



ZIKA RESPONSE MULTI-PARTNER TRUST FUND

CONCEPT NOTE

Programme Title: Communication for prevention of adverse health outcomes associated with Zika virus infection in Honduras and Jamaica

Objective(s) of Programme

- To encourage changes in individual behaviour and community participation, in order to reduce the incidence of Zika and associated complications
 - To communicate timely, accurate information on Zika virus, addressing public health concerns, and providing information that the population needs regarding possible health issues related to this disease.
 - To promote the care and support of babies affected by congenital disorders, their families and communities.
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Geographic Area

Country wide – Honduras; Jamaica

Implementing Entities

UNICEF; PAHO/WHO

Timeframe

September 2016 – August 2017 (implementation)

Epidemiological context

On 1 February 2016, WHO announced that the cluster of microcephaly (babies born with small heads and brain malformations) and other neurological disorders (in particular Guillain-Barré syndrome - GBS) constituted a Public Health Emergency of International Concern (PHEIC). GBS is a neurological condition that can lead to paralysis and, in some cases, death. On 8 March, WHO announced that there is increasing evidence that there was a causal relationship with Zika Virus. On 7 May 2015, Brazil informed WHO/PAHO of its first laboratory confirmed cases of Zika virus. Within a year, Zika virus transmission has been detected in nearly every country or territory infested with *Aedes aegypti* in Latin America and the Caribbean. Several hundred imported Zika cases have been reported worldwide.

As of 14 July, 40 countries and territories in the Americas have reported local mosquito-borne transmission :

Argentina, Aruba, Barbados, Belize, Bolivia, Bonaire, Brazil, Colombia, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panamá, Paraguay, Peru, Puerto Rico, Saint Barthelemy, Saint Lucia, Saint Martin, Saint Vincent and Grenadines, Saint Maarten, Suriname, Trinidad and Tobago, United states, Virgin Islands, Venezuela

Countries reporting congenital syndrome associated with Zika Virus: Brazil, Colombia, El Salvador, French Guiana, Martinique, Panama, Puerto Rico, United States.



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Jamaica and Honduras are two priority countries for Zika response activities due to (a) the country wide spread of the Zika virus with a high risk of emergence of clusters of microcephaly, (b) a reported increase of GBS cases and (c) recent history of Dengue and Chikungunya outbreak emergencies which have impacted the delivery of health services.

SRP Objective

This proposal addresses the second and third strategic objectives (prevention; care and support) of the strategic response plan. It will address all aspects of communication related to Zika including risk communications, communications for development and social mobilisation also for prevention and care and support.

Beneficiaries

Direct beneficiaries: Women in reproductive age, pregnant women and their partners; babies affected by Zika congenital syndrome and their families; persons affected by neurological complications associated with Zika; Families and communities at risk in targeted areas; Health Care Workers; Teacher and Community Leaders;

Indirect beneficiaries: General population

Government counterparts

Ministry of Health and Regional Health Authorities, Ministry of Education Ministry of Local Government,; Ministry of Social Inclusion and Development; Ministry of Communication and Strategy; Ministry of Tourism, Ministry of Culture, Gender, Entertainment and Sports

Description of Programme Components and Key Output(s)

Brief overview of the programme rationale and components

Controlling the spread of Zika virus requires a multi-faceted approach, which should not only be concerned with vector control, but also with protecting individuals, especially pregnant women and women of reproductive age, from infection and preventing unwanted pregnancies through supporting access to equitable sexual and reproductive health services.

The targeted actions will seek to prevent adverse health outcomes associated with Zika virus infection through risk communication and community engagement. Coordination, collaboration and partnering with stakeholders from government (municipalities, ministries of education, health, social services, water and sanitation, etc.) and civil society (NGOs, private sector, faith-based associations, churches, etc.) will be an important component of the Action's implementation strategy.

There are four main lines of action are:

- **Public health risk communication for behavior change:** developing relevant risk communication and behavior change strategies
 - **Community engagement:** engaging and empowering communities, private sectors, etc. for prevention (including mosquito control) and care and support behaviors at the environmental, household, schools, businesses, health centers, personal levels, etc.;
 - **Public awareness raising** of the impact and consequences of Zika infection during
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pregnancy and of the neurological impact of Zika virus among children and diminishing the associated stigma

- **Communication in healthcare settings:** reinforcing communication skills of healthcare workers to provide care and support for families

Describe Programme Outputs (use bullet points format)

- Needs analysis to generate evidence to orient communication strategies for all stakeholders, including MOH and, especially for community engagement and implementation of risk communication activities for protective behaviors through different outreach platforms.
 - Mapping of existing network and community platforms for communication for prevention and care and support, including social media
 - A trained network of community leaders and health promoters with knowledge, skills and tools to conduct social mobilization in their own communities with emphasis on social protection for babies with Zika congenital syndrome
 - Integrated monitoring and evaluation systems to track elements of the risk communication and community engagement response and assess the effectiveness of the strategies.
 - Communication strategies and campaigns (including materials) raising awareness and diminishing the stigma around Zika congenital syndrome
 - Support groups for primary caregivers of babies with Zika congenital syndrome including use of social media technologies
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Project budget by UN categories			
ZIKA RESPONSE MPTF - PROJECT BUDGET			
CATEGORIES	Amount Recipient PAHO	Amount Recipient UNICEF	TOTAL
1. Staff and other personnel	<p>Subtotal: \$190,000</p> <p>Honduras: \$60,000 <i>National Staff Coordinator (1) = \$60,000 (Salary for 12 months)</i></p> <p>Jamaica \$130,000 <i>Communication Specialist (1) (international consultant) = \$90,000 (Salary for 12 months)</i> <i>Project Coordinator (1) (National Officer) = \$35,000 (Salary for 6 months)</i> <i>Driver (1) = \$5,000 (Cost-shared salary for 1 month)</i></p>	<p>Subtotal: \$100,000</p> <p>Honduras: \$100,000 <i>C4D Specialist(1) = \$100,000</i></p>	\$290,000
2. Supplies, Commodities, Materials (incl. description of items, unit cost)	<p>Subtotal: \$101,800</p> <p>Honduras: \$20,000 <i>Audiovisual equipment = \$2,000 (including projectors, cameras, and other equipment)</i> <i>Desktop computer (4) \$12,000 (\$3,000 x 4)</i> <i>Laptops (4) \$6,000 (\$2,000 x 3)</i></p> <p>Jamaica: \$21,800 <i>Desktop computer (4) \$12,000 (\$3,000 x 4)</i> <i>Laptops (4) \$6,000</i></p>	<p>Subtotal: \$204,000</p> <p>Honduras: \$204,000</p>	\$305,800



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	<p>(\$2,000 x 3)</p> <p><i>Portable projectors (4)</i> \$1,400 ((\$350 x 4)</p> <p><i>Cellular phones (2)</i> \$1,400 ((\$700 x 2)</p> <p><i>Miscellaneous stationary and supplies</i> \$1,000</p>		
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)	<p>Subtotal: \$84,400</p> <p>Honduras: \$39,400 <i>1 Vehicle =</i> \$37,400 x 1 for an all-terrain vehicle for mobilization within the country, particularly difficult-to-reach locations)</p> <p><i>Office furniture =</i> \$3,000 (at \$150 x 20, to procure furniture for supporting primary care response in priority locations within Honduras' 18 departments)</p> <p>Jamaica: \$45,000 <i>1 Vehicle =</i> (\$45,000 x 1 for mobilization within the island, particularly difficult-to-reach locations)</p>	<p>Subtotal: \$30,000</p> <p>Honduras: <i>Equipment and vehicles =</i> \$30,000 for equipment that will facilitate cooperation with the country concerning communications and child health (i.e. related to transportation and furniture).</p>	\$114,400
4. Contractual services <i>Formative Research (KAP, baseline research)</i> <i>Communication;</i> <i>Consultant Coordinator;</i> <i>Design and Dissemination of Multi-media material; Zika Prevention Material; -</i>	<p>Subtotal: \$297,400</p> <p>Honduras \$152,400 <i>Contract local organizations and companies to design and disseminate information =</i> \$152,400</p>	<p>Subtotal: \$249,949</p> <p>Honduras: \$117,474 <i>Formative Research (KAP, baseline research) =</i> \$200,000</p> <p>Jamaica: \$132,475 <i>Consultant</i></p>	\$547,349



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<p><i>Media Placement; capacity building);</i></p>	<p>Jamaica \$145,000 <i>Development and dissemination of educational materials, including for prevention and case management, among other purposes = \$80,000</i></p> <p><i>Capacity building = \$65,000</i></p>	<p><i>Coordinator = \$30,000</i></p> <p><i>Design and Dissemination of Multi-media Zika Prevention Material = \$95,000</i></p> <p><i>Media Placement = \$90,000</i></p>	
<p>5.Travel (include details)</p>	<p>Subtotal: \$60,000</p> <p>Honduras: \$45,000 <i>Supervisory visits and monitoring within the 18 departments = \$45,000 (\$10,000 for central-level travel; \$35,000 for travel to the departments and communities, at approx.. \$2,000 per mission)</i></p> <p>Jamaica: \$15,000 <i>Local travel to the different parishes (gasoline, toll charges, per diem) = \$15,000</i></p>	<p>Subtotal: \$50,600</p> <p>Honduras: \$50,600 <i>Supervisory visits and monitoring within the 18 departments = \$50,600 (\$10,000 for central-level travel; \$40,600 for travel to the departments and communities, at approx. \$2,000 per mission)</i></p> <p>Jamaica: \$0</p>	<p>\$110,600</p>
<p>6. Transfers and Grants to Counterparts (include details)</p>	<p>Subtotal: \$150,000</p> <p>Honduras \$100,000 <i>Letters of Agreement with strategic NGOs to conduct community-level trainings (e.g. psychological support and primary care training for mothers of infants with congenital Zika virus infection, etc.) = \$100,000</i></p>	<p>Subtotal: \$300,000</p> <p>Jamaica: \$250,000 <i>C4D Community Outreach and Engagement = \$180,000</i></p> <p><i>Capacity Building = \$70,000</i></p>	<p>\$450,000</p>



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	Jamaica: \$50,000 Small projects to support and train community- level groups = \$50,000		
7. General Operating and other Direct Costs	Subtotal: \$50,000	Subtotal: \$50,000	100,000
Sub-Total Project Costs	\$934,600	\$934,600	\$1,869,20 0
8. Indirect Support Costs* (7%)	65,422	65,422	\$130,844
TOTAL	1 M.	1 M.	2 M.

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to the Agency's regulations, rules and procedures.