

FINAL REPORT

Amazon Indigenous Health Route

August 2022



Amazon Indigenous Health Route (AIR)

This document was developed as part of the Amazon Indigenous Health Route project.

The Amazon Indigenous Health Route (AIR) project is an innovative model of care based on intercultural knowledge dialogues and facilitation of multi-stakeholder processes. It brings together health public servants, indigenous organizations, academia, and civil society organizations in joint activities designed to tackle the Covid-19 pandemic in the Amazon.

AIR was implemented by Hivos, in coordination with the Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE) in Ecuador, the Native Federation of the Madre de Dios River and Affluents (FENAMAD) in Madre de Dios, Peru, and the Centro de Trabalho Indigenista (CTI) in Maranhao, Brazil.

Permission is granted to use this publication provided the source is acknowledged.

Contact information:

María Moreno de los Ríos
Amazon Indigenous Health Route Program Manager
mmoreno@hivos.org

Find more information about AIR:

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



With the financial support of:



Contents

1. Introduction	4
2. Amazon Indigenous Health Route	8
2.1. How was the project born?	8
2.2. Indigenous Health Route (AIR)	10
2.3. Implementation strategies: results achieved	12
2.3.1. Strategy 1: places the needs and rights of Indigenous peoples at the center of the diagnostic and primary healthcare and telehealth networks to improve their access to care, prevention and protection measures	12
2.3.2. Strategy 2: adapts health promotion and disease prevention approaches and materials so they are culturally relevant and can effectively foster behavioral change in target Indigenous communities	17
2.3.3. Strategy 3: develops capacities of indigenous Community Health Promoters (CHP)	24
2.3.4. Strategy 4: expands digital surveillance capacity in Indigenous communities and links data to the formal health system	27
2.4. Unexpected Project Achievements (Impacts: Highlighted Cases)	29
3. Impactful and culturally adapted communication	32
4. Conclusions and lessons learned	35
5. Awards	40
6. Next steps (sustainability)	40
7. Annexes	41

1. Introduction

The COVID-19 pandemic has made it clear that everything and everyone is connected. Racism and inequality, land and human rights violations, climate change and infectious diseases are all closely linked. Especially in the Amazon Forest, where indigenous peoples and local communities have historically faced major threats: human rights violations, deforestation, ecosystem degradation and natural resource exploitation. In addition to these threats, they must also deal with the coronavirus pandemic and historical disparities in health care access and emergency response measures.

Simultaneously, with the rapidly deteriorating environment of indigenous peoples in the Amazon, but also in other regions of the world, we see an increasing number of indigenous people moving to urban areas where they are exposed to COVID-19 and other health risks to which they are not accustomed.

With COVID-19, since 2020 a variety of strategies have been implemented by Governments worldwide to address its effects on the population, but these were neither inclusive nor integrative. Thus, the Organization of American States (OAS) declared at the beginning of April 2020 that there is a double situation of vulnerability generated towards indigenous communities, due to their historical marginalization and, in general, because they live in areas of difficult geographical access.



It was also worrying that the development of public policy to address the pandemic involved strategies such as mandatory preventive isolation, social distancing and various measures designed for urban contexts, that had difficulties in their application in the social and practical realities of the Amazonian populations.

To address these violations and generate responses aligned with the indigenous peoples of the Amazon basin, the **Amazon Indigenous Health Route (AIR)** project was born with the objective of positioning the needs and rights of indigenous peoples at the center of diagnosis and primary care, creating telemedicine networks, adapting health promotion actions with an intercultural approach, developing the capacities of indigenous Community Health Promoters (CHPs), and increasing the capacity for early warning and contact tracing through a digital application.



The project was based on the premise that it is crucial to strengthen the work with local grassroots indigenous organizations and public health systems to bring problems from the community to the health facility.

AIR contributed, with a multi-stakeholder and multilevel strategy, to positioning the need for structural change to ensure that health systems apply culturally adapted, relevant, effective, and sustainable strategies.

It also achieved additional results such as the tripartite dialogue process between health promoters, communities, and sociologists in Waorani communities in Ecuador to develop written memories about this and other diseases, and the replication of the methodology in communities in Africa and Latin America.

At the same time, AIR contributed to the strengthening of community-based surveillance to identify suspected cases (with PCR tests), as well as culturally adapted promotion, prevention, and care measures, to contribute to the empowerment of indigenous communities. Through these efforts, the risk of COVID-19 infection and expansion in the indigenous territories of the Amazon was reduced.

The objective of the project was to reduce the impact of COVID-19 on the lives, organizations, and territories of indigenous peoples by improving access

to prevention and protection measures, placing their rights and cultures at the center of the Public Health Systems in the Amazon region of Ecuador (in all Amazonian provinces), in Madre de Dios in Peru, and in Maranhão in Brazil.

To achieve this, the specific objectives were: 1) indigenous peoples and nationalities in Brazil, Ecuador and Peru have improved access to culturally relevant health services and 2) indigenous communities have become agents of community health and essential care. Both changes were optimally achieved in the project intervention communities.

Four specific results were proposed: 1) Public officials and health authorities in Brazil, Ecuador and Peru have taken actions to implement a culturally relevant model that includes integrated health networks, care protocols and strategies developed based on the realities and rights of Indigenous peoples and nationalities. 2) Indigenous peoples in Brazil, Ecuador and Peru have increased their capacities in health promotion and access to health services. 3) Community health promoters in Brazil, Ecuador and Peru have strengthened their capacities to carry out community health surveillance actions and provide essential care. 4) CHWs have successfully implemented a more effective and timely case notification and community tracking process using a digital application.

The project fully met the first three outcomes, considering that there are several factors that can affect or influence the first outcome, in this specific



case the vaccination for COVID within the indigenous peoples was a positive factor that drove these outcomes to be met. The fourth outcome was achieved, being the health promoters who use the application for case notification. Within this result, it is still necessary to strengthen contact tracing to prevent the spread of COVID, since the registry reaches the patient, but not yet the follow-up to their contacts.

AIR has positioned itself as one of the main links for the generation of relationships, legitimacy and collaborative processes between the State and indigenous peoples and their representatives, creating, among others, booklets on health determinants for each nationality, interactive maps on access to health, installation of telemedicine networks, strengthening of health facilities, this culturally adapted material is the result of hours of dialogue of knowledge in different countries and with various actors, also the training of promoters and development and implementation of the CommCare application for Brazil, Ecuador and Peru.

All the above and more was achieved by the project in this year and a half of successful implementation, through an **innovative model of intercultural health, for which it has received several international and national awards.**

2. Amazon Indigenous Health Route

2.1. How was the project born?

Since 2018, Hivos has been leading the **All Eyes on the Amazon (AEA) Program**, together with a coalition of more than 40 local and international organizations from the technology, Human Rights, conservation, transparency, advocacy, and law enforcement sectors that work together in eight territories in Brazil, Ecuador, and Peru to put an end to the destruction of the Amazon and defend Indigenous Rights.

Through the AEA Program, it became evident how deforestation, pollution, and lack of access to public services exacerbate the vulnerability of indigenous populations and local communities in the Amazon. This was especially evident during the onset of the COVID-19 pandemic and the response measures. Therefore, most countries developed policies and strategies to deal with the new coronavirus that did not apply to indigenous communities, as they were focused on urban areas and did not consider the territorial and cultural reality of the Amazon and its inhabitants.

FIGURE 1. Key All Eyes on the Amazon program results related to COVID-19



All eyes on Covid-19 assistance in the Amazon

<https://hivos.org/all-eyes-on-covid-19-assistance-in-the-amazon/>

Since April 2020, Hivos implemented in Ecuador (within the framework of the AEA) a strategy to respond to the coronavirus pandemic in Indigenous territories. First, created a "Management Model for the prevention and response to COVID-19 in Amazonian indigenous contexts of the program All Eyes on the Amazon (FASE - ECUADOR)". The objective was to develop a management model for the prevention and response to COVID-19 in Amazonian indigenous contexts, which facilitates the response to the health emergency by the organizations and Amazonian indigenous peoples that were part of the AEA program.

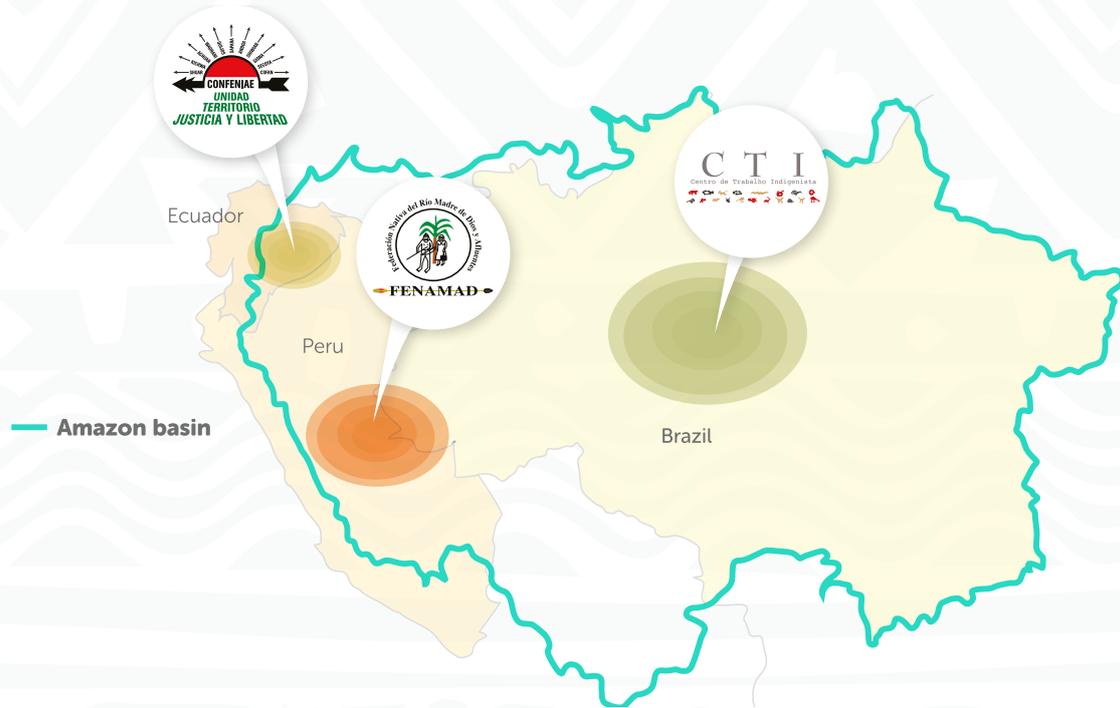
At the same time, Hivos kept working on providing support to other territories of the AEA Program, such as Brazil, where it published the report of Keep an Eye on Resources: Results of Monitoring the Application of Extraordinary Resources to face the Covid-19 Pandemic for Indigenous Peoples in the Brazilian Amazon.



This document demonstrated that there was a considerable delay in providing urgently needed supplies to Indigenous peoples. With this information, our partners: the Coordination of the Indigenous Organizations of the Brazilian Amazon (COIAB) and the Indigenous Caucus for the Defense of Indigenous Rights in congress were able to significantly contribute to public oversight of these government agencies and pose pertinent, timely questions to public officials about their COVID-19 emergency actions.

Based on these results, Hivos proposed to address the emergency in the Amazon basin with an integral strategy, that would consolidate and reinforce the work done in Ecuador, extending it to the six Amazonian provinces in Ecuador, and two countries where the AEA program was being implemented: Peru (Madre de Dios region) and Brazil (in the State of Maranhao). The project focused on intercultural knowledge dialogues and deep collaborative work with Indigenous organizations - CONFENIAE in Ecuador, FENAMAD in Peru, and Centro de Trabalho Indigenista (CTI) in Brazil - and the local and national public health systems of the three countries and Hivos' experience in other processes of intercultural dialogue and recognition of the value of indigenous information and knowledge.

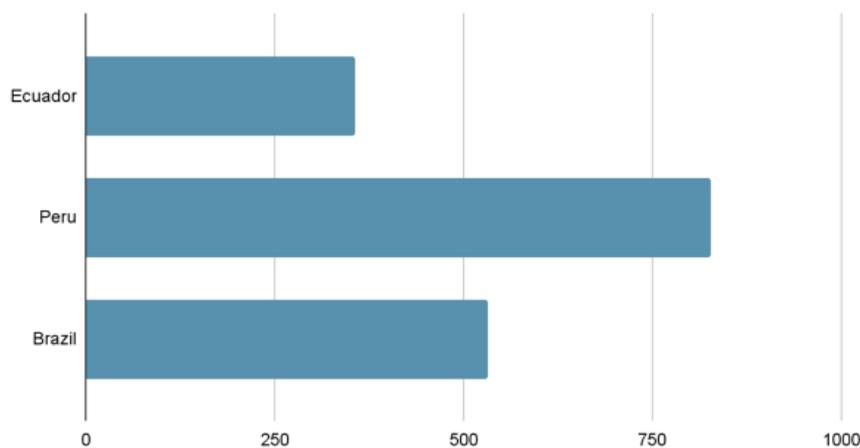
FIGURE 2. Proposed areas of intervention



2.2. Indigenous Health Route (AIR)

On August 2020, with the financial support of the Rockefeller Foundation, the Indigenous Health Route (AIR) project started. On this date, epidemiological data on COVID-19 showed Brazil, Ecuador, and Peru as the three South American countries most affected by the pandemic. While Brazil had the highest number of confirmed cases in the region (3,532,330), the rates per million showed that the situation in Ecuador (6,070) and Peru (17,741) were of equal concern. This was aggravated by data on deaths related to COVID-19:

Deaths per million inhabitants



Vision and strategies

It was proposed that the project would be implemented jointly with the indigenous peoples of the prioritized territories to reduce the impact of COVID-19 on their lives, organizations, and territories, by improving access to prevention and protection measures and positioning their rights and cultures at the core of public health systems. Thus, the project was implemented through the execution of four strategies:

- **Strategy 1:** Places the needs and rights of Indigenous peoples at the center of the diagnostic and primary healthcare and telehealth networks to improve their access to care, prevention and protection measures.
- **Strategy 2:** Adapts health promotion and disease prevention approaches and materials so they are culturally relevant and can effectively foster behavioral change in target Indigenous communities.
- **Strategy 3:** Develops capacities of indigenous Community Health Promoters (CHP).
- **Strategy 4:** Expands digital surveillance capacity in Indigenous communities and links data to the formal health system.

AIR began by forging a close relationship with local partners in each country: the Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE), the Native Federation of the Madre de Dios River and its tributaries (FENAMAD) and the Centro de Trabalho Indigenista (CTI). In the months of February and March 2021, project kick-off meetings were held to present the project, identify synergies, and propose focal points, thus integrating the following partner and collaborating organizations:



- Pontifical Catholic University of Ecuador (PUCE)
- Ministry of Public Health Ecuador (MSP)
- Coordination of the Articulation of the Indigenous Peoples of Maranhao (COAPIMA)
- Wyty Catë Associação Wyty Catë das Comunidades Timbira do Maranhão e Tocantins
- Tierra Nueva Foundation
- Pan American Health Organization: (PAHO/WHO)
- DIMAGI
- National Amazonian University of Madre de Dios (UNAMAD)



2.3. Implementation strategies: results achieved

2.3.1. Strategy 1: Places the needs and rights of Indigenous peoples at the center of the diagnostic and primary healthcare and telehealth networks to improve their access to care, prevention and protection measures

The core of this strategy is the facilitation of an intercultural dialogue of knowledge between indigenous peoples and nationalities and authorities on COVID-19 response and management measures in their territories. This dialogue makes possible the transition from a public health system centered on doctors to a system centered on communities and their rights, being the basis for the implementation of health policies, programs, and actions. The proposal and relationship between indigenous peoples and governments

(national and subnational) of the three countries can lead to structural changes that go beyond the response to COVID-19. At the end of the project, we worked with a total of 280 communities in Ecuador, 27 communities in Brazil and 38 communities in Peru, totaling 345 communities of 17 nationalities.



Based on the intercultural dialogue of knowledge about pandemic response and management measures, we sought to address the particularities and specific needs of indigenous communities and public health systems in the Amazon region. Gaps were identified and prioritized, such as:

- Lack of care centers at all levels adequately equipped with equipment, supplies and personnel,
- Lack of response models adapted to local territories and cultures,
- the enormous distances between health centers and communities and the complex logistics of accessing them,
- problems to guarantee the cold chain of vaccines,
- cultural and linguistic diversity,
- the lack of trust of indigenous communities in the national health systems in the West.

While working to ensure that health policies consider the complexities of the Amazonian Indigenous Peoples, we also worked to **strengthen the health facilities of the Health Authority**, through support with 1,000 PCR tests and 797 antigens to diagnose COVID, minor medical equipment, vaccination devices and protective clothing for health personnel and community members.

Thus, in Ecuador, the project supported **53 establishments** with minor equipment and delivered **259,000** syringes and personal protective equipment to the Ministry of Health of Ecuador for the vaccination campaign. A **total of 1,000 antigen tests** were carried out in the territory with an innovative model that made it possible to reach the most distant communities such as Wentaro, Gareno, Kewediono, Tarabeaya, Seoqueya, San Victoriano, Puerto Bolivar, Taisha, among others. In total, 130,255 people were reached.

In Peru, the project supported with **minor equipment** to strengthen health facilities, providing 11 ice boxes (RCW), 18 liters (cold chain for COVID-19 vaccines), 22 alcoholmeters (cold chain for COVID-19 vaccines), 52 blood



pressure monitors, 14 stethoscopes, 52 digital thermometers and 52 pulse oximeters. One of the critical issues that could not be improved in Peru was the antigen or PCR tests to detect COVID-19. The Regional Health Directorate of Madre de Dios emphasized that they do not require this support from Hivos but that they need personnel to perform the tests, which Hivos could not do for them. For this reason, the expected results in terms of COVID testing in Peru were not achieved. This reached 9 health centers with an impact on a population of 5,262 people of 5 indigenous nationalities in Peru.

In Brazil, 5 health centers were strengthened with **minor equipment with an** impact on a population of indigenous peoples of more than 4,000 people,

1,000 PCR tests were delivered and carried out, reaching a positivity rate of no more than 1%. In Brazil, health centers were provided with thermos and coolers for the **cold chain** (6 refrigerators and photovoltaic panels, which are the only ones in the region) for the vaccine and clean water in some health centers. 6 refrigerators for vaccines were delivered to 3 health posts in indigenous communities - it is worth mentioning that they are the first in the whole State to be in indigenous communities (1 in TI governador, 3 in TI kraho and 2 in TI Canela).

[Eighteen maps](#) were designed at the nationality level (7 in Ecuador, 7 in Peru and 4 in Brazil), which summarize the step-by-step process related to access to health services, with the definition of a specific network and micro-network for each nationality, with a list of the prioritized first level facilities, as well as the referral hospitals. Access routes and mobilization time are described, as well as the facilities' resources. It also shows the donations of supplies channeled through Hivos and the health promoters trained for different territories.

FIGURE 4. Sample of a health route in Memortumré territory (Brasil)



Vanessa FENAMAD

"For us, the Indigenous Health Route project has been very important at this time since as a federation we have not had a project on health issues".

Another key approach was the implementation of telecare networks in the three countries and the implementation of the application in the territory.

In Ecuador, **three telemedicine networks** were installed in the communities of Taisha, Juyuintza, Zancudococha, Wachirpas, Saapatenza, Rocafuerte

and Puyo, benefiting 16 communities. The network installed in Ecuador was based on **HF radios**, connecting health facilities with the most remote communities, mainly in border areas. These networks allow all the HF radios that have been previously installed for communication purposes to be used for telemedicine, since all of them will now be able to communicate with the Franklin Tello facilities in Rocafuerte, Ambulancia Aérea in Puyo and the Taisha Health Center in Morona Santiago.

In Peru, [3 telemedicine health networks](#) were installed, benefiting 2087 people in 9 indigenous communities with 9 telehealth points that will be incorporated into the MINSA National Telehealth Network.

In Brazil, **four telemedicine networks** were installed in the communities of Gaviao, Apanjenkra, Memortumre and Kraho, benefiting 900 people in 15 indigenous communities.



The AIR project increased in 2022 the logistic support for vaccination and antigen testing in Ecuador, considering new strains and new outbreaks that may occur in the territory.

The lack of access to vaccines in the countries of the region showed a lot of inequality in the countries, in Ecuador and Peru the process started very slowly and in Brazil the progress was more accelerated. In Ecuador, being part of the Health Cluster and the Northern Border Cluster, AIR participated in the elaboration of the [guidelines for the vaccination of indigenous peoples and afro-descendants](#) and, together with the Northern Border group, Hivos

was included in the work for the **first vaccination brigade for indigenous peoples** in Wentaro and Tiwino, Waorani communities. Together with Fundación Ríos, we created **vaccination banners**, visual material to explain the reason for vaccination and provide information about it. A video for vaccination was also made. The work with these canvases was done with the vision of culturally adapting their history so that they can understand, compare, and make familiar the use of this new vaccine. In Ecuador: 259,000 people in the Amazon were vaccinated due to the delivery of syringes and Personal Protective Equipment for health personnel for COVID vaccination.

2.3.2. Strategy 2: Adapts health promotion and disease prevention approaches and materials so they are culturally relevant and can effectively foster behavioral change in target Indigenous communities.

This strategy sought to promote spaces of convergence with the public health systems of the Amazon to jointly design and launch disease prevention and health promotion campaigns, developing contextualized strategies for each of the indigenous organizations.

The first proposal was to identify changes in knowledge, attitudes, and practices to face COVID-19; focused on health promotion and disease prevention measures. For this purpose, Hivos used a knowledge, attitudes, and practices (KAP) survey, that is a quantitative study of a specific population that gathers information about what people know, how they feel and how they behave in relation to a specific topic.

Within the framework of the Amazon Indigenous Health Route, a KAP survey was proposed to quantitatively understand the perspectives of the indigenous peoples of the project's sites of influence regarding the COVID-19 pandemic, prevention and care measures, and vaccination.



Thus, the initial Knowledge, Attitudes and Practices ([initial KAP](#)) was launched, reaching 195 people (67 in Ecuador, 50 in Brazil and 78 in Peru) in Maranhao in Brazil, 6 provinces in the Amazon region of Ecuador and in Madre de Dios in Peru.

Interesting data emerged from the survey:

- The media represent 45% of the mechanisms by which the population accesses information. Social networks are fundamental with 41%, as well as information that can be accessed from medical brigades and organizations with a representativeness of 21% in each, followed by information that can be transmitted by friends and family (17%).
- It is evident that the use of traditional medicine is predominant in the Amazonian population surveyed, which shows **access to traditional knowledge, being the closest and most affordable strategy, with** 33% of responses for the use of traditional medicine, followed by 22% who consider that hand washing, the use of masks, and natural and western medicine should be combined.
- Among the knowledge put into practice to prevent COVID-19, the most representative are still associated with traditional medicine and asepsis (hand hygiene), followed by protective measures such as mask use, representing 24%, 24% and 14%, respectively.
- When asked if the management as an authority or representative person of the community allowed them to have more knowledge about COVID-19 than the rest of the people in the community, 84% answered yes, which shows that those who have more knowledge and/or access to knowledge are those who are in leadership positions in the communities, so they are key actors for the awareness-raising processes for the correct approach to COVID-19.

With this information, Hivos developed workshops associated with the management of COVID-19 and culturally adapted educational-communication material that could better support and serve the indigenous communities to mitigate the impact of the pandemic.

The workshops in Ecuador were conducted by CONFENIAE, being convened by the leader of Health and Women Nemo Andy and the Health Promoter formed by Hivos Indira Vargas. **Five workshops** were held with a main objective, the "Revitalize the traditional knowledge associated with biodiversity to respond to the covid disease, in the context of the results

yielded by the KAP survey”. The participating organizations were: Federation of Interprovincial of Shuar Centers, Achuar Nationality of Ecuador, Waorani Nationality of Ecuador, Sapara Nation of Ecuador, Shiwiar Nationality of Ecuador, Andoa Nationality of Ecuador, Quijos Native Nation, Federation of Indigenous Organizations of Napo, Federation of Indigenous Organizations of Napo, Organization of the Waorani Nationality of Napo, Organization of the Waorani Nationality of Orellana, Federation of the Shuar Nationality of Pastaza, Federation of Communes Union of Natives of the Ecuadorian Amazon, Federation of the Shuar Nationality of Orellana, Pastaza Kikin Kichwa Runakuna. A total of 116 women and men representing 14 provincial and local organizations for the traditional health of the nationalities participated. [Stories](#) were collected on the reflection of Amazonian women in these spaces.

In Peru, **three workshops** were held with the main objective of “Revitalizing traditional knowledge associated with biodiversity to respond to the covid disease, in the context of the results of the KAP survey”. The participating organizations were, for the upper and lower Madre de Dios: FENAMAD, COHARYIMA, COINBAMAD Officials: Ministry of Health Ministry of Culture - deconcentrated direction of culture of MDD Micro-network managers of the establishments of jurisdiction of the communities of MDD Regional direction of indigenous peoples of the health sector Ombudsman of MDD, attended by more than **50 people** between representatives of the communities and public officials with an impact on intercultural health issues in the communities of MDD.

In Brazil, the workshops were constantly held in person. Within the planning together with the promoter training course, to optimize the departure and travel to the communities.

During the training process for indigenous community health promoters (May 2021), construction of the **Commcare epidemiological surveillance application** began and the [vaccination campaign against COVID-19](#) also gained momentum in the three countries.

The Amazon Indigenous Health Route (AIR) **adapted the** design and translation of the [vaccination banners](#) to each of the Amazonian nationalities of Ecuador: Waorani, Ai Cofán, Shuar, Achuar, Siona, Siekopai, Amazonian Kichwa and Andean. While the tarpaulins were distributed for use by the communities, an **SMS campaign** was launched, **launching 30,000 messages** with culturally adapted phrases on prevention mechanisms against COVID 19 and the importance of vaccination.

FIGURE 5. Adapted vaccination banners



During this process, the Health Cluster, led by the Pan American Health Organization, organized with the support of Hivos, UNICEF and Asociación Rios, the [Dialogue of Knowledge](#) about Vaccination, where under this methodology a dialogue was held with several international, national and indigenous organizations on the perception of the vaccine against COVID 19.

This event was attended by the Confederation of Indigenous Nationalities of the Ecuadorian Amazon, CONFENIAE, Association of Young Kichwa of Sucumbios "Amawta Ñam", AJNAKISE, Federation of Organizations of the Kichwa Nationality of Sucumbios, FONAKISE, Waorani Nationality of Ecuador, NAWA, Organization of Kichwa Communities of Loreto, OCKIL, Health Promoters and Health Committee of Tiwino Waorani and Pachamama Foundation.

Additionally, with the success of the vaccination tarpaulins in Ecuador as an optimal informative material to take to the territory without damaging them, the promoters and medical brigades could take them for the socialization of vaccination in the communities. These tarpaulins were adapted, together with FENAMAD, to the Harakbut y Ese Eja nationalities of Madre de Dios in Peru.

Nemo CONFENIAE

"It has been very important to be able to channel and help within the communities, inform what is happening with our patients in matters of ancestral medicine and alternative medicine. These projects are strengthening our communities."

In Peru, advocacy was carried out from FENAMAD, with the Hivos team being an advisory team for them in the space called Comando COVID. Within this space, meetings were held with the Directorate of Health of Madre de Dios and the Ministry of Culture to support the vaccination campaign, in this sense, in addition to the support in the canvases, in Madre de Dios **radio spots** were made **with information on vaccination** and its importance, messages adapted culturally and in their native languages.

In Brazil, the culturally adapted material was distributed within the communities through CTI and health promoters. **Four culturally adapted brochures** were prepared for community and digital distribution.

During the last three months of 2021, the [final KAP](#) survey was implemented, with many experiences from the project implementation and workshops in Ecuador, Peru and Brazil completed. It was applied to identify the perceptions associated with COVID-19, create workshops about the topics where reinforcement may be necessary; as well as good practices to address the pandemic.



Interesting data emerged from the survey:

- **Change 1:** In the three countries the validated information used for the pandemic is the one that comes through health teams, in Peru media is still important. Decrease of social media info.
- **Change 2:** In Brazil and Peru the interest about COVID information increased, in Ecuador it decreased.
- **Change 3:** Increased interest from people to get treated in communities by health teams, before they preferred only community treatment.
- **Change 4:** : Brazil increased traditional medicine use. Ecuador and Peru increased the use of both medicines.
- **Change 5:** The belief in elders' knowledge about COVID decreased in all countries. In Brazil they believe in young people, in Ecuador and Peru there is a bigger influence of health personnel.
- **Change 6:** strengthening of traditional knowledge increased in Peru, Brazil, and Ecuador; in Peru with 20%, in Brazil with 12% and in Ecuador with 2%.
- **Change 7:** Increase of trust towards health personnel.
- **Change 8:** Vaccine Acceptance: In Peru, acceptance increases from 78% to 91%, in Ecuador from 21% to 73%, while in Brazil this percentage decreases by two percentage points.

This quantitative analysis was carried out in two moments (Initial and final KAP) and the results were presented in a [Comparative Report](#) of the survey of knowledge, attitudes, and practices (KAP) associated to COVID-19 in the territories of incidence of the Amazon Indigenous Health Route Project.



From the results of the initial and final KAP, the following conclusions can be drawn between these two moments:

Regarding traditional knowledge, in the first survey, the data already showed a strengthening of this knowledge, as well as the interest of the younger segments of the population in revitalizing it. This is a trend that is maintained in the second KAP survey, which confirms that for indigenous peoples, knowledge about health, environment, and nature are not dissociated both in their transmission and in their implementation.

Regarding the relationship with the health teams in Brazil, the process resulting from a public health policy built based on the organizations is strengthened between the application of KAP 1 and KAP 2, so that in the two surveys the coordination between the health systems is evidenced as a structural practice that goes beyond government policy as it is a state policy.

The relationship between the communities and the State in Peru makes visible the ties that are developed by people with cultural awareness, which allows them to overcome in some way the bottlenecks that can be generated between the communities and the State. The statistics show a slight strengthening in this relationship.

As for Ecuador, the relationship with the governing health institution shown in KAP 1 and 2 suggests a certain distance with the vaccination program and the deployment for its execution, which generates certain approaches, but not enough to reestablish a broken relationship despite the existence of an intercultural public policy, which, in the face of its implementation, encounters several obstacles that deepen the differences between the communities and official organizations.

Regarding knowledge associated with COVID that is not necessarily traditional, an increase is evident, to a large extent due to the presence of cooperation in the territories, generating a sort of bridge to adapt information, interculturalism explanations, to promote the use of good local practices and a greater participation of young people as catalysts of such information.

With respect to vaccination, the joint and coordinated action with the organizations made it possible to improve vaccination projections, which is clearly evidenced by the variation in the results of the KAP 2 survey.

Although it is not part of the statistics, the strengthening of good practices to face the COVID, the processes of revitalization of traditional knowledge and awareness-raising regarding vaccination, tasks that emerged from the KAP 1 survey made it possible to generate, to a large extent, the changes reflected in the KAP 2 survey.



2.3.3. Strategy 3: Develops capacities of indigenous Community Health Promoters (CHP)



With the support of indigenous health promoters during the training process, the vaccination socialization process was closer and more participatory in Brazil, Ecuador, and Peru.

This strategy was based upon the importance of Community Health Promoters. They are essential to promote the health and integral wellbeing of the population in the face of the COVID 19 pandemic, working in their own contexts to contribute from local autonomies to the articulation of community care with the Health Systems and to promote a dialogue of transdisciplinary knowledge.

CHWs are essential to ensure an adequate response to COVID-19 and to improve the long-term health of indigenous peoples. To that end, through local organizations, we designed and implemented structured training program to improve the knowledge and skills of CHWs and enhanced their role within the communities and with health personnel (doctors, nurses, and permanent technicians of the corresponding health networks) and among other local and regional institutions (which also improved their intercultural health capacities).



The AIR project trained **134** community health **promoters**, 14 in Ecuador, 14 in Peru and 106 in Brazil. **Tablets** with internet were given to the promoters in Ecuador and Peru so that they can study and later become their working tool for using the CommCare community epidemiological surveillance application. In Brazil, priority is given to the classroom course instead of giving tablets to the promoters.

In the three countries, the design of the training course for community health promoters began, something that was seen as very necessary since they would be the link with the community. The courses were given virtually with face-to-face workshops in [Ecuador](#) and in [Peru](#) , and were completely face-to-face in Brazil. The programs include the following topics:

- Introduction to the course and management of virtual tools.
- Notions of health and the incidence of the local context and determinants of health.
- Regional and local visions of Amazonian health.
- Health system and integrated community health care networks.
- Health Model with an Individual, family, and Intercultural approach.
- Community epidemiological surveillance.
- Contact tracing and use of technologies for COVID-19 vaccination plan.
- Ancestral medicine system and traditional knowledge.
- Role of the promotor/a in health promotion and disease prevention.
- Anthropometry, vital signs, risk preparedness, initial management of emergencies and emergencies according to the specific context (practical workshop).
- Management of community first aid kits.

Mariana CTI

“With the project, we were able to be part of this agenda, and have approaches with health personnel, be able to better understand the needs and contribute not only to responding to COVID-19, but also to other issues that have arisen throughout the year.”

It is important to highlight the “First regional meeting of Amazonian indigenous community health agents” held in the Union Base Community (CONFENIAE headquarters) on May 30 and 31, 2022.

This meeting, which was attended by 64 delegates from 5 countries: Bolivia, Brazil, Colombia, Ecuador and Peru, served as a corollary for AIR. During the two days, representatives of the Ministries of Health of the countries, PAHO Regional, PAHO Ecuador, Academia, indigenous organizations and community agents carried out several activities with the objective of positioning the role of community health agents through the exchange of experiences in the region and the approach of future perspectives from indigenous organizations.

This [event](#) also provided a first-hand look at the on-the-ground experience of the various stakeholders during the implementation of AIR.

The link with the promoters also allowed Hivos to generate very interesting materials, **contributed to learning communities with promoters from other countries, talked about the vaccination strategy and allowed them to tell their story in international panels such as the Bill and Melinda Gates Foundation forum and COP26.**



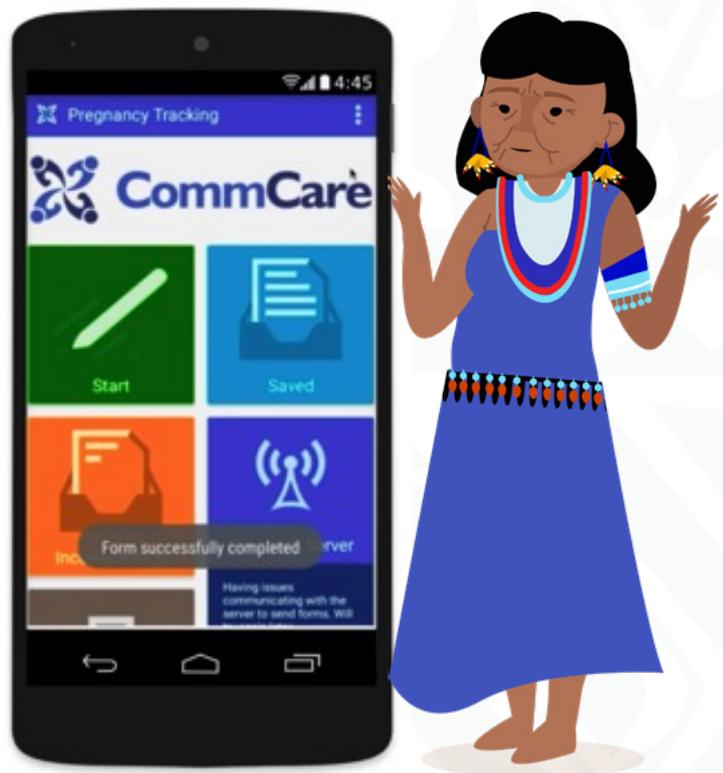
2.3.4. Strategy 4: Expands digital surveillance capacity in Indigenous communities and links data to the formal health system

All Eyes on the Amazon works under the premise that technology can be a powerful tool for social change when adapted to local needs. At the core of this strategy, we partnered with CommCare developer Dimagi to adapt their COVID-19 application to the reality of the Amazon region and deploy it within the indigenous communities of the target territories, so that they can easily and in a culturally appropriate way perform case notifications and community monitoring.

While working on the training of promoters and on an inclusive vaccination process, as mentioned above, the [epidemiological surveillance application](#) was developed. This application was developed considering at each step that its main objective was to give indigenous peoples **sovereignty over their information**. The beginning of the process was carried out between the AIR team and Dimagi where the modules that would cover what was necessary, health determinants in the communities, the workflow to diagnose COVID and prevention measures, vaccination and resources were identified. With this structured work, participatory work began with health promoters, teachers of the course for promoters from Brazil, Ecuador, and Peru, and additionally the staff of the Ministry of Health and members of CONFENIAE, FENAMAD and CTI.

COVID-19 Tracking

Figure 6. CommCare app



In August 2021, after a few months of project implementation, **the learning communities** of the AIR project began. These workshops were held once a month and addressed key issues of the project, where partners and allies from Brazil, Ecuador and Peru shared their knowledge and best practices. **Seven learning community sessions were held; these communities had 165 participants, with an average of 25 participants per session, from more than 8 organizations.** The platform has 14 resources, 18 videos, 12 presentations, 15 systematizations of the **sessions** uploaded to the [AEA](#) learning platform . This exchange allowed the adoption of some practices between countries, it was from the same that in Madre de Dios, support was requested to the AIR project for the printing of 1000 new copies and re-edition of the book **SALUD PARA TODOS: Plantas medicinales y salud indígena en la cuenca del río Madre de Dios, Perú**, which gathers all the medicinal plants used in the Ancestral medicine and medicine against COVID, a type of medicine that we evidenced was strengthened with the arrival of the pandemic.

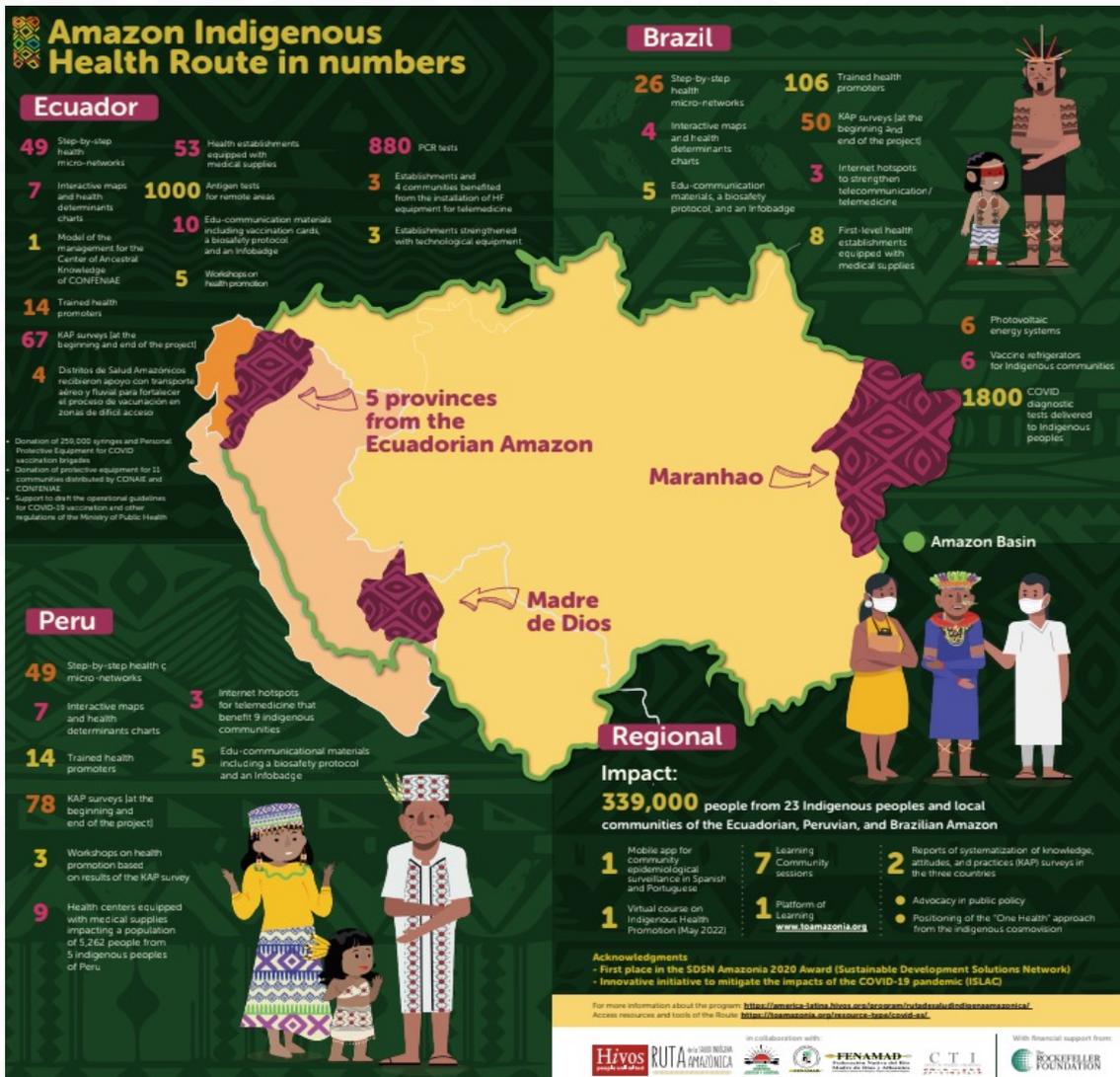
The project focuses its efforts on the last months (2021-2022) on the implementation of the application and the transfer of its management to the project's Indigenous Partner Organizations, FENAMAD, CONFENIAE and CTI. Several trainings were conducted for the implementation and transfer of the application's management.

Approaches have been made to institutions such as ADRA and links have been made with Dimagi's CommCare team for future modules and to guarantee the sustainability of the tool. The subscription for the use of the app was also extended, considering the specific request of CTI for this issue.



Result's summary

As part of the AIR project, we developed this consolidate map with the main results by country and the regional impact:



2.4. Unexpected Project Achievements (Impacts: Highlighted Cases)

- Strengthening and empowerment of the health and women’s leaders of CONFENIAE in Ecuador. This is the first time that support has been received for health projects through indigenous organizations.
- Ministry of Environment Ecuador - Spill Table: When COVID was discussed with the communities, climate change was also a topic in the middle of

the conversation. Allowing health and climate to be connected in the conversation and showing the impact that climate change has on health.

- Climate change is exerting huge pressure on the territories
- E.g., many indigenous people returned from the larger cities and that increased pressure on the territories
- Human, collective and territorial rights need to be legally recognized by the government
- Hivos created this project in the perspective of promoting climate justice
- Bringing OH closer to climate change
- Route of Ancestral Knowledge: Center of Ancestral Knowledge: As part of the networking in Ecuador, the Center of Ancestral Knowledge was created. AIR supported the Center of Ancestral Knowledge with furniture, minor medical equipment, technological equipment, and support for the supply of medicinal plants. This Center is the first research and ancestral medicine center, and this is reflected in the micro-network. Ancestral Knowledge [Center Management Model](#) and the registration of its location as part of the maps that represent the Health System in the territory.
- Publication of the book "Health for All" on Ancestral Knowledge and medicinal plants from - [FENAMAD](#): This is a health manual in which traditional health knowledge and practices of the indigenous peoples of the Madre de Dios river basin are collected.
- Collective intelligence experiences with Waorani communities: Hivos promoted knowledge dialogues among health promoters, communities and sociologists, to understand the collective community memories about other diseases. They remembered and discussed **Poliomyelitis in the Amazon** and how it destroyed their communities until they received the vaccines.
 - Based on these conversations, we learned that in order to develop or reinforce trust in the vaccine against COVID-19, it was important to create images/infographics for the communities to recount the stories around the success of the vaccines in the case of polio.
- The methodology implemented by the AIR program was so successful that different stakeholders wanted to use it for interventions around

nutrition and other health interventions. For example, the Ecuador government proposed to use it to work with African communities and indigenous Andean communities in another **health related** project against COVID-19.

- Gender was also an important result, even though it was not proposed from the start of the intervention. There was a strong desire to bring back traditional knowledge about the medicinal use of plants and they worked with women to collect this information and knowledge about medicinal plant use and beliefs around their use. Women increased their participation in decision making and in leading different activities, **specially** as health promoters.
- Regional meeting of community health agents: "Our territory, our health", held in May 2022 had such an impact that a second meeting will be held in Peru in October 2022.



3. Impactful and culturally adapted communication

For the Amazon Indigenous Health Route, we understood that the role of communication was fundamental in two fundamental aspects. First, as a mechanism for dissemination and amplification of good practices, progress, and results of the project; and second, as an articulator for the implementation of strategies in the territory.

Thus, AIR's communication strategy was based on the concept of communicating from and for indigenous peoples and local communities, emphasizing the objective of placing the rights of indigenous peoples at the center of health systems. Therefore, all the contents developed within the framework of this strategy had a component of community validation to ensure their veracity and cultural adaptability.

In this sense, the communication contents developed could be classified as follows:

- **Informative material:** Contents developed with the objective of providing accurate and timely information on the progress of the pandemic.

Ex: [Noticiero de la Ruta de la Salud Indígena Amazónica](#) (Amazon Indigenous Health Route News)

8 episodes: 2 from each country, 2 regional episodes



- **Educational and communicational material:** Culturally adapted content translated into native languages, amplifying prevention and care actions.

Ex: COVID-19 Vaccination Canvasses

Translated into 8 native languages in Ecuador

Translated into 3 native languages in Peru

- **Experiential material:** Content developed from the voices of the indigenous peoples and local communities where the project was implemented, amplifying their experiences of the pandemic.

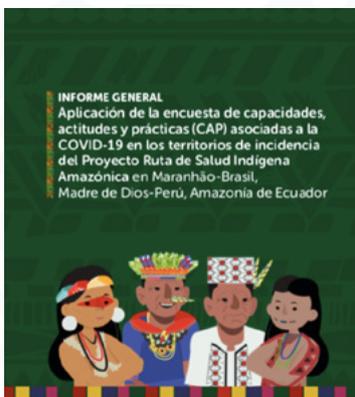
Ex: Ancestral Medicine Route

[Testimonial videos of indigenous women on the use of traditional medicine](#)

It is important to emphasize the variety of formats such as videos, articles, informational brochures, audios, and printed material; and of dissemination channels: social networks, radio campaigns, traditional messaging campaigns. This diversity responded to the importance of amplifying the message in such a way as to ensure its reception by the variety of actors for whom it was designed. An example of this was the adaptation of the COVID-19 vaccination posters in Peru into primers for social networks and audios for radio broadcasting.



The impact of the project's communication can be evidenced in several ways. First, in the effective use that has been and continues to be made of the educational-communication materials in the communities. Also, in the reception of the contents by partner organizations and even state institutions, who have requested their use for adaptability and application in other sectors. And finally in the recognition of the project as an innovative response to the pandemic in the Amazon region of Ecuador, Peru, and Brazil, which has resulted in opportunities for participation in international events, webinars, exhibitions, etc.



4. Conclusions and lessons learned

Undoubtedly, the most important aspect of this experience has been the process of building a multi-sector and multi-stakeholder articulation. It is important to mention that this articulation was possible thanks to the fact that in the previous phase in Ecuador it was possible to consolidate links on the one hand, and on the other hand, that there was a previous process given the experience of the consulting team with organizations and leaders in the Amazon of the three countries.

The generation of bonds of trust, based on mutual respect and recognition, transparency and active participation throughout the process were key factors during the implementation of AIR's activities. Feedback, continuous evaluation and monitoring, joint knowledge generation, co-learning (and unlearning) have been key words during our work.

This at the same time has generated great expectation in the organizations and uncertainty at the end of the project, considering that in the evaluations carried out with the partners, the need for the next phases of the project was repeated. "Please don't leave us alone", a phrase from one of the health promoters exemplifies the feelings of several of the actors with whom we work in the territory.

We believe that we collaborate in improving the health governance of organizations, generating bridges between health services and the population. We also contribute to community resilience, being this a future challenge in the constant threat of new pandemics.

Lessons learned:

- The strong involvement of the local communities is key in any emergency response. Local communities have been able to build resilience over years and generations through deep knowledge of their territories, their environment, and cultural practices. Women play an especially critical role in indigenous communities since they practice the traditional medicine whose knowledge is held by the elders in the community.
- Representative groups of indigenous populations can be effective partners for implementing structural changes in the health system by providing a bridge between the indigenous communities on the one hand, and policymakers, NGOs, OSCs and other technical partners on the other hand.

- The promotion of interculturality and knowledge dialogues to develop culturally adapted public policies. This requires the involvement of indigenous people in technical health teams but also an appreciation and recognition of the importance of ancestral medicine and traditional knowledge.
- The need to consider health in its broadest sense, including human, animal, plant, and planetary health. For indigenous populations whose traditional medicine and knowledge is closely linked to the natural environment in which they live, human health cannot be disentangled from that of the environment.
- Any health interventions designed to benefit indigenous communities need to consider the local definition and understanding of “health” and address the whole range of variables that affect the health of indigenous populations.
- The importance of transdisciplinary approaches in designing or restructuring health systems that are adapted to the socio-cultural context of indigenous groups but also local communities more broadly. Collaborations with anthropologists, sociologists, indigenous rights experts, and linguists are just as important as the involvement of public health experts and medical professionals.
- Understanding the different contexts also implies understanding the difference in time management, especially in the Amazon. The processes are longer due to several reasons, some related to the difficult geographical access, but undoubtedly with the determinants that that



have been described in addition to connectivity problems, many of the leaders do not receive a stipend for their work in the organization, among others.

- It must be considered that each organization and community have its own governance, consultation, and decision-making structure. At times this was complex for the consulting teams, which on the contrary were subject to a schedule. It is important to always emphasize that the donor was open and flexible in understanding these aspects, even more so in the different outbreaks that occurred during the project.
- Inequality in connectivity, access to technology, technological literacy and even technological generational gaps have made the implementation of technological solutions more complex than initially planned.
- It is necessary to develop multiformat content: try to get communities used to digital tools but there are many limitations. E.g., create printed maps that communities could use
- Ownership of digital tools must be reclaimed by the communities so they can evolve to meet the needs of the users in the community.
- In the process of introducing and building the maps in the communities, they learned about new health issues, new challenges, etc.
- A map of actions can become a reflection of all the work they've done with the route (The Ministry of Health - Ecuador had a map, but it was hard to use and ineffective. It captured assets, travel times, etc.) This is a tool for advocacy and for planning as:
 - It can make policy makers and government understand what level of effort and difficulty is involved to reach certain communities
 - It is also important for logistical and financial planning
- Regarding the work on access to technology in indigenous Peoples and Nationalities, we have been able to demonstrate that:
 - Technology is more of an age gap issue than determined by ethnicity
 - It was important to work with universities to understand how to adapt the app to the needs of the communities

- Run training for community health mobilizers on how to use digital tools which have then allowed them to discover new information/ insights
- Dialogue was essential to overcome resistance or hesitancy to the use of digital tools (e.g., health promoter was used to explain its use to other promoters)
- Access is important: Hivos only works with open data so anyone can use and improve it
 - * It was important to develop an app and a course for academics on how to engage communities in the use of digital tools (esp. tablet for CHW)
 - * Due to pandemic, the communities that have otherwise been excluded from digital tools, are now using it
 - * Hivos also bringing connectivity and technology to some places where it wasn't possible before
- • Community health promoter leaders pointed out that they have their own health experts within the community, and it was important for them that the ancestral knowledge be joined up with occidental knowledge.
- Leaders wanted the traditional health experts to have access to new tools so they can better understand COVID but also other illnesses.



- Hivos developed a curriculum for the Health Promoters in which they integrated the topics/ problems that the local communities were interested to cover, but also incorporated solutions that were suggested to problems by the local health experts and the wider community. This would allow them to understand that the biggest problems weren't COVID, but issues such as gender violence and malnutrition.
- Governments now recognize the important work of health promoters, but the flipside is that they expect to be formally employed by MOH and have a budget to do their work.
- It was important to strengthen community and associative governance around emergency response, which was the priority for the organizations.



5. Awards

- First place in the [SDSN](#) Amazonia 2020 Award (Sustainable Development Solutions Network)
- Innovative Initiative to Mitigate the Impacts of the COVID-19 Pandemic (ISLAC)

An intangible achievement has been to strengthen community and associative governance mechanisms around emergency response, which was the priority for the organizations. Importance of Community Health Promoters

Promote the health and integral wellbeing of the population in the face of the COVID 19 pandemic, working in their own contexts to contribute from local autonomies to the articulation of community care with the Health Systems and to promote a dialogue of transdisciplinary knowledge.

6. Next steps (sustainability)

There is no health without territory! This phrase marked the session we presented at COP 26 and the regional meeting of community agents and in some way contextualizes the future vision of health work in the Amazon. The systematization document of the meeting also contains the main health problems prioritized by both the Ministries of Health and the indigenous organizations.

The work on health promotion, determinants and generation of healthy territories should be the macro-objective, with an advocacy process that allows the generation of specific public policy on these issues. Community epidemiology as a tool to guarantee the rights of individuals and communities needs to be strengthened and adopted by policy and decision makers.

In this sense, we will continue working with other institutions: IDB, GIZ, ACTO, PAHO in obtaining funds that will allow us to continue with a next phase of AIR focused on working on social determinants and strengthening both the SNSs and communities to face threats related to climate change and possible pandemics and future.

7. Annexes:

The results of the records are as follows:

Application Indicators:

Description	Results through February 2022
Number of communities entered in the application per country (14 per country)	2 in Brazil with complete information 7 in Ecuador with complete information No information from Peru
Monthly registration of persons per promoter (minimum 5 members)	Average of 3.6 people registered per promoter in Ecuador (dec). Average from January to February: 11.16 people registered per promoter. Average of 2 people registered in December in Peru Average of 11 people registered per promoter in February in Brazil.
Number of community members per community (at least 5 members per community per month)	146 in Ecuador (4 months) 72 in Brazil (1 month)
Number of community members with vaccination information (at least 50% of the number of registered community members).	15 in Ecuador 1 in Brazil

ANNEX: Results Matrix

Project achievements by areas of change

Areas of Change	Result of the project	Strategies	Achievements
Indigenous peoples and nationalities in Brazil, Ecuador and Peru have improved access to culturally relevant health services.	Public officials and health authorities in Brazil, Ecuador and Peru have taken action to implement a culturally relevant model that includes integrated health networks, care protocols and strategies developed based on the realities and rights of indigenous peoples and nationalities.	Position the needs and rights of Indigenous peoples at the center of diagnosis and primary health care, including telemedicine networks.	

Areas of Change	Result of the project	Strategies	Achievements
	Indigenous peoples in Brazil, Ecuador and Peru have increased their capacities in health promotion and access to health services.	Adapt health promotion, behavior change, and disease prevention approach and materials to be culturally relevant for the indigenous communities	
Indigenous communities have become agents of community health and essential care.	CHWs in Brazil, Ecuador and Peru have strengthened their capacities to carry out community health surveillance actions and provide health care essential.	Capacity building of indigenous community health promoters (CHWs)	
	CHWs have successfully implemented a more effective and timely case notification and community tracking process through the use of a digital application.	Increase capacity for technology-based surveillance in indigenous communities and linkage of data to the public health system.	

***Note:** Light green implies that the area of change was achieved but not to the depth we desired in the implementation time.



Achievements by expected result

Expected Result	Indicator	Goal	Result
Public officials and health authorities in Brazil, Ecuador and Peru have taken action to implement a culturally relevant model that includes integrated health networks, care protocols and strategies developed based on the realities and rights of indigenous peoples and nationalities.	Percentage of positive SARS-CoV-2 test results	At the end of the Project, the positivity rate has decreased between 5% - 10% in the target territories.	
	Incidence of positive cases requiring hospitalization	At the end of the Project, the number of positive cases requiring hospitalization and/or ICU will be less than 25% of the total cases in the target territories.	
Indigenous peoples in Brazil, Ecuador and Peru have increased their capacities in health promotion and access to health services.	Knowledge, skills and practices on health promotion and disease prevention developed by indigenous organizations.	90% of the indigenous organizations and their communities have improved their knowledge and skills in health promotion and disease prevention.	
CHWs in Brazil, Ecuador and Peru have strengthened their capacities to carry out community health surveillance and provide essential care.	PCS Certification	46 community health promoters have completed training program	
CHWs have successfully implemented a more effective and timely case notification and community tracking process through the use of a digital application.	% of contacts reached in contact tracing actions during the two weeks after confirmation	80% of the contacts that patients with confirmation can identify are contacted	

***Note 1:** Coffee implies that the area of change was not fully achieved during the implementation time.

***Note 2:** Variation in positivity index and incidence of positive cases requiring hospitalization were achieved, however we cannot affirm that the project achieved these changes, we recognize the contribution of the project to the vaccination program that could help in meeting both indicators.

Project achievements by project deliverables:

Strategy 1: Position the needs and rights of indigenous peoples at the center of health systems, including diagnosis, primary care, and networks and micro-networks

Result: Public officials and health authorities in Brazil, Ecuador and Peru have taken action to implement a culturally relevant model that includes integrated health networks, care protocols and strategies developed based on the realities and rights of indigenous peoples and nationalities.

Shares	Products	Results
Development of workshops based on dialogues of knowledge between local organizations and representatives of the health system.	Three specific health models (one for each territory) that will include: <ul style="list-style-type: none"> Culturally adapted protocols to strengthen access to health care for indigenous peoples and nationalities. Implementation of at least three telehealth networks (one for each territory). 	
Development of a health model that includes protocols that respond to the reality of the territories.		
Definition of integrated health networks in each region, including telemedicine networks.	A georeferenced tool to identify the health services network and its routes, for each of the territories.	
Implementation of actions to improve the provision of essential medical supplies, including access to diagnostic tests, through partnerships with public or private institutions.	<ul style="list-style-type: none"> A mapping document and identification of essential needs in each territory. An improved process for access to diagnostic tests and treatment for the indigenous population in each of the territories. 	

***Note:** Light green implies that the area of change was achieved, but not to the depth we desired in the implementation time. In Peru we were not successful in improving access to diagnostic tests.



Strategy 2: Adapting health promotion actions with an intercultural approach

Result: Indigenous peoples in Brazil, Ecuador and Peru have increased their capacities in health promotion and access to health services.		
Shares	Products	Results
Conduct workshops for IPs to strengthen their knowledge of health care access routes, as well as when to go to health care facilities.	23 indigenous peoples/nationalities trained in access routes in their territories, health promotion and disease prevention.	
Conduct regular workshops with indigenous organizations to strengthen and update their knowledge on COVID-19, prevention measures, as well as on health promotion principles towards behavioral changes.	23 indigenous peoples/nationalities trained in access routes in their territories, health promotion and disease prevention.	
Design and launch specific and relevant communication campaigns for the territories where the project will be implemented.	At least three communications campaigns launched in coordination with indigenous organizations and local authorities	
Adapt and periodically update prevention and health promotion materials, including the cosmovision and territorial realities of indigenous communities, both for primary health care personnel and communities/nationalities. indigenous	A package of culturally adapted communication materials for each of the territories.	
Establish and implement a health promotion strategy in each of the territories, including disease prevention and health promotion brigades.	A health promotion strategy developed for each of the territories.	

***Note:** Verde claro implies that work was done on the description of health determinants, included in the step-by-step booklet, and strategies that include traditional knowledge as part of the health care subsystems, as in Ecuador with the Centro de Saberes Management Model, in Brazil with policy advocacy and governance in the territory with Policy Brief and in Peru with participation in spaces such as the indigenous COVID-19 command and articulation with the Ministry of Health.

Strategy 3: Capacity building of indigenous Community Health Promoters (CHPs)

Outcome: CHWs in Brazil, Ecuador and Peru have strengthened their capacities to carry out community health surveillance actions and provide essential care.		
Shares	Products	Results
Design a culturally adapted training program to strengthen the capacities of HCWs to conduct community health surveillance and provide essential care.	A training program designed and implemented	
Implement a culturally adapted training program to strengthen the capacities of HCWs to conduct community health surveillance and provide essential care.	At least 46 Community Health Promoters trained	

Strategy 4: Increase early warning and contact tracing capacity through a digital application

Outcome: CHWs have successfully implemented a more effective and timely case notification and community tracking process through the use of a digital application.		
Shares	Products	Results
Development/adaptation of a culturally relevant digital application	A digital application developed/ adapted and used by PSCs, coordinators and indigenous leaders for case notification and contact tracing.	
Implementation of contact tracing and case notification through a digital application culturally adapted to the territories.		

***Note:** Light green implies that the area of change was achieved but not to the depth we desired for notification and case tracking at implementation time.