

DREF Operation Update

Brazil: Yellow Fever

DREF Update no. 2	DREF operation MDRBR008 Glide n° EP-2017-000026-BRA
Date of issue: 12 July 2017	Date of the disaster: 13 January 2017
Head of operation (responsible for this EPoA): Pabel Angeles, IFRC regional disaster management coordinator for South America	Point of contact: Óscar Zuluaga, humanitarian programmes manager, Brazilian Red Cross
Start date for the operation: 19 March 2017	Expected timeframe: 5 months (The operation has been extended for one month; the new operation end date is 19 August 2017)
Overall operations budget: 200,791 Swiss francs (CHF)	
Number of people affected: 3,240 suspected cases, 792 confirmed cases, 274 confirmed deaths from yellow fever.	No. of people to be assisted: 26,100 people (6,525 families) directly; 50,000 people indirectly through the communications campaigns.
National Society presence: 1 headquarters, 21 branches, 3,000 volunteers, and 300 staff.	
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations involved in the operation: World Health Organization (WHO), Pan American Health Organization (PAHO); Ministry of Health and sub-national health departments; Secretary of Health of Governador Valladores prefecture; <i>Fundación Oswaldo Cruz</i> (FIOCRUZ); Civil Defence of the Itambacurí prefecture	

This DREF operations update seeks to provide an update of the implementation of activities so far whilst at the same time seeking a **1-month extension** to finalize community-level activities and home visits in the target intervention areas delayed due to administrative procedures. The new operation end date is 19 August 2017.

A. Situation Analysis

A.1 Description of the disaster

Brazil is experiencing the largest outbreak of yellow fever since the 1940s. While the most confirmed cases are in states of Minas Gerais and Espírito Santo, the disease has spread to other regions in the country. On 13 January 2017, the Ministry of Health declared a public health emergency in the state of Minas Gerais.

The most recent epidemiological report number 43 (31 May 2017) from the Brazilian Ministry of Health was cited in the [DREF Operation Update no. 1](#).



BRC volunteers shared information about vector control actions against the Aedes aegypti mosquito. Source: BRC

There were 792 confirmed cases and 274 deaths since December 2016. On 3 July, the Ministry of Health stated that the death rate had risen by one person and five more confirmed cases.¹ Of the 3,245 cases notified, 1,929 were ruled out and 519 cases remain under investigation. The number of cases has stabilized since the end of the summer which also experienced rains. It has meant a significant decrease in the *Aedes aegypti* mosquito population. This mosquito in addition to transmitting yellow fever also transmits Zika, dengue and chikungunya.

The state of Rio de Janeiro has the most confirmed cases (22) of yellow fever as well as epizootic diseases. There are currently 19 states and the federal district in which the yellow fever vaccination is permanently recommended for the population from the age of 9 months to 59 years.²

With this DREF Update, the operation will be extended one month to complete the community-level activities and the home visits in the target intervention areas.

The IFRC, on behalf of the Brazilian Red Cross, would like to extend thanks to the Canadian Red Cross Society (Canadian government) for their generous contributions to the replenishment of this DREF. The major donors and partners of the DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, the Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Zurich foundations, and other corporate and private donors.

A.2 Summary of the current response

General Situation of the National Society

As mentioned in DREF Operation Update 1, the Brazilian Red Cross has a first aid application software on the control of epidemics and vector control that can be downloaded, as well as the information that it regularly updates on the topic in its institutional webpage.

The National Society staff and volunteers continue to work in affected zones. From the start of the emergency, more than 400 volunteers from the following state and municipal branches have been mobilized: Sao Paulo (Sao Paulo, Santos, San Vicente, San José, Jacareí and Braganza), Río de Janeiro (Nueva Friburgo), Minas Gerais (Belo Horizonte) and Ceará (Fortaleza).

BRC volunteers are participating in sector coordination meetings in the areas of health and education; receiving training on yellow fever; providing psychosocial support; health and hygiene promotion; supporting communication campaigns, and conducting community and school-level actions to eliminate vector breeding grounds.

Summary of the Red Cross Red Crescent Movement in the country

The IFRC continues supporting the National Society's plan of action through its Disasters & Crisis department and Zika team. Two health Regional Intervention Team (RIT) members were also mobilized to Brazil for the health assessment and development and implementation of the plan of action. The IFRC disaster management coordinator for South America and the IFRC Country Cluster Office for the Southern cone countries and Brazil, have provided technical support and guidance to the Brazilian Red Cross.

¹ <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/secretarias/svs/noticias-svs/28905-rio-de-janeiro-passa-a-ser-area-de-recomendacao-para-vacinacao>

² <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/secretarias/svs/noticias-svs/28905-rio-de-janeiro-passa-a-ser-area-de-recomendacao-para-vacinacao>

The International Committee of the Red Cross (ICRC) has a regional delegation in Brasilia and in association with the Brazilian Red Cross has an office in Rio de Janeiro to support community first aid.

Summary of non-Red Cross/Red Crescent actors in the country

Starting in January through May 2017, the Ministry of Health distributed 26.9 million doses of the yellow fever vaccine to at least 1,050 municipalities in the states of São Paulo, Minas Gerais, Espírito Santo, Rio de Janeiro and Bahia. The Ministry of Health continues to implement actions in the areas of control, notification, information, vaccination, and patient care levels.

A.3 Needs analysis, selection of beneficiaries and risk assessment

As mentioned in the previous DREF Operation Update, yellow fever cases have been identified in 407 municipalities. While the level of cases is now stable, there is concern about the spread of its incidence in neighbouring municipalities.

The BRC continues to provide information regarding the importance of vaccinations, providing psychosocial support and conducting hygiene promotion activities and the elimination of *Aedes aegypti* mosquito breeding grounds.

Selection of beneficiaries and vulnerability criteria

Please see the [emergency plan of action](#) for this information.

Risk Assessment

All BRC volunteers are properly vaccinated against yellow fever. To date, 310 volunteers have been trained in epidemiology with a focus on yellow fever, psychological support, working with young people, communication, activity planning, Open Data Kit (ODK) and the elimination of mosquito breeding grounds. Lastly, the BRC provided personal protective materials to volunteers to facilitate their work.

In order to minimize risks to volunteer safety, the BRC contacts community leaders before entering communities. These leaders not only communicate the information regarding the campaign to be conducted, they also accompany BRC volunteers during the activities implemented.

B. Operational Strategy and Plan

B.1 General Objective

The general objective for this plan of action is to reduce the yellow fever transmission risk for 26,100 people (6,525 families) through health and care and water, sanitation, and hygiene promotion actions (including vector control activities, community-based monitoring and psycho-social support) and to sensitize 50,000 people through communications campaigns for the most affected communities in south-eastern Brazil.

Proposed Strategy

Please see the [emergency plan of action](#) for information on the operation's proposed strategy.

B.2 Operational support

Please see the [emergency plan of action](#) for more details on operational support.

Logistics and supply chain

As mentioned in DREF Update no. 1, 90 per cent of the goods for this operation are purchased in country.

Information Technology (IT)

The National Society maintains an online [Dashboard](#) to inform the public about its actions during this emergency.

To date, 193 volunteers and health promoters have been trained on using ODK for the community interventions. The IT department of the National Society developed a manual on the use of the ODK application.

The IT department in central headquarters has provided training to volunteers in the state branches of Cerea and Maraçon regarding community-based epidemiological control using ODK. This has enable the extension of coverage of this operation. The Cerea branch has conducted home visits in Fortaleza using ODK.

Communications

The National Society has activated its national communication network, which is managed by the national communications department; the network consists of 17 governmental partner agencies, all of which already possess the operation's communication materials.

Key messages and materials (see [Annex I](#)) have been produced to disseminate key messages about yellow fever. These include posters, banners, handbooks, a radio spot and a public service announcement.

The national communications team has accompanied the technical staff in 80 per cent of the actions implemented, which has included maintaining active and updated the institutional social networks.

With regards to Security; Planning, monitoring, evaluation and reports; and Administration and finances for this operation, the [emergency plan of action](#) detailed the manner in which these are being implemented.

C. Detailed Operational Plan

Health and Care

Needs Analysis

As mentioned in Operations Update 1, health authorities' actions required strengthening to make the affected population more aware of the importance of vaccinations, prevention and vector control actions. In reflection of the extension of cases, this operation has been expanded to reach more municipalities in Sao Paulo, Minas Gerais, Espírito Santo and Rio de Janeiro.

Population to be assisted: See DREF update no. 1

Outcome 1 The risk of yellow fever and diseases transmitted by Aedes is reduced through key messages	Products	% reached
	Output 1.1 At least 6,525 families improve their prevention and control measures against yellow fever.	119% ³

³ This percentage reflects the total of people reached with the activities in this sector: 39,012 people (7,802 families). Volunteer training in epidemics: 306; workshop on yellow fever prevention and control with community health personnel, Community leaders and other relief and volunteer groups: 784; Home visits on yellow fever prevention and control measures: 9365; Educational activities about yellow fever prevention and control measures: 8757; Implement campaigns on yellow fever prevention and control measures in the media: 19,200; and Hand out individual and family protection measures (repellent, LLITNs and protective netting for water containers).

about prevention and control measures, and people affected by yellow fever receive psycho-social support messages.	Output 1.2 At least 650 families (2,600 people) receive psycho-social support messages in the affected communities.		182%
Activities	Implementation on time?		% of progress
	Yes	No	
Volunteer training in control of epidemics.	X		133%*
Workshop on yellow fever prevention and control with community health personnel, community leaders and other relief and volunteer groups	X		216%*
Home visits on yellow fever prevention and control measures.	X		40%
Educational activities about yellow fever prevention and control measures.	X		100%*
Implement campaigns on yellow fever prevention and control measures (bus stations, markets) and in the media	X		161% ⁴
Hand out individual and family protection measures (repellent, LLITNs and protective netting for water containers) ⁵	X		119% ⁶
Workshop on psychosocial support in epidemics for volunteers and community health agents	X		200*
Psychosocial support activities for the affected communities	X		100*

*These percentages are based on the number of planned workshops in the budget.

- Volunteer training in control of epidemics**

Training sessions for volunteers from the branches in Sao Paulo and Minas Gerais covered epidemic control, psychosocial support, ODK, Safe Access, work with youth and reporting. Sessions on training of trainers, established within the trainings on first aid, were also conducted. The following table details the number of volunteers trained:

Region	State	Branch	Workshop	Volunteers	
Sudeste	Rio de Janeiro	Rio de Janeiro	1	4	
	Minas Gerais	Belo Horizonte	1	30	
	São Paulo	São Paulo	São Paulo	2	161
		Bragança Paulista	Bragança Paulista	1	26
		Santos	Santos	1	20
		San Jose dos Campos	San Jose dos Campos	1	28
		São Vicente	São Vicente	1	33
Nordeste	Ceará	Fortaleza	1	8	
Total	4	9	9	310	

⁴ This percentage is based on the quantity of material distributed by branches.

⁵ This activity is related to health promotion.

⁶ Acquisition and sending of materials to the branches have been completed and distribution is pending.

Training was also provided in yellow fever, using the CREPD educational methodology. These training sessions were conducted in state and municipal branches in Minas Gerais and Sao Paulo. A total of 310 volunteers have been trained

As mentioned above in the IT section, in June, training via Skype was provided to volunteers in the state branches of Cerea and Maraçon on community-based epidemiological control using ODK.

- **Workshop on yellow fever prevention and control with community health personnel, community leaders and other relief and volunteer groups**

BRC reached 784 people with these trainings in 5 municipalities in 3 states. The following table describes these training sessions:

Region	State	Municipality	Community	People reached
Sudeste	Espirito Santo	Ibatiba	Dores de Rio Petro	14
	Minas Gerais	Governador Valadares	Governador Valadares	48
			Governador Valadares Turbalina 1 – 3	81
		Teofilo Otoni	Teofilo Otoni	9
	São Paulo	São Paulo	Primary Education Municipal School- Almirante Ary Parreiras	20
			University of São Paulo (UNIESP)	290
			Machado de Assis School	28
			Santa Catarina community health promoters	26
			Santa Catarina community health promoters	33
			BRC Sao Paulo teaching institute	140
			Santos	368º Scouts- Cooper Ben - Cooperativa de Beneficiamentos
		University of Santa Cecilia	40	
	Valongo community health promoters	7		
Total	3	5	13	784

- **Home visits on yellow fever prevention and control measures.**

A total of 2,638 home visits were conducted by BRC volunteers in the following 20 communities:

Region	State	Municipality	Community	Families reached	People reached
Sudeste	Rio de Janeiro	Nueva Friburgo	Rio Grandina	78	390
			Vila Amelia	31	155
			Sao Geraldo	48	240
			Amparo	87	475
			Varginha	47	235
			Sao Pedro da Sierra	191	955
			Vila Nova	28	140
			Alto de Olaria	46	310
			Lumiar	57	207
			Santa Luzia	180	900
			Parque das Flores	27	135
			Tio Dongo II	27	135
			Lagao Seca	42	210
			Benfica	23	115

	Minas Gerais	Governador Valadares	Turbalina 1	260	1385
			Turbalina 2	333	1665
	Sao Paulo	São Paulo	Anita Garibalde	150	271
			Jardin Damasceno	100	214
			Comunidad Vietnam	100	500
			Jardim Pantanal	110	550
			Comunidad de Limao	100	500
			Braganza	Piracaia	94
		San Jose	San Jose	140	700
		Santos	Morro de Pacheco	90	450
Nordeste	Ceará	Fortaleza	Fortaleza	249	1245
Total	4	7	12	2,638	12,552

- **Educational activities about yellow fever prevention and control measures.**

These activities were mainly held in schools and other educational centres. The following table details these actions:

Region	State	Municipality	Community	People reached	
Sudeste	Espiritu Santo	Ibatiba	School Pedro de Alcantará (14/06)	415	
			Minas Gerais	Belo Horizonte	School Presidente Tancredo Neves (26/05)
	School Aníbal Machado (27/05)	720			
	School Sebastião Fernandes (28/05)	626			
	School Francisco Tibúrcio de Oliveira. (29/05)	1200			
	Itambacurí	School Madre Serafina de Jesús (19/06)			2000
		School Ramiro Souza (19/06)	60		
		Teofilo Otoni	School Altino Barbosa (16/06)	100	
	São Paulo	São Paulo	School Valentin Gentil (30/05)	650	
			YMCA (24/5)	380	
			School Machado de Asis (19 – 22 /6)	541	
		Braganza	Centro Guardería CMEI Sagrada Familia (23/6)	920	
			Toledo city (19/6)	277	
		Santos	Omega College (6/6)	63	
			Rotary house for social action (7/6)	64	
		San Jose	School Joaquin Andrade in Meirelles (21/5)	60	
			Pastoral de Crianzas (10/6)	100	
			Plaza Gunther Zolco (18/6)	70	
	San Vicente	Scouts in Ar (10/6)	41		
	Rio de Janeiro	Nueva Friburgo	Friburgo Basic institution (29/5)	430	
	Total	4	10	20	9,187

- **Implement campaigns on yellow fever prevention and control measures (bus stations, markets) and in the media**

The branches are working on public campaigns in open and well-transited areas. They provide material and use graphic material in public spaces as way to prevent yellow fever and other vector-born illnesses:

Region	State	Municipality	People reached
Sudeste	Espírito Santo	Ibatiba	100
		Colatina	100
	Minas Gerais	Belo Horizonte	2000
		Governador Valadares	500
		Caratinga	150

		Teofilo Otoni	5500
		Poté	1000
		Novo Cruzeiro	5500
		Setubinha	400
		Ladainha	400
	Sao Paulo	Bragança Paulista	500
		São Paulo	2000
		Santos	800
		São Vicente	300
		São José dos Campos	200
		Jacareí	150
	Rio de Janeiro	Nueva Friburgo	22900
Total		16	41,900

- **Hand out individual and family protection measures**

In coordination with the Ministry of Health, long-lasting insecticide nets and repellent were distributed in three states. The Nueva Friburgo branch in Rio de Janeiro state used material that it had in stock from the Zika operation. The following table details the type and quantity of protection measures distributed:

Region	State	Municipality	Community	Families reached	People reached	Protection measures	
						Repellent	LLIN
Sudeste	Minas Gerais	Governador Valadares	Turbalina 1	30	150		30
			Turbalina 2	30	150		30
	Sao Paulo	São Paulo	Anita Garibaldi	100	300		100
			Jardin Damasceno				
			Vietnam				
			Pantanal garden				
			Limao				
	Rio de Janeiro	Nueva Friburgo	Rio Grandina	78	390	78	78
			Vila Amelia	31	155	31	31
			Sao Geraldo	48	240	48	48
			Amparo	87	475	87	87
			Varginha	47	235	47	47
			Sao Pedro da Sierra	191	955	191	191
			Vila Nova	28	140	28	28
			Alto de Olaria	46	310	46	46
			Lumiar	57	207	57	57
			Santa Luzia	180	900	180	180
			Parque das Flores	27	135	27	27
			Tio Dongo II	27	135	27	27
			Lagao Seca	42	210	42	42
			Benfica	23	115	23	23
Total	3	3	21	1072	5202	912	912

- **Workshop on psycho-social support in epidemics for volunteers and community health agents**

The workshops held in Minas Gerais and Sao Paulo reached 313 Brazilian Red Cross volunteers, as detailed below:

Region	State	Branch	Workshops	Volunteers reached
Sudeste	Minas Gerais	Belo Horizonte	1	20

	São Paulo	São Paulo	3	186
		Bragança Paulista	1	26
		Santos	1	20
		San Jose dos Campos	1	28
		São Vicente	1	33
Total	2	6	8	313

- **Psycho-social support activities for the affected communities**

The BRC conducted psychosocial support activities in schools and other educational centres in Minas Gerais (Belo Horizonte and Itambacuri), Espiritu Santo (Ibativa) and Sao Paulo (Sao Paulo) that reached 5,938 people. These activities were based on recreational activities to strengthen psychological resilience to the impact of yellow fever. The following table provides details on the people reached:

Region	State	Municipality	Community	People reached	
Sudeste	Minas Gerais	Belo Horizonte	School Presidente Tancredo Neves (26/05)	470	
			School Aníbal Machado (27/05)	720	
			School Sebastião Fernandes (28/05)	626	
			School Francisco Tibúrcio de Oliveira. (29/05)	1200	
	Espiritu Santo	Itambacuri	School Ramiro Souza	60	
		Ibativa	School Pedro de Alcântara	16	
	Sao Paulo	Sao Paulo	School Valentin Gentil (23/5)	650	
			ACM Sao Paulo (24/5)	380	
			School Machado de Asis (19- 22/6)	541	
			Casa Coexistir (26/6)	35	
			Don Jose Gaspar social existence (27/6)	23	
			Braganza	Toledo (19/6)	277
				CMEI Sagrada Familia (23/6)	920
	San Jose	Pastoral de crianzas (10/6)	20		
Total	3	6	14	5,938	

- **Challenges and measures taken**

The BRC has been challenged to efficiently report on achievements and share materials produced. The branches and national headquarters used telephone and internet communication and when possible, missions were conducted. This operation's reporting coordinator conducted a mission to Minas Gerais and the Sao Paulo reporting coordinator travelled to Rio de Janeiro to work together to process the information.

The spread of the outbreak to other municipalities also had an effect on planned activities. This entailed changes to better respond to needs. The logistics process has taken time, but 90 per cent of the materials have been purchased and are planned for distribution in the targeted locations.

Water, sanitation and hygiene promotion

Needs analysis

The rainy season ended in May in the south-eastern region of the country, thus diminishing the proliferation of mosquitos.

Population to be assisted: 26,100 people (6,525 families)

Outcome 2 The risk of transmission of yellow fever and other diseases transmitted by the <i>Aedes aegypti</i> mosquito is reduced through hygiene practices and vector control focused on the elimination of mosquito-breeding grounds.	Products		% reached
	Output 2.1 At least 26,100 people (6,525 families) in the most affected municipalities reduce their risk of yellow fever and diseases transmitted by the <i>Aedes aegypti</i> mosquito through sanitation and vector control activities and the elimination of the mosquito-breeding grounds		101% ⁷
Activities	Implemented on time?		% of progress achieved
	Yes	No	
Purchase and delivery of sanitation kits to 13 communities, 13 schools and 6 branches in 10 municipalities	X		50%
Purchase and delivery of vector control kits to 200 community health agents		X	60%
Sanitation campaigns in schools	X		69%
Sanitation campaigns in communities	X		84%
Sanitation campaigns in BRC branches	X		116% ⁸

Progress toward results

- **Purchase and delivery of sanitation kits to 13 communities, 13 schools and 6 branches in 10 municipalities**

The sanitation kits have been delivered to 7 branches as detailed in the following table:

Region	State	Branch
Sudeste	Minas Gerais	Belo Horizonte
	São Paulo	Bragança Paulista
		São Paulo
		Santos
		São José dos Campos
		São Paulo
		São Vicente
Total	2	7

These branches have delivered them to 11 schools and communities in the target areas, as detailed in the following table:

Region	State	Municipality	Community
Sudeste	Espírito Santo	Ibatiava	School Pedro de Alcântara
	Minas Gerais	Belo Horizonte	School Presidente Tancredo Neves

⁷ This reflects the total number of 33,235 people reached (6,647 families): purchases and delivery of vector control kits to 200 community health agents: 120; sanitation campaigns in schools: 6073; Sanitation campaigns in communities: 26842; Sanitation campaigns in BRC branches: 73.

⁸ The indicator is based on the number of branches that have received the kits and that have conducted at least one cleaning campaign.

		Governador Valadares	School Aníbal Machado
			School Sebastião Fernandes
São Paulo	São Paulo	São Paulo	School Francisco Tibúrcio de Oliveira
			School Ivo de Tasis
			School Estadual Valentin Gentil
			EMEI Machado de Assis
			Vietnam
			Limão
Jaragua indigenous community			
Total	3	4	11

- **Purchase and delivery of vector control kits to 200 community health agents**

Municipal community health agents and BRC have coordinated the manner to distribute kits. Each municipality will distribute these to their community health promoters for vector control activities. The following kits have been distributed to 3 municipalities, as detailed below:

Region	State	Municipality	Quantity
	Minas Gerais	Belo Horizonte	20
		Governador Valadares	80
	São Paulo	São Paulo	20
Total	2	3	120

- **Sanitation campaigns in schools**

In this operation, the BRC has established strong partnership with schools. These actions have included cleaning campaigns in schools to ensure vector breeding grounds are eliminated. These campaigns have reached 6,073 people in 9 schools, as detailed below:

Region	State	Municipality	School	People reached
Sudeste	Espirito Santo	Ibativa	School Pedro de Alcantará	415
	São Paulo	São Paulo	School Machado de Assis	600
		San Jose	School Joaquin Andrade de Miereles	866
	Minas Gerais	Belo Horizonte	School Tancredo Neves	470
			School Aníbal Machado	720
		Itambacuri	School Madre Serafina de Jesús	2000
			School Ramiro Souza	60
		Governador Valadares	School Ivo de Tasis	842
	Teofilo Otoni	School Altino Barbosa	100	
Total	3	7	9	6,073

- **Sanitation campaigns in communities**

In the same manner, the BRC has worked with specific communities in the target municipalities to conduct cleaning campaigns. BRC volunteers worked in areas they are from and in the case of the indigenous community, actions were taken with community members prior to the campaign to ensure respect for cultural practices. These campaigns have reached a total of 26,842 people as detailed below:

Region	State	Municipality	Community	Campaigns	People reached
Sudeste	Sao Paulo	Sao Paulo	Jaragua indigenous community	1	700
			368º Sea Scouts	1	500
		Santos	Morro de Pacheco	1	1810

		San Jose	Plaza Guntas Zoko	1	70
		San Vicente	Scouts in Ar	1	41
	Rio de Janeiro	Nueva Friburgo	Olaria	1	7308
			Jardinlandia	1	1737
			Conselheiro Paulino	1	6088
			Bela Vista	1	3000
			Centro	1	3530
			Riograndina	1	2058
Total	2	5	6	11	26,842

- **Sanitation campaigns in BRC branches**

The cleaning campaigns all follow similar modalities. In this case, the BRC volunteers engaged in cleaning campaigns in their own branches. The 73 people reached are the volunteers themselves who participated, as detailed below:

Region	State	Branch	Campaign	People reached
Sudeste	Minas Gerais	Belo Horizonte	1	30
	São Paulo	São Paulo	1	43
		Bragança Paulista	1	
		Santos	1	
		São José	1	
		São Paulo	1	
		São Vicente	1	
Total	2	7	7	73

- **Challenges and measures taken**

As mentioned above, the BRC is challenged to report on achievements and share materials produced. Additionally, the logistics process has taken time, but is now being rolled out with efficiency.

Quality programming / Areas common to all sectors

Outcome 3: Ongoing and detailed assessment and analysis of the operation's design and implementation.	Products	% reached
	Output 3.1 Assessment of initial needs carried out in consultation with beneficiaries	100%
	Output 1.2 The operation is continuously monitored and updated.	95%
Outcome 4: 50,000 people benefit from messages about yellow fever prevention and control.	Products	% reached
	Output 4.1: At least 50,000 people are sensitized in a direct manner through yellow fever prevention and control messages.	100%
Outcome 5: The operation contributes to community-based monitoring actions.	Products	% reached
	Output 5.1 Through ODK, unvaccinated people will be identified and mosquito-breeding grounds in risk zones will be identified and mapped.	70%

Progress toward results

As the following activities were 100% completed as of the previous Update, the details regarding these are available

in the previous operations update.

- Implementation of a rapid assessment during the emergency.
 - Coordination with health authorities and community leaders to facilitate and ensure community access.
 - Detailed assessment of affected communities.
 - Hiring of the operational team by the National Society.
 - Development of an operations and institutional security plan to implement the plan of action.
- **Develop a Dashboard to monitor the operation.**

The National Society's Department of Information Technology regularly uploads the information generated by the operation to the [Dashboard](#). As this is an ongoing activity, this has not yet been completed.

- **Write and produce information and communication materials on prevention and control measures against yellow fever**

Details on materials produced and the communication coverage was reported on in Operations Update 1. Since that time, three commercials have been produced for airing on national, state and regional stations. The dissemination of information on social network continues reaching up to 1.34 million people via internet, television, radio and print media. Web counts in one of the news outlets (*Noticia Capital*) indicates that over 10,000 people have accessed information on how to combat yellow fever.

- **Develop an epidemiological monitoring strategy based in the community with ODK.**

The BRC created an ODK monitoring form used for this operation (reported on in Operations Update 1). This form has been used in Minas Gerais (Belo Horizonte and Governador Valadares), Sao Paulo (communities in Sao Paulo, San Jose and Santos) and Cerea (Fortaleza). As this reporting period ended, the form was planned for use in municipalities in the Rio de Janeiro state.

The results of this epidemiological monitoring are being shared with the local health system.

- **Support and monitoring carried out by RIT, the disaster manager and/or the operations team.**

As reported on in Operations Update 1, this support has been extremely useful for the ongoing activities of this operation and contributes to strengthening the National Society's capacities.

- **Beneficiary satisfaction survey with beneficiaries.**

Due to the extension of this operation, the survey will be conducted in the second half of July 2017.

- **Challenges and measures taken**

Other challenges encountered include the local leader's commitment has not been as engaged as expected. The BRC has decided to send out coordination teams in advance, which contributes to community co-responsibility for the activities and their continuation over time. Additionally, efforts have also been taken to better plan for activities in communities that are not close to BRC branches.

Contact information

For further information, specifically related to this operation please contact:

In Brazil:

- Roseli Pimentel Sampaio, President of the Brazilian Red Cross, phone: +55 21 983920101; email: gabinete@cvb.org.br

In IFRC office in Peru:

- Pabel Angeles, regional disaster management coordinator for South America; email: pabel.angeles@ifrc.org

In IFRC Regional Office for the Americas:

- Iñigo Barrera, head of Disaster and Crisis department, phone: +507 317 3050; email: ci.barrera@ifrc.org.
- Mauricio Bustamante, regional logistics coordinator, phone: +507 317 3050; email: mauricio.bustamante@ifrc.org
- Diana Medina, regional communications manager; email: diana.medina@ifrc.org

In Geneva: Cristina Estrada, response and recovery lead, phone: +41.22.730.4529, email: cristina.estrada@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries):

- Priscila Gonzalez, planning, monitoring, reporting and evaluation team coordinator, phone: +507 317 3050; email: priscila.gonzalez@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, emergency appeals and marketing officer, phone: +507 317 3050; email: marion.andrivetj@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Annex I: Materials produced

CRIANÇAS E O APOIO PSICOSSOCIAL

Desenvolvimento Conhecimento
Criatividade Atenção e Concentração
Regras e Limites Afetividade

Brincar traz FELICIDADE!

IMPORTÂNCIA DO BRINCAR

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APOIO PSICOSSOCIAL

SÓ O AMOR...

...ALIVIA O SOFRIMENTO

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PRIMEIROS CUIDADOS PSICOLÓGICOS

OBSERVE	ACOLHA	OUÇA COM ATENÇÃO
<ul style="list-style-type: none"> • Verifique a elegância. • Verifique se há pessoas com reações emocionais intensas. • Verifique se há pessoas com necessidades básicas. 	<ul style="list-style-type: none"> • Aberte e pesse gentilmente. • Agradeça-se. • Identifique-se como alguém que irá ajudar. • Forneça completa atenção à pessoa. • Não encoste na pessoa, a menos que seja necessário. 	<ul style="list-style-type: none"> • Respeite o outro. • Não repreenda a pessoa por sua reação. • Escute as pessoas e ajude-as a sentir calma.
FIQUE ALERTA	TENHA ATITUDES	CONSTRUA VÍNCULOS
<ul style="list-style-type: none"> • Mantenha-se atento de toda situação. • Preste atenção ao seu redor. • Dê prioridade aos grupos vulneráveis: crianças, idosos, pessoas com dificuldades de locomoção, etc. 	<ul style="list-style-type: none"> • Forneça informações, caso solicitado. • Mostre-se calmo. • Respire fundo. • Ajude as pessoas a lidar com problemas. 	<ul style="list-style-type: none"> • Seja empático. • Não diga à pessoa como ela deveria se sentir ou agir. • Respeite o sentimento do outro.
PASSE CONFIANÇA	ATENDA AS NECESSIDADES BÁSICAS	DESPEÇA-SE E FINALIZE
<ul style="list-style-type: none"> • Mantenha sua voz calma e firme. • Reafirme que a pessoa está segura e que você está lá para ajudá-la. • Ajude a pessoa a entrar em contato com o ambiente ao redor. 	<ul style="list-style-type: none"> • Pergunte como você pode ajudar melhor. • Conecte a família. • Chame a ambulância, se necessário. 	<ul style="list-style-type: none"> • Encontre pessoas do mesmo e saia da assistência. • Explique sua saída e agradeça as pessoas que irão cuidar dele, se possível. • Finalize a assistência para você mesmo. • Dê um tempo para você refletir sobre sua experiência.

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ELES NÃO TÊM CULPA.

FEBRE AMARELA

Não matem os macacos!

Eles são aliados da saúde no combate à Febre Amarela!

Esses animais têm papel fundamental na vigilância da doença.

O mosquito é o único responsável pela transmissão de febre amarela em humanos.

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FEBRE AMARELA

O QUE FAZER SE aparecerem os sintomas?

Procure a unidade de saúde mais próxima, se tiver febre alta, náuseas e vômitos, além de dores na cabeça e no corpo, por cerca de três dias.

Se for viajar para áreas de risco, informe 15 dias antes.

Os sintomas aparecem de 3 a 6 dias após a pessoa ter sido infectada.

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O QUE É Febre amarela?

É uma doença infecciosa febril aguda.

É transmitida somente pela picada de mosquitos infectados com o vírus da febre amarela, que pode levar à **morte** em cerca de uma semana, se não for **tratada rapidamente**.

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Vamos colocar em prática o que você aprendeu?

Jogo dos 7 erros

Zeca quer ajudar em casa no combate ao mosquito Aedes, mas precisa de ajuda para saber o que fazer. Você pode ajudá-lo a encontrar os **7 focos**? Compare as imagens.

Atividade para responder com papai e mamãe

1. Quantas pessoas moram na sua casa?
2 () 3 () 4 () 5 () 6 () Mais de 6... ()
2. Quem são essas pessoas?

3. Quantas pessoas da casa ainda **NÃO** tomaram a vacina contra a febre amarela?

4. Tem criança em casa que nunca tomou vacina?
() Sim () Não
5. Mora gestante em casa?
() Sim () Não
6. Tem água armazenada em casa?
() Sim () Não
7. Alguém na sua casa já ficou doente? Qual doença?
() Sim () Não
() Febre Amarela () Zika () Dengue ()
() Chikungunya
8. Como podemos prevenir a febre amarela? Marque as opções corretas.

() Passar repelente	() Não usar inseticidas
() Tomar Vacina	() Não usar mosquiteiro
() Cobrir a pele com roupas compridas	() Não colocar garrafas com a boca para baixo