

Fund MPTF_00209: UN COVID-19 MPTF
Title* Saving lives and protecting the rights of indigenous Amazonian women in the COVID-19
Anticipated Start Date
Duration (In months)
Anticipated End Date

This intervention will address the catastrophic gender impact of the COVID-19 pandemic by providing essential and life-saving services in matters of maternal health, sexual and reproductive health, nutrition, severely limiting the exercise of their rights. These disruptions in service provision have led to deaths, unplanned pregnancies, adolescent pregnancies, among other effects that

The people-centered and data-driven Joint Programme (JP) aims to **ensure access including nutrition, family planning and attention to Gender Based Violence in the Amazon** during and after the COVID-19 pandemic.

The intervention is designed to be implemented in **14 months** (1 November 2020 – November 2021) in **Condorcanqui in the Amazonas region**, which is home to the Awajún and Wampyank region. This region has particularly high levels of poverty and maternal mortality rates compared to other provinces. It is a province that faces some of the most significant development challenges.

The JP proposes to build from structures, capacities and activities that are current assumptions related to maternal health, nutrition, STI/HIV and GBV prevention systems and have yielded valuable lessons, but which have not yet been sufficiently effective. The project seeks to introduce methodologies and tools with cultural pertinence and expected to scale-up to become part of the government's and other stakeholders' strategies.

The JP aims to prevent further deterioration of the progress achieved in the SDGs 3 and 5, as well as to set the stage for accelerating progress in the recovery period of the COVID-19 response and recovery.

Brief Overview*
Comments

Geographical Scope	Geographical Scope	Name of the Region	Region(s)	Country(ies)
	Country		Americas	Peru
	Participating Organizations	NGOs	New Entities	Implementing Partners
	PAHO/WHO			
	UNAIDS			Dirección Regional de Salud (DIRESA)
	UNFPA			Gobiernos Locales
Participating Organizations	WFP		Other	
	Contact Type	Name	e-mail	Position
Contacts	Focal Point	Luz Fernandez	luz.fernandezgarcia@un.org	

	Gender Equality Marker	Risk	OECD-DAC
Universal Markers	GEM3 - GEWE is the principal objective of the Key Activity	Low Risk	
	Fund Windows	Fund Windows	
	Approach to COVID19 Response	Window 2: Reduce Social Impact and Promote Economic Response	
	Primary Socio-Economic Pillars	HRBA integrated	
		Yes	
		Pillars	
		Pillar 1: Health First	
Fund Specific Mar	Concept Note Type	Type	
	Budget	Funding	
	Budget Requested	Amount	
	Other Sources	\$1,000,000	
		\$600,000	
Estimated Budget	Total		\$1,600,000

COVID-19 response

1-Nov-20

14

1-Jan-22

The pandemic on the access of Amazonian indigenous women to reproductive health, response to gender-based violence, and service provision have caused a significant increase in maternal deaths that require urgent attention.

Access to essential and life-saving services of maternal health (GBV) to protect the rights of indigenous women living in

(UN 31 December 2021) and it targets the **province of** Condorcanqui indigenous peoples. Among other key indicators, this indicator is below national averages and, within Amazonas, Condorcanqui

is widely present in the territory. That is, policies, strategies and programs that the government has deployed in Condorcanqui province, especially in the context of the pandemic. In this sense, the indicator shows low sensitiveness. These methodologies and tools are used in interventions in the territory and beyond.

in Peru due to the COVID-19 pandemic, especially in SDG 2, 3, 5, 8, 10, 11, 13, 16, 17, and it includes a human rights-based approach to COVID

Additional e-mail

Telephone

Skype

Title

CN_I. What is the specific need/problem the intervention seeks to address? Summarize the problem. Apply a gender lens to the analysis and description of the problem. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens).

achieved and a clear explanation of tangible results or changes that will be achieved through this collaborative programme

Describe the results expected to be achieved and how it contributes to the Covid-19 response and the SDGs.

Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem.

Please highlight a) how the solution(s) is data driven (especially on population being targeted) b) if and how it employs any innovative approaches; c) if and how it applies a human rights-based approach and how is it based on the principle of “recover better together” d) if and how the theory of change reflects the Gender Equality Marker score selected in this

CN_III. Catalytic impact and nexus Describe how the intervention is catalytic by mobilizing or augmenting other financial or non-financial resources including from IFIs, foundations, the private sector. Describe how the proposed intervention supports medium to long-term recovery for example by enabling other actors to engage, generates an enabling environment for longer-term development.

CN_IV. Who will deliver this solution List what Recipient UN Organizations (no less than 2 per concept note) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point.

P_I. Immediate Socio-
Economic Response to
COVID19 and its impact

P_V. Target population

maternal health, sexual and reproductive health, response to GBV, and nutrition, severely limiting the exercise of their right to health. The COVID-19 pandemic has led to a significant increase in maternal deaths, unplanned pregnancies, adolescent pregnancies, among other effects that require urgent attention. This is particularly evident in Condorcanqui province, in the Amazon basin region of Amazonas, which is home to the Awajún and Wampis indigenous peoples.

The overall socioeconomic effects of the COVID-19 pandemic in Peru are catastrophic. As of late August 2020, Peru had the highest unemployment rate in the world. Government projections for 2020 envisage a 12% reduction of GDP and a fiscal deficit increase from 1.6 (2019) to 10.7% of GDP. Around 30% of the population, around 3 million more people will be unable to satisfy their basic needs in 2020. The effects of COVID-19 are disproportionately affecting the most vulnerable populations, particularly the indigenous peoples and the rural population, who have been structurally subjected to multiple dimensions of inequality, exclusion and discrimination, in detriment of the full effectivization of their rights.

The health system has been severely impacted by COVID-19 and is at risk of being unable to guarantee the continuity or reestablishment of the health system after more than two decades of health system underfunding—with average yearly public expenditure in health below 3.5% of GDP, low universal health coverage, low efficiency and quality of public expenditures in health, and a fragmentation and segmentation of services. These characteristics intertwine with current COVID-19 conditions related to the lack of clear strategies aligned with international best practices, lack of appropriate protection (PPE) of health care providers in the first line of care, as well as a lack of policy approaches that address the needs of the most vulnerable populations, such as promotion of community engagement, cultural and territorial adaptations, and measurement of disaggregated data.

The effects of COVID-19 on the provision of essential and lifesaving health services, including those related to protection from violence, have been significant. The disruption of the first level of care and its slow-paced restoration have provoked a significant reduction of sexual and reproductive health services, such as antenatal and post-natal attentions and services (including appropriate nutrition services), attentions of obstetric and gynecological services, family planning services, modern contraceptives, HIV and sexually transmitted infections, lack of appropriate response to sexual violence, including limited access to legal services, and limited availability of health establishments. These supply-side challenges, associated with the collapse of health and GBV protection in the first line of care, are related to decreased demand for health services by users, due to fear of COVID-19 contagion. These challenges have resulted in a significant increase of unplanned pregnancies, adolescent pregnancies, as well as GBV victimization, including sexual violence.

Within this context of severe socioeconomic impact of the COVID-19 pandemic in Peru, indigenous peoples in the Amazon basin are particularly affected.

Gender Based Violence (GBV) to protect the rights of indigenous women living in Amazonia during and after the COVID-19 pandemic.

The JP contributes directly to the strategic lines of Peru's Socioeconomic Response Plan to COVID-19, and specifically to Pillar 1 (Overcoming the Crisis). More indirectly, the JP also contributes to Pillar 2 (Protecting People: Social Protection and Basic Services).

The JP aims to prevent the deterioration of progress achieved in the SDGs in Peru due to the COVID-19 pandemic, especially in the recovery period. The JP also aims to contribute to SDG 10 by incorporating an intercultural approach in sexual and reproductive health care and GBV services during the pandemic, including the re-establishment of activities that are routinely performed, ways of providing services, and strengthening first level of care resolution capacities to effectively provide services such as emergency obstetric and neonatal care and services, drug distribution, blood collection, relocation of specialized personnel in the first level of care, and COVID-19 contacts in the community.

The JP is designed to be implemented in 14 months (1 November 2020 – 31 December 2021) and it targets the province of Cusco. Qualitative and quantitative information contained in the studies detailed in section I, the intervention proposes focusing on indigenous women in Amazonia.

The JP has carried out rapid and inclusive mapping from a human rights-based approach to the humanitarian response to the COVID-19 pandemic, which the proposal is specifically directed. To this end, it has analyzed how the response measures to COVID 19 have had a st impact on the rights, as well as on the exercise of a life free of violence, due to the reduction of services that attend to maternal health and psychological violence against women, girls and boys, especially considering the effects of these conditions for the Awajún area. A management approach and intercultural perspective, special consideration has been given to the care of people living with COVID-19 in the area.

In addition, the JP qualifies for the Gender Marker 3 since the main objectives of the intervention are to reduce gender inequality. The main objectives mainly cover:

to reinforce the public services in the area. The multisectoral commission addressed different issues related to social development. An Ombudsman Office and a Women's Emergency Center were established in Condorcanqui. Shortly after, the Condorcanqui office received resources from the national budget directly to the province level: as reported by the Ministry of Finance, an average of 40 million dollars in the Amazonas region, both in the strategic results-oriented budget programs of nutrition (Articulated Program for Nutrition), maternal health and Aids (Strategic Program of HIV and Tuberculosis). Around 15% of these resources were allocated in the province of Condorcanqui, which strengthened with equipment, trained personnel, equipment and decentralization of laboratory, and the decentralization of services in Condorcanqui province.

Given the alarming increase in HIV cases, international cooperation (i.e. Global Fund against Aids, Tuberculosis and Malaria, etc.) provided during the same period of time more than 4 million dollars, to complement government efforts to improve HIV strategies for reaching target populations and in producing technical regulations to adapt the services to the characteristics of intervening in the area. As a result, coverage increased significantly among Awajún and Wampis people, and a network of community support was established with participation of local organizations. PAHO also worked in the dual elimination of mother-to-child transmission (EMTCT) of HIV and syphilis and maternal health interventions.

To ensure that these types of interventions continue to be implemented during the COVID 19 pandemic response, the government of Peru decided to support Amazonas, one of the regions that was hardest hit by COVID-19 and, at the same time, one of the most vulnerable regions. Those resources are added to the resources of the strategic programs for nutrition, maternal health and STI / HIV but the pandemic allow to estimate that many more resources to contain the impact of the pandemic and protect the affected individuals.

The UN agencies participating in this project have already repurposed significant resources to support the government of Peru.

- UNFPA CO has refocused its 2020-2021 workplan to respond to COVID-19. This includes the reassignment of approximately 10% of its resources to the COVID-19 response aimed at ensuring (i) continuity of sexual and reproductive health services (including maternal health, family planning, and adolescent reproductive health), (ii) continuity of health services, including health care workers, as well as the adequate protection of health professionals (UNFPA has mobilized US\$ 520,000 to purchase personal protective equipment); and (iii) continuity of supplying modern contraceptives and other sexual and reproductive health services. This intervention is in line with UNFPA operating model for "pink" countries, and involves advocacy and policy dialogue, capacity strengthening of ICPD PoA and 2030 Agenda, knowledge generation and management, and direct service delivery in humanitarian settings.

UN Organizations: PAHO/WHO, UNFPA and WFP, with technical advice from UNAIDS.

Lead Agency: PAHO/WHO

Partners: Ministry of Health (MoH), Ministry of Social Development (MIDIS), Ministry of Women and Vulnerable Populations, the Amazonas region, as well as local non-governmental and community organizations.

UN Organizations' Capacities

Participating UN agencies have substantial previous experience in the design and implementation of joint programmes. This approach will facilitate an effective and efficient use of resources, and will enable addressing the problem at which this inter

PAHO/WHO

PAHO/WHO provides technical cooperation in health to its member countries, strengthening health promotion with a life cycle approach; combats communicable diseases, chronic diseases and their causes; strengthens health systems; and responds to emergencies. In Peru, PAHO/WHO with Peru seeks to catalyze efforts to reduce health inequities by addressing social and environmental determinants, implementing and focusing on primary health care and social protection in health

PAHO/WHO will bring the following added value to the JP:

Technical competence, experience, and adequate local insertion to implement this intervention

International advisors in communicable and non-communicable diseases, maternal health, mental health, health systems and gender, human rights, and interculturality and project management with own and assigned resources in Peru; as well as the network of WHO collaborating centers.

Coordinate with various multi-partner mechanisms activated in the context of the pandemic for the national and subnational

the best-performing economies in the region, which facilitated the rapid deployment of a fiscal stimulus package to tackle the crisis. According to the World Bank, the COVID-19 crisis is the worst global economic crisis since 1870. The Peruvian economy is in a deep recession, and this serious recession threatens the social achievements attained during the last decade, including poverty reduction and improved living standards. In this context, the Peru United Nations Country Team (UNCT) has formulated a Socioeconomic Response and Recovery Plan to support government efforts to recover from the deep socioeconomic impacts caused by the pandemic, while leaving no one behind. The plan includes policies, including the national economic reactivation plan developed by the Government of Peru.

The activities that are part of this proposed Joint Programme (JP) are fully within the pillars and strategic lines of action of the National Socioeconomic Response and Recovery Plan (SERP). The JP focuses on essential and life-saving services of maternal health and nutrition, family planning and GBV attention as a condition to promote sustainable living in the Amazon basin, as well as addressing community resilience in an intercultural context, it will be part of Pillars 1 (Health and Well-being) of the SERP. More specifically, its activities fit well within the strategic lines under these pillars, including those addressing the strengthening of health systems, traditional medicine and health technology, participatory and inclusive territorial health responses, capacities for preventing and responding to emergencies, and dialogue at the community level. Moreover, its focus on Amazonian indigenous women matches the SERP's prioritized objectives. The JP will guide the SERP, including intercultural, gender equity and territorial approaches.

The COVID-19 crisis has revealed the structural and historical discrimination suffered by women, which has a severe impact on their economic, social, and reproductive rights, to ensure food security, and to ensure their right to live a life free of violence. In times of crisis, such as the current one, violence due to increased tensions in the household, inequitable distribution of domestic work, restriction of public services, and the breakdown of systems that protect women and girls, including community structures, may weaken or break down, specific measures should be implemented, considering the changing dynamics of risk imposed by COVID-19. This gender-based inequality becomes even more evident in rural areas, such as indigenous women.

As in all other areas, the COVID-19 pandemic has worsened existing social conditions in Condorcanqui. However, the situation is particularly worst in the country. The pandemic has hit indigenous populations harshly, and this has led their own organizations to block public services, as a means to prevent contagion (see <https://www.dge.gob.pe/portalnuevo/informacion-publica/sala-de-poblacion>). Historically, indigenous communities in Peru's Amazonia have been marginalized. Overall, prior to COVID-19, these communities had unmet and unsatisfied basic needs. As COVID-19 has hit the country hard, strict lockdown measures have further undermined their food security and men and women's ability to access alternative livelihood resources and essential services. Even though the nature and extent of the impact is largely unknown, The Lancet mentions that direct results include "mortality from severe illness, reduced access to food, chaotic markets, and increased gender inequality" ([https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30173-X/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30173-X/fulltext)).

characteristics, within Amazonia. Therefore, in this chapter we will describe both the population and the territory to facilitate the study. Area of intervention: The province of Condorcanqui

- The department of Amazonas represents 3% of national territory, with an area of 39,249 km². It is located in the northeast and low jungle. Its geography is very rugged, due to an extensive network of tributaries of the Marañón and Huallaga rivers, and mountain ranges. It has 7 provinces (Condorcanqui, Bagua, Bongará, Utcubamba, Luya, Rodríguez de Mendoza and Chachapoyas) and 887 hamlets. Its capital is the province of Chachapoyas.

- The province of Condorcanqui is in the low jungle. It is a predominantly protected area with difficult access and climatic risks. El Cóndor is a little-explored ecosystem with great ecological diversity. The binational highway which connects Bagua to Santa Cruz de Wawico in the Imaza district, built by the Nor Peruano pipeline, to allow its maintenance. The Marañón, Nieva, Cenepe and Utcubamba rivers permit the native communities to transport their production of wood, banana, and yucca, among others.

- Climate change, deforestation, and informal mining have reduced crops, altered the diet, and further impoverished the indigenous communities.

- An analysis of the health vulnerability of these communities, carried out by the Center for Epidemiology and Disease Control of the National Institute of Health (INIA), (Cruz et al., 2015 http://www.dge.gob.pe/portal/Asis/indreg/asis_amazonas.pdf), identified the departments of Loreto and Amazonas as the most vulnerable. This index is built based on the indicators of the population under 5 years old, % of institutional birth, the diseases that produce the most years of potential life lost (YPLL) in Amazonian Indigenous Communities (respiratory infections, newborn-related diseases and diarrhoeal diseases), % of access to water and external causes (natural disasters and emergencies). In this framework, the province of Condorcanqui is one of the most vulnerable in the region (ASIS Amazonas, pg. 125).

- In 2009, the Bagua area experienced a deadly confrontation between the Awajún people and the National Police, due to the exploitation of indigenous lands without taking into account the prior consultation established in the Convention 169 that recognizes the right to self-determination. That is why, relations between Amazonian indigenous peoples in the area surrounding Bagua and private companies has been very tense. (Cruz et al., 2015 <https://www.youtube.com/watch?v=ZwRgsKNpKGg>).

- Towards 2014, with the first alerts of HIV cases in the province, the central government established a multisectoral plan to address the situation. In 2015, the Ombudsman's Office and a Women's Emergency Center were established, and health services were strengthened in Condorcanqui. Target Population: Awajún and Wampis peoples

- The indigenous population of Peruvian Amazonia is composed by 42 indigenous peoples. This population lives in 14 departments. The Amazonian indigenous communities are concentrated mainly in the departments of Loreto, Amazonas, Madre de Dios and Ucayali.

- The province of Condorcanqui, in the department of Amazonas, has 42,470 inhabitants, 50.4% of them are women (INEI, C

Comments

Total score 19: Gender focus a the heart of this CN , and good justification of different national and other UN body roles.

Total score 19

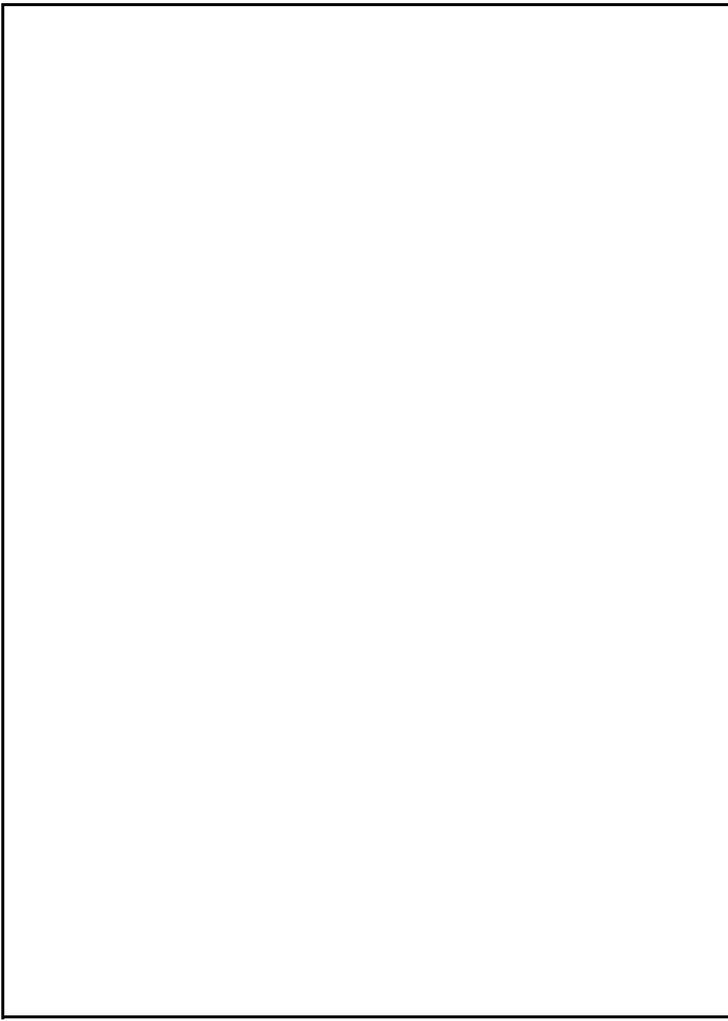
Introduces information technologies, makes human rigths approach and as they spell out most at risk of being left behind a priority, Gender markers highlighted, and concrete outputs defined

Total score 19

Good description of interventions supporting medium to long term recovery, ICT interventions, other UN and partners work taken into account.

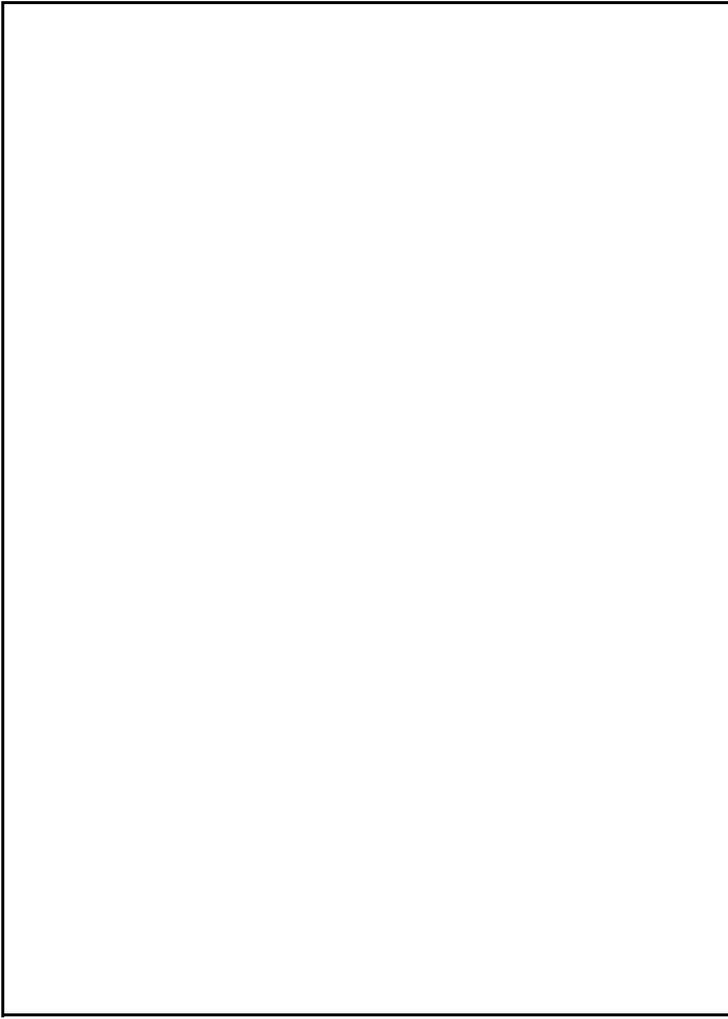
Total score 19

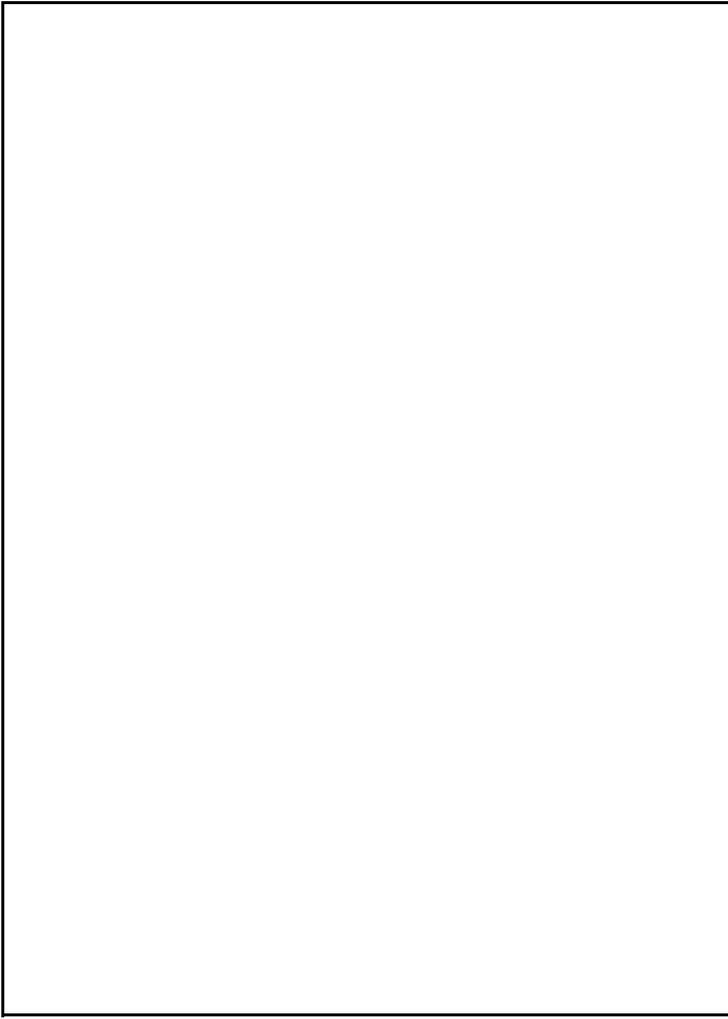
Monitoring and evaluation well defined. Roles of UN agencies involved, management of project well defined.



Reviewer 3 (S) - overall score: 21

well analyzed, presented, and thought through, with clear focus on indigenous women, LNOB, etc. - seems very well thought through







Main Goals

Goal	Target	Description
Goal 3	Target 3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
Goal 3	Target 3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
Goal 5	Target 5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Secondary Goals

Goal	Target	Description
Goal 2	Target 2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

Contributing Goals

Goal	Target	Description
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Indicator 1

Indicator 3.1.1: Maternal mortality ratio

Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods

Indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

Indicator 1

Indicator 2.2.3: Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)

Indicator 1

Indicator 2	Total Estimated % Budget allocated per target
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38

29

18

Indicator 2	Total Estimated % Budget allocated per target
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15

Indicator 2	Total Estimated % Budget allocated per target
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Outcomes	Output
Outcome 1	
	Output 1.1
	Output 1.2
	Output 1.3
	Output 1.4
Outcome 2	

<p>% of maternal and child population receiving essential services in the primary health care network</p>	<p>This indicator measures the the population benefiting from the reopening of health services, under the needs that have been prioritized after the partial or total closure of the service network due to the COVID-19 pandemic . <u>Sources of verification</u>: This is a management indicator managed by Dirección regional de salud (DIRESA) .</p>
<p>% of pregnant women that receive iron and folic acid supplements</p>	<p>This indicator measures the coverage of iron and folic acid supplementation. Its operational definition considers the total number of pregnant women that have received at least 4 dossages of supplements during their pregnancy from the total of pregnant women that have received assistance at the health center. <u>Sources of verification</u>: This is a management indicator managed by the Ministry of Health.</p>
<p># of information and data management initiatives that improve monitoring, surveillance, and costing of maternal, sexual and reproductive health (SRH) needs and gaps, and thus implement enabling conditions to implement evidence-based effective SRH interventions</p>	<p>This indicator aims at tracing the number of initiatives that strengthen information, surveillance and data management in order to improve the monitoring and costing of sexual and reproductive health (SRH) needs and gaps, and thus contribute to install evidence-based effective SRH interventions. <u>Sources of verification</u>: JP documents, Regional Health Directorate a/o Condorcanqui health network documents and reproductive health (SRH) needs and gaps, and thus contribute to install evidence-based effective SRH interventions.</p>

<p># of communication packages developed and disseminated with intercultural pertinence translated into indigenous languages</p>	<p>This indicator aims at tracing the number of packages with sensibilization, communications, risk communications a/o education strategies a/o products on COVID-19 prevention, safe pregnancies and sexual and reproductive health and rights. <u>Sources of verification</u>: JP documents, Regional Health Directorate a/o Condorcanqui health network documents a/o education strategies a/o products on COVID-19 prevention, safe pregnancies and sexual and reproductive health</p>
<p># of GBV women survivors receiving attention from socio-legal and health services</p>	<p>This indicator measures the number of GBV women survivors attended by the socio-legal and health services, as an evidence of the improvement in access to GBV protection services. <u>Sources of verification</u>: Boletín Estadístico del Programa Nacional Aurora http://asista.pncvfs.gob.pe/images/UGIGC/BV2020/BV%20Agosto%202020.pdf protection services.</p>
<p># of sexual rape emergency kits delivered by the Santa María de Nieva hospital to GBV sexual rape survivors</p>	<p>This indicator measures availability and delivery of sexual rape emergency kits by the Santa María de Nieva hospital. The indicator will assess clinical management of sexual violence as well as compliance with norms regulating public services response to GBV survivors.</p>
<p># of culturally relevant risk communication strategies on GBV prevention and response (multisectoral approach) implemented in Condorcanqui</p>	<p>This indicator measures the implementation of a culturally relevant risk communication strategies on GBV prevention and response (multisectoral approach) in Condorcanqui. <u>Source of verification</u>: JP internal documents</p>

Outcomes

Description

Indigenous women in the Amazon have access to culturally pertinent essential and life saving health services, with emphasis on sexual and reproductive health in COVID-19 context

Restored and "built back better" maternity and other sexual and reproductive health services in the first level of care in the context of COVID-19: Activity 1.1.1 Adaptation of sexual and reproductive health care model to cultural specificities and COVID-19 context, including remote services, tele-medicine and mobile brigades (PAHO/WHO, UNFPA) ; Activity 1.1.2 Strengthened prevention and case management of COVID-19 cases; Activity (PAHO/WHO) 1.1.3 Training of health care providers, including midwives, to ensure timely, quality and culturally pertinent ante and post natal care, EmONC, eMTCT of HIV, hepatitis and syphilis and family planning to ensure safe pregnancies and avert maternal mortality in COVID-19 context (PAHO/WHO, UNFPA, UNAIDS); Activity 1.1.4 Enhance availability of safe blood and blood products, including strengthening of blood banks and supply chain, and training of personnel for safe blood management (PAHO/WHO); Activity 1.1.5 Strengthened delivery of culturally relevant family planning services and contraceptives in COVID-19 context (UNFPA); Activity 1.1.6 Prevention and control of communicable diseases (HIV, malaria) (PAHO/WHO, UNAIDS); Activity 1.1.7 Installation of communication system (mobile phones; use of SMS) for reference, counter-reference and response (PAHO/WHO).

Restored and "built back better" maternal nutrition strategies and the prevention and control of iron deficiency and anaemia among pregnant women: Activity 1.2.1 : Improve capabilities among health staff to assess nutritional status, screening and diagnosis using specialized anthropometric and hemoglobin measurements; and improve the delivery of supplements (WFP); Activity 1.2.2 Specialized technical assistance to health staff on maternal nutrition to reduce malnutrition and anaemia (WFP); Activity 1.2.3 Strengthen the community network to promote good practices to improve maternal nutritional status (WFP); Activity 1.2.4 and behaviour change communication to improve maternal nutrition practices among indigenous population (WFP).

Strengthened surveillance, information systems and data management to improve monitoring needs and response: Activity 1.3.1 Strengthened surveillance of maternal mortality and extreme maternal morbidity, including identification of early risks in primary care and emergency attention (active search of maternal deaths) (PAHO/WHO); Activity 1.3.2 Risk radar for pregnant woman (with georeferentiation in real time) (PAHO/WHO); Activity 1.3.3 Improved inclusion of ethnic variable in SRH care and maternal risk registries via participatory approach (UNFPA); Activity 1.3.4 Estimation of financial needs and projection of financial scenarios to an end to avertable maternal deaths and unsatisfied needs for family planning in Condorcanqui (investment case) (UNFPA).

Strengthened community participation to activate community networks that promote best practices related to maternal and nutrition: Activity 1.4.1 Risk communications on COVID-19 prevention, safe pregnancies and family planning adapted to local and territorial specificities and native languages (PAHO/WHO; UNFPA); Activity 1.4.2 Design and implementation of culturally relevant strategy to improve male (partner) involvement in reproductive health care in COVID-19 context (UNFPA); Activity 1.4.3 Implementation of Tele Information, Education and Communication platform to facilitate access to culturally relevant information to Amazon indigenous peoples (PAHO/WHO).

Indigenous women in the Amazon realize their sexual and reproductive rights, including freedom from sexual and gender-based violence (GBV), through improved access to timely and culturally relevant GBV response in the context of COVID-19

Strengthened culturally relevant health and protection (socio-legal) response to prevent and attend GBV cases in the con COVID-19: Activity 2.1.1 Strategic alliances with public sector entities (including the Military base of CENEPA and the network of schools), community leaders (Apos) network, grassroots organizations, organized civil society and private sector to articulate response to GBV: (i) mapping of available services and strategic allies; (ii) multisectoral committee, (iii) design and implementation of articulating health and socio-legal services (UNFPA); Activity 2.1.2 Capacity development of service providers: (i) mapping of service providers, (ii) design and implementation of capacity development plan with intercultural, gender and rights approaches, including clinical management of sexual violence, (iii) protocols for articulation between health and protection services, (iv) remote services, delivery of sexual rape kits, and (v) provision of PPE (UNFPA). Activity 2.1.3 Training of the emergency teams of the health services on the use of sexual rape kits (PAHO/WHO, UNFPA).

Indigenous women in the Amazon empowered to exercise their sexual and reproductive rights, including the right to be free from violence: Activity 2.2.1 Implementation of culturally relevant GBV risk communications strategy adapted to COVID-19 context. Strategic messages will be elaborated and disseminated on identification of forms of violence and GBV referral pathways in COVID-19 context (UNFPA).

Activity 2.2.2 Implementation of culturally relevant community support networks for GBV survivors in COVID-19 context. Support networks will be based on women and girls safe spaces model adapted to specific context. They will be articulated with health and protection services and will include delivery of dignity kits (UNFPA).

Manage Indicators

<p>Baseline Value</p> <p style="text-align: center;">Baseline value: 10% of Condorcanqui's health facilities (first quarter 2020)</p>
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<p>Baseline value: 10% of Nieva's health facilities (first quarter 2020) (Nieva District is one of three districts of the province Condorcanqui in Peru)</p>
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1913 people (first quarter 2020)

35% primer trimestre 2020 (to be updated once the project starts)

0

0

Baseline value: 167 in 2019

Baseline value: 0 in 2020

Baseline value: 0 in 2020

Max Value	Outcomes
30% of Condorcanqui's health facilities	Outcome 1
70% of Nieva's health facilities	

18166	
60%	
4	

4	
200	Outcome 2
5	
1	

Outputs

Output 1.1

Output 1.1

Output 1.2

Output 1.3

Output 1.4

Output 2.1

Output 2.2

Risk Management

Event	Category	Level	Likelihood
Difficulties in accessing the community and getting community engagement	Operational	High Medium	Low Likelihood
Social unrest due to latent conflicts	Social and Environmental	High Medium	Low Likelihood
Difficulties in phisically accesing the territory	Operational	High Medium	Likely

Impact	Mitigating Measures	Risk Owner
Intermediate	Working with community leaders (Apus) through community informed consent and participatory planning and implementation (this has been	JP Coordination Unit
Extensive	Working with community leaders (Apus) through community informed consent and with intercultural dialogue teams	Inter-Agency Steering Committee
Minor	Incorporate good practices that have worked in the past and properly budget for travel	JP Coordination Unit

Budget Lines	Fiscal Year
1. Staff and other personnel	
2. Supplies, Commodities, Materials	
3. Equipment, Vehicles, and Furniture, incl. Depreciation	
4. Contractual services	
5. Travel	
6. Transfers and Grants to Counterparts	
7. General Operating and other Direct Costs	
Sub Total Programme Costs	
8. Indirect Support Costs * 7%	
Total	

Description	Agency 1 UNFPA	Agency 2 WFP	Agency 3 PAHO/WHO
	53,050	27,500	118,500
	26,415	5,000	0
	0	0	15,290
	129,276	76,720	107,771
	13,910	21,125	45,500
	0	0	128,500
	10,995	10,500	5,000
	233,646	140,845	420,561
	16,354	9,155	29,439
	250,000	150,000	450,000

Agency 4 UNAIDS will be in	Total USD
	199,050
	31,415
	15,290
	313,767
	80,535
	128,500
	26,495
	795,052
	54,948
	850,000

Checks

Total USD
199,050
31,415
15,290
313,767
80,535
128,500
26,495
795,052
54,948
850,000