



ZIKA RESPONSE MULTI-PARTNER TRUST FUND

CONCEPT NOTE

Programme Title: Zika virus preparedness and response in Western and Central Africa Region

Objective(s) of Programme

- (1) Advocate and engage governments, communities, CSOs and all stakeholders for the integration of preparedness and response into global emergency plans*
 - (2) Support most at risk countries to develop and implement their preparedness and response plans*
 - (3) Support countries to inform and increase access to, safe, effective, affordable and acceptable methods of contraception, without discrimination, including emergency contraception as well as post abortion services*
 - (4) To support countries in development and provision of psychosocial services for families affected by microcephaly and neurological disorders*
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Geographic Area

The countries covered are the 24 countries in the Western and Central Africa Region

Implementing Entities

UNICEF, UNFPA

Timeframe

2016-2017

Epidemiological context

The Zika virus was first detected in Cape Verde, and has now been confirmed on the African mainland, in Guinea Bissau. There is a high probability it will spread throughout the West and Central African region, due to high concentration of vectors, poor vector control, high population density and the oncoming rainy season. The region also has the highest birth rates in the world, along with the highest child mortality rates, and due to the high number of pregnant women, the Zika virus will therefore have a relatively high negative impact in absolute numbers. But relative to other causes of mortality and morbidity, the impact will be



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proportionally smaller than in South America. Given the weak health systems in the region, the response will be different from middle-income countries in South America, and necessarily must focus on high impact, low cost intervention.

SRP Objective

*The proposal contributes to the Strategic Objectives of the Zika Strategic Response Plan (SRP) under **Prevention**, and **Care and support**.*

Beneficiaries

Children, pregnant and childbearing women in 24 countries, more specifically to the most at countries as defined by WHO (Guinea Bissau, CAR, Cabo Verde, Chad, Nigeria, Togo, Equatorial Guinea, Benin, Côte d'Ivoire, Liberia, Cameroon) and Senegal as the neighbouring country of both Cabo Verde and Guinea Bissau

Government counterparts

The main government counterparts are Ministries of Health and ministries concerned with child protection, which varies from country to country.



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Description of Programme Components and Key Output(s)

Zika is almost exclusively a threat against pregnant women, girls and newborn children. UNICEF's WCAR regional strategy is in line with WHO's Strategic Response Framework (SRF) objectives, particularly prevention, care and support.

Output 1: Increase awareness and preparedness of governments to respond to the ZVD

Prepare generic and country specific advocacy tools, messages and plans targeting specifically national and local governments/authorities to provide a multi-sectoral and long term response.

Implement advocacy plans and strategies.

Output 2: Increase awareness of communities to the risks associated with the ZVD and strengthen the engagement of communities and individuals in vector control measures to respond to the ZVD

Coordinate and collaborate with partners on risk communication messaging and community engagement to protect against Zika.

Develop training guidelines and materials as well as communication products on the Zika virus and all related and evolving issues for communication experts.

Engage communities to communicate the risks associated with the Zika virus and promote vector control, personal protection measures, reduce anxiety, address stigma, and dispel rumours and cultural misperceptions.

Disseminate materials on Zika and the potential associated complications for key audiences such as women of reproductive age, pregnant women, health workers, clinicians, and travel and transport sector stakeholders.

Conduct social science research to understand perceptions, attitudes, expectations and behaviours regarding fertility decisions, contraception, abortion, pregnancy care and care of infants with microcephaly and persons with GBS.

Provide personal protection for pregnant women, pregnant and lactating women (PLW) and adolescent girls of childbearing age through community engagement and communication for development (C4D) activities that will support behaviour change to prevent the spread of the virus.

Design, prepare and validate communication strategies for use by key community stakeholders



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(political, community, private sector and faith-based leaders, teachers, NGOs, DPOs, local media) to eliminate stigma and discrimination against families affected by the Zika virus and children with disabilities.

Design and/or utilize existing culturally appropriate family/caregiver orientation information/materials on the multiple topics related to microcephaly, other congenital conditions and developmental disabilities, along with the rights of children with disabilities.

Through the engagement of women and communities as active partners in the Zika response; scale up Zika-related services for addressing sexual and reproductive needs, promoting support to women who have given birth to children with microcephaly, and assist to prevent discrimination against infected women and people living with disabilities.

Support the development of an integrated community based approach.

Output 3: develop or improve (depending on countries) emergency preparedness and response plans integrating ZVD ready for implementation

Provide technical support to countries to prepare and respond to the ZVD within their national emergency plans

Strengthen health systems to withstand threats against viruses, including ZVD, and increase their resilience against epidemics and emergencies

Support the development of a community based surveillance system of infectious diseases

Output 4: Improve knowledge and increase access and use of modern contraceptive methods including emergency contraception as well as post abortion care

The complications of Zika virus infection are directly linked to women's and adolescent girls' sexual and reproductive health and rights. Governments in Latin America have advised women to postpone becoming pregnant until more is known about the virus and its rare but potentially serious complications. However, it is important to note that this is not an easy option for women who live in contexts where the majority of pregnancies are unplanned, access to contraceptives and sexual and reproductive health services are limited, and sexual violence is prevalent.

Interventions need to be gender-sensitive to promote safer sexual behaviours, such as correct and consistent use of condoms to reduce the risk of sexual transmission of Zika virus, and in acknowledgement that some cultural and legal contexts can result in women not being able to



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control decisions related to their pregnancies.

Assess and support existing capacity and needs for health system strengthening, particularly around antenatal, birth and postnatal care, neurological and mental health services, and contraception and safe abortion.

Develop family planning programmes towards all women of reproductive age including adolescents and men.

Output 5: Increase access of families affected by microcephaly and neurological disorders to quality psychosocial services

Designing intersectoral policies that mainstream early detection and family support processes for children with microcephaly and other congenital conditions, as an integral part of existing developmental monitoring, newborn screening and on-going family support and early intervention.

Support Ministries of Health and Health Systems to establish / update Microcephaly and Guillain-Barré baseline rates to reinforce early detection mechanisms.

Provide technical support to countries on health service delivery refinements and national level planning to support anticipated increases in service needs.

Procure and provide equipment and supplies to prepare healthcare facilities in provision of specialized care for complications of Zika virus for prioritized countries and territories

Support policies and strategies to access to care and support to young children and families affected by Zika virus, including multidisciplinary management of microcephaly and other potential congenital conditions that are currently known or unknown as to causes.

Preparation of instruments and training strategies to strengthen capacity of social welfare workers to detect and prevent child protection risks such as abandonment, violence and neglect.

Training of ECD/daycare service staff for inclusion of children with microcephaly, other congenital conditions, and developmental disabilities, along with provision of parent/family support.

Strengthen the role of social workers to create awareness on Zika virus and to link population with existing social services that might benefit them (cash transfer schemes, etc.) and reduce



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family stress.

Studying feasibility to adapt/expand existing social protection schemes to ensure inclusion of families with newborns with microcephaly and congenital conditions.

Assisting health sector in developmental monitoring and screening for sensory impairments, common with children with microcephaly, congenital conditions and other developmental disabilities, along with providing follow-up for young children and family orientation/support.



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Project budget by UN categories



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ZIKA RESPONSE MPTF - PROJECT BUDGET			
CATEGORIES	Amount UNICEF	Amount UNFPA	TOTAL
1. Staff and other personnel (include titles of staff, unit cost, quantity)	250,000	250,000	
Salary costs 2 P-4 Health Specialist one year	125,000		
Salary costs 50% one year P4 C4D Specialist	360,000		
			985,000
2. Supplies, Commodities, Materials (incl. description of items, unit cost)			
Communication material	110,000	110,000	
Equipment	100,000	100,000	
Training materials		500,000	
Contraceptive commodities			
Guidelines & protocols	50,000	50,000	
			1,020,000



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3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above) Electronic equipment and maintenance for community based infectious diseases surveillance and declaration	500,000		500,000
4. Contractual services (include details) Mass media communication	500,000	500,000	1,000,000
5. Travel (include details) Technical support missions to affected countries in the region	90,000	90,000	180,000
6. Transfers and Grants to Counterparts (include details)			
7. General Operating and other Direct Costs	200,000	200,000	400,000
Sub-Total Project Costs			4,085,000
8. Indirect Support Costs*			285,950
TOTAL			4,370,950

* 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.