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Revised Emergency appeal
Zika Virus Disease Global Response

International Federation of Red Cross and Red Crescent Societies

(Revised) Appeal **n° MDR42003**	**7 million people** to be assisted **200,000 Swiss francs** DREF allocated **7.51 million Swiss francs** Funding Received **7.51 million Swiss francs** revised Appeal budget (If revised Appeal) **no funding gap**	Appeal launched **1 February 2016** Revision n° 1 issued **8 February 2017** Appeal ends **30 September 2017** (If Appeal extended) **Extended 7 months**

This revised Emergency Appeal seeks a total of some **7.51 million** Swiss francs (decreased from 9.27 million Swiss francs) to enable the IFRC to support **National Societies world-wide** to respond to the global Zika virus outbreak, delivering assistance to 7 million people for 19 months, with a focus on 10 priority intervention areas, including health emergency risk management, preparedness, vector control, community based surveillance, community engagement and psychosocial support. This revised Appeal results in a no funding gap however, it sees a change in the geographical focus of the appeal, an increased number of beneficiaries, and an extended timeframe. The planned response reflects the current situation and information available at this time of the evolving operation, and will be adjusted based on further developments and more detailed assessments. Details are available in the Revised Emergency Plan of Action (EPoA) <Click here>

The disaster and the Red Cross Red Crescent response to date

May 2015: WHO reports the first local transmission of the Zika virus in the Americas

November 2015: Brazil announces a national public health emergency.

February 2016: WHO declares the Zika virus outbreak a public health emergency of international concern. CHF 200,000 allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support initial relief and response activities. Emergency Appeal launched for the Americas for 2.4 million Swiss francs to support the regional response to the Zika virus outbreak in the Americas.

March 2016: Emergency Appeal launched to support the global response for 9.27 million Swiss francs for 1 million people

October 2016: Under the revised Emergency Appeal the Americas Region reaches 167,000 community members directly and 4.7 million community members indirectly.

A Red Cross Volunteer from the Dominican Republic carries out an information campaign about the spread of Zika virus. They also eliminate potential mosquito breeding sites in Monte Plata, a vulnerable community in where Dominicans and Haitians both live.

February 2017: IFRC issues a revised Emergency Appeal to reach 7 million people, revised to 7.51 million Swiss francs and extended to 30 September 2017.

The operational strategy

The situation
Zika virus is an emerging mosquito-borne virus predominantly transmitted through the bite of infected Aedes mosquitoes (A.aegypti and A.albopictus) - the same type of mosquitoes that spreads dengue, chikungunya and yellow fever. In addition to mosquito bites, a small number of cases of sexual transmission of the Zika virus have also been reported.

Symptoms of Zika infection are usually mild and last for two to seven days. Symptoms include mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache. It has been estimated that only one in five people infected with the virus will show any symptoms.

Following a Zika virus outbreak in Brazil in 2015, an unusual increase in cases of microcephaly (babies born with abnormally small skulls and neurological damage) was observed in areas where outbreaks were reported. In addition to the rise in congenital neurological malformation, clusters of Guillain-Barré Syndrome (GBS), an autoimmune neurological disorder increased in areas of Zika transmission. By the end of 2015, the World Health Organisation (WHO) had issued an alert on the association between Zika virus infection in pregnancy and microcephaly and had warned that the disease could spread throughout the Americas and beyond to wherever the Aedes vector was present.

Zika virus has been steadily spreading around the globe in areas where the Aedes mosquito is present (see Map: distribution of the Aedes aegypti and albopictus). As of the 1st of December 2016, 75 countries are reported to have had Zika virus cases since 2007, 65 since 2015. Ten (10) countries have had an outbreak of Zika in or before 2015 with no cases recorded in 2016.

On 1 February 2016 the World Health Organization (WHO) announced a 'Public Health Emergency of International Concern' citing the possible link between Zika infection and microcephaly and GBS. Scientific consensus has now been reached that microcephaly as well as other neurological manifestations (together called "congenital Zika virus syndrome) are linked to infection of the pregnant mother with Zika virus, especially within the first trimester. Similarly significant increases in GBS seen in countries with large scale Zika virus outbreaks are considered a rare outcome of Zika virus. As of the 1st of December 2016, 28 countries have reported microcephaly or central nervous system (CNS) malformation believed to be associated with congenital Zika virus infection. As of the 1st of December 2016, GBS associated with the Zika virus has been observed in 20 countries, all in the Americas region.

There is currently no vaccine available against Zika infection. Measures to combat Zika are thus concentrated around reducing the risk of transmission through public health communication and health preparedness activities in support of efforts to control and eliminate the Aedes vector. This includes the destruction of breeding sites, appropriate use of larvicides and, in acute outbreaks, fogging with insecticide. Disease transmission can be further reduced through public education campaigns to urge people – particularly pregnant women and women of childbearing age - to wear repellent and long sleeved clothes.

On the 18th of November 16, WHO announced that Zika virus disease outbreak no longer constituted a Public Health Emergency of International Concern but that it remains a significant enduring public health challenge requiring intense action. The mosquitoes that transmit Zika virus are present in more than 100 countries worldwide. These countries all remain at risk of introduction of Zika virus through importation of infected mosquitoes from an affected country and/or an infected person arriving in country resulting in local transmission and potential wide spread outbreaks. The global response to this disease must be coordinated and adequately resourced to mitigate the impact of Zika virus disease and transition into longer term plans for Aedes vector control and action to mitigate the impact of the disease on communities.

IFRC's response will support countries in the Americas region and elsewhere in risk communication on the Zika virus and scaling-up of local capacity to promote change in environmental sanitation practices and prevention of mosquito breeding. Global tools will be developed and rolled out across areas at higher risk, acknowledging that Zika prevention efforts must be combined with combatting dengue and chikungunya outbreaks. Mosquito control initiatives, communication and community engagement initiatives will be the key factors that can truly halt the further spread of the disease and reduce the risk of further outbreaks. The success will be highly reliant on the cooperation of communities, governments and health services, and on the scale up of the response and support from multiple actors including the international community. Lessons already learned from the Zika Operation in Latin America will be shared to develop adapted best practices globally.

Risk Assessment

The outbreak carries a number of risks.

a) There is a continued risk of further geographic spread. Urbanisation and global travel pose risks of increased cases of transmission across border and via main air transport routes.
b) Long term humanitarian risks: the impacts of the Zika outbreak have been concentrated in poor and underdeveloped parts of the country which have higher exposure to mosquitos, tropical climate and less resources and capacity for disease control.
c) There is a risk of spread of the disease to areas previously considered not at risk of flaviviruses. It is unknown what effects climate will have on the spread of the vector globally including its ability to carry the virus and transmit it between people. The ability of the Aedes albopictus, a mosquito with wider geographical spread, to carry the Zika virus also continues to be investigated.
d) There is limited scientific understanding so far of the Zika virus and in particular how long it stays in the body and how it is transmitted, through blood, fluids and sexual transmission. The spread of the Zika virus is a proxy for the presence of the vector, increasing the potential of co-infections with dengue and chikungunya - comorbidities that we do not know the consequences of.
e) Knowledge gaps, rumours and misinformation can hamper mitigation efforts as well as make the lives of those people potentially affected or already infected more difficult to manage.
f) The uncontrolled spread of the virus and increasing numbers of new countries affected may stretch the health emergency risk management capacity and preparedness of those countries and their National Societies and divert resources and capacity from other important risks.
g) The potentially abrupt removal of support for countries in the region as the global response shifts from a Public Health Emergency of International Concern to a sustained public health issue may fail to support transition towards integrated responses to Zika and neglect to launch much needed responses in areas newly affected.

Needs assessment

Red Cross and Red Crescent National Societies are uniquely placed to be able to support governments and communities to address the threat of Zika. National Societies worldwide have previous experience in responding to the effects caused by the Aedes Aegypti mosquito (through dengue and chikungunya operations and programs) and Red Cross Red Crescent volunteers can make a significant contribution to mosquito control through community mobilisation and integrated vector control activities in order to:

a. Reduce risks of Zika outbreaks through risk communication and community surveillance;
b. Control transmission through community led vector control, individual protection and support for appropriate chemical vector control;
c. Reduce risks to pregnant women through targeted information and commodities for pregnant women and their partners; and
d. Support affected families through psychosocial support.

This revised appeal has taken the experience and lessons learnt so far through the implementation of activities in the Americas region and acknowledged the need for continued support to these areas. However, for communities to launch effective responses both in the Americas and globally, Regional Offices and National Societies need increased support to identify evidence-based action, appropriate mechanisms built on past experiences, and ways of evaluating success. This revised appeal builds on these areas after identification of the following additional needs:

- *Risk Communication, Community Engagement and KAP*
  A key health risk is the limited knowledge about the Zika virus. Providing accurate information about a largely unknown communicable disease requires consistent engagement with global research and evidence and coordination with other partners. Messages and promotional activities associated with epidemic programs are often delivered in ad-hoc manner, replicating standard formulas or blue-print solutions based on standard key messages and traditional channels of communication. However there exists little evidence on the impact of these operations.

  A guidance focused on assessment for behaviour change communication and social mobilization interventions would assist National Societies to overcome the barriers of time and limited technical expertise at field level, would increase the program quality of emergency health and water and sanitation interventions and ensure tailor made Zika and other vector born disease programs that are measurable and adaptable, based on solid data.

- *Vector Control*
  Community based vector control actions have been a centrepiece of the Red Cross Red Crescent response to Zika in the Americas and the Operation so far has built strong community response mechanisms in the targeted countries. What has been lacking is a systematic and intensive response mechanism. The evidence for community based vector control activities is continuing to emerge and global coordination is needed for ensuring national responses within the Red Cross Red Crescent movement are grounded in evidence. Additionally, there is an increasing need for community based vector control activities to be evaluated both for determining the effectiveness of behavioural change messages and to establish the effectiveness of control tools and methodologies.

- *Community Engagement in Urban Outbreaks*
  For many years the majority of epidemic response has been focused on rural communities in developing context with limited access to health care and poor environmental sanitation. The proven methods of epidemic control and community engagement need to adapt urgently to these changes as proven by the Zika outbreak, and the speed and scale in which diseases can now spread in this highly mobile and transitory populations. New approaches to large scale, rapid behaviour change, especially in urban outbreaks is required. These new approaches need to move beyond reflective listening and two-way communication to empowering communities to take action on their own. Innovation and adaption is needed in the realm of community engagement to adapt proven methods to the new reality of a changed context where speed, scale and heterogeneity in an urban context presents significant challenges to ignite community action.

Beneficiary selection

Gender, diversity and protection issues will be mainstreamed in this response, including through the specific focus placed on pregnant women and women of childbearing age. Areas of focus will include the risk of social exclusion of some groups based on ethnic background, which may be exacerbated in times of emergency if information is not made available in minority languages. People with chronic diseases, the elderly and children are will also be a focus of the intervention.

Mainstreaming of gender, diversity and protection issues will ensure that communication interventions are context appropriate. The operation has and will actively seek to involve women and their partners is reducing risk of transmission, and seek to involve women and men in taking responsibility for reducing risk to themselves, their families, and their communities. Particular attention will be given to identify, advocate and address discrimination against children born with microcephaly. Activities will be reported with sex and age disaggregated data in order to better understand the magnitude and specific vulnerabilities based on gender, role and age.

Coordination and partnerships

World Health Organization (WHO)

WHO declared the Zika virus outbreak and its potential connection with the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, as a global public health emergency of international concern (PHEIC) on February 1st 2016 and subsequently removed the PHEIC status announcing that Zika was likely to be an enduring public health concern requiring sustained response. WHO is conducting research on Zika providing guidance on control of the virus including through the Strategic Response Framework to which IFRC has contributed. WHO convenes regular partners calls in which IFRC participates focused on risk communications for Zika around the globe and the coordination of risk communication activities.

United Nations Children's Fund (UNICEF)

UNICEF is co-leading, with IFRC, the risk communication and community engagement-working group. IFRC, UNICEF and WHO are closely coordinating globally, as part of the global interagency-group engaging other partners in activities for global, regional and national campaigns and community engagement activities carrying shared messages on control and prevention actions.

Other partner organisations involved in this operation include; the Pan American Health Organization (PAHO) the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), the Caribbean Public Health Agency (CARPHA), and the Health Ministries from each affected country government.

Proposed sectors of intervention

Overall Goal
Ensure that IFRC Regional Offices and Red Cross Red Crescent National Societies in affected and/or at risk countries are able to effectively and efficiently support regional, national and community measures to reduce risks associated with Zika infection.

In this revised Emergency Appeal the global strategy continues to be based on 10 key interventions for which there is evidence that, if implemented correctly by National Societies in affected countries, could contribute significantly to achieving Appeal outcomes.

Region and countries affected by Zika will be supported to respond with interventions from among the ten, as appropriate on a country by country basis.

Zika Information, Surveillance and Preparedness

Outcome 1 Reduce the risk of Zika transmission through public information and health preparedness activities

Output 1.1 National Societies provide the general public with information on the Zika virus

Intervention 1: Risk communication to general public
National Societies are ideally placed to communicate with affected and at risk communities as they are embedded in communities and are thus best able to deliver messages in relevant and culturally appropriate ways, and can gain the trust of the communities in which they operate. National Societies will utilise a variety of communication mediums to engage people and communities including: social media, radio and TV.

Mass communication campaigns are closely coordinated with community mobilization activities. Intensive public information campaigns should be combined with regular communication and engagement activities (i.e. radio call-in programmes, mobile cinema and interactive theatre activities) that will aim at promoting healthy behaviours, reducing anxiety, addressing stigma, dispelling rumours and resolving cultural misperceptions.

Output 1.2 Strengthen capacity of National Society in early detection of outbreaks and reporting of cases

Intervention 2: Community-based surveillance
Red Cross Red Crescent volunteers are well placed to access and gather information from communities that can help to shape epidemic response. Thus far community based surveillance within for Zika had been challenging as 80% of cases are asymptomatic and so are under-reported; some countries have experienced delays in reporting or have difficulty establishing national surveillance systems; there are inter-country differences in case definitions, surveillance systems, and reporting systems; there are weaknesses in health service provision, exacerbated by access barriers including poverty, high clinical caseloads, and violence; and there is a lack of laboratories with adequate services or limits to how many can and should have access to laboratory confirmation.

Volunteers have thus been looking not only to support, where needed, the work of their respective Ministries of Health in national surveillance systems are building systems to monitor community information that can contribute to epidemic response including rumour monitoring and vector control. Digital data gathering devices using ODK and RAMP utilizing quality-proofed surveys, are excellently placed to strengthen the national surveillance systems. The IFRC has made available interim guidance for Community-based Disease Monitoring and Community Event Surveillance, which can be combined with existing capacity for digital data gathering.

Water; Sanitation; Hygiene

Outcome 2 The risk of Zika transmission has been reduced through hygiene promotion and vector control in countries affected by the virus

Output 2.1: Affected National Societies receive technical support to carry out vector-borne diseases response (Support to estimated 15 National Societies)

Intervention 3: Community 'clean up' campaigns

To control the vectors, community clean ups have been organized. These cleans ups are being conducted in a sustained manner. The goal is to clear up, clean up and keep it up meaning that the goal of community campaigns should be to engage people and communities to improve and sustain environmental sanitation and vector control activities, as well as promote behaviour change. Community clean ups are done within communities in neighbourhoods and within schools. In this revised appeal special attention will be paid to empowering communities to tailor their clean up activities to seasonal risks, through the use of seasonal calendars with clean up interventions matching times of risk (e.g. cleaning water containers during those times when more people are storing water, preparing for rainy seasons etc.).

Intervention 4: Household and personal protection

Messages and measures for household level and personal protection against mosquito bites focus on keeping the household free from standing water and using correct repellents in a correct way for maximum individual protection. It is important to quality assure the messages in order to avoid putting resources into measures that are ineffective or of limited value in controlling the vector.

Intervention 5: Chemical vector control

Preventing or reducing Zika virus transmission depends primarily on controlling the mosquito or the interruption of human–vector contact. Transmission control activities target the Aedes Aegypti in its immature state (egg, larva, and pupa) and adult stages in the household and immediate vicinity. Dosing of larvicides in water tanks attacks the larvae while fogging affects adult mosquitoes. Technically well-planned chemical vector control campaigns using larvicides and insecticides that match the resistance pattern in the area will be supported.

Community Health and Emergency Care

Outcome 3 Consequences of Zika virus disease on community health have been mitigated through dissemination of targeted information and commodities for pregnant women to reduce the risk of infection and through provision of psychosocial support to address stigma and discrimination in countries affected by the virus

Output 3.1 Affected National Societies have increased capacity in health emergency risk management and response

Intervention 6: Blood safety

Zika virus disease is predominantly spread by the bite of an infected mosquito of the species Aedes. However, there are reports on sexual transmission of the virus during active infection, which raises concerns that Zika viraemia may result in the transmission of the virus through blood transfusions. A number of countries are asking potential donors not to give blood if within the last 3-4 weeks they have visited a Zika affected country.

Intervention 7: Protection for particular settings

Patients staying in hospitals, residents of care institutions, or inmates in prisons may be in need of specific protection and information. Specific information on clean up as well as vector control campaigns may be needed for facilities in particular settings.

Intervention 8: Staff and volunteer safety

Zika response is not heavy on personal protective equipment. Most of the household and community level activities for clearing up, cleaning up and keeping it up can be carried out with heavy-duty protective gloves. Volunteer insurance and the use of regular protective and indicative equipment such as vests and nail-proof boots have been supported in Latin America and will be supported in the Caribbean. Particular attention will be given to correct protection during handling of chemicals for larval or adult mosquito control.

Intervention 9: Information and commodities for pregnant women and their partners in Zika affected countries

Scientific consensus has been reached that Zika infection in pregnancy is linked to congenital Zika virus syndrome. Research is on-going into the extent of risk by time of infection and the severity of congenital malformations caused. Women of a reproductive age, pregnant women and their partners need specific support to increase knowledge and practices that reduce risk and to this end the following commodities will

be targeted at them:

1. Male and female condoms
2. Repellent safe for use during pregnancy
3. Insecticide treated bed nets (where available and with clear information about Aedes being a day time biting mosquito – nets are for day time resting)
4. Basic information on the disease
5. Specific information related to importance of early antenatal care and regular medical check-ups during pregnancy

Output 3.2 Strengthen capacity of National Society in early detection of outbreaks and reporting of cases

Intervention 10:Psychosocial support for affected families

Giving birth to a child with a malformation – regardless of whether the malformation is caused by the Zika virus or not – is a stressful event for a family. Babies with congenital Zika virus syndrome and their families may experience increased stigma and care needs, creating need for psychological first aid and psychosocial support. Women who are pregnant and their families may also be at risk and should be provided with the opportunity to share their anxieties in a supportive environment.

National Society capacity building

Outcome 4 The National Societies of the Red Cross increase their capacity to deliver on programmes and services in future disasters strengthened

Output 4.1: National and local branches response teams are prepared to respond to crisis and emergencies.

Activities planned in the Americas region:

- On-going training throughout the operation for volunteers and staff on PMER and finance (with focus on Zika).

Quality programming; Programme support services

Quality programming (areas common to all sectors)

Outcome 5 The management of the operation is informed by a comprehensive monitoring and evaluation system

Output 5.1: Establishment of follow up teams

Activities planned in the Americas region:

- Support to the Federation Wide reporting systems
- Regional framework development and adaptation
- Real time evaluation
- Monitoring visits in follow up teams from IFRC
- Lesson learnt and knowledge sharing activities at regional level
- Final report on operation

Output 5.2: Continued and detailed assessment and analysis are used to inform the design and implementation of the operation at national level

Activities planned:

- Support to Knowledge, attitudes and practices surveys with targeted communities

Outcome 6 Key decisions of the operation are informed by regular consultation with and participation by the affected people at community level, including national and international stakeholders

Output 6.1: Feedback mechanisms are established and used to inform communication with communities and revise programmes regularly

Activities planned in the Americas region:

- Ensure Community Engagement and accountability data, feedback and rumours are collected as part of a regional system for information management, data collection and analysis to inform and shape the revision of CEA strategies and plans to increase/address risk perceptions
- In close coordination with health and WASH, undertake KAP and community perceptions surveys, including assessing communication needs and channels, to inform effective risk communication and engagement activities, based on a clear understanding of the socio-cultural environment.

Outcome 7 Issues of gender equality and other groups with specific needs are considered by the operation

Output 7.1: Gender, diversity and protection issues will be mainstreamed in this response

Activities planned in the Americas region:

- Ensure Community Engagement and accountability data, feedback and rumours are collected as part of a regional system for information management, data collection and analysis to inform and shape the revision of CEA strategies and plans to increase/address risk perceptions
- In close coordination with health and WASH, undertake KAP and community perceptions surveys, including assessing communication needs and channels, to inform effective risk communication and engagement activities, based on a clear understanding of the socio-cultural environment.

Programme support services

Human resources

This revised appeal seeks funding support for additional human resources to support the overall coordination of the appeal at global and, where necessary, regional levels. In addition to the existing human resource capacity brought together in the Global Zika Cell, this Appeal will support the following:

Global

- Global Zika Focal Point (consultant with plan to transition to delegate)

Americas

- Zika Operations Manager
- Public health delegate
- Psychosocial support consultant with plan to transition to psychosocial support delegate
- Epidemiological support consultant
- Community engagement and accountability delegate
- Communications consultant
- Vector control consultant
- Information management senior delegate
- Finance senior consultant and finance officer
- Information management delegate

Caribbean region specific (note that these positions are being sought in this revised appeal)

- Project Manager for the Caribbean Operation
- Public Health Officer
- Community Engagement Officer
- PMER Officer
- Finance delegate and finance officer
- Information management Officer
- Project field and administration officers

Logistics

With an aim to deliver the appropriate supplies and services both efficiently and effectively, the Americas Regional Logistics Unit (RLU) has activated its supplier network in order to provide a global, regional and local sourcing strategy, depending on the needs of this operation. Local procurement will be done using IFRC procedures and in compliance with standard policies.

Support for National Societies in the Caribbean to access to commodities through their network of partners

has been sought. These commodities can include, as needed, condoms, repellents, and potentially larvicides.

The regional warehouse network is ready to dispatch prepositioned stocks on request. The Americas RLU will provide a mobilisation table on request. All contributions must be coordinated with the RLU to register the intention and provide a Commodity Tracking Number (CTN) that will allow the goods to be tracked.

Planning, monitoring, evaluation, and reporting (PMER)

The Geneva Secretariat and Americas Regional Office will monitor objectives and activities in this emergency appeal to ensure that additional support and human resources are effectively used to support an enhanced response to the outbreak of vector-borne diseases.

The operation has developed a monitoring and follow-up scheme using Follow-up Committees with the National Societies involved in the operation. These committees have monthly meetings that are complemented with Follow-up Missions. These missions have enabled the Operation to work closely with National Societies, reinforce the current plans of action, visit community work activities, exchange technical approaches, and ensure financial and administrative procedures. This same approach is to be applied in the Caribbean with the Zika Operation Team in Latin America providing initial support to start up and follow up.

The Regional Operation continues to build tools that ensure an adequate process of knowledge exchange of community-based approaches, improvement in the information management of the outbreak and National Society activities, and an understanding of the outbreak among National Societies in the Americas. The Results Framework developed with the Americas Regional Office PMER Unit and the Health in Emergencies Unit is the overarching tool that National Societies utilise to monitor the progress of the operation.

Other planned activities include:

- Lessons learnt meeting for *Zika Response in the Americas: The Red Cross Experience*.
- A real time evaluation (RTE) will assess aspects of the IFRC's response to the Zika virus emergency in the Americas and will inform the on-going support to the regional response operation.
- The development of a guidance and piloting for measuring the impact of community based vector control.
- The development of a KAP guidance to be applied in Zika but suitable for other health emergencies in low resource settings.

PMER human and technical resources at global, regional and operation level will be available to address any issues that may arise in National Societies.

Administration and Finance

The operation aims to provide further financial support to the coordination and support mechanisms to facilitate this urgent and growing response. Each National Society implementing under this appeal in Latin America has received tailored financial and administrative advice by the operation financial team. This advice has helped to update procedures and processes and improve accountability and improve the dialog on financial-related matters between the Operation and the National Societies.

All funding will be appropriately channelled through established IFRC financial and reporting systems and will be accounted for to donors through regular reports. Administration support will be provided through normal IFRC channels at Regional levels.

€ Budget

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

Garry Conille
Under Secretary General
Programmes and Operations Division

Elhadj As Sy
Secretary General

Reference documents ↘

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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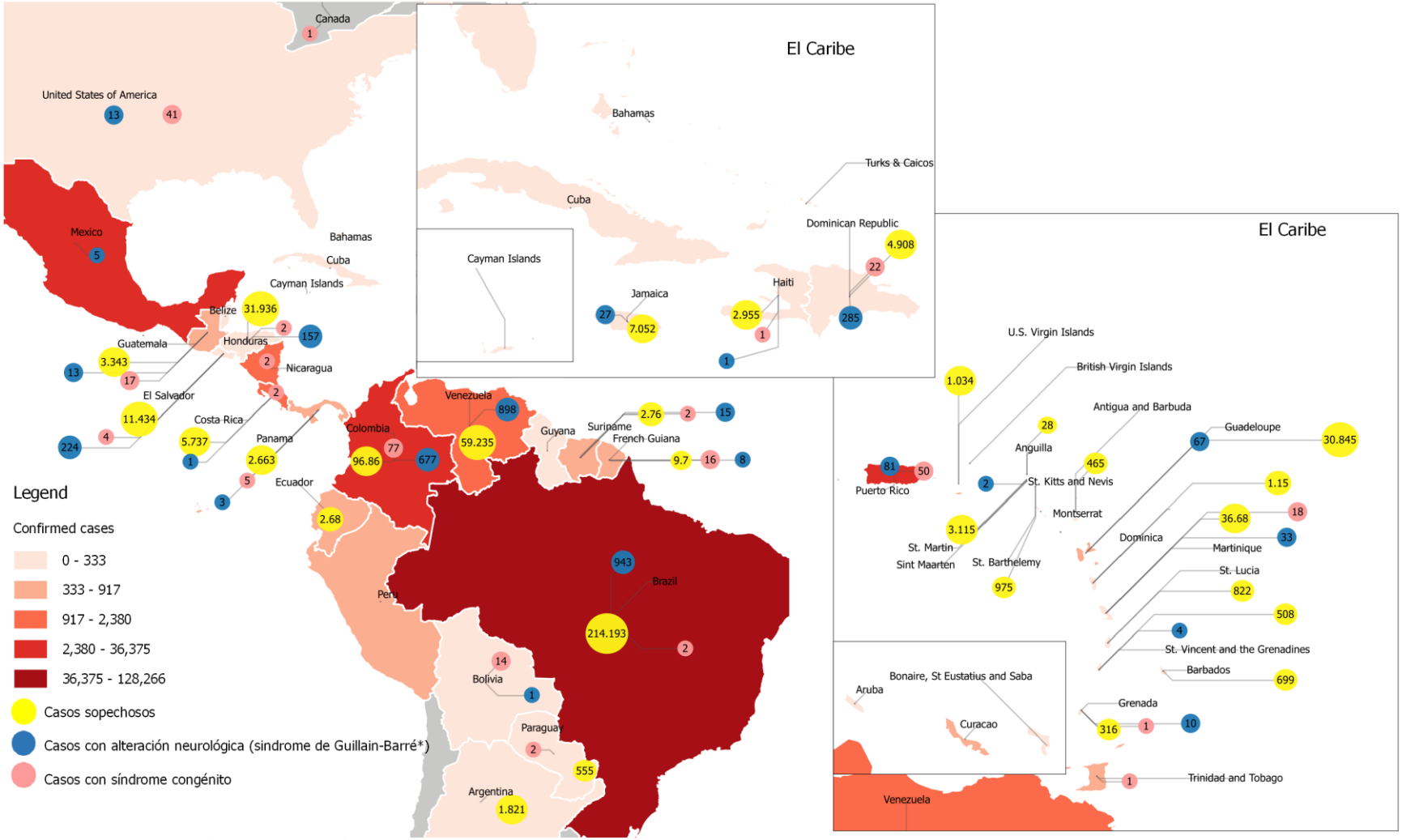
How we work

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.

Actualización epidemiológica del Virus Zika en Américas, semana del 12 de enero del 2017



*Representa aumento de casos de Síndrome de Guillain-Barré y confirmación de virus Zika en al menos un caso.
Los mapas usados no implican la expresión de ninguna opinión de la parte de la Federación Internacional de la Cruz Roja y Media Luna Roja o Sociedades Nacionales concerniente a el estatus legal de un territorio o de sus autoridades.
Producido por el equipo de la Operación Zika Américas. Fuentes: OPS,OMS, Boletín epidemiológico de Ministerios de Salud en América.

EMERGENCY APPEAL

03/02/2017

MDR42003 ZIKA VIRUS OUTBREAK

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief				0
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials				0
Clothing & Textiles	30,637			30,637
Food				0
Seeds & Plants				0
Water, Sanitation & Hygiene	573,253			573,253
Medical & First Aid	1,667			1,667
Teaching Materials	82,904			82,904
Utensils & Tools	1,335			1,335
Other Supplies & Services				0
Emergency Response Units				0
Cash Disbursements				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**689,797**	**0**	**0**	**689,797**
Land & Buildings	900			900
Vehicles				0
Computer & Telecom Equipment	19,057			19,057
Office/Household Furniture & Equipment	20,000			20,000
Medical Equipment				0
Other Machinery & Equipment				0
Total LAND, VEHICLES AND EQUIPMENT	**39,957**	**0**	**0**	**39,957**
Storage, Warehousing	918			918
Distribution & Monitoring	14,661			14,661
Transport & Vehicle Costs	33,253			33,253
Logistics Services	8,963			8,963
Total LOGISTICS, TRANSPORT AND STORAGE	**57,795**	**0**	**0**	**57,795**
International Staff	946,035			946,035
National Staff	234,115			234,115
National Society Staff	178,768			178,768
Volunteers	76,836			76,836
Other Staff Benefits	24,827			24,827
Total PERSONNEL	**1,460,581**	**0**	**0**	**1,460,581**
Consultants	311,765			311,765
Professional Fees	46,733			46,733
Total CONSULTANTS & PROFESSIONAL FEES	**358,498**	**0**	**0**	**358,498**
Workshops & Training	3,175,711			3,175,711
Total WORKSHOP & TRAINING	**3,175,711**	**0**	**0**	**3,175,711**
Travel	687,824			687,824
Information & Public Relations	146,654			146,654
Office Costs	37,391			37,391
Communications	21,773			21,773
Financial Charges	7,536			7,536
Other General Expenses	392			392
Shared Office and Services Costs	273,031			273,031
Total GENERAL EXPENDITURES	**1,174,600**	**0**	**0**	**1,174,600**
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	**0**	**0**	**0**	**0**
Programme and Services Support Recovery	452,201	0		452,201
Total INDIRECT COSTS	**452,201**	**0**	**0**	**452,201**
Pledge Earmarking & Reporting Fees	73,972			73,972
Total PLEDGE SPECIFIC COSTS	**73,972**	**0**	**0**	**73,972**
TOTAL BUDGET	**7,483,112**	**0**	**0**	**7,483,112**
Available Resources				
Multilateral Contributions	7,518,960			7,518,960
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	**7,518,960**	**0**	**0**	**7,518,960**
NET EMERGENCY APPEAL NEEDS	**-35,848**	**0**	**0**	**-35,848**