



ZIKA RESPONSE MULTI-PARTNER TRUST FUND

CONCEPT NOTE

Programme Title: Securing sexual and reproductive health and rights to respond to Zika in Latin America and the Caribbean

Objective(s) of Programme	<p><u>Overarching Objective:</u></p> <p>Address unmet need for sexual and reproductive health services, including modern contraceptive methods such as Long Acting Reversible Contraceptive (LARC), in Zika affected areas in four countries in Latin America and the Caribbean.</p> <p><u>Expected Results</u></p> <ul style="list-style-type: none">• Increased national and local capacity to assess and respond to gaps in access to sexual and reproductive health services and contraceptive commodities (including LARC)• Increased availability and accessibility of sexual and reproductive health services and contraceptive commodities to reduce sexual transmission of Zika and allow women and adolescent girls to make informed choices regarding their fertility• Marginalized and vulnerable communities empowered to demand and access services and commodities to enable them to practice safer sex and control their fertility• Unplanned pregnancies reduced among women living in communities most affected by the Zika virus outbreak.
Geographic Area	Bolivia, Dominican Republic, El Salvador and Trinidad and Tobago
Implementing Entities	United Nations Population Fund – UNFPA Pan American Health Organization – PAHO/WHO
Timeframe	September 2016 – August 2017 (implementation)
Epidemiological context	<p><i>Justification for the necessity of intervention based on the current epidemiological context in <u>this</u> geographical area</i></p> <p>On 1 February 2016, WHO announced that the cluster of microcephaly (babies born with small heads and brain</p>



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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, 2016 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, and Venezuela.

Universal access to sexual and reproductive health is a priority issue in the 2030 SDG agenda. Historically, the LAC Region has shown significant gaps in access to contraception, both between and within countries. These inequalities are further exacerbated between urban and rural areas, and between different socioeconomic quintiles.

Efforts to map health inequities in the Region have shown that limited access to modern contraceptive methods and unsafe abortions tend to overlap with areas with significant proportions of underserved populations and populations living in vulnerable situations, particularly groups that are rural, young and with low educational attainment, and post-abortion and post-partum women



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experiencing an unplanned pregnancy. The Zika epidemic has disproportionately affected these groups, and has highlighted inequities (particularly noting the prevalence of Zika congenital syndrome).

National authorities and partners must re-assess interventions and innovations to address the high rates of unintended pregnancies that currently exist in the region; this should be done through the improvement of access to family planning and by enabling women and couples to better increase women and couples ability to plan pregnancies. Women who decide not to have children should furthermore have access to modern contraceptives including one of the most efficient methods such as LARC.

This is a historical opportunity to further reduce unmet needs for modern contraception including LARC, while reducing inequities and the disproportionately burning of Zika congenital syndrome in our region, with renewed energy and innovations in access to modern contraception.

For this project, PAHO and UNFPA have selected Bolivia, Dominican Republic, El Salvador and Trinidad and Tobago based on the following criteria:

- **Presence of ZIKA demonstrated**
- **Demonstrated unmet needs for modern contraception including LARCs**
- **Having more inequities in health care with extensive vulnerable population exposed to Zika defined**
- **Political will and commitment form UN agencies (PAHO - CLAP and UNFPA) working together with Government in a Plan to control Zika**

SRP Objective

PREVENTION: Prevent adverse health outcomes associated with Zika virus infection through integrated vector management, risk communication and community engagement.

CARE AND SUPPORT: Strengthen health and social systems and other relevant stakeholders at the national and community levels to provide appropriate services and support to individuals,



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families, and communities affected by Zika.

Number of estimated direct & indirect beneficiaries in the geographical area covered by the programme

Direct Beneficiaries: Total 4,635,244 women of reproductive age

Beneficiaries

Forecast of needs and beneficiaries is made according to the areas affected by Zika virus and the population considered as beneficiary was women of reproductive age (15 to 49) who only have access to public health services. The following is a list of women of reproductive age per country that this effort is expected to reach:

- **Bolivia: 1,629,564 women**
- **Dominican Republic: 1,202,160**
- **El Salvador: 1,447,520**
- **Trinidad Tobago: 353,000**

Indirect Beneficiaries: Partners, families and the wider communities.

Government counterparts

Government counterparts that will be involved in programme development and implementation:

Ministries of Health: SRH, procurement, finance and community mobilization Departments; ObGyn and Midwifery National Associations; Civil Society, local authorities (such as municipalities).

Description of Programme Components and Key Output(s)

- *Brief overview of the programme rationale and components*

Under the *Zika Strategic Response Framework and Joint Operations Plan* WHO/PAHO, UNFPA and close to 60 other partners come together for a global response.

In the LAC region, economic, cultural and legal barriers and inadequate access to services and contraceptives limit ability of women, adolescents and youth to realize their sexual and reproductive health and rights. This results in high rates of sexually transmitted infections



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among this group as well as high rates of unintended and adolescent pregnancy. This concept note focuses on the needs of women, adolescents and young people to ensure their risks and vulnerabilities to Zika and sexual and reproductive rights are integrated in all levels of the response. This joint effort between UNFPA and PAHO/WHO prioritizes efforts on most vulnerable groups: the poor, indigenous and afro-descendant women and young people. It will also focus on rural and border areas with limited access to health services.

UNFPA and PAHO will utilize gender-sensitive, culturally-relevant, age appropriate, rights-based approaches that consider the socio-economic context to reduce risks through increased access to and take up of: i) voluntary family planning information, counseling and services; ii) timely, high quality prenatal care; and iii) female and male condoms, including during pregnancy, to reduce risk of sexual transmission.¹ The strategic approach will include demand generation for and improved supply of modern contraceptive methods among women and girls of reproductive age, adolescents, young people and other vulnerable populations as well as strengthening the supply of reproductive health commodities and services to provide timely and quality response to the new demands.

The proposed project is fully aligned with UNFPA's role under the Zika Strategic Response Framework and Joint Operations Plan led by WHO/PAHO. At country level, UNFPA works as part of UN joint teams to provide multi-sectoral support to national responses to all dimensions of the Zika epidemic, under the leadership of PAHO/WHO together with UNICEF and other multilateral bodies. This project will make linkages between its interventions and the broader Zika response to support multi-sector coordination, strengthening of surveillance, production and utilization of evidence and analysis, and risk communication.

¹ Studies have shown that Zika virus can be transmitted during sexual intercourse. **Evidence of Sexual Transmission of Zika Virus.** *New England Journal of Medicine*, 2016. WHO, CDC and UNFPA recommend the use of male condoms to prevent the transmission of Zika through semen during sex whether or not the infected partner has symptoms of Zika. Couples expecting a baby where the male partner lives or has travelled to Zika infected countries should use condoms until the child is born.



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- *Describe Programme Outputs (use bullet points format)*

OUTPUT 1. Work with national and local authorities, civil society and international partners to strengthen the supply of modern contraceptive methods and services for populations most at risk of Zika:

1. ***Advocacy and planning for the promotion of contraceptives, including emergency contraceptives, and male and female condoms in the context of the evolving Zika outbreak:*** UNFPA and PAHO will convene meetings and workshops with national authorities and stakeholders in each country to identify the geographical areas and populations most at risk in order to target the interventions. The agencies will sensitize national and local health authorities regarding the importance of expanding access to a broad method mix of contraceptives for adolescents and youth and other at risk populations. This will include male and female condoms as the only methods that ensure safe triple protection - against unplanned pregnancies, STIs and the sexual transmission of the Zika virus. For those who have unprotected sex, it will promote emergency contraceptives.
 2. ***Introduction of Long-Acting Reversible Contraceptives (LARCs):*** UNFPA will promote access to and use of subdermal implants as well as reintroduction of IUDs within the context of contraceptive choice. These are highly effective reversible methods of contraception with the advantage of being long-lasting, convenient, high compliance and cost effective. PAHO/WHO and UNFPA will strengthen systems for availability of LARCs at points of delivery, train health care personnel (empowering midwives or other primary health care providers where present at primary health care facilities), and facilitate monitoring and evaluation of use of LARCs and other contraceptives chosen by women. In communities with important proportion of indigenous population, the promotion of LARCs and other contraceptives will take into consideration the cultural factors that may have an effect on their acceptability and utilization. These factors will be included as part of the training and the advocacy activities at the local level.
 3. ***Provision of a broad method mix of contraceptives for rapid scale up in selected areas in the four countries to reduce unmet needs for contraceptives and reduce the sexual transmission of Zika, including among pregnant women:*** UNFPA will provide contraceptives according to the breakdown by country shown in Annex 1.
 4. ***Strengthening National Planning for Reproductive Health Commodity Security***
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(RHCS): Under the leadership of the Ministries of Health, the agencies will support a rapid situational analysis for the supply chain in country and contribute to the preparation of a Master Plan for Strengthening RHCS². This includes a review of rational selection of drugs and supplies and forecasting of needs with a view to expanding coverage to young people and broadening the method mix to include LARCs. This will be followed by technical assistance for the development of budgets for the purchase of supplies and the review of logistics systems in order to identify and address bottlenecks. UNFPA will facilitate countries' acquisitions of contraceptives via its online procurement platform which benefits from Long Term Agreements with prequalified providers and preferential prices. These efforts include a more focused assessment of the distribution channel from the subnational to the primary care level in areas most affected by the Zika virus outbreak.

5. *Strengthening health and social networks for effective care and support to pregnant women:* Promote the early detection of pregnancy, provide information on Zika infection and preventive measures, counselling and psychosocial support to those suspected Zika cases, prevention of sexual transmitted Zika infection, and facilitate referrals to appropriate health and social facilities following international standards³.

OUTPUT 2: Work with national authorities, civil society and international partners to strengthen the demand for modern contraceptive methods and services for women and men of reproductive age who want to prevent pregnancy:

1. *Awareness and Communication:* In collaboration with civil society, especially networks of women and young people, and media partners a communication platform will be created to inform the most vulnerable populations about Zika, the risks during pregnancy and prevention of Zika including the use of emergency contraception, LARCs and male and female condoms and other contraceptives. Special emphasis will be given to identifying key messages for adolescents. Videos and mobile phone apps will also be used to reach youth.
2. *Intensive promotion of the use of male and female condoms* in geographical areas highly

² Drawing on the services provided through UNFPA SUPPLIES program

³ http://www.paho.org/clap/index.php?option=com_content&view=article&id=384%3A-consideraciones-sobre-el-virus-zika-en-embarazadas-y-vigilancia-de-microcefalia-en-recien-nacidos&Itemid=234&lang=es



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affected by Zika Virus to prevent sexual transmission and training for correct utilization will be undertaken. UNFPA has extensive experience with condom programming as well as demand creation activities to motivate consistent use, including among young people. This activity will be specially tailored to women and men from indigenous communities as well as rural communities with limited access to health services.

3. **Training in modern *contraceptives counselling*:** For health care providers, community leaders, and NGOs working in Zika affected areas. Special emphasis will be given to the counselling of adolescents. Where needed guidelines for health care providers will be developed and utilized.
 4. ***Community Mobilization*:** Involving capacity building processes to enable community members, groups and organizations to implement Zika prevention measures for women of reproductive age, including pregnant women, and promote use of modern contraceptives (advocacy briefs, client leaflets, peer communication). This activity also aims to increase the capacity of the community to successfully identify its own modern contraceptives needs and advocate to address them.
 5. ***Counseling based on one-to-one communication*:** Implemented by trusted and influential communicators, such as community leaders, teachers, health providers and peer educators in order to influence and encourage the use of modern contraceptives for those who don't want to become pregnant.
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Project Budget by UN Categories

ZIKA RESPONSE MPTF – PROJECT BUDGET			
CATEGORIES	Amount UNFPA	Amount PAHO	TOTAL
1. Staff and other personnel (include titles of staff, unit cost, quantity) 1* P4 Project Advisor 4* NOC 3 4*SL (Support Level)		320,000	320,000
2. Supplies, Commodities, Materials: UNFPA - Contraceptive Commodities (see Annex 1 for breakdown) PAHO - Translating and Printing materials, WHO , IBP and PAHO guidelines, training materials; educational materials for Reproductive health education in schools and posters, pamphlets, radio and tv spots for general public	2,337,606	380,000	2,717,606
3. Equipment, Vehicles, and Furniture: Include depreciation (details as described above) Vehicle, computer, printer, tablets		100,000	100,000
4. Contractual Services: Consultants for project coordination and technical experts/trainers for relevant programme components	416,000		416,000
5. Travel Travel within the region for project coordination, technical assistance and training functions	96,000	180,000	276,000
6. Transfers and Grants to Counterparts (include details)		262,394	262,394
7. General Operating and other Direct Costs Communications, meetings and workshops, logistics, and other direct costs	550,026	34,950	584,976
Sub-Total Project Costs	3,399,632	1,277,344	4,676,976
8. Indirect Support Costs* 7% allowable	237,974	85,050	323,024
TOTAL	3,637,606	1,362,394	5,000,000

* 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.



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Supply	Brand	Cost (1)	Dominican Republic		Bolivia (3)		Trinidad and Tobago (4)		El Salvador		TOTAL	%
			Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount		
Injectable medroxyprogesterone (2)	Depoprovera	0.89095	700,000	623,663.9			22,507	20,053	300,000	267,285	911,001	41%
Ethinylestradiol/Desogestrel 0.2mg/0.15mg TAB		0.79200					105,000	83,160	350,000	277,200	360,360	16%
Norethisterone Enanthate 200MG/ML INJ –		2.14000					15,936	34,103		-	34,103	2%
Norethisterone Enan./Estradiol Val.50mg/5mg inj -		1.03400					17,808	18,413	100,000	103,400	121,813	5%
Female Condom	FC2	0.55000				0	3,031	1,667	50,000	27,500	29,167	0.01
Male Condom (x 144)	Condón masculino	0.03093	2,500,000	77,337.0	3,000,000	92,804	387,936	12,001	7,344,000	227,185	409,327	18%
Emergency Pill comp X2	Levonosgestrel 0.75	0.12500	15,000	1,875.0	50,000.00	6250	2,526	316	5,000	625	9,066	0%
IUD	CUT380A Polymer	0.42245	15,000	6,336.7			2,526	1,067	25,000	10,561	17,965	1%
Implant Levonorgestrel 75mg x 2	Jadelle	9.46633	21,952	207,804.8				-	10,000	94,663	302,468	14%
Pregnancy Test Kits	PREG_TEST_STRIP	0.44000		-	10,000.00	4400		-	80,000	35,200	39,600	2%
TOTAL				917,017.5		103,454		170,780		1,043,619	2,234,871	
				41%		5%		8%		47%		

Notes:

(1) Estimated CPT with a 5% over head (freight and insurance costs could vary in each country, but this is an average).

(2) Includes Syringes

(3) Estimated for 200 health facilities in affected areas

(4) Forecasting exercise made with assistance of SRO