

Emergency appeal operations update

Zika – Focus on the Americas

Emergency appeal n° MDR42003		GLIDE n° EP-2015-000175
Operations update n° 4: 16 August 2017		Timeframe covered by this update: March 2016 – April 2017
Emergency Appeal operation start date: 1 February 2016		Timeframe: February 2016 – December 2017 (Revised from 20 to 24 months)
Appeal budget: CHF 6,991,574	DREF initially allocated: CHF 200,00	Donor response: 100%; The IFRC on behalf of all supported National Societies thanks all the 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 directly 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: Ministries of Health from affected countries, Pan American Health Organization/World Health Organisation (PAHO/WHO), UN partners (UNOCHA, UNDP, UNICEF, UNESCO), the Caribbean Public Health Agency (CARPHA), the Inter-American Development Bank, Save the Children, REDLAC, USAID, HC3, Anthrologica.		
<i>This 12-month report reflects progress against the objectives as well as a revised budget to reflect changes within budgetary lines. The Haiti Red Cross Society began responding to the Zika outbreak in April 2017 through support made available from USAID within this Emergency Appeal. Their work is coordinated from the IFRC Caribbean Cluster office and a revised budget supports their inclusion in this Operation. In addition, the appeal has been extended for an additional 4 months (ending on 31 December 2017). It is expected that any remaining activities after December will be integrated into the 2018 Operational Plan for the Caribbean countries. This 12-month report reflects progress against the objectives as well as a revised budget of 6,991,574 Swiss francs to reflect changes within budgetary lines.</i>		

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
- 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
- September 2016:** The Caribbean Region, following continued spread of the Zika virus through the region joins the response to the outbreak through this Emergency Appeal.
- November 2016:** WHO declares that the Zika virus outbreak is no longer a Public Health Emergency of International Concern (PHEIC). However, Zika continues its global spread and communities continue to be impacted by the outcomes of the virus.
- February 2017:** The Emergency Appeal is revised with to a budget of CHF 7,483,112.
- August 2017:** 12-month operation update issued featuring a revised budget of CHF 6,991,57 and a timeframe extension until December 2017.



Photograph 1 A Brazilian Red Cross volunteer educated a community member on Zika in Alagoas State, Brazil. Source: BRC.

Situation Update

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

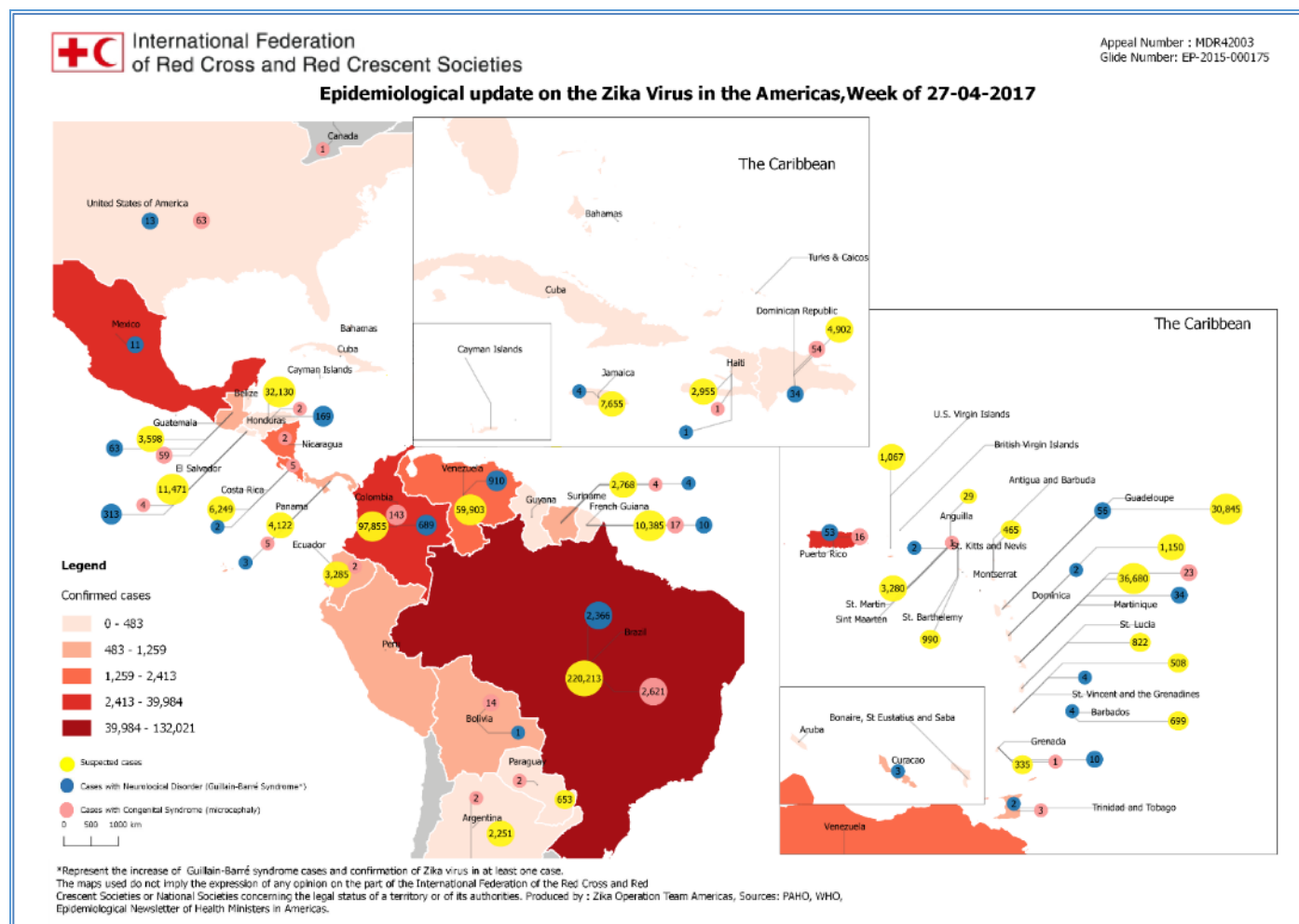
Symptoms of Zika infection are usually mild and last for two to seven days. Symptoms include mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache. It has been estimated that only one in five people infected with the virus will show any symptoms. Potential outcomes of the disease are more worrying. There is a proven link between microcephaly as well as other neurological manifestations (together called "congenital Zika virus syndrome") and Zika infection in pregnancy. Additionally, significant increases in Guillain-Barre Syndrome (GBS) seen in countries with large-scale Zika virus outbreaks are considered a rare outcome of Zika virus.

Following a Zika virus outbreak in Brazil in 2015, the virus has been steadily spreading around the globe in areas where the *Aedes* mosquito is present. As of the last situation report issued by the World Health Organization (WHO) on the 10th of March 2017, 84 countries reported evidence of Zika transmission. Forty-eight (48) countries in the Americas have reported local transmission of Zika since the beginning of the outbreak (Map 1).

As of the last WHO situation update, 31 countries globally and 24 in the Americas have reported microcephaly or central nervous system (CNS) malformation believed to be associated with congenital Zika virus infection. GBS associated with the Zika virus has been observed in 23 countries, 22 from the Americas region.

It is expected that Zika virus will remain a significant enduring public health challenge requiring intense action.

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



Coordination and partnerships

Movement Coordination

The Americas region has coordinated 20 Red Cross National Societies to align response, monitoring and evaluation and continue to apply emerging evidence across technical areas. The IFRC and Red Cross National Societies have partnered with and drawn on the technical support of multiple Red Cross and Red Crescent regional and global reference centres including:

- Centro de Referencia en Preparación Institucional para Desastres (CREPD)
- Caribbean Disaster Risk Management Reference Centre (CADRIM)
- The Reference Centre for Psychosocial Support (PS Centre)
- Red Cross Red Crescent Climate Centre

External Partners and Stakeholder Coordination

National Societies have taken advantage of their auxiliary role to form technical and implementing partnerships with Ministries of Health and associated local health authorities, Ministries of Education and schools, and other government bodies.

At regional and global levels, Red Cross Red Crescent has partnered with

- UN Partners including United Nations Development Programme (UNDP), United Nations International Children's Emergency Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO) and UN OCHA (United Nations Office for the Coordination of Humanitarian Affairs).
- US Agency for International Development (USAID)
- Save the Children USA
- Educational and research institutions including the IS Global Institute Barcelona (ISGLOBAL), John Hopkins University, Georgia University and the University of West Indies
- International Research Consortium on Dengue Risk Assessment, Management and Surveillance (IDAMS)
- Public health and outbreak focused institutions including The World Health Organisation (WHO), Pan American Health Organization (PAHO), Centre of Disease Control (CDC) and Caribbean Public Health Agency (CARPHA)
- SC Johnson

In the last 6 months, the highlights of coordination with partners in the Americas have included:

- The shift of the Zika response in Latin America to a recovery and programmatic phase. Together, Save the Children and IFRC are being supported by USAID to implement the Community Action for Zika (CAZ) project in Colombia, Nicaragua, Honduras, El Salvador and Dominican Republic).
- The shift of the Zika response in the Caribbean towards a programmatic phase. The aim will be to seamlessly move from response phase to a longer term and more sustainable programmatic phase at the end of the appeal with the continued support of USAID.
- The UNDP and the IFRC Regional Office in conjunction with the Barcelona Institute for Global Health (ISGLOBAL) and the Johns Hopkins University released the report for "[The Socioeconomic Impact of Zika Virus in Colombia, Suriname and Brazil](#)" This report was launched in New York in April 2017 reaching 800 million of people worldwide.
- IFRC provided logistical support and participated in the Zika Risk Communication Workshop led by USAID in Panama in November 2017 supporting decision makers from Ministries of Health from six countries to meet with community engagement partners (including Save the Children, UNICEF and others) and PAHO to develop messaging plans and ideas for the ongoing Zika outbreak.
- Through partnership with IDAMS and the Red Cross Red Crescent Climate Centre IFRC launched the Zika, Dengue Chikungunya Toolkit in English and Spanish. The Toolkit and its associated reference guides for community and school aged children lead groups through education, prevention of transmission and elimination of breeding sites and are being used in the Americas and Asia Pacific.

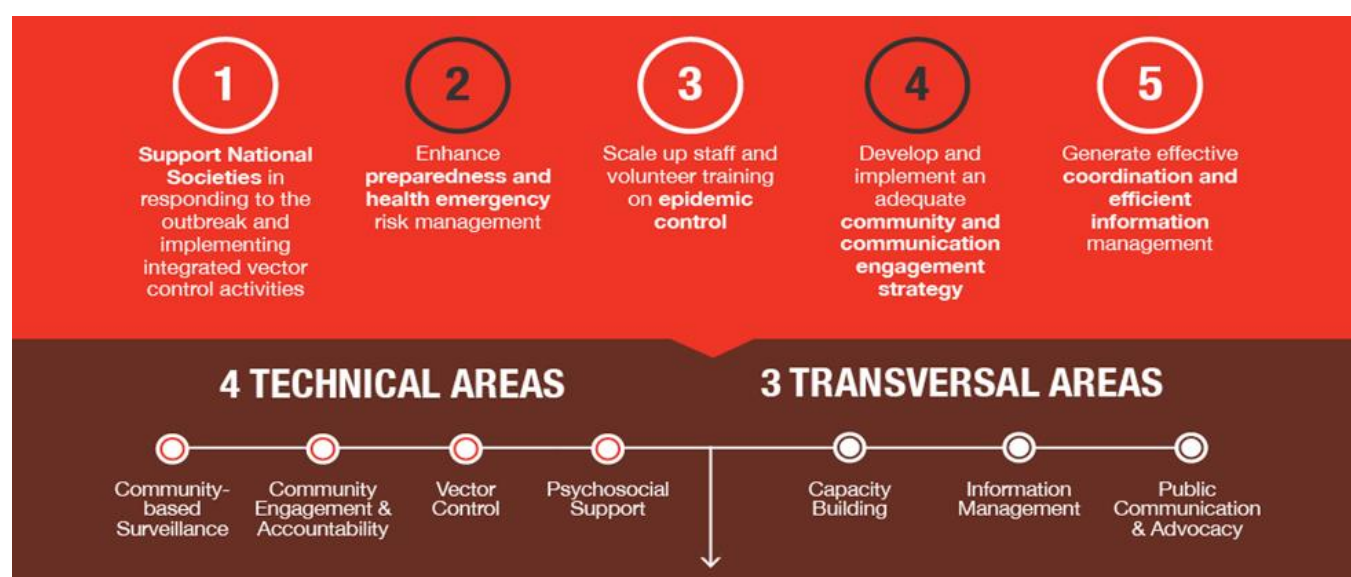
Operational Implementation

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

Overview

Ten National Societies in Latin America have completed their planned response actions in response to the Zika virus outbreak with resources from the Emergency Appeal. The Zika Operation in Latin America has administered CHF 2.7 million. In September 2016, USAID confirmed support for Zika response in the English-speaking Caribbean through 10 National Societies, providing an additional USD 4.86 million.

Figure 1. Overview of the Zika Operation



By April 2017, over **300,000 people** (275,976 people in Latin America and 50,468 in the English-Speaking Caribbean) **have benefited directly from the Zika Operation in the Americas, and 6.7 million people** (6.5 million in Latin America and 215,000 in the Caribbean) **have been reached indirectly**. Over 200 Red Cross branches/committees have responded with the support of more than 3,600 volunteers. Key figures from each country in the Zika response are in Table 1.

Table 1. Key figures - Zika Operation

Countries supported	People reached directly	Volunteers activated	Branches/Committees
Brazil	64.000	730	40
Colombia	29.102	2.018	60
Guatemala	23.765	65	7
El Salvador	56.191	25	60
Nicaragua	10.000	15	1
Paraguay	21.468	260	12
Panama	36.175	70	5
Bolivia	20.000	118	5
Peru	15.275	14	3
Venezuela	----	----	----
Sub-total Latin America	275.976	3.315	193
Antigua and Barbuda	1629	33	2
Barbados	0 (indirect messaging thus far)	5	1
Dominica	2979	31	3
Grenada	29059	37	1
Guyana	4573	16	1
Jamaica	9741	26	8
Saint Lucia	423	31	1
St Vincent and the Grenadines	332	26	2
St Kitts and Nevis	0 (indirect messaging thus far)	17	2
Trinidad and Tobago	616	30	3
Sub-total Caribbean	50,468	312	23
TOTAL AMERICAS	326,444	3,627	216

Specific tools for Vector Control, Community Based Surveillance (CBS), Community Engagement and Accountability (CEA), and Psychosocial Support (PSS) have been developed at the regional level to support the National Societies. These tools have been used within this response by National Societies and are being used beyond operation in the programmatic response to Zika in the Americas and globally. Following the lead taken by the Latin American regional Zika Operation team, the English-speaking Caribbean, managed from the IFRC Port of Spain Cluster Office has aligned their response, learning from and adapting best practices.

The capacity building of volunteers and National Societies is a priority for the operation in the Americas. More than 2,800 volunteers and Red Cross staff members have been trained in this Operation in subjects including vector control,

epidemic control, psychosocial support, and the basics of Zika. The regional alliance between the Reference Centre for Institutional Disaster Preparedness (CREPD by its Spanish acronym) and the Regional Zika Operation led to 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 training, implemented first as a Training of Trainers (TOT) and then cascaded down through National Societies to volunteers has certified 247 instructors (187 in Latin America and 60 in the Caribbean).

The Operation has contributed to global and regional and utilised this evidence for advocacy. The UNDP and the IFRC Regional Office lead a regional study in conjunction with the Barcelona Institute for Global Health (ISGLOBAL) and the Johns Hopkins University. The report from this study, *“The Socioeconomic Impact of Zika Virus in Colombia, Suriname and Brazil”*¹ was launched in New York in April 2017 and reached 800 million of people worldwide. The study determined that the socio-economic cost of the Zika virus in Latin America and the Caribbean will total an estimated 7-18 billion US dollars between 2015 and 2017.

The English-Speaking Caribbean has completed Knowledge, Attitudes and Practices (KAP) survey in all ten implementing countries. The report, *“Knowledge, Attitudes and Practices around Zika in the Caribbean”*² was shared with global stakeholders and partners through the Zika Communications Network, and presented to the Caribbean Public Health Agency (CARPHA) to inform ongoing regional efforts to combat Zika in the Caribbean.

The public communications unit within the Zika Operation has developed a Zika Operation focused website³. This regional platform provides public access to information, communications and knowledge exchange for Zika-related subjects. The *“Fighting Zika”* radio program is broadcast in partnership American Red Cross radio every week. Communication and advocacy is enhanced through an information management system⁴.

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

The Zika Operation in Latin America met the needs of at-risk populations through the distribution of 430,488 repellents in 12 countries through a partnership with SC Johnson. In addition, 15,600 mosquito nets were distributed. Both commodities were distributed with information to the public about reducing personal risk of infection and transmission of Zika through protection from the *Aedes* mosquito.

The Zika Operation has leveraged the successes of the operation to secure additional financial support for the region in the response to the ongoing threat of Zika and vector borne diseases. This has resulted in strategic partnership with Save the Children USA securing 6.8 million US dollars from USAID to support the Community Action for Zika (CAZ) project with National Societies in Colombia, Dominican Republic, El Salvador, Honduras and Nicaragua until September 2019.

The response to Zika in the English speaking-Caribbean is ongoing under this appeal. As with the operation in Latin America, there are plans to shift the response within long-term development plans for the region utilising ongoing support and partnership with USAID, Ministries of Health and other local and regional stakeholders.

The Operation has succeeded in revitalising the Regional Health and Care Unit in the Americas Regional Office through resource mobilization, human resources, programming and strategy.

Progress Against Outcomes

The expected outcomes of the Zika Operation are:

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

¹ <http://www.ifrc.org/Global/Photos/Secretariat/201702/UNDP-Zika-04-03-2017-English-WEB.pdf>

² <http://www.zikacommunicationnetwork.org/resources/knowledge-attitudes-and-practices-survey-report-english-speaking-caribbean>

³ www.cruzroja-zika.org

⁴ <https://app.klipfolio.com/published/dd6e7e42c715fb5505467e190d1aa685/zika-operation>

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

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

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.

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

National Societies in the Americas developed plans based on ten key interventions to meet Outcomes 1-3. These include risk communications to the general public, community based surveillance (CBS), community “clean up” campaigns, household personal protection, chemical vector control, blood safety, protection for particular settings, staff and volunteer safety, information and commodities for pregnant women in Zika affected countries, and psychosocial support for affected families. National Societies implemented combinations of these as described in Operations Updates and the [Revised Plan of Action](#) released in February 2017. Outcomes 5-7 were cross-cutting and were coordinated and supported by the IFRC regional office in the Americas and the Port of Spain Cluster Office in the Caribbean and the IFRC Health Department in the Geneva Secretariat.



Photograph 2 Volunteers and staff of Guyana Red Cross check water storage for mosquito larvae. Source: IFRC.

Progress Outcome 1

Health and Care ⁵			
	Latin America	Caribbean	Total
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	8	152
# of districts implementing Zika response interventions.	95	127	222
# of male volunteers implementing Zika-related activities.	620	92	712
# of female volunteers implementing Zika-related activities.	788	163	951
Output 1.1: National Societies provide the general public with information on the Zika virus			
# of developed and implemented CEA plans.	10	1	11
# of interactive radio spots and programs produced and broadcasted (# broadcasting).	275	1	276
# of people reached through mass media campaigns (radio and television).	6,500,000	215,000	6,715,000
# of people reached through social media campaigns.	1,780,000	52,482	1,832,482
# of households reached with Zika prevention measures through volunteer visits	-	8,907	8,907
Output 1.2: National Societies strengthen capacity in early detection of outbreaks and reporting of cases⁶			
# of districts implementing community-based surveillance activities.	45	0	45
# of districts actively implementing case monitoring.	8	0	8
# of reported events.	53	0	53
# of reported events which resulted from the investigation of cases.	26	0	26
# of cases being actively followed up.	26	0	26
# of male volunteers trained in community-based surveillance.	1100	0	1100
# of households where community-based surveillance activities are being carried out.	39,670	0	39,670

Intervention 1. Risk Communication to the general public

Community engagement through public messaging continues to be the strongest pillar of the Zika Operation in the Americas. National Societies in Latin America were supported to develop ten Community Engagement plans and through carrying out these plans more than 6.5 million people received timely information on key messages.

National Societies and IFRC shared the unique and context appropriate interventions with partners through the Red Cross Zika website and the Zika Communications Network including, radio spots, posters, short educational videos for sharing on social media, brochures and billboards.

In January 2017, IFRC developed the #GanaleAlZika (in English, #BeatZika) video along with a user guide for community use to generate community dialogue and collect and dispel rumours among affected populations⁷. The video and associated guide is available in English and Spanish for use by volunteers, community health workers, community leaders, teachers, and other stakeholders.

Communications materials developed for Latin America were translated and adapted for the English-Speaking Caribbean while drawing on key messages developed by CARPHA and national



Photograph 3 Animation Video Poster

⁵ Latin American and Caribbean parts of the Zika Operation are collecting slightly different data based on variances in programme design. Data is reported for both where available.

⁶ National Societies in the Caribbean, are currently not engaged in community based surveillance of Zika disease outcomes due to low case numbers and low laboratory capacity for referral, however are beginning community level vector surveillance in 2017.

⁷ <https://youtu.be/WQB1SSe6wzs>

health Ministries. Private partnerships have been utilised to reach the wider public including a partnership with Digicel, allowing for text blasts to be sent to mobile customers in Barbados with key Zika messages for 14 weeks.

Between December and May 2017, the Port of Spain Cluster Zika team worked in partnership with CADRIM to adapt and use the WHO KAP survey in 10 implementing countries. The survey focused on existing beliefs and behaviours around Zika prevention and awareness in the Caribbean and informs the behavioural and community engagement interventions within the Zika response. The report, *“Knowledge, Attitudes and Practices around Zika in the Caribbean”*⁸ was shared with global stakeholders and partners through the Zika Communications Network, and presented to the Caribbean Public Health Agency (CARPHA) and to USAID community engagement partners to inform ongoing regional efforts to combat Zika in the Caribbean.

Intervention 2. Community Based Surveillance

Community Based Surveillance (CBS) activities have continued throughout the Zika operation in Latin America. Thus far 39,670 households have been involved in surveillance activities.

The development and adaptation of tools for community based surveillance in Zika is challenging because many people will be asymptomatic or have only mild symptoms. Treatment only deals alleviates the symptoms of the disease and for many testing is not possible through local health clinics. However, for pregnant women and their partners Zika remains a concern. Community Based Surveillance in the Zika Operation has thus focused on the surveillance of the major risk factor for transmission – the vector.

Within the Zika operation in the Americas, the Guatemalan Red Cross developed community-based surveillance actions for Zika virus infection. Following this, the Panamanian Red Cross, the Salvadoran Red Cross and the Brazilian Red Cross, together with the IFRC, piloted a community-based monitoring and surveillance to combat Zika virus infection in peri-urban communities.

Using this experience following the transition of the Latin America part of the Operation to a programmatic response the Community Action for Zika team has produced the Protocol for Community Based Monitoring and Surveillance (Protocolo para la Vigilancia y Monitoreo Basado en la Comunidad) and an associated Guideline for Volunteer (Protocolo para la Vigilancia y Monitoreo Basado en la Comunidad – Guía Para Voluntarios).

The Caribbean has not yet incorporated community based surveillance within their response. As the Community Action for Zika team tests the tools their experiences will be shared and inform decisions on how to implement community based surveillance within the epidemiological context of the Caribbean.



Photograph 4. Protocol for Community Based Monitoring and Surveillance

⁸ <http://www.zikacommunicationnetwork.org/resources/knowledge-attitudes-and-practices-survey-report-english-speaking-caribbean>

Progress Outcome 2

Water, Sanitation and Hygiene promotion ⁹			
	Latin America	Caribbean	Total
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.	176	107	283
# of hours spent in chemical vector control.	126	0	126
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.	1,123	112	1,235
# of female volunteers trained in community-based vector control.	1,511	200	1,711
# of male volunteers implementing community-based vector-control activities.	388	82	470
# of female volunteers implementing community-based vector-control activities.	654	147	801
# of communities implementing community-based strategies for vector-control.	77	107	184
# of communities with current action plans such as “Comunidades libres de criaderos” (communities free of breeding sites) or community strategies for vector control.	159	8	167
# of follow-up visits for community action plans.	155	0	155
# of community-based clean-up campaigns carried out.	315	107	422
# of communities declared free of breeding sites.	184	59	243
# of households reached with interpersonal communication sessions on Zika prevention and reduction of vectors.	39,670	3,757	43,427
# of social influencers (traditional, religious or political leaders) at community level that are mobilised and trained in Zika prevention and vector control.	851	0	851
# of students reached with Zika prevention and vector control information.	32,154	4893	37,047
# of teachers reached with Zika prevention and vector control information.	2,632	94	2,726
# of schools where prevention and vector control activities were implemented.	315	45	360
# of households reached with larvicides.	4,666	0	4,666
# of community sites equipped with larvicides (abate).	158	0	158
# of households reached with spraying campaigns in their communities.	15,204	0	15,204
# of chemical vector-control workshops carried out in the NS.	162	0	162
# of male volunteers trained in chemical vector control	194	0	194
# of female volunteers trained in chemical vector control	170	0	170

Interventions 2,3,4. Community clean up campaigns, household and personal protection, and chemical vector control

National Societies across Latin America and the Caribbean have continued to engage existing and new Red Cross volunteers in vector control activities. Over 40,000 households have been reached with information about Zika prevention and vector control through trained 2,946 volunteers.

In November 2016, the IFRC, the Red Cross Red Crescent Climate Centre in the Netherlands and the Liverpool School of Tropical Medicine in the UK produced two teaching guides and an interactive toolkit for Zika, Dengue and Chikungunya Prevention. Using the support of the Emergency Appeal, the Latin America Zika Operation team translated and adapted the tool while adding a seasonal calendar that helps collect information on seasonal changes in a community over one year. Along with meteorological and climate variations, it highlights disasters and health, in this case specifically vector-borne diseases.

⁹ National Societies in the Caribbean are not engaged in chemical vector control

On the regional level, part of the adaption has included the addition of the Seasonal Calendar for Vector Control. The tool helps collect information on seasonal changes in a community over one year. Along with meteorological and climate variations, it highlights disasters and health, in this case specifically vector-borne diseases.

Schools have become essential vector-control learning platforms and students are being used as agents of change in their communities. Over 37,000 children and 2,700 teachers have been reached with vector control information. The school module of the Zika Dengue Chikungunya toolkit teaches children through games where they learn more about Zika risks and how to reduce risk through vector control.



Photograph 5 Children as agents of change in Trinidad and Tobago

Progress Outcome 3

Community Health and Emergency Care			
	Latin America	Caribe	Total
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 NS have increased capacity in health emergency risk management and response			
Safe blood donation protocols adapted to Zika virus.	2	0	2
# of donors tested for Zika.	4,598	0	4,598
# of NS members trained in safe blood donation and Zika.	15	0	15
# of Zika-free blood bags.	1,253	0	1,253
# of prisons where interventions were carried out.	5	0	5
# of hospitals/health centres where interventions were carried out.	11	2 ¹⁰	13
# of business/companies where interventions were carried out.	18	0	18
# of PS sessions in particular settings.	44	0	44
# of awareness-raising sessions focused on fighting stigma and discrimination in particular settings.	17	0	17
# of staff members and volunteers trained in health and safety for Zika-related activities.	1,200	0	1,200
# of volunteers participating in the Zika response that have insurance coverage.	1,200	32	1,232
# of male volunteers participating in community activities using adequate protection.	1,200	0	1,200
# of pregnant women reached with information sessions on Zika-related risks.	2,632	25	2,657
# of women of reproductive age reached with information on Zika.	84,433	692	85,125
# of kits distributed with items for pregnant women.	1,309	0	1,309
# of kits distributed with items for at-risk populations.	603,380	0	603,380
# of pregnant women participating in PS activities in affected communities.	1,000	0	1000
# of affected women participating in support or self-help groups within a specific period of time.	266	0	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	117	478
# of families facing the negative results of Zika-affected pregnancies participating in sessions on coping strategies.	82	0	82
# of awareness-raising sessions carried out with strategic partners and communities and focused on fighting stigma and discrimination.	18	0	18

Interventions 6, 7, 8. Blood safety, Protection in particular settings, and Staff and volunteer safety

Colombia Red Cross remains the only National Society to carry out blood safety interventions. Their specific protocols resulted in 4,500 donors and 1,200 Zika free blood units. NO further work has been done in prisons for Zika following

¹⁰ The number of health facilities integrating Zika information into family planning protocols and/or guidelines is 2, the number of health providers trained to provide Zika counselling/information to women of reproductive age is 107.

the work done by Brazilian, Dominican Republic and Colombia Red Cross National Societies that had reached 25,000 inmates.

The fourteen hospitals targeted with campaigns on Zika virus in Bolivia, Colombia, Nicaragua, Venezuela and Paraguay were added to through support to 2 health facilities in Antigua and Barbuda. Through partnerships with Ministries of Health 107 health providers have been trained to provide Zika counselling/information to women of reproductive age in the English-Speaking Caribbean.



Photograph 6 Supporting families affected by microcephaly in Valencia, Venezuela

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

Information targeted at pregnant women on Zika risks and strategies for reduction of risk has now reached 2,657 pregnant women in this operation. In addition to this, over 85,000 women of children-bearing age were informed of the risks posed by Zika through the promotion of sexual and reproductive health and family planning messages.

In Antigua and Barbuda, the National Society has formed a partnership with the Ministry of Health and Planned Parenthood Antigua and Barbuda to reach pregnant women and women of reproductive age and their partners through pregnancy forums. Women are given information about risks and how to protect themselves from risks in question and answer sessions. Other National Societies in the English-Speaking Caribbean are drawing on this experience to develop partnerships to reach pregnant women in their communities.

Intervention 10. Psychosocial support for affected families

Psychosocial support activities have now reached 1,000 women in Latin America through the operation. The experiences of implementing psychosocial support in Latin America is being drawn upon to inform the start-up of psychosocial support activities in the Caribbean.

In two training of trainers in December 2016 (Barbados) and March 2017 (Jamaica) staff from 10 National Societies in the Caribbean were trained as instructors in psychosocial support using experiences and tools developed in by the Zika Operation team in Latin America, the Reference Centre for Psychosocial Support and CREPD.

Training is now being cascaded down to volunteers and stakeholders in each country with support from CADRIM. This has added 117 staff/volunteers to the 361 trained in psychosocial support, totalling 478 trained within the operation. The Caribbean will begin psychosocial support activities in mid-2017.



Photograph 7. Training in psychosocial support in Antigua and Barbuda

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			
	Latin America	Caribbean	Total
# of responding offices/branches/committees or delegations.	193	23	216
# of male volunteers trained (in all trainings).	1345	112	1457
# of female volunteers trained (in all trainings).	1155	200	1355
# of active male volunteers involved in response efforts.	1750	119	1869
# of active female volunteers involved in response efforts.	1565	211	1776

The Operation continues to strengthen 5 areas of institutional capacity:

1. *Increasing the number of trainings in community health and epidemic control*

The Zika Operation Team in Latin America has collaborated with the CREPD in developing the TOT package: “*Instructor Certification Course in Sanitation and Hygiene Promotion, Psychosocial Support in Emergencies and Epidemic Control for Volunteers, with emphasis in Zika response*”. This training package was then translated and adapted for use by the Caribbean Zika Operation team in collaboration CADRIM. With this training 247 instructors have been certified.

In addition, more than 3,600 volunteers have been involved in the response operation; of these, more than 2,800 have taken part in new training.



2. *Strengthening National Society branches as first responders.* Photograph 8 Zika Regional Training of Trainers in Rio, Brazil

The operation has engaged 216 offices, committees or branches.

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 project has contributed to enhance the NSs' auxiliary health role and has promoted the dialogue between NSs and health authorities. National Societies have worked closely with Ministries of Health and Ministries of Education to plan together, implement together and evaluate activities together.

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

National Societies continue to get financial and administrative guidance and support from IFRC.

Progress Outcomes 5-7

Quality programming
Outcome 5: The management of the operation is informed by a comprehensive monitoring and evaluation system
<i>Output 5.1: Establishment of IFRC Regional Vector Control Diseases follow up team</i>
<i>Output 5.2: Continued and detailed assessment and analysis are used to inform the design and implementation of the operation at the national level</i>
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
<i>Output 6.1: Feedback mechanisms are established and used to inform communication with communities and revise programmes regularly</i>
Outcome 7: Issues of gender equality and other groups with specific needs are considered by the operation.
<i>Output 7.1: Gender, diversity and protection issues will be mainstreamed in this response</i>

The operation continues to utilise a comprehensive monitoring and evaluation system. In particular, the monitoring and evaluation plan developed by the Zika Operation Team in Latin America was used to inform the development of the monitoring and evaluation plan in the English-Speaking Caribbean with adaptations made due to changes in programmatic approach related to regional context.

Follow up visits continued in the Zika operation in Latin America. This intensive follow up with National Societies involved in the operation has been key to the operation's success. In starting up the operation the Caribbean National Societies were brought together for a project inception session in September 2016. Staff in the Caribbean have travelled to National Societies as needed at the beginning of the operation however, the two Training of Trainers workshops held in Barbados and Jamaica assisted in bringing varying staff working on the Zika operation together. A regional lessons and experience workshop is planned in Grenada for May 2017.

The evaluation of the Zika Operation in Latin America, to inform both future global and regional Emergency appeals, approaches to regional and global disease outbreaks, and the ongoing work on Zika in Latin America and the Caribbean is planned for August 2017 and will include visits to El Salvador, Colombia and Brazil.

Gender, diversity and protection issues continue to be a cross cutting priority. National Societies employ a variety of strategies to meet the needs of a diverse populations. Materials are produced for people with low literacy, and are available in multiple formats and languages. In an example from Guyana, volunteers use their mobile phones when doing house to house visits so that both visual and audio tools can be used for the sight of hearing impaired.

Communications, Advocacy and Public Information

The Zika Operation has developed a robust information management system that supports effective communications, advocacy and public information sharing. The website www.cruzroja-zika.org remains the communications and learning platform for the IFRC Zika actions in the Americas. More than 1400 people accessed online Zika training to date.

On 6 April 2017, the United Nations Development Programme (UNDP), in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC), launched "A Socio-economic impact assessment of the Zika virus in Latin America and the Caribbean: with a focus on Brazil, Colombia and Suriname" with the collaboration of the Barcelona Institute for Global Health (IS Global) and Johns Hopkins University. The report generated extensive global media coverage, including by Reuters, the Associated Press (AP), El País, Agencia EFE, Voice of America (VOA), Terra Brazil, and Univision. These stories were picked up by The New York Times, The Washington Post, The Miami Herald, and numerous regional, national and local media outlets. A joint op-ed by Jessica Faieta and Antoni Plasència of ISGlobal was published in El País: ¿A quién deja atrás el zika? An op-ed by Magdy Martínez-Solimán was published in The Huffington Post: To fight Zika, fight poverty and inequality. The total reach of this report was estimated at 815.67 million people. A promotional you tube video is available at <https://youtu.be/TwhSfoAVFxo>

IFRC has worked to represent the work of Red Cross in Zika through multiple regional and global fora. IFRC regularly shares new materials and tools on the Zika Communication Network, a hub for stakeholders working in Zika across the world. After WHO, and PAHO, IFRC and National Societies have made available the largest number of tools, and communication materials on Zika of any organisation. Over 100 organisations globally including UNICEF, WHO, PAHO, CDC, Save the Children and others utilise the platform to access resources on Zika.

In the Caribbean IFRC and National Societies exhibited their Zika work at the 62nd Caribbean Public Health Agency (CARPHA) Conference. Representatives from the Trinidad Country Cluster Office and from Suriname, Grenada and Guyana National Societies participated in the Caribbean Public Health Agency (CARPHA) 62nd Annual Health Research Conference held in Guyana 26-28th April 2017, as an exhibitor and as conference attendees. Linkages made

at this meeting to present the results of the KAP to present to Ministries and CARPHA at a regional meeting, at a USAID partners meeting in Washington DC.

Within the movement communication has worked to advocate for use of best practices and new evidence. The work of children as agents of change in the Zika Operation was presented in a global webinar, “How can Humanitarian Education foster Health?”, reaching 85 participants from 24 countries.

News stories have been continually published on the IFRC website available in English and Spanish. Story highlights from the operation include:

- “Lessons Learnt and Best Practices in Zika Virus Response” 7 December 2016 <http://www.ifrc.org/en/news-and-media/news-stories/americas/panama/lessons-learnt-and-best-practices-in-zika-virus-response--73745/>
- “Behavioural changes are gradual and involved” 4 January 2017 <http://www.ifrc.org/en/news-and-media/news-stories/americas/brazil/behavioral-changes-are-gradual-and-involved-73783/>
- “Zika Operation: Impact in the Americas” 27 January 2017 <https://media.ifrc.org/ifrc/document/zika-operation-impact-in-the-americas/>
- “The project goes past Zika, it brings our communities together” 14 February 2017 <http://www.ifrc.org/fr/nouvelles/nouvelles/americas/venezuela/international-instructors-provide-zika-related-training-with-the-venezuelan-red-cross/>
- “International Instructors Provide Zika-Related Training with the Venezuelan Red Cross” 23 February 2017 <http://www.ifrc.org/fr/nouvelles/nouvelles/americas/venezuela/international-instructors-provide-zika-related-training-with-the-venezuelan-red-cross/>
- “Ignite stage: IFRC is putting communities at the centre of our work” 10 March 2017 <http://www.ifrc.org/en/news-and-media/news-stories/americas/canada/ignite-stage-ifrc-is-putting-communities-at-the-center-of-our-work-1-73893/>
- “IFRC Continues to Strengthen National Society Capacity in Zika Response” 14 March 2017 <http://www.ifrc.org/fr/nouvelles/nouvelles/americas/argentina/ifrc-continues-to-strengthen-national-society-capacity-in-zika-response--73896/>

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[Click here](#)

1. Revised Emergency Appeal budget [below](#)
2. Click [here](#) to return to the title page

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.

www.ifrc.org

Saving lives, changing minds.



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.
-

EMERGENCY APPEAL

MDR42003 ZIKA VIRUS OUTBREAK

15/08/2017

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	30,637			30,637
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	558,212			558,212
Medical & First Aid	1,667			1,667
Teaching Materials	97,904			97,904
Utensils & Tools	1,335			1,335
Other Supplies & Services	2,422			2,422
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	692,176	0	0	692,176
Land & Buildings	900			900
Vehicles	0			0
Computer & Telecom Equipment	39,388			39,388
Office/Household Furniture & Equipment	42,764			42,764
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	83,051	0	0	83,051
Storage, Warehousing	918			918
Distribution & Monitoring	14,661			14,661
Transport & Vehicle Costs	73,462			73,462
Logistics Services	8,963			8,963
Total LOGISTICS, TRANSPORT AND STORAGE	98,004	0	0	98,004
International Staff	975,250			975,250
National Staff	255,909			255,909
National Society Staff	739,434			739,434
Volunteers	68,320			68,320
Other Staff Benefits	24,827			24,827
Total PERSONNEL	2,063,739	0	0	2,063,739
Consultants	380,603			380,603
Professional Fees	65,960			65,960
Total CONSULTANTS & PROFESSIONAL FEES	446,563	0	0	446,563
Workshops & Training	1,624,522			1,624,522
Total WORKSHOP & TRAINING	1,624,522	0	0	1,624,522
Travel	539,163			539,163
Information & Public Relations	402,406			402,406
Office Costs	165,174			165,174
Communications	62,583			62,583
Financial Charges	37,506			37,506
Other General Expenses	22,407			22,407
Shared Office and Services Costs	259,353			259,353
Total GENERAL EXPENDITURES	1,488,593	0	0	1,488,593
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	422,282	0		422,282
Total INDIRECT COSTS	422,282	0	0	422,282
Pledge Earmarking & Reporting Fees	72,642			72,642
Total PLEDGE SPECIFIC COSTS	72,642	0	0	72,642
TOTAL BUDGET	6,991,574	0	0	6,991,574
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	6,991,574	0	0	6,991,574