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ZIKA RESPONSE IN ECUADOR AND PERU

Implemented by:

CARE

Cooperative Agreement Number AID-OAA-A-16-00078

Work Plan Year 1.

Period:

October 1st, 2016 to September 30th, 2017

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1. TECHNICAL NARRATIVE

1.1. Introduction

This document serves as the first Operational Plan (OP) of Zika Response Project in Ecuador and Peru, Cooperative Agreement Number: AID-OAA-A-16-00078. The scope of this OP is from October 1, 2016 to September 30, 2017.

Financial obligations to date include:

Document	Date	USG Obligated Amount (year 1) (Oct 2016 - Sept 2017)	CARE Cost Share Amount (year 1)
Cooperative Agreement Number AID-OAA-A-16-00078	September 27, 2016	US \$ 2,245,704.00	

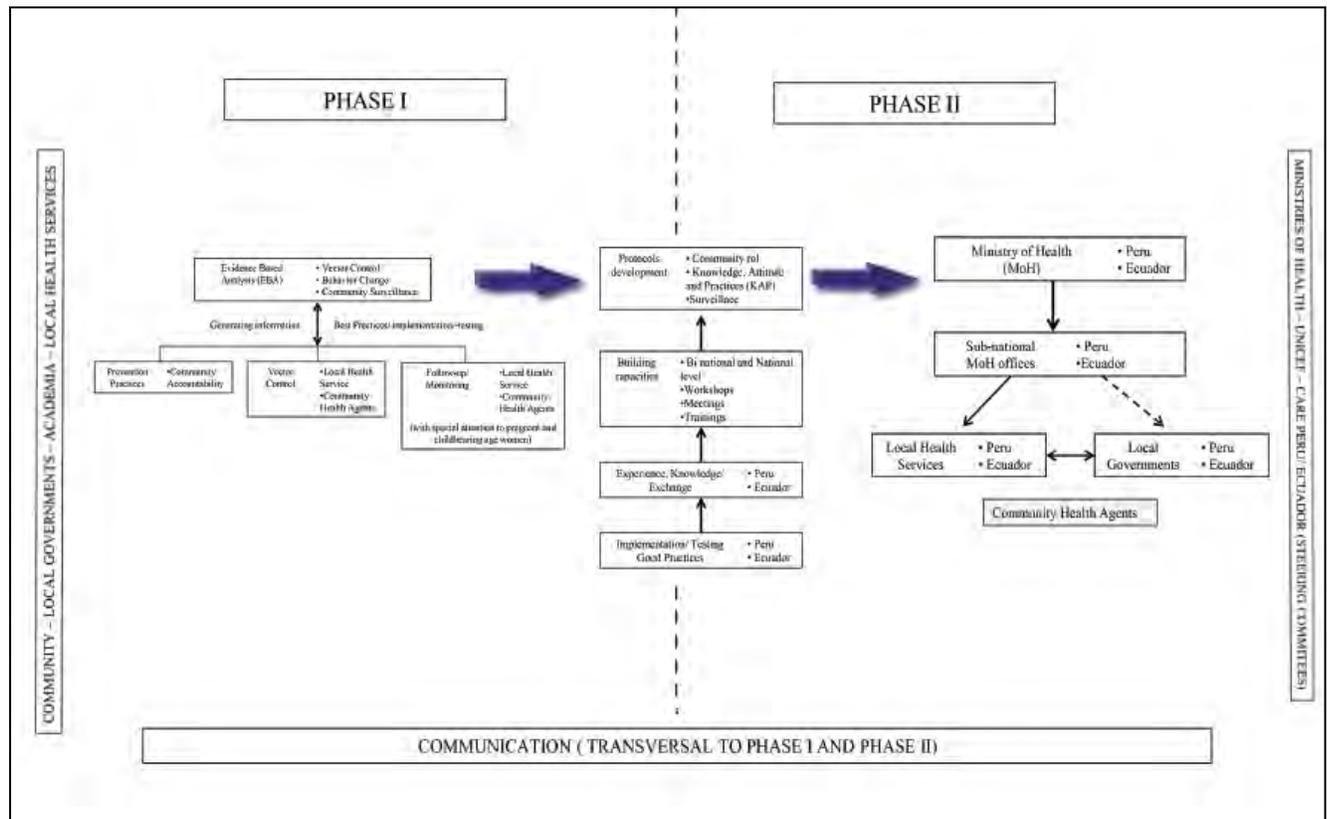
The OP was designed by the teams of CARE Ecuador and CARE Peru considering the requirements presented by USAID (conference call on October 7, 2016). It is organized in the following manner: **1. Technical Narrative**, includes (1.1) Introduction, (1.2) Project overview (1.3) Relevant context changes, (1.3) key partnerships and alliances, (1.4) project outcomes, strategies and activities for Year 1, as well as the Workplan; (1.5) management structure and (1.6) cost share and leverage; **2. Monitoring, Evaluation and Learning Plan** including (2.1) revised logic model and (2.2) M&E plan with data collection and indicator table as well as reporting schedule (monthly reporting template as annex); and **3. Environmental Management and Mitigation Plan (EMMP)**.

1.2. Project Overview

Priority areas for implementation will be areas on the tropical coast of Ecuador and Peru where the *Aedes Aegypti* mosquito is common, increasing the spread of the virus. CARE Ecuador (CARE USA Country Office) and CARE Peru (a member of CARE International) have identified two key objectives to achieve in two phases over three years:

1. To increase community, local and national capacities to deliver efficient and timely response to the zika virus outbreak and other vector prone diseases through Disaster Risk Reduction (DRR) and Human Rights approaches based on CARE's experience in SRMH (Sexual, Reproductive and Maternal Health), sustainable community health systems, and empowerment to strengthen the direct involvement of communities, by community health agents (*animadores*), in Zika priority areas (prevention, and vector control).
2. To enhance regional and national efforts to help decrease the rates of Zika transmission by sharing findings and impact results to influence bi-national policy making. Using deep and rigorous evidence-based approach of best practices and lessons learned in community mobilization and participation, we will prioritize gender sensitive implementation strategies in diverse social and cultural contexts, increase coordination and planning capacities, refine an accurate monitoring system and develop a communication and dissemination strategy.

Figure 1
Depiction of the Zika Response Project in Peru and Ecuador



Year 1 of the project will include rigorous evidence-based analysis (EBA) and documentation of best practices and lessons learned in community mobilization and implementation of community health strategies. Special emphasis will be given to the protection of pregnant and child bearing age women and dissemination of education and information related to family planning to delay or prevent pregnancy and decrease risk of microcephaly or other congenital syndromes in newborns. EBA will be conducted by high level research teams with participation from the Ministries of Health (MoH), CARE, UNICEF, academia and other key partners such as PAHO.

- a. Vector control – EBA will focus on community health care participants, their roles, follow-up systems, community and household surveillance on recommended key prevention practices.
- b. Behavior change – through asocial, gender and cultural norms approach, we will identify individual and collective knowledge, attitudes and practices, regarding vector borne disease prevention as well as issues related to pregnancy and women’s care and self-care vis-a-vis communication campaigns.
- c. Community surveillance – role and performance of community *animadores* and others agents accountable for community based surveillance (health workers, army, police, religious institutions, NGOs, etc.) using information-communication technologies (ICTs).

Immediate implementation in priority risk areas of best practices and lessons learned found from trial, testing and adapting protocols in diverse social and cultural contexts, to start increasing efficiency and accuracy.

- a. Vector Control - Health services in selected risk areas, CARE and UNICEF allies promote and train health volunteers/animadores for implementation of current Zika-vector control protocols by providing continuous feedback on efficiency, prioritizing households with pregnant women or women of childbearing age.
- b. Behavior Change - Promote and begin implementing formal and informal alternative communication means (including ICT) and strategies to increase and accelerate impact on behavior improvement and change and to ensure understanding and acceptance of key messages, especially regarding risks of microcephaly or other congenital syndromes to babies of infected pregnant women.

Development of a friendly feedback information system between health services, local governments and communities for continuous analysis and inclusion of relevant practices will also start on the first year.

- a. Adapt information feedback and alert systems based on current reporting from community agents performing prevention and surveillance activities, to ensure key information is true, useful and duly gathered.
- b. Inform population areas on the implementation of surveillance activities and role of the community health agents to reduce rejection and fears and promote active participation in data gathering.
- c. Improve community surveillance with technology friendly and cost-effective formats and reporting system.

Revise the C4D strategies and methodologies for behavior improvement and change and information to improve targeting and impact with attention to gender and cultural diversity.

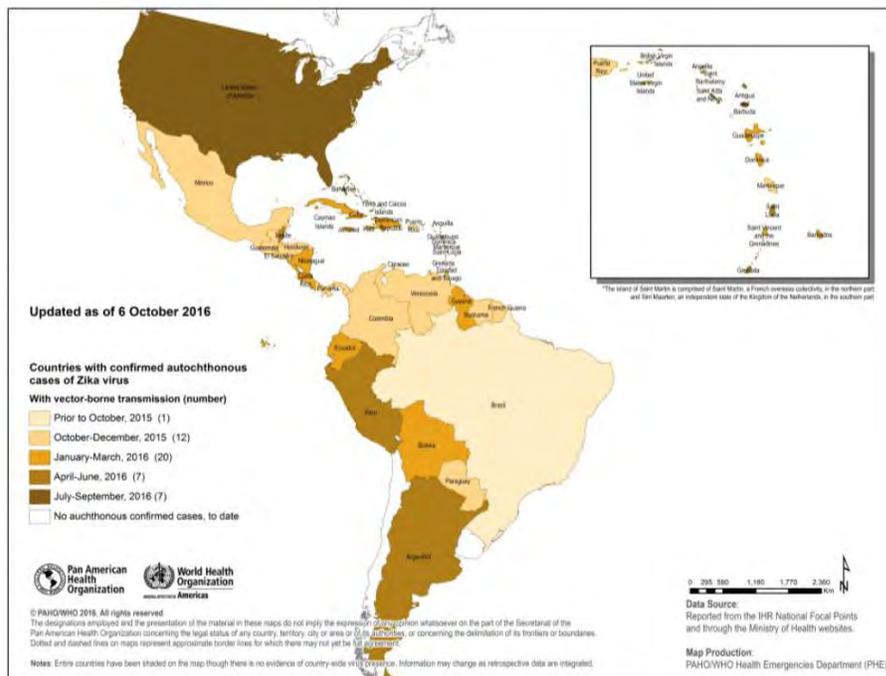
- a. Start performing clustered knowledge, attitude and practice (KAP) analysis on main messages and information in prevention campaigns to identify other informal means used by the targeted population.
- b. Identify the communication role, use and acceptance of *animadores* and other informal means of influencing and achieving better practices and enhanced knowledge related to pregnancy care, family planning, and child-bearing and in prevention of vector borne diseases present in the targeted intervention areas as dengue or chikungunya.
- c. Start implementing a C4D strategy in schools on prevention and vector control based experience by UNICEF and MoH
- d. Provide technical assistance to the MoH communication units to incorporate best practices and lessons learned in their campaign strategies, including behavior change approach and non-traditional communication channels adapted to social and cultural contexts and reduce campaign costs.

1.3. Relevant context changes

a. Epidemiological information

According to a recent WHO Update¹, “To date, 47 countries and territories in the Americas have confirmed autochthonous, vector-borne transmission of Zika virus disease since 2015. In addition, five countries in the Americas have reported sexually transmitted Zika cases. Since the last Zika Epidemiological Update of September 22, 2016; no additional countries and/or territories have confirmed vector-borne autochthonous transmission of Zika virus in the Americas.” The bulletin adds that “In South America, all countries continue to report decreasing numbers of Zika cases.”

Figure 2
Countries and territories with confirmed autochthonous (vector-borne) Zika virus cases, 2015-2016.



Similarly, on October 12, 2016; the National Bureau of Epidemiological Monitoring of Ecuador’s Ministry of Public Health issued a report on “Diseases Transmitted by Zika Virus Vectors”.

The following table presents the total number of confirmed cases of ZIKA V by the patient’s home province, as of Epidemiological Week EW-40.

¹ Pan American Health Organization / World Health Organization. *Zika – Epidemiological Update*. Washington, D.C., 6 October 2016.

Table 1
Total number of confirmed cases by confirmation method, as of EW 1-40, 2016

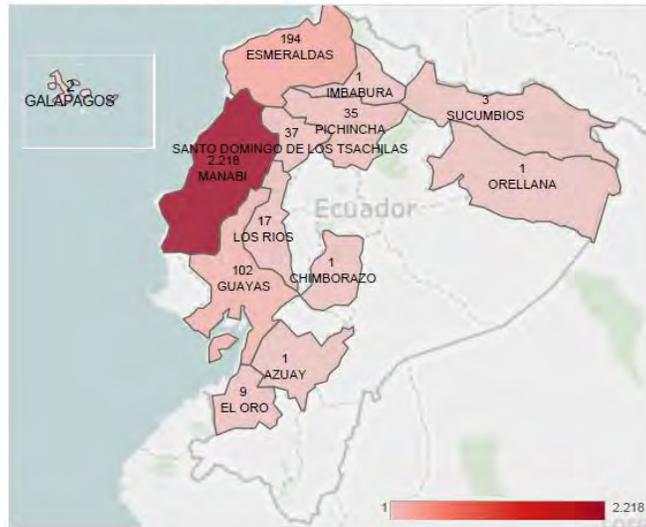
Total de casos "Confirmados por", hasta la SE 1-40, 2016			
Prov Domic	Laboratorio	Nexo epidemiol..	Total general
MANABI	555	1.663	2.218
ESMERALDAS	113	81	194
GUAYAS	58	44	102
SANTO DOMI..	14	23	37
PICHINCHA	27	8	35
LOS RIOS	17		17
EL ORO	8	1	9
SUCUMBIOS	3		3
GALAPAGOS	2		2
AZUAY	1		1
CHIMBORAZO	1		1
IMBABURA	1		1
ORELLANA	1		1
Total general	801	1.820	2.621

Of the 2,621 confirmed reported cases, 801 cases were confirmed by laboratory and 1,820 by epidemiological link (a person who comes from a place with a known history of active Zika Virus circulation). The province of Manabi accounts for the vast majority of cases (2,218 cases, or 84.6%), as portrayed in the map below.

“The bulletin notes that “to date, the birth of 70 newborns have been reported without congenital diseases associated with ZIKA, from patients who are positive for ZIKA V.” The newborns are being monitored to detect any possible complications².

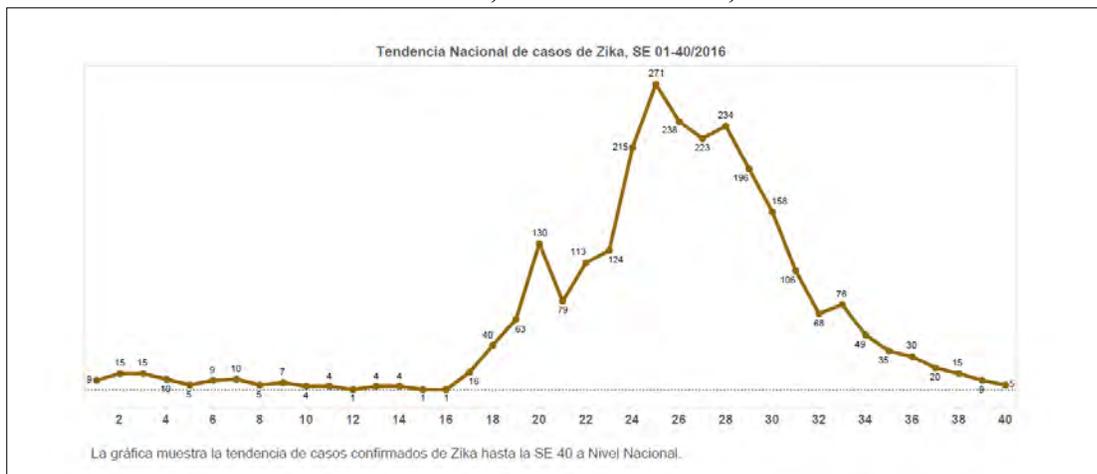
² Ministry of Public Health of Ecuador, National Bureau of Epidemiological Monitoring. October 12, 2016;

Figure 3
Confirmed cases of ZIKA V by province, to EW 40, 2016



Additionally, it is evident from Figure 4 of case trends that the highest peak of confirmed cases in Ecuador occurred between EW 25 to EW 30, while the current trend is toward a significant reduction in the number of confirmed cases.

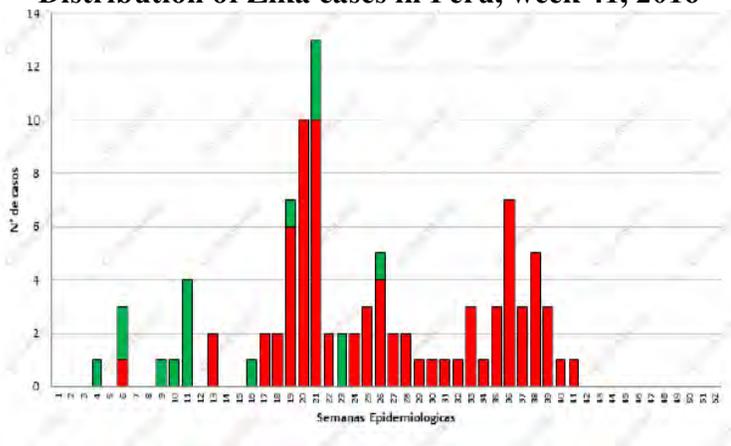
Figure 4
Zika Cases, National Trends, EW 1-40 / 2016



The graph shows the trend in the number of confirmed Zika cases nationwide as of EW 40

In Peru, according to the national epidemiological bulletin on week 41 (October 15, 2016) there were 122 cases of autochthonous infections and 17 confirmed imported cases (43 asymptomatic infections). There is an active, increasing outbreak of vector transmission in Iquitos (northern Amazonia). In all, 40 pregnant women were identified with Zika infection, 26 of them had babies with no clinical evidence of microcephaly and 14 are under observation.

Figure 5³
Distribution of Zika cases in Peru, week 41, 2016



Peru conducts Zika virus surveillance through: case definitions in all medical services in the country to capture suspect cases and possible areas of transmission; in coordination with the National Institute of Health (NIH), 12 Chikungunya fever sentinel stations in 9 regions of the country deployed to detect early indigenous transmission; surveillance of microcephaly is being implemented in 32 hospitals; and identification of asymptomatic infection in pregnant women including screening.

³ Direccion General de Epidemiologia (2016). Sala de Situación Semana Epidemiológica 41. Ministerio de Salud del Peru. <http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2016/41.pdf>

Figure 6
Dengue cases in Peru per Department and Districts (map)

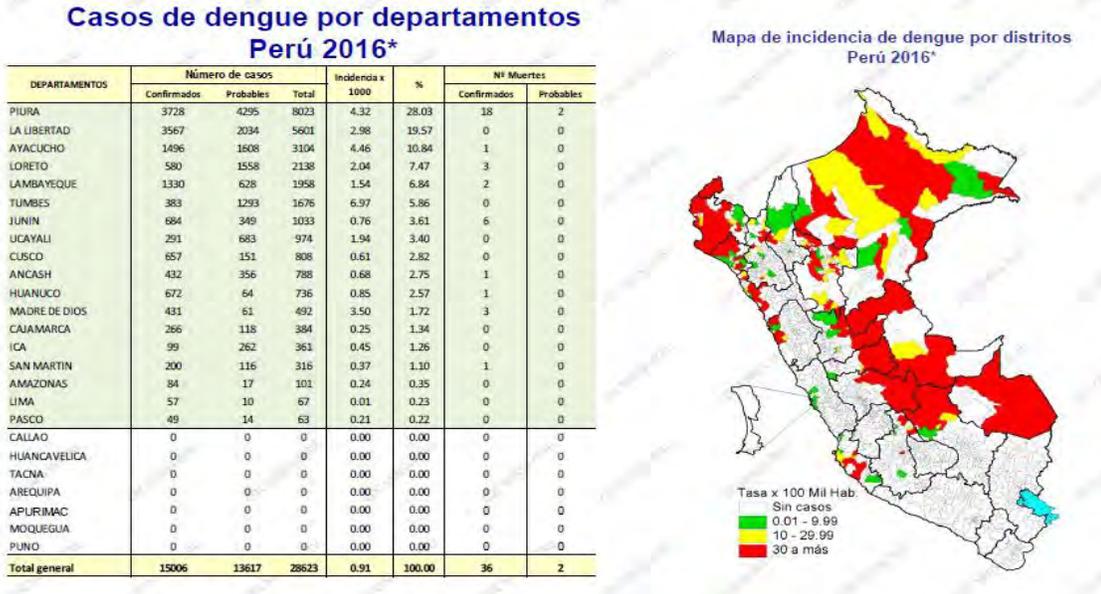


Figure 7
Cases of dengue transmission in Peru per Department (2000-2016)

DEPARTAMENTOS	AÑOS																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
PIURA	2620	11713	101	1726	37	51	865	282	1702	4029	8393	183	1181	1979	2675	20043	8023
LORETO	518	510	2499	784	2580	1772	1995	1720	7232	3723	1322	21245	4382	4479	7049	1630	2138
UCAYALI	97	682	2977	182	1413	69	174	182	931	1069	121	1770	11056	1059	1493	350	974
LA LIBERTAD	1496	5718	3	0	263	259	10	1482	267	134	728	17	104	23	63	2072	5601
TUMBES	192	1803	13	50	1552	183	243	79	51	830	1177	104	592	250	1700	7418	1676
MADRE DE DIOS	21	103	12	0	0	85	2	314	45	798	2952	1956	2047	2272	1117	966	492
CAJAMARCA	18	1100	1176	114	383	1127	123	125	464	473	784	688	3208	85	295	218	384
SAN MARTIN	218	179	42	46	577	172	170	677	541	448	307	1437	2322	1208	1574	220	316
LAMBAYEQUE	0	813	45	79	1868	804	77	656	718	674	291	10	491	25	147	1103	1958
JUNIN	7	48	207	116	192	114	189	378	8	245	140	87	736	781	508	774	1033
AMAZONAS	341	692	30	143	312	409	35	320	648	158	273	305	587	247	207	37	101
ANCASH	0	4	824	1	8	4	1	8	77	224	50	0	1068	454	0	118	788
HUANUCO	29	159	132	107	356	143	128	28	110	257	214	136	336	67	129	307	3104
AYACUCHO	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	268	736
LIMA	0	2	0	0	0	443	10	91	0	235	90	0	314	102	4	9	67
CUSCO	0	0	2	0	0	2	0	0	0	0	0	57	0	2	227	248	808
PASCO	0	0	22	1	6	3	0	2	30	29	0	87	80	56	33	32	63
ICA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	361
PUNO	0	0	0	0	0	0	0	0	0	0	0	2	1	2	13	0	0
AREQUIPA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MOQUEGUA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TACNA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HUANCAVELICA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CALLAO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APURIMAC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total general	5557	23526	8085	3349	9547	5640	4022	6344	12824	13326	16842	28084	28505	13092	17234	35816	28623

b. Political Context

In June 2016, the National Jury of Elections of Peru announced Mr. Pedro Pablo Kuczynski (PPK) as the newly elected President, initiating the process of transfer charges. Prior to the Presidential Change of Office, Mr. Pedro Pablo Kuczynski announced his cabinet, including Dr. Patricia Garcia Funegra, dean of the Faculty of Medicine at the Universidad Peruana Cayetano Heredia as the Health Minister. Since July 28, 2016 all executive authorities have been replaced or are in that process. In this new governmental period we also saw the renewal of Congress representatives mostly of opposition.

These changes represent a challenge for the project to the extent that it is necessary to renew/strengthen interinstitutional relationships with the present leaders of the MoH in Peru to ratify the commitment letter signed by the former Director General of Strategic Interventions of the Ministry of Health.

In Ecuador, the electoral period for the next presidential elections nationwide will be October 2016 to February 2017. The elections will be held on February 19, 2017 and the new authorities will come into functions from May (presidency of the republic and representatives to the National Assembly). Two types of changes are expected in government authorities, and that could also be extended in the MOH in Ecuador. The first one due to stand for election as candidates for the Assembly and the second one the impact, once the government proves winner of the election process must taking office. Both changes signify the critical efforts that will be needed of our team to inform, communicate and coordinate with the new government staff.⁴

A very positive aspect to note is the favorable orientation that President Kuczynski has given to the Binational relationship with Ecuador. An example of this was the early organization of the 10th Peru-Ecuador Binational Cabinet led by the Presidents of Peru and the President of Ecuador, Mr. Rafael Correa, held on October 7, in the city of Macas, Ecuador. This important meeting will undoubtedly support the progress in public health issues achieved in recent years. In terms of zika prevention and control the Minister of Health of Ecuador, Dr. Margarita Guevara and the prior Minister of Health of Peru, Dr. Anibal Velasquez signed the Binational Plan Work to Face the Zika⁵ (***Annex 1 Ecuador, Peru sign binational work plan to tackle Zika***).

1.4. Key partnerships and alliances

The project will be implemented in 3 provinces and 10 cantons of Ecuador, in Peru we will intervene in 4 departments and 20 districts. To this end, the project team has identified important stakeholders to coordinate actions, complement efforts and build synergies, who will also contribute to build sustainable strategies, promote scientific research to build evidence and enhance learning. Further analysis can be found in (***Annex 2 (mapping of partners & allies)***).

⁴ <http://cne.gob.ec/es/component/tags/tag/138-elecciones-generales-2017>

⁵ <http://www.andina.com.pe/ingles/noticia-ecuador-peru-sign-binational-work-plan-to-tackle-zika-597810.aspx>

Key strategic partners are the Ministries of Health of Peru and Ecuador as well as the regional and national **UNICEF offices**. CARE has a long history working with the **MoH** on issues relevant to public health among vulnerable populations while CARE's work with UNICEF has mostly been on advocacy-related efforts.

The second category established for the actors is that of the ministries that are important in the holistic strategy envisioned. They include the Ministries of Education, Culture, Labor Economy & Finance and Social Inclusion.

Another category is that of the subnational governments where we grouped provincial governments and local municipalities, which are close to the territories. The importance of these actors is that they are important contributors to the projects sustainability.

In the fourth category we included a number of International Cooperation that brings together bilateral and multilateral cooperation. These stakeholders are relevant given the opportunity of complementarity, co-financing and share learning.

We also included the "other relevant stakeholders" category called that includes Networks and Clusters, mostly related to health, education, humanitarian aid and governance

1.5. Project Outcomes, Strategies, Activities and Workplan

1.5.1. Best practices in community participation and mobilization on prevention, promotion and practices regarding zika identified.

Rigorous evidence-based analysis (EBA) and Knowledge, Attitudes and Practices (KAP) studies and documentation of best practices and lessons learned in community mobilization, education, communication and participation in the implementation of community health strategies. Emphasis will be given to the production of quantitative and qualitative data to better understand synergies of planned "soft" strategies, that is, community mobilization, participation and surveillance with the expansion or reduction of the Zika epidemic. Special emphasis will be given to pregnant and child bearing aged women as well as adolescents, with the sharing of sexual and reproductive health information to ensure better practices, behaviors and attitudes in preventing the Zika infection and risk of microcephaly in newborns. Gender and cultural norms approaches as well as urban/rural scenarios will cross cut selection of identified areas for EBA and KAP studies. EBA will be conducted by high level research teams with the participation of MoH, CARE, UNICEF, the academia and other key partners under the scope of national plans and the political leadership of the MoH. Academy support will be on technical issues and data gathering procedures to complete the EBA and KPA analysis.

Year 1:

- a) Evidence based analysis on vector control (EBA) – The binational baseline EBA will focus on community health care participants, their roles, follow-up systems, community and household surveillance on recommended key prevention practices. Results will be validated by the Projects Steering Committee and serve to use learning in Years 2 and 3.
- b) National baseline knowledge, behavior and practices (KAP) studies on behavior change will have a gender and cultural diversity approach to identify individual and collective knowledge, attitudes and practices, regarding dengue and chikungunya prevention campaigns, perception of Zika risks and recognition of zika signs and symptoms. This qualitative research will include information on measures adopted at household level, pregnancy control in adult women and adolescents, and women s health self-care. MoH and relevant stakeholders will be involved and findings will be shared.
- c) Evidence based analysis (EBA) on community surveillance – This binational baseline EBA will focus on the role and performance of community health agents (*animadores* for Peru and *TAPs* in Ecuador case), primary health technicians, and others agents accountable for community based surveillance (health workers, army, police, religious institutions, NGOs, etc.) Results will be validated by the Projects Steering Committee and serve to use learning in Years 2 and 3. Proposed studies will serve to assess the efficiency of ovitraps in vector control at household levels by local health services, local governments and community agents regarding three key activities: accurate installation, geo-referenced identification and weekly gathering of data for early action.

1.5.2. Testing of best practices and lessons learned against zika found through the EBA and KAP implemented immediately in priority risk areas.

Implementation in priority risk areas of best practices and lessons learned found through the EBA and KAP. Implementation will be closely recorded and monitored for trial, testing and adapting protocols in diverse social and cultural contexts, to increase efficiency and accuracy in Zika control.

Year 1:

- a) Vector Control - Health services in selected risk areas, based on findings, CARE will start to promote and strengthen capacities on updated protocols providing continuous feedback on efficiency, with priority in households with pregnant and/or women in childbearing age.
- b) Behavior Change – Based on EBA and KAP studies generate, validate and tailor a community engagement and communication strategy to promote behavior change and better understanding and acceptance of key messages to minimize the spread of Zika and the risk of possible congenital syndromes of babies.
- c) Community surveillance – Based on EBA and KAP studies validate and tailor a friendly event-based community surveillance system to better protect vulnerable

population (pregnant and/or women in childbearing age) from zika to improve and/or produce attention protocols to enhance local health services.

- d) Based learning of EBA and KAP studies strengthen partnerships (UN agencies, NGOs and local governments) to use identified best practices for integrated vector control using the SRMH approach.

1.5.3. MoH monitoring system includes a friendly feedback system for local governments and community use to enable a continuous gathering and analysis of best practices at community level.

Development of a friendly feedback information system between health facilities, local governments and communities for the continuous analysis and inclusion of relevant practices.

Year 1:

- a) Based on learning of EBA and KAP studies asses if key information is duly gathered, accurate and useful to improve prevention and surveillance activities. To this end CARE will start to prepare an adequate monitoring system plan involving local governments and community stakeholders. Also, provide technical assistance to develop and establish municipal monitoring local systems and early warning capacities to identify and respond efficiently to alerts and alarms, especially concerning community roles in prevention and follow-up of risks at household and neighborhood levels.
- b) Awareness building activities to inform population in priority areas on the implementation of surveillance activities and role of the community health agents to reduce stigma and misconceptions, and enhance active participation in data gathering.
- c) In coordination with MoH, design a training and capacity building plan to strengthen local governments in data and information gathering, analysis and communication of findings to influence decision making and preparation of municipal plans. Improve community surveillance with technology friendly and cost-effective formats and reporting systems

1.5.4. Communication strategy with unified key messages implemented by all parties and allies, using formal and informal means with attention to gender and cultural diversity issues.

Revise information and communication strategies and methods for behavior change to improve targeting and impact on differentiated priority social groups such as women and men of reproductive age, pregnant women, adolescent boys and girls.

Year 1:

- a) Share EBA and KAP findings with other zika stakeholders to adapt existent C4D strategies to reinforce behavior change especially regarding risks of microcephaly on babies of infected pregnant women and risky sexual behavior, especially among

adolescents. Perform clustered knowledge, attitude and practice (KAP) analysis of main messages and information methods in viral prevention campaigns to identify other informal means used by the targeted population.

- b) Identify roles and build awareness in key community stakeholders on the zika prevention communication strategy.
- c) Design communication strategy based on KAP learning in liason with UNICEF and MoH
- d) Coordinate and unify key messages, with focus on the behavior change, to better reach different social and cultural contexts and reduce campaign costs. Star the implementation of the C4D strategy adapted to primary and secondary schools on prevention, health and personal care, vector control practices and surveillance practices, building up on experiences implemented by CARE, UNICEF and MoH.

1.5.5. Scaling up of sustainable, provincial policies and strategies and protocols at local, national and bi-national levels for policy making.

Scaling up and implementation of sustainable policies and proven successful strategies and protocols at local, national and bi-national levels for policy making.

Year 1:

- a) Sign MoU with subnational governments and produce a shared workplan. Design an advocacy workplan with identified regional and national government level stake holders
- b) Provide technical support to better enhance coordination platforms and mechanisms (intersectoral) at the subnational government levels
- c) Regional learning and information sharing event (accountability)

1.6.Zika Workplan - Oct 2016-Sep 2017.

Zika Workplan - Oct 2016-Sep 2017

Implement	Resultados	Activity summary	Time fram (Q1-Q4)	Indicator	Indicator target				Total cost	Project Goal	
					Q1	Q2	Q3	Q4			Total
Project Management											
CARE ECUADOR - CARE PERU		Submit project workplan	Q1	Number of reports	1						
CARE ECUADOR - CARE PERU		Recruitment of project team	Q1		x						
CARE ECUADOR - CARE PERU		Training (inducción) to project team	Q1		x						
CARE ECUADOR - CARE PERU		Procurement Plan Year 1	Q1	Number of reports	1						
CARE PERU		Opening sub offices	Q1	Number of offices	3						
CARE ECUADOR - CARE PERU		Project launching	Q1	Number of events	1						
CARE ECUADOR - CARE PERU		Meetings with strategic partners (national and sub national)	Q1-Q4		x	x	x	x			
CARE ECUADOR - CARE PERU		Monitor activities and data quality	Q1-Q4		x	x	x	x			
CARE ECUADOR - CARE PERU		Produce and submit montly technical reports	Q1-Q4	Number of reports	3	3	3	3			
CARE ECUADOR - CARE PERU		Produce and submit quarterly technical and financial reports	Q1-Q4	Number of reports	1	1	1	1			
CARE ECUADOR - CARE PERU		Submit annual technical and financial report	Q4	Number of reports	1			1			
Sub-total project management											
	R1: Best practices in community participation and mobilization on prevention, promotion and practices regarding zika identified.	A.1.1. Evidence-Based Analysis of community based systems on roles and performance of vector control at household and community levels.		I. 1. Number of EBA reports on best practices on vector control.						3 reports	
					I. 2. Improve the efficiency of ovitraps in at least 10% for vector control and community surveillance.						
CARE ECUADOR			Q1-Q2	Number of reports		1			1	\$18.000	
CARE PERU			Q2	Number of reports		1			1	\$23.618	
CARE PERU			Q3-Q4	Number of events			3		3	\$6.732	
			A.1.2. KAP studies in selected areas on individual and collective behavior change regarding prevention, care giving to childbearing age women and pregnant women.	Q2	I.2. Number of KAP studies implemented and shared at local and national levels						3 studies
				Q1-Q2	Number of reports		1		1	\$18.000	
CARE PERU				Q2	Number of reports		1		1	\$13.593	
CARE PERU				Q3-Q4	Number of national, sub nationals an local events		28		28	\$6.916	
			A.1.3. Evidence-Based Analysis on inter-sector and community participation, roles and performance of community-based surveillance systems.	Q2	I.3. Number of EBA reports on community surveillance practices						3 reports
CARE ECUADOR			Q2-Q3	Number of reports			1	1	\$18.000		
CARE PERU			Q2	Number of reports		1		1	\$23.618		
CARE PERU			Q3-Q4	Number of events			3	3	\$5.652		
Sub-Total R 1											
									\$73.396,71		

		A.2.1. <i>Training of local health and municipalities personnel, and community health agents on new protocols based on EBA and KAP findings on vector control best practices and lessons learned.</i>		I.5. Number of health personnel of selected areas implementing best practices.							500		
CARE ECUADOR			Q3-Q4	Number of events			3	3	6	\$12.678			
CARE ECUADOR			Q3-Q4	Number of events			7	10	17	\$26.146			
CARE PERU			Q3-Q4	Number of events			3	0	3	\$4.155			
CARE PERU			Q3-Q4	Number of events			10	10	20	\$7.040			
		A.2.2. Based on EBA and KAP findings, develop and validate communication messages to improve knowledge and understanding on key risks of zika, especially on microcephaly in babies of infected women, and key prevention and care giving practices.		I.6. % of people of focus groups (KAP implementation), who have increased knowledge and apply better practices in prevention and care-giving against zika							80%		
CARE ECUADOR	R2: Testing of best practices and lessons learned against zika found through the EBA and KAP implemented immediately in priority risk areas		Q3-Q4	Number of workshops/meetings				10	10	\$29.118			
CARE PERU			Q3-Q4	Number of workshops/meetings			2	2	4	\$2.160			
			A.2.3. Support local health facilities to develop and validate a friendly feed-back and monitoring system on implementation of adapted protocols at household levels, with priority of those with pregnant women or women in child-bearing age		I.7. Number of follow-up and monitoring reports on application of adapted protocols at household levels at selected areas.							12	réports
CARE ECUADOR			Q3-Q4	Number of workshops/meetings			14	15	29	\$24.265			
CARE PERU			Q3-Q4	Number of workshops/meetings			20	20	40	\$10.560			
			A.2.4. Applying best practices for integrated vector control involving families, communities, municipalities, health systems, community water management organizations.		I.4. Improve the efficiency of ovitraps in at least 10% for vector control and community surveillance (Y2)							3	studies
					I. 21. Number of events of control and community surveillance involving families, communities, municipalities, health systems, community water management organizations.								
CARE PERU					- 1 Q			0	0		\$0		
CARE ECUADOR				Q2-Q4	Number of events of control and community surveillance		8	20	20	48	\$87.353		
		Sub-Total R 2								\$203.475,00			

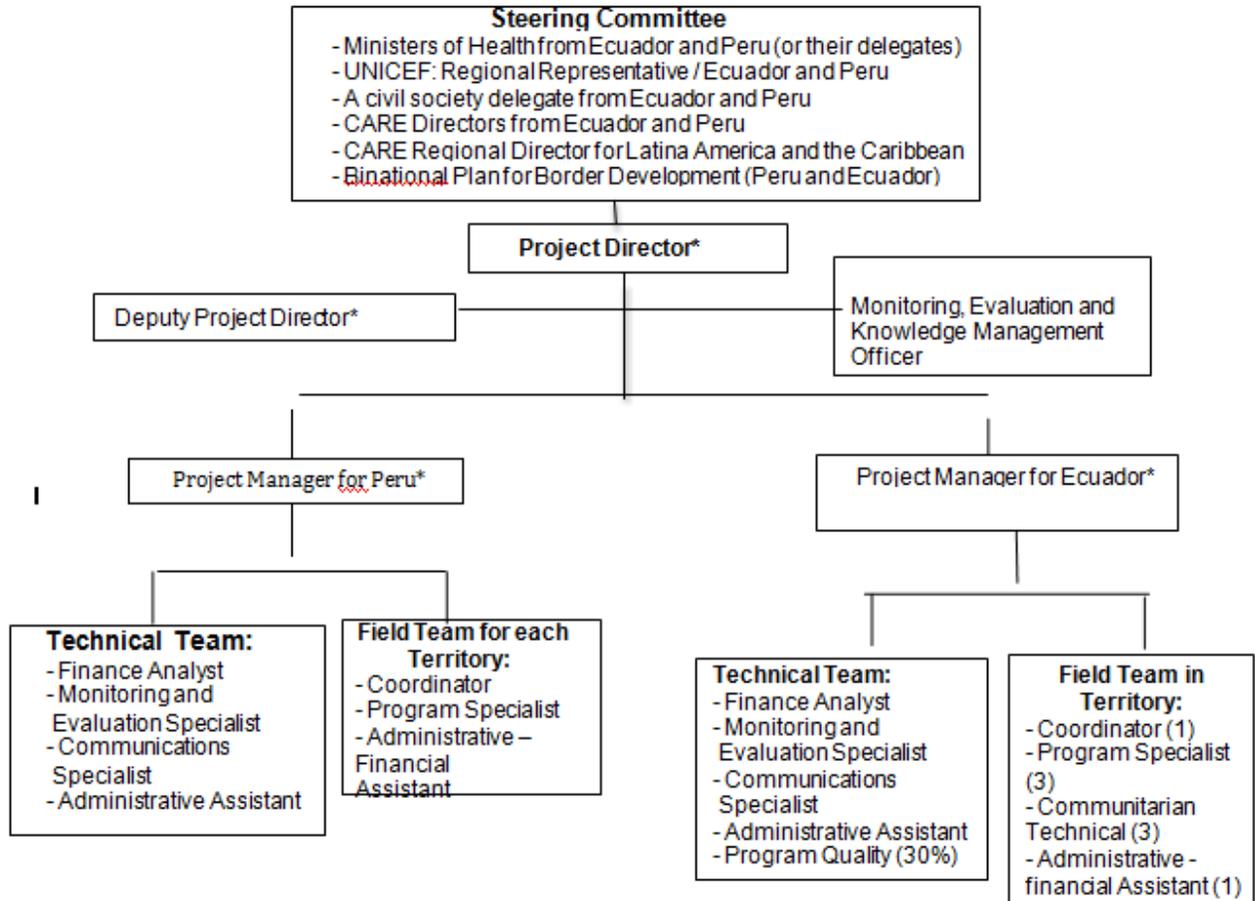
		A.3.1. Adapt and design a friendly, cost-effective and efficient reporting and early warning system for animadores and community health workers to include community based activities and results in formal MoH monitoring systems.		I.9. Number of community health workers dully providing periodic surveillance reports to local health services. (Y3)							500		
CARE ECUADOR			Q2-Q4	Number of workshops/meetings with health workers (animadores, TAPS)		5	10	10	25	\$38.824			
CARE PERU			Q3-Q4	Number of workshops/meetings with health workers (animadores, TAPS)			10	10	20	\$6.720			
		A.3.2. Develop a culturally adapted social information system on surveillance activities and community health workers roles to reduce rejection and enhance community participation in providing key information.		I.10. % of people in focus groups who have provided information for community surveillance system							80%		
CARE ECUADOR	R3. MoH monitoring system includes a friendly feedback system for local governments and community use to enable a continuous gathering and analysis of best practices at community level		Q3-Q4	Number of events / % people in focus groups who have provided information			10	10	20	\$38.824			
CARE PERU			Q3-Q4	Number of events / % people in focus groups who have provided information			5	5	10	\$4.620			
			A.3.3. Training of local health services personnel, local governments and community health workers on community-based follow-up and monitoring systems.		I.11. Number of health personnel and community health workers trained in community based surveillance system.							1000	health personnel and community health workers
					I.8. Number of healthcare facilities with Zika clinical guidelines counseling services (WHO)								
					I.12. % of adolescents in control groups who know and understand prevention practices (Year 2)							70%	
CARE ECUADOR				Q3-Q4	Number of events with Local governments			1	2	3	\$9.231		
CARE ECUADOR				Q3-Q4	Number of events with communities /adolescents			6	7	13	\$15.034		
CARE PERU				Q3-Q4	Number of events with Local governments			1	2	3	\$8.955		
CARE PERU				Q3-Q4	Number of events with communities /adolescents			10	10	20	\$14.440		
		Sub-Total R 3								\$136.648,00			

	R4: Communication strategy with unified key messages implemented by all parties and allies, using formal and informal means with attention to gender and cultural diversity issues	A.4.1 Based on EBA and KAP findings, develop and implement formal and informal communication strategies (including ICT) to improve knowledge and understanding on key risks of zika, especially on microcephaly in babies of infected women, and key prevention and care giving practices.		I.13. Number of health services workers sharing information with local governments and community for decision making on zika prevention, surveillance and control.							1000		
CARE ECUADOR			Q3-Q4	number of events		15	15		30	\$19.800			
CARE ECUADOR			Q3-Q4	number of campaigns			10	10	20	\$38.435			
CARE PERU			Q3-Q4	number of events			6	9	15	\$3.600			
			A.4.2. Identify the communication role and community acceptance of animadores and other community health workers in influencing knowledge building and behavior change in communication campaigns key messages.		I.14. % of selected priority areas with set coordination and information zika control platforms among community leaders, local governments and health services.							80%	
CARE ECUADOR				Q3-Q4	Number of events with community health workers			2	2	4	\$24.265		
CARE PERU				-	Number of events with animadores			0	0		\$0		
			A.4.3. Develop a culturally adapted social strategy on communication for development system based on MoH and UNICEF experience		I.15.% of people in focus groups who increased awareness on prevention and control against zika infection.							100%	
CARE ECUADOR				Q3-Q4	Number of workshops/meetings			3	3	6	\$14.559		
CARE PERU				Q3-Q4	Number of workshops/meetings			3	3	6	\$6.120		
			A.4.4. Implement a communication for development strategy adapted for primary and secondary schools on prevention, health and personal care, vector control practices and surveillance practices, building up from focused experiences implemented by CARE, UNICEF and MoH.		I.16. % of the vulnerable population informed on prevention and control of zika							50%	
CARE PERU				-	Number of events			0	0		\$0		
CARE ECUADOR				Q4	Number of events		2	5	4	11	\$11.647		
		Sub-Total R 4								\$94.161,00			

	R5: Scaling up of sustainable, provincial policies and strategies and protocols at local, national and bi-national levels for policy making.	A.5.1. In selected areas in Peru and Ecuador, train local government staff in managing the metaxenic budgetary program to include in regular planning processes a stipend for animadores.		I.17. % of local governments in selected areas that include planning for zika prevention and control as part of annual budget. In Perú, includes stipends for local health workers as part of annual budget.							80%	
CARE PERU			Q4	Number of reports			3	3	\$30.000			
		A.5.2. Technical support to local governments to promote and enhance local inter-sector and community coordination platforms for joint planning of community health plans.		I.18.% of selected areas with joint inter-sector planning of zika prevention and control coordination including other stakeholders and communities (year 2)				0	\$0	100%		
CARE PERU												
		A.5.3. Support bi-national mutual learning and exchange of experiences, results and recommendations of the EBA and KAP studies through joint field visits, discussion events and documentation to adjust national and local plans of action to the proven best practices and protocols.		I.19. # of public information meetings or other means on progress of Zika control plans at the local level.						6	per select area	
CARE ECUADOR			Q4	Number of events			1	1	\$6.471			
CARE PERU			Q4	Number of events			1	1	\$9.325			
		A.5.4. Organize at least one international event, with other countries to share the results of the Evidence Based Analysis and KAP study, as well as successful experiences of adjusted implementation strategies and their results impact on the virus outbreak in community health care systems.		I.20. Number of exchange and learning meeting held at local, national, bin/national and international levels (year 2, 3)					\$0	13	6 local, 3 national, 3 binational, 1 international	
CARE PERU												
CARE PERU			Sub-Total R 5						\$45.796,00			
CARE PERU		GRAND TOTAL						\$1.220.075,73				

1.7. Program Management

No significant change from the approved proposal:



Position/Team	Description
Steering Committee	Guarantee oversight of the project's advance and intermediate results through annual meeting, influencing the adoption of proven successful protocols and strategies and policy making at all levels of intervention. For operational purposes national working groups will meet twice a year.
Binational Senior Management Team	Includes Project Director, Deputy, M&E and learning teams, Program Managers (Peru and Ecuador) Responsible of approving the project's operational plans, oversee compliance in terms of timeliness and quality of outcomes, and follow-up of the project's implementation.
Project Director(and Deputy)	Provide credible technical leadership, coordination and collaboration with all implementing partners, and strategic management and oversight of partnerships and activities to achieve project objectives. The Project Director and the Deputy Project Director will act as the Project Managers in Ecuador and Peru.
M&E Staff	Responsible for the general program monitoring and evaluation, data management, assure the adequate tracking of indicators for monitoring the projects performance, support the implementation of the monitoring and evaluation plans.
Communication for Development Specialists	Responsible for developing and implementing the communication strategy, which includes validating messages related to specific health-related issues and relaying those messages to the public.
Field coordination team	Follow-up on the implementation closely in the field with the local actors, monitoring and gathering information, and developing relationship with local authorities, health services and community leaders.

1.8. Cost Share

Details of CARE Ecuador cost share

- a) The cost share provided by the Municipal Government will be in nature, concerning materials, technical management and others.
- b) First year, the cost share will be focused on local and community actors, including Municipal Government and community organizations, in Manabi (province with highest incidence of Zika in the country).
- c) The total cost share amount for the first year will be around US \$ 287,250, of which 84% corresponds to Municipal Government and community organizations of Manabi.
- d) The cost share provided by Municipal Government and community organizations of Manabi is around 9% in the first year and the cost share provided by the El Oro province will be included for the second year
- e) We expect a first part of cost share from the Academy around US \$ 22.000 (8%)

Details of CARE Peru cost share:

- f) Stipend for health "animadores" for US \$ 90.000.
- g) Acquisition of pesticides and personal protective equipment for vector control activities for US \$135.000.
- h) Communication material to raise awareness control of Zika for US \$60.000.
- i) The total MoH cost share for de Fiscal Year 1, is US \$185.000.

The following tables present the details of CARE Ecuador and CARE Peru cost share.

CARE Ecuador cost share Y1 R Zika APS-OAA-15-000004 Addendum 2 9.8.16											
	Number of Events	Amount	Total	Result 2 Activity 1	Result 2 Activity 4	Result 3 Activity 3	Total	AÑO 1	%	AÑO 2	AÑO 3
Municipal Governments of Esmeraldas: Financial commitment, through an agreement, in providing the cost share on materials and technical support for the improvement of their water and sanitation systems and for solid waste and environmental management (public spaces, dwellings, etc.).	6	10.000	60.000		60.000		60.000	20.000	7%	20.000	20.000
A partnership with the Social and Community Organizations Network will be established for Water Management in Ecuador to work in environmental health at communities. Likewise, we will work jointly with Local Health Committees and the Rural Social Security. These instances and the communities of Esmeraldas will contribute with working days, venues for meetings, food for meetings and working days, valued at market prices.	600	25	15.000		7.500	7.500	15.000	5.000	2%	5.000	5.000
Municipal Governments of Manabí: Financial commitment, through an agreement, in providing the cost share on materials and technical support for the improvement of their water and sanitation systems and for solid waste and environmental management (public spaces, dwellings, etc.).	62	10.000	620.000		620.000		620.000	200.000	70%	220.000	200.000
Communities of Manabí will contribute with working days, venues for meetings, food for meetings and working days, valued at market prices.	6440	25	161.000		80.500	80.500	161.000	40.250	14%	60.750	60.000
Municipal Governments of El Oro: Financial commitment, through an agreement, in providing the cost share on materials and technical support for the improvement of their water and sanitation systems and for solid waste and environmental management (public spaces, dwellings, etc.).	12	10.000	120.000		120.000		120.000		0%	60.000	60.000
Communities of El Oro will contribute with working days, venues for meetings, food for meetings and working days, valued at market prices.	1200	25	30.000		15.000	15.000	30.000		0%	15.000	15.000
Universities and Public Health Network (MoH, local health services, Rural Social Security, etc.) Training of local health services personnel, local governments and community health workers on community. Technical support to GADs and communities.	4	11.000	44.000	22.000	22.000		44.000	22.000	8%	11.000	11.000
			1.050.000	22.000	925.000	103.000	1.050.000	287.250	100%	391.750	371.000
											1.050.000

Details of CARE Peru cost share:					
Describe nature and source of Cost Share	AMOUNT in USD			Describe method of valuation (include basis of unit cost and calculation details)	Explain alignment with Project Objective(s)
	TOTAL	Financial	In-kind contributions		
			\$0		
TOTAL - CARE	\$0	\$0	\$0		
Details of MOH cost share:					
Stipend for health animadores: 100 animadores, each one \$100 per moth per 9 month, during the project implementation.	\$90.000	\$90.000	\$0	100 animadores per \$100 per month in 9 months.	It's a real cost that MOH pay to the health animadores.
Acquisition of pesticides and personal protective equipment for vector control activities.	\$900.000	\$900.000	\$0	\$ 1,250 Each pack aprox. For each district (20) per month in 3 years.	Housing protected main risk areas of high and very high risk of disease and zoonoses metaxenic
Communication material to raise awarness control of Zika	\$60.000	\$60.000	\$0	\$ 15,000 for each departament (4) in the first year.	In the first year the Ministry of Health has allocated budget for residents of the risk areas to be informed of the transmission mechanisms of zika
	0				
TOTAL – MOH	\$1.050.000	\$1.050.000	\$0		

Number of Events	Amount	Total	Result 3 Activity 2	Result 5 Activity 1	Total	AÑO 1	AÑO 2	AÑO 3
900	100	90.000		90.000	90.000	90.000		
720	1.250	900.000	900.000		900.000	135.000	360.000	405.000
4	15.000	60.000	60.000		60.000	60.000		
TOTAL					1.050.000	285.000	360.000	405.000

2. MEASUREMENT, MONITORING, EVALUATION AND LEARNING PLAN.

USAID has requested information on the data collection approach, a revised logical model, monitoring and evaluation plans, and the indicator table.

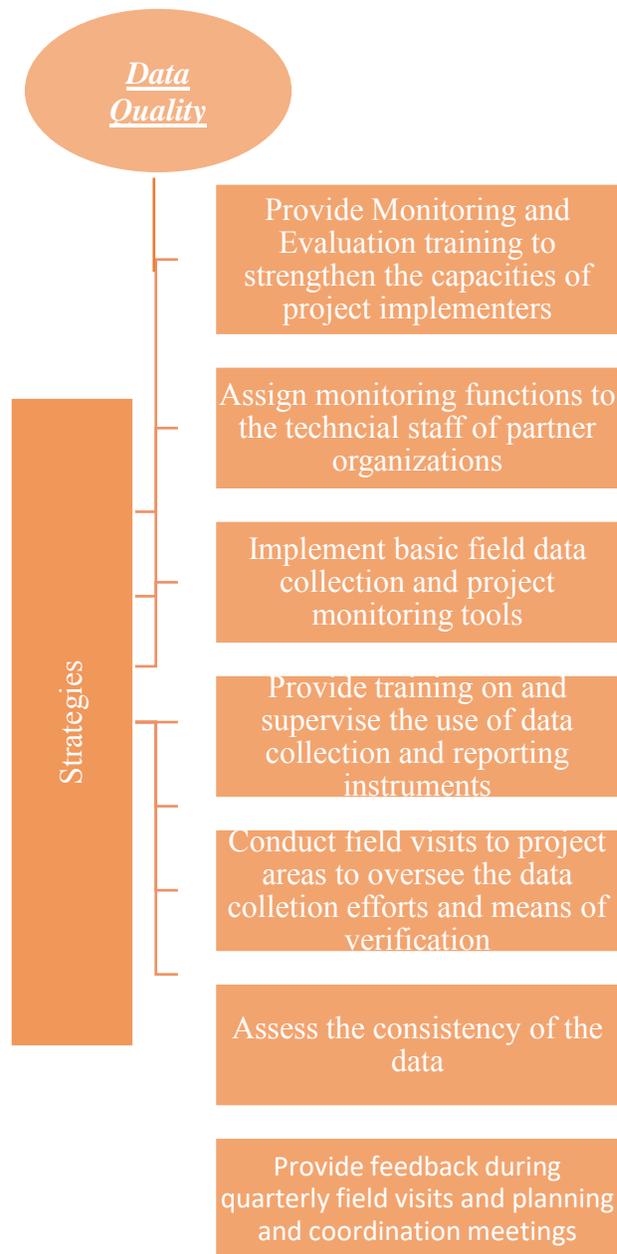
2.1. Data collection

CARE Ecuador and CARE Peru will implement a system of data collection and reporting to serve as an efficient tool to use to report on results. This system will save time, reduce errors, improve the quality of information, and allow for the timely capture of data in accordance with the dynamics of the project. It contributes to the process of making decisions based on the changes produced, and facilitates lessons learned about the methodologies employed in executing project activities.

To implement the system, the project team will use interrelated procedures and instruments that will make it possible to measure and evaluate the quantitative and qualitative fulfillment of each project result.

The system is built around six components, based on which CARE Ecuador, CARE Peru and their implementing partners will be able to monitor achievement of the Project's result indicators: 1) mechanisms to ensure the quality of the information; 2) training, accompaniment and capacity-building with the project's implementation partners; 3) verification; 4) oversight; 5) feedback and 6) reporting.

The quality of the data will be fundamental for assessing the attainment of indicators and for preparing reports, and therefore the project team and the two people responsible for Monitoring and Evaluation from CARE Ecuador and CARE Peru will employ the following data quality assurance strategies, which are detailed in the following graph:



2.2. Monitoring and Evaluation Plans

In order to execute the data collection and reporting system, in a planned and orderly fashion, a Monitoring and Evaluation Plan will be established, and will be implemented by the Project's programming and financial teams in Ecuador and Peru, which will allow them to visualize technical and financial progress. For this purpose, CARE will use the tool of the Integral Monitoring Timetable, organized based on the activities included in each of the Results.

Priority will be given to those monitoring and follow-up activities involving the most significant budgetary outlays, greater complexity and more substantial commitments in terms of program

execution and indicators, and those results considered to be the most challenging to achieve, involving sub-implementation or other arrangements.

The Monitoring and Evaluation Plan includes a focus on providing technical and financial support, including the following actions:

- Conducting “on-site” assessments of the progress being reported in the various operational reports, in order to verify the data reported, both regarding budgetary and programmatic execution.
- Revising the existing evidence of the advances being reported, also from both the budgetary and operational perspectives. In the case of budget execution, a review will be carried out of a sampling of receipts of purchases, invoices, payroll, etc.
- Identifying situations that could put the implementation of the project at risk, in order to enhance timely decision-making.
- Providing technical assistance in those areas where limitations are observed.

In addition, also as part of the Project’s Monitoring and Evaluation Plan, the team will standardize the criteria and definitions used to measure and ensure compliance with the result indicators, through technical indicator forms, standardization of the means of verification, qualitative and quantitative reports, and the consolidation of information in a centralized Database. These efforts will allow for a shared repository of information among all partners who intervene in project implementation, guaranteeing accurate data in monthly reports narrating the most significant advances, and quarterly and annual reports detailing overall financial and programmatic progress.

2.3.Revised logic model

The indicators have been aligned with each result, and they have been related to activities that will contribute to the achievement of the established goals.

A need has been identified to incorporate an additional indicator within result 2, which is called Indicator 21; “Number of events of control and community surveillance involving families, communities, municipalities, health systems, community water management organizations.”

In indicators 6, 10 12 and 15, the term “control groups” has been replaced with “focus groups”

2.4.Indicator Tables

The table below describes, for each indicator, the unit of measure, source and frequency of data collection, and the use of the information collected.

IR	Performance Indicators	Definition and Unit of measure	Data Source	Frequency of Collection/Reporting	Use of Information
R1: Best practices in community participation and mobilization on prevention, promotion and practices regarding Zika identified.	I. 1. Number of EBA reports on best practices on vector control.	count, studies	reports	Quarterly	for communication and decision-making
	I.2. Number of KAP studies implemented and shared at local and national levels	count, studies	reports	Quarterly	for communication and decision-making
	I.3. Number of EBA reports on community surveillance practices	count, studies	reports	Quarterly	for communication and decision-making
R2: Testing of best practices and lessons learned against Zika found through the EBA and KAP implemented immediately in priority risk areas	I.5. Number of health personnel of selected areas implementing best practices.	count, personnel	test of technical competence	Monthly/quarterly	for communication and decision-making
	I.6. % of people of focus groups (KAP implementation), who have increased knowledge and apply better practices in prevention and care-giving against Zika	Percentage, people	test of knowledge	Monthly/quarterly	for communication and decision-making
	I.7. Number of follow-up and monitoring reports on application of adapted protocols at household levels at selected areas.	count, reports	reports	Monthly/quarterly	for communication and decision-making
	I.4. Improve the efficiency of ovitraps in at least 10% for vector control and community surveillance .(Y2)	percentage	reports	Quarterly/annually	for communication and decision-making

	I. 21. Number of events of control and community surveillance involving families, communities, municipalities, health systems, community water management organizations.	Count, events	Lists of participant	Quarterly/annually	for communication and decision-making
R3: MoH monitoring system includes a friendly feedback system for local governments and community use to enable a continuous gathering and analysis of best practices at community level	I.9. Number of community health workers dully providing periodic surveillance reports to local health services. (Y3)	count, personnel	Reports	Monthly/quarterly	for communication and decision-making
	I.10. % of people in focus groups who have provided information for community surveillance system	Percentage, people		Monthly/quarterly	for communication and decision-making
	I.11. Number of health personnel and community health workers trained in community based surveillance system.	count, personnel		Monthly/quarterly	for communication and decision-making
	I.8. Number of healthcare facilities with Zika clinical guidelines counseling services (WHO).	count, health facilities	reports	Monthly/quarterly	for communication and decision-making
	I.12. % of adolescents in focus groups who know and understand prevention practices	percentage, people	test of knowledge	Monthly/quarterly	for communication and decision-making
R4: Communication strategy with unified key messages	I.13. Number of health services workers sharing information with local governments and community for decision making on Zika prevention, surveillance and control.	count, personnel	reports	Monthly/quarterly	for communication and decision-making

implemented by all parties and allies, using formal and informal means with attention to gender and cultural diversity issues	I.14. % of selected priority areas with set coordination and information Zika control platforms among community leaders, local governments and health services.	percentage, areas		Monthly/quarterly	for communication and decision-making
	I.15.% of people in focus groups who increased awareness on prevention and control against Zika infection.	percentage	test of knowledge	Monthly/quarterly	for communication and decision-making
	I.16. % of the vulnerable population informed on prevention and control of Zika	percentage	test of knowledge	Monthly/quarterly	for communication and decision-making
R5: Scaling up of sustainable, provincial policies and strategies and protocols at local, national and bi-national levels for policy making.	I.17. % of local governments in selected areas that include planning for Zika prevention and control as part of annual budget. In Perú, includes stipends for local health workers as part of annual budget.	Percentage, local governments	Documents	Monthly/quarterly	for communication and decision-making
	I.18.% of selected areas with joint inter-sector planning of Zika prevention and control coordination including other stakeholders and communities	Percentage, areas	documents	Monthly/quarterly	for communication and decision-making
	I.19. # of public information meetings or other means on progress of Zika control plans at the local level.	count, events	Reports , Lists of participant	Monthly/quarterly	for communication and decision-making

	I.20. Number of exchange and learning meetings held at local, national, bi/national and international levels.	count, events	Reports , Lists of participant	Monthly/quarterly	for communication and decision-making
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3. ENVIRONMENTAL MANAGEMENT & MITIGATION PLAN (EMMP)

With regard to the PERSUAP (Pesticide Evaluation Report & Safer Use Action Plan), as established in appendix E in the section entitled “Preparation of a PERSUAP,” “A Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) will be developed and approved prior to the use of project funds in support of pesticide procurement or use”. For this Project, this evaluation does not apply, since there is no plan to allocate Project resources to the acquisition or use of pesticides, including the provision of technical guidance regarding pesticide selection and use, and pesticide training that involves handling of pesticides.

We will pay special attention to complying with that established in the “INITIAL ENVIRONMENTAL EXAMINATION”, especially Section 2.6. RECOMMENDED DETERMINATIONS AND CONDITIONS.

Project: Zika Response in Ecuador and Peru

Life of Activity: October 1st, 2016 to September 30th, 2017

Implementing Agencies: CARE Ecuador and CARE Peru

Persons responsible for overseeing implementation of the EMMP:

Fernando Solíz Project Director, fernando.soliz@care.org; Virginia Baffigo Project Manager for Peru, ybaffigo@care.org.pe

Activity 1: Education, Technical Assistance, Training (including Policy Guidance)			
Typically there are no direct adverse environmental impacts resulting from this category. Indirect impacts are possible if care is not taken to ensure appropriate environmental considerations are incorporated into education programs, technical assistance, trainings, and policies.			
IEE Condition	Mitigation	Monitoring	Timing and Responsible Parties
During the educational, training and technical assistance activities, solid wastes are generated that must be managed appropriately.	<ul style="list-style-type: none"> • The methodological guides and education and training tools will make explicit mention of the proper management of solid and liquid wastes generated in these events. • The reuse of educational and outreach materials will be actively promoted, along with a limited use of disposable materials. • The facilitators will be monitored to ensure proper application of these guidelines. 	<ul style="list-style-type: none"> • Use of checklists for quality control during and after training activities. 	<ul style="list-style-type: none"> • CARE staff; during Education, Technical Assistance, Training. Q2, Q3, Q4.
The contents of vector control training for communities and technical staff must be in line with environmental regulations.	<ul style="list-style-type: none"> • The training plans and educational materials will be reviewed to ensure that they contain messages that are consistent with environmental regulations. 	<ul style="list-style-type: none"> • Reporting on the compliance of educational and communicational materials with environmental regulations 	<ul style="list-style-type: none"> CARE staff; during Education, Technical Assistance, Training. Q2, Q3, Q4.

Activity 2: Research and Development

Typically there are no direct adverse environmental impacts resulting from this category. Indirect impacts are possible depending on methodology and approach for data collection and surveillance. Illustrative examples include:

- Introduction of new modes of vector transmission if health and safety protocols are not followed.
- Risk of social unrest or physical harm to data collectors in locations where public sensitization has not previously taken place or public misinformation results in fear of outsiders (as witnessed during the Ebola crisis).

IEE Condition	Mitigation	Monitoring	Timing and Responsible Parties
During data gathering and community investigation activities, there is a risk of increased exposure to vectors.	<ul style="list-style-type: none"> • The methodological guides and research tools such as Focus Groups will explicitly refer to setting places and times that are appropriate for doing trainings, especially when working with groups of women and youth. • The Project will recommend simple prevention measures, such as wearing light-colored clothing, long sleeves and insect repellent. • The facilitators will be monitored to ensure that the guidelines are being properly implemented. 	<ul style="list-style-type: none"> • Use of checklists for quality control during and after “focus group” activities. 	<ul style="list-style-type: none"> • CARE staff; during and after “focus group” activities. Q1, Q2.
During home visits or direct observation tours of the environment to identify KAPs in the prevention and control of vector-borne diseases, there is a risk of increased vector exposure.	<ul style="list-style-type: none"> • The methodological guides, observation tools and KAP surveys will explicitly refer to scheduling places and times that are appropriate for doing trainings, especially when working with groups of women and youth. • The Project will recommend simple prevention measures, such as wearing light-colored clothing, long sleeves and insect repellent. • The facilitators will be monitored to ensure that the guidelines are being properly implemented. 	Use of checklists for quality control during and after the direct observation and KAP survey activities.	CARE staff; during and after “focus group” activities. Q1, Q2, Q3, Q4.

Activity 3: Small-Scale Water and Sanitation

In these interventions, the positive environmental impacts significantly outweigh any negative externalities. The negative impacts are minimal, and can be controlled in a variety of ways.

IEE Condition	Mitigation	Monitoring	Timing and Responsible Parties
Improvements in Community and Municipal Water and Sanitation Systems must abide by existing rules and regulations.	<ul style="list-style-type: none"> • The plans to upgrade water and sanitation systems will be reviewed to guarantee that they are consistent with environmental regulations. • The Project will promote proper water use practices, including covered storage when absolutely necessary, and the appropriate disposal of wastewater (proper drainage). • Appropriate sanitation practices will be promoted at the household and community level (eliminating containers, tires, garbage dumps, etc.) 	<ul style="list-style-type: none"> • Reporting on the compliance of water and sanitation systems with environmental regulations. 	CARE staff; during interventions in water and sanitation systems. Q3, Q4.
The Project will work with Municipal Governments to encourage improvements in solid waste management in the framework of existing laws and regulations.	<ul style="list-style-type: none"> • Solid waste management plans will be reviewed to guarantee that they are consistent with environmental regulations. • Appropriate solid waste management practices will be promoted among the public in order to prevent the creation of mosquito breeding sites in household and community spaces. • Campaigns will be carried out to collect containers, tires and other items, and the Project will coordinate with the Municipal Governments to ensure adequate final disposal. 	Reporting on compliance with environmental regulations in the area of solid waste management at the household and Municipal Government levels.	CARE staff; during interventions in solid waste management. Q3, Q4.

Activity 4: Vector Control

The primary tenant in vector control is environmental modification, that is altering the environment so specific vectors cannot exist, or reducing to such an extent that their presence is so minor they no longer pose a threat. There are several approaches to vector control (environmental modification, surveillance, fumigation, IRS, LLINs), each with varying degrees of potential impacts and requisite mitigation measures.

Physical environment alterations: remove or reduce the locations where vectors breed, for mosquitoes this may range from eliminating areas of standing water around town to drainage of stagnant ponds or alternation of waterways to increase water flow. Such approaches must be carefully planned to limit the impact to sensitive biological areas.

IEE Condition	Mitigation	Monitoring	Timing and Responsible Parties
Physical vector control actions include the identification and removal of mosquito reproduction sites, the draining of stagnant water when possible, while taking care not to affect sensitive ecosystems and complying with existing laws and regulations.	<ul style="list-style-type: none"> • Municipal vector control plans, where they exist, will be reviewed to ensure that they are consistent with environmental regulations. • Proper practices will be promoted in the area of the identification and removal of mosquito breeding grounds, and managing stagnant water and drainage systems. • Areas with sensitive ecosystems will be identified and protected. • The Project will work with municipal technical teams to study and adopt existing standards and regulations. 	<ul style="list-style-type: none"> • Reporting on the compliance of physical vector control efforts with regulatory frameworks and standards. 	CARE staff; during interventions in vector control systems. Q3, Q4.
The Project does not include the application of chemical pesticides nor biological larvicides, which are handled by the Ministries of Health; however it will work with the population and the community to ensure informed consent and with the ministries to determine the types of products that are being used, and the corresponding regulations.	<ul style="list-style-type: none"> • In coordination with UNICEF and PAHO, information will be requested from the Ministries of Health regarding the use of chemical and/or biological pesticides, as well as the relevant regulatory frameworks. • The informed consent of families and communities will be ensured regarding abatization (temephos 1%) carried out by the MPH. • Learning meetings will be held with governmental agencies and academia regarding Evidence-Based Analysis and best practices in the application of these products. 	Reporting on vector control activities involving the application of chemical and biological substances and regulatory frameworks.	CARE staff; during interventions in vector control systems. Q3, Q4.

Activity 5: Emergency Response

IEE Condition	Mitigation	Monitoring	Timing and
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			Responsible Parties
<ul style="list-style-type: none"> • Emergency response efforts includes action that could have impacts on the household and community environment. 	<ul style="list-style-type: none"> • Project staff will participate in inter-institutional coordination mechanisms at the national and local level, and will proceed in accordance with established emergency response protocols. 	<ul style="list-style-type: none"> • Reporting on compliance with emergency response protocols. 	<ul style="list-style-type: none"> • CARE staff; in the event of emergency response situations.

4. ANNEXES

4.1. ANNEX 1. Ecuador, Peru sign binational work plan to tackle Zika.



Photo: ANDINA

Lima, Feb. 07. Peru's Health Minister Anibal Velasquez and his Ecuadorian counterpart Margarita Guevara signed a binational work plan designed to implement a series of actions with the purpose of expanding control measures against Zika-virus spreading mosquito.

"We have transferred some positive experiences on chikungunya control to Ecuador. We presented our surveillance actions based on setting up ovitraps, using the most effective insecticides, implementing measures along with regional and local governments and conducting strict monitoring through the sentinel surveillance of mosquitos scheme," Velasquez explained.

The latter measure —aimed to identify patients experiencing virus symptoms— will be strengthened, especially on travelers arriving from Ecuador.

Native cases have been reported in the Ecuadorian Oro province, a zone close to the border area the Northern country shares with Peru.

The tourist inflow is estimated to expand. Over 12,000 people would cross the border during Carnival festivities taking place in February, the official forecasted.

"Thus, it is essential to develop surveillance actions to identify possible imported cases," he stressed.

Measures

Both authorities joined prevention works, such as picking up trash from areas, in order to prevent them from becoming mosquito breeding grounds. Fumigating the border region was also planned. Likewise, an early detection center was inaugurated.

The gathering between Peruvian and Ecuadorian Ministers was agreed on February 3th, 2016. On that day, CELAC health authorities met in Montevideo, Uruguay seeking a common strategy to fight the virus all over the region.

Currently, Peru does not register native Zika cases. A foreign case was reported weeks ago. In this sense, the Health Ministry (Minsa) permanently implements surveillance actions with the purpose of protecting people's health.

(END) NDP/VVS/AVV/MVB

4.2. ANNEX 2. Ecuador and Peru binational agreement.

ACUERDO DE COOPERACIÓN ENTRE LOS MINISTERIOS DE SALUD DEL PERÚ Y DE SALUD PÚBLICA DEL ECUADOR PARA LA IMPLEMENTACIÓN DE LA ALERTA EPIDEMIOLÓGICA PARA LA PREVENCIÓN Y CONTROL DE LA ENFERMEDAD PRODUCIDA POR EL VIRUS DEL ZIKA, EN LAS ZONAS DE FRONTERA BINACIONAL.

DECLARACIÓN DE INTENCION

Los Ministros de Salud del Perú y del Ecuador suscribimos la presente Declaración de Intención con el propósito de fortalecer la cooperación de nuestros Ministerios para la implementación efectiva de la Alerta Epidemiológica para la prevención y control de la enfermedad producida por el virus ZIKA, en las zonas de la frontera binacional.

CONSIDERANDO

1. Que la enfermedad causada por el virus Zika, que se transmite por la picadura del Aedes Aegypti, que es el mismo que puede transmitir dengue o chikungunya, presenta un cuadro clínico caracterizado por fiebre leve, dermatitis, conjuntivitis, cefalea y dolores musculares y articulares, y que es una amenaza para nuestros países.
2. Que, en el mes de mayo del año 2015, la Organización Panamericana de la Salud (OPS)/Organización Mundial de la Salud (OMS) emitió una alerta epidemiológica recomendando a sus estados miembros a que establezcan y mantengan la capacidad para detectar y confirmar casos de infección (...), preparar a los servicios de salud ante una eventual carga adicional en todos los niveles de atención sanitaria, e implementar una efectiva estrategia de comunicación pública para reducir la presencia del mosquito transmisor (...).
3. Que, en el mes de octubre del año 2015, se confirmó la transmisión del virus Zika en países de América del Sur como Colombia y Brasil.
4. Que el Ministerio de Salud del Perú y el Ministerio de Salud Pública del Ecuador han emitido sus alertas epidemiológicas, a fin de que los establecimientos de salud público y privados de los respectivos países intensifiquen sus acciones de vigilancia y prevención.
5. Que es necesario focalizar estas acciones en las zonas de frontera de nuestros países.

ACUERDAN

1. Reforzar los mecanismos de cooperación binacional para intensificar las acciones de vigilancia y control del vector de la enfermedad producida por el virus Zika e implementar medidas concertadas de comunicación, investigación epidemiológica, manejo clínico y control vectorial.
2. Instruir a los organismos técnicos de ambos Ministerios a cooperar estrechamente en los aspectos relacionados con:
 - Vigilancia epidemiológica de casos
 - Vigilancia entomológica del vector
 - Apoyo laboratorial para el diagnóstico de los casos
 - Atención de las personas y adecuación de los servicios de salud

- Comunicación social y promoción de la salud,
 - Participación comunitaria (Educación para la Salud)
3. Comprometer la participación activa de las autoridades regionales, distritales y locales y gestionar la asistencia técnica de los organismos internacionales.
 4. Incorporar las acciones relacionadas con la implementación de la Alerta binacional dentro del plan operativo 2016 de integración de fronteras en salud Perú-Ecuador.
 5. Informar sobre los resultados de la implementación de la Alerta Epidemiológica binacional en el próximo Encuentro Presidencial y de Gabinetes.

Suscrito en la ciudad de Iquiqueles, Ecuador, el seis de febrero de 2016.

Por el Ministerio de Salud del Perú



Dr. Anibal Velásquez Valderrama

Por el Ministerio de Salud Pública del Ecuador



Dra. Margarita Guevara Alvarado

4.3. ANNEX 3. Project Partner & Allies Mapping.

Institución Descripción	Interés	Recursos Potencialidades	Tipo de Actor	Estado de la relación	Estrategia de Relacionamiento	Persona de Contacto
I. SOCIOS ESTRATÉGICOS						
USAID-Perú	Acompañamiento y monitoreo al desarrollo del Proyecto.	Articulación y relacionamiento con actores del gobierno y otros recursos técnicos (especialistas)	Activo a favor Donante,	Acuerdo de Colaboración	Miembro del Steering Committee (Binacional)	Dr. Jaime Chang (Pendiente el cargo)
UNICEF Oficina Perú Colaborador directo de USAID en esta Iniciativa	Fortalecer el rol de la comunidad en los sistemas locales de salud para la reducción del Zika y mitigación de sus impactos en las familias.	Insumos técnicos para C4D, aprendizaje e incidencia política (cabildo). Cooperación y coordinación con actores como USAID, MSP, Otros.	Activo a favor Socio del donante	Coordinaciones iniciadas (Perú). Convenio de cooperación vigente (Ecuador)	Miembro del Steering Committee. (Binacional) Convenio específico Participación permanente en el clúster de Zika Coordinación con representantes provinciales de UNICEF (Ecuador)	Ma.Luisa Fornara (Representante Perú) Ma.Elena Ugaz (oficial ZIKA Perú) Representante Ecuador Oficial ZIKA Ecuador
Ministerio de Salud de Ecuador	Disminuir el impacto del virus del Zika en el Ecuador, con medidas de promoción, prevención, detección, monitoreo, control y recuperación y comunicación de riesgo.	Rectoría y Regulación. Planificación y coordinación, responsable del Plan Nacional. Estructuras desconcentradas con EAIS y TAPS ⁶ Programa y presupuesto.	Activo a favor	Buenas relaciones pero bajo perfil	Establecer relación a través de UNICEF en Ecuador	Lcda. Consuelo Santamaría Subsecretaria Nacional de Promoción de la Salud e Igualdad. Dra. Catalina Isabel Yépez Silva Subsecretaria Nacional de Vigilancia de la Salud Pública, Encargada
Seguro Social Campesino y sus organizaciones sociales	Promoción de la salud y prevención del Zika Sistema información y Registro de casos de Zika	Unidades del SSC en las provincias de Manabí Esmeraldas y el Oro. Organización comunitarias del SSC	Activo a favor	Por establecer	Reunión con autoridades y presentación del proyecto en las provincias de Manabí Esmeraldas y el Oro Establecer acuerdos conjuntamente	Identificar

⁶ Técnicos de atención primaria en salud

Ministerio de Salud de Perú	Ente Rector de la salud pública en el país	Decisiones políticas y recursos técnicos	Activo a favor	Contamos con documento de opinión favorable al proyecto	Voluntad política de la Alta dirección y predisposición para el trabajo colaborativo (Direcciones Generales). Complementariedad de esfuerzos para intervenciones sinérgicas (unidades técnicas)	Vice Ministra de Salud Pública, Dra. Silvia Pessah
Dirección General de Intervenciones Estratégicas en Salud Públicas				Pendiente: Invitación a integrar el Steering Committee (Comité Directivo)		Dra. Mónica Pun. Directora General de Intervenciones Estratégicas en Salud Pública
Centro de Vigilancia Epidemiológica y Control de Enfermedades					Miembro del Steering Committee	Dra. Gladys Ramirez. Directora General de Epidemiología
Dirección General de Salud Ambiental (DiGESA)	Autoridad Nacional en Salud Ambiental e Inocuidad Alimentaria	Propone normas y dirige acciones de vigilancia y supervigilancia	Activo a favor	Coordinaciones iniciales	Trabajo colaborativo	Ing. Mónica Saavedra. Directora General
Dirección General de Promoción de la Salud y Gestión Territorial	La Dirección de Participación Comunitaria desarrolla alianzas estratégicas con instituciones y organizaciones sociales para la participación ciudadana. La Dirección de Educación para la salud elabora productos comunicacionales para promoción de la salud	Tienen el mandato legal en actividades de promoción de la salud, el personal especializado y los recursos financieros	Activo a favor	Coordinaciones iniciales	Acercamiento a los directivos, presentación del proyecto y propuesta de trabajo articulado.	Dra. María Sofía Cuba Fuentes. Directora General
Dirección General de Comunicaciones	Asisitir y orientar a los órganos del MINSA en la formulación de estrategias de comunicación y gestionar los planes estratégicos de comunicación y las campañas publicitarias de salud.	Tienen el mandato legal en actividades de comunicación en salud, el personal especializado y los recursos financieros	Activo a favor	Coordinaciones iniciales	Acercamiento a los directivos, presentación del proyecto y propuesta de trabajo articulado.	Lcda. Lily Sánchez Vera. Directora General

Instituto Nacional de Salud (INS)						Dr. Luis Suarez. Jefe Institucional
2. ORGANISMOS GUBERNAMENTALES						
Ministerio de Educación de Perú -Oficina de Defensa Nacional -DREs -UGELes	Ente Rector de la Educación en el Perú	Colaboración en la sensibilización a la comunidad educativa,	Potencialmente activo a favor	Por iniciarse	Coordinación nacional y subnacional en la estrategia C4D	Aurora Zegarra (Defensa Nacional / PREVAED). Por confirmar: Las DREs y UGELes
Ministerio de Educación de Ecuador	Salud escolar, ser parte del plan nacional de respuesta a Zika. Incluir contenidos, materiales educativos. Interés en relación con UNICEF	Rectoría y Regulación. Planificación y coordinación, responsable de educación de NNA. Nivel desconcentrado hasta comunidades.	Activo a favor	No formal con autoridades locales distritales. Excelente con escuelas	Reunión con autoridades y presentación del proyecto en las provincias de Manabí Esmeraldas y el Oro Establecer acuerdos conjuntamente	Identificar contacto
Ministerio de Inclusión Económica y social	Protección de NNA y grupos de atención prioritaria (mujeres embarazadas, discapacitados)	Rectoría y Regulación. Planificación y coordinación, responsable de inclusión social. Servicios de atención infantil.	Activo a favor	No formal con autoridades locales	Reunión con autoridades y presentación del proyecto en las provincias de Manabí Esmeraldas y el Oro Acuerdos conjuntos.	Identificación
Ministerio de Cultura de Perú: Instituto Nacional de Radio y Televisión Peruana - IRTP	Informar y Comunicar las	Medios de comunicación del Estado (Radio y TV) de alcance nacional	Potencialmente activo a favor	Por iniciarse	Acercamiento a los directivos, presentación del proyecto y propuesta de trabajo articulado	Director Ejecutivo: Hugo Coya Honores
Ministerio de Trabajo de Perú: ESSALUD (Instituto de	Generar conocimiento sobre potenciales en efectos del	Miembros de la Red Latinoamericana de evaluación de tecnologías sanitarias. Acceso a sistemas	Potencialmente activo a favor	Por iniciarse	Acercamiento a la dirección del IETSI, presentación del proyecto y propuesta de trabajo articulado	Dr. Victor Dongo (Director del IETSI)

evaluación sanitaria e investigación)	ZIKA a población asegurada	de información científica especializada. RRHH altamente especializados				
3. GOBIERNOS SUBNACIONALES						
Gobiernos Regionales de Perú (GORE's)	Según la ley orgánica de los Gobiernos Regionales, su finalidad esencial es fomentar el desarrollo regional, integral, sostenible. En materia de salud los GORE's promueven y ejecutan actividades de promoción y prevención de la salud, de las personas y del ambiente.	Decisión política, recursos financieros (PpR, y PP) y técnicos (DIRESAS).	Potencialmente activo a favor	Por iniciarse	Acercamiento a los Gobernadores, presentación del proyecto y propuesta de trabajo articulado	
GORE Tumbes						Gobernador de Tumbes: Arq. Ricardo Flores Dioses
GORE Piura						Gobernador de Piura: Ing. Reynaldo Hilbek
GoRe Lambayeque						Gobernador de Lambayeque: Sr. Humberto Acuña Peralta.
GORE Cajamarca						Gobernador de Cajamarca:
Municipios de Manabí, Esmeraldas y El Oro del Ecuador: <u>Manabí:</u> Municipio de San Vicente Municipio de Jama Municipio de Pedernales Municipio de Sucre Municipio de Manta Municipio de	Promoción de la salud vinculada al agua, saneamiento y residuos sólidos, así como a Municipios Saludables.	Competencia exclusiva en la prestación de servicios de agua, saneamiento y residuos sólidos. Capacidad instalada en direcciones de desarrollo social y OOPP. Unidades de gestión ambiental Partidas presupuestarias y contraparte en especies.	Activo a favor	Establecida con 2 GADs, por establecer en 8	Reunión con autoridades y presentación del proyecto en las provincias de Manabí Esmeraldas y el Oro Establecer acuerdos conjuntamente	<u>Manabí:</u> Ing. Rossana Cevallos Torres, Alcaldesda de San Vicente Sr. Angel Rojas, Alcalde de Jama Sr. Gabriel García Robles, Alcalde de Pedernales Ing. Manuel Gilces Mero, Alcalde de Sucre Sr. Jorge Zambrano

Portoviejo <u>Esmeraldas:</u> Municipio de Muisne <u>El Oro:</u> Municipio de Arenillas Municipio de Huaquillas Municipio de Las Lajas						Cedeño, Alcalde de Manta Ing. Agustín Casanova Cedeño, Alcalde de Portoviejo <u>Esmeraldas:</u> Sr. Eduardo Proaño Gracia, Alcalde de Muisne <u>El Oro:</u> Ing. Jhon César Chérrez Anguizaca, Alcalde de Arenillas Ing. Ronal Wilfrido Farfán Becerra, Alcalde de Huaquillas Sr. Willian Valencia Valdéz, Alcalde de Las Lajas
Gobiernos Municipales de Perú	Según la ley orgánica de Municipalidades, son órganos de gobierno, promotor del desarrollo local, sus competencias se vinculan con la prestación de servicios públicos locales: Saneamiento ambiental, salubridad y salud, y la protección y	Decisión política, recursos financieros (PpR, y PP) y técnicos.	Potencialmente activo a favor	Por iniciarse	Acercamiento a los Alcaldes Provinciales y Distritales, presentación del proyecto y propuesta de trabajo articulado	
Municipalidad Provincial Contralmirante Villar, Tumbes						Alcalde Provincial, de Contralmirante Villar Sr. Mercedes Jacinto Fiestas
Municipalidad Provincial de Zarumilla, Tumbes						Sr. Félix Garrido Rivera, Alcalde Provincial de Zarumilla
Municipalidad Distrital de Zarumilla						
Municipalidad Distrital de Aguas						Sr. Ely Pintado Córdova, Alcalde

Verdes	conservación del ambiente					Distrital de Aguas Verdes
Municipalidad Provincial de Piura						Dr. Oscar Miranda Martino, Alcalde Provincial de Piura
Municipalidad Distrital de Castilla						
Municipalidad Distrital de Catacaos						QF Juan Francisco Cieza Sánchez, Alcalde Distrital de Catacaos
Municipalidad Distrital de Cura Mori						Sr, Macario Silva Vilches, Alcalde Distrital de Cura Mori
Municipalidad Distrital de 26 de Octubre						CP Práxedes Ilacsahuanga, Alcalde Distrital de 26 de Octubre
Municipalidad Provincial de Morropón						Sr. José Montenegro Castillo, Alcalde Provincial de Morropón
Municipalidad Distrital de Chulucanas						Alcalde Distrital de chulucanas Sr- Jose Montenegro Castillo
Municipalidad Provincial de Suiiana						Alcalde Provincial de Sullana Sr. Carlos Tavara Polo
Municipalidad Distrital de Bellavista						Alcalde Distrital de Bellavista (Piura) Sr. Segundo Aguilar Seminario
Municipalidad Provincial de Talara						Alcalde Provincial de Talara Sr. Jose Bolo Bancayan

Municipalidad Distrital de los Órganos						Alcalde Distrital de los Organos Sr. Jhonny Tinedo Marchan
Municipalidad Distrital de Máncora						Alcalde Distrital de Mancora Sr. Victor Hidalgo lopez
Municipalidad Provincial de Sechura						Alcalde Provincial de Sechura Sr-
Municipalidad Provincial de Jaén						Alcalde Provincial de Jaén, Lcdo. Walter Prieto Maitre
Municipalidad Distrital de Bellavista						Alcalde Distrital de Bellavista Sr. Juan Fernandez Perez
Medios de Comunicación locales de Perú - Radio Cutivalu (Piura)						
Medios de comunicación local de Ecuador	Generar noticia Ser parte de la Agenda nacional de Zika Captar audiencia Cumplir con lo establecido en la ley de comunicación	Medios masivos Audiencias y frecuencias	Activo a favor	Buenas relaciones no formales	Identificar a los niveles directivos y reporteros claves. presentación del proyecto en las provincias de Manabí Esmeraldas y el Oro Acuerdos conjuntos	
Dirección Regional de Salud						Tumbes: Piura: Lambayeque: Cajamarca:
4. COOPERACIÓN INTERNACIONAL :						
<i>a) Bilateral</i>						

Plan Binacional de Desarrollo de la Región Fronteriza	Desarrollo sostenible de la región fronteriza	Acceso a financiamiento e incidencia política	Potencialmente activo a favor	Primeros acercamientos	Presentación del Proyecto	Embajador Harold Forsyth
b) Multilaterai						
OPS	Órgano de asesoría técnica de los Ministerios de Salud de Perú y Ecuador con vocería en políticas públicas	Experiencia en salud global, acceso a información científica actualizada, capacidad de convocatoria. Ejecución de proyectos afines	Potencialmente activo a favor	Conversaciones iniciales, interés en colaborar	Presentación del proyecto para la articulación de acciones a través de proyectos afines	Dr. Raul Gonzales (Representante Perú) Dr. Celso Bambaren (RRD Perú). Ubicar Representantes en Ecuador
UNFPA	Asesoría técnica en salud sexual y reproductiva y vocería especializada	Acuerdo con el Estado Peruano para suministro de métodos de Planificación familiar, Ejecución de proyectos afines	Potencialmente activo a favor	Por iniciarse	Presentación del proyecto para la articulación de acciones a través de proyectos afines	Elena Zuñiga (Representante Perú) Zilda Carcamo (RRD Perú) Ubicar Representantes en Ecuador
ORAS CONHU	Órgano Regional de apoyo a los Ministros de Salud de la Región Andina	Apoyo a la construcción de agendas compartidas entre los Ministerios de Salud	Potencialmente activo a favor	Primeros acercamientos	Presentación del Proyecto Involucrarlos en el aprendizaje para la inclusión del zika en las estrategias regionales de salud	(Secretaria Ejecutiva) Luis Beingolea
Cruz Roja Ecuatoriana	Parte de su agenda institucional Salud y desarrollo comunitario	Voluntarios Vínculo con OMS para el tema específico de Zika	Activo a favor	Buenas relaciones	Identificar a los niveles directivos. Presentación del proyecto en las provincias de Manabí Esmeraldas y el Oro Acuerdos conjuntos	Identificar
BM						
BID						
CAF						
5. ACADEMIA						
Universidad	Generación de	Fortalecimiento de	Potencialmente	Por iniciarse	Recuperación de experiencias	Dr. Jorge Alarcón

Nacional Mayor de San Marcos (UNMSM). Centro de Investigaciones Tecnológicas Biomédicas y Medioambientales.	alianzas científico tecnológicas entre el Estado Peruano, empresas, universidades y centros de investigación nacionales y extranjeros	capacidades nacionales de investigación y desarrollo en áreas claves para la competitividad	activo a favor		de trabajo conjunto con la UNMSM	Villaverde. Director
Universidad Peruana Cayetano Heredia (UPCH) Instituto de Enfermedades Tropicales "Alexander Von Humboldt"						Dr. Eduardo Gotuzzo, Director
Pontificia Universidad Católica del Perú PUCP- Facultad de Comunicación para el Desarrollo y Facultad de Ciencias Sociales						Lucho Peirano Rómulo Franco Marcial Rubio Marcela Chueca Carlos Eduardo Aramburu
Universidad Técnica de Manabí	Formación de talentos humanos. Estudios e investigaciones. Pasantías de estudiantes de pregrado	Capacidad instalada en Manabí. Programas de vínculo comunitario	Activo a favor	Acercamiento incipiente	Reunión con autoridades y presentación del proyecto. Establecer acuerdos conjuntamente	Ing. Vicente Veliz Briones. Rector de las Universidad Dra. Yira Vázquez. Decana de la Facultada de Ciencias de la Salud 052632677
Universidad Andina Simón Bolívar	Meta análisis de estudios sobre Zika Formación de talentos humanos.	Propuesta teórica y metodológica de epidemiología comunitaria	Activo a favor			Dr. Jaime Breilh. Rector Encargado 0992949390

	Estudios e investigaciones. Manabí es una de sus zonas de intervención Tienen coordinación con la UM	Estudios e investigaciones de postgrado. Programas de vínculo comunitario				
6. OTROS ACTORES RELEVANTES						
Red de Municipios y Comunidades Amigables	El Plan de Acción de la Red incluye dentro de sus prioridades la protección de la salud ambiental y el cambio climático	Espacio de concertación y apoyo mutuo que permite a las municipalidades desarrollar proyectos, programas, y políticas públicas saludables orientadas a mejorar la calidad de vida de la población, propiciado por el Ministerio de Salud del Perú con el apoyo de la OPS/OMS	Activo a favor	Por iniciarse	A través de la Municipalidad de San Borja, socio activo de la red.	Alcalde: Coronel (r) Marco Alvarez Vargas
Red Humanitaria Nacional Cluster: Protección y Cluster Salud	Contribuir a la prevención y mitigación de riesgos	Organizaciones públicas y privadas con capacidad de articular esfuerzos e n torno a objetivos comunes ante el Zika	Potencialmente activo a favor	Por iniciarse	Presentación del proyecto y articulación de planes de trabajo en las mesas sectoriales (clusters)	Ana María Rebaza (co-líder-OCHA) y Almirante Alfredo Lozada (co-líder INDECI)