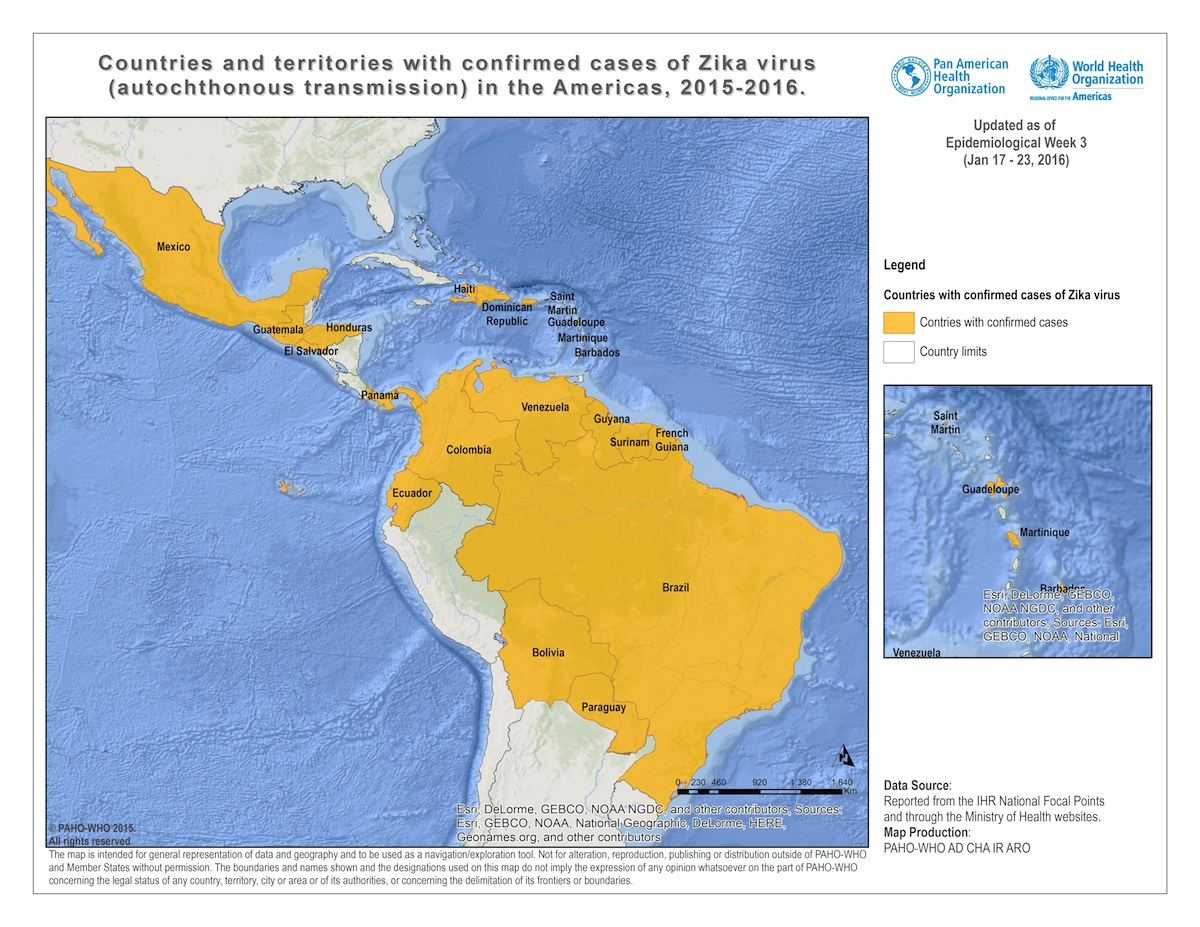
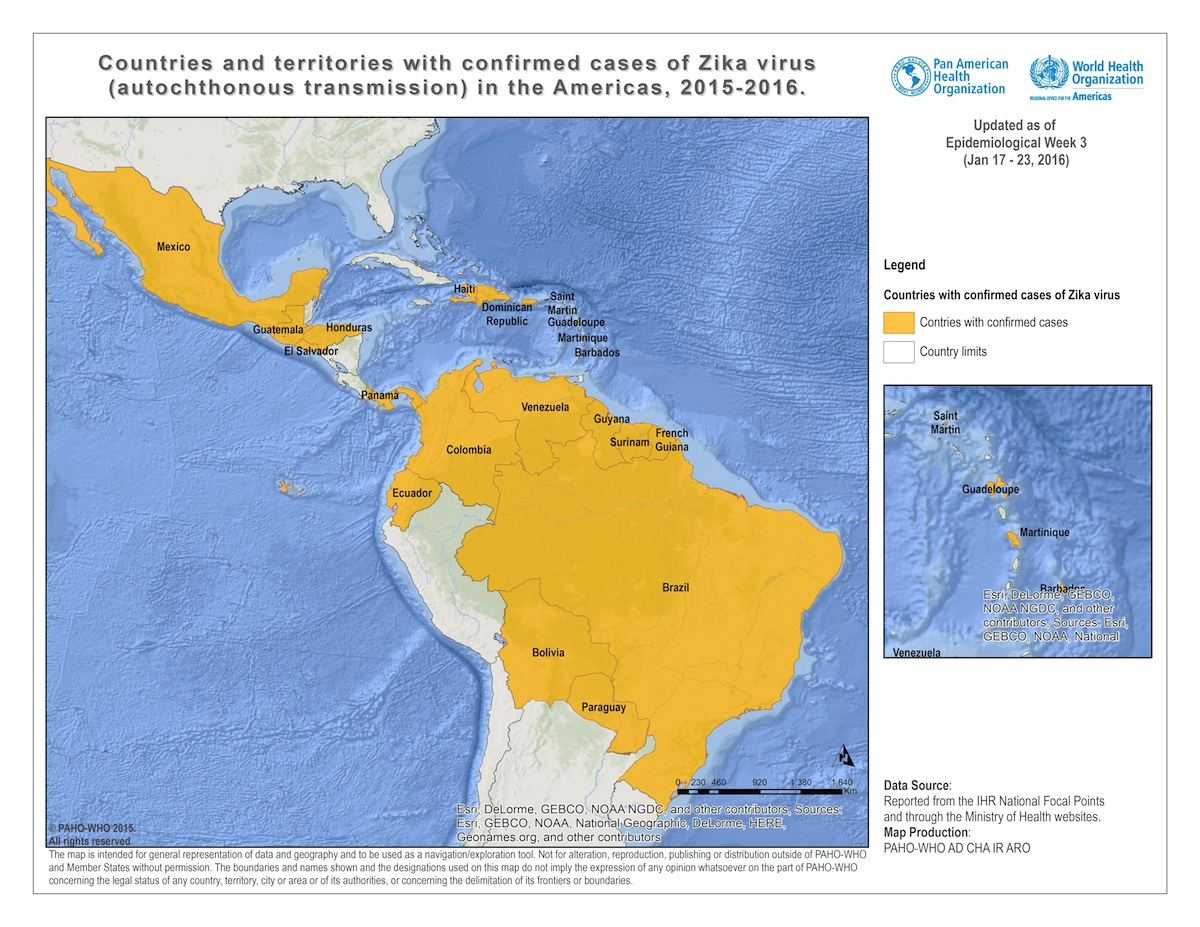
**Zika Virus outbreak in Latin America and the Caribbean**

UNICEF Regional Response Plan



February 3, 2016

UNICEF

LACRO

Internal working document





# Current Situation and Scale

On 3 March 2014, Chile notified PAHO/WHO that it had confirmed a case of indigenous transmission of Zika virus (ZIKV) on Easter Island. In May 2015, the public health authorities of Brazil confirmed the transmission of ZIKV in the northeast of the country. As of 28 January 2016, the virus is present in twenty-three countries and territories in the Latin American and the Caribbean (LAC) region, and predicted to spread further.

ZIKV infection is caused by a virus transmitted by the bite of an infected Aedes mosquito. Since the Aedes mosquito is found throughout the LAC Region, it is likely that outbreaks will occur in other countries that have not yet reported any cases. ZIKV infection usually causes mild fever, rash, conjunctivitis, and muscle pain; eighty percent of the cases may be asymptomatic. There is no vaccine or specific drug for this virus; treatment is symptomatic. Prevention is through personal protection from mosquito bites and reduction of vector density.

In some Brazilian states where ZIKV has been circulating, there has been a 20 fold increase in cases of newborns with microcephaly - a congenital malformation with smaller than normal head size for age and sex. On 28 November 2015, the Ministry of Health of Brazil established a relationship between an increase in cases of microcephaly in newborns and ZIKV infection. As of 23 January 2016, 4,180 reported cases of microcephaly with suspicion of causal link with ZIKV have been reported by the Ministry of Health of Brazil, in 724 municipalities and twenty-one states.

Due to the possible association of ZIKV with microcephaly and other neurologic disorders such as Guillain-Barré syndrome, the WHO/PAHO has activated its regional Emergency Operation Center (EOC). CDC has issued a travel alert recommending that pregnant women avoid travelling to countries with ZIKV transmission and has activated their EOC. On 01 February , the Director General of the WHO has called the Emergency Committee of the International Health Regulations (IHR) and determined that ZIKV is a Public Health Emergency of International Concern (PHEIC).

**Justification for UNICEF’s action**

* ZIKV is spreading rapidly across the region, with the high probability of further spread globally. It is transmitted by the same mosquito as dengue and chikungunya, which have accounted for a significant burden of disease in the region including in children; vector control activities have not adequately reduced the disease burden and prevented the spread of these diseases.
* Many of the communities at risk and affected by the ZIKV outbreak are also the most vulnerable and marginalized and are prioritized for UNICEF support
* Microcephaly cases, associated with the ZIKV outbreak in Brazil to date, have increased twentyfold in recent months, with devastating effects and longer-term implications on the newborns and their families, putting strain on the public health system and support mechanisms of care givers and families.
* The response and reaction to ZIKV may pose challenges for the reproductive rights of families. It is important to rapidly ensure the right messaging for advocacy and public communication to avoid fear and stigma leading to adverse social outcomes of women, adolescent girls and families.

# UNICEF Actions to date

UNICEF Brazil has been active in supporting the Brazilian Government early in the epidemic through activities such as advocacy, communication and community mobilization, monitoring and technical support. UNICEF LAC Regional Office (LACRO) has been in close contact with PAHO and is monitoring the situation in the region. Given the rapid escalation of the situation, LACRO, with technical support from HQ, has been stepping up regional preparedness and response. As the virus is rapidly spreading in the region, preparedness and response actions will require further scale-up with an emphasis on supporting Governments to mobilize and engage communities to prevent the spread of the disease and mitigate the impact on families.

In planning the scaling up of UNICEF response in LAC, the following assumptions are being made:

* Strong Government leadership and national capacity in the LAC region provide UNICEF capable partners and a supporting role to public institutions and partners.
* Other partners in the region (i.e. PAHO, IFRC) have capacity and will assume their responsibilities to play active lead roles in supporting national authorities in their areas of work within the framework of existing regional and national coordination mechanisms.
* Despite strong national institutions, issues of inequity are significant in the region and UNICEF has an important role to play in promoting equity by focusing on the most vulnerable.
* As UNICEF work in most LAC countries is primarily focused on “upstream” work, with little direct implementation capacity, mobilization of local partners and community-based networks would be the most plausible way to support any programmatic response.
* UNICEF has a comparative advantage in the region in communication and C4D and a strong advocacy capacity with national partners.
* There is a significant data gap on the epidemiological features of the virus. The planned response is therefore based on the knowledge presently available, while setting the stage for a worsening scenario and monitoring closely the evolution of the situation.
* Congenital malformations are likely to appear with a time delay (between infection in pregnancy and birth); there is uncertainty of additional developmental complications for children.
* Seasonal rain patterns are variable throughout the region and El Niño may have an unpredictable effect on vector breeding and hence ZIKV spread and intensity.
* No other major ongoing humanitarian crises in the regions affected by ZIKV exist. Should these occur, they could have a significant impact on disease transmission and response capacity.
* The likely association between ZIKV in pregnancy and microcephaly may have a potential, and worrisome, impact on women’s’ reproductive health rights

# Strategic Objectives and Priority Actions

## Strategic Objectives

The goal of the UNICEF Regional ZIKV response is to enhance UNICEF’s contribution to the **control** of the spread of ZIKV and the **mitigation** of its impact on children and their families, in particular the **most disadvantaged communities,** in the Latin America and the Caribbean Region.

***The strategic objectives and activities are directly in line with and support the implementation of the WHO Zika Virus 2016: Strategic Response Framework.***

Objectives: Focusing on the most vulnerable and marginalized communities, leverage UNICEF’s comparative advantage in a complimentary fashion to support national authorities and work in coordination with sister UN agencies and other partners in the LAC region to:

1. Prevent transmission of ZIKV through:
   * personal protection (in particular for pregnant women, Pregnant and Lactting Women (PLW) and adolescent girls of childbearing age) through community engagement and community for development (C4D) activities that will support behavior adaptation to prevent the spread of the virus
   * vector control (reducing breeding sites/vector density) and C4D activities through national capacity development of government institutions and NGO partners
2. Mitigate the impact on families:
   * Provide care and support to families affected by ZIKV, including multi-disciplinary management of microcephaly and other potential malfornations/conditions that are currently unknown.

All of the efforts will be directed to the most disadvantaged population and geographical areas, to ensure that the ZIKV epidemic and its consequences will not aggravate the already high inequities existing in the region. By addressing these objectives and focusing on the most vulnerable and disadvantaged populations, UNICEF will also contribute to increase equity and to develop capacity of national institutions and partners.

## Strategic Priority Actions for UNICEF

### UNICEF will be working in **support to nationally led efforts**, and in close collaboration with PAHO/WHO[[1]](#footnote-2) as UN leader in the response, and other relevant stakeholders, with a focus on its comparative advantage and mandate, in order to:

### **Prevent the spread of ZIKV[[2]](#footnote-3)**

As ZIKV is spread through the vector Aedes, prevention activities will be targeted at reducing vector density and the contact with the vector through personal protection. This requires a multidisciplinary approach focused across the whole of society informing, mobilizing and engaging communities. Prevention activities aimed at strengthening existing health systems and cross-sector vector control programmes will not only reduce the disease burden of ZIKV but also dengue and chikungunya.

##### **Priority actions by UNICEF at all levels to prevent the spread of ZIKV**

* **Monitoring:**  Support national authorities in monitoring the transmission of ZIKV, and contribute to enhance the understanding of vector and human behavior to better inform prevention strategies.
* **Advocate for and support** the equitable access to prevention measures and care, focusing on marginalized and at risk communities, as well as for the safeguard of human rights (eg reproductive health rights of women, disabilities, etc).
* **Innovate**: Contribute to and develop innovative strategies to increase the knowledge base of vector and human behavior to better inform prevention strategies and the development of tools for better prevent transmission.
* **Engage communities**: Develop strategies and tailored, evidence-based messages to engage marginalized communities including children and adolescents as agents of change to reduce vector burden in homes, community sites, schools, workplaces, markets, churches, etc. Also to prevent stigma, discrimination attitudes that may jeopardize prevention interventions and to channel concerns of communities (Accountability to affected populations).
* **Vector control**: Contribute to advocatcy for, and support to vector control interventions at the community level, including larval control, source reduction, chemical larviciding, and biological control through support to national authorities and partners.
* **Mobilize partners**: Partner with governments, NGO partners, and key stakeholders at all levels of the organization to support communities and leverage resources.
* **Capacity building** : Build capacity of national authorities, UNICEF and partners in the region for outbreak response including C4D, Sectoral and Operational capacity.

### **Mitigate the Impact of ZIKV on communities**

ZIKV infection has been linked to adverse newborn outcomes and neurologic disorders such as Guillain-Barré syndrome. Mitigating the impact on mothers, newborns, children and families requires actions targeted at providing appropriate messages to pregnant women, adolescent girls and families to understand and manage their risks and to care for a newborn with congenital malformation through their development over time.

##### **Priority actions by UNICEF to mitigate the impact of ZIKV**

* **Monitoring** **and surveillance:** Support national authorities in monitoring cases of microcephaly, as well as other potential complications, and the impact on mothers, newborns and children and contribute to the understanding of the disease, its clinical implications and human behavior to better inform mitigation strategies. Map available services to take care of babies and families and develop continency plans o support health and other social protection systems according to capacity in the countries. (i.e ECD interventions).
* **Advocate** for and **support** the equitable access to multi-disciplinary programmes to identify and care for mothers, newborns, children and families affected by ZIKV and at risk focusing on marginalized and at risk communities.
* **Innovate**: Contribute to and develop innovative strategies to increase the knowledge base to better inform family mitigation practices, and to reduce the risks of stigma, discrimination and social exclusion of children and families affected by microcephaly.
* **Engage communities**: Develop strategies, including key messages, to engage pregnant women and adolescent girls, mothers, families and marginalized communities to take appropriate and evidence based action to care for themselves, their newborns and children in a safe and nurturing environment and reduce fear and stigma.
* **Mobilize partners**: Partner with governments and key stakeholders at all levels of the organization to influence communities and leverage resources. Mapping of partners available for eventual interventions in service delivery.
* **Capacity building**: Build capacity of UNICEF and partners in the region for holistic care and support of children with disabilities, including microcephaly.

### **Support the development of Key Health Products**

There are no health technologies to diagnose, prevent or treat ZIKV and the lead-time for development of such are long. Therefore, UNICEF, under the leadership of HQ/Supply Division (SD) and in coordination with WHO and other partners, will immediately use its commercial contacts within the health industry to help drive the **development of key health products** to diagnose ZIKV infections and prevent its transmission, namely rapid diagnostics tests (RDTs) and vaccines. This may include support to Ministries of Health, WHO/PAHO and CDC facilitated clinical trials and review of candidate products, including mobilizing community support, training, delivery mechanisms and monitoring coverage and uptake. [Potential target: 1-2 candidate vaccines by end of 2017 and a RDT within 6 months.]

# Specific Activities for Country Offices

|  |
| --- |
| **Core activities for all country offices** These core activities will allow CO to participate in the national response and accelerate preparedness and response for prevention and mitigation, in coordination with PAHO, other UN agencies and partners. |
| * Participate in the national multi-stakeholder coordination mechanisms, and advocate for a multisectoral, child rights based approach, focusing on the most vulnerable communities. * Contribute to the national ZIKV risk and needs assessment and support the development of a national scenario-based contingency plan. * Develop UNICEF plan to support the national response, including the additional resources required to implement the plan. * In collaboration with Government and other partners, provide technical support the development and roll-out of national and sub-national communication, community engagement, media outreach and advocacy strategies for personal protection and vector control, targeted at different stakeholders, based on local context with LACRO’s support. * Support national and local authorities, as well as NGO partners in implementing effective vector control strategies. * In close collaboration with the Government and PAHO, monitor the situation of the outbreak and of the vector as well as the impact of ZIKV on affected newborns and their families at the national, regional or municipality levels as well asf preparedness and response actions related to UNICEF mandate. * Advocate and ensure that the ZIKV response considers the need for a multisectoral approach, requiring engagement from sectors like Health, Nutrition, Water and Sanitation, Protection, Education, ECD, Disabilities and others, as well as for the safeguard of human rights (eg reproductive health rights of women, disabilities, etc. |

|  |
| --- |
| **Extended activities (beyond core activities above, according to local context)** |
| * Scale up UNICEF support to the national ZIKV response plan by bringing in key UNICEF sectors to help to identify vulnerable groups, assess capacity of health and WASH programmes especially at the community level, and understand community perceptions and knowledge of vector control and care seeking practices. * Strengthen the capacity of the government, partners and communities to anticipate, cope with, and adapt to ZIKV, across all UNICEF sectors (see Annex 1 for sector activities). * Surge technical staff based on risk assessment and needs in the UNICEF office to support the government and partners across the sectors. * Mobilize resources including the development of funding proposals and the use of interagency mechanisms in collaboration with LACRO, to avoid duplication of interaction with donors such as Natcoms. * Develop a CO working arrangement for clear communication and coordination across the sectors and programmes within the CO and with LACRO including reporting lines and development of regular situation reports. |

# LACRO functions

**Coordination:**

* Internal Coordination: LACRO will ensure coordinated regional response and support to country offices by:
  + - Establishing and managing a regional ZIKV response team.
    - Developing and regularly updating the Regional Response plan in coordination with the Country Offices (CO) that is adapted according to the evolving context and scenarios.
    - Ensuring regular communication and information sharing with HQ and COs.
    - Monitoring and evaluation of the overall response in LACRO.
* External Coordination: LACRO will work with UNDG-LAC, and REDLAC interagency sector working groups, sub-regional and inter-governmental organizations to contribute to a coordinated regional approach and support by: Communicating and meeting with regional sectorial groups (Health, WASH, Nutrition, Communication/C4D), analyzing sectoral gaps, developing key messages, regional strategies and strategic guidelines.
* Inter-agency Coordination: Provide inputs to coordinated policy position of the UN system

**Technical Assistance to Country Offices:**

* Provide technical support to country offices across all sectors including individual and joint missions and in collaboration with the multi-sectoral ZIKV Rapid Response Teams (RRT) that will be located in selected CO.
* Review of CO preparedness and response plans and program implementation for quality assurance of ZIKV interventions and monitoring across the sectors.
* Develop UNICEF regional Communication, Advocacy and C4D strategies in close cooperation with PAHO, CDC and other key partners in support of CO by specifically prioritizing – technical support to national governments and implementing partners on individual protection and community behaviours for vector control; priorizing partnerships for local level multi-sectoral implementation (esp. Education, WASH, sectors) with a focus on vulnerable communities and promoting innovations and lessons learned from other vector control communication approaches in LACRO.

**Resource Mobilization:**

* Support the CO’s HR capacity through access to surge rosters such as the LAC Rapid Response Roster mechanism.
* Develop a regional resource mobilization plan for the ZIKV response.
* Mobilize funding for initial preparedness and response activities (i.e. Short term HR support, Sectorial coordination, C4D, Communication and Advocacy, WASH, Monitoring of impact)

**Information and Knowledge Management:**

* Closely monitor the ZIKV spread across the region and the impact on pregnant women and adolescent girls, mothers, newborns and children as the situations evolves in consultation with PAHO and CDC.
* Create a repository of technical tools and guidance, sitreps, regional and country level response plans, etc. and sharing with the CO, in collaboration with HQ.
* Develop guidance and briefing notes as required (ZIKV in Schools, Social Protection, Breastfeeding/IYCF, ECD, etc)
* Collaborate with PAHO and CDC on developing the evidence base in areas such as the biology and ecology of Aedes mosquitoes and newborn and child outcomes to inform control measures.

**Capacity Building**

* Build capacity of UNICEF and partners in the region for outbreak response including C4D, Sectoral and Operational capacity.

**Research & Development**

* Under the leadership of SD, UNICEF will help drive **development of key health product** to diagnose and prevent transmission of the Zika virus, notably rapid diagnostics tests for point of care use and candidate preventative vaccines. Employ target product profiles, advance purchase commitments, etc., in coordination with WHO and other partners. This may include support Ministry of Health and WHO facilitated clinical human trials and review of candidate products, including with social mobilization, training, delivery mechanisms and monitoring coverage and uptake. [Potential target: 1-2 candidate vaccine by end of 2017 and a RDT within 6 months.]

# Operational Strategy

Country Offices will implement the strategies and activities in their respective countries, based on assessment of needs, national capacity, available resources, and partners and UNICEF comparative advantage.

Detailed plans outlining actions and related human and financial resource requirements will be developed for Country Offices. As a principle for prioritization, UNICEF will focus on those areas most likely to experience a spread of ZIKV as observed in Dengue and Chikungunya outbreaks, taking into account seasonal trends, and where the most vulnerable populations are known to be. Final resource allocation will be differential based on CO and country capacity and needs. The current (provisional) planning assumption is that UNICEF will establish ZIKV operations in 9-12 countries.

LACRO will provide support to Country Offices in two ways:

1. Through the establishment of a ZIKV multi-sectoral team, under the overall leadership of the Regional Director and the direct supervision of the Regional Health and Emergency Advisers. This will facilitate:
2. Coordination of the response (internal and external, with special emphasis on partnerships and UN inter-agency collaboration).
3. Technical assistance (review of CO preparedness and response plans, quality assurance of ZIKV interventions and monitoring across sectors, etc.).
4. Development of UNICEF regional Communication, Advocacy and C4D strategies and materials for local adaptation and use, building upon WHO’s risk communication guidelines, and in close collaboration with PAHO and IFRC regionally.
5. Enhance media (mainstream, digital and social media) opportunities and support fundraising efforts by providing/producing multimedia content, including photo and video coverage and human interest stories.
6. Resource mobilization.
7. Information and Knowledge Management.
8. Multi-country capacity building initiatives for UNICEF and partners in the region for outbreak response, including C4D ad sectoral and operational capacity.
9. Through the establishment of ZIKV Rapid Response Teams (**ZRRT**) for immediate deployment to Country Offices according to needs and capacity.

The health technology component will be carried out under the responsibility of HQ/Supply Division.

# Partnership Engagement

UNICEF is supporting nationally led actions in close collaboration with PAHO, other UN agencies and partners. Taking into consideration the various capacity levels of COs and Governments in the region, partnerships will be adjusted to the local context and identified for sequencing of activities accordingly:

* For advocacy for the safeguard of the human rights of women and children;
* For community engagement;
* For capacity development of national and local stakeholders;
* For comprehensive care and support for children affected by microcephaly;
* For operational research on vector control.

# Resource requirements (2016)

Through the regional response plan, LACRO intends to mobilize resources to ensure implementation of this plan, and in particular to support CO in their ZIKV prevention and response activities. Regionally mobilized resources will be consolidated in a regional fund for disbursement to country offices according to the identified needs. The budget reflects the current situation and will be updated accordingly based on the evolving situation.

The total estimated ZIKV regional response budged, including CO operations and LACRO support, totals **US$ 8,820,000. [[3]](#footnote-4)**

## Regional Office – Table 1:

|  |  |  |
| --- | --- | --- |
| Item | Time equivalent | Total (in US$) |
| Human resources (ZIKV LACRO operational cell) |  |  |
| P4 Health TA | 12 months | 200,000 |
| P4 C4D TA | 12 months | 200,000 |
| Epidemiologist | 3 months equivalent | 40,000 |
| P4 Emergency Specialist | 12 months | 200,000 |
| P4 WASH Specialist | 12 months | 200,000 |
| P4 Communication | 12 months | 200,000 |
| P2 Information officer | 12 months | 140,000 |
| Program assistant (G5) | 12 months | 45,000 |
| Travel |  |  |
| CO support; expert surge |  | 75,000 |
| Multi-country support |  |  |
| Capacity building for outbreak response |  | 200,000 |
| Development, dissemination, translation and printing of communication products as per Regional Communication, Advocacy and C4D Strategies |  | 150,000 |
| IT equipment, admin |  | 50,000 |
| Regional working groups, coordination with partners and CO ZIKV FP |  | 40,000 |
| Total |  | **1,740,000** |

## 

## Country Office – Table 2

|  |  |  |
| --- | --- | --- |
| Item | Time equivalent | Total (in US$) |
| ZRRTs to support COs | 3 ZRRT |  |
| Communication/C4D | 1 staff at 12 months | 150,000[[4]](#footnote-5) |
| Program staff i.e. Health/emergencies, WaSH | 2 staff at 12 months | 300,000 |
| Information officer | 1 staff at 12 months | 100,000 |
| Admin/operations admin | 1 staff at 12 months | 40,000 |
| Operational costs (travel, admin etc.) | 12 months | 250,000 |
| Cost per ZRRT |  | 840,000 |
| Total ZRRT | 3 ZRRTs | **2,520,000** |
|  |  |  |
| Country Office Program costs |  |  |
| Health, C4D, WaSH and other sectors program costs | 12 months | 150,000 |
| National working groups, coordination with partners | 12 months | 20,000 |
| CO Technical Support | consultants | 150,000 |
| Supplies and material (communications, WaSH, etc.) |  | 50,000 |
| IT and Admin |  | 10,000 |
| Cost per CO |  | 380,000 |
| Total Direct CO Cost | 12 COs | **4,560,000** |
| Total CO COSTS |  | **7,080,000** |
|  |  |  |

**R&D Pipeline (managed by HQ/SD)**

|  |  |  |
| --- | --- | --- |
| Item | Time equivalent | Total (in US$) |
| Target Product Profile incentive for rapid diagnostics |  | $3 – 5 million |

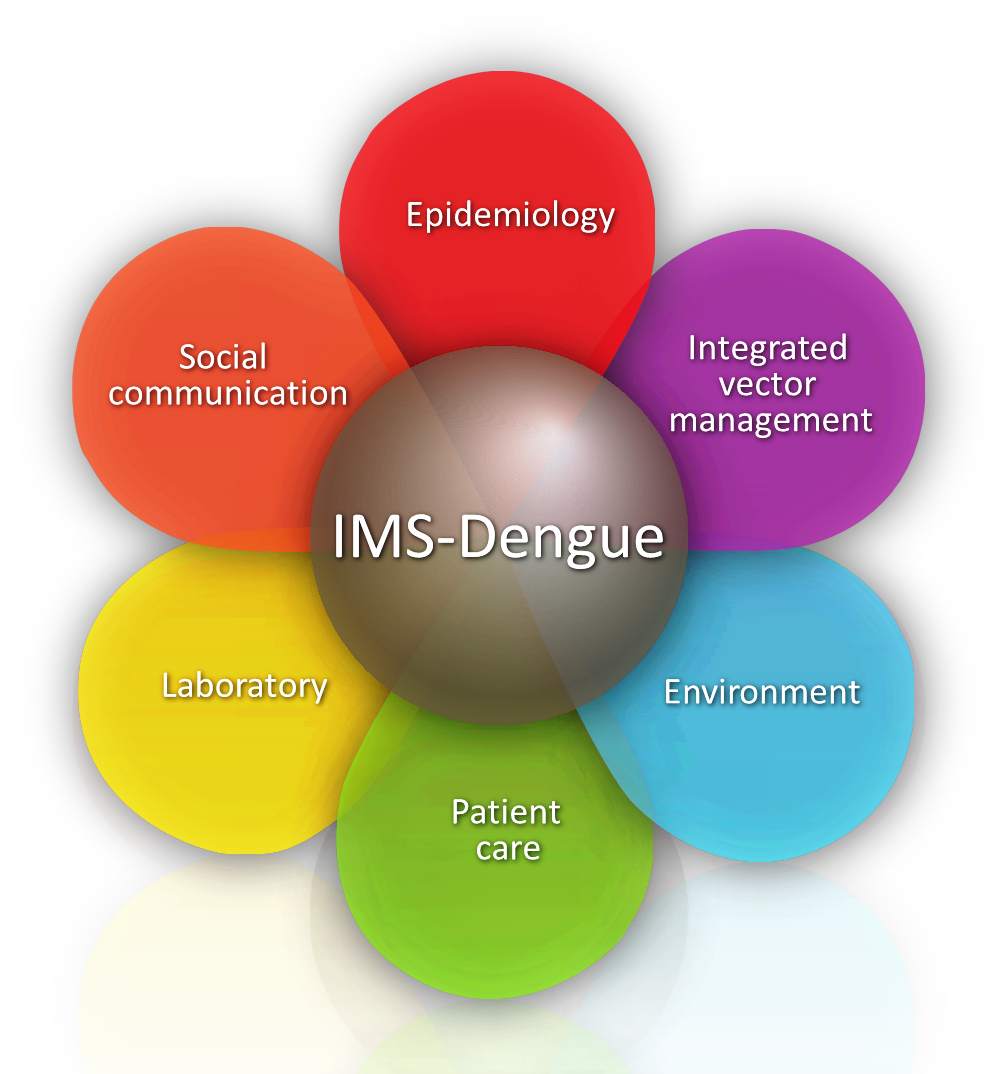
Other potential costs to be developed as potential products materialize. R&D of candidate vaccines to be financially incentivized via other mechanisms.

# ANNEXES

# Annex 1: Interventions per Sector

The programmatic approach will cover all sectors in support to IHR, build on programmes for the management of pregnant women and adolescent girls and newborns and on the regional control program for Integrated Management Strategy for Dengue Prevention and Control (IMS). “IMS-dengue is a management model aimed at strengthening national programmes and thereby reducing the morbidity, mortality, and social and economic burden generated by dengue outbreaks and epidemics. In order to meet its objectives, the strategy seeks to modify individual and community behaviors and diminish the risk factors for transmission through coordinated measures inside and outside the health sector (PAHO 2014)”.

**Building on existing national programmes will strengthen programmes for vector control for ZIKV, Dengue and Chikungunya, building resilience of health and other essential service systems.**



Below outlines menu options for use by CO to select based on country capacity and needs assessments.

### **Health**

* Participate in governmental coordination mechanisms on outbreak response and implementation of core functions of IHR including risk assessments and response planning.
* Integrate surveillance for microcephaly, newborn screening and growth and development monitoring into existing UNICEF primary health care (PHC), neonatal and outreach programmes according to PAHOs guidelines.
* If there are gaps, provide support to alert and response teams with WaSH and C4D, particularly to identify high risk areas and to engage and mobilize communities Integrating planning Health, WASH and C4D.
* Leverage UNICEF cross sectoral support mechanisms bringing them forward into the national response coordination and planning. Support the establishment of referral mechanism.
* Integrate key messages and clinical management protocols for ZIKV into PHC and Antenatal Care (ANC) programmes supported by UNICEF and inclusion of other support/orientation components dealing with potential developmental delays and/or disabilities.
* Work with partners such as UNFPA to coordinate on issues and messages around family planning and sexual and reproductive health (SRH). Special focus on adolescents. (high rate of teen pregnancy in the region and specially in vulnerable and traditionally marginalized areas.
* According to context and need consider support to lab capacity or new testing and treatment options according to PAHO and national policies.
* Support MoH for capacity building of national and local health staff.
* Support components of Integrated vector management (IVM) in health programmes.
* Advocate for service provision for pregnant women and adolescent girls, and affected newborns and children.

### **Communication for Development and Media communications**

* Come up with ways to communicate messages about Zika to women and adolescent girls directly.
* Participate in the National cross-sectoral ZIKV control coordination mechanism, and support identification and leveraging communication, media and community level platforms and networks.
* According to country specific coordination mechanism, lead the working group on risk communication and community engagement bringing in key partners such as IFRC/RCS and national community groups.
* Support the MoH and PAHO to develop a risk communication strategy and implementation plan with research-informed communication strategies and messages aimed in a variety of locations, in the home, community, workplaces, schools, etc.
* Develop strategies for prioritizing community level interventions focusing on engagement, participation and local ownership for prevention and control of the disease as outlined in IMS.
* Dissemination and mobilization of media alliances as well as social networking platforms to deliver key messages. Key messages to include protection concerns, including around possible abandonment of newborns and psychosocial support.
* Establish communication strategies based on rural and urban and semi-urban areas that flexible and adaptable to evolution of outbreak.
* Develop communication strategies and messages for environmental control and personal protection to avoid mosquitos. National authorities may already have messages developed according to local context and culture. If appropriate these can be used or updated for Zika risk.
* Work with the health team to target messages towards prevention in pregnant women and adolescent girls delivered at the community and through UNICEF supported PHC/ANC and outreach programmes.
* Work with the Nutrition team to develop messages for breastfeeding and IYCF during the ZIKV outbreak.
* Participate in national assessments to identify opportunities and gaps in Zika preparedness, response and recovery efforts that have implications for C4D.
* Support appropriate monitoring of behavior and social change and community participation including family support messages on disability, rights and early inclusion in C4D/Zika programmes
* Initiate national/local rapid assessment and research studies and reviews for C4D/Zika response if and when applicable.

### **Water Sanitation and Hygiene (WaSH)**

* Participate in the National cross-sectoral ZIKV control coordination mechanism.
* As appropriate according to scenario and national context lead the WaSH sector for the ZIKV outbreak response.
* Assessment of WASH in the high risk areas pertaining to IMS, i.e. reduction at source (storage containers) by providing a safe and dependable water supply, adequate sanitation, and effective solid waste management.[[5]](#footnote-6)
* Support the Ministries of water and public works for actions aimed at environmental methods to control Ae. Aegyptus and reduce man-vector contact including reduction at the source, solid waste management, and modification of man-made breeding sites (see WHO dengue control guidance for specific activities).
* Integrate into WaSH programmes activities to: repair of leakages to prevent pooling of water, restoration of taps, diversion of waste water to ponds/pits, staggering of water supply, mosquito-proofing of water storage or harvesting devices and repair of sluice valves.
* Strengthen capacity of key actors (Water Committees, local partners and authorities) in affected areas in Water Safety Planning-Plus.
* As indicated support chemical control efforts by the MoH and PAHO to reduce adult mosquito and larval breeding sites.
* Coordinate with C4D strategies for IMS to promote protection of open water sources and good sanitation practices through schools, health centers, authorities and community based organizations.
* Develop or support monitoring and surveillance capacity at local level, with respect to WASH conditions, to inform programme strategies.
* Contribute to development of the evidence base around vector behaviors with regards to WaSH.

### **Nutrition**

* Participate in the National cross-sectoral ZIKV control coordination mechanism.
* As appropriate according to scenario and national context lead the Nutrition sector for the ZIKV outbreak response.
* Reinforce messaging around continued breastfeeding of newborns, relaying the current CDC recommendation to continue breastfeeding. There is currently no evidence that Zika is transmitted through breastmilk.
* Provide recommendations on breastfeeding and IYCF of newborns and children with adverse neurologic outcomes from ZIKV.
* Ongoing screening for acute malnutrition in children with microcephaly, given their potential feeding problems.
* Promote nutrition and health awareness, through education systems, local authorities and community based organizations.

### **Child Protection**

* Participate in the National cross-sectoral ZIKV control coordination mechanism.
* As appropriate according to scenario and national context lead the child protection sector for the ZIKV outbreak response.
* Assessment of situation of boys, girls and adolescents in affected areas with respect to the fulfillment of protection rights (looking at issues of the situation of mothers and newborns affected by ZIKV).
* Develop or support information management systems to monitoring of child protection risks in relation to ZIKV to inform programme strategies.
* Strengthening capacity of key actors, including the social welfare workforce, in affected areas to prevent child protection risks such as abandonment of newborns, including awareness raising among children.
* Develop/adapt guidance on psychosocial support for caregivers/mothers and provide them.
* Community sensitization campaign on child protection (gender specific), to reduce potential stigma and discrimination and contain panic and fear.
* Mobilize and train community and religious leaders and community level volunteers in the provision of Psychological First Aid (PFA) for the care and support of mothers in distress.
* Establish helplines and telephone facilities for related information and provision of PSS support and follow up, referral and monitoring.
* Strengthen community mechanisms and capacities of local partners for identification referral of, and provision of services to newborns and their families affected by ZIKV.

### **Education**

* Participate in the National cross-sectoral ZIKV control coordination mechanism.
* As appropriate according to scenario and national context lead the Education sector for the ZIKV outbreak response. Review existing regional and national policies and guidance related to epidemics/biological hazards/school health and revise/update as necessary.
* Training of teachers and Principles on ZIKV for education of schoolchildren and parents on issues such as personal protection and vector control. Training of teachers, principals, supervisors on vector control around schools, covering water containers, sanitation, screens on windows.
* In coordination with the Education Ministry develop a contingency plan for management of ZIKV in schools including plans for adapted schools calendars based on risk scenarios (deterioration, stabilization, amelioration) . Should a deterioration necessitate school closure, plans should include alternative delivery. Establishing referral mechanisms with health authorities and systems and with social protection systems.
* Ensure strategies for secondary schools that are linked to reproductive health efforts.
* Promotion of meaningful participation of boys, girls, adolescents and women in the development and implementation of educational family activities and other response strategies (vector control around homes and care seeking behavior).
* Integrate psychosocial support and protection related messaging to the school system, including containing panic and fear.
* Development of teacher and community training activities for emergency response, preparedness and disaster risk reduction, according to INEE minimum standards and Comprehensive School Safety can be included or highlighted in the response plan.

**ECD, Family Support and Childhood Disabilities**

* Participate in the National cross-sectoral ZIKV control coordination mechanism.
* Provide technical support to identify entry points and strategies for early situation and management of newborn and children with congenital malformations including cases as a result of probably ZIKV infection.
* Initiate and or expand implementation of newborn screening procedures and follow-up orientation support for families.
* Expand processes of early identification of developmental delays and disabilities through center and community based (PHC) growth and developmental monitoring and specific vision and hearing screening.
* Support family preparation to monitor childhood development in home environment along with “simple” identification of sensory impairments as part of Care for Child Development (C4CD).
* Establish parent/family orientation based on results of newborn screening and early identification of developmental delays and disabilities, in centers and community-based settings. Including involvement of parent organizations.
* Modify service delivery mechanisms so that children with disabilities and their families are assured equal and timely access to services and are provided additional assistance in response to their special needs; including integration with CBR programmes, where they exist. Establishing or supporting existing referral mechanisms. Provision of psychosocial support
* Preparation of medical staff (center and community-based) and ECD workers to adequately support, inform and prepare family members in a timely and culturally appropriate manner (child/family friendly services and orientation).
* Include in Facts for Life, C4CD and other ECD materials, specific content on: early detection, intervention, care and family support, including other health conditions impacting on children.

**Social Protection**

* Support to the establishment and/or adaptation of existing national mechanisms to support families affected by Zika (i.e. microcephaly) through Social Protection.
* Train social protection workers to assist families affected by microcephaly to access relevant support services.

## 

# Annex 2: Indicative indicators

## Proposed Sectoral Indicators

Following indicators need to take in considerations the following: (a) Country-specific and (b) Segregated per sex and age.

|  |  |
| --- | --- |
| Area | Indicators |
| Indicators for Minimum Activities for all scenarios | * **# and % of National ZIKV coordination meetings attended by UNICEF** * **National response plan with UNICEF’s support activities outlined** * **Brief report of key messages developed for prevention and disseminated on social media** * **Bi-weekly situation report on the ZIKV situation in the country and the impact on mother’s, newborns and children** |
| Health | * # of UNICEF supported PHC or ANC facilities with microcephaly surveillance and guidance on the management of ZIKV * # and % of health staff trained on ZIKV management and referal * # of UNICEF supported health programmes integrating IVM |
| C4D | * Communication and community engagement response plan developed (or # if at municipality level) * Coordination mechanism established with key stakeholders for communication activities (if applicable) * Number and % of target population provided with key risk communication messages |
| Nutrition | * Common messages developed and disseminated with the MoH and PAHO on breastfeeding, based on available guidance. * # of service delivery points per municipalities (health facility or community) that provide ZIKV specific IYCF counselling and acute malnutrition screening with trained providers. |
| WASH | * Number and % of target population that gained permanent access to safe water within household or yard property * Number and % of target population who have safe sanitation according to IMS in urban areas. * Number and % of targeted rural communities with safe waste management * Number and % of water committees in targeted areas trained on Water Safety Planning-Plus |
| Protection | * Number of affected communities covered by child protection monitoring system (reporting and referral) * Number of affected families assisted * Number of social welfare workers trained to support families affected by microcephaly. |
| Education | * in educating children on ZIKV, personal protection and vector control mechanisms * Number and % of schools with provision of adequate quantities of safe water (stored properly and covered) and appropriate sanitation facilities * Number and % of schools with vector control mechanisms in place with participation from school children |
| ECD/Disability | * # and % of PHC or community-based programmes have integrated a system for early identification of developmental delays and disabilities and family support/orientation (starting with a focus on ZIKV) * # and % of health care, and ECD services/centers that have a program for family preparation to monitor childhood development in home environment and provide family orientation |
| Social Protection | * # of mechanisms for social protection used during the ZIKV outbreak for affected families. |

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## Proposed Regional Office indicators

|  |  |
| --- | --- |
| Area | Indicators |
| Coordination | * Scenario-based Regional Response plan is regularly adapted according to the evolving context and scenarios * Functioning sectoral coordination mechanism(s) has been established. |
| Technical Assistance | * # of CO preparedness and response plans and program implementation reviewed for quality assurance of ZIKV interventions * Regional Communication campaign and advocacy strategy developed and shared with the CO * % of CO respondents satisfied with the quality of support received from LACRO on Technical Assistance |
| Resource Mobilization | * Regional resource mobilization plan for the ZIKV response developed * % of response needs met |
| Information and Knowledge Management | * ZIKV Team site available for use by CO * # and type of guidance documents developed based on needs assessment |
| Capacity Building | * # and type of capacity building programmes according to needs of CO |

# Annex 3: HQ Support

* Provide technical support across the sectors to LACRO and COs in the region as requested and other regions globally.
* Staffing and surge support through EMOPS and Standby Partners.
* Liaise at the global level with key partners such as WHO, CDC, IFRC, UNFPA, OCHA, NGOs, donors, academic organizations, etc.
* Knowledge management and sharing through the development and maintenance of the Health Emergencies Team site ZIKV page.
* Support to operational research (i.e. literature review on Aedes biology/ecology, C4D).
* Capacity building for LACRO and other Regional Offices.
* Support to resource mobilization through PPD and Natcoms.
* Share guidance on Staff Safety and wellbeing through DHR’s coordination with UN Medical.
* Globally monitoring the situation and global UNICEF response.
* Lead in UNICEF contribute to research and development (R&D) of diagnostic, prevention and treatment products.

# Annex 4: Key web links

* PAHO ZIKV Website: <http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en>
* PAHO ZIKV communications materials <http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=7920&Itemid=41484&lang=en>PAHO ZIKV Website: <http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en> PAHO ZIKV Website: <http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en>
* PAHO ZIKV communications materials [http://www.paho.org/hq/index.php?option=com\_topics&view=readall&cid=7920&Itemid=41484&lang=enhttp://www.paho.org/hq/index.php?option=com\_topics&view=readall&cid=7920&Itemid=41484&lang=en](http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=7920&Itemid=41484&lang=en)
* WHO Website: [http://www.who.int/csr/disease/zika/en/http://www.who.int/csr/disease/zika/en/](http://www.who.int/csr/disease/zika/en/) WHO Website: <http://www.who.int/csr/disease/zika/en/>
* CDC Website including facts sheets on ZIKV and ZIKV and pregnancy: [http://www.cdc.gov/zika/http://www.cdc.gov/zika/http://www.cdc.gov/zika/](http://www.cdc.gov/zika/)
* CDC Interim Guidelines for Pregnant Women During a ZIKV Outbreak: [http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6502e1er.pdfhttp://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6502e1er.pdfhttp://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6502e1er.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6502e1er.pdf) and Q&A for obstetrical health providers: [http://www.cdc.gov/zika/pdfs/questions-answers-clinicians.pdfhttp://www.cdc.gov/zika/pdfs/questions-answers-clinicians.pdfhttp://www.cdc.gov/zika/pdfs/questions-answers-clinicians.pdf](http://www.cdc.gov/zika/pdfs/questions-answers-clinicians.pdf)
* ECDC ZIKV website including risk assessments <http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/Pages/index.aspx> [http://ecdc.europa.eu/en/healthtopics/zika\_virus\_infection/Pages/index.aspxhttp://ecdc.europa.eu/en/healthtopics/zika\_virus\_infection/Pages/index.aspx](http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/Pages/index.aspx)

1. PAHO/WHO’s support involves:

   * Building the capacity of laboratories to detect the virus in a timely fashion ;
   * Advising on risk communication to respond to the introduction of the virus in the country.
   * Controlling the vector by working actively with the populace to eliminate mosquito populations.
   * Preparing recommendations for the clinical care and monitoring of persons with Zika virus infection, in collaboration with professional associations and experts from the countries.
   * Monitoring the geographic expansion of the virus and the emergence of complications and serious cases through surveillance of events and country reporting through the International Health Regulations channel.
   * Supporting health ministry initiatives aimed at learning more about the characteristics of the virus, its impact on health, and the possible consequences of infection.

   [↑](#footnote-ref-2)
2. A detailed plan outlining countries involved, scale of the response, number of people reached is being developed in consultation with national government and partners in country, and will be incorporated as soon as available. [↑](#footnote-ref-3)
3. The resource requirements will be updated as the country needs are being more specifically quantified. [↑](#footnote-ref-4)
4. Based on a mix of international and national staff [↑](#footnote-ref-5)
5. *The activities included at this stage are large (safe and dependable water supply, adequate sanitation, effective solid waste management). We need to better understand the patterns of the vector to target more efficiently the response. If it is confirmed that the mosquito is essentially breading is clean water points, then we can reduce the activities on sanitation and waste management, and focus on reducing leakages and limitating water ponds.* [↑](#footnote-ref-6)