

## **TERMS OF REFERENCE FOR A CONSULTANCY TO PREPARE ANALYSIS REPORTS ON THE HEALTH SITUATION OF INDIGENOUS PEOPLES WITH TERRITORIAL AND CROSS-BORDER BASES**

### **Quest context:**

The IDB approved the draft Contingency Plan for Health Protection of Highly Vulnerable Indigenous Peoples and in Initial Contact, to be executed by the Amazon Cooperation Treaty Organization.

This project aims to consolidate regional cooperation actions among the ACTO Member Countries in the bordering areas of the Amazon Basin for the strengthening of local health services in said areas, meeting the requirements of Indigenous Peoples, devoted to the reduction of the impacts of COVID-19, and the threats of emerging and endemic tropical diseases in highly vulnerable indigenous peoples in border regions, with special emphasis on IPs in initial contact -due to their vulnerability situation-, ensuring coherence with national and local public health policies, and compatible and complementary with the existing institutional and operational structures of public management in the area of health.

### **Activities**

The consultancy will be in charge of preparing a report about the analysis of the health situation of highly vulnerable indigenous peoples and in initial contact with a territorial and transboundary basis, in one of the border regions selected by the project. A participatory process will be considered and in coordination with local health services and indigenous peoples' organizations.

The following selected areas will be the object of this consultancy: a) Triple border of Brazil, Colombia, and Peru (*Vale do Javari*); b) Border area between Colombia, Ecuador, and Peru (Putumayo sub-region); c) Triple border of Madre de Dios, Acre, and Pando (MAP); and d) Border area between Brazil, Guyana, and Suriname (*Calha Norte*).

### **Additional information about the territory that will be the object of this study -the Peru, Brazil Border, "JAVARI" region- can be found in the attached Technical Note.**

The activities to be conducted by the consultancy will be coordinated with the ACTO, through the Technical Support Unit-UTA and the project's coordination. The consultancy will work in coordination with health professionals and technicians from the governments of the border areas, indigenous authorities, and experts from institutions, agencies, and governmental and non-governmental entities involved in the selected areas.

The consultancy will be responsible for carrying out the following activities:

**Activity 1.** Preparation of draft report containing the analysis of the health situation of highly vulnerable indigenous peoples and in initial contact with a territorial and transboundary basis.

- Participatory preparation of the report using the methodology proposed by the PS/ACTO and PAHO SAM.
- Interaction with local health services and authorities of indigenous organizations to obtain primary and secondary information.
- Systematization and organization of information, using maps, charts, and graphs as appropriate.
- Gathering first-hand information concerning the interactions and dialogue among local and national health systems with indigenous organizations (as well as private-public entities, NGOs, and others) in relation to the response capacity to the COVID-19 pandemic emergency.
- Preparation of the health situation diagnosis in the selected border areas with an intercultural approach.
- Participatory identification and prioritization of health concerns in border areas and possible solutions to strengthen local health services with an intercultural and transboundary approach.

**Activity 2.** Discussion and report validation

- Report presentation to and validated by the representatives of indigenous organizations and local health services.
- Organization of a Technical Working Group in the border regions for the presentation and discussion of the report involving governmental and non-governmental experts, and representatives of indigenous organizations.
- Report presentation to the government authorities of the countries, including the identified border regions.

**Activity 3.** Final Report preparation and its presentation to the PS/ACTO.

- Final report drafting including the recommendations and comments received (Spanish and English).
- Database presentation including the main statistical information collected and systematized, and maps in shape format.
- Preparation of the Report's executive summary and a PPT presentation (Spanish and English).

### **Referential content of the report**

The report for each intervention area will contain:

- a) General information about the cross-border region.

- b) An evaluation of the existing policies in terms of health provision to indigenous peoples, especially in IP in a situation of initial contact, considering the competences of the governing bodies of the MC in the aforementioned areas.
- c) Relevant issues on the status of health care management in highly vulnerable indigenous peoples and in initial contact and the priorities of health service networks to adapt to the needs of these populations.
- d) Review and analysis of the socio-epidemiological vulnerabilities faced by these populations, with special attention to COVID-19 and endemic tropical diseases.
- e) A review and analysis of good practices in health care aimed at highly vulnerable indigenous peoples along the border, including indigenous peoples in initial contact.
- f) Mapping of actors (public, private, community) and articulation agendas for health management and COVID-19, as well as post-COVID-19 emergency and other tropical diseases, in different areas (logistics, information, vaccination, etc. ).
- g) Analysis of possible alternatives and solutions (guidelines for the contingency plan) identified within the framework of the institutional and operational structures of public health management existing in the region.
- h) Identification of public and private institutions that could collaborate with the possible solutions identified.

### **Deliverables**

**Outcome 1.** A work plan containing the scope, methodology, strategy, and specific work schedule for the consultancy.

Deadline: 15 days

**Outcome 2.** A draft report containing the analysis of the health situation of highly vulnerable indigenous peoples and in initial contact with a territorial and transboundary basis.

Deadline: 60 days

**Outcome 3.** Report of the events under discussion and its validation.

Deadline: 90 days

**Outcome 4.** Final report and executive summary.

Deadline: 120 days

The deliverables' narrative must be clear, specific, and communication friendly.

### **Payment schedule:**

<b>No</b>	<b>Payment detail</b>	<b>% of payment</b>	<b>Term of payment</b>
1.	Outcome 1.	20.	Upon presentation and approval of Product 1
2.	Outcome 2.	30.	Upon presentation and approval of Product 2
3.	Outcome 3.	20.	Upon presentation and approval of Product 3
4.	Outcome 4.	30.	Upon presentation and approval of Product 4

**Issues required:**

**Requirements:** Individual consultant, group of consultants or entity (organization, consultancy, or company) with experience in the area.

**Education:** Applicants must have at least a bachelor's level in health, social, or economic sciences, specializing in health issues, preferably training at the master's and/or PhD level.

**Experience:** The consultants (consulting entity/company) must prove a minimum of 10 years of work; a minimum of 5 years of professional experience in the area of health and indigenous peoples, and at least 3 years of continuous work in the selected area.

**Languages:** Spanish, English, and preferably knowledge of one of the local languages.

**General and technical skills:** Reporting, transboundary project management, participatory methodologies, database management, and ethnographic fieldwork.

**Opportunity Summary:**

- **Type of contract and modality:** Contractual of External Products and Services, Lump Sum
- **Total value:** USD 8000,-
- **Contract period:** 120 days (4 continuous months)
- **Starting date:** June 2021.
- **Location:** External consultancy. Joint coordinated work with the representation of the Amazon Cooperation Treaty Organization - ACTO in Brasilia, Brazil.
- **Agency in charge:** Permanent Secretariat

**SUBMISSION OF APPLICATIONS INCLUDING A LETTER OF INTENTIONS  
ALONG WITH THE CURRICULUM VITAE**

<b>Date</b>	May 3 - 14, 2021
<b>Timetable</b>	8 p.m. Brasilia local time (last day)
<b>Submission of applications</b>	selecao@otca.org
<b>Subject of reference</b>	JAVARI Territorial Study

**ANNEX**

**TECHNICAL NOTE  
BINATIONAL BORDER BRAZIL/ PERU**

**Yavari/Javari river basin, possible intervention area in the border region.**

<b>Geographical location</b>	The Yavari/Javari river basin is located in the northern part of the border zone between Peru and Brazil, which includes areas of the Brazilian State of Amazonas, and the Loreto region of Peru. Together with the southern part of this border area (located between the state of Acre and the regions of Ucayali and Madre de Dios), it is home to the largest number of indigenous peoples in isolation and initial contact worldwide.
<b>Indigenous Peoples</b>	In Brazil, the Vale do Javari indigenous land is the territory of the Kanamari, Korubo (recent and isolated contact groups), Marubo, Matis, Matses (also known as Mayoruna), Tsohom Dyapa (recent contact), and isolated peoples (16 records of isolated indigenous peoples, according to FUNAI data). In Peru, the presence of indigenous people in isolation is evident in the proposals of the Yavari Tapiche Indigenous Reserve (which is in the final stage of the categorization process) and Yavari Mirim. The region is also home to native communities of the Matses and Yagua peoples, riverine communities, and protected natural areas such as the Sierra del Divisor National Park.
<b>Health situation</b>	The Javari river basin is an extremely epidemiologically sensitive region, with the endemic appearance of viral hepatitis (types A, B, C and D), malaria, filariasis, tuberculosis, among other infectious diseases. In this context of great sociocultural diversity marked by the expressive presence of isolated peoples and initial contact, the following factors are special challenges for the adequate promotion of the health of indigenous peoples: the deficiencies observed in the structure of sanitary care in the two countries; the socioeconomic profile of the region, with low rates of human development and provision of basic services; the illicit activities networks (mainly related to drug trafficking, timber extraction, and gold extraction); and the complex logistics of access to communities and other locations.
<b>Technical opinion</b>	A Contingency Plan is recommended in the border region considering the situation of the Triple Border Brazil, Colombia, and Peru.



<b>Source</b>	Specialists and Consultants network of the PIACI/ACTO Program.
<b>Date</b>	March 2021