Democratic Republic of Congo

Investment Case Priorities

1. Expand an integrated RMNCAH-N package of services, including provision of medical and psychosocial services to support victims of sexual and gender-based violence.
2. Improve reproductive and adolescent health.
3. Increase coverage and improve quality of nutrition services through a multisectoral approach.
4. Accelerate access to safe water and utilization of improved sanitation and hygiene.
5. Use results-based financing.
6. Follow a community-based approach.
7. Strengthen the supply chain.
8. Improve the geographic distribution and quality of human resources.
9. Improve the fiscal space for, the efficiency of, and financial access of the poor to RMNCAH-N services.
10. Strengthen governance.
11. Strengthen health information systems: create link between DHIS2 and civil registration and vital statistics.
12. Establish a functional civil registration and vital statistics system.

RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio **846 per 100,000 live births**

Under-five mortality ratio **104 per 1,000 live births**

Percent of births <24 months after the preceding birth **27.1%**

Moderate to severe wasting among children under 5 years of age **8%**

Neonatal mortality ratio **28 per 1,000 live births**

Adolescent birth rate **138.1 per 1,000 women**

Stunting among children under 5 years of age **43%**

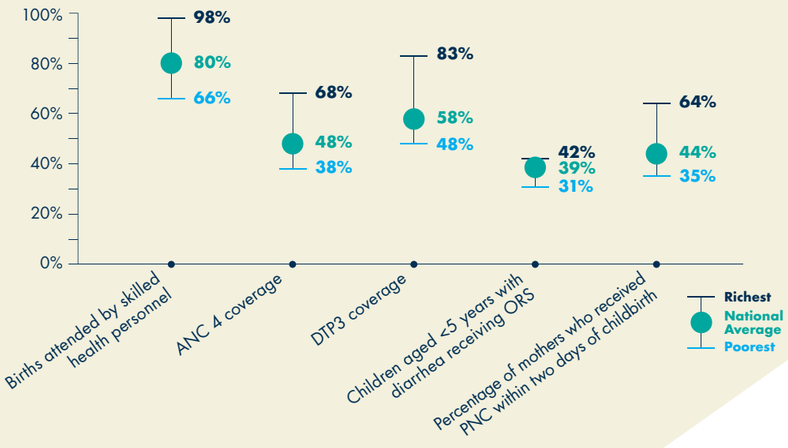
COVERAGE INDICATORS***

People living with HIV receiving ART **42%**

Coverage of pregnant women who receive ARV for PMTCT **70%**

Children aged <5 years with pneumonia symptoms taken to a healthcare provider **42%**

Modern contraceptive prevalence rate **8.1%**



Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources **3.26**

Ratio of government health expenditure to total government expenditures **5.87%**

Percent of current health expenditures on primary/ outpatient health care **43%**

Incidence of catastrophic and impoverishing health expenditures **4.8%** catastrophic **0.8%** impoverishing

OUTPUT INDICATORS

Share of health in total government budget **6.86%**

Identified options for strengthening domestic resource mobilization **Yes**

Taken actions to support domestic resource mobilization **Yes**

Share of external funding for health that is pooled or on budget **71.26%**

Monitoring of catastrophic and impoverishing health expenditure with data less than three years old **No**

Implemented strategies to reduce key drivers of inefficiency **Yes**

Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) **Yes**

Country has: implemented or updated a resource mapping exercise **Yes**

Identified drivers of limited financial protection (especially In relation to RMNCAH-N services) **Yes**

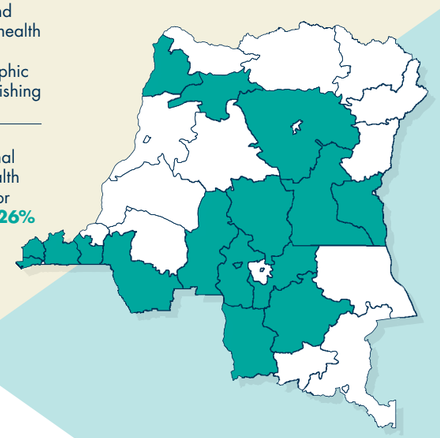
EFFICIENCY

DTP3 dropout rate **25.49%**

ANC dropout rate **46%**

Health budget execution rate **59%**

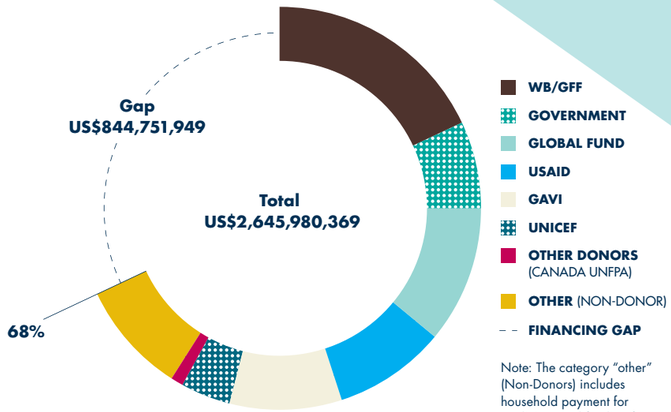
Geographic Focus Areas



Resource Mapping

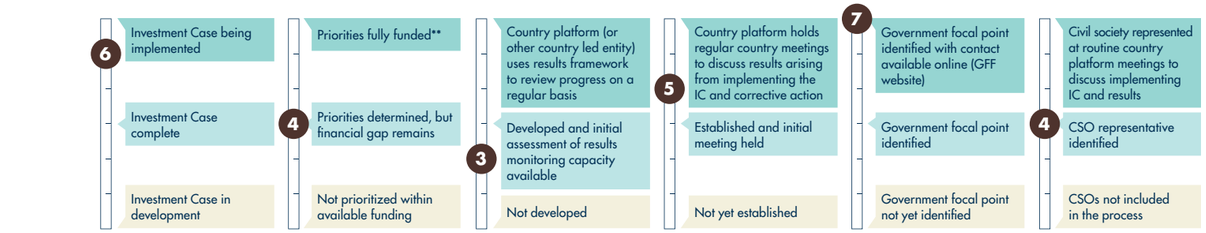
World Bank-funded Project (IDA/IBRD/GFF)

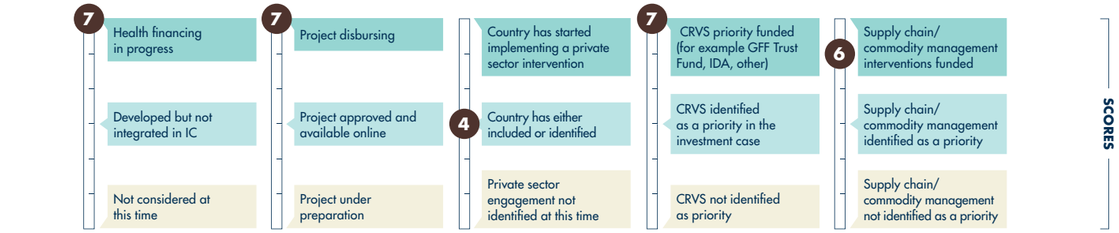
COUNTRY	DRC (AF)	DRC (AF-CRVS)
BOARD DATE	3/31/17	3/29/16
GFF APPROVED AMOUNT	$40M	$10M
IDA AMOUNT	$320M	$30M



Note: The category "other" (Non-Donors) includes household payment for medicines and funding from faith-based organizations.

Monitoring the Country-led Process





*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done
***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.