



ZIKA RESPONSE MULTI-PARTNER TRUST FUND

CONCEPT NOTE

Programme Title: Preventing and fighting Zika in Haiti: UNICEF and PAHO/WHO contributions to the national response plan

Objectives of Program	<p>To reduce the transmission of the Zika virus by raising awareness among the Haitian population on modes of transmission and protection.</p> <p>To reduce the incidence of Zika cases and its associated complications in Haiti through improved prevention and increased capacity to identify and treat cases and complications.</p> <p>To improve surveillance of the disease to better target and shape the Haitian government and other partners' response efforts.</p>
Geographic Area	<p>The program will cover all 10 departments of the country.</p>
Implementing Entities	<p>UNICEF and PAHO/WHO</p>
Timeframe	<p>September 2016 – December 2017</p>
Epidemiological context	<p>As of July 19, 2016, the Ministry of Public Health and Population (MSPP) reported 2,845 cases of Zika in Haiti, of which 24 cases were among pregnant women. Four departments recorded the highest number of cases: West (38 percent); North (20 percent); Artibonite (11 percent); and Center (10 percent).</p> <p>There are five reported cases of microcephaly and 2 suspected cases of Guillain-Barre Syndrome (GBS), of which one is confirmed to be linked to Zika. In addition, a case of microcephaly was reported in the United States for a newborn whose mother came from Haiti. Some 275,000 Haitian women of reproductive age, or about 2.5 percent of the total population of 11 million, are at risk of contracting the virus.</p> <p>The epidemiological curve has declined overall, but there has been a slight increase in recent weeks. There is a clear need to reinforce epidemiologic surveillance capacity.</p>
SRP Objective	<p>As part of its Latin America and Caribbean regional response to Zika, UNICEF's goal is to contribute to the <u>control</u> of the spread of infection and the <u>mitigation</u> of its impact on children and their families, particularly in the most disadvantaged communities.</p> <p>In Haiti, UNICEF seeks to <u>support</u> the national Zika response, specifically through the provision of direct technical support to the</p>



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	<p>MSPP in the implementation and coordination of communication for development (C4D) and social mobilization activities. UNICEF works in close <u>collaboration</u> with PAHO/WHO and other relevant stakeholders.</p> <p>PAHO/WHO as the UN health-specialized agency is assisting the MSPP through norms, standards and technical-related activities and mobilizing and coordinating partners in support of the national plan. PAHO activities outlined in this concept note will contribute to four of the five Strategic Objectives of the Zika Strategic Response Plan (SRP), July 2016- December 2017, as follows: detection; prevention; care and support; and coordination.</p>
Beneficiaries	<p>The program aims to target all populations at risk for Zika infection in Haiti, through health promotion and vector control, and with a particular emphasis on pregnant women, neonates and those suffering from the neurological complications related to the disease. Social mobilization activities will target the following:</p> <ul style="list-style-type: none">• <u>Direct</u>: 100,000 women• <u>Indirect</u>: 3,000,000 people
Government counterparts	<p>MSPP at central and departmental levels MSPP's Directorate of Health Promotion and of the Protection of the Environment (DPSPE), Directorate of Family Health (DSF) and Directorate of Epidemiology, Laboratory and Research (DELR)</p>



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Description of Programme Components and Key Output(s)

In February 2016, with technical support from PAHO/WHO, the MSPP published a national plan to fight against Zika. They focused on six priority axes, including epidemiological surveillance, laboratory surveillance, communication and community mobilization, vector control, case management, and coordination and supervision by the MSPP at all levels. The actions proposed here follow the priorities outlined by the MSPP and support their national plan of action.

Detection

It is possible that the decreasing trend observed in the epidemiological curve in the last few months may be due to weaknesses of the epidemiological surveillance system. Therefore, PAHO/WHO proposes to:

- Improve surveillance capacity through training of health workers and community health workers; and
- Increase detection capacity of the country by equipping the national public health laboratory with reagents and technical capacity.

Prevention

Vector control remains an important component to Zika prevention, but requires additional support through the provision of :

- Supplies and materials to the national vector control program; and
- Technical support to an integrated national vector control program.

Family planning has improved over the past 10 years in Haiti; however, many challenges remain. As of 2012, the fifth Mortality, Morbidity and Service Utilization Survey conducted in 2012 (EMMUS V) reported that only 31 percent of women aged 15-49 years old used a modern method of family planning, and women aged 15-19 have even lower rates of family planning. The unmet need for family planning is estimated at 35 percent. In fact, 84 percent of women in Haiti who do not use family planning have not discussed it with either a community health agent or a provider in a health institution. Family planning and access to long-term methods are essential in Zika-affected areas so that women at risk of infection can limit their pregnancies and thus reduce the risk of microcephaly in the foetus. To this end, the following are proposed:

- Provision of logistical support and supplies to support mobile clinics for long-term family planning to help develop new behaviours in communities and work with health providers in institutions to provide family planning;
- Reinforcement of training and capacities of health workers, community health workers (or *agents de santé communautaires polyvalents* in French) and local community actors to reach communities, and provision of sensitization and counselling for young women; and
- Technical support to help the DPSPE/MSPP develop risk communication information.

Care and Support

There is an absence of systematic recognition of neurological congenital conditions such as microcephaly, and consequently a dearth of notifications of paediatric cases. This occurs



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because maternity and paediatric health personnel are either not aware or unused to the protocols necessary for adequate evaluation of new-borns, which can result in under-diagnosis of conditions and therefore patients can be missed. To address this, the following activity is envisioned:

- Training of maternity and paediatric health providers to apply correct protocols of comprehensive evaluations of new-borns, including recognizing indications of microcephaly possibly linked to Zika.

There are only two neurologists for the entire country who can detect and treat severe neurological syndromes such as GBS. Further reinforcement must be made to improve early diagnosis of neurologic complications related to Zika to assure appropriate treatment in a timely manner. At the moment, as there are only two ICUs (one private and the other non-profit) in the country, there is a strong need to reinforce public hospital capacity to accept and treat these patients. The following are proposed:

- Provision of important treatment materials such as immunoglobulins to ensure availability of stock to treat severe neurologic cases in 2017;
- Rehabilitation and provision of materials for ICUs in key health institutions which treat Zika;
- Training of internists and general practitioners on diagnosis and treatment of GBS and other neurological complications linked to Zika; and
- Training on differential diagnosis to better distinguish Zika from other similar diseases such as malaria and dengue.

Coordination

PAHO will support the MSPP in mobilizing partners and implementing activities underpinning the national action plan against Zika as needed, allowing the MSPP to: mobilize in the field to conduct visits and organize regular meetings; harmonize messages at community, departmental and central levels; and increase investigations into suspected Zika cases and their complications. The following is envisioned:

- Improved supervision and coordination of the MSPP-implemented Zika activities.

UNICEF will support the MSPP's priority strategies as follows:

1. A multimedia campaign to inform the population on preventive measures against Zika. Focus groups will be formed for pregnant women to enable them to implement preventive measures;
2. Community mobilization to empower leaders to conduct cleaning days in communities; and
3. Psychological care for women affected by Zika, for which providers will be trained and units set up at maternity hospitals.

The implementation of these strategies should help achieve the following results:

- 3,000,000 people are informed of preventive measures against Zika;
 - 200,000 women of childbearing are able to protect themselves against Zika;
 - 500 providers are trained on the psychological care of affected women; and
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- 1,000 high-risk localities carry out clean-up days at the community level

For its part, PAHO will deliver the following:

- Improved capacities of detection and investigation of suspected Zika cases and their complications in Haiti (Detect);
- Reinforced integrated national vector program to increase effectiveness of vector control in Haiti (Prevent);
- Reinforced family planning to allow women to postpone pregnancy and thereby prevent Zika-related complications in new-borns (Prevent); and
- Improved case management capacities of Zika-related complications in terms of trained human resources as well as institutional capacity in terms of materials and equipment (Care and Support).

Programme outputs are as follows:

- Awareness campaign against Zika
 1. Development of communication materials including posters, flyers, audio and video;
 2. Sensitization sessions in churches, schools and other public spaces;
 3. Broadcast of audio and video spots;
 4. Home visit support for women of childbearing age and especially pregnant women;
 5. Support to women's clubs and community meetings;
 6. Sensitization sessions on vector control measures for sanitation committee members and support to sanitation and community cleaning days.
- Training providers on counseling

Pregnant women need to be oriented and advised on what to do to reduce the risk of contamination. To this end, UNICEF plans to accordingly adapt the module on counseling and conducting training sessions for advisers.
- Partnerships with the religious sector and civil society associations

With 90 percent of Haitians belonging to a religious denomination, partnerships with the sector would facilitate better access to priority groups.



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The Scouts of Haiti, through their service-based motto and presence throughout the country, could be major contributors to conveying prevention messages in the most remote areas of Haiti.

- Survey and final evaluation

The Knowledge, Attitudes and Practices (KAP) survey is a strategic tool for identifying the educational needs of a given population by assessing the level of knowledge, attitudes, motivating behaviors and preventive practices. A KAP study is planned to enable the country office to better define strategies and messages. A final KAP evaluation is also foreseen at the end of the program.



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Project budget by UN categories+

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ZIKA RESPONSE MPTF - PROJECT BUDGET			
CATEGORIES	Amount Recipient Agency 1 – UNICEF	Amount Recipient Agency 2 – PAHO/WHO	TOTAL
1. Staff and other personnel (include titles of staff, unit cost, quantity)	45,000	397,500	442,500
2. Supplies, Commodities, Materials (incl. description of items, unit cost)	100,000	392,000	492,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)	44,000	69,000	113,000
4. Contractual services (include details)	72,000	315,000	387,000
5. Travel (include details)	20,000	164,000	184,000
6. Transfers and Grants to Counterparts (include details)	660,000	480,000	1,140,000
7. General Operating and other Direct Costs	94,100	387,000	481,100
Sub-Total Project Costs	1,035,100	2,204,500	3,239,600
8. Indirect Support Costs*	72,457	154,315	226,772
TOTAL	1,107,557	2,358,815	3,466,372

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.