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Emergency appeal operations update
Zika virus disease – global response

International Federation of Red Cross and Red Crescent Societies

Emergency appeal n° MDR42003		**GLIDE n° EP-2015-000175**
Date of issue: 12 June 2017		**Timeframe covered by this update: February – October 2016[1]**
Emergency Appeal operation start date: 1 February 2016		**Timeframe: Up to 30 September 2017**
Appeal budget: CHF 7,4 million[2]	**DREF amount initially allocated:** CHF 200,00	**Donor response:** 99%; the IFRC on behalf of all supported National Societies thanks all donors who have contributed to this appeal (See up to date Donor Response list).
N° of people being assisted: 1 million people to be assisted through direct intervention and over 1,000,000 people to be reached through indirect community engagement.		
Red Cross Red Crescent National Societies and Movement partners currently actively involved in the operation: Antigua and Barbuda, Barbados, Bolivia, Brazil, Chile, Colombia, Cuba, Dominica, Ecuador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Salvadoran, Spanish, Suriname, the Bahamas, Trinidad & Tobago, Venezuela. Partner National Societies: Netherlands (and Overseas Branches), British, and French Red Cross.		
Other partner organizations actively involved in the operation: the health ministries from each affected country, Pan American Health Organization/World Health Organisation (PAHO/WHO), the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), United Nations Development Program (UNDP), the Caribbean Public Health Agency (CARPHA), the United Nations Children's Fund (UNICEF), the Inter-American Development Bank, Save the Children, REDLAC, USAID, HC3, Anthrologica.		

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.

A Red Cross Volunteer from the Salvadorean Red Cross Society works alongside a student to clean up his school and eliminate mosquito breeding sites.

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

[1] This operations update was prepared as a 6-month update on the progress of the operation. Due to internal delays, it was not issued in 2016. Information in this report reflects progress up to October 2016 as initially prepared. A 12-month update will be issued soon covering the first year of the operation with update epidemiological data and progress of activities.

[2] As per the Emergency Appeal Revision published on 8 February 2017, the total budget decreased from CHF 9,266,981 to CHF 7,483,112. The current Interim report shows the expenditures incurred until October 2016; however, as the budget was revised after October 2016, the interim report shows the amount of the most current approved budget CHF 7,483,112.

Click here to view the interim financial report

Global Situation Update

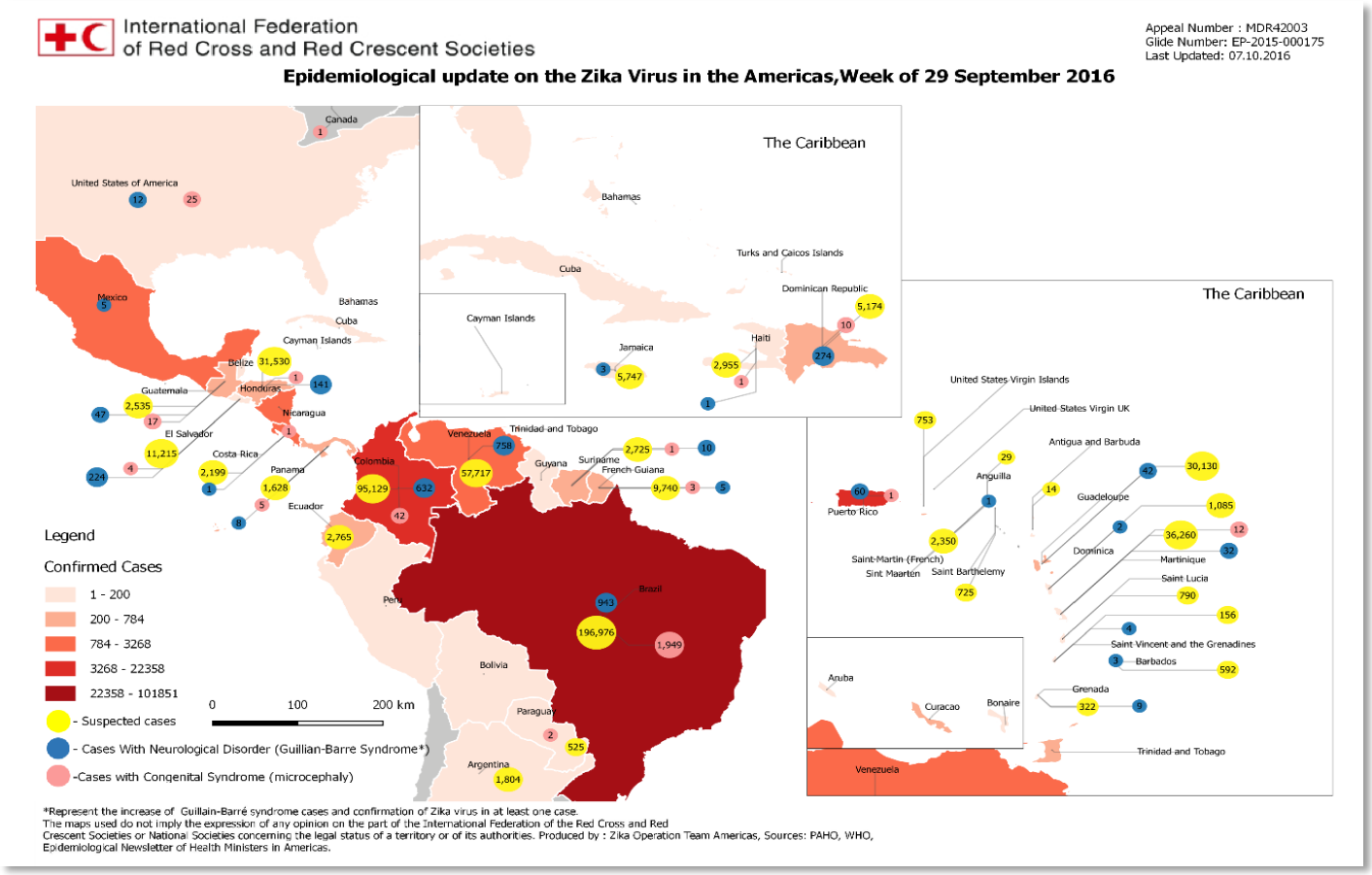
Zika virus is an emerging mosquito-borne virus predominantly transmitted through the bite of infected Aedes mosquitoes (A.aegypti and A.albopictus) - the same type of mosquitoes that spreads dengue, chikungunya and yellow fever. In addition to mosquito bites, a small number of cases of sexual transmission 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. As of the 19th of October 2016, 73 countries are reported to have had Zika virus cases since 2007, 56 since 2015.

Map 1. Epidemiological situation in the Americas. Suspected and confirmed cases of Zika virus and Zika-associated neurological conditions. September 2016



On February 1st 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 19th of October 2016, 23 countries have reported microcephaly or central nervous system (CNS) malformation believed to be associated with congenital Zika virus infection. As of October 19th 2016, GBS associated with the Zika virus has been observed in 19 countries, all in the Americas region.

It is expected that Zika virus will remain 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 affect of the disease on communities.

Funding for this appeal stands at 99 per cent. The Americas region has been the primary recipient of funds received and implemented plans in 10 countries. In September 2016, USAID pledged support for The Emergency Appeal was being revised to reflect these changes with global support being provided to regions and ensuring countries newly implementing Zika prevention activities are utilising lessons learnt from the countries in Latin America. These revisions are reflected in the Emergency Appeal Revision issued in February 2017.

Situation Update – Focus on the Americas

Latin America and the Caribbean is the region most affected by the Zika virus. PAHO/WHO has reported 512,345 suspected cases, 164,352 confirmed cases and 4,473 imported cases of Zika virus infection[3]. Although Zika is not usually a life-threatening virus; however, the Americas region has reported 14 Zika virus-related deaths. In the Americas, 2,175 cases of Zika-virus-associated microcephaly have been reported, predominantly in Brazil, and 17 countries have reported cases of Zika-virus-associated GBS.

Looking at epidemiological trends, there appears to be a general declining trend in Zika virus cases in all sub regions of the Americas, with some exceptions. In North America, there is an increase in autochthonous cases in the State of Florida (Miami-Dade County). In Central America, Costa Rica and Nicaragua present a slight upward trend, while the rest of the countries present a downward trend in cases. In the Caribbean, with the exception of Saint-Barthélemy and Puerto Rico —, which keep showing an upward trend —, countries demonstrate a declining trend. In South America, the epidemiological curve also shows a downward trend. Colombia has recently declared the end of the outbreak. Venezuela has not reported epidemiological data[4] since November 2014. Brazil remains the country with the highest prevalence of Zika virus infection in the world with 109,596 confirmed cases of Zika virus infection to date.

There are numerous challenges in collecting and interpreting epidemiological trends for Zika virus. Interpretation of epidemiological trends[5] requires taking into consideration that:

- 80% of cases are asymptomatic, thus many who are infected with Zika are not aware they have been infected.
- Some countries have experienced delays in reporting or have difficulty establishing national surveillance systems.
- Inter-country differences in case definitions, surveillance systems, and reporting systems.
- Weaknesses in health service provision, exacerbated by access barriers including poverty, high clinical caseloads, and violence.
- Lack of laboratories with adequate services or limits to how many can and differences in whom should be have laboratory confirmation.

Due to these challenges, and in collaboration with respective national Ministries of Health a focus on the number of locations registering local transmission is used as the key indicator for response rather than the accumulated number of cases.

Moving forward, climate variability will need to be a consideration in scenario planning and response. The increase in the frequency of rainfall events in Central America, the early beginning of the hurricane season in the Caribbean and the end of the winter season in South America are factors that may affect the development of the outbreak in the region. Long term scenario planning must be based on assumptions that Zika will become endemic in the region and take into consideration the economic impact this will have on countries and communities. Endemic Zika will impact family planning services, community management of disability and financial hardship related to the sequalae of the diseases.

[3] http://www.paho.org/hq/index.php?option=com_content&view=article&id=11117&Itemid=41532&lang=en
[4] http://www.bvs.gob.ve/php/level.php?lang=es&component=35&item=4
[5] There is an upward trend in microcephaly and GBS cases. The effects of Zika virus infection (translated in new cases) are actually increasing.

Coordination and partnerships

International Federation of the Red Cross and Red Crescent – Geneva Secretariat

The Geneva IFRC team has taken a key role in providing ongoing technical and coordination support to all regions. A Zika cell has been established, managed under the leadership of the Health Department and supported by all key technical and service departments. In October 2017, this appeal provided support for a Global Zika Focal Point, which has allowed focus to be given to global coordination and maintaining links to evolving science and disseminating this to partners, as well as providing technical support for the regions on Zika implementation.

Regular contact with global coordination mechanisms including IACS and GOARN who have the lead in coordination and response are being maintained. In addition, the IFRC Secretariat is a key member of the global risk communications and community engagement coordination mechanism. This engagement has contributed extensively to the development of the first Joint UNICEF, WHO, IFRC Zika Risk Communication and Community Engagement Guidance currently under review, as well developing a common assessment and monitoring tools such as Knowledge Attitude and Practice survey.

As the review of the Risk Communication and Community Engagement Guidance moves ahead, IFRC through the Global Zika Focal Point and with support from the IFRC Americas Regional Office is providing logistical support to the Zika Communications and Community Engagement Workshop to be held in Panama from the 16-18th of November 2016. This workshop will give partners the opportunity to be presented with and provide feedback on the Strategic Communications Framework for Zika and allows Ministries of Health and partners in the Americas to come together and debate the lessons learnt and best practices for Risk Communication about Zika. IFRC will be continuing to work closely with these partners who include UNICEF, Save the Children, HC3, John Hopkins University K4Health, Zika AIRS Project, Anthrologica, CDC and PAHO among others.

A technical partnership continues with the Mentor Initiative in relation to technical support for vector control interventions. This partnership ensures high level and specialized technical support to implementing National Societies related to vector control including use of chemicals and training support.

Africa

No activities under the appeal have commenced due to lack of appeal coverage (pledges were earmarked for the Americas region). However, due to the wide presence of the Aedes vector and the international travel patterns between many African countries and the Americas region the potential of the current outbreak spreading in Africa remains high. A technical task force comprised of IFRC NS and WHO was established for addressing the risk of Zika in Africa. The task force is composed of representatives of regional disaster management and health units as well as with representatives of clusters. The task force worked on developing Africa regional strategy in regard to Zika, **p**erformed regional risk assessment for determining the most at risk countries and the less at risk ones, and organized and conducted an assessment and lessons learnt mission in Cape Verde.

Americas

The Americas coordination and partnership structure is divided into two spheres, regional and national, which aim to bring together response structures, facilitate monitoring and evaluation, and apply best evidence in technical support to planned activities. Regionally, coordination and partnership focuses on:

- Leading strategic planning of the intervention in the Americas
- Determining and defining regional alliances, and mobilizing and channelling the existing internal and external (financial and technical) resources towards a national level;
- Providing National Societies with complementary technical tools;
- Developing technical and financial support.

The national sphere of the operation aims to:

- Lead the implementation of Zika Response Plans;
- Align the response with national policies and local practices;
- Coordinate efforts with the health and education sectors;
  Ensure active community engagement.

The key partnerships both internally and externally are described in Table 1.

Table 1. Internal and External Partners and their roles in the Zika Operation in the Americas Region

Regional		National/Community	
IFRC - ARO ZIKA Operation	Design the programming and management architecture of the Zika response in the Americas. Ensure the coordination of response structures. Identify new resources. Lead the monitoring and assessing process. Facilitate technical resources to NSS in the field of vector control, epidemiological surveillance, psychosocial support and community communications.		
IFRC - ARO Cluster Coordinators	Facilitate the dialogue with the NSs. Identify opportunities for strategic cooperation in ZIKA.Complement the technical and financial monitoring of the Regional Operation.	**National Societies**	Lead the implementation of ZIKA response plans at a national level.
Health Unit IFRC ARO	Include the developments of the Zika Operation into the IFRC framework for regional health. Facilitate synergies in health programmes and subjects. Provide technical support.	**PNS**	Support the inclusion of new resources and actions into the NSs plans. Facilitate technical support to NSs.
IFRC ARO Communication Department	Ensure the well functioning of the Zika Operation Communications Plan. Provide support in the preparation of products and materials for the operation.	**National Society's Branches**	Ensuring plan implementation and the inclusion of community-based processes with volunteers. Leading processes of training in vector control, surveillance, psychosocial support and communication with communities.
IFRC Reference Centre for Institutional Disaster Preparedness (El Salvador)	Develop the training package for the Zika Operation. Provide training and use of the training package among NSs involved in the Operation. Ensure the development of the online training package in four languages. Provide support to the Zika Operation in the development of other Public Health and ZIKA approaches.	**Ministries of Health**	Facilitate synergies for coordinated response according to national strategies and priorities with regard to vector control.
IFRC Reference Centre for Psychosocial support (Denmark)	Provide technical support to products in the psychosocial field.	**Health Local Authorities**	Ensure the integration of the SNs response into local actions. Make good use of the capacities of National Societies to cover response, promotion and prevention gaps.
IFRC ARO Support Units	Provide the Operation with support in financial, human resources and administrative matters.	**Local Health Authorities**	Promoting strategies to prevent ZIKA and for vector control un public spaces.
UNDP	Develop in partnership the study on "The Socioeconomic Impact of Zika Virus in Colombia, Suriname and Brazil". Promote a joint strategy for regional advocacy.	**Schools**	Incorporate educational and raising awareness actions into school community plans.
UNESCO	Produce radio spots and other communication and advocacy actions in the media.	**Health Centres**	Incorporating prevention actions against ZIKA into their care policies. Ensuring medical care and diagnosis.
UNICEF	Promote and disseminate the U-Report social platform in Colombia, El Salvador and Bolivia.	**Community Leaders**	Lead the ZIKA response among local authorities and NSs.
Save the Children	Establish an alliance for community-based communication at a regional level.		
Georgia University	Analyze data and conduct KAP and CBS case studies in Brazil, Colombia and El Salvador.		
ISGlobal Institute Barcelona	Joint development of the study on "The Socioeconomic Impact of Zika Virus in Colombia, Suriname and Brazil".		
SC Jonhson	Donation of 420,000 repellents distributed in 11 countries of the region.		

Highlights of coordination with partners in the Americas have included:

- UNDP and the IFRC Americas Regional Office have been leading a regional study in conjunction with the Barcelona Institute for Global Health (ISGLOBAL) and the Johns Hopkins University. *"The Socioeconomic Impact of Zika Virus in Colombia, Suriname and Brazil"* study is currently being conducted and it involves the participation of the National Societies in these countries. The report will be launched in New York (UN HQs) in February 2014.
- 430,488 repellents have been distributed through a partnership with SC Johnson that allowed for the provision of repellents through in-kind donations and coordination of logistics.
- Save the Children USA and the IFRC have entered into a strategic partnership to support the transition of five focus counties (Colombia, Nicaragua, Honduras, El Salvador and Dominican Republic) out of and emergency response

phase and into a recovery and programmatic phase of Zika response. Plans are underway and USAID has confirmed support for these efforts over the next 3 years.

Asia Pacific

No Activities under the appeal have commenced due to lack of appeal coverage, despite several declared outbreaks in the Pacific and Asia, a high prevalence of Dengue mosquito coverage, and new countries having cases confirmed in Asia. However, responses are occurring by the IFRC and NS's independently of the appeal, with external funding or being incorporated into current and future disaster responses.

Philippines Red Cross piloted the IFRC Global Zika/Dengue/Chikungunya toolkit funded by the Climate Change Centre that is now finalised and includes two toolkits - community based and school based. This tool will be adapted and utilised within the Americas Operation.

Thai RC, Samoa RC, Sri Lanka RC, Bangladesh RC, Tuvalu RC, Tonga RC, Solomon Island RC, Fiji RC & Kiribati RC are supporting, collaborating and working closely with the MOH, mobilising volunteers to scale up on-going Zika (dengue, yellow fever & chikungunya) awareness campaigns, prevention and community clean up campaigns using adapted IEC materials (Epidemic Control for Volunteers, Hygiene Promotion, Participatory Hygiene and Sanitation Transformation, and Community Based Health and First Aid). Thai RC, Singapore RC, Philippines RC, Samoa RC are actively taking all precautions recommended by Global Advisory Panel in regards to voluntary non-remunerated blood donation. Some National Societies are including Zika related activities into their 2017 plans for a more sustainable longer-term programming.

The Asia Pacifica Regional Health team and Asia Pacific Regional Zika Taskforce continues to support movement staff and National Societies via regular alerts, and dissemination of updates and information, surveillance, technical feedback, webinars and workshops, coordination with WHO and other agencies such as Asia-Europe Foundation (ASEF). The Asia Pacific Regional Office will continue efforts in resource mobilising and support National Societies with proposals to enable action in response and prevention of Zika in Asia Pacific.

Europe

No activities have been carried out under the appeal as yet due to lack of funds, but coordination has been established with WHO regional office and the relevant focal points in the European Union.

Middle East and North Africa

No activities have been carried out under the appeal as yet due to lack of funds. Coordination continues at a regional level with MENA zone engaging with WHO on Zika.

Operational implementation

Note that operational implementation was only financially support in the Americas region, thus this part of the Operations update focuses only on the activities of this region.

Overview – Focus on the Americas

To date, 20[6] National Societies are developing actions for responding to Zika virus with resources from the Emergency Appeal and DREFS in the Americas.

The Zika Operation in the Americas[7] is currently administering CHF 6.3 million, which represents 75% of the 8.4 million CHF requested for the Americas.

167,268 people have benefited directly from the Zika Operation in the Americas, and 4,700,000 have benefited indirectly through social and behavioural change messaging to date. Around 250 districts/municipalities have been involved in response actions with the support of more than 3,000 volunteers.

430,488 repellents have been distributed through a partnership with SC Johnson, and 15,600 mosquito nets have been distributed to date within the Zika Operation.

The Rio 2016 Olympics[8] that took place in August was a priority for the Brazilian Red Cross and the Zika Operation in the Americas. Under the slogan *"For the mosquitoes you are the main attraction"*, more than one million people were reached through a massive public campaign launched in the streets, and on public transport within the Olympic area and in national and international media.

Image from the IFRC/Brazilian Red Cross campaign during the Rio 2016 Olympics

Capacity building of volunteers and National Societies is a priority for the operation in the Americas. More than 2,000 volunteers and Red Cross staff members have been trained in different subjects during this first semester. A regional alliance between the Reference Centre for Institutional Disaster Preparedness (CREPD by its Spanish acronym) and the Zika Operation saw the development of the *"Instructor Certification Course in Sanitation and Hygiene Promotion, Psychosocial Support in Emergencies and Epidemic Control for Volunteers, with emphasis in Zika response"*. This tool has been implemented in Brazil, Colombia, and Central America and will be extended to Venezuela, the English-speaking Caribbean and other countries in South America.

The public communications unit within the Zika Operation has developed a website[9] (www.cruzroja-zika.org) that was launched August 2016. This is the first ARO platform that aims at becoming an instrument for information management, communications and knowledge exchange for Zika-related subjects. In addition, the Operation is broadcasting the *"Fighting Zika"* radio program in the American Red Cross radio every week.

Specific tools have been developed at a regional level to support the National Societies and are being piloted and utilised in the region. Some of the actions include, but are not limited to, the CBS Protocol, the adaptation of the module for community work in the prevention of Zika, Dengue and Chikungunya (from the globally developed Zika, Dengue

[6] The National Societies of Bolivia, Brazil, Colombia, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, Peru and Venezuela are included in the Regional Appeal. The National Societies of Honduras and Dominican Republic are carrying out Zika prevention and control interventions under DREF funds. The Ecuadorean National Society is carrying out Zika prevention and control interventions under their Earthquake Appeal. Recently, 10 National Societies in the English-speaking Caribbean have joined the Zika Operation (Jamaica, Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago) thanks to a USAID contribution of 4.8 million USD.

[7] For more information, see Annex *1. Zika Operation Factsheet – Americas.*

[8] http://zika.campuscruzroja.org/pdf-update/zika-newsletter-n7-esp.pdf

[9] www.cruzroja-zika.org

Chikungunya Community Module), the Aedes Seasonal Calendar, and the support for developing the community engagement and accountability (CEA) component, which has made possible the involvement of more than 4.5 million people in community engagement processes. The *Psychosocial support and Zika in the Americas* document and the *Volunteer guide for psychological support and Zika* will be used to support psychosocial support activities.

The operation in Latin America is providing key technical support technical support to the ten National Societies of English-Speaking Caribbean. This part of the Operation is being managed through the Trinidad and Tobago cluster office and will be coordinated with regional and global efforts in Zika prevention.

Detailed Progress – Focus on the Americas

National Societies in the Americas developed plans based on 10 key interventions that strategically fit within the three major outcomes of the Emergency Plan of Action. In Latin America 10 countries have been implementing a mix of these interventions based o country context, capacity and coordination of efforts with other partners. In the Caribbean region 10 countries are in the process of making detailed plans to respond to Zika. The Emergency Appeal is under revision to reflect the addition of these countries.

Outcome	**1**		**2**			**3**				
Intervention	Risk Communication to general pubic	Community based surveillance	Community "clean up" campaigns	Household and personal protection	Chemical vector control	Blood safety	Protection for particular settings	Staff and volunteer safety	Information and commo-ditties for pregnant women In Zika affected countries	Psychosocial support for affected families
Latin America (on-going)										
Bolivia	■	■	■	■				■	■	
Brazil	■	■	■	■	■		■	■	■	■
Colombia	■		■	■		■	■	■	■	■
El Salvador	■	■	■	■	■		■	■	■	
Guatemala	■	■	■	■				■	■	■
Nicaragua	■		■	■				■		
Panama	■	■	■	■				■		
Paraguay	■		■	■			■	■	■	■
Peru	■		■	■				■		
Venezuela	■	■		■			■	■	■	
Caribbean (planned)										
Antigua and Barbuda	■		■	■				■	■	■
Barbados	■		■	■				■	■	■
Dominica	■		■	■				■	■	■
Grenada	■		■	■				■	■	■
Guyana	■		■	■				■	■	■
Jamaica	■		■	■				■	■	■
St Kitts and Nevis	■		■	■				■	■	■
St Vincent and the Grenadines	■		■	■				■	■	■
St Lucia	■		■	■				■	■	■
Trinidad and Tobago	■		■	■				■	■	■

The Zika Operations Team in the Americas developed a series of indicators under each output as part of their Results Framework to assist with monitoring regional outcomes and outputs. These are reported on by outcome and output in the tables below with description of major activities following each outcome.

Progress Outcome 1

Health and Care	
Outcome 1: The risk of Zika transmission is reduced through public information and health preparedness activities in affected and at risk countries in the Americas region	
# of districts implementing Zika preparedness interventions.	144
# of districts implementing Zika response interventions.	95
# of male volunteers implementing Zika-related activities.	620
# of female volunteers implementing Zika-related activities.	788
Output 1.1: National Societies provide the general public with information on the Zika virus	
# of baseline studies/surveys on risk communications.	913
# of follow-up baseline studies/surveys on risk communications.	107
# of developed and implemented CEA plans.	10
# of interactive radio spots and programs produced and broadcasted (# broadcasting).	242
# of people reached through mass media campaigns (radio and television).	4754453[10]
# of people reached through social media campaigns.	113035
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases	
# of districts implementing community-based surveillance activities.	45
# of districts actively implementing case monitoring.	8
# of reported events.	53
# of reported events which resulted from the investigation of cases.	26
# of cases being actively followed up.	26
# of volunteers trained in community-based surveillance.	1100
# of households where community-based surveillance activities are being carried out.	33972

Intervention 1. Risk communication to the General Public

Public information campaigns are integrated with and complement planned outcomes and interventions in the operation. Ten countries were supported to develop Community Communications Plans through which they have reached an estimated 4.7 million people. Highlights of public information campaigns at the national level have included:

- The *"Korapysinmosquito"* campaign by the Paraguayan Red Cross, in both Spanish and Guarani, based on the use of adolescent volunteers to reach the youngest population in communities.
- The "Y*ou have control on Zika" (El control del Zika lo tienes tú)* campaign developed by the Colombian Red Cross where a wide range of communication channels were used to improve information dissemination and reach.
- The "Mosquito seen, mosquito eliminated" (*Zancudo visto, zancudo eliminado)* school campaign developed by the Salvadorean Red Cross which achieved to incorporate the "mosquito educational week" into the curriculum with the support of the Ministry of Health and Education. This campaign has been an advocacy bottom-up tool and has had a major community impact.

Regional support to risk communication was also emphasised within the operation with the Zika Operations Team providing support in three main areas:

- Developing and supporting regional campaigns with regard to Zika. Specific support was provided to the "For the mosquitoes, you are the main attraction" (*La principal atracción del mosquito eres tú)* campaign developed with the Brazilian Red Cross during the 2016 Rio Olympics [11], which reached more than one million people, as well as the "Mosquito week" campaign developed by PAHO with the participation of the IFRC and the National Societies.

[10] This info was provided by National Societies. This number includes people reached during Olympics among others.

[11] https://www.youtube.com/watch?v=vDanxfg3He8
https://www.youtube.com/watch?v=q2VfgbZn0hs
https://www.youtube.com/watch?v=n8ih5_Io6x8
https://www.youtube.com/watch?v=3S14GFA8MEE
https://youtu.be/8c3MSYpbXp8
https://www.youtube.com/watch?v=iOPUkW1NQyA&feature=youtu.be
https://www.youtube.com/watch?v=yuc4t2iW0jg

- Documenting technical experience through audio-visual materials. The Zika Operation has focused on supporting the National Societies' production of themed videos to support their work. Six videos have been produced to date.[12]
- Creating partnerships for developing regional communication products. The partnership with UNESCO has resulted in the promotion of four radio spots, and the work with Save the Children has produced joint materials that have been distributed in 33 National Societies of the region.

Knowledge, Attitudes and Practice (KAP) Surveys were considered a key tool to guide messaging within the operation. However, this component of the operation has met some challenges. National Societies have conducted more than 1,000 surveys and baselines. However, through attempting to tailor the surveys to national priorities and localise context diverse methodologies and processes lead to barriers to systematic analysis. Recognising this as a challenge, the Zika Operations Team has engaged with the University of Georgia to assist with analysis the development of a roadmap for the application of KAP methodologies in the National Societies. As the Caribbean begins its KAP survey implementation these lessons are being taken into account with a technical advisory group being set up to support roll out and timely analysis.

Intervention 2. Community Based Surveillance

The development of Community Based Surveillance in the Americas has been a new area of intervention. The challenges of implementing surveillance within Zika are elaborated on below however despite these challenges, the operation in the Americas has sought to strenthen surveillance through the following mechanisms:

- Advocating for national and local health authorities to strengthen epidemiological surveillance linking local systems into the national reporting systems. National Societies of Panama, Guatemala, Brazil and El Salvador are good examples where 45 districts have incorporated community-based surveillance actions during the operation.
- Strengthening and preparing communities. Communities in some countries were organised into Health Committees or trained and skilled volunteers that allowed adequate identification, follow-up and reporting of cases. Around 53 events (risk conditions identified, suspected cases identified and breeding sites) have been reported with the support of local systems built by local authorities, National Societies and communities, and 33,972 households have been involved in surveillance actions. The Guatemalan Red Cross and Salvadorean Red Cross were the main actors in this area.
- Building specific capacities and technical instruments[13] for National Society staff members and volunteers to ensure the quality of the system. More than

Poster developed in collaboration with Save the Children on risks of and prevention of Zika

[12] https://www.dropbox.com/s/5muyv5lkhq3ji15/20161020%20ZIKA%20-%20OLIMPIADAS%20v2.mp4?dl=0

[13] See the Community-based Surveillance Protocol 1.0 prepared by the IFRC during the Zika response, and the Volunteer User Guide.

1,100 volunteers have been trained in surveillance issues and 62 volunteers have been trained in the use of the Open Data Kit tool for mobile data collection.

- Developing data management tools that allow adequate information collection and analysis. The Zika Operation's Information Managemenr Delegate is supporting the process of building a platform for the integration of regional epidemiological data and SNs' actions.

Challenges in reaching Outcome 1

The challenges in reaching this outcome were:

- Assessing the efficiency of evidence-based actions. It is necessary to verify if behavioural changes or their associated trends are being consolidated in qualitative and quantitative terms. For this, it is necessary to standardize the use of KAPs as systemic baseline and measurement tools (before and after the actions).
- Assessing if the key messages that are being used are encouraging, and create a joint vision within communities. The National Societies and the organization in general continue to be anchored in the production of very basic, traditional and individualized messages. It is necessary to create stronger and better planned messages within the intervention.

- The development of Community Based Surveillance mechanisms within the region and globally is still being tested and piloted through this and other epidmic reponse operations. Zika in particular is a challenging disease to set up Community Based Surveillance for with only one in five cases showing symptoms that are generally mild, differing case definitions between countries that are often ill-defined and for which even clinicians have difficulty in making differential diagnosis, and lack of treatment. Thus case identification would add value only as measure of risk in an area to which prevention actions can be targetd (vector control, household and individual protection etc).
- Within the IFRC, an epidemiological approach is in process of being developed, which will provide the guidelines for different Operations and Programmes. Even though the Zika Operation in the Americas, with the support of the Emergency Health Department in Geneva, has developed a first protocol, the conceptualization of the approach is not fully developed in methodological and operational terms.

Progress Outcome 2

Water, Sanitation and Hygiene promotion	
Outcome 2: The risk of Zika transmission has been reduced through hygiene promotion and vector control in countries affected by the virus	
# of communities implementing community-based vector-control activities.	120
# of hours spent in chemical vector control.	126
# completed comprehensive vector-control strategies.	17
Output 2.1: Affected National Societies receive technical support to carry out vector-borne diseases response	
# of male volunteers trained in community-based vector control.	963
# of female volunteers trained in community-based vector control.	1511
# of male volunteers implementing community-based vector-control activities.	388
# of female volunteers implementing community-based vector-control activities.	654
# of communities implementing community-based strategies for vector-control.	77
# of communities with current action plans such as "*Comunidades libres de criaderos*" (communities free of breeding sites) or community strategies for vector control.	159
# of follow-up visits for community action plans.	155
# of community-based clean-up campaigns carried out.	221
# of communities declared free of breeding sites.	184
# of households reached with interpersonal communication sessions on Zika prevention and reduction of vectors.	20281
# of social influencers (traditional, religious or political leaders) at community level that are mobilised and trained in Zika prevention and vector control.	851
# of students reached with Zika prevention and vector control information.	28354
# of teachers reached with Zika prevention and vector control information.	1280
# of schools where prevention and vector control activities were implemented.	243
# of households reached with larvicides.	4666
# of community sites equipped with larvicides (abate).	158
# of households reached with spraying campaigns in their communities.	15204
# of chemical vector-control workshops carried out in the NS.	162
# of male volunteers trained in chemical vector control.	194

Interventions 3,4,5. Community clean up campaigns, household and personal protection, and chemical vector control

Vector control activities have been the main priority of National Societies. These interventions have been coordinated around the community and family organization and linked to the community communications component, with the aim of identifying breeding sites and implementing prevention measures and healthy lifestyle practices in households. Schools have become essential vector-control learning platforms and an efficient way to ensure prevention actions in households where children bring information and knowledge from schools.

In El Salvador, the *5-5* Strategy has been implemented, focusing on ensuring constant education in vector-control matters in schools and ensuring students become agents for change. Reaching communities through school actions has been a strategy widely used by the Operation also in Paraguay, Colombia and Nicaragua. More than 28,000 students, 1,200 teachers and 243 schools have been involved in vector-control activities within the Operation.

The Zika Operation in the Americas has worked towards strengthening community organization structures to fight the Aedes mosquito. Community committees and other forms of organization have been developed, making possible to reach more than 20,000 households, influence 900 community leaders and formulate 159 plans for free breeding-site communities. Chemical control has been implemented when there were high levels of larvae. For this, more than 350 volunteers have been trained in 162 workshops. Around 4,600 households have been treated with larvicides. Other biological control processes using fish have been implemented, as for example, in 100 households in Llopango (El Salvador).

In Brazil, the National Society has integrated the vector-control evidence developed by the Fiocruz Institute, which helps to better monitor the vector population.

In Venezuela, the National Society has adapted instruments used for studying Malaria to the Zika virus research. The adaptation of the Malaria Cube to de Zika Cube has helped to better understand the vector biology, the symptoms of the disease and the measures to reduce its spread. The Zika cube is didactic material to improve the knowledge of Zika.

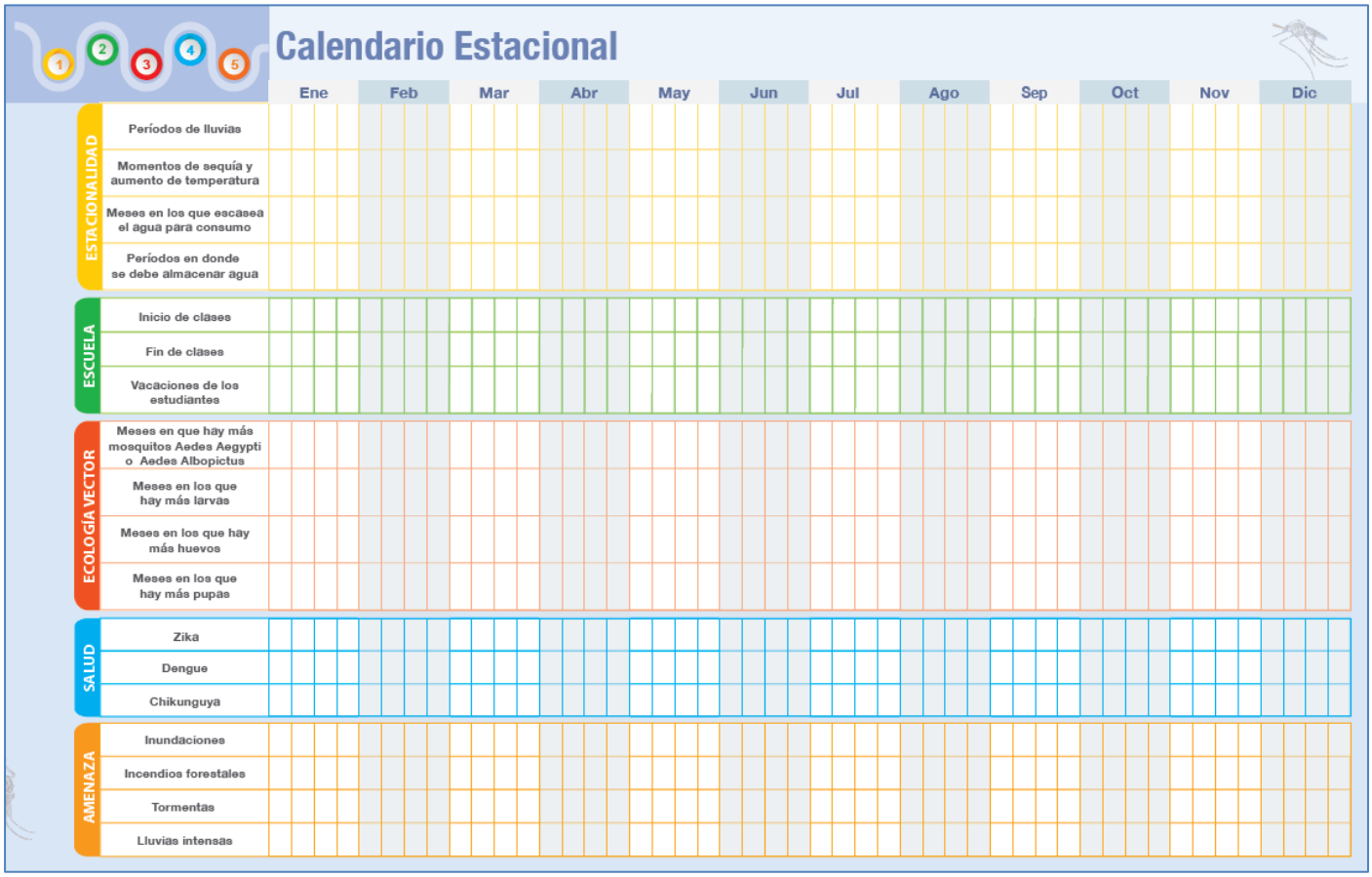
A Red Cross volunteer in Brazil checks a potential Aedes breeding site. Source: IFRC

In Colombia, vector control has been a priority since 2009 due to the high prevalence of dengue in the country. The National Society's work has involved a high number of well-trained volunteers. Significant work has been developed in the Neiva Department where the strategy has been based, on the one hand, on improving the quality of water storage, and on the other, on the work with recycling groups.

In Guatemala there has been a good interaction between vector control and community communication activities – a feature shared by most National Societies that have worked in cooperation with health or environmental authorities trying to align the intervention with local and national public policies. It is also important to note the Nicaraguan Red Cross' support to the SINAPRED's (Sistema Nacional para la Prevención Mitigación y Atención de Desastres – National System for Prevention and Mitigation of Disasters) vector-control strategy.

In regional terms, besides offering technical support, the Zika operation team has helped to develop several medium-term actions:

- Adapting the *Module for community work in the prevention of Zika, Dengue and Chikungunya* to the regional context.
- Preparing an *Aedes Seasonal Calendar*. This tool will help volunteers to determine the impact of seasonal variations on vector behaviour and its relation to entomological and epidemiological surveillance. The aim is to reinforce vector search and case detection.
- Preparing the *Guidelines for change actions in vector control*. The purpose of this resource is to provide standards for actions and help National Societies to develop good practices.



The Aedes Seasonal Calendar is a tool developed by the Zika Operations Team to assist National Societies, their volunteers, and communities to identify, based on local knowledge, the times when their community might most be vulnerable to the Aedes vector and empower them to take community based action.

Challenges in reaching outcome 2

- Incorporating the measurement of the larval index into the National Societies epidemiological surveillance through the implementation of larvae traps and egg traps systems linked to geolocation systems will need to be done to measure impact.
- Training in Aedes for volunteers should be improved. It is necessary to understand the vector's ecology and biology in order to design efficient control strategies.
- Focus needs to be given to fostering alliances with Secretaries of Health and Environment for exchanging knowledge and improving the entomological approach
- Humanitarian access is still a complex issue in some areas of Colombia and El Salvador due to violence, which has hindered some community approaches.

Progress Outcome 3

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 psychological 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	
Safe blood donation protocols adapted to Zika virus.	2
# of donors tested for Zika.	4598
# of NS members trained in safe blood donation and Zika.	15
# of Zika-free blood bags.	1253
# of prisons where interventions were carried out.	5
# of hospitals/health centres where interventions were carried out.	11
# of business/companies where interventions were carried out.	18
# of PS sessions in particular settings.	44
# of awareness-raising sessions focused on fighting stigma and discrimination in particular settings.	17
# of staff members and volunteers trained in health and safety for Zika-related activities.	1200
% of volunteers participating in the Zika response that have insurance coverage.	1200
% of volunteers participating in chemical vector-control activities trained in personal protective measures.	216
% of male volunteers participating in community activities using adequate protection.	1200
# of pregnant women reached with information sessions on Zika-related risks.	1997
# of women of reproductive age reached with information on Zika.	32779
# of kits distributed with items for pregnant women.	1309
# of kits distributed with items for at-risk populations.	603380
# of pregnant women participating in PS activities in affected communities.	453
# of affected women participating in support or self-help groups within a specific period of time.	266
Output 3.2: Affected National Societies have the resources and the competence to mobilise volunteers for well-defined, comprehensive and evidence-based psychological support activities among affected and at-risk communities	
# of staff members and volunteers trained in PS.	361
# of families facing the negative results of Zika-affected pregnancies (microcephaly, miscarriage, stillbirth) participating in sessions on coping strategies.	82
# of awareness-raising sessions carried out with strategic partners and communities and focused on fighting stigma and discrimination.	18

Intervention 6. Blood safety
Only Colombia Red Cross has been carrying out this intervention. Colombian Red Cross has made efforts to create specific protocols for handling blood, which have resulted in more than 4,500 donors and 1,200 Zika-free blood units.

Intervention 7. Protection in particular settings
With regard to protection in particular settings, there have been interventions in 6 prisons, where information on Zika virus prevention have been provided to inmates in Brazil, Colombia and Dominican Republic. In Dominican Republic, the National Department of Corrections has joined the Plan of Action against Dengue and Zika implemented by the Dominican Red Cross with more than 25,000 inmates. The approach to working with prison inmates has not only been limited to the spread of information. In the Dominican Republic for example agreements were established with the prison system and brigades were set up of inmates and staff who were informed of risks and then given the materials to act within their system (brooms, cleaning materials, rakes etc.).

Hospitals have also been included in the interventions. Fourteen (14) Hospitals in Bolivia, Colombia, Nicaragua, Venezuela and Paraguay ─ some of them already belong to the National Societies' health service network ─ have joined the Red Cross campaign against Zika virus infection and have become platforms for approaching issues such as sexual and reproductive health and psychosocial support.

Intervention 8. Staff and volunteer safety
This is a cross cutting activity for IFRC and National Society ensuring that staff and volunteers can carry out their activities while ensuring their safety and security. A standard operation procedure was developed to cover staff and volunteer safety within this operation. 1200 volunteers have been provided with insurance coverage. Efforts to ensure

full coverage are on-going. Volunteers that participate in chemical vector control are trained in the use of personal protective equipment.

Intervention 9. Information and commodities for pregnant women in Zika affected countries

The operation has a sought to take a community approach that links with Health Centres or Basic Health Units. A high number of these primary Health Units have been closely involved in the work developed by Red Cross branches in the Americas, equipping pregnant women and women of childbearing age with the knowledge to adopt behaviours to prevent Zika virus transmission and infection. Paraguay, Guatemala and Bolivia are good examples of this cooperation. This strategy has allowed 2,000 pregnant women to be aware of the risks posed by Zika virus during their pregnancy. Around 32,000 women of childbearing age have been informed of the risks posed by Zika through the promotion of sexual and reproductive health and family planning messages adapted to the local context.

Intervention 10. Psychosocial support for affected families

The long-term neurological effects and consequences of Zika virus infection are of primary concern in the spread of this disease. Microcephaly and other neurological conditions cause at risk populations to be scared and sufferers to be stigmatized. It is therefore a priority for the Operation to develop actions for providing psychological support for at-risk and most vulnerable populations. Around 1,000 women have taken part in PS activities developed from a clinical or preventive approach.

Highlights of National Society engagement in psychosocial work have been:

- The action of the Brazilian Red Cross and local health authorities in the state of Paraiba[14] has been focused on providing psychological assistance to mothers of babies with microcephaly. The *Alvorecer* (dawning) strategy offers comprehensive heath assistance to mothers and babies with microcephaly, including psychosocial support. This activity was facilitated by the close collaboration between local health authorities and the Brazilian Red Cross Joao Pessoa branch (Paraiba).

- In Guatemala, work has been targeted at groups of mothers and at risk pregnant women. This approach is based on prevention and it is being developed in the municipality of Coatepeque.

- In Paraguay, the training for health workers has been focused on ensuring that health assistance contributes to the elimination of stigma and improving Zika virus knowledge among health workers as well as the psychological assistance provided to patients.

A psychosocial support session for women with babies affected by Zika in Brazil. Source: Brazilian Red Cross.

The Operation is also developing two tools at the regional level:

- Drafting of the *Psychological support and Zika in the Americas: the Red Cross Response* document, which aims to collect practices and experiences in the region and become a qualitative baseline study.

- Development of the Volunteer guide for *psychological support and Zika*, which will allow to standardize approaches and provide volunteers and technical teams with technical guidelines for psychological support.

Challenges in reaching Outcome 3

[14] Paraiba is the second state in Brazil with the largest number of microcephaly cases. According to the Ministry of Health, more than 800 cases have been reported and 60 cases have been confirmed. 400 cases remain under investigation.

- Enhancing the link between primary health services and community health services for at risk population to achieve a better training for local health workers and a better integration of local and branch systems.
- Improving the sexual and reproductive strategy and implementing family planning measures as the core of health promotion and Zika prevention messages for at risk population.
- Creating a global or regional guideline for helping National Societies to define their psychosocial approaches to Zika related issues.
- Enhancing advocacy actions to improve social protection mechanisms, especially for women and babies afflicted by the disease.
- Adapting tools and intervention models to a wide range of local contexts in the Americas.
- Promoting a greater exchange of knowledge and experiences among National Societies.

Progress Outcome 4

National Society Institutional Preparedness and Capacity Building
Outcome 4: The National Societies of the Red Cross increase their capacity to deliver on programmes and services in future disasters
Output 4.1: National and local branch response teams are prepared to respond to crisis and emergencies

Strengthening capacities of National Societies is a fundamental aspect of this and all Red Cross operations. This operation has worked to build not just short term approaches to Zika, but appropriate medium-term interventions that are targeted at Zika but have application outside of this outbreak alone.

The Operation has helped to strengthen 5 areas of institutional capacity:

1. *Increasing the number of trainings in community health and*
   The Zika Operation Team has collaborated with the Centro de Referencia Institucional en Preparación para Desastres (CREPD Red Cross Disaster Preparedness Reference Centre) to develop a ToT package named *"Instructor Certification Course in Sanitation and Hygiene Promotion, Psychosocial Support in Emergencies and Epidemic Control for Volunteers, with emphasis in Zika response".* This training module has been given in Central America, Brazil and partially in Paraguay and Colombia (including the Bolivia and Venezuela Red Cross). More than 80 instructors have been certified to date. This tool is going through an improvement process and it is the foundation of the training work developed by CADRIM within the IFRC / USAID project in the English-Speaking Caribbean.

   In addition more than 3,000 volunteers have been involved in the response operation; of these, more than 2,000 have taken part in new training and technical update processes.

2. *Strengthening National Society branches as first responders.*
   118 offices, committees or branches have taken part in the Operation. This Operation has promoted an operational decentralization, favouring the development of branches and promoting the community health agenda. Brazil, Bolivia, Paraguay, Nicaragua and Panama are good examples of this process.

3. *Enhancing the auxiliary role of the National Societies within National health structures.*
   The success of Red Cross National Society campaigns and activities in the region was facilitated by close coordination with national and local governmental bodies in the health sector. For example, approximately 250 municipalities and/or districts have been involved in the Zika response through engagement with Red Cross National Societies and their branches.

4. *Creating health networks of national and local partners.*
   The Operation has reinforced the network between National Societies and health local authorities. Brazil, Guatemala, El Salvador, Paraguay. It is clear from follow up missions that the National Societies have increased their dialogue and coordination with health networks and partner and local level.

5. *Providing financial, planning, monitoring, evaluation and reporting support and administrative advice.*

   Each National Society 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.

Each National Society received distance training in the Operation's planning, monitoring and reporting tool. Brazil, Colombia and Bolivia received *in situ* training.

Progress Outcome 5-7

Quality programming
Outcome 5: The management of the operation is informed by a comprehensive monitoring and evaluation system
Output 5.1: Establishment of IFRC Regional Vector Control Diseases follow up team
Output 5.2: Continued and detailed assessment and analysis are used to inform the design and implementation of the operation at the national level
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
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

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. Between March and October, eight follow-up missions have been carried out in Guatemala, El Salvador, Panama, Venezuela, Colombia, Bolivia, Brazil and Paraguay. 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. The Operation has also been in close contact with the National Societies' Zika Focal Points, the General Directors and the IFRC Head of Clusters to ensure a coordinated approach to the various agendas, priorities, projects and subjects.

The Regional Operation continues to build tools[15] 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 PMR Unit and the Health in Emergencies Unit in the overarching tool that National Societies utilise to monitor the progress of the operation.

The Operation is organizing the *"Zika Response in the Americas: the Red Cross* experience" meeting for sharing lessons learnt. More than 15 National Societies, the CADRIM, the CREPD and other organizations (UNICEF, PAHO, Save the Children, University of Quindío) will take part in this exercise to share experiences and reflections.

A *Real Time Evaluation* of the Operation is planned at a global level and will take place before the end of the operation.

The approach on gender and vulnerable populations has been a priority, as previously shown in the figures.

Communication Advocacy and Public Information

Significant work had been conducted within towards enhanced internal and external communications. This has included:

- The development of a website www.cruzroja-zika.org currently being revised. This website was launched to promote the activities of the operation in the Americas as well as to provide a communications and learning platform for IFRC Zika actions in the Americas.

- The production of six short films accessible on Youtube and the Americas Zika website. These videos document the activities and challenges within the operation. They have been shown at multiple meetings with partners including Ministries of Health that have discussed messages from communities shown in the films.

- National Societies and other actors in the region base information management on the analysis of epidemic data and the development of regional products, which are shared. An information management system to process Zika virus data is being developed and it will be linked to public communication products as an advocacy strategy.

[15] The ZIKA radio program, the www.cruzroja-zika.org website and the newsletter and videos produced every month contribute to strengthen the exchange of experiences among National Societies.

- The knowledge and learning area of the website is aimed at the public and includes online training. More than 400 people have had access to online Zika training to date.

- The Operation produces bulletins and press releases on a regular basis and is engaged in social media. The Communications team in the Americas Regional Office has supported social media presence on twitter through tweets from @IFRC_es and using hashtag #ZikaVirus

- The materials produced by National Societies and IFRC are shared on the global Zika Communication Network Platform shared by partners working in Zika from UN, Save the Children, PAHO, CDC and others working in community engagement and risk management. To date IFRC has loaded up 31 resources and National Societies have loaded 13 resources. All uploaded resources are reviewed before publication based on the Risk Communication and Community Engagement Guidance developed in March with input from IFRC at the global level.

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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 Disaster 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDR42003 - Zika Virus Disease Global Response

Timeframe: 01 Feb 16 to 30 Sep 17

Appeal Launch Date: 01 Feb 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-10	Programme	MDR42003
Budget Timeframe	2016/2-2017/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			**7,483,112**			**7,483,112**	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross			*1,358,182*			*1,358,182*	
Finnish Red Cross			*49,862*			*49,862*	
Japanese Government			*162,847*			*162,847*	*34,567*
Japanese Red Cross Society			*43,830*			*43,830*	
On Line donations (from Australia - Private Donors)*			*4*			*4*	
On Line donations (from Canada - Private Donors)*			*3*			*3*	
On Line donations (from China - Private Donors)*			*2*			*2*	
On Line donations (from France - Private Donors)*			*1*			*1*	
On Line donations (from Great Britain - Private Donors)*			*9*			*9*	
On Line donations (from Kuwait - Private Donors)*			*1*			*1*	
On Line donations (from Singapore - Private Donors)*			*1*			*1*	
On Line donations (from Switzerland - Private Donors)*			*1*			*1*	
On Line donations (from Unidentified donor)*			*1*			*1*	
On Line donations (from United Arab Emirates - Private Donors)*			*10*			*10*	
On Line donations (from United States - Private Donors)*			*33*			*33*	
Red Cross of Monaco			*16,481*			*16,481*	
Swedish Red Cross			*59,670*			*59,670*	
The Canadian Red Cross Society			*72,691*			*72,691*	
The Canadian Red Cross Society (from Canadian Government)*			*153,083*			*153,083*	
The Netherlands Red Cross (from Netherlands Government)*			*272,253*			*272,253*	
C1. Cash contributions			***2,188,963***			***2,188,968***	***34,567***
C. Total Income = SUM(C1..C4)			**2,188,968**			**2,188,968**	**4,838,017**
D. Total Funding = B +C			**2,188,968**			**2,188,968**	**4,838,017**

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			2,188,968			**2,188,968**	**4,838,017**
E. Expenditure			-1,618,181			**-1,618,181**	
F. Closing Balance = (B + C + E)			570,787			**570,787**	**4,838,017**

Disaster Response Financial Report

MDR42003 - Zika Virus Disease Global Response

Timeframe: 01 Feb 16 to 30 Sep 17

Appeal Launch Date: 01 Feb 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-10	Programme	MDR42003
Budget Timeframe	2016/2-2017/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL
	A						B	A - B
BUDGET (C)				**7,483,112**			**7,483,112**	
Relief items, Construction, Supplies								
Clothing & Textiles	30,637			26,457			**26,457**	**4,180**
Food				1,297			**1,297**	**-1,297**
Water, Sanitation & Hygiene	573,253			46,012			**46,012**	**527,241**
Medical & First Aid	1,667							**1,667**
Teaching Materials	82,904			72,901			**72,901**	**10,004**
Utensils & Tools	1,335			1,337			**1,337**	**-3**
Other Supplies & Services				2			**2**	**-2**
Total Relief items, Construction, Sup	689,797			148,006			**148,006**	**541,791**
Land, vehicles & equipment								
Land & Buildings	900							**900**
Computers & Telecom	19,057			10,657			**10,657**	**8,400**
Office & Household Equipment	20,000							**20,000**
Total Land, vehicles & equipment	39,957			10,657			**10,657**	**29,300**
Logistics, Transport & Storage								
Storage	918							**918**
Distribution & Monitoring	14,661			14,215			**14,215**	**446**
Transport & Vehicles Costs	33,253			15,224			**15,224**	**18,029**
Logistics Services	8,963			8,963			**8,963**	**0**
Total Logistics, Transport & Storage	57,795			38,402			**38,402**	**19,393**
Personnel								
International Staff	946,035			278,369			**278,369**	**667,666**
National Staff	234,115			66,901			**66,901**	**167,214**
National Society Staff	178,768			54,934			**54,934**	**123,834**
Volunteers	76,836			11,602			**11,602**	**65,234**
Other Staff Benefits	24,827			15,522			**15,522**	**9,305**
Total Personnel	1,460,581			427,327			**427,327**	**1,033,254**
Consultants & Professional Fees								
Consultants	311,765			53,830			**53,830**	**257,935**
Professional Fees	46,733			13,458			**13,458**	**33,275**
Total Consultants & Professional Fee	358,498			67,288			**67,288**	**291,210**
Workshops & Training								
Workshops & Training	3,175,711			133,531			**133,531**	**3,042,180**
Total Workshops & Training	3,175,711			133,531			**133,531**	**3,042,180**
General Expenditure								
Travel	687,824			169,703			**169,703**	**518,120**
Information & Public Relations	146,654			62,804			**62,804**	**83,850**
Office Costs	37,391			10,670			**10,670**	**26,721**
Communications	21,773			4,753			**4,753**	**17,020**
Financial Charges	7,536			9,306			**9,306**	**-1,770**
Other General Expenses	392			319			**319**	**74**
Shared Office and Services Costs	273,031			78,106			**78,106**	**194,925**
Total General Expenditure	1,174,600			335,661			**335,661**	**838,939**
Operational Provisions								
Operational Provisions				345,698			**345,698**	**-345,698**
Total Operational Provisions				345,698			**345,698**	**-345,698**
Indirect Costs								

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Timeframe: 01 Feb 16 to 30 Sep 17

Appeal Launch Date: 01 Feb 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-10	Programme	MDR42003
Budget Timeframe	2016/2-2017/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)				**7,483,112**			**7,483,112**	
Programme & Services Support Recove	452,201			97,927			**97,927**	**354,274**
Total Indirect Costs	452,201			97,927			**97,927**	**354,274**
Pledge Specific Costs								
Pledge Earmarking Fee	60,972			10,983			**10,983**	**49,989**
Pledge Reporting Fees	13,000			2,700			**2,700**	**10,300**
Total Pledge Specific Costs	73,972			13,683			**13,683**	**60,289**
TOTAL EXPENDITURE (D)	**7,483,112**			**1,618,181**			**1,618,181**	**5,864,931**
VARIANCE (C - D)				**5,864,931**			**5,864,931**	

Disaster Response Financial Report

MDR42003 - Zika Virus Disease Global Response

Timeframe: 01 Feb 16 to 30 Sep 17

Appeal Launch Date: 01 Feb 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-10	Programme	MDR42003
Budget Timeframe	2016/2-2017/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	7,483,112		2,188,968	2,188,968	1,618,181	570,787	4,838,017
Subtotal BL3	7,483,112		2,188,968	2,188,968	1,618,181	570,787	4,838,017
GRAND TOTAL	**7,483,112**		**2,188,968**	**2,188,968**	**1,618,181**	**570,787**	**4,838,017**