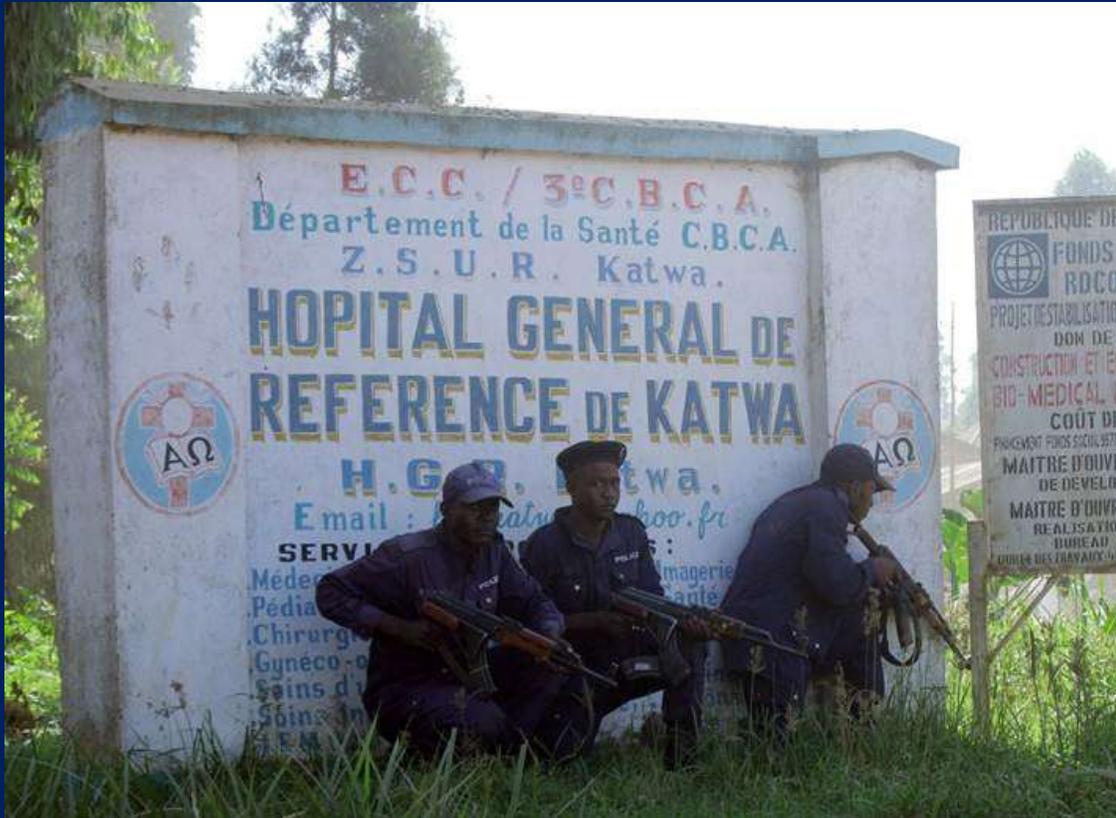


Public Works in Emergencies



Social Safety Nets and
Delivery Core Course

Friday, Nov 1 2019

The Social
Protection
response to the
Ebola crisis in DRC



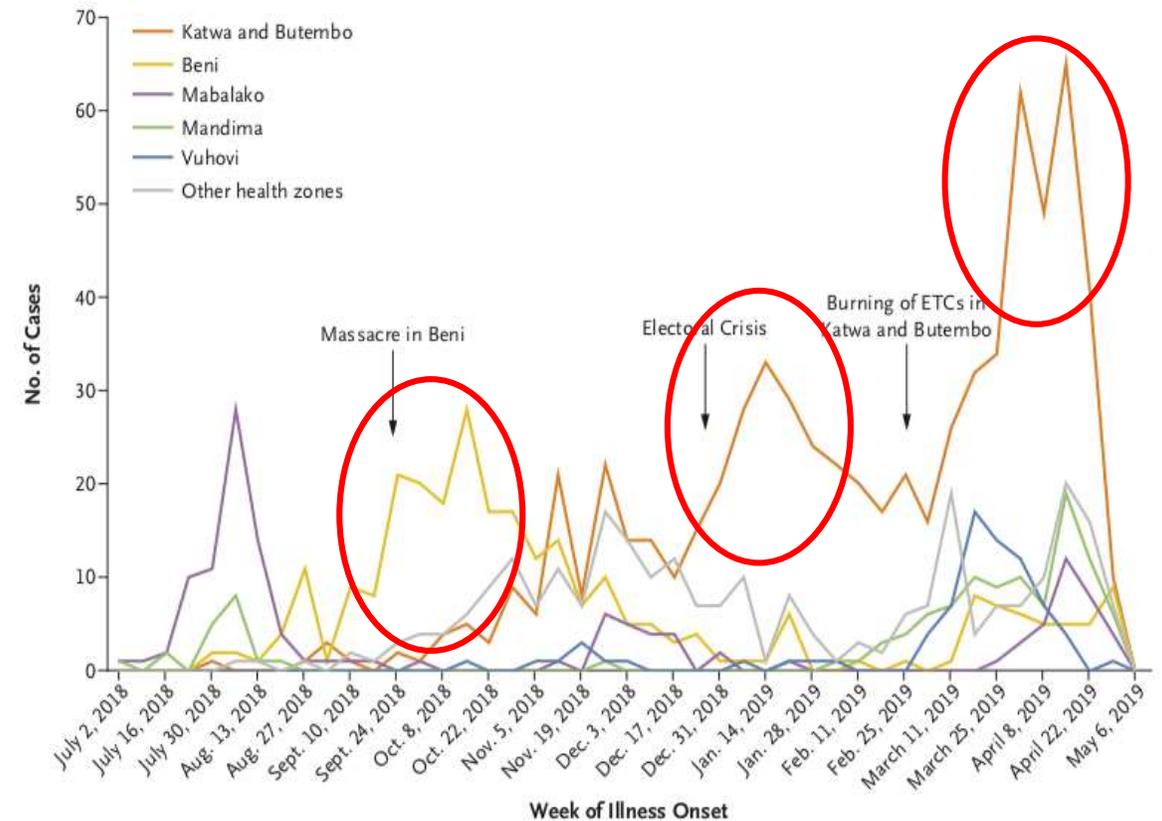
EPIDEMICS IN FCV SETTING: the social dimension of disasters

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:
 - Disregard for local public authorities by inter. responders
 - Absence of redistributive impact (Ebola business)
 - Distrust of external actors (war and state neglect)
 - Political suspicion (2018-9 elections)
 - Invasive public health practices

Systematic increase in cases following violent events



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

THE SOCIAL PROTECTION RESPONSE

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, health centers, etc.)
 - Redistributive impact (jobs for local communities)
 - Increased prevention and control of infections (acceptance and outreach)

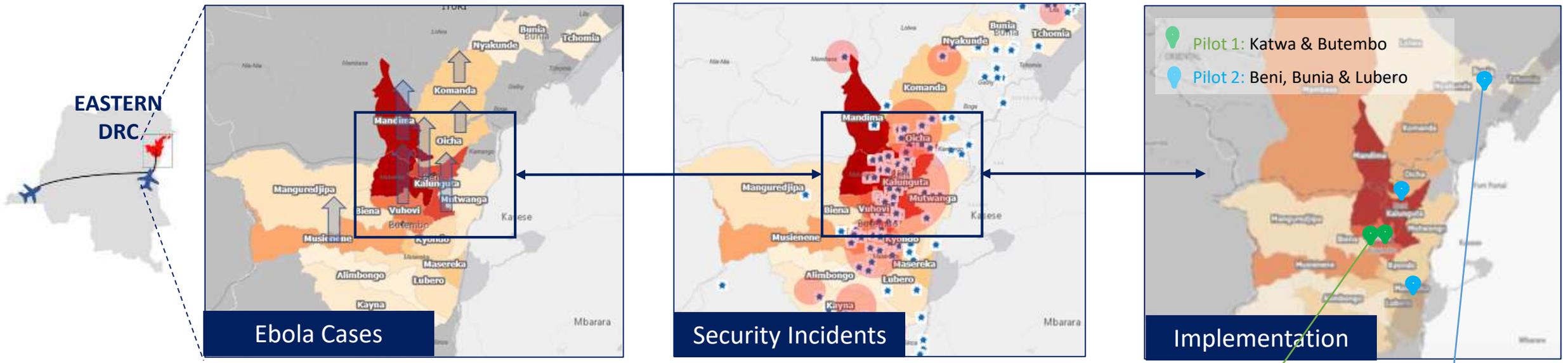
KEY PRINCIPLES OF ENGAGEMENT

- **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 RESSOURCES:

Can public works help fight Ebola?
(Brookings 2019; [here](#))

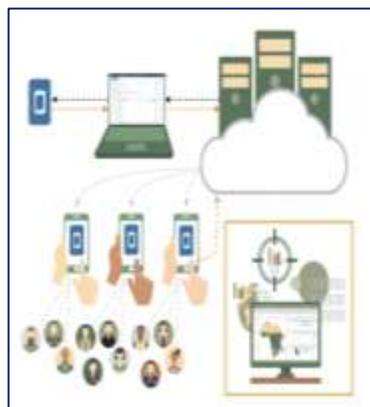
KEY DESIGN FEATURES OF RESPONSE PROGRAM



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:

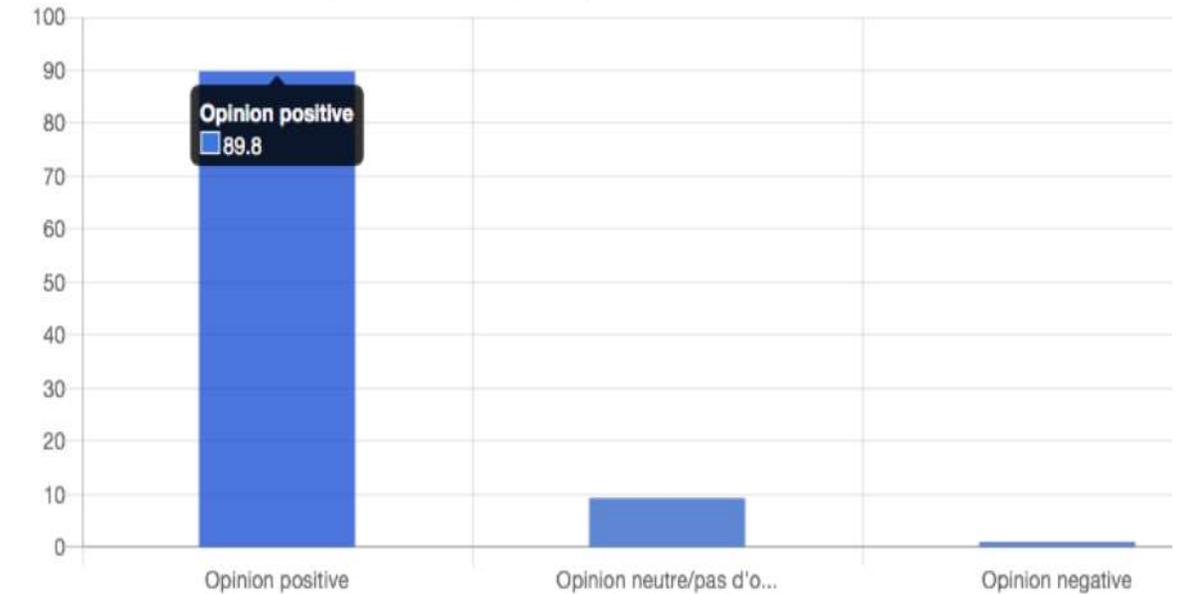
- National public entity
- Coordination Ebola
- Security analysis

RESULTS AND CHALLENGES

Indicators	Results pilot (31 Oct 2019)	Targets pilot (31 Dec 2019)	Targets program (31 Mar. 2021)
Number of direct beneficiaries	8 757	5 000	100 000
➤ of which percentage of women	50%	50%	> 50%
Amount of resources injected into the local economy (USD million)	1.5	3	37,5
Percentage of affected areas that benefit from the program	22%	18%	100%

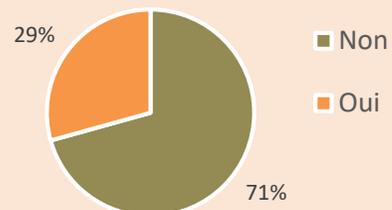
Que pensez-vous de ces travaux ?

TYPE: 'SELECT_ONE', 1470 out of 1470 respondents answered this question, (0 were without data.)

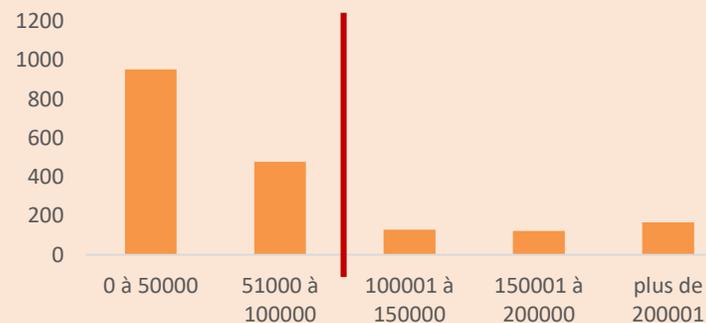


Self Selection Works!

Job, economic activity or source of income?

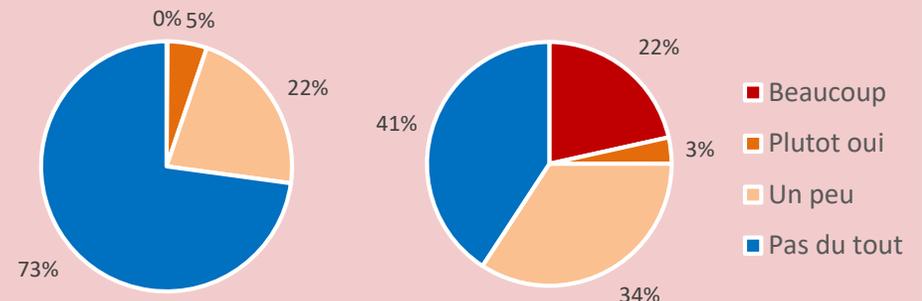


Monthly income (CDF)



In the past year, has your community been affected by the effects of Ebola?

Differentiated impact



Challenges: Surge capacity, Digital payments, HDP Nexus

ANNEXE: SOCIAL RESPONSE TO THE EBOLA CRISIS: *Jobs and Social Infrastructure*

ANNUAL MEETINGS – OCTOBER 14, 2019

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**



Municipal authorities
North Kivu government
Ituri government



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)

