

TERMS OF REFERENCE

EXAMPLES OF GOOD PRACTICES DEVELOPED IN THE FRAMEWORK OF INITIATIVES OF APPLICATION OF PUBLIC HEALTH MEASURES WITH GROUPS IN SITUATIONS OF VULNERABILITY

Proposals to identify and systematize examples of good practices developed in the framework of the implementation initiatives of the “Guidance for implementing non pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19”.

Background

In the context of the responses to the COVID-19 pandemic, the Health Promotion and Social Determinants Unit (PS/FPL) of the PAHO, developed a Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19. This Guidance is based on the concept of vulnerability that emerged in the context of the pandemic, related to social conditions, such as precarious and informal work, lack of social protection, and poor housing, among others.

To promote and strengthen the implementation of this Guidance and ensure that preventive measures can be implemented effectively without any type of exclusion and with a special focus on the inclusion and participation of groups in situations of vulnerability, in 2021 the Unit convened the implementation of these guidelines through a Call for Proposals for the implementation of the “Guidance for implementing non pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19”.

40 proposals for implementation of the Guide were conducted in 19 countries of the region (Argentina, Brazil, Bolivia, Canada, Colombia, Chile, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, USA and Venezuela). These proposals addressed three main areas: 1) Training; 2) Communication; and 3) Adaptation, implementation, systematization and evaluation.

This call generated relevant learnings for the application of public health measures in emergency contexts, and especially aimed at groups in situations of vulnerability. The main lessons learned are:

- The importance of identifying and addressing the needs of the communities through dialogue with them, identifying the barriers that prevent or hinder the adoption of public health measures in many territories and groups in the region of the Americas.
- The need to develop capacities to be able to implement an emergency response that has a focus on equity.

- The importance of building capacity through community involvement, in all aspects of the response, including planning, implementation and evaluation.
- The need to generate local alliances that allow the response to be territorialized.
- The importance of the development of a new paradigm that helps to understand the health-disease process and its determinants, recognizing the importance of incorporating elements of the culture and language of the communities to achieve health
- The existing weakness in capacities for monitoring and evaluation of interventions in the context of emergencies with a focus on populations and territories in situations of vulnerability.

Objective:

Identify and systematize examples of good practices in the framework of the initiatives of implementation of the “Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19”.

Contents to be included

The proposal has to indicate the example to be systematized. Each applicant can systematize one or more examples, but it is necessary to present an independent proposal for each of them.

The examples are actions that were developed as part of the implementation initiatives of the Guidance. Therefore, they are not intended to systematize the entire initiative, but should be focused on specific actions, that is, they address a particular area that constitutes good practice. For instance, they might focus on the strategy used to spread the initiative and reach vulnerable groups; the strategy to generate bonds of trust and collaboration with groups in situations of vulnerability and/or community leaders; the way in which intersectoral action was promoted to address the needs of groups in situations of vulnerability, among others.

The proposal of each example has to be presented through the application form at the following link: https://www.paho.org/sites/default/files/formulario_ejemplos_individuales_eng_25_07_22_0.docx If the same team develops **more than one proposal of example, each one must be completed in a separate form.**

The proposal should answer the following guiding questions:

- General characterization of the proposed example:
What is the example to be systematized about?
Country and locality where the initiative on which the example is based was developed; the area of the call to which it corresponds (communication, training, evaluation, systematization,

adaptation); specific actions within the initiative that the example focuses on and who participated in those actions.

- Identification of the group(s) in a situation of vulnerability focused by the initiative and the example:

Which groups were focused by the initiative and the actions contemplated in the example?

Why is this group defined as in a situation of vulnerability? Explain/discuss the conditions that support this definition.

- Rationale:

Why is this an example of good practices to adapt public health measures to the unique needs of groups in situations of vulnerability?

Point out and discuss the criteria that support the prioritization of the proposed example.

What are the main lessons learned from the actions that shape the example of good practice?

Does this example consider significant innovations in the type of actions and/or the way in which they are developed?

In addition, the proposal should include:

- Methodological proposal: sources of information (e.g. community, members of the team that developed the initiative, local authorities, etc.), and methods of collecting information (e.g. interviews, review of initiative reports, review of videos).
- Presentation format of the example, specifying whether it considers written, audiovisual or other material.
- Composition of the team that will systematize the example.
- Work plan.
- Budget.

Duration: 50 days

Maximum bid amount: USD 1,500

Deliverables:

PRODUCT 1: Work plan adjusted to the recommendations agreed with the PAHO/WHO technical counterpart. It should include:

- Methodology: sources of information (e.g. community, members of the team that developed the initiative, local authorities, etc.), collection of information (e.g. interviews, review of initiative reports, review of videos).
- Proposal of contents of the extended report for the example (Product 2).

Amount: USD 500

Deadline: 10 days from the beginning of the contract

PRODUCT 2: Extended report and summary sheet of the example. Should include:

- Extended report of the example. Includes:
 - Identification of the example,
 - Rationale and relevance of the example,
 - Summary of the methodology
 - Systematization of the example of good practices: This should consider a thoughtful analysis of the conditions that make this example a significant/successful practice of adaptation to groups/territories in situations of vulnerability.
 - Main learnings
 - Innovations involved in the example.

- Summary sheet of the example. It contains a summary of the example following the format and contents agreed with the PAHO/WHO team. This will be harmonized for all the examples systematized.

Amount: USD 1,000.

Deadline: 50 days from the beginning of the contract

Information management and copyright

The final products developed from the selected initiatives will be authored by PAHO/WHO, including the names and logos of the authors or organizations. PAHO/WHO and the authors (organization) will enter into a co-publishing agreement.

Applicant Requirements

Proposals may be submitted by academic institutions, NGOs, community or civil society organizations with legal personality, the Ministries of Health, Health Services or Primary Health Care services, as well as local governments (Municipalities, cantons) and other government sectors. Proposals can be presented jointly by more than one institution.

Proposals developed by teams that participated in the implementation of the “Guidance for the application of non-pharmacological public health measures in vulnerable population groups in the context of COVID-19” convened by PAHO/WHO in 2021 will be especially valued.