

# ZIKA RESPONSE MULTI-PARTNER TRUST FUND CONCEPT NOTE

**Programme Title:** Empowering communities and strengthening government services to prevent and control zika virus and to mitigate its complications in the northern Amazonian region of Peru.

	<ol> <li>Develop coordination mechanisms between the different government levels, sectors and social organizations towards a response against zika.</li> <li>Strengthen the integrated surveillance systems at the regional and local</li> </ol>					
Objective(s) of Programme	<ul><li>levels for the detection of zika virus and its complications.</li><li>3. Reinforce the integrated management for the prevention of zika virus, through vector control, sexual and reproductive health strategies, risk communication and social participation.</li></ul>					
	4. Improve the communities' and national organizations capacities for the care and support of pregnant women, children and families affected by zika.					
Geographic Area	Regions of the northern amazon: Cajamarca (Jaén province), Amazonas (Bagua province), Loreto (Alto Amazonas and Maynas provinces), San Martín (San Martin y Moyobamba provinces), Ucayali (Coronel Portillo province)					
Implementing Entities	PAHO – UNICEF - UNFPA					
TD* e	Start year: September 2016					
Timeframe	End year: December 2017					
Epidemiological context	According to the National Plan for Preparedness and Response against the zika virus disease, there are 18 434 000 inhabitants living in 20 regions, not contracting the zika virus infection. To date, the Ministry of Health has informed about 81 autochthonous cases that are distributed in the regions Cajamarca, Loreto, Tumbes, San Martin and Ucayali and Lima, with Cajamarca having 75% of the cases (City of Jaen). Only one case of sexu transmission has been documented in Lima. Of these cases 29 are of pregnant women, 8 of them have contracted the disease in the first trimes of the pregnancy. Although there is demonstrated circulation of the virus since February 2016, to date, there are no documented cases of zika congenital syndrome. The Peruvian Ministry of Health has not implement routine diagnosis services for zika in the amazon regions. Moreover, diagnostic capacity is concentrated in the capital city of Lima. Cases identified until now are product of specific targeted actions like the one implemented in Jaen.					
SRP Objective	The proposal contributes to the strategic objectives of the preparedness and response of UNICEF and WHO through the generation of capacities at the national, regional and local levels by:					



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	<ul> <li>Supporting an effective coordination and articulating response initiatives against the propagation of the virus</li> </ul>				
	<ul> <li>Prompt situation diagnosis through advocacy and the strengthening of surveillance systems.</li> </ul>				
	<ul> <li>Prevention through the dissemination of information and articulation of communities, assuring appropriate access to sexual and reproductive health services.</li> </ul>				
	<ul> <li>Integrated application of the care and support of children and families affected by zika congenital syndrome with a community based focus</li> </ul>				
	<b>Direct:</b> Local urban population: 1 258 241 (includes 660 000 women in reproductive age)				
Beneficiaries	<b>Indirect:</b> 1,784,494 corresponding to the urban population of the regions of de Cajamarca, Amazonas, Loreto, San Martin y Ucayali				
	Ministerio de Salud, Ministerio de Educación, Ministerio de la Mujer y Poblaciones Vulnerables, Ministerio de Desarrollo e Inclusión Social, ESSALUD, Direcciones regionales de Salud, Gobiernos Regionales, Gobiernos Locales, Organizaciones sociales de base				
Government counterparts	Ministerio de Salud, Ministerio de Educación, Ministerio de la Mujer y Poblaciones Vulnerables, Ministerio de Desarrollo e Inclusión Social, ESSALUD, Direcciones regionales de Salud,				

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

The national program will be implemented in coordination with the Ministry of Health, Ministry of education, Ministry of Women and vulnerable populations, Ministry of development and social inclusion and other organizations responsible of the response against the virus dissemination. The planned program actions are aligned with the directives of the Peruvian National Plan of Preparedness and response against the zika virus and with the preparedness and response plans of WHO and UNICEF. The program will strengthen the services and capacity installed in the country for vector control, sexual and reproductive health and care and support of children disabilities.

The implementation will be done jointly by three agencies of the United Nations, in established areas that correspond to the regions that have shown to date the largest number of cases. For the selection of the intervention areas we also took into account the installed capacity of the involved agencies.

The program includes four components:

- **1. Coordination:** Enhancement of coordination mechanisms between the different levels of government, sectors, and social organizations for a comprehensive approach to the detection, prevention, care and care of the different populations affected by or at risk from the spread of the virus.
- **2. Detection:** Implementation of actions to strengthen regional and local integrated surveillance systems for the detection of zika virus and its complications. This includes strengthening of epidemiological, clinical and entomological surveillance programs in health services; and strengthening of the network of community health workers for community surveillance.
- **3. Prevention:** Strengthening of the integrated vector control management, management of sexual and reproductive health and promotion of healthy practices. For this purpose we will implement advocacy



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strategies, strengthening the quality of the sexual and reproductive health and the inter-sectoral actions for vector control. In the same sense we will implement a risk communication strategies through work at the community and interpersonal level and using online social networks mass media communication.

**4. Care and support:** With the aim of improve the improving the care and support of pregnant women, children and families affected by zika, our program will assess the installed capacity at the national, regional and local governments for the treatment of disabilities, finding innovative solutions to fill the gaps in services, technical capacity and policies. This objective will be achieved by four main strategies: first, promote and advise on the creation of guidelines for the care and support for the children and families affected by zika. Second, by improving the technical capacity of professionals from all involved sectors and Third, by advocating for the correct budget allocation to the areas and sectors affected by this problem. Fourth, develop community level work with organization of families of children with disabilities strengthening the support network of affected families, also ensuring access to correct and updated information about the diseases and its consequences and by promoting the collaborative work with the government ministries.

#### • Describe Programme Outputs

- 1.1. Coordination mechanisms at the national, regional and local levels strengthened for the integrated management of the response to the spread of the virus.
- 1.2. Improved management of financial resources of national and regional levels for preparedness and response to the virus with quality and efficiency.
- 2.1. Surveillance systems for zika cases and its complications strengthened at regional and local levels of health with emphasis on groups at risk.
- 2.2. Community surveillance systems developed for the prevention of the spread of the virus in at-risk groups
- 3.1. Vector control actions articulated with epidemiological and entomological surveillance; and with the inter sectorial and community work in local and regional health levels
- 3.2. Improved management for the logistics and provision of supplies for family planning and for counselling and care in sexual and reproductive health.
- 3.3. Local governments and multi-sectoral platforms have knowledge and tools to promote healthy prevention behaviours for the protection against zika virus in their communities
- 3.4. Design and production of communication for development strategies for the promotion of healthy behaviours for the prevention and protection against zika virus, implemented by social and youth organizations.
- 4.1 Diagnostic mapping of government capabilities for the identification, treatment, care and support of pregnant women, children and families affected by zika
- 4.1 Improve the care and support services for pregnant women with diagnosis of zika including clinical services, pertinent counselling, and integral follow up.
- 4.2 Improve the care and support services for the babies affected by zika and their families.

### **BUDGET MPTF ZIKA PERU**

CATEGORIES				
CATEGORIES	РАНО	UNFPA	UNICEF	TOTAL
1. Staff and other personnel	157,500	120,000	277,500	555,000
National coordinator (15 months)	,		75,000	75,000
Regional coordinators (\$2,500 X 15 months) 2 UNICEF, 2 OPS, 1 UNFPA)	75,000	37,500	75,000	187,500
Comunications expert (15 months)			45,000	45,000
Sexual and Reproductive Health expert (\$3,500 x 15 months)		52,500		52,500
Surveillance and health services expert (15 months)	52,500			52,500
Care and support expert (15 months)			52,500	52,500
Administrative assistant (1 x agencia x \$2,000 x15 months)	30,000	30,000	30,000	90,000
2. Supplies, Commodities, Materials	30,000	210,000	15,000	255,000
Laboratory supplies (INS y 3 regional laboratories)	30,000			30,000
Printing of information material por women of reproductive age (50% MEF)		210,000		210,000
IT equipment			10,000	10,000
Office equipment			5,000	5,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)	345,000	14,000	0	359,000
Emergency Kits (mechanical ventilator, infusion punp,bomba de infusion, monitores multi parameters monitors, emergency stretchers) for provincials hospitals	175,000			175,000
Vectorial control Kits (7 machines, protection personal equipment) for network health service	140,000			140,000
Epidemiological surveillance Kit (2 computers, 1 printer, 2 GPS, 1 licence ArcGis, furniture) for network health service	30,000			30,000
Communitary health agents and providers sexual and reproductive health services equipment (cap, t-shirt, table and waterproof backpack) \$20x7 areas x 100 persons		14,000		14,000
4. Contractual services (include details)	445,000	639,000	610,000	1,694,000
Comunication in health risk strategy design (1 national expert)	15,000			15,000
Implementation of a sexual and reproductive health Community based Comunication campaign (10,000 x 7 campaña)		140,000		140,000

Profesional support in monitoring activities				
(profesional full time x 1,2000 s x12		144,000		144,000
month=14,400) x5 regions full time		144,000		144,000
Analysis of health services capacities to face				
zika's complications (1 national expert)				
zika s complications (1 national expert)	15,000			15,000
Analysis of disease surveillance in the selected	15 000			15,000
regions (1 national expert)	15,000			15,000
Analysis of commnuties capacites for				
development of healthy practices (2 national	15,000			15,000
experts)				
Implementation of knowledge, actitudes and				
practices for vector control in five selected	50,000			50,000
regions(1 expert by region)				
Implementaion of knowledge, actitudes and				
practices for sexual and reproductive health in				
the zika context in five selected regions (1		75,000		75,000
expert by region)				
Strengthened of sexual and reproductive health				
services on counselling and family planning at				
national and local levels		35,000		35,000
(1 national and 5 local workshops, 5				
monitoring visits) full cost				
Strengthened of sexual and reproducive health				
services for logistic of suplies in five selected				
regions (1 national workshop and 2 monitoring		20,000		20,000
visits)) full cost				
Analysis of vector control capacities in the	15,000			15,000
field (1 national expert)	<u>,                                      </u>			
Design and priting of communication materials				
for vector control, social mobilizations and	50,000			50,000
communities activities in five selected regions				,
Broadcasting of key communication messages				
in local medias in five selected regions by 6	45,000	45,000		90,000
months (\$ 1500 by month)				
Contract for cathering and local facilities for				
workshops (2 by month for 10 month, \$ 2000				
by workshop) in five selected regions	200,000	90,000		290,000
Technical assisstance for strengthend of				
surveillances at sexual and reproductive				
services and communities (3 workshops,		40,000		40,000
monitoring and evalution in each region)				
Distinct of the last of the state of the sta				
Printing of technical material for sexual and				
reproductive service (\$5000 by region)	25,000	50,000		75,000
Communication for development strategy for				
Communication for development strategy for the prevention of adolescent pregnancies in areas with risk of zika.			100,000	100,000

Communication for development (C4D) prevention strategy through community engagement and work in school and with adolescent networks			200,000	200,000
Mapping and diagnosis of government capabilities for the identification, diagnosis and care and support of newborns and children afected by zika congenita syndrome			100,000	100,000
Printing of communication materials for prevention materials			150,000	150,000
Development of an care and referral system guidelines for the treatment and care of children affected by zika congenital syndrome			30,000	30,000
Development of care and support guidelines			30,000	30,000
5.Travel (include details)				
	166,000	156,000	81,000	403,000
Mobilization of technnical staff for monitoring of the project in the field (2 people, 5 days, one by mes)	30,000	30,000	30,000	90,000
Mobilization of international experts (4 by agency, 5 days by visit = \$ 2000) for technical coopeation in the field	24,000	24,000	24,000	72,000
Mobilization of 2 international experts by agency (5 days, \$ 3500) for internationl workshop in Limal	7,000	7,000	7,000	21,000
Mobilization of key social actors for 2 national workshops (25 people by 2 workshop, 4 days = \$1000)	20,000	10,000	20,000	50,000
Mobilization of key social actors for workshops in five selected regions (5 days = \$ 300 by person)(30 people by 2 workshops during 10 months)	85,000	85,000		170,000
6. Transfers and Grants to Counterparts (include details)			375,000	375,000
Design and implementation of a capacity building program (training of trainers) for reposnsibles of early child development and disabilities (50 people x 3 modules x 5 days)			135,000	135,000
Technical assitance for the implementation of the capacity strengtening regional plans (5 regions)			190,000	190,000
Advocacy strategy at the national, regional level in coordination with organizations of parents with children of disabilities			50,000	50,000
7. General Operating and other Direct Costs	25,000	25,000	55,000	105,000
Freight for delivery of medical device in five selected regions	10,000	10,000	10,000	30,000

Operational costs (telephone, supplies, etc)	15,000	15,000	45,000	75,000
				0
Sub-Total Project Costs	1,168,500	1,164,000	1,413,500	3,746,000
8. Indirect Support Costs*	81,795	81,480	98,945	262,220
TOTAL	1,250,295	1,245,480	1,512,445	4,008,220