

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, Colombia, and Brazil Border, in the "Putumayo" 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:

No	Payment detail	% of payment	Term of payment
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**

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

ANNEX

TECHNICAL NOTE

BORDER PERU-COLOMBIA-BRAZIL

<p>Geographical location</p>	<p>The border region of Colombia, Peru, and Brazil is located in the area of the Amazon rainforest, which area, the largest in the world that is shared by Venezuela, Guyana, Suriname, Bolivia, Ecuador, Colombia, Peru, and Brazil.</p> <p>The border between Colombia and Brazil, is part of the large forested matrix of the east of the Amazon rainforest, which is composed of the Colombian departments of Vaupés, Guainía and Amazonas, as well as the state of Amazonas of the Federal Republic of Brazil.</p> <p>Specifically, on the border with the Republic of Peru, the Colombian territory comprises the departments of Amazonas and Putumayo, whose main rivers have the same name as the aforementioned departments. The Peruvian area comprises the northern part of the province of Loreto which is located at the northern end of the Peruvian territory</p> <p>Because the high presence of indigenous people in the area, the implementation of health actions, which take into account geographical and sociocultural conditions, is considered of great importance for the development of various public policies, which integrate, among other things, the scenario of the current pandemic by SARS-CoV-2 (COVID-19) and its variants</p>
<p>Indigenous Peoples</p>	<p>In Colombia, in the Putumayo region, inhabit the Murui, Siona, Kichwa, and Coreguaje indigenous peoples.</p> <p>In the upper part of Solimoes the Ticuna are found in the six municipalities of the region, namely: Tabatinga, Benjamin Constant, São Paulo de Olivença, Amaturá, Santo Antônio do Iça and Tonantins. Its population is distributed over more than 20 indigenous lands.</p> <p>The Indigenous Peoples who have a presence in these Amazon areas: Uitotos, Ocaina, Bora, Muinane, Muruy Muina, Tikunas, Pnemuina, Mirañas, Tanimuca, Yucuna, Macuna, Letuamas, Inga, Andoke, Barasana, Cocama, Karijona, Yagua, Tucano, Kurripakos, Piratapuyo, Tatuyo, Tuyuca, Wanano and Yurutí.</p> <p>The indigenous communities that are located in the border area in putumayo: Siona, Murui, Kichwas, Awa, Korebaju, Embera, Chami, Inga, Caméntsá, Kofán, Nasa, Yanacona and Pijaos (departments of Vaupes Guainia).</p>

	<p>In isolation: It is also important to note that it is precisely in this region that the members of the Yuri-Passe Indigenous People currently live, being one of the few Amazonian Indigenous peoples in a state of isolation and that they still retain their independence and remain on the margins of the Western world. this territory today Natural National Parks has zoned it as intangible. (Río Puré National Park, 2004).</p>
<p>Health situation</p>	<p>According to information issued by the National Institute of Public Health of Colombia, with cut to date I April 17, 2021 for the departments of: Amazonas, Guainía, Vaupés and Putumayo, 4,279 cases of COVID have been filed to date -19 in the indigenous population, representing 10.36% (41,271) of the total cases filed in the indigenous population; among the mostly affected ethnic groups we find the Cocama, Bora, Murui, Tikuna, Cubeo, Puinave. https://www.ins.gov.co/Noticias/Paginas/coronavirus-poblacion-indigena.aspx</p> <p>Taking into account the Health Situation Analysis of the departments of Amazonas, Guainía and Putumayo it is observed that the highest mortality rates are within the subgroup of communicable diseases; for the Putumayo department, Acute Respiratory Infections cause the highest number of deaths with an adjusted rate of 17.16 per 100,000 inhabitants; followed by neoplasms 118.4 deaths / 100,000 inhabitants and diseases of the circulatory system 70.3 deaths / 100,000 inhabitants; and finally for the Guainía department it is apparent that the disease that can be transferred as the greatest cause of death is tuberculosis. https://www.minsalud.gov.co/salud/publica/epidemiologia/Paginas/analisis-de-situacion-de-salud-.aspx</p> <p>On the other hand, for the Vaupés department it is emphasized that the diseases that cause the greatest are in the group other causes, being chronic diseases. Liver the leading cause of death in men, by 2017 the mortality rate stood at 23.17 deaths per 100,000 men over 2016. https://www.minsalud.gov.co/salud/publica/epidemiologia/Paginas/analisis-de-situacion-de-salud-.aspx</p>
<p>Vulnerability degree</p>	<p>Communities are close to rivers and tributaries face poor health services, precarious health conditions, and other barriers to access to health such as poor accessibility, increasing the risk of infection from epidemics and communicable diseases.</p> <p>It is important to note that in these areas, they converge with illegal activities of natural resource extraction and drug trafficking, factors that further put indigenous peoples previously related to multiple vulnerability.</p>
<p>Technical opinion</p>	<p>Contingency plans to be applied in the regions of isolated peoples and initial contact need to include measures and protocols considering the creation of sanitary cords in the regions inhabited by the Ticuna peoples, to improve their quality of life, reducing the health risks of these peoples.</p>

	For Contingency plans in the regions of isolated indigenous peoples and initial contact, it is necessary to include measures and protocols in the inhabited regions, considering the generation of health cords to increase their quality of life by reducing the health risks of isolated villages in the area.
Source	Specialists and Consultants network of the PIACI/ACTO Program
Date	March 2021