ZIKA RESPONSE MULTI-PARTNER TRUST FUND

CONCEPT NOTE

Programme Title: Joint Programme on promotion of women´s human rights in Zika prevention and response

Objective(s) of Programme	*Overall objective:* Ensure a gender-sensitive and human-rights based approach to the prevention and response of Zika. *Outputs:* 1. Advocate for the inclusion and women's participation in decision-making, and supports National Women's Machineries, civil society, especially feminist and women's organizations, to amplify their voices to be an integral part of the national response to the epidemic. 2. Affected communities receive accurate communications that promote informed, rights-based choices with regard to their lives including health, and sexual and reproductive health 3. Generate evidence needed to strengthen essential public health guidance and interventions to prevent and limit the impact of Zika infection and its complications. 4. The coordinated national and international response include a strong gender and human rights focus that advances the human rights of women and girls, with a direct impact on their lives and health
Geographic Area	Brazil, Dominica, Dominican Republic, Ecuador, Haiti, Honduras, Jamaica
Implementing Entities	UN Women, UNFPA
Timeframe	2016 – 2018
Epidemiological context	*Justification for the necessity of intervention based on the current epidemiological context in <u>this</u> geographical area* According to the PAHO epidemiological update on Zika (July 14, 2016), 40 countries and territories have confirmed local, vector-borne transmission of Zika virus disease in the Region of the Americas since 2015. In addition, five countries in the Americas have reported sexually transmitted Zika cases, and as of 6 July 2016, microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection or suggestive of congenital infection have been reported by 7 countries in LAC. **Brazil**. After the confirmation of the first cases of Zika infection in Bahia and Rio Grande do Norte in 2015, currently all 27 Federal Units are reporting cases. PAHO reports show that cumulative cases in Brazil are the highest in the region with 161,242 suspected cases and 64,311 confirmed cases (as of 7 July 2016). Suspected cases of Zika in pregnant women have been reported across the country. **Ecuador.** According to national data, three months after the April earthquake, the number of Zika Virus cases increased from 92 to 1,106 country-wide, with the sharpest increase in the quake-hit areas. 80 per cent of the Zika cases have been reported in the province of Manabí – the region that was most severely damaged by the earthquake, and in which the proliferation of stagnant waters, and concentration of displaced persons increased the risk

of vector transmission. Women between 15 and 49 years of age are the worst affected by the virus, accounting for 509 cases in Manabí.

Honduras. This Central American country has the highest number of suspected Zika cases reported in all 18 departments. The territories that reports the highest incidence of cases are Yoro and Francisco Morazán, followed by Santa Barbara, Olancho, and Choluteca. The cities of San Pedro Sula and Tegucigalpa also show increasing numbers. The Honduran health system has limited capacity to deal with a possible upsurge in microcephaly and GBS.

Dominican Republic. Dominican Republic reported the first autochthonous cases of vector-borne transmission of Zika virus early 2016. Currently, all 32 provinces of the country have registered suspected cases. As per July 7 there were nearly 3,800 suspected cases and 100 confirmed. The country has limited capacity to deal with a possible upsurge in microcephaly and GBS, including capacity to provide support to new-borns and family counselling.

In addition, **Jamaica, Haiti and Dominica** show higher incidence of Zika suspected and confirmed cases in comparison to the rest of the Caribbean region. These countries also have very limited institutional capacity to deal with the effects of Zika on women and new born babies.

SRP Objective	*Explanation of contribution to specific Strategic Objectives of the Zika Strategic Response Plan (SRP), July 2016- December 2017* This Joint Programme (JP) comprehensively encompasses activities that will respond to all three strategies within the SRP strategic objectives of: Care and Support: Strengthen 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. Coordination: Establish and maintain adequate, transparent, and accountable coordination mechanisms for the response to Zika.
Beneficiaries	*Number of estimated direct & indirect beneficiaries in the geographical area covered by the programme* 1. Outreach via civil society in seven countries: 10,000 women (approx. 100 women´s organizations and networks) 2. Beneficiaries, including through communications outreach: To be determined as part of baseline
Government counterparts	*All countries:* Ministries of Women´s Affairs, Ministries for Health and the Ministry for Social Development/ Assistance, Public Health Research Institutes, and Centers for Disease Control

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Description of Programme Components and Key Output(s)

- Brief overview of the programme rationale and components

Rationale

On 1 February 2016, the World Health Organization (WHO) declared the Zika virus epidemic - and its suspected link to microcephaly - a Public Health Emergency of International Concern. In April, WHO and the CDC confirmed the causal relation between Zika infection and microcephaly and other congenital malformations. Since the outbreak of Zika virus in Brazil in November 2015, over 7,000 babies have been born with suspected microcephaly. The rapid spread of the disease has left millions of women and families living in fear and uncertainty as Latin-American public-health officials have struggled to coordinate an emergency response. Troubling new discoveries, including confirmed sexual transmission of the virus also continue to emerge, indicating the possibility for the epidemic to spread rapidly and widely. In order to further prevent the spread of Zika, and to mitigate its impact on those already affected, urgent action is necessary – and this urgency requires an intensified focus on the gender dimensions of the epidemic. Zika has a female face.

The vulnerability of women of reproductive age, pregnant women and their families is widely recognized, given the scale of the Zika epidemic and its association with the rise in detected cases of congenital malformations in new born children. The Latin American and Caribbean (LAC) region is simultaneously experiencing an unprecedented spread of Zika, along with high rates of unplanned pregnancy - especially teen pregnancy - high prevalence of sexual violence, and limited access to sexual and reproductive health services for vulnerable groups, particularly adolescents and youth. Yet funds to seriously address these issues have not been forthcoming.

In addition, the three diseases transmitted by *Aedes Egyiptiy* (dengue, chikungunya and zika) affect women´s economic and social autonomy, with loses of jobs or wages. For example, the disability resulting from chikungunya can be severe and last for months. In the case of mothers with children born with zika-related congenital syndrome, many are caring exclusively for their children with and cannot earn a living given the increased care responsibilities. This also affects those working within the health and social services, for the sick and their families, given the emotional burden and burnout they are subject to, many of whom are women.

Thus, upholding women's human rights (including sexual and reproductive) is essential for the response to the Zika health emergency. Concrete steps must be taken to guarantee that women have the information, support and services they require to exercise their rights, including to determine whether and when they become pregnant, and whether to carry a pregnancy to term. In this regard it is critical to ensure that culturally appropriate risk communication messages are developed and disseminated with an emphasis on sexual and reproductive health information for women of child bearing age as well as for adolescents and youth.

The need for a coordinated response is undeniable. UN Women and UNFPA are working with partners in the UN, International Community, Government, and Civil Society Latin American and Caribbean

countries affected by Zika to ensure complimentary, non-duplicative actions that guarantee a strong focus on the gender and women's human rights dimension of the crisis.

The programme will work closely with the local Governments, especially with the Ministries of Women's Affairs, but also with the Ministries for Health and the Ministry for Social Development/ Assistance, Public Health Research Institutes, and Centers for Disease Control. At local level, the programme will build on existing partnerships with sub-national women's machineries in the states and municipalities. UN Women has stronger partnership with the organized civil society, especially with the women's movement, including through its Civil Society Advisory Groups.

UN Women and UNFPA will draw upon their strong alliances with grassroots women's organizations at country, regional and global levels, to foster the urgent dialogue with key policymakers on the need for a rights-based approach to address the current Zika outbreak. For example, in March 2016, PAHO/WHO, UNFPA and UN Women in Brazil convened a meeting with 30 civil society organizations to identify ongoing strategies and synergies and to contribute to the formulation of the UN response to the Zika epidemic. A Reference Group on Women's Rights and Zika Epidemic was formed known as "The Situation Room" that is composed of women's organizations and experts, with two Working Groups – on Women's Sexual and Reproductive Rights and on Women's Access to Services. The Group has met three times and has started a dialogue with national and state authorities on the needs of women as well as coordinated advocacy actions. The Dominican Republic, and other countries have expressed interest in adopting the practice. The Situation Room is a major focus of this proposal – with the intention to replicate in all participating countries. This forum and process will be a key driver of results in the four major output areas below (women´s participation, communication, evidence generation, and coordination).

The programme also intends to extend its reach through a digital platform for Brazil – with a view to replicate in additional countries. In the case of Brazil, this will draw upon its prior experience in developing an app that was adopted at the national level to provide access to information and services related to violence against women.

The overall objective of the programme is to *ensure a gender-sensitive and human-rights based approach to the prevention and response of Zika.*

Focus countries: Brazil, Dominica, Dominican Republic, Ecuador, Haiti, Honduras, Jamaica

Oversight: UN Women and UNFPA will have a joint management arrangement at the Regional Office in Panama. Each country partner will have a programme coordinator based in UN Women or UNFPA – depending existing agency country presence.

Replicability and sustainability: The programme has many innovative elements already tested in Brazil – such as the Women´s Situation Room, Civil Society mobilization, Communications outreach, and UNFPA experience in meeting un-met need for contraception and sexual and reproductive rights and health education. The programme will undergo a mid-term evaluation to assess progress, as well as a final evaluation to ensure assessment and dissemination of results – to propel replication and scale up.

Role of UN agencies: UN Women and UNFPA will collaborate in areas of advocacy that form the basis of the

programme. UNFPA will have a stronger focus on relations with the Health Systems, and UN Women will be the main counterpart of Ministries of Women´s Affairs. Both will work jointly to mobilize their respective civil society counterparts in countries and regionally, as well as to support the production and dissemination of research.

Implementation arrangements: The participating UN agencies will implement the programme through their respective country offices in collaboration with the national counterparts. A lead UN agency will be assigned to ensure effective coordination of the JP and implementation coherence and oversight; this agency will carry out these functions with the support of a Programme Coordinator. Regional Offices will provide for support to South-South Cooperation, consolidation of results, knowledge and advocacy efforts – as well as to encourage sharing in additional countries not included in the current programme.

- *Describe Programme Outputs (use bullet points format)*

1. Advocate for the inclusion and women's participation in decision-making, and supports National Women's Machineries, civil society, especially feminist and women's organizations, to amplify their voices to be an integral part of the national response to the epidemic.

- Promote the creation and support the meetings and functioning of Reference Groups on Women's Rights and Zika Epidemic, with active involvement of women organizations and experts to share information and prepare joint advocacy and communications initiatives
- Developing and maintenance of an interactive web-based platform with SMS capabilities addressed to increase the number of persons who will be able to receive and share information to shape the response to Zika epidemic
- Support CSO advocacy to increase the capacity of health, social and environmental services to prevent the spread of the mosquito and the diseases, and manage the increasing number of patients and its complications. Focus will be on comprehensive health care and social services to increase access to health care for the most vulnerable populations, including adolescent girls, and to guarantee access to other social services such as transportation, paid sick leave, among others.

2. Affected communities receive accurate communications that promote informed, rights-based choices with regard to their lives including health, and sexual and reproductive health

- Promote and support the provision of objective information about the epidemic and its consequences, contributing to reduce panic and uncertainty.
- Foster partnership with community and traditional media, such as radio, TV and print media, focused on disseminating factual information on the epidemic and oriented to consider the dignity of women in the context of the response to the epidemic messages.
- Promote meetings with journalists to provide objective, accurate and scientific information on the epidemic, and to advocate for the inclusion of issues relating to gender equality in the response.
- Support the development and dissemination of sexual and reproductive health information targeting adolescents, youth and women of child bearing age.

3. Generate evidence needed to strengthen essential public health guidance and interventions to prevent and limit the impact of Zika infection and its complications.

- Produce research to assess the needs and demands of women, particularly young and other excluded women, in the context of Zika epidemics, and to identify legal and political barriers to access health services, including sexual and reproductive health services.
- Collaborate with UN agencies, civil society, universities, research centers and public institutions to promote and support the production of disaggregated data by sex, gender and other variables that characterize the affected population.

- Develop and foster research on the impact of the Zika epidemic in women´s lives

4. The coordinated national and international response include a strong gender and human rights focus that advances the human rights of women and girls, with a direct impact on their lives and health

- Promote national responses to the epidemic that are based in scientific evidence and guarantee women rights; including access to quality health services, social welfare, transportation, sanitation and women economic and social autonomy.
- Advocate that health care and social services professionals are trained to address women´s needs; strengthen their capacities in pre- and neonatal care, case reporting, psychosocial support and communication skills to treat women and their children with dignity and respect to all their rights.
- Advocate that public authorities guarantee wide and affordable access to comprehensive Sexual and Reproductive Health information complying with the Montevideo Consensus and Action Plan, including for adolescents and youth.

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Project budget by UN categories

CATEGORIES	Amount UN WOMEN	**Amount UNFPA**	**TOTAL**
1. Staff and other personnel			
Country level (Programme coordination)	400.000		400.000
Regional support	40.000	40.000	80.000
2. Supplies, Commodities, Materials	16.000	239.580	255.580
3. Equipment	16.000		16.000
4. Contractual services:			0
National consultants	200.000	188.000	388.000
Int. consultants	50.000	100.000	150.000
Contracts	80.000		80.000
5.Travel	80.000	67.000	147.000
6. Transfers and Grants to Counterparts:	700.000		700.000
7. General Operating and other Direct Costs			0
Facilities, use of vehicles	50.000		50.000
Trainings	40.000		40.000
Workshops	80.000	250.000	330.000
Miscellaneous	40.000		40.000
Monitoring and Evaluation	60.000	50.000	110.000
Sub-Total Project Costs	1.852.000	934.580	2.786.580
8. Indirect Support Costs*	148.000	65.420	213.420
TOTAL	2.000.000	1.000.000	3.000.000

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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.*