



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/24/2020 | Report No: ESRSA00577



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Ecuador	LATIN AMERICA AND CARIBBEAN	P173773	
Project Name	Ecuador Covid-19 Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/23/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Economy and Finance	Ministry of Public Health		

Proposed Development Objective(s)

To prevent and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Financing (in USD Million)	Amount
Total Project Cost	20.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The WBG Project will be comprised of two components to support the Government’s strategic plan to prevent and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. In addition, climate change adaptation and mitigation measures will be incorporated throughout the sub-components, as applicable, and gender issues will be addressed as necessary. The specific activities financed by the Project fit into the overall Government strategy to: (i) rapidly address the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize disease spread, morbidity and mortality; (ii) implement effective communication campaigns for mass awareness and education of the population and guidelines for health care



workers to tackle the COVID-19 emergency; and (iii) strengthen the short- and long-run capacity of the public health system to provide intensive care.

Component 1: Support the National Program to respond to COVID-19 pandemic [US\$19 million]. This component will include two subcomponents and will finance the national communication strategy, and medical and non-medical equipment, medical devices, and consultant and non-consultant services.

Sub-component 1.1: Support the national communication strategy to control the spread of COVID-19. This subcomponent will contribute to the financing of a sustained, national communication plan to (a) develop and disseminate guidelines for health workers and (b) to raise population awareness to slow down the spread of the disease, and thus avoiding the rapid increase of demand of critical health services. Financing includes consultant and non-consultant services for three main activities: (i) developing materials and messages for the general public to increase understanding about the risks and impacts of the pandemic including those aimed at increasing awareness to climate-sensitive diseases and the ways of preventing them; (ii) preparing and delivering guidelines for health care workers for self-care and mental health practices; and (iii) producing and disseminating material to support households in mandatory isolation. Target population includes the poor and the elderly population, and this latter population is also more vulnerable to climate shocks such as extreme weather events. Additionally, this strategy will be adapted to secure a sustained effort to control the transmission and ensure that prevention and control measures are accepted and adopted by the population in the medium and longer term as well. With financing support mobilized from the active portfolio, this strategy will be revised with technical assistance from WHO and UN agencies, to ensure it is culturally relevant and appropriate, and differentiated by group characteristics (i.e. age, working conditions, vulnerability, others).

Subcomponent 1.2: Strengthen critical aspects of health delivery to cope with increased demand of services posed by COVID-19 pandemic. This sub-component will finance the strengthening of the public health services, by equipping essential medical services, mainly ICUs, to increase the capacity of the public health system for the response to the COVID-19. This subcomponent will increase the availability of isolation rooms, ambulatory areas for screening, and address the immediate health system needs of medical supplies and medical devices to treat severe cases affected by COVID-19 emergency, promoting the use of climate smart technologies when possible. Considerations will be given to the procurement and mobilization of energy efficient equipment. Improvement in most ICUs will also consider a longer-term approach to strengthen the capacity of hospitals to provide intensive care treatments, which is essential for confronting the COVID-19 emergency.

Component 2: Project Management and Monitoring [US\$1 million]. This component would finance: (i) staff and operational costs of the Project Implementation Unit (PIU) at the Ministry of Public Health (MSP); (ii) monitoring or project implementation and reporting; and (iii) Technical Assistance activities as needed.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The IPF activities will be implemented nationally and through targeted interventions that strengthen at least 8 prioritized hospitals located in urban areas in the Sierra and Costa regions, namely, Pichincha (2 in Quito), Guayas (4 in



Guayaquil), Manabi and El Oro. While each of these comprises of different environmental and social settings, implementation of the project will be coordinated through the Ministry of Health. This IPF will neither finance nor support any civil works activities and most of the Project investments are planned to take place on existing infrastructure footprints. The activities supported by the Project therefore, are not expected to have adverse physical environmental impacts.

Social impacts of the Project are also expected to be positive since activities will support prevention, detection, and response efforts in the fight against COVID-19, as well as the strengthening of national systems for public health preparedness. Training will ensure that health care professionals provide care irrespective of social or economic status and mass communication and sensitization efforts will be financed to ensure consistent messaging amongst health workers and the population at large.

D. 2. Borrower’s Institutional Capacity

The national COVID-19 preparedness and response in Ecuador is co-led by the MSP and the MEF. The proposed institutional arrangement envisages the staffing of a PIU seated at the MSP and under the Vice-Ministry for Integrated Health Care. The Project Coordinator will be responsible for the regular coordination with the Bank’s Task Team, the overall implementation of the proposed Project and the effective coordination with directorates at the MSP and MEF, public entities and key financing partners. The PIU will be led by the Project Coordinator and would comprise: (i) Procurement Officer; (ii) Financial Management and Disbursement officer; and (iii) Environmental & Social (E&S) specialist. PIU staff will be trained and equipped to manage Project activities. However, during the early phase of Project implementation, members of currently Bank-supported PIU (i.e. from the Ministry of Education and the MEF) will provide hands-on support to the COVID-19 PIU, ensuring a rapid launch of Project activities (i.e. procurement and financial management specialists). The PIU will incorporate an E&S specialist to ensure the adherence of the project to the requirements of the ESF standards and implementation of the ESCP. The E&S specialist will be hired within one month of effectiveness.

Public Disclosure

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

Given that no civil works are envisioned and the project’s impacts are largely around ensuring the safety of health workers engaged on project activities, the proposed risk rating for Environment is moderate. The Ministry of Public Health will develop an Environmental and Social Management Framework (ESMF) for the activities of this operation, using the plans and manuals that they have in place while applying international best practices in diagnostic testing for COVID-19, handling the medical supplies involved, disposing of generated wastes, and ensuring protocols for the health and safety of project workers and especially healthcare staff. Until the ESMF is approved, the Project will apply the WHO standards on COVID-19 response. The relevant parts of the WHO COVID-19 biosafety guidelines will be reviewed while developing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP).

Social Risk Rating

Moderate



The social risks are considered Moderate. The Project will not involve resettlement or land acquisition. While the project will benefit Ecuadorian society overall, one key social risk is that marginalized and vulnerable social groups may experience barriers to access facilities and services, which could undermine the objectives of the project. These groups include the poor, who are disproportionately represented by Afro-Ecuadorians and indigenous peoples, Venezuelan migrants, the elderly, the disabled, and women (in their role as caretakers of the elderly). While the Constitution of Ecuador grants free access to healthcare to all, discrimination towards some of these groups is high and is often a deterrent to access services. Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks are also significantly heightened during this situation. To mitigate this risk the MSP, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need and established protocols, in line with the latest data related to the prevalence of the cases. A draft Stakeholder Engagement Plan (SEP) that incorporates a preliminary stakeholder mapping has been prepared to guide MSP in the early interactions with a wide range of citizens (including the most vulnerable among them) regarding basic health precautions and any coming emergency measures. This SEP will be revised within one month of project approval, as noted in the ESCP. The SEP will include a fully elaborated Grievance Redress Mechanism (GRM) for addressing any concerns and grievances raised that are related to the project. Other broader stakeholder engagement activities will be financed as part of project design.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This standard is relevant.

Environmental risks include: 1) the removal and disposal of sharp and pointed items, discarding medical supplies related to isolation measures (gloves, masks, hospital gowns, goggles, leftover medicines, etc.) in both hospitals and home quarantine, 2) contamination to the environment and health and safety risks due to the use of cleaning and disinfection products, chlorine and other hazardous byproducts, 3) Risks from handling and use of oxygen tanks, and 4) transport and disposal of viral contaminated materials once used. Proper management handling and transportation procedures should be in place in line with WHO Interim Guidance (February 12,2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)” and other WHO protocols.

In Ecuador, the Ministries of Public Health and Environment signed an Inter-institutional Agreement on the management regulation of waste generated in health facilities. Within this framework, the two institutions issued regulation for the internal management of waste within health facilities through plans and manuals. Also, the Municipal Governments are in charge of the collection of hospital waste and the final disposal in the sanitary landfills in the respective area of each municipality, for which they need to acquire an environmental license. These internal manuals also contain occupational health and safety standards for the workers in order to avoid infections through improper handling of waste.

For this operation, the Ministry of Public Health will prepare an ESMF to adequately cover the procedures for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials building on the national regulation for hospital waste described above and the ESF. It will also clearly outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-



19 laboratory biosafety as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

The social risks associated include: 1) difficulties in access to services by marginalized and vulnerable social groups (ie. the poor, disproportionately represented by Afro-Ecuadorians and indigenous peoples, Venezuelan migrants, the elderly, and the disabled), 2) discrimination towards ethnic minority groups, (indigenous people, Afro-Ecuadorians, and xenophobia towards Venezuelan migrants, thus experiencing invisible barriers to access, and 3) misinformation (fake news) in social media networks which may contribute to propagate contagion. GBV risks are significantly heightened during the Covid-19 pandemic. These risks will be mitigated through a 1) robust and coordinated National Plan for Communication and Education that is mainstreamed in project design as a sub-component that is addressing various audiences to address issues of access, discrimination, and ethnicity, 2) continuous education and awareness raising campaigns, and 3) development of materials (radio, infographics, TV broadcasts), and 4) a grievance redress mechanism that will provide real time feedback. Further, guidelines developed by the MSP include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. Lastly, Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed in implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP in the proposed timeline.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The project will establish a coordinated approach to reach out to stakeholders with key MSP partners including, WHO/PAHO, IADB, CAF. As the project is addressing the Containment Phase, stakeholder engagement more broadly will primarily focus on the development of a structured communications plan to ensure consistent messaging around key issues, (prevention, mitigation, awareness raising, and how to access services available), considering the specific challenges associated with COVID-19. Given that the most vulnerable groups such as the elderly and those with compromised immune systems or related pre-existing conditions, are at an increased risk of contracting COVID-19, stakeholder engagement should minimize close contact. As outlined in the Project SEP that will focus on engaging stakeholders particularly around risks and impacts from project activities (not from COVID-19 per se), people affected by Project activities will be provided with accessible and inclusive means to raise concerns and grievances in a Grievance Redress Mechanism that is not dependent upon in-person reporting.

To ensure this approach, the project has included a component 1.1 “Support the national communication strategy to prevent and control the spread of COVID-19” funded with \$400,000 USD, including the production of a communication strategy, training and communications materials, media and community engagement, and documentation. The Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided in WHO “Pillar 2: Risk communication and community engagement”. The SEP will be updated and re-disclosed after the preparation of the communications strategy but will focus only on the environmental and social risks and impacts arising from project activities.



The main activities to be financed under the SEP include support to the MSP's National Plan for Communication and Education to face COVID 19, to raise awareness in people and prevent contagion. The Plan consists of four programs: 1) National Campaign Production "Stay at Home" focused around social distancing actions, 2) targeted one-month national and territorial level information campaign in public spaces promoting awareness raising messages through though leaders and influencers, 3) campaign with Health Service Providers through SMS and What's Up technologies, and 4) production and management of virtual site "health promotion for home isolation", focused on psychosocial support and strategies for coping with isolation.

Tailored outreach and engagement mechanisms will be necessary when dealing with the most vulnerable groups given the delicate nature of COVID-19. These groups include the elderly, people with underlying conditions, those in poverty, women, those who often care for their elderly parents and children at the same time, ethnic minority groups (ie., indigenous people, Afro-Ecuadorians), and Venezuelan migrants, (many of which work in informal and poor working conditions). The approaches taken will ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, (to be translated into quichua, shuar, and achuar), and addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration during rollout of the communications strategy.

The SEP will include paying attention to how important it will be that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients' relatives to get necessary information about the quarantined; if feasible by enabling two-way-communication.

The government has already created communication and feedback lines that include information about the coronavirus, (tailored messages to different groups – children, elderly, preventative measures, symptoms, and actions to take if there is suspicion of infection. These include: Hotline #171 for telemedicine, website www.coronavirusecuador.com with extensive, real-time information to users, and the Hotline #ECU-911 that channels emergencies. Continuously, the MSP is updating the information on its WEB page (www.msp.gob.ec), and senior government leaders broadcast daily reports through radio and television networks. Lastly, government sponsored social networks pages (through Facebook, Twitter, Instagram) are disseminating information about coronavirus and its containment measures.

In addition to general information, currently the government has the following grievance redress and feedback channels that will be used for this project: Telephone line 171 option 3 (free line); 2 that are managed through customer service points, nationwide, and the government offices websites. The system receives the complaint and redirects it to the corresponding area for its management and response. The user can follow up on their complaint, and the institution has the obligation to answer within 15 business days, established by law. The project will also ensure strengthening the Grievance Redress Mechanism by assessing existing channels and including the establishment of a hotline that is specific to Covid-19, as well as online assistance for early diagnostic and quarantining advice.

B.2. Specific Risks and Impacts



A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. Activities under the Project are not expected to have any negative impacts related to labor and working conditions. The Project will be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate existing occupational health and safety measures (including emergency preparedness and response measures) and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms, as applicable. In particular the project will ensure that direct project workers will have access to PPE and their safety and security is considered of utmost importance and international good practice in protecting them from the virus will be applied. The Project will be implemented by the PIU established in the Department of Monitoring, Evaluation and Control, staffed by a team of Ministry of Health staff. Staff of health delivery facilities will receive the training and will use the medical equipment and supplies financed through the Project. The project will not directly contract workers however it is likely private contractors will be required for handling, transport, and disposal of health management waste derived from the supplies purchased by the project. As per applicable legislation, working conditions for all project workers are materially consistent with ESS2. The Ministry of Public Health's Human Talent Department has developed and disseminated the "Working Conditions and Work Day Guidelines" that spells out the obligations and workers rights. In all cases the MSP will ensure that all workers under this Project have access to a GRM intended for them, based on existing national laws and regulations mentioned above.

The Project will also incorporate labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the health centers and home quarantine (drugs, supplies and medical equipment) can have significant impact on environment and human health. These wastes could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps items, used in diagnosis and treatment. The requirements for adequate mitigating the risks will be part of the ESMF as described as part of ESS1.

ESS4 Community Health and Safety

Medical wastes and exposure itself to COVID 19 have a high potential of carrying micro-organisms that can infect the community at large if not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not sustainably contained within the clinical practice, supplies' transportation and laboratory operation or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The infection control and waste management plan – building on international good practice and WHO protocols – therefore describe:

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- 1) how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines)
- 2) measures in place to prevent or minimize the spread of infectious diseases.
- 3) emergency preparedness measures.

In addition, the project will actively promote sound community health and safety practices in the management of COVID-19 through training of member countries in WHO guidelines for identification, prevention and control of COVID-19. If there is a need to deploy security personnel, this would be done in compliance with the requirements of ESS4 and an indicative procedure for this will be provided in the ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant.

The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS5.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant.

Activities are limited to purchase of goods and training. Waste will be managed through licensed operators that would not imply risks to natural habitats or biodiversity.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is relevant.

Since this is a national Project, Indigenous Peoples (IPs) are present in the project implementation area. It is not expected that any of the activities related to the Project will have neither direct nor indirect negative impacts on Indigenous Peoples beyond providing support to any individual IPs who are at risk or or have been exposed to COVID-19, and will be provided access to project resources. All the activities financed by the Project will respect the dignity, aspirations, identity, culture and livelihoods of IPs and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts. Relevant aspects of this standard shall be considered, as needed, throughout Project implementation. The infographics and other communication materials will be translated into quichua, shuar, and achuar languages.

ESS8 Cultural Heritage

This standard is not relevant.



The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS8. It is not expected any possibility of directly or indirectly affecting tangible or intangible cultural heritage.

ESS9 Financial Intermediaries

This standard is not relevant.

The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS9. The Project will not involve the use of Financial Intermediaries.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Organizational structure: The Ministry of Public Health (MSP) shall establish and maintain a Project Coordination Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project.	04/2020
Environmental and Social Management Framework	04/2020
Management plans: Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities as per the screening process, in accordance with the ESSs, in a manner acceptable to the Bank.	04/2020
Contractors: Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.	04/2020
ESS 10 Stakeholder Engagement and Information Disclosure	



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Stakeholder engagement information: Adopt measures, as set out in Ecuador's Covid-19 Strategic Preparedness and Response Program to ensure that project implementation includes stakeholder engagement and information disclosure.	04/2020
Grievance Mechanism: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Bank.	04/2020
ESS 2 Labor and Working Conditions	
Labor Management: The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures.	04/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	04/2020
ESS 4 Community Health and Safety	
Minimize the potential for community exposure to communicable diseases; ensure that individuals/groups who, may be disadvantaged or vulnerable have access to the project benefits, and prevent and respond to sexual exploitation and harassment.	04/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
N/A. This Standard is not currently relevant for the Project.	03/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
N/A. This standard is not currently relevant for the Project.	03/2020
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Relevant aspects of this standard shall be considered, as needed, throughout Project implementation	04/2020
ESS 8 Cultural Heritage	
N/A. This standard is not currently relevant for the Project.	04/2020
ESS 9 Financial Intermediaries	
N/A. This standard is not currently relevant for the Project.	03/2020

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts



Is this project being prepared for use of Borrower Framework?

No

Areas where “Use of Borrower Framework” is being considered:

None.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Economy and Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Carlos Marcelo Bortman, Aakash Mohpal
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 24-Mar-2020 at 15:40:9 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 24-Mar-2020 at 16:05:11 EDT

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