



Board of Executive Directors

For consideration

On or after 25 September 2018

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Simultaneous Disclosure

To: The Executive Directors
From: The Secretary
Subject: Ecuador. Proposal for a loan for the project "Social Services Reforms to Promote Gender and Disability Equality in Ecuador"

Basic Information: Loan type Policy-Based Loan (PBL)
Borrower Republic of Ecuador
Amount up to US\$100,000,000
Source Ordinary Capital

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Remarks: As established in document GN-1838-3, "Report of the Working Group of the Board of Executive Directors of the Inter-American Development Bank on Streamlining Approval Procedures for Sovereign Guaranteed Operations. Revised version", approved on 21 June 2018, policy lending operations are considered by the Board of Executive Directors by Standard Procedure.

This operation is a policy-based loan and the funding will be disbursed in two tranches technically related to one another but independently financed, in accordance with document CS-3633-2, "Policy-based Loans: Guidelines for Preparation and Implementation. Update".

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DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

ECUADOR

**SOCIAL SERVICES REFORMS TO PROMOTE GENDER AND DISABILITY
EQUALITY IN ECUADOR**

(EC-L1238)

LOAN PROPOSAL

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Proposed resolution

ANNEXES	
Annex I	Summary Development Effectiveness Matrix (DEM)
Annex II	Policy Matrix

LINKS
REQUIRED <ol style="list-style-type: none">1. Policy Letter2. Means of Verification Matrix3. Results Matrix4. Monitoring and Evaluation Plan OPTIONAL <ol style="list-style-type: none">1. Summary analysis of the government's fiduciary capacity2. Summary analysis of social policy formulation and implementation3. Conceptual and economic basis4. Lessons learned from Bank operations

ABBREVIATIONS

BJGL	Bono Joaquín Gallegos Lara [Joaquín Gallegos Lara Bond]
CNIG	Consejo Nacional de Igualdad de Género [National Council for Gender Equality]
CNII	Consejo Nacional para la Igualdad Intergeneracional [National Council for Intergenerational Equality]
COIP	Código Orgánico Integral Penal [Comprehensive Organic Criminal Code]
CONA	Código de la Niñez y Adolescencia [Code on Childhood and Adolescence]
CONADIS	Consejo Nacional de Igualdad de Discapacidades [National Council on Disability Equality]
CSS	Consejo Sectorial de lo Social [Sectoral Council for Social Affairs]
ECLAC	Economic Commission for Latin America and the Caribbean
INEC	Instituto Nacional de Estadísticas y Censos [National Statistics and Census Institute]
INEVAL	Instituto Nacional de Evaluación Educativa [National Educational Assessment Institute]
LAC	Latin America and the Caribbean
LIBOR	London Interbank Offered Rate
MEF	Ministry of Economy and Finance
MIES	Ministry of Social Inclusion
MINEDUC	Ministry of Education
MJDHC	Ministry of Justice, Human Rights, and Worship
MSP	Ministry of Public Health
WHO	World Health Organization

PROJECT SUMMARY

ECUADOR

SOCIAL SERVICES REFORMS TO PROMOTE GENDER AND DISABILITY EQUALITY IN ECUADOR

(EC-L1238)

Financial Terms and Conditions				
Borrower: Republic of Ecuador			Flexible Financing Facility ^(a)	
			Amortization period:	20 years
Executing agency: Ministry of Economy and Finance (MEF), in coordination with the Sectoral Council for Social Affairs (CSS)			Disbursement period:	2 years
			Grace period:	6.5 years ^(b)
Source	Amount (US\$)	%	Interest rate:	LIBOR-based
IDB (Ordinary Capital):	100,000,000	100	Credit fee:	(c)
			Inspection and supervision fee:	(c)
Total:	100,000,000	100	Weighted average life (WAL):	12.75 years
			Currency of approval:	U.S. dollars from the Bank's Ordinary Capital
Project at a Glance				
Project objective: The objective of the program is to help improve the inclusion of persons with disabilities and enhance the physical autonomy of women, children, and adolescents by strengthening the regulatory, institutional, and operational framework of education, health, and social protection services.				
This is a multitranche policy-based loan that will have two tranches.				
Special contractual conditions precedent to each loan disbursement: The first and second disbursement are contingent upon compliance with the respective policy reform conditions established in the Policy Matrix (Annex II) and policy letter , and with the other conditions established in the loan contract (paragraph 3.4).				
Exceptions to Bank policy: None.				
Strategic Alignment				
Challenges: ^(d)	SI	<input checked="" type="checkbox"/>	PI	<input type="checkbox"/>
			EI	<input type="checkbox"/>
Crosscutting themes: ^(e)	GD	<input checked="" type="checkbox"/>	CC	<input type="checkbox"/>
			IC	<input type="checkbox"/>

^(a) Under the Flexible Financing Facility (document FN-655-1), the borrower has the option of requesting changes to the amortization schedule, as well as currency and interest rate conversions. The Bank will take operational and risk management considerations into account when reviewing such requests.

^(b) Under the Flexible Financing Facility's flexible reimbursement options, changes may be made to the grace period provided the original weighted average life (WAL) of the loan and the last payment date, as documented in the loan contract, are not exceeded.

^(c) The credit fee and inspection and supervision fee will be established periodically by the Board of Executive Directors as part of its review of the Bank's lending charges, in accordance with the applicable policies.

^(d) SI (Social Inclusion and Equality); PI (Productivity and Innovation); and EI (Economic Integration).

^(e) GD (Gender Equality and Diversity); CC (Climate Change and Environmental Sustainability); and IC (Institutional Capacity and Rule of Law).

I. DESCRIPTION AND RESULTS MONITORING

A. Background, problems to be addressed, and rationale

1. Recent macroeconomic performance

- 1.1 The Ecuadorian economy is showing signs of a recovery after the external shock in the second half of 2014. Prior to that year's collapse of global crude oil prices, the petroleum sector accounted for almost one third of State resources and more than 50% of the country's exports. In 2016, the economy contracted by 1.6%, subsequently embarking on a path of growth and closing out 2017 with a real gross domestic product (GDP) expansion of 3%.
- 1.2 This incipient recovery could be fragile, since the macroeconomic imbalances produced by the oil shock have yet to be resolved. There have been five consecutive years of high fiscal deficits (5.3% of GDP in 2017), causing the weight of aggregate public debt to climb by more than 25 percentage points of GDP (from 21.1% of GDP in 2013 to 47% of GDP in April 2018).¹ In 2017, the current account balance turned negative (0.25% of GDP) after having shown a surplus in 2016 (1.5% of GDP).
- 1.3 The government is implementing a significant change in its economic policy approach. The authorities intend to make public finances more sustainable and migrate toward an economic model that focuses on the private sector as the main engine of growth. To this end, an organic law is being considered that aims to achieve a primary fiscal balance in a period of three years and introduces tax incentives for domestic and foreign private investment. The authorities have also stated their intent to shield social expenditures from the fiscal adjustment and adopt measures that boost its effectiveness, partly through the reforms envisaged in this loan operation.
- 1.4 Inflation is in negative territory (-0.8% in April 2018). However, a deflationary process is not expected in Ecuador (according to International Monetary Fund projections, inflation will converge on levels of close to 2% of GDP in the coming years). The financial system shows solid indicators, and the bank deposit losses that followed the oil shock have already been recovered.

2. Regulatory context of priority care for vulnerable groups in Ecuador

- 1.5 In the Ecuadorian Constitution of 2008, the State explicitly recognizes the priority rights of certain population groups that have traditionally been neglected in public policies and in terms of access to services. These groups include: older adults, children and adolescents,² pregnant women, persons with disabilities, persons deprived of liberty, persons with catastrophic illnesses, and victims of domestic and sexual violence or child mistreatment (Article 35). On this basis, the public sector has launched legal initiatives, policies, and programs particularly targeted to priority care groups. Of these, reforms in favor of persons with disabilities, women, and child

¹ Does not include obligations, such as oil presales or treasury certificates, which the Ecuadorian government excluded when accounting for public debt. According to the MEF, in April 2018 the total amount of these obligations was close to US\$10.132 billion, just shy of 10% of GDP. Taking these obligations into account, the aggregate public debt hovers near 57% of GDP.

² Ecuador's Code on Childhood and Adolescence (CONA) defines children as persons under 12 and adolescents as persons ages 12 to 18.

and adolescent victims of violence have taken on particular importance during the last decade.

- 1.6 **Public policy prioritization of persons with disabilities.** Equality for persons with disabilities is a fundamental right and is a legitimate policy aim in and of itself. In 2008 Ecuador ratified the [Convention on the Rights of Persons with Disabilities](#), which demands equality and nondiscriminatory treatment for persons with disabilities in all walks of life; emphasizes the importance of ensuring that persons with disabilities have equal access to their physical environment, transportation, information and communication technologies, and public services and facilities; demands protection against all forms of exploitation, violence, and abuse, including gender-related aspects; and recognizes the particular vulnerability of children and women with disabilities. Ecuador has belonged to the Committee on the Rights of Persons with Disabilities, a body of selected human rights experts responsible for monitoring implementation of the Convention, since the committee's inception in 2009.
- 1.7 Since 2007, aside from these international commitments, the national government has proactively promoted significant reforms for persons with disabilities, building a comprehensive and advanced regulatory and programmatic framework for public policies in favor of persons with disabilities in Ecuador in the context of Latin America and the Caribbean (LAC). The noteworthy components of this regulatory and programmatic framework include the 2009 launch of the Manuela Espejo Solidarity Mission, which included: (i) a cash transfer program targeted to caregivers for persons with severe disabilities;³ (ii) the [Organic Law on Disabilities](#), approved in 2012; and (iii) the introduction in 2013 of universal neonatal screening for metabolic disorders, which today provides 87% coverage for newborns nationwide.
- 1.8 **Public policy prioritization of gender equality and of women, child, and adolescent victims of violence.** Gender equality is imperative and a legitimate objective in itself. Along with the rest of LAC countries, Ecuador has ratified the [Convention on the Elimination of All Forms of Discrimination against Women](#). This convention calls not only for nondiscriminatory treatment of women but also for measures to modify the traditional roles of men and women in society and the family, including interim measures designed to accelerate gender equality.
- 1.9 The recent reforms in Ecuador have been driven by an alarming number of femicides, sexual abuse cases, and child and adolescent pregnancies in recent years (paragraphs 1.25 and 1.26). In response to this situation and the resulting societal concern, one of the seven questions posed by the Constitutional Referendum and Popular Consultation held in February 2018 related to the removal of statutory limitations on sexual crimes against minors. In all, 73% percent of the Ecuadorian population voted in favor of this proposal.

³ This, the Joaquín Gallegos Lara Bond program, is still in effect and is currently targeted to 23,200 persons with severe disabilities and their families. It consists of a monthly cash transfer of US\$240 delivered to caregivers for persons with severe disabilities (MIES, 2018: [Report on 'Joaquín Gallegos Lara' Bond Management March 2018](#). MIES presentation to the Bank's identification mission for this operation).

3. Context of the reforms in favor of equal opportunities for persons with disabilities⁴

3.1 Conceptual and economic basis for equality of opportunities for persons with disabilities

- 1.10 The concept of disability has evolved, moving from an individual perspective focused on clinical impairments to a social and functional perspective that recognizes the role of physical, technological, and social barriers in defining disability (social model of disability) ([Goering, 2015](#)). In addition, disabilities affect people specifically and differently at each age or stage in life, requiring that public policies adopt a life cycle approach. Both concepts are key for the design of this operation and are explained in [optional link 3](#).

3.2 Current situation of persons with disabilities in Ecuador and its impacts

- 1.11 **Population with disabilities.** According to the National Disabilities Registry of the Ministry of Public Health (MSP), the prevalence of disability in Ecuador in 2018 is 2.6%.⁵ As is the case in other countries in which the population with disabilities is on average poorer than the non-disabled population,⁶ disability in Ecuador disproportionately affects people in the lower socioeconomic strata ([Grech, 2008](#)), as 50% of persons with disabilities are in the country's two lowest income quintiles (Jiménez, 2007).⁷
- 1.12 Worldwide, children with disabilities are overrepresented as a percentage of children who do not attend school ([Saebones et al., 2015](#)).⁸ In Ecuador, 56% of children with disabilities do not attend school (MINEDUC, 2017).⁹ Data from the 2010 Population and Housing Census indicate that 19.1% of the population with disabilities has not obtained any type of education, compared to 4.1% of the non-disabled population. In all, 11.9% of the population with disabilities has completed secondary school studies, compared to 24.2% of the non-disabled population (Munster, 2018).
- 1.13 **Caregivers for persons with disabilities.** Disability also affects the life of family members and, particularly, of those who provide care for persons with disabilities. Of the 23,688 caregivers for persons with severe disabilities living in poverty who use the Joaquín Gallegos Lara Bond (BJGL) program in Ecuador, 90% of registered

⁴ The sector data presented in this document are from initial preparation as part of the formal design process for the operation.

⁵ According to the Seventh Population Census and Sixth Housing Census of 2010 (INEC, 2010), the percentage of the Ecuadorian population with a disability is higher (5.6%), and in terms of self-perception as such, it is 13.6% (according to a World Health Organization survey conducted between 2002 and 2004). In this document, we use the MSP figures, since these figures are based on the official clinical-medical disability determination instrument used in the country. Comparisons with other countries are difficult or impossible because definitions vary (Berlinski et al., 2018 forthcoming: Measuring Disability in LAC).

⁶ Berlinski et al. (2018 forthcoming): Measuring Disability in LAC; Huete (2018 forthcoming): Autonomía e Inclusión de las Personas con Discapacidad en el ámbito de Protección Social.

⁷ Applies to measurements using poverty indices according to the Social Registry, Population Census, and Sixth Housing Census of 2010.

⁸ At present, one third of the 58 million children who do not attend school are disabled.

⁹ Data taken from the MINEDUC's Model Project for Educational Inclusion (2017).

caregivers are women, 62% have primary or no education, 79% are of working age, and 47% live in poverty (MIES, 2018).¹⁰

- 1.14 Caregiver overload can affect the quality of care for persons with disabilities, the physical and mental health and life dynamics of the caregiver, and the wellbeing of the entire family (Bauer and Sousa-Poza, 2015; Bello, 2014). Studies show that this association increases with the intensity of care, as measured by the number of hours of caregiver care or coresidence (Legg et al., 2013; Mentzakis et al., 2009). Overload is known as burnout syndrome ([Nardi et al., 2013](#); [Aravena and Sanhueza, 2010](#)).

3.3 Determinants of inequality of opportunities for persons with disabilities and their caregivers in Ecuador

- 1.15 Disability and poverty have a two-way relationship: disability can increase the risk of poverty and poverty can increase the risk of disability ([Sen, 2009](#)). The prevalence of disability is higher in developing countries than in wealthy countries ([Mitra et al., 2011](#)). Through its vertical logic (Annex B of [required link 4](#)), this program focuses primarily on supporting actions that will boost the inclusion of persons with disabilities and reduce the risk that they will remain in or fall into poverty.
- 1.16 According to the social model of disability and its functional underpinning, disability is the result of the interaction between persons with impairments and the barriers arising from attitudes and environments that prevent these persons from fully and effectively participating in society on an equal footing with others ([United Nations, 2006](#)). These barriers, erected by society and public policy, are risk factors for the exclusion and disenfranchisement of persons with disabilities, as reflected in the low levels of wellbeing described above. They include: (i) inadequate conceptualization and measurement of disability;¹¹ (ii) lack of quality social services for persons with disabilities, particularly in education;¹² and (iii) overload for caregivers of persons with disabilities due to a lack of services and support to alleviate the effects of disability in the household.¹³

3.4 Public policy instruments to promote equal opportunities for persons with disabilities

- 1.17 The literature highlights interventions that can be effective in promoting equal opportunities for persons with disabilities: (i) initiatives that promote awareness of the rights of persons with disabilities and a change in social norms and cultural

¹⁰ MIES, 2018: [Report on 'Joaquín Gallegos Lara' Bond Management March 2018](#). MIES presentation to the Bank's identification mission for EC-L1238, 2018 SIIMIES data).

¹¹ The current classification of disability in Ecuador is based on an assessment of clinical impairments, without considering the impact of these impairments on the individual's ability to perform daily tasks based on his/her socioeconomic and personal environment, thereby contradicting the classification of disability ([WHO, 2001](#)).

¹² In Ecuador, roughly 37 districts lack special education offerings and many of these districts (Santa Elena, Santo Domingo, Esmeraldas, Guayas, Los Ríos, Manabí, and Azuay) have high rates of children and young people with disabilities. The quality of special education is considered low, and there are no monitoring or improvement data or mechanisms such as those in place for regular education ([Robson and Evans, 2005](#)).

¹³ In Ecuador, most caregivers are permanent (family members) and unremunerated and have little education, and half of them live in poverty (MIES, 2018). There is no formal public caregiving service in the country, and private caregiving is not registered or regulated. Informal, and generally unremunerated, care is the main source of day-to-day care for persons with disabilities. In this context, adults with disabilities who have high (but not the highest) degrees of limitations are particularly affected by unmet care needs ([Burchardt et al., 2018](#)).

patterns that view disability as an individual's attribute and problem ([World Health Organization \(WHO\) and World Bank, 2011](#)), because these patterns drive most of the determinants of exclusion and lead to discrimination against or stigmatization of persons with disabilities, including in public policies and budget allocation; (ii) policies that improve access to quality preventive health services (to help prevent, for example, disabilities resulting from pregnancy or childbirth), to timely diagnoses, and to the care needed to prevent a worsening of the condition and reduce the impact of clinical impairment on the ability to perform daily tasks ([Maulik and Darmstadt, 2007](#); [Beatty et al., 2003](#); [Krahn et al., 2006](#)); (iii) programs that promote access for persons with disabilities to high-quality early to higher education services that can help them accumulate human capital and boost their chances of entering the skilled job market; (iv) policies specifically aimed at promoting access to the job market for persons with disabilities ([Marin et al., 2004](#); [Coleridge, 2005](#)); (v) policies that improve the physical and communicational accessibility of public spaces, transportation, and information for persons with disabilities ([United Nations, 2006](#); [Munster, 2018](#)); and (vi) policies that ameliorate the negative consequences for informal caregivers and thus for the persons with disabilities themselves ([Burchardt et al., 2018](#); [Verbankel, 2014](#)).

3.5 Challenges for public policies aimed at promoting equal opportunities for persons with disabilities in Ecuador

- 1.18 **Legal and regulatory framework.** The Organic Law on Disabilities¹⁴ of 2012 seeks to ensure disability prevention, timely detection, empowerment, and rehabilitation, and guarantee the validity, awareness, and full exercise of the rights of persons with disabilities. Of the six objectives of this law, at least three are directly related to the provision of quality social services or access to those services (in terms of physical access or accessible communication formats as well as attitudes) for persons with disabilities.¹⁵ The country continues to face challenges in terms of the operational implementation of the law. To address them, the social sector actors are implementing regulatory and operational reforms in social services at the early childhood, school age, adult, and older adult levels in line with the provisions of the law, as described below.
- 1.19 **Supply of services in the social sector through the life cycle approach.** In the early childhood stage, the MSP plays a particularly important role because it is tasked with “prevention to reduce the disability rates in the population,”¹⁶ including early detection of disabilities through various types of screening (newborn metabolic, auditory, visual, and neurodevelopmental) and classification of disability type and

¹⁴ Law 796/2012.

¹⁵ The three objectives of the law that are related to social services are: (i) promote and support a subsystem for promotion, prevention, timely identification, empowerment, comprehensive rehabilitation, and continuous care of persons with disabilities through quality services; (ii) seek compliance with enforceability, protection, and restitution mechanisms designed to eliminate physical, attitudinal, social, communicational, and other barriers faced by persons with disabilities; and (iii) guarantee and promote full and effective participation and inclusion of persons with disabilities in public and private spheres.

¹⁶ Organic Law on Health 2006, regulated by Executive Decree 1395 in 2008; and Organic Law of 2012 Amending the Organic Law on Health (Law 67) so as to include treatment for rare or orphan diseases and catastrophic illnesses, with the respective amendment to the implementing regulations in 2012.

extent based on a specific instrument used to identify the required care¹⁷ and determine access to State programs and benefits available to persons with disabilities. Disabilities are classified using the Disability Assessment Instrument (Spanish Scale). Based on an evaluation of clinical deficiencies, this instrument is not aligned with the International Classification of Functioning, Disability, and Health (ICF), which is based on a biopsychosocial approach to disability and can be adapted to the Ecuadorian context ([optional link 3](#)). The classification and reclassification process needs to be standardized through the adoption of implementing regulations. In addition, an operational challenge for timely disability assessment is the shortage of 611 physicians certified to classify disabilities.¹⁸ Both factors contribute to the current situation, in which the population with disabilities complains of late and unsatisfactory classification and certification of disabilities in Ecuador. To address this situation, the operation will support the MSP in developing a new disability classification instrument based on the biopsychosocial concept of functional disability, in the form of a 2018 Manual for Classification of Disability, and regulations for classification, reclassification, and certification of disabilities and disabling impairments or conditions, and their implementation through the certification of additional classifying staff.

- 1.20 Following the life cycle approach, for school-age persons with disabilities, the Organic Law on Intercultural Education of 2011 provides for equal opportunities in the education system, guaranteeing the inclusion and integration of persons with disabilities. The aforementioned Law on Disabilities specifies the scope of the rights of persons with disabilities in the educational sphere and provides for inclusion of persons with disabilities in regular schools (“inclusive education”) and, when warranted, attendance at the country’s 151 existing special schools (“special education”).¹⁹ The latter operate without specific regulations on management and care, including curriculum use or specific infrastructure and equipment standards to take different needs into account. As a result, the quality of special education is considered poor, and there are no monitoring or improvement data or mechanisms like those in place for regular education. Another challenge is that the “Ser Bachiller” [secondary school graduation] test is not available in formats adapted to the various types of disability, limiting access to the test and/or the likelihood of obtaining a passing score for students with some type of disability.²⁰ To address this, the operation will support the Ministry of Education (MINEDUC) in developing a management and care model for students with disability-related special needs at special education institutions. The purpose of this model will be to ensure school

¹⁷ One of the duties of the MSP is to “improve the quality of life and self-sufficiency of persons with disabilities” (MSP, 2018: Informe técnico sobre Tamizajes a cargo de la Dirección Nacional de Discapacidades), which is achieved by providing technical aid in the form of wheelchairs, canes, walkers, hearing aids or glasses, prostheses, and orthoses.

¹⁸ These 611 professionals account for 7% of the 8,826 health professionals eligible to act as disability classifying staff. This is insufficient and fails to provide a pool of certified professionals to replace any certified physicians who leave the system for any reason.

¹⁹ According to data from the 2016 Education Census and the 2014 Social Registry, a total of 62,271 school-age children and adolescents in Ecuador are reported to have a disability, and of these, 27,689 (44%) are outside the school system. The country has 151 special schools (106 of which are public and 45 of which are private), and 12,213 children and adolescents with disabilities (20% of the total) receive this type of “special education.” The remaining 36% of children and adolescents with disabilities within the school system attend regular schools in what is known as “inclusive education.”

²⁰ For example, a person with a hearing disability could have access to the test without the help of an interpreter if the test were available in the Braille system’s reading and writing code.

access, participation, learning, continuity, and completion of studies for children and adolescents with disability-related education needs. Complementarily, support will be given to the National Educational Assessment Institute (INEVAL), which will work in coordination with MINEDUC in preparing an assisted assessment protocol for the “Ser Bachiller” test, adapted for persons with disabilities.

- 1.21 For the social protection of adults and older adults with disabilities, the supply of informal care services (generally not remunerated and provided by family members) is the main source of care for persons with disabilities in Ecuador.²¹ This can result in unmet care needs²² for persons with disabilities and an excessive workload and psychosocial burden for their caregivers, with potentially severe health and wellbeing consequences (paragraph 1.18). To address this, the operation will support the Ministry of Social Inclusion (MIES) in creating a model of nearby support networks for the care of persons with disabilities, which will consist in identifying, registering, and training informal substitute caregivers from the local community to support the main caregivers by offering them time for a break and self-care and thus helping to prevent and mitigate burnout syndrome in the main caregivers.

4. Context of the reforms in favor of gender equality

4.1 Conceptual and economic basis of gender equality²³

- 1.22 The areas of gender inequality include physical autonomy, which refers to physical (and mental) integrity and health, the right to live free from any form of violence, the enjoyment of sexual and reproductive rights, and the social inclusion and autonomy of women with disabilities ([United Nations, 2016](#)). [Optional link 3](#) describes how an increase in women’s physical autonomy translates into improvements in individual wellbeing and prevents high social costs.

4.2 Current status of women and girls in Ecuador in terms of physical autonomy and its impacts

- 1.23 Violence against women. There are many forms of violence against women, from psychological abuse to femicide, including a wide range of crimes. According to the WHO ([2013](#)), 29.8% of women in LAC have experienced physical and/or sexual violence in their lifetime, 11.9% have suffered nondomestic violence, and 10% of the victims of homicides in the region are women. Comparatively, Ecuador is in the upper portion of the range in terms of the seriousness of the problem. According to the National Survey on Family Relations and Gender Violence against Women,²⁴ 61% of women over 15 in Ecuador have been victims of some form of gender violence (physical, psychological, sexual, or material), with differences by province that range from 47% to 73%. While psychological violence is the most recurrent, affecting 54% of women, the rates of physical and sexual violence are high, affecting 38% and 26% of women, respectively. Of the total number of women who suffer

²¹ The public sector has a limited supply of institutionalized services, with a modest coverage totaling 1,374 individuals cared for in day centers and 359 in residential centers ([MIES, 2018](#)).

²² Footnote 13.

²³ Parts of this section are based on AR-L1298.

²⁴ INEC (2011): National Survey on Family Relations and Gender Violence against Women. This survey covers women over 14 nationwide and is outdated. The government plans to conduct a new survey in 2018 and is seeking funds for a complementary national survey of women under 14. Both sets of data will help to formulate or refine public policies to combat violence.

physical violence, 87% experience it in their intimate-partner relationship. Violence against women occurs primarily in this context.

- 1.24 Violent death is the extreme endpoint of a broad continuum of violence against women.²⁵ According to statistics from the Fiscalía General del Estado [Ecuador's Attorney General's Office] (2018),²⁶ 69 femicides²⁷ were perpetrated in 2016 and 109 in 2017. Underage women are particularly vulnerable in this regard. According to data from the Attorney General's Office, 6 of every 10 rape victims are children or adolescents.
- 1.25 Violence against women is associated with detrimental physical and psychological effects on the health of the survivor, as well as with a higher likelihood that her children will be subjected to mistreatment ([Bott et al., 2014](#); [Ellsberg et al., 2015](#)). It is correlated with depression, anxiety, and suicide, a higher probability of unwanted pregnancy, complications during pregnancy and childbirth, sexually transmitted infections, and drug or alcohol use ([WHO, 2013](#)).
- 1.26 The costs of violence against women in LAC are high. According to [Fearon and Hoeffler \(2014\)](#), the social cost of femicides is equivalent to 0.31% of GDP in Latin America, compared to 0.12% of GDP worldwide. In Ecuador, no national study has yet to be conducted on the cost of femicides or other forms of violence. In the specific case of the 938,000 Ecuadorian women who own microenterprises, 50% report having been victims of intimate partner violence, those divorced or separated being the most affected. Each year, women owners of microenterprises lose an aggregate of 6,711,000 working days as a result of violence against women, generating a yearly loss of US\$8.7 million ([GIZ, 2013](#)).
- 1.27 **Child and adolescent pregnancy.** Aside from the physical and psychological damage that victims can suffer from the various forms of violence, sexual violence against girls and adolescents is one of the factors behind the high rate of adolescent pregnancies in Ecuador, which is estimated at 17%-18% in the 15-to-19 age group ([ECLAC, 2014](#)).²⁸ Based on adolescent fertility figures for 2005-2010, Ecuador has higher rates than Colombia, Chile, Bolivia, Peru, and the global average ([Fundación Desafío, 2015](#)).²⁹ It is estimated that close to 2,000 girls under 14 become pregnant each year and that the percentage of deliveries for girls ages 10 to 14 rose by 78% between 2002 and 2010 ([Fundación Desafío, 2015](#)). In Ecuador, any pregnancy in girls under 14 is considered a sexual offense.
- 1.28 Adolescent pregnancy is associated with poorer outcomes for young women in terms of education, health (including higher risk of complications and death during childbirth), and employment, fomenting the intergenerational transmission of poverty ([Azevedo et al., 2012](#)). In 2011, the 241 maternal deaths in Ecuador included 1 girl

²⁵ [UNICEF. Gender violence.](#)

²⁶ Official data from the Criminal Police Bureau in response to a request for information (Form 50) of 11 January 2018.

²⁷ Since 2014, Ecuador's Comprehensive Organic Criminal Code (COIP) states as follows: Article 141 – Femicide. Any person who, as a result of a power relationship expressed through any form of violence, causes the death of a woman for the mere fact of being one or on account of her gender, shall be punished by imprisonment for a term of 22 to 26 years.

²⁸ The publication uses Ecuadorian census data from 2010. Estimates are 16.8% for non-indigenous, and 18.6% for indigenous, girls and adolescents in this age group.

²⁹ Based on comparative ECLAC data from 18 Latin American countries, the rates in Ecuador are among the four highest in the region (ECLAC, 2015: Social Panorama of Latin America 2015).

under 14 and 33 adolescents ages 15 to 19. Children and adolescents accounted for 14% of total maternal deaths ([Social Observatory of Ecuador, 2014](#)).

4.3 Determinants of women's lack of physical autonomy in Ecuador and potential responses

- 1.29 Violence against women is typically conceptualized through an organic model, in which the interaction of factors at the individual, relationship, community, and societal levels increases the risk that women and girls will suffer violence ([Heise, 2011](#)). Notable risk factors include social norms that are accepting of violence,³⁰ barriers to detecting and reporting cases of violence to judicial authorities,³¹ impunity for perpetrators,³² low levels of awareness among service providers, and poor quality and resolution capacity of the protection and care services.³³
- 1.30 According to [UN Women](#), the preventive and protective factors that can reduce risks for women and girls include sexual education and coordinated services (legal, security/protective, health, and other social services) of good quality and equipped with appropriately trained staff.

4.4 Public policy instruments to promote gender equality

- 1.31 The literature emphasizes that various public policies and programs can effectively promote the physical autonomy of women, including: (i) health sector programs that address violence against women³⁴ ([Colombini et al., 2017](#); [WHO, 2013](#)); (ii) rigorous legal and community penalties for violence, starting with identifying and reporting violence to the judicial authorities ([WHO, 2010](#); [Krug et al., 2003](#)), and (iii) interventions that include comprehensive education on sexuality and adolescent-targeted health services as well as access to modern contraceptive methods ([Manlove et al., 2015](#); [Nyamtema et al., 2011](#)).

4.5 Challenges for public policies designed to promote gender equality in Ecuador

- 1.32 Ecuador has a progressive legislative framework for promoting gender equality in the region ([NGO Committee on the Status of Women and UN Women, 2014](#)).

³⁰ Twenty-six percent of Ecuadorians (27% of men and 25% of women) think there are circumstances that justify a man beating his partner ([World Values Survey, 2013](#)).

³¹ In 2017, 10% of the cases of violence diagnosed and addressed in the public health system's specialized centers were reported to the prosecutor's office (MSP, 2018: Internal report of the MSP's National Human Rights Division based on a gender-based violence matrix). If the universe of alleged cases of violence were to be considered, the percentage would be lower. It is estimated that, in the education sector, 87% of identified cases of violence are reported.

³² From August 2014, when the COIP entered into force, to September 2016, 104 femicide cases were prosecuted and 40 of them (38.4%) resulted in a judgment. Of 78 proceedings for attempted femicide, 28 (35.8%) resulted in a judgment. On average, only 37% of femicides and attempted femicides resulted in a judgment, and there is no specificity as to which of the judgments were convictions and/or provided for comprehensive reparations ([Comisión Ecuatoria de Derechos Humanos \[Ecumenical Human Rights Commission\], 2017](#)).

³³ At the cantonal council level, protective measures had been issued in only 68% of the cases of violation of child and adolescent rights addressed by these councils in 2018 (paragraph 1.43) (CNII/MIES, 2018: Unpublished study of councils and boards).

³⁴ These services should include psychological support and/or referral to specialized mental health services, emergency contraception, sexually transmitted disease and HIV treatment and prophylaxis, and forensic examination (if the intent is to prosecute the aggressor).

However, there are significant challenges to implementing the guidelines issued from this framework, as described below.

- 1.33 **Legal and regulatory framework.** The new Comprehensive Organic Law on Preventing and Eradicating Violence against Women was passed in February 2018.³⁵ Through this legislation, the State undertakes to eradicate violence against women in a joint effort with civil society, families, and other governmental bodies. The law is different from earlier legal instruments in that it creates a comprehensive national system to prevent and eradicate violence against women, divided into four major areas: prevention, care, protection, and reparation.³⁶ All levels of government are required to adopt the appropriate measures to guarantee women's rights throughout their life cycle, i.e., as girls, adolescents, adults, and older adults. The Ministry of Justice, Human Rights, and Worship (MJDHC) is responsible for coordinating and monitoring public policies for the protection of women and implementing actions designed by the institutions that make up the system. The law provides for the formulation of public policies by social sector institutions (MSP, MINEDUC, MIES, and others)³⁷ through their centralized and decentralized bodies. For example, the MJDHC is tasked with drafting the 2018-2021 National Plan for the Prevention and Eradication of Violence against Women, while the MIES is responsible for drafting the equivalent plan with respect to children and adolescents.
- 1.34 Supply of care services in the social sector. In the area of care for survivors of violence against women, children, and adolescents, the installed capacity and current processes in the health and education sectors are insufficient to meet demand in terms of coverage, location, and working hours. In the health sector, at present, identified cases of violence must be referred to one of the 15 specialized first assistance centers nationwide that provide comprehensive, interdisciplinary care for survivors of violence, including specialized staff (expert forensic physicians) accredited by the Judicial Council that perform special examinations to diagnose the violence.³⁸ The operation will support the MSP in reforming the system of first assistance and care for survivors of violence by updating the health sector's Technical Standards on Integrated Care for Cases of Violence. This will be done by enabling all health facilities that handle emergencies nationwide to provide first assistance services in alleged cases of violence.³⁹ The reform involves expanding the supply of specialized care for survivors of violence; it will also lead to a greater percentage of alleged cases of violence being identified and reported to the judicial authorities [\(required link 3\)](#).
- 1.35 In the education sector, the action protocols for cases of violence identified or perpetrated in the national education system are aimed at regulating the procedures for violence prevention and for child and adolescent care and assistance by the schools affected by sexual offenses. At present, these protocols require that the

³⁵ Official Registry. Supplement. Year I. No. 175. 5 February 2018.

³⁶ Fifteen central government institutions, the decentralized autonomous governments, and at least 17 civil society institutions and organizations are included in the system.

³⁷ Article 22 of the law enumerates the institutions involved (see [reference](#) in Annex IV).

³⁸ In places that lack first assistance centers, cases must be referred to a general emergency room, where the staff and procedures are currently not specifically geared to treating survivors of violence.

³⁹ Currently available health services include treating physical and psychological wounds, administering emergency oral contraceptives, antiretrovirals, and antibiotics as prophylaxis for sexually transmitted infections, including HIV, and reporting alleged cases of violence to the judicial authorities. Comprehensive Organic Criminal Code (COIP) 2014.

reporting process include the principal's office at the school as a mandatory conduit for filing a report with the judicial authorities. This acts as a disincentive to filing a report and results in underreporting of and a lack of attention to possible cases of sexual abuse and other forms of violence perpetrated in the country's schools. To address this, the operation will support MINEDUC in updating the action protocols for situations of violence identified or perpetrated in the national education system, to change the reporting process by making it possible for any person participating in the educational system, including students and their families, to file a report.

- 1.36 In the area of protection for victims of violence against children and adolescents, the national protection system, established by law (paragraph 1.35), calls for forming one (or more) cantonal rights protection boards at each municipio (depending on the municipio's size), as established in the 2003 CONA and ratified by the aforementioned law. These boards are a significant component of the local institutional architecture for intake, immediate care, formal reporting, and referral of victims of violence. At present, 44 cantons have not yet formed such boards. In only 68% of the cases of child and adolescent rights violations addressed by the boards in 2018 have protective measures been issued as established under CONA (CNII/MIES, 2018).⁴⁰ The operation will support the preparation and implementation of a national plan for the prevention of violence against children and adolescents and promotion of positive parenting, with action pillars that include strengthening local institutions within the national protection system.
- 1.37 In the area of prevention of child and adolescent pregnancies, the operation will support the MSP and MINEDUC as well as other agencies in creating an intersectoral national policy for the promotion of sexual and reproductive rights and prevention of adolescent pregnancies, with a view to generating timely and effective actions in both sectors to help adolescents of both sexes to have universal access to sexual and reproductive health information, education, and services for free and responsible decision-making and exercise of related rights.

4.6 Project strategy and value added by the Bank

- 1.38 This multitranche policy-based loan operation seeks to support innovative social policy areas through policy actions being developed by the government that represent good practices in promoting the inclusion of vulnerable population groups in terms of disability and gender. Several of these actions are milestones in the technical support that the Bank has been providing the Government of Ecuador since the early days of the current administration. Specifically, the Bank has provided technical and financial assistance to the agenda for gender equality and equal opportunity for persons with disabilities through a proactive sectoral dialogue and the following operations: The Support Program for the Social Inclusion of Persons with Disabilities in Ecuador (EC-L1236) will finance activities that support the operational implementation and sustainability of the reforms included in Component 2 of this operation. These activities include the creation of competencies in health and education professionals and caregivers of persons with disabilities to support implementation of the new disability classification methodology, the care and management model for special education institutions, and the model of nearby support networks for care for persons with disabilities, respectively, in addition to various other activities to be financed by operation EC-L1236 for the benefit of persons with disabilities in the health, education, and social protection sectors. The

⁴⁰ CNII/MIES, 2018: Unpublished study of councils and boards.

loan operation Investment in Quality of Early Childhood Development Services (EC-L1235) will support strengthening the local institutional framework for the protection of child and adolescent rights by training cantonal boards and implementing a computerized system to track cases addressed by the boards in support of the sustainability of policy actions under Component 3 of this operation. In addition, the Bank is processing the technical cooperation operation Improving Services for Persons with Disabilities in Ecuador (EC-T1405), which will provide technical assistance for timely and technically sound fulfillment of some of the policy measures under the second tranche of this operation in the area of disabilities (design of the model for nearby support networks for caregivers of persons with disabilities, including a study on burnout syndrome among caregivers in Ecuador; specialized technical assistance for implementation of the new special education model).

- 1.39 **Summary of the reforms.** The policy actions for the first tranche prioritize the development of regulatory frameworks (national plans, intersectoral policies, models, regulations, protocols, and technical rules approved by ministerial or interministerial resolution) aimed at promoting the inclusion and care of persons with disabilities and their families throughout their life cycle and the prevention of violence against, as well as the care for and protection of, child, adolescent, and women survivors of violence. The policy actions for the second tranche for the most part prioritize the initial implementation of reforms in operational health (MSP), education (MINEDUC), and social inclusion (MIES) services at the national level, ensuring that the means of verification for the second tranche are robust, are balanced in relation to those of the first tranche, and can be met within the planned execution period of two years. Together, the two tranches will help close the following gaps in the supply of services in the disabilities area: (i) timely classification of disability based on a biopsychosocial approach beginning in early childhood; (ii) quality and regulation of special education and opportunities for school-age children and adolescents with disabilities to complete their studies; and (iii) regulation and certification of informal adult care services with a view to reducing burnout syndrome in caregivers of persons with disabilities. In the future, the country will explore options for further closing persistent gaps in inclusive education at regular schools starting in early childhood and implementing existing regulations that promote physical and technological accessibility for persons with disabilities in the public arena. In the area of violence, the gaps addressed by the operation in terms of supply and regulation of social services are: (i) installed capacity and processes in the health (first assistance) and education (reporting) sectors for care of survivors of violence against women, children, and adolescents in terms of service coverage, location, and procedures; (ii) local institutional framework for intake, providing immediate assistance to, filing formal reports for, and referring victims of violence in the form of cantonal rights protection boards at the municipal level; and (iii) prevention of child and adolescent pregnancies in the health and education sectors. In the future, once the current situation of violence against children and adolescents has been overcome, the country will explore making headway in equal participation by women in the labor market.
- 1.40 **Lessons learned.** The Bank's Social Protection and Poverty Sector Framework Document (document GN-2784-7) highlights several lessons learned by the Bank and considered in Component 2 of this operation: (i) the importance of intersectoral work in the form of effective horizontal and vertical coordination in implementing inclusion programs and policies; (ii) consideration of a life cycle approach as the

lynchpin of the social protection systems; and (iii) the importance of coupling policy-based loans with investment loans to ensure close technical assistance from the Bank and promote design and operational innovations. In addition, the OVE evaluation of policy-based loans⁴¹ highlights the usefulness of coupling operations of this type with technical cooperation operations to deepen the reforms undertaken in the subsequent tranches and operations. It also incorporates lessons learned and discussed in: (i) the Gender and Diversity Sector Framework Document (document GN-2800-8), including the importance of improving the quality of services that promote gender equality through processes of user training and referral/counter-referral; (ii) the Gender Action Plan for Operations 2017-2019 (document GN-2531-16), which points out the importance of integrating the prevention of violence against women with the care of women survivors across multiple sectors, including education, health, and social protection, as incorporated into Component 3 of this operation; and (iii) the Education and Early Childhood Development Sector Framework Document (document GN-2708-5), which raises the need to facilitate the transitions between educational levels and expand opportunities for students to further pursue and complete their studies, as incorporated into Component 2, and also highlights the value added of engaging different actors from the public, private, and/or civil society spheres in coordinating actions and creating synergies, which was taken into account in the overall intersectoral design of the operation. Furthermore, in the area of disability, this program incorporates lessons learned in specific initiatives previously supported by the Bank in the region, but does not have precedents in the form of other programs of systemic and comprehensive support for reforms in this area, which underscores the innovative nature of this operation. [Optional link 4](#) provides a description of the lessons learned from recent Bank operations in the region that were considered in the design of both components of this operation.

- 1.41 **Coordination with other international agencies and nongovernmental organizations (NGOs).** Several civil society actors and international agencies in Ecuador have focused on supporting and monitoring the social inclusion of persons with disabilities or prevention of violence against women. In the area of disability, worth noting is the work of the National Council on Disability Equality (CONADIS),⁴² NGOs, and federations representing people with various types of disability.⁴³ In the area of violence against women, worth noting is the work of the National Council for Gender Equality (CNIG), national NGOs,⁴⁴ the United Nations agency dedicated to promoting gender equality and empowerment of women (UN Women), and the

⁴¹ Schijman, Agustina, Pablo Alonso, José Ignacio Sembler, Ali Khadr, Juan Carlos Di Tata, Kathryn Britton, María José Hernández, et al. (2016): "OVE Annual Report 2015: Technical note: Design and use of policy-based loans at the IDB."

⁴² National councils such as CONADIS and CNIG have authority to formulate, mainstream, ensure compliance, monitor, and evaluate public policies on disability.

⁴³ They include the National Federation of Ecuadorians with Physical Disability, National Federation of the Blind in Ecuador, National Federation of the Deaf in Ecuador, Ecuadorian Federation for the Care of Persons with Intellectual Disability and their Families, and National Federation of NGOs for Disability in Ecuador.

⁴⁴ Such as the National Women's Coalition of Ecuador and Citizen Action for Democracy and Development (ACDemocracia).

German international cooperation agency (GIZ).⁴⁵ The work of these agencies was taken into account during the preparation of this operation with a view to avoiding a duplication of efforts, and dialogue and coordination were maintained with most of these agencies to learn their opinions on policy priorities and benefit from their experiences and recommendations.

- 1.42 **Strategic alignment.** The program is consistent with the Update to the Institutional Strategy 2010-2020 (document AB-3008) and is strategically aligned with the social inclusion and equality development challenge and with the gender equality and diversity crosscutting area through its support of policy actions aimed at promoting social inclusion and care of people with disabilities, the physical autonomy of women, and the protection of children and adolescents—objectives with a proven impact on human development and poverty reduction indicators. In addition, the program is aligned with the Corporate Results Framework (CRF) 2016-2019 (document GN-2727-6) through its contribution to the following indicators: students benefited by education projects (special education); beneficiaries receiving health services (contraceptives); beneficiaries of targeted anti-poverty programs (programs of nearby networks of substitutes); and women beneficiaries of economic empowerment initiatives (treatment for survivors and reporting of violence). Similarly, the program is consistent with the following Sector Framework Documents: Gender and Diversity (document GN-2800-8), which recognizes the profound inequality reflected in socioeconomic gaps for the population with disabilities and the importance of promoting their social inclusion (paragraphs 3.62 and 5.9) and includes addressing and reducing violence against women and children among the Bank's priority work areas (paragraphs 4.34 and 5.4); Health and Nutrition (document GN-2735-7), which stresses the importance of reducing violence and adolescent pregnancies to fight rising maternal and child mortality and morbidity (paragraphs 3.3 and 3.4); Social Protection and Poverty (document GN-2784-7), which underscores the need to reduce violence and adolescent pregnancy through the design of social protection policies (paragraphs 3.31 and 5.16) and to develop quality standards and supervision and monitoring arrangements for care services for persons with disabilities and others who are in a situation of dependency (paragraph 3.39); and Education and Early Childhood Development (document GN-2708-5), which stresses the importance of designing specific interventions for students with disabilities, with measures such as specialized teachers, an adapted curriculum, appropriate teaching materials, and accessible schools (paragraph 3.21). In addition, it is consistent with the IDB Group Country Strategy with Ecuador (document GN-2924), which identifies action proposals that include: (i) improving the management and quality of social services (paragraph 3.47); (ii) including a gender and diversity perspective, particularly in interventions related to deepening social advances (paragraph 3.50); and (iii) supporting the legal and institutional development of the comprehensive national system to prevent and eradicate violence against women (paragraph 3.51).

⁴⁵ The National Women's Coalition of Ecuador brings together 19 organizations that promote the development of agendas, draft laws, and legal reform proposals in favor of women's rights. UN Women in Ecuador leads efforts to make advances in gender equality. GIZ supports "Preventing violence against women – PreViMujer," an initiative to build public sector capacity by means of technical assistance, particularly through the Technical Secretariat for the Toda una Vida Plan and the Ministry of Justice, Human Rights, and Worship. The initiative will include training and awareness modules for central government staff and a study to assess the cost of violence against women for the country, and will additionally promote private-sector initiatives and reinforce educational institutions through teaching methods and tools.

Moreover, the investment in services for persons with disabilities is backed by the country's strategic priorities. The policy priorities of the National Development Plan (PND) 2017-2021 "Toda una Vida" [An Entire Lifetime] include strengthening the social inclusion and equity and special protection system, with an emphasis on groups requiring priority care (Policy 1.5), guaranteeing the right to accessible, quality health, education, and integrated care (Policy 1.6), and eradicating all forms of discrimination and violence for reasons that include disability, with an emphasis on gender violence in its various manifestations. The operation is also included in Annex III to the 2018 Operational Program Report (document GN-2915-2).

B. Objectives, components, and cost

- 1.43 The objective of the program is to help improve the inclusion of persons with disabilities and the physical autonomy of women, children, and adolescents by strengthening the regulatory, institutional, and operational framework of education, health, and social protection services.
- 1.44 **Component 1. Macroeconomic framework.** The objective of this component is to maintain a stable macroeconomic framework conducive to achieving the program objectives as established in the Policy Matrix (Annex II) and the [sector policy letter](#).
- 1.45 **Component 2. Social inclusion of persons with disabilities.** The objective of this component is to help implement policies that strengthen the inclusion and care of persons with disabilities and their families throughout their life cycles through five actions in the health, education, and social protection systems.
 - a. For the early childhood stage, the operation will support the following reforms by the MSP: (i) preparation (tranche 1) and approval (tranche 2) of the 2018 Manual for Classification of Disability, containing a description of the limitations in the current Disability Assessment Instrument (Spanish Scale), an adaptation of the International Classification of Functioning, Disability, and Health (ICF) to the Ecuadorian context, the characteristics and actors of a single disability classification system at the national level, and guidelines for a comprehensive classification of disability; and (ii) approval (tranche 1) and implementation (tranche 2) of the Regulations for Classification, Reclassification, and Certification of Disabilities and Disabling Impairments or Conditions, containing a list of the actors involved in the process, the requirements for proceeding with classification, reclassification, and certification of persons with disabilities, and the stages and processes of classification, reclassification, and certification of persons with disabilities. Implementation will consist of training and certifying health professionals in disability classification.
 - b. For the school-age stage, the operation will support the following reforms by MINEDUC: (i) approval (tranche 1) and implementation (tranche 2) of the Management and Care Model for Students with Disability-related Special Needs at Special Education Schools, containing a description of the organizational structure and its role at the special education schools, a description of the responsibilities of the special education schools, and teaching and curriculum specifications for each implementation level; and by INEVAL in coordination with MINEDUC; and (ii) preparation (tranche 1), and approval and implementation (tranche 2), of the Assisted Assessment Protocol for the "Ser Bachiller" secondary school graduation test for special education students, containing accessible adapted test formats to enable students with hearing or visual disabilities to have independent access to the test and

graduate, which is a prerequisite for applying to higher education institutions. The implementation of reforms will consist of (i) training special schools in the new model; and (ii) adapting items of the “Ser Bachiller” test for persons with disabilities, in accordance with the aforementioned protocol.

- c. For the adult and older adult stage, the operation will support a MIES policy action that promotes the inclusion of persons with disabilities and their families: creation (tranche 1) and approval (tranche 2) of the Model of Nearby Support Networks for the Care of Persons with Disabilities, describing the structure and actors involved in a local network of substitute caregivers for persons with disabilities, the profile of the substitute caregivers, and a description of the operational processes for registering these substitutes.

1.46 **Component 3. Prevention of violence against children, adolescents, and women.** The objective of this component is to help implement policies in the health, education, and social protection sectors that support the prevention of violence against children, adolescents, and women, and the care and protection of child, adolescent, and women survivors of violence, through four actions in this area.

- a. In the area of care for survivors of violence against women, children, and adolescents, the operation will support: (i) preparation (tranche 1) and approval (tranche 2) by the MSP of an update to the Technical Standards on Integrated Care for Cases of Violence, containing a standardization of the first assistance service for victims of violence in the emergency rooms of National Health System facilities, technical guidelines for delivering care that ensures confidentiality and non-revictimization and facilitates access to the justice system, a description of the processes and flows of referral and care, and specific care instructions for priority and vulnerable groups (children, adolescents, persons with disabilities, older adults, etc.); (ii) implementation (tranche 2) by the MSP of the integrated care reforms in gender violence cases by training the National Health System facilities in integrated care and the reporting of alleged cases of violence; and (iii) update (tranche 1) and implementation (tranche 2) by MINEDUC of the Protocols for action in situations of violence identified or perpetrated in the national education system, providing specific changes in guidelines to allow reports of violence to be channeled directly to the relevant authorities without having to go through the school authorities. The implementation of item (iii) will consist of training zone- and district-level Student Advisory Departments in the protocol.
- b. In the area of protection⁴⁶ of survivors of violence against children and adolescents, the operation will support the following policy action by the MIES: (iii) approval (tranche 1) and implementation (tranche 2) of the National Plan for the Prevention of Violence against Children and Adolescents and Promotion of Positive Parenting, containing prevention, care, protection, and rights restitution components in the presence of risk factors and vulnerability with a view to creating safe environments for children and adolescents. Implementation will consist of strengthening the decentralized national system for the protection of children and adolescents.

⁴⁶ This reform is listed under the protection category because the plan's implementation measure emphasizes the protection of victims by strengthening the cantonal boards that issue immediate protective measures for victims of violence, among others.

- c. In the area of prevention of child and adolescent pregnancies, the operation will acknowledge a joint policy action by MINEDUC and the MSP in the education and health sectors: (iv) approval and implementation of the Intersectoral Policy to Prevent Child and Adolescent Pregnancies in Ecuador 2018-2025, containing a diagnostic assessment of child and adolescent pregnancies in Latin America and Ecuador, strategic sector guidelines (health, education, and social inclusion), and a list of lines of action and indicators in the education, health, and social inclusion sectors. Implementation will consist of the MSP rating public health facilities as adolescent-friendly and training zone- and district-level Student Advisory Departments in the implementation of the policy.

C. Key results indicators

- 1.47 **Impact and outcome indicators.** Progress in achieving the objectives of Component 2 will be measured by means of three indicators: (i) percentage of registered persons with disabilities who have been reclassified; (ii) percentage of over-age students with disabilities in special education institutions; and (iii) break time (measured in standard deviations of hours per month) given to the caregiver of a BJGL user.
- 1.48 Progress in achieving the objective of Component 3 will be measured by means of three indicators: (i) percentage of alleged cases of violence treated in the health sector in which judicial proceedings have been initiated; (ii) percentage of cases of violations of children's and adolescents' rights in which protective measures have been issued; and (iii) percentage of adolescents ages 15 to 19 who use modern contraceptive methods.
- 1.49 At the outcome level, progress in achieving the objectives of Component 2 will be measured by means of four indicators that are based on the life cycle approach and reflect the quality of the supply and use of the social services impacted by the policy actions promoted by this operation: (i) percentage of first-level-of-care professionals certified in disability classification; (ii) average number of grades available at special education schools; (iii) number of students with disabilities who take the "Ser Bachiller" test with questions adapted to their disability; and (iv) number of substitute caregivers registered.
- 1.50 At the outcome level, progress in achieving the objectives of Component 3 in the area of violence against women, children, and adolescents will be measured by means of three indicators: (i) percentage of alleged cases of violence addressed in the health sector reported to the prosecutor's office; (ii) percentage of cases of violence identified in the education sector reported to the prosecutor's office; (iii) number of cantonal board and council members trained in the management of child and adolescent protection. In the area of child and adolescent pregnancies, progress in achieving the objective will be measured by means of two indicators: (iv) rate of coverage of family planning consultations by adolescents in public facilities; and (v) percentage of schools that offer sex education.
- 1.51 **Economic analysis.** Based on the recommendations of the Office of Evaluation and Oversight (OVE) in its 2011 Evaluability Review of Bank Projects⁴⁷ and on the results

⁴⁷ Document RE-397-1: "Currently, [the] Economic Analysis section is computed as the maximum between the [cost-benefit analysis] and the [cost-effectiveness analysis]. Yet neither a [cost-benefit analysis] nor a [cost-effectiveness analysis] is applicable to [policy-based loans]."

of the review of evaluation practices and standards for policy-based lending conducted by the Evaluation Cooperation Group (made up of the independent evaluation offices of the multilateral development banks),⁴⁸ set out in paragraph 1.3 of document GN-2489-5 (Review of the Development Effectiveness Matrix for Sovereign Guaranteed and Non Sovereign Guaranteed Operations), which indicates, *inter alia*, that it is not necessary to include an analysis of efficiency in the use of financial resources,⁴⁹ it was decided that an economic analysis would not be performed for this type of loan, as reported to the Bank's Board of Executive Directors. Accordingly, this loan operation does not include an economic analysis and none was used for the purposes of determining the program's development effectiveness matrix evaluability score.

II. FINANCING STRUCTURE AND MAIN RISKS

A. Financing instrument

- 2.1 **Financing instrument.** The Government of Ecuador has requested a multitranche policy-based loan operation to support development of the regulatory, institutional, and operational framework for inclusion and care of vulnerable population groups (in terms of gender or disability) in social services. The two-tranche modality was selected because the policy measures and actions needed to start implementation in the two-year execution period envisaged for the operation are known with a high degree of certainty.
- 2.2 **Amount.** The loan is for US\$100 million, to be financed with Ordinary Capital resources. According to paragraph 3.27(b) of document CS-3633-1, the size of the operation is justified on the basis of the country's financing needs. The General Government Budget approved by the National Assembly envisages gross financing needs of US\$8.254 billion for 2018. Thus, the proceeds of this operation would cover 1.2% of the projected financing needs for the current fiscal year. The first tranche will be US\$60 million and the second tranche US\$40 million, in line with the relative weight of the reforms supported in each tranche (paragraph 1.39).

B. Environmental and social risks

- 2.3 Based on Directive B.13 of the Environment and Safeguards Compliance Policy (Operational Policy OP-703), this program does not require classification. The operation directly supports actions designed to promote development of the regulatory, institutional, and operational framework for inclusion and care of vulnerable population groups in Ecuador and will not finance investments in infrastructure or construction works, so no social or environmental risks are anticipated. This program is aligned with the Operational Policy on Gender Equality in Development (OP-761), since it actively promotes gender equality and actions to prevent adverse impacts on women.

⁴⁸ "Good Practice Standards for the Evaluation of Public Sector Operations." Evaluation Cooperation Group, Working Group on Public Sector Evaluation, 2012. February 2012.

⁴⁹ According to the Evaluation Cooperation Group, policy-based loans must be evaluated according to their relevance, effectiveness, and sustainability. Efficiency is not included as a criterion, since policy-based loan amounts are tied to the country's financing gap, independent of the project benefits.

C. Fiduciary risks

- 2.4 No fiduciary risks associated with the operation were identified. Funds for this operation will go directly into the treasury account to cover the federal government's financing needs, for which the executing agency has the necessary financial management instruments and control systems. Following the recommendations of the guidelines for preparation and implementation of policy-based loans (document OP-1698-1, paragraph 3.34) in the context of preparing this operation, the Bank analyzed the government's fiduciary capacity to: (i) verify the effectiveness of the financial management and external control methods and processes; and (ii) support the decision on the size and tranche structure of the operation. A summary of this analysis is available in [optional link 1](#).

D. Other project risks

- 2.5 **Fiscal sustainability risk.** After several years of high deficits, Ecuador's public finances are in a fragile state. Moreover, even if the authorities achieve their stated objective of restoring the primary balance in a period of three years, the country's gross financing needs will continue to be significant. In this context, there is a high risk that the public sector will have difficulty meeting its financing needs. This could force the authorities to intensify their adjustment efforts, which in turn could affect the pace of implementation of the long-term reforms, particularly the operational reform measures envisaged in the years following this loan operation. To mitigate this risk, the government authorities will include activities that support the sustainability of certain key policy measures of this operation under investment loans EC-L1235 and EC-L1236 (paragraph 1.40).
- 2.6 **Public management and governance.** The crosscutting nature of the policy reforms promoting gender equality and equal opportunities for persons with disabilities requires the involvement of a number of central government entities (MEF, MSP, MINEDUC, INEVAL, and MIES). This gives rise to the medium-level risk that the MEF's interagency coordination with the sector institutions involved in monitoring the dates and means of verification of the policy measures will be complex, possibly delaying compliance with and delivery of the means of verification for the operation. To mitigate this risk, the execution arrangements provide for the Sectoral Council for Social Affairs (CSS) to support the MEF in monitoring the policy measures within the social sector, along with the Office of the President to offer support in coordinating and resolving contingencies at the strategic government level. In addition, under technical cooperation operation EC-T1405, the Bank will finance, *inter alia*, technical assistance to strengthen the MEF and CSS monitoring activities.
- 2.7 **Development.** Given the internal processes of social policy formulation and implementation, there is a medium-level risk that the intrainstitutional procedures involving the various entities that prepare, validate, approve, and implement the planned policy measures will turn out to be less streamlined than envisaged and delay fulfillment of the policy measures. To mitigate this risk, an analysis was conducted of the social policy formulation and implementation processes in Ecuador ([optional link 2](#)), and this analysis was used as the basis for setting the timeline of the tranches and assessing the feasibility of the policy measures to be supported through this operation. In addition, under technical cooperation operation EC-T1405, the Bank will finance technical assistance to support the institutions involved in fulfilling the policy measures.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Summary of implementation arrangements

- 3.1 **Borrower and executing agency.** The borrower will be the Republic of Ecuador, and the executing agency will be the MEF through the IDB Programs Coordination Office. The executing agency will be responsible for: (i) coordinating among the various agencies tasked with implementing measures for compliance with the disbursement conditions; (ii) monitoring and collecting evidence of compliance with the agreed-upon policy conditions; (iii) delivering the means of verification to the Bank; (iv) consolidating the information that will make it possible to evaluate the program outcomes; and (v) preparing and delivering the reports described in the monitoring and evaluation plan ([required link 4](#)) within the time frames agreed upon with the Bank. All these activities will be carried out in coordination with, and with the support of, the CSS, as required by the MEF. The executing agency will use the institutional means at its disposal to ensure effective coordination among the public agencies involved in policy measures included in this operation. For these purposes, the MEF will be reinforced with monitoring staff that may be contracted with fiscal resources or with the proceeds of technical cooperation operation EC-T1405 and/or investment loan EC-L1236.
- 3.2 The CSS will provide support in the program's execution, as required by the MEF, through periodic and systematic monitoring of the development and delivery of the MSP, MIES, MINEDUC, and INEVAL policy measures in terms of content, quality, and timing. To this end, the CSS will be reinforced with monitoring staff that may be contracted with fiscal resources or with the proceeds of technical cooperation operation EC-T1405 and/or investment loan EC-L1236.
- 3.3 The Office of the President of Ecuador will conduct strategic coordination of the operation through the General Undersecretariat. This entity will monitor execution of the program, including interagency coordination and the resolution of contingencies that arise, such as deviations from agreed-upon timing, content, or quality of the policy measures.
- 3.4 **Special contractual conditions precedent to each disbursement. The first and second disbursements will be contingent upon compliance with the respective policy reform conditions established in the Policy Matrix (Annex II) and [policy letter](#), and with the other conditions established in the loan contract.**

B. Summary of arrangements for monitoring and evaluating results

- 3.5 Given the nature of the program, the output indicators in the Results Matrix ([required link 3](#)) correspond to the means of verification of policy actions. Therefore, the purpose of the monitoring is to verify fulfillment of the policy actions undertaken by the Ecuadorian government for disbursement of tranches 1 and 2, respectively, as described in the Policy Matrix (Annex II) and its respective Means of Verification Matrix ([required link 2](#)). The MEF and CSS will use a monitoring matrix to reflect the status of each policy measure and the respective means of verification, listing the actors, flows, and dates of monitoring of the ministries. The executing agency will be responsible for submitting to the Bank a semiannual report on the implementation of the Results Matrix within 30 days following the end of the relevant six-month period. The monitoring and evaluation plan ([required link 4](#)) describes the content of the monitoring tools and their implementation arrangements.

- 3.6 The evaluation methodologies for medium-term program outcomes and impacts rely on a descriptive comparison of the situation before and after the program and on the use of administrative data regularly collected by the MSP, MINEDUC, INEVAL, and MIES, respectively. The monitoring and evaluation plan ([required link 4](#)) describes the evaluation arrangements.
- 3.7 In the event of potential long-term impacts related to equal opportunities for persons with disabilities, the evaluation methods will be determined in the context of preparation of investment loan operation EC-L1236 Support Program for the Social Inclusion of Persons with Disabilities in Ecuador, in accordance with the operational implementation of the activities to be financed (by MIES) in the social inclusion sector and (by MINEDUC) in the education sector, and the available resources. For example, with respect to the indicator “percentage of caregivers of persons with a severe disability who suffer to some extent from burnout syndrome,” the evaluation proposal being considered would use a regression discontinuity design combined with differences-in-differences, taking advantage of the fact that the MIES has prioritized a specific group of caregivers of persons with disabilities for the first implementation phase of the Model of Nearby Support Networks for the Care of Persons with Disabilities. Moreover, the indicator “percentage of persons with disabilities who have graduated from secondary school and entered a higher education institution” includes a teacher training component. Here, the proposed evaluation will use an experimental design providing for randomized treatment assignment; thus, the training will first be randomly implemented in half of the 107 special education institutions.

IV. POLICY LETTER

- 4.1 The Bank and the Government of Ecuador agreed on the policy commitments that this program will support. These commitments are reflected in the Policy Matrix, the Means of Verification Matrix, and the Results Matrix. [The policy letter](#), which the borrower will deliver to the Bank in due course, reiterates the government’s commitment to the objectives and actions envisioned for the programmatic operation as a whole (see [required link 2](#) and [required link 3](#)).

Development Effectiveness Matrix		
Summary - EC-L1238		
I. Corporate and Country Priorities		
1. IDB Development Objectives	Yes	
Development Challenges & Cross-cutting Themes	-Social Inclusion and Equality -Gender Equality and Diversity	
Country Development Results Indicators	-Students benefited by education projects (#)* -Beneficiaries receiving health services (#)* -Beneficiaries of targeted anti-poverty programs (#)* -Women beneficiaries of economic empowerment initiatives (#)*	
2. Country Development Objectives	Yes	
Country Strategy Results Matrix	GN-2924	(i) improving the management and quality of social services (ii) include a gender and diversity perspective, particularly in interventions related to the areas of deepening social advances (iii) support the legal and institutional development of the comprehensive national system to prevent and eradicate violence against women.
Country Program Results Matrix	GN-2915-2	The intervention is included in the 2018 Operational Program.
Relevance of this project to country development challenges (If not aligned to country strategy or country program)		
II. Development Outcomes - Evaluability		Evaluable
3. Evidence-based Assessment & Solution	9.4	
3.1 Program Diagnosis	2.4	
3.2 Proposed Interventions or Solutions	4.0	
3.3 Results Matrix Quality	3.0	
4. Ex ante Economic Analysis	N/A	
5. Monitoring and Evaluation	6.8	
5.1 Monitoring Mechanisms	1.1	
5.2 Evaluation Plan	5.7	
III. Risks & Mitigation Monitoring Matrix		
Overall risks rate = magnitude of risks*likelihood	Medium	
Identified risks have been rated for magnitude and likelihood	Yes	
Mitigation measures have been identified for major risks	Yes	
Mitigation measures have indicators for tracking their implementation	Yes	
Environmental & social risk classification	B.13	
IV. IDB's Role - Additionality		
The project relies on the use of country systems		
Fiduciary (VPC/FMP Criteria)	Yes	Financial Management: Budget, Treasury, Accounting and Reporting, External Control, Internal Audit. Procurement: Information System, Price Comparison, Contracting Individual Consultant, National Public Bidding.
Non-Fiduciary	Yes	Monitoring and Evaluation National System.
The IDB's involvement promotes additional improvements of the intended beneficiaries and/or public sector entity in the following dimensions:		
Additional (to project preparation) technical assistance was provided to the public sector entity prior to approval to increase the likelihood of success of the project		

Note: (*) Indicates contribution to the corresponding CRF's Country Development Results Indicator.

The objective of this program is twofold. In first place, it aims at improving inclusion of people with disabilities; in second place, it aims to improve on the physical autonomy of children, teenagers and women. To achieve this objective, the program considers two components, both of which approve, implement and update rules, protocols and management models intended to benefit the objective population. The first component develops five actions regarding health, education and social protection to strengthen inclusion for people with disabilities. The second component develops four actions in the areas of assistance, protection and prevention for children, teenagers and women. The vertical logic is consistent with the policy conditions and indicators presented in the results matrix. The results matrix includes indicators for the main outputs, outcomes and impacts. Indicators in the results matrix meet SMART criteria and include baseline values and targets, as well as the sources and means of verification that will be used to measure them. The project includes one evaluation with -causal- attribution regarding long run impacts. The proposed identification strategy consists in a combination of quasi-experimental methods (regression discontinuity and difference-in-differences) with power calculations supporting the samples to be surveyed for adequate measurement.

POLICY MATRIX

Objective: The objective of the program is to help improve the inclusion of persons with disabilities and the physical autonomy of women, children, and adolescents by strengthening the regulatory, institutional, and operational framework of education, health, and social protection services.

Policy measure – Tranche 1	Policy measure – Tranche 2
Component 1. Macroeconomic framework	
1.1 Maintain a stable macroeconomic framework conducive to achieving the program objectives and the guidelines established in the Policy Matrix (Annex II) and sector policy letter.	1.1 Maintain a stable macroeconomic framework conducive to achieving the program objectives and the guidelines established in the Policy Matrix (Annex II) and sector policy letter.
Component 2. Social inclusion of persons with disabilities	
2.1 Improve the social inclusion of persons with disabilities by preparing the 2018 Manual for Classification of Disability, containing: ¹ <ul style="list-style-type: none"> (i) A description of the limitations of the current Disability Assessment Instrument (Spanish Scale). (ii) An adaptation of the International Classification of Functioning, Disability, and Health (ICF) to the Ecuadorian context. (iii) The characteristics and actors of a single disability classification system at the national level. (iv) Guidelines for a comprehensive classification of disability. 	2.1 Improve the social inclusion of persons with disabilities by approving the 2018 Manual for Classification of Disability. ¹
2.2 Improve the social inclusion of persons with disabilities by approving the Regulations for Classification, Reclassification, and Certification of Disabilities and Disabling Impairments or Conditions, containing: ¹ <ul style="list-style-type: none"> (i) A list of the actors involved in the process. (ii) The requirements for proceeding with classification, reclassification, and certification of persons with disabilities. (iii) The stages and processes of classification, reclassification, and certification of persons with disabilities. 	2.2 Improve the social inclusion of persons with disabilities by implementing the Regulations for Classification, Reclassification, and Certification of Disabilities and Disabling Impairments or Conditions through the training and certification of health professionals in disability classification. ¹
2.3 Improve the social inclusion of persons with disabilities by regulating the care and management of special education institutions through the approval of the Management and Care Model for Students with Disability-related Special Needs at Special Education Institutions, containing: ² <ul style="list-style-type: none"> (i) A description of the organizational structure and its role at the special education institutions. (ii) A description of the responsibilities of the special education institutions. (iii) Teaching and curriculum specifications for each implementation level. 	2.3 Improve the social inclusion of persons with disabilities by implementing the Management and Care Model for Students with Disability-related Special Needs at Special Education Institutions through the training of special education institutions in the new model. ²

¹ To be carried out by MPS.

² To be carried out by MINEDUC.

Policy measure – Tranche 1	Policy measure – Tranche 2
<p>2.4 Improve the social inclusion of persons with disabilities by preparing the Assisted Assessment Protocol for the “Ser Bachiller” secondary school graduation test for special education students, containing:³</p> <ul style="list-style-type: none"> (i) Accessible test formats adapted for persons with disabilities to enable students with hearing or visual disabilities to have independent access to the test and graduate as a prerequisite for applying to higher education institutions. 	<p>2.4 Improve the social inclusion of persons with disabilities by:³</p> <ul style="list-style-type: none"> (i) Approving the Assisted Assessment Protocol for the secondary school graduation test at special education institutions. (ii) Implementing the Assisted Assessment Protocol through an adaptation of items of the “Ser Bachiller” test for persons with disabilities, in accordance with the protocol.
<p>2.5 Improve the social inclusion of caregivers of persons with disabilities by creating the Model of Nearby Support Networks for the Care of Persons with Disabilities, containing:⁴</p> <ul style="list-style-type: none"> (i) A description of the structure and actors involved in a local network of substitute caregivers for persons with disabilities. (ii) A profile of the substitute caregivers. (iii) A description of the operational processes for registering these substitutes. 	<p>2.5 Improve the social inclusion of caregivers for persons with disabilities by approving the Model of Nearby Support Networks for the Care of Persons with Disabilities.⁴</p>
Component 3. Prevention of violence against children, adolescents, and women	
<p>3.1 Improve integrated health care for child, adolescent, and women survivors of violence by preparing an update to the Technical Standards on Integrated Care for Cases of Violence.¹</p>	<p>3.1 Improve integrated health care for child, adolescent, and women survivors of violence by:¹</p> <ul style="list-style-type: none"> (i) Approving the update to the Technical Standards on Integrated Care for Cases of Violence, containing: (a) a standardization of the first assistance service for victims of violence in the emergency rooms of National Health System facilities; (b) technical guidelines for delivery of care that ensures confidentiality and non-revictimization and facilitates access to the justice system; (c) a description of the processes and flows of referral and care; and (d) specific care instructions for priority and vulnerable groups (children, adolescents, persons with disabilities, older adults, etc.). (ii) Implementing the reforms in integrated care in violence cases by training the National Health System facilities in integrated care and the reporting of alleged cases of violence.
<p>3.2 Improve the prevention of child and adolescent pregnancies by approving the Intersectoral Policy to Prevent Child and Adolescent Pregnancies in Ecuador 2018-2025, containing:^{1,2}</p> <ul style="list-style-type: none"> (i) A diagnostic assessment of child and adolescent pregnancies in Latin America and Ecuador. (ii) Strategic sector guidelines (health, education, and social inclusion). (iii) A list of lines of action and indicators in the education, health, and social inclusion sectors. 	<p>3.2 Improve the prevention of child and adolescent pregnancies by implementing the Intersectoral Policy to Prevent Child and Adolescent Pregnancies in Ecuador 2018-2025 through:^{1,2}</p> <ul style="list-style-type: none"> (i) Rating of public health facilities as adolescent-friendly by the Ministry of Public Health (MSP). (ii) Training of zone- and district-level Student Advisory Departments in the implementation of the policy.

³ To be carried out by INEVAL in coordination with MINEDUC.

⁴ To be carried out by MIES.

Policy measure – Tranche 1	Policy measure – Tranche 2
<p>3.3 Improve the care of child and adolescent survivors of violence in schools by updating the Protocols for action in situations of violence identified or perpetrated in the national education system, providing specific changes in guidelines to allow reports of violence to be channeled directly to the relevant authorities without having to go through the school authorities.¹</p>	<p>3.3 Improve the care of child and adolescent survivors of violence in schools by implementing the Protocols for action in situations of violence identified or perpetrated in the national education system, through training of zone- and district-level Student Advisory Departments.¹</p>
<p>3.4 Improve the protection of child and adolescent victims of violence by approving the National Plan for the Prevention of Violence against Children and Adolescents and Promotion of Positive Parenting, containing prevention, care, and rights restitution components in the presence of risk factors and vulnerability with a view to creating safe environments for children and adolescents.⁴</p>	<p>3.4 Improve the protection of child and adolescent victims of violence by implementing the National Plan for the Prevention of Violence against Children and Adolescents and Promotion of Positive Parenting through strengthening of the decentralized national system for the protection of children and adolescents.⁴</p>

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/18

Ecuador. Loan ____/OC-EC to the Republic of Ecuador
Social Services Reforms to Promote Gender
and Disability Equality in Ecuador

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such contract or contracts as may be necessary with the Republic of Ecuador, as borrower, for the purpose of granting it a financing to cooperate in the execution of a program for social services reforms to promote gender and disability equality in Ecuador. Such financing will be for the amount of up to US\$100,000,000 from the resources of the Bank's Ordinary Capital, and will be subject to the Financial Terms and Conditions and the Special Contractual Conditions of the Project Summary of the Loan Proposal.

(Adopted on ____ 2018)