Public Works in Emergencies

The Social Protection response to the Ebola crisis in DRC
EPIDEMICS IN FCV SETTING: the social dimension of disasters

Declaration of DRC 10th Ebola Virus Disease Outbreak (Aug. 1, 2018)
➢ Public Health Emergency of International Concern (July 2019)

• Second largest Ebola outbreak globally
  ➢ 3,272 cases – 2,183 deaths and counting*
  ➢ First in a highly insecure context (30+ active armed groups)

• The Ebola health emergency interlaces with pre-existing humanitarian, development, and security crises

• “Community resistance” is a key factor in the initial failure to stop the epidemic:
  o Disregard for local public authorities by inter. responders
  o Absence of redistributive impact (Ebola business)
  o Distrust of external actors (war and state neglect)
  o Political suspicion (2018-9 elections)
  o Invasive public health practices

The Ebola public health response cannot succeed without complementary activities on social cohesion

*Data as of Oct. 31 2019
Public works program designed to address communities’ grievances, as well as aspirations to development (thereby improving acceptance, access, and support for Ebola medical teams)

- **Implementation**: DRC Social Fund (FSRDC), a trusted and seasoned public agency
  - Presence in this region for several years (social protection and gender projects)
  - Strong network of partners and privileged access to communities and public structures

- **Links between public works and health**:  
  - Choice of infrastructure (priority access road, heath centers, etc.)
  - Redistributive impact (jobs for local communities)
  - Increased prevention and control of infections (acceptance and outreach)

**KEY PRINCIPLES OF ENGAGEMENT**

- **Community engagement** and involvement of public institutions
- Maximization of **local resources** in recruitment and procurement
- **Speed of implementation** for quick and visible results
- **Do no harm** to protect beneficiaries, communities and partners

+ Incorporation of lessons from West Africa Ebola outbreak (2014-2016)

**ADDITIONAL RESOURCES:**

*Can public works help fight Ebola?*
(Brookings 2019; [here](#))
KEY DESIGN FEATURES OF RESPONSE PROGRAM

**EASTERN DRC**

**Ebola Cases**

**Security Incidents**

**Implementation**

**Pilot 1: Katwa & Butembo**

**Pilot 2: Beni, Bunia & Lubero**

**Targeting:** Public lotteries

**Benefits:** $3/day - 40 day

**M&E:** Leveraging ICT

**Financing:** All WB instruments

**SCALE AND SPEED:**
- All affected health zones
- 100,000 beneficiaries
- 18 Months

**IMPLEMENTATION:**
- National public entity
- Coordination Ebola
- Security analysis

Data: MoH, WHO, ACLED, Kivu Security Tracker
## RESULTS AND CHALLENGES

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<thead>
<tr>
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<tbody>
<tr>
<td>Number of direct beneficiaries</td>
<td>8 757</td>
<td>5 000</td>
<td>100 000</td>
</tr>
<tr>
<td>➢ of which percentage of women</td>
<td>50%</td>
<td>50%</td>
<td>&gt; 50%</td>
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<td>Amount of resources injected into the local economy (USD million)</td>
<td>1.5</td>
<td>3</td>
<td>37.5</td>
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<tr>
<td>Percentage of affected areas that benefit from the program</td>
<td>22%</td>
<td>18%</td>
<td>100%</td>
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### Self Selection Works!

- **Job, economic activity or source of income?**
  - Oui: 71%
  - Non: 29%

- **Monthly income (CDF)**
  - 0 à 50000: 71%
  - 51000 à 100000: 29%

### Challenges:

- Surge capacity
- Digital payments
- HDP Nexus
KEY MESSAGES

- To succeed, the Ebola public health response requires complementary activities that foster social cohesion.
- The Community Resilience Initiative addresses communities’ grievances and needs, through jobs and social infrastructure.
- This social safety net is already piloted in Ebola hotspots, with special attention to targeting, social impact, and security risk.
- US$50 million have been mobilized from contingency financing to scale up this approach to all Ebola health zones.

The Community Resilience Initiative is a social safety net operation to address communities’ grievances as well as their aspirations to development (thereby improving acceptance, access, and support for Ebola medical teams)

KEY PRINCIPLES OF ENGAGEMENT

- COMMUNITY ENGAGEMENT and public institutions’ leadership
- Maximized use of LOCAL RESOURCES
- Fast-tracked implementation for quick and VISIBLE RESULTS
- DO NO HARM to protect beneficiaries, communities and partners

(+ Lessons learned from the 2014-16 West Africa Ebola Epidemics)

FINANCING PLAN (full palette of crisis instruments)

- Project Preparation Advance (PPA): US$3 M Ebola hotspot emergency pilots
- Contingency Emergency Response (CERC): US$50 M Scale-up community works operation
- IDA Crisis Response Window (CRW): US$100 M Ebola socio-economic recovery program
- FCV Multi-Donors Trust Funds (MDTFs): $750 K Advisory and analytical services

IMPLEMENTATION

DRC Social Fund (FSRDC), a trusted and seasoned public agency
- Presence in this region for several years (social protection and gender projects)
- Strong network of partners and privileged access to communities and public structures
- Lead of the Community Works engagement under the 4th Strategic Response Plan

KEY RESULTS (and timeline)

- 2,175 direct beneficiaries (50% women) in the Health Zones of Butembo and Katwa (Apr. – Aug. 2019)
- 6,500+ additional beneficiaries in priority Health Zones, including Beni (Sept. – Dec. 2019)
- Scale-up to 100,000 direct beneficiaries in all affected Health Zones (Oct. 2019 – Dec. 2020)
- Crisis Response Window: Ebola Socio-Economic Recovery Program (2020-2021; under development)