



ZIKV Response to the Zika Virus in Latin America and the Caribbean

Prepared by: [UNICEF LACRO with inputs from UNICEF COs - March 2017](#)

Contents

Abbreviations and Acronyms	3
I. Executive summary.....	5
II. Humanitarian context.....	6
III. Humanitarian Results	7
3.1. Results Table.....	7
3.2. Narrative Reporting	8
Detection	9
Prevention	9
Care and Support.....	13
IV. Coordination and key partnerships at the country and regional level.....	14
V. Sustainability of the response	15
V. Monitoring and Evaluation.....	18
VI. Financial implementation.....	19
VII. Future work plan	21
VIII. Expression of thanks.....	23
IX. Annexes	24

Abbreviations and Acronyms

AJI	Child and Youth Councils
APROFAM	<i>Asociación Pro Bienestar de la Familia</i>
ARPAS	<i>Asociación de Radios Comunitarias Participativas de El Salvador</i>
ASCATED	<i>Asociación de Capacitación y Asistencia Técnica en Educación y Discapacidad (Guatemala)</i>
ASHONPLAFA	<i>Asociación Hondureña de Planificación Familiar</i>
ASPRODE	<i>Asesoría a Programas y Proyectos de Desarrollo (El Salvador)</i>
ASSIST	Applying Science to Strengthen and Improve Systems Project
ATPI	<i>Asesores Técnicos Pedagógicos para la Primera Infancia (El Salvador)</i>
C4D	Communication for Development
CBM	Christian Blind Mission
CBR	community-based rehabilitation
CDC	Centers for Disease Control and Prevention (USA)
COMUDES	Municipal Committees for Development (Guatemala)
CZS	Congenital Zika Virus Syndrome
DECOAS	<i>Departamento de Educación y Comunicación Ambiental y Salud (MoE Honduras)</i>
DIGPRES	<i>Dirección General de Promoción y Educación en Salud (Dominican Republic)</i>
ECD	Early Child Development
EW	Epidemiological Week
HC3	Health Communication Capacity Collaborative project
IGSS	<i>Instituto Guatemalteco de Seguridad Social</i>
ISSS	<i>Instituto Salvadoreño del Seguro Social</i>
INABIE	<i>Instituto Nacional de Bienestar Estudiantil (Dominican Republic)</i>
INAIPI	National Institute of Integrated Early Childhood Attention (Dominican Republic)
INGO	International non-government organization
INSALUD	<i>Instituto Nacional de la Salud (Dominican Republic)</i>
KAP	Knowledge, Attitudes, and Practices
LAC	Latin America and the Caribbean
LAC- RO	Latin America and the Caribbean Regional Office
MCDI	Medical Care Development International
MINERD	<i>Ministerio de Educación de la República Dominicana</i>

MoE	Ministry of Education
MoH	Ministry of Health
MSP	Ministry of Public Health
NGO	Non-government organization
ODECO	Organization for Ethnic Community Development (Honduras)
OPS (PAHO)	<i>Organización Panamericana de la Salud</i>
PAHO	Pan American Health Organization
PASMO	Pan American Social Marketing Organization
PCA	Project Contract Agreements
PHEIC	Public Health Emergencies of International Concern
PMI	<i>Pastoral Materno Infantil</i> (Dominican Republic)
PSI	Population Services International
PROVIDA	<i>Asociación Salvadoreña de Ayuda Humanitaria</i> (El Salvador)
SESAL	<i>Secretaría de Salud</i> (Honduras)
SNS	National Health System
RTI Int.	Previously “Research Triangle Institute”
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
URC	University Research Co.
USAID	United States Agency for International Development
WHO	World Health Organization
WV	World Vision

I. Executive summary

In 2016, the World Health Organization (WHO) launched the inter-agency ZIKV Strategic Response Plan (SRP) to guide the ZIKV response. As part of UNICEF commitment to promote and guarantee the rights of children in emergencies, the **UNICEF global response plan for 2016 included five strategic objectives: 1) detection; 2) prevention; 3) care and support; 4) research; and 5) coordination.** Drawing on its expertise in communication for development and using multi-sectoral approaches for children with disabilities, UNICEF LACRO designed and implemented a Zika virus infection (ZIKV) response strategy focused on **supporting national governments, partners and communities to control the spread, manage the complications and mitigate the consequences of ZIKV in children and their families.**

During the reporting period and with the funds received and reported in this document, **UNICEF acted in more than 30 countries and territories in Latin American and the Caribbean (LAC) to protect women and children from ZIKV and mitigate its impact.** By leveraging our comparative advantage and partnerships, UNICEF actions in 2016 have **focused on national and local level protection and prevention and supporting the provision of non-clinical care and support** for affected children and families. One of the key results in 2016 was the elaboration of UNICEF ZIKV Response adapted plans for each country, in close collaboration and complementarity with Ministries of Health and Education from countries.

In the detection and **prevention of ZIKV**, UNICEF efforts in the first months of the intervention **focused on supporting risk communication strategies and providing strategic orientation for updating or elaborating the national risk communication and community engagement plans** in countries.

UNICEF also contributed to media campaigns at national and local levels. UNICEF has completed an **extensive review of the evidence from risk perception and KAP studies** developed by different institutions in each country to identify the gaps and to promote evidenced based actions in the current national communication plans related to ZIKV.

In most of the countries where the emergency response has been launched, **UNICEF has contributed to community engagement with civil society groups, teachers from schools, health providers, adolescents and local authorities.** Particularly with the youth, UNICEF through existing social communication channels, has ensured regular posts such as news items and videos with ZIKV related information. The use of **innovative approaches** such as U-Report has allowed UNICEF to use **communications tools used by youth, adolescents (and other groups) via mobile phones to bring about positive social change** related to ZIKA.

In 2016, the UNICEF intervention resulted in more than 162 million people reached with prevention messages through mass social and digital media campaigns carried out in 18 countries in LAC. Nearly 130,000 children and adolescents have been trained and are actively participating in social mobilization activities at the community level across the region.

In terms of care and support, actions have been taken in several countries to **analyze capacities and existing national mechanisms and policies for care and support of young children affected by ZIKV and other congenital malformations**, identifying gaps and prioritizing actions to strengthen the services at the national and local level. One of the key results during this period has been the **multi-sector mobilization of governmental institutions and partners to review existing tools, policies, guidelines and coordination mechanisms of child care and family support** for those affected by ZIKV and other congenital malformations. As part of the response, the **communication for development strategy is being included in care and support** to help countries **identify actions and materials specifically related to the care and support of children with disabilities.**

UNICEF actions resulted in **providing strategic direction and support to country offices and partners through the identification, revision and dissemination of related global and regional technical documents on child development, early stimulation, early intervention, family support and childhood disability**, either produced by UNICEF or by other agencies such as PAHO. A significant action of the reporting period has been **the elaboration of a technical note for care and support¹**, which has served countries to orientate care and support strategies. Although still a work in progress, UNICEF has **produced a first draft of the “Essential Child Care and Family Support Package”**, beginning with an Essential Framework to guide the development of a context-based service model for multi-sector, community-based, family focused care and support in each country.

In coordination, during 2016 UNICEF **established partnerships and coordination mechanisms at regional, national and local levels** with key stakeholders. A priority for the next period includes ongoing actions to **ensure that coordination and technical support mechanisms established at the national level are strengthened at the local level** to promote complementary approaches, synergies and avoid duplication of activities.

Reflecting on lessons learned in 2016, UNICEF found that the ZIKV response **opened opportunities to expand and impact other health problems at the country level**, such as the prevention of dengue and chikungunya and the care and support of children with disabilities beyond those related to ZIKV. In that sense, the emergency response implemented in the selected countries has **strengthened the links between immediate life-saving and humanitarian protection, with longer term development results**, such as strengthening the capacities and systems for national and local resilience in the face of future outbreaks of vector born diseases in the region.

II. Humanitarian context

Latin American and the Caribbean (LAC) is the most ZIKV- affected region in the world. The latest PAHO reports from epidemiological week (EW) 45 (9 Mar. 2017) show that a **total of 746,806 suspected and confirmed ZIKV cases** have been reported by **46 countries and territories in the region**, and **2,671 cases of Congenital Zika Virus Syndrome (CZS) have been reported in 19 countries and territories**. Furthermore, three LAC countries have reported evidence of person-to-person ZIKV transmission, most likely via sexual transmission (WHO, 2 Feb. 2017). While many countries have reported a decrease in new cases, **the number of infections and the number of new-borns with CZS continues to rise, with pregnant women and women of childbearing age remaining the highest-risk groups.**

After a review of the latest epidemiological data and discussions with PAHO, WHO and CDC, the consensus is twofold: first, **ZIKV has affected the most vulnerable and disadvantaged communities, and second, the epidemic is not yet over in LAC.** As observed in all countries in the region, the epidemic is affecting largely poverty stricken urban and peri-urban areas with no access to adequate water, sanitation and hygiene services and where nutritional, education and health services are very limited. In fact, most of the reported cases of CZS are found in families with low income levels living in poor areas as observed in Brazil and Colombia, the two countries with the most reported CZS cases in the region. In terms of the evolution of the epidemic, **a second or third wave of infections is expected in most LAC countries and territories in 2017 and 2018**, excluding the smaller Caribbean islands that have reached herd immunity levels of >50 per cent zero prevalence. It is likely that the virus will spread to new areas and populations not yet affected or which have not reached herd immunity levels and that it will be of lower intensity than previous waves.

In terms of the magnitude of long term disabilities caused by ZIKV, recent research shows that the **number of children affected by CZS is probably much higher than currently estimated** due to gross under-reporting of

¹ Non-clinical care and support to families with children affected by ZIKV and Disabilities.

microcephaly, with only 25 per cent confirmed of the total cases. In addition, **there is a high incidence of other disabilities conservatively estimated to affect 10 per cent of all infected pregnant women.** The number of countries affected and the incidence of new cases of microcephaly continue to increase, with Mexico being the latest country to report its first case. **The under-reporting of microcephaly implies that the estimate of over 2,671 cases of microcephaly in March 2017 represents only the tip of the iceberg;** PAHO and WHO speculate that tens of thousands of children may be affected in one way or another.

Regarding the humanitarian impact of the epidemic specifically on children and their families, the **consequences include a wide range of negative outcomes at the psychological, social and economic level.** One of the first problems faced by pregnant women with ZIKV is a high level of uncertainty, stress and fear, as it is not yet clear what risk factors increase the likelihood of having a baby with CZS. Once a baby is born with CZS, families potentially face other problems such as **rejection from parents, relatives and neighbours, mostly related to stigma.** In terms of economic impacts, mothers usually become full time caregivers, **leaving their jobs in most cases and negatively impacting the financial status of the family.** As observed in all countries, the care and support services for these children require that families invest in additional resources for transportation to health services, medicines and rehabilitation tools, **putting extra pressure in the already fragile economy of the families.**

The burden of the epidemic is also **affecting health, family planning, counselling and social protection services at both national and local level.** In most countries in LAC, these services are already overwhelmed and are **not currently prepared with the capacity and resources to provide quality and timely services** for children with CZS and their families. As observed in Brazil and Colombia, one of the main constraints faced by the affected population is access to specialized services such as laboratories and specialized medical care which are often only available in major cities and capitals. Again, this means that already burdened families require additional time and resources to reach the services.

The November 2016 WHO declaration that the ZIKV epidemic was no longer a Public Health Emergency of International Concern **places the responsibility for response on long-term programmes;** like dengue and chikungunya, ZIKV is here to stay. Despite the end of emergency status, it is widely recognized that the **consequences of the outbreak will be with us for years to come, as the range of long-term impacts and consequences is still unknown.** PAHO, WHO, UNICEF and others are advocating to ensure that the **focus shifts to long-term containment efforts more in line with those used to combat malaria, yellow fever, dengue and chikungunya.** On 10 March 2017, WHO asserted that the global risk assessment had not changed and that ZIKV “continues to spread geographically to areas where competent vectors are present; therefore, vigilance against ZIKV and its consequences should remain high in the agenda of countries.” UNICEF will continue to support LAC governments in this regard.

III. Humanitarian Results

3.1. Results Table

The most relevant ZIKV programme indicator for the intervention is the number of people reached in the region with preventive ZIKV messages. Preventative ZIKV messages were designed to address the transmission of the epidemic, risk perception and knowledge of its consequences.

In 2016, the humanitarian funds received contributed to *reach 162 million people (of the 200 million goal) with preventative messages through mass, social and digital media communication campaigns.* Substantive progress

was also made on other targets in areas of ZIKV control and prevention and environment management interventions.

In working with families with children affected by CZS, programme efforts have been focused both on strengthening national capacities, such as specialized protocols and training health providers, and on supporting communities and schools described in the table below.

Indicators of UNICEF ZIKV Response in 2016	UNICEF 2016 Target	UNICEF Total Results
Public Outreach: # of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns	200,000,000	162,248,501
Community Engagement: # of departments/municipalities in the region reporting the implementation of communication strategies for individual and community empowerment for control and prevention of ZIKV.	1,671	1,389
# of families reached with social mobilization and interpersonal communication ZIKV prevention sessions	531,089	246,619
Child and Adolescent engagement: # of children and adolescents participating as agents of social mobilization at community level	1,121,626	134,186
# of pregnant women benefited with UNICEF-supported interventions to prevent ZIKV	163,400	31,316
# of students enrolled in schools where ZIKV UNICEF- supported interventions activities are implemented	13,217,458	477,357
# of people benefited by UNICEF-supported environmental management interventions	138,200	233,928

These quantitative indicators will be complimented with a set of knowledge, aptitudes and practices research that will be conducted to increase qualitative information about ZIKV Response. This research is oriented to four target groups: adolescents, pregnant women, health providers and families with children affected by CZS.

UNICEF continues to strengthen the evaluation of the response in the high-risk population and to adapt monitoring strategies where necessary.

3.2. Narrative Reporting

In 2016, emergency funds have contributed to ZIKV prevention through risk communication, community engagement, coordination and capacity building, and allowed crucial progress to be made in the area of care and support for children with CZS and their families.

The flexibility of humanitarian funds has allowed UNICEF to use its emergency experience in coordination, Communication for Development (C4D) monitoring and evaluation, education, health, ECD and WASH.

During the reporting period, UNICEF country offices and LACRO have increased their capacity to respond to the ZIKV epidemic by establishing country and regional ZIKV teams such as the one based in Panama. These teams have experts in C4D, care and support, monitoring and evaluation, WASH and communication and are responsible for ensuring technical assistance, coordination and quality assurance of the ZIKV response in all countries in LAC in addition to ensuring strategic and technical representation and coordination of UNICEF in the region.

UNICEF has supported governments and partners through technical and strategic assistance, capacity building, supporting implementation and coordination of national ZIKV response plans. This support was focused in detection, prevention and care and support. Five key documents and technical guidelines were elaborated by UNICEF in 2016 for this purpose:

- Risk communication and community engagement for Zika Virus Prevention and Control.
- Aedes Aegypti vector control measures in the context of Zika.
- Key Messages and Actions for Zika Prevention and Control: Guide for Schools.
- Non-clinical Care and Support to families with children affected by Zika and disabilities.
- Integrated Response Model for Zika Response planning.

Detection

One of the first hurdles of ZIKV response is detection. The risk perception of ZIKV is low due to lack of knowledge of the disease and its possible consequences, but also because ZIKV is often confused or associated with other vector borne diseases such as dengue and chikungunya, which local populations have lived with for decades.

Since the start of the epidemic, UNICEF has supported government efforts in the design and implementation of risk communication campaigns to reach the public through a variety of channels.

Thanks to emergency humanitarian funds, UNICEF support in 2016 allowed the rapid launch of risk communication campaigns in LAC aimed principally at pregnant women. The campaigns contributed to increased knowledge of ZIKV prevention in addition to symptoms, possible consequences of ZIKV and the importance of accessing health services if necessary.

Humanitarian funds also allowed UNICEF to contribute to the *training of health personnel in identifying symptoms, diagnosing the virus and counseling pregnant women* who attend their routine prenatal check-ups about the illness. UNICEF has ensured that *more than 30,000 pregnant women now have improved knowledge about ZIKV and methods to prevent the virus, thanks to counseling on the part of health personnel*. This intervention has had a catalytic effect on increasing the number of other pregnant women covered by government or other partners.

These efforts are framed within resilience strategies to reinforce health systems and community capacity, ensuring that services and the population both gain the required knowledge to put in place conditions that allow for the long-term prevention and mitigation of the impacts of ZIKV.

Countries such as Bolivia and Guatemala provide examples of how detection work has been undertaken. In Bolivia, 73 per cent of health personnel in the seven target municipalities have improved their both ability to diagnose ZIKV as well as the detection of microcephaly attributed to ZIKV. In Guatemala, UNICEF trained health personnel in awareness of the causes and consequences of the ZIKV, providing information about risk populations and how to offer relevant and pertinent information.

Prevention

Thanks to prevention actions promoted by UNICEF, the population in general, and specifically pregnant women, now has improved knowledge about ZIKV, its symptoms, consequences and the methods of preventing the illness.

The UNICEF strategy has been to support government risk communication and community engagement plans, making UNICEF work in intersectoral coordination, the development of a communication strategy and the production of prevention materials key. UNICEF LACRO developed four evidence-based research briefs on topics such as risk communication and community engagement:

- Practices that have demonstrated results and are replicable in vector control in the prevention of dengue, chikungunya and ZIKV; <www.zikacommunicationnetwork.org/resources/literature-review-1-community-participation-practices-have-proven-results-and-are>
- Factors influencing the decision of couples about having children, taking into consideration the risk of possible congenital malformations caused by ZIKV; <www.zikacommunicationnetwork.org/resources/literature-review-4-factors-influencing-decisions-couples-about-having-children-taking>
- Effective strategies to encourage the adoption of personal protection behaviours in the prevention of dengue, chikungunya and ZIKV; <www.zikacommunicationnetwork.org/resources/literature-review-3-effective-strategies-encourage-adoption-personal-protective-behaviors>
- Challenges and barriers to participation in vector control interventions in the prevention of dengue, chikungunya and ZIKV; <www.zikacommunicationnetwork.org/resources/literature-review-2-challenges-and-barriers-participation-vector-control-interventions>

These briefings have guided UNICEF country offices and partners at the regional and country level to update and revise national communication and community engagement strategies.

UNICEF also supported the emergency rapid response through risk communication via national mass media such as TV, radio and social media. In the first phase of the response, communication focused on increasing knowledge about the disease and how to prevent it in order to increase risk perception in the general population.

UNICEF work has allowed local actors to be better trained in promoting community engagement strategies for the prevention of ZIKV. Populations in at-risk areas have been reached through multiple communication and social mobilization strategies, such as interpersonal communication, social mobilization and work in schools.

UNICEF has promoted innovation during the response, such as the use of Global U-Report, a strategy that has allowed UNICEF to connect with youth and the target population. During this period, the promotion of Global U-Report via social media has allowed a five-fold increase from 437 to 2,277 U-Reporters in LAC between September 2016 and March 2017.

Risk communication

UNICEF supported risk communication activities at the national level in close collaboration with government. The main objectives were to provide information to increase the awareness of the importance of prevention (vector

control and sexual transmission) and to promote personal protection for the target most vulnerable population of women of childbearing age and pregnant women living in high-risk areas.

UNICEF contributed to the design of creative concepts for ZIKV prevention and supported communication through national, local and social media. The Social Media Strategy for ZIKV prevention on digital platforms was disseminated through Facebook and Twitter and consisted of publishing messages to promote the prevention of ZIKV through good practices related to vector control and self-protection to avoid mosquito bites and sexual transmission.

The following are country-based examples of UNICEF risk communication work in LAC in 2016:

- In Colombia, UNICEF implemented risk communication actions in collaboration with the Ministry of Health, Social Protection and Ministry of Education.
- In Jamaica, the National Family Planning Board-Sexual Health Agency conducted a series of focus group discussions with adolescent girls and young women aged 15-24 across the island. The messages were placed on the island's most highly rated national television station and a station dedicated to popular music and culture that enjoys a strong youth audience. It is estimated that some 1.2 million people have viewed the material.
- In the Eastern Caribbean, UNICEF worked through a variety of communication channels to disseminate messages to adolescents and children. These include local television, social media (primarily Facebook) traditional radio, posters and brochures.
- The communication strategy in Honduras resulted in 725,949 people reached through mass media channels, 530,471 through Facebook and Twitter and 195,478 through national TV channels.
- Suriname reached approximately 400,000 people through the mass media, and 340,000—100 per cent of coastal dwellers—received information packs.
- In Venezuela, UNICEF lead a Ministry of Health-PAHO communication campaign focused on preventive messages about the *Aedes aegypti* mosquito bite, tips to identify ZIKV symptoms and appropriate treatment.
- In Belize, under an informal agreement with SMART, a major telecommunication company, UNICEF produced a list of Short Message Service (SMS) messages designed with the technical support of PAHO and the approval of the Ministry of Health.
- In Costa Rica, UNICEF designed and implemented the Communication Strategy with the Ministry of Health and the Ministry of Education, with the Action Plan currently being implemented.

Interpersonal communication and social mobilization at the local level

UNICEF, working with community partners and local authorities, has reinforced capacities in community health workers, teachers and other key local stakeholders to reach the population through community-level strategies targeting mainly women of childbearing age and pregnant women.

UNICEF work contributed to women and their immediate families being better prepared to take household-based measures to improve ZIKV prevention and personal protection. By reinforcing capacities, delivering communication and educational materials, and supporting the coordination, local institutions and actors are better equipped to undertake community-based efforts to prevent and control ZIKV infections.

Communication activities at the community level have been key in mobilizing people to undertake prevention and control actions within their families and communities. The following are examples at the country level:

- In Bolivia, at the departmental level, a total of 248,859 people were reached through the implementation of a ZIKV preventive C4D strategy consisting of inter-institutional coordination; key actor mapping; training sessions targeting community organizations/leaders (such as health, education and WASH technicians/staff), school communities (teachers, students and parents associations) and health sentry soldiers to ensure replication of key messages; social mobilization actions to execute the community-based elimination of mosquito breeding sites; and technical assistance in the design, production and dissemination of communication materials.
- In El Salvador, 117 women and 50 men, members of *Instituto Salvadoreño para la Niñez y la Adolescencia* (ISNA) staff, have been trained in workshops using table games to present themes on ZIKV transmission. UNICEF has reached 11,500 children, adolescents, and youth and 1,000 pregnant women with key messages in 70 schools from 33 municipalities with the highest ZIKV incidence rate.
- In Cuba, UNICEF supported the Ministry of Public Health through the national social communication campaign *Cuida tu Sueño*. The campaign promotes healthy behaviors, preventive care and early diagnosis in pregnant and childbearing age women. The C4D campaign materials were conceptualized, produced and distributed, and the campaign was officially launched at the national level.
- In Peru, UNICEF has implemented decentralized activities in the high-risk areas of Loreto and Amazonas, strengthening multi-sectorial action, building capacity, disseminating communication materials through TV and radio and strengthening community participation proposals with implementing partners.
- In Ecuador, UNICEF efforts focused on the population directly affected by the earthquake, which had become more vulnerable to ZIKV. Those who lost their homes, especially those living in temporary shelters, were exposed to poor sanitation conditions which increased the risk of mosquito-born disease such as ZIKV, chikungunya, and dengue fever and posed an immediate public health threat.
- In the Dominican Republic, the intervention had two focuses: to develop a C4D strategy for ZIKV emergency response for prevention and mitigation throughout the country and to raise community awareness and community-based vector control through UNICEF and NGO partner support. 400 volunteers were trained on ZIKV transmission, identification, symptomatology, breeding site elimination, and self-protection and carried out home visits to 12,000 families living in marginal urban areas and high-risk provinces. Priority was given to households with pregnant women and/or women of childbearing age, and families were provided with basic information, practical demonstrations, and follow-ups in the home.
- In Surinam, UNICEF supported the Ministry of Health to conduct a national level awareness campaign through mass media, household visits, and the production and dissemination of communications materials for behaviour change, including the interior of the country.
- In Jamaica, UNICEF supported efforts with the Ministry of Education to promote awareness of vector-borne illnesses including ZIKV among school children across the island.

Schools and adolescents

Through school-based interventions, students and teachers have raised their levels of awareness and knowledge about ZIKV prevention and control. Examples of country results include:

- In Guatemala, activities lead by UNICEF include community engagement and C4D for the youth using U-Report tool, to spread information about ZIKV prevention information, focused on vector control and individual protection. UNICEF connected with at least 48 U-Reporters who provided inputs from the field about how much and what kind of information the population has about ZIKV.

- In the Eastern Caribbean, 110 primary school teachers from Anguilla, St. Lucia and Tobago were trained in the delivery of the “managing the environment” component of the Health and Family Life Education Course.
- In Ecuador, through UNICEF support, 10,704 students and 350 teachers have learned about ZIKV prevention and control.
- In Honduras, UNICEF trained and provided communication materials to 96 coordinators of 32 municipal programmes (Children, Adolescence and Youth programmes and Youth Communicator Networks) in 34 municipalities, including the 11 targeted by this strategy. UNICEF, in coordination with the Ministry of Education (*Departamento de Educación y Comunicación Ambiental y Salud* (DECOAS), created ZIKV education materials for 1,535 schools in 38 municipalities, including the prioritized 11 municipalities.

Care and Support

UNICEF is reinforcing care and support to children affected by CZS and their families in the region. Thanks to humanitarian funding, UNICEF has strongly advocated for children’s rights, promoting multi-sectoral care and support in childcare, in families and in caregivers.

In LAC in 2016, UNICEF has identified, reviewed and disseminated related global and regional technical documents related to child development, early stimulation, early intervention, family support and childhood disability technical documents, either produced by UNICEF or by other agencies such as PAHO. For example, in coordination with PAHO and WHO/ Geneva, UNICEF is involved in the review of the ZIKV tool kit, which includes care and support components in the health sector as well as at the community level. In addition, UNICEF has developed a technical note for care and support² which has served countries in updating and/or adapting specific national policies, tools and protocols as well as provided examples of related resources that can serve for preparation of culturally appropriate and country specific operational and training materials.

In child care, relevant services and parent/family interventions support has been provided, including detection/screening, diagnosis, ongoing developmental monitoring, timely intervention and specific therapy and health interventions based on the child’s situation, along with responsive and stimulating environments required for promoting the child’s survival growth and development, protection and inclusion.

In family and caregiver support, appropriate, timely and on-going support has been provided, including orientation and psycho-social family support to parents and other caregivers by health, ECD, social and other actors to assist them and other family members to provide the required early intervention, along with a caring, responsive and stimulating environment required for promoting the child’s growth and development, protection and inclusion.

In 2016, UNICEF coordinated, advocated and planned the care and support of children with CZS and their families as a key priority in the response strategy at regional and country level. These funds triggered the primary interventions for care and support such as technical guidance and advocacy that have allowed initial interventions in this area.

Lessons learned by UNICEF in Brazil have been disseminated to other countries in the region to prepare services based on the Brazilian experience with children affected by CZS. Drawing from the different experiences of UNICEF work in ECD and disabilities in the region, UNICEF in LAC is in the process of finalizing the “Essential Child Care and Family Support Package,” starting with an Essential Framework to guide the development of the services model

² Non-clinical care and support to families with children affected by ZIKV and disabilities.

for care and support in each country. This will ensure a multi-sector approach at the community level with a family focus.

At the country level, UNICEF has advocated for the importance of the development and implementation of care and support interventions at the community level and the increased understanding within cooperation agencies and partners of this focus. For example, in Bolivia, UNICEF supported the Ministry of Health to start drafting regulations for the comprehensive care of children born with ZIKV, which is currently in process.

In Peru, UNICEF, along with the Ministry of Health, social sectors and NGOs, lead the government and civil society action towards integrated preparedness for the care and support of children and families affected by ZIKV and other congenital malformations, and one result is the Ministry of Health modification of its guidelines for the management of CZS.

IV. Coordination and key partnerships at the country and regional level

During 2016, humanitarian funds have allowed UNICEF to reinforce coordination mechanisms for ZIKV Response in LAC.

The main results at coordination level are:

- UNICEF supported Ministry of Health for ZIKV Response coordination, involving other key sector through Ministry of Education, Ministry of Environment, etc.
- UNICEF supported and leaded inter-agential coordination mechanisms, working closely with PAHO.
- UNICEF lead coordination with INGO's working in ZIKV Response, and supported them with technical guidance.
- UNICEF supported closely coordination at local level with municipalities and communities.

UNICEF identified and established inter-sectoral strategic partnerships at the regional and national level and collaboration with local actors was initiated at the community level. Inter-agency collaboration includes UN agencies and state actors, including UNFPA and PAHO country and regional offices, as well as the MoH of all the governments involved in the response. As a multi-sector intervention, UNICEF is making efforts to ensure the participation of all relevant state actors, such as the MoE and social protection. In some of the countries, UNICEF is directly coordinating efforts with the Office of the Presidency, which is leading and promoting care and support actions at the national level.

At the national level, UNICEF strategic partnerships involve a wide range of state and non-state partners, with a strong focus on engaging academia, the private sector, civil society and community-based associations of people and families living with children with disabilities, among other local actors affected by ZIKV.

In terms of coordination, UNICEF added value has been in developing and strengthening coordination mechanisms with all partners and key stakeholders at the regional and national level, promoting interventions that are aligned with national ZIKV response strategies, and making sure that the actions undertaken by different partners are complimentary, all under the umbrella of sustainable response. In all countries where UNICEF has responded, country offices have reinforced capacity to ensure coordination and technical assistance to both the government and partners.

At the regional level, UNICEF has established effective coordination mechanisms with partners, including INGOs, the Red Cross Movement, UN agencies, academia and inter-governmental platforms. As a result of the regional coordination efforts, UNICEF has established regular communication and technical discussions with IFRC, Save the Children, CARE, ASSIST and HC3 among others, allowing an exchange of experiences and lessons learned. Save the Children, for example, is using documents created by UNICEF regional office, including the technical note on Risk Communication and Community Engagement—and desired behaviours—for their ZIKV response intervention.

Since August 2016, UNICEF regional office has been participating in monthly ZIKV Communication Network conference calls to share regional advances and lessons learned. In October 2016, UNICEF shared initial lessons learned about community engagement strategies implemented in 22 countries. These calls alert us to what other key partners are developing and help us find ways to promote synergy and complementarity at the country level.

V. Sustainability of the response

UNICEF started to respond to the ZIKV epidemic in the beginning of 2016 with an emphasis on **emergency response focused on prevention** following the WHO declaration of a Public Health Emergency of International Concern (WHO Feb. 2016). As explained in the section “humanitarian context”, the epidemic is not over yet and the trend is towards ZIKV becoming endemic in LAC. Because the evolution of the ZIKV epidemic and the impact on children and families continue to be evident and wider than expected, UNICEF shifted its response strategy to **include a broader, multi-sector, sustainable approach** at the end of 2016, focused on **prevention and care and support of children and families affected by CZS**.

In line with this strategic approach, UNICEF ZIKV intervention in LAC is focused on **strengthening and supporting government and partner capacity, systems, policies, and mechanisms in providing quality, sustainable evidence-based ZIKV prevention and care and support for affected children and their families**.

Social Sustainability

The changes in the fight against ZIKV and its consequences have a close relationship to attitudinal changes in society. Only with the support and involvement of the affected population can proper sustainable action be developed. For this reason, during the reporting period, UNICEF has invested heavily in **strengthening the C4D capacities of participating partners** which has been **key for the review of national communication plans and development of risk communication and community engagement strategies focused on prevention**. In addition, UNICEF has **developed capacity building at both the national and sub-national levels** in selected countries, especially **focused on social mobilization and participation at the community level and in schools** for both the prevention and care and support elements of the response.

Sustainability of Results

Ownership

All action in LAC countries has been developed in support of national efforts. Governments are the leaders of the initiatives, and UNICEF provides technical and strategic assistance, a critical point in guaranteeing sustainability of the response in the future. The Ministry of Health is the main partner in the response, but not the only ones; the goal is to achieve an integrated effort through the involvement of other governmental sectors such as ministries of education and social welfare as key actors in the response. This allowed a rapid response in all relevant areas of the intervention by **mainstreaming ZIKV prevention activities through on going programmatic actions** with children in schools, youth and teachers as well as community health workers. Especially relevant have been:

Appropriation Dynamics	
Bolivia	All actions, including communication, were carried out under the National Dengue Chikungunya and Zika Programme of the MoH Epidemiology Unit. This means the formal mechanisms of the State come into action to monitor the interventions and the evolution of the situation.
Jamaica	The Government of Jamaica emergency operations convened in 2015 to design a plan of action for prevention and control of the infection, and UNICEF participated as a key influencer in the areas of prevention and C4D.
Colombia	In association with MoH and social protection, the MoE designed and implemented a plan to face the epidemic, prioritizing community and family commitment, institutional work, risk communication, and C4D.

Harmonization

While UNICEF efforts have been accompanied mainly by other UN agencies whose mandate is related to the fight against ZIKV, mainly PAHO-WHO with disease control and UNFPA in sexual and reproductive health, at the national and regional level, UNICEF has established effective coordination mechanisms with other key partners, including INGOs, the Red Cross Movement, academia and inter-governmental platforms. At the regional level, UNICEF established technical discussions with IFRC, Save the Children, CARE, ASSIST and HC3, among others, allowing an exchange of experiences and lessons learned.

Harmonization Dynamics per Country	
Guatemala	Coordination with the USAID Consortium has created an integrated response approach; UNICEF and ASSIST have worked together to improve and develop guidance materials for health providers and community leaders on counselling childbearing-age and pregnant mothers with partners. UNICEF is closely coordinating with MCDI-Zicore to link actions at the community level and integrate prevention and care and support awareness through C4D actions.
Belize	In Belize, it was requested that the district vector control programmes develop plans of action to deal not only with ZIKV but also with diseases endemic to the country, which are transmitted by the same vectors. A major portion of the funds was devoted to building partnerships with local municipalities.

Strengthening of Capacities

The sustainability of results is related to the conditions that programmes have installed in the national institutions involved, such as protocols, directives, and plans, as well as the capacities, technical level and knowledge of the officials addressing the different dimensions of the fight against ZIKV.

The major efforts of the programme have been organized under the following categories:

- developing institutional or local plans and protocols;
- strengthening the capacities of health workers for detection and attention;
- working directly with social structures and families;
- delivering information in schools and education centers;
- elaborating or updating Response Actions Plans at national and community levels.

The training processes have been developed to provide permanent knowledge, practice oriented learning and assistance in implementation.

Strengthening of Capacities per Country	
Bolivia	The training of 438 government officials from the Department of Health Services (SEDES), the municipal government, the Education District Directorate (DDE), Social Services (SEDEGES and DNA), and civic committees and other institutions contributed to ensuring the sustainability of future actions.
Ecuador	10,704 students and 350 teachers have learned about ZIKV prevention and control. An educational package of materials for use of students from age 4 to 15 was prepared by UNICEF to expand awareness and in schools regarding vector-control, personal protection and community-driven efforts to prevent the spread of the ZIKV. UNICEF partners, health promoters, facilitators and teachers used the materials.
Honduras	Population data from UNFPA Honduras shows that the combined population of the 11 municipalities targeted by the strategy is 1,449,758, and it is estimated that 80,089 are pregnant women. During 2016, UNICEF reached 50 per cent of the population from these prioritized municipalities; it can be concluded that 50 per cent of the estimated pregnant women (40,104) were reached.
Peru	UNICEF has implemented decentralized activities in the high-risk areas of Loreto and Amazonas, strengthening of multi-sectoral action, building capacity, disseminating communication materials on TV and radio and strengthening community participation proposals with implementing partners.

Knowledge Sharing

As LAC is the most affected ZIKV region in the world, UNICEF is capitalizing on the situation by documenting the emerging experience and lessons learned from the interventions in the countries in the region. UNICEF LACRO is contributing to ensure that learning and evidence-based interventions are shared with other regions and countries affected by the ZIKV epidemic.

Experiences are being documented and compiled for an orderly delivery of ZIKV lessons learned and achievements, including profiles, case studies and strategic guidance, all selected with an eye to practical use in the event of future outbreaks. At the end of 2016, UNICEF analyzed and share learning from Latin America and the Caribbean to develop and adapt UNICEF ZIKV Response Strategies in other regions in the world.

Mainstreaming in UNICEF Programming

By mainstreaming ZIKV response through the current emergency and development programmes, UNICEF also contributed to ensure the link between humanitarian and development actions and to guarantee the sustainability of actions within the organization and the governmental institutions involved.

The UNICEF initial response was **designed and implemented to take advantage of the existing country programmes**, mainly in the communication, **health and education sectors**, building up on the existing expertise and the experience of UNICEF teams in each country. The response of UNICEF and partners to ZIKV and its consequences has opened **new opportunities to expand the impact of the actions to other health problems, such as prevention of dengue and chikungunya** and the **care and support of children with disabilities** not only related to ZIKV infection.

V. Monitoring and Evaluation

UNICEF LAC-RO has constructed a strategic document titled, Integrated Response Model for ZIKV Response that includes a programme framework based on the Theory of Change Methodology. It defines outputs, outcomes and indicators and constitutes the main reference for the intervention in the entire LAC region. In response to that planning framework, country offices have designed concept notes as local interventions according to the circumstances and needs in each country.

As part of the Integrated Response Model for ZIKV Response, the regional UNICEF team has developed a Monitoring and Evaluation Guidelines instrument to be used at the country level and includes recommendations for harmonization. It includes standard guidance on methodologies for collecting data, reporting systems and routine monitoring, including a set of KAP indicators to provide qualitative-quantitative data.

In order to adapt and orientate communication strategies, UNICEF has developed qualitative and quantitative research in countries as Bolivia, Colombia, Dominican Republic, Ecuador and Peru. This information is useful even for other countries, to understand the actual situation and adapt messages and strategies. A plan to launch mini-KAP studies via Global U-Report throughout 2017 has been prepared to monitor knowledge, attitudes and behaviors of U-Reporters. *In 2016, six U-Report polls were launched and the information learned was used to update social media messages.*

UNICEF has established coordination with all national and international NGOs and agencies implementing ZIKV response projects with USAID funds in order to share indicators and monitoring tools and to collaborate during the data collection process. UNICEF has already shared the monitoring guide with Save the Children, the International Federation of Red Cross and CARE, and it is in the process of reviewing the Save the Children baseline survey.

Monthly Situation Reports (Sit Reps) have been produced to provide updates of the regional situation based on the information provided by country offices. Sit Reps have been shared with other UN agencies involved and are open to the public on the global UNICEF website.³ To provide regional monitoring of the epidemic tendencies of ZIKV, permanent contact with the most reliable data providers (PAHO and CDC) has been developed.⁴ Epidemic monitoring also is being produced at the country levels in cooperation with national or international NGOs.⁵

As part of the emergency response, UNICEF is taking actions for documentation and systematization of ZIKV activities in countries. The documentation will take place during implementation, after which lessons learned and best practices in ZIKV prevention and care and support services for children affected with CZS will be organized for dissemination.

³ <www.unicef.org/appeals/zika_sitreps.html>

⁴ <www.paho.org/hq/index.php?option=com_content&id=11585&Itemid=41688> <www.cdc.gov/zika/index.html>

⁵ Guyana, through the GRCS Guyana Red Cross Society, is participating within the Caribbean Regional ZIKV KAP survey exercise led by IFRC. Honduras hired the NGO SEPROC to conduct a study that supports the monitoring process for the emergency phase of the ZIKV response. Surinam included monthly epidemiological updates through the Ministry of Health and reporting against the PCA indicators by the NGO Medical Mission.

VI. Financial implementation

In 2016, UNICEF implementation of funds was consistent with the initial phase of the emergency response considering the time required to complete the design, plan and implement ZIKV response activities at national and local levels, and make all efforts to ensure the appropriate involvement of government and partners for sustainability.

Table 1: Funding status against the appeal by sector

2016 Funding Status against the Appeal by Sector in US\$:			
Sector	Requirements	Funds available against appeal as of 31 Dec. 2016*	% Funded
ZIKV Emergency Response in LAC	16,996,000	6,526,595	38%

Table 2: Funding received and available by donor and funding type

Table 2 - Funding received and available by 31 Dec. 2016 by donor and funding type in US\$

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/14/9910	1,096,200
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2016 per donor in descending order)		
Canada	SM/16/0109	136,769
US Funds - Google	SM/16/0225	735,277
USAID - (not reported in this document)	SM/16/0341	3,205,926
Total Non-Thematic Humanitarian Funds		4,077,972
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2016 through OCHA and list the grants below)		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2016 through these various pooled funding mechanisms.		
N/A		
d) Other types of humanitarian funds		
N/A		
Total humanitarian funds received in 2016 (a+b+c+d)		5,174,172
II. Carry-over of humanitarian funds available in 2016		
e) Carry over thematic humanitarian funds		
N/A		
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
N/A		
Total carry-over non-thematic humanitarian funds		
Total carry-over humanitarian funds (e + f)		
N/A		
III. Other sources (Regular resources set-aside, diversion of RR if applicable)		
Example: EPF if not reimbursed by 31 Dec. 2016**	GE/16/0011	1,352,423
Total other resources		6,526,595

Table 3: Thematic Humanitarian Contributions Received in 2016

Thematic Humanitarian Contributions Received in 2016	Grant Number ⁶	Programmable Amount	Total Contribution Amount
Donor allocation from global thematic humanitarian funding*	SM149910	US\$1,096,200	US\$1,101,010
Total		US\$1,096,200	US\$1,101,010

*Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Report.

VII. Future work plan

In 2017, while the programme priorities for UNICEF remain the same as those in the Global Action Plan and in the HAC,⁷ they have been fine-tuned to take in account lessons learned, best practices and new evidence of the spread and impact of ZIKV in children and their families in LAC. The following are the UNICEF targets in the region (not bounded by any specific funding):

Prevention

UNICEF is working towards a shift in the area of **community involvement** from a broad approach of vector control to specific **elimination of breeding sites**. Building on the successful experience in C4D and social mobilization, the objective is to continue to promote the C4D strategies, including child participation and community involvement in vector control at the household level. A survey in Brazil shows that 85 per cent of mosquito breeding habitats is domestic water containers,⁸ thus, UNICEF will focus on the control of breeding sites and environmental interventions at the household and community level. This will be combined as much as possible with other Integrated Vector Management efforts at the municipal and community level.

Prevention goals for 2017 are as follows:

- 30,000,000 people at risk (women in reproductive age, pregnant women, adolescents) are reached with key messages through multiple communication plans; to reach a total of 200 million of people, the initial target from 2016.
- 200,000 of people at risk are reached with social mobilization and interpersonal communication to receive information about ZIKV prevention;
- 100 departments/municipalities in the region achieve prevention plan implementation;
- 200,000 children and adolescents are trained in the prevention of ZIKV.

⁷ <www.unicef.org/appeals/zika_response.html>

⁸ <www.thecrimson.com/article/2017/3/24/zika-birth-rates-constant/>

Detection

The focus will be on eliminating barriers to the knowledge of pregnant women about ZIKV symptoms and impacts. The knowledge necessary for health providers to identify, diagnose and treat ZIKV will also be strengthened.

All efforts will be accompanied by the UNICEF Supply Division in Copenhagen, where at least **2 rapid diagnostic tests** for global use and up to **2 candidate vaccines** are expected to be available in the next 2 years.

The detection goal for 2017 is:

- 300,000 pregnant women receive appropriate counseling about transmission and prevention of ZIKV.

Care and Support

UNICEF is prioritizing all actions related to the **promotion of care and support for all children affected by ZIKV in the context of the broader agenda of the rights of children with disabilities**. Because UNICEF has a mandate to protect children's rights, the limited impact of prevention efforts so far and the lack of available services at the community level have been instrumental in the UNICEF **development and implementation of an essential framework of services in non-clinical care and support of children with CZS and other disabilities**. This framework is appropriate for implementation in resource-poor settings.

UNICEF is working with other agencies such as PAHO to ensure that this approach is **complemented by broadening the range of potential consequences of CZS to be monitored, probably through the PHC system**. UNICEF is and will continue advocating for **stronger involvement of child protection and social protection systems** to strengthen both the response and coverage of basic social services at the community level and the resilience of communities and families in dealing with affected children.

The care and support goals for 2017 are as follows:

- 900 families with children affected by ZIKV and other congenital malformations are benefited through non-clinical interventions of care and support;
- 6,000 health service and child development providers are trained in stimulation for families with children affected by CZS and other congenital malformations.

Coordination

A priority of the next period is to ensure that **the coordination and technical support mechanisms established at the national level are replicated at the local level** to promote complementary approaches, synergies and avoid duplication of activities at the community level.

Great effort will be made to compile, document and share the experiences of the ZIKV programme in order to share the knowledge and lessons learnt.

Monitoring and evaluation will take on a greater dimension with the production of qualitative data through specialized surveys demonstrating the relevant changes produced.

A knowledge sharing strategy will ensure that LAC experience is available to other regions and countries. It will include all the methodological and programme instruments and strategies developed by the ZIKV programme such as C4D, the monitoring and evaluation strategy, the communication strategy and the sustainability strategy.

Programme coordination will focus on participating in international opportunities to disseminate the LAC ZIKV experience.

Sustainability

In 2017, a great deal of effort will be put into sustainability. According to the infection tendency predictions in the region, the specific ZIKV Control activities are scheduled to conclude by December 2017, necessitating an exit strategy.

The UNICEF ZIKV programme in LAC is developing a sustainability strategy to strengthen national institution capacity, plans of response, and technical capabilities in officials in UNICEF country offices to respond and contend with potential outbreaks or subsequent waves of the epidemic in the region.

Crosscutting Approaches

The ZIKV programme will continue to articulate with other areas of UNICEF programming, such as:

- Gender: guaranteeing the balance of the positioning of men and women in ZIKV prevention and care in families with children affected by CZS;
- Health: training of public health providers in detection and counselling, especially in neonatal health;
- Education: promoting behaviour changes in children as agents of social change through innovative strategies such as U-Report;⁹
- WASH: improving environmental conditions to break down the barriers to individual behavioural change developed in cooperation with environmental services and other municipal level actors;
- Child Rights: placing particular emphasis on disability, elimination of stigma and discrimination, early attention and early stimulation of children affected with the CZS and the right to live a full life.

VIII. Expression of thanks

UNICEF LACRO expresses gratitude to donors for the valuable contribution to the prevention of ZIKV and the improvement of the lives of children and families affected by the epidemic in LAC.

The contributions received have been crucial in supporting government response. This enables UNICEF and its partners at national, regional and local levels to implement ZIKV response actions that in turn create awareness and build capacity for prevention, contributing to the reduction of pregnant women and children affected by ZIKV and providing care and support for children with CZS and their families.

UNICEF acknowledges that flexibility of funds is key for ensuring a multi-sector and coordinated ZIKV response at the country level, contributing to a wider agenda beyond ZIKV in the prevention and control of other diseases transmitted by *Aedes aegypti* such as dengue and chikungunya, as well as the care and support of children with disabilities.

⁹ <http://ureport.in/>

IX. Annexes

Annex 1: Specific information for grant: Google SM160225

- Donor name: GOOGLE, USF VARIOUS
- Assisted country: LACR Regional Office, Barbados, Belize, Bolivia, Colombia, Cuba, Ecuador, Jamaica, Nicaragua, Paraguay, Peru and Surinam
- Grant reference: SM160225
- Total contribution: USD794,100
- Programmable amount: USD756,466
- Cumulative Expenditure*: USD37,634
- Commitments*: USD19,817.27 Period covered by the report: 01.04.2016 – 31.12.2016

a) Purpose of the contribution

Google contribution is focused to support UNICEF's response in countries with the highest transmission and countries where virus was spreading. Contribution on the following priority areas: prevention and control of transmission: UNICEF support to vector control and personal preventive measures: communication and community-based approach; mitigate the impact of Zika infection and microcephaly: support national authorities to determine needs and increase capacity for the provision of care and support to families affected by Zika; Zika Rapid Response Teams: teams to be deployed through affected countries and communities, providing technical expertise. These funds contribute to reach the affected and vulnerable people with Key communication messages on protection through social mobilization and C4D programs in Latin America and the Caribbean,

b) Results

In 2016, these humanitarian funds were crucial for prevention and control of ZIKV transmission and for technical guidance in countries. UNICEF has also contributed to mitigation of Zika's impact in Peru. Other actions related to "care and support" of children affected are planned for 2017. The key results achieved during 2016 were:

- In Bolivia, students, teachers and community schools were reached through actions in communication and social mobilization for Zika virus prevention. UNICEF has developed and strengthened Zika's prevention actions through strategies that provided full and timely information to these community and institutional actors, favoring the active participation of women and students. UNICEF in Bolivia has strengthened vector control through the reduction of breeding sites and solid waste management, such as tires and scrap and others with the active participation of the organized community, incorporating innovative technologies and those that responded locally in the control of *Aedes aegypti*.
- In Cuba, UNICEF developed the "*Cuida tu Sueño*" Communication For Development campaign. Campaign's materials were conceptualized, produced and distributed, and the campaign was officially launched at national level, reaching the intended targets for 2016. The Knowledge, Aptitudes and Practices research proposal was approved by the government and the methodology designed, enabling the commencement of data collection in the beginning of 2017. This research will be useful to tune the communication campaign and to measure its impact.
- In Jamaica, UNICEF worked to ensure awareness of Zika infection, how it affects newborns and main methods of prevention. The target audience was adolescent girls and young women. The contribution was utilized to place messages designed for adolescents and young women on media with national reach and wide

viewership. It is estimated that the messages were exposed to approximately 1.2 million people as per data from the 2015 National Media Market Research Survey.

- In Peru UNICEF has implemented decentralized activities in risk areas of Loreto y Amazonas strengthening of multis-ectorial action, building capacity, disseminating of communication materials (TV and radio) and strengthening of community participation proposal with implementing partners. A work meeting with the Ministry of Health, Social sectors and NGO to activate the government and civil society action towards an integral preparedness for the care and support of the children and families affected by Zika in Peru. With the technical support of colleagues from Brasil, UNICEF was able to influence for an integral approach framed on the policy for the care of early childhood and programs of disability care. As result of this meeting the Ministry of Health will modify its guideline for the management of Zika congenital syndrome.

c) Future Plans for utilization of grant balance

Thanks to these funds, UNICEF will support Zika Response in 2017 in Barbados, Belize, Bolivia, Colombia, Cuba, Ecuador, Jamaica, Nicaragua, Paraguay, Peru and Surinam. In 2017, UNICEF will support: a) the prevention of Zika transmission through communication and community engagement, coordination and capacity building of key actors; b) technical guidance for care and support of children affected by Zika Congenital Zika and their families; c) coordination and research.

In Paraguay, Jamaica and Cuba, UNICEF will go on support to communication campaigns. In Paraguay, the campaign *Embojere* (<http://www.embojere.com.py>) will concentrate its efforts in the most populated areas and the neighboring areas to Brazil. In Jamaica UNICEF will place on key national television and radio media outlets for Zika prevention, and we will implement a media recall survey to adapt communication campaign. In Cuba, UNICEF continues support to “*cuida tu sueño*” campaign, and UNICEF will evaluate his impact (https://www.unicef.org/cuba/media_33598.htm).

In Belize, Bolivia, Peru, Surinam, Cuba and Nicaragua; UNICEF will develop capacities for community care and will strengthen health systems and prepare them to provide care and support to families affected.

In Ecuador, Bolivia, Colombia and Nicaragua, UNICEF will go on with activities at community level to promote community engagement for Zika prevention, building capacities at community level and focusing pregnant women, women in childbearing age and adolescents. Also, research of knowledge, aptitudes and practices will be developed to adapt strategies.

d) Visibility N/A

e) Expression of Thanks

UNICEF LACRO expresses its gratitude to UNICEF USA and Google Funds for its contribution to the improvement of the lives of children and families affected by ZIKV in the region. This contribution is crucial in supporting the government response, as it enables UNICEF and its partners at national, regional and local levels to implement ZIKV response priority actions that in turn create awareness for prevention, contribute to the reduction of pregnant women and children affected by ZIKV, and provide care and support for children with CZS and their families.

Annex 2: Specific information for grant: Canadian SM160109

- Donor name: The Government of Canada
- Assisted country: Colombia and UNICEF LACRO
- Grant reference: SM160109
- Total contribution: US\$147,710
- Programmable amount: US\$136,669
- Cumulative Expenditure*: US\$147,602
- Commitments*: N/A Period covered by the report: 3/3/2016 – 31/12/2016

a) Purpose of the Contribution

In Colombia:

- To provide a relevant and quality response to the prevention of ZIKA and other vector-transmitted disease through the strengthening of capacities in families and communities affected.

In the Latin American region:

- To provide technical support the implementation of the UNICEF country offices Humanitarian ZIKV Response plans in LAC.
- To produce a Risk Communication and Community Engagement Evidence Synthesis and Research Briefs in the context of the ZIKV Outbreak.
- To carry out a regional “social listening” analysis with the objective of adjusting ZIKV prevention messages.

b) Results

Colombia results:

As part of the UNICEF strategy *seres de cuidado* in collaboration with the partner *Hospital Nuestra señora del perpetuo Socorro* and local authorities of the Municipality of Uribia, La Guajira department, the funds provided contributed to **strengthen the family and community environment as a protective space for children and adolescents in the prevention of vector born diseases, including ZIKV:**

- 1,342 families learned about practices at the household level to prevent the transmission of vector born diseases; 30 per cent of the families showed a sustained change in behaviour;
- Targeted communities in the municipality of Uribia benefited from clean up campaigns through social mobilization to reduce mosquito breeding sites;
- 395 pregnant women were trained in personal protection measures against *Aedes aegypti*

Regional results:

With the funding provided, UNICEF regional office increase its technical capacity, and this contributed to ensure strategic direction and technical support to country offices and partners in the elaboration of country office ZIKA Action Plans for 2016. This was achieved through the identification, revision, development and dissemination of global and regional technical documents on prevention, community mobilization, child development, family support and childhood disability, either produced by UNICEF or by other agencies:

- ✓ ZIKA Integrated Regional Response Model, which has served as strategic guidance to country offices in the planning and design of their ZIKA response;

- ✓ Practices that have demonstrated results and are replicable in vector control in the prevention of dengue, chikungunya and ZIKV;
[<www.zikacommunicationnetwork.org/resources/literature-review-1-community-participation-practices-have-proven-results-and-are>](http://www.zikacommunicationnetwork.org/resources/literature-review-1-community-participation-practices-have-proven-results-and-are)
- ✓ Factors influencing the decision of couples about having children, taking into consideration the risk of possible congenital malformations caused by ZIKV;
[<www.zikacommunicationnetwork.org/resources/literature-review-4-factors-influencing-decisions-couples-about-having-children-taking>](http://www.zikacommunicationnetwork.org/resources/literature-review-4-factors-influencing-decisions-couples-about-having-children-taking)
- ✓ Effective strategies to encourage the adoption of personal protection behaviours in the prevention of dengue, chikungunya and ZIKV;
[<www.zikacommunicationnetwork.org/resources/literature-review-3-effective-strategies-encourage-adoption-personal-protective-behaviors>](http://www.zikacommunicationnetwork.org/resources/literature-review-3-effective-strategies-encourage-adoption-personal-protective-behaviors)
- ✓ Challenges and barriers to participation in vector control interventions in the prevention of dengue, chikungunya and ZIKV; [<www.zikacommunicationnetwork.org/resources/literature-review-2-challenges-and-barriers-participation-vector-control-interventions>](http://www.zikacommunicationnetwork.org/resources/literature-review-2-challenges-and-barriers-participation-vector-control-interventions)

The literature review and research evidence briefings produced with this funding has provided UNICEF country offices, their government counterparts and other partners with useful evidence-based data to inform the construction and update of national and subnational ZIKV prevention strategies. The briefings also provided proven approaches and methodologies as input for preparing community engagement and communication for development interventions. These briefings, produced under contract with the *Universidad del Norte* in Colombia, addressed key knowledge gaps, which are central for sustainable ZIKV prevention interventions.

A regional “social listening” analysis was completed in Guatemala, Honduras, El Salvador, Dominican Republic, Peru, Colombia, Bolivia and Panama, and the information provided was useful for country offices in adjusting their ZIKV prevention messages that were disseminated during national and local mass media campaigns implemented in 2016.

c) Future plans for use of grant balance

N/A: all funds have been used in 2016.

d) Visibility

N/A

e) Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation to the people of the Government of Canada for their generous financial contribution in support of children and families affected by ZIKA in Colombia and Latin America. On behalf of the entire UNICEF regional and Colombia teams, we thank you for helping to advance our shared commitments to protecting the rights and improving the well being of children in the context of the ZIKA epidemic.

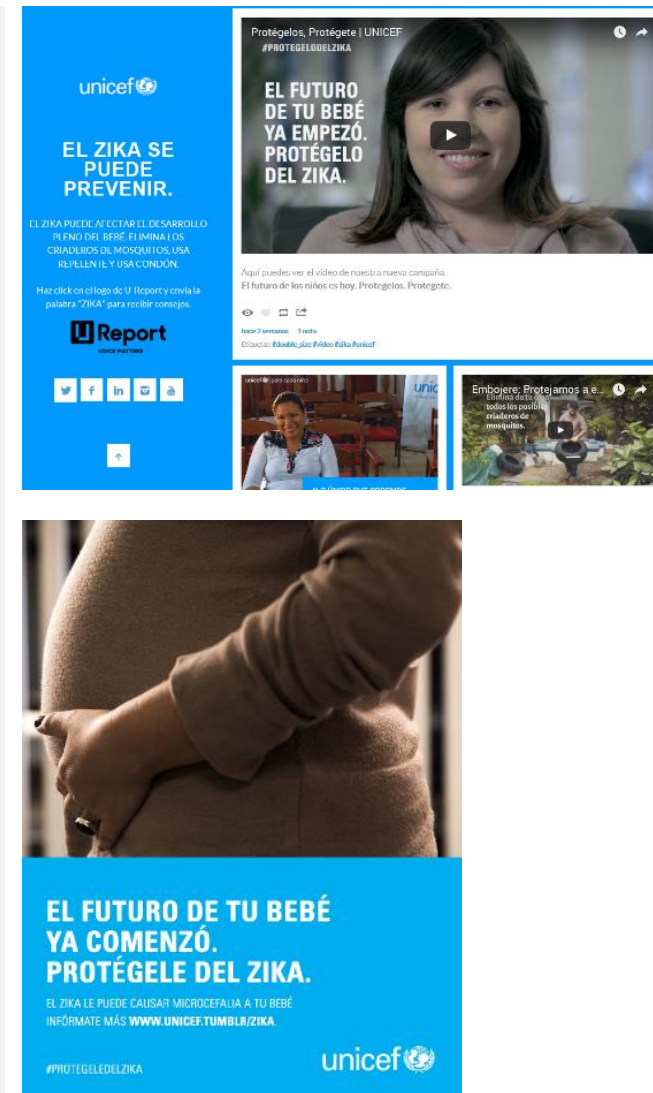
Annex 3: Examples of country communication materials

NICEF ZIKV response in LAC

REGIONAL COMMUNICATION CAMPAIGN

Tumblr page to group materials, videos and photos to support ZIKV prevention activities across LAC.

<http://protegelodelzika.tumblr.com/>





Honduras

A series of prevention materials developed by UNICEF Honduras in partnership with the Ministry of Health, office of the President and the Japanese Embassy.

<<http://weshare.unicef.org/Folder/2AMZIFGAEHL>>

The following annexes were made by UNICEF Honduras Education and Communication Teams during the emergency phase of ZIKV:

Digital files of all of the communication materials used in mass and digital media regarding the prevention of Zika:

<https://www.dropbox.com/sh/pz703oidy2zchvr/AAAk4I8XsYRVz04dLJM56GzHa?dl=0>

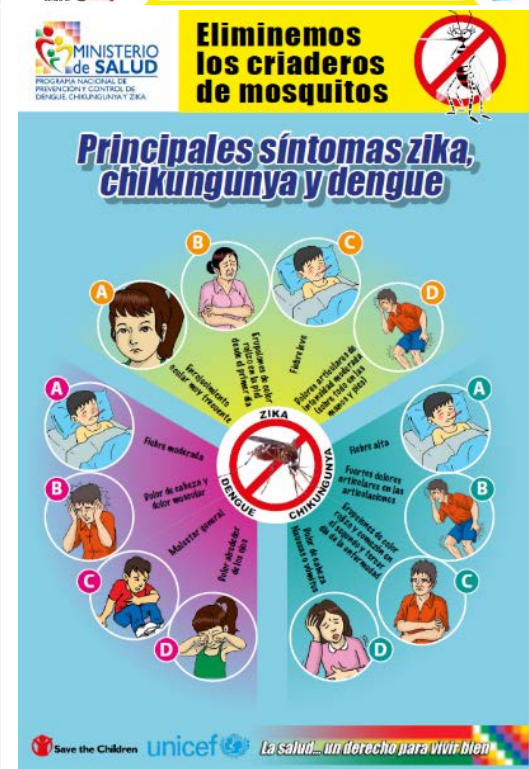
Digital files of all of the Zika materials distributed to schools:

<https://www.dropbox.com/sh/j41wh8kq9z5645f/AACsrxiCOlCh1ZnQXv448upHa?dl=0>



Bolivia

Communication materials with Ministry of Health



Colombia

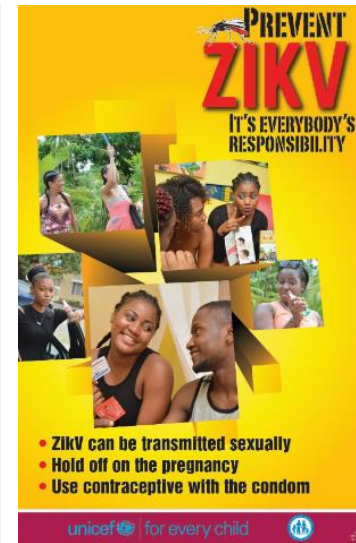
<https://www.youtube.com/watch?v=Oe-oDT3XtNg>

Videos UNICEF Ambassadors

<https://www.youtube.com/watch?v=H9u7tCxX67o>
https://www.youtube.com/watch?v=F_dXT0f2bcU
<https://www.youtube.com/watch?v=NYphTt9wxf8>
<https://www.youtube.com/watch?v=jvyPEl0a3cs>
<https://www.youtube.com/watch?v=dRGGMmDvxyo>
https://www.youtube.com/watch?v=gO0cl_kEkhY

<https://drive.google.com/drive/folders/0Bwa2VxdjrJmFVTVRWURsT1NaZDg?usp=sharing>

Jamaica



[Language adapted Information videos and community materials](#)

<https://drive.google.com/drive/folders/0Bwa2VxdjrJmFVTVRWURsT1NaZDg?usp=sharing>


Peru



[Facebook and materials](#)

ECA

Top 5 Places Mosquitoes Can Breed or Hide at Schools




Dark cluttered places
Empty bottles and cans
Drains with stagnant water
Dirty desks
Blocked gutters

The *Aedes aegypti* mosquito transmits zika, dengue, chikungunya: **PLAY YOUR PART!**

CLEAN UP! **PREVENT!** **PROTECT!**

Produced by the UNICEF Office for the Eastern Caribbean Area
in collaboration with the Ministries of Education in the Eastern Caribbean

unicef 

ZIKA IS SPREAD BY THE *Aedes aegypti* MOSQUITO

IT IS NOT SPREAD BY COUGHING OR SNEEZING

SYMPTOMS INCLUDE:
FEBRILE
HEADACHE
RED EYES
MUSCLE PAIN
RASH
JOINT PAIN
FATIGUE

IF YOU THINK YOU TELL YOUR PARENTS/ AND ASK TO STAY AT HOME

IF YOU FEEL WORSE, ASK YOUR PARENT TO TAKE YOU TO SEE A DOCTOR

CLEAN UP. PREVENT. PROTECT.

PRODUCED BY COLLABORATION WITH THE MINISTRIES OF EDUCATION IN THE EASTERN CARIBBEAN

Venezuela

<https://www.youtube.com/watch?v=7X4SY6ircRc>

<https://www.youtube.com/watch?v=tm8D3J19m9s>



Evita las picaduras

Estas medidas ayudan a alejar a los mosquitos, disminuyendo el riesgo de ser picado e infectado

El mosquito *Aedes* pica especialmente al amanecer y atardecer

Recuerda



Usar ropa que cubra todo el cuerpo en lo posible



Descansar y dormir bajo mosquitero

 Gobierno Bolivariano de Venezuela

Ministerio del Poder Popular para la Salud

 Organización Nacional de Salud

 Departamento de Salud

 unicef

¡Protégete del zika, el dengue y el chikungunya evitando la picadura del mosquito *Aedes*!

**¡Al mosquito!
ni agua**



Costa Rica

http://186.15.156.94/controles/mediaplayer/playerClientes.cfm?id_noticia=ccefbe496ef4d6b41d992e692041a92a



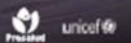
El Zika causa dolor de cabeza, fiebre,
UNICEF Y EL GOBIERNO NACIONAL REALIZARÁN
UNA CAMPAÑA PARA GARANTIZAR UNA VIDA SANA

Cuba

["Cuida tu sueño" campaign](#)



Campaña de prevención del Zika
para embarazadas
y mujeres en edad fértil



Guatemala

Communication material, and U-report





Annex 4: Human Interest Stories

UNICEF has produced a series of stories presenting the human side of the impact of the ZIKV epidemic and the work of UNICEF in the region.

Follow the link for a compilation of six human interest stories from Honduras and Bolivia. <<https://goo.gl/2szkif>>

Some examples are shown below.

Colombia

"My experience with the Seres de Cuidado strategy as an educational agent has been very good; it has helped me grow closer to my own family as well as the other families of the community. I get a closer look at the needs and the lack of guidance, and today I understand the importance of educating our community, becoming an agent of change and motivating them to change Little by Little. Now that they take into account the 13 key behaviour practices, I can see through the household visits how the families have improved, and how they enjoy the activities we promote with the team and the wider community. We are managing to get fathers to take care of the children and wives, and convincing them not to leave all household chores to the women. We educate our neighbours about household cleanliness in order to prevent disease among girls, boys and all who live in the home."

Carlos Pino. JEPIROL Community, Zone 2, Uribia – La Guajira 2016

#EscuelasMasProtegidas

Escuelas + Protegidas y + saludables

LIBRES DE AEDS



Julia López
Docente I.E. Santa María
Goretti
Montería - Códorba

" Las Instituciones Educativas de Montería, debemos ser multiplicadoras con estudiantes y familias, en la prevención de cada una de las enfermedades transmitidas por vectores, como lo son el dengue, el zika y el chikungunya "



#EscuelasMasProtegidas

Escuelas + Protegidas y + saludables

LIBRES DE AEDS

"Definitivamente, "Escuelas + Protegidas" son espacios de encuentro donde podemos mirar estrategias conjuntas de trabajo con las diferentes poblaciones. Sin embargo, es necesario empezar hablar de todos estos temas vectores, gestión de riesgo y demás con un enfoque desde la Primera Infancia "



Juan Rodríguez
Funcionario Programa
Buen Comienzo
Secretaría de Educación



#EscuelasMasProtegidas

Escuelas + Protegidas y + saludables

LIBRES DE AEDS

" Si tenemos un buen manejo de residuos, tendremos una Institución Educativa limpia de dengue, zika y chikungunya "



Rubiela Aguirre
Auxiliar
Administrativo
I.E. Ciudad de Asís
Putumayo

MINSALUD

MINEDUCACIÓN

TODOS POR UN
NUEVO PAÍS

PLAN

World Vision

unicef 

Human Interest Stories are available in the following links:

https://youtu.be/BTQAnlk3ngQ?list=PLakcj23MsCSg3s3bW2tR-0_S4DTe1kGPR

https://youtu.be/6W94KunoKDC?list=PLakcj23MsCSg3s3bW2tR-0_S4DTe1kGPR

YouTube

Buscar



Ecuador

Belize

The Human Interest Story illustrates the initial work with the 9 municipalities as a part of the Sustainable Child Friendly Initiative with the Government of Belize. It was within this partnership with the municipalities that the CO supported the government with clean-up initiatives and public advocacy to address the devastating effects of Hurricane Earl.

Sun, Sand, Sea, Zika, and San Pedro

A community of Belize's great Caribbean destination and their smart effort in handling the delicate issue of an emerging virus epidemic

15 April 2016, San Pedro, Belize,

With its ultra clear turquoise water, white soft sand beaches, and unparalleled cordiality of the people, Belize's San Pedro is a paradise, a gem of the Caribbean; one of those few places travellers say when they arrive "And I thought post card pictures from San Pedro were already so beautiful..."

But even paradise is not immune to hazards from nature. Despite the fact that there has not been any confirmed case in Belize, the mosquito-borne Zika virus epidemic has spread to almost every single country on the continent and San Pedro must prepare itself for the situation.

However, getting rid of the world's deadliest animal is not easy and San Pedro has its own sensitive conditions.

"One lady told me she doesn't want to let the doctor vaccinate her children because she heard from somewhere that if she did, her children might get Zika." recalled André Guerrero, Public Relations Officer of San Pedro's town council, learning first hand people's misconception about the virus during his field research gathering information for the preparation of the response to the outbreak.

"Another one said that Zika was a man-made virus. And some believe that it was an evil spirit evoked by a witch's curse.

"What I have learned from the Risk Communication Training is that - in the case of a virus outbreak, it is important to do a pre-planning survey to, first, get an idea of what are people's perception and current knowledge of the situation so that, in our planning, we can craft the message and design the response plan correspondingly.

"This will help us to effectively demystify the existing false beliefs, control rumours, and fill in the information gap." says André.

On 5-6 April 2016, in response to the Zika virus outbreak in the region, Belize's Ministry of Local Government, Ministry of Health, the Mayors' Association, UNICEF, and PAHO/WHO partnered up to organize an on-site training in Belize city for municipal authorities: Risk Communication and Community Engagement for Zika Virus Prevention and Control. André was, among other representatives from municipalities all over Belize, invited to participate in the training.

Participants reviewed lesson learned from other countries, studied the global Zika Virus Risk Communication and Community Engagement Guide, undertook field

research, and formulated work plan to be implemented in their respective communities.

"Before, we just take stuff from the internet and use what we find to make hand-outs. Today's field work is a new experience and I've learned that it's good to, first, get an idea about the community's perception and knowledge before we produce our communication products or plan community engagement activities." André summarized what he thinks was the most valuable lesson he gained from participating in the training.

André and Jorge Aldana, his colleague at the town council, analysed the situation of San Pedro and agree that what San Pedro needs is a plan to galvanize the community to get rid of mosquitoes, which could be done by organizing a cleaning campaign island-wide and, importantly, at household level. Particular areas such as breeding site hot spots or pregnant women's homes should be given priority in order to reduce the risk of them contracting Zika Virus, which could cause microcephaly and other birth defects.

Chemical vector control measures such as fumigation or spraying are not effective enough because the service does not reach inside the houses or backyards where there are lots of breeding sites i.e. uncovered water containers, clogged drainages, flower pots. So, without the participation of the community, the mosquitoes will just keep coming back.

Another condition that makes it tricky to raise awareness of Zika in San Pedro is the very condition that has been, literally, 'enriching' the town: tourism.

"It's a delicate matter and we must be careful in our effort." Jorge admits. "Of course, we must organize a vector control campaign and warn the community as well as visitors about the risk. But if tourists are too worried about Zika and don't come to San Pedro, it would certainly have great effect on the economy and people's incomes."

At the planning session in San Pedro, Harris Gabourel, a Police Constable of San Pedro Community Policing Unit who was invited to participate in the work, came up with a message aimed at leaders in the tourism sector

Clean Breeding Sites. No Mosquitoes. No Zika.

No Cleaning. Possible Zika. No Tourists.

Many suggestions contributing to the Zika response action plan keeps coming up as San Pedro town council start to engage with partners from different sectors.

On how to get the community to be alert and implement preventive measures while avoid making tourists panic about Zika, Ms. Melanie Paz, President of the Local Chapter of Belize Tourism Industry Association, suggests that the campaign should raise awareness and mobilize the community through San Pedro's radio and TV channels because the locals watch and listen to these medias but not the tourists.

Naime Nasser, a 9-year-old member of the Child Advisory Body (CAB) of San Pedro's town council, asks the campaign to accommodate different ethnic groups of the island by producing communication materials such as posters, leaflets, or songs in English, Creole, and also Spanish. And for some community members with low level of literacy, meetings should be organized in order to reduce

language barrier and effectively get the message across. Naime plans to become a nurse when she grows up.

Patrolling the neighbourhoods far from the tourist areas of beaches and business centres, now with knowledge on mosquito breeding sites, André and Jorge starts to notice that there are many corners in San Pedro with big welcome signs for mosquitoes such as garbage dump sites, dirty playgrounds or clogged drainages. As it is clear that soon the virus could reach their island, André and Jorge are now, more than ever, realize that they need to work with everyone in San Pedro to prevent Zika.

Tropical the island breeze. All of nature wild and free. This is where I long to be. La isla bonita. Madonna's famous song about San Pedro can still be heard everywhere in town. To the world, the tune echoes the beautiful island's spirit of tranquility and sublime natural surrounding. The people of San Pedro know that they cannot take these blessings for granted and are determined to work together, tactfully, to deal with the threat of Zika Virus and keep their island safe.

Dao Sukthawee Suwannachairop

For more information on Zika Virus see: [Zika, What you need to know](#)



© UNICEF/Belize/2016/SSuwannachairop

Naime Presenting Behavior Analysis for the development of Zika Response Plan

Annex 5: Photos

UNICEF ZIKV response in LAC

Tumblr page for materials, videos and photos to support ZIKV prevention activities across LAC, with examples from different countries.

<http://protegelodelzika.tumblr.com/>

Annex 6: Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the short questionnaire below for this report and return to the UNICEF Bolivia Country Office. Thank you!

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Carlos Mancilla

Email: cmancilla@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!