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LAC-RO

Humanitarian Situation Report

RESPONSE HIGHLIGHTS

UNICEF continues to take action in 21 countries at both community and policy level, to **control the spread of Zika and mitigate its impact**. UNICEF is leveraging its comparative advantage and partnerships through an integrated response that incorporates community engagement, prevention (through sexual health and vector control), and care and support for affected children and families. At the global level UNICEF continues to drive the much needed development of easy-to-use tools to diagnose infection and to support research and development of vaccines to prevent its transmission.

Closer **collaboration and coordination** with NGOs and other international and national agencies is taking place at a regional and national level, to ensure a fully inter-sectoral approach to the Zika response.

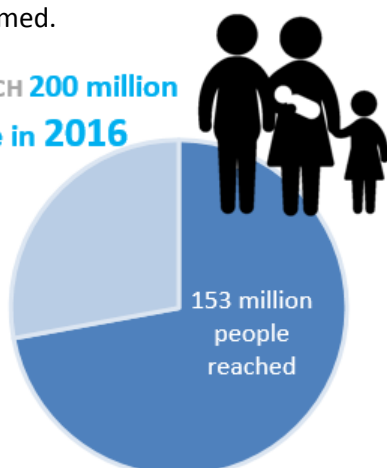
UNICEF is undertaking several KAPs (Knowledge, Attitude and Perception studies) across the region with a particular focus on risk perception amongst pregnant women and partners.

152 million people have now been reached with preventive messages through mass, social and digital media across the region. Schools are increasingly becoming a focus of community engagement, whilst mass communication is being aimed at pregnant women and their partners. U-Report is also being explored as a social mobilization tool across the region.

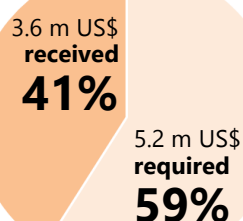
The first case of female to male sexual transmission of Zika virus has been confirmed.

TO REACH **200 million**
people in **2016**

People



Funding



SITUATION OVERVIEW

ZIKV continues to spread: 65 countries around the world report continuing mosquito-borne transmission; **40** of these countries are in the Latin American and Caribbean (LAC) region.

22,446 cases of Zika virus disease in pregnant women were reported through laboratory-confirmed by RT-PC.

Over 520,383 suspected/confirmed ZIKV cases in the LAC region as of 21 July 2016.

1,745 confirmed cases of microcephaly and other fetal malformations potentially associated with Zika virus infection reported in Brazil, Colombia, El Salvador, Martinique, Panama and Puerto Rico.

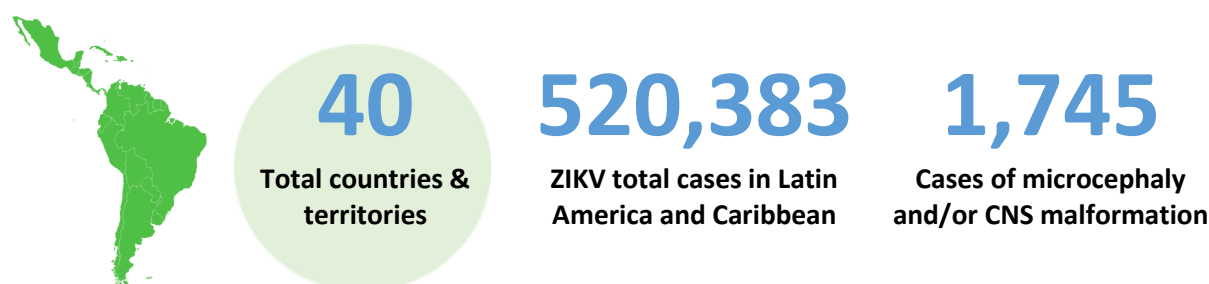
152 million people reached with preventive messages through mass, social and digital media in twelve countries, with the highest public reach in Brazil, Mexico, Colombia and Cuba.

MORE THAN A NUMBER

In Colombia, these children (pictured above) learn about Zika and how to prevent it through colouring and play, whilst their parents take part in a risk perception study. The results of these studies are used to develop and adjust strategies in order to reach at risk groups.

1. EPI UPDATE¹

- To date, **65 countries and territories** around the world report continuing mosquito-borne transmission; **40** of these are in the Latin American and Caribbean (LAC) region.
- The first documented case of female-to-male sexual transmission of Zika virus infection was reported in the United States of America on 15 July 2016
- **6 LAC countries and territories have reported** microcephaly and /or CNS malformation cases suggestive of congenital infections or potentially associated with a Zika virus infection (**1,745 confirmed cases**).
- **24 LAC countries and territories** have reported confirmed and suspected ZIKV cases in pregnant women: a total of **22,446 cases of Zika virus disease in pregnant women** were reported through laboratory-confirmed by RT-PCR. Some evidence suggests women may be more likely to have reported Zika virus infection; this may be because women are more likely to be tested for Zika if pregnant or considering getting pregnant and are often more likely to seek medical treatment when sick. (New England Journal of Medicine, 2016)
- To date, **9 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, French Guiana, Honduras, Suriname, Martinique, and Venezuela. Haiti, Panama, and Puerto Rico have also reported cases of GBS with confirmed ZIKV infection, but without an overall increase.
- **3 LAC countries** have reported evidence of **person-to-person ZIKV transmission**, probably via a sexual route.
- In countries where there is not enough medical attention, the surveillance and diagnosis of Zika become a challenge. In countries where the cases reporting are lowest than other countries in the region such as Haiti, Nicaragua and Guatemala, it's hard to know if no information means the absence of disease, or if it means they are under reported.
- The WHO have reaffirmed the position indicated by the Ministry of Health in Brazil on the low risk of significant spread of ZIKV transmissions caused by the Olympics and Paralympics Games to be held in Rio de Janeiro during August and September 2016.



Source: PAHO Zika-Epidemiological Update, 21 July 2016

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

Source: PAHO/WHO, 21 July 2016.

Suspected Autochthonous ZIKV	Confirmed Autochthonous ZIKV	Confirmed Imported Zika
432,693	87,542	148

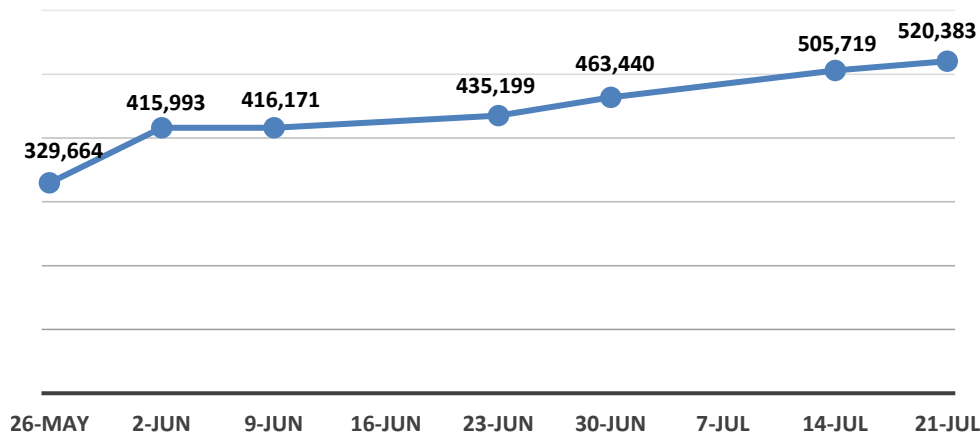
¹ Sources: Panamerican Health Organization (PAHO). Regional Zika Epidemiological Update (Americas), 21 July 2016. Washington, D.C.

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

Panamerican Health Organization (PAHO). Zika cases by country (http://ais.paho.org/phis/viz/ed_zika_cases.asp), as consulted on 21 July 2016.

World Health Organization (WHO). Situational Report 21 July 2016. Washington, D.C.

Graph 1: Cumulative ZIKV suspected and confirmed cases reported by LAC countries and territories on the last 9 EW (2015-2016)



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

HUMANITARIAN RESPONSE STRATEGY

Country Offices across the region are evaluating the first phase of the ZIKV response, and in light of the new knowledge around Zika virus (in particular sexual transmission of the virus, and the known association with microcephaly and other congenital malformations that affect the development of the child) are now working on planning, delivering and setting up evaluation and monitoring frameworks for the second phase of the response.

This second phase encourages a fully integrated and inter-sectoral approach, ensuring the sustainability of activity.

2. FUNDING

Latin America and the Caribbean	2016 Requirements (US\$)	Funds received (US\$)	Funding Gap (US\$)	
Social mobilization and response activities in affected countries	4,560,000	3,609,581	5,210,419	59%
Rapid Response Teams	2,520,000			
Regional support to countries	1,740,000			
TOTAL	8,820,000	3,609,581		

USAID is mobilizing funds for ZIKV Response supporting UNICEF, other agencies and NGOs. The funds will be used for global, regional and country level actions as part of the response, and there are specific activities planned in Guatemala, El Salvador, Dominican Republic and Honduras. This partnership is key for implementing a sustainable ZIKV integrated response during the next months.

3. REGIONAL RESPONSE

3.1. COORDINATION AND LEADERSHIP

UNICEF LACRO (Latin America and Caribbean Regional Office) has intensified relationships and coordination with many NGOs to ensure they are in line with the Strategic Response Framework. In particular, LACRO have provided technical guidelines to NGOs at regional and national level to align their proposal for USAID funds.

UNICEF LACRO is participating in the fortnightly meetings of the regional communications network of NGOs and international agencies, to ensure coordination and collaboration of communication and community engagement strategies. The most recent meeting focused on evaluating the effectiveness of the group and the next steps.

UNICEF LACRO is participating in a KAP Committee (knowledge, attitudes and perceptions) coordinated by PAHO (Pan American Health Organization) to align methodology and instruments for research, and to share findings with partners. The group shared the status of current KAP studies they are aware of in the region and an agreement was made to share findings of these studies when published. PAHO has asked UNICEF to share its methodology, instruments and findings at the next meeting.

UNICEF LACRO continues to work with partners and NGOs on the roll out of U-Report in the region.

3.2. TECHNICAL SUPPORT & CAPACITY BUILDING

UNICEF LACRO has developed a model plan, technical guidance and tools to help with the second phase of planning the Zika response, for countries to use.

UNICEF LACRO is working with country offices to ensure that their response plans are aligned to the Strategic Response Framework (SRF).

LACRO's team has undertaken missions to the Dominican Republic, Honduras and El Salvador in order to support and guide the planning process for the second phase of the Zika response plan. There is a particular emphasis on promoting the adoption of personal protection measures, including sexual protection in women of childbearing age, pregnant women and their partners, and to initiate actions for preparing "care and support" lines of work.

In Peru, UNICEF LACRO supported and attended two workshops with the Ministry of Health and other partners to advise their Care & Support strategy, using experiences shared from Brazil as a base, and to provide C4D guidelines as part of the strategy. One workshop was organised by PAHO/WHO and the other by UNICEF. These workshops have allowed the Peru Country Office to develop an interagency approach to its Care & Support strategy, which has enabled the joint funding proposal to MDFs.

In Colombia, UNICEF LACRO supported the development of the international workshop 'Movements for change to prevent vector transmitted diseases' which included the participation of international and national experts who shared their experiences of communication and social mobilization around the theme of vector control. Experts from several countries participated, sharing their experiences and working together on consolidated conclusions and recommendations. As a result of this workshop, 52 municipalities most affected by vector-borne diseases in Colombia have adjusted their plans of action for prevention and response. The results and recommendations are useful for other countries in the region, so they will be consolidated and shared.

UNICEF LACRO has developed technical guidance, protocols and tools for undertaking KAP studies that adhere to KAP guidelines from WHO. This technical guidance has now been used in Colombia, Argentina and Dominican Republic.

UNICEF LACRO is sharing its technical experience and expertise with the Global UNICEF team in New York in order to collaborate with other regions facing Zika virus outbreaks.

UNICEF LACRO is developing a mass communication campaign aimed at pregnant women and their partners, which will be launched in August.

UNICEF LACRO delivered a workshop on the two themes of Zika and U-Report to the youth group COMVIDA in Honduras. During the workshop the adolescents produced a series of adverts for promoting Zika awareness and prevention, as well as promoting U-Report. Information gathered during the workshop will be used to help create a model communication plan for recruiting U-Reporters.

3.3. INFORMATION AND KNOWLEDGE MANAGEMENT

UNICEF LACRO is facilitating information sharing between countries, such as the Care & Support KAP study from Brazil, which is now being used in Peru. Education materials for ZIKV prevention from Honduras have also been used to help develop education materials in Ecuador.

The Zika Cell has been invited to be part of the Zika Communication Network Technical Advisory Board. UNICEF LACRO has invited Country Offices to share their communication strategies, KAP studies and materials via this network.

<http://www.zikacommunicationnetwork.org/>

3.4. RESOURCES MOBILIZATION

Funds from USAID have been confirmed to support the Zika response, with a particular emphasis on Guatemala, Honduras, El Salvador and the Dominican Republic.

UNICEF LACRO worked with COs to identify priority actions proposed for funding through the recently established ZIKA multi-partner trust fund and provided technical assistance with preparing concept notes.

UNICEF LACRO has begun discussions with the Global Health Academy at Edinburgh University with regards to potential research projects.

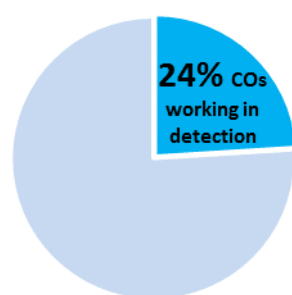
4. PROGRAMME RESPONSE

4.1 INTEGRATED RESPONSE ACTIVITIES

UNICEF Country Offices are ensuring synergy between the priority activities within the framework of the respective Zika Response and existing country programmes. For example, the countries from the Eastern Caribbean have integrated their response with their Child Friendly School programme, whilst Colombia has linked the response to its “Seres de Cuidado” (“Caring people”) initiative that works with families at risk living in vulnerable areas. This is important to ensure the sustainability of Zika activities.

Countries are focusing their response on areas with the highest risk of Zika. Many countries such as Colombia, Peru and Guatemala are widening the geographical focus of their response, as Zika virus spreads to more districts.

Detection



There continues to be a large difference between suspected and confirmed cases of Zika virus in the region, and UNICEF country offices are working with governments to advocate for improved detection and diagnostics.

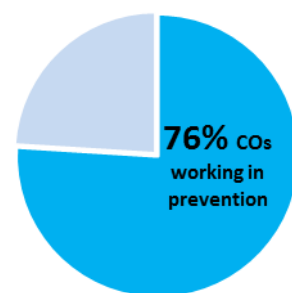
The levels of detection vary from country to country. In countries such as Argentina UNICEF supports the Ministry of Health in increasing surveillance of Zika infection in pregnant women, whilst in Ecuador the health system continues to monitor apparently healthy babies who have been born from mothers who had Zika during pregnancy. To date none of these babies have demonstrated Zika Congenital Syndrome. In Guatemala, The Minister of Health informed the media on July 12 that four cases of microcephaly related to Zika virus are under investigation. Laboratory tests have been sent to the USA and the results expected soon.

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Considering the number of underreported cases, it's important to focus the response based on trends and estimations; and continue improving the detection systems.

Prevention

Countries are focusing their efforts on areas that are most at risk of Zika and/or where there is the highest volume of cases. With increased knowledge around Zika and research into knowledge, attitudes and behaviours, countries are able to better tailor their strategies and plans. In Colombia, for example, 25 Departments and 42 municipalities have identified gaps in their prevention plans which they are now able to work with local authorities to achieve a sustainable response.



Many countries continue to focus their prevention activities on personal protection against the mosquito. As countries move into the second phase of their response plans they are incorporating messaging about sexual transmission of Zika virus. In Peru, for example, UNICEF, UNFPA and PAHO communication specialists have given technical assistance on the development of new communication materials for the Ministry of Health that include methods of preventing sexual transmission of the Zika virus. In Jamaica, UNICEF is working closely with the National Family Planning Board to create materials specifically aimed at adolescents, including young pregnant women.

Countries continue with their WASH programmes at municipality level, which include support to vector control as part of the overall response.

Mass communication: Many countries including Eastern Caribbean, Belize, Colombia, Honduras, Cuba, Mexico, Guyana, Suriname and Venezuela are beginning to roll out mass communication activities via radio, television, social media and press activity.

- Colombia is running a digital out-of-home advertising campaign in neighborhoods with the highest number of Aedes cases reported in Cali, Cucuta and Medellin. This campaign uses large mobile signs and is in alliance with publicity firm Publik.). In coming weeks, this publicity campaign will be brought to the cities of Girardot and Ibagué.
- In Honduras the awareness and protection campaign was launched by the Government of Honduras, led by the President of the Republic. The communication and education campaign is supported by the Government of Japan, UNICEF and PAHO/WHO.
- Communication and education materials are being validated by members of the public via focus groups in Honduras, Cuba, Jamaica and Ecuador.

Community based activities and communication: Many countries are implementing community based prevention programmes

- In some countries, such as the countries from the Eastern Caribbean, UNICEF is helping to mobilise health volunteers to communicate prevention messages
- Community communication such as radio and discussion groups is being used as a mode of communicating in Haiti, Bolivia, and Mexico.
- In Haiti, a socio drama has been broadcast on 40 community radio stations, 40 discussion groups have taken place, and an audio spot has been produced and broadcast
- In Ecuador, areas affected by the earthquake are priority areas. Working alongside OPS and UNFPA, UNICEF is distributing kits with personal protection items to pregnant women living in towns and cities with the highest incidence of Zika. The kit includes: impregnated mosquito net, three mosquito repellents, one scrubbing brush for cleaning water tanks and a hand fan with key messages and complementary communicational materials.
- In Cuba the 'Cuida tu Sueño' ("Look after your dream") materials are now in the country and will be distributed shortly to policlinics and family doctor's offices, pharmacies, education centers, airports, stations, recreational centres and family orientation centres, among others.
- Countries such as Brazil, Colombia, Jamaica, Haiti, Peru, El Salvador and Honduras use dedicated event days to engage the community in mass clean up events such as 'solid waste management day'. These can be effective as part of an integrated communication and social mobilization strategy.

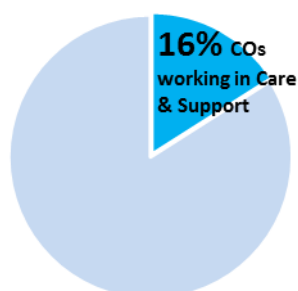
Schools: Schools continue to be used as key institutions for community outreach. Countries from the Eastern Caribbean are working with schools through its Child Friendly School programme, with an emphasis on personal protection and vector control. Peru Country Office has developed a strategic relationship with the Ministry of Education to ensure Zika prevention actions are included in risk management plans. Colombia, Ecuador and El Salvador are scaling up existing school programmes with Colombia and Ecuador working jointly with the Ministry of Education and Ministry of Health to ensure vector control programmes in schools and community education areas; whilst in Jamaica, UNICEF is supporting the Ministry of Education to implement island-wide school clean-up activities during the summer break in preparation for the new school term that begins in September. Additionally, the life skills curriculum being implemented by the Ministry is being updated to include prevention of vector-borne diseases.

Private sector: Brazil and the Dominican Republic are working with the private sector as part of its prevention plans. Having reached more than 1.3 million people the Dominican Republic Country Office is now looking to work with additional representatives of national corporate groups in the effort of raising awareness to the general population on ZikV prevention and self-protection. Additional educational materials are being produced to be disseminated through the next stage of this communication campaign. In Brazil, they have developed the 'Solidarity Network' Project to support children affected by microcephaly and other congenital malformations that affect the development of the child. The project involves financing and support from the private sector.

U-Report: U-Report continues to be used as part of country response plans as a way to engage and mobilise youth in the region. In Honduras a recent poll revealed that a large proportion of U-Reporters were unaware of sexual transmission of the virus, and this will help revise communication activities in the second phase of the response.

Colombia, Peru and Costa Rica are scoping U-Report projects, whilst El Salvador and the Dominican Republic look to increase the number of U-Reporters.

Care & Support



Care & Support is becoming a higher priority for many countries, in particular Peru, Belize, El Salvador, Haiti, Jamaica, Honduras, and the Dominican Republic.

UNICEF Peru Country Office, alongside PAHO, has started providing technical assistance to the Ministry of Health to help define the Care and Support strategy for children and families affected by Zika Congenital Syndrome. At the same time, through a workshop, they have started a dialogue with the Ministries of Education, Development and Social Inclusion, UN agencies such as PAHO, the network of humanitarian NGOs and organisations for parents with children with disabilities, to define joint actions to provide support for these children

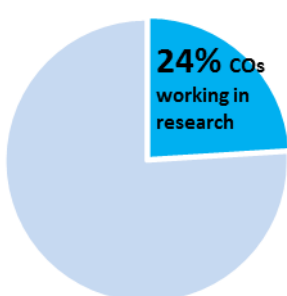
and their families. UNICEF has taken leadership role in ensuring all relevant parties from social inclusion to education are included in conversations on Care & Support, strongly linked to the C4D (Communication for Development) strategy to ensure a complete inter-sectoral and sustainable approach.

There is an increased focus on counselling and psycho-social support in Jamaica, Haiti and Guyana. In Guyana, UNICEF is working with the Guyana Red Cross Society (GRCS) project to provide psycho-social support for clinic attendees, individuals, families, and communities to prevent and manage conditions associated with Zika virus including microcephaly and Guillain-Barre' Syndrome. In Haiti, the Country Office is working with Haitian Pediatric Society to produce a training guide on the integrated management of new born babies, as well as a protocol for care management of newborns. To date it has trained 135 providers out of a target of 200.

In Brazil, the 'Networks for Inclusion' project, developed by the Country Office is now being implemented with local, state and municipal governments. On July 14 and 15, BCO with the MoH and PAHO/WHO presented the results of focus groups of health professionals and mothers/care providers of children with Zika Virus Congenital Syndrome (ZvCS) to Health Secretariats of Pernambuco and Recife which have been used to help develop this project. On the 15th, on the Altino Ventura Foundation feedback the results of the focus groups to all health personnel, mothers and care providers which participated in the process.

To reinforce the 'Networks for Inclusion' programme, BCO has partnered with the Institute of Research and Support for Social Development (IPADS), National Council of Municipal Health (CONASEMS) Johnson & Johnson. These are institutions that have led the ZikaLab project, with the objective of training rehabilitation and primary care specialists, for 6 municipalities, among these the city Recife-PE and Campina Grande-PB.

Research



A literature review of the *"Production of a Risk Communication and Community Engagement Evidence Synthesis and Research Briefs"* in the context of the Zika Virus Outbreak is underway with "La Universidad de Norte de Colombia". This review will be a key tool used for sharing information and evidence required to orientate the Zika Response.

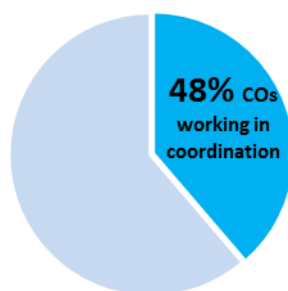
As previously reported, various countries have undertaken KAP studies, including Brazil, Mexico, Ecuador, Jamaica, Peru, and Bolivia.

During the last month, the Zika Team in LACRO have worked with Colombia office to implement a qualitative and quantitative KAP study (Knowledge, Attitudes and Practices), to understand risk perception for pregnant women. Community health workers, family members and pregnant women were interviewed as part of this process. The results will be used to fine tune the communication strategy in the second phase of the Zika response.

Argentina and the Dominican Republic are undertaking KAP studies in the following month using the technical guidance provided by UNICEF LACRO.

To date, Brazil is the only country that has undertaken a focus group KAP study with families who have children with Zika congenital syndrome and care providers. They have presented and shared the findings with the Health Secretariat, and they are being used to adjust Care and Support strategies.

Coordination



Countries continue to coordinate and work with PAHO and other UN agencies, NGOs and government ministries to ensure a fully inter-sectoral approach. In Venezuela, for instance, simple mechanisms are in place to ensure collaboration and sharing of information that includes weekly updates with partners, a monthly update with the Vice-Minister for Public Health and a joint communication plan.

In Guatemala, Honduras, Dominican Republic and El Salvador there is a closer relationship and coordination with USAID in each country. This is especially important as these countries are expected to receive USAID funds to help deliver the integrated Zika response plan.

Many countries such as Belize, Bolivia, Brazil, Colombia, Guatemala and Honduras are supporting municipality plans and implementation, as well as national plans.

In Peru, UNICEF, together with other UN agencies, participated in the organisation of workshop about experience transfer on Zika, with colleagues from Brazil and Colombia. As part of this UNICEF organised a workshop on Care and Support of children and families affected by Zika with the support of the Regional Office and the Brazil Country Office.

In countries such as Honduras and Ecuador, UNICEF is validating its materials and communication with other partners, including governments, other NGOs and relevant parties. This means that these materials are used by multiple agencies, reaching a larger proportion of our target audience. In Jamaica, the National Family Planning Board and UNICEF are co-conveners for an oversight group to ensure that messaging is tailored and disseminated among adolescents and young people (14-24) in an age and culturally appropriate manner which has been advised by adolescents and young people.

5.1 MONITORING AND EVALUATION

Area of work	Indicators	Reached	Change since last report
Prevention of ZIKV transmission through community engagement and communication for development (C4D)	Public Outreach Number of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns.	152,241,634	▲
	Community Engagement Number of departments/municipalities in the region reporting the implementation of communication strategies for individual and community empowerment for control and prevention of ZIKV.	1,315	▲
	Number of families reached with social mobilization and interpersonal communication ZIKV prevention sessions.	109,717	▲
	Child and Adolescent engagement Number of children and adolescents participating as agents of social mobilization at community level.	18,981	▲
Personal protection, in particular for Pregnant and Lactating Women (PLW) and adolescent girls of childbearing age.	Number of pregnant women who have benefited from UNICEF-supported interventions to prevent ZIKV infection.	19,557	▲
	Number of students enrolled in schools where ZIKV UNICEF-supported interventions activities are implemented.	22,983	▲
Vector control (reducing breeding sites/vector density) through C4D activities and national capacity development of government institutions and NGO partners.	Number of people who have benefited from UNICEF-supported environmental management interventions.	124,382	▲
	Number of people whose districts implement active vector control programs supported by UNICEF.	124,382	▲

5. IDENTIFIED CHALLENGES

Many countries are facing new governments and complex political situations, which affects their Zika response. In Guatemala the Minister of Health has resigned, whilst in Peru the new government signifies a change of personnel in the Ministry of Health. In both cases, this represents a challenge. Additionally, in countries that depend on tourism there is concern that there is underreporting of cases.

Where there are indigenous languages in areas of high risk, there is a need to translate materials and communication into multiple languages. This increases costs in these areas.

In countries such as Belize, Suriname and Guyana there isn't the capacity to test for Zika in country. In Suriname for instance tests are sent overseas, but there is a restriction on 5 cases per week. This means cases are potentially underreported. Equally, there is concern in some countries that there is not the capacity to deal with a surge in cases of Zika and Zika Congenital Syndrome if it occurs.

The current data suggests that there is a disproportionately large number of confirmed cases amongst pregnant women in comparison to the total number of confirmed cases. This would suggest that hard to reach individuals, and perhaps the most vulnerable, are not receiving the support and advice necessary if they don't take the decision to go to the doctor.

It is necessary to ensure communication and training at health centres/professionals to make sure they give good, culturally adapted advice and have the information and materials required to do this (particularly with regards to Care and Support).

Clean up days and other community mobilization days need to be institutionalised, so they are regular and effective.

6. LOOKING AHEAD

The soon expected opening of the Olympic Games in Rio de Janeiro, Brazil, avails the opportunity to increase efforts related to raising awareness of Zika and Zika Congenital Syndrome.

The regional campaign aimed at pregnant mothers will be launched during August, with the objective of raising awareness of Zika and its link to microcephaly and other congenital malformations that affect the development of the child.

In El Salvador, **clean-up days** have been implemented in 44 schools



The Ministry of Health in Ecuador launched its **national media campaign** supported by UNICEF and PAHO/WHO aimed at pregnant women on TV, radio, printed materials and social media



In Haiti, for example, a **socio drama** has been broadcast on 40 community radio stations



In Honduras, adolescents took part in a workshop to make **adverts for U-Report and Zika prevention** to put out on their own social media channels



In Peru, UNICEF has worked with the Ministry of Health and other partners to develop its **Care & Support** strategy through a workshop

Brazil is continuing to roll out its **Network for Inclusion** project as part of its Care & Support strategy and plans for children with microcephaly and other congenital problems that affect the development of the child



Jamaica CO is working with the National Family Planning Board on its prevention campaign with a focus on adolescents and young pregnant women. It uses the platform **Internet of Good Things** to reach vulnerable people who may not have access to the internet

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Who to contact for further information:

C. Douglas Reimer
Regional Chief of Emergency
LACRO - Panama
Tel. +507 301-7484
Email aalopez@unicef.org

Andres A Lopez
Regional Chief of Communication
LACRO - Panama
Tel. +507 301-7484
Email aalopez@unicef.org

Stefan Stefansson
Regional Chief of Partnerships
LACRO - Panama
Tel. +507 301-7489
Email sstefansson@unicef.org

LACRO ZIKV Cell
vmaskell@unicef.org
mdeleon@unicef.org
dsimon@unicef.org
rgnunez@unicef.org
jlainez@unicef.org
glumpkin@unicef.org
mdouglas@unicef.org