



**ZIKA RESPONSE MULTI-PARTNER TRUST FUND**  
**CONCEPT NOTE**

**Programme Title:** *Home, community, and facility-based care for children with Zika congenital syndrome in Northeastern and Southeastern Brazil*

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- Objective(s) of Programme**
- Improved timely diagnostic of Zika for pregnant women and children with Zika congenital syndrome
  - Improved management and support of children with Zika congenital syndrome and their families.
  - Enhanced coordination between various sectors/partners involved in the prevention, detection, management, rehabilitation and support of children with Zika congenital syndrome and their families
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**Geographic Area** *North Eastern region of Brazil (with a focus on the states of Pernambuco, Paraíba, Rio Grande do Norte, Alagoas, Sergipe, Ceará, Piauí, Bahia e Maranhão) and Rio de Janeiro*

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**Implementing Entities** *PAHO/WHO; UNICEF*

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**Timeframe** *September 2016 – August 2017 (implementation)*

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**Epidemiological context** In October 2015, Brazil public health authorities detected an unusual increase in microcephaly cases in public and private healthcare facilities in Pernambuco state, Northeast Brazil. As of 15 July 2016, 8451 suspected cases of microcephaly potentially linked to Zika virus have been reported in Brazil.

North Eastern Brazil has reported more cases of microcephaly in the context of the Zika outbreak than any other region in the country with more than 72% of the total of microcephaly cases reported at national level. More recently, Rio de Janeiro State has shown an increase in microcephaly cases (6.2% of total national reported cases) and highest incidence of Zika infection in South-eastern Brazil.

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**SRP Objective** This proposal addresses the third strategic objective (care and

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support) of the strategic response plan. It will strengthen health, social assistance and education systems, and provide services and support to children with Zika congenital syndrome and their families.

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#### **Beneficiaries**

Approximately 9000 children with suspected microcephaly in mainly north eastern and south eastern Brazil, along with their families will directly benefit.

Twelve million women and adolescents of childbearing age between 10-49 years

Indirect beneficiaries: the wider community and families.

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#### **Government counterparts**

Federal, State, and Municipal Health and Social Assistance and Education Authorities; Universities and research institutions.

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

- *Brief overview of the programme rational and components*

Children born with microcephaly and other congenital disorders may develop mental disorders, major neurological disorders, visual and hearing disorders, intellectual disabilities which are life-long and require extra care. Health and social service systems need to urgently adjust now and develop inter-sectoral response mechanisms including non-clinical support and stigma reduction, long-term special education as well as targeted social protection measures for affected families.

The full spectrum of the consequences of the Zika virus infection during pregnancy is still under investigation. Therefore, even those babies born without microcephaly or any other obvious malformation and their families may require special follow up by health, education, and social services.

Existing data show that communities affected by Zika virus face multiple chronic disadvantages such as high level of poverty, substandard sanitation and infrastructure, and limited access to services and information. The Zika outbreak also makes gender inequalities more visible. Women, especially indigenous and afro-descendants, are overrepresented among those at high risk of infection and those who provide care to affected children. An effective response to these and other characteristics of the Zika outbreak in Brazil require a coordinated

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action of health, social assistance and education sectors as well as the engagement and participation of civil society, local authorities and communities themselves.

The targeted actions of this proposal seek to strengthen the coordination and participation of communities, municipalities, and state health and social institutions in the North eastern and South eastern Regions of Brazil, in order to enhance the care and support needed by children and families affected by the Zika outbreak.

More specifically, the goal is to ensure that children with congenital syndromes and their families receive the appropriate and timely diagnostic and rehabilitation services, early stimulation, social support, psychosocial support, and when needed, specialized healthcare and education. Women and adolescents in general will receive the appropriate sexual and reproductive health information, especially those related to access to contraceptives and early detection of pregnancy. Actions to reduce stigma and discrimination will target communities in general. All actions will integrate a gender and intercultural perspective.

It has five main lines of action:

1. Improved access to timely and appropriate Zika diagnostics for pregnant women and children with Zika congenital syndrome, including laboratory and imaging diagnostics
  2. Improved access to competent and skilled health and social care workforce to care and support children and families affected by the Zika congenital syndrome, at all levels of care
  3. Enhanced multidisciplinary mechanisms to support the effective delivery of essential and specialized health, rehabilitation, education, and management services of Zika congenital syndrome in the immediate and long-term.
  4. Improved availability of a package of support services (counselling, social protection, and assistive devices) at community level for families to care for affected children and address the impact of Zika congenital syndrome.
  5. Enhanced community engagement and public awareness raising of the impact and consequences of Zika infection during pregnancy and of the neurological impact of Zika virus among children and diminishing the associated stigma
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*Describe Programme Outputs (use bullet points format)*

***ER#1: Improved access to timely and appropriate Zika diagnostics for pregnant women and children with Zika congenital syndrome, including laboratory and imaging diagnostics***

- Equipment and supplies for clinical, lab, and imaging diagnostic during pre-natal care, for prevention and early diagnostic of neurologic syndromes
- Trained technicians for clinical, lab and imaging diagnostic during pre-natal care, for prevention and early diagnostic of neurologic syndromes

***ER#2: Improved access to competent and skilled health and social care workforce to care for and support children and families affected by the Zika congenital syndrome, at all levels of care***

- Guidelines for home, community, and facility based care of children with Zika congenital syndrome
- A cadre of trained community health workers to provide care for children with Zika congenital syndrome
- Telemedicine platform supplies and equipment, and guidelines

***ER#3: Enhanced multidisciplinary mechanisms to support the effective delivery of essential and specialized health, rehabilitation, education, and management services of Zika congenital syndrome in the immediate and long-term***

- Updated mapping of available services and partners (public, private, and non-governmental; Federal, State, Municipal, International) for children with Zika congenital syndrome
  - Multi-partner algorithm for provision of services for children with Zika congenital syndrome
  - An integrated clinical and social care pathway for children with Zika congenital syndrome opportune
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***ER#4: Improved availability of a package of support services (counselling, social protection, and assistive devices) at community level for families to care for affected children and address the impact of Zika congenital syndrome.***

- Revised and updated package of support services (counselling, social protection and assistive devices) for families to care for affected children and address the impact of microcephaly, other congenital anomalies and neurological conditions.
- Roadmap for ensuring availability of the package of support services in all targeted municipalities
- Updated municipalities plan of actions for ensuring availability of the package of support services in all targeted municipalities

***ER#5: Enhanced community engagement and public awareness raising of the impact and consequences of Zika infection during pregnancy and of the neurological impact of Zika virus among children and diminishing the associated stigma***

- A trained network of community leaders to implement activities to reduce stigma and support pregnant women
  - Support groups for families of children with Zika congenital syndrome
  - Communication materials including the use of new technologies
  - A mechanism to engage civil society and communities in the planning, implementation and monitoring of Zika prevention and response activities.
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ZIKA RESPONSE MPTF - PROJECT BUDGET			
CATEGORIES	Amount Recipient PAHO/WHO	ESTIMATED Amount Recipient UNICEF (US\$)	TOTAL
1. Staff and other personnel (include titles of staff, unit cost, quantity)	<p style="text-align: right;"><b>522,896<sup>(i)</sup></b></p> <ul style="list-style-type: none"> <li>• P4 FTP (1 year) = US\$250,000</li> <li>• P4 (6 month) = US\$ 250,000</li> <li>• P2 (1 year)= US\$170,000</li> </ul>	<p style="text-align: right;"><b>500,000<sup>(ii)</sup></b></p> <ul style="list-style-type: none"> <li>• NOC 4 (6 months) = US\$106,000</li> <li>• NOC 3 (6 months) = US\$243,000</li> <li>• GS 6 (6 months) = US\$132,000</li> <li>• 1 GS 2 (6 months) = US\$15,000</li> </ul>	<p style="font-size: 1.2em;"><b>1,022,896</b></p>
2. Supplies, Commodities, Materials (incl. description of items, unit cost)	<p style="text-align: right;"><b>500,000</b></p> <p>30 Rehabilitation kits \$5000/ea            2500 Diagnostic test \$10/ea            83 Selected assisted devices \$1200/ea</p>	<p style="text-align: right;"><b>250,000</b></p> <ul style="list-style-type: none"> <li>• pprox. 250 kits (approx. US\$1,000 each)</li> </ul>	<p style="font-size: 1.2em;"><b>750,000</b></p>
3. Equipment, Vehicles, and Furniture, incl. Depreciation (include details as described above)	<p style="text-align: right;"><b>300,000</b></p> <p>Diagnostic equipment</p>	<p>N/A</p>	<p style="font-size: 1.2em;"><b>300,000</b></p>
4. Contractual services (include details)	<p style="text-align: right;"><b>300,000</b></p> <p>5 technical contract US\$ 5,00 x 12 months = US\$300,000</p>	<p style="text-align: right;"><b>360,000</b></p> <p>- Technical contracts US\$5,000 x 12 months = US\$360,000</p>	<p style="font-size: 1.2em;"><b>660,000</b></p>



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5. Travel (include details)	<p><b>200,000</b></p> <p>10 road trip by month = US\$1200 x 120= US\$144,000</p> <p>3 air trips by month US\$ 2,000 each=US\$72,000</p>	<p><b>340,000</b></p> <p>- trips 12 x US\$2.000 = US\$216,000</p> <p>- ravel by road: 10 trips x 12 months = US\$124,000</p>	540,000
6. Transfers and Grants to Counterparts (include details)	<p><b>400,000</b></p> <p>10 LoA with institutions, NGOs (at US\$ 40,000)</p>	<p><b>400,000</b></p> <p>- 0 Agreements with CSOs, universities and educational institutions x US\$30,000 = US\$300,000</p> <p>- ACT = US\$100,000</p>	800,000
7. General Operating and other Direct Costs	<p><b>225,000</b></p> <p>Field offices cost= US\$125,000</p> <p>Consumable material US\$ 100,000</p>	<p><b>475,000</b></p> <p>- Operational services (i.e. travel agency = US\$25,000)</p> <p>- Procurement assistance (iii): NOC 3 (6 months) = US\$81,000; and 2 GS 6 (six months each) = US\$65,000</p> <p>- Consumable materials = US\$159,000</p> <p>- Field offices costs = US\$145,000</p>	600,000
<b>Sub-Total Project Costs</b>	<b>2,336,448</b>	<b>2,336,448</b>	<b>4,672,896</b>
8. Indirect Support Costs*	163,552	163,552	327,104
<b>TOTAL</b>	<b>2,500,000</b>	<b>2,500,000</b>	<b>5,000,000</b>



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\* *The rate shall not exceed 7% of the total of categories 1-7, as specified in the Zika 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.*

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<sup>i</sup> Costs shared with other funding sources

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