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UNICEF Ecuador

SITUATION REPORT 1 & RESPONSE PLAN

Oil spill in Esmeraldas



Highlights

- On **13th March 2025**, a **major oil spill** occurred in **Esmeraldas province** due to a rupture in a crude oil pipeline, affecting over 15 parishes.
- The oil spill outpoured into several rivers, eventually flowing into the ocean, **contaminating water sources and severely impacting the environment**.
- It is estimated that over **113,000 people (57,000 women, and 44,000 children and adolescents)** are affected by the loss of livelihoods and income, as well as the limited access to potable water.
- Children and pregnant women at higher risk of gastrointestinal diseases.
- The Government is managing the response at all levels, and has implemented rapid response measures, providing affected families with cash vouchers.
- Following official request by the Government, on March 25th, a mission led by Joint Environment Unit (JEU), including UNICEF, conducted a Rapid Needs Assessment, reaching 17 parishes.
- Critical needs identified are water, sanitation and hygiene (WASH), food security, health, child protection and livelihoods.





Situation overview and humanitarian needs

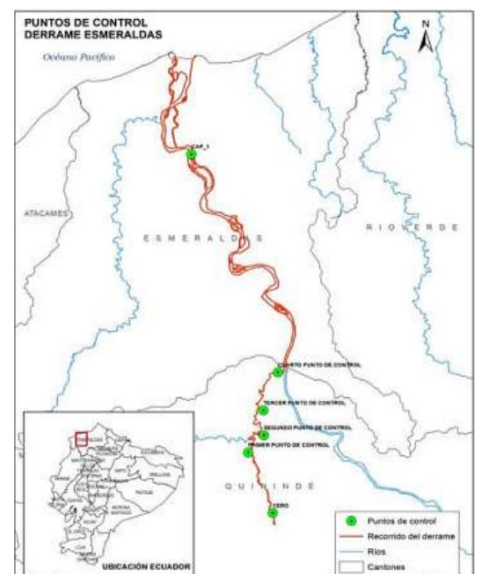
On Thursday **13th March**, a **major oil spill** (25,116 barrels of oil) occurred in Esmeraldas province due to a rupture in a pipeline of the Trans-Ecuadorian Oil Pipeline System (SOTE). The oil spill initiated approximately 86 Km inland, **contaminating several rivers and water sources, eventually outpouring into the ocean**. The impacts to the environment and natural reserves are vast and over 15 parishes are directly affected.

Petroecuador Public Enterprise, in charge of SOTE management and operations, activated a Contingency Plan, installing retaining walls and barriers to content the oil spill, however, it outpoured into the Esmeraldas River and eventually into the Pacific Ocean. Currently, there are specialised teams deployed in the affected areas to remove the crude oil spilled into the water and land. On 26th March, a retaining wall collapsed triggering state of disaster declaration at provincial level, due to environmental contamination.

Following this scenario, the Government officially requested the UN Resident Coordinator the **activation of the Humanitarian Country Team (HCT)** to support the response efforts and provide immediate assistance.

Situation in numbers:

-  **113,000 people in need**
- 57,000 women**
- 44,000 children and adolescents**
-  **3 potable water systems partially restored**
- 1 potable water system suspended**
-  **1 school adapted as temporary shelter**
- 23 families in need of shelter**
-  **3,471 people received medical attention**



Source: SNGR, SitRep N° 9, 24/03/2025

Upon the activation of the HCT, on 29th March, a mission led by JEU and UN Disaster Assessment and Coordination (UNDAC) and in coordination with UN Agencies, and other international and local organisations, such as UNICEF, Cáritas, World Vision, GIZ, UNHCR, Fondo Ecuatoriano Populorum Progressio (FEPP), HIAS, RET, ADRA, UNPD, and OCHA, conducted a **Rapid Needs Assessment (RNA)** in 17 affected parishes, reaching 28 rural communities and 9 urban communities. **Critical humanitarian needs identified and most affecting the population are WASH, food security (access and availability), health (including mental health) Child protection, and livelihoods.** Official results from the surveys conducted are being consolidated.

The Humanitarian Community estimates that over **113,000 people are directly affected**, out of them approximately **57,000 are women, and 44,000 children and adolescents**, by the loss of livelihoods and income, and the limited access to or lack of safe drinking water, with critical consequences on public health. **23 families** – 48 persons in total – need **shelter**, and **1 school has been adopted as temporary shelter**. The Government has already provided 2,400 cash vouchers to the most affected families.

Internal displacement within the province has been identified due to the oil spill, 31% of participants in the surveys reported that they had to flee their homes, mainly in Rioverde canton, and look for refugee with close family and acquaintances. In Esmeraldas province, poverty rates are high accounting for 56% of total population, while in Rioverde is particularly aggravated with 91% of people live in poverty conditions.

Safe drinking water continues to be distributed by tanker trucks to the affected communities. 4 cantons remain in state of emergency with **provincial and local Emergency Operations Committees (COE)** activated to aid with the implementation of water distribution plan with the support of the Ecuadorian Red Cross, while the Empresa Pública de Agua y Saneamiento Ambiental (EPMAPSE) continues restoring the potable water system in affected areas. Currently, **3 cantons** (Esmeraldas, Rioverde, and Atacames) remain with the **potable water system partially restored**, whereas **Cube parish**, in Quinindé canton, **has no access to potable water since the system remain suspended**. Despite these efforts, major gaps remain in water quality and service coverage, particularly in remote or peri-urban communities, and there are growing concerns about water safety.

Over **3,500 people already need medical attention** related to the oil spill, with figures rising. Reported symptoms linked to exposure to crude oil and hydrocarbons include dermatitis, dyspepsia, headaches, pharyngitis, conjunctivitis, and psychological distress. There is also a reported increase in respiratory and gastrointestinal infections, particularly among children, pregnant women, and elderly people. Given the ongoing contamination of rivers and water supply systems, the **risk of outbreaks of waterborne and vector-borne diseases**, such as dengue, is considered very high. As of mid-March, the Ministry of Health confirmed over 9,566 cases of dengue across the country, and 530 in Esmeraldas. Furthermore, Mental Health and Psychosocial Support (MHPSS) is also critical to the most affected populations, including children and adolescents.

It is important to note that most affected communities are located along the coast or riverbanks, where their traditional diet and daily protein intake primarily consist of fish and seafood. However, due to oil spills contaminating rivers and oceans, these sources of protein have become unsafe for consumption. Consequently, a decrease in protein intake is likely, leading to public health concerns and nutritional impacts, particularly affecting children under five, pregnant women, and the elderly.

There is over **312 Ha of agricultural land affected**, including 61 Ha completely lost; 9 beaches are contaminated, 3 of them remain closed due to heavy crude oil contamination. Over **4,500 people dedicated to fishing**, both in rivers and ocean, are directly affected by the loss of income and livelihood. The lost and disruption of livelihoods, especially in fishing and agriculture sectors, jeopardise social and economic stability.

The oil spill **exacerbates an ongoing emergency caused by an intense and prolonged rainy season with severe flooding** and landslides in Esmeraldas and other provinces of the coast, reaching over 125,000 people in need since January. This current situation is further aggravated by the security challenges in the province since it is one of the most affected by the ongoing armed violence crisis in the country.

Humanitarian Leadership, Coordination and Strategy

On March 20th, the Government of Ecuador officially requested UN assistance, including a Joint Environment Unit (JEU) mission with support from UN Disaster Assessment and Coordination (UNDAC) to conduct a Multi-Sectoral Emergency Assessment. On March 25th, a UNDAC mission was deployed to the affected areas of Esmeraldas, jointly with international and national humanitarian organisations with field presence, including UNICEF. Cáritas Ecuador and the Ecuadorian Red Cross. Organisations with local field presence carried out coordinated actions in information management, WASH, health, food security, and livelihoods.

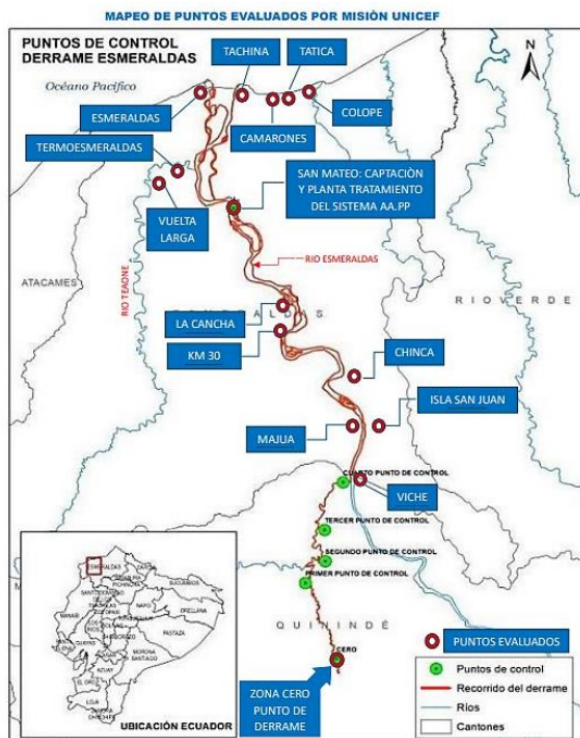
On 29th March, the mission conducted a Rapid Needs Assessment using KOBO tools, complemented by focus group discussions and key informant interviews with community leaders. Official results were analysed and consolidated and preliminary estimations presented on the above section of this Situation Report.

UNICEF Response

UNICEF CO, along with other humanitarian partners, is supporting the mission, led by the JEU and UNDAC team. Moreover, UNICEF also continues to lead sectoral working groups including WASH, education and Child Protection Area of Responsibility. Regarding WASH, UNICEF conducted a water quality assessment in different key points along the affected communities.

Through established Humanitarian Country Team (HCT) sectors, UNICEF conducted capacity mapping exercises to identify partners' installed capacities to respond to flooding, and now the oil spill in Esmeraldas. UNICEF Field Office in Esmeraldas continues to monitor the situation and support teams in the field while drafting scenarios for a potential response.

UNICEF team is also in constant contact with local and national government counterparts (Ministry of Education (MoE), Ministry of External Affairs (MoFa), and local governments to gather information and ensure a coordinated response. At local level through Esmeraldas Field Office, UNICEF is working closely with active implementing partners supporting the assessment and coordination.



Map 1: UNICEF water quality assessment in Esmeraldas

UNICEF HUMANITARIAN RESPONSE PLAN

People in Need: 113,000

Children in Need: 44,000

Children targeted: 36,000

Requirement: 1,200,000 USD

Priorities based on needs identified:

- Restore access to safe drinking water in the 4 affected Esmeraldas, Atacames, Rioverde, and Quinindé, with priority given to rural communities severely affected by river contamination and suspension of potable water supply system.
- Primary healthcare provision to affected people by contaminated water, toxic gases and hydrocarbons exposure; distribution of face masks.
- Mental Health and Psychosocial Support (MHPSS) to affected children, adolescents and their caregivers.
- Social and Behaviour Change (SBC) communication strategy to disseminate appropriate health and hygiene measures.
- Guarantee education continuity for children and adolescents affected (school year in Esmeraldas initiates in May).
- Promotion of protection services that include contacts, protocols, and mechanisms, especially for children and adolescents, and their families.



Water, Sanitation and Hygiene (WASH)

People targeted: 28,000 (20,000 children and adolescents)

Financial requirements: \$600,000.00

Priority Response Activities

COORDINATION

Cluster/sector coordination with national authorities, non-governmental organizations, UN agencies, and other humanitarian actors to provide an integrated and efficient response.

WATER & HYGIENE PROMOTION

Provision of temporary water services through of water filters, water purification tabs, etc., tanks, drinking water points and other materials for communities

Delivery of age-appropriate, play-based learning sessions with visual materials and key messages on the importance of handwashing and safe water consumption.

Priority Recovery Activities

Financial requirements: \$300,000

WASH

Design and installation of automated deep wells (within the San Mateo Water plant), as an alternative, long term water source for communities.

Strengthening of water boards and municipalities in technical management, monitoring, and sanitation.

Independent monitoring of water quality, prioritizing areas with high malnutrition.

Implementation of "Climate Smart Schools" standards for educational infrastructure (4)



Health and Nutrition

People targeted: 11,300 (4,400 children and adolescents)

Financial requirements: 200,000

Priority Response Activities:

COORDINATION

Participate in sectoral health coordination and advocate for nutrition monitoring with partners. (Nutrition is included in health cluster)

Strengthen coordination with MSP and humanitarian partners to integrate nutrition into the health response.

HEALTH:

Support the Ministry of Public Health (MSP) in deploying regular medical brigades with essential medicines to address respiratory, gastrointestinal, and dermatological illnesses.

Maternal and Newborn Health: Ensure continuity of maternal and neonatal healthcare through strengthened referral systems and provision of baby care kits (mosquito nets, repellents, hygiene supplies).

Disease Prevention & Surveillance: Strengthen community-based surveillance for respiratory infections (IRAS), diarrheal diseases (EDAS), dermatological conditions, and vector-borne diseases (dengue, malaria).

Risk Communication & Health Education: Develop and distribute health education materials on water safety, hygiene, and disease prevention.

NUTRITION:

Rapid Nutritional Screening: Support MoH in conducting rapid-nutrition assessments for children under five and pregnant women using MUAC tapes and other tools to detect acute malnutrition.

Emergency Nutrition Supplies: Provide therapeutic food (Plumpy'Nut, Plumpy'Doz) and micronutrient supplementation (iron, zinc, ORS) for malnourished children and at-risk groups.

Breastfeeding Protection & Support: Advocate against the donation of breastmilk substitutes, monitor compliance with the International Code on Breastmilk Substitutes, and provide guidance to families on infant feeding.



Child Protection

People targeted: 11,300 (5,000 children and adolescents)

Financial requirements: \$300,000

Priority Response Activities:

COORDINATION

Coordination of the Child Protection Area of Responsibility to help ensure a comprehensive and effective response for child protection.

Child Protection Systems: to prevent violence, exploitation, abuse, and GBV

Protection risk analysis for children in shelters and communities, in coordination with EHP in affected areas.

Case management, including defining care and referral pathways and managing case information in the most affected locations, in agreement with state institutions.

Assisting and preventing violence and abuse within families and communities.

COMMUNITY MHPSS

Implementation of safe spaces, child-friendly spaces, and integration of psychosocial support for affected populations.

Case management and care for children and adolescents with psychosocial support needs, following pre-established referral pathways with local and national actors.

ARMED VIOLENCE

Strengthening the capacities of social workers to prevent recruitment risks and manage cases.

COMMUNITY ENGAGEMENT

Adapting protection messages and messages on the prevention of human rights violations (life-saving messages). Promotion of protection services, including contact information and activation mechanisms.



Education in Emergencies (EiE)

People targeted: 1000 children and adolescents

Financial requirements: \$ 100,000

Priority Response Activities:

COORDINATION

Coordination of the Education in Emergencies sector to help ensure a comprehensive and effective response for education in affected areas.

Monitoring the impact of the oil spill on schools, coordination, advocacy with the Ministry of Education to ensure continuity of learning for all children, with a specific attention to girls, children with disabilities, refugees, displaced children and other or vulnerable children.

Two school tents for temporary education continuity in the most affected schools: **Bellavista (Majua)** and **Hualberto Alcivar (Carlos Concha)**. Deployment will be **coordinated with the Ministry of Education and local authorities**, ensuring the tents are installed in safe and accessible locations to guarantee uninterrupted learning for children during the recovery phase. School in a box (two schools) - available in Quito's warehouse.

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