



## ZIKA RESPONSE MULTI-PARTNER TRUST FUND

### CONCEPT NOTE

**Programme Title:** Behaviour changes and capacity building on prevention of and response to Zika and Mosquito-related infectious diseases in Guyana and Suriname

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*Describe 2-4 objective(s) this programme aims at achieving*

**Objective(s) of Programme**

- Building knowledge evidence in Guyana and Suriname on ZIKV and other arboviral diseases and their vectors through a study on knowledge, attitude and practices (KAP) to strengthen public health and community guidance and interventions to prevent, detect and control Zika virus infection and manage its complications and impacts
- Strengthening national capacity in prevention of Zika affected risk behaviours on pregnancy through family planning and reproductive health education.
- Developing and implementing a Communication Strategy and community based action plans in vector control including personal hygiene behaviours, removing Mosquito breeding sites and improvement of waste management at community level.
- Developing and implementing a Communication Strategy to raise awareness of general public to reduce discrimination and stigma to those children and families affected by Zika and other type of disorders/disabilities. Building national system and capacity on response and supports to children and families with special needs through Early Childhood Development (Early detection, development monitoring and physical/psychological support to children and families affected by Zika and other disorders/disabilities).

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**Geographic Area**

*List geographical areas covered by the programme*

The programme will focus on the identified high risk communities (coastal, rural and hinterland) that have already been engaged

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through first phase ZIKV response in both countries. The public awareness mobilization will cover the whole countries.

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<b>Implementing Entities</b>	<i>List Implementing Entities</i> <b>Guyana-</b> UNICEF, UNFPA <b>Suriname-</b> UNICEF, UNFPA
<b>Timeframe</b>	<i>Start year – End year (implementation)</i> October 2016 – December 2017

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<b>Epidemiological context</b>	<p><i>Justification for the necessity of intervention based on the current epidemiological context in <u>this</u> geographical area</i></p> <p><b>Guyana</b> has limited testing capacity, although the Ministry of Public Health has determined that locally acquired infections are occurring in coastal and some interior locations. There have been 7 cases of confirmed GBS recorded from March to June 2016, as compared to 6 for 2015</p> <p><b>Suriname</b> has had 2,220 suspected cases of ZIKV with 691 confirmed between December 2015 and June 2016. There has also been an increase reported in Guillain Barre Syndrome cases with 10 recorded in 2016 as of May 2016 compared to 10 in whole of 2015.</p>
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<b>SRP Objective</b>	<p><i>Explanation of contribution to specific Strategic Objectives of the Zika Strategic Response Plan (SRP), July 2016- December 2017</i></p> <p><b>Detection-</b> By providing KAP data, C4D materials for both practitioners and beneficiaries can be designed and disseminated for effective awareness raising to enable surveillance systems in</p>
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both countries to conduct timely and comprehensive situational reporting of emerging situations.

**Prevention-** Through Communication for Development (C4D) training to build capacity, develop and implement community based Communication Strategy and participatory Action Plans for changing behaviours and improving environment to enhance prevention measures at the individual, family, and community-level – including through the reduction of breeding sites, appropriate waste management, and personal protection. To support the provision of information and facilitation of access to appropriate reproductive health services including contraceptive options.

**Care and support** – Through communication on reduction of discrimination/stigma and capacity building of health and social systems and other relevant stakeholders at the national and community levels to provide appropriate services and support to individuals, families, and communities affected by Zika.

**Research-** The KAP study will generate data and evidence needed to strengthen public health and community guidance and interventions to prevent, detect and control Zika virus infection and manage its complications.

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	<i>Number of estimated direct &amp; indirect beneficiaries in the geographical area covered by the programme</i>
<b>Beneficiaries</b>	<b>Guyana:</b> Direct- 110,000 in 7 Administrative Regions. Indirect- 750,000 <b>Suriname:</b> Direct- 80,000 in 3 Administrative Districts. Indirect- 540,000
	<i>Government counterparts that will be involved in programme development and implementation</i>
<b>Government counterparts</b>	Guyana- Ministry of Public Health, Ministry of Communities and NGOs

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Suriname- Ministry of Health/Bureau of Public Health, Regional Health Department (RGD)/Medical Mission (MZ), Ministry of Regional Development, other NGOs

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#### Description of Programme Components and Key Output(s)

- *Brief overview of the programme rationale and components*

Many critical knowledge gaps still remain for Guyana and Suriname including regarding effective interventions to prevent and limit the spread and impact of ZIKV infection and its complications. The critical bottlenecks in effective prevention and response are from both demanding side on changing of knowledge, attitude and behaviours of the general public from individual, family, community, and from service side to have the capacity in responding the needs national and decentralized level, in particular in hinterland areas. The key challenges include the lack of knowledge and inappropriate sexual and reproductive health behaviours with unmet needs, poor personal hygiene practices and family/community vector control system for prevention of mosquito bites, and discrimination/stigma with limited technical capacity insupporting children affected by Zika and other disabilities.

In order to help fill this gap, UNICEF with UNFPA will support the government and civil society to their capacity on Communication for Development through developing and implementing a communication strategy to the major concerns on social norms or behaviors, using an analysis-action approach of participatory planning and intervention at community level. A quick Knowledge, Attitude and Practice (KAP) study will help to establish the baseline for community based interventions.

The programme will support the development and implementation of technical protocols, procedures and guideline with the focus on early detection, reproductive health service, and strengthening of the integrated Early Childhood Development system to provide physical and psychological support to children and families affected by Zika and other disabilities.

The key programme components are outlined below:

Activity	Timeframe
Conduct C4D training and ECD ToT training and support the development of relevant technical protocols, guidelines and materials (UNICEF, coordinating with UNFPA & PAHO)	Aug. –Oct. 2016

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Conduct a rapid KAP study in the selected communities covering family planning and reproductive health, hygiene and vector control and awareness/attitude towards children and families affected by Zika and other disorders/disabilities. Develop and implement a monitoring framework for the interventions listed below (UNICEF/UNFPA-coordinating with PAHO)	Oct. 2016 – Dec. 2017
Develop and implement education programme on improvement of family planning and reproductive health focusing on reproductive age women and men, in particular young girls and boys who are at high risks (UNFPA)	Oct. 2016 - Oct. 2017
Develop and implement a community based communication strategy and action plans in the selected communities to improve vector control system focusing on individual, family and community behaviour changes (UNICEF coordinating with PAHO/UNDP through another proposal)	Oct. 2016 - Oct. 2017
Develop and implement communication and capacity building at both national and community level to strengthen the integrated services to support children and families with special needs (UNICEF coordinating with PAHO)	Oct. 2016 - Dec. 2017

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- *Describe Programme Outputs (use bullet points format)*
  - **Research on behavioural aspects of preventions measures-** The KAP study and monitoring framework will generate data and evidence and monitor the progress in strengthening public health and community guidance and interventions to prevent, detect and control Zika virus infection and manage its complications
  - **Improved knowledge and changed behaviours on family planning and reproductive health** – Reduce unexpected pregnancy and increase health consultation and service to pregnant women and their family to reduce risks of Zika and other infectious diseases. Providing pregnant women with access to appropriate information and counselling regarding risks and available services, in order to address any fears, and to empower them to make fully informed decisions regarding the pregnancy.
  - **Community engagement for prevention-** National ZIKV coordination groups provided with information and data to identify factors that will influence behavioral changes of individuals, families and communities to develop C4D materials and response activities for the prevention of the transmission of arboviral diseases.
  - **Awareness raising for early diagnosis, development monitoring and support to affected children/families** - Information and data provided for C4D materials for both practitioners and beneficiaries designed and disseminated for effective awareness raising to enable ECD services and surveillance systems. Provision of early detection equipment/tools and support establishment of ECD corner in the communities/health facilities.
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#### Project budget by UN categories

CATEGORIES for the two countries	UNICEF	UNFPA	TOTAL
1. Staff and other personnel (Project officer/coordinator, one for each agency with unit cost US\$3,000/month for 15 months UNICEF and 12 months UNFPA)	45,000	36,000	81,000
2. Supplies, Commodities, Materials (Research, training and communication materials, with the development, design and printing cost. Early detection equipment and UNICEF ECD toolkits, unit cost US\$???)	60,000	60,000	120,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)			
4. Contractual services ( Consultant and trainers to develop behavior change communication strategies, study tools and M&E framework, communication materials, training materials, technical protocol and guidelines and media products on relevant programme components)	50,000	50,000	100,000
5. Travel (Travel to interior Amazon area with round trip cost US\$1,500-2,000/trip)	20,000	20,000	20,000
6. Transfers and Grants to Counterparts (organize training activities, community participatory planning and implementation of the Communication Strategies and vector control system, field work cost for rapid study and monitoring, strengthen of national and local capacity on ECD including provide early detection and development monitoring services and provide support to children/families with special needs.)	160,000	0	160,000
7. General Operating and other Direct Costs	25,000	20,000	45,000
<b>Sub-Total Project Costs</b>			
8. Indirect Support Costs*	25,200	23,380	48,580
<b>TOTAL</b>	<b>385,200</b>	<b>209,380</b>	<b>594,580</b>



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\* *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.*