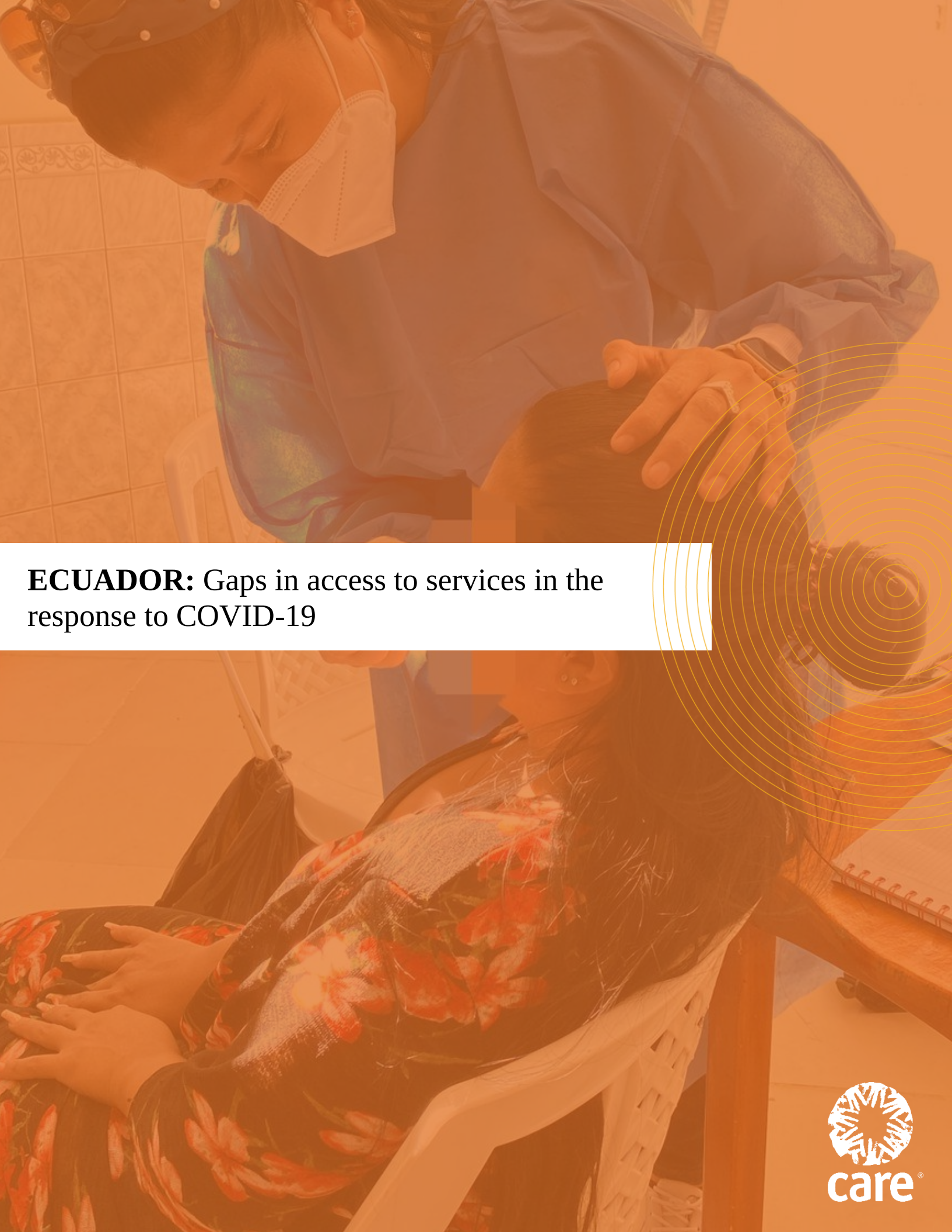


ECUADOR: Gaps in access to services in the response to COVID-19

care

Ecuador:

Gaps in access to services in the response to COVID-19

Ecuador's National Vaccination Plan aimed to vaccinate to 9 million people in 100 days in 2021. For the second half of 2022, **83.74% of the Ecuadorian population is vaccinated with the complete scheme.** [1] Advances in vaccination brought an optimistic vision to the country, but there are still growing needs to sustain these advances. For example, new variants threaten the marginalized population, such as migrants and refugees, the LGBTIQ+ community, and sex workers. One report conducted by CARE in 2021 found that in Ecuador an average of **43% of women in human mobility have had less or no access to health services during the pandemic**. [2] Overall, the various essential health services were greatly impacted by the re-allocation of the national's health budget impacting especially the **sexual and reproductive health services.**

Challenges still in accessing COVID-19 vaccination:

Distance to vaccination sites.

The migrant and refugee population are often **unaware** that the vaccine is free, regardless of their immigration status.

Historically, Ecuador has been a country of origin, destination, and transit for migrants and refugees. Especially from recent years, mainly from Venezuela and Colombia. These population groups are located in different parts of the country, among these, in the provinces of Azuay and mostly in El Oro, located on the southern border of the country. According for the COVID-19 surveillance resource developed by the Ministry of Public Health, the COVID-19 Vaccinometer, in mid-2022, in Azuay 85.46% of the population has a complete scheme, and 88.05% in El Oro. However, the data shown **is based on the last available population census from 2010, which does not capture the migratory flow of recent years**. This calls into question the percentage of COVID-19 vaccination rate since it might have not made visible the lack of access to vulnerable groups such as the migrant population, refugees; this is also the case for sex workers in Ecuador who face additional barriers.

Identifying gaps

Key results

The main objective of the project was to facilitate access to COVID 19 vaccination in the most vulnerable communities in Ecuador. The process was carried out in close coordination with local partners, who activated community mobilization processes. The strategy was executed in coordination with the public health authorities, focusing on processes of integration of population groups excluded from the health system. This was made possible by financial support from the UPS fund.

[1] Vaccinometer COVID-19 Ecuador

[2] CARE. (2021). Magnifying Inequalities and Compounding Risks.

1,846 beneficiaries
(Azuay: 678 and El Oro: 1,168)

522 men **(28%)**

1,310 women **(71%)**

14 transfeminine population **(0.8%)**

1,658 Ecuadorians **(90%)**

188 people of other nationalities **(10%)**

Jointly with the **Quimera Foundation** [3], CARE implemented between January to August 2022, the methodology and transfer of tools to promote the increase of vaccinated people and community mobilization [4]. The Quimera Foundation trained community health promoters and implemented COVID prevention actions and access to health care with participatory processes with the populations and in communities. Also, **PLAPERT** [5] and the Federation Provincial of LGBTIQ+ organizations collaborated.

The main objective of this fund was focused on two cities, **Cuenca** and **Machala,** located in the provinces of Azuay and El Oro respectively. These were selected for their significant flow of migrant and refugee populations, as well as host communities in situations of vulnerability and barriers in access to COVID-19 vaccination and health services, especially sexual and reproductive health. Territorially, the parishes with the greatest impact of COVID-19 were prioritized and within these, the participants were selected based on the aforementioned criteria.

In order to contribute to the control of the epidemic and promote vaccination against COVID-19, CARE implemented the **Community Score Card** (CSC) [6] and community **epidemiological surveillance.** The CSC is a participatory tool that aims to identify and prioritize health problems, assess, plan, implement actions, monitor and evaluate. The CSC has a bidirectional modality, that is, with the demand (user of the service) and the offer (service provider). The community scorecard, in this scenario, allowed a group analysis on health problems, access to COVID-19 vaccination and services. And generate proposals to develop a work plan with the local government.

The implementation of CSC allowed for follow-up, identification of suspected cases and at the same time strengthening prevention, training to identify people with risk factors or warning signs, collection of epidemiological data such as symptomatology in the last seven days and COVID-19 and influenza vaccination history. The process was carried out following the guidelines already established by the Ministry of Health.[7]

Of the 679 people participating in Cuenca, 63.74% needed to access a COVID-19 test and **32.97% accessed the COVID-19 vaccine.** Among these participants, 78.02% identified as women and 21.98% as men, 1% transfeminine. 16.7% of this population had another nationality than Ecuadorian, mainly Venezuelan and Colombian. In Machala 1,168 people participated, of these 6% needed to access a COVID-19 test and **20% accessed the COVID-19 vaccine**. 70% identified as female, 29% as male, and 1% transfeminine. 6% of this population was foreign, mainly Venezuelan and Colombian

[3] Quimera is a civil society organization that has more than 30 years working in the southern region of Ecuador on women's rights, and with migrants, refugees, and sex workers.
[4] Survey Fast & Fair - CARE
[5] PLATERS. It is the Latin American platform of people who practice sex work. This organization is based in Machala, capital of the province of El Oro.
[6] CARE. (2013). Card Community Rating (CSC): A general guide to implementing CARE's CSC process to improve service quality.
[7] Ministry of Public Health. Community Epidemiological Surveillance Guideline in COVID-19 Context. December 2021

Prevention kits were distributed **to frontline health workers (46%)** and **education staff (54%)**, with a total population of 959 people (67% in Machala and 33% in Cuenca). The kits contained hand sanitizer and face masks to protect against respiratory particles.

The trained community leaders participated in the implementation of the CSC by providing an analysis of the health situation in the context of the pandemic, prioritizing problems and developing a short-term intervention plan to facilitate access to health services that reflected the needs of the target population to facilitate this access **in coordination with the Ministry of Health and/or with support from other CARE programs.**

Thanks to the implementation of the CSC, the project identified gaps in access to general health and sexual and reproductive health services. In both cities, participants were selected based on selection criteria such as belonging to host communities, people on the move, head of household, transfeminine, sex worker, person with disabilities or in charge of people with disabilities, people working in the informal sector and if they were in shelters or living in conditions where support was required. to cover the cost of housing.

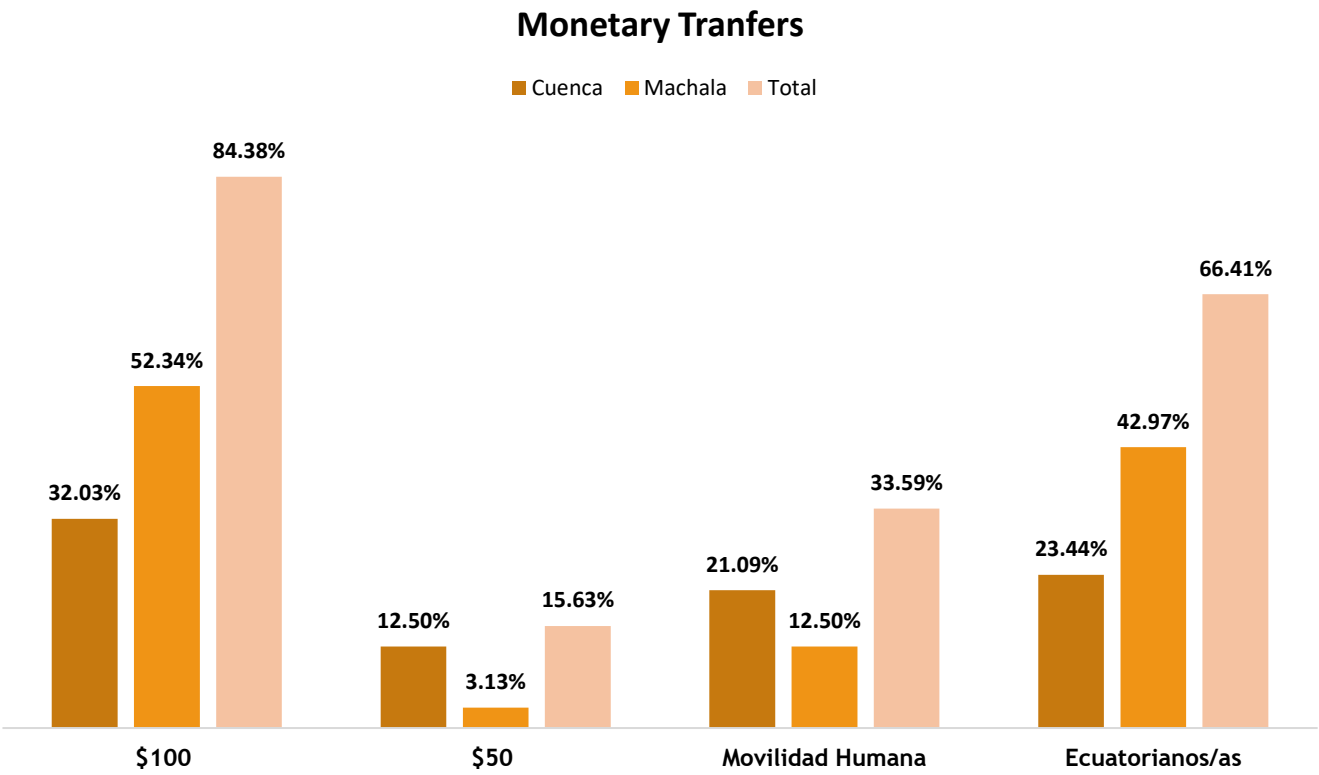
In Machala, participants reported affected health areas such as thyroid, hypertension and diabetes (about 7%). About 13% of the women expressed not only problems at the individual level but also family medical problems. **The greatest impact was in the areas of sexual reproductive health** among which participants were referred for **mammograms (1.95%), breast and ovarian cancer (0.5%), pregnancy or postpartum control (1%), check-up and control of prophylaxis for women who practice sex work ([8]73.68%) and HIV prevention (69.74 %).** Additionally, a 38-week-old pregnant adolescent (19 years old) with a history of gender-based violence, HIV+, without COVID-19 vaccines and with symptoms of probable COVID-19 was identified.

In Cuenca, participants reported health effects on family caregivers of older adults, children with fatal illnesses or people with disabilities. Again, **the largest areas of greatest demand were related** to **sexual reproductive health** among which participants were referred for HIV prevention and sexually transmitted infections for people in sex work, people living with HIV, and with breast or uterine cancer.

Subsequently, in response to COVID-19, emergency assistance was provided to vulnerable people who required support. This was executed through monetary transfer modalities to cover immediate basic needs according to people's priorities. With this cornerstone, the UPS project provided multipurpose transfers ($50 or $100 U.S. dollars, adjusted for the number of members per family). **This allowed participants to address their basic needs, while CARE recognized their autonomy to make their own decisions.** 128 multipurpose cash transfers were delivered, with a total investment of $11,800 USD directly and indirectly reaching around 844 people. *See figure 1.*

Graph 1: Monetary Transfers in Cuenca and Machala

[8] Human Immunodeficiency Virus



The population that received transfers were composed of migrants/refugees (24.06%), people with disabilities (5.26%) and people from the LGTBIQ+ community (11.28%). To access multipurpose transfers, certain requirements had to be met, such as being a woman head of household (48.87%), belonging to the local community in a vulnerable condition (41.35%), families with children (32.33%), families that have not received any type of social assistance (26.32%), relatives of people with disabilities or with a catastrophic illness (14.28%) and / or being a survivor of gender violence (5.26%). These were used to cover **food purchases** (51%), **education and school supplies** (18%), **the purchase of medicines** (18%) and **housing rental** (8%). [9]

Conclusion

The intervention contributed to the continuity of essential health services. In collaboration with the Ministry of Health, **96 people were referred to health services of various kinds, which allowed them to access services at critical times, as well as vaccination against COVID-19 and influenza.** In the case of sex workers, **100% required referrals for HIV prophylaxis [10] control** and**/or HIV and COVID-19 prevention.**

9 Sampling of 90% of the transferSI

[10] Prevention or control of the spread of a disease.

Solving the different access to service barriers and developing or innovating policies in such a short period of time is a challenge, however, CARE Ecuador identified specific cases through life histories, where barriers are a determinant of access to health.

Alejandra and her partner, both 17 years old, were forced to migrate from Venezuela due to the situation in the country and the lack of opportunities. Their migratory journey was long, from Venezuela they walked to Colombia and Peru until they finally arrived in Machala, Ecuador. During the journey, Alejandra became pregnant.

When they arrived in Ecuador they faced extreme poverty, begging for money in the streets, selling products informally and with no access to any kind of lodging, so they slept on the sidewalks. Alejandra, who had no immigration documents, went to PLAPERTS in Machala, where she received accompaniment to health services, especially because she needed to control her pregnancy. She then received support from other organizations, access to cash transfers, and various types of kits such as food and cleaning kits, and support for renting housing.

When she was 8 months pregnant, she felt strong pains in her belly and went to the emergency room, where she had to wait a long time despite her partner's demands. Finally, she was treated and informed that everything was fine, she was given tablets for the pain and Alejandra was sent home. She was not given any tests and her pregnancy was not assessed. At home she began to bleed, her partner called the national 9-11 emergency service. Alejandra lost consciousness and when she woke up, she was informed that the baby had been born lifeless due to malnutrition.

The project supported the follow-up after the event and provided medicines through CARE and laboratory tests. Months later, Alejandra is pregnant again and now lives in Peru with her partner.

Among the examples of collaboration with the Ministry of Health are the COVID-19 vaccination campaigns for sex workers, which were carried out in response to the low vaccination rate among this population; vaccination brigades were organized in sex work sites in Cuenca and Machala. In addition, in Machala, a brigade was organized in a settlement area of migrants and refugees who did not attend health services, as well as in an educational unit to motivate families to vaccinate the regular vaccination schedule for children. In Cuenca, coordination with the Ministry of Health made it possible to organize the care process for women engaged in sex work in the health center closest to the area where the sex work sites are located. In addition, CARE's actions within the framework of the Global Fund HIV grant were articulated, which strengthened prevention actions.

These life stories examples demonstrate the need to build and support programs that complement actions and improve coverage, to reduce barriers to access for these populations. Leadership and local knowledge allow us to take into account and know the different realities within the same location to achieve a greater impact linked to the needs and contexts of the target population.

Authors: This advocacy brief was written by Miriam Selva, Cecilia Tamayo and Daniel Almeida from the CARE USA, CARE Ecuador and CARE International team, respectively, in December 2022.