RESPONSE HIGHLIGHTS

Despite the fact that ZIKV has been declassified as a Health Emergency of International Concern, UNICEF still considers ZIKV to be a serious health threat in Latin America and the Caribbean. UNICEF is now responding in 33 countries and territories in the region, working with governments, NGOs and other partners to respond to the needs, while strengthening initial ZIKV response initiatives in priority countries. There is a focus on prevention activities for the most at risk groups, namely pregnant women, women of child-bearing age and their partners, with adolescents being a sub-priority group that spans all of these, whilst non clinical Care and Support activities are focused on newborns, young children and families affected by ZIKV congenital syndrome.

As 2016 draws to a close, UNICEF continues to work with partners to prevent transmission of ZIKV. The majority of work in 2016 was focused on eliminating mosquito breeding sites and personal protection from mosquito bites, but as the new evidence of sexual transmission evolved UNICEF has supported activities around sexual and reproductive health. UNICEF has worked to increase the awareness around the consequences of ZIKV for pregnant women and their developing child, and how these have long term consequences are different than other infections such as Dengue and chikungunya.

In November 2016 expanded non clinical Care & Support activities for children affected by ZIKV and their families were launched in Recife and Campina Grande, Brazil under the Network for Inclusion project. This builds on existing health care based actions in these municipalities and combines with UNICEF supported family-based interventions in the State of Ceara. With over 2,300 children already confirmed with congenital malformations associated with ZIKV in LAC, and research demonstrating that ZIKV affects children beyond microcephaly (affecting eyesight, hearing, physical and intellectual development) this area will be the focus of UNICEF’s ZIKV work in 2017.

SITUATION OVERVIEW

ZIKV continues to spread: 75 countries around the world report continuing mosquito-borne transmission; 46 of these countries are in the Latin American and Caribbean (LAC) region

Over 709,595 suspected/confirmed ZIKV cases in the LAC region as of 29 December 2016 (PAHO).

51,062 pregnant women infected with ZIKV in 33 LAC countries.

2,453 confirmed cases of Congenital Zika Syndrome reported in 17 LAC countries. Grenada is the last country to report.
1. EPIDEMIOLOGICAL UPDATE

- To date, 75 countries and territories around the world report continuing mosquito-borne transmission; 46 of these are in the Latin American and Caribbean (LAC) region.
- 17 LAC countries and territories have reported confirmed congenital syndrome associated with ZIKV infection. Grenada is the latest country to report a confirmed case of congenital syndrome associated with ZIKV infection.
- 33 LAC countries and territories have reported confirmed and suspected ZIKV cases in pregnant women: a total of 51,062 suspected and confirmed cases of ZIKV disease in pregnant women were reported.
- To date, 10 LAC countries and territories have reported an increase in the incidence of Guillain-Barré syndrome (GBS) and/or GBS cases with confirmed ZIKV infection: Brazil, Colombia, Dominican Republic, El Salvador, Guadeloupe, Jamaica, Honduras, Suriname, Martinique, and Venezuela. Costa Rica, Grenada, Guatemala, Haiti, Mexico and Panamá have also reported cases of GBS with confirmed ZIKV infection, but without an overall increase.
- 3 LAC countries (Argentina, Chile and Peru) have reported evidence of person-to-person ZIKV transmission, probably via a sexual route.

Table 1: Cumulative ZIKV suspected and confirmed cases reported by LAC countries and territories (2015-2016)

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of confirmed cases to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>2,289</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>2</td>
</tr>
<tr>
<td>Colombia</td>
<td>72</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>22</td>
</tr>
<tr>
<td>El Salvador</td>
<td>4</td>
</tr>
<tr>
<td>Haiti</td>
<td>1</td>
</tr>
<tr>
<td>Honduras</td>
<td>2</td>
</tr>
<tr>
<td>Martinique</td>
<td>18</td>
</tr>
<tr>
<td>Panama</td>
<td>5</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2</td>
</tr>
<tr>
<td>Grenada</td>
<td>1</td>
</tr>
<tr>
<td>Suriname</td>
<td>2</td>
</tr>
<tr>
<td>Guatemala</td>
<td>15</td>
</tr>
<tr>
<td>Bolivia</td>
<td>14</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>1</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>2</td>
</tr>
<tr>
<td>Argentina</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>2,453</td>
</tr>
</tbody>
</table>

Source: Panamerican Health Organization (PAHO). Regional Zika Epidemiological Update (Americas), 29 December 2016.

Graph 1: ZIKV Incidence Rates by LAC countries and territories as December 29, 2016

Source: Own elaboration based on PAHO//WHO, Situation Reports.

*ECA report an incidence rate of 1660, the highest incidence in the region.

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HUMANITARIAN RESPONSE STRATEGY

Eleven UNICEF Country Offices (Belize, Bolivia, Brazil, Colombia, Cuba, Guyana, Jamaica, Nicaragua, Paraguay, Peru and Suriname) have developed Annual Concept Notes to outline their ZIKV Response Plans for 2017. These Concept Notes are currently being revised and will form the basis from which to allocate the remaining ZIKV funds. This is in addition to approved plans for the Dominican Republic, El Salvador, Guatemala and Honduras UNICEF Country Offices, who completed their extended ZIKV Response Plans in October. As previously reported, there is a particular emphasis on non-clinical Child Care (early intervention) & Family Support for children affected by Congenital ZIKV Syndrome and their families, which corresponds to UNICEF’s institutional commitment to this effect. This builds on UNICEF’s mandate, comparative advantage and our past experiences, meaning that we are currently uniquely placed to lead this component. This work is in coordination and collaboration with national and local governments, civil society, PAHO, international and national NGOs, USAID and other actors.

2. REGIONAL ACTIVITIES

2.1. COORDINATION AND LEADERSHIP

- UNICEF LACRO has been coordinating work with IFRC and Save the Children, with particular focus on the CAZ (Community Health Action ZIKV) project which is financed by USAID. UNICEF has been coordinating several concurrent activities:
  - Providing technical support to IFRC and Save the Children in order to understand the use and implementation of U-Report as part of the project to complement other activities
  - Sharing information on CAP studies, including guides to orientate work that include recommended methodologies and indicators. It has been agreed that the CAZ project will use the same instruments for both qualitative and quantitative studies.
  - The project will use documents created by UNICEF, including the technical note on Risk Communication and Community Engagement (including desired behaviors) for the ZIKV response.
  - The CAZ project will pilot interventions alongside UNICEF projects with defined actions. The results of these pilots will be shared allowing for joint future interventions.

2.2. TECHNICAL SUPPORT & CAPACITY BUILDING

- UNICEF LACRO continues to strengthen the capacity of national actors in the ZIKV response. To this effect, UNICEF has offered technical support for and participated in the “ZIKV Communication and Community Engagement Workshop” organized by USAID with the support of UNICEF and IFRC. UNICEF has shared the initial lessons learned with regards to Risk Communication and Community Engagement and the technical documents that were produced. More than 60 professionals from Government and non-Government organizations took part in this workshop, working together to update national plans for the ZIKV response.
- Guidelines for developing baseline studies, including a set of indicators and recommended methodologies have been shared with UNICEF Country Offices.
- Analysis of 11 Country Offices concept notes for the continuation of the ZIKV Response and their strategies and activities. The review was done in a multi sector fashion involving all relevant areas (Health, protection, education, ECD, WASH, etc).
- There is on-going support for advancing non clinical Care and Support components for UNICEF Country Offices. There have been specific advances made to strengthen initial steps for mapping systems, structures and activities to design and deliver Child Care and Family Support interventions in Honduras, Guatemala, El Salvador and the Dominican Republic (building on existing services). Mapping guidelines (a two stage process) have been prepared and disseminated to the four countries.
- Under the guidance of the LACRO ECD unit, additional work has been undertaken on the Care for Child Development (CCD) Package (identified as a critical component for future Care and Support strengthening and expanded use)
  - The English and Spanish versions of the CCD have been finalized and are ready for approval by WHO/Geneva;
  - Additional activities to train staff were developed and implemented with PAHO for the expanded introduction of CCD package to UNICEF and PAHO country staff (from selected countries) and preparation of future CCD trainers for rollout in additional LAC countries.
LACRO ZIKA VIRUS SITUATION REPORT

31 December 2016

• As part of LACRO’s engagement in the Regional Neonatal Alliance, successful advocacy was undertaken during its annual meeting in November for the creation of a ZIKV and Other Congenital Malformations Working Group, and for the integration of Care and Support (medical and non-medical), including family support, as one key element for consolidated and coordinated efforts for the Alliance and its members in 2017.

2.3. INFORMATION AND KNOWLEDGE MANAGEMENT

• UNICEF LACRO continues to share knowledge, experience and materials within the region and globally. One example of this is the Costa Rica nationwide prevention campaign that uses materials from Honduras as its base and the facilitation of a visit from Ministry of Health officials from Cape Verde to Brazil.

• UNICEF LACRO continues to support UNICEF EAPRO with the development of its ZIKV Response Plan.

• The mapping of education projects and experiences related to ZIKV response in LAC is ongoing, and a first draft of the document has been circulated for comment.

2.4. RESOURCE MOBILIZATION

Funds for priority actions have been directed to Peru, Suriname and Paraguay Country Offices. Concept notes from eight other countries are under revision and resource allocation is expected in January 2017 accordingly.

3. PROGRAMME RESPONSE AT COUNTRY LEVEL: ACTIVITY 26 OCTOBER – 20 DECEMBER

3.1 INTEGRATED RESPONSE ACTIVITIES

Detection

Situation:
Detection of ZIKV in adults, particularly pregnant women and their babies, remains patchy at best, with many countries in the region still not having the capacity or systems for diagnosis. Whilst one of the expected outcomes of UNICEF’s Global ZIKV Strategic Response Framework is to contribute to raise the awareness on the importance of early diagnosis and neurological and developmental impact of ZIKV syndrome on children, without the required level of access to diagnostic and detection systems in place, UNICEF is limited to assist countries (governments, NGOs and civil society) to create demand across the region.

Response:
The only two COs that report progress in detection since the last report are UNICEF Belize and Argentina. The Belize CO has received pledge for funding from the Spanish PROBITAS Foundation for strengthening the capacities of the medical laboratories of the national health system in Belize. The proposal was developed in partnership with the MoH and was shared with PAHO/WHO. The general objective is to improve the country capacity for early detection and accurate diagnosis, which will in turn result in the proper medical management of the diseases that affect the most vulnerable population. UNICEF Argentina is supporting the Ministry of Health’s increased surveillance of microcephaly or other neurological abnormalities in infants who may have been infected with ZIKV.

Prevention

Situation:
ZIKV continues to spread via mosquito, sex and vertically (from pregnant woman to unborn child). The number of cases continues to rise, although there are countries of the region where the incidence of cases has reduced (due to the rainy
UNICEF’s Global ZIKV Strategic Response Framework has two outcomes specifically related to prevention. The first is to engage at-risk communities and locations in LAC to prevent the transmission of ZIKV with a particular emphasis on pregnant women and their partners, whilst the second is to ensure women of childbearing age and their partners (especially girls and adolescents) prevent the impact of ZIKV infection through the reduction of unplanned pregnancies. Due to the consequences of ZIKV on the unborn child, pregnant women are the group at highest risk of ZIKV.

**Response:**
Reducing mosquito breeding sites and promoting personal protection continues to be an area of work that many COs are engaged in. This work takes place via mass communications, community based activity, education and via health workers. With regards to communications activity, in the Dominican Republic a mapping exercise of prevention communication is being undertaken alongside partners HC3 (Health Communication Capacity Collaborative) and PSI to identify gaps in risk communication, whilst Costa Rica CO has supported the launch of a nationwide prevention campaign for ZIKV, Dengue and chikungunya in partnership with the Casa Presidential, Ministry of Health, Ministry of Education and WHO/PAHO.

Regarding community based action, in Jamaica UNICEF has supported the Ministry of Education in organizing school clean-up days in 60 schools in high risk areas in advance of the new school term in January. In Argentina, UNICEF has agreed to work with the Ministry of Health on vector control strategies in the community, and is also supporting the creation of graphics for use in mass media on prevention. El Salvador CO has supported the distribution of mosquito nets to Early Childhood Learning Centres and Social Inclusion Centres, whilst in Suriname via a PCA with UNICEF, Medical Mission has completed the training of Health Care Workers (HCWs) based in the Interior Health Posts. The CO has supported the distribution of 6,000 repellents, 12,500 metres’ squared of water barrel capping and communication materials.

COs such as Bolivia and Argentina have shifted their focus from preventing of mosquito breeding sites to personal protection with an emphasis on pregnant women. In El Beni, Bolivia, as well as running a workshop with community social communicators around disseminating prevention messages, UNICEF has worked with Ministry of Health to produce and distribute a prevention kit for pregnant women. In Argentina, the CO is supporting the Sexual and Reproductive Health National Programme so that it includes the ZIKV agenda, including disseminating information to key target populations, providing counselling to pregnant women and offering long term contraceptives.

Adolescents continue to be a key target group for prevention strategies. Using music to engage these groups has been used in both Jamaica and El Salvador, with the Jamaica CO working with the National Family Planning Board to film, test and edit a music video with key ZIKV prevention messages whilst El Salvador CO has been engaged in creating 13 jingles for youth and community radios. In Honduras, the CO has used WhatsApp and Facebook to disseminate prevention messaging. Younger groups have been receiving prevention messaging through schools and education groups. In El Salvador the CO has supported the production and dissemination of colouring books on prevention techniques, whilst in Honduras 70,000 education kits have been distributed via schools.

**Spotlight on Education for prevention**

In 2016, education was a key component of the ZIKV Response in many countries. 12 countries initiated responses led by the Ministry of Education whilst in 16 countries principals and teachers were trained as part of the ZIKV Response.

Participatory meetings with parents and children have been organized in schools in prioritized districts to explain the risks of ZIKV, promote the adoption of personal protection and vector control measures. This strategy has been widely used in Brazil, Bolivia, Costa Rica, Cuba, Ecuador, El Salvador and Dominican Republic, whilst in eight other countries it has been practiced in some schools in prioritized areas.

As well as having prevention posters and activities in the school environment, ensuring children return home with new educational content promoting activities to do at home thus extending their learning to their local community has been practiced in nine countries in the region frequently. Additionally, work has been undertaken to ensure prevention...
activities are age specific. Honduras, Colombia and Cuba reported that there are always activities in their schools appropriate for both 5 to 11 year olds and the older 12 to 16 age groups, with the older age group often discussing sexual transmission of ZIKV as well as transmission by mosquito.

Care & Support

Situation:
With over 2,300 children confirmed with microcephaly and other congenital malformations caused by ZIKV in LAC, ensuring adequate systems for Care and Support (clinical and non-clinical) of these children and their families is of upmost importance. Non-clinical does not mean that this support occurs only outside health facilities, but refers to a more comprehensive approach, addressing more holistically the rights and needs of these children and their families, including early intervention, psycho-social support, social protection and financial support (when required), providing family and peer counselling, reducing stigma and discrimination, and promoting inclusion.

UNICEF’s Global ZIKV Strategic Response Framework has one outcome specifically related to non-clinical Care and Support of those affected by ZIKV. The aim is to ensure children and families affected by ZIKV receive timely and on-going child care (early intervention) and family support, including multi-disciplinary management with a family participation focus of microcephaly and other potential malformations and disabilities.

Response:
As previously reported, this part of the response is new in some countries, and therefore the role of UNICEF is often to advocate for inclusion of a non-clinical Care and Support component in a country’s ZIKV Response Plan. Recently, in Belize the UNICEF CO, PAHO, and MoH held technical sessions to address the response for Care and Support for families and children affected by ZIKV with plans to develop guidelines and protocols to strengthen healthcare facilities at all levels to bring family counselling components closer to those affected by ZIKV.

In the Dominican Republic, an integrated approach to non-clinical Care & Support interventions is being planned together with MoH, Vice-presidency (PROSOLI) and local partner (PMI). After defining, together with the health sector and other partners, the critical elements of the “Roadmap for the Integral Attention of Children with Disabilities”, UNICEF is fostering government and inter-institutional efforts for ensuring adequate buy-in of roles and responsibilities distribution by national authorities. Meetings with the Vice-President of the Republic (and PROSOLI program) are being held by UNICEF’s health and education teams, as well as by the CO Representative for piloting an Integral Attention for Children with Disabilities National Protocol. A proposal with different options of support is currently being negotiated with PROSOLI.

Supporting the development of training materials for a spectrum of health workers is a line of work that many COs are engaged with. In Argentina, UNICEF is supporting the training of neonatologists to improve knowledge on Congenital Syndromes and is developing, in collaboration with scientific societies, an online training course aimed at improving knowledge and skills of health professionals, whilst in Bolivia, the CO is supporting the development of guidelines for children born with congenital malformations linked to ZIKV infection. Brazil CO is supporting the training of health, education and social assistance professionals to guide families in home activities to support at-home stimulation and development.

In Brazil, the Networks for Inclusion project, which has been mentioned in previous reports, was launched in Campina Grande on November 17. Part of this launch included the delivery of multisensory kits to children with ZIKV Congenital Syndrome and other disabilities. The kit consists of ten play and therapeutic objects, tested and validated by a multi-professional team and families of children affected by ZIKV and other disabilities. There have also been advances in the non-clinical Care and Support activity in State of Ceara supported by the UNICEF Fortaleza office.

Research

Situation:
Information about ZIKV and its impact, risk perceptions, barriers to adopting desired prevention behaviors and related research all help inform an evidence based response. Ensuring continued research, sharing of this information and its use is a key pillar of the ZIKV Response.

Response:
UNICEF Dominican Republic has undertaken a study on risk perceptions of ZIKV. The analysis of the preliminary draft of the report shows that pregnant women are conscious about ZIKV symptoms, transmission channels and key prevention
measures, as well as they are aware of the risk associated with congenital malformation of the babies (CZS). However, pregnant women do not receive much information by health personnel, even in prenatal routine visits, and are generally worried about CZS, recognizing the psychologic and economic burden to bear if they have a child with disabilities. Health personnel confirm the lack of protocols and clear orientation on CZS management.

In Brazil, UNICEF has worked with Facebook to undertake social listening to understand what different groups are saying about ZIKV. This information was then used to adapt messages and content to target groups. The social listening demonstrated that 58% of posts on Facebook in Brazil about ZIKV were posted by men, so photos of fathers and babies with microcephaly were used to target men, rather than women. A poll was undertaken to see how likely people were to adopt prevention activities, and the results showed that those who had seen the amended content had a higher propensity to undertake these activities.

**Coordination**

**Situation:**
In a multi-stakeholder and multi-sectoral approach, coordination of parties at local, national, regional and global level is vital to ensure an efficient and effective response.

**Response:**
In most countries where UNICEF is responding, it continues to take a co-leading role alongside WHO/PAHO in coordinating the response, under the guidance of country governments and relevant ministries (e.g. Education, Health etc.). Argentina CO reports attendance in government coordination meetings, Belize CO reports the signing of joint work plans with the Ministry of Health, whilst in Dominican Republic, El Salvador, Honduras and Guatemala UNICEF is working with various partners such as HC3 (Health Communication Capacity Collaboration), PSI and ASSIST to ensure mapping exercises of activities both with regards to prevention and also care and support. The Dominican Republic CO is also working on coordinating capacity-building materials and a calendar of activities.

COs such as Dominican Republic, Bolivia and Honduras are coordinating activities with a range of NGOs using different mechanisms including inter-sectoral tables, joint communication strategies, coordinated actions and workshops.

### 4. FUNDING

<table>
<thead>
<tr>
<th>Activity</th>
<th>Funding Received (US$)</th>
<th>Funding Gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to early diagnosis of ZIKV infection and complications through advocacy and awareness raising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent ZIKV through informing and engaging communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitigate the impact of ZIKV on children and families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to research on effectiveness of prevention measures</td>
<td>6,352,882</td>
<td>10,643,118</td>
</tr>
<tr>
<td>Coordinate actions across sectors to support the national government response</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total requirement - June 2016 - December 2017 (US$)** 16,996,000

There is no change in the funding status from the previous report. During November, three Country Offices (Paraguay, Peru and Suriname) have received priority funding for specific ZIKV related projects. As previously highlighted, there are budget concerns for 20 countries in the region that have not received direct funding (all countries minus Dominican Republic, El Salvador, Guatemala and Honduras). There remains an urgent need to bridge this funding gap in order to prevent the impact of ZIKV on children and families in Latin America and the Caribbean.
5. **MONITORING AND EVALUATION**

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Indicators</th>
<th>Reached</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Outreach</td>
<td>Number of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns.</td>
<td>162,248,501</td>
<td>▲</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>Number of departments/municipalities in the region reporting the implementation of communication strategies for individual and community empowerment for control and prevention of ZIKV.</td>
<td>1,389</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of families reached with social mobilization and interpersonal communication ZIKV prevention sessions.</td>
<td>246,619</td>
<td>▲</td>
</tr>
<tr>
<td>Child and Adolescent engagement</td>
<td>Number of children and adolescents participating as agents of social mobilization at community level.</td>
<td>134,186</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of pregnant women who have directly benefited from UNICEF-supported interventions to prevent ZIKV infection.</td>
<td>31,316</td>
<td>▼</td>
</tr>
<tr>
<td></td>
<td>Number of students enrolled in schools where ZIKV UNICEF-supported interventions activities are implemented.</td>
<td>477,357</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td>Number of people who have benefited from UNICEF-supported environmental management interventions/Number of people whose districts implement active vector control programs supported by UNICEF.</td>
<td>233,928</td>
<td>▲</td>
</tr>
</tbody>
</table>

6. **IDENTIFIED CHALLENGES**

On 18 November, the World Health Organization (WHO) declared the end of ZIKV as an International Emergency of Public Concern, following the recommendations made by the PHEIC Committee, yet stating that continued efforts to eliminate Zika Virus outbreak remains a global priority. In line with that, the ZIKV Response remains a priority for UNICEF, albeit the risk that removing ZIKV from the list of PHEIC might cause some countries to reduce attention to and perception of the ZIKV risk. This is of concern with regards to risk communication and community engagement, advocacy around detection, vector control and care and support, but also with regards to attracting funds.

UNICEF COs in Jamaica, Mexico and Venezuela have reported that the Governments are no longer reporting data on ZIKV. As reported above this makes implementing the ZIKV Response Plan and attracting funds difficult.

7. **LOOKING FORWARD**

Reflections of the ZIKV Response in 2016 across Latin America and the Caribbean (LAC) have demonstrated vast opportunities and synergies that could be achieved through an even more integrated and inter-sectoral approach. To this end, all programme sections at UNICEF LACRO have been involved in multi-sectoral meetings to identify areas of closer collaboration, and mainstreaming of ZIKV activities into regular programme work.

From Early Childhood Development to Childhood Disabilities, and from health, HIV in adolescents and education to Child Protection there is a strong desire to maximize resources (human, time and funds) and to build on and strengthen existing UNICEF LACRO initiatives to ensure a fully integrated multi-sectoral sustainable response to ZIKV at both regional and country level, moving forward with actions to guarantee the rights, development and inclusion of young children affected by ZIKV and other congenital disorders.
LACRO ZIK VIRUS SITUATION REPORT 31 December 2016

In Cuba, fumigation takes place as part of vector control activities on the island.

In Costa Rica, a national prevention campaign was launched by the Casa Presidencial.

In Ecuador, 833 pregnant women have received Zika prevention kits, as well as relevant advice and information.

Babies with Congenital Zika Syndrome take part in stimulation and play exercises as part of Care and Support activities in Brazil.

In El Salvador, theatre groups help spread the word about Zika, and how children can help eliminate mosquitos.

Honduran school children hold up posters about preventing ZIKV which form part of the education programme being rolled out nationally.

Paraguay has launched a national campaign aimed at pregnant women and their partners, which includes messaging about personal protection, including using condoms during sex.

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