REGIONAL PROJECT

Capacity Building in
Andean and Amazon Indigenous Communities for
Managing their Environmental Health Risks

May 2006
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Executive Summary

1. **Background:** In spite of the efforts made by countries in the Region during the International Decade of the World's Indigenous People (1995-2004) and those aimed at reaching the Millennium Development Goals, indigenous communities in the Andean and Amazon countries still suffer a high incidence of diseases caused by environmental health risks, such as lack of water and sanitation, and adequate hygiene practices. Management of these risks requires, as a basic condition, that the communities themselves acquire the capacities necessary to identify and control them using means that are compatible with their resources and their social and cultural reality.

2. **Aim:** The project has helped to improve living and health conditions for indigenous peoples in the Andes and Amazon countries.

3. **Purpose:** The indigenous peoples of the Andean and Amazon countries have improved their access to water suitable for human consumption, disposal of human and solid waste and adopted hygiene practices appropriate to their social and cultural conditions.

4. **Results:**

   4.1 **Local water and sanitation projects:** The indigenous peoples of the Andean and Amazon countries have implemented local projects on water, sewage and solid waste disposal, and adequate hygiene practices, and have thus increased their ability to manage environmental health risks. These projects have been implemented in accordance with work programs prepared for the purpose in each country.

   4.2 **Public policies:** Indigenous peoples have taken part in the design and implementation of public policies –at different institutional levels in their respective countries– aimed at improving their environmental and health conditions.

   4.3 **Institutional capacity:** The institutional and management capacity of indigenous peoples and others involved in the planning, implementation and use of projects for drinking water, sewage and solid waste disposal, and the adoption of adequate hygiene practices has been strengthened with a view to making such projects self sustainable.

   4.4 **Participation by children and young people:** Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.

   4.5 **Information:** Information and experiences derived from the Project have been selected, systematized, and disseminated.
4.6 **Monitoring and evaluation:** The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the project.

5. **Strategies:**

   a) Efforts will be concentrated on the indigenous communities themselves, so that the solutions proposed accord with the reality of their lives and so that these communities can assume more responsibilities and a leading role in the processes of selection and implementation of solutions to the problems of water, waste disposal and adequate hygiene practices.

   b) The idea is that the project's resources have a multiplier effect, that is that they induce indigenous people and others national institutions and cooperation agencies to add resources to the project.

   c) In order to create and reinforce the capacities of the indigenous peoples to achieve the aims of the Project, intensive use will be made of training. An intercultural approach will be used for this purpose and will include educational material in native languages and instructors who can speak these languages.

6. **Duration:** It is expected that the project will last three (3) years.

7. **Participating countries:** The project covers the following Andean and Amazon countries: Bolivia, Brazil, Peru, Ecuador, Colombia and Venezuela.

8. **Counterpart institution:** Pan American Health Organization/World Health Organization (PAHO/WHO) and national institutions of the countries participating in the regional project.

1. Background

In spite of the efforts made by countries in the Region during the International Decade of the World's Indigenous People (1995-2004) and those aimed at reaching the Millennium Development Goals, indigenous communities in the Andean and Amazon countries still suffer a high incidence of diseases caused by environmental health risks, such as lack of water, sanitation and adequate hygiene practices. Thus, studies carried out in these communities show a high incidence of gastroenteritis and even, in recent years, cholera.

It is known that in Latin American and the Caribbean (LAC) around 60 million people (11%) have no access to drinking water and, in addition, another 59 million (11%) have no domestic supply, which implies that women and children must carry water home, sometimes for long distances. Furthermore, 137 million people (25%) have no access to sanitation. There are also great inequalities in access; for example, the percentage of people without drinking water and sanitation services is 3.5 to 6.2 times higher, respectively, in rural areas than in urban ones.

The situation is even more critical for indigenous people, who have fewer options for access to water and sanitation than the average for rural areas in the Region given the precarious conditions in which most of them live, extreme poverty and high vulnerability to disease.

At present the political agenda for development, particularly the Millennium Development Goals (MDG) concentrates firstly on eradicating poverty and hunger as well as on improving health and guaranteeing environmental sustainability; achievement of these goals requires an increase in equality. The Pan American Health Organization/World Health Organization (PAHO/WHO) has taken up this challenge, shared by the governments of Latin America and the Caribbean and cooperates with them in its efforts to mitigate poverty and reduce social inequality,
particularly as these relate to health and better access to water and sanitation, taking into account that the Goals mentioned include a reduction of fifty percent by 2015 in the percentage of people with no permanent access to these services.

Thus PAHO/WHO –through its Sustainable Development and Environmental Health Area (SDE) and within the framework of the Indigenous Peoples Health Program promoted by the Technology and Health Services Delivery Area (THS/OS) – has established a strategic partnership with the German cooperation agency GTZ, through which it is completing a Regional Project entitled “Improving Environmental Conditions (water and sanitation) in Indigenous Communities”. Its purpose is to improve the unsatisfactory environmental situation of these communities by placing emphasis on the quality of drinking water, adequate disposal of sewage and improved hygiene practices.

The Project is a regional one and covers the following 15 countries: Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru and Venezuela. The project was implemented in two phases: the first, from June 1999 to December 2003 and the second from January 2004 to June 2006.

The following aspects have been addressed by the Project during its implementation:

a) Social capital

On the one hand an organizational network has been built, which is the basic support for the Project, establishing different responsibilities and actions for each country, as well as local, national and regional levels of coordination. On the other hand, once this platform was established a qualitative leap was made when working programs at regional and national level were established and local projects began to function. Thus we can see that not only a network was created for administrative and implementation purposes, but that social capital was also generated at local, regional and national levels.

This social capital is expressed in networks of mutual knowledge, confidence and associativity seen in the National Working Groups (NWG) and in the subsidiary networks that have been developed.

b) Direct attention

In Phase I, covering demonstrative projects only, the Project served a total of 29,070 people in the 6 countries in which it was implemented. For Phase II, 5 additional countries were incorporated and experience had been gained from Phase I, so that to date a total of 15,930 people have been served, all of them in indigenous communities. Thus the project has benefited directly around 45,000 people in 11 countries of the Region.

The demonstrative projects have provided indigenous communities with access to water and family sanitary units, improved housing, latrines and even small manual landfills. All of this was achieved using technology appropriate to the cultural context of the areas of
intervention, as well as the resources available. Thus wells were drilled by hand and fitted with manual pumps, portable sanitary installations were used as well as gravity aqueducts and dry and wet latrines, among other technologies.

c) Capacity building

A fundamental aspect of the Project has been special attention to creating and strengthening capacities, at both organizational and individual level. The training programs adopted enable people and organizations to acquire knowledge and skills in fields such as: interculturalism and development projects, appropriate technologies for water and sanitation, management for development projects, coordination and negotiation strategies and intercultural sanitary education. On-site and distance learning techniques are used, giving greater coverage to the training effort.

Working on capabilities becomes a strategic goal as the knowledge and information transmitted act as assets for people and organizations, providing them with greater autonomy and independence for generating their own results and implementing their own development initiatives.

d) Information

In addition to training, another key dimension developed by the Project is the production and dissemination of information. We all know that today, prompt and accurate information is an instrument of power. The Project understands this and has developed an appropriate line of action. Extensive and intensive use is made of the Internet, through the project's portal in the Virtual Library of Sustainable Development and Environmental Health of PAHO/WHO's Sustainable Development and Environmental Health Area, which served as a platform for the dissemination of information and distance learning programs, both autodidactic and interactive. It can be said that the Project has created its own virtual community in which the NWG, local working groups and those interested in the project can interact.

e) Public policies and agenda

The level of visibility that the issue of environmental health among indigenous people has acquired should not pass unnoticed. This means that it may be given a permanent place on the public agenda regionally and nationally. In this field the Project has contributed much and will continue to do so, both in scientific knowledge and in terms of proposals for action and state policies. In our opinion this could be one of the Project's major
contributions, the more so by the fact that the issue has been given importance at regional level. A step ahead, which would confirm what has already been achieved, would be to generate more political interest at the levels on which the project operates, that is, among the indigenous communities, further radicalizing the processes already started, with a view to empowering these communities.

In conclusion we can say that the project “Improving environmental conditions (water and sanitation) in indigenous communities” which is shortly to be completed has raised awareness in the countries of the Region of the unequal status of the indigenous communities as far as access to improved water and sanitation services is concerned. It has thus fulfilled its fundamental role of giving a higher profile to the subject of environmental health and its relationship with the health of indigenous peoples, as well as the need to prioritize support policies in this sector, at both national and regional levels. As we have mentioned, the Regional Project operates at different but complementary levels: individuals, families, organizations, community networks and civil society, in each case causing changes both tangible and intangible.

The movement begun by the Project has not only given rise to specific actions to overcome the inequality mentioned, but has revealed the efforts that some countries are making to do this. The Project has contributed to a mobilization of resources for the solution of problems with water and sanitation among indigenous peoples, but has also contributed ideas, teaching and examples of how to solve these problems, enabling others to multiply these efforts.

The authorities of the countries participating in the Project and representatives of their indigenous populations have shown that they plan to continue with these efforts, which are included in their water and sanitation plans and policies.

For this reason, this document presents a proposal for a new project, which will emphasize the acquisition by the indigenous communities themselves of the capacity to identify and control environmental risks to health, using measures compatible with their resources and social and cultural customs. It is planned that this new project will take advantage of the achievements of the previous one and focus attention particularly on the Andean and Amazon countries, where the challenge is considered greater.

2. **Justification**

The new project proposed forms part of the health policies and priorities established by PAHO/WHO which are described below:

a) It is part of the efforts made by American countries to achieve equality, as well as the actions taken by PAHO on the subject of indigenous health in compliance with rulings CD37.R5 and CD40.R6 issued by the Executive Committee.
b) It is one of the priority areas established in PAHO's Strategic Plan for 2003-2007 (CSP26/10-2002), which are: (i) poor and marginalized people, (ii) key countries and (iii) technical cooperation.

c) The technical cooperation offered by PAHO/WHO through SB-CEPIS/SDE in the development of the Project and the actions of the countries involved, is based on the principles of the program entitled Health of Indigenous Peoples, promoted by the Technology and Health Services Delivery Area - THS/OS.

d) It will help to achieve the MDGs, because of the importance for these goals that indigenous communities should have access to improved water and sanitation services. It will contribute particularly to the goals relating to health, reduced infant mortality, poverty and hunger and improvements in education and gender equality.

e) It takes place within the framework of the Second International Decade of Indigenous Peoples and the 2005-2015: International Decade for Action "Water for Life". The links between water and human health are powerful: water brings health and dignity and transforms lives to many millions of the world’s poorest people. (Statement of WHO's Director General, 22nd March 2005)

f) It is feasible to apply the Essential Public Health Functions (EPHF) in indigenous communities through the NWG, which coordinate the implementation of the Project in their respective countries and of which national sanitation authorities always form a part.

g) The Project will help in the recognition and exercise of human rights by indigenous communities by enabling them to organize themselves and learn to recognize and manage environmental risks to their health in their own situation, particularly the lack of access to improved water sources and sanitation services.

h) It falls within the Declaration of the Health and Environment Ministers of the Americas (HEMA) during the meeting in Mar del Plata, Argentina in June 2005, which states, among others things, that efforts at regional and sub-regional level will be aimed at supporting progress and achievements in the priority areas, including access to drinking water, basic sanitation and solid waste management services.

i) It is in accordance with the recommendations of the Inter-Agency Support Group on Indigenous Issues in October 2004 concerning the MDGs and their relevance to indigenous peoples.

j) It takes into account the achievements and guidelines of the Evaluation of the Decade 1995 - 2004, Managua, Nicaragua

Furthermore, a large part of the indigenous population of LAC, which is estimated at 10% of the population and is the most vulnerable group, live in scattered settlements with little access to social and road infrastructure. Their political influence has grown since the 1990s, as can be seen from the number of indigenous political parties, elected
representatives of indigenous origin, constitutional provisions or health and education policies for indigenous peoples, which have grown surprisingly in the last 15 years. Under these conditions the efforts made by PAHO/WHO and GTZ with the project “Improving environmental conditions (water and sanitation) in indigenous communities” and the proposal to continue with these efforts, without losing their regional character, in the Andean and Amazon countries where, as we mentioned earlier, the challenge is greater have acquired special relevance. The proposal places emphasis on activities at indigenous community level because it recognizes the benefits arising from giving them greater power and participation in the processes of defining and implementing solutions to the problems of managing environmental health risks; it also particularly emphasizes participation by children and young people from these communities in the protection of their environment and the adoption of adequate hygiene practices, as they will be the future promoters of their communities' development.

3. **Aim of the project**

The project has helped to improve living and health conditions for indigenous peoples in the Andes and Amazon countries.

4. **Purpose of the project**

The indigenous peoples of the Andean and Amazon countries have improved their access to water suitable for human consumption, disposal of human and solid waste and adopted hygiene practices appropriate to their social and cultural conditions.

5. **Expected results**

5.1 **Local water and sanitation projects:** The indigenous peoples of the Andean and Amazon countries have implemented local projects on water, sewage and solid waste disposal and adequate hygiene practices, and have thus increased their ability to manage environmental and health risks. These projects have been implemented in accordance with work programs prepared for the purpose in each country.

5.2 **Public policies:** Indigenous peoples have taken part in the design and implementation of public policies –at different institutional levels in their respective countries – aimed at improving environmental and health conditions.

5.3 **Institutional capacity:** The institutional and management capacity of indigenous peoples and others involved in the planning, implementation and use of projects for drinking water, sewage and solid waste disposal, and the adoption of adequate hygiene practices has been strengthened with a view to making such projects self sustainable.
5.4 **Participation by children and young people:** Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.

5.5 **Information:** Information and experiences from the Project have been selected, systematized, and disseminated.

5.6 **Monitoring and evaluation:** The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the Project.

6. **Participating countries**

The project covers the following Andean and Amazon countries: Bolivia, Brazil, Peru, Ecuador, Colombia and Venezuela.

Nevertheless, it is expected that the results will benefit other Andean and Amazon countries such as Argentina, Chile, Suriname and Guyana, which will have access to the information and experiences acquired.

7. **Strategies**

The following strategies will be adopted to achieve the aims of the Project:

a) Efforts will be concentrated on the indigenous communities themselves, so that proposed solutions conform more closely to their reality and so that these communities assume more responsibilities and a leading role in the selection and implementation of solutions to their problem of access to drinking water, sewage and solid waste disposal and adopt adequate hygiene practices. This last concept should be understood in its widest sense and according to the circumstances of each community, it may include washing hands, adequate use of sewage disposal facilities, adequate water storage in households, keeping of animals in hygienic conditions and, in general, maintenance of hygiene practices within households.

b) In developing solutions for problems of access to drinking water, sewage and solid waste disposal and adequate hygiene practices in indigenous communities, their socioeconomic position will be respected together with their languages and forms of organization and culture. Furthermore, their customs and beliefs will be taken into account, particularly with regard to the management and use of water and sanitation, and their beliefs regarding health and illnesses. In other words, care will be taken to ensure that the proposed solutions will be sustainable.

c) The Project will seek to ensure that its resources have a multiplier effect, in other words that they encourage the indigenous peoples and other national and cooperation institutions to join forces with the Project. As far as local projects are concerned, the
resources provided by the Project will be assigned as a result of proposals submitted by the indigenous communities.

d) Intensive training will be used to create or reinforce the capacity of the indigenous peoples, aimed at achieving the objectives of the Project. An intercultural approach will be used, to include the development of educational material in native languages, and instructors who can speak these languages. This training will include the professionals and institutions working with indigenous peoples in implementing the aims of the Project.

e) The training activities mentioned will encourage participation by children and young people from the indigenous communities to protect their environment and adopt adequate hygiene practices. Training will take place in the context of their respective families and will seek to help them to understand environmental risks and the means they have available to control them, as well as the benefits that protection of the environment will bring.

f) The project will seek to systematize experiences as they arise, to achieve the multiplier effect among the communities and at regional and national level. Systematization will take place after the experience has been completed and evaluated, and the information obtained will include all elements necessary to understand and apply the experience, with such adjustments as may be required in similar situations.

g) Institutional platforms will be guaranteed and networks created in the field of environmental health among the indigenous peoples, so that the social capital already enjoyed by the countries will be enriched, but the Project will emphasize efforts to reinforce the capacity of the indigenous communities themselves. In addition the Project will continue to promote relationships and partnerships enabling joint action and exchange of experiences at local, national, bi-national, sub-regional and regional levels.

h) Use will be made of institutional capacity, information, training resources and experiences and, in general, all the achievements of the Regional Project “Improving environmental conditions (water and sanitation) in indigenous communities”, the health program of indigenous peoples and other similar initiatives. Projects by the Andean and Amazon countries to improve the environmental conditions of their indigenous peoples will be identified and efforts will be made to work jointly with them.

i) Implementation of the Project will be based upon: (i) a general work program and work programs broken down by country and (2) an organization that clearly defines what the Project, the NWG, the indigenous communities implementing the local projects, as well as the other participants should do.

j) Execution of the Project will make intensive use of the Internet and of the capacity that PAHO/WHO and other cooperating agencies already possess in the countries. To help with the coordination and dissemination of information and results, the Project will be incorporated into the Indigenous Peoples portal of the Virtual Library of Sustainable Development and Environmental Health (www.bvsde.ops-oms.org).
k) Although the Project will be aimed at indigenous peoples in the Andean and Amazon countries, the idea is that the experiences and information obtained from it can be used by other countries in the Region.

8. Planning of activities

8.1. Local water and sanitation projects

Result 1. The indigenous peoples of the Andean and Amazon countries have implemented local projects on water, sewage and solid waste disposal and hygiene practices, which have strengthened their capacity to manage environmental and health risks. These projects have been implemented in accordance with work programs prepared for the purpose in each country.

Activities:

1. Preparation of national work programs for the development of local water and sanitation projects.

In each of the countries taking part in this Project, through the corresponding NWG and its local networks, a work program will be devised to define the activities to be carried out in order to formulate and implement local projects on drinking water, sewage and solid waste disposal, and adequate hygiene practices.

This program will contain (i) basic information on the situation of the indigenous peoples with respect to their levels of access to drinking water, sewage and solid waste disposal, and adequate hygiene practices; (ii) the relationship between these levels and their health; (iii) the objectives and strategies proposed to overcome existing problems regarding the levels of access; (iv) the criteria used to select the communities that will benefit from the local projects, how to ensure that they will have an effective role in the selection process, how to ensure that these communities have a leading role in the formulation of the projects, their execution, implementation, monitoring and evaluation so that they are compatible with their culture and resources and are sustainable in each community; (v) the results to be achieved with the work program; (vi) planning of activities for each result; (vii) organization within which the program will be implemented; (viii) their cost and financing and (ix) the monitoring and evaluation mechanisms to be used.

The work program for each country will be based fundamentally on this proposal, and will include the relevant part of it.

2. Selection of local projects which this Project will support.

This will be done in each country in accordance with the corresponding work programs and criteria agreed with the Project coordination.

3. Implementation of local projects.
This will be done in accordance with the corresponding work programs and technical dossiers of each local project.

4. *Monitoring and evaluation of local projects.*

To be carried out in accordance with the provisions of the corresponding work programs.

### 8.2 Public policies

**Result 2.** Indigenous peoples have taken part in the design and implementation of public policies – at the different institutional levels of their respective countries – aimed at improving environmental and health conditions.

**Activities:**

1. **Identification of public policy guidelines in each country.**

   In each country a document will be prepared to summarize public policy guidelines established explicitly or implicitly for water and sanitation services and the adoption of adequate hygiene habits in indigenous communities. The document shall be drafted so that it can be understood by the indigenous communities of that country. A policy shall be understood to be implicit when it applies to indigenous communities though does not mention them specifically.

2. **Application of existing public policy guidelines.**

   The document produced in the previous activity shall be used by the indigenous communities in their local projects. The national work program of each country shall specify this.

3. **Evaluation of the public policy guidelines applied.**

   On conclusion of the projects in which policy guidelines were applied, the indigenous communities will evaluate the results achieved in terms of efficacy, efficiency and effectiveness compared with projects in which such guidelines were not followed. Evaluation shall include recommendations for modifying the policy guidelines arising from experience.

   Efficacy shall be understood as the degree of quantitative compliance of the results, efficiency as the use of resources employed and effectiveness as the use of the results obtained.

4. **Consolidation of proposals for improving policy guidelines.**
The recommendations for evaluation of policy guidelines made by the different indigenous communities that applied them will be included in a document and submitted to the relevant authorities for consideration.

8.3 Institutional capacity

Result 3. The institutional and management capacity of the indigenous peoples and others involved in the planning, implementation and use of projects for drinking water, sewage and solid waste disposal, and the adoption of adequate hygiene practices has been strengthened with a view to making these projects self-sustainable.

Activities:

1. Establishment of guidelines for self-sustainability

Based on the evaluation of projects for water, sanitation and adequate hygiene practices implemented to date among indigenous peoples, issues which impede self-sustainability will be identified and a document will be prepared giving guidelines on how to overcome these issues. This document shall be drafted so that it is easily understood by the indigenous communities and will take into account the national work programs and corresponding local projects.

2. Training of indigenous peoples in the application of these guidelines.

The training aspects of each pilot project will include the guidelines mentioned so that the indigenous communities can apply them in due course.

Training should not be given in isolation, but should be incorporated into the education system to which the community has access so that it can be repeated periodically, particularly when community leaders change.

3. Provision of technical assistance to indigenous peoples in the application of the guidelines.

Each local project shall indicate the means that the indigenous communities involved have available to receive technical assistance when difficulties arise in the application of the guidelines aimed at the self-sustainability of the projects.

4. Evaluation of the methodology used for preparing, executing, monitoring and assessing programs and projects that provide access to drinking water, sewage and solid waste disposal, and adequate hygiene practices for indigenous peoples.

This evaluation will include existing methodology or methodologies and should enable confirmation of how these can be utilized by the indigenous communities and whether they allow the guidelines for self-sustainability of the projects to be applied. The evaluation will point out any adjustments or changes that should be made to the methodology or methodologies.
8.4 Participation by children and young people

Result 4. Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.

Activities:

1. Preparation of a guide to be used by the communities.

A guide will be prepared jointly with the indigenous communities to help them promote activities that, within the context of their families, children and young people from these communities can carry out to protect their environment and adopt adequate hygiene practices. Even when this promotion may start with local projects, the guide will indicate how they can then be carried out routinely, as part of educational activities or through children and young people's clubs and associations.

Environmental protection activities may be aimed at protection of water sources, forestation, public cleansing and other measures through which the community preserves its environment and protects itself from environmental risks. The adoption of adequate hygiene practices may include washing hands, adequate use of sewage disposal facilities, proper storage of water in the households, keeping animals in the appropriate conditions and, in general, hygiene practices within the households.

2. Promotion of its application in local projects.

Local projects shall consider the introduction of these promotional activities and its subsequent routine application.

3. Systematic implementation of the activities in the communities.

The local projects will begin the systematic application of environmental protection activities and the adoption of adequate hygiene practices by children and young people.

8.5 Information

Result 5. Information and experiences derived from the Project have been selected, systematized, and disseminated.

Activities:

1. Incorporation of the Project into the indigenous peoples portal.

It will be incorporated such that the Project and its national components and local projects can be easily identified. Resources must be provided so that even the indigenous communities have access.
2. **Systematization and dissemination of the Project experiences.**

The Project experiences shall be systematized bearing in mind that the main target audience for this information will be the indigenous communities and therefore should be prepared in such a manner that they can understand and assimilate it. It will be published in the form of documents to be presented and discussed at events which will be part of the local projects, as well as being included in the Project website and Internet discussions.

3. **Updating of the Project information on the indigenous peoples website.**

Information on the initial programming in each country will be incorporated into the projects being implemented, followed by the progress made. This will include systematized experiences, training materials and publication of all documents on management policies, technologies and methodologies.

**8.6 Monitoring and evaluation**

**Result 6.** The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the Project.

**Activities:**

1. **Definition of the monitoring and evaluation methodology to be used in each country program and local project.**

The methodology to be used will be defined with the participation of the indigenous communities, based on the existing methodology. This methodology will enable the communities themselves to monitor and evaluate progress in the implementation of their local projects, its subsequent use and impacts on health; and must also facilitate monitoring and evaluation of the corresponding national program.

2. **Dissemination of the methodology and training of indigenous communities and others involved in the local projects and national program in its use.**

Dissemination and training within the communities must take into account the guidelines mentioned earlier for documents of this type; in other words they must be prepared in the language of the community and transmitted by people who speak it, while the general presentation must make it easy to understand by the members of the community.

3. **Application of the methodology.**

It is essential that the communities receive continual support for the application of the methodology during the initial stage of local projects, which may then be reduced insofar as the community becomes used to such methodology.

Evaluation of the methodology will also be the object of Activity 4, included under Result 3 on institutional capacity.
8.7 Project coordination

This part of the Project programming covers permanent coordination and monitoring and evaluation of the Project at the regional level.

Activities:

1. **Regional coordination.**

   This will include coordination, monitoring and evaluation of the Project at the regional level; drafting of terms of reference to guide the main activities; preparation of the tender documents for the call for projects and selection of those to be financed, and follow-up of the activities remaining from the previous project.

2. **National coordination.**

   This will include coordination, monitoring and evaluation of this Project at the national level, as well as follow-up activities remaining from the previous project.

3. **Coordination at the community level.**

   This will include coordination, monitoring and evaluation of each one of the local projects carried out by the indigenous communities, and will take place within the context of each local project. It will include the preparation of periodical progress reports and evaluations for the national coordination effort.

   The duration of the project will be three (3) years, as can be seen from the plan of activities attached.
## Plan of activities

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<tr>
<td>4. Evaluation of the methodology used for preparing, executing, monitoring and evaluating programs and projects that provide access to drinking water, sewage and solid waste disposal, and adequate hygiene practices, for indigenous peoples.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Result 4. Participation by children and young people</strong>: Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Preparation of a guide to be used by the communities.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Promotion of its application in local projects.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Systematic implementation of the activities in the communities.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Result 5. Information</strong>: Information and experiences derived from the Project have been selected, systematized, and disseminated.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Incorporation of the Project into the indigenous peoples portal.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Systematization and dissemination of Project experiences.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Updating of the Project information on the indigenous peoples portal.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Result 6. Monitoring and evaluation</strong>: The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the Project.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Definition of the monitoring and evaluation methodology to be used in each country program and local project.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Dissemination of the methodology and training of indigenous communities and others involved in the local projects and national program in its use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Application of the methodology.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Project coordination

- Regional coordination.
- National coordination.
- Coordination at the community level.
9. Assumptions and risks

9.1 Assumptions

a. The existing working relationship between PAHO/WHO and other cooperation agencies, created and consolidated through earlier projects in the region will remain.

b. The joint development and acceptance of the organization, procedures and mechanisms for planning and implementation at regional level will be maintained in the countries and the communities as it enables the integration of efforts that have made possible the results obtained so far.

c. The project accepts the recognition among countries of the need to give priority to improving the lives of their indigenous peoples, within a multicultural approach.

d. The indigenous communities retain an interest in improving their environmental and health conditions.

9.2 Risks

a. The political instability in some of the countries taking part in the project constitutes a risk that requires continual vigilance.

10. Indicators and means of verification

10.1 For Result 1: The indigenous peoples of the Andean and Amazon countries have implemented local projects on water, sewage and solid waste disposal, and adequate hygiene practices, which have strengthened their capacity to manage environmental health risks. These projects have been implemented in accordance with work programs prepared for the purpose in each country.

a. Indicator:

   (1) On completion of the Project at least 24 local projects to provide access to drinking water, sewage and solid waste disposal, and adequate hygiene practices should have been implemented.

   (2) Each one of the countries taking part in the Project should have agreed on and prioritized national work programs for investment in access to drinking water, sewage and solid waste disposal, and adequate hygiene practices in indigenous communities.

b. Means of verification:

   (1) Monitoring and evaluation reports
       Final report on each local project
10.2 For Result 2: Indigenous peoples have taken part in the design and implementation of public policies – at the different institutional levels in their respective countries – aimed at improving environmental and health conditions.

a. Indicator:

(1) A public policy proposal in each country, aimed at improving environmental and health conditions of its indigenous peoples, agreed among those involved at the different levels and adapted to each set of circumstances.

b. Means of verification:

(1) Public policy proposals for the countries

10.3 For Result 3: The institutional and management capacity of the indigenous peoples and others involved in the planning, implementation and use of projects for drinking water, sewage and solid waste disposal, and the adoption of adequate hygiene practices has been strengthened with a view to making these projects self-sustainable.

a. Indicator:

(1) At least 70% of the institutional stakeholders have incorporated culturally relevant planning and intervention tools, instruments and methodologies throughout the entire cycle of the local projects.
(2) On completion of the project, 100% of the communities that implemented local projects should use culturally adequate water and sanitation management instruments.

b. Means of verification:

(1) Monitoring and evaluation reports
Report on each local project
Final project report
(2) Monitoring and evaluation reports
Report on each local project
Final project report

10.4 For Result 4: Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.

a. Indicator:
(1) The promotion of adequate hygiene practices takes place in all educational facilities in indigenous communities with the participation of children and young people.

(2) Each project's community should include a group of children and young people who carry out at least two environmental protection activities a year.

b. **Means of verification:**

(1) Monitoring and evaluation reports
   Reports from community leaders on the activities carried out

(2) Monitoring and evaluation reports
   Reports from community leaders on the activities carried out

10.5 **For Result 5:** Information and experiences derived from the Project have been selected, systematized and disseminated.

a. **Indicator:**

(1) The experiences of the 24 local projects implemented by the participating countries have been systematized and disseminated.

(2) PAHO's indigenous peoples portal has incorporated the Project and publishes information on it.

b. **Means of verification:**

(1) Experiences systematized and documented.

(2) The indigenous peoples portal.

10.6 **For Result 6:** The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the Project.

a. **Indicator:**

(1) On completion of the project, 100% of the communities served should use the monitoring and evaluation reports on water and sanitation in order to make their decisions. The NWG should also use them insofar as they are appropriate.

b. **Means of verification:**

(1) Monitoring and evaluation reports
   Reports from community leaders on the activities carried out.
   Final report on the local projects
   Final project report
## Consolidated Chart of Objectives

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicators</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIM:</strong> The project has helped to improve living and health conditions for indigenous peoples in the Andes and Amazon countries.</td>
<td>By the end of 2009, water-borne diseases should have been reduced by 50% in three indigenous communities in each country.</td>
<td>Monitoring and evaluation reports. Final project report.</td>
</tr>
</tbody>
</table>

| **PURPOSE:** The indigenous peoples of the Andean and Amazon countries have improved their access to water suitable for human consumption, sewage and solid waste disposal, and hygiene practices appropriate to their social and cultural conditions. | On completion of the project, at least 1800 people from indigenous communities in each country in which local projects were implemented should have sustainable access to drinking water, sewage and solid waste disposal, and adequate hygiene practices. | Monitoring and evaluation reports. Final project report. |

| **EXPECTED RESULTS:** | | |
| **Result 1:** The indigenous peoples of the Andean and Amazon countries have implemented local projects on water, sewage and solid waste disposal, and adequate hygiene practices, which have strengthened their capacity to manage environmental health risks. These projects have been implemented in accordance with work programs prepared for the purpose in each country. | (1) On completion of the project at least 24 local projects to provide access to drinking water, sewage and solid waste disposal, and adequate hygiene practices should have been implemented. | (1) Monitoring and evaluation reports. Final report on each local project. Final project report. |

(2) Each one of the countries taking part in the Project, should have agreed on and prioritized national work programs for investment in access to drinking water, sewage and solid waste disposal, and adequate hygiene practices in indigenous communities. | (2) National programs carried out. Final project report. |

**Result 2:** Indigenous peoples have taken part in the design and implementation of public policy – at different institutional levels of their respective countries – aimed at improving environmental and health conditions. | A public policy proposal in each country, aimed at improving environmental and health conditions of its indigenous peoples, agreed among those involved at the different levels and adapted to each set of circumstances. | Public policy proposals for the countries. Final project report. |

**Result 3:** The institutional and management capacity of the indigenous peoples and others involved in the planning, implementation and use of projects for drinking water, sewage and solid waste disposal, and the adoption of adequate hygiene practices has been strengthened with a view to making such projects self- | (1) At least 70% of the institutional stakeholders should have incorporated culturally relevant planning and intervention tools, instruments and methodologies throughout the entire cycle of the local projects. | (1) Monitoring and evaluation reports. Report on each local project. Final project report. |
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicators</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>sustainable.</td>
<td>(2) On completion of the project, 100% of the communities that implemented local projects should use culturally adequate water and sanitation management instruments.</td>
<td>(2) Monitoring and evaluation reports. Report on each local project. Final project report.</td>
</tr>
<tr>
<td><strong>Result 4:</strong> Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.</td>
<td>(1) The promotion of adequate hygiene practices takes place in all educational facilities in indigenous communities with the participation of children and young people.</td>
<td>(1) Monitoring and evaluation reports. Reports from community leaders on the activities carried out.</td>
</tr>
<tr>
<td></td>
<td>(2) Each project’s community should include a group of children and young people who carry out at least two environmental protection activities a year.</td>
<td>(2) Monitoring and evaluation reports. Reports from community leaders on the activities carried out.</td>
</tr>
<tr>
<td><strong>Result 5:</strong> Information and experiences derived from the Project have been selected, systematized and disseminated.</td>
<td>(1) The experiences of the 24 local projects implemented by the participating countries have been systematized and disseminated.</td>
<td>(1) Experiences systematized and documented.</td>
</tr>
<tr>
<td></td>
<td>(2) PAHO’s indigenous peoples portal has incorporated the Project and publishes information on it.</td>
<td>(2) The indigenous peoples portal.</td>
</tr>
<tr>
<td><strong>Result 6:</strong> The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the Project.</td>
<td>(1) On completion of the project, 100% of the communities served should use the monitoring and evaluation reports on water and sanitation in order to make their decisions. The NWG should also use them insofar as they are appropriate.</td>
<td>Monitoring and evaluation reports. Reports from community leaders on the activities carried out. Final report on the local projects. Final project report.</td>
</tr>
</tbody>
</table>
11. Commitments of the host countries

The national institutions of the countries participating in the Project are committed to:

a) Continue strengthening their NWGs, as well as provincial and local groups.

b) Continue promoting coordination and interaction between indigenous communities and governmental institutions with a view to developing policies, programs and projects to provide access to drinking water, sewage and solid waste disposal, and adequate hygiene practices that are viable for these communities.

c) Systematize their experiences and incorporate them into the Project.

d) Assist in the conclusion of key activities remaining from the previous project.

e) Assist as necessary with financing.

12. Organization

Implementation of the project will be through an organization that enables contact between the working groups at local and national level within each country, as well as at regional level with SB-CEPIS/SDE/PAHO and with PAHO headquarters. An outline of this organization is shown below:
### Project organization

<table>
<thead>
<tr>
<th>Levels</th>
<th>Regional project</th>
<th>Working groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central: SDE/PAHO</td>
<td>Coordination&lt;br&gt;Supervision&lt;br&gt;Support</td>
<td>Inter-program working group:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regional SDE advisor&lt;br&gt;• Other SDE regional advisors&lt;br&gt;•</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indigenous peoples health program advisor (THS/OS)&lt;br&gt;•</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other PAHO program advisors</td>
</tr>
<tr>
<td>Regional: USB-CEPIS donor and</td>
<td>Coordination&lt;br&gt;Advice&lt;br&gt;Support&lt;br&gt;Monitoring&lt;br&gt;Evaluation</td>
<td>Project group:</td>
</tr>
<tr>
<td>ACTO</td>
<td></td>
<td>• USB-CEPIS advisor-coordinator&lt;br&gt;• Donors’ advisor-coordinator&lt;br&gt;• Other regional USB-CEPIS advisors</td>
</tr>
<tr>
<td>Countries: PAHO representative offices (PWR)</td>
<td>Coordination&lt;br&gt;Organization&lt;br&gt;Planning&lt;br&gt;Implementation&lt;br&gt;Monitoring&lt;br&gt;Evaluation&lt;br&gt;Support</td>
<td>National working groups:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ASA/Indigenous Health Focal Point&lt;br&gt;• Other PWR advisors&lt;br&gt;•</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professionals from national entities &amp; organizations&lt;br&gt;•</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indigenous community representatives&lt;br&gt;Local working groups:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Members of indigenous communities&lt;br&gt;• Community leaders&lt;br&gt;•</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Representatives of local support organizations&lt;br&gt;Local</td>
</tr>
<tr>
<td></td>
<td></td>
<td>working groups:&lt;br&gt;•Members of indigenous communities&lt;br&gt;•Community leaders&lt;br&gt;•Representatives of local support organizations</td>
</tr>
<tr>
<td>Virtual Library of Sustainable Development &amp; Environmental Health&lt;br&gt;Indigenous Peoples Portal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The USB-CEPIS/SDE is specifically responsible at the regional level for the organization of subregional and regional events, providing guidance to countries on the elaboration of national work programs and implementation of the basic activities included in these programs; monitoring these activities; systematizing experiences and organizing all the Project information on the portal of PAHO's Virtual Library of Sustainable Development and Environmental Health. These actions will be carried out in close coordination with the advisor of the donor agency, the advisor of the Amazon Cooperation Treaty Organization (ACTO), the SDE/PAHO and other PAHO's programs relating to the Project, including the advisor to the Indigenous Peoples Health Program (THS/OS) based in Quito, Ecuador.

The activities of each country will be the responsibility of the NWGs, which were formed under the previous project and made up of organizations representing the indigenous peoples, agencies and entities from the country involved in improving the environmental conditions of these peoples, and PAHO/WHO and other cooperation agencies involved in the Project. The technical cooperation activities of PAHO/WHO in each country will be carried out through the corresponding representatives of the agency.

There will be a local working group for each pilot project, made up of members of the indigenous community, its leaders and the local representatives of community support organizations, such as those from the health and education sectors, cooperation agencies, NGOs and companies operating near the communities. The outline of this organization is indicated below.

### Organization of a local working group

- **Local working group**
  - Members of indigenous communities
  - Community leaders
  - Representatives of local support organizations

- **Support from the national working group and subsidiary networks**

- **Support from PAHO/WHO and other cooperation agencies**
## 13. Budget

The following budget has been drawn up for the implementation of the Project:

<table>
<thead>
<tr>
<th>Results</th>
<th>Donor contribution (in euros)</th>
<th>PAHO contribution (in euros)</th>
<th>National inst. contribution (in euros)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result 1. Local water and sanitation projects: The indigenous peoples of the Andean and Amazon countries have implemented local projects on water, sewage and solid waste disposal, and adequate hygiene practices, which have strengthened their capacity to manage environmental health risks. These projects have been implemented in accordance with work programs prepared for the purpose in each country.</td>
<td>406,460</td>
<td>30,000</td>
<td>130,000</td>
</tr>
<tr>
<td>Result 2. Public policies: Indigenous peoples have taken part in the design and implementation of public policy – at different institutional levels of their respective countries – aimed at improving environmental and health conditions.</td>
<td>30,000</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Result 3. Institutional capacity: The institutional and management capacity of indigenous peoples and others involved in the planning, implementation and use of projects for drinking water, sewage and solid waste disposal, and the adoption of adequate hygiene practices has been strengthened with a view to making these projects self-sustainable.</td>
<td>70,000</td>
<td>15,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Result 4. Participation by children and young people: Participation by indigenous children and young people in the protection of their environment and adoption of adequate hygiene practices has increased.</td>
<td>100,000</td>
<td>15,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Result 5. Information: Information and experiences derived from the Project have been selected, systematized, and disseminated.</td>
<td>50,000</td>
<td>15,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Result 6. Monitoring and evaluation: The indigenous communities participating in the Project and the organizations concerned use a monitoring and evaluation system involving participation in the Project.</td>
<td>50,000</td>
<td>10,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Project coordination</td>
<td>90,000</td>
<td>50,000</td>
<td>25,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>796,460</strong></td>
<td><strong>145,000</strong></td>
<td><strong>250,000</strong></td>
</tr>
<tr>
<td>PSC (13%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total €</strong></td>
<td><strong>900,000</strong></td>
<td><strong>145,000</strong></td>
<td><strong>250,000</strong></td>
</tr>
</tbody>
</table>

National institutions from countries participating in the new Regional Project will jointly contribute the sum of € 250,000 to complement the project's funds in 36 months. This money will be used to cover the following expenses: local staff, transport to the communities and basic infrastructure.

Furthermore, the transfer of Project funds to the national institutions will be through the PAHO representatives in each country.

## 14. Factors for and against the project

### 14.1 Factors favoring the project

a) Cooperation between PAHO/WHO and other cooperation agencies, which has been formed and consolidated through previous projects carried out in the Region.
b) The network of offices in the countries of the Region maintained by PAHO/WHO and other cooperation agencies and the links between these offices and national agencies and institutions.

c) The joint development and acceptance of the organization, procedures and planning mechanisms at regional level and within the countries and communities, which enabled the integration of efforts.

d) The availability of the Internet for coordinating activities, training, monitoring progress and disseminating the results.

e) Recognition in the countries of the need to give priority, within a multicultural approach, to improving the living conditions of their indigenous peoples and integrating them into the societies of their respective countries.

f) The commitment of different governments to formulate public policies that will become true means of improving the living conditions of these indigenous peoples.

14.2 Factors that hinder the project

a) Political instability in some of the countries participating in the Project.

b) Frequent changes in national and local authorities, which make it necessary to repeat information processes or revise decisions that have already been taken.

c) The lengthy processes of negotiation required to identify and select the communities in which the projects are to be implemented.

d) Lack of knowledge of methodologies employed at community level.

e) The expectations of the communities when these exceed the possibilities of the Project or lie outside its scope.