CASE STUDY REPORT

ZIKA.CS.2. SUSTAINABILITY AND INSTITUTIONALISATION IN THE ZIKA RESPONSE

Date of Publication: 11 October 2019

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Beneficiary countries:	Zika Beneficiary countries: Antigua & Barbuda; Barbados; Belize; Dominica; Grenada, Guyana; Haiti (part of first phase); Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname; The Bahamas; Trinidad & Tobago *Notes: The beneficiary countries include thirteen national societies in the English-speaking Caribbean and Suriname. Haiti was also part of the 1st Phase of the Project.*
Donor agency:	USAID
Related thematic fields:	Public Health
Organisational objectives:	Strengthening Institutional Memory through Documentation Strengthening Organisational Learning Adaptability / Agility in Projects

TITLE OF CASE STUDY

SUSTAINABILITY AND INSTITUTIONALISATION IN THE ZIKA RESPONSE

OBJECTIVES OF INITIATIVE

The IFRC cluster office in Trinidad supports thirteen Red Cross National Societies in the implementation of the Caribbean Zika Project.

Project objectives:

1. Risk communication
2. Community-Based Vector Control (CBVC)
3. Psycho-social support and reaching pregnant women
4. Learning & Knowledge Sharing

BACKGROUND

Similar to other partners, the Caribbean Zika Prevention and Response Project was initially an emergency response and part of the IFRC's global response mechanism, where our focus was more on using information as aid (instead of behaviour change) and rapidly building capacity in volunteers to respond, adapting tools that were available, such as Epidemic Control for

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Volunteers (ECV) which is used in every outbreak globally. I think that from the beginning of the project in the initial phase of the response it was understood that the Red Cross would continue to be present in the community after the project and we found mechanisms to revise and develop health tools that could be used beyond the project.

OUTCOMES: DESCRIBE THE IMPACT OF THE PROJECT. HOW DID THE INTERVENTIONS HELP TO ACHIEVE THE OBJECTIVES OF THE PROJECT? (IE: REDUCE VULNERABILITY OR INCREASE CAPACITIES OF THE BENEFICIARIES?

During the emergency response phase of the project we were able to contribute to several IFRC tools that have since been used in other regions and on a global scale for e.g. the development of the Zika, Dengue, Chikungunya toolkit, which was used in both the Caribbean and Asia for Zika and dengue response.

CHALLENGES: HOW DID THE PROJECT OVERCOME CHALLENGES? WHAT CORRECTIVE ACTIONS WERE TAKEN?

In keeping with the changing context in the Region, we changed the programmatic focus of the Project to reflect the new developments and context. Since incidence rates were lower, we had to find a way to continue building on the knowledge shared with the general public, while expanding outreach on other topics of relevance for the public.

By adopting a more holistic approach to community empowerment and awareness on public health, we were able to embed knowledge on Zika and other vector borne diseases into a wider health programme.

As we moved into a new phase of the Project, which is currently more focused on development and behaviour change, we adopted our Community Based Health and First Aid approach (which we call eCBHFA for short).

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This approach has been utilised to successfully deliver health programming in more than 115 countries for over 20 years. It is an approach used to empower communities to identify and address their own health issues and be in-charge of their own development.

CBHFA incorporates instruction on first aid techniques and addresses health needs related to maternal and newborn child health, non-communicable diseases, urban health risks,mosquito borne diseases, water and sanitation and hygiene promotion.

CHALLENGES: HOW DID THE PROJECT OVERCOME CHALLENGES? WHAT CORRECTIVE ACTIONS WERE TAKEN? (CONTINUED)

It is based on behaviour change principles and aims to strengthen community health through community volunteers. The framework is composed of three main components:

1. Interventions component: Health content topics which are used to train volunteers and community members.
2. Operational support component: Composed of processes and tools for staff and volunteers to ensure quality control.
3. Evidence-based component: composed of care frameworks, research results and principles which support and define why this community health model is effective.

In addition to the the Zika, Dengue, Chikungunya toolkit which uses the CBHFA approach as its base, we have been able to revise other CBHFA prevention modules on communicable diseases, and WASH tools, ensuring the knowledge gained is incorporated into these modules. It has also been integrated into PSS guides and in the development of Community Engagement and Accountability tools. We have also been able to use branches whose capacity has been developed due to the project to pilot other global health tools.

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DESCRIBE THE SUSTAINABILITY OF THE PROJECT.
HOW WILL YOUR TEAM ENSURE THE SUSTAINABILITY OF THESE LESSONS LEARNED?

Ensuring the Project Design's Agility to Local/Regional Context

It is important to pay attention to and acknowledge the realities of working on the ground - and to ensure that projects adequately address the context of the target countries.