiate the implementation of this plan.

A model CRVS system is summarized in figure 2.2, with the exception of the Legal Framework. The strategic reform process will encompass all aspects of CRVS in its scope. However, only a few aspects will be tested in practice through the pilot

activities; these specifics will be determined through a detailed assessment to be carried out in the first six months of the Additional Financing.

Figure 2.2 The CRVS System



Source: Global Civil Registration and Vital Statistics Scaling up Investment Plan 2015–2024.

- (b) **Increasing birth registration:** The project will support catch-up campaigns, working with the education system to increase the number of children who have a birth certificate. This activity will be carried out during the primary school registration period and will also serve to collect the data for the student registry, which will be established as part of the EMIS. The high enrollment rates (gross primary enrollment rate of 111 percent) will provide a considerable opportunity to raise the birth registration rate. To avoid creating an exclusion factor, birth certificates will not be a mandatory document for school enrollment, but providing them at the same time as school enrollment should help create household demand for birth registration. The campaigns would bring the birth registration service closer to the population by incentivizing staff from the civil registration office to collect the necessary information during school registration and to deliver the birth certificates to the schools once they are issued. The platform will serve not only school-aged children but also the younger children who will be encouraged to participate. Because most of the children to be enrolled would have missed the 90-day window during which birth registration is free of charge in the DRC, a fee would normally be charged for a special court judgment. This fee will be paid by the project; based on a recent experience with a similar approach in the city of Kinshasa, it is anticipated that the volume involved will enable the project to negotiate the fee to a fraction of its original amount. The project will finance communication campaigns to ensure that parents are well informed of the initiative. The catch-up campaigns will be carried out in a phased manner (a few provinces every year), along the same implementation schedule as the EMIS rollout. This school-linked approach, which will focus on the ‘stock’ of children who have missed the 90-day deadline for free registration, will complement the UNICEF/Government of Canada financed

approach, which will focus mainly on new births through increasing presence of civil registration officials at the maternity wards. It will also complement the United Nations Population Fund focus on marriage registration.

This large-scale activity will include a complaints hotline and a website through which participants in the campaign can file complaints. These complaints will be registered and the responses will be monitored. The project Results Framework includes an indicator on percentage of feedback cases treated and closed (see annex 1).

Component 2: Systems for Safe Essential Medicines (Total: US\$12.71 million: Current: US\$3.71 million from IDA and Additional Financing: US\$9 million)

14. Pharmaceutical systems, both regulatory and supply systems, are very weak in the DRC. According to the latest evaluation of the regulatory authority made by the WHO in September 2014, although “the situation has improved partially since 2008, the current regulatory system is still not adequate and gives very limited assurance on the safety, quality, and efficacy of medicines circulating in the DRC.” A recent multistakeholder study led by the Institute of Tropical Medicine of Antwerp has shown that up to 40 percent of malaria medicines are substandard while 15 percent of medicines circulating in the formal private sector do not have any regulatory approval. On the supply side, the recent national strategic plan for supply chain developed in 2015 has also highlighted the systemic issues affecting the distribution and supply of medicines in the public sector, including fragmented procurement, limited funding, lack of infrastructures and qualified human resources, and no general and optimized systems to distribute commodities and manage information. The parent project has contributed to strengthening these systems with specific interventions at the central-level, targeting (a) the regulatory authority; (b) the public procurement entity; and (c) public supply chain management. This Additional Financing is proposing to continue to strengthen the regulatory and supply systems and add the following activities to those originally financed:

15. **Subcomponent 2(a): Strengthening the Regulatory System.** While the initial financing to the parent project is supporting basic capacity building (specifically medicines registration) and business planning to facilitate the transition to a more autonomous agency, the project will now extend its support to activities fostering pharmaceutical market control mechanisms. The evaluation of the national medicines regulatory authority (DPM) conducted by the WHO in 2014 has identified the following areas for interventions that, combined, should have a positive impact on this highly unregulated private sector providing medicines of questionable quality: (a) revising the licensing framework of pharmaceutical entities (importers, wholesalers, and pharmacies), (b) improving the inspection capabilities of the DPM, (c) establishing and implementing a postmarket surveillance strategy, including supporting the development of the national quality control laboratory, (d) strengthening importation control mechanisms; and (e) contributing to launching the new National Quality Control Laboratory. The project will support these activities by financing training, hiring specific consultants (in particular for legal issues), financing a twinning program with a Francophone and more stringent regulatory authority, and deploying an information management system. It will also finance a comprehensive mapping of private sector entities (drug outlets, wholesalers, and distributors), including a political economy analysis (which will also cover the supply chain political dynamics) to better understand the

different vested interests at stake in the system. It is anticipated that the WHO will keep its advisory role.

16. Subcomponent 2(b): Strengthening the Public Procurement System. The project does not plan to add any other activity to this subcomponent. The national drug purchasing and distribution network (FEDECAME) is expected to be better equipped to manage its procurement activities after the completion of the first set of interventions financed by the parent project with a business plan aiming at ensuring its financial sustainability and a stronger quality assurance system.

17. Subcomponent 2(c): Strengthening Public Supply Chain Management. The project will support activities aimed at developing a reliable Logistics Management Information System (LMIS_ for the country under the leadership of the National Drugs Procurement Program (*Programme National d'Approvisionnement en Medicaments Essentiels* – PNAM). This is one of the priorities identified in the national strategic plan for supply chain, which is currently being finalized. While the HMIS Subcomponent 1(b) has been working on the deployment of DHIS-2 across the country, a pilot project in 40 health zones has been testing the development of a module in DHIS-2 to capture key consumption and inventory information for 70 medications. This pilot is a step toward a more robust information system that draws on several systems, such as DHIS-2 for health services data, an enterprise resource system for data on inventory and movement of stock from a central level to intermediate distribution points, and/or an LMIS for data on consumption and supply at peripheral sites. This enables a unified view of the availability of health products throughout the supply chain and supports all levels of the system to anticipate needs and avoid stockouts. The effective leverage of DHIS-2 to integrate an LMIS is also being tested in other countries such as Zambia and Tanzania. The Additional Financing will therefore contribute to implementing the project through the following activities: (a) developing a sound strategy and implementation plan for such an LMIS, including establishing a common LMIS vision and updating the roadmap for PNAM and all major partners that intervene in the health products supply chain; (b) building a robust foundation for this information system, especially establishing appropriate governance structures and building capacity in logistics management at provincial and zonal levels; (c) defining a suitable system architecture and identifying products based on the information needs of PNAM and partners, including definition of technical system requirements; evaluation of software options; and design of an architecture that supports system interoperability and visibility of data for decision making; (d) designing and implementing a pilot project; and (e) leveraging other HMIS or supply chain initiatives to contribute to the sustainability of the LMIS, including building local capacity for infrastructure and system maintenance, user support and training, and use of data for decision making. In addition to setting up a technically sound LMIS and equipping health system levels according to need, the project will establish procedures and build capacity to ensure quality at all levels (with oversight and audit mechanisms at the provincial and central levels) and operational costs recovery. An implementing partner will be required, to be selected through a competitive process. A number of possible partners are available in the DRC and internationally to undertake this specialized work.

Component 3: Analytical Products (Total: US\$2.85 million; Current: US\$2.85 million)

18. There is no proposed change to this component, except to increase the target in the Results Framework from the current 7 studies to 10. This component of the parent project aimed to support a minimum of seven studies as well as dissemination and learning activities. To date, the following seven studies have been initiated, most of which have started implementation by the end of 2015: (a) National Social Protection Strategy; (b) Study on cooperative health insurance (*mutuelles de santé*); (c) Study on Modernizing Social Assistance Centers; (d) Labor Market Study; (e) Study on Vulnerability; (f) Institutional Audit of the Ministry of Employment, Labor, and Social Insurance; and (g) Public Expenditure Review for Social Protection. All of these studies except the institutional audit (h) are cross-sectoral in nature. In addition, a government team has already benefited from the financing from this component to participate in an international workshop in Tanzania on national identification systems, which was very useful for the design of identification-related activities in this Additional Financing. As of early December 2015, this component had approximately US\$1 million, which had not yet been allocated to specific studies.

19. The Results Framework target has been adjusted to increase the total number of studies to be developed and disseminated from 7 to 10. As was the case for the parent project, the line ministries participating in the project will submit requests for new studies to the Ministry of Finance, which will submit the terms of reference to the Bank for ‘no objection’. Such a flexible and quick approval mechanism to fill financing gaps for analytical needs that emerge during the policy dialogue will be an important instrument to increase the use of evidence for decision making.

Annex 3: Economic Analysis

A. What is the Project’s Development Impact?

Analysis Methodology

1. It was not feasible to conduct a cost-benefit analysis for this project, as many of the gains will be indirect systems benefits, which will increase the efficiency of service delivery. Moreover, there is a lack of precise data on costs and benefits associated with CRVS activities in the DRC. For example, there is no line item in the budget for CRVS, so staff remuneration is included in the general budget of the Ministry of Interior. This is compounded by poor information on the number of staff members.
2. Therefore, the analysis explored the existing policies, the expected efficiency gains from the project tasks (compared to the current system and/or alternative investment options), and the available economic evidence from similar projects in other settings. The analysis tried to determine whether the technical assistance was likely to be cost-effective and to maximize the quantity and quality of services provided per unit of investment of public financial resources.
3. Overall, the analysis suggests the investment is economically justified. The anticipated efficiency gains and human development impact from this project are presented in figure 3.1.

Background

4. The CRVS system in the DRC is deficient. The system is characterized by slow and incomplete data collection, inequitable access to registration services (table 3.1), and other administrative inefficiencies. The system is ill-equipped to handle the country’s rapidly growing population: the DRC had an estimated population growth rate of 2.7 percent between 2010 and 2015, one of the highest in the world during that period (United Nations 2015). It is estimated that only 25 percent of births are currently being registered in the country and that only around half of registered children receive a birth certificate (UNICEF 2015).

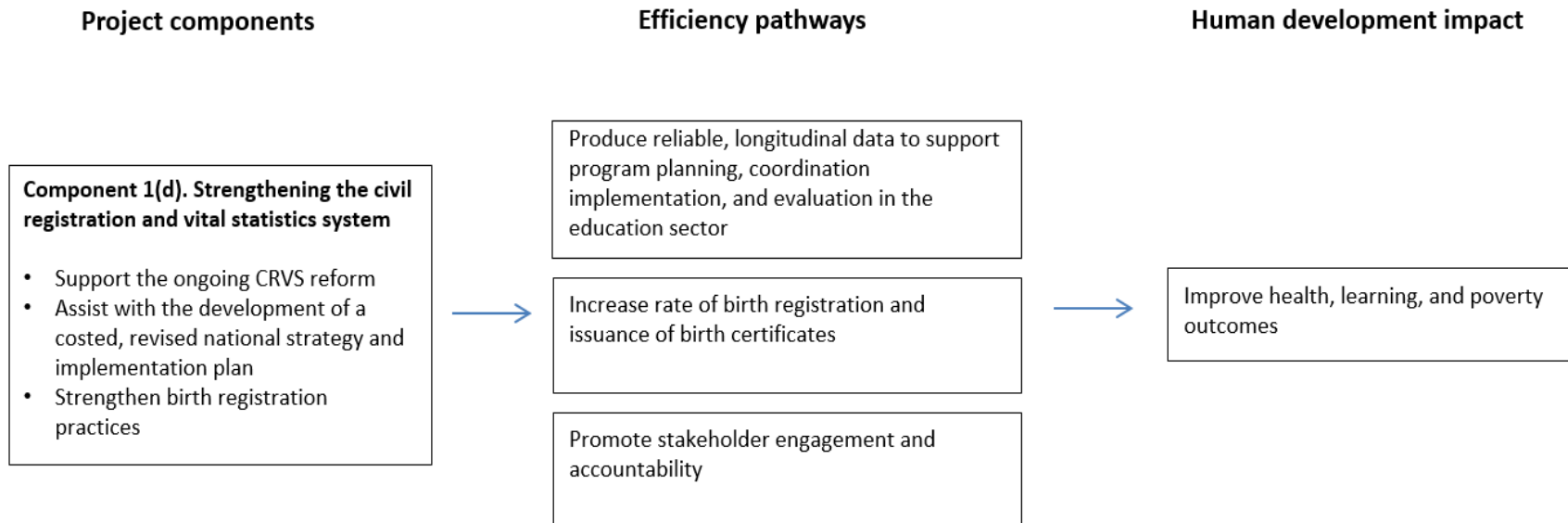
Table 3.1. Birth Registration (Percentage) by Wealth Quintile in the DRC, Least Developed Countries, and Sub-Saharan African Countries (2001–2014)

	DRC (2001)	DRC (2007)	DRC (2013/14)	LDC (2013)	SSA (2013)
1st quintile (poorest)	37.9	29.2	15.7	28	26
2nd quintile	33.9	30.3	23.3	33	33
3rd quintile	34.3	32.5	23.5	37	42
4th quintile	32.3	28.8	25.5	43	51
5th quintile (richest)	31.7	36.8	38.4	55	63
Richest-to-poorest ratio	0.84	1.26	2.45	1.96	2.42

Note: LDC = least developed countries; SSA = Sub-Saharan Africa.

Sources: LDC/SSA data are from UNICEF (2014); DRC 2001 data are from the Multiple Indicator Cluster Survey (MICS), while all other DRC data are from the respective Demographic and Health Surveys (DHS).

Figure 3.1. Overview of the Human Development Impact of This Project



5. The rates of birth registration vary across wealth quintiles in the DRC (table 1). Between 2001 and 2013/14, the percentage of births registered in the poorest quintile of households decreased from 37.9 percent to 15.7 percent, while it increased from 31.7 percent to 38.4 percent in the wealthiest quintile; the rate of birth registration decreased in the middle three quintiles during this period. Accordingly, the ratio of birth registration levels in the richest and poorest quintiles rose from 0.84 in 2011 to 2.45 in 2013/14; a ratio above 1 indicates greater birth registration among the rich than the poor. In 2013, the ratio in the DRC (2.45) was higher than the average among least developed countries (1.96) and Sub-Saharan African countries (2.42). This trend in the DRC suggests that despite the extension of the registration deadline to 90 days, poorer parents fail to see value in registration, are not aware of alternative means to register, or cannot afford the exorbitant fees.

6. These issues are not unique to the DRC. Similar challenges in raising levels of birth registration and improving CRVS systems have been documented in China (Li et al 2010), Ethiopia (Godefay et al 2014), India (Yadava et al 2011), Malawi (Nichols et al 2015), Nigeria (UNICEF 2007), Zimbabwe (Matangi et al 2012), and a host of other countries with varying degrees of economic development and political organization (Cleland 1996; UNICEF 2013). It is estimated that fewer than 40 percent of deaths and 65 percent of births globally are currently recorded (Mikkelsen et al 2015). The socioeconomic status of a family, place of residence (urban vs. rural), and educational achievement of the mother have been shown to affect the likelihood of birth registration (Adi et al. 2015; Amo-Adjei and Annim 2015).

Proposed Project Tasks

7. The project will strengthen the CRVS system in the DRC—with an emphasis on increasing the rate of birth registration—through two main channels:

- (a) Support the phased development of an evidence-based and costed national CRVS strategy, including linkages to a legal identity scheme. This process will involve:
 - (i) thorough diagnosis of the current state of the CRVS system, building on the existing documentation;
 - (ii) review of practices that have worked in other countries and that could be tested in the DRC;
 - (iii) evaluations of the institutional and legal frameworks, including confidentiality;
 - (iv) selection of practices and reforms to be tested in the DRC; and
 - (v) development of a costed strategy and action plan based upon the lessons learned.
- (b) School-linked campaigns for birth registration ‘catch up’ as part of the confirmation of enrollment at the beginning of the school year. After initial information campaigns, parents will be given the opportunity to register children enrolling in school at no cost, with the project financing any legal or documentation fees. These

school campaigns will be conducted in a phased manner, with a few provinces targeted each year to coincide with the rollout schedule for the EMIS.

8. Importantly, a targeted ‘catch-up campaign’ should mitigate the geographical, financial, and informational barriers to accessing registration services. Many low-income families who live far from registration centers face significant time and resource costs to registering. Families who register their children outside the 90-day free period following birth must pay a US\$32 legal fee (*jugement supplétif*) to obtain a late certificate, which corresponds to eight percent of gross national income (GNI) per capita; this is a higher late fee than in many other countries (for example, US\$8.25 in the Ivory Coast or 0.05 percent of GNI per capita). Anecdotal evidence from the DRC suggests that the actual price is closer to US\$100 (26 percent of GNI per capita) after informal fees for birth registration and/or certificate issuance are accounted for. These costs are prohibitively high for many families.

9. The proposed point-of-contact campaign would be free for local beneficiaries. The total costs of registration would also likely be lower for the national government than for individual families, as the Government should be able to negotiate a significantly lower legal fee for issuing late certificates given the large volume of certificates that will be issued. It is even possible that this campaign would generate greater revenue for the Government than do current procedures, as funds are often lost to corruption. Such a campaign will also allow the Government and other stakeholders to efficiently and effectively disseminate information about the importance of birth registration.

10. The collection of birth data should eventually lead to the more efficient planning of service delivery. This is expected to minimize waste (for example, misestimates of demand for a particular service as a result of incorrect population figures) and to support the rational allocation of resources, among other cost advantages. These are important building blocks for sustaining economic growth. For example, birth data are needed to accurately track school enrollment and progression rates, among other basic statistics. This information can be used to identify and correct disparities in education outcomes across income groups and regions within a country. Over time, longitudinal data collection, program planning, and evaluations can be extended to the health and social protection sectors.

11. This project will rely on cost-effective forms of technical assistance. For example, the Bank procurement rules and procedures will be followed to select project inputs that provide the best value for money. The project will build on existing Bank investments, resources, and structures, as well as collaboration with the Government and development partners, to generate economies of scale and scope. This will minimize the project preparation, implementation, and monitoring costs.

12. The proposed activities have been discussed with the relevant government officials to ensure that they match the country needs. A rapid assessment of the national CRVS system was recently conducted during a two-week mission (September/October 2015) based on discussions with national experts and stakeholders. This assessment followed the protocol developed by the WHO and the University of Queensland (2010).

Supporting Evidence

13. Well-functioning CRVS systems offer numerous social and economic benefits. Importantly, they can bolster people’s sense of inclusion and enable governments to safeguard human rights (UNICEF 2013; Lo and Horton 2015; Shibuya and Gilmour 2015). Better data on births, deaths, and causes of death can help governments to identify and address population health needs (Alkema et al 2015; Amouzou et al 2015; Lopez and Setel 2015). These data can be used to strengthen government accountability, monitor progress toward achieving global health and education goals, and plan and improve service delivery (AbouZahr et al 2015a, 2015b; Moxon et al 2015). CRVS systems can also support social protection schemes and improve humanitarian responses to emergencies and conflicts, among other advantages. The editorial board of *The Lancet* (2015) recently called CRVS systems a “cornerstone of sustainable development.”

14. Several studies have identified causal links between greater birth registration and better education and health outcomes. A study by the Inter-American Development Bank found that children with registered births attended school longer, on average, than did children without registered births—controlling for socioeconomic determinants of education and other possible confounders (Corbacho et al 2012). Higher national educational attainment, in turn, has been shown to boost productivity and stimulate economic growth (Barro 2000; Stevens and Weale 2003; Aghion et al 2009). Greater schooling is also associated with positive externalities for the national economy, including more innovation, less unemployment, and less crime (Barro 2000). One meta-analysis found that a 1 percent increase in school enrolment was, on average, associated with a 1–3 percent increase in per capita GDP (Sianesi and Van Reenen 2002); the analysis incorporated data from studies conducted in various high-, middle-, and low-income countries. However, some studies suggest that the quality of education is more strongly correlated with growth than the length of schooling or the school participation rates (Sianesi and Van Reenen 2002, 2003; Hanushek and Wößmann 2007, 2010).

15. Another study found that a higher score on a composite measure of CRVS performance was associated with better health outcomes with regard to healthy life expectancy, maternal mortality ratio, and child mortality risk (Phillips et al 2015); the study was based on yearly data (1980–2012) from 148 countries or territories. The researchers also observed a strong association between the composite CRVS scores and delayed health outcomes (that is, five years or later) for both healthy life expectancy and child mortality risk. This suggests that, in addition to the immediate health benefits associated with strengthening CRVS systems, well-functioning CRVS systems can also lead to gradual health gains.

16. Moreover, the monitoring of indicators for evidence-based interventions—for example, measuring neonatal mortality rates over time to inform maternal and child health programs—has been shown to increase coverage rates and to improve population health outcomes (Darmstadt et al 2014).

Table 3.2. Selected International Experiences with Strengthening CRVS Systems

Country	Comments
Bangladesh	Between 2006 and 2008, the birth registration of children under five years of age grew from 10 percent to 40 percent following a national campaign to retrospectively register children during immunizations; the country also introduced an electronic birth registration system.

Country	Comments
Brazil	A low-cost program of linking maternity wards to the national registry through remote online connections improved the birth registration rates in the poorer northern and northeastern states.
The Gambia	Between 2000 and 2006, the registration of births increased from 32 percent to 55 percent following a national campaign to ingrate these services into maternal and child health clinics.
India (Delhi)	The universal registration of births was achieved through the introduction of online registration in 2004 and the registration of children during immunizations.
India (rural Haryana)	In 2005, the responsibility for registering births and deaths was transferred from 175 police stations to 413 primary health centers. Between 2005 and 2009, the registration of births increased from 68.3 percent to 95 percent, and the registration of deaths increased from 73.5 percent to 92.1 percent.

Source: The case study of rural Haryana (India) is from Singh et al (2012); the other case studies are from UNICEF (2010).

17. The introduction of computerized CRVS systems as well as the registration of births during immunizations and other points of contact have been associated with increases in birth registration rates in several countries (table 3.2). Point-of-contact approaches to retrospectively register ‘missed’ births are also likely to be cost saving compared to many other strategies, such as trying to encourage parents to visit civil registration locations (where no other services are usually provided) instead of schools (as in this project) or maternities (which is covered under the UNICEF activity funded by the Canadian government).

18. For the present project, for example, the consideration was whether to instead invest in the roughly 3,500 defunct registration offices located throughout the country to render them functional, as well as whether to install more offices to improve access to registration services. However, these alternatives were rejected due to a lack of evidence of effectiveness, as well as concerns about making strong commitments that might not be confirmed through the strategic reform process. In Cameroon, for example, the opening of a large number of new registration offices coincided with a drop in birth registration from 80 percent to 60 percent; poor organization was blamed for part of this failure. Bank staff have estimated that over 20,000 offices would need to be installed in the DRC to ensure that every resident is, on average, within 5 km of a registration facility. This would be a costly endeavor and it is unclear whether it would raise population awareness of and demand for registration services, which are important determinants of use.

19. In the Ivory Coast, meanwhile, it has been estimated that the average cost of *audience foraines* to increase birth registration (that is, public proceedings where registration occurs) is US\$17.2 per registered person, excluding court costs (for example, late registration fees). These proceedings are also inefficient, with an average of 125 registrations completed per *foraine*. Such a high-cost strategy was rejected, because it would not be scalable to a country the size of the DRC.

20. Overall, a targeted school campaign is expected to be a low-cost and effective solution in the DRC, especially given the high gross enrollment rates in primary schools (111 percent in 2013). A school-based campaign should incur lower logistic and personnel costs (for example, transportation and salaries) than most alternative strategies and such a campaign should improve the average turn-around time for birth registrations.

21. The improvements to the CRVS system could be embedded in wider reform to national identity management, similar to recent efforts in Kenya, India, Uganda, and South Africa to merge civil registration and the issuance of identity documents. Many Latin American countries, as well as Malaysia, Thailand, and Indonesia, have integrated systems that include election organization and voter registration. In the DRC, there is private demand for identity documents, as well as institutional demand from public and private sector entities for the authentication of the identity of persons. For example, the Central Bank needs reliable sources to fight money laundering and other illegal activities.

22. Importantly, the election management body in the DRC needs more affordable and reliable ways of producing credible electoral rolls. Previous elections in the DRC have been very costly, largely due to inefficient identification services. The costs of the 2011 elections were estimated at US\$700 million by the Government, although other sources have put the figure at closer to US\$900 million (Akumiah 2010). The costs of logistics and biometric voter registration were at least US\$186 million and US\$100 million, respectively. New biometric voter registration kits were procured for these elections, even though 10,000 kits had already been purchased in 2005 for US\$40 million from the same supplier (Akumiah 2010).

23. In Ghana, which also lacks a formal national identity system, the cost per voter was estimated at US\$10.79 in 2008. This high cost partly reflected a rise in registration staff wages and fuel prices, as well as the procurement of new equipment (for example, pickup trucks, and cameras) (Holtved 2010). High costs of voter registration have been documented in other countries with weak national identity systems, such as Liberia (Cisse and Evrensel 2010).

24. A comprehensive, integrated national identity system—if developed in an appropriate, phased manner—can bring about substantial cost reductions, notably through the elimination of unnecessary duplication of tasks (Grosh 2014). For Africa as a whole, these savings have been estimated at US\$22 billion over a 10-year period (Van der Straaten 2015). In addition, as Margaret Grosh (Lead Economist, Human Development, Latin America and the Caribbean Region, World Bank) explains, the integration of a robust identification system with various government programs can enhance the efficiency of these programs:

[A robust identification system] can make [government schemes] more efficient, such as in the case where the banking system and [a] program can use the same ID to facilitate cash transfer payments directly into bank accounts. To the extent that programs are administered by local or state authorities, integration at the national level can allow for portability of benefits across the country. This is particularly important in larger countries and for those in the process of urbanization and significant internal migration.

25. These types of advantages have been observed in Pakistan, Rwanda, and Peru, all of which have introduced a national ID system in the last two decades (Grosh 2014). The proposed CRVS activities in the DRC could provide a window of opportunity to initiate reform of the national identity system.

Human Development Impact

26. The development of a robust CRVS system should lead to efficiency gains that enhance human development. Over time, this system will allow policymakers to:

- (a) Rationalize service delivery based on accurate population data by performing the following:
 - (i) Allocating government and donor resources more efficiently based on reliable vital statistics;
 - (ii) Using panel data to plan and to evaluate the success of interventions, such as education programs; and
 - (iii) Correcting inequitable access to registration services, which can in turn influence health care, education, and social protection outcomes
- (b) Improve accountability and coordination among government ministries and other stakeholders;
- (c) Encourage the Government and partners to set realistic human development objectives.

27. Overall, this should improve health, education, and social protection outcomes as a result of the better use of resources.

B. Is Public Sector Provision or Financing the Appropriate Vehicle?

28. The project aims to reinforce the stewardship functions of the Government and to eventually ensure equal opportunities for human development to all residents. A stronger CRVS system will allow the Government to play a critical role in resource distribution to gradually correct market failures. These failures include inadequate and inequitable access to health care and education services, as well as the poor quality of these services.

29. In particular, this project will support the Government in providing bundled services, as opposed to requiring people to expend effort and resources on individual services that are not always relevant to them. Eventually, the aim will be for the Government to provide these services using computerized systems in appropriate facilities, such as maternities and clinics. The use of modern systems should increase the productivity of registration workers.

C. What is the World Bank's Value Added?

30. The project's focus on system strengthening is a paradigm shift for post-conflict DRC. Until recently, most of the investments have focused on inputs and front-line service delivery, often in emergency situations. Some donors are still reluctant to invest directly in government systems and instead choose to provide support through independent firms or nongovernmental organizations. While the quality of that technical assistance is usually good, such an approach often weakens government ownership.

31. The overall scale of resources available from the Bank allows the Government to consider the full scope of needs in the sectors and then prioritize based on available resources. This ability to facilitate planning at scale is critical for systems strengthening. The Bank is well placed to provide the necessary technical assistance, to support government ownership of the project, and to facilitate coordination among the Ministries of the Interior and Security, Justice and Human Rights, Education, and Public Health.

32. This project would be implemented in close coordination with larger Bank investments, particularly in the education and health sectors. During the 2015 fiscal year, the Bank financed US\$200 million and US\$224.8 million in education and health sector projects, respectively.

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