



ZIKA RESPONSE MULTI-PARTNER TRUST FUND

CONCEPT NOTE

Programme Title: Control of ZIKA in pregnant woman and woman of child-bearing age in Beni, Pando and Cochabamba, Bolivia

Objective(s) of Programme

- To strengthen the technical and management capacity of personnel in the Health Networks to provide integrated and timely services for pregnant woman in the context of the ZIKA outbreak, by facilitating and increasing gender-sensitive, inter-cultural, inter-generational, comprehensive and fair access to prevention, diagnosis and treatment services (encouraging wide social participation). This will be framed within a rights-based approach in accordance with regulations and current policies in Bolivia.
 - To increase access to differentiated care services and promote women's empowerment to control all aspects of their sexual and reproductive health, such as the prevention of unplanned pregnancies, infection of sexually transmitted diseases and sexual violence, amongst woman of child-bearing age (and especially adolescents), by implementing actions which take a rights-based, gender-focused, intercultural and intergenerational approach.
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Geographic:

- **Departament of Beni:** Trinidad, San Javier, San Andres, Riberalta, Guayaramerin, San Ignacio, Santa Rosa, Rurrenabaque, Baures, Huacarage, San Joaquín, San Ramón, Puerto Siles, Magdalena, San Borja, Reyes, Santa Ana, Exaltación y Loreto.
 - **Departament of Pando:** Cobija, Porvenir, Bolpebra, Bella Flor, Puerto Rico, San Pedro, Filadelfia, Gonzalo Moreno, San Lorenzo, El Sena, Santa Rosa, Nueva Esperanza, , Loma Alta, Santos Mercado.
 - **Department of Cochabamba:** Shinahota, Colomi, Puerto Villarroel, Villa Tunari, Chimoré, Sacaba y Colomi.
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Implementing Entities

UNICEF Bolivia and UNFPA Bolivia

Timeframe

October 2016 – December 2017

Epidemiological context

The municipalities selected for this intervention have endemic and high rates



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of Dengue and Chikungunya, indicating that these areas are susceptible to the spread of Zika, given that the virus thrives in the same conditions and the risk factors for Zika are present. Furthermore, the capacity of the Health Networks to respond and provide adequate assistance is weak.

This intervention will contribute to the following Strategic Objectives of the Zika Strategic Response Plan:

➤ **Prevention:**

Taking a masculinities approach, it will develop communication materials to promote behavioral change, indicating the risks of contracting the Zika virus through community engagement. Also, it will disseminate information materials about the Zika virus and its' negative effects between key at risk groups, such as pregnant women and women and girls of child-bearing age.

➤ **Care and Support:**

Through evaluating actual capacities and needs it will strengthen the health system, with a particular focus on antenatal, perinatal and postnatal periods, neurological health services, contraception and the provision of necessary services.

➤ **Research:**

It will carry out research to generate data and evidence needed to understand perceptions, attitudes, expectations and behaviors with respect to decisions relating to fertility, contraception, and assistance during pregnancy and to those recently born with microcephaly.

SRP Objective

Beneficiaries

Departament	Total Population	Expected pregnancies	Women and Girls of Child-bearing age
Beni	483.200	19.328	111.136
Pando	95.700	3.828	22.011
Cochabamba (Chapare)	227.404	9.096	52.302
Total	806.304	32.252	185.449

Government counterparts

Ministry of Health: Epidemiology Unit (Vector Control Programme) and Unit of Networks and Health Services (Programme for Continued health support; maternal and infant health)

Regional Health Networks (known by its acronym in Spanish: SEDES) in Beni, Pando and Cochabamba

Municipalities in the area of intervention



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Ministry of education

Description of Programme Components and Key Output(s)

Rational: In the Departments of Beni, Pando, and the tropic of Cochabamba, outbreaks of Dengue and Chikungunya are above the national average and risk factors which allow mosquito reproduction to thrive are present in these regions (including a lack of basic sanitation facilities, lack of drinking water in homes, and poor waste management). Therefore, Zika is considered to be a serious public health threat.

In these departments the capacity of Health Networks is weak; they encounter technical and administrative difficulties preventing them from adequately carrying out prevention, diagnosis and treatment activities for the Zika virus. Additionally, there is a lack of appropriate and timely local decision making, which thereby fails to respond to the needs of the community. Given this situation, and during this inter-epidemic period, there is a need to implement activities which strengthen the response to control the Zika outbreak in these departments.

Components:

The program will be composed of the following activities:

- **Prevention of Zika amongst pregnant women and women and girls of a child-bearing age:** Controlling the spread of Zika virus requires a multi-faceted approach, which should not only focus on vector control (integrated vector management), but also on the protection of people, with emphasis on pregnant women and women of child-bearing age. This approach includes, reducing the risk of sexually transmitted diseases and other possible routes of transmission, promoting the availability of secure contraceptives for the entire population, especially condoms. It will be essential to develop a communication strategy and related materials to implement this behavioral change and reduce the risk of contracting Zika. Promoting behavioral change activities and community participation will be the central component of this action so that people and their families are in a position where they can make informed decision to protect themselves from Zika and its' associated complications.
 - **Strengthening the capacity of management and services of Health Networks for prevention and support for communities affected by Zika:** Actions will be developed to improve the capacity of Health Networks (in Beni, Pando and the tropic of Cochabamba) to strengthen prevention, diagnosis and integrated management of the Zika virus and its' associated complications. Support will largely focus on the needs of pregnant women, girls and women of child-bearing age, and children born with neurological complications associated with the infection of the Zika virus. In addition, it will promote actions designed to support high-quality integrated and
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equitable access to sexual and reproductive health services for all adolescents and women of child-bearing age, including access to family planning and contraceptive services, such as providing emergency contraception. It will pay special attention to providing high-quality prenatal consultation services about the Zika virus, particularly concerning the psychological and economic impacts of the virus which are primarily a consequence of children affected by microcephaly.

The Health Networks and Social Services will prepare for the development of an intersectoral response mechanism to ensure the actions comply with the rights of children and woman, and that they can access other protection services. This action will include work with local governments to develop an integrated model for service and assistance, which incorporates the family and community.

- **Generating evidence for effective control of Zika:** This programme will generate information and evidence aimed at strengthening the management of Health Networks and provide guidance and community interventions to prevent, detect and control Zika and address the complications particularly in relation to women, pregnant women and children. Furthermore, it will conduct research on the behaviors associated with mosquito control and perceived risk for contracting Zika, and the adoption of protective behaviors that will enable the development of an effective communication strategy to control Zika.
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Outputs:

- Pregnant woman have access to sexual and reproductive health services, comprehensive prenatal care, including structured guidance and advice about the Zika virus, its associated risk factors and its effects on newborns.
 - Women and girls of child-bearing age have access to high-quality sexual and reproductive health services adapted to the needs in the context of the Zika outbreak, including family planning and contraceptive services provided by health networks in Beni, Pando and the tropics of Cochabamba.
 - Pregnant woman, adolescents and their families have appropriate information about Zika, its' risk factors and how to manage them.
 - Men and adolescent males and their families have information about the prevention of the sexual transmission of the Zika virus.
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ZIKA RESPONSE MPTF - PROJECT BUDGET			
CATEGORIES	Amount Recipient (USD)	Amount Recipient (USD)	TOTAL (USD)
	UNICEF	UNFPA	
1. Staff and other personnel (include titles of staff, unit cost, quantity) Technical Assistance (Zika specialists in 3 Regions, Beni, Pando y Cochabamba)	100,000	100,000	200,000
2. Supplies, Commodities, Materials (incl. description of items, unit cost) Printing of policy guidelines: 10,000 guides x US\$7 = 70,000 Printing of communication materials: 10,000 units x US\$6 = 60,000 Condoms: 30,000	80,000	80,000	160,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above). Computing equipment: 10 units x \$700 = 7,000 Basic laboratory equipment: 15 units x \$3,000 = 5,000 Ultrasounds: 15 units x \$2000 = 30,000	42,000	40,000	82,000
4. Contractual services (include details). Company to carry out strategic communication and support to National Program Ministry of Public Health	80,000	80,000	160,000
5. Travel (include details) Travel for UNICEF staff and travel for UNFPA staff	20,000	20,000	40,000
6. Transfers and Grants to Counterparts (include details) Training and capacity building workshops: 100,000 = Community projects : 80,000 Assistance for hard to reach communities = 30,000 Monitoring and evaluation = 60,000	150,000	150,000	300,000
7. General Operating and other Direct Costs	40,000	40,000	80,000
Sub-Total Project Costs			



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8. Indirect Support Costs*	35,840	35,700	71,540
TOTAL	512,000	510,000	1,022,000

* 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.