

www.ifrc.org
Saving lives,
changing minds.

Emergency Appeal

Americas Region: Zika virus disease outbreak

 International Federation of Red Cross and Red Crescent Societies

Appeal no. MDR42003

Glide no. EP-2015-000175

200,000 people to be assisted through direct intervention and 1 million people through indirect community engagement.

CHF 200,002 allocated from DREF

2,380,409 Swiss francs Appeal budget

Appeal launched 1 February 2016

Appeal ends 1 November 2016

Timeframe 10 months

This Emergency Appeal seeks a total of **2,380,409 Swiss francs (CHF)** to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **National Societies in the Americas region** to deliver assistance and support to **200,000 people through direct intervention and 1 million people through indirect community engagement**, with a focus on **health, water, sanitation, hygiene promotion and preparedness**. This regional Emergency Appeal is launched on a preliminary basis pending further assessment and revision in the coming weeks.

Details are available in the Emergency Plan of Action (EPoA) [<click here>](#)

The disaster and the Red Cross Red Crescent response to date

17 January 2016: Twenty-three countries and territories in the Americas region confirmed autochthonous circulation of Zika virus within their respective borders.

1 February 2016: Emergency Appeal launched for 2,380,409 Swiss francs to reach 200,000 people through direct intervention and 1 million people through indirect community engagement. A start-up loan from the IFRC's Disaster Relief Emergency Fund (DREF) for 200,002 Swiss francs.



Countries and territories with confirmed cases of infection with the Zika virus in the Americas, 2015-2016. Source: Pan-American Health Organisation/ World Health Organization (WHO).

The operational strategy

Needs assessment:

On 1 February 2016, the Emergency Committee of the World Health Organization (WHO) has declared the Zika virus a public health emergency of international concern. The current Zika Virus (ZIKV) outbreak in the Americas is unprecedented in terms of the number of cases. Up to 1 February 2016, the Pan-American Health Organization (PAHO) reported that 24 countries and territories in the Americas have confirmed autochthonous circulation of Zika virus: Barbados, Bolivia, Brazil, Colombia, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana,

Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, US Virgin Islands and Venezuela.

National Societies have previous experience responding to the other diseases transmitted by Aedes mosquitoes (i.e. dengue fever and chikungunya). The main line of action, based on the strategy on vector control and hygiene promotion, will focus on the cleaning of housing and communities. In addition, local level actions will be complemented with promotion and dissemination of health messages so people are able to identify symptoms related to the disease and seek medical assistance at health care centres.

During the previous years, the Preparedness Disaster Reference Centre for National Societies has, together with experts in the field, developed training materials focused on mass sanitation and epidemic control for volunteers, but not enough trainers have been prepared to ensure adequate numbers of these trainings at National Society level. This shows the need for regional "Training of Trainers" activities, including a solid communication and community engagement approach.

The complexity and scale of the emergency and the current potential spread of the Zika virus calls for regional coordination and support of the various Red Cross National Societies response interventions, as well as full support and coordination from the IFRC's teams at global, regional and multi-country level to ensure coherence and consistency across the organization.

This Emergency Appeal describes the necessary measures to achieve adequate operational support. The plan is based on the lessons learned from the epidemic response operations to date and it is also planned to hold further lesson-learning exercises by the end of the operations, in order to improve our knowledge around vector-borne disease responses for the future and to improve risk reduction and community resilience measures for the communities affected. The plan also includes further and continuous assessment and will be revised accordingly in the coming weeks.

A start-up loan from the IFRC's Disaster Relief Emergency Fund (DREF) for 200,002 Swiss francs will be released to support initial relief and response activities including household application of larvacide, fogging, social mobilization and procurement and distribution of relevant personal equipment for staff and volunteers. These interventions will begin with the operation in Brazil, while other country level assessments are underway. These activities may be revised in the coming weeks based on the outcomes and recommendations from the assessments as the situation evolves.

Beneficiary selection:

Based on the information available from National Societies and PAHO, this appeal will aim to reach 200,000 people through direct intervention, and 1 million people indirectly through community engagement.

The target vulnerable groups most at risk at this moment are young women in reproductive age and pregnant women living in areas with poor sanitation in rural and urban contexts. Although pregnant women have the same risk as the rest of the population of being infected with Zika virus, according to a preliminary analysis of research carried out by Brazilian authorities, the greatest risk of microcephaly and malformations appears to be associated with infection during the first trimester of pregnancy.

Risk Assessment:

Current outbreak carries a number of risks in the urban context. In the first instance, there is a real risk of the further spread of the diseases. In the better case scenario, this will still remain manageable and containable, however, there is the possibility that the disease could become unmanageable in one or more countries.

Secondly, the spread of the disease to an increasing number of new countries could stretch the preparedness of those countries and National Societies and dilute the overall global IFRC resources and the resources of other response mechanisms.

Thirdly, if vector control and health risk management activities are not widely undertaken, there is a risk of the disease further spreading to new areas and an increase number of people. Funds and human resources available to support that volume of needs may not be available from traditional sources (e.g. the DREF). The discussions should be in place to look into other funding options, including a Preparedness and Recovery Fund to be initially set up and funded through this appeal. Finally but importantly, there is the risk that Red Cross staff or volunteers might become affected

during the course of their work and the implications that this would have for the Red Cross and Red Crescent response and for the necessary support to those staff or volunteers and their families.

Gender, diversity and protection:

Gender, diversity and protection issues will be mainstreamed in this response, considering our focus action in pregnant woman as a priority target at some point. Among others, areas of focus will include social exclusion of some groups of people based on ethnic backgrounds, which may be exacerbated in a time of emergency when the information are not in the ethnic languages.

Mainstreaming of gender, diversity and protection issues will also ensure that communication interventions are context appropriate. Concerted effort will be put in identifying, advocating and planning to address ethnic-based discrimination to children born with microcephaly. There will be endeavour to capture sex and age disaggregated data, for the purpose of understanding the number and specific vulnerability of females to males based on their gender roles and age.

Operational strategy

Overall objective: The objective of this regional appeal is to ensure effective and efficient response and preparedness to contribute to halt the chain of transmission of Zika virus disease in the affected and at risk countries, and to provide regional coordination and information management in the Americas region.

This plan aims to support the response and risk management of Red Cross National Societies in the following areas of focus:

- a) Support the affected National Societies to implement integrated vector control activities in the areas affected by the Zika virus disease outbreak.
- b) Enhance preparedness and health emergency risk management in the affected and at risk countries.
- c) Rapid scale up of training of staff and volunteers on epidemic control.
- d) Increase operational support of the IFRC Americas regional office to National Societies in their responses to the outbreak.
- e) Develop and implement an adequate community and communication engagement strategy for the National Societies in the Americas.
- f) Effective internal and external coordination and efficient information management.


Proposed sectors of intervention





The IFRC's disaster management unit has had ongoing communication and coordination with the French Red Cross's Platform for the Americas and the Caribbean (PIRAC) as well as other Partner National Societies in the region, as they would play a key role in the Caribbean as this crisis unfolds. The International Committee of the Red Cross (ICRC) will closely coordinate its activities with the IFRC and will concentrate its contribution on supporting the penitentiary authorities to carry out prevention activities (such as vector control or public awareness) in places of detention. Furthermore, the ICRC will support concerned authorities and NS to access vulnerable communities affected by conflicts and violence. The IFRC's regional communications unit, in coordination with the global communications team, is developing a basic communication package that includes press releases, key messages, facts and figures and infographics with basic information about the Zika virus and prevention messages. At all levels (country, regional and global), the IFRC will work to improve its internal and external coordination to enhance the effectiveness of the operation and to engage more fully with other partners, including those directly involved in the operation and those receiving information and advocacy messaging. The IFRC will also seek to improve the coordination and strengthening of its resource mobilization and reporting. In the event that the number of countries affected and cases increase, additional resources may be required at the regional level to cope with the scale of the situation.

PAHO has been working closely with affected countries since May 2015. PAHO has mobilized staff and members of the Global Outbreak Alert and Response Network (GOARN), whereof IFRC is a member, to assist ministries of health in the strengthening of their capabilities to detect the arrival and circulation of Zika virus through laboratory testing and


rapid reporting. The World Health Organization (WHO) is scaling up and strengthening the surveillance systems in countries that have reported cases of Zika and of microcephaly and other neurological conditions that may be associated with the virus. Moreover, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) convened a meeting with all the humanitarian agencies in the Americas on 29 January 2016 to assess the situation.


	Community health and emergency care
Outcome 1. Consequences of Zika virus disease on community health have been reduced through effective health emergency risk management in affected and at risk countries.	
Output 1.1. National Societies have increased capacity in health emergency risk management and response.	
Activities planned:	
<ul style="list-style-type: none"> • Analysis, design, planning, implementation support and coordination of the public health response. • Rapid rollout of National Society trainings in epidemic control for volunteers (already available in Spanish, Portuguese, Haitian Kreyol and English) • Technical coordination and collaboration with regional humanitarian organizations. • Develop an eLearning module in Vector Control on IFRC Learning Platform. • Technical support deployment based on assessments 	
Output 1.2. Affected National Societies have the resources and the competence to mobilize volunteers for well-defined, comprehensive and evidence-based psychosocial support activities among affected and at-risk communities.	
Activities planned:	
<ul style="list-style-type: none"> • Assessment of psychosocial support needs. • Design, planning, implementation support and coordination of psychosocial interventions. • Capacity building and training support • Adaptation to local context of training materials and action tools in psychosocial support. 	

	Water, sanitation and hygiene promotion
Outcome 2. The risk of Zika has been reduced through hygiene promotion and vector control emergency risk management.	
Output 2.1. Affected National Societies receive support in vector-borne diseases to enhance their response.	
Activities planned:	
<ul style="list-style-type: none"> • Main sanitation activities focus on intensive clean-up and elimination of mosquito breeding-grounds campaigns. • Household level larva control. • Community level fogging. 	
Outcome 2.2 Continuous assessment of water, sanitation, and hygiene situation is carried out and consequent project planning.	
Activities planned:	
<ul style="list-style-type: none"> • Mapping of vector control needs • Formulation of an integrated vector control strategy • Development of response plans and training materials • Vector-borne diseases preparedness grant requests are assessed and funds dispersed to National Societies who require assistance. 	

	Community engagement and accountability
Outcome 3. Communities and families in the most affected countries are engaged in a meaningful dialogue to promote healthy behaviours, reduce anxiety, address stigma, dispel rumours or cultural misperceptions of the disease and promote health seeking behaviours	
Output 3.1 Communities affected receive and are engaged through adequate communication	
Activities planned:	
<ul style="list-style-type: none"> • Develop of community engagement and accountability strategy, plan and tools for National Societies to 	

<ul style="list-style-type: none"> implement. Support National Societies involved in the response in strengthening their respective social mobilization strategies to become more targeted and effective. Support technical experts to develop a guidance document for the elimination of the vector in communities. Provide support to technical experts to develop an app to increase the awareness of vector-borne diseases.
Output 3.2 Media Engagement: Work with mass and community media for information and engagement of communities in an ongoing dialogue.
<p>Activities planned:</p> <ul style="list-style-type: none"> Develop regional radio/TV broadcast products to be locally adapted (spots, animations, live programme) Guidance for interactive weekly radio/TV programs to be broadcasted at a country level footprint with a focus on gathering and responding to communities needs for information. Establish dialogue platforms (call-in radio programmes and on-line interactive spaces)
Output 3.3 Dialogue and community engagement: working with communities on two-way communication campaigns to provide accurate information on Zika virus, its preventive measures and steps to take if suspicion of exposure or case; encourage early care seeking for fever; re-enforce messages around hygiene.
<p>Activities planned:</p> <ul style="list-style-type: none"> Develop or adapt, review, translate into local languages and disseminate targeted messages for media, volunteers, local and traditional leaders, churches, schools and other stakeholders to inform community debates Carry out communication and engagement guidelines through community volunteers at field level and communities.
Output 3.4 Data collection and analysis for programmatic decisions: Utilise systems of data and information management to inform communication with communities and revise programmes regularly.
<p>Activities planned:</p> <ul style="list-style-type: none"> Identify gaps and community perceptions through knowledge, aptitude and practice studies, KAP, and adapt activities accordingly Develop key strategies to address identified risks Identify trusted sources and channels of information used by communities and individuals on outbreak-related issues

 <h2 style="margin: 0;">Coordination and Information Management</h2>
Outcome 4. Effective information and coordination is ensured to all stakeholders.
Output 4.1 Management of Movement coordination.
Output 4.2 Adequate coordination with high risk countries
Output 4.3 Advocacy provided to states and inter-governmental bodies
<p>Activities planned:</p> <ul style="list-style-type: none"> Implementation of information management systems Development and management of communication structures and lines in the operations team Continuous regional risk analysis Advocacy with government authorities to increase solidarity, surveillance, information management, tracing and security Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination

 <h2 style="margin: 0;">Quality programming</h2>
Outcome 5. The management of the operation is informed by a comprehensive monitoring and evaluation system.
Output 5.1. The operation is monitored and evaluated and adjusted accordingly.
<p>Activities planned:</p> <ul style="list-style-type: none"> Completion of lessons learned and knowledge sharing activities at regional level Final report of the operation



Programme support services

Based on the demand for technical and coordination support required to implement the Emergency Plan of Action, the following support functions will be put in place to guarantee an effective and efficient technical coordination: a regional vector-borne diseases coordinator, regional public health officer, regional psychosocial support officer, a community engagement and accountability officer, a communications officer, a consultant for remote technical support, deployment of regional intervention team (RIT) members; support for the NS's logistics and supply chain services; information technology support (IT); and support for other services like communications; security; planning, monitoring, evaluation, and reporting (PMER); and administration and finance.

The following activities are planned under communications services:

- Develop a regional communications campaign and strategy to raise awareness of Zika and support National Societies involved in rolling out the campaign in their local context, while maintaining a coherent regional focus. This will include a social media campaign.
- Ensure the situation regarding vector control and the work of the NSs is well documented and shared with media to profile the RCRC response. This will include setting up key channels of communication with a wide audience, such as establishing a micro-site and social media networks.
- Monitor and collate key facts and figures from the affected countries, to produce concise and visually appealing documents that are regularly updated (including the development of printed and graphic materials at national and regional levels (posters, infographics, brochures etc).
- Develop information and human interest stories on the situation on the ground (including two videos, four radio spots)
- Develop materials to support resource mobilization efforts and communication with donors

For more details please refer to the EPoA.



Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Garry Conille
Under Secretary General
Programme Services Division

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

Contact Information

For further information specifically related to this operation please contact:

In the IFRC Americas regional office, Panama (+507 317-3050):

- ✓ Carlos Iñigo Barrena, disaster response and crisis and early recovery coordinator; email: ci.barrena@ifrc.org.
- ✓ Stephany Murillo, regional senior logistics and mobilization officer; email: stephany.murillo@ifrc.org
- ✓ Priscila Gonzalez, planning, monitoring and reporting team coordinator; email: priscila.gonzalez@ifrc.org
- ✓ Diana Medina, communications coordinator; email: diana.medina@ifrc.org
- ✓ **For resource mobilization and pledges:** Alejandra Van Hensbergen, relationship management senior officer; email: alejandra.vanhensbergen@ifrc.org

In IFRC Geneva:

- ✓ Cristina Estrada, quality assurance senior officer, phone: +41.22.730.4529, email: cristina.estrada@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

EMERGENCY APPEAL

01/02/2016

APPEAL Zika Coordination and Preparedness MDR42003

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	531,889			531,889
Medical & First Aid	0			0
Teaching Materials	0			0
Utensils & Tools	0			0
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	531,889	0	0	531,889
Land & Buildings	0			0
Vehicles	0			0
Computer & Telecom Equipment	6,304			6,304
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	6,304	0	0	6,304
Storage, Warehousing	0			0
Distribution & Monitoring	0			0
Transport & Vehicle Costs	7,092			7,092
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	7,092	0	0	7,092
International Staff	190,101			190,101
National Staff	208,188			208,188
National Society Staff	2,955			2,955
Volunteers	57,917			57,917
Total PERSONNEL	459,161	0	0	459,161
Consultants	79,192			79,192
Professional Fees	64,024			64,024
Total CONSULTANTS & PROFESSIONAL FEES	143,216	0	0	143,216
Workshops & Training	788,968			788,968
Total WORKSHOP & TRAINING	788,968	0	0	788,968
Travel	19,700			19,700
Information & Public Relations	185,472			185,472
Office Costs	1,773			1,773
Communications	7,190			7,190
Financial Charges	1,970			1,970
Other General Expenses	0			0
Shared Office and Services Costs	82,393			82,393
Total GENERAL EXPENDITURES	298,497	0	0	298,497
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	145,283	0	0	145,283
Total INDIRECT COSTS	145,283	0	0	145,283
Pledge Earmarking & Reporting Fees				0
Total PLEDGE SPECIFIC COSTS	0	0	0	0
TOTAL BUDGET	2,380,409	0	0	2,380,409
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	2,380,409	0	0	2,380,409



Americas: ZIKA virus

