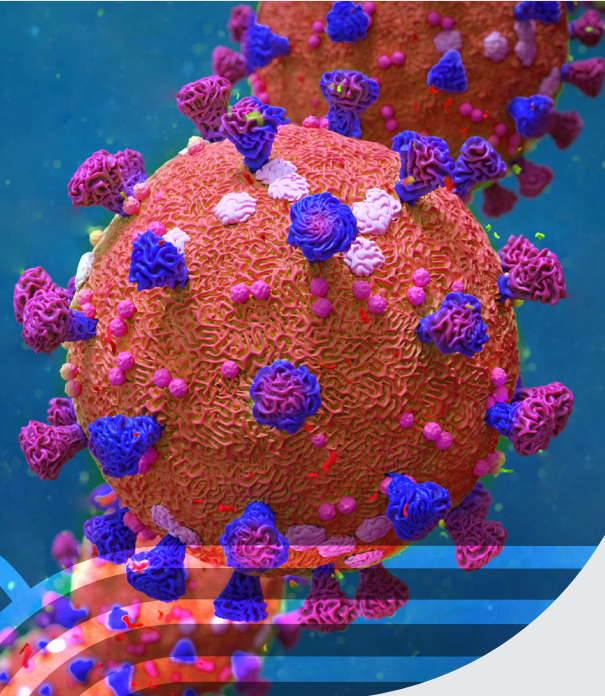# IDB | Invest

Guidance for Infrastructure Projects on COVID-19:
A Rapid Risk Profile and Decision Framework

COVID-19 Pandemic and Implications for the Infrastructure Industry

The Coronavirus (COVID-19), a new infectious disease, has caused a global public health pandemic. COVID-19 is affecting all regions of the world, including Latin America and the Caribbean, prompting both public health and economic crises. Organizations across sectors, including governments, the private sector and citizens are responding to this unprecedented scenario by taking measures to prevent the spread of COVID-19 while maintaining vital sectors of the economy active. Infrastructure projects, including energy, transport, and social infrastructure (e.g., health care, waste management, water treatment) represent key sectors of the economy essential for the wellbeing and functioning of societies and countries. Under the COVID-19 pandemic, these projects will be arguably even more vital to the future economic recovery of the populations they serve.

Infrastructure Projects: A Call for Action

Under the current scenario, company and project leadership – boards and senior managers - are encouraged to take urgent action to address the risk of COVID-19 transmission. IDB Invest seeks to assist its clients by providing a framework for rapid risk identification and decision-making. This framework is intended to offer indicative guidance to clients in the context of their unique circumstances to consider their own health and safety risks in light of the COVID-19 pandemic, and the necessary governance and management measures, to operate their projects in a way that is protective of worker and community health.

Large infrastructure projects, whether private, public-private partnerships (PPP) or public in ownership, often require large and highly mobile workforces from multiple regions, especially during construction. A project's human resource requirements and its management practices can influence the health and safety of workers, and the communities that reside outside the project fence-line, where workers live and/or integrate. As a result, the actions taken by infrastructure projects play an important role in reducing the spread of COVID-19 among their workforce, which in turn can help to prevent the spread of disease in the communities where projects exist.

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How to use this Guidance

Along with a call for action, this guidance presents a *Rapid Risk Profile and Decision Framework* that aligns with international best practice and information available to date. It seeks to help clients identify their projects' performance and capacity gaps, along with context and project-related risks, that could contribute to COVID-19 transmission. The overarching aim of this guidance is to provide indicative support to IDB Invest infrastructure clients to assess their health and safety risk linked to the COVID-19 pandemic and serve as input to their own decision-making process regarding the operation of their projects. For projects in construction phase, this framework applies to clients (project sponsor/owner) and their contractors and subcontractors. For projects in operations, the framework applies to clients (project sponsor/owner) and the operator.

Acknowledgement

This "Guidance for Infrastructure Projects on Covid-19" was jointly prepared by the Environmental, Social and Governance (SEG) Division of IDB Invest and The Terron Group. It was led by Romina Aramburu Munoz-Najar, IDB Invest Lead Environmental and Social Officer and Tania Barron, The Terron Group Managing Partner and Social/Health Lead, with contributions from Dr. Janis Shandro, The Terron Group Senior Health and Safety Specialist, Marta Viegas, IDB Invest Lead Corporate Governance Officer, and input from the SEG Team, under the guidance of Luiz Gabriel Todt de Azevedo, IDB Invest Environmental, Social and Governance Division Chief.

Important Considerations

- This document is intended to reflect non-binding, indicative guidance and recommendations. Each recipient should develop its response to the impact of COVID-19 on its business or project considering the particular circumstances of such business or project, and all applicable laws and regulations, using its own independent judgment. IDB Invest makes this Guidance available to each recipient on a non-reliance basis and shall not be responsible in any manner for any use made of this Guidance by any person.

- This guidance is not a replacement for following national, regional or local mandates on COVID-19 (e.g., stay at home orders). All projects must keep abreast of, and follow any national, regional and local mandates on COVID-19 in the jurisdiction where they operate.

- This guidance aligns with IDB Invest Environmental and Social Sustainability Policy, which includes the IFC Performance Standards (PS) on Environmental and Social Sustainability of the International Finance Corporation (IFC) and the World Bank/IFC Environmental Health and Safety (EHS) Guidelines.

- The dynamic nature of the current COVID-19 pandemic requires that projects stay abreast of, and incorporate, new guidance on COVID-19 as it becomes available.

- In addition to worker and community health and safety considerations, Projects may need to consider additional legal and contractual factors in making operational decisions.

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Steps for Rapid Risk Profile and Decision Framework

The framework consists of three steps to assist clients in developing a unique risk profile for their projects. This information is subsequently used to identify and implement systems and processes to safeguard worker and community health and reduce COVID-19 transmission risk to the greatest extent possible, within a project's control. The client's decision-making process should take into account applicable laws, regulations and contractual obligations.

STEP 1
Assess Project's **Management Capacity** for COVID-19 Response

STEP 2
Assess **Context Risk** and **Project Risk**

STEP 3
Determine **Project's Risk Profile** & Follow Recommendations.

STEP 1

- The framework starts by profiling a project's current management capacity and performance related to communicable diseases with a focus on COVID-19. This is done using Table 1.

- If **Partially** or **No** responses are obtained for Table 1, this reflects that minimum measures to manage COVID-19 are not in place and the project should develop or improve measures to close the gaps, following a continuous improvement process.

- A project can proceed to Step 2 when the minimum risk management measures in light of the COVID-19 pandemic are in place - this means obtaining a **Yes** response on all minimum measures (*numbers 1-7 of Table 1*).

STEP 2

- The project will proceed to identify additional context and project-related risks that pertain to the location it operates in, and the nature of the infrastructure project and its workforce. This is accomplished using Table 2 (*numbers 8-19*).

- Completing this step will give the Project the relevant information required to determine its unique project health and safety risk profile.
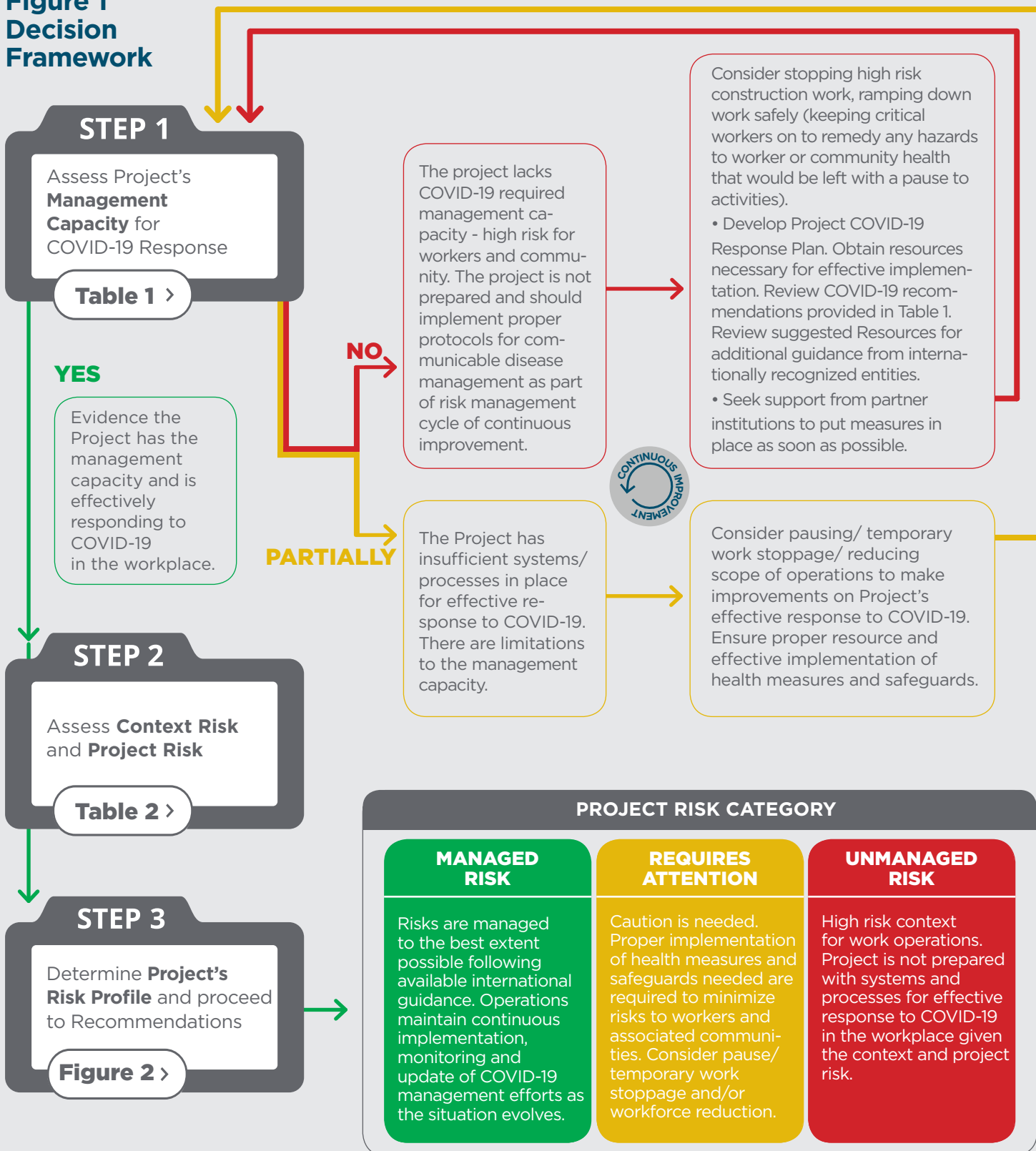
STEP 3

- A Project's unique risk profile is determined by the rating on Table 2. That is, if a project has any statements marked **No**, it can proceed to the **UNMANAGED RISK** category and follow the recommended next steps, in Figure 2. Similarly, if a project has any statements marked as **Partially**, it can proceed to the **REQUIRES ATTENTION** category to determine next steps. Only if all statements are marked **Yes**, can the project proceed to the **MANAGED RISK** category box.

- If there are any criteria in the Context or Project Risks sections of Table 2 marked **Partially** or **No**, this should prompt Management to analyze these risks specifically, and to determine if/how they can be managed to the extent feasible (*refer to recommendations in Figure 2*).

- The project risk profile can change rapidly, and thus continuous assessment is required to adapt measures to the changing COVID-19 pandemic situation.

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Figure 1 Decision Framework

STEP 1

Assess Project's **Management Capacity** for COVID-19 Response

Table 1 ›

YES

Evidence the Project has the management capacity and is effectively responding to COVID-19 in the workplace.

NO

The project lacks COVID-19 required management capacity - high risk for workers and community. The project is not prepared and should implement proper protocols for communicable disease management as part of risk management cycle of continuous improvement.

Consider stopping high risk construction work, ramping down work safely (keeping critical workers on to remedy any hazards to worker or community health that would be left with a pause to activities).
• Develop Project COVID-19 Response Plan. Obtain resources necessary for effective implementation. Review COVID-19 recommendations provided in Table 1. Review suggested Resources for additional guidance from internationally recognized entities.
• Seek support from partner institutions to put measures in place as soon as possible.

CONTINUOUS IMPROVEMENT

PARTIALLY

The Project has insufficient systems/ processes in place for effective response to COVID-19. There are limitations to the management capacity.

Consider pausing/ temporary work stoppage/ reducing scope of operations to make improvements on Project's effective response to COVID-19. Ensure proper resource and effective implementation of health measures and safeguards.

STEP 2

Assess **Context Risk** and **Project Risk**

Table 2 ›

STEP 3

Determine **Project's Risk Profile** and proceed to Recommendations

Figure 2 ›

PROJECT RISK CATEGORY

MANAGED RISK	REQUIRES ATTENTION	UNMANAGED RISK
Risks are managed to the best extent possible following available international guidance. Operations maintain continuous implementation, monitoring and update of COVID-19 management efforts as the situation evolves.	Caution is needed. Proper implementation of health measures and safeguards needed are required to minimize risks to workers and associated communities. Consider pause/ temporary work stoppage and/or workforce reduction.	High risk context for work operations. Project is not prepared with systems and processes for effective response to COVID-19 in the workplace given the context and project risk.

Figure 2
Project Risk Categories and Recommendations

MANAGED RISK	REQUIRES ATTENTION	UNMANAGED RISK
Risks are managed to the best extent possible following available international guidance. Operations maintain continuous implementation, monitoring and update of COVID-19 management efforts as the situation evolves.	Caution is needed. Proper implementation of health measures and safeguards needed are required to minimize risks to workers and associated communities. Consider pause/ temporary work stoppage and/or workforce reduction.	High risk context for work operations. Project is not prepared with systems and processes for effective response to COVID-19 in the workplace given the context and project risk.
Risk Profile **Context Risk:** Risk is as low as possible given the current context. Project is abreast of COVID-19 evolution in the jurisdiction and it is possible to comply with COVID-19 mandates. **Project Risk:** Project has demonstrated a high level of control of the workforce based on nature of workforce, location, mobility, accommodation, health services and contractor/ subcontractor management. **Management Capacity:** Evidence the Project has the management capacity and is effectively responding to COVID-19 in the workplace. Planning, implementation, monitoring, reporting, training and outreach is occurring and being updated. The response is resourced appropriately.	**Risk Profile** **Context Risk:** Limitations identified in terms of prevention, testing, resilience of the health sector and the overall health and well-being of the local population. **Project Risk:** Project has demonstrated limitations in their control over workforce. Workforce may be primarily localized but may also involve subcontractors or temporary workers that are highly mobile or residing in communities that have presented increasing COVID-19 cases and are not covered under project health services. **Management Capacity:** Evidence that the project has the management capacity to respond to COVID-19, but the context (state of pandemic and existing conditions) and the nature of the project limit the effectiveness of the response.	**Risk Profile** **Context Risk:** prevention, testing, local resiliency, and health and well-being indicators are poor. The potential for conflict is already contextually high. Pandemic timeline is in upward trend. **Project Risk:** The nature of the project is complex, with a large, mobile workforce using multiple forms of accommodation and varying degrees of access to health services, including for multiple contractors/ subcontractors. **Management Capacity:** Evidence that the Project has the management capacity to respond to COVID-19, but the context (state of pandemic and existing conditions) and the nature of the project do not allow for an effective response.
Recommendations • If operations continue, the Project should follow all local, regional, national COVID-19 mandates. • Continue to work on COVID-19 prevention and management measures, making sure required protocols for communicable disease management are implemented and updated as required and are part of a risk management cycle of continuous improvement. • Reevaluate context risk frequently as pandemic risk is changing rapidly.	**Recommendations** • If construction/ operations continue, Project should improve risk factors within the Project's control. A pause to operations is recommended depending on the nature of the risk factor to be improved. • Project risk – consider reducing the scale of operations, the size of workforce and/or isolate workers who have traveled to address the influence of project risks. • Potential opportunity for project to provide support to health institutions / regional public health campaign efforts to reduce context risk factors where appropriate, possible and relevant. • Reevaluate context risk frequently as pandemic risk is changing rapidly.	**Recommendations** • Consider stopping work and ramping down work safely-only keep critical workers on to remedy any hazards to worker / community health that would be left with a pause to activities. • Measures to improve project's ability to reduce risk: - Work to mitigate project risk to as low as possible - may need to reduce the scale of operations, the size of workforce and/or isolate workers who have traveled. - Improve management capacity as required. Work with project partners to develop an action plan. - Potential opportunity for project to provide support to health institutions / regional public health campaign efforts to reduce context risk factors where appropriate, possible and relevant. • Reevaluate context risk frequently as pandemic risk is changing rapidly.

These recommendations reflect non-binding indicative guidance. Each recipient should develop its response to COVID-19 on its business or project considering the particular circumstances of such business or project and all applicable laws, regulations and contractual obligations using its own independent judgement.

Professional judgement is necessary when filling out Tables 1 and 2. When in doubt on the scoring, use a conservative approach. That is, if you are not certain if your project meets all the criteria under each number choose **Partially** or **No** response. This will prompt project management to review and ensure adequate measures are in place to address risks to the extent possible. Only if you are certain that the project meets the criteria, choose **Yes**.

TABLE 1 - MANAGEMENT CAPACITY	Yes	Partially	No
Minimum Measures for COVID-19 Response			
1. Infectious Disease Preparedness and Response Plan (COVID-19 Response Plan) - There is an infectious disease preparedness and response plan that provides specific actions on COVID-19 based on the unique risks faced by the project and its workforce. Plan may be stand-alone or integrated as part of another plan. • The Plan has been discussed and approved by the board or senior management • The Plan is aligned with international guidance (IFC PS 1,2,4, OSHA 3990, WHO)			
2. Resources - COVID-19 Response Plan is activated, with responsible person assigned for plan execution and budgets allocated. • Allocated resources are commensurate with the size of the workforce, and appropriate to address project and contextual risks. • Person responsible has appropriate training in communicable diseases and necessary human resource capacity. • The project has a dedicated point person for emergency preparedness and response (EPR) that has relevant training and that is coordinating with the responsible person for the COVID-19 Response Plan Note: The lead for the COVID-19 Response Plan may be a communicable disease specialist, such as a project or contracted doctor onsite or dedicated Health and Safety department team member; while emergency planning and response (EPR) may be led by the site project manager or director of the H&S department			
3. Plan Implementation - Project's COVID-19 Response Plan is actively implemented, monitored, and improved on an ongoing basis. • There is evidence that the project is implementing basic infection prevention measures; flexible work policies and procedures; workplace controls and other measures as recommended in *OSHA 3990-03 2020 Guidance on Preparing Workplaces for COVID-19*. The implementation of the COVID-19 Response Plan is monitored and progress is reported regularly to Senior Management (and the Board) for review and improvement.			
4. Communication and Training on COVID-19 for Workers - The project is implementing communication and appropriate training on COVID-19 for its workforce (including contractors and subcontractors), based on the unique risks of different work functions. • Relevant information is provided in a systematic, timely, culturally appropriate manner on an on-going basis.			
5. Community Relations - The project has dedicated community outreach / community relations staff that have established channels of communication with local communities. These channels are used to communicate the Project's response to COVID-19, and to provide COVID-19 prevention information to communities in a culturally appropriate way.			
6. Collaboration with Local/Regional Health Institutions - The project has established channels of communication and collaboration with local/regional health institutions in their jurisdiction. • These channels are used to communicate and coordinate on the COVID-19 response, for reporting cases and contact tracing. • The project is following health protocols from local health authorities regarding the management of cases and fatalities.			
7. Grievance Process for COVID-19 – The project has a grievance procedure in place that has been adapted for COVID-19 grievances. • Both workers and community members have an immediate way to contact the Project (e.g., by phone) regarding any potential grievance linked to COVID-19. • There is evidence that grievances received linked to COVID-19 are being prioritized and resolved promptly.			

TABLE 2 – CONTEXT AND PROJECT RISK	Yes	Partially	No
Context Risk			
8. Pandemic timeline in local jurisdiction. Data trends demonstrate a decrease in incidence and mortality rate of COVID-19. Because the COVID-19 may come in waves this will need to be reassessed frequently to reflect any resurgence.			
9. Public Prevention Campaign - Project operates in a jurisdiction where COVID-19 transmission risks, recommended preventative actions and communication are being successfully implemented and updated regularly • For example, local authorities are providing regular updates; ensuring information on symptoms and prevention are distributed widely; implementing relevant safety protocols and providing accessible testing and treatment.			
10. Testing - COVID-19 testing is available and contact tracing is occurring in the project's jurisdiction.			
11. Resilience of Health Care System – Local/regional health care system is obtaining additional resources to improve its overall capacity to respond to local/regional impacts of the COVID-19 pandemic.			
12. Resilience of Local/Regional Population - There are strong health and well-being indicators among the general population in the project area, including low poverty rates, good access to basic services (water, sanitation, electricity) and infrastructure, including access to health services. • If the local population is remote in location and/or comprised of vulnerable or Indigenous groups mark "No".			
Project Risk			
13. Nature of the Workforce – Complexity of managing the workforce: • Workforce is simple to manage (50 or less workers) and localized - choose "Yes". • Workforce is moderately challenging to manage (50 -100 workers) and localized, with few subcontractors –choose "Partially" • Workforce is complex to manage (100+), located across a geographical area requiring a diverse strategy to manage, house and provide health services to; and involves multiple contractors and subcontractors - choose "No"			
14. Working Practices – Recommended and required physical distancing is possible. Where not feasible, workers are restricted in terms of their movements and potential exposure pathways. • Work shifts have been modified as necessary to meet the most up-to-date recommendations on social distancing to reduce disease transmission • Workers on same shifts can remain together to reduce potential for transmission across workers from different shifts.			
15. Worker Mobility – Workers are localized and stationary. • The workforce is not a fly–in / fly–out operation nor requires shift rotations (e.g. 2 weeks on, 1 week off) that brings people in from diverse geographic locations regionally, nationally and/or globally. • The nature of the project location and the workforce allow for minimum interaction between workers on-site and the general population (e.g., workers tend to not be from the local community; tend to be housed on-site and there is no easy access outside of the project-fence line).			
16. Worker Housing – The majority of workers are housed in a closed or controllable, localized manner. • Single housing arrangements (e.g., closed worker camps) are utilized (that is, multiple accommodations types such as private houses, hotels etc. are not used). • The project has control over where and how workers spend their leisure time outside of work hours and can feasibly implement control measures to promote social distancing during worker's leisure time.			

TABLE 2 – CONTEXT AND PROJECT RISK	Yes	Partially	No
Project Risk			
17. Health Care for Workers - Project provides in-house health services appropriate for the size of the workforce, geographic location, and current health risks with a trusted medical service provider (e.g., ISOS) that is available to the entire workforce (contractors and subcontractors). • The project has sufficient infrastructure, equipment and resources (e.g., their own ambulances, doctors, PPE, ventilators) at project site to assist their workforce and not to overwhelm the local system. • Project has planned for potential cases in the workforce which include protocols for isolation/ evacuation under guidance of appropriate health authorities/service providers (e.g., ISOS)			
18. Code of Conduct and Communications – The project has measures to effectively manage contractor and subcontractors, and temporary workers. • Codes of conduct are in place for workers (including contractors and sub-contractors) on and off the job, including expectations for conduct and interaction with the local community. • There is a communication pathway established between the project and contractors/ subcontractors, such that changes in working plans can be easily communicated and implemented.			
19. Security risk – Security risk in the project area is considered to be negligible or low • Projects located in a country identified as warning or alert levels based on the Fragile States Index could be considered as higher risk security areas, mark "No" • A high-risk security context would include regions that experience or have experienced armed conflict, have demonstrated cases of human rights violations, and/or are unable to provide basic needs to population. • A conflict risk assessment or conflict scenario planning associated with COVID-19 has been undertaken (e.g. project has evaluated their potential role in triggering a conflict scenario or their potential impact if conflict were to emerge).			

References

Latest information from WHO on where COVID-19 is spreading
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

IFC Performance Standards on Assessment and Management of Environmental and Social Risks and Impacts – PS1, PS2, PS4
http://www.ifc.org/performancestandards

Occupational Safety and Health Administration (OSHA 3990-03-2020) Guidance on Preparing Workplaces for COVID-19
https://www.osha.gov/Publications/OSHA3990.pdf

Fragile States Index from Fund for Peace
https://fragilestatesindex.org/analytics/fsi-heat-map/

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