

www.ifrc.org
Saving lives,
changing minds.

Emergency appeal operations update

Zika virus disease – Focus on the Americas response



Emergency appeal n° MDR42003		GLIDE n° EP-2015-000175
Operations update n° 1; 30 May 2016		Timeframe covered by this update: 3 March – 8 May 2016
Operation start date: February 2016, revised March 2016 (adjusted into a global appeal)		Operation timeframe: 12 months; ends March 2017
Overall budget: CHF 9.2 million	Current appeal coverage: 24% (soft and hard pledges) with cash and in-kind contributions from American, Canadian, Finnish, Japanese, Netherlands, Norwegian, Spanish, Monaco, Spanish and Swedish Red Cross, and respective governments	DREF amount initially allocated: CHF 200,000
N° of people being assisted: 500,000 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: the National Red Cross Societies of Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Ecuador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Norway, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Salvadoran, Spanish, Suriname, the Bahamas, Trinidad & Tobago, Uruguay, Venezuela. Partner National Societies: Netherlands (and Overseas Branches), British, and French Red Cross, and International Committee of the Red Cross (ICRC).		
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.		

The disaster and the Red Cross and 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:** 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.

Summary: Zika virus is an emerging mosquito-borne virus predominately transmitted through the bite of an infected *Aedes* mosquitoes (*A.aegypti* and *A.albopictus*) - the same type of mosquitoes that spreads dengue, chikungunya and yellow fever. The Zika virus is spreading rapidly and increasing scientific evidence is demonstrating the impact of the virus, especially on pregnant women and their infants is far greater than first reported.

Since the initial reports in early February of a potential link between Zika and microcephaly – babies born with unusually small heads - consensus that Zika has a causal link to Microcephaly has been established and goes further, linking Zika to severe foetal deformations and disorders of the central nervous system including Guillain Barre syndrome. There is also now clear evidence of non-vector related transmission of Zika Virus through sexual contact increasing the risk of spread to non-infected areas.

As of 19 May 2016, 46 countries are experiencing an ongoing outbreak of Zika Virus. This number is a significant increase from the 34 initially reported in March 2016 when the IFRC revised Emergency Appeal was launched. The rapid geographical spread of Zika infections poses a global threat, with all areas where a competent vector exists at risk of infection. The geographical spread of cases now includes 1 country in Africa (Cape Verde) and South East Asia (Maldives), 5 in the Western Pacific and 39 countries in the Americas (WHO Sitrep 19th May 2016). In addition, 10 countries have reported non vector borne Zika Virus transmission including the United States, New Zealand, France, Italy and Portugal.

WHO declared the current Zika outbreak a Public Health Emergency of International Concern on the 1st February 2016. Since this time, an international response to Zika has been mounted but its impact limited so far by the size and scale of the outbreak, the difficulty in surveillance and lab diagnostics and difficulty in mobilizing funds across all partners. Compounding these challenges is the difficulties in explaining the risks and ever evolving science of a new disease that has such severe consequences for only a few. Engaging and working with communities remains the key to epidemic control and limiting the impact of Zika.

Nine National Societies are currently active under the global appeal, with several more awaiting approval of action plans based on available funding. Several National Societies especially in the Pacific have started combating Zika as part of an integrated approach with their respective governments and the WHO including Tonga, Federated State of Micronesia and Samoa. In addition, Zika prevention activities have been included in DREFS and Appeals as part of a multi hazard approach where appropriate. Ecuador and Fiji are both responding to large scale natural disasters and have included Zika prevention and response with in these appeals. CV Timor Leste and the Sabah RC have included Zika in DREF requests related to droughts and water shortages.

The appeal remains the main implementation tool for response to Zika and the need to continue to scale activities beyond the current level of implementation is required. However, Zika is expected to be a long and protracted outbreak and elements of integrated vector control are being further developed in long term Health and Wash projects as well as forming a key component of other emergency appeals in at risk areas.

To date, the following **9 National Societies** have submitted a plan of action to take part in this appeal: Bolivia, Brazil, Colombia, Ecuador, Salvador, Guatemala, Panama, Paraguay, and Venezuela Red Cross. The Red Cross Societies of Argentina, Chile and Peru are currently assessing different options to participate in this operation. The Red Cross Societies responding to the Zika outbreak in the Americas have mobilised thousands of staff and volunteers to date. In the Brazilian Red Cross alone, over 600 volunteers have participated in assessments and implementation of actions.

Funding for this appeal stands at around 24%, and, while the flow of these funds has been somewhat slow, National Societies such as Brazil, Bolivia, Ecuador¹, El Salvador, Guatemala and Panama have received allocations that have allowed them to start implementation of their plans. Up to now, actions have been preliminary, and they are reflected per National Society in this Operations Update. The regional Zika team and each National Society as a result of bi weekly meetings have defined customized follow up procedures and field visits. In average, implementation stands at around 15%.

¹ The Ecuadorian Red Cross merged its Zika plan of action into the plan of action to respond to the 7.8 magnitude earthquake that hit the country on 16 April, and is therefore no longer part of this appeal. Further details provided within this document.

A common monitoring and reporting tool is currently being developed, and it will be shared with National Societies in the coming weeks, so that indicator tracking and reporting can be standardized for the following Operations Updates.²

Description of the disaster

As of 5 May, WHO has reported 289,233 suspected cases and 8,672 confirmed cases of infection with Zika virus, and 8 Zika virus-related deaths (3 of them in Brazil). Peru reports 3 confirmed cases, Grenada one and Saint Bart one, which raises the number of countries and territories from 35 to 38³. A downward trend has been observed in the number of reported Zika cases (both suspected and confirmed) compared to the previous epidemiological weeks, specifically in countries where the outbreak started earlier such as El Salvador and Jamaica. The countries that show an increasing trend are those where case tracking and reporting started the latest (Dominican Republic, Guadeloupe, Martinique and French Guyana). In Colombia, some areas are showing an increase in cases (Orinoquía and Pacific), while the rest of the country shows a decrease. Other reasons for which such differences are observed could include the differences in surveillance systems and reporting procedures used by different countries. For instance, some countries are only reporting confirmed Zika cases and not suspected cases. This is the case of Panama (220 confirmed cases) and Mexico (239 confirmed cases). Other countries are reporting a great number of suspected cases, but almost no confirmed cases, due to their limited laboratory **diagnostic capacity**. This is the case of El Salvador (11,078 suspected cases, 43 confirmed) or Honduras (18,096 suspected cases, 2 confirmed). Overall, only 3% of reported cases end up being confirmed.



Figure prepared by Pacific Disaster Center with data from PAHO⁴

Since the last report, Saint Lucia reported its first Zika case, and Belize is investigating a potential case of autochthonous transmission reported by another country.

² This tool will be presented to National Societies during a workshop planned for the end of May.

³ http://ais.paho.org/phil/viz/ed_zika_countrymap.asp

⁴ http://www.redhum.org/documento_detalle/pacific-disaster-center-mapa-de-acumulado-de-casos-de-zika-por-pais-al-5-de-mayo-2016-ingles

On May 4, Nicaragua issued an epidemiological alert that will last through November due to the increase in Zika cases. The decree instructs all institutional stakeholders to begin implementation of the Special Plan against Epidemics. Guyana reported its first case of Zika on 5 May.

In epidemiological week 13, Brazil reports 91,387 potential Zika cases, most of them in the southwest area (31%). Brazil is the country where the most cases have been reported, followed by Colombia.

Nine cases of sexually transmitted Zika were reported in four countries in the Americas: Argentina (1), Chile (1), Peru (1) and United States (6). In all reported cases, transmission occurred in individuals who had sexual contact with other individuals who had previously travelled to countries where the virus is circulating, and presented Zika related symptoms. Seven of the nine sexually transmitted Zika cases reported clinical characteristics such as pruritus, conjunctivitis and fever.

To date, 21 countries in the Americas have reported Zika cases in pregnant women. In Martinique, since the emergence of the virus as of April 2016, infection was confirmed in 142 pregnant women. Brazil has reported 7,584 suspected cases and 2,844 confirmed cases in pregnant women. Dominica has also reported infection in pregnant women.

In addition, three countries (Argentina, Chile and United States) have detected sexually transmitted cases of Zika.

No new countries have reported cases of congenital syndrome associated with the virus. However, according to report N° 22 from the *COES-Microcefalia* in Brazil, there was an increase in confirmed microcephaly cases and other malformations of the nervous system suggestive of congenital infection, from 1,113 confirmed cases and 2,066 discarded cases in epidemiological week 14 of 2016, there has been an increase to 1,168 confirmed cases and 2,241 discarded cases. There have been 246 reported deaths (including miscarriages or stillbirths), of which 51 were confirmed as congenital infection.

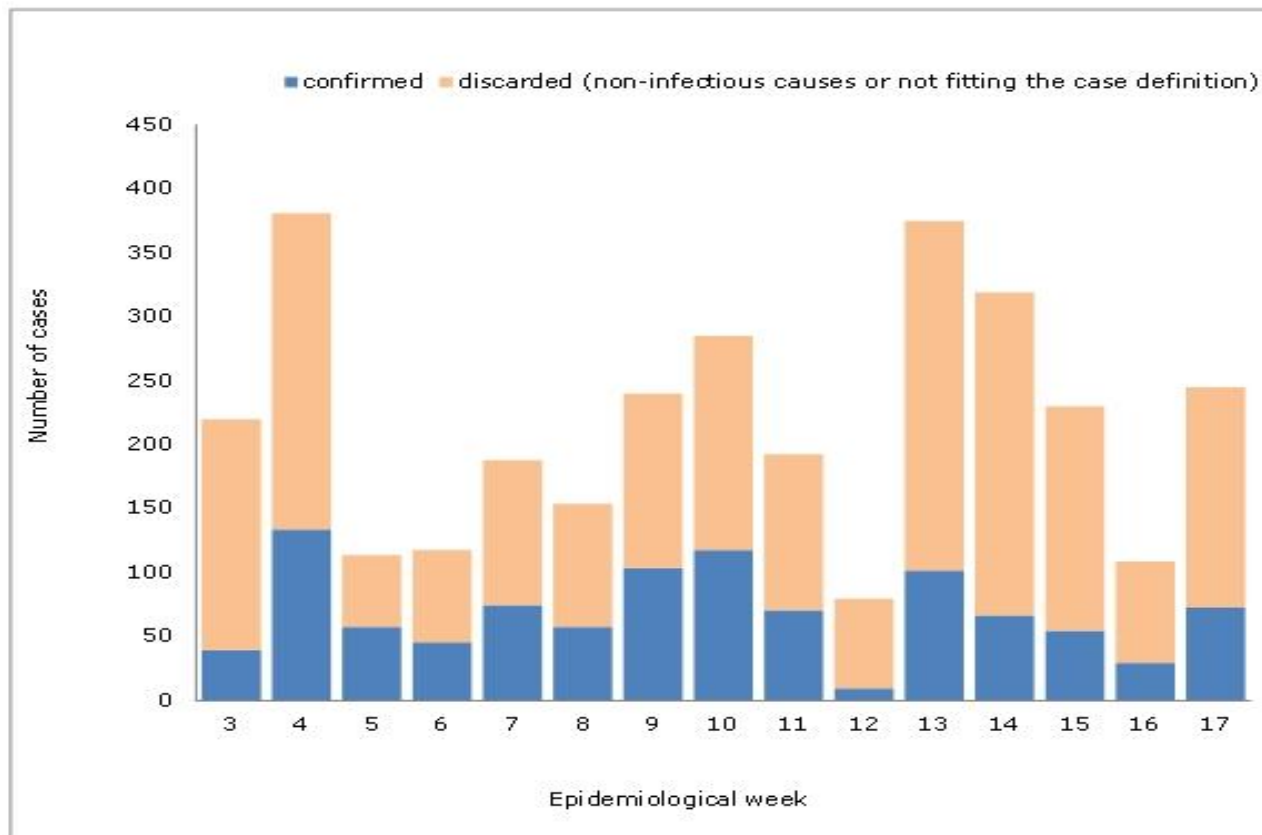
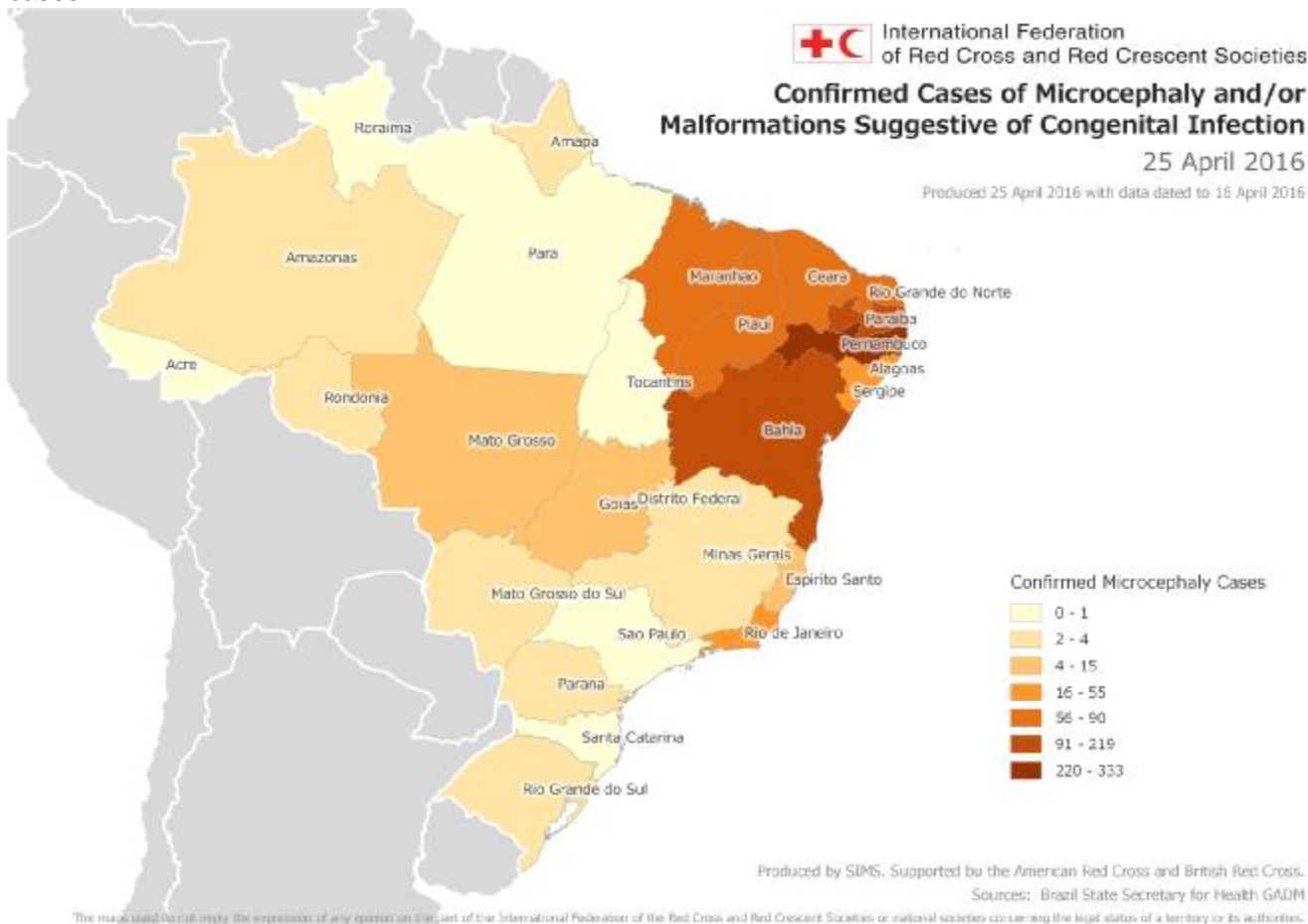


Chart showing the number of confirmed (blue) and suspected (orange) cases of microcephaly in Brazil per epidemiological week. Source: Brazilian Ministry of Health, reproduced by PAHO/WHO⁵

⁵ http://www.paho.org/hq/index.php?option=com_content&view=article&id=11599&Itemid=41691&lang=en

The following map shows the incidence of Zika-related microcephaly in Brazil, the country with the most cases:



This map shows the total number of Zika related microcephaly and /or malformations suggestive of congenital infection in Brazil per geographical area as of 25 April

While approximately 98% of confirmed congenital syndrome has been registered in Brazil, Panama and Martinique have each reported 2 confirmed cases. In Colombia, of the total number of microcephaly cases reported in the country, 2 have been directly linked to Zika infection. 15 cases are still being studied. In Cataluña, Spain, the first case of microcephaly linked to Zika virus infection was reported in a 20-week foetus whose mother acquired Zika during a trip to the Americas. To date, Spain has reported 105 confirmed cases of Zika virus infection, all of which are imported.

To date, 12 countries in the Americas have reported the presence of Zika virus infection in at least one case of Guillain-Barré Syndrome (GBS). Of these countries, 7 have reported an increase GBS cases. ⁶

A relevant development during the reporting period is the conclusion by scientists at the Centres for Disease Control (CDC) in the United States that, after careful review of existing evidence, Zika virus infection in pregnant women is the cause of microcephaly and other severe foetal brain defects in newborns. In the report published in the New England Journal of Medicine, the CDC authors describe a rigorous weighing of evidence using established scientific criteria.

“This study marks a turning point in the Zika outbreak. It is now clear that the virus causes microcephaly. We are also launching further studies to determine whether children who have microcephaly born to mothers infected by the Zika virus is the tip of the iceberg of what we could see in damaging effects on the brain and other developmental problems,” said the director of the CDC. “We’ve now confirmed what

⁶ http://www.paho.org/hq/index.php?option=com_content&view=article&id=11599&Itemid=41691&lang=es

mounting evidence has suggested, affirming our early guidance to pregnant women and their partners to take steps to avoid Zika infection and to health care professionals who are talking to patients every day.”⁷

Operational implementation

Overview

This reporting period has seen the operation gathering the necessary resources to start implementation of planned regional and national activities. As the regional support structure comes into place, National Societies are able to access an increasing amount of technical support, while some have already gotten funds from the appeal to start implementation.

A common tracking and reporting tool for National Society plans is yet to be finalized, which is why it is still premature to assign percentages to activities under outcomes planned. This report offers an overview of the activities carried out at regional and national level. In subsequent reports, once a monitoring and reporting tool is in place in all National Societies and at the regional level, it will be possible to report against the detailed plan.

Regional actions

Training and knowledge: The Water and Sanitation and Public Health delegates of the Zika team visited the CREPD in El Salvador on April 11-15. They provided support in water sanitation and hygiene, and prepared the training in outbreak response aimed at National Societies within the Zika operation.

This visit sought to drive the revision of CREPD’s training package on epidemic control, water, sanitation and hygiene, psychosocial support, as well as the development of a prevention module for Zika virus control. The aim is to roll out this training package in the National Societies or to deliver it in regional or national ToT workshops, contingent upon funding. At this moment, a workshop is already planned in May for the NS of Guatemala, El Salvador and Panama. Similar workshops are being considered for Brazil and Venezuela. This package will be rotated among National Societies so that the knowledge is widely acquired, and training workshops will take place in South America contingent upon funds.

A mini website on Zika is being developed on the Americas IFRC e-learning platform. This website will include the consolidation of all the aforementioned CREPD materials in an interactive and educational format. The plan is to include material aimed at Zika prevention that is available to volunteers and the general public. The links will provide access to virtual courses, recorded webinars and radio programmes, other Zika training material (manuals and videos), as well as an interactive space for consultations regarding Zika, which will be moderated by Zika team members with expertise. This platform will have three aims: public information, knowledge and communication.

Work is on going to finalize the Zika psychosocial support intervention strategy, with a special focus on pregnant women. The Psychosocial Support component of the Zika Appeal will have 3 main outputs:

Volunteer Level	Community Level	Political Level
Volunteers are trained by their ToT focal point in Community Based and Emergency PSS tools adapted for Zika, with a differential approach. Skills and learning enhanced for maximised community engagement.	Target groups in communities receive education on PSS, stress and coping mechanisms, and they are referred to healthcare services if needed.	Promotion of information and advocacy, sharing findings of interventions, visibilise groups that might have been invisibilised in interventions (men, teens).

The strategy includes:

1. Developing material to guide volunteers in their work to identify, intervene and refer where necessary.
2. Using differentiated approach and materials in interventions with an aim to engage individuals, families and communities.

⁷ <http://www.cdc.gov/media/releases/2016/s0413-zika-microcephaly.html>

These materials will be developed in CREPD, El Salvador, based on ToT to PSS focal points, and it will include:

- PSS assessment guide adapted to Zika virus scenario
- Mental health consequences of the Zika virus outbreak in groups to be intervened
- Social consequences of the Zika virus outbreak in groups to be intervened
- Psychosocial tools to intervene in crisis related to Zika virus according to differential focal groups
- Psychosocial tools to reinforce coping mechanisms for Zika virus in differentiated focal groups

The process will receive technical support from the PSS focal point, CREPD and IFRC PSS Reference Centre in Copenhagen.

With the community epidemiologic surveillance and community engagement components in mind, the regional team is endeavouring to consolidate a work model with the NS that integrates epidemic surveillance, KAP surveys, the results of which are obtained through ODK and elements of community engagement. To date, a pilot concept note has been finalized and will be implemented by the Red Cross Society of Panama in Las Garzas de Pacora, a vulnerable and densely populated district. A pre-pilot of this initiative took place on 24 April in selected areas of the district of San Miguelito in Panama. Further details are provided below.

The Zika team is also collaborating closely with the American Red Cross to develop a Zika prevention section to be included in the Amcross First Aid mobile app. The Zika team is providing support in two areas:

1. Technical support regarding specific Zika content, reviewing the available documents to validate the material that would go to the app.
2. Support in dissemination of the app through established IFRC communication channels, contact with NS staff and volunteers.

The Zika Team has been hosting a webinar every Tuesday from 8:30 to 9:30 am for the NS health focal points. These will now be suspended and in their place the American Red Cross will broadcast a weekly program called *Get to know Zika and fight against it* (Conoce al Zika y combátelo) on its radio station. Members of the regional Zika team together with American Red Cross staff will host the program. This content may be found on <http://www.amcross.org/radio.html>

Operational and technical support: During this reporting period, with the new regional structure taking office, and some key positions within it still being in a recruitment phase, the regional Zika team has been in close regular contact with the National Societies that are part of this appeal and those who are planning to join, with an aim to make available the technical support and to strengthen the mechanisms that will enable proper implementation and monitoring of the NS plans of action. Members of the team have carried out support missions to El Salvador (11-15 April and 3-7 May) and plan to visit Paraguay, Venezuela, Guatemala, Panama, Bolivia and Brazil in coming weeks.

Due to the unique geographical and language situation of the English speaking Caribbean and Haiti, the regional Zika team is assessing different possibilities to offer support to these National Societies. A first collaboration with CARPHA is underway, with members of the IFRC participating in the Caribbean Mosquito Week, which is being held May 9-15.

The regional Zika team is designing a regional workshop for the National Societies of the English speaking Caribbean in August.

In light of the 7.8 magnitude earthquake that struck off the coast of Ecuador on 16 April, the Zika plan of action in that NS merges into the emergency appeal that the IFRC has launched to support the Ecuadorian Red Cross. The regional Zika team has offered its technical capacity and is in contact with the NS and the IFRC support staff in country, so as to continue to support epidemiological surveillance after the earthquake.

National Society actions

To date, the Red Cross National Societies of Bolivia, Brazil, Colombia, Ecuador (now merged into the

appeal for the earthquake), El Salvador, Guatemala, Panama, Paraguay and Venezuela have developed and submitted their plan of action to participate in this appeal. As mentioned earlier, a common monitoring and reporting tool is yet to be available, which is why for this period, general information on the progress of planned actions will be presented for the NS that have started implementation.

Bolivia: The Bolivia Red Cross started implementation of its plan of action in April with two training talks on Zika virus transmission: one in the municipality of Riberalta on 5 April, which was attended by 39 volunteers of the local branch, and a second training talk held on 7 April in the municipal branch of Guayaramerín, with the participation of 30 volunteers. The Bolivian Red Cross continues to take part in coordination and information with local stakeholders, upholding its role as auxiliary to the state in the response to this outbreak.

Brazil: As the first and most affected country in the Americas by the Zika outbreak, the Brazilian Red Cross has been implementing actions for a few months now. During this reporting period, strategic, technical and operational progress has continued. Close contact with the Ministry of Health in Brasilia and with other organisations such as the Civil Defence and the state Health authorities is on-going. The Presidents of the priority branches of Alagoas, Ceará, Rio Grande do Norte, Mato Grosso and Rondonia were gathered so that regional Zika team staff could present the project plan and the methodology and formats for financial and narrative reporting, as well as the communications and image strategy and the training plan for volunteers and community leaders. This meeting ended with the signing of a technical cooperation agreement with each one of the branches. Efforts are being made with an aim to make these five branches part of the permanent crisis committees in their respective states. To date, only Rondonia holds permanent seat.

On the technical front, the national operation is now fully staffed; the majority of the manuals on epidemics have been translated to Portuguese and sent to print, except for the psychosocial support manual, which is being finalized. Uniforms have been purchased for volunteers.

The Brazilian Red Cross is currently working with its volunteers carrying out Zika prevention actions directed at youth on sexual and reproductive health and targeting pregnant women, sex workers and other vulnerable groups such as LGBTBI. Such activities are meant to deliver specific information, education and communication elements. Moreover, activities are scheduled weekly or daily around events and venues where people gather (beaches, parks, etc.), with an aim to maximise the potential reach of messages and information. The Brazilian Red Cross has been using a drone in their home-to-home visits to show people the dangers posed by the *Aedes aegypti* mosquito breeding sites on their roofs.

Contact has been established with SC Johnson with an aim to coordinate the donation of repellents to be delivered in Alagoas (70,000) and Rio de Janeiro (30,000 to be distributed in August during the Olympic games). A total of eight state branches are already working with around 600 volunteers to implement informative and prevention actions each week.

The regional Zika team and the Brazilian Red Cross are thinking of ways to plan an information campaign on Zika to be carried out during the Olympic games, possibly on the metro and on urban buses, with the City of Rio de Janeiro as partners.



Brazilian Red Cross volunteers carry out an information campaign on the spread of Zika virus and they eliminate potential mosquito breeding sites in the city of Nova Friburgo, Rio de Janeiro state. Source: Brazilian Red Cross

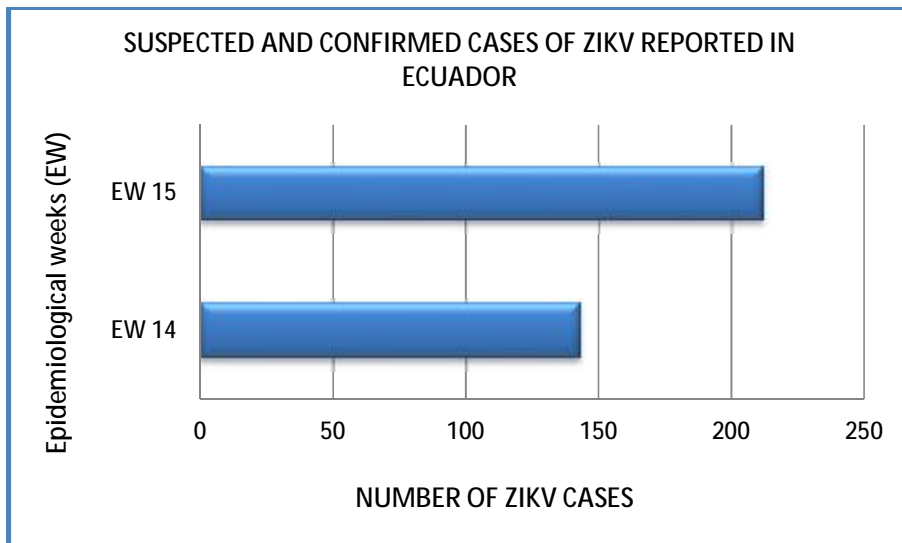
Colombia: The Colombian Red Cross Society is working with the American Red Cross, German Red Cross, the Spanish Red Cross and the Norwegian Red Cross and the regional Zika team to secure the necessary support for the joint implementation of its plan of action. This National Society also continues to work with the Ministry of Health and Social Protection, which has started health promotion actions in the media, delivering key messages. In addition, the Colombian Red Cross Society participates on the Water Cluster along with PAHO and other NGOs. As part of the plan, the National Society has carried out waste collection and water care activities in some communities. In terms of training, 15 (of 128 planned) community awareness raising in schools have taken place, 25 (out of 96) information actions in public gathering places, and one (of 160 planned) community workshops aimed at child-bearing aged women, the elderly and community leaders.

A country-wide Zika workshop for the members of management, as well as 8 (of 32 planned) departmental and 4 (of 66 planned) municipal workshops.

Ecuador: On 16 April 2016, a 7.8-magnitude earthquake struck off the coast of northern Ecuador, close to the towns of Cojimíes and Pedernales in Manabí province. In light of the sheer scope of the damages and needs that arose as a result, the Zika related activities contemplated for Ecuadorian Red Cross within this Appeal and Plan of Action have merged into the Ecuador Earthquake Appeal and Plan of Action.⁸

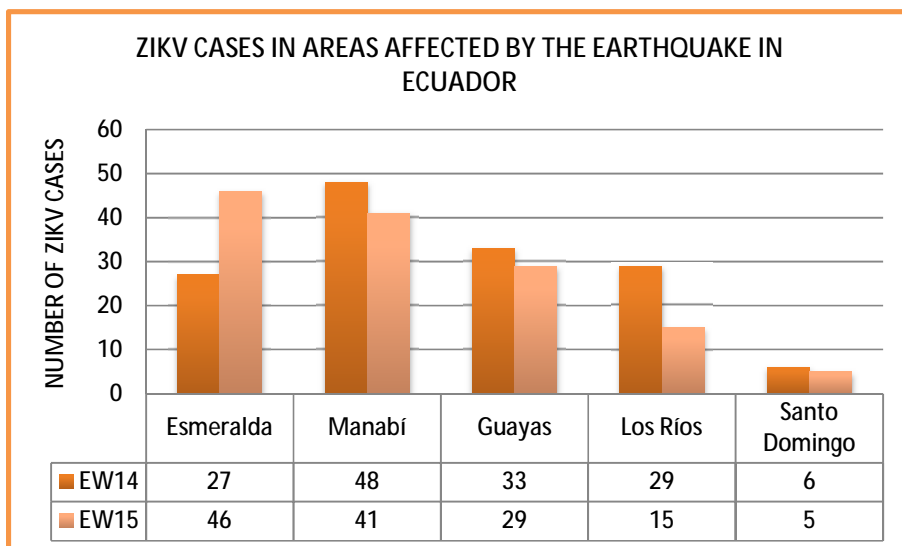
As of epidemiological week 15 2016, the Ecuadorian Ministry of Public Health has reported 212 Zika cases (confirmed and suspected), showing an increase in cases compared to epidemiological week 14, as shown in the following figure.

⁸ <http://adore.ifrc.org/Download.aspx?FileId=130779>



*Source: Epidemiological Report epidemiological week 15 from the Ecuadorian Ministry of Public Health

Despite the total increase in Zika cases during that week, most areas affected by the 7.8 earthquake have seen a downward trend in the number of case, with the exception of Esmeralda province, where there was an increase of 19 cases regarding the previous week:



* Source: Epidemiological Report epidemiological week 15 from the Ecuadorian Ministry of Public Health

Constant monitoring is essential. Even though there is a downward trend in the number of cases, the Ecuadorian National Institute for Meteorology and Hydrology is forecasting rain in some affected areas, which might favour the appearance of vector breeding sites and a potential increase in Zika cases.

EI Salvador: Members of the Zika team visited the Salvadorian Red Cross Society from 4 - 7 May to review, monitor and provide technical support to the activities currently being implemented. During the visit, two objectives were accomplished: to observe the implementation of the Community Engagement and Accountability plan of action; and secondly to present the Community Based Surveillance (CBS) model that has been already pre-tested in Panama, in cooperation with the Red Cross Society of Panama.

The Salvadorian Red Cross Society organized a two-day visit to two of the most vulnerable communities in San Salvador, Soyapango and Ilopango (with around 35 suspected cases each in epidemiological week 16). During these days, the Zika team observed how volunteers conducted chemical control supported by Zika prevention measures awareness at household level.



A SRC volunteer uses a megaphone to issue key messages during a community clean-up and education campaign in the municipality of Soyapango, department of San Salvador. Source: Salvadorian Red Cross

In addition, a visit was conducted to Fabio Castillo school, in the municipality of Ilopango, department of San Salvador, where the “*Mosquito seen, mosquito killed*” (*Mosquito visto, mosquito muerto*) campaign was being implemented with strong participation of students and teachers. The team also reviewed Information, Education and Communication (IEC) materials and participated in two radio programs to disseminate key messages.

On the third day, the CBS pre-pilot was presented to the NS and a meeting with the El Salvador University was held, aiming at exploring possibilities of centralizing the analysis of CBS forms and KAP surveys.

Implementation in El Salvador has been delayed due to security and social violence issues, as the targeted areas are influenced by the presence of street gangs.

Guatemala: On 17 March, the Ministry of Health, World Vision and the Guatemalan Red Cross jointly launched the communication campaign “Prevenir el Zika depende de mi y depende de ti” (It’s up to me and you to prevent Zika) in order to control de outbreak at a national level. The campaign was disseminated through the local media and social media. A support structure was established, integrated by a focal point, a substitute and eight volunteers who will work permanently on the project.

The following actions were taken with Red Cross branches, local authorities and communities with an aim to socialize and seek approval of the plan of action:

- Guatemala Red Cross presented the Zika plan of action to management in the Coatepeque, El Palmar and Mazatenango branches, as well as with the technical team and health area directors of the departments of Quetzaltenango and Suchitepéquez, with the participation of directors, epidemiologists and vector control specialists of the Ministry of Health.
- In the municipality of Santo Domingo Suchitepéquez, the Santa Lucía, Baritas and Urbano communities were selected to participate in the operation, as per the established selection criteria.
- The project was presented to the Santo Domingo municipal council, in Suchitepéquez.
- Meeting with leaders of the community of Santa Lucía in the Santo Domingo Suchitepéquez

- community with an aim to present the project and seek approval of the planned actions.
- The project was presented to the Coatepeque and El Palmar municipal councils in Quetzaltenango.
- ODK forms for family survey; Zika, dengue and chikungunya surveillance and daily report to inspector were finalized.

Activities carried out in the reporting period within the plan of action:

- Clean up campaign in 1,075 homes of the communities of Belén and Las Marías in the municipality of El Palmar, Quetzaltenango with the participation of El Palmar branch volunteers, Zika regional team staff, municipal health staff and students of the local Belén Institute.
- Guatemala Red Cross members provided follow up and support to two pregnant women who were confirmed as infected with Zika by the Ministry of Health. The women are residents of the Santa Lucía and Baritas communities in the municipality of Santo Domingo Suchitepéquez.
- 28 volunteers attended a workshop on epidemic control, code of conduct, field safety, ODK and Mega V
- The process of purchasing mosquito nets, repellent, larvacide and insecticide has been set in motion.



Workshop for volunteers of the Coatepeque, el Palmar and Mazatenango branches. Source: Guatemala Red Cross

Panama: The Panama Red Cross and the regional Zika team are piloting an initiative that involves the epidemiological surveillance and community engagement components of the regional and national plans. A pre-pilot community based epidemiological surveillance pre-pilot was implemented on 24 April in the Mateo Iturralde community, in the densely populated district of San Miguelito, province of Panama. During this action, the pilot tools were tested with an aim to validate them before starting the wider pilot. For this purpose, two surveys were used: 1) five question mini Zika-related KAP survey and 2) a specific five question Zika community based surveillance (CBS) using ODK. Focus groups were also defined to address: breeding sites and elimination measures, suspected Zika cases and adverse consequences, control measures and vector protection, rumour monitoring. In addition, awareness raising was made during house visits.

A random sample of 46 houses was chosen for the pre-pilot. The criteria for selection was to start at a random house and then continue with intervals of five houses, taking into account the size of the homes, with an aim to remain as close as possible to the maximum action ratio of the vector, which is 500 meters.

At the time, the information gathered through this pre-pilot is being reviewed and analysed, and adjustments to the pilot plan will be made so that it can be rolled out in the very near future. The aim of action in Las Garzas de Pacora is to implement the CBS system as a complement to the epidemiological surveillance system of the Ministry of Health in selected communities with aims to:

- Systematically and continuously monitor the existence of breeding sites so that elimination

- measures can be taken
- Monitor the appearance of new suspected Zika cases and the adverse effects of the infection in order to inform the Ministry of Health of new areas where transmission is taking place
- Monitor the state of sanitation and protection measures in relation to vectors in order to facilitate preventive and risk communication strategies with communities
- Monitor the initiation of rumours, stigma and lack of information or incorrect information

This initiative also seeks to engage and empower communities where actions take place.

Venezuela / Paraguay: The Venezuelan Red Cross and the Paraguayan Red Cross are in the process of finalizing their plan of action.

Overview of Red Cross Red Crescent Movement

American Red Cross: Amcross has a First Aid mobile app, to which they want to add a Zika virus section. The regional Zika health team is collaborating with Amcross with technical validation of the information. The app will provide information on Zika key facts and symptoms, treatment, personal and home protection, breeding sites at home and in the community, pregnant women and Zika, microcephaly, chikungunya and dengue, and FAQs on Zika.

Partner National Societies that have contributed to this appeal whether in kind or with cash contributions include: American Red Cross, Canadian Red Cross and government, Finnish Red Cross, Japanese Red Cross and government, Netherlands Red Cross and government, Norwegian Red Cross, Red Cross of Monaco, Spanish Red Cross and Swedish Red Cross.

Overview of non-RCRC actors

- **PAHO/WHO** has made available a Zika research database that compiles published and on-going research papers related to the ZIKV infection: <http://www.paho.org/zika-research/>
- **United Nations Development Programme (UNDP):** Joint mechanisms are being explored aimed at maximizing Zika advocacy in the region. The idea is to have a partnership to improve visibility of the crisis and show its social impact. While the process is still in preliminary stages, it is likely that it will include a study on the socio-economic impact of Zika in Brazil, Suriname and Colombia. It is currently being analysed if other countries will participate in this initiative.
- **UNESCO:** Collaboration with the IFRC communications team for the production of 3 radio spots to be broadcast regionally.
- **Save the Children:** Education, Information and Communication material kit, originally produced by Save The Children, will be jointly updated and used regionally by IFRC and disseminated to all NS. New specific materials targeting pregnant women and couples in sexual and reproductive age will be jointly produced by IFRC and Save The Children..
- **UNICEF:** Meetings have taken place to search for synergies between the regional Zika communications plan and UNICEF's regional health cluster Zika cell on issues related to communications. Moreover, IFRC is currently exploring possibilities of using U-Report social messaging tool aiming at collecting feedback information, and rumours among communities in the NS' countries.
- **Inter American Development Bank:** Dialogue is on-going to explore possible synergies and available resources.⁹
- **ECHO Americas:** On-going dialogue to explore available resources.
- **SC Johnson:** A strategic partnership has been established with this private company for the donation of 425.000 units of insect repellent and repellent coils, to be delivered by SC Johnson directly to the National Societies of Argentina, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Guatemala, Panama, Peru and Venezuela. This donation is part of a total of USD 1.5 million in personal protection products that the company will donate to the Red Cross. SC Johnson has chosen the Red Cross as the recipients of this donation in view of the widely known extended reach of the Red Cross grassroots network. As an important fact, 30,000 of these units will be distributed in Rio de Janeiro during the Olympic games.¹⁰
- **CARPHA:** Caribbean Mosquito Awareness Week will be held this year from May 9 – 15. IFRC was invited to participate in this event, which is especially relevant in light of the rising presence of Zika virus in the Caribbean and the start of the rainy season. Other mechanisms for collaboration with

⁹ <http://www.iadb.org/es/noticias/comunicados-de-prensa/2016-02-25/lucha-contra-el-zika,11407.html>

¹⁰ <http://www.prnewswire.com/news-releases/sc-johnson-and-ifrc-join-efforts-to-protect-families-from-the-zika-virus-300262255.html>

- this partner are currently being explored.
- **University of El Salvador:** During the mission to El Salvador, Zika team will meet with Salvador University to explore possibilities of centralizing the data analysis from CBS and KAP surveys under scientifically and academically sound perspective.

Needs analysis and scenario planning

This reporting period has not seen a significant variation in the needs and planned actions. Rather, the regional Zika team and the National Societies that will participate in this appeal are finalizing their plans, optimizing their operational structures and starting implementation of planned actions. The most significant change to the plan during the period is the transfer of all actions planned in Ecuador to the earthquake operation.

Risk Analysis

With the changes in seasons in the northern (warmer temperatures, increased rainfall) and southern hemisphere (cooler temperatures, increased rainfall), and the expected appearance of La Niña phenomenon (increased rainfall), it can be expected that vector breeding conditions will pose an increased risk. This element must be kept in mind by all RCRC actors in the field, especially when carrying out epidemiological surveillance, community engagement, clean-up and protection actions.

A thorough analysis has identified the difficulties faced in defining the magnitude of the Zika virus outbreak and the future spread of the virus. There are various factors that make difficult to define the magnitude of the actual Zika outbreak and predict its behaviour and spread in the next months.

- The **presentation and development of the disease:** the fact that 80% of cases are asymptomatic (Brazilian authorities now believe that since transmission started, over 1 million people might have been infected and not have manifested signs or symptoms) and that most of symptomatic cases present mild signs and symptoms reveals that reported cases represent just a small proportion, only the tip of the iceberg regarding the real number of people that have been infected. It is quite possible that we are underestimating the number of pregnant women infected with Zika who may be at risk of having a baby with microcephaly or other neurological problems.
- The **variability in access to health care** in different areas of the affected countries.
- The **symptoms** similar to other arbovirus such as dengue and Chikungunya make an accurate diagnosis difficult.
- **Transmission to other new geographical areas of the Americas Region:** the population in Latin America had never been previously exposed to this virus. The fact that the vector is now circulating in most countries of the region and that the population is not immune to the virus helps its fast and explosive spread.
- **Climate:** climate conditions with continuous rain and high temperatures help the survival and reproduction of the mosquito.
- **Response strategies** to the outbreak: effective control strategies (clean-up, elimination of breeding sites in communities, community engagement and social mobilization campaigns among the population) will contribute to the decrease of the Zika virus circulation.

B. Operational strategy and plan

Overall Objective

The objective of this appeal is to ensure that National Societies in affected and/or at risk countries in the Americas are able to effectively and efficiently support national and community measures to reduce risks associated with Zika infection.

Specific Objectives

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

Objective 2: Reduce transmission of Zika in areas where outbreaks are reported through effective and sustained vector control activities.

Objective 3: Mitigate public health consequences of Zika virus outbreak through dissemination of targeted information and commodities for pregnant women to reduce the risk of infection and through provision of psychosocial support to address stigma and discrimination.

Proposed strategy

This operation aims at supporting National Society response across a number of areas of work through providing necessary resources at country-level. It also looks to ensure that the appropriate human resources are in place at each level to achieve the aims of the strategy. Interventions to control the impact of the current outbreak approach the vector as well as the social impact of the outbreak.

The strategy is based on **10 key interventions** for which there is evidence that these - if implemented correctly by National Societies in affected countries - could contribute significantly to achieving all three objectives laid out in this plan. The original plan can be found on the Global Zika Appeal.¹¹

All plans submitted by National Societies have been composed using this guidance, which means that even if areas of focus and/or specific actions might differ from one National Society to another, everything should fit under that framework.

Aside from framing all actions within these 10 pillars, the plan has a strong capacity building component, as all staff and volunteers taking part will receive training and information that will stay with the NS. Coordination is also a strong element of the strategy, as it should be with the sheer number of National Societies taking part in the appeal.

Operational support services

Human resources

The operation currently has in place the following staff:

- 1 Coordinator
- 1 Public Health Delegate
- 1 Epidemiology RIT
- 1 Financial Advisor
- 1 Community Engagement Delegate

During the reporting period, two Spanish Red Cross delegates were on mission to support in vector control. Canadian Red Cross also funded a coordinator for one month (February), and a Public Health Delegate who has ended mission. Norwegian Red Cross funded an epidemiology FACT member who ended mission during the reporting period. The British Red Cross lent its support by sending on mission an Information Management specialist for one month.

With a good portion of the human resources now in place, recruitment is underway for an Information Management Delegate, a PMER Officer, a Communications Officer, a Psychosocial Support Officer and a Watsan Officer.

The team is coming together, and as it finds its synergy, it continues to expand in number and to provide technical and sometimes operational support to the National Societies participating in this appeal.

Logistics and supply chain

Within the regional operation, a small amount of purchases has been made. It is foreseen that most purchases will be made locally, under the plan of each National Society. So far, 3,000 mosquito nets have been purchased for Bolivia, 8,000 mosquito nets for Panama and 600 mosquito nets for El Salvador.

Information technologies (IT)

The use of ODK requires that all volunteers and staff to be involved in that segment of the operation have access to equipment that will enable them to use that tool. Prior to starting the CBS pre-pilot project in Panama, the Red Cross Society of Panama received specific training both on CBS methodology and on ODK usage. Volunteers received a theoretical and practical training and all of them were able to use ODK tool with their own or NS smartphones. The ODK training lasted a half-day and that time proved to be

¹¹ <http://adore.ifrc.org/Download.aspx?FileId=120729>

enough for all volunteers to efficiently use ODK during the pre-pilot. IFRC currently has an ODK training package and a technical expert to facilitate it. This package is ready to use upon NS request, and it can be tailored to specific needs.

Communications

The Communications and community engagement in this appeal is crucial. In fact, the communications campaign that is being implemented by the Red Cross in the Americas is at the forefront of building stronger channels of communication with external stakeholders including media, partner organizations and governments and authorities.

The communications capacity of the affected National Societies is heterogeneous, which is why at the national and local levels actions might be different from one country to another, always with the support of the regional team. At this time, ten national communications plans are being implemented. In addition, there are regional actions that are taking place with local and regional stakeholders.

During this reporting period, a Community Engagement and Communications (CEA) workshop was held facilitated by Geneva and Zone staff in CEA for 6 National Societies: Brazil, Colombia, El Salvador, Guatemala, Honduras and Panama. This workshop produced three main outputs:

1. A format for the development of a CEA plan of action at NS level
2. A concept note for the operationalisation of the U- Report at NS level
3. Recommendation of key CEA messages CEA at operational level

The communications team also lent its support to the development of the Zika section on Amcross' First Aid App, so that the standardized visuals and messages defined by IFRC for this operation are observed.

Together with UNESCO, the communications team produced 3 radio spots to be broadcast regionally. Other materials were also produced, such as videos, press releases, testimonials, photographs, social media content, key messages, facts and figures, info graphics and one microsite.

Two important aspects that the communications component can address are awareness raising and rumour monitoring. This was tested during the pre-pilot implemented by the Red Cross Society of Panama on 24 April in the San Miguelito area.

Planning, monitoring, evaluation, & reporting (PMER)

The operation is in the process of recruiting a PMER officer. Meanwhile, the regional PMER team has been providing inputs and specific support to the operation in PMER matters. A common monitoring/tracking tool is being developed by a consultant, who is working closely with the Zika team and the regional PMER team with an aim to produce a tool that will serve the purpose of collecting all relevant information from the National Societies that participate in this appeal, which will make reporting on regional and national sound and relevant. A draft of this tool is scheduled to be presented to National Societies at the end of May during a workshop to be held in Panama.

Administration and Finance

During this reporting period, a weekly follow up mechanism has been established with each National Society for finance matters. The conditions of earmarked contributions have been assessed with an aim to distribute funds evenly among each NS plan of action. A technical support visit was made to Brazil to address financial matters, specifically to build the capacity of the staff in charge of this aspect.

Reference documents

æ

Click here for:
Previous Appeals and updates
Emergency Plan of Action (EPoA)

Contact Information

For further information, specifically related to this operation please contact:

In the IFRC's Regional Offices:

- **Americas Region Office:** Iñigo Barrena, Coordinator of Disaster and Crisis Prevention, Response and Recovery; ci.barrena@ifrc.org, +507 317-3050
- **Africa Region Office:** Adinoyi Adeiza, Health Coordinator, adinoyi.adeiza@ifrc.org, +254 20 238 5000
- **Asia Pacific Region Office:** Jay Matta, Acting Regional Health Coordinator, jay.matta@ifrc.org, +60 3 9207 5700
- **Europe Region Office:** Mahesh Gunasekara, Health Coordinator, mahesh.gunasekara@ifrc.org, +36 1 888 4500
- **Middle East and North Africa Region Office:** Maki Igarashi, Health Coordinator, maki.igarashi@ifrc.org, +961 5 428 444

In IFRC Geneva:

- **Head of Zika cell:** Dr Julie Hall, Director Health Department, Julie.hall@ifrc.org, +41 22 730 4222
- **Operations Quality Assurance:** Cristina Estrada, cristina.estrada@ifrc.org, +41 22 7304529

How we work

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

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



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



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



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