
Community Action On Zika Project in Honduras and Colombia

Participatory Video Evaluation Report



Women from Ondas del Caribe filming their Story. IFRC/M. Tsukamoto

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Contents

Acknowledgments	3
Acronyms and abbreviations	4
Introduction	5
Background	6
Methods	8
Findings	11
Community Recommendations	20

Community Feedback	21
Key Observations	26
Conclusion	28
Community Stories	30

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Acronyms and abbreviations

CAZ	Community Action On Zika
CZS	Congenital Zika Syndrome
CRC	Colombian Red Cross
HRC	Honduran Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
M&E	Monitoring and Evaluation
OECD/DAC	Development Assistance Committee of the Economic Cooperation and Development
PMER	Planning, monitoring, evaluation and reporting
PV	Participatory Video
PVE	Participatory Video Evaluation
USAID	U.S. Agency for International Development
WHO	World Health Organization
5 W's	(Who, Where, When, What and Why)
ZIKV	Zika virus

1. Introduction

Participatory video (PV) has proven to be a successful methodology used by the International Federation of Red Cross and Red Crescent Societies (IFRC) to further engage the communities and increase community voices. In an effort to develop more efficient, inclusive and sustainable approaches to monitoring and evaluation, IFRC's PMER Unit in Geneva in collaboration with Open Lab and in coordination with the Honduran Red Cross (HRC), the Colombian Red Cross (CRC), the IFRC Americas region and the Community Action on Zika (CAZ) project, piloted a participatory video evaluation using a mobile video application called Our Story with the community of Ondas del Caribe (Magdalena Department, Colombia) and Kilómetro 86 (Cortez Department, Honduras).

This evaluation aims to:

- Understand better the levels of engagement of the community in the activities implemented by the CAZ project.
- Capture any changes demonstrated by the community in their behaviour as a result of the activities implemented by the CAZ project.
- Capture any knowledge gained by the community as a result of the activities implemented by the CAZ project.
- Generate recommendations and lessons learned on the implementation of the project's activities that will be useful for similar projects in the future for the same sector.

This participatory video evaluation (PVE) report serves as a complement to the final evaluation being carried out for the CAZ project from June to August 2019. It is intended to provide qualitative feedback from the communities in both Honduras and Colombia on the CAZ activities carried out from 2016 to 2019.

2. Background

In February 2016, the World Health Organization (WHO) declared the Zika virus as an international public health emergency. Reports of the Zika virus first began in Brazil in the country's urban areas spreading to other cities through the bite of an infected Aedes species mosquito (Ae. Aegypti and Ae. Albopictus)¹, same mosquito as the one that spread the dengue and the chikungunya virus in the region. Zika is a cause of microcephaly (improper development of the brain leading to a smaller head size) which can result in seizures, developmental delays, problems with movement and balance, feeding problems, hearing loss and vision problems, etc², as well as other more minor health challenges such as mild fevers, rashes, and headaches. In 2018, active local Zika virus transmission was confirmed in over 69 locations with the majority of the places being in Latin America and the Caribbean³.

As one of the responses to this emergency, the IFRC in partnership with Save the Children and financial support from USAID implemented the CAZ project in five countries in the Americas: Colombia, Dominican Republic, El Salvador, Honduras and Nicaragua.

¹ <https://www.cdc.gov/zika/about/index.html>

² https://www.who.int/maternal_child_adolescent/topics/newborn/microcephaly/en/

³ <https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad/zika-virus-information-for-travelers.html>

The CAZ project aimed to reach 13 million people from September 2016 to August 2019 focusing on the following objectives:

Objective 1: Empowerment of the community through mobilization related to vector control.

Objective 2: Improve the capacities of the vulnerable populations through social and behaviour change.

Objective 3: Promote the participation and capacity of communities in community surveillance measures

This PVE focuses mainly on those activities which were carried out by the IFRC in one of the communities in Santa Marta (Colombia) and Pimienta (Honduras).

3. Methods

Desk review: A document review was carried out looking at the overall project and related documents to better understand the project, the background and logistics needed for this participatory video evaluation.

Our Story Training for Volunteers: A pilot training was held with National Society branch staff and volunteers on the Our Story process in San Pedro Sula (6 May) and Santa Marta (13 May). The aim of this training was to prepare the 2 to 4 volunteers who would accompany the team to the field on the Our Story process, as well as to capacitate other volunteers interested in using a mobile video application for gathering community feedback on project/programme activities.

Data collection in the field: The PVE team then spent five days with the community of Kilómetro 86 (7-11 May) and Ondas del Caribe (14-18 May) to capture their stories using a participatory timeline, photo walk and story cards focusing on questions related to Zika and on the OECD/DAC criteria complemented by the Our Story app.

Onsite capacity building: The participatory video making process itself also aimed to build the capacity at all levels (IFRC Geneva, Region, Country Representation and National Society) and incorporated elements of sustainability to ensure that this method can be used post departure of PVE for monitoring and evaluation. In support of this, it was agreed with the CAZ project manager that one IFRC Regional PMER Manager and one IFRC Senior PMER Officer from the CAZ project accompany the PVE team and that programme focal points and volunteers join the team from the Honduran and Colombian Red Cross.

Community Feedback

Each group who participated in this initiative had an opportunity to present back their video story to the community. The team also provided the community and the National Society with their localized video stories before leaving the community.

Data Analysis

In both locations, the data analysis focused on extracting the main themes which surged from the stories created by the men, women and the youth.

Selection of the community

The following criteria was used for the selection of the district area of the targeted community for filming in Kilómetro 86 (Honduras) and Ondas del Caribe (Colombia), in consultation with the IFRC Americas region, the CAZ project manager and the Honduran and Colombian Red Cross.

- Communities where CAZ project activities have been implemented.
- Communities judged by IFRC to have reasonable security.
- Communities which score highly vulnerable.

Selection of the community representatives

To limit bias, community representatives to participate in the participatory video evaluation in both selections were selected onsite and on a voluntary basis, from the community facilitation which took place on the first day.

4. Findings

There were **21** assisted participants (13 women, 2 men and 6 youth) in Honduras and **39** participants (21 women, 7 men and 11 youth) in Colombia who provided their feedback to the project through their stories. Overall, there were 6 stories created by the participating groups in Honduras (women (3), men (2) and youth (1)) and 8 stories created in Colombia (women (3), men (2) and youth (3)). The findings have been categorized according to how the feedback related to the context of the project and its objectives.

4.1 Context

Honduras

According to a report by PAHO⁴, from the beginning of the epidemic until September 2017, there were 32,385 suspected cases and 308 confirmed cases of ZIKV, and 8 cases of Congenital Zika Syndrome (CZS) reported in Honduras. Despite the activities being implemented by the CAZ project to reduce ZIKV transmission and to minimize the risk of CZS in most vulnerable populations in country, the comments below especially from the men and the women demonstrate what appears to be a low level of engagement in Kilómetro 86 to participate in Red Cross meetings and/or meetings related to Zika activities. This is also in line with the Baseline and Mini KAP survey results from February 2019, where it states that "The proportion of participation in community activities related to Zika increased significantly in the overall population. If an analysis is made in country, with the exception of Honduras, there was a significant increase in all..."⁵

⁴ Pan American Health Organization, 2017. Epidemiological Update. Available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11599&Itemid=41691&lang=en . Accessed September 18, 2017

⁵ IFRC, Save the Children, USAID. Informe comparativo Línea de Base y Mini-CAP. February 2019.



"Meeting of the Red Cross, which is such a thing and sometimes we the people do not care...Because if we call a meeting as we appear are about 10 or 15. And we are 136 families lived in the Colonia Vilo...."



"..in this case, when we are talking about Zika, is that our community be attentive to come to all the meetings that are convened."

Colombia

In Colombia, the levels of suspected and confirmed cases of ZIKV and CZS were much higher. There were "...98,502 suspected cases and 9,925 confirmed cases of ZIKV and 248 cases of CZS reported in Colombia."⁶ Through their stories, groups of men and women appeared to highlight the importance of the community surveillance activities which were taking place within Ondas del Caribe. The men highlighted the activities carried out by a group they called Prevention Against Zika, and the women described the activities carried out by the Committee Against Zika. Some of the youth shared their learning at school on Zika and the mosquito cycle.



"We are from the "Prevention against Zika." My colleague is going to explain a very important issue."



"We as representatives of the Committee Against Zika, we want to transmit the knowledge we have acquired for 3 years with the volunteers of the Red Cross in the Zika project."



"Here we have learned two things about Zika and also the mosquito cycle."

⁶ Pan American Health Organization, 2017. Epidemiological Update. Available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11599&Itemid=41691&lang=en . Accessed September 18, 2017

4.2 Objective 1: Strengthen community and individual capacity to prevent Zika through vector control-related community empowerment and mobilization.

Honduras

The men and the youth representatives highlighted vector control measures through the stories and recommendations they shared. In Kilómetro 86, there was a lot of stories which focused on the importance of the community cleaning their water containers and using mosquito repellent as a measure to prevent not only Zika, but also Dengue and Chikungunya, in view that it is the same infected mosquito which can spread all three viruses.



"Well, what I wanted to explain is what they teach us. To do what is called a deep cleaning. "



"And we would also like for you to wash the containers and use repellent so that that the mosquito does not transmit to them neither Dengue, nor Chikungunya, nor Zika."

Colombia

In Ondas del Caribe, the men, women and the youth highlighted vector control measures in their stories through the community organizations formed and the sensitization of community members and students at the local school.



"It is important, to avoid the stagnation of water. Also we are promoting the campaigns and trainings on the Zika problem. This work has been developing thanks to the project with the International Red Cross."



"My friends have a mesh cover around there. You will get to know it. Look at this mesh cover. This mesh can fit any tank opening, water containers. One puts it on and stretches it with this little cord."



"And I come to tell you not to throw the garbage on the ground, do not leave standing water, wash the tires (used to store water)..."

4.3 Objective 2: Improve the capacities of vulnerable populations across key behaviour change elements.

Honduras

The municipality of San Pedro Sula in the department of Cortés was part of the epidemic zone at the beginning of the emergency, and one of the areas affected by not only Zika, but also by Dengue and Chikungunya. As the Zika virus is carried by the same mosquito as that for Dengue and Chikungunya, prevention and eradication measures carried out by the Honduran RC for the CAZ project would benefit not only in eradicating Zika, but all three viruses. In their stories, the women and youth groups mention and demonstrate the learnings they gained from the community meetings and trainings carried out in Kilómetro 86.



"And they taught us that we or our partners could prevent Zika, in always using protection to be able to control the disease Zika."



"For pregnant women, they have to use a long sleeve shirt for the baby so that the child is not born with microcephaly."

Colombia

The CAZ project in Colombia is part of a larger epidemic control strategy for the Colombian Red Cross. The support being provided to the Zika response in vulnerable communities such as Ondas del Caribe, will help not only reduce Zika in the community, but also reinforce knowledge, abilities and practices related to vector-borne diseases in country. The stories told by the community representatives focused on many good practices to prevent and help control the spread of Zika.



"As actions, it is necessary that you do not do these type of practices: do not leave standing water. Because that can affect your family."



"Zika: use repellents and fumigate the house. Use mosquito nets, repellents and appropriate clothes in the morning and in the afternoon. Have a clean house..."



"...wash the water containers, wash the tanks. Also do not leave water stagnant."

4.4 Objective 3: Increase communities' capacity to participate actively in community surveillance measures.

Honduras

As per some of the stories shared under the section **Context**, community engagement in Red Cross Zika activities appeared low in Kilómetro 86. This coupled with the security situation in country, may have affected the implementation of community surveillance activities in the community. There was little shared on these type of activities from community representatives from Kilómetro 86.

Colombia

Similar to Honduras, there appeared to be limited feedback on any mentions related to the installation and use of ovitraps, but there did appear to be feedback from the community on knowledge related to the referral of suspected cases of arbovirolosis in the community by community volunteers. Both men and women's groups also highlighted the importance of committee activities supporting community surveillance for Zika. The women shared or demonstrated the activities carried out by "the Committee Against Zika" and the men highlighted activities by a group which they called "Prevention Against Zika" in their stories. In Ondas del Caribe, these committees focused on activities which involved awareness raising campaigns and demonstrations of good prevention and eradication practices against Zika, amongst many others.



"My good neighbour, look. These are one of the practices that normally the community does daily: leave stagnant water, tires in poor conditions that still remain in their yards. These become mosquito breeding sites and one of the most infamous mosquitoes is Zika."



"Well now what we have to do is go to the Secretary of Health and register that you have a confirmed case of Zika. Afterwards, they will come to your house to check and see what is happening here in the community."

4.5 Findings Matrix by Theme

	Colombia Comm.	Colombia Men	Colombia Women	Colombia Youth	Honduras Comm.	Honduras Men	Honduras Women	Honduras Youth	Grand Total
Case referral	2	1	2						5
Clean HH			1						1
Clean plants			1						1
Clean water	6	2	4	2		1		2	17
Clean water/repellent								1	1
Community reporting system	2	2	5						9
Contraception			1		1		1		3
Garbage management			1	2	2			2	8
Microcephaly								2	2
Mosquito repellent			2					1	3
Protective clothing			1		1		1	1	4
Treatment by health center							1		1
Vaccination campaigns and census	1	1							2
Zika sensitization and prevention	9	9	3	1	1	1	1		26
Grand Total	20	15	21	5	5	2	4	9	83

For both Kilómetro 86 (Honduras) and Ondas del Caribe (Colombia), as can be seen by the table above, the following **THREE** themes had the most frequent mentions in the community stories: **Zika sensitization and prevention activities** (awareness raising campaigns, trainings and community meetings etc), the importance of **clean water** (maintaining clean water buckets, cleaning tires, and not leaving stagnant water around etc), and **garbage management** (managing and reducing the garbage in the community).

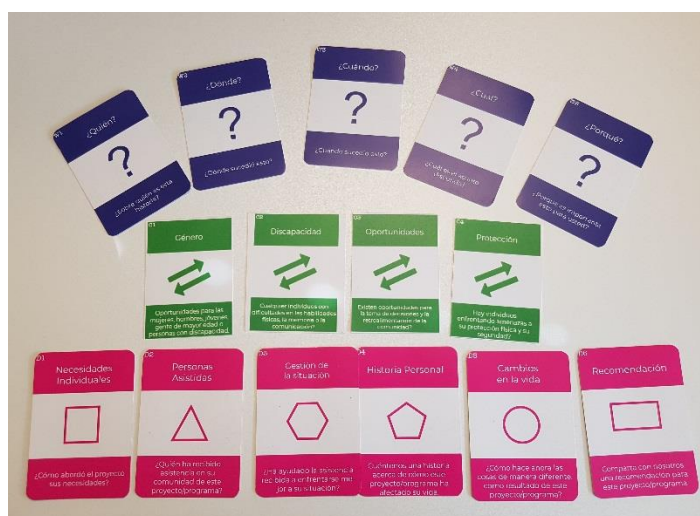
4.6 Findings Matrix by Objective

Objective	Colombia Comm.	Colombia Men	Colombia Women	Colombia Youth	Honduras Comm.	Honduras Men	Honduras Women	Honduras Youth	Grand Total
Behaviour Change	9	9	12		3	1	3	2	40
Vector Control	5	2	1	2	2	1		4	18
Community Surveillance	5	3	8				1		17
Other needs	1	1							2
Grand Total	20	15	21	2	5	2	4	6	77

The goal of the CAZ project is to reduce ZIKV transmission and minimize the risk of Zika-related microcephaly and other neurological disorders amongst the most vulnerable through community-based prevention strategies in Honduras and Colombia. It aims to do this through the three objectives mentioned in the previous **Findings** section. For Kilómetro 86 and Ondas del Caribe, activities mentioned in stories were arranged according to CAZ project objectives and by order of greatest mention. **Activities for Objective 2 received the greatest mention, followed by activities for Objective 1 and then for Objective 3.**

4.6 Bringing the DAC Criteria Down to the Ground

In order to allow the groups of men, women and youth in both Honduras and Colombia to dive deeper into their stories, a three-phased approach was taken using story cards and facilitated group discussions.



First phase: The PVE team piloted story cards with localized questions related to 5 of the DAC criteria (**Relevance**, **Coverage**, **Effectiveness**, **Impact** and **Sustainability**) coupled with localized questions related to Zika and on cross-cutting issues (Disabilities, Community Engagement, Gender and Protection).

Second phase: Story cards were also facilitated with the different community representatives on the 5 W's (Who, Where, When, What and Why) and **Recommendation** to help them further build their story narrative.

Third phase: Tags with the DAC criteria were also created in the Our Story app which allowed the men, women and youth to tag their own stories with these criteria.

The following table shows of how each group tagged their stories using the DAC criteria:

	Colombia Men	Colombia Women	Colombia Youth	Colombia Community	Honduras Men	Honduras Women	Honduras Youth	Honduras Community	Total # Stories with DAC Criteria
Relevance: How did the project address your needs?		3		2		1			6
Coverage: Who has received assistance in your community from the project?		2		1		1		1	5
Effectiveness: Did the assistance you receive help you cope with your situation better?	1	1	2	1	1		1		7
Impact: Tell us ONE story about how this project affected your life?	1	1	1		1	1		1	6
Sustainability: How do you do things differently now, as a result of this project?						1			1

4.6.1 Table 2: Stories tagged by DAC criteria

Overall, in both communities, **Effectiveness** was the tag most frequently used to describe feedback, followed by **Relevance**, **Impact**, **Coverage** and **Sustainability**.

Effectiveness: In Honduras, one of the youth describe how through the Red Cross Zika prevention and control activities, she has learned how to keep the water containers clean to prevent Zika. In Colombia, one of the students in her story describes the knowledge she has gained about the Zika and the mosquito cycle through the educational activities which have taken place in her school.

Relevance: In Honduras, the challenges of community attendance to Red Cross meetings could have affected the project's ability to meet individual needs. In Colombia, the women describe the campaigns which were carried out by the Colombian Red Cross to provide individual households with instructions on how to deal with the Zika mosquito.

Impact: In Colombia, the men tell a story about the community monitoring system that has been created in their community through "Prevention Against Zika" to spread awareness on Zika and promote good household practices to reduce Zika transmission. The women in Colombia, share advice including on using contraception in the case of having Zika symptoms, as only "You control Zika."

Coverage: In Honduras, one of the woman describes how the Red Cross helped protect her and her baby against Zika by showing her how to wear long sleeves and light coloured clothing. In Colombia, the women describe the assistance that is received and the local referral process which occurs when somebody is identified with having Zika in the community, "...go to the Secretary of Health and register

that you have a confirmed case of Zika. Afterwards, they will come to your house to check and see what is happening here in the community”.

Sustainability: In Honduras, a woman describes her experience going to a nearby health center when she was affected by Zika. During the Zika epidemic, such actions were valuable, in order to ensure that proper medical attention could be provided to the patient and to allow for further monitoring of Zika in that particular community.

5. Community Recommendations

The following highlight the recommendations shared by the different community representatives from Kilómetro 86 and Ondas del Caribe:

Honduras

1. Important for community members to learn how to carry out a deep cleaning of the water containers to eliminate any potential mosquito larva or eggs (Men/Youth).
2. Using mosquito repellent so that the mosquito does not bite and/or transmit diseases. (Youth)
3. For all pregnant women, using a long sleeve shirt for the baby so that the child is not born with microcephaly. (Youth)
4. Avoid throwing garbage in the rivers and in other areas, as it does not help reduce Zika cases. (Youth)
5. Increasing community presence at all the meetings convened on Zika (Women).

Colombia

1. Increasing educational activities for children from an early age so that they know how to prevent and address Zika, as well as continue the trainings for the community so that they continue to maintain their homes and streets clean. Increasing and replicating the outreach of Zika prevention and eradication campaigns to the rural areas. (Men)
2. Every 15 days, carrying out Zika campaigns and educational talks in the community. (Women)

3. Not throwing garbage on the ground, washing water tanks, avoid leaving stagnant water, washing tires (where water is stored), and most importantly following all the recommendations provided by the youth. (Youth)

6. Community Feedback

At the end of this participatory video evaluation on day 5, the community representatives were able to share their video stories with their peers through a community screening.

Honduras



Colombia



Community feedback screening in Honduras (L) and Colombia (R). IFRC/M. Tsukamoto

7. Key Observations by the PVE team

- Q The security context and the lack of community interest to participate in community meetings in country, as described by community members in Honduras, could have affected community engagement in CAZ project activities.
- Q From the video stories in both Honduras and Colombia, it was seen that there was a lot of sharing and/or demonstrations on the learning which they acquired, especially from vector control activities carried out by the CAZ project.
- Q Although the CAZ project focused on prevention and eradication activities for Zika, the community also benefitted from these learnings to protect themselves from Dengue and the Chikungunya virus, as it is the same mosquito which spreads all three viruses.
- Q It was observed by the PVE team that the role of the community leader played an important role in the motivation and interest of members in projects initiated in the community.
- Q Different views exist in National Societies for how much time is needed to gather community views in a data collection exercise (2 to 3 hours with one group). It was noted that in certain National Societies, additional time may be needed to meet with relevant stakeholders to further clarify such perspectives for the Our Story process. Our Story works with the same community group in a phased approach over five days, contrary to other

data collection methods, such as key stakeholder interviews, focus groups etc.

- Q The half day training carried out for volunteers prior to the time spent with the community was useful in familiarizing those volunteers supporting the Our Story process and/other interested volunteers with the method. This should be a good practice to be replicated in other Our Story deployments should time/resources allow for it.

8. Conclusion

Although Zika is no longer a global public health emergency, it is still important to ensure sustainability of similar prevention and response actions which have been carried out in these countries. Both Kilómetro 86 and Ondas del Caribe expressed appreciation in their stories for the CAZ activities which had taken place in their communities, and there were specific requests, such as from the women from Ondas del Caribe to have such activities continue, "We request that you please not forget about us and every time at least 15 days or whenever they can come to us to carry out campaigns and educational talks as you had done during this period." Although there are varying levels of momentum between the 2 communities in terms of their engagement, as the Zika prevention and eradication activities still benefit other viruses, such as Dengue and Chikungunya which are still endemic in both countries, a transition phase needs to be considered to ensure that such activities still continue, integrated in other health projects and/or programmes.

The approach of the CAZ project to include strong community components continues to be important for long-term practices, and to ensure peer-to-peer approaches within the community and with other communities. Such action will be important in preventing the return of the Zika virus in the Americas, as well as in strengthening community response to future public health outbreaks.

9. Community Stories

Honduras

Our Story: Participatory Video Evaluation (Women) on a Zika project in San Pedro Sula, Honduras



Our Story: Participatory Video Evaluation (Men) on a Zika project in San Pedro Sula, Honduras



Our Story: Participatory Video Evaluation (Youth) on a Zika project in San Pedro Sula, Honduras



Our Story: Participatory Video Evaluation (Community) on a Zika project in San Pedro Sula, Honduras



Colombia

Our Story: Participatory Video Evaluation (Women) on a Zika project in Santa Marta, Colombia



Our Story: Participatory Video Evaluation (Men) on a Zika project in Santa Marta, Colombia



Our Story: Participatory Video Evaluation (Youth) on a Zika project in Santa Marta, Colombia



Our Story: Participatory Video Evaluation (Community) on a Zika project in Santa Marta, Colombia



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