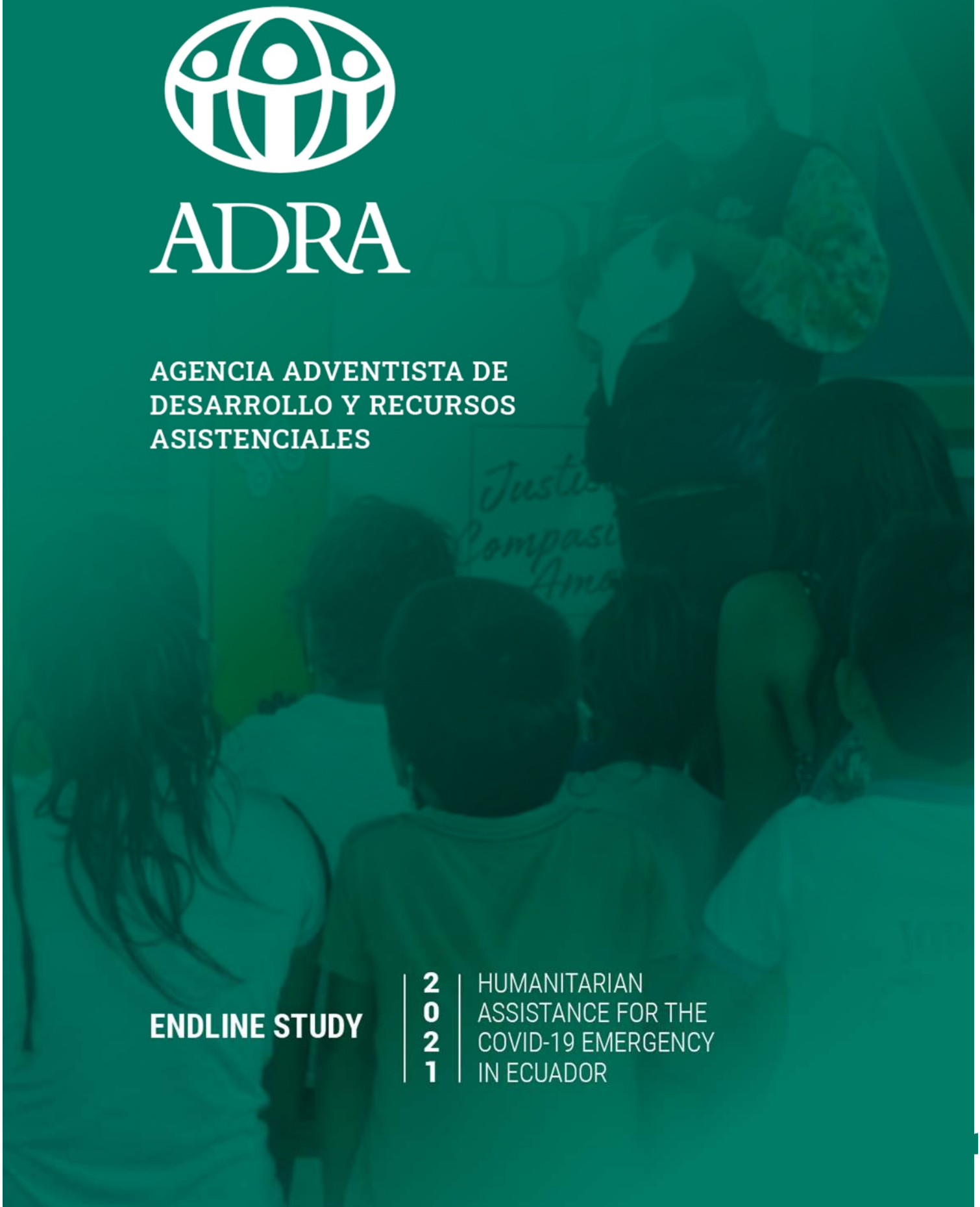

ADRA

AGENCIA ADVENTISTA DE DESARROLLO Y RECURSOS ASISTENCIALES

ENDLINE STUDY

2021

HUMANITARIAN ASSISTANCE FOR THE COVID-19 EMERGENCY IN ECUADOR

ADRA

AGENCIA ADVENTISTA DE DESARROLLO Y RECURSOS ASISTENCIALES

"Ha llegado el momento de adoptar un nuevo enfoque que no vea la salud y los sistemas sanitarios como un coste, sino como una inversión que se encuentra en la base de una economía productiva, resistente y estable".

Tedros Adhanom G.

ENDLINE STUDY 2021

HUMANITARIAN ASSISTANCE FOR THE COVID-19 EMERGENCY IN ECUADOR

This document is the result of the collaboration between the work team of the Adventist Development and Relief Agency - ADRA ECUADOR and the work team of the consultant hired by the institution for the ENDLINE STUDY.

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ABBREVIATIONS AND ACRONYMS

ADRA	ADVENTIST DEVELOPMENT AND RELIEF AGENCY
COVID-19	DISEASE CAUSED BY SARS-CoV-2
EOC/COE	EMERGENCY OPERATIONS COMMITTEE
GAD	DECENTRALIZED AUTONOMOUS GOVERNMENT
IACHR	INTER-AMERICAN COMMISSION ON HUMAN RIGHTS
ICU	INTENSIVE CARE UNIT
MIES	MINISTRY OF ECONOMIC AND SOCIAL INCLUSION
MINEDUC	MINISTRY OF EDUCATION
MSP	MINISTRY OF PUBLIC HEALTH
NFI	NON-FOOD ITEMS (NON-FOOD ITEMS)
OAS	ORGANIZATION OF AMERICAN STATES
PAHO	PAN AMERICAN HEALTH ORGANIZATION
SARS-CoV-2	CORONAVIRUS TYPE 2 CAUSING SEVERE ACUTE RESPIRATORY SYNDROME
SNGRE	NATIONAL SERVICE OF RISK MANAGEMENT AND EMERGENCIES
USAID / BHA	U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT / BUREAU FOR HUMANITARIAN ASSISTANCE
WHO	WORLD HEALTH ORGANIZATION

1. EXECUTIVE OVERVIEW

Following the declaration of the SARS-CoV-2 (COVID-19) pandemic in March 2020, the Adventist Development and Relief Agency (ADRA) Ecuador, with funding from the United States Agency for International Development / Bureau for Humanitarian Assistance (USAID/BHA), implemented the project "Humanitarian Assistance for the COVID-19 Emergency in Ecuador, HACE" in the cantons of Esmeraldas, Ibarra, Tulcán, Lago Agrio, Santo Domingo, Quito, Guayaquil, Ecuador, implemented the project "Humanitarian Assistance for the COVID-19 Emergency in Ecuador, HACE" in the cantons of Esmeraldas, Ibarra, Tulcán, Lago Agrio, Santo Domingo, Quito, Guayaquil and Huaquillas in Ecuador.

The project

The project was developed in a pandemic context and being framed within the COVID-19 emergency theme, it demanded a rapid response capacity in all areas: administrative, logistical and programmatic. In accordance with the humanitarian assistance principle of effectiveness and relevance, it was designed to respond to a critical moment of pandemic, prioritizing three components: 1.- PROTECTION (implemented in 8 cantons), 2. - HEALTH (implemented in 3 cantons), 3.- WASH (implemented in 8 cantons)

The participants in this project, men and women from the communities have been able to learn about protection measures through training on topics related to hygiene and protection. Through the implementation of the project, hand-washing stations were installed as prevention measures against COVID-19. In addition, the strengthening of resilience was promoted through psychosocial support to teachers and health personnel working in the first line of care of the pandemic. It strengthened and complemented the psychological care service of the telephone line 171 option 6, of the Ministry of Public Health (MSP), which collapsed during the pandemic due to the overwhelming demand.

Following the established protocols, the project strengthened preventive measures in the health and education units of the intervened cities with activities that strengthened the technical capacities of health personnel, teachers, neighborhood leaders and the community.

The project was developed through inter-institutional coordination with the Ministry of Public Health (MSP), Ministry of Economic and Social Inclusion (MIES), Ministry of Education (MINEDUC), Decentralized Autonomous Governments (GAD), Humanitarian Assistance Organizations, among others; in addition, educational and communication resources[1] were created and

[1] https://drive.google.com/drive/mobile/folders/1_RSOJYbafNde0riTpFeMzKKISsk5jh5S

applied to promote awareness of COVID-19 and initiatives were generated for the formation of Citizen Committees for the Prevention of the disease.

Endline Study - Protection Sector

The project team implemented MSP protocol for psychosocial assistance to users through the teleassistance system 171 option 6, providing first level orientation that exceeded the proposed goa. Telephone orientation sessions lasting up to 20 minutes and were able to alleviate, contain or overcome the situation presented by the users.

The first line of care professionals, i.e., the support staff of the critical areas of care for patients with COVID-19, received the service of emotional discharges, which were face-to-face (group sessions of 10 to 12 people) and at all times coordinated with the MSP. The emotional discharges (lasting between one hour and thirty minutes and two hours), in which playful strategies such as games, dynamics and mental exercises were used, contributed to lowering the stress load and emotional tension in the health team, so that the health professionals could return to their daily activities relieved.

The substantial change generated by the pandemic, moving from the physical to the virtual, generated stress and limitation in the teachers. The project provided psychologists who built capacity and greater knowledge about COVID-19 and included the management of group work techniques. It is necessary to mention that the indicator set to measure replications of this learning to the student community, by the trained teachers, is well below what was planned. According to the evaluation it is concluded that this happened because the project closed before registering the achievement of this indicator, and that with a follow-up the real result of the same would be evidenced.

Endline Study - WASH Sector

The main protective measure remembered and applied by beneficiaries, community leaders and trained health personnel is proper hand washing, followed by the correct use of protective equipment, and distancing.

Eighty handwashing stations were installed, with an average of 289 daily users per station. The project used non-traditional methodologies such as puppets, mimes, murals, radio spots and advertising spots in the formal media to encourage the use of the stations and contribute to a change in healthy behavior.

Handwashing with soap and water is more efficient, so the use of handwashing stations continues, however, citizens use, in parallel, their own alcohol to disinfect their hands. It is evident that by implementing short-term strategies, behavioral change does not take hold, especially if the users are different.

Endline Study - WASH NFI Component

One of the important findings is the coordinated work with institutions such as the MSP, MIES, churches, neighborhood organizations and community leaders to identify the families that would receive the kits, this shows a support network construction that generated quick and relevant results; in relation to the quantity and quality of kit materials, the study shows that citizens showed satisfaction with this type of approach.

Endline Study - Health Component

This component was implemented in three (3) cantons and was directed to community leaders and health personnel. Among the important findings we have that 99.4% of the people evaluated can remember two or three protection measures, which increases the probability of their application. Community leaders contributed significantly to the implementation, they mentioned being better informed about COVID-19 prevention measures, facing their own fears of the situation and fulfilling their roles in front of their communities, this result reveals the importance of strengthening the capacities of local actors in the face of the pandemic as a key strategy in the sustainability of COVID-19 projects.

The relationships and coordinated work with government health entities were important in the implementation and made it possible to comply with the relevance (implementation in sectors with the highest number of contagions, according to the COE report in Quito, Guayaquil and Huaquillas) and speed of execution of the activities required by this type of project; the application of patient management algorithms based on the guidelines of the Pan American Health Organization (PAHO), such as clinical management or evaluation, isolation and referral; correct hand washing and its importance were sources of positive and effective results.
It should be noted that the communication strategies, both massive and direct, contributed to reduce misinformation about the pandemic, one of the causes of uncertainty, fear and poor attention to possible affected people.

The project analyzed was framed within the framework of respect for human rights, gender equality, non-discrimination, resilience, relevance and equality.

Projects such as these contribute significantly to the fight against Covid-19; the good practices and lessons learned from this first implementation should be shared with the international community so that they can not only be known, but also considered and adapted to similar strategies, thus saving time in the learning curve against the pandemic.

2. INTRODUCTION

2.1. CONTEXT

On February 29, 2020, the first official case of COVID-19 is reported in Ecuador, imported from Spain; in March, specifically on the 11th of this month, the Ministry of Public Health declares a Sanitary Emergency; two days later, on March 13, the Government declares a State of National Emergency with border closure and reports 20 confirmed cases and 1 death[2].

By March 17, 2020, in one of the main cities of the country (Guayaquil), the emergency rooms of all public health centers are collapsed, 111 confirmed cases are reported, 2 deaths and 451 in the epidemiological fence (statements of the National Emergency Operating Committee COE)[3], the Intensive Care Units (ICU) are full and no more patients are admitted.

In April 2020, images published in local media, social networks and international media[4] showed that hospitals were overcrowded with corpses of people who had suffered from the disease.

On March 31, the National EOC reports 2302 confirmed cases, 3423 suspected cases and 79 deaths. [5]

During the month of April 2020, according to information from one of the main newspapers in the country [6]and based on a review of statistics from the Civil Registry, there are about 5749 excess deaths compared to the average of 2018 -2019, which makes evident the magnitude of the pandemic in this country.

The description of the first days of the pandemic in Ecuador reveals the vulnerabilities of the public health system in the country and the urgency of taking measures to stop the spread.

The pandemic brings with it consequences in mental, psychosocial and physical health, which influence daily living and all social and economic relationships at the family level, which in turn generates contraction in the country's economy and variations in social indicators at alarming levels.

On the other hand, the evidence shows that improvements in health strategies can help to address the spread of the virus, but these strategies

[2] https://www.gestionderiesgos.gob.ec/wp-content/uploads/2020/03/Informe-de-Situaci%C3%B3n-No001-Casos-Coronavirus-Ecuador-12032020.pdf
[3] https://www.gestionderiesgos.gob.ec/wp-content/uploads/2020/03/Informe-de-Situaci%C3%B3n-No009-Casos-Coronavirus-Ecuador.pdf
[4] https://www.bbc.com/mundo/noticias-america-latina-52407158
[5] https://www.gestionderiesgos.gob.ec/wp-content/uploads/2020/03/Informe-de-Situaci%C3%B3n-No024-Casos-Coronavirus-Ecuador-31032020.pdf
[6] https://www.gestionderiesgos.gob.ec/wp-content/uploads/2020/03/Informe-de-Situaci%C3%B3n-No024-Casos-Coronavirus-Ecuador-31032020.pdf

cannot be static and should not be approached in an individualized manner; the strategies should be comprehensive and generate improvements in the installed capacities of the population in relation to sanitation, hygiene, water and protection.

Given the conditions in Ecuador, the intervention with the Humanitarian Assistance for the COVID-19 Emergency in Ecuador (HACE) project comes at the right time to contribute in the sectors of: Protection, Water, Sanitation and Hygiene; and Health and, in eight provinces where the indices with the highest number of cases and deaths occurred.

2.2. OBJECTIVES OF THE STUDY

The objectives of the Study Endline are as follows:

1. Identify key changes that occurred during the intervention, reflected in the project indicators.
2. Provide an important source of data to support other analyses related to humanitarian assistance in health emergencies.
3. Provide evidence of successes and lessons learned from the process.

"Personally I was afraid, but with the training I got rid of that fear, now I can visit the community with the correct protection measures; many people are afraid because they have the wrong information".

Community leader

Huaquillas

2.3. CALENDAR OF ACTIVITIES

The following is a chronological breakdown of the project's key activities.

Figure 1: Key project activities

SECTOR	Activity	Q4 FY 2020		Q1 FY 2021			
		Aug	Sep	Oct	Nov	Dec	Jan
1 : Protection	Plan the activities to be carried out between ADRA and MSP teams.	■					
	Coordinate with governmental and non-governmental entities that provide humanitarian response.	■					
	Articulate meetings with the Ministry of Health	■					
2 : Water, Sanitation, & Hygiene	Identify key multisectoral actors in each locality.	■					
	Identify and define strategic locations where hand washing stations will be set up	■	■				
	Formalize intersectoral agreements and commitments	■	■				
	Install hand washing stations at each defined location.		■	■	■	■	■
	Identify key multisectoral actors in each locality.		■				
	Present the HACE project to the community at large in each locality.		■				
	Develop safety and hygiene protocols for hygiene kit delivery procedures.		■				
	Develop awareness-raising plans on hygiene kits and accountability for key stakeholders and beneficiaries, incorporating a focus on rights, citizen participation and gender.		■				
	Design a methodology for the registration of users benefiting from hygiene kits.		■				
	Develop educational-communication resources aimed at handwashing station beneficiaries, incorporating a focus on rights, citizen participation, and gender.			■			
	Develop awareness-raising and health education events aimed at handwashing station beneficiaries, incorporating a focus on rights, citizen participation, and gender.			■	■	■	■
	Develop guidelines for installation and management of handwashing stations.			■			
	Report progress and difficulties encountered in the use of hand washing facilities.					■	■
3: Health	Plan the activities to be carried out between ADRA and MSP teams.		■				
	Identify health facilities to be intervened and health personnel to be trained.		■				
	Plan visits to suspected Covid-19 patients and vulnerable population in the community.		■			■	
	Develop training for health teams in identified localities.			■	■	■	
	Evaluate the care of health personnel in a suspected case of Covid-19.			■	■	■	
	Identify community leaders			■			
	Articulate with local health committees			■			
	Develop training for community health leaders in identified localities.			■	■		
	Dissemination of community prevention messages			■			
	Training on the definition of suspected cases of Covid-19			■	■		
	Establish communication flow between community leaders and health teams for reporting a suspected case of Covid-19.			■			
	Monitor the care of health personnel in the event of a suspected case of Covid-19.					■	■
	Monitor community Covid-19 prevention activities.					■	■

3. LINKAGE WITH INTERNATIONAL RESOLUTIONS

The project is linked to the statement by the Director General of the World Health Organization WHO, Tedros Adhanom Ghebreyesus[7] , issued on March 11, 2020 where he states that "WHO has been assessing this outbreak around the clock and we are deeply concerned about both the alarming levels of spread and severity and the alarming levels of inaction. We have therefore assessed that COVID-19 can be characterized as a pandemic."

"Pandemic is not a word to use lightly or carelessly. It is a word that, if used incorrectly, can cause unreasonable fear or an unwarranted acceptance that the fight is over, leading to unnecessary suffering and death. Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It does not change what WHO is doing and it does not change what countries should be doing. We have never seen a pandemic caused by a coronavirus before. This is the first pandemic caused by a coronavirus. And never before have we seen a pandemic that can be controlled at the same time."

"WHO has been in full response mode since we were notified of the first cases. And every day we have called on countries to take urgent and aggressive action."

The HACE project contributes to addressing and complying with the following international resolution

Pandemic and Human Rights in the Americas,

RESOLUTION 1/2020, Adopted by the IACHR on April 10, 2020
IACHR/OAS

Section: Economic, Social, Cultural and Environmental Rights[8]

Section 4.- Guarantee that the measures adopted to face pandemics and their consequences incorporate as a priority the content of the human right to health and its basic and social determinants, which are related to the content of other human rights, such as life and personal integrity and other ESCR, such as access to drinking water, access to nutritious food, access to clean means, adequate housing, community cooperation, mental health support, and integration of public health services; as well as responses for the prevention of and attention to violence, ensuring effective social protection, including, among others, the granting of subsidies, basic income or other economic support measures.

To ensure the availability and timely provision of sufficient quantities of biosecurity material, supplies and essential medical supplements for the use of health personnel, to strengthen their technical and professional training for the management of pandemics and infectious crises, to guarantee the

[7] https://www.who.int/es/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020
[8] https://www.oas.org/es/cidh/decisiones/pdf/Resolucion-1-20-es.pdf

protection of their rights, as well as the provision of specific minimum resources destined to face this type of health emergency situations.

To improve the availability, accessibility and quality of mental health services without discrimination in the face of the effects of pandemic contexts and their consequences, including the equitable distribution of such services and goods in the community, particularly to populations that are more exposed or at greater risk of being affected, such as health professionals, the elderly or persons with medical conditions that require specific attention to their mental health.

Section: International cooperation and exchange of best practices

To effectively implement the commitment to adopt measures, both domestically and through international cooperation, to ensure the realization of the right to health, other ESCR and all human rights, in the context of pandemic contexts and their consequences, in accordance with the general rules of international and inter-American law.

To promote technical cooperation mechanisms as tools to facilitate joint actions with the States, as well as to express its willingness to provide technical assistance in relevant matters to ensure the implementation of the human rights approach in the framework of policies, access to economic funds that reinforce the protection of such rights, plans and strategies adopted to face the pandemic crisis.

National policies

- By means of Ministerial Agreement No. 126- 2020[9] , published in the Supplement to the Official Gazette No. 160 of March 12, 2020, the Ministry of Public Health declared a sanitary emergency in all establishments of the National Health System.

- Through Ministerial Agreement No. 00024-2020, published in the Special Edition of the Official Gazette No. 679 of June 17, 2020, the Ministry of Public Health declared a sanitary emergency in all establishments of the National Health System.

National guidelines

- Prevention and control guidelines for SARS CoV-2/Covid-19 cases. [10]This document provides an update of the prevention and control

[9] https://www.salud.gob.ec/wp-content/uploads/2020/05/ANEXO-No.-1-ACUERDO-MINISTERIAL-SALUD-126-2020.pdf

[10] https://www.salud.gob.ec/wp-content/uploads/2020/03/lineamientos_covid-19__final_09-06-2020_v3_1-2.pdf

guidelines for SARS CoV-2 / COVID-19 cases in different fields of action according to the available scientific evidence.

> "For people like us who have few possibilities this help is a God repay you."
>
> **Beneficiary**
> Imbabura

4. METHODOLOGY

As expressed in the manual of social science methodologies[11], methodological triangulation has been used, which implies the articulation of quantitative and qualitative methods with the intention of analyzing the results from various angles and generating conclusions that can contribute to the implementation of good practices in future strategies.
The methodological approaches used in this study are qualitative, which has been used to identify the realities of the group under investigation, their relationships with actors that generate alterations, positive or negative, in the achievement of the goals established by ADRA (indicators), the challenges they are facing due to the health crisis and potential resources to improve similar strategies, from the point of view of those involved.
The quantitative approach is also used to analyze the relationships and correlations of quantified variables.

The Study Endline used primary and secondary information including documents such as the initial baseline and project reports and relevant data provided by the institution's technicians.

The approaches used are framed within the framework of respect and promotion of human rights, gender equality, non-discrimination, participation, non-violence, cultural relevance, resilience, sanitation and hygiene promotion.

Before their final application, the above tools followed a process of construction and validation with knowledgeable project staff, the information is systematized, organized, digitized and analyzed for meaningful contribution to the study.

[11] Alberto Marradi, Nélida Archenti, Juan Ignacio Piovani

The following table presents the methodological design to be used:

Illustration 2: Proposed indicators for ENDLINE analysis

SECTOR	Indicator	PRIMARY Information	SECONDARY Information	QUALITATIVE Source	QUANTITATIVE Source
PROTECTION - Psychosocial support services	Indicator 1: Number of people participating in Psychosocial Support Services.		Reports		X
	Indicator 2: Number of people receiving psychosocial support through the telecare system.		Reports		X
	Indicator 3: Number of people belonging to humanitarian operational response institutions who received psychosocial support virtually.		Reports		X
	Indicator 4: Percentage of users who received psychosocial support and who report a positive change in their psychological well-being.	Surveys	Reports		X
	Indicator 5: Number of teachers and principals of educational institutions that received training for psychosocial support in the educational community.	Interviews	Reports	X	X
	Indicator 6: Percentage of teachers and principals who apply psychosocial support tools with the educational community.	Interviews	Reports	X	X
WASH Sanitation	Indicator 1: Number of people directly using improved sanitation services provided with BHA funding.		Reports		X
	Indicator 2: Number of handwashing stations constructed or supplied that are operational and maintained.	Interviews	Reports	X	X
	Indicator 3: Number of users per hand-washing station provided.		Reports	X	X
WASHNFI	Indicator 1: Number of people assisted by Wash NFI through all modalities.	Interviews	Reports	X	X
	Indicator 2: Percentage of households reporting satisfaction with the content of Wash NFIs received through direct distribution.	Interviews	Reports	X	X
	Indicator 3: Percentage of households reporting satisfaction with the quality of Wash NFIs received through direct distribution.	Interviews	Reports	X	X
HEALTH Public health emergencies of international concern and pandemics	Indicator 1: Number of trained health care personnel	Interviews	Reports	X	X
	Indicator 2: Percentage of the target population that can recall 2 or more protection measures.	Surveys	Reports	X	X
	Indicator 7: Number of people reached through risk communication activities by channel.		Reports		X

4.1. SUMMARY OF QUANTITATIVE AND QUALITATIVE INSTRUMENTS USED FOR DATA COLLECTION

The phases of the project can be divided into three:

1. The first phase, prior to implementation, established the project baseline. Since there is a report on this subject, this document does not address the results of this phase;
2. The second phase, at the end of project implementation, generated the systematization of the results obtained by component, which provided primary and secondary information for the preparation of this Endline report;
3. Third phase, where the instruments used for the Study Endline were generated, applied and evaluated, this report provides a detailed approach to these instruments.

4.1.1 COMMUNITY MEMBER SURVEYS

According to the universe considered, for the implementation of the SURVEY instrument, the finite sample size formula was used, as follows is the detail of its calculation:

Finite sample formula:

$$n = \frac{N * z_{\alpha}^2 * p * q}{e^2 * (N-1) + Z_{\alpha}^2 * p * q}$$

Where:

n=	**Sample size**
N=	**Population size /universe**
Z=	**Statistical parameter that depends on the confidence level.**
e=	**Maximum accepted estimation error**
p=	**probability of success**
q =	**probability that the event under study does not occur**

Parameters:

Parameter	Value
N	16.666
Z	1,645
P	50%
Q	50%
E	5,00%

Confidence level:

Nivel de confianza	Z alfa
99,7%	3
99%	2,58
98%	2,33
96%	2,05
95%	1,96
90%	1,645
80%	1,28
50%	0,674

Result n= $\frac{16{,}666*((1.645)*(1.645))*(0{,}5*0{,}5)}{((0{,}05)*(0{,}05))*(16.666-1)+((1{,}645*1{,}645))*((0{,}5*0{,}5))}$

n = 266

According to the application of the finite sample, the sample size should be 266 persons, however, an additional 8% is considered, which corresponds to the margin of non-response, this does not affect the analysis since the variation is ascending, **final n = 286.**

4.1.2 SEMI-STRUCTURED INTERVIEWS

ADRA Ecuador together with the consultant identified the citizens who participated in the project and who authorized semi-structured interviews through virtual strategies or by cell phone (in some cases), the interviews were conducted at times determined by the participants, generally in the afternoon and evening hours, below is a summary of the participants in this instrument:

SECTOR	PARTICIPANTS	CARCHI	IMBABURA	SUCUMBÍOS	SANTO DOMINGO	ESMERALDAS	PICHINCHA	GUAYAS	GOLD	Total
PROTECCIÓN	Teachers		1		1		1		1	
HEALTH	Trained health personnel						1	1	1	
HEALTH	Community leaders						1	1	1	
WASH	Hand Washing Station Managers	1		1		1		1		
WASH	Beneficiaries		1		1		1		1	
SUBTOTAL		1		1		1				

Illustration 3: Interview participants

It is worth mentioning that the information gathered corresponds to teachers, trained health personnel, community leaders, washing station managers and beneficiaries in all the provinces involved.

4.1.3 ANALYSIS OF REPORTS PREPARED BY TECHNICIANS AND AUTHORITIES OF THE CONTRACTING INSTITUTION

The institution shared relevant information on the work components; this information was analyzed taking into account the proposed approaches versus the results obtained; the analysis was carried out for each and every one of the indicators.

> "It (the project) was rightly implemented by teaching people, by doing."
>
> Trained health personnel
> Mount Sinai

5. LOCATIONS

The geographic locations of the cantons where the project was implemented are shown below:

Illustration 4: Geographical location of the project

"I didn't know how to act (in the virtual modality) with the course I have learned to put myself in the children's shoes and know how they are emotionally. ”

Teacher
Imbabura

6. EVALUATION QUESTIONS

The questions that generate relevant information to compare the proposed goals with the goals achieved by indicator and sector are presented below:

COMPONENT	INDICATOR	QUESTION
PROTECTION Psychosocial support services	Indicator 1: Number of people participating in Psychosocial Support Services.	How many people, disaggregated by sex, participated in psychosocial support services?
	Indicator 2: Number of people receiving psychosocial support through the telecare system.	How many people, disaggregated by sex, received psychosocial support through the telecare system?
	Indicator 3: Number of people belonging to humanitarian operational response institutions who received psychosocial support virtually.	What number of people belonging to humanitarian operational response institutions received psychosocial support virtually?
	Indicator 4: Percentage of users who received psychosocial support and who report a positive change in their psychological well-being.	What percentage of users who received psychosocial support report a positive change in their psychological well-being?
	Indicator 5: Number of teachers and principals of educational institutions that received training for psychosocial support in the educational community.	What number of teachers and principals of educational institutions received training for psychosocial support in the educational community?
	Indicator 6: Percentage of teachers and principals who apply psychosocial support tools with the educational community.	What percentage of teachers and principals applied psychosocial support tools with the educational community?
WASHSanitation	Indicator 1: Number of people directly using improved sanitation services provided with BHA funding.	How many people directly use improved sanitation services provided with BHA funding?
	Indicator 2: Number of handwashing stations constructed or supplied that are operational and maintained.	How many handwashing stations constructed or supplied are operating and maintained to date?
	Indicator 3: Number of users per hand-washing station provided.	How many people make use of the handwashing station provided?
WASH NFI	Indicator 1: Number of people assisted by Wash NFI through all modalities.	How many people received assistance through all modalities?
	Indicator 2: Percentage of households reporting satisfaction with the content of Wash NFIs received through direct distribution.	What percentage of households report satisfaction with the content of WASH NFIs received through direct distribution?
	Indicator 3: Percentage of households reporting satisfaction with the quality of Wash NFIs received through direct distribution.	What percentage of households report satisfaction with the quality of non-food WASH items received through direct distribution?
HEALTH Public health emergencies of international concern and pandemics	Indicator 1: Number of trained health care personnel	How many healthcare staff participants have been trained?
	Indicator 2: Percentage of the target population that can recall 2 or more protection measures.	What percentage of the target population can recall two or more protective measures?
	Indicator 7: Number of people reached through risk communication activities by channel.	How many people were reached through risk communication activities by channel?

7. LIMITATIONS AND MITIGATION MEASURES

The application of the instruments and analysis of the primary and secondary information had no drawbacks or limitations.

8. SOURCE OF DATA AND DESCRIPTION OF INTERVIEWEES AND SURVEY RESPONDENTS

The following is a description of the people surveyed and interviewed, as well as the results generated by these implementations.

8.1 SOURCE OF DATA

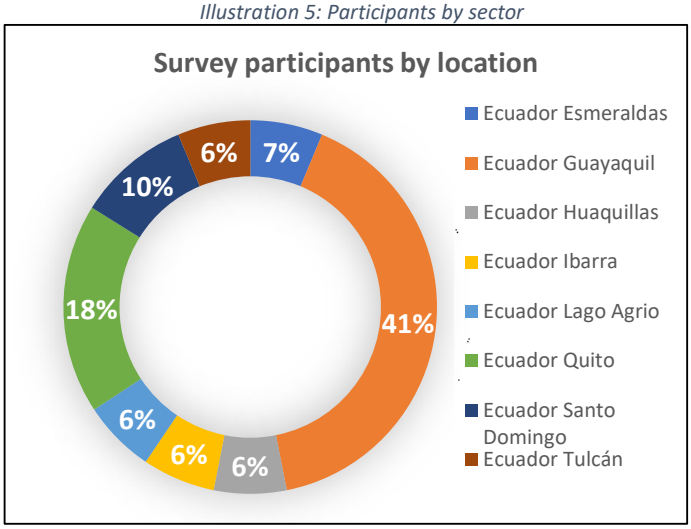
Primary data: Corresponds to the survey of project users and beneficiaries, as well as authorities or key persons within the implementation, such as health personnel, educators, community leaders.

Secondary data: Corresponds to data obtained through the analysis of reports provided by the institution.

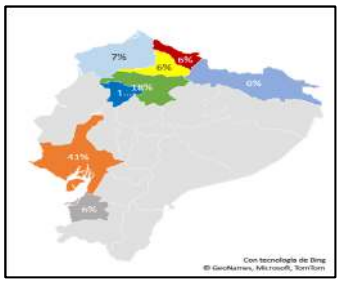
8.2 SURVEYS

The results of the implementation of this instrument are discussed below:

Illustration 5: Participants by sector

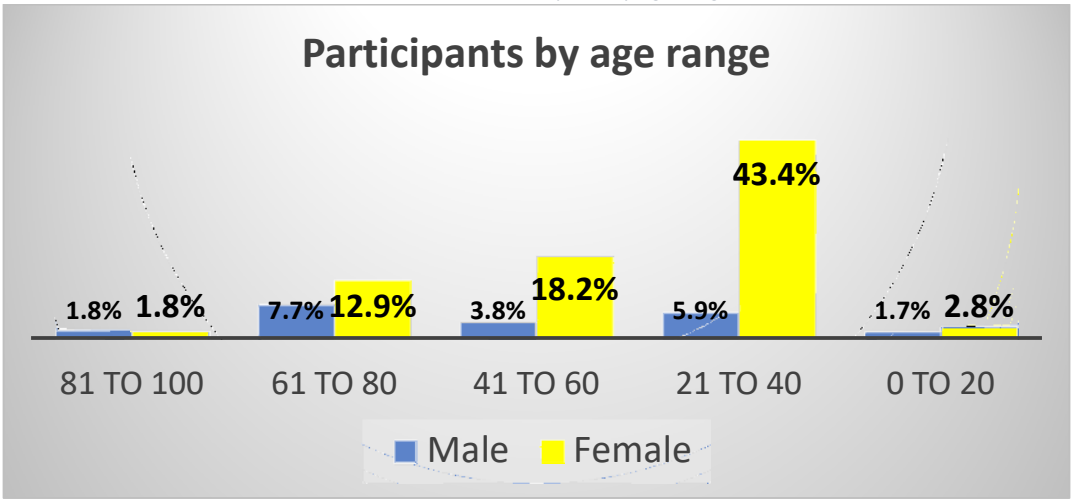


% geographic



Forty-one percent of the participants were from the province of Guayas, specifically the city of Guayaquil, followed by 18% from the city of Quito, province of Pichincha.

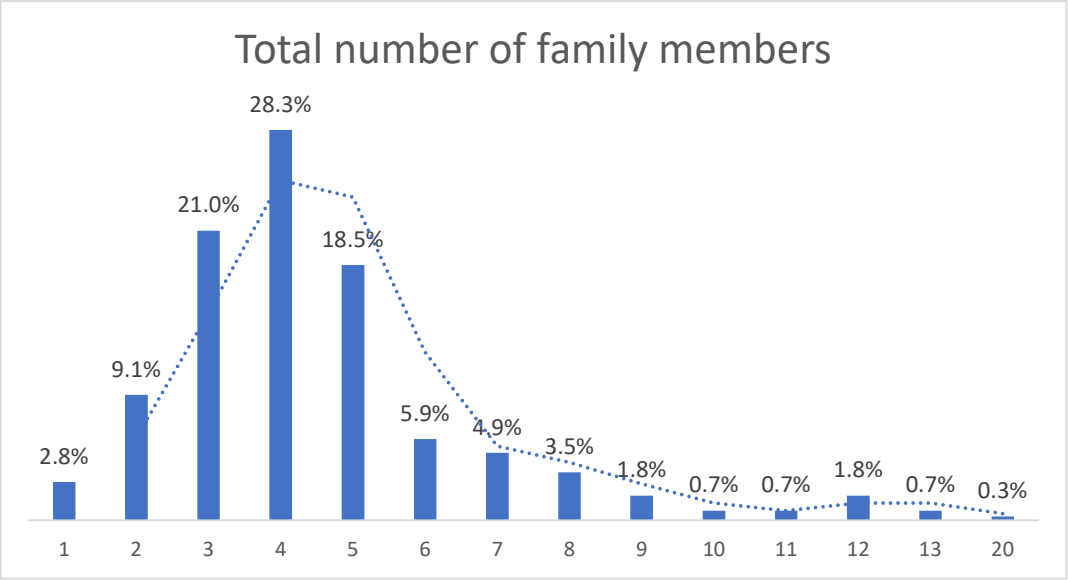
Illustration 6: Participants by age range



In the data collection, 49.3% correspond to ages between 21 and 40 years, 22% to ages between 41 and 60 years and 24.1% to participants older than 60 years (20.6% from 61 to 80 years and 3.5% in ages from 81 to 100 years), the greater participation of women than men in this instrument is evident, We could say that this is due to the fact that women participated more in all the components, for example, in the Wash NFI component where the ratio of women to men was 100% higher than men, so it has a direct relationship with this survey.

This result is also consistent with the evidence gathered in the question on the role played in the household, where 52% of the respondents are women and heads of household.

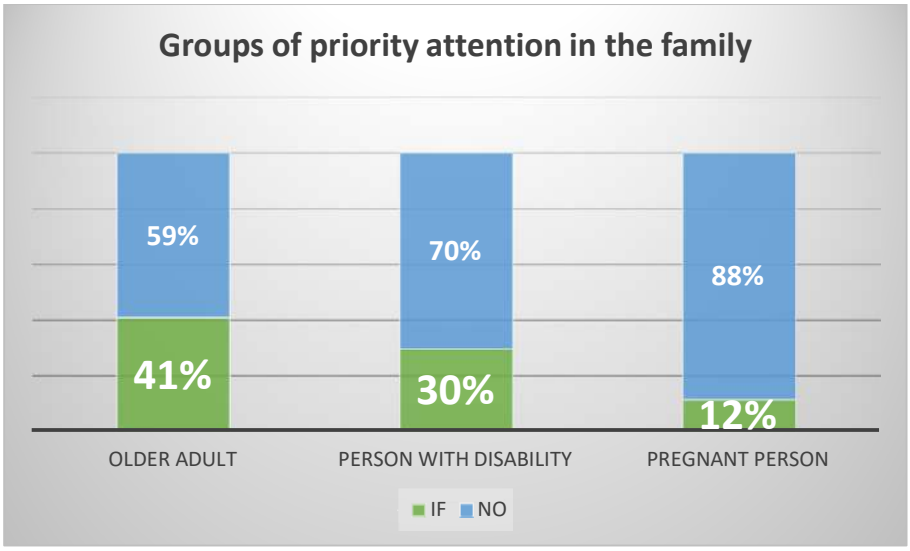
Illustration 7: Members per family



The average number of members in the families of the people surveyed is 4.5. Twenty-eight percent mentioned that at least 4 people make up their

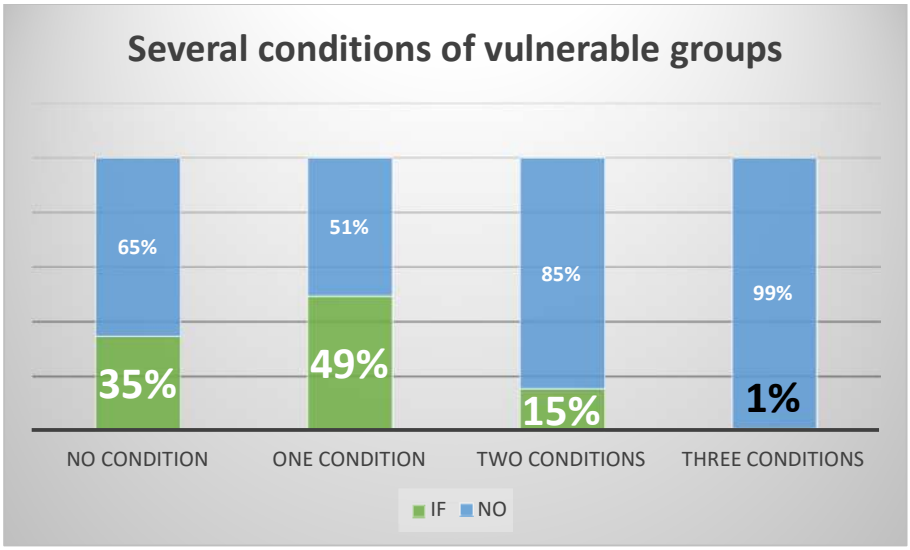
family, 21% mentioned that 3 people make up their family, and 19% mentioned that 5 people make up their family.

Illustration 8: Persons in the family's priority group of attention



In general, 41% of the people surveyed mentioned that there are elderly people in their family; 30% mentioned that there are people with disabilities in their family nucleus, and 12% mentioned that they live with pregnant women.

However, when relating the variables we obtain the following data:



Forty-nine percent of the people surveyed mentioned that within their family nucleus there are people with ONE condition of vulnerability, 15% of the people surveyed mentioned that within their family nucleus there are people

with TWO conditions of vulnerability, while 1% mentioned that within their family there are people with THREE conditions of vulnerability.

A condition of vulnerability refers to the vulnerability criteria that was used to select project beneficiaries: elderly, people with disabilities, pregnant women, female head of household, people with a chronic or catastrophic illness, people who have or have had COVID-19. This information reveals that 65% of the families surveyed have ONE or more people in vulnerable conditions, which shows that these families are more affected by the pandemic.

The effects could be summarized as follows [12]:

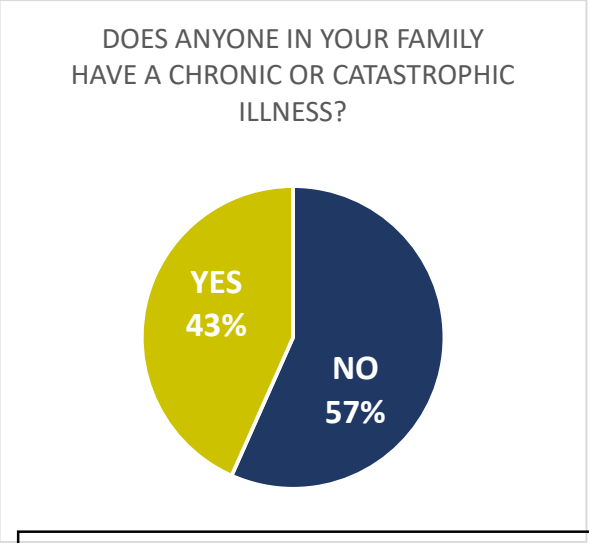
1.- The emotional impact that could occur in people with disabilities and older adults due to social isolation and the possible interruption of their therapies and daily exercises;

2.- Abrupt changes could generate violent and depressive behaviors due to increased stress;

3.- Increased probability of contagion

Considering this information, we can say that the project focused on families that had an expressed need for this type of strategy, meeting the criteria of RELEVANCE and INCLUSION.

Illustration 9: Suffering from chronic disease



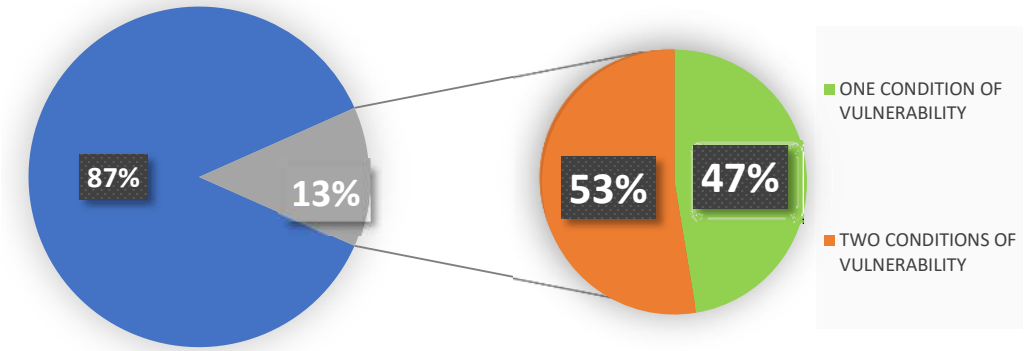
In general, the data show that 43% of the people surveyed mentioned that there are people in their family who suffer from chronic or catastrophic diseases, while 57% of those surveyed mentioned that they do not.

When relating the variables of CHRONIC OR CATASTROPHIC ILLNESS to the variables of VULNERABLE GROUPS we find the following conclusions:

SOMEONE IN THE FAMILY SUFFERS FROM A CHRONIC OR CATASTROPHIC ILLNESS AND ALSO HAS A CONDITION OF VULNERABILITY

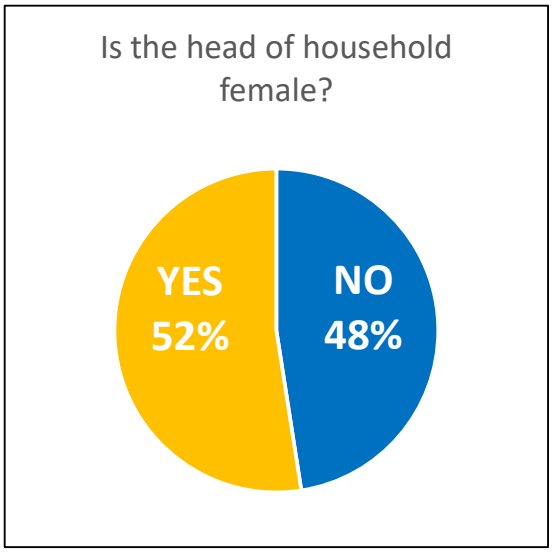
[12] World Health Organization. (2020). Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020. World Health Organization. https://apps.who.int/iris/handle/10665/331490. Licencia: CC BY-NC-SA 3.0 IGO

13% of the respondents mentioned that IN THEIR HOUSEHOLDS there are people with chronic or catastrophic diseases, but that IN ADDITION they have one or two VULNERABILITY CONDITIONS, this concludes that, the project selected the right households for the implementation of the strategies, this due to the following considerations:

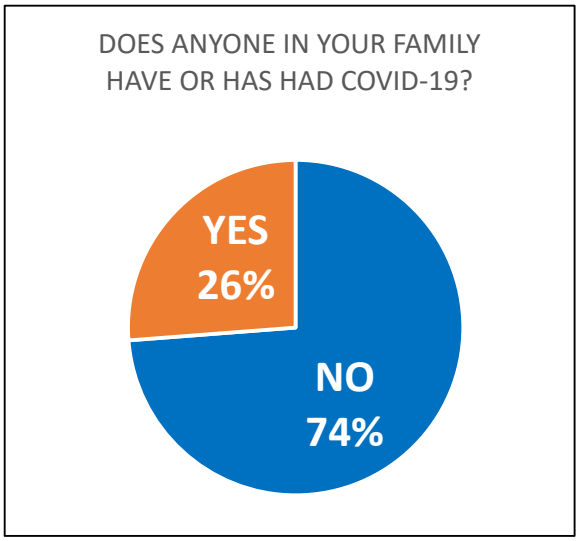


- People with chronic or catastrophic diseases are at an increased risk of developing infections as a result of multiple alterations in their innate immunity.
- Older adults are more likely to develop severe infection compared to other age groups
- The characteristics of living together in large families and with reduced infrastructures;
- People in vulnerable conditions, who have a catastrophic illness and who also live alone, must overcome great challenges to face this type of crisis.

Illustration 10: Woman is the head of household

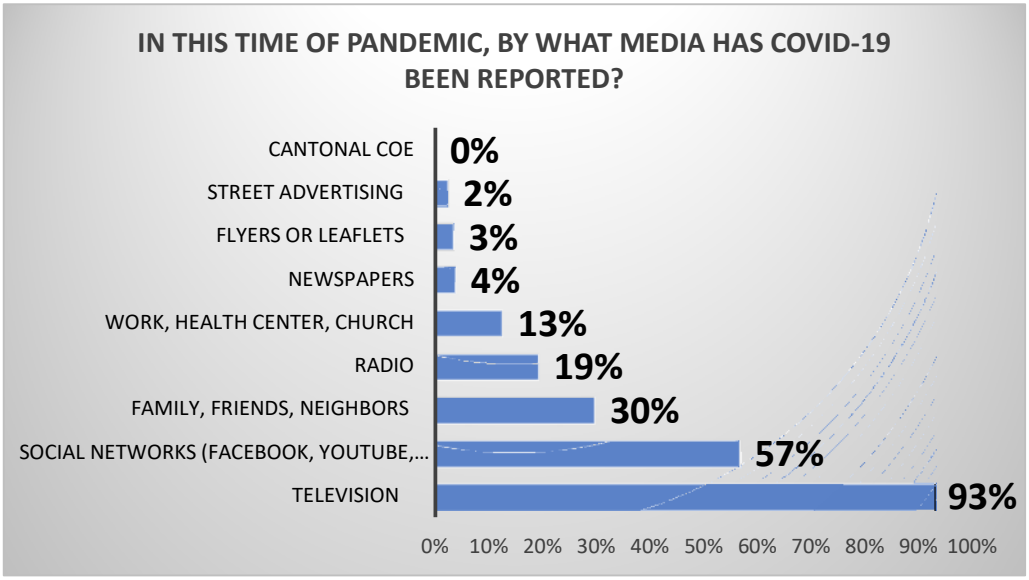


52% of the people surveyed mentioned that in their family the woman is the one who plays the role of head of household; while 48% mentioned that it is a man who plays that role within their family.



Seventy-four percent of respondents mentioned that none of their family members have or have had COVID 19; while 26% mentioned that they have.

Illustration 12: Means by which you heard about COVID

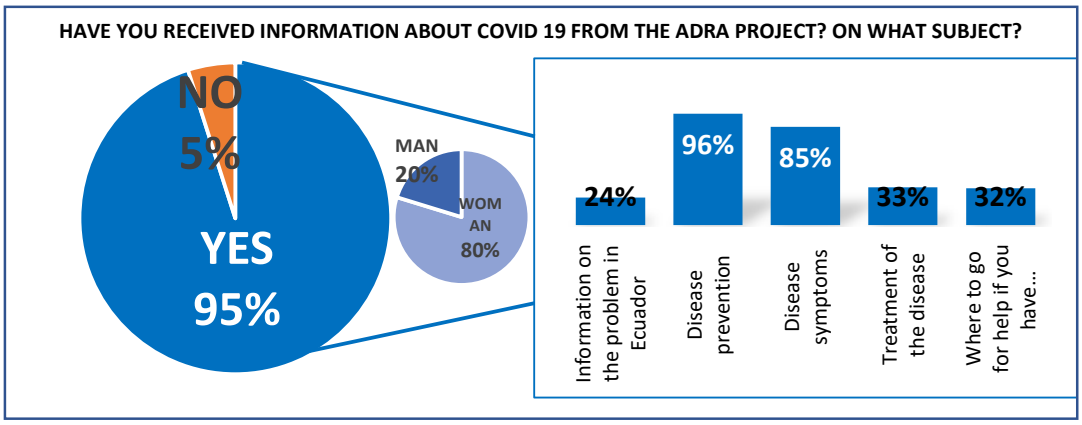


This graph shows the means by which people were informed about COVID-19. It should be noted that the sum of the data does not necessarily add up to 100%, since most of the respondents were informed by more than one means; with this clarification we have the following:

Most of the respondents (93%) were informed through TV, which confirms that it is the most used media and that it can be used to promote protection and sanitary control measures; 57% were informed through social networks, it is interesting to know this percentage, since the strategy used this mechanism to address the pandemic.

Thirty percent mentioned that they were informed by family, friends and neighbors; this underscores the importance of training community leaders on the topic of treatment and referral of contagion. Nineteen percent were informed through the radio, which indicates the importance of generating strategies in future projects that address the issue through the use of this communication mechanism or media.

Illustration 13: Receipt of information from COVID by ADRA



When asked if they had received information about COVID-19 from the ADRA project, 95% said that they had received information about it from the institution, while 5% said that they had not received any information.

A total of 96% of respondents (who did receive information from ADRA) mentioned that they have received information on disease prevention from ADRA.

Eighty-five percent of respondents (who DID receive information from ADRA) mentioned that they received information about the symptoms of the disease.

Thirty-three percent (who did receive information from ADRA) mentioned that they received information on the treatment of the disease.

Thirty-two percent (who DID receive information from ADRA) mentioned that they received information about where to seek help if they had symptoms, and 24% about the problem in the country.

It is worth mentioning that of the people surveyed who did receive information from ADRA, 80% were women while 20% were men; and the age group with the highest percentage of information received was the 21 to 40 year-old group (50%).

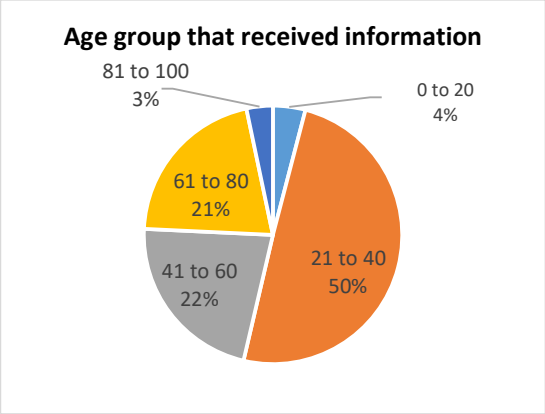
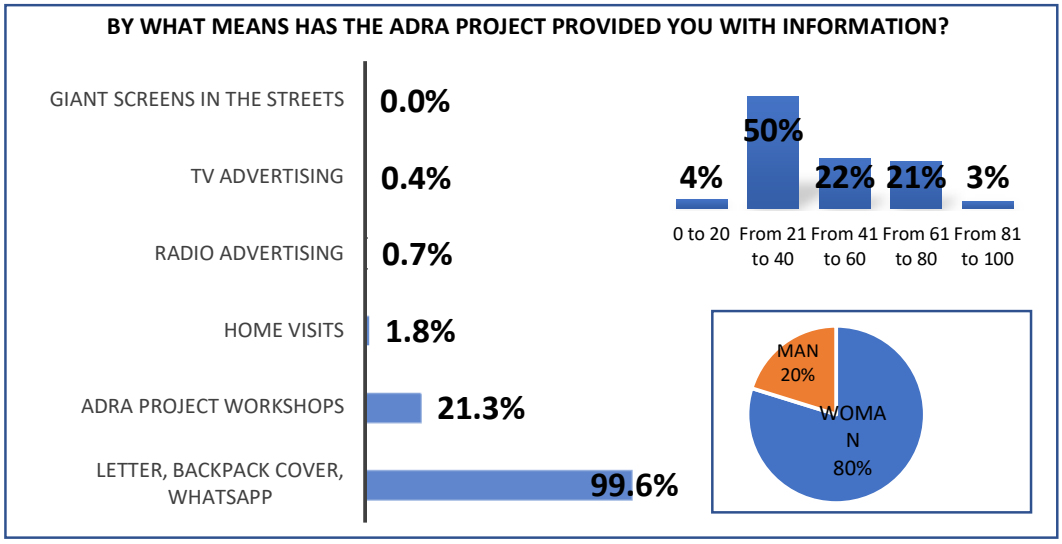


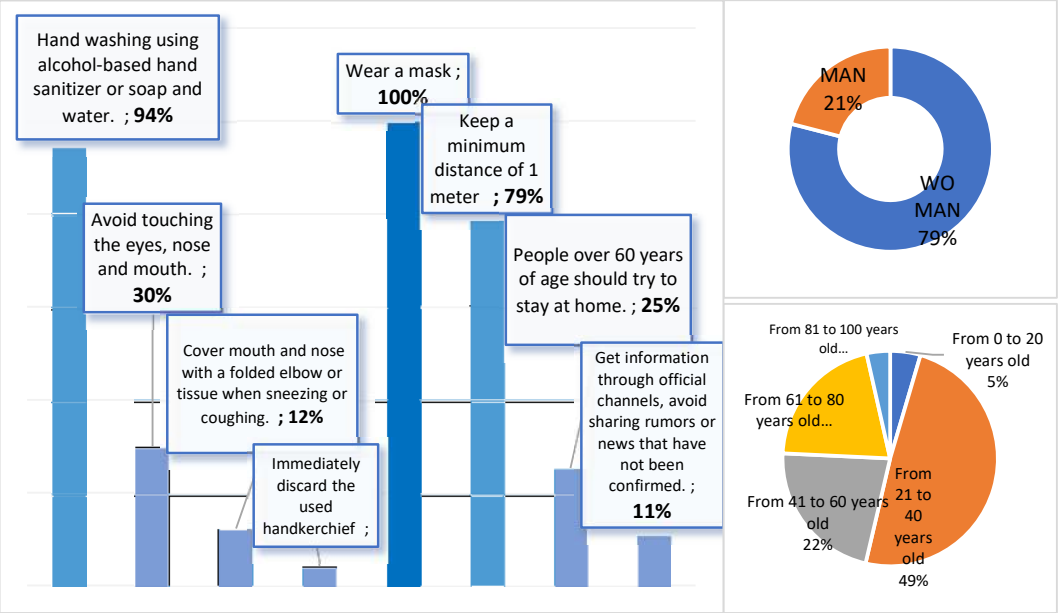
Illustration 14: Means by which ADRA provided information to you



99.6% of the people surveyed mentioned that the HACE project, through ADRA, has provided them with information through letters, backpacks, 21.3% through workshops given in the project, 1.8% through home visits. Eighty percent of the people who received this type of information were women, and the age group with the highest participation was between 21 and 40 years of age; however, it is relevant that 24% of the population was over 60 years of age. This is important because most households have a person with a condition of vulnerability and the arrival of this information supports the approach of inclusion and gender. Relating this information with the interviews conducted, it can be mentioned that social networks played a decisive role in the transfer of information and that communication through WhatsApp was the main means of communication.

Another consideration is the information provided by media such as TV and Radio, the project promoted and used this type of strategies, however, citizens do not identify them as part of the project, it is recommended that for future implementations the authorship of the project be strengthened.

Illustration 15: Preventive measures to remember

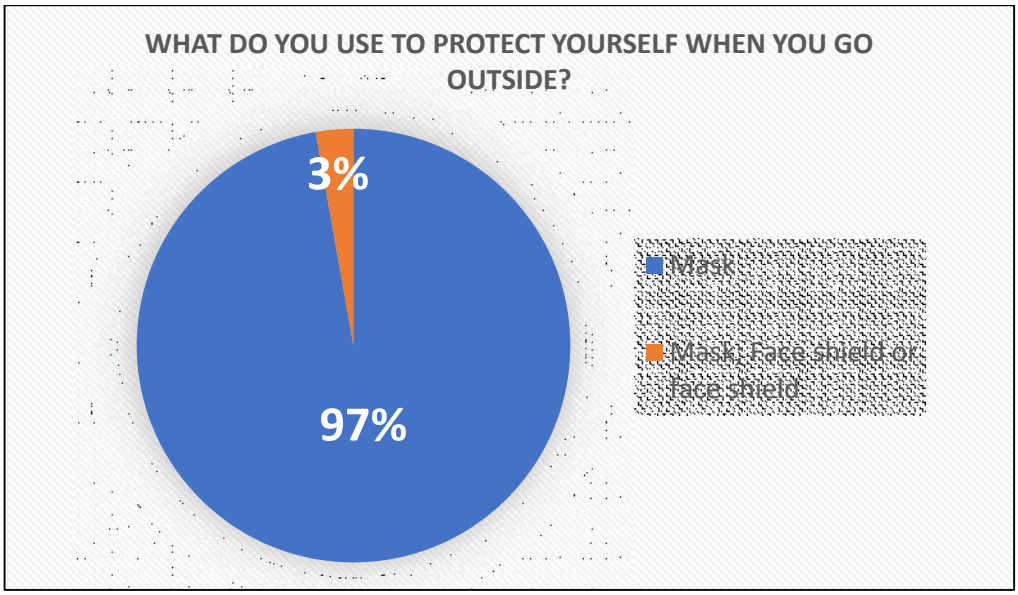


100% of the people surveyed mentioned that the main preventive measure they remember is the use of masks; 94% of respondents mentioned hand washing using alcohol-based disinfectant or soap and water; 30% mentioned avoiding touching their eyes, nose and mouth; 79% mentioned keeping a minimum distance of 1 meter; 25% of respondents mentioned making sure that people over 60 years of age stay at home.

Seventy-nine percent of the respondents were female, while 21% were male.

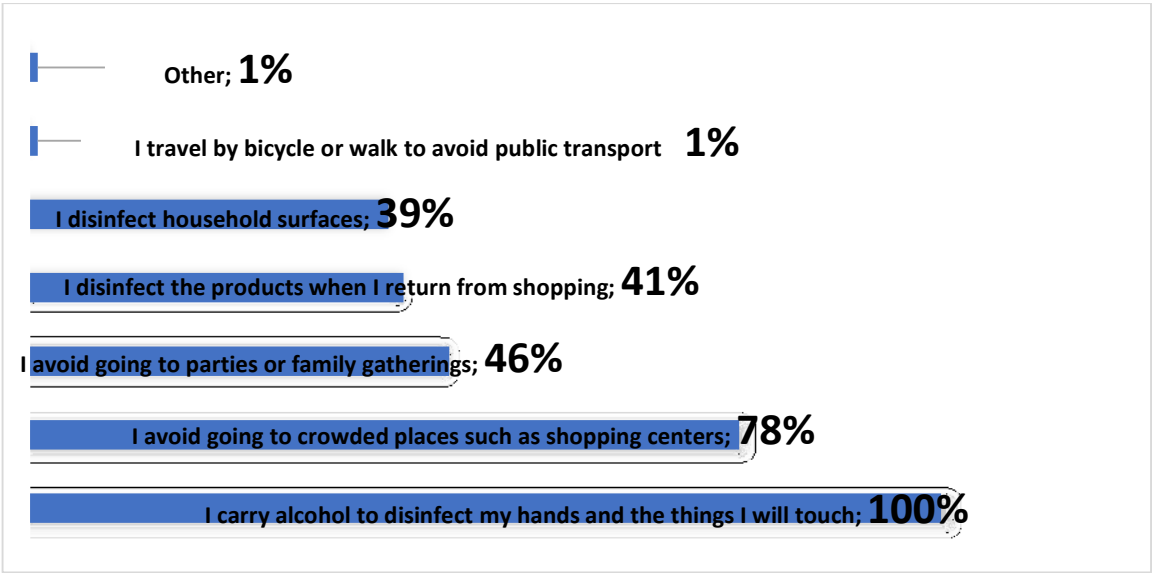
Forty-nine percent of respondents ranged in age from 21 to 40 years old.

Illustration 16: What do you use to protect yourself on the street?



Ninety-seven percent of the people surveyed mentioned that they use a face mask as a means of protection when going outdoors, while 3% mentioned that they not only use a face mask but also some type of face shield.

Illustration 17: Other care alternatives you use



When asked for information on other alternatives to protect themselves from contracting COVID-19, 100% of the people surveyed mentioned carrying alcohol to disinfect their hands and the things they are going to touch.

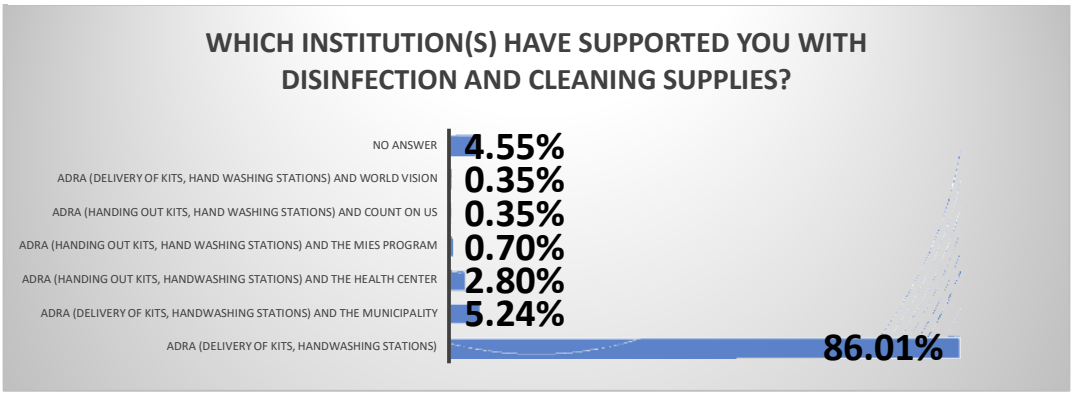
Some 78% of people surveyed mentioned that they avoid going to crowded places or shopping malls; 46% avoid going to parties or family gatherings.

It is worth mentioning that the total data should not necessarily add up to 100%, since the analysis is per measure adopted separately.

Illustration 18: Support from another institution

Ninety-five percent of the people surveyed mentioned that some institution has supported them with the distribution of disinfection and cleaning supplies in relation to COVID 19; 5% mentioned that they have not received any help of this type.

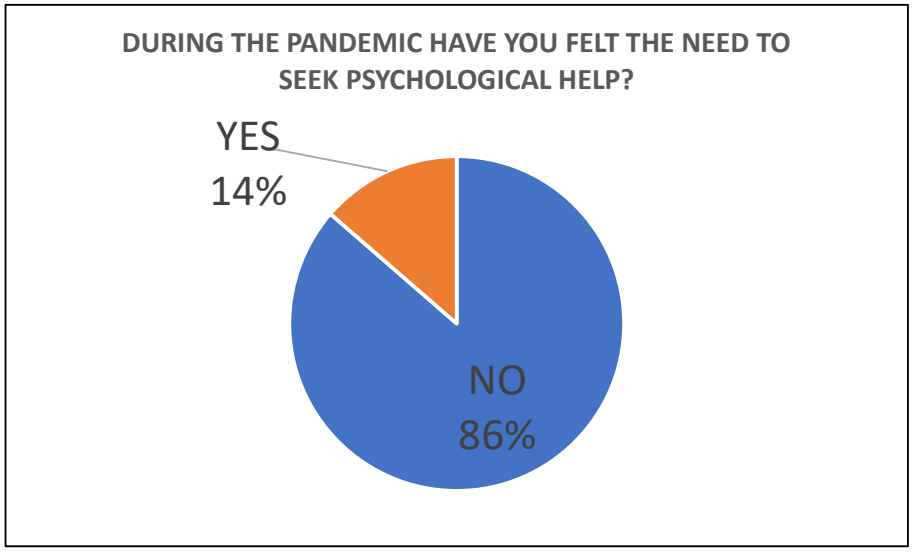
Illustration 19: Support with disinfection items



86% of respondents mentioned that ADRA has helped them with disinfection and cleaning items such as hand washing kits and stations.

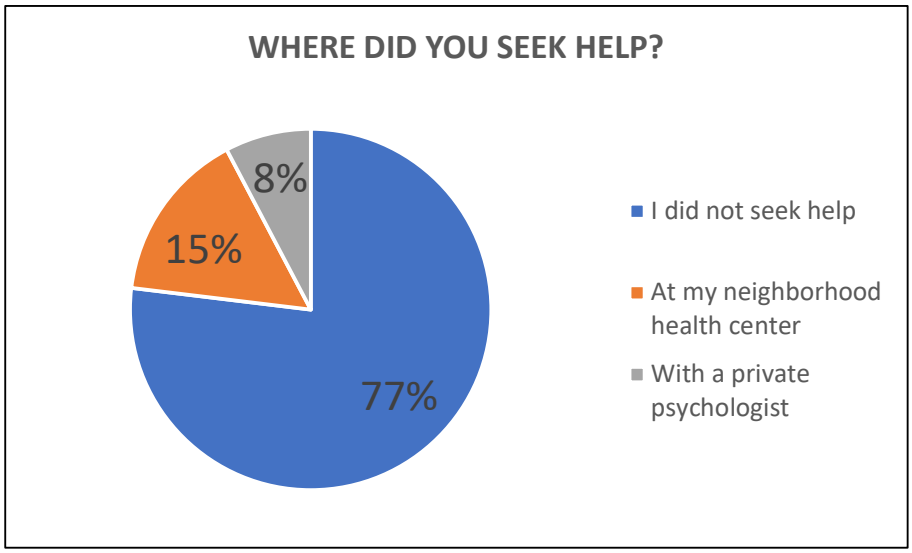
5% of respondents mentioned that ADRA has helped them, but also the local municipality.

Illustration 20: Need for psychological help



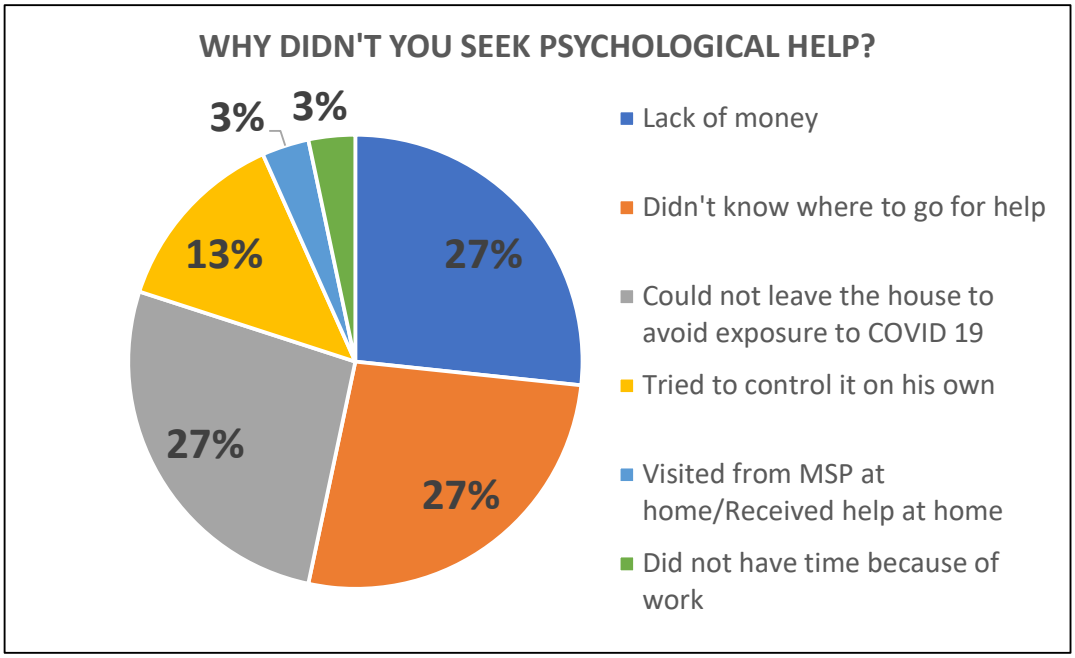
Eighty-six percent of respondents mentioned that during the pandemic they have not felt the need to seek psychological help, while 14% of respondents mentioned that they have felt the need to do so.

Illustration 21: Where did you seek help?



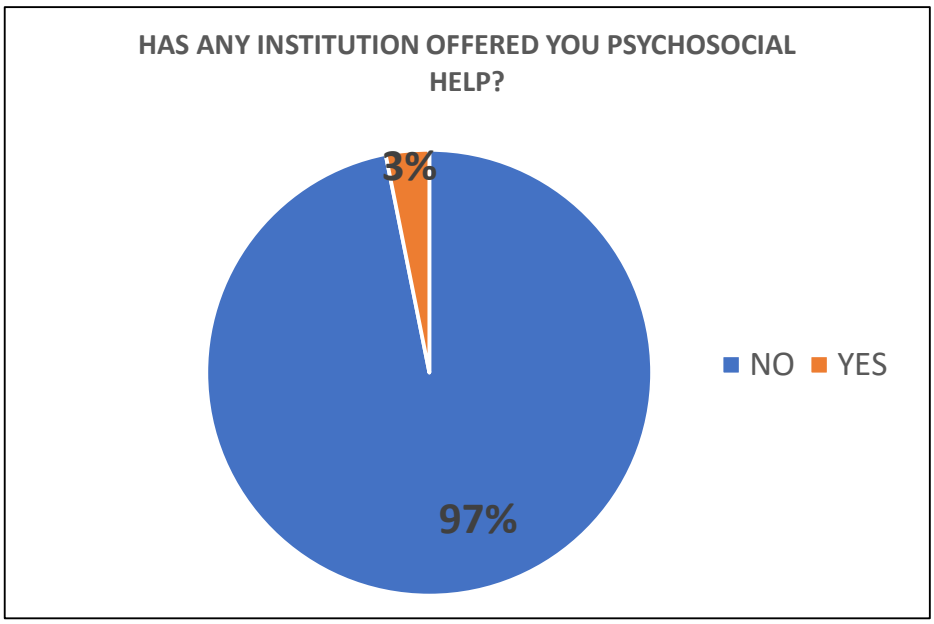
When asked for more specific information, such as where they sought psychological help, 77% mentioned that they did not seek help, 15% mentioned a health center in their neighborhood, while 8% mentioned a private psychologist.

Illustration 22: Why didn't you seek help?



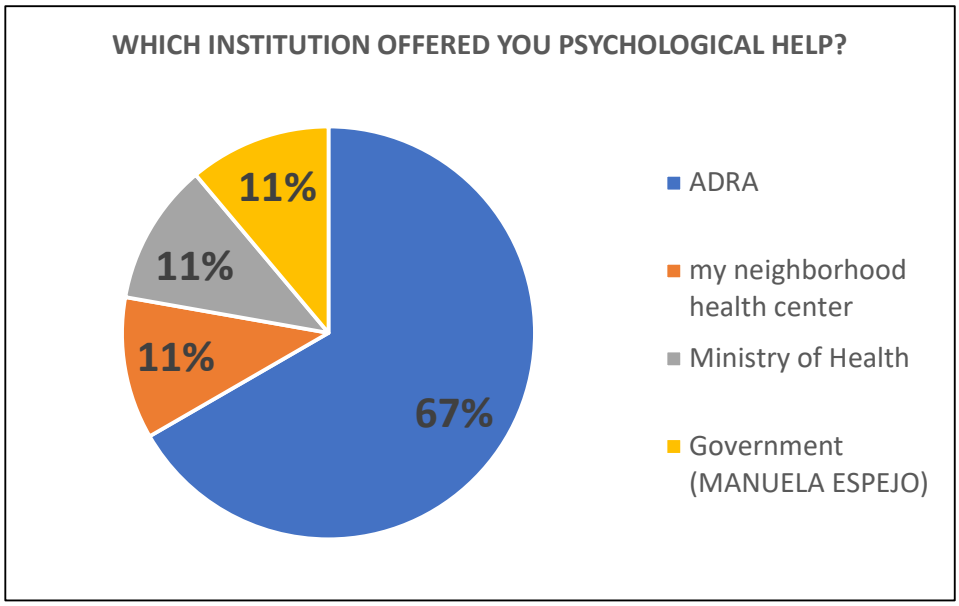
Those who mentioned that they did not seek psychological help were asked why they did not do so, of these, 27% mentioned lack of money, another 27% that they did not know where to seek help, while another 27% that they could not leave the house to avoid exposure to COVID 19 contagion.

Illustration 23: Psychosocial assistance



Ninety-seven percent of respondents mentioned that no institution offered them psychosocial help, while 3% mentioned that they did.

Illustration 24: Name of institution that helped with psychological support



Of those who received an offer of psychosocial help, 67% mentioned that it was ADRA who offered it, while 11% mentioned the neighborhood health center, another 11% the Ministry of Health and another 11% the government through a program called Manuela Espejo.

8.3 SEMI-STRUCTURED INTERVIEWS

To gather this information, interviews were conducted with various stakeholders in the 8 provinces where the project was implemented:

- Trained health personnel
- Teachers
- Washing station managers
- Community leaders
- Beneficiaries

In the application of the semi-structured interviews with **trained health personnel**, the following responses were collected:

- COVID-19 prevention training has been relevant and timely for personal, family and community benefit.

- Hand washing was the vital topic taught by the project, because they did not know how to do it correctly.

- The trainings were timely to address potential COVID-19 cases, and to properly use protective equipment.

- They suggest implementing training for young people in the communities, since they are the ones who carry out more activities outside the home, and expanding the workshops to include first aid and basic nursing topics.

- The main means of communication between citizens and the nearest health center is the WhatsApp social network.

- As health personnel, they are grateful to have been included in the training, since it is often assumed that being part of the health area "they already have all the knowledge about COVID-19".

In the application of the semi-structured interviews with **teachers**, the following responses were collected:

- Relevant to the training was learning more about resilience, self-awareness, empathy, how to provide psychosocial help to students and teamwork.

- They have made replicas for their students with the topics learned in the project.

- They developed empathy with their students and parents by applying the tools learned in the project.

- They had particular cases in which they provided psychosocial support to low-income students or those who lost a family member during the pandemic.

- They felt highly motivated and capable to face virtual classes and empathize with their students.

- One of the barriers presented when carrying out the replications with their students was the lack of mastery in the use of technology.

- The project training helped them develop sensitivity and assertiveness to teach their classes in a more dynamic and interactive way. Personally, it helped them to better manage stress and become psychologically stronger.

- The training received from ADRA was in addition to a series of workshops given by the Ministry of Education that strengthened the knowledge for the use of psychosocial tools in the face of COVID-19.

- They suggest maintaining this type of training on a frequent basis to prepare them to address real cases with their students and parents.

In the application of the semi-structured interviews with handwashing **station managers**, the following responses were collected:

- The supplies (soap, alcohol and gel) have run out and in one of them and they have kept the washing stations stocked on their own. They suggest frequent monitoring of the stations.

- They do not rule out the creation of strategic alliances to supply soap, alcohol and gel for the stations. In the case of primary health care units, partnerships should be coordinated directly with the District.

- They coordinated with operational and security personnel at the establishments to remind citizens to wash their hands.

- They consider that as a strategy to continue motivating citizens to wash their hands, campaigns should be implemented in different media, signage should be placed to guide citizens to the handwashing sink, and sinks should be implemented in shopping centers (food courts), parks, and places where children and elderly people go to wash their hands.

- They suggest renewing the handover of the station in a formal manner and verifying if the managers have been moved from their place of work.

In the application of the semi-structured interviews with **community leaders**, the following responses were collected:

- They have seen positive changes in their communities as a result of the implementation of prevention measures disseminated by the project.

- The main prevention measures they practice are hand washing, disinfection, use of masks and distancing.

- They are better informed about COVID-19 prevention measures, and have lost their fear of rumors and false news.

- In the visits they make, they apply the prevention measures and protocols learned in the HACE project.

- They recommend maintaining this type of support and training in the community.

In the application of the semi-structured interviews with project **beneficiaries**, the following responses were collected:

- They frequently practice hand washing with their family members.
- The delivery of the kit was very useful to prevent COVID-19 infection in their family environment.
- They are grateful that the kit has been delivered to senior citizens and families where there are vulnerable people.

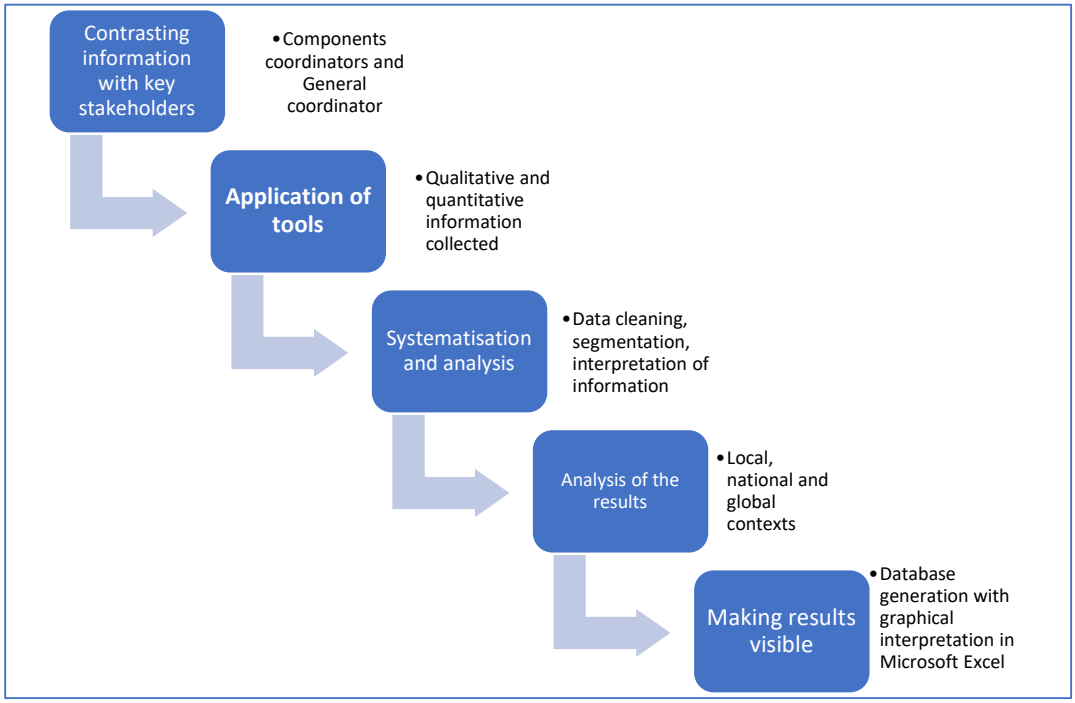
- The kits were delivered in an orderly and planned manner.
- They wish to maintain this type of aid for families.

> "The most relevant thing was that they trained us, sometimes they think that as health we know everything, but it is not so, we need to train ourselves to be able to replicate it."
>
> Trained health personnel - Pichincha

9. ANALYSIS PLAN

The analysis of the data and information collected followed the following process:

Illustration 25: Analysis plan



The application of the instruments was validated by officials of ADRA Ecuador.

The systematization of the information in order to convert it into relevant data for the study was carried out following technical methods for handling statistical information and applying data analysis tools using formulas and statistical functions.

10. FINAL RESULTS

10.1 PROTECTION

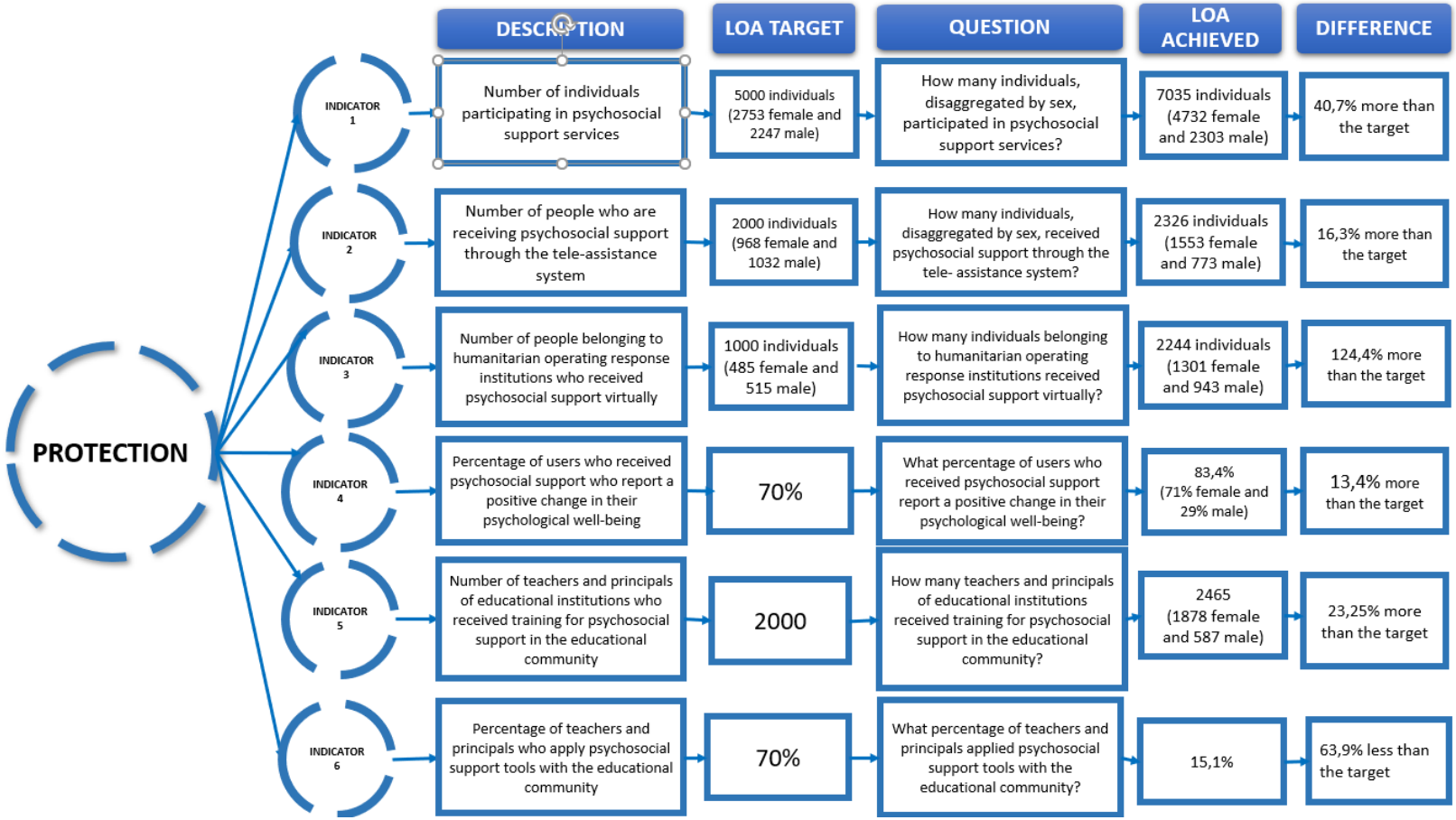


Illustration 26: Results of the PROTECTION sector

This component focused on providing psychosocial support services to three groups of beneficiaries:

1. Psychosocial care for users of the 171 hotline
2. Psychosocial assistance to frontline workers
3. Training for teachers, principals and education personnel in psychosocial assistance to work with their educational community.

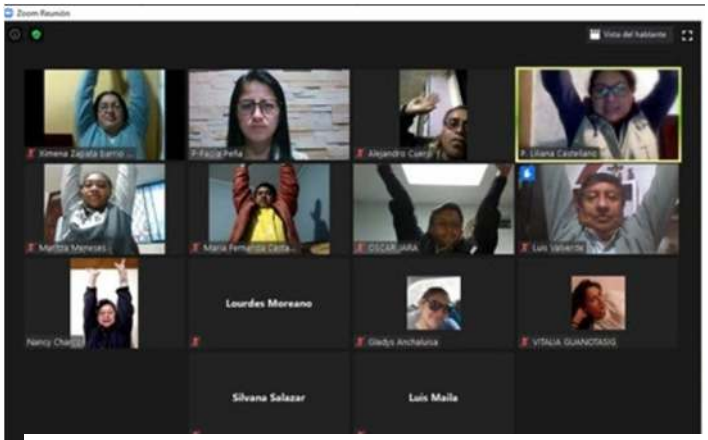


Illustration 27: Training for teachers

To implement this component, technological means, calls, video assistance and messaging through different mobile applications were used.

The results achieved for the indicators proposed for this Sector are presented below:

Indicator 1: Number of people participating in psychosocial support services.

In accordance with the information gathered, we can indicate that the proposed goal (5000 people) was reached and surpassed by 40.7%, reaching 7035 people; the variation may be due to the use of technological means that allowed a greater reach to maintain communication with the beneficiaries. Coordination with the Ministry of Public Health (MSP) was a key aspect, and with the implementation of this indicator, psychosocial support services were provided to men and women between 15 and over 50 years of age.

Indicator 2: Number of people receiving psychosocial support through the telecare system.

According to the analysis of the information gathered, we can indicate that the proposed goal (2000 people) was reached and exceeded by 16.3%, i.e. 326 more people than proposed received psychosocial support. In the implementation of this indicator, 1553 women and 773 men received psychosocial support through the teleassistance system.

Indicator 3: Number of people belonging to humanitarian operational response institutions who received psychosocial support virtually.

According to the analysis of the information gathered, we can indicate that the proposed goal (1000 people) was reached and exceeded by 124.4%,

reaching a total of 2,244 people. In the application of this indicator, 1301 women and 943 men, belonging to humanitarian operational response institutions, received psychosocial support virtually.

Indicator 4: Percentage of users who received psychosocial support reporting a positive change in their psychological well-being.

Based on the analysis of the information collected, we can indicate that the proposed goal (70%) was reached and surpassed by 13.4%, reaching 83.4%. In the application of this indicator, 71% of women and 29% of men received psychosocial support in the context of the pandemic and report a positive change in their psychological well-being.

Indicator 5: Number of teachers and principals of educational institutions that received training for psychosocial support in the educational community.

According to the analysis of the information gathered, we can indicate that the proposed goal (2000 people) was reached and surpassed by 23.25%, reaching 2,465 people. This variation could be explained by the extension of teacher training to 11 provinces in agreement with the Ministry of Education, increasing the number of participating educational institutions.

In the application of this indicator, 1878 women and 587 men from educational institutions received training for psychosocial support in the educational community, of which 1917 are teachers and 548 are directors of the institutions.

Indicator 6 (Customized): Percentage of teachers and principals who apply psychosocial support tools with the educational community.

According to the analysis of the information gathered, we can indicate that the proposed goal (70%) was reached in 15.1%; teachers interviewed mentioned that the replicas were not carried out mainly due to changes in the study modality (from face-to-face to virtual), the workload they were assuming at that time (teachers were in charge of more than one course), extracurricular activities imposed by the Ministry of Education that forced them to redistribute teaching time and prioritize the curriculum. It is necessary to mention that the indicator of replications to the student community, by the trained teachers, is well below what was planned, according to the evaluation it is concluded that this happened because the project closed before registering the achievement of this indicator, with a follow-up the real result of the same would be evidenced.

10.2 WASH

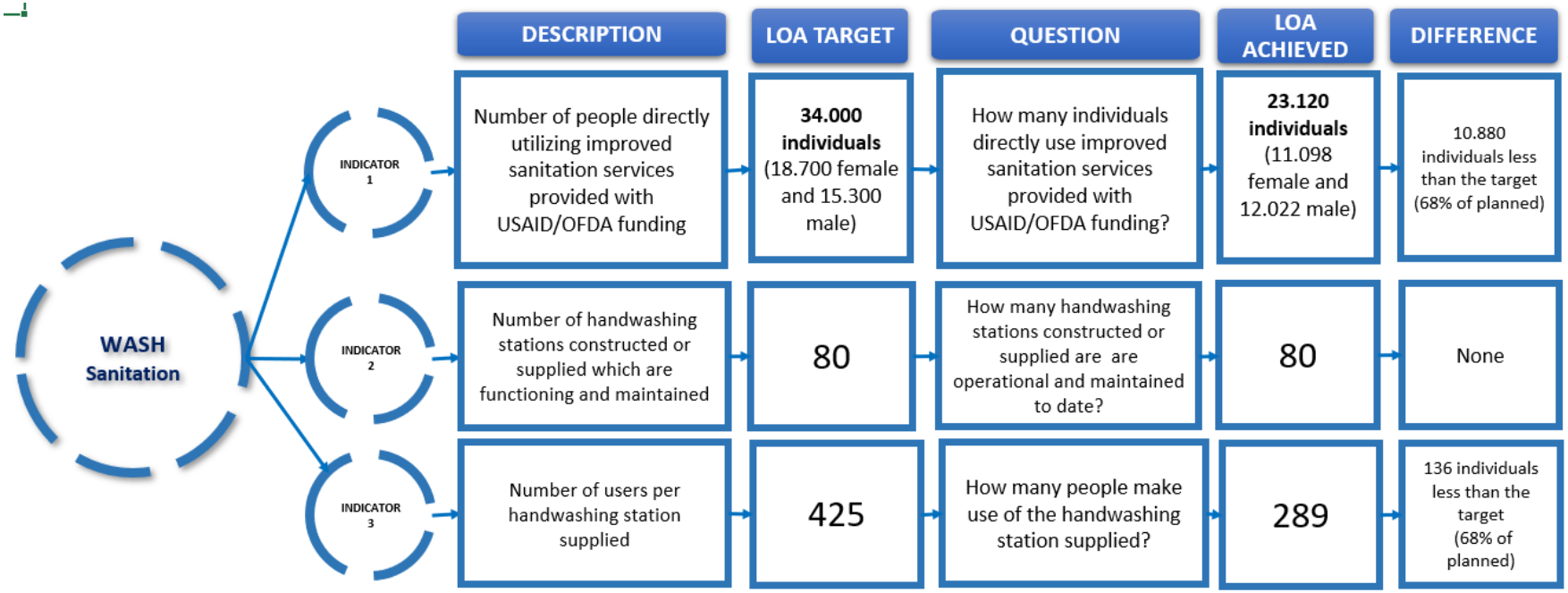


Illustration 28: WASH Results - Sanitation

In the sanitation sub-sector, the project worked through the installation of hand-washing stations, which serve both to teach the correct method for washing hands and to disseminate other information relevant to the basic protection of the population against COVID-19.

The results achieved for the indicators proposed for this component are presented below:

Indicator 1: Number of people directly using improved sanitation services provided with BHA funding.

According to the analysis of the information gathered, we can indicate that 68% of the proposed goal (34,000 people) was reached (23,120 people). The number of users fell short of expectations due to several factors, such as nationally mandated restrictions on movement of the population, a preference for the use of alcohol for hand disinfection, and station managers who were not fully sensitized and were not consistent in providing all the supplies for use of the stations.

In the application of this indicator, 11,098 women and 12,022 men directly use improved sanitation services provided with BHA funding.

Indicator 2: Number of handwashing stations installed or supplied that are operational and maintained.

Based on the analysis of the information gathered, we can indicate that the proposed goal (80) was achieved (80), as planned.

In the application of this indicator, 61 handwashing stations supplied and constructed are located in market places, and 19 in hospitals.

Illustration 29: Hand washing station

Indicator 3: Number of users per handwashing station provided.

According to the information gathered, we can indicate that the proposed goal (425 users) was 68% achieved, reaching 289 people. This is due to the fact that, although the stations are located at the entrance of the health unit or market, there are no signs or signs indicating the use of the station, the station administrators have relied on security personnel or operators to remind citizens to wash their hands; however, other means of communication and advertising are needed to motivate the use of the station and direct them.

In interviews with station managers, they reported a lack of supply of soap, alcohol, gel and paper towels in 3 of the 6 stations consulted. Another factor to consider and that draws attention is that handwashing with soap and water is more efficient, so the use of handwashing stations continues, however, citizens use, in parallel, their own alcohol to disinfect their hands.

10.3 WASH NFI

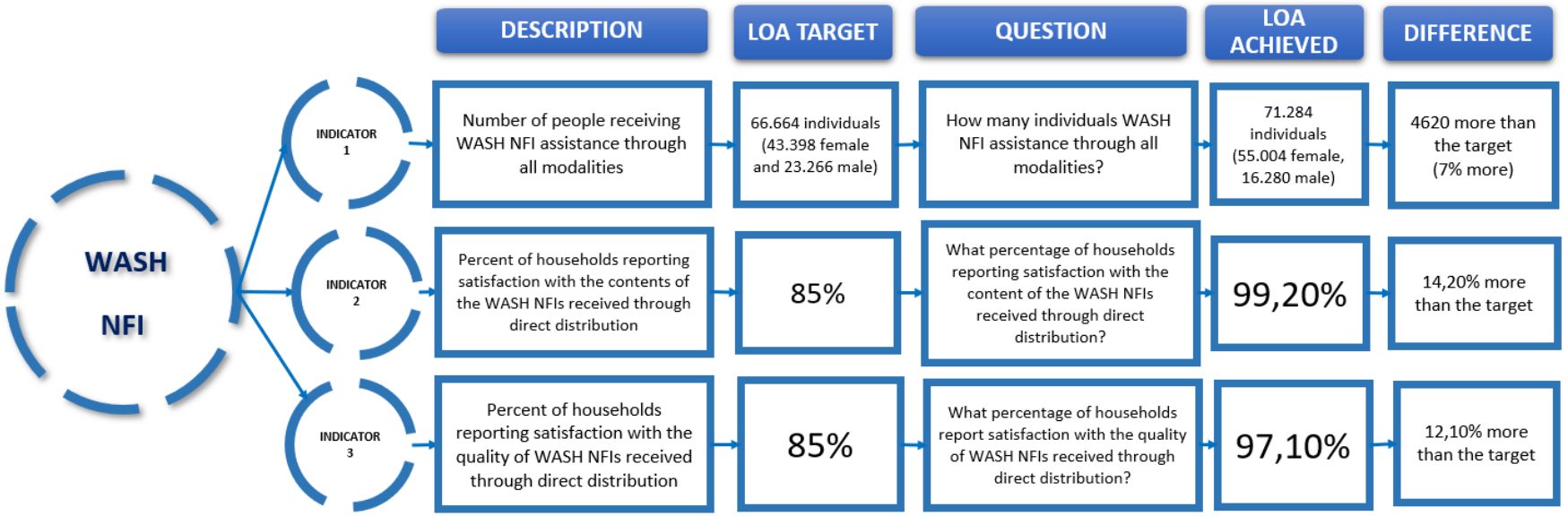


Illustration 30: Wash NFI results

Indicator 1: Number of people assisted by Wash NFI through all modalities.

Based on the analysis of the information gathered, we can indicate that the proposed goal (66,664 people) was reached and surpassed by 7%, reaching 71,284.
In the application of this indicator, 55,004 women and 16,280 men received assistance from Wash NFI through all modalities.

Illustration 31: Delivery of kits

Indicator 2: Percentage of households reporting satisfaction with the content of Wash NFI non-food items received through direct distribution.

Based on the analysis of the information gathered, we can indicate that the proposed goal (85%) was met and exceeded by 14.20%, reaching 99.20%.

The beneficiaries said they were satisfied with the supplies provided by ADRA, as they complemented other supplies they received from public and private institutions. They also noted the proper organization by ADRA for the distribution of the kits in the community.

Indicator 3: Percentage of households reporting satisfaction with the quality of Wash NFI non-food items received through direct distribution.

Based on the analysis of the information gathered, we can indicate that the proposed goal (85%) was achieved and surpassed by 12.10%, reaching 97.10%.

10. 4 HEALTH

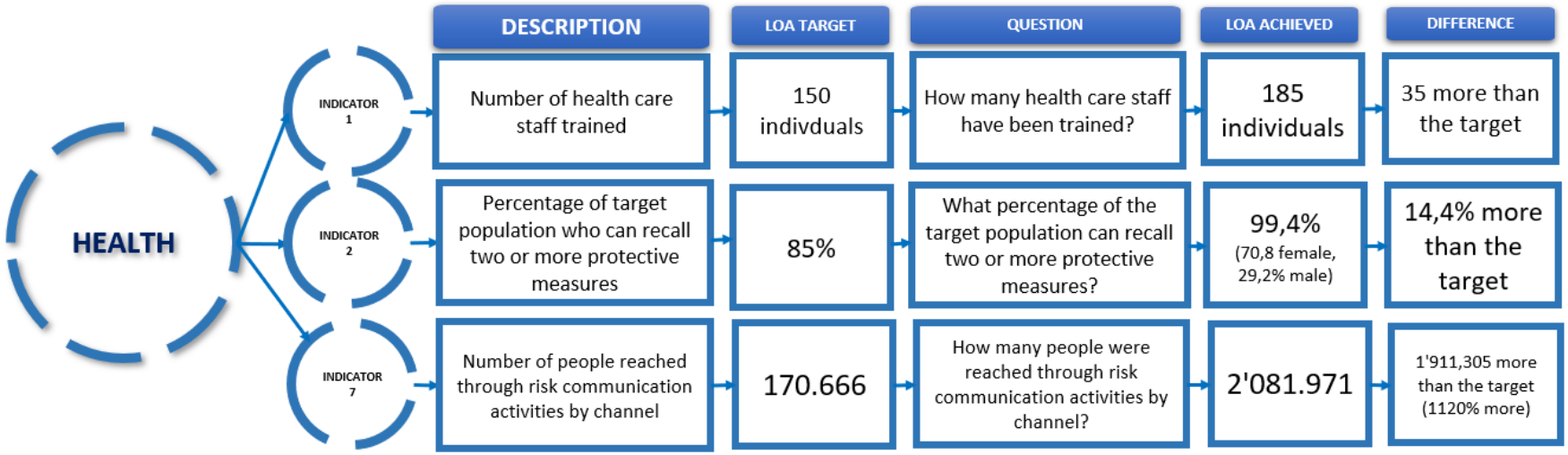


Illustration 32: Results HEALTH

The health sector of the project focused on training for health personnel to improve their capacity to manage COVID-19 and other emerging respiratory viruses, case management in primary health care facilities, training programs for community promoters, case management and how to deal with rumors.

Indicator 1: Number of health personnel trained. Based on the analysis of the information gathered, we can indicate that **the proposed goal (150) was reached and surpassed by 23%, reaching 185 people,** disaggregated by sex, 139 women and women and 46 men health personnel have been trained.

One of the main lessons learned by trained health personnel is the correct use of protective equipment and hand washing, techniques that have reinforced their prevention measures and reduced the risk of contagion.

Indicator 2: Percentage of the target population that can recall two or more protection measures. Based on the analysis of the information gathered, we can indicate that the proposed goal (85%) was reached and surpassed by 14.4%, reaching 99.4%. In the application of this indicator, 70.8% of women and 29.2% of men participants can recall two or more protection measures.

Illustration 33: Teaching of protection measures

The protective measures recalled by the population are: Correct hand washing, constant use of mask and distancing. The application of these techniques has considerably reduced the fear of interacting with other members of the community.

Indicator 7: Number of people reached through activities in different media. Based on the analysis of the information gathered, we can indicate that **the proposed goal (170,666) was reached and widely surpassed (2,081,971), equivalent to 1,911,305 more than planned**, this variation is due to the fact that there was a greater number of outreach through social networks.

In the application of this indicator, 97,988 individuals were informed through non-mass media, 345,983 used social networks and 2,081,971 used different types of media.

The main means of digital communication used to disseminate information and coordinate activities was the WhatsApp mobile application; however, the socializations and training carried out directly by ADRA technicians and their subsequent replication have contributed to the fact that the goal for this indicator has been far exceeded. In addition to this, the visualizations through the social network Facebook, where the page has 16,956 followers, generated a greater reach in the dissemination of prevention measures.

11. ETHICS IN DATA COLLECTION

Data care. - The products of the information collected and analyzed will be arranged in a Microsoft Excel matrix, which will be delivered by the consultant to the ADRA institution, the information and all the components that form it are property of ADRA and will be used under strict adherence to the anonymity of those involved in order to protect the privacy of the participants, and its use will only be with the objective of improving processes in new projects, strategies or systems that are related to local development in similar topics.

The consultant, his team, nor any other person (including the technicians who collected the information) may use such material for purposes other than those indicated above.

12. PERSONS RESPONSIBLE

The following is a summary of the profile of the consultant responsible for this document:

Economist, with a master's degree in Curriculum Design by Competencies, he has worked for approximately 20 years in social areas with emphasis on improving personal skills and abilities; in International Organization he collaborated for 10 years in actions focused on social and community aid with emphasis on youth and volunteering; in public administration he held managerial roles in planning, social and tourism development, as well as in economic development and inter-institutional and international cooperation; he currently works as an independent consultant.

The responsibility for the primary information, on which the external consultant relied, lies with the Coordinator and the Monitoring and Evaluation Manager of the HACE project.

13. CONCLUSIONS AND RECOMMENDATIONS

PROTECTION				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
1	Number of people participating in psychosocial support services	40.7% more than planned	The proposed goal (5,000 people) was reached and surpassed by 40.7%, reaching 7,035 people. 1.- Coordination with governmental entities was a key aspect not only in the execution of the component, but also in its success.	1. In countries where the health system is collapsed, it is necessary that international cooperation continues with the implementation of projects that have given tangible results in the fight against the disease, it is recommended that managers share the metrics obtained, as well as the good practices and challenges in order to generate continuity and improvement of the processes related to this issue.
	Number of people receiving psychosocial support through the telecare system	16.3% more than planned	The proposed target (2000 people) was reached and exceeded by 16.3%, i.e. 2326 people received tele-assisted psychosocial support through the 171 option 6 line. 67% of participants were women, while 33% were men, 1. The project team's complementarity with the MSP protocol for psychosocial assistance through the 171 option 6 teleassistance system generated first-level guidance that exceeded the proposed goal, thus helping to alleviate the collapse of this service; telephone calls turned into guidance sessions lasting up to 20 minutes were able to alleviate, contain or overcome the situation presented by the user.	1. For similar projects, it is recommended to take into account what has been done in this implementation in relation to the services provided, the complementarity in existing services that give results not only optimizes the use of the resources of both institutions, but also maximizes the benefit for the users. Due to the success of the strategy, it is recommended that a new implementation be generated, given the recent national indicators of contagion (in Ecuador), a new implementation is necessary to take advantage of the experience acquired in this type of emergency projects.

PROTECTION				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
	Number of people belonging to humanitarian operational response institutions who received psychosocial support virtually.	124.4% more than planned	The proposed goal (1,000 people) was reached and exceeded by 124.4%, reaching a total of 2,244 people; 58% of participants were women (1,301) while 42% were men (943). 1. The emotional unloading sessions provided to COVID-19 frontline professionals contributed to lowering the stress load and emotional tension in the health team, so that health professionals could return to their daily activities relieved. The complementarity and application of protocols already established by the governing governmental body and the use of playful methodologies generated relevance in the implementation and significant contribution in the beneficiaries.	1. It is recommended that this component be prioritized in future implementations; data collected indicate that physicians and frontline personnel require this type of services in a cross-cutting and constant manner in their work. 2.- It is recommended to continue with services that complement the actions of governmental health entities, this allows the good use of resources and compliance with the relevance and speed required by this type of emergency projects.
	Percentage of users who received psychosocial support reporting a positive change in their psychological well-being.	13.49% higher than planned	The proposed goal (70%) was reached and surpassed by 13.4%, reaching 83.4%; 71% of participants were women and 29% were men. 1.- The psychosocial support discharges decreased stress levels in participants, generated a level of relaxation and improved the perception of the health crisis. 2.- The measures generated greater knowledge and confidence to cope with the confinement.	1 & 2. It is recommended that this component be prioritized in future implementations, as data collected indicate that front-line personnel require this type of services in a cross-cutting and constant manner.

PROTECTION				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
5	Number of teachers and principals of educational institutions trained for psychosocial support in the educational community	23.25% more than planned	The proposed goal (2000 people) was reached and exceeded by 23.25%, reaching 2,465 people. This variation could be explained by the extension of the training to teachers, in agreement with the Ministry of Education, increasing the number of participating educational institutions; 76% of the participants were women, while 24% were men. Seventy-six percent of the trainees were teachers, while 22% were school administrators. 1. The greatest virtue developed during the training was empathy with students and parents, strengthening teamwork and tools to cope with virtual classes. 2. The trainings and topics covered by the psychologists contributed to generate responsiveness and greater knowledge about COVID-19 among teachers.	1.- The lack of knowledge of strategies to face the pandemic in the educational area is notorious, this added to elements of emotion management, self-care and exhaustion can lead to a crisis in the medium and long term, so it is recommended to consolidate and strengthen the training strategy for teachers, the effect and impact of the strategy towards them is the best example of significant achievements in students and parents of educational units. 2. It is recommended to generate sustainability strategies such as, for example, the generation of alliances with the Councils for the Protection of Rights, which can articulate the support of psychologists after the formal implementation.
	Percentage of teachers and principals who apply psychosocial support tools with the educational community.	15.1% of planned	The proposed goal (70%) was reached in 15.1%, teachers interviewed mentioned that the replications were not carried out mainly due to changes in the study modality (from face-to-face to virtual), the workload they were assuming at that time (teachers were in charge of more than one course), extracurricular activities imposed by the Ministry of Education that forced them to redistribute teaching time and prioritize the curriculum. In addition to the above, another factor that affected the achievement of the goal is that the project closed before the formal recording of results. A follow-up would show the real results of this indicator.	1. Establish more precisely how to measure the indicator and specify the coordination with MINEDUC for its follow-up.

WASH SANITATION				
NO.	**Indicator**	**Achievement of goal**	**Conclusions by indicator**	**Recommendations by indicator**
1	Number of people who directly use improved sanitation services provided with BHA funding.	68% of planned	The proposed goal (34,000 people) was reached by 68% (23,120 people); women reached 48% participation, while men reached 52%. 1. Once the ELMs were installed in the markets and hospitals, the counterparts mentioned the insufficient resources to maintain them, such as the supply of soap, alcohol, disinfectant and towels. 2. ELM administrators mentioned little or no involvement of other community entities for the maintenance of the implementation.	1. In future implementations, reinforce the counterpart's levels of responsibility by generating specific agreements. 1.1 The handwashing stations were installed in markets, where the rotation of the citizen who uses it is permanent, therefore the message about the use of the handwashing station will reach different citizens every day, it is possible that this will result in a lower reach; Because of this, it is recommended to analyze in greater detail the ideal place for the installation of the station, we recommend inserting in the analysis the parameter of permanence or continuity of users, for example, bus stations, buses, subways, metrovía stops, where there are people who would regularly be receiving the message and the use of the station could be evaluated. 1.2 Improve the calculation methodology, which establishes the average daily use of stations, since in a pandemic context mobility and capacity restrictions are directly linked to the achievement of goals. 2. It is recommended to carefully analyze if hand washing stations, in a future implementation, is a relevant strategy for the moment in which it will be implemented, it is possible that in the evaluated project it gave results (due to the initial phase of the pandemic) but it is possible that at this moment it is not the appropriate one.

WASH SANITATION				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
	Number of hand-washing stations constructed or supplied that are operational and maintained	As planned	The proposed goal (80) was achieved as planned, 61 handwashing stations supplied and constructed are located in market places, and 19 in hospitals. 1. According to the interviews conducted, it is concluded that hand washing with soap and water is more efficient and fulfilled its objective in the initial phase of the pandemic; therefore, the use of hand washing stations is still occurring, but not with the expected number of users. However, citizens use their own alcohol to disinfect their hands in parallel. There is a shortage of supplies for the stations, such as soap, gel and towels.	1 & 2. Although the project contemplated a strategy for the maintenance and supply of materials for the ELM, which was in charge of the counterparts, some of the stations were out of stock, due to the financial availability of the counterparts. It is recommended to generate a strategy of corporate responsibility, strengthen institutional or corporate volunteering, through these strategies will contribute to the sustainability of the project, this will generate a virtuous circle of collaboration and co-responsibility.

WASH SANITATION				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
	Number of users per hand-washing station provided	68% of planned	The proposed goal (425 daily users) was achieved by 68%, reaching 289 people. 1. The daily projection of users did not take into account the restrictions imposed by the authorities, not only in the establishments where the stations were placed, but also for all citizens. 2. Signage is insufficient or non-existent; station administrators have relied on security personnel or operators to remind citizens to wash their hands; however, other means of communication and advertising are needed to motivate the use of the station.	1. In future implementations, consider the provisions, resolutions, local and national measures taken by the authorities in terms of restrictions and mobility to project the scope of the indicators. 2. In future implementations, the project should ensure that the ELV has adequate signage so that the user can recognize it and be guided in a better way. 2.1. It is recommended to carefully analyze if the hand washing stations, in a future implementation, is a relevant strategy for the moment in which it will be implemented, it is possible that in the evaluated project it gave results (due to the initial phase of the pandemic), but it is possible that at this moment it is not the adequate one.

WASH NFI				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
1	Number of people assisted by Wash NFI through all modalities.	7% more than planned	The proposed goal (66,664 people) was reached and surpassed by 7%, reaching 71 ,284; the participation of women reached 77% and that of men 23%.	It is important to emphasize the successful coordination with other governmental and community institutions for the implementation of this component, which provides a network of collaborative support and data on families in vulnerable conditions. For future implementations, it is recommended that this collaboration strategy be strengthened.
	Percentage of households reporting satisfaction with the content of Wash NFIs received through direct distribution	14.20% more than planned	The proposed goal (85%) was met and exceeded by 14.20%, reaching 99.20%. 1. Satisfaction with the content was based on the complementarity of the inputs with others that the families had received from other organizations. 2. ADRA's organization of the distribution of kits in the community was considered a good practice by the beneficiaries.	1. In future implementations of products or services to the community, it is recommended to make an analysis not only with specialists in the field, but also with community leaders, continue with the complementarity of inputs, and prioritize those that are difficult for the beneficiaries to access. 2. It is recommended to share the good practices used in this implementation with other institutions, such as the distribution process.
	Percentage of households reporting satisfaction with the quality of Wash NFIs received through direct distribution	12.10% more than planned	The proposed goal (85%) was achieved and surpassed by 12.10%, reaching 97.10%. 1. The implementation was relevant as it focused on families in vulnerable conditions.	1. It is recommended that the distribution of goods or services to vulnerable groups be maintained and complemented as a priority; maintaining the quality of goods or services delivered to the community will generate a differentiating factor in humanitarian assistance.

HEALTH				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
1	Number of trained health care personnel	23% more than planned	The proposed goal (150 people) was reached and surpassed by 23%, reaching 185 people; the participation of women reached 75% and that of men 25%. 1. One of the success factors was the constant coordination with the Ministry of Public Health, which generated synergies in the implementation and application of the protocols. 1.1 The constant accompaniment of health center personnel by the project staff was fundamental in both the operational and emotional aspects; health center personnel felt supported at critical moments of the pandemic. 2.- Among the most relevant challenges is the constant rotation of personnel in the governmental entity, which caused constant changes in the planning of activities. 3. The main tools learned and applied were: the correct use of protective equipment, psychosocial aid discharges and correct hand washing. It is necessary to emphasize the low level of knowledge of the use of equipment and protective measures of the health personnel themselves.	1. Constant and direct coordination with governmental health entities should be considered as key elements in future implementations. 2.- Staff turnover in public institutions is an externality that cannot be controlled by the project; however, taking this element into account, it is recommended to generate strategies to reduce its impact on the implementation, such as planning with 2 or more technicians from the same health center or department. The correct use of safety equipment or the correct hand washing (for example) of the health personnel should not be over-understood as being covered, the implementation could show that the personnel at the first level of care, in many cases, do not know the basic protocol. Considering this, it is recommended, for future implementations, that these types of topics be emphasized in training and that these types of resources be valued as a priority.

HEALTH				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
	Percentage of the target population that can recall two or more protection measures.	14.4% more than planned	The proposed goal (85%) was reached and exceeded by 14.4%, reaching 99.4%; the participation of women reached 71%, while that of men was 29.2%. 1. The measures most remembered and applied were: correct hand washing, personal disinfection, use of masks and distancing. 2.- Community leaders mentioned being better informed about COVID-19 prevention measures, and something very relevant that should be highlighted is the fact of having lost their fear of rumors, false news and fulfilling their role as leaders.	Although it is true that people remember two or more protective measures, and due to the increase in COVID-19 cases in Ecuador, it is recommended that future implementations include not only the use of masks, but also the proper use of masks. 2. The work done with community leaders is one of the pillars of the project's success; it is recommended that this activity be elevated to a component - perhaps as Community Health, due to the collapse of the health system, which includes among other things the changes in first level personnel. It is evident that strengthening community leaders generates a powerful participation network against COVID-19 that can greatly counteract the effects of the disease.

HEALTH				
NO.	Indicator	Achievement of goal	Conclusions by indicator	Recommendations by indicator
	Number of people reached through risk communication activities, by channel	12 thousand percent more than planned	The proposed goal (170,000) was reached and far exceeded (2,081,971). In the application of this indicator, 97,988 citizens were informed through non-mass media, 345,983 used social networks and 2,081,971 used different types of media. 1. Radio and television broadcasting of radio spots and advertising spots and the use of mobile applications maximized the reach of people informed about prevention measures. 2. The creation of a simple, practical and pertinent communication flow by ADRA allowed optimizing time, optimizing resources, and providing timely attention to families. The use of non-traditional methodologies such as puppets, mimes, murals, to encourage the use of the stations and contribute to the change of healthy behavior are strategies that are very well received by citizens, and because they are disruptive, they generate greater reach.	Although it is true that many more people were reached through communication campaigns, at this time, citizens know about COVID-19, the main challenge is to raise awareness of the damage that this disease brings with it, the consequences and consequences of not taking care; many institutions, public, private, NGOs, promote the messages through traditional communication campaigns. Considering the above, it is recommended, for future implementations, disruptive, innovative and creative communication campaigns, such as the one used in this implementation (murals, mimes, puppets). 1.1. It is recommended that community leaders be involved in communication campaigns and activities. It is recommended to share the good practices developed and implemented by this project with other institutions at a global level, such as, for example, the communication flow. 3.- It is recommended to promote the use of these non-traditional methodologies, not only because they fulfill their objective (raising awareness, transmitting the message about adequate protection measures), but also because they generate spaces for pleasant socialization that improve the psychosocial state of those present. 3.1 It is recommended to investigate which are the non-formal ways and means through which the community is informed (stores, bazaars, recreational spaces, perifoneo, community chat groups, announcements) this will allow to focus the messages and to reach the community in a natural and organic way.

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ENDLINE STUDY

2021 | HUMANITARIAN ASSISTANCE FOR THE COVID-19 EMERGENCY IN ECUADOR