

## MPTF Office Gateway

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Haroldo Machado Filho (haroldo.machadofilho@un.org)

## General Information

|                         |  |                     |                             |   |                          |                    |             |
|-------------------------|--|---------------------|-----------------------------|---|--------------------------|--------------------|-------------|
| <b>Fund</b>             | MPTF_00209: UN COVID-19 MPTF   |                     |                             |   |                          |                    |             |
| <b>Title</b>            | Supporting emergency measures and recovery actions to tackle COVID-19 in the indigenous territories in the Amazon Region   |                     |                             |   |                          |                    |             |
| <b>MPTFO Project Id</b> |  |                     |                             |   |                          |                    |             |
| <b>Start Date</b>       |  |                     |                             |   |                          |                    |             |
| <b>End Date</b>         |  |                     |                             |   |                          |                    |             |
| <b>Contacts</b>         | <b>Contact Type</b>  | <b>Name</b>         | <b>e-mail</b>               | <b>Position</b>   | <b>Additional e-mail</b> | <b>Telephone</b>   | <b>Skyp</b> |
|                         | Project Manager  | Aline Verdade       | haroldo.machadofilho@un.org |   |                          |                    |             |
|                         | Focal Point  | Larissa V Leite     | larissa.leite@un.org        | RCO Team Leader   |                          |                    |             |
|                         | Focal Point  | Fabiana Ganem       | sherinefab@paho.org         | PAHO/WHO National Consultant  |                          |                    |             |
|                         | Focal Point  | Ana Cláudia Pereira | ana.pereira@unwomen.org     | UN Women Project Manager  |                          | +55<br>6130389284  |             |
|                         | Focal Point  | Junia Quiroga       | quiroga@unfpa.org           | UNFPA/Assistant Representative  |                          | +55<br>61995534779 |             |
|                         | Focal Point  | Rodrigo Lima        | r.lima@unesco.org           | UNESCO Project Officer  |                          | +55<br>6193129287  |             |
|                         | Focal Point  | Patricia Rangel     | patricia.rangel@unwomen.org | UNWomen National Consultant   |                          | +55<br>61982785950 |             |
|                         | Project Manager  | Maria Almiron       | almiron@paho.org            | Coordinator<br>PAHO/WHO Health<br>Emergencies<br>Department (PHE)<br>Brazil |                          | +12022511657       |             |
| <b>Description</b>      | <p><i>Disclaimer: Please note that while the narrative section reflects the framework for a USD1,972,438.00 programme that was proposed during the concept note submission phase, the current budget and RBM reflect the funded part of the programme and, therefore, refined activities within the allocated USD904,257.00.</i></p> <p><i>The refined proposal has focused on the health component, as suggested by the MPTF COVID-19 after the assessment of the initial concept paper. Given that only certain aspects of the project will be funded and implemented, the UN entities in Brazil involved in this proposal refined its scope of the proposal based on the current national context and priority groups.</i></p> <p><i>Thus, this proposal supports the implementation of emergency measures to prevent COVID-19 transmission among indigenous and traditional peoples of the Amazon Region of Brazil by improving community health care support and by promoting culturally tailored health education, and will also support the promotion of gender and human rights-responsive actions.</i></p> <p>Being immunologically susceptible to new viruses is a threat faced by any population, as is the case with the Severe Acute Respiratory Syndrome Coronavirus Type-2 (SARS-CoV-2), which causes COVID-19. The indigenous and traditional peoples living in isolation or of recent contact with this situation are even more vulnerable to infection and death from COVID-19. In the past, other epidemics such as measles and influenza have exposed the vulnerability and the high risk for these communities. SARS-CoV-2 has already disproportionately affected indigenous and traditional peoples, causing severe impacts, exacerbating structural inequalities and discrimination<sup>[1]</sup>. Brazilian population includes more than 300 indigenous peoples who, in accordance with the monitoring of institutions such as the Ministry of Health (MoH) of Brazil, Fundação Oswaldo Cruz (FIOCRUZ) of the MOhH-Brazil and Instituto Socio Ambiental (ISA), are being affected by the epidemic, with an increasing trend in cases and deaths.</p> <p><a href="https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance_COVID19_IndigenouspeoplesRights.pdf">[1] https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance_COVID19_IndigenouspeoplesRights.pdf</a></p> <p>The area usually referred to as the "Legal Amazon" is the geographical delimitation that comprises territories belonging to nine of the 27 Brazilian states: Acre, Amapá, Amazonas, Maranhão, Mato Grosso, Pará, Rondônia, Roraima and Tocantins. Its territory has a</p> |                     |                             |   |                          |                    |             |

area of approximately 5.1 million km<sup>2</sup> belonging to the Amazon Basin, an area with Amazonian vegetation that houses 67% of the world's tropical forests.

Despite the wide offer of natural resources, the Legal Amazon's socioeconomic development is below the average observed in the rest of the country, as reported in the Municipal Human Development Index (MHDI) and the Social Progress Index. In addition, access to higher education and water and sanitation infrastructure is deficient compared to other national territory parts.

Drawing from recommendations from human rights mechanisms from previous years (SR Indigenous Peoples, 2016; UPR, 2017), from the assessment made within the SERP and also based on the ongoing measures from the government, indigenous organizations, the Interstate Consortium of the Brazilian Legal Amazon and other stakeholders, this initiative intends to support the implementation of emergency measures to tackle COVID-19 in the indigenous and traditional peoples' territories based on the Plan to Stand Against COVID-19 of APiB<sup>[2]</sup> focusing mainly on the states of Amazonas, Roraima and Maranhão.

<sup>[2]</sup> [https://drive.google.com/file/d/1WofAWUU\\_vZLnILXnR6Y5UAD1B0L43\\_U0/view?usp=sharing](https://drive.google.com/file/d/1WofAWUU_vZLnILXnR6Y5UAD1B0L43_U0/view?usp=sharing)

The first main objective of the project is to reduce the mortality and case fatality rate of COVID-19 current new wave and outbreak among indigenous and traditional peoples, and communities in the Amazon region, taking also in consideration extensive experience gender and age-based vulnerabilities. To that end, the initiative aims to instrumentalize community health teams to act in the early detection of signs and symptoms of COVID-19, strengthen the community-based diagnosis and initial clinical management of cases and the referral process to specialized care when the hospitalization is needed. These actions seek to reduce the mortality and case fatality rate by Severe Acute Respiratory Syndrome (SARS), due to COVID-19 and other etiologies. In terms of prevention, it aims at promoting strategies for preventive measures. This strategy shall provide for means for reaching the indigenous and traditional peoples and communities – through radio, social networks and other available tools – with messages in their traditional indigenous languages and multicultural approach and taking into consideration their own values and culture. These messages shall raise awareness of these communities about the pandemic, fostering community mobilization to prevent infection and to be alert to the signs and symptoms of the disease. Also, the full intervention will allow strengthening maternal health in the sense of identifying and adequately targeting pregnant and puerperal women through capacity development, protocol implementation and customized information. Evidence-based policy implementation will be focused by delivering a dashboard to managers. The activities will contribute to the achievement of SDG 1.5, 3.1, 3.3, 3.4, 3.5, 3.7, 3.10, 5.5 as well as to the implementation of UPR recommendations 217 and 218.

The advancement of gender equality and women's participation will be promoted, contributing with the recommendations 217-24; of UPR and 96 (c) of the SR on Indigenous Peoples, to achieving SDG target 5.5 and ensuring that their needs and priorities inform the COVID-19 response measures, while strengthening the indigenous women's capacity to meaningfully participate and influence decisions for the implementation of preventive measures. The project will focus on strengthening the indigenous women's capacity to meaningfully participate and influence decisions and response measures for COVID-19. The project will provide technical and financial support to indigenous women's leadership in the emergency-response by sharing information on signs and symptoms of COVID amongst communities' members, raising awareness of communities on the importance of vaccination, and engaging authorities to influence policy-making - as past experiences show that the participation of affected communities in decisions about responding to the pandemic, including the leadership of women, produces more efficient, sustainable and successful interventions. At the Outcome level, the project aims to ensure that the indigenous women equally benefit from health emergency plans and budgets that are responsive to their needs and priorities in target locations. To achieve the outcome, the implementing partners will conduct gender-sensitive consultations and assessments with the affected indigenous communities, aiming to identify gaps, needs and priorities. Complementarily, the implementing partners will provide decision-makers with comprehensive technical assistance to mainstream gender across the response.

The proposed solution takes into account the current critical COVID-19 situation in Amazonas and other states of the Legal Amazonia as well as the experience of the UN System in Brazil in promoting protection with intercultural approach among indigenous and traditional peoples, including actions in various areas such as education, health, valorization of cultural heritage, safeguard of the linguistic diversity, nutrition, environmental preservation, sustainable development and clean technologies. It is worth noting that Brazil's Legal Amazon includes some of the lowest socioeconomic developed states in the country, with particular challenges to offer access to health and services for indigenous and traditional people and communities. In this perspective, SDG 1 in particular 1.5, is closely connected.

In addition, PAHO/WHO has extensive experience of technical cooperation for the development and promotion of primary care actions in indigenous communities and traditional peoples, as well as in the organization and provision of specialized care in partnership with other institutions, such as the Special Secretariat for Indigenous Health (SESAI), the Secretariat of Primary Health Care (SAPS), the National Council of Health Secretaries (CONASS), the Municipal and State health departments, the decentralized management unit of the Indigenous Health Care Subsystem (Special Indigenous Health District - DSEI). PAHO/WHO intervention will focus on: i) improving access to diagnosis, primary and specialized health care services to indigenous and traditional peoples; ii) technical support on prevention, control and mitigation of COVID-19 and its consequences in indigenous and traditional peoples; i

strengthening COVID-19 response measures in indigenous and traditional peoples.

The prevention of COVID-19 cases and deaths among indigenous and traditional people and communities, besides promoting public health and preventive measures, will contribute, in the end, to the preservation of its traditional cultural heritage, the biodiversity of their lands and forests, and to the socio-economic sustainability of these communities throughout the country. By reducing the spread of COVID-19 in such territories, the elderly members of the community – normally a group at risk of more severe cases of infection – will be preserved, ensuring that traditional knowledge related to the preservation of nature, of the forest and of the environment is transmitted to the younger generations. It will also ensure the transfer of knowledge on the use of the biodiversity of their lands, the perpetuation of cultural expressions and the safeguard of their languages.

The improvement and dissemination of data and information focusing on the most vulnerable populations should support evidence-based action in the context of a pandemic. In this sense, the data dashboard will help to provide information available from open data sources, such as national databases, especially with COVID-19 information, disaggregated by gender and other variables, helping the ease of accessing information in near real-time, helping the decision making by managers. The data dashboard will be developed by using R-shiny, an open-source statistical software, and the source code will be published so it can be reused or upgraded by peers. The tool can be completely customized, always focusing on a better user experience, providing the best representations of data, interactivity and ease of use by the decision-makers.

Additionally, by providing distance learning to health workers dedicated to indigenous and traditional people and communities on how to provide prevention and attention focusing pregnant and puerperal women, implementing specific the protocols for those groups, early detection and reduction of Case Fatality Rate are strengthened for these groups with such specific needs as well as the newborn families and their families. Important to mention both infant and maternal mortality are higher for the indigenous population in Brazil due to already disadvantaged access to quality attention.

The provision of quality information on preventive measures, translated into indigenous languages and adapted to their values and way of living, will be more effective to ensure the adoption of protective measures to control the spread of the diseases among populations living in indigenous and traditional peoples' lands. Dissemination of preventive measures message will take into account the participation of affected groups, including women and girls, in decision-making in order to ensure that public health measures to "slow transmission" take account of gender and how it interacts with other areas of inequality<sup>[3]</sup>.

<sup>[3]</sup> *Gender and COVID – Advocacy Brief. Geneva: World Health Organization; 2020*

The strengthening of community-based monitoring mechanisms, as a mechanism for self-protection and cooperation with public bodies, is an opportunity for dialogue between communities and authorities. Identifying early signs and symptoms, diagnosing the diseases and implementing a rapid referral of moderate and severe cases as well as maintaining measures of physical distance, respecting cultural diversity and gender perspective, are initiatives that show effective results in controlling the pandemic and that can be displayed by the communities themselves. Respect to GEWE, if indigenous women have a capacity to meaningfully participate in and influence decision-making over the emergency response; then indigenous women will equally benefit from plans and actions that are responsive to their needs and priorities; because their needs and priorities will be addressed by decision-makers and governance processes. Additionally, support the implementation of remote assistance rooms (Telemedicine) with the purchase of equipment so that governments can provide remote medical guidance to the communities benefited by the project.

| Universal Markers | Gender Equality Marker  | Risk  | OECD-DAC |
|-------------------|---|---|----------|
|                   | <ul style="list-style-type: none"> <li>• GEM2 - GEWE is a significant objective of the</li> </ul> | <ul style="list-style-type: none"> <li>• Medium Risk</li> </ul> |          |

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|--|--|--|--|---|
|  | Key Activity's overall intent  |  |  |   |
| <b>Fund Specific Markers</b>                                       | <b>Fund Windows</b>  | <b>Fund Windows</b>  |  |   |
|  |  | <ul style="list-style-type: none"> <li>Window 2: Reduce Social Impact and Promote Economic Response</li> </ul> |  |   |
|  | <b>Human Rights Based Approach to COVID19 Response</b>   | <b>HRBA integrated</b>   |  |   |
|  |  | <ul style="list-style-type: none"> <li>Yes</li> </ul>  |  |   |
|  | <b>Primary Socio-Economic Pillars</b>  | <b>Pillars</b>   |  |   |
|  |  | <ul style="list-style-type: none"> <li>Pillar 1: Health First</li> </ul>                                       |  |   |
|  | <b>Concept Note Type</b>   | <b>Type</b>  |  |   |
|  |  | <ul style="list-style-type: none"> <li>Funding</li> </ul>  |  |   |
| <b>Geographical Scope</b>  | <b>Geographical Scope</b>  | <b>Name of the Region</b>  | <b>Region(s)</b>   | <b>Country(ies)</b>   |
|  | <ul style="list-style-type: none"> <li>Sub-national</li> </ul>   | <ul style="list-style-type: none"> <li>Brazilian Legal Amazon</li> </ul>                                       | <ul style="list-style-type: none"> <li>Americas</li> </ul> | <ul style="list-style-type: none"> <li>Brazil</li> </ul>  |
| <b>Participating Organizations and their Implementing Partners</b> | <b>Participating Organizations</b>   | <b>NGOs</b>  | <b>New Entities</b>  | <b>Implementing Partners</b>  |
|  | <ul style="list-style-type: none"> <li>PAHO/WHO</li> <li>UNESCO</li> <li>UNFPA</li> <li>UNWOMEN</li> </ul>   |  | Interstate Consortium of the Legal Brazilian Amazon        | UN Implementing Partners: PAHO/WHO (technical leader), UNESCO, UN Women, and UNFPA. Although the original concept note was presented by Unesco, PAHO/WHO, IOM and FAO, the development of the full proposal (with a focus on indigenous health) counted on PAHO/WHO, Unesco, UNFP and UN Women. National Implementing stakeholders: Ministry of Health (MoH), Interstate Consortium of the Legal Brazilian Amazon, National Foundation for Indigenous Peoples – FUNAI, Museum of the Indigenous Peoples, Government of State of Amazonas, other governmental instances (Federal, State and Municipal), indigenous people representative associator (such as APIB and COIAB), "quilombola" association (such as CONAQ), Instituto Socio Ambiental (ISA), Conselho Nacional de Justiça (CNJ) and oth civil society organizations. |
| <b>Programme and Project Cost</b>                                  | <b>Budget</b>  | <b>Agency</b>  | <b>Amount</b>  | <b>Comments</b>   |
|  | <b>Budget Requested</b>  |  | \$904,257  | Although the original budget requested was USD1,972,438, the full proposal was developed based on the amount available to the component on indigenous health, as informed by the MPTF COVID-19  |
|  | <b>Total</b>   |  | <b>\$904,257</b>   |   |
| <b>Keywords</b>  | <ul style="list-style-type: none"> <li>Covid-19 Socio-Economic Impact</li> <li>Rapid Response</li> <li>Social Protection</li> </ul>  |  |  |   |
| <b>Programme Duration</b>  | <b>Anticipated Start Date</b>  | Mar 01, 2021   |  |   |
|  | <b>Duration (In months)</b>  | 6  |  |   |
|  | <b>Anticipated End Date</b>  | Sep 01, 2021   |  |   |
| <b>Comments</b>  | Comments from secretariat: <ol style="list-style-type: none"> <li>In the RBM tab, please link the Indicators to the Outcomes/Outputs (all indicators)</li> <li>Please review the indicator definitions.. they should indicate what is being measured (number of xxxx or proportion of xxx) ... For example what does 200 – see below - refer to (number of facilities with supplies and equipment? Number of supplies purchased)? While 201,450 indigenous people will benefit from the programme, what does 1048 traditional peoples and communities refer to (# of communities? Number of people? ) ?</li> </ol> |  |  |   |

## Narratives

| <b>Title</b>   | <b>Text</b>   | <b>Comments</b>  |
|--|---|--|
| 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 | COVID-19 has disproportionately affected indigenous peoples, causing serious impacts exacerbating structural inequalities and discrimination[1]. In Brazil, the rights of indigenous peoples were already at risk prior to the pandemic, as noted by the mission of the Special Rapporteur on the rights of indigenous peoples in 2016[2] and by the Universal Periodic Review in 2017[3].Their vulnerable situation has been exacerbated by the crisis. Brazilian indigenous communities are often located in remote regions, mostly in the Amazon region, and are usually left behind with limited access to healthcare and medical support. Older indigenous persons are more likely to require intensive medical care and are more vulnerable to a fatal outcome if contaminated, resulting not only in loss of lives but also of uncountable cultural and intangible heritage. Most of these traditional populations live in a communal way, highly exposing them to the danger of COVID-19 and the scarce information that reaches these indigenous lands is mostly in Portuguese, making | Total score: 20 ToC can be strengthened. Should explicitly state connections to SDGs 1 and SDG 13. Time-sensitive approach implicit but not explicit; can be strengthened. |

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| <p>problem. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens).</p> | <p>difficult its full comprehension and an effective use of it as a tool to prevent the spread of COVID-19 in their territories. Limitations on movement is affecting indigenous communities' sources of livelihood and may particularly burden indigenous women who, in addition, are considered as the bearer of the breath of life, thus in charge of providing food and as caregivers, increasing their risk to the disease.</p> <p>Brazilian population includes more than 300 indigenous peoples which, in accordance with the monitoring of institutions such as the Ministry of Health, Fundação Oswaldo Cruz (FIOCRUZ) and Instituto Socio Ambiental (ISA), are suffering today with the interiorization of the epidemic, with a growing curve. The epidemic, according to official data<sup>[4]</sup>, as of 27 August, 2020, accounts for 22,579 cases in indigenous lands, with a total of 362 deaths. In the past, other epidemics such as measles and even influenza have proven the fragility and the high risk that the contamination can pose to these communities.</p> <p>The vulnerability of indigenous peoples in Brazil is aggravated by the geographic and economic marginality of their lands. These particular conditions place them in a situation of social vulnerability, including difficulty of accessing public policies and health services, either due to geographic distance, or due to the unavailability or insufficiency of health teams. Moreover, there is also a restrict access to information, not only in terms of means and logistics to access it, but also due to the fact that Brazil hosts 274 identified indigenous languages, making difficult the comprehension of the scarce information which arrives in Portuguese.</p> <p>Everybody is immunologically susceptible to viruses that have never circulated before, as is the case with the new coronavirus that causes Covid-19. In the case of indigenous peoples living in voluntary isolation or of recent contact this situation, they are even more vulnerable to infection and death from COVID-19. The years of isolation have protected them from diseases and COVID-19 could risk their existence. International studies on the situation of indigenous peoples attest that original peoples are always in economic, social and health disadvantage vis-à-vis other populational groups, even in relation to those living in the same locations. The same scenario is reproduced in Brazil, involving infrastructure, sanitation, housing conditions, access to health and education, among others, be it in rural or urban areas. Indigenous peoples are, therefore, more vulnerable to epidemics due to worse social, economic and health conditions than those of non-indigenous people, which amplifies the potential for the spread of diseases. From the cultural context, a large part of the indigenous peoples lives in collective houses, and it is common among many of them to share utensils, such as bowls, bowls and other objects, which favors situations of transmission of the disease.</p> <p>The public policy for attention to indigenous health is under the coordination of the Special Secretariat for Indigenous Health (SESAI), linked to the Brazilian Ministry of Health. The subsystem of the Unified Health System created to serve indigenous health was created in 1999 and is organized in 34 Special Indigenous Health Districts (DSEI). The DSEIs are the responsibility of SESAI, and were defined based on epidemiological, geographic and ethnographic criteria. In DSEIs, low complexity services are performed. High complexity events are in charge of regional hospitals, implying, for this, an apparatus for removing patients. The DSEIs still have smaller units, the Base Poles, territorial subdivisions that function as support for the Multidisciplinary Indigenous Health Teams to organize themselves technically / administratively. There are 528 indigenous basic health units to serve this population, according to data from the National Register of Health Establishments. It is worth mentioning that the mandate of SESAI in Brazil is restricted to the attention of indigenous living in official indigenous lands; therefore, public health systems in cities with expressive influx of indigenous populations are also providing basic medical care to them.</p> <p>Indigenous women and girls have been experiencing a differentiated impact of COVID-19. Even prior to the pandemic they have been facing far higher rates of poverty, lower access to health care and education, as well as had a very limited participation in political life. In their communities, they are the guardians of spiritual, health and wellbeing practices and ancestral knowledge. Deprivation of territory, destruction of small crops, contamination of soil and water, and erosion of cultural practices expose them to food insecurity and mental health issues. Moreover, they are exposed to multiple forms of discrimination and aggravated</p> |
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violence. Studies showed that homicide rates for indigenous women in the country was more than double that of non-indigenous women. Yet, their differentiated needs and priorities related to their security, development and human rights, are almost entirely neglected in the COVID-19 -related response measures by the federal, state or municipal planning and support measures. Indigenous women are largely absent from the decision making about the planning and budgeting for the COVID-response.

This complex cultural diversity, vast and disseminated throughout a continental territory, magnifies the challenge of disseminating messages that could effectively reach these communities, in order to raise awareness of efficient measures for the protection of the health of its members, taking into account communication codes that do not represent stigmatization and respect their values.

A large part of Brazilian indigenous peoples live in the Amazon region, which also hosts important a vital network of protected areas, extremely relevant for global biodiversity conservation, such as the Central Amazon Biosphere Reserve, an important complex of continuous protected areas recognized by UNESCO, composed by The National Park of Jaú, the Ecologic Station of Anavilhanas, the Ecologic Reserves of Rio Negro, Javari-Solimões and Juami-Japurá, the Biologic Reserve of Uatumã, the National Forest of Tefé and the Sustainable Development Reserves of Mamirauá and Amanã, among others of smaller dimensions. Some of the protected areas in the region are inhabited by traditional populations whose livelihoods depend directly of managing timber and non-timber forest products – not only indigenous peoples but also riverine and quilombola populations, artisanal fishers, rubber tappers, Brazil-nut collectors, among others.

The conservation of those strategic and relevant portions of forest cover, of an immense biodiversity, depends essentially on the recognition of the importance of the knowledges of these traditional peoples for the understanding of the biological diversity, its therapeutic use and other applications. The indigenous people territorial governance contributions to reduce deforestation has been widely studied, and often more effective than other protected area categories<sup>[5]</sup>. Furthermore, traditional knowledge on the local biodiversity has been fundamental to increase the scale of forest landscape restoration efforts and creating green jobs<sup>[6]</sup>. These knowledges are mostly orally transmitted; the impact of COVID-19 may lead to significant losses in relation to these traditions.

The present assessment of the UN Country Team is also aligned with the demands from the indigenous leadership associations present in the country. A meeting was conducted with [Articulação dos Povos Indígenas do Brasil](#) (APIB), [Coordenação das Organizações Indígenas da Amazônia Brasileira](#) (COIAB) and [Rede de Juventude Indígena](#) (REJUIND), in which these indigenous leaders were able to describe the current situation of the indigenous lands, their main priorities and needs. The present proposal is therefore aligned with the pillar of Comprehensive and Differential Care Emergency Actions in the Control of COVID-19 of the [Plan to Stand Against the COVID-19](#), recently published by APIB, and also with the pillar on Health Communication and Information Actions.

A National Emergency Plan (NEP) to tackle COVID-19 in the indigenous territories [Law 14.021/2020] was adopted on 7 July 2020, addressing main demands of the indigenous peoples in the country. The NEP establishes the training of health professionals and improvement of access to health services and inputs to indigenous peoples, the elaboration and distribution of informative materials aiming the prevention and care of Covid19 among indigenous peoples with their active participation, considering their languages, among other activities. It reinforces and provides a legal basis to the demands raised in the Plan to Stand Against COVID-19 formulated by the national indigenous movement throughout APIB.<sup>[ASBV1]</sup>

At the sub-national level, the State of Amazonas is facing a particularly alarming situation as compared to other Brazilian States. In the remote areas, the access to health services, information and safe water is

precarious or inexistent, and reaching urban areas is expensive. On average, the time necessary to transfer a patient from a remote community to a municipal hospital is 6 hours by boat. Municipal hospitals have limited capacity to treat and isolate patients with COVID-19, and critically ill patients must be transferred to Manaus, the capital of Amazonas State. However, there are few flights departing from the municipalities to Manaus, the average time to transfer a patient by plane is 3 hours, and the city has a chronically underfunded health service, which was poorly equipped and understaffed even before medical workers began contracting COVID-19 themselves.

The Brazilian indigenous peoples are the guardians of a rich collection of intangible heritage, of oral transmission, which is endangered by the pandemic. UNESCO has already inscribed as part of the list of the World's Intangible Heritage the oral and graphic expressions of the Wajapi (Representative List), indigenous people placed in Amapá and the Yaokwa, a ritual of the enawene nawe people, living at the border of Rio Juruena at the meridional Amazon, for the maintenance of the social and cosmic balance (List of Intangible Cultural Heritage in Need of Urgent Safeguarding), as a recognition of the importance of the traditions of the Brazilian original peoples, today endangered of extinction, in case the pandemic destroys the peoples who keep them through the oral transmission.

Finally, from the economic perspective, the current situation of social distancing is affecting the way of living of various Brazilian indigenous peoples. In their relationship with other communities, a substantial part of their incomes comes from the commercialization of handcrafts, artisanal and gastronomic products, agricultural production, seasonal jobs in agriculture, fishing or pastoralism, directly impacted by the reduced mobility imposed by the pandemic. The rise on deforestation and loss of biodiversity to environmental contamination has also affected the quality of indigenous food or restricted its availability. Prior to the pandemic, the livelihoods systems of indigenous peoples from the Amazon region, were already disproportionately affected by environmental pollution, the contamination of their rivers and water sources and the consequences of the extraction projects in their land and territories.

Beside the situation of Brazilian indigenous peoples, there is also a concern about the refugees and migrant indigenous populations, namely, the Warao, Pemon Taurepang and Eñepã peoples, who are part of the Venezuelan influx that, since 2014 crosses the North borders of Brazil, mainly in Roraima, Amazonas and Pará, with a significant increase from 2016 onwards.

It is estimated that 4891 indigenous refugees and migrants from Venezuela live in the country, mostly from the Warao people (coming from the Amacuro Delta, representing about 60%). The Venezuelan Pemons arrived in Brazil specially after 2019, due to cases of violence, and were in their vast majority hosted by Brazilian Pemon communities living close to the borders, where familiar ties already existed, facilitating their process of local integration and even access to Brazilian public policies. The Warao influx, however, faces increased challenges for its integration and attention to its most basic needs. The group, with more than 2,000 members in shelters at the North of Brazil – the largest indigenous people assisted in shelters today, established its presence in Roraima and continues advancing to other States, such as Amazonas and Pará, due to historic displacement process, mostly in urban areas, which poses an additional difficulty for the response.

[1] [https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance\\_COVID19\\_IndigenouspeoplesRights.pdf](https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance_COVID19_IndigenouspeoplesRights.pdf)

[2] [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/33/42/Add.1](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/33/42/Add.1)

[3] [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/36/11](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/36/11)

[4] Epidemiological bulletin published by the Special Secretariat for Indigenous Health (SESAI), available at <https://bit.ly/2XTbHwe>

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|  | <p>[5] Walker et. al.2020 – The role of forest conversion degradation and disturbance in the carbon dynamics of Amazon indigenous territories and protected areas <a href="https://www.pnas.org/content/117/6/3015.short">https://www.pnas.org/content/117/6/3015.short</a></p> <p>[6] The Xingu Seed Collection Network has received the prestigious Ashden Award <a href="https://www.ashden.org/news/2020-ashden-award-winners-announced">https://www.ashden.org/news/2020-ashden-award-winners-announced</a></p> <p>[ASBV1]Incluído para efeito de contexto.</p>   |   |
| P_I. Immediate Socio-Economic Response to COVID19 and its impact | <p><i>Disclaimer: Please note that while the narrative section reflects the framework for a USD1,972,438.00 programme that was proposed during the concept note submission phase, the current budget and RBM reflect the funded part of the programme and, therefore, refined activities within the allocated USD904,257.00.</i></p> <p>Please see below the UN Framework for the Socio-economic Response and Recovery (SERP) to COVID-19 in Brazil elaborated by the United Nations Country Team (UNCT) to respond in an integrated way and in full alignment with the specific priorities of the country.</p> <p><a href="https://unitednations.sharepoint.com/sites/DCO-WG-UNSDG_CF/COVID19/Brazil_SE%20Response%20Plan%20and%20Impact%20Assessment_Final.pdf">https://unitednations.sharepoint.com/sites/DCO-WG-UNSDG_CF/COVID19/Brazil_SE%20Response%20Plan%20and%20Impact%20Assessment_Final.pdf</a></p> <p>As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, domestic and gender-based violence are increasing significantly. Indigenous peoples and people of African descent are suffering disproportionate impacts of COVID-19, and other vulnerable groups such as children and adolescents, women, “quilombola” and other traditional populations, refugees and migrants, older persons, persons with disabilities, people living in poor communities and informal settlements, persons in detention or in institutionalized settings, people living with HIV/AIDS and other pre-medical conditions are also at higher risk of facing more severe consequences.</p> <p>The UN-SERP for Brazil is aligned with the global effort to put into action the UN Secretary-General’s report on the socio-economic impact of the Covid-19 crisis and the five strategic areas of the United Nations Sustainable Development Cooperation Framework 2017-2021 (UNSCDF). The UNSCDF was shaped by an analysis of multidimensional vulnerability factors in Brazil and this analysis remains all the more valid and crucial today to shape the UN response to the COVID-19 crisis.</p> <p>The priorities of UN System efforts in Brazil are: i. protection of the Brazilian Unified Health System (SUS) and strengthening its capacity to prevent, treat and care all those who need it, especially the most vulnerable populations, during COVID-19 crisis; ii. protection of people through the promotion of social protection measures and access to basic services, particularly for the most vulnerable 5 populations, especially indigenous peoples; iii. protection of jobs, income and small and medium-sized enterprises through measures to support the economic recovery, giving special attention to the protection of vulnerable workers in the informal sector and to the recognition, reduction and redistribution of unpaid care work; iv. advocate for the necessary fiscal and financial support to make the macroeconomic framework work for the most vulnerable and foster sustainable development; and v. promote social cohesion and building trust through social dialogue and political engagement and invest in community-led resilience and response systems.</p> <p>Given the magnitude of the needs generated by the COVID-19 crisis and the urgency of the response, the United Nations System in Brazil, in consultation with the Government of Brazil, counterparts and partners, repurposed the existing development portfolio in interventions that were to support the socioeconomic response to COVID-19. So far, a total of 306 on-going activities in response to the COVID-19 outbreak were reported, from which 279 address vulnerable populations.</p> <p>Actions aimed at vulnerable populations seek to ensure continuity of services in fragile environments and to support efforts to overcome the gaps in coverage and reach for these populations in particular. Guidelines and plans for preparing the COVID-19 response for marginalized populations and Afrodescendants, “quilombola” communities, indigenous peoples, trans people, gays and MSM, sex workers, people deprived of their liberty and on the streets, refugees and migrants and people living with HIV are being implemented. Worth noting is the existence of training actions for community leaders (including the refugee, migrant, and indigenous populations) that support preventive measures.</p> <p>Regarding indigenous peoples, the broad and complex cultural diversity, spread across a large territory, poses a significant challenge to disseminating messages that can effectively reach these peoples and raise awareness about the preventive measures through communication codes that do not represent stigmatization and which respect their values. Surveillance in Special Indigenous Health Districts (DSEI) has been implemented in order to intensify case monitoring and prepare epidemiological reports about</p> | Please see comments under general information tab |

indigenous health. Nevertheless, urban indigenous peoples, including refugees and migrants, are a specific focus of attention. For instance, in Manaus, a campaign hospital for the indigenous population was set up, also attending indigenous refugees and migrants.

Please find below additional elements that frame the solution context in the specific situation of this proposal.

Given that the current focus of the proposal is on the health of indigenous and traditional communities of the Brazilian Legal Amazon, in addition to PAHO/WHO and Unesco (as described in the Concept Note), the implementation of this proposal in Brazil will also count on the expertise of UN Women and UNFPA.

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security. In Brazil, the agency seeks to promote the rights of indigenous and "quilombola" women, in line with human rights treaties and recommendations from human rights bodies. UN Women will support to mainstream gender in all dimensions of this project, aiming at promoting the rights of Indigenous women in the states of Amazonas, Roraima and Maranhão (part of the Legal Amazon), advancing the implementation of recommendations issued by the Special Rapporteur on the rights of indigenous peoples on her mission to Brazil, in the 3rd cycle of the Universal Periodic Review of Brazil and in the Concluding Observations of the Committee on the Elimination of Discrimination against Women to promote the rights of Indigenous Women. UN Women aims to facilitate the inclusion and significant participation of indigenous women in decision making processes regarding emergency measures to tackle COVID-19 surge of cases among the indigenous and traditional peoples, and communities in the Brazilian Amazon region, thus ensuring that such decisions go beyond average, aiming to reach everyone and, thus, prevent and eliminate discrimination and inequalities of gender, race and ethnicity. UN Women will also build on its past and present projects and partnership initiatives in Brazil with the Indigenous women's movement building: 1) Project Indigenous Women National Dialogue: strengthening Indigenous women's rights, funded by the Royal Ministry of Foreign Affairs of the Kingdom of Norway (2014-2016), where UN Women and Indigenous women activists designed an innovative consultation methodology to identify the demands and needs of Indigenous women in the country. Responding to activists' claims, contributed to strengthening the political participation of Indigenous women, their capacity to advocate for policy and their knowledge on global human rights norms. The initiative reached 104 Indigenous peoples across Brazil; 2) A sustained dialogue with the group Voices of Indigenous Women and to support the participation of Indigenous women's activists in international fora, such the Commission on the Status of Women, the Regional Conferences on Women in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean (ECLAC), and the Permanent Forum on Indigenous; 3) In response to COVID-19, in 2020 UN Women provides emergency financial support to the Articulação dos Povos Indígenas do Brasil (APIB), aimed at promoting Indigenous women's rights in the context of the COVID-19 pandemic.

UNFPA is the United Nations sexual and reproductive health agency. UNFPA's main objective is to expand the possibilities for women and youth to lead healthy sexual and reproductive lives, to accelerate universal access to sexual and reproductive health, including voluntary family planning and safe motherhood, and to pursue the realization of rights and opportunities for youth with particular focus on the most vulnerable such as girl and women, indigenous, African descendants and LGBTQI+. Those actions are performed both in development and emergency settings. Since 2018, UNFPA Brazil has been a crucial partner in the emergency response to Venezuela's migratory crisis in the northern region, through its offices in Amazonas and Roraima. UNFPA emergency strategies are based in the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations and include responses specifically geared to the needs of indigenous migrants and refugees, with an emphasis in warao women and adolescent girls. The Covid-19 outbreak worsened the challenges in the already very complex emergency humanitarian context, especially in Amazonas, requiring immediate adaptation of UNFPA response. In this sense, Amazonas and Roraima maternal-child health units were strengthened by the donation of PPE items, oxygen cylinders, Dignity Kits as well as the repair of 03 ambulances. In addition, UNFPA also assured its presence in the state of Pará, providing SRH telemedicine services, EPI's, Dignity Kits and an efficient and culturally-sensitive communication strategy. In the context of this Joint Programme, UNFPA intervention will focus on: i) Supporting evidence-based decision making through the provision of a data dashboard focusing Brazil's Legal Amazon Region demographic and health information, disaggregated by gender and age group, with emphasis on indigenous health, traditional communities and maternal/obstetric health; ii) Early detection and reduction of Case Fatality Rate: pregnant women, puerperal women and Covid-19.

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| <p>CN_II. Results expected to be achieved and a clear explanation of tangible results or changes that will be achieved through this collaborative programme</p> <p>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 solution</p> | <p>Drawing from recommendations from human rights mechanisms from previous years<sup>[1]</sup>, from the assessment made within the SERP and also based on the ongoing measures from the government, indigenous organizations and other stakeholders, this initiative intends to support the implementation of emergency measures and recovery actions to tackle COVID-19 in the indigenous territories, based on the Plan to Stand Against COVID-19 of APIB<sup>[2]</sup> focusing initially on the State of Amazonas.</p> <p>The first main objective of the project is to instrumentalize community health teams to act in the early identification of signs and symptoms of COVID-19 and reduce the prevalence of the disease among indigenous people in the Amazon region. In terms of prevention, the initiative aims at promoting strategies for preventive education to its target groups. This strategy shall provide for means for reaching the indigenous lands – through radio, social networks and other available tools – with messages in their traditional indigenous languages as much as feasible and taking into consideration their own values and culture. These messages shall raise awareness of these communities about the pandemic, fostering the community mobilization to prevent contamination. The activities will contribute for the achievement of SDG 3.3 and 3.4 as well as to the implementation of UPR recommendations 217 and 218.</p> <p>The project's second objective is related to recovery actions to alleviate the socioeconomic impacts of the pandemic on the daily life of these indigenous peoples, proposing not only solutions for the recovery of their economic activity, impacted by the social distancing measures, but also providing for longstanding mechanisms that could enhance their income generation capacity, preserving and promoting their traditional knowledges and cultural expressions. The actions will contribute for the achievement of SDG 10.2, aiming the empowerment and promotion of social, economic and political inclusion of indigenous peoples in Brazil. They also aim to contribute for the implementation of recommendations 218 and 235 of UPR.</p> <p>The advancement of gender equality and indigenous women's participation will be promoted, contributing with the recommendations 217-242 of UPR and 96 (c) of the SR on Indigenous Peoples, to achieving SDG target 5.5 and ensuring that their needs and priorities inform the COVID-19 response measures, while strengthening the indigenous women's capacity to meaningfully participate and influence decisions. The project will provide technical and financial support to indigenous women's networks and grass-roots organizations; facilitate strengthening and connecting grass-root women's groups and organizations with the municipal, state and federal governments, parliamentarians and civil society organizations to advance the indigenous women's rights agenda in formulation of the COVID response measures at the state and municipal levels. The project will also facilitate indigenous women's economic empowerment by supporting women's entrepreneurship and engagement in economic recovery activities through the application of a short circuits approach.</p> <p>The proposed solution takes into account the experience of the UN System in Brazil in promoting protection and intercultural dialogue with indigenous peoples, including actions in various areas such as education, health, valorization of cultural heritage, safeguard of the linguistic diversity, nutrition, environmental preservation, sustainable development and clean technologies. As a joint programming experience, with partners from the Government (Ministry of Health and National Foundation for Indigenous Peoples – FUNAI), from the civil Society and local stakeholders, UNESCO and UNAIDS have delivered a series of publications called "Preventive Education on STD/HIV/Aids and viral hepatitis" for indigenous peoples of Vale do Javari. This pedagogical material was produced as a multilanguage and intercultural tool in support to teachers and health agents working with Marubo, Matis, Mayoruna, Kanamary and Tikuna communities, with great results and the approval of the indigenous peoples benefiting from it.</p> <p>The results of an ongoing cooperation with the Museum of the Indigenous Peoples, linked to FUNAI, will support the proposed solution, since UNESCO has been working for over a decade on the safeguard of the linguistic and cultural heritage of indigenous peoples, by documenting their languages and developing indigenous grammars, in an intergenerational work connecting the youth and the elderly of these communities. These grammars will facilitate the process of producing tailored messages to indigenous peoples, including those living at the borders with other Latin American countries and those of recent contact and voluntarily isolated.</p> <p>In the area of health, WHO/PAHO has a vast history of technical cooperation in the development and promotion of primary care actions in indigenous communities, as well as in the organization and provision of specialized care in partnership with other institutions, such as the Special Secretariat for Indigenous Health (SESAI), the Secretariat of Primary Health Care (SAPS), the National Council of Health Secretaries (CONASS), the Municipal and State health departments, the decentralized management unit of the Indigenous Health</p> | <p>16: CN has strong links to SERP, with a focus on reaching indigenous peoples with COVID/health materials in their languages and tailored to their custom</p> <p>This is a health first Pillar I priority in the SERP (pg 15) Proposal leverages existing UN capacity well</p> <p>Health and economic initiatives are clear.</p> <p>Gender lens could be more well developed, though it is fairly well integrated into health and economic measures to be taken. CN will look to digitize sale of handicrafts to promote employment and economic integration including among women and youth. Not clear how this training will go forward in a severe COVID context, but it does leverage innovation</p> <p>The health measures are straight forward and clearly needed as local groups need information delivered in their language and that is culturally acceptable.</p> <p>While the CN has links to a number of established NGOs its potential to be catalytic seems limited.</p> <p>The EU is mentioned as donor interested in supporting indigenous peoples, but no specifics are given. CN relays possibilities of leverage outcomes of other initiatives as well as the relevance of its outcome to other funds, but it doesn't appear that this will generate a deep degree of cross fertilization or funding.</p> |
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Care Subsystem (Special Indigenous Health District - DSEI). PAHO/WHO intervention will focus on: i) technical support on prevention and control of COVID-19 in indigenous peoples; ii) strengthening COVID-19 response measures in indigenous peoples; iii) improving access to health and surveillance services to indigenous peoples.

Searching for new modalities for the commerce of handcraft and culinary products will contribute to the economic recovery of these communities, largely affected by the social distancing imposed by the pandemic. Evidences form a project under implementation by UNHCR since 2019, with a focus on the structuration of a handcraft value chain with the indigenous refugees and migrant communities in the north of Brazil, demonstrates the positive and direct impact of this activities in this population and their income generation. UN Women will ensure inter-linkages of the women's economic activities in Brazil with the Regional Network of Indigenous Women Entrepreneurs of Latin America. Additionally, the promotion of handcrafts, artisanal products and other traditional practices contributes to the protection and promotion of this valuable intangible heritage. Traditional cultural expressions can be used to foster economic development, promoting sustainable development and the dialogue among cultures.

In addition to the economic recovery efforts, FAO will assist with the implementation of a pilot approach designed to offer a set of solutions for strengthening the resilience of economic activities that were severely affected by the pandemic. The innovative method relies on five previously defined areas of assistance: 1) Innovation in the conservation of food; 2) Digitalizing the commercialization of rural products; 3) Strengthening and encouraging associativity; 4) Alliances with the private sector; and 5) Sanitation of goods. In this case, through the analysis of the data gathered by the project plus a consultation with the indigenous population, the weakest links in their short supply chains (food, handicrafts, and other services eventually offered) will be identified and adjusted by applying one or more activities within the areas of intervention. This solution will aim at promoting economic empowerment, mainly of indigenous women, and enhance the resilience capacity of their economic activities to further shocks.

**Theory of Change** - The prevention of COVID-19 at indigenous lands, besides promoting bio-sanitary security, will contribute, at the end of the day, to the preservation of its traditional cultural heritage, the biodiversity of their lands and forests, and to the socioeconomic sustainability of these communities throughout the country.

The provision of quality information on preventive education, translated into indigenous languages and adapted to their values and way of living, will be more effective to ensure the adoption of preventive measures to control the spread of the diseases among populations living in indigenous lands. By reducing the spread of the pandemic in such territories, the elderly members of the community – normally a group at risk of more severe cases of contamination – will be preserved, ensuring that traditional knowledge related to the preservation of the nature, of the forest and of the environment is transmitted to the younger generations. It will also ensure the transfer of knowledge on the use of the biodiversity of their lands, the perpetuation of cultural expressions and the safeguard of their languages.

Solutions for the non-presential commerce of the goods produced inside these indigenous lands will, from the one hand, reduce the need for contacts with individuals outside the community, ensuring the recommended social distancing and reducing the entrance of possible vectors of the COVID-19 inside the indigenous lands and therefore, reducing the spread of the contagion. On the other hand, it will ensure the maintenance of sources of income to these communities, as part of the process of economic recovery after the pandemic, opening new opportunities to enlarge their markets beyond the borders of the indigenous lands.

Strategic plans for COVID-19 preparedness and response must be grounded in strong gender analysis and must ensure meaningful participation of affected groups, including women and girls, in decision-making and implementation. Countries are advised to incorporate a focus on gender into their COVID-19 responses in order to ensure that public health policies and measures to curb the epidemic take account of gender and how it interacts with other areas of inequality<sup>[3]</sup>. In this context, it is important to guide investments in quality and gender-sensitive research on the adverse health, social and economic impacts of COVID-19 on indigenous women and girls.

The strengthening of community-based surveillance mechanisms, as a mechanism for self-protection and cooperation with public bodies, is an opportunity for dialogue between communities and authorities. Identify early signs and symptoms, as well as measures of social distance, respecting cultural diversity, initiatives that show effective effects in controlling the pandemic and that can be displayed by the communities themselves.

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|   | <p>Community Be Surveillance is an excellent source of information for decision making and the construction of socially participative alternatives.</p> <p><b>Programme Approaches and Methods</b> - One of the lines of action of the programme shall consist in a plan of communication and community mobilization for the prevention of COVID-19 in indigenous lands, taking into consideration the cultural values of these peoples, as well as gender dimension and differentiated impacts of COVID-19 on women and men in the communities. In order to design these deliverables, it will be crucial to approach the representative indigenous associations named before (APIB, COIAB and REJUINDI), including as well indigenous women's groups, as well as recognized actors from the civil society, recognized by these communities, such as Instituto Socio Ambiental (ISA). Partnerships are to be established with these actors to establish a scientific curatorship (including multidisciplinary teams of communication, anthropology, linguistics and medicine, among others), which will be responsible for definition of contents and strategy for its dissemination, including the election of the most effective medias (such as radio and WhatsApp, where available). Training of members of these communities in media platforms is also considered as a tool for the better dissemination of the preventive messages. A component of this line of action shall be specifically addressed to reach refugee and migrant Venezuelan indigenous, not only for the purpose of dissemination of preventive information in the languages of Warao and Eñepã (the two most numerous communities), but also to, in close articulation with their leaders, develop educational material to ensure the right to education to their children and youth through bilingual materials and base on a methodology of intercultural dialogue. Additionally, support for the implementation of community-based surveillance, for the early identification of signs and symptoms of COVID-19 and early adoption of social measures, as well as articulation with official health structures. Based on these actions, improve the database on the disease in communities and urban areas and contribute to health management processes.</p> <p>A gender and human rights-responsive strategic plan to respond to the socioeconomic and cultural impacts of the COVID-19 will be developed in order to contribute to the recovery of the conditions for the sustainability of their lands. The plan shall take into account the existing network of NGOs and local governments to identify existing and potential economic assets, with focus on indigenous cultural heritage. The National Institute for Artistic and Historic Heritage (IPHAN), for instance, has already registered as national intangible heritage the <a href="#">Traditional Agricultural System from Rio Negro</a>. The recognition of these traditional knowledges and ways of life can add value to the production chain of these products.</p> <p>The plan shall also search for alternatives for the non-presencial commercialization, including existing e-commerce platforms addressed to the commerce of handcrafts and traditional products and regional indigenous women entrepreneurs' network. Sources of funding (such as public calls and microcredit and sponsorship from the private sector) shall also be explored in order to foster the production and commercialization of these goods, in particular handcraft and agricultural goods, with focus on the safeguard of cultural traditions. Finally, training on these digital tools shall be provided to young indigenous individuals, not only for the commerce but also for the dissemination of these cultural expressions, documenting them for the purpose of preservation of these traditions. Each of the alternatives presented by the plan will be built considering the necessity to foster the resilience of the economic activities, as well as strengthening the associativity capacity of indigenous producers through specific adjustment intervention in the short circuit supply chains of the target populations.</p> <p>[1] SR Indigenous Peoples, 2016; UPR, 2017.</p> <p>[2]<a href="https://drive.google.com/file/d/1WofAWUU_vZLnLXnR6Y5UAD1B0L43_U0/view?usp=sharing">https://drive.google.com/file/d/1WofAWUU_vZLnLXnR6Y5UAD1B0L43_U0/view?usp=sharing</a></p> <p>[3] Gender and COVID – Advocacy Brief. Geneva: World Health Organization; 2020</p> |                                  |
| <p>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.</p> | <p>This Joint Programme Concept Note was formulated under a coordinated inter-agency effort from the UNCT in Brazil to design concrete solutions and mobilize resources for tackling COVID-19 impacts upon the most vulnerable populations in the country, as identified in the Socioeconomic Response and Recovery Plan (SERP). The Indigenous Peoples Working Group was established in June 2020, chaired by UNESCO, and since then participating agencies have been cooperating to develop proposals, liaise with beneficiaries and to identify partnership and resource mobilization opportunities. In this sense, the initial catalytic potential of this proposal relies on UNCT's own commitment and concrete actions to implement a coherent, coordinated and sustainable response strategy.</p> <p>Regarding the proposal specific catalytic potential, the proposed theory of change could be expanded and</p>  | <p>As per SG Designate email</p> |

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| <p>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.</p> | <p>adapted to benefit indigenous peoples outside the Amazon region – there is a specific request for assistance from indigenous communities living in the South and the Northeast of the country – as well as for indigenous communities not living in indigenous lands – mostly in the suburbs of major cities, in vulnerable conditions. The methodology applied can be adapted and improved for the current initiative and, additionally, the project can count on this trained capacity to accelerate the communication activities proposed. Due to the impact of the pandemic upon these populations, the intervention can be catalytic of additional funding sources from international donors, as for example, the European Union, who has already expressed the willingness of funding projects targeting indigenous communities.</p> <p>This specific intervention also aligns and complements other efforts in place and under coordination at the region and can benefit from existing activities, leveraging the impact of other projects addressing the immediate response to the impact of COVID-19 in indigenous lands. Examples are:</p> <ol style="list-style-type: none"> <li>1. the ongoing proposal of a Trilateral Action Plan submitted for the Central Emergency Response Funding (CERF -Rapid Response) at the Triple Border in the Amazon Region of Brazil, Colombia and Peru. Coordinated by OCHA/ROLAC and the RCO's in those 3 countries, it has as executing agencies UNICEF, WFP and WHO (plus UNFPA in Colombia). This trilateral action plan proposal is focused on providing support the governments' responses to the indigenous communities in the area, with a focus on food insecurity, health and wash, considering the COVID-19 incidence in the triple border and the request for urgent assistance;</li> <li>2. UNICEF's partnership with USAID/OFDA and World Vision to support indigenous peoples of the Brazilian Amazon Region in preventing Covid-19 through Health, Water, Sanitation and Hygiene and Protection actions in selected areas, which is also coordinated with the abovementioned triple border initiative.</li> <li>3. the R4V platform, as well as of the Education Cannot Wait initiative, fostering the social and economic inclusion of indigenous refugees and migrant communities, who shall also benefit from the durable results expected from this initiative.</li> </ol> <p>The intervention also benefits from existing initiatives developed by the UN System in Brazil along the past year, such as the experiences of UNESCO (on documentation of indigenous languages and tailored preventive education activities) and WHO/PAHO on basic health, mentioned in Section I, as well as more punctual activities, such as the <a href="#">media Training</a> for indigenous women in Mato Grosso do Sul led by UN Women. The methodology applied can be adapted and improved for the current initiative and, additionally, the project can count on this trained capacity to accelerate the communication activities proposed.</p> <p>When addressing economic recovery, the application of a short circuits approach for the economic empowerment of indigenous peoples, with special focus on women and youth, will represent not only an immediate response to the economic impact of the pandemic and its social distancing measures. It will also provide these communities with a set of solutions for strengthening the resilience of economic activities, valuing their handcraft and rural products chains and enhancing their potential to reach larger consumer markets. This solution will aim at promoting economic empowerment, mainly of indigenous women, and enhance the resilience capacity of their economic activities to further shocks. The results of this pilot could be expanded not only to indigenous communities in other areas of the country but also to other traditional and equally vulnerable communities, such as quilombolas and small fishery cooperative enterprises. The valorization of these knowledges and cultural expression can open new avenues – including the access to larger consumer markets – for women's and youth's entrepreneurship, engaging them in economic recovery activities and providing for longstanding solutions beyond the prevalence of the COVID-19 outbreak.</p> <p>It is important to highlight that this intervention is aligned with the principles of the ILO Convention no. 169, the Indigenous and Tribal Peoples Convention, by fostering the aspirations of these peoples to exercise control over their own institutions, ways of life and economic development and to maintain and develop their identities, languages and religions, within the framework of the Brazilian territory and political environment.</p> |
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|   | <p>The intervention can be catalytic of additional funding sources from international donors, as for example, the European Union, who has already expressed the willingness of funding projects targeting indigenous communities. The proposed theory of change could be expanded and adapted to benefit indigenous peoples outside the Amazon region – there is a specific request for assistance from indigenous communities living in the South and the Northeast of the country – as well as for indigenous communities not living in indigenous lands – mostly in the suburbs of major cities, in vulnerable conditions</p>   |                                  |
| <p>CN_IV. Who will deliver this solution<br/>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&amp;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> | <p>The proposed solution is expected to be delivered under the leadership of UNESCO, WHO/PAHO, FAO and IOM, who should engage with other UN AFPs in the country, to benefit from expertise of their areas of mandate. Their contributions will focus on</p> <ul style="list-style-type: none"> <li>• UNESCO: UNESCO's mandate encompasses various areas of the present intervention. The protection to endangered languages and their valorization, such as the diversity of indigenous languages in Brazil, that UNESCO is documenting and preserving for over a decade indigenous languages endangered to disappear. In cooperation with the Museum of Indigenous Peoples, these languages are being recorded by the young individuals in these communities, in an interesting relationship with the elderly, as guardians and last speakers of these languages. This activity has resulted in the production of grammars of these languages, enabling the production of bilingual pedagogical materials for the schools inside indigenous lands, as well as informational material on preventive education, transmitting accurate information, for example, on HIV and STDs, not only in indigenous languages but also respecting their values and cultural manners. From the perspective of the intangible heritage, in addition to the recognition of some of these traditions within the framework of Convention of the Intangible Heritage mentioned at Section 1, UNESCO values and aims to preserve the way of living and producing of these communities, as a living expression of the cultural diversity of the country. Including these artisanal goods in the consumer market reinforces the role of the creative industries in contributing for the empowerment of these communities, in special, of the women.</li> <li>• PAHO/WHO: PAHO/WHO, as the specialized health agency for the Americas and the Regional Office of the World Health Organization, works with countries throughout the region to improve and protect people's health. PAHO/WHO engages in technical cooperation with its member countries to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. PAHO/WHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. Through its work, PAHO/WHO promotes and supports the right of everyone to good health. To advance these goals, it promotes technical cooperation between countries and works in partnership with ministries of health and other government agencies, civil society organizations, other international agencies, universities, social security agencies, community groups, and other partners. PAHO/WHO promotes the inclusion of health in all public policies and the engagement of all sectors in efforts to ensure that people live longer, healthier lives, with good health as their most valuable resource. In the context of the pandemic, PAHO/WHO is providing essential leadership, coordination and assistance to fight the spread of COVID-19, save lives, and protect the most vulnerable population groups—including health workers—in all 52 countries and territories of the Americas. In the context of this Joint Programme, PAHO/WHO intervention will focus on: i) technical support on prevention and control of COVID-19; ii) strengthening COVID-19 response measures; iii) improving access to health and surveillance services.</li> <li>• FAO: FAO has a longstanding partnership with Brazilian authorities. FAO's assistance in Brazil includes food security, fighting extreme poverty by the promotion of family farming and family aquaculture and promoting the sustainable management of natural resources, including the introduction of an agro-ecological production matrix for social and environmental sustainability. During the past years, FAO has tested solutions for non-agricultural rural activities, which rarely receive the same attention as agricultural activities. The non-agricultural short circuits programme approach differs from previous responses by focusing its actions on the rural populations engaged in non-agricultural activities. Despite a number of UN programs, projects and actions in Brazil focusing on women, indigenous</li> </ul> | <p>As per SG Designate email</p> |

peoples and traditional communities, those approaches tend to be agriculture-related. Responding to the problem of the interruption of non-agricultural rural economic activities, the aim is to strengthen non-agricultural rural employment short circuits through the identification/formulation and offering of a set of solutions (a toolbox) that allow to improve, strengthen and develop non-agricultural activities, through the training of local producers and promoting the constitution of local associations and cooperatives.

- IOM: the UN Migration Agency, is the leading inter-governmental organisation in the field of migration and works closely with governmental, inter-governmental and non-governmental partners. IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search of practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. In Brazil, the Organization is currently present in 10 cities: Belém, Boa Vista, Brasília, Curitiba, Florianópolis, Manaus, Pacaraima, Porto Alegre, Rio de Janeiro and São Paulo. Since 2018, IOM is co-leading the Coordination Platform For Refugees and Migrants from Venezuela (R4V). With a strong presence at the Northern border of Brazil, IOM is leading the humanitarian response to the Venezuelan influx, including the support to the indigenous populations crossing the borders. Although part of the assistance is provided within common shelters, IOM has a specific line of action in support to the indigenous peoples – which includes their insertion in lands of the same ethnic group in Brazil, where advanced services can be provided, such as bilingual education.

UN is well represented in the country and many Agencies, Funds and Programmes are already implementing projects addressed to indigenous peoples. Currently, it is expected that UN Women, UNFPA, ILO, UNHCR and OHCHR would work together with the four leader AFPs, complementing with their expertise in their areas of mandate to achieve the expected results from the proposed intervention. The solution may also count on the support of UNV, which should work in alignment with other AFPs to mobilize not only National and International UN volunteers, but also to engage local volunteers, existing volunteers organization, as well as online volunteering mechanisms, a relevant tool in the current context of social distancing.

The proposal shall also take into account a number of established stakeholders, to support the implementation of the activities in the field. A preliminary mapping of stakeholders has identified key partners for the implementation of this project, such as:

- Government of the State of Amazonas: one of the largest States in Amazon, the state of Amazonas is the house of many indigenous lands. The Government has already approached the UN seeking for technical assistance on this matter. As part of the Council of the Legal Amazon, the Government of Amazonas is an entry point for the articulation with other State governments;
- The Amazon Sustainable Foundation (FAS): developed the Amazon Alliance program composed of Governmental secretaries, municipal governments, civil society organizations research institutions, companies, UNEP and WFP to produce and implement strategic plans for indigenous people and local forest communities to combat the advance of COVID;
- Instituto Socioambiental (ISA): established in 1994, ISA is a national reference of the work of the civil society on the production, analysis and dissemination of data with regards to indigenous peoples in Brazil, developing projects in areas such as socioenvironmental rights and policies, monitoring of protected areas and indigenous specific public policies.
- Articulação dos Povos Indígenas do Brasil (APIB): APIB is a national association of entities representing the indigenous peoples in Brazil, established in 2005 to strengthen the relationship among the various indigenous peoples in Brazil, enhancing their capacity to advocate for their common demands and for their rights.
- Coordenação das Organizações Indígenas da Amazônia Brasileira (COIAB): Established in 1989, COIAB is the organization which gathers the indigenous peoples of the Amazon region.

|                        |   |  |
|------------------------|---|--|
|                        | <p>- Rede de Juventudes Indígenas (REJUIND): established in 2009, REJUIND aims at strengthening youth indigenous generations, with the use of Information and Communication Technologies, with focal points in all five regions of the country.</p> <p>APIB, COIAB and REJUIND are crucial partners to ensure that the solutions proposed by the present project dialogue with the needs and aspirations of the beneficiary group.</p> <p>With regards to the component addressed to refugee and migrant Venezuelan indigenous, the close collaboration with the federal initiative Operação Acolhida will be crucial, as it coordinates the responses from various actors to the Venezuelan influx and its process of interiorization and integration in the Brazilian society.</p> <p>The governance of the project and its implementation arrangements shall be discussed in a Steering Committee with the participation of the involved UN agencies, funds and programmes, federal and local governments, civil society and, in particular, indigenous leaders.</p>   |  |
| P_V. Target population | <p><i>Disclaimer: Please note that while the narrative section reflects the framework for a USD1,972,438.00 programme that was proposed during the concept note submission phase, the current budget and RBM reflect the funded part of the programme and, therefore, refined activities within the allocated USD904,257.00</i></p> <p>According to official data<sup>[1]</sup>, as of 23 January 2021, a total of 40,928 cases including 537 deaths were reported among the indigenous population assisted by the Special Secretariat for Indigenous Health (<i>Secretaria Especial de Saúde Indígena – SESAI</i>). The cumulative incidence rate of COVID-19 in the indigenous population was 5,414.5 per 100,000 people, and the mortality rate was 71.0 per 100 thousand people. Most of the confirmed cases were reported between June 14 and July 25, 2020, however, an abrupt increase in cases was recorded between December 13 and 19, 2020. In the last weeks of December 2020, an increase in the Cumulative Incidence Rate was reported mainly in the DSEI Amapá and Northern Pará (8.5 times) and Tocantins (7.3 times).</p> <p><i>[1] Epidemiological bulletin published by the Special Secretariat for Indigenous Health (SESAI), available at <a href="https://bit.ly/2XTbHwe">https://bit.ly/2XTbHwe</a></i></p> <p>The Northern region, which brings together approximately 50% of the indigenous population assisted by SESAI, reported the highest number of cases (23,853), with a cumulative incidence rate of 6,270.3 per 100,000 population. The highest incidence rates were reported in the DSEI Altamira (27,179.0 per 100,000 population), Kaiapó do Pará (19,619.5 per 100,000 population) followed by Rio Tapajós (14,709.0 per 100,000 population). Deaths were also more reported in the North region, with 244 deaths and a mortality rate of 64.1 per 100,000 population. Considering the cumulative incidence in 2020, and comparing to the general Brazilian population, the Indigenous peoples had up to 4.9 times COVID-19 cases, 3.5 times the mortality rate and 2.1 times the case fatality rate.</p> <p>COVID-19 cases at the national level show a new increase in the Northern Region, especially in the state of Amazonas. At January 26th 2021, the Northern region reported 989,965 cases of COVID-19, with an incidence rate of 5,371.2 per 100,000 population, including 21,197 deaths, with a mortality rate of 115.0 per 100,000 population and a case fatality rate of 2.1%. The five states with the highest cumulative incidence rate per 100,000 inhabitants are Roraima (11,994.2), Amapá (8,943.9), Tocantins (6,370.8), Rondônia (6,714.7) and Amazonas (6,139.6). In comparison, the five states with the highest mortality rate are Amazonas (171.1), Roraima (137.8), Amapá (122.5), Rondônia (120.9) and Acre (97.1). The Amazonas state reported the highest case fatality rate (2.9). The same trend was observed regarding fatal cases, with a substantial increase from the second week of December in the Amazon region.</p> <p>Since the beginning, the alarming situation of COVID-19 in the Northern states is of concern. The new wave of increasing COVID-19 cases and deaths with the exponential transmission in its capital Manaus and other municipalities represent a new challenge for the stressed and overwhelmed health system. In the remote areas, the access to health services, information and basic sanitation is precarious or inexistent, and reaching rural areas is expensive. On average, the time necessary to transfer a patient from a remote community to a municipal hospital is 6 hours by boat. Municipal hospitals have limited capacity to treat and</p> | Please see comments under general information tab. |

isolate patients with COVID-19, and critically ill patients must be transferred to Manaus. However, few flights are departing from the municipalities to Manaus. Moreover, Manaus has a chronically underfunded health service, which was poorly equipped and understaffed.

Due to this situation, many patients from indigenous communities as well as traditional peoples are migrating to other states searching for health care services. Tackling the Amazonas state epidemic will decrease the influx of indigenous and non-indigenous patients to other Northern states.

International studies about indigenous peoples attest that traditional communities are always in economic, social and health disadvantage vis-à-vis other population groups, even about those living in the same locations. The same scenario is reproduced in Brazil, involving infrastructure, sanitation, housing conditions, access to health, and education, among others, be it in rural or urban areas. Therefore, indigenous peoples are more vulnerable to epidemics due to their social, economic and health conditions which amplifies the potential for the spread of diseases. From a cultural perspective, a large part of the indigenous peoples lives in collective houses, and it is common among many of them to share utensils, such as bowls and other objects, which favors situations of transmission of the disease.

In Brazil, the rights of indigenous peoples were already at risk prior to the pandemic, as noted by the Special Rapporteur mission on the rights of indigenous peoples in 2016[2] and by the Universal Periodic Review in 2017[3]. By that time, the Special Rapporteur registered that indigenous peoples faced more profound risks than at any time since the adoption of the Constitution in 1988. The rise of deforestation and loss of biodiversity to environmental contamination has also affected the quality of indigenous and traditional peoples' food or restricted its availability. Prior to the pandemic, the livelihoods systems of peoples from the Amazon region were already disproportionately affected by environmental pollution, the contamination of their rivers and water sources and the consequences of the extraction projects in their land and territories. The Special Rapporteur also urged the Government of Brazil to accord particular and urgent attention to the situation of indigenous children, youth and women, especially in relation to the increasing violence against indigenous women. Their vulnerable situation has been exacerbated by the crisis.

[2] [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/33/42/Add.1](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/33/42/Add.1)

[3] [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/36/11](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/36/11)

As agreed with the Consortium, the proposal will focus on the three states that have the largest indigenous population in addition to the largest number of isolated communities, the largest number of locations with "quilombola" populations and riverside populations. Maranhão has 864 and Amazonas 184 locations where "quilombola" communities live. According to the census conducted by SESAI, the DSEI located in the area covered by the project with the largest population are upper Rio Solimões (AM), East Roraima (RR) and Alto Rio Negro (AM) and Maranhão (MA), which was in fourth place.

Limitations on movement, due to the increasing illegal invasion of indigenous and traditional territories mostly for mining, cattle, as well as the growing amount of seasonal forest fires for illegal grown crops of latifundium plantations, in addition to causing adverse socioeconomic impacts and contributing to climate change, increase the risk of the disease by the inherently derived contact between different individuals. In this context, men are more prone to be affected by COVID-19, due to their cultural duty to protect their lands, increasing their risk of being exposed to the SARS-CoV-2, and contributing to their highest mortality rate. Apart from that, although men face a higher case fatality rate, women in these communities face increasing demand for domestic work and unpaid care, which results in an overload of unpaid work and a reduction in the time available for income-generating activities and health care. The economic impacts of the crisis also reduce the possibilities for income generation.

The indigenous and traditional people's culture is often preserved and disseminated by the elderly. Hence the COVID-19 threatens not only the individuals but their society. If infected with SARS-CoV-2, older persons are more likely to require intensive medical care and are more vulnerable to a fatal outcome, resulting not only in a loss of lives but also of uncountable cultural and intangible heritage.

Women and girls have been experiencing a differentiated impact of COVID-19. Even before the pandemic, Brazilian women have been facing far higher poverty rates and very limited participation in political life. Deprivation of territory, destruction of small crops, contamination of soil and water, and erosion of cultural practices expose them to food insecurity and mental health issues. Moreover, they are exposed to multiple forms of discrimination and aggravated violence. Studies showed that homicide rates for indigenous women in the country were more than double that of non-indigenous women. Yet, their differentiated needs and

priorities related to their security, development and human rights, are almost entirely neglected in the COVID-19-related response measures by the federal, state or municipal planning and support measures. These women are mostly absent from the decision making about the planning and budgeting for the COVID-response.

Brazil hosts 274 identified indigenous languages, making it difficult to comprehend of the scarce information that arrives in Portuguese and effective use of it as a tool to prevent the spread of COVID-19 in their territories. This complex cultural diversity, vast and disseminated throughout a continental region, magnifies the challenge of conveying messages that could effectively reach these communities, in order to raise awareness of efficient measures for the protection of the health of its members, considering communication codes that do not represent stigmatization and respect their values.

In addition, indigenous people living in villages are dislocating to cities in search of information and access to the emergency aid program provided by the Federal Government to grant survival, exposing themselves and their communities further to the risk of contamination.

The public policy for health care to the indigenous population living in official indigenous lands ("aldeias") is under the coordination of the Special Secretariat for Indigenous Health (*Secretaria Especial de Saúde Indígena* - SESAI), linked to the Brazilian Ministry of Health, and created to provide indigenous health and is organized in 34 Special Indigenous Health Districts (*Distrito Sanitário Especial Indígena* - DSEI). The DSEIs are the responsibility of SESAI, and were defined based on epidemiological, geographic and ethnographic criteria. In DSEIs, primary health care shall be offered. High complexity health care is under the responsibility of a network of secondary, and tertiary levels of care with regional hospitals, and regulations for patient's transferral. The DSEIs still have smaller units, the Base Poles, territorial subdivisions that function as support for the Multidisciplinary Indigenous Health Teams to organize themselves technically / administratively. According to data from the National Register of Health Establishments, there are 528 indigenous basic health units to serve this population. It is worth mentioning that the mandate of SESAI in Brazil is restricted to the attention of indigenous living in official indigenous lands; therefore, public health systems in cities with an expressive influx of indigenous populations are also providing primary medical care to them.

The assessment of the UN Country Team on this situation included federal, state and local inputs such as the joint of governors of the nine Amazonian states by means of the Interstate Consortium for Sustainable Development of the Legal Amazon. The issues related to the emergency of COVID-19 are being dealt with by the Consortium's Technical Chamber on Health, which is chaired by the Secretariat on Health of the state of Amazonas, Mr. Marcellus Campelo.

In addition to the stakeholders mapped in the Concept Note, this refined full proposed includes the additional stakeholders:

- the Interstate Consortium for Sustainable Development of the Legal Amazon, seeking the creation of integrated short and medium-term solutions within the 2019-2030 horizon.

- Government of the State of Amazonas, in particular its Health Secretariat: one of the largest states in Amazon, which is the house of many indigenous lands. The Government has already approached the UN seeking technical assistance on this matter. As part of the Council of the Legal Amazon, the Government of Amazonas is an entry point for articulation with other State governments, given that its Health Secretary chair the Consortium's Chamber on Health.

- Government of the State of Roraima, in particular its Health Secretariat: the state of Roraima is the second state in the country with the most indigenous locations. According to the Brazilian Institute of Statistics and Geography (IBGE), the state registers more than 580 indigenous locations. In addition, Roraima has been receiving a considerable volume of indigenous migrants and refugees from Venezuela in recent years.

- Government of the State of Maranhão, in particular its Health Secretariat. According to the 2010 Demographic Census, Maranhão has the third-largest number of "quilombola" communities in Brazil. The state registers more than 860 "quilombola" locations, according to the IBGE.

As agreed with the Consortium, the proposal will focus on the three states that have the largest indigenous population in addition to the largest number of isolated communities, the largest number of locations with "quilombola" populations and riverside populations. Maranhão has 864 and Amazonas 184 locations where "quilombola" communities live. According to the census conducted by SESAI, the DSEI located in the area covered by the project with the largest population are upper Rio Solimões (AM), East Roraima (RR) and Alto

Rio Negro (AM) and Maranhão (MA), which was in fourth place, and, therefore, these are the selected areas to implement the proposal.

| State         | DSEI              | Gender |         | Total   |
|---------------|-------------------|--------|---------|---------|
|               |                   | Female | Male    |         |
| Amazonas (AM) | ALTO RIO NEGRO    | 20,14  | 21,088  | 41,228  |
|               | ALTO RIO SOLIMÕES | 34,636 | 36,078  | 70,714  |
| Roraima (RR)  | LESTE DE RORAIMA  | 25,724 | 27,499  | 53,223  |
| Maranhão (MA) | MARANHÃO          | 18,194 | 18,091  | 36,285  |
| Total         |                   | 98,694 | 102,756 | 201,450 |

Source: SIAS/SESA/MS 2020

Regarding the indigenous population, the total amount of the budget available is going to benefit 70% of the indigenous population of the selected areas (estimated 141,015 beneficiaries).

Due to the lack of a detailed database regarding the number of traditional population and communities in the region, the target number of beneficiaries were calculated based on the document "Registration guide for "quilombolas" families" (*Guia de cadastramento para famílias quilombolas*) from the Brazilian Ministry of Development, 2009). Nevertheless PAHO/WHO will closely work with local health authorities to provide the most reliable, *in loco*, assistance to 30% of this population (estimated 3,693 beneficiaries).

|              | Families | Average of member per family (5 people) |
|--------------|----------|---|
| Amazon (AM)  | 30       | 150                                     |
| Maranhao MA) | 2,432    | 12160                                   |
| Roraima (RR) | 0        | 0                                       |
| Total        | 2,462.00 | 12,310                                  |

Source: [http://www.mds.gov.br/webarquivos/arquivo/cadastro\\_unico/guia-de-cadastramento-de-familias-quilombolas.pdf](http://www.mds.gov.br/webarquivos/arquivo/cadastro_unico/guia-de-cadastramento-de-familias-quilombolas.pdf)

#### SDG Targets

| Target   | Description   |
|--|---|
| <b>Main Goals</b>  |   |
| <b>Goal 1. End poverty in all its forms everywhere</b>                         |   |
| TARGET_1.5   | 1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters  |
| <b>Goal 3. Ensure healthy lives and promote well-being for all at all ages</b> |   |
| TARGET_3.1   | 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births   |
| TARGET_3.3   | 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases  |
| TARGET_3.4   | 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being   |
| 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  |
| TARGET_3.8   | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all   |
| TARGET_3.b   | 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health and, in particular, provide access to medicines for all |
| TARGET_3.d   | 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks  |
| <b>Goal 5. Achieve gender equality and empower all women and girls</b>         |   |

| Target     | Description  |
|------------|--|
| TARGET_5.5 | 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life |

## Secondary Goals

## Goal 10. Reduce inequality within and among countries

|             |  |
|-------------|--|
| TARGET_10.2 | 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status |
|-------------|--|

## SDG Indicators

| Indicator Code | Description  |
|----------------|--|
| C200305        | 1.5.4 Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies   |
| C030101        | 3.1.1 Maternal mortality ratio   |
| C030102        | 3.1.2 Proportion of births attended by skilled health personnel  |
| C030401        | 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease   |
| C030801        | 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity) |
| C030b01        | 3.b.1 Proportion of the target population covered by all vaccines included in their national programme   |
| C030d01        | 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness  |

## Contribution to SDGs

| Participating Organization                   | % TARGET_5.5 | % TARGET_3.3 | % TARGET_3.4 | % TARGET_10.2 | % TARGET_3.d | % TARGET_3.8 | % TARGET_3.b | % TARGET_3.7 | % TARGET_3.1 | % TARGET_1.5 | % Total    |
|--|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|
| UNESCO                                       | 30           | 0            | 0            | 30            | 0            | 0            | 40           | 0            | 0            | 0            | 100        |
| PAHO/WHO                                     | 0            | 20           | 0            | 0             | 40           | 20           | 20           |              |              |              | 100        |
| UNFPA  | 10           | 0            | 0            | 0             | 20           | 0            | 0            | 30           | 30           | 10           | 100        |
| UNWOMEN                                      | 70           | 0            | 0            | 20            | 10           | 0            | 0            | 0            | 0            | 0            | 100        |
| <b>Total contribution by target</b>          | <b>110</b>   | <b>20</b>    | <b>0</b>     | <b>50</b>     | <b>70</b>    | <b>20</b>    | <b>60</b>    | <b>30</b>    | <b>30</b>    | <b>10</b>    |            |
| <b>Project contribution to SDG by target</b> | <b>27.5</b>  | <b>5</b>     | <b>0</b>     | <b>12.5</b>   | <b>17.5</b>  | <b>5</b>     | <b>15</b>    | <b>7.5</b>   | <b>7.5</b>   | <b>2.5</b>   | <b>100</b> |

## List of documents

| Document  | Document Type | Document Source   | Document Abstract   | Modified By                 | Modified On  |
|---|---------------|-------------------|---|-----------------------------|--------------|
| <a href="#">MPFT_GEM2_checklist Indigenous Peoples Concept Note.pdf</a>                           | Other Docs    | Concept           | GENDER EQUALITY MARKER CODE 2 Checklist for Concept Note "Support to the implementation of emergency measures and recovery actions to tackle COVID-19 in the indigenous territories in the northern region of Brazil (Amazon Region)" | aline.verdade@one.un.org    | Sep 01, 2020 |
| <a href="#">Reviewer1_Brazil_Supporting emergency measures.xlsx</a>                               | Other Docs    | Concept Narrative |   | boymenae@who.int            | Sep 09, 2020 |
| <a href="#">Secr_BRAZIL.xlsx</a>  | Other Docs    | Concept Narrative |   | olga.aleshina@undp.org      | Sep 11, 2020 |
| <a href="#">241_CN_submission Brazilian Concept Note Sept 2020 before project development.pdf</a> | Other Docs    | Project           | 241 CN submission by Brazil in September 2020 - Concept Note before project refinement  | haroldo.machadofilho@un.org | Jan 28, 2021 |
| <a href="#">Brazil_SE Response Plan and Impact Assessment_Final.pdf</a>                           | Other Docs    | Project Narrative | Brazil SERP and Impact Assessment   | haroldo.machadofilho@un.org | Jan 29, 2021 |
| <a href="#">MPTF-COVID 19 offline form full proposal by Brazil Jan2021.pdf</a>                    | Pro-Doc       | Project           | Full proposal editing the CN previous text - refined in light of the focus on indigenous and traditional peoples' health and budget limited to USD904,300.00  | haroldo.machadofilho@un.org | Jan 29, 2021 |

## Project Results

| Outcome               | Output |
|-----------------------|--------|
| Reduced case fatality |        |

| Outcome  | Output   |   |                      |                                 |                      |  |  |   |  |   |   |   |  |
|--|--|---|----------------------|---------------------------------|----------------------|--|--|---|--|---|---|---|--|
| rate and mortality related to COVID-19 among vulnerable populations in the Brazilian Legal Amazon  |  |   |                      |                                 |                      |  |  |   |  |   |   |   |  |
|  | Strengthened capacity for Indigenous people from the Amazon Region, and indigenous migrants from Venezuela, offered timely diagnosis by  |   |                      |                                 |                      |  |  |   |  |   |   |   |  |
|  | <p data-bbox="289 1224 367 1245"><b>Activities</b></p> <table border="1" data-bbox="289 1249 1489 1602"> <thead> <tr> <th data-bbox="289 1255 789 1308">Title</th> <th data-bbox="792 1255 1206 1308">Description</th> <th data-bbox="1209 1255 1393 1308">Lead Participating Organization</th> <th data-bbox="1396 1255 1489 1308">Participat Organizat</th> </tr> </thead> <tbody> <tr> <td data-bbox="289 1312 789 1455">Provide to indigenous people, and indigenous migrants from Venezuela, timely measures to diagnose and act to decrease COVID-19 case fatality rate and mortality by means of COVID-19 Antigen Based Rapid Tests and associated protocols on use</td> <td data-bbox="792 1312 1206 1455">Procurement of COVID-19 Antigen Based Rapid Tests and elaboration of associated protocols to be delivered for distribution to the Secretaries of Health (Amazonas, Roraima and Maranhão)</td> <td data-bbox="1209 1312 1393 1455">PAHO/WHO - PAN AMERICAN HEALTH ORGANISATI</td> <td data-bbox="1396 1312 1489 1455"></td> </tr> <tr> <td data-bbox="289 1459 789 1602">Provide monitoring of COVID-19 mild cases by means of pulse oximeters and associated protocols on use</td> <td data-bbox="792 1459 1206 1602">Procurement of pulse oximeters and elaboration of associated protocols to be delivered for distribution to the Secretaries of Health (Amazonas, Roraima and Maranhão)</td> <td data-bbox="1209 1459 1393 1602">PAHO/WHO - PAN AMERICAN HEALTH ORGANISATI</td> <td data-bbox="1396 1459 1489 1602"></td> </tr> </tbody> </table> | Title                                     | Description          | Lead Participating Organization | Participat Organizat | Provide to indigenous people, and indigenous migrants from Venezuela, timely measures to diagnose and act to decrease COVID-19 case fatality rate and mortality by means of COVID-19 Antigen Based Rapid Tests and associated protocols on use | Procurement of COVID-19 Antigen Based Rapid Tests and elaboration of associated protocols to be delivered for distribution to the Secretaries of Health (Amazonas, Roraima and Maranhão) | PAHO/WHO - PAN AMERICAN HEALTH ORGANISATI |  | Provide monitoring of COVID-19 mild cases by means of pulse oximeters and associated protocols on use | Procurement of pulse oximeters and elaboration of associated protocols to be delivered for distribution to the Secretaries of Health (Amazonas, Roraima and Maranhão) | PAHO/WHO - PAN AMERICAN HEALTH ORGANISATI |  |
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| Provide monitoring of COVID-19 mild cases by means of pulse oximeters and associated protocols on use  | Procurement of pulse oximeters and elaboration of associated protocols to be delivered for distribution to the Secretaries of Health (Amazonas, Roraima and Maranhão)  | PAHO/WHO - PAN AMERICAN HEALTH ORGANISATI |                      |                                 |                      |  |  |   |  |   |   |   |  |
|  | Strengthened capacity for traditional peoples and communities from the Amazon Region, offered timely diagnosis, decreased COVID-19 incid   |   |                      |                                 |                      |  |  |   |  |   |   |   |  |

| Outcome  | Output  |   |                            |  |  |  |   |   |  |   |  |   |  |
|--|---|---|----------------------------|--|--|--|---|---|--|---|--|---|--|
|  |   |   |                            |  |  |  |   |   |  |   |  |   |  |
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|  | <p><a href="#">Enhanced capacity of government institutions in charge of the COVID-19 emergency response in the Legal Amazon in incorporate the needs of</a></p>  |   |                            |  |  |  |   |   |  |   |  |   |  |
|  | <p><a href="#">Activities</a></p> <table border="1"> <thead> <tr> <th>Title</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Conduct rapid assessment of the emergency health response plan and related actions focusing on responsiveness to gender, race and ethnicity.</td> <td>Conduct rapid assessment of the emergency health response plan and related actions focusing on aiming to identify whether the documents: a) contain gender, race and ethnicity responsive consider human rights in the emergency health response; b) foresee to exercise participatory decision-making planning the actions affecting their lives and health; c) mention if the government bodies are capable mainstream gender in the available guidelines for field-level practitioners; e) foresee specific actions</td> </tr> <tr> <td>Develop comprehensive recommendations based on the rapid assessment results and consultations to indigenous leaders.</td> <td>Development of comprehensive recommendations with a three levels-approach: raising awareness, deliver services, responsive to the needs of Indigenous women. Recommendations will be developed health response plan and related actions focusing on responsiveness to gender, race and ethnicity (will be cross validated/informed with the results of the rights holders' consultations (see related activities)</td> </tr> <tr> <td>Provide rapid trainings for technical and management levels</td> <td>Roll-out gender responsive capabilities of duty bearers with online trainings targeting decision makers technical advice, guidelines to facilitate sex-disaggregated data collection and gender analysis, as well behaviors and human rights protection during emergency crisis.</td> </tr> </tbody> </table> | Title                                     | Description                | Conduct rapid assessment of the emergency health response plan and related actions focusing on responsiveness to gender, race and ethnicity. | Conduct rapid assessment of the emergency health response plan and related actions focusing on aiming to identify whether the documents: a) contain gender, race and ethnicity responsive consider human rights in the emergency health response; b) foresee to exercise participatory decision-making planning the actions affecting their lives and health; c) mention if the government bodies are capable mainstream gender in the available guidelines for field-level practitioners; e) foresee specific actions | Develop comprehensive recommendations based on the rapid assessment results and consultations to indigenous leaders.   | Development of comprehensive recommendations with a three levels-approach: raising awareness, deliver services, responsive to the needs of Indigenous women. Recommendations will be developed health response plan and related actions focusing on responsiveness to gender, race and ethnicity (will be cross validated/informed with the results of the rights holders' consultations (see related activities) | Provide rapid trainings for technical and management levels | Roll-out gender responsive capabilities of duty bearers with online trainings targeting decision makers technical advice, guidelines to facilitate sex-disaggregated data collection and gender analysis, as well behaviors and human rights protection during emergency crisis. |   |  |   |  |
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| Outcome  | Output  |                    |             |  |  |  |   |   |   |                    |
|--|---|--------------------|-------------|--|--|--|---|---|---|--------------------|
|  | Enhanced capacity of indigenous women who are local community leaders in Legal Amazon territories to meaningfully participate in and influ  |                    |             |  |  |  |   |   |   |                    |
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|  | Information and data monitoring systems improved through dashboard with updated and disaggregated demographic and health data   |                    |             |  |  |  |   |   |   |                    |

| Outcome  | Output   |               |             |  |   |  |   |
|--|--|---------------|-------------|--|---|--|---|
|  |  |               |             |  |   |  |   |
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|  | <p><a href="#">Health professionals trained on early diagnosis of Covid-19, protocols and case management, in pregnant and postpartum women from vulne</a></p>   |               |             |  |   |  |   |
|  | <p><a href="#">Activities</a></p> <table border="1"> <thead> <tr> <th>Title</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Train health professionals on early diagnosis of Covid-19, protocols and case management, in pregnant and postpartum women, and train community cultural facilitators to support pregnant and postpartum women (including remote consultations when available)</td> <td>Training developed and disseminated for health professionals on early diagnosis of COVID-19, including guidelines on the various stages of infection and protocols aim at preventing maternal morbidity and mortality and injuries to the fetus, managing cases of pregnant women and women in postpartum phase and training community cultural facilitators to support pregnant and postpartum women (including remote consultations when available)</td> </tr> <tr> <td>Acquire and distribute supplies and equipment for prevention and early diagnosis of Covid-19 in pregnant and postpartum women, including support to the implementation of remote assistance rooms (telemedicine) in selected areas</td> <td>Supplies and equipment for prevention and early diagnosis of COVID-19 in pregnant and postpartum women acquired and distributed and support to the implementation of remote assistance rooms - in selected areas.</td> </tr> </tbody> </table> | Title         | Description | Train health professionals on early diagnosis of Covid-19, protocols and case management, in pregnant and postpartum women, and train community cultural facilitators to support pregnant and postpartum women (including remote consultations when available) | Training developed and disseminated for health professionals on early diagnosis of COVID-19, including guidelines on the various stages of infection and protocols aim at preventing maternal morbidity and mortality and injuries to the fetus, managing cases of pregnant women and women in postpartum phase and training community cultural facilitators to support pregnant and postpartum women (including remote consultations when available) | Acquire and distribute supplies and equipment for prevention and early diagnosis of Covid-19 in pregnant and postpartum women, including support to the implementation of remote assistance rooms (telemedicine) in selected areas   | Supplies and equipment for prevention and early diagnosis of COVID-19 in pregnant and postpartum women acquired and distributed and support to the implementation of remote assistance rooms - in selected areas. |
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| Outcome | Output |
|---------|--------|
|---------|--------|

## Signature Indicators

| Indicator Title | Component Title    | Description   | Category      | Cycle  | Scope   | Value Type | Baseline Value | Baseline Year | Target Value | Target Year | Linked Outcome / Output |
|-----------------|--------------------|---|---------------|--------|---------|------------|----------------|---------------|--------------|-------------|-------------------------|
| Outcome 2.3     |                    | Number of people accessing services (education, health, social protection, etc) | Beneficiaries | Yearly | Country | Number     | N/A            | 2020          |              | 0           | <b>Outcome:</b> Outcome |
|                 | By Sex             | Male  | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By Sex             | Female  | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By Age Group       | 0-14 years  | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By Age Group       | 15-24 years   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By Age Group       | 25-59 years   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By Age Group       | 60 years and over   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Women   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Older persons   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Adolescents; children and youth   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Persons with disabilities   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Persons with mental health conditions Indigenous peoples                        | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Migrants; refugees; stateless and internally displaced persons                  | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Minorities  | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Persons in detention or in institutionalized settings                           | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Slum dwellers; informal settlements; homeless persons                           | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | People living with HIV/AIDS   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Small farmers; fishers; pastoralists; workers in informal and formal markets    | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | The food insecure   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | People in extreme poverty   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |
|                 | By risk population | Marginalized people   | Beneficiaries | Yearly | Country | Number     |                | 0             |              | 0           |                         |

## Imported Fund Outcome / Output Indicators

| Indicator Title | Component Title | Description | Category | Cycle | Scope | Value Type | Value | Baseline Value | Baseline Year | Target Value | Target Year | Linked Outcome / Output |
|-----------------|-----------------|-------------|----------|-------|-------|------------|-------|----------------|---------------|--------------|-------------|-------------------------|
|-----------------|-----------------|-------------|----------|-------|-------|------------|-------|----------------|---------------|--------------|-------------|-------------------------|

No fund indicators available.

## Project Indicators

| Indicator Title    | Component Title | Description        | Category | Cycle | Scope  | Value Type | Value | Baseline Value | Baseline Year | Target Value | Target Year | Linked Outcome / Output      |
|--------------------|-----------------|--------------------|----------|-------|--------|------------|-------|----------------|---------------|--------------|-------------|------------------------------|
| Educational health |                 | Health educational | Capacity | At    | Others | Number     | 0     |                | 2021          | 1            | 2021        | <b>Outcome:</b> Reduced case |

| Indicator Title   | Component Title | Description  | Category      | Cycle      | Scope  | Value Type | Baseline Value | Baseline Year | Target Value | Target Year | Linked Outcome / Output   |
|---|-----------------|--|---------------|------------|--------|------------|----------------|---------------|--------------|-------------|---|
| material developed  |                 | material based on intercultural dialogue produced to be used in social media to indigenous groups.   |               | closure    |        | ra         |                |               |              |             | fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Intercultural dialogue strengthened with a view to reduced case fatality rate and mortality related to COVID-19- among indigenous people in the Brazilian Legal Amazon  |
| No components available.  |                 |  |               |            |        |            |                |               |              |             |   |
| Dashboard developed and implemented   |                 | Dashboard focusing on the most vulnerable populations to support evidence-based action in the context of a pandemic to provide information available from open data sources, disaggregated and assisting the easy access to information in near real-time developed and implemented. | Capacity      | At closure | Others | Number ra  | 0              | 2021          | 1            | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Information and data monitoring system: improved through dashboard with updated and disaggregated demographic and health data  |
| No components available.  |                 |  |               |            |        |            |                |               |              |             |   |
| Training developed and disseminated for health professionals on early diagnosis of COVID-19, managing cases of pregnant women and women in postpartum phase |                 | Training for health professionals on early diagnosis of Covid-19, including guidelines on the various stages of infection and protocols aimed at preventing maternal morbidity and mortality and injuries to the fetus.  | Capacity      | At closure | Others | Yes/No ra  | 0              | 2021          | 1            | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Health professionals trained on early diagnosis of Covid-19, protocols and case management, in pregnant and postpartum women from vulnerable populations, and acquisition of supplies and equipment to strengthen the response in selected areas |
| No components available.  |                 |  |               |            |        |            |                |               |              |             |   |
| Number of pregnant and postpartum women from communities of selected areas  |                 | Pregnant and postpartum women from communities of selected areas who will benefit from the supplies and equipment for prevention and early diagnosis of COVID-19   | Beneficiaries | At closure | Others | Number ra  | 0              | 2021          | 200          | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Health professionals trained on early diagnosis of Covid   |

| Indicator Title   | Component Title | Description  | Category      | Cycle      | Scope  | Value Type | Baseline Value | Baseline Year | Target Value | Target Year | Linked Outcome / Output  |
|---|-----------------|--|---------------|------------|--------|------------|----------------|---------------|--------------|-------------|--|
|   |                 | that were acquired and distributed   |               |            |        |            |                |               |              |             | 19, protocols and case management, in pregnant and postpartum women from vulnerable populations, and acquisition of supplies and equipment to strengthen the response in selected areas  |
| No components available.  |                 |  |               |            |        |            |                |               |              |             |  |
| Number of indigenous people from the Brazilian Amazon Region, and indigenous migrants from Venezuela, living in the selected areas. |                 | Indigenous people from the Brazilian Amazon Region, and indigenous migrants from Venezuela, living in the selected areas, who will benefit from the supplies acquired that will allow timely diagnosis by COVID-19 Antigen Based Rapid Test, monitoring of mild cases, and transportation of severe cases to hospitalized care | Beneficiaries | At closure | Others | Number     | 0              | 2021          | 141,015      | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Strengthened capacity for Indigenous people from the Amazon Region, and indigenous migrants from Venezuel. offered timely diagnosis by COVID-19 Antigen Based Rapid Test, and monitored mild cases. |
| No components available.  |                 |  |               |            |        |            |                |               |              |             |  |
| Number of people from the Brazilian Amazon region's traditional communities living in the selected areas                            |                 | People from Brazilian Amazon region's traditional communities, living in the selected areas, who will benefit from the supplies acquired that will allow timely diagnosis by COVID-19 Antigen Based Rapid Test, monitoring of mild cases, and transportation of severe cases to hospitalized care                              | Beneficiaries | At closure | Others | Number     | 0              | 2021          | 3,693        | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Strengthened capacity for traditional peoples and communities from the Amazon Region offered timely diagnosis decreased COVID-19 incidence, and case fatality rate.                                 |
| No components available.  |                 |  |               |            |        |            |                |               |              |             |  |
| Public technical personnel and managers with increased knowledge on gender and indigenous peoples' rights mainstreaming             |                 | Knowledge increased by means of training, assessment of the emergency health response plan and related actions focusing on responsiveness to gender, race and ethnicity, and recommendations based on the rapid assessment results and consultations to  | Capacity      | At closure | Others | Number     | 0              | 2021          | 20           | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Enhanced capacity of government institutions in charge of the COVID-19 emergency response in the Legal Amazon in incorporate the needs of Indigenous women into COVID-19                            |

| Indicator Title   | Component Title | Description  | Category | Cycle      | Scope  | Value Type | Baseline Value | Baseline Year | Target Value | Target Year | Linked Outcome / Output   |
|---|-----------------|--|----------|------------|--------|------------|----------------|---------------|--------------|-------------|---|
|   |                 | indigenous leaders.  |          |            |        |            |                |               |              |             | prevention and response strategies.   |
| No components available.  |                 |  |          |            |        |            |                |               |              |             |   |
| Recommendations formulated based on the consultations with indigenous peoples submitted to decision-makers  |                 | Formulation of recommendations based on consultations with indigenous leaders and community-led campaigns to raise awareness on prevention-measures, symptoms and vaccination                | Policy   | At closure | Others | Number     | 0              | 2021          | 3            | 2021        | <b>Outcome:</b> Reduced case fatality rate and mortality related to COVID-19- among vulnerable populations in the Brazilian Legal Amazon<br><b>Output:</b> Enhanced capacity of indigenous women who are local community leaders in Legal Amazon territories to meaningfully participate in and influence decision making by presenting recommendations regarding the emergency response to COVID-19. |
| No components available.  |                 |  |          |            |        |            |                |               |              |             |   |
| Health professionals trained on early diagnosis of Covid-19, protocols and case management, in pregnant and postpartum women from vulnerable populations, in selected areas |                 | Knowledge of health professionals increased by means of training on early diagnosis of Covid-19, protocols and case management, in pregnant and postpartum women from vulnerable populations | Capacity | At closure | Others | Number     | 0              | 2021          | 250          | 2021        |   |
| No components available.  |                 |  |          |            |        |            |                |               |              |             |   |

## Risks

| Event  | Category      | Level  | Likelihood | Impact | Mitigating Measures   | Risk Owner                |
|--|---------------|--------|------------|--------|---|---------------------------|
| Economic restoration could lead to the appreciation of the Brazilian Real, with impact on exchange rate. | • Financial   | Medium | Unlikely   | Major  | Short period of project execution. The socioeconomic impact of COVID-19 in the country is likely to be very high in the coming months and, therefore, the depreciation of the Brazilian Real, which is already significant, is expected to keep the same level in the short term.   | haroldo.machadofilho@un.o |
| Brazil and International vendors, and suppliers may lack or have items of substandard quality.           | • Operational | High   | Likely     | Major  | PAHO/WHO will Promote public procurement practices that are sustainable, in accordance with national, and international policies and priorities, prior to the project start date to select appropriate vendors with high-quality materials and ensure during implementation period vendors and suppliers continue offering materials of good quality. | almironm@paho.org         |
| Loss of timing of proposed outcomes in case of available vaccines after six months of project submission | • Operational | High   | Likely     | Major  | In the context of the pandemic, PAHO/WHO is providing essential leadership, coordination and assistance to fight the spread of COVID-19, save lives, and protect the most vulnerable population groups. To advance these goals, PAHO/WHO will be constantly monitoring immunization's   | almironm@paho.org         |

|  |   |        |          |          |   |                      |
|--|---|--------|----------|----------|---|----------------------|
|  |   |        |          |          | availability in Brazil in order to provide the best recommended course of action to control the pandemic as fast as possible.   |                      |
| Slow start of project given decentralized mechanisms that need to be in place for execution  | <ul style="list-style-type: none"> <li>Operational</li> </ul>                         | Medium | Unlikely | Moderate | Detailed agreements with material and service providers are finalized as soon as the PRODOC is signed. Procurement Plan for hiring providers need to be immediately launched after PRODOC signature.  | r.lima@unesco.org    |
| Political instability  | <ul style="list-style-type: none"> <li>Operational</li> </ul>                         | High   | Likely   | Major    | Project strategy is based on consultations with local, regional and national stakeholders. In the first months of implementation, the project shall have an inception phase that will enable the dissemination of project's strategy and strengthen the participation of local and regional organizations in the project.   | r.lima@unesco.org    |
| Indigenous communities have limited understanding over COVID-19 and other activities not related to indigenous culture.                            | <ul style="list-style-type: none"> <li>Operational</li> </ul>                         | High   | Likely   | Major    | It is essential to work from an intercultural perspective, involving other indigenous leaders. The context of education and health is greatly facilitated when involving local knowledge and leadership from their realities. Expert consultants, anthropologists must be involved to mitigate risks and inappropriate language.  | r.lima@unesco.org    |
| Low engagement of partners to reach large scale.   | <ul style="list-style-type: none"> <li>Operational</li> </ul>                         | Medium | Likely   | Moderate | The successes of the project depend on a good communication strategy. The project will undertake communication activities to inform beneficiaries, but it may be important to count on the governments, NGOs and associations, as well as to select "champions" in the ground to serve as example of implementation to other indigenous communities.  | r.lima@unesco.org    |
| Transaccional costs in transferring the money to the final beneficiaries   | <ul style="list-style-type: none"> <li>Financial</li> </ul>                           | Low    | Unlikely | Moderate | It is expected that most of beneficiaries will have bank accounts to receive the payments for Component 4. For operational purposes, it will be important to have only one bank in partnership with (agency) to make the disbursements. In case that is not possible to select one single institution, (agency) has the capacity to make decentralized payments, but it will increase time and operational costs. | r.martins@unesco.org |
| Increased rates of COVID-19 confirmed cases and deaths in the northern region that prevent the action of engaging the most vulnerable populations. | <ul style="list-style-type: none"> <li>Operational</li> </ul>                         | High   | Likely   | Major    | Sensitize local management and the most vulnerable populations about the importance of the project's actions, even in a context of a high incidence of COVID-19 in the region.  | r.lima@unesco.org    |
| Delay in identifying national or local suppliers, or unavailability of the goods.  | <ul style="list-style-type: none"> <li>Organizational</li> <li>Operational</li> </ul> | Medium | Unlikely | Major    | Anticipate the drafting of Terms of Reference and identification of possible suppliers, based on UN entities' previous experience with similar purchasing processes of EPIs, telemedicine equipment and Dignity Kits. Neither the unavailability nor possible delays in the delivery of the goods were pointed out by suppliers on those previous processes.  | quiroga@unfpa.org    |
| Lack of local implementing partners with experience in delivering the  | <ul style="list-style-type: none"> <li>Organizational</li> </ul>                      | Medium | Unlikely | Moderate | There are several possible local implementing partners in each Legal Amazon DSEI or federal state, including organizations with whom the UN entities have had successful experiences and/or   | quiroga@unfpa.org    |

|   |   |        |          |          |   |                   |
|---|---|--------|----------|----------|---|-------------------|
| expected results.   |   |        |          |          | maintains good articulation. Anticipate the mapping of preferential and alternative IPs with experience in delivering similar results.  |                   |
| Lack of data. Data not made available or delivered late by State Secretariats, delaying or preventing the development of the dashboard.                                       | <ul style="list-style-type: none"> <li>Organizational</li> <li>Operational</li> </ul> | High   | Unlikely | Major    | The Memoranda of Understanding concluded by UNFPA and the State Health Secretariats of Roraima and Amazonas expressly ensure the sharing of data between the parties for health promotion purposes, with an emphasis on maternal-child health of most vulnerable groups, such as indigenous and traditional peoples. In addition, strengthen articulation with other Legal Amazon states, especially Maranhão.  | quiroga@unfpa.org |
| Delay or inability to install telemedicine services. Lack of support from State Health Secretariats regarding the offer of health professionals to provide remote assistance. | <ul style="list-style-type: none"> <li>Organizational</li> <li>Operational</li> </ul> | Medium | Unlikely | Moderate | The MoUs concluded between UNFPA and the States of Roraima and Amazonas foresees joint efforts to expand access to health services. In addition, the provision of health services via telemedicine is a solution already used or considered by Legal Amazonia States, in view of their structural difficulties in reaching hinterland Municipalities, indigenous, riverside and traditional people communities. | quiroga@unfpa.org |

#### Budget by UNSDG Categories

| Budget Lines  | Description | UNESCO (7%)   | UNFPA (7%)     | UNWOMEN (7%)  | PAHO/WHO (7%)  | Total          |
|---|-------------|---------------|----------------|---------------|----------------|----------------|
| 1. Staff and other personnel                              |             | 25,000        | 21,000         | 20,000        | 0              | 66,000         |
| 2. Supplies, Commodities, Materials                       |             | 0             | 21,000         | 0             | 621,000        | 642,000        |
| 3. Equipment, Vehicles, and Furniture, incl. Depreciation |             | 0             | 12,000         | 0             | 0              | 12,000         |
| 4. Contractual services                                   |             | 30,000        | 30,000         | 5,900         | 0              | 65,900         |
| 5. Travel   |             | 5,000         | 10,000         | 5,000         | 0              | 20,000         |
| 6. Transfers and Grants to Counterparts                   |             | 0             | 0              | 39,200        | 0              | 39,200         |
| 7. General Operating and other Direct Costs               |             |               |                |               |                | 0              |
| <b>Sub Total Project Costs</b>                            |             | <b>60,000</b> | <b>94,000</b>  | <b>70,100</b> | <b>621,000</b> | <b>845,100</b> |
| 8. Indirect Support Costs                                 |             | 4,200         | 6,580          | 4,907         | 43,470         | 59,157         |
| <b>Total</b>  |             | <b>64,200</b> | <b>100,580</b> | <b>75,007</b> | <b>664,470</b> | <b>904,257</b> |

# ProDoc Brazil MPTF COVID 19 24022021 to be signed

Relatório de auditoria final

2021-02-25

|                |   |
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