

**Stakeholder Engagement Plan
For Emergency Projects in Response to COVID-19**

Stakeholder Engagement Plan (SEP)

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 17, 2020, the outbreak has resulted in an estimated 168,019 cases and 6,610 deaths in 148 countries.

The Covid-19 Strategic Preparedness and Response Program has as a main objective, to support national efforts to control the spread of and respond to COVID-19 and strengthen health system preparedness to respond to emergencies.

The Ecuador Covid-19 Response, Under the Covid-19 Strategic Preparedness and Response Program, (SPRP), aims to reach at least two objectives, as follow:

- a) Help people in Ecuador, to raise awareness for prevent Coronavirus spread, through a strong communicational strategy
- b) Strength hospitals' capacity to provide essential services and equipment to treat the Coronavirus outbreak, care for infected patients in at least 8 prioritized hospitals in Ecuador. The objective mainly finds to strength Intensive Care Units (ICUs), to increase the capacity of the public health system for the response to the COVID-19 and other health emergencies.

The Ecuador Covid-19 Response Program, comprises the following components:

Component 1: Support the National Program to respond to Covid-19 epidemic

Sub-component 1.1: Support the national communication strategy to prevent and control the spread of COVID-19.

Subcomponent 1.2: Strengthen critical aspects of health delivery to cope with increased demand of services posed by emergencies

Component 2: Project Management and Monitoring

The Ecuador Covid-19 Response Program is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard: ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted

awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

Project stakeholders are ‘people who have a role in the Project, or could be affected by the Project, or who are interested in the Project’. Project stakeholders can be grouped into primary stakeholders who are “...individuals, groups or local communities that may be affected by the Project, positively or negatively, and directly or indirectly”... especially... “those who are directly affected, including those who are disadvantaged or vulnerable” and secondary stakeholders, who are “...broader stakeholders who may be able to influence the outcome of the Project because of their knowledge about the affected communities or political influence over them”.]

Thus, Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.]

2.1 Methodology

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.]

2.2. Affected parties

Affected parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, in this case, the main affected parties show below:

- Covid-19 infected patients who use project-impacted facilities
- Covid-19 infected patients’ families
- People who live in Ecuador and use public health systems
- Ministry of Health: health workers
- Providers and suppliers of medical equipment and supplies

2.3. Other interested parties

The projects’ stakeholders also include parties other than the directly affected. In this case, the next parties had been identified:

¹ Vulnerable status may stem from an individual’s or group’s race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Ministries: Ministry of Health, Ministry of Economic and Finances (MEF), Ministry of Government and Police (MGP), Telecommunications Ministry
- Municipalities (GAD (Gobiernos Autónomos Descentralizados) of the cities where the prioritized Hospitals are (Quito, Guayaquil, Machala, Portoviejo, Babahoyo, Pangua)
- Ecuadorian Institute of Social Security (IESS), ISSPOL (Instituto de la Seguridad Social de la Policía Nacional), ISSFA (instituto de la Seguridad Social y de las Fuerzas Armadas)
- Red Privada Complementaria (RPC)
- Other Multilateral Institutions: PAHO, WHO, IADB, CAF
- People who live in Ecuador, in general

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits.

The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc.)

Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

The vulnerable or disadvantaged groups that had been identified in the context of this project, are:

- Elderly people;
- Persons with disabilities;
- People living on a poverty condition
- Women in economic and social vulnerability
- Ethnic minorities (Indigenous people, Afro-Ecuadorians, etc.)
- Venezuelan migrants (due to xenophobia)

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Communications and consultation activities to date cover activities supported by the project. As this is an emergency program, broad-based communications on the virus have been prepared by the Ecuadorian government and various institutions. Nevertheless, the government has implemented an emergency communication campaign to prevent the spread of Covid-19, in addition to other measures, such as suspension of classes in educational establishments, restriction of mobility, suspension of public and private commercial activities, with certain exceptions, and declaration of martial law during the nights.

All these measures are preventive, considering that the State is aware that at the moment, it does not enough capacity to face a severe crisis that may saturate the capacity of health systems.

Communication and consultation communication lines have been implemented, where users can find out information about the coronavirus, such as its symptoms, and actions to take if they suspect they are infected. The telephone line No. 171 for telemedicine, the website www.coronavirusecuador.com have been set up to provide extensive information to users, and the ECU-911 central is also being used to report emergencies.

A strong communication campaign has also been implemented to prevent infection, through social networks on Facebook, Twitter and Instagram. Additionally, the Ministry of Health is permanently updating the information on its WEB page (www.msp.gob.ec), and both President Lenin Moreno and Vice President Otto Sonenholzner report daily to the country through radio and television, about the measures that are being taken, and urge the population to abide by official regulations to prevent contagion.

There is also of the Ministry of Health, a National Plan for Communication and Education to face COVID 19, to raise awareness in people and prevent contagion, which consists of 4 programs: 1) National Campaign Production "Stay at home". 2) Information campaign on public roads (national and territorial level; 1 month). 3) Campaign with people of health services. 4) Production and management of virtual site "health promotion for home isolation"

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
Covid-19 infected patients	Persons infected with Covid-19	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Easy language, graphic illustrations, translations
Covid-19 infected patients' families	Relatives of an infected person or caregivers	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Easy language, graphic illustrations, translations
People who live in Ecuador and use public health systems	Users or patients of public health services, like primary attention centers, hospitals, etc.	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Infographics, posters, panels, videos in waiting rooms, etc.	Easy language, clear messages, warning signs in the halls
Ministry of Health: Medical personnel, Hospital personnel	People working on the public health services, like primary attention	Official language	Formal communications, videos, WhatsApp messages,	-

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
	centers, hospitals, etc.		dissemination of information through SMS etc.	
People who live in Ecuador, in general	Public opinion	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Easy language, graphic illustrations, translations
Providers and suppliers of medical equipment and supplies	Companies which provide equipment, supplies	Official language, translators if workers are foreigners	Official communications	-
Ministry of Health (MOH/MSP)	Main institution managing the health crisis	Official language	Official communications	-
Ministry of Economic and Finances (MEF)	Institution administrating the funds to attend the emergency	Official language	Official communications	-
Ministry of Government and Police (MGP)	Institution coordinating the public politics and regulations	Official language	Official communications	-
Ministry of Telecommunications and of the Information Society (MINTEL)	Institution coordinating communication systems with Internet and cellular companies	Official language	Official communications	-
Municipalities of the cities where the prioritized Hospitals are (Quito, Guayaquil, Machala, Portoviejo, Babahoyo, Pangua)	Local governments in charge of some public services, like transportation, use of the public space, etc.	Official language	Official communications	-
Ecuadorian Institute of Social Security (IESS)	Country social security system. Manage several hospitals to attend to the affiliates	Official language	Official communications	Coordination of activities and needs

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
Institute of Social Security of the Police (ISSPOL)	Provide social security to the family members	Official language	Official communications	Coordination of activities and needs
Institute of Security and Armed Forces (ISSFA)	Provide protection to the society	Official language	Official communications	Coordination of activities and needs
Red Privada Complementaria	Private health care system	Official language	Official communications	Coordination of activities and needs
Public Procurement National Service	Responsible of Country Procurement	Official language	Official communications	Procurement processes
Other Multilateral Institutions: PAHO, WHO, IADB, CAF	Organizations supporting the country with finance and technical assistance	Official language, English	Official communications	Coordination of activities to be financed
Elderly people;	Vulnerable, most endangered age group	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations
Persons with disabilities;	Vulnerable group	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language
People living on a poverty condition	Vulnerable group	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
Women in economic and social vulnerability	Vulnerable persons	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language
Ethnic minorities (Indigenous people, Afro-Ecuadorians, etc.)	Vulnerable group, historically discriminated	Official language and indigenous languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language
Migrants, particularly Venezuelan migrants	Vulnerable group, sometimes victim of xenophobia	Official language, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language

3.2. Proposed strategy for information disclosure

Since this is an emergency situation, there are two different stages to manage the crisis: the first and current one, is the *first crisis response*, where the efforts are focused on stop spreading of the virus and prevent new infections. The Ecuadorian government had implemented several measures, and a strong communication campaign, as was described on section 3.1. Summary of stakeholder engagement done during project preparation.

Then, the second stage correspond to the program implementation of the two components considered here.

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Percentage reached	Responsibilities
First crisis response	Stay at home campaign	Videos, radial wedges, social media, infographics	During the crisis	All the public	Currently being applied	Ministry of health

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Percentage reached	Responsibilities
	Dissemination of information in public spaces	Peripheral (Rural areas) Billboards, Light boxes Screens in public places (banks, supermarkets) social leaders, influencers, artists, sports figures. Information in transportation terminals	During the crisis	All the public	Currently being applied	Ministry of health
	Dissemination of public information of national interest	Radio, TV, social media	During the crisis	Public opinion	Currently being applied	Official spokespersons
Implementation of the program activities	Information about the risks and impacts of the pandemic Preparing and delivering guidelines for health care workers for self-care and mental health practices Producing and disseminating material to support households in mandatory isolation, including those aimed at increasing awareness to climate-sensitive diseases and the	Videos, radial wedges, social media, infographics, radio, TV, social media	After the first crisis response	Public opinion	Part of this has started with the first crisis response activities, but must continue with the program activities	Ministry of Health

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Percentage reached	Responsibilities
	ways of preventing them.					
	Information on the measures and investments that are part of the project	Official releases, press releases	When necessary	Ministries, medical personnel, administrative personnel from hospitals, press	During the Program implementation and monitoring	Ministry of Health, Official spokespersons
	Emergency procurement and public procurement procedures	Official releases, official communications Public bidding documents	During contracting and procurement processes	Providers, Suppliers, Press	During contracting and procurement processes	Public Procurement National Service

3.3. Proposed strategy for consultation

The timing to respond to the Covid-19 crisis demands a short-term response, therefore, the consultative process would require a mechanism that ensures information dissemination with the appropriate channels of feedback from social actors, especially the users of health services. Face to face meetings may not always be appropriate in the present situation. In specific cases, it will be important to consider whether the risk level would justify avoiding public/ face to face meetings and whether other available channels of communications to reach out to all key stakeholders should be considered (including social media, for example).

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities
Current phase and implementation phase	Information available for users: Symptoms, treatment, public hospitals attending Covid-19 cases, measures of prevention	Coronavirus Ecuador website www.coronavirusecuador.com Phone line: 171 MSP website www.msp.gob.ec Public Administration Grievances Redress Mechanism	Open Open Open Government offices websites Each health center	All the public opinion	Ministry of Health

		Information on Public primary attention centers and public hospitals			
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The Project Appraisal Document (PAD), Environmental and Social Review Summary (ESRS), and the Stakeholder Engagement Plan (SEP), will be disclosed for consultation prior to appraisal. The Environmental and Social Management Plan (ESMP)/Waste Management Plan (WMP) will be prepared for this project and will need to be consulted and disclosed. The proposed timeline for the consultations and disclosure are:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Before appraisal	<i>Health stakeholders and the general public</i>	<i>PAD, SEP, ESRS</i>	<i>WB and MOH website</i>
Within one month of effectiveness	<i>All stakeholders identified above</i>	<i>Updated SEP and Risk Communication and Community Engagement Strategy, ESMF</i>	<i>WB and MOH website</i>
Quarterly	<i>Implementing partners</i>	<i>Progress report including summaries of complaints and resolution</i>	<i>WB and MOH website</i>
Before key activities	<i>Key stakeholders for specific activities</i>	<i>ESIA or ESMP</i>	<i>WB and MOH website</i>
Annual	<i>General public</i>	<i>Annual report on progress and lessons learnt</i>	<i>WB and MOH website</i>

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health, through its different vice ministries, undersecretaries and directions, will oversee stakeholder engagement activities. In the structure of the Ministry of Health, the office in charge is the Vice-Ministry of Governance and Health Surveillance.

Under this structure, the agencies in charge of managing the activities of the Stakeholder Involvement Plan would be the undersecretaries for Public Health Surveillance and Health Promotion and Equality.



All the internal departments mentioned will coordinate with the Communications directions of the Ministry of Health, and also with another communication directions from other institutions, when necessary.

A specific budget to finance the activities under the SEP will be included in component 1 of the project. There are also other organizations that are financing the communication strategy, such as PAHO and IADB.

4.2. Management functions and responsibilities

Since the project is about preventive health and equipment of hospitals, the management of the project will oversee the Ministry of Health.

Resources will seek to strengthen the institutional capacity of the public health system, as well as the institutional capacity to manage risks and resilience. Thus, the proposed institutional arrangement envisages the staffing of a Project Implementation Unit (PIU) seated at the MoH. The project coordinator will be responsible for the overall design and implementation of the Bank project, the supervision of the implementation of the Bank's FTF policies, and the regular coordination with the MoF (including the PIU for the Bank-supported Emergency and Reconstruction Loan).

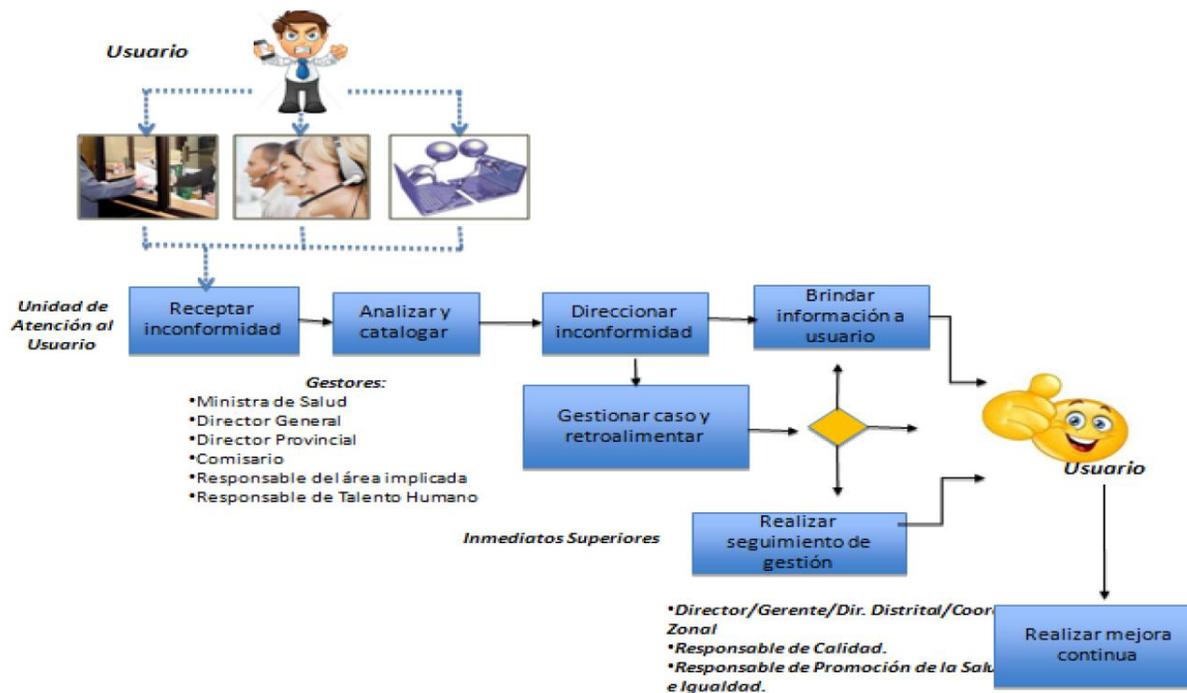
Therefore, the responsibilities of the Project coordinator will include, among others: (i) coordinating the implementation of project activities; (ii) coordinating the procurement, financial management, disbursements, and environmental and social aspects of the Project in accordance with the provisions of the Loan Agreement; (iii) ensuring the timely delivery and update of the operations manual, working annual plan, Procurement Plan, and disbursement projections; (vi) coordinating with key stakeholders; (v) monitoring the progress of all project results indicators; and (vi) attending key COVID-19 meetings. The PIU will comprise a (i) project coordinator, (ii) procurement officer, (ii) financial management and disbursement officer, and (iv) E&S specialist.

5. Grievance Mechanism

According to Ministerial Agreement No. 5300 of September 25, 2015, the Citizen Requirements and Disconformities Management Model – MGRIC is issued. Then, The former National Secretary of Public Administration issues Ministerial Agreement No. 1423 of November 19, 2015, approving the "Technical

Standard for dealing with Questions, Complaints, Suggestions, Requests for Information and Congratulations made to the Public Institutions of the Executive Function - PQSSF, as of April 2019, was implemented in the Central Plant of the MSP. This is a general Grievance Mechanism, implemented as part of public administration, on all governmental offices.

There are different ways to present a grievance on the system: Telephone line 171 option 3 (free line); 2. 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 PIU will provide the Bank quarterly reports on grievances raised in relation to the project.



6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

A permanent communication strategy has been established for the crisis management process, accompanied by official spokespersons for the dissemination of public information, in addition to communicational information campaigns for prevention, the interested parties will have a permanent follow-up process to the activities that are being carried out.

6.2. Reporting back to stakeholder groups

All the activities of the program must be documented by the Ministry of Health, for the consolidation of reports that will be made available to the citizens and control authorities, according to the Law of Transparency and Access to Public Information.