RESPONSE HIGHLIGHTS

BRAZIL: UNICEF has trained 9,541 people (including 7,016 children and adolescents) in 856 of the most vulnerable municipalities in the elimination of breeding sites and other prevention measures. Focus group research is ongoing to deliver communication materials adapted to the cultural and regional diversity of Brazil.

COLOMBIA: Seven Zika virus (ZIKV) prevention videos were developed with Friends of UNICEF, four already on the air. Social media coverage of the ZIKV campaign has reached four million people and has had over 23 million on-line hits since mid-March 2016.

EL SALVADOR: Seven clean-up days took place in schools with active participation of 221 people, 193 of whom are children. UNICEF is also supporting youth initiatives for small theaters in seven schools in Chalatenango to raise awareness of ZIKV.

HONDURAS: UNICEF has published 57 articles on social network sites, reaching more than 282,500 people.

SITUATION OVERVIEW

LAC Countries with UNICEF presence reporting ZIKV local transmission by mosquitoes: Belize, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Eastern Caribbean Area countries, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Suriname, and Venezuela

Over 235,000 ZIKV suspected and confirmed cases in the LAC region as of 21 April 2016

1,181 cases of microcephaly and/or CNS malformation suggestive of congenital infection reported from four LAC countries: Brazil, Colombia, Martinique, and Panama; increases in cases of Guillain-Barre syndrome reported in Brazil, Colombia, Dominican Republic, El Salvador, Honduras, Suriname, and Venezuela have reported increases in cases

32.7 million people reached through Risk Communication and Community Engagement.

PHOTO: Workshop participants in Belize interview a community leader.
1. **EPI UPDATE**

- Thirty-five LAC countries and territories have reported local Zika virus (ZIKV) transmission by mosquitoes between 1 Jan. 2015 to 20 April 2016. Three LAC countries have reported non-vector-borne ZIKV transmission: Argentina, Chile, and Peru.
- Four LAC countries have reported cases of microcephaly and/or central nervous system (CNS) malformation suggestive of congenital infections or potentially associated with a ZIKV infection: Brazil, Colombia, Martinique, and Panama.
- Twelve LAC countries and territories have reported either an increase in the incidence of Guillain-Barre syndrome (GBS) and/or one GBS case with confirmed ZIKV infection: Brazil, Colombia, Dominican Republic, El Salvador, French Guiana, Haiti, Honduras, Martinique, Panama, Puerto Rico, Suriname, and Venezuela.

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**Sources:**
- PAHO Zika cases by country ([http://ais.paho.org/phil/viz/ed_zika_cases.asp](http://ais.paho.org/phil/viz/ed_zika_cases.asp))
2. NATIONAL RESPONSE

- UNICEF is responding to ZIKV in 22 countries in the region so far. The national responses are funded through reallocation of existing funds, new grants, additional financial and technical support from the UNICEF Regional Office (LACRO).
- UNICEF national responses vary from country to country depending on the epidemic development. They range from countries such as Brazil and Colombia with cases of microcephaly and other congenital malformations to countries such as Costa Rica and Uruguay, which are currently preparing communication strategies and establishing agreements with their national government and other partners. In some countries, the ZIKV response consists of complementing already existing government campaigns against dengue and chikungunya, which are also transmitted by the *Aedes aegypti* mosquito.
- All UNICEF national offices are working with their government counterparts and supporting the implementation of national strategies and plans. The Ministries of Health (MoH), Communication, and Education are the main partners in the response. Partnership agreements with governments and other implementing partners, including national and local associations, NGOs and the Red Cross, are in place in all countries.
- The initial response strategy has focused on communication prevention through Communication for Development (C4D) activities. Several countries have made great achievements and reached a large number of people and communities. Campaigns on vector control have been supported in several countries with communication through public media such as radio and television and with trainings in schools and other institutions.
- Technical fora and workshops have been used to disseminate best practices and develop sub-national plans. The approach has been successful in the dissemination of technical materials and guidelines to health, education and environmental professionals and to ensure best practices reach municipalities and communities most prone to ZIKV.
- The country situations section provides detail and updates on UNICEF national responses.

### UNICEF response in community engagement and personal protection and/or prevention²

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Target</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREVENTION OF TRANSMISSION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Outreach</strong></td>
<td>200 million</td>
<td>32,734,481</td>
</tr>
<tr>
<td>Number of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Engagement</strong></td>
<td>1,063</td>
<td></td>
</tr>
<tr>
<td>Number of municipalities in the region reporting the implementation of communication strategies for individual and community empowerment for control and prevention of ZIKV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of families reached with social mobilization and interpersonal communication ZIKV prevention sessions.</td>
<td>80,678</td>
<td></td>
</tr>
<tr>
<td><strong>Child and Adolescent engagement</strong></td>
<td>42,562</td>
<td></td>
</tr>
<tr>
<td>Number of children and adolescents participating as agents for social mobilization at community level.</td>
<td></td>
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² The table is based on a set of indicators developed to monitor the progress of the regional response. The figures in the table are preliminary and the reported information will be complemented in the course of the response.
3. LEADERSHIP AND COORDINATION

- National governments are leading the country responses. The MoH are leading the response in close collaboration with the communication and the education ministries in most countries. In some cases, the response is led directly by the Presidential Office. The UN response at the national level is led by PAHO in collaboration with UNICEF and UNFPA in most countries. NGOs and local organizations have been key for the dissemination of messages and reaching thousands of people with specific information adapted for different segments of the population, including school children, adolescents and youth, families, women of childbearing age and pregnant women.
- Different coordination mechanisms have been adopted depending on the country contexts involving permanent sharing of information between agencies and organizations and periodical meetings led by government entities. The UN and international organization coordination mechanisms for humanitarian crisis have been activated in some countries. UNICEF has played an important role leading the response in its fields of expertise, in particular water, sanitation and hygiene (WASH), education, and communication and mobilization of communities.
- UNICEF at regional level has played a critical role in liaison, coordination and cooperation with other UN agencies and international partners, as well as in the harmonization and production of technical materials and guidelines for the UNICEF country offices. Coherent country responses in line with agreed strategy and response priorities have been ensured in this way. UNICEF at the regional level, in collaboration with HQ, has also developed a technical note with key messages and actions for Zika Prevention and Control in Schools. This guide has now been translated into Spanish and will shortly be ready for dissemination.
- UNICEF at the global level has guided UNICEF response priorities as defined by the global Response Strategic Framework led by WHO and is coordinating through existing mechanisms such as the Inter-Agency Standing Committee (IASC) and the Global Outbreak Alert and Response Network (GOARN).

4. HUMANITARIAN STRATEGY

As ZIKV continues to spread and cases of microcephaly have now also been reported in other countries than Brazil, preparedness and response actions have been stepped up and have required additional support across all sectors. Efforts to include more non-clinical care and support activities for families affected by ZIKV in the UNICEF national response plans are ongoing. UNICEF is advocating for the inclusion of care and support components in all national ZIKV response plans.

5. SUPPORT TO COUNTRY RESPONSES

- **Partnerships with civil society:** Agreements were made with Scouts and Save the Children on topics of community engagement, C4D and participation in the U-Report/ZIKV initiatives.
- **U-Report:** Initiative is active in Honduras, El Salvador and Guatemala with 204 registered U-Reporters. New members can now be enrolled in U-Report through Facebook. Bolivia, Peru, Guyana, Suriname and Belize have also joined the initiative and will start the recruitment phase in the next few weeks.
- **Regional media agreements:** Spots are being developed with Sesame Street, Nickelodeon and the Cartoon Network for dissemination through social networks and local media at the national level.
- **Facebook agreement:** UNICEF at the global level has reached an agreement with Facebook on the use of their Action Sprout software. The agreement will allow UNICEF country offices to make specific calls for action through their Facebook pages to raise awareness on ZIKV prevention and promote behavioral change.
- **Pro bono communication campaign:** A British and a Brazilian advertising agencies are working on the development of a ZIKV communication campaign through traditional and digital media. The campaign focuses mainly on communicating the risk of microcephaly related to ZIKV.
- **Social media monitoring:** With the support of UNICEF Brazil, the UNICEF country offices in the region receive daily updates on ZIKV in social media to assist them in the development of country level campaigns and
activities. More than 60,000 mentions related to ZIKV were registered on social media between 19 March and 19 April. Peaks in mentions occurred in different countries when new cases of the virus and cases of microcephaly related to ZIKV were reported. Main topics found in the conversations were: combat virus, related everyday topics, ZIKV cases, microcephaly, and institutions. Brazil, México, Colombia, Chile, Venezuela, Peru, Cuba, Dominican Republic, Panama, Ecuador, Bolivia, El Salvador and Argentina were among the most active countries on these topics. Comments on neutral polarity have increased this month.

6. IDENTIFIED CHALLENGES

- The same mosquito that spreads dengue and chikungunya, diseases the region has fought for decades, spreads ZIKV. Difficulties in identifying effective vector control strategies have led to mixed results in reducing mosquito populations, and hence transmission of these viruses.
- WHO has only recently declared that there is scientific consensus on a causal relationship between ZIKV, microcephaly, GBS, other congenital and neurological malformation; this may explain a general low perception of risk in some countries and communities.
- As many cases are asymptomatic and lab capacity to confirm ZIKV is not available in all countries, there may be unrecognized outbreaks in areas throughout the region. This may delay national and subnational responses to prevent and control further spread of ZIKV, putting pregnant women at increased risk in these areas.
- The UNICEF ZIKV response remains significantly underfunded. Current response plans are comprehensive and support affected governments and countries; however, without the identification of additional sources of funding, UNICEF will not be capable of fully delivering its response.

7. ZIKV CELL SUPPORT

Webinars are ongoing with ZIKV focal points and technical colleagues of UNICEF country offices. Activities have been developed in WASH, C4D, education, focused so far mainly on prevention, and have recently started in the area of non-clinical care and support. Colombia, the Eastern Caribbean Area, Ecuador, Bolivia and the Dominican Republic were the first group of countries that participated in the webinars.

SUPPORT MISSIONS

- **Colombia:** The preparation of a technical meeting has started, to design evidenced-based operational plans at the national and sub-national level within the framework of the Integrated Management Strategy for Vector-Borne Diseases (Egi-ETV, 2012 – 2021). The plans focus on health promotion and vector control measures. Orientation of new staff on risk communication and community engagement in ZIKV control and prevention was also facilitated.
- **Brazil:** Technical support was provided to the C4D and formative research components of the UNICEF ZIKV response plan. Two focus groups with key stakeholders, public sector managers, and ten community health and vector control agents were organized. Visits to the Microcephaly Specialized Unit (Ambulatory) and the Centre of Zoonosis took place.
- **Uruguay:** Support was provided to the C4D plan and the mission members facilitated a workshop on planning and communication in emergencies and community mobilization for the control and prevention of ZIKV in Montevideo.
- **Ecuador:** The mission members participated in and provided support for a two-day training on C4D at the Communication for Social Change for Participation and Social Mobilization for the Prevention of ZIKV conference in Quito.
- **Paraguay:** A C4D and WASH joint mission provided technical support to the communication, C4D and WASH components of the ZIKV response plan and to the emergency response to the ongoing floods. Additional opportunities were identified to support the national ZIKV response with advocacy, coordination, strategic
partnerships and implementation. The National Emergency Response Plan was revised and the possible use of the U-Report social messaging tool for the ZIKV response in Paraguay was assessed.

- **El Salvador:** Technical support was provided to the C4D components of the response plan and to the promotion of the U-Report ZIKV regional initiative among partners.
- **Belize:** A C4D training with municipalities was facilitated, which is pivotal in renewing collaboration between the municipalities and the vector control and health education teams of the MoH for the development of sub-national plans.
- **Honduras:** Technical support was provided to the communication and C4D components of the UNICEF response plan and the U-Report ZIKV regional initiative was promoted.
- **Suriname and Guyana:** Technical support was provided on the vector control approach. Intervention areas and communities were visited together with government and implementing partners and UNICEF country office staff. A list of recommendations and orientations for the response has been drafted.

8. INNOVATIONS

**Risk mapping:** The global UNICEF Innovations Team is developing a mapping tool to support responses to outbreaks and disasters. The tool will combine data on epidemiology, entomology, meteorology, socioeconomics, and mobility to help identify areas at greatest risk of ZIKV transmission and with the most vulnerable populations. A support mission of the global Innovations Team visited Panama to introduce the tool to the UNICEF Regional Office and discuss data availability and sharing for inclusion in the tool, the possible uses of the tool in outbreak and disaster settings, and potential areas for Center for Disease Control and Prevention (CDC) support. Together with UNICEF Panama country office, the mission also met with the MoH of Panama to introduce the tool and discuss data sharing.

The MENTOR Initiative, an organization specializing in vector control, has presented a proposal to UNICEF for the development of a community based approach for vector control in highly populated sub-urban areas. This programme would start with a workshop to review international and national evidence and identify best practices for community based vector control. According to the plan, UNICEF Colombia and UNICEF LACRO will work closely with the Colombian MoH to organize a regional workshop, with the participation of the MENTOR Initiative, to elaborate vector control action plans for several municipalities and share experiences between countries in the region to improve the vector control component of their ZIKV response plans.

**Risk communication and community engagement evidence synthesis and research in the context of the ZIKV outbreak:** At the regional level, UNICEF has conducted a rapid appraisal of already existing and effective community-based vector control interventions on dengue to guide the development of national plans. The UNICEF Regional Office intends to hire an academic institution to develop a more comprehensive literature review at the regional and global level.

9. COUNTRY SITUATIONS

**BELIZE**

**Situation**

- Surveillance has increased with more samples being sent out for testing.
- Urban areas and coastal areas are areas of concern.

**Response**

- MoH continues carrying out surveillance and prevention activities and is implementing its national response plan in municipalities. Vector control activities have been increased in different municipalities and cleanup campaigns are ongoing.
• A two-day C4D training of trainers on risk response and community engagement was conducted in April by the government and UNICEF. Participants from nine municipalities took part in the event and are now completing risk response plans for their municipalities.

• MoH is sharing materials with the Ministry of Education (MoE) and preparing education materials for primary school children with support of UNICEF and PAHO/WHO.

**Coordination**

• UNICEF continues to coordinate actions with the Ministry of Labor, MoH, the National Emergency Management Organization, local governments and local partners.

**BOLIVIA**

**Situation**

• The diagnostic capacity of the health network in Santa Cruz has improved; however, the capacity is still weak in Beni and Pando departments, which have a high incidence of dengue and chikungunya and have municipalities bordering Brazil.

**Response**

• Massive *Minga* communal campaigns took place in the department of Santa Cruz to eliminate vector-breeding sites. More than 30,000 people participated, including municipal and departmental authorities, armed forces and civil organizations.

• The MoH, with UNICEF support, organized a coordination meeting on joint action to prevent ZIKV on the Bolivia-Brazil border. The strategy and plan of action to prevent and control ZIKV in border municipalities was disseminated in the meeting and 90 health professionals from both countries were trained in clinical protocols of ZIKV.

• Government at the national and departmental level is carrying out sectoral and inter-sectoral activities to prevent and control ZIKV.

• MoH produced content and material for the prevention and control of ZIKV. The package will be used in C4D actions. UNICEF is supporting the MoH with the duplication of the materials.

**Coordination**

• The MoH and MoE are coordinating the implementation of actions related to the prevention of ZIKV.

• The UN system has established three teams to coordinate its response: 1) Epidemiologic vigilance and medical care; 2) Sexual and reproductive health and woman rights; and 3) C4D.

**BRAZIL**

**Situation**

• A case-control study implemented by the MoH and CDC in Paraíba is showing a primarily indication of a higher chance of microcephaly in newborns when their mothers have reported ZIKV symptoms during the first three months of pregnancy.

• As the rainy season is ending, the numbers of mosquitos should decline.

**Response**

• The MoH, in collaboration with PAHO/WHO, is translating a course on ZIKV basic clinical care into English and Spanish. The materials will be made available for foreign health professionals on the online platform hosted by PAHO/WHO.

• A campaign called "Children against Zika" was launched by MoH to mobilize children, adolescents and adults.

• The government released a series of specific communication materials for International Health Day on 7 April to relate it with the national campaign against the *Aedes aegypti* mosquito.
• On 11 April, the MoH in partnership with the Ministry of Social Development and an NGO partner reinforced their strategy to provide health care and assistance for newborns suspected of microcephaly.
• UNICEF, in partnership with PAHO/WHO and the MoH, is organizing a two-day workshop taking place in Recife, Pernambuco this week to create a methodology to work with pregnant women, care providers and families with children with microcephaly and/or other neurological disorders.
• UNICEF has trained 9,541 people, including 7,016 children and adolescents, in 856 municipalities of the most vulnerable regions in the elimination of breeding sites and other prevention measures. A total of 1,016 of the involved children and adolescents received direct training as agents for social mobilization under UNICEF’s Seal platform.
• Focus group research is ongoing to deliver specific communication materials adapted to the cultural and regional diversity of Brazil.

Coordination
• UNICEF is working in close collaboration with the MoH, MoE, PAHO, state and municipal governments.
• UNICEF is participating in a UN Brazil Task Force on Aedes aegypti and is member of several local and state level committees on Aedes aegypti and microcephaly.
• UNICEF, in partnership with the MoH and PAHO/WHO, is working on a strategy related to care (impact mitigation) for families and health personnel.

COLOMBIA

Situation
• The MoH has confirmed microcephaly cases associated with ZIKV infection and predicts the largest number of cases to be reported between May and August 2016, nine months after the onset of the ZIKV outbreak.
• The incidence of ZIKV infection continues to decrease, but the geographic spread has extended as cases continue to appear in new municipalities, particularly in the most isolated and vulnerable in terms of social indicators.

Response
• National government will intensify prevention measures and monitor of the protocol for case confirmation established by the National Institute of Health and the CDC in Atlanta. National government, together with UNICEF, has prioritized preventive actions for pregnant women and children-under-five years of age and social mobilization strategies aimed at identification and control of breeding sites in prioritized municipalities.
• UNICEF has agreed with the MoH and MoE on a strategy and materials for a national prevention campaign in schools. Through advocacy by UNICEF, the MoH has decided to assign funds to strengthen the coordination with the education sector and to guarantee the development of vector prevention and control activities in prioritized schools.
• Technical support from UNICEF to the MoH led to the decision to strengthen the strategy of social mobilization, community participation and inter-sectoral coordination to prevent and control vectors.
• Seven ZIKV prevention videos were developed with Friends of UNICEF (national celebrities); four are already on air and the other three will be broadcast next week.
• Social media coverage of the ZIKV campaign has reached four million people and there have been over 23 million on-line hits since mid-March 2016.
• A partnership with Google has permitted the increase in the number of persons reached with prevention messages to continue increasing.
• The MoH, with UNICEF support, has selected 50 officials for a training of trainers’ course. These trainees will work in 25 education secretariats, covering 500 schools in the areas most at risk of ZIKV.
• The MoH and UNICEF have defined the content of the international vector control conference being planned as part of the regional strategy for comprehensive management of vector control of Aedes aegypti.
• The MoH and UNICEF are developing the content of communication spots aimed at promoting healthy behaviors for the prevention and control of the vector.
• UNICEF has finalized a C4D plan focused on behavioral change, inter-sectoral work and the community to be implemented with the education secretariats, schools and prioritized communities.
• A partnership agreement has been signed with NGO Terre des Hommes to develop a community engagement strategy in a number of municipalities in the department of Córdoba.
• UNICEF’s communications team is designing educational materials for dissemination among 500 teachers in prioritized schools.
• UNICEF has trained 20 NGO members of the WASH Cluster in the control of breeding sites and continues to provide them with technical assistance.

Coordination
• UNICEF, WHO/PAHO and UNFPA are collaborating closely to support the MoH.
• UNICEF continues to lead the WASH Cluster and has promoted ZIKV as a priority item in its agenda.
• As leader of the Education Cluster, UNICEF continues to facilitate coordinated action between education and health sectors. UNICEF is leading the coordination with local institutions in priority areas for social mobilization in schools.
• UNICEF is actively contributing to the inter-agency technical communications group led by WHO/PAHO and the United Nations Information Centre (UNIC).

COSTA RICA

Situation
• The control of dengue and chikungunya cases continues to be a challenge.
• 31 hot spots with the highest incidences of dengue and chikungunya have been identified in seven provinces.

Response
• Systematic communication campaigns, the elimination of breeding sites and visits to high-risk communities by the health authorities has kept the transmission of ZIKV under control.
• Intensive campaigns to eliminate breeding sites are being carried out by the MoH in ZIKV-prone areas in Guanacaste.
• The protocol for microcephaly surveillance was formalized with public and private health services.
• The Occupational Health Council of the Ministry of Labor released instructions to motivate all institutions to actively participate in the prevention and elimination of breeding sites and implementation of protection measures for pregnant women.
• UNICEF has defined and agreed upon an action plan with the MoH and MoE and is following up on funding to initiate implementation.

Coordination
UN agencies met with the Office of the President to coordinate its support in the development of a national response plan and the preparation of communication materials. PAHO will follow up and is preparing a report of the UN system response.

CUBA

Situation
• Currently, 42 municipalities in 14 provinces remain at risk of dengue transmission; 11 of these provinces are being evaluated after a month without diagnosed cases. No chikungunya cases have been reported in 2016 to date.
• Favorable environmental conditions for Aedes aegypti reproduction persist.
Response

- Implementation of the second stage of the government-approved National Action Plan continues.
- Surveillance for early diagnosis and prevention continues to be prioritized by the authorities.
- ZIKV prevention messages are promoted by the MoH through traditional media, targeting the entire population.
- The MoH, with PAHO collaboration, is progressing in the organization of subnational workshops on “Planning for Behaviour Change” (COMBI) in the prevention of ZIKV, dengue and chikungunya.
- UNICEF is supporting the MoH with the printing and dissemination of social communication materials for the national campaign *Cuida tu Sueño*, which promotes healthy behavior, preventive care and early diagnosis in pregnant and childbearing women.

Coordination

- The National Task Force, led by the MoH and with national institution participation, continues coordinating the response.
- The UN Country Team (UNCT) continues to monitor UN support to the National Action Plan. PAHO, UNDP, UNFPA and UNICEF are coordinating their support to the MoH.
- PAHO is leading the compilation of a weekly situation report.

DOMINICAN REPUBLIC

Situation

- ZIKV has spread, affecting 21 out of 31 provinces and the national district. Affected areas correspond mainly to the most populated areas and main highways.
- No microcephaly cases have been reported so far, but there is a lack of baseline information.
- A meeting with the PAHO Latin American Centre for Perinatology (CLAP) contributed new evidence of the relationship between ZIKV in later weeks of pregnancy and natural abortions or early newborn deaths.

Response

- A national surveillance system is in place to provide notification of suspected ZIKV cases. The national laboratory is equipped for testing on ZIKV with PCR, IgM and IgG.
- The National Health Service (NHS) is coordinating and supporting the Regional Health Services with training, equipment and clinical protocols to attend to neurological complications related to ZIKV. UNICEF is supporting NHS with training and C4D activities.
- The MoH is leading the implementation of the National Preparedness and Response Plan against ZIKV, including the development of a mass communication campaign.
- UNICEF is supporting the National Plan with C4D and other activities.
- Educational materials have been designed and shared with the MoH for final approval.
- A community campaign project directed to marginal urban areas in high-risk provinces has been defined jointly with local partner *Pastoral Materno Infantil*.
- UNICEF is progressing with private sector partnerships through the engagement of small grocery stores.
- A PAHO-CLAP regional expert mission supported the MoH with a microcephaly capacity and gap assessment. UNICEF is coordinating technical support with MoH departments.

Coordination

- UNICEF coordinates with MoH and participates in ZIKV coordination meetings.
- UNICEF organizes national and local WASH cluster meetings as a platform for scaling up C4D.

EASTERN CARIBBEAN AREA

Situation
• At least five countries in the Eastern Caribbean Area (Barbados, Dominica, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago) have confirmed ZIKV cases.
• The region is currently experiencing a prolonged drought. As rains are forecasted to start in May, efforts have been stepped up to inform the general public on vector control.

Response
• Governments in the sub-region have increased their surveillance and vector control programs.
• Community visits by health inspectors and fumigation exercises have increased. Communication campaigns using a range of approaches, including traditional media, street banners and posters have also been stepped up.
• UNICEF has disseminated C4D materials targeting children and adolescents through MoE in the 12 countries.
• UNICEF has engaged with the MoE of selected countries to conduct refresher training for teachers as part of the Health and Family Life Education (HFLE) curriculum.
• UNICEF has engaged with student councils and student leaders at schools in selected countries to mobilize students to lead school cleanup campaigns.

Coordination
• PAHO is coordinating the ZIKV response in the region with the national MoH.
• UNICEF participates in the UN Disaster Management Team.

ECUADOR
UNICEF Ecuador has been actively involved in the communication campaign at the local and national level, supporting with provision of key messages and materials. It also participated in an international workshop with MoH officials and international experts to review the national communication strategy, provide advocacy and support social mobilization efforts.

An earthquake of 7.8 degrees on the Richter scale was registered on the North coast of Ecuador on 16 April. The quake occurred in areas with the highest number of ZIKV cases in the country. ZIKV prevention activities, that had already started previously, will be intensified in conjunction with the earthquake response in the coming weeks and months.

EL SALVADOR

Situation
• A Civil Protection national yellow alert against the Aedes aegypti mosquito has been maintained.
• A key challenge in delivering services to people at risk of ZIKV is the high risk of crime and violence, particularly in territories under gang control, hampering access of health and municipal workers to these areas.
• UNICEF El Salvador is focusing its actions on 50,000 families in the four most at-risk departments.

Response
• A certificate from the CDC in Atlanta to perform diagnostic tests of ZIKV was obtained by the MoH.
• The MoH has focused its actions on the departments with highest number of suspected cases, reaching a total of 433,370 people.
• The MoH has carried out campaigns for vector control and entomological monitoring in these most-affected areas.
• A national information, education and communication campaign is being led by the MoH, involving the reproduction and distribution of 5,280 educational packages, home visits by health promoters, the elimination of potential vector breeding, fumigation of 42,225 houses, and 14,648 briefings/talks to health workers, community leaders and partners.
• UNICEF supported the activation of protocols for the use of WASH prepositioned supplies.
• Key messages and communication material on ZIKV were shared through UNICEF social networks and with the Neonatal Alliance and the National WASH Subcommittee on Water for widespread distribution and dissemination through its member institutions (government, NGOs and private sector). Radio spots are being broadcast on community radios in Morazán, Chalatenango and Cuscatlán.
• Seven cleanup days took place in schools with active participation of 221 people, of whom 193 were children. UNICEF is supporting youth initiatives for small theaters in seven schools in Chalatenango to raise awareness of ZIKV.
• UNICEF is currently conducting a needs assessment to improve supply systems and water management in 50 schools in Chalatenango, Cabañas and San Salvador.

**Coordination**
• The MoH is leading the national response.
• UNICEF is closely coordinating its response with MoH, MoE, PAHO/WHO and members of the National Subcommittee on WASH (PROVIDA AND ASPRODE).
• An inter-agency team of PAHO, REDHUM, UNFPA, UNDP, WFP, UNODC, FAO, UN Women, and UNICEF continues to coordinate the UN response to ZIKV.

**GUYANA**

**Situation**
• A large number of cases in Guyana are likely unreported/underreported, as limited numbers of samples are being submitted for testing.
• The number of vector breeding sites in domestic and public areas is likely to increase during the rainy season in May-June, increasing the urgency for integrated vector control activities.

**Response**
• Community vector control exercises are underway in three coastal regions. The activities carried out by the Vector Control Unit are augmented with support of the volunteer corps of the Civil Defense Commission to include community outreach guidance on the elimination of vector breeding sites.
• Communication materials and a ZIKV C4D strategy focusing on the elimination of vector breeding sites are being finalized by the MoH in collaboration with partners of the ZIKV Coordination Committee.
• Arrangements with the Guyana Red Cross Society (GRCS) for a coordinated vector control response in the hinterland have been finalized.
• UNICEF is supporting vector control through the Community Focused Integrated Vector Control (CFIVC) project of the Civil Defense Commission, (which covers four administrative regions) and through a partnership with the GRCS in five regions. Activities are focused on 110,000 people in the most at-risk communities.
• UNICEF is facilitating project site visits in Suriname for representatives from the Civil Defense Commission and GRCS to observe and share experiences.

**Coordination**
• Overall coordination of ZIKV response is led by the national disaster risk management agency and the Civil Defense Commission.
• A national ZIKV multi-stakeholder coordination group has been established with UNICEF providing technical support.

**HAITI**

**Situation**
• Four departments have reported the highest number of ZIKV cases: West, North, Artibonite and Centre.
Response

- A strategic plan was presented by the Ministry of Public Health and Population (MSPP) with six components: i) epidemiological surveillance, ii) promotion and social mobilization, iii) family planning, iv) vector control, v) health care, and vi) coordination and monitoring.
- The government continues to implement activities in line with the previous regional plan.
- Continued UNICEF support in community engagement and C4D.
- UNICEF is developing a crisis communication plan, has produced communication materials (posters and leaflets) and is preparing a guide for community action.
- Local partnerships have been established with community media and NGOs.

Coordination

- UN Country Team supports the implementation of the MSPP public information plan.
- UNICEF is coordinating its response with other UN agencies (WHO and UNFPA) and international and local NGOs.

HONDURAS

Situation

- Congenital microcephaly cases associated with ZIKV could be expected to begin in July – August 2016.
- The number of suspected ZIKV cases reported during the past weeks is showing an increase in comparison to March.

Response

- The Ministry of Communication and Strategy launched an emergency communication campaign after the declaration of the ZIKV medical alert. There is a need to update and adjust the campaign to fall in line with epidemic trends.
- The Education Secretary has declared each Monday as cleaning and ZIKV education day. Monitoring of 1095 educational centers in the central district is ongoing.
- UNICEF has published 57 articles on social networks, reaching more than 282,500 people.
- UNICEF has started the approval process of several communication materials, including radio and television spots, as well as guidelines for various deliverers, such as communal leaders, story tellers and radio broadcasters.
- UNICEF has also finalized the design of educational materials for an online self-learning module. Approval is underway with the Education Secretary, Health Secretary, PAHO/WHO, and USAID.
- The first national training of 12 regional leaders of 66 municipality programs for children, adolescents and youth took place to present advances in the implementation of the government communication strategy, the UNICEF-PAHO communication and education in development strategy in support of the government actions, and the U-Report Strategy.

Coordination

- The national response is coordinated by the President of the Republic in collaboration with the MoH, MoE and municipalities.
- Coordination agreements have been established in 66 municipalities through municipal programmes for children, adolescents and youth.
- UNICEF is coordinating with the Honduras Red Cross in the implementation of U-Report.
- UNICEF has established coordination meetings with key central government and local actors (municipalities and NGOs).
- UNICEF and PAHO continue to closely coordinate actions.

JAMAICA
Situation

- No apparent geographic clustering of reported ZIKV cases.
- Government continues vector control measures, including drainage cleaning and fogging. Fogging of communities has been intensified, taking into account the recently increased rainfall.
- The government has stepped up its surveillance efforts through ZIKV testing facilities at the University of the West Indies Laboratory.

Response

- An updated ZIKV Response Operational Plan has been completed by the MoH and shared with UN agencies.
- The awareness campaign among the general population continues.
- Media messages to promote family planning methods for women of childbearing age have been developed by the National Family Planning Board.
- ZIKV prevention information has been disseminated in targeted communities through community peer educators employed by the government. Health care workers have also been disseminating information in public clinics and hospitals.
- The MoE has undertaken large-scale cleanup activities in primary and secondary schools and has prepared a proposal to improve education on environmental health in existing curricula.
- The MoH convened a public town hall meeting on gender issues related to ZIKV with support from the UN, which was covered by major news outlets.
- UNICEF convened partners around ZIKV response for adolescent girls on April 13. An interagency group was established to ensure the development of messaging and materials on ZIKV prevention and effective wide spread dissemination among vulnerable adolescent girls.

Coordination

- PAHO continues to lead the UN response on ZIKV.

MEXICO

Situation

- The majority of ZIKV cases are concentrated in the states of Chiapas and Oaxaca with nearly one in four reported cases being pregnant women. The two states are among those with the highest levels of poverty, diverse indigenous populations and geographic dispersion.
- The Secretary of Health expects the number of autochthonous ZIKV cases to increase due to the increasingly high temperatures and rainfall in the coming months.

Response

- Government response has focused on scaling up already existing prevention efforts related to dengue and chikungunya.
- UNICEF undertook a Knowledge, Attitude and Practice (KAP) assessment with two surveys of 50 persons and two focus groups in an indigenous community in Chiapas with a high risk of ZIKV Infection.
- The MoH is leading the response within the federal government and has developed prevention materials, which are updated on a regular basis.
- Civil Protection is coordinating their prevention efforts following the guidance issued by the MoH.
- The National Center for Disaster Prevention (CENAPRED) has developed prevention materials, including info graphics, which have been released through Facebook and other channels.
- SMS messages on ZIKV prevention have been incorporated in the UNICEF supported messaging programme Prospera Digital and are already being sent to pregnant women participating in a conditional cash transfer programme, currently reaching 1,703 pregnant women. The platform should reach 5,000 pregnant women by the end of the year.
Coordination

- A UN inter-agency group has been created to address ZIKV related issues. PAHO regularly shares situation updates and regional guidelines with group members.

PARAGUAY

Situation

- The government declared a state of emergency in seven departments and the capital Asunción due to floods, which hit the country at the beginning of this year. Nearly 22,000 families have been displaced. The housing and sanitation conditions of the flood-affected families are a major concern for possible outbreaks of vector-borne diseases such as dengue and the ZIKV.

Response

- The MoH has declared an epidemiological alert for dengue, chikungunya and ZIKV. It has activated a ZIKV national plan and health care workers are being trained in ZIKV and microcephaly detection.
- The MoH is implementing the Municipalities Free of Vectors plan in several localities of the country. Activities include home visits to identify Aedes breeding sites and fever cases and to promote health.
- Information posters and flyers on ZIKV have been disseminated to the general public, both adults and children.
- Government response to ZIKV needs to be strengthened especially at the sub-national level, and the epidemiological surveillance on ZIKV remains poor.
- UNICEF has prepared a ZIKV prevention plan, which has been integrated into the national emergency response strategic plan and recognizes the need to prioritize flood-affected families.

Coordination

- UNICEF, WHO/PAHO and UNFPA are collaborating closely in support of the MoH.
- UNICEF co-leads the WASH and the Education and Protection Inter-institutional Coordination Groups and provides support to strengthen the coordination capacities of these groups. It participates in the Health Coordination Group led by the MoH and PAHO.
- UNICEF actively participates in the United Nations Emergency Technical Group (UNETE) and the UNCT.

PERU

Situation

- First sexually transmitted ZIKV was reported by the government.
- MoH continues to implement the preparedness and response plan against ZIKV through technical assistance to the healthcare network in the more at-risk regions of the country.

Response

- The MoH continues the implementation of protocols for the early diagnostic of microcephaly in the main hospitals located in the most at-risk departments. It also continues with actions to eliminate breeding sites. UNICEF is providing support to guarantee the care and attention to children and pregnant women. The MoH has an approved communication strategy for different target populations.
- UNICEF continues to support the Office of National Defense and Disaster Risk Management (ODENAGED).
- The MoE plans to launch a national vector control campaign in schools and other education centers mid-April.
- UNICEF has finished the C4D baseline for the intervention in Amazonas and Loreto. Cultural adaptation of materials and messages for rural Amazonia communities are being finalized.
- Proposals for community intervention in the regions of Amazonas and Loreto have been adapted with implementing partners.
• A national workshop on vector control activities for multi sectoral teams from Loreto and Amazonas is scheduled to take place from 19 to 21 April. UNICEF supports the organization of the workshop with participation of PAHO/WHO and UNFPA.

Coordination
• Interagency coordination of UN actions continues under the leadership of PAHO/WHO.
• UNICEF is closely coordinating with the MoH and MoE on implementation of activities at the national and local level.

SURINAME

Situation
• Communities have reported an increase in mosquito populations with the current rainfall conditions. No increase has been reported in ZIKV cases.

Response
• A communication campaign has been finalized with assistance from UNICEF and PAHO with billboards placed in strategic points in Paramaribo and a ZIKV website (www.voorkomzika.nu) established and routinely updated.
• The entire coastal population (Paramaribo, Wanica, Marowijne, Commewijne, Saramacca, Coronie, and Nickerie) has been informed through communication materials and interpersonal engagement on preventive measures against ZIKV with the support of UNICEF. The NGO Medical Mission is currently supporting communities in three interior districts with vector control activities.
• Awareness sessions on reproductive health and counseling services for pregnant women with a special focus on teenagers in the three interior districts are being prepared by UNICEF in partnership with the NGO Medical Mission and in coordination with UNFPA.
• A long term ZIKV action plan was to be finalized on 15 April during a stakeholder workshop with technical support of UNICEF, PAHO, and UNFPA. A risk communication management plan has been finalized and is awaiting MoH approval; meanwhile, an emergency ZIKV prevention plan is currently being developed.
• UNICEF facilitated a workshop to share knowledge among implementing partners from Suriname and Guyana.

Coordination
• UNICEF is actively coordinating with the MoH and other UN agencies, in particular PAHO/WHO and a recent UNFPA mission on reproductive health, to ensure that ZIKV is prioritized for action.
• UNICEF is coordinating with UNFPA and the NGO Medical Mission on the development of an action plan for interior districts.

URUGUAY

Situation
• Uruguay was free of dengue, chikungunya and ZIKV until February 2016, when an outbreak of dengue occurred.

Response
• MOH and other governmental institutions are carrying out a national campaign and various mobilization activities focusing on vector control.
• UNICEF is providing support to the MoH in the area of C4D.
• Jointly with MoH and the National System for Emergencies (SINAE), UNICEF carried out a two-day workshop on C4D in emergencies and communication in ZIKV preparedness.
VENEZUELA

Situation
• Rainy season is about to start, increasing the risk of infections.
• There is a lack of medicines and supplies, including mosquito repellent and mosquito nets. Pharmacies have alerted they will run out of essential supplies by April.

Response
• Government response has focused on fumigation and education sessions in health centers and schools.
• The largest mobile phone company in the country has verbally accepted to text message its 15 million clients.
• UNICEF is producing a communication package to launch a public campaign in partnership with the MoH and PAHO.
• UNICEF has reached 200,000 people with preventive ZIKV messages through social and digital mass media communication campaigns.

Coordination
• Weekly updates are taking place with MoH and PAHO.

10. FUNDING

UNICEF is appealing for total of US$ 13.8 million. This request includes its response in the Latin American and Caribbean (LAC) region, amounting to US$ 8.8 million, and its global outreach effort in preparedness, research and development, amounting to US$ 5 million.

Against the UNICEF Humanitarian Action for Children (HAC) requirement of US$ 8.8 million for the Latin America and the Caribbean, UNICEF LACRO has received US$ 1.99 million (22.6 per cent) and has reallocated US$ 711,000 from regular resources to meet the immediate humanitarian needs of children and families.

Fundraising efforts are ongoing with the support of UNICEF National Committees and UNICEF Headquarters. International donors, public and private sectors donors are targeted in the effort to find additional source of funding for the response. As the emergency response develops and the focus increases on care and support, new fundraising opportunities may open up.

<table>
<thead>
<tr>
<th>Latin America and the Caribbean</th>
<th>2016 Requirements (US$)</th>
<th>Regular Funds reallocated</th>
<th>Funds received</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social mobilization and response activities in affected countries</td>
<td>4,560,000</td>
<td>710,985</td>
<td>1,995,000</td>
<td>6,114,015</td>
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<td>Rapid Response Teams</td>
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<td>Regional support to countries</td>
<td>1,740,000</td>
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<tr>
<td>Total</td>
<td>8,820,000</td>
<td>2,705,985</td>
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</tbody>
</table>
ZIKV LACRO Funding Gap

- Funding Needs: 8.82 m USD
- Funds Received: 2.7 m USD
- Funding Gap: 6.12 m USD

Funding received: 31%
Funding gap: 69%
Countries and territories in the Americas with confirmed autochthonous (vector-borne) ZIKV cases, 2015-2016 (as of 14 April 2016)

Source: PAHO ZIKV - Epidemiological Update, 14 April 2016 (country list has not changed on 21 April 2016).


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