1. INTRODUCTION

1.1. CONTEXT

Venezuela is facing its 9th year of a humanitarian crisis, caused by a deepening economic contraction, constant inflation linked to episodes of hyperinflation, the worldwide fall of the cost and production of oil as well as the consequences of foreign economic sanctions (HNO, 2022). The visible results are related to an estimated outflow of over 6M people, who are leaving behind an exacerbated situation of vulnerability, especially affecting women in child-bearing age, children and their elder caregivers (R4V, 2022). COVID-19 has further aggravated existing severe vulnerabilities. The lack of fuel coupled with the mobility restrictions due to the pandemic led to the closure of many businesses as well as the contraction of remittances. This overall context has decreased as well the capacity of the Government’s subsidies supporting social programs. In 2021, an estimated 65% of the population is living in a multi-dimensional poverty situation (HNO, 2022). Moreover, the security conditions are also a contributing factor, especially in some bordering States, where armed groups are controlling illicit economic activities, as well as in main urban areas, where Other Situations than Violence (OSV) are also increasing the vulnerability of affected communities. While waiting for the publication of the 2022 HRP, which may confirm the main trends of the 2021 version, the 2021 HRP projects 4.5 million people with acute humanitarian needs, identifying the targeted project State, Delta Amacuro (DA), among the priority areas. Targeted areas have been selected according to a number of indicators, including maternal mortality, the average number of pregnancies among children aged 10 to 18 years old and femicide rates. The area is very neglected, also by humanitarian actors, which are very few and conduct ad hoc activities. PUI performed an assessment in Antonio Diaz, Tucupita and Casacoima municipalities, covering both indigenous and criollo communities. Delta Amacuro is affected by migration flows towards Brazil, Guyana, Trinidad and Tobago, which worsen security and protection conditions. According to the most recent estimations for 2022, provided by the State MoH, Delta Amacuro’s population counts around 220,000 inhabitants, of which around 60,000 are Waraos. While most of them are living in Antonio Diaz and Pedernales municipalities, over 10,000 moved to precarious settlements in sub-urban areas of main towns of Tucupita municipality, living in vulnerable conditions and missing their traditional community links.

1.2. PUI IN VENEZUELA

PUI’s presence in Venezuela is relatively recent, starting its operations in 2019 as the majority of humanitarian actors in the country. Taking into account the specific peculiarities of the humanitarian context, access and needs, PUI has been always working through strengthening the capacity of civil society organizations, which have been chosen as implementing partners. Through these partnerships, PUI has implemented programs initially in Lara State, increasing its presence progressively into Miranda State, to finally focus its attention into addressing humanitarian needs in Delta Amacuro State. PUI’s programs range from access to primary health
2. CONSULTANCY OBJECTIVE

2.1. OVERALL OBJECTIVE

The Medical Anthropologist Consultant is responsible for conducting a research study on how to better frame PUI’s health, nutrition, WaSH and protection integrated intervention within the indigenous Warao communities in Delta Amacuro State, Venezuela. More specifically, the focus will be to identify the semantics used by the targeted communities in expressing their needs and how they are accessing and using services related to health, nutrition, WaSH and protection according to the Warao’s cosmovision/interaction with the Criollo population.

Several studies have been conducted already, describing the cosmovision of these indigenous communities, including the perception on health and mental health. Taking into consideration these secondary data, the consultant is expected to better understand how promotion activities related to the four sectors of intervention should be tackled, considering health as the main focus of investigation. The consultant will work together with PUI Technical Advisors at mission and HQ level to set up a database and appropriate data collection tools, by using both qualitative and quantitative methods, such as:

- Household level survey conducted with community representatives from four provinces using cluster sampling method (in this method communities are divided into groups of people with similar conditions, and only sample of clusters is then used for interviews)
- In depth Focus Group Discussions (FGD) with representatives of different community groups (women, men, boys, girls, elderly, people with disabilities, pregnant and lactating women etc.)
- Key Informant Interviews (KII) with both traditional and formal health providers, health authorities, community leaders, education professionals, humanitarian workers, etc.

All interviews will be done by trained data collectors in local languages. Household survey will be done using Kobocollect software. Analysis will be done by the Medical Anthropologist consultant experienced in scientific researches counting on PUI Technical Advisers (TAs) guidance at mission level and support from HQ different advisors. The Consultant will directly report to the Health Coordinator based in Caracas.

The study will be performed in a close cooperation with health and protection partners operating in the targeted area, including UN agencies, Universities, national CSOs, INGOs and health authorities. The final result of the study – report and compact summary report on the perception of Warao communities to the proposed promotion activities and ways to implement them taking into account the specific cosmovision of the beneficiaries – will be presented to aforementioned actors. Additionally, summary of the report and power point presentations on the key findings will be prepared to ensure the main outcomes of the survey will be also shared widely (e.g. national cluster system) and presented during special meetings which might be held at University level in the country. The study can be used as well by other INGOs and NNGOs as one of the advocacy tool, to ensure activities in Warao communities are shaped in a culturally sensitive manner and potentially used for comparative analysis when targeting other indigenous communities in the country.

2.2. SPECIFIC OBJECTIVE

1) To prepare, realize and develop narrative of study findings

2) To recruit, manage and assist data collection team.
3. TASKS

1) Preparation of the study
   - Research of existing literature and studies
   - Based on the existing secondary data, decide on the specific topics that need to be researched in the Warao context to address information gaps related to PUI’s intervention.
   - Decide on the mixed methodology approach and timeline of the study in coordination with PUI Technical Advisors/Coordinators, and Monitoring Accountability Evaluation and Learning (MEAL) Manager
   - Prepare terms of reference for the study, adapted to the specific context, in cooperation with the program, technical and MEAL department and field coordination
   - Analysis of baseline initiatives and potential partnerships

2) Realization of the Study
   - Work with TAs/MEAL to develop questionnaires for FGD and KII in Kobo Collect
   - Ensure smooth running of the data collection in coordination with the security department, in compliance with the data protection protocol
   - Adapt study strategy as needed
   - Coordinate and conduct the study with Program team, MEAL team, log team and field coordination
   - Recruit and train staff on relevant data collection tools and attitudes towards beneficiaries
   - Manage, supervise the study team and monitor related activities
   - Ensure quality of the data gathered at all times

3) Data Analysis
   - Review and analyze the primary data
   - Analyze the secondary data in relation to the primary data and the context (triangulation)
   - Present the analysis internally for feedback
   - Gender gap analysis based on primary and secondary data

4) Report writing and deliverables
   - According to data gathered, analyzed and feedback received, develop a final report including methodology, limitations, findings and bibliography to be shared externally.
   - Provide an executive summary of the report
   - Produce visual deliverables (presentations and infographics) with key findings.

5) Develop recommendation and plan of action for the implementation of promotion activities (written report and oral presentation)
   - Project implementation, quality analysis and recommendations (including program monitoring: pre-post intervention monitoring, questionnaires used, etc).
   - Recommend approaches and strategies to improve sustainability and qualitative impact of promotion activities
   - Recommend actions to prepare for delivery of proposed project activities.
   - Provide new narrative for awareness raising through community approach
   - Analyze and document team experience and lessons learned
   - Train the staff on the main findings and recommendations
Terms of Reference / Medical Anthropologist Consultant

6) Demonstrate ethical and professional practice:

- Respect beneficiary confidentiality at all times
- Respect and promote PUI Polices and code of conduct
- Report any incident or act that causes any harm to beneficiary or to others.
- Mainstream of protection principles throughout all actions

At the end of the consultancy, the consultant is supposed to provide a research study, accompanied with written report and support for presentation. The consultant will be responsible for presenting findings in front of stakeholders, including donor. On top of the findings, the consultant should provide solutions adequate for the observed context and limitation.

4. METHODOLOGY

Methodology will be developed by the consultant directly in his/her offer and adapted during the consultancy. The consultancy mission will be facilitated by the support of program staff and technical advisors at HQ and Caracas level. The Consultant should prepare a schedule of his/her activities at the beginning of the consultancy in collaboration with and supported by the staff at mission level.

4.1 PREPARATORY BRIEFING

At HQ level:
- Desk manager / Program officer / Technical Advisors briefings based in Paris (might be done remotely)

At Mission level:
- Head of Mission (HoM)
- Technical Advisors/Coordinators
- Field coordinators
- MEAL Manager

5. BACKGROUND OF THE CONSULTANT

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| EDUCATION / TRAINING | - Advanced university degree in Anthropological studies, better with a focus on traditional medicine  
- Specialty in research | - Experience in conducting comprehensive research  
- Experience in investigating into protection (especially GBV), WaSH, nutrition sectors |
| PROFESSIONAL EXPERIENCE | - Minimum of 3 years of professional experience in humanitarian work, including in emergencies and in conflict settings  
- Strong skills in research | - Experience with an INGO  
- Experience of working in the Venezuela context |
# Terms of Reference / Medical Anthropologist Consultant

## Knowledge and Skills

- **Technical**
  - Proven experience in providing technical support to field teams
- **Experience with working with indigenous communities, better if with Warao**
- **Experience in community or public health**
- **Experience working on staff welfare**
- **Project Management**

### Knowledge and Skills

- Able to stay for long periods within the targeted communities
- Able to maintain confidentiality at all times, especially regarding staff welfare programming
- Excellent written and verbal communication skills in Spanish
- Excellent skills in research, data analysis, and report writing
- Excellent supervisory and capacity-building (group training, 1:1) skills
- Ability to work independently
- Able to exercise sound judgement and make decisions independently
- Understanding of the cosmovision indigenous communities might have towards public health related issues

### Languages

- Spanish
- English
- Warao

### Software

- Microsoft Office
  - Microsoft Office skills: powerpoint, excel, and word (formatting, presentation, and analysis skills)

### Required Personal Characteristics (fitting into team, suitability for the job and assignment/mission)

- Ability to work independently, take the initiative and take responsibility
- Resilience to stress
- Diplomacy and open-mindedness
- Good analytical skills
- Organisation and ability to manage priorities
- Proactive approach to making proposals and identifying solutions
- Ability to work and manage professionally and maturely
- Ability to integrate into the local environment, taking account of its political, economic and historical characteristics
- Experience in a similar position, or related experience
- A good level of self-awareness and ability to identify stressors and provide self-care
- Prioritisation of staff wellbeing

### 6. ORGANISATION OF THE MISSION

#### 6.1 LOGISTICS, SECURITY AND ADMINISTRATIVE ORGANISATION
**Terms of Reference / Medical Anthropologist Consultant**

✓ PUI will cover all expenses regarding round trip transportation to and from home/mission, visa, vaccines. (In case of expats, ref. to the Visa Guidelines for expatriates, Q&A Visa)

✓ Insurance including medical coverage and complementary healthcare, 24/24 assistance and repatriation will have to be provided and subscription proved by the consultant as a condition for departure. Upon request of the consultant, PUI can subscribe to such insurance for an estimated amount of EUR 1495,32 (EUR 264,20 per month), which will be deducted from the payments on a pro-rata basis

✓ Housing in collective accommodation

✓ Collective Working office

✓ The Consultant will have to follow the security guidelines of the organization and follow the instructions given by the Field Coordinator

### 6.2 FOLLOW-UP MANAGEMENT

First a general meeting will be held in order to define general responsibilities and different parts of the consultancy to define and explain task and expectations.

During the field mission, weekly follow ups meetings will be held to define the objective and achievements. Work language and progress notes will be done in Spanish.

### 6.3 TIMETABLE

To be discussed with the consultant based on the availability.

### 7. EXPECTED DELIVERABLES

At the end of his/her mission, the consultant should provide:

At the end of the 1st Month

1. A bibliography on existing sources on addressing cultural barriers for the proposed activities PUI intends to conduct

2. A summary of best practices on the topic already identified in the area

3. Questionnaire draft, and plan of action for data collection

At 2 months

1. One mid-term report to assess the status quo of the consultancy.

2. All material for data collection finalized

At 4 months

1. Elaborated report; printable version

2. Develop a 2-3 pages summary report

3. Report presentations (powerpoint and infographics)

4. List of findings from data collection;

5. Recommendations with proposition of feasible activities

6. Presentation material

All documents produced during this mission will be PUI properties.

### 7.1 REPORT

The reports must be presented within 15 days after the first three months of consultancy and within the end of the mission (draft for debriefing, final one within 15 days after the consultancy period): the report must be released with detail methodology and annexes for the implementation of the actions related to the consultancy.

The Head of Mission, Program Officer or Desk Manager can request corrections or modifications after the report is released and the consultant must ensure that he/she is available if necessary.

### 7.2 POWER POINT PRESENTATION

A PPT summarizing main results and information collected, in Spanish/English, will be presented during the first and last formal debriefing.
7.3. A DEBRIEFING
A first debriefing will be done at the mission level for both reports, and then at HQ level for the final one.

8. BUDGET

The total budget of the consultancy is USD 20,000. In case of an international staff, to be considered that PUI will cover 1 round trip from residence to mission, one round trip for VISA renewal purposes during the stay and related costs. It will also cover the accommodation at field level. All other costs (insurance inclusive of MEDEVAC (there is the possibility for PUI to arrange this but if this is done it will be deducted from the budget for the consultancy), and meals) should be included in the offer.

9. APPLICATIONS

Interested candidates should submit in English:
- A technical offer with (5 pages max):
  - Understanding of the Terms of Reference (ToR): development of a problematic and formulation of questions, which the offer proposes to respond to
  - The methodology and tools proposed for the consultancy
  - The timetable showing the details for the completion of each consultancy phases. The proposed schedule should include time for briefing and debriefing on the mission and as much as possible at headquarter.
- A financial offer including a budget with detailed sections (fees, other costs)
- At least 2 samples of research- completed within the last 3 years previously designed and facilitated by the consultant and/or final reports with research outcomes and evaluation, if available.
- An updated CV
- References
- Questions can be submitted to the same e-mail address. Closing date for questions: 5 days before closing date

Consultants should send all of this documentation in electronic format to: ....

The deadline for the submission of applications will be August 15th, 2022 6pm Paris Time.