



PROJECT

"Supporting the response to COVID-19 alongside the Community". Fast & Fair Initiative Report

I. Narrative Report:

A. *Project Description:*

The "Supporting the response to COVID-19 alongside the Community" Project contributed to the government's efforts to control the pandemic. The project strengthened outbreak prevention and control measures in selected communities, targeting people in human mobility, LGBTIQ+ individuals, sex workers and indigenous people of the Awa nationality. The project was implemented in partnership with ASOCIACION RIOS (in Spanish), a local NGO with experience in community health work.

This project was funded by CARE USA, as part of the Fast & Fair strategy, in response to COVID-19, which objective is to support countries so that the most vulnerable people can access the vaccine and overcome gender-based and other types of barriers that create inequalities regarding access to vaccination and health services.

The project was implemented from January to October 2022, in two localities of the northern border of Ecuador, in a vulnerable urban area, the Priorato parish of the Ibarra canton and in communities of the indigenous Awa population of the Chical parish in the Tulcán canton, in the border area, which also hosts 10 communities located in areas difficult to reach.

The parishes that were prioritized to work with the project were also those prioritized for the containment of COVID-19 based on the epidemiological information from the Ministry of Public Health. Prior to implementation, coordination meetings were held with the Ministry of Health at the local level, with social organizations, with school authorities and parents' committees, to agree on joint actions to strengthen the prevention of COVID-19 and access to vaccination. In summary.

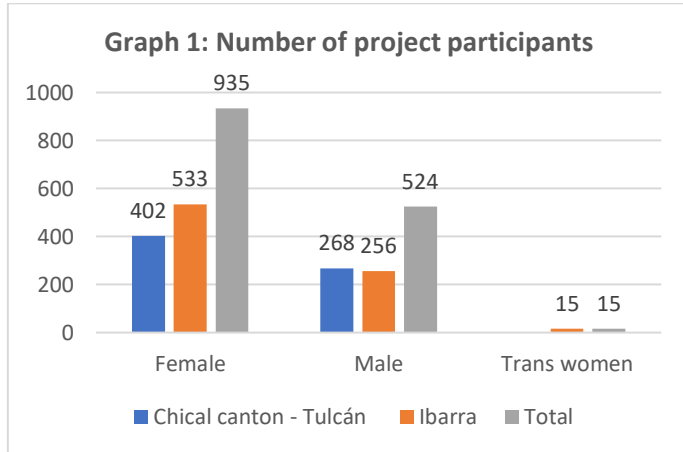
The coordination with teachers and health personnel made it possible to strengthen COVID-19 prevention measures in schools and to contribute to protecting the well-being of health and education workers, faced with shortage of supplies.

In order to contribute to the pandemic control and promote vaccination against COVID-19 while involving the communities, the project implemented and validated a methodological adaptation between Community Epidemiology (EPICOM for its acronym in Spanish) and the Community Score Card, with community leaders to identify gaps in access to health services and vaccination.

The project was able to meet its goals, including the coordination with the Ministry of Public Health and the participation of the community in project activities. To this end, community leaders were trained, whom worked with their population to strengthen prevention measures,

to identify cases of people facing risk factors or warning signs, as well as raise awareness on the need for COVID-19 vaccination and others, health needs.

In total, 1474 people participated directly in project activities: 670 in Tulcán and 804 in Ibarra; 63% self-identified as female, 36% as male and 1% as trans-female, as shown in Graph 1 below:



B. Project Results:

1. To teach and promote social mobilization for COVID-19 pandemic surveillance and control in border communities, targeting migrants, refugees and other vulnerable populations, as well as the Community Score Card, to improve coordination between communities and the health system and identify gaps regarding access to vaccination.

The Community Epidemiology and Community Score Card methodologies were adapted for the implementation of the activities of this result. The main health problems of participants were addressed, including respiratory infections and Sexually Transmitted Infections, which evidenced the importance of maintaining awareness-raising campaigns on prevention and surveillance of infectious diseases. Among the main health centers' problems identified by participants are poor infrastructure, shortage of medicines and low-quality service.

The capacities for community mobilization to respond to the COVID-19 pandemic were strengthened. To this end, promoters and people from the communities were trained as community health leaders. Subsequently, these community leaders worked with their populations to strengthen prevention actions, provided information to the population about COVID-19, prevention measures and applied the EPICOM form to detect suspected cases of COVID-19, people facing risk factors, people in need of COVID-19 or influenza vaccines and other health needs. These leaders received a kit for field work.

The results of this component include the participation of the following:

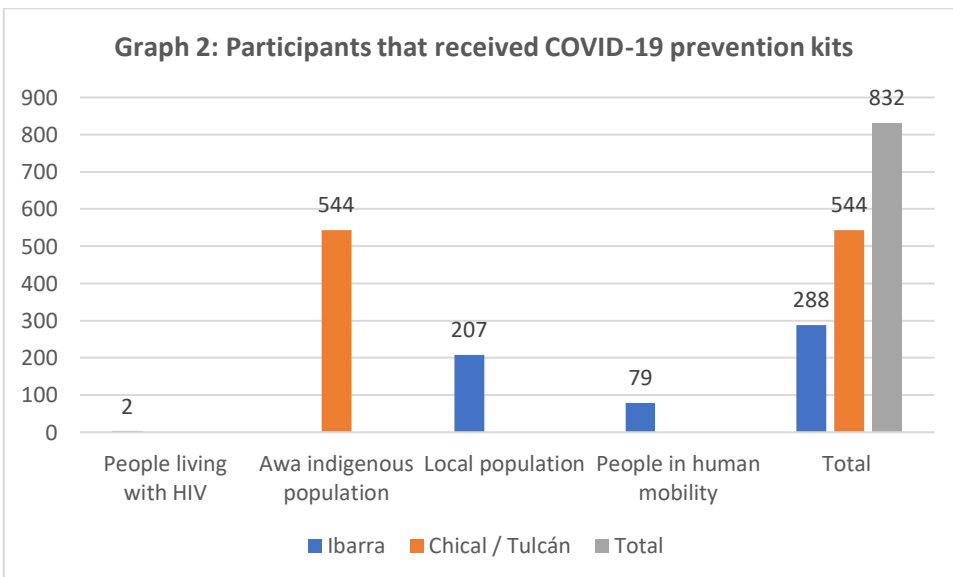
- 19 community leaders from the indigenous communities of the Awa nationality, in the Chical parish in Tulcan were trained
- 10 indigenous communities of the Awa population in the Chical parish.
- 7 community leaders, 4 from the migrant population and 3 from the Ecuadorian host population, from Ibarra, were trained.
- Adequate coordination was achieved with the Ministry of Public Health.

In Chical, 300 EPICOM forms were collected in comprehensive health brigades, which allowed for immediate detection of people with symptoms. There were no positive cases of COVID-19. In Ibarra, 54 EPICOM forms were collected, since the local community health leaders were in training, and the project first visits aimed at carrying out promotion activities. Subsequently, participants received training on how to fill out the cards and filled these out.



Community health promoters of the Awa indigenous population in Tulcan (Photo 1) and migrants and refugees in Ibarra (2), carry out community epidemiology and COVID prevention activities with their people.

The COVID-19 prevention kits were delivered to the participants of the prevention workshops, as shown in Graph 2 below.

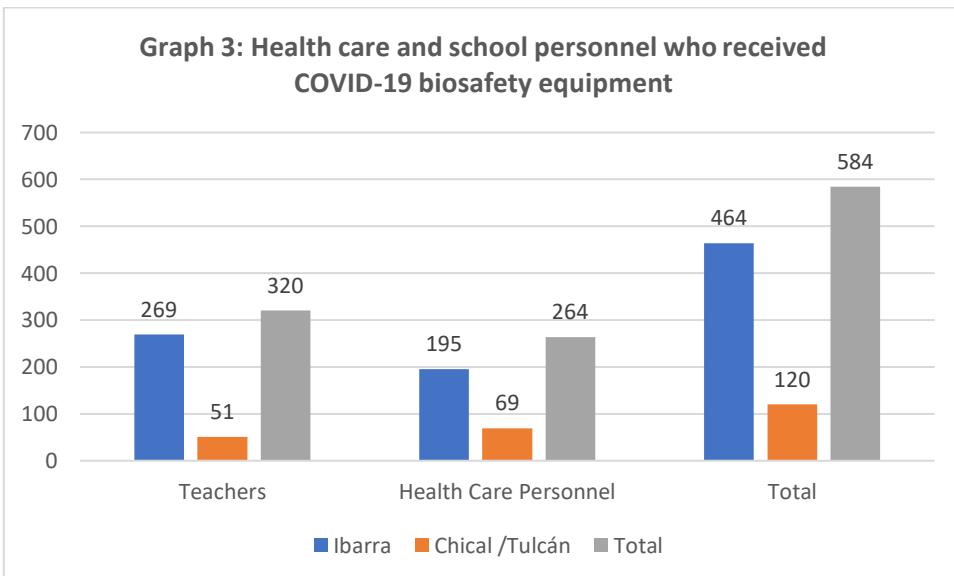


2. To strengthen the protection of school personnel and frontline health personnel participating in the progressive back-to-school pilot plan by providing PPE and biosafety equipment

In coordination with the districts of the Ministry of Education and the Ministry of Health and with schools and health centers' authorities, kits with biosafety equipment were delivered to teachers and health personnel. In total, 584 people received biosafety equipment. These supplies were delivered as these institutions face shortages; our efforts contributed to protecting these personnel.



Photo 3: Delivery of covid19 prevention kits to health personnel in the Tulcan hospital



In addition, six schools in Ibarra and two schools in the Chical parish in Tulcán received hygiene and COVID-19 prevention kits, reaching 5,762 students.



Photo 4: Delivery of hygiene and COVID-19 prevention supplies to school in Ibarra.

This information is detailed below:

TABLE 1: Number of schools participating in COVID-19 prevention actions and provided COVID-19 prevention kits, and teachers provided biosafety equipment

Province	Canton	Parrish	Number of schools	Number of students
Carchi	Tulcán	Chical, Maldonado, San Marcos	6	4874
Imbabura	Ibarra	Priorato, El Sagrario, Alpachaca	2	888
Total			8	5762

3. To support access and restitution of essential services concerning maternal health and sexual and reproductive health. This component is vital to support the most vulnerable population, and CARE Ecuador will finance it with funds from another project.

To implement this activity, CARE and the RIOS association contributed with their counterparts through other programs or projects and in coordination with the Ministry of Health. The results are presented below:

- In Chical, the promoters made case referrals to the San Marcos Health Center, for which recruitment protocols were strengthened. In total, 285 cases were referred and attended to in the services of the Ministry of Health. Of these, 274 (96%) involved the Awá indigenous population, located in communities difficult to access to, and 2 were cases of people living with HIV.
- Support to access to medical care was also provided, in coordination with the humanitarian assistance projects.
- In Ibarra, assistance was provided to 20 people who required sexual and reproductive health services and to 65 gender-diverse people. In addition, 9 people were referred to facilities of the Ministry of Health.

4. Limitations and challenges

This process faced some challenges, including delays to reach agreements with the Ministry of Public Health. Another important constraint referred to the security context, which keeps women engaged in sex work in a state of alert as they feel constantly threatened; this prevented this group from continue participating. Consequently, progress was achieved only up to the EPICOM and Community Score Card phases.

In addition, the generalized xenophobia in the city of Ibarra towards the population in human mobility also delayed our work with this population group.

Another challenge was the national strike in June, which blocked transportation within the country for almost a month, forcing project actions to be postponed.

5. Lessons learned

- Community surveillance is a cost-effective strategy to sensitize communities to care for their own health.
- The EPICOM methodology and the Community Score Card promotes dialogue and joint reflection of community agents and health service personnel to reach agreements to work towards overcoming some of the identified problems.
- The community surveillance process in Ibarra took longer than expected since 3 of the 4 migrant community guardians had no experience in these types of processes. Though it took longer to achieve, it also provided a practical training process for community guardians from the population in human mobility.
- Experiences from the community surveillance process in difficult-access areas must be shared among promoters to assess progress and identify opportunities for improvement.
- The COVID-19 Community Epidemiology Sheet was validated and implemented in intervention areas without difficulties.
- Protocols for patient recruitment and case resolution at the first or second level should be strengthened. The human mobility guardians must share and learn these protocols to avoid confusion or misinterpretation.
- Human mobility guardians are key players to support infection control. These processes will need to be established to reduce morbidity among this vulnerable population.
- Safety protocols should be implemented for activities involving both personnel and participants. If necessary, activities should be suspended to safeguard the integrity of the team and participants.

6. Recommendations

- Concentrate on implementing the Community Surveillance project to promote compliance with the Comprehensive Health Care Model (MAIS for its acronym in Spanish), as surveillance represents one of the approaches on which the MAIS is based.

- Promote cooperation and community participation in project's actions. This is important to raise awareness of the Ministry of Health on the importance of vulnerable population groups and their contribution to community surveillance.
- Monitor the sustainability of the community surveillance process alongside Alas de Colibrí Foundation.
- Consider potential delays when defining future project actions.
- Consider crosscutting topics and principles:
 - The safety of staff and partners. As was mentioned in the first part of the report, project activities with both the population in human mobility and sex workers was suspended. In the first case, activities were resumed and successfully completed. In the case of the sex workers, the process could not be completed, as participants could not continue attending project activities. A meeting was held to revise security protocols. There were no other incidents to report.

7. Other relevant aspects

- **Gender equality marker and analysis:** Communication with female sex workers and LGBTIQ+ individuals aimed at respecting gender diversity. The language and communication materials used for this activities were adapted, but this was not completed for the reasons mentioned above.
- **Working with local/national partners:** The project allocated contributions and resources from other initiatives, such as the Global HIV Fund and Humanitarian Aid, to enhance project the activities. Moreover, the local resources and capacities of Chical were part of the process, while establishing a relationship of mutual contribution for adequate activity implementation. Connections with the Carchi MoH allowed for referral of second and third-level cases. Alliances were established with state actors, such as the Ministry of Education, and CSOs, such as Alas de Colibri Foundation, to discuss the continuity of the process.

II. FINANCIAL REPORT

DETAILED BUDGET FOR CUPELLO Foundation

DETAILED C-USA Humanitarian Team BUDGET Template							
Date of the budget submission (MM/DD/YYYY)		11/30/2022					
Country Office/CI-Member name		Ecuador					
Project Name		FAST & FAIR - Supporting the COVID-19 Response Alongside the Community in Ecuador financiado por CARE USA.					
CARE USA - Ref.		BAM					
Total Funds be allocate to CO		USD 30,000					
CARE USA - HT - Funding Code (FC) / PID		US2VT					
CO PID Number (if already available)		CUPFEC0010 / CUPEC0011					
Start Date / End Date		1/10/2021			31/10/2022		
Activity ID	Item #	Cat.	Item description	Budget	Expenses	Balance	TOTAL %
PERSONNEL COSTS							
INTERNATIONAL STAFF							
				-			
		50	Sub-total for Int. staff	-			0%
NATIONAL STAFF							
			CARE specialist for technical assistance.	1.800	1.966	-166,38	109%
			Asistente	-		0	#iDIV/0!
		50	Sub-total Nat. Staff	1.800	1.966	-166,38	109%
1	I	5011 - 5085	TOTAL FOR PERSONNEL COSTS	1.800	1.966	-166,38	109%
PROFESSIONAL SERVICES							
			Consultancy for systematizing the experience of VEC and CSC	4.000	3.706	294	
2	II	5100 - 5170	TOTAL FOR PROFESSIONAL SERVICES	4.000	3.706	294,2	93%
EQUIPMENT PURCHASES (Expensed)							
				-			
3	III	5200-5280	TOTAL FOR EQUIPMENT PURCHASES (Expensed)	-			0%
MATERIAL, SERVICES AND CONSUMABLES							
			Resources to support the Comite del Sur de Quito for transmitting information and the experience of community epidemiological surveillance to organizations that are in the border	2.000	2.128	-128	106%
4	IV	5300-5380	TOTAL FOR MATERIAL, SERVICES AND CONSUMABLES	2.000	2.128	-128	106%
TRAVEL AND TRANSPORTATION							
						0	#iDIV/0!
5	V	5400-5483	TOTAL FOR TRAVEL AND TRANSPORTATION	-	-	0	#iDIV/0!
OCCUPANCY							
						0	#iDIV/0!
6	VI	5500 - 5550	TOTAL OCCUPANCY	-	-	0	#iDIV/0!
MISCELLANEOUS/OTHERS							
				-			
7	VII	5600 - 5699	TOTAL MISCELLANEOUS/OTHERS	-			0%
Sub Grants (All Funds Transferred to Local Organization)							
			Fundacion Rios	22.200	22.200	0	100%
				-			
8	VII	5710 - 5740	TOTAL SUB GRANTS	22.200	22.200	0	100%
TOTAL PROJECT COSTS - CO				30.000	30.000	0	100%
ICR CARE USA							
	VIII		TOTAL SUB GRANTS	-			
TOTAL PROJECT COSTS				30.000	30.000	0	100%
Please list all expenses related to or transitioning through partners for response implementation to be budgeted under budget line							