

INTERIM REPORT

# Amazon Indigenous Health Route

Hivos  
people unlimited

AMAZON INDIGENOUS  
HEALTH ROUTE



Amazon Frontlines

In collaboration with:



**FENAMAD**  
Federación Nativa del Río  
Madre de Dios y Afluentes  
Por la unidad, y defensa de los bosques y respeto a los pueblos indígenas



## **Amazon Indigenous Health Route**

First Narrative Report

December 2020 - June 2021

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<https://latin-america.hivos.org/program/amazon-indigenous-health-route/>

# 1. Executive Summary

**During the December 2020 – June 2021 period,** Hivos and its local and Indigenous partner organizations made great progress in implementing the Amazon Indigenous Health Route (AIR). With the consolidation of the workforce and external implementation network, the importance of the project has been brought to the fore in discussions with public health authorities in Brazil, Ecuador, and Peru, as well with the key Indigenous organizations and communities that are strategic to implementing the planned actions.

This convergence of stakeholders has enabled building and agreeing on the core structure of the Community Health Promoters Program (CHPP); gathering, systematizing, and analyzing the existing protocols to be adapted; and identifying the health networks active in each of the territories. So far, 15 intercultural sets of prevention and information materials developed in coordination with Indigenous organizations have been published; the Community Health Promoters Program (CHP) has started up in Brazil and Ecuador; the digital application for community tracing and health surveillance is fully developed and deployment planning is under way; and advocacy actions aimed at furthering integrated health strategies and universal vaccination for the Amazon population have been launched, positioning the project and the needs of Indigenous organizations as part of local health agendas.



## 2. Deliverables Planned for the Current Reporting Period

\*The complete table, including supporting materials and description, is attached to this report

Results for the Current Period	Progress
Three specific health models, one for each of the targeted territories	65% 
A document analyzing the essential medical supply needs in each of the targeted territories	80% 
# of prevention materials culturally adapted to each of the targeted communities, developed in coordination with health authorities and Indigenous organizations	15 
KAP survey deployment and analysis	50% 
Community Health Promoters Program start-up	67% 
Development/adaptation of a digital application culturally relevant to the IPs	80% 



# 3. Narrative report



## Strategic Line 1: Placing the needs and rights of Indigenous peoples at the center of the diagnostic and primary healthcare and telehealth networks

Focusing on one of the core changes expected, “Reduce the gap in the access to health,” Hivos has been working closely with local Indigenous organizations and representatives of health institutions to identify and map the health facilities and health models in each of the territories where the project is implemented, and has been working on jointly defining the “Health Routes – Step-by-Step Tools” according to the cultural and geographic conditions of the inhabitants of those territories:

- **Brazil:** Four interactive maps including 14 health centers and 12 hospitals found in the four direct health micro-networks and eight indirect health micro-networks
- **Ecuador:** Update of the six interactive maps, including 91 health facilities and six micro-networks
- **Peru:** Seven interactive maps (one for each nationality), including 20 health postas and five health centers

At the close of this report, AIR had gathered the information on the health systems, existing health networks, and installed capacities for each territory. Through knowledge dialogues with health representatives and Indigenous organizations, we have defined

the routes to access healthcare and developed the final “step-by-step” proposal, as well as the description of health determinants to be addressed to improve the health of Indigenous communities. The layout of interactive maps began on June 1.

Another component within this strategic line is medical supply provision to strengthen healthcare. Thanks to the Rockefeller Foundation’s flexibility, we were able to deliver 15 oxygen concentrators to address the health emergency in Manaus, Brazil, making it possible to provide oxygen to approximately 150 people per month. By May 31, medical supplies and equipment had been delivered in Maranhao, Brazil, and in the Ecuadorian Amazon region to support medical brigades and strengthening of health services, directly reaching 2382 people and, indirectly, the Maranhao Indigenous population and the Kahuimeno and Dikaro Waorani communities in Ecuador.



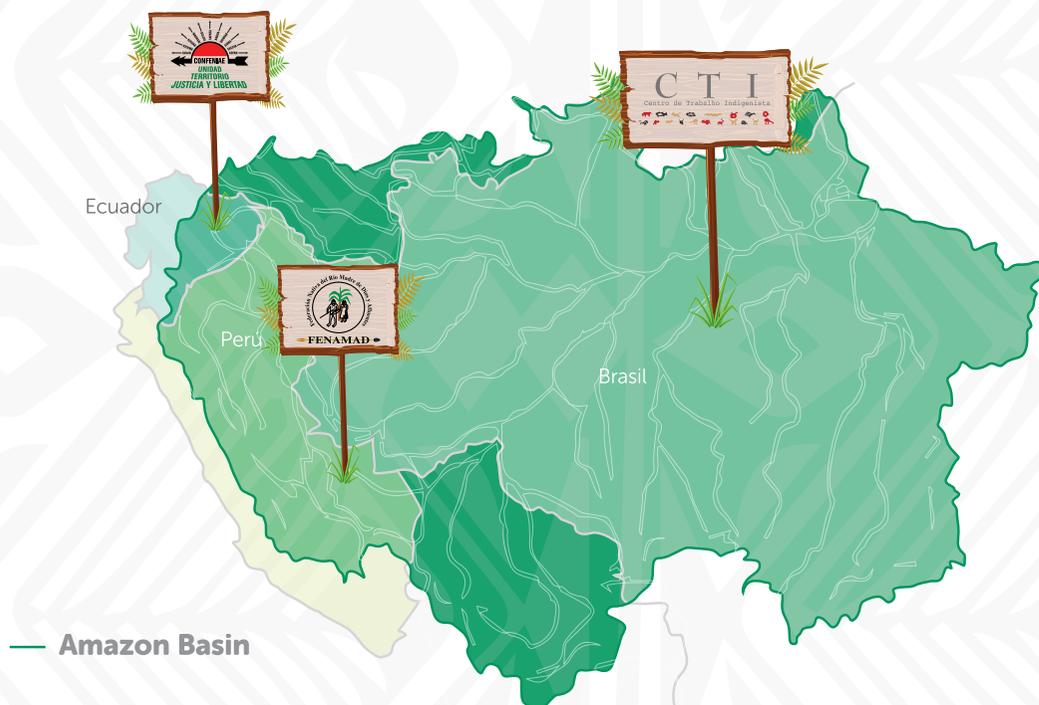
Advocacy actions are also an important component in achieving structural changes in health systems:

■ **Brazil:** Through AIR's local partner *Centro de Trabalho Indigenista* (CTI), we have managed to hold meetings and officially present the project to the health authorities from the Special Indigenous Health Districts (*Distritos Sanitários Especiais Indígenas, DSEIs*) in Maranhao and Tocantins, the reference health networks of the Indigenous peoples living in the targeted territory.

■ **Ecuador:** Hivos's participation in the United Nations Health Cluster and the International Cooperation Group (led by the European Union Delegation in Ecuador) has allowed us to position AIR as an exemplar for implementing actions in the Amazon, presenting the Community Health Promoters Program as a best practice to be replicated which is supported by the Ministry of Public Health and international and Indigenous organizations.

In Ecuador, the key health agenda issue during the past few months has been the vaccination plan, and more detailed information regarding this is provided in the Vaccination section below. We are currently awaiting confirmation of an expected meeting to be held with the current Ministry of Health authorities to continue the close work we have done thus far with the MoH at the national and local levels.

■ **Peru:** FENAMAD has managed to reconvene the meetings of the *Comando Indígena COVID-19*, the official interinstitutional forum for discussing pandemic response strategies, comprising FENAMAD, the Ministry of Health, the Regional Health Direction (DIRESA), the Ministry of Culture, and the Regional Government of Madre de Dios (GOREMAD). Hivos has been given a technical advisory role in the *Comando* and has led the intercultural dialogue to define the Communications Plan and the Operative Guidelines for implementing the Madre de Dios vaccination plan.



The main concern positioned by the program in the three countries has been the need to involve the effective participation of Indigenous organizations in any health strategy and the importance of giving attention to comprehensive health interventions that address the health issues affecting Indigenous populations in the Amazon region, above and beyond the immediate emergency.

Finally, in order to make pandemic information accessible, AIR has developed an [interactive dashboard](#) that gathers official information regarding the prevalence of COVID-19 in the targeted territories and makes it possible to compare that data with global, regional, and national indicators. This information will be published on the project's webpage, while intercultural communication materials will be distributed to Indigenous populations by a variety of channels (WhatsApp, Facebook, audios, community radio) according to their culture and accessibility.



## COVID-19 Vaccination in the Amazon Basin



Elizabeth Alvarado Personal Archive

Since the countries have been able to provide vaccines, this topic has been a key issue in the health agenda. The project has made great efforts to focus attention on Indigenous peoples' needs and conditions to contribute to developing and implementing an effective and realistic vaccination plan in the Amazon region. The main actions are described below:

- Preparation and publication of the "[Decalogue for a Comprehensive COVID-19 Vaccination Strategy in the Amazon](#)," which has been downloaded over 100 times and was replicated by [Edicion Medica](#), a health science journal with 18.7k followers.

- Development of the Operative Guidelines for the vaccination plan in the Ecuadorian Amazon region, approved by the United Nations Health Cluster and currently being reviewed by the Ministry of Health before its final layout and official publication.
- In Ecuador, lobbying actions in coordination with the RIOS Foundation enabled reorganizing the first vaccination brigades in the Amazon region, which had been set to be carried out with no consent from or coordination with Indigenous organizations and communities.



- Also in Ecuador, and based on the previous point, AIR co-organized and held the “Intercultural Dialogue Session: Perspective on COVID-19 Vaccination” in coordination with CONFENIAE, PAHO, RIOS, and UNICEF with the aim of bringing together representatives of Indigenous peoples, health authorities, and international organizations to learn about the fears, understanding, and viewpoints of Indigenous peoples regarding the vaccines to aid in developing accurate strategies and materials. Representatives from seven Indigenous organizations attended this dialogue, and new communication materials are currently being developed based on the learnings.
- Hivos was invited by the Ministry of Public Health to be part of the group working on its Vaccination Communication Plan. AIR’s products have been taken as benchmarks to be replicated in the official vaccination campaign.
- In Peru, we are working with FENAMAD within the framework of Comando Indígena COVID-19 to develop the Operative Guidelines for deployment of the Vaccination Plan in Madre de Dios.
- The Vaccination Communication Plan is also being developed with FENAMAD. The community outreach process will be carried out through diverse means of communication (virtual, audiovisual, and face to face where

possible), and AIR will provide technical backstopping in co-creating, adapting, and translating this material with Indigenous organizations and health authorities.

Finally, information regarding vaccination progress has been included in the interactive dashboard.



Ueslei Marcelino (REUTERS)





## Strategic Line 2: Adapting health promotion, behavioral change, and disease prevention approaches and materials to be culturally relevant in targeted Indigenous communities

One of the biggest strengths of the route is that the project has generated confidence within the communities. Our close relations in Brazil, Ecuador, and Peru enable the project to generate really needed and useful culturally adapted materials.

The project produced 13 communication sets up to May 31. Biosafety protocols for Peru and Ecuador, vaccine information materials, and prevention materials focused on risks and new strains are being used by communities and health professionals. Hivos participates jointly with local health authorities in many health and community surveillance clusters, and this has been crucial to the ongoing strengthening of knowledge dialogues and to adapting materials to the needs of Indigenous communities.

As of May 31, the program has developed and launched the following materials:

- Biosafety protocol ([Ecuador](#)) ([Peru](#))
- *Cartillas* on biosafety measures ([Ecuador](#)) ([Peru](#))

- New strains ([Brazil](#)) ([Ecuador](#)) ([Peru](#))
- Vaccination information ([Brazil](#)) ([Ecuador](#))
- Maintaining prevention measures ([Spanish](#)) ([Portuguese](#))
- Stories told by already vaccinated Indigenous people ([Ecuador](#)) ([Peru](#))
- Video on vaccination information ([Waarani nationality](#))
- Graphic material for communicating the vaccine process ([Ecuador](#))





Courtesy of 4 Cuencas

KAP surveys have been deployed in Brazil and Ecuador, and their results are being systematized. Delays have occurred in implementing the surveys, especially in Peru, due to the critical situation of the pandemic during recent months. When this process is finished, we will have interviewed 194 people from 23 Indigenous communities.

Initial analysis of the information gathered for the Ecuadorian Amazon brings to light important findings for planning the series of workshops and materials:

- Of the people surveyed, 82% do not want or think they need a vaccine, owing to misinformation promoted on the ground that, among other things, has suggested that the vaccine will kill them.
- As expected, the use of ancestral medicine is more trusted, thus strategies include it as a key to developing new workshops and materials. Chuchuwazo, ajo de monte, and ginger root are the most frequent natural medicines used by the communities.
- People are distrustful of health workers because healthcare personnel have rarely taken interest in them.
- They are aware of biosafety measures and COVID symptoms.
- They recognize that the pandemic has caused a re-birth in ancestral medicine they had disregarded.





### Strategic Line 3: Developing the capacities of Indigenous Community Health Promoters (CHP)

The Community Health Promoters Program (CHP) has already started up in Brazil and Ecuador. Under training are 52 promoters representing nine Indigenous peoples in Brazil and 14 promoters representing seven Indigenous peoples in Ecuador. In Brazil, the first module, "Timbira's Traditional Medicine," is being given in person because of lack of Internet access, and also because the vaccination process in Brazil has progressed faster in comparison with Ecuador and Peru. The entire training process will be completed by October 31, 2021, with a mixed curricula based on practical and theoretical training. The **final curriculum** of this process was adapted, both in terms of content and methodology, to respond to the needs and conditions of the Indigenous communities.

In Ecuador, **the CHP started on May 25** in coordination with the Pontifical Catholic University of Ecuador and the CONFENIAE. The technological and training materials have been delivered to each of the participants and the training process will continue until October 2021 and the **curriculum** was taken as core reference for developing the adapted curricula in Brazil and Peru. The Pontifical Catholic University has requested permission to offer this program as a permanent university course.

In Peru, the course has not yet started, due to the magnitude of the pandemic over the last few months. Nevertheless, the process is expected to commence in July 2021.



### CURSO DE FORMACIÓN DE PROMOTORES DE SALUD





#### Strategic Line 4: Expanding the digital surveillance capacity in Indigenous communities and connecting data to the formal health system



The app has been developed and is currently gathering contributions from the project's technical team as well as from Indigenous organizations. The integral work for developing the app was dynamic and its success is due to the direct participation of the Indigenous representatives and health experts in the process.

The CHP will start a second feedback phase as soon as promoters begin piloting the app on the ground as part of their learnings in the training program.

The app modules include health determinants, medical background, COVID-19 information, and community tracing, all framed within a local empowerment and data sovereignty approach. The information will allow the communities to own their health data and will be crucial for developing the Health Promotion Strategies. The app will structurally change the current situation faced by Indigenous community leaders who lack reliable information because the Public Health System controls it and, most importantly, it is currently only available in technical terminology.

The app's **workflow** consists of 18 questionnaires and comprises four profiles (Health Promoter, Community Leader, Hivos Team, and Health Professional). The next steps to its effective deployment are as follows:

1. Closing review process: June 7
2. Creating a user committee for final reviews composed of two promoters, two community leaders, two Hivos team members, and two health professionals (additional reviewers are welcome): June 21
3. Deployment: June 28



# Results – Summary

STRATEGY	DELIVERABLE IN THE PROJECT	PROGRESS	DESCRIPTION
<p><b>Strategy 1:</b> Placing the needs and rights of Indigenous peoples at the center of the diagnostic and primary healthcare and telehealth networks</p>	<p>Three specific health models, one for each of the targeted territories, with culturally adapted protocols to enhance the Indigenous populations' access to health</p>	<p>65%</p>	<p><b>Brazil:</b></p> <ul style="list-style-type: none"> <li>• Step-by-step access routes ready</li> <li>• <i>Cartilla</i> on health determinants ready</li> <li>• The georeferenced maps and layout design and development process started on June 31</li> </ul> <p><b>Ecuador:</b></p> <ul style="list-style-type: none"> <li>• Step-by-step access routes ready</li> <li>• <i>Cartilla</i> on health determinants ready</li> <li>• The georeferenced maps and layout update process started on June 31</li> </ul> <p><b>Perú:</b></p> <ul style="list-style-type: none"> <li>• Step-by-step access routes ready</li> </ul>
	<p>A document analyzing the essential medical supply needs in each of the targeted territories</p>	<p>80%</p>	<p>Identification and analysis of the medical supply needs for each health center near the communities in already noted territories in Brazil, Ecuador, and Peru</p> <p>Supplies already delivered:</p> <p><b>Brazil:</b> 15 oxygen concentrators, 4 vaccination tents, 8 retractable chairs, 3 thermal boxes, 3 thermometers for thermal boxes, 4 folding tables, 4 head lamps, 8 blood glucose devices on call, 16 boxes of glycemic test tapes (100 each) on call, 135 boxes of powdered procedure gloves, 90 boxes of triple masks with elastic earloops, 11 face shields, 96 oximeters, 96 thermometers, 96 blood pressure units</p> <p><b>Ecuador:</b> 500 N95 masks, 20 boxes of triple masks with elastic earloops (50 each), 15 gallons of alcohol</p>



STRATEGY	DELIVERABLE IN THE PROJECT	PROGRESS	DESCRIPCIÓN
<b>Strategy 2:</b> Adapting health promotion, behavioral change, and disease prevention approaches and materials to be culturally relevant in targeted Indigenous communities	One set of prevention materials culturally adapted to each of the targeted communities, developed in coordination with the health authorities and Indigenous organizations	15	2 biosafety protocols, 7 culturally adapted communication materials, 2 stories about vaccination of Indigenous people to promote vaccine acceptance
	KAP survey	50%	<b>Brazil:</b> In-person KAP survey; final delivery of results June 15 (74 people) <b>Ecuador:</b> Analysis ready in Ecuador (70 people) <b>Peru:</b> Survey deployment to be carried out in June; preliminary analysis to be delivered in July (90 people)
<b>Strategy 3:</b> Developing the capacities of Indigenous Community Health Promoters (CHP)	Ecuador and Brazil Health Promoters programs started	67%	<b>Brazil:</b> Program started on May 17; 50 promoters pursuing the program <b>Ecuador:</b> Program started on May 25; 14 promoters pursuing the program <b>Peru:</b> Estimated start-up date: July 2021
<b>Strategy 4:</b> Expanding the digital surveillance capacity in Indigenous communities and connecting data to the formal health system	Development/adaptation of a digital application culturally relevant to the IPs of Brazil, Ecuador, and Peru to perform case notification and community tracing	80%	COMCARE demo with all modules uploaded; testing process is ongoing

All the products can be found in [this link](#)





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