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DREF Final Report
Brazil: Yellow Fever

International Federation of Red Cross and Red Crescent Societies

DREF Operation MDRBR008	**Glide n°** EP-2017-000026-BRA
Date of issue: 26 February 2018	**Date of the disaster:** 13 January 2017
Head of operation (responsible for this operation): Pabel Angeles - Disaster Management Coordinator for South America - IFRC	**Point of contact (name and title):** Óscar Zuluaga - Humanitarian Programmes Manager- Brazilian Red Cross (BRC)
Start date for the operation: 19 March 2017	**Expected timeframe: Expected timeframe:** 5 months (the operation end date was 19 August 2017)
Overall operations budget: 200,791 Swiss francs	
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 (No. of volunteers, personnel, branches): 1 headquarters, 21 branches, 3,000 volunteers, and 300 staff.	
Partners of the Red Cross Red Crescent actively involved in the operation (if available and relevant): The International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively 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 Gobernador Valladores prefecture; Fundación Oswaldo Cruz (FIOCRUZ); Civil Defence of the Itambacurí prefecture.	

<For the financial report, click here. For the contact information, click here.>

A. Situation Analysis

A.1 Description of the Disaster

Brazil reported an outbreak of yellow fever, a mosquito-borne viral infection, in December 2016. The outbreak predominantly affected the south-eastern states of Brazil, especially Minas Gerais and Espiritu Santo, and it was the largest outbreak of the disease in decades. On 13 January, the Ministry of Health declared a public health emergency in the state of Minas Gerais.

Brazilian Red Cross volunteers conducted health awareness activities in schools in Minas Gerais. Source: BRC.

The largest number of new yellow fever cases occurred from January to early April 2017 (rainy season in south-east Brazil), mainly affecting municipalities in the states of Minas Gerais (1,147 reported cases, 446 confirmed cases and 159 deaths) and Espírito Santo (815 reported cases, 294 confirmed cases and 90 deaths). The incidence rate started to decrease in May 2017; however, the epidemic outbreak entered a new stage of geographical dispersion as it spread to municipalities in the States of Sao Paulo, Minas Gerais, Rio de Janeiro and Espiritu Santo.

According to the Ministry of Health's epidemiological report for yellow fever (no. 48 for July 2017), 3,564 completed

reports were submitted, of which 777 cases were confirmed. A total of 261 people died from yellow fever, resulting in a fatality rate for confirmed cases of 33.5 percent. More than 98 per cent of confirmed cases were found in the south-eastern states, and the most affected states in terms of number of confirmed cases were Minas Gerais (465), Espiritu Santo (467), Rio de Janeiro (23) and Sao Paulo (22).[1]

No new cases were reported after June 2017 due heavy rainfall, which destroyed mosquito-breeding sites. However, the vigilance around vector control remained high to prevent future outbreaks. On 6 September 2017, Brazil's Ministry of Health declared an end to the yellow fever outbreak.

A.2 Summary of response

Overview of the National Society

The Brazilian Red Cross has first aid application software (downloaded by more than 20,000 people) and materials for community-based education for epidemic control and vector control for the *Aedes aegypti mosquito.* It also has materials to provide epidemic control, psychosocial support and water and sanitation training to institutional volunteers. On its webpage, the National Society created a questions and answers section about yellow fever, which was shared with its national communications network (17 regional branches).

More than 400 National Society volunteers from Sao Paulo (Sao Paulo, Santos, San Vicente, San José, Jacareí and Braganza), Río de Janeiro (Nueva Friburgo), Minas Gerais (Belo Horizonte) and Ceará (Fortaleza) branches worked with Red Cross staff in the affected zones. The main activities focused on coordination meetings with the health and education sectors, yellow fever epidemiology training for volunteers, purchase of hygiene promotion products, communications campaigns, actions in communities and schools aimed at eliminating vector breeding grounds, psychosocial support (PSS) and health and hygiene promotion activities.

Summary of the Red Cross Red Crescent Movement in the country

Through the IFRC Disaster and Crisis department, disaster management coordinator for South America and the Zika regional project team, the IFRC's regional office for the Americas (ARO) in Panama supported the National Society on the development of plan of action. The ARO also mobilized two health Regional Intervention Team (RIT) members to Brazil: the first carried out a health assessment in the most affected areas and supported the National Society on the development of the plan of action, and the second RIT member assisted with the plan of action's implementation. Additionally, the disaster management coordinator for South America and the regional Zika project team provided technical support on the field actions that were being conducted in affected communities in Minas Gerais, Sao Paulo, Espírito Santo and Rio de Janeiro. Finally, the IFRC cluster office for the Southern Cone countries (Brazil is included in the Southern Cone countries) in Buenos Aires, Argentina also provided support. The Brazilian Red Cross implemented the operational safety methodology known as "Stay Safe" during the Disaster Relief Emergency Fund (DREF) Yellow Fever activities.

The International Committee of the Red Cross (ICRC) has a regional delegation in Brasilia, which covers Argentina, Brazil, Chile, Paraguay and Uruguay, and an office in Rio de Janeiro, through which it carries out community work (first aid), in coordination with the Brazilian Red Cross. The ICRC also provides advice to the National Society on safer access methodology, which contributes to improved access to communities. In addition, the IFRC shared relevant information about this emergency with the ICRC.

No Partner National Societies (PNSs) have a presence in Brazil.

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

From January to May 2017, the Ministry of Health distributed 26.3 million doses of the yellow fever vaccine, with the goal of intensifying selective vaccination strategies; the ministry distributed these vaccines to at least 1,050 municipalities in the states of São Paulo, Minas Gerais, Espírito Santo, Río de Janeiro and Bahia. The vaccination campaigns continued in more municipalities. The Brazilian government provided 13.8 million Brazilian reals [approximately 4 million Swiss francs] to 256 municipalities in these states for vaccinations and other preventative actions. The goal was to expand vaccination coverage to 95 per cent of the municipalities in which the operation was conducted. The operation involved actions in the areas of control, notification, information, vaccination and patient care levels, among others.

[1] Epidemiological bulletin

According to the WHO, the transmission of yellow fever continued spreading towards the Atlantic coast of Brazil, affecting areas that were not previously considered at risk to transmission of the disease. Possible epizootic diseases and human cases of yellow fever continued to be investigated, and recommendations to travellers were issued about the importance and need for yellow fever vaccinations. Furthermore, WHO / PAHO collaborated with the Ministry of Health on the review and updating of national regulations on vaccination, detection, confirmation and the adequate and timely treatment of yellow fever cases. The WHO issued the following recommendations to international travellers passing through at-risk areas in Brazil:[2]

- Yellow fever vaccination at least 10 days prior to the trip.
- Adoption of measures to prevent mosquito bites.
- Knowledge of symptoms and signs of yellow fever.
- Seek medical care if yellow fever signs and symptoms appear during or after a trip to areas that are at risk to the transmission of the disease.

In early July 2017, a study led by the Oswaldo Cruz Institute (IOC / Fiocruz) was published in association with the Pasteur Institute in France, which indicated a potential re-emergence of the urban transmission of yellow fever in Brazil.

The data suggested that species such as *Aedes Aegypti, Aedes albopictus*, *Haemagogus leucocelaenus* and *Sabethes albipirvus* are highly susceptible to the transmission of viral lineages of yellow fever. Although, the mosquito causing this outbreak was not confirmed at that time. This study recommended stressing the importance of prevention measures such as vaccination and vector control.[3]

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

The response focused on the most affected areas of the country and reducing the risk of the spread of the disease. Even as the number of cases declined, geographical spread continued, requiring efforts to increase knowledge and improve vector control practices in newly affected areas.

Seeking care soon after showing symptoms of yellow fever is critical to the survival of those who contract the disease and are at risk of death. The BRC, thus, developed the response to the outbreak around raising awareness about the virus to increase the likelihood that sufferers of the disease would seek care.

Psychosocial support was crucial to allaying the fears of the most vulnerable groups and providing support to the relatives of people who died from the disease.

Moreover, the mosquitos that transmit yellow fever can also carry other diseases such as Zika, dengue and chikungunya. Consequently, hygiene promotion activities and the elimination of breeding grounds were essential components of the intervention.

Vaccination is a critical component in the fight against yellow fever; Consequently, the response activities were combined government-led vaccination efforts because improving immunological resistance to the disease within the population while increasing knowledge, changing behaviours and providing support for those affected is consistent with evidence around containing yellow fever outbreaks.

B. Operational Plan and Strategy

B.1 Overall objective

The general objective for this plan of action was 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 raise the awareness of 50,000 people through communications campaigns for the most affected communities in south-eastern Brazil.

Proposed Strategy

[2] http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=40841&lang=en
[3] https://portal.fiocruz.br/pt-br/content/estudo-avalia-potencial-de-urbanizacao-da-febre-amarela

The BRC's strategy involved direct community-based actions in those affected by the outbreak of yellow fever. This was done in joint actions with BRC volunteers, community leaders, health agents and municipal, state and civil defence authorities. The operation was initially designed to directly reach 26,100 people in the states of Minas Gerais, Sao Paulo and Espírito Santo. The spread of the outbreak required the expansion of activities to the states of Rio de Janeiro and Ceará.

The following actions were proposed through the plan of action:

- A national communications campaign on yellow fever prevention.
- Strengthening community and volunteer health agents in the control of epidemics / psychosocial support and community epidemiological monitoring to identify, map risk areas and report mosquito-breeding grounds and people that need to be vaccinated.
- Community and school activities to improve sanitation for the identification and elimination of mosquito-breeding grounds.
- Improve individual and family protection measures for vulnerable populations with repellents, long-lasting insecticide treated [mosquito] nets (LLITNs) and protective netting for water containers.
- Psychosocial support activities for affected families.

Selection of beneficiaries and vulnerability criteria

The following criteria were used to select communities and beneficiaries:

Communities
- Urban and rural communities located in municipalities affected by the outbreak.
- Communities with a low socioeconomic level that lacked suitable sanitation conditions.
- Communities with high prevalence of mosquito-borne disease and mosquito presence.

Beneficiaries
- Men between 31 and 60 years of age who live and work in the urban and rural areas of the municipalities affected by the outbreak.[4]
- Children under 5 years of age
- Pregnant women
- Persons living with disabilities
- People over the age of 60
- People with immune deficiency such as human immunodeficiency virus (HIV), for whom the vaccination is not recommended.
- Families that have had yellow fever cases or deaths.
- Students in affected municipalities.

Risk Assessment

No security incidents involving personnel were reported during the operation. For the volunteer mobilization process, an initial evaluation took place to ensure that all volunteers were properly vaccinated against yellow fever and that they had taken the Basic Training course (*History of the Red Cross, Stay Safe, Basic First Aid*). All volunteers involved in this operation were insured.

A total of 310 volunteers received training on yellow fever-related epidemiology, psychological support, working with young people, communications, activities planning, Open Data Kit (ODK) and the elimination of possible breeding grounds. Additionally, the BRC also provided personal protective materials to volunteers to facilitate their work.

To conduct activities in the field and minimize security risks for volunteers, the National Society had community leaders inform the community prior to the activities and provide support and guidance during the activities.

Human resources

To implement this plan of action, the BRC activated its National Intervention Team (NIT) specialized in the control of epidemics, sanitation and hygiene promotion and the provision of psychosocial support, as well as volunteers from

[4] Early reports of the outbreak demonstrated that male farmers were most likely to be affected, which was likely due to their increased exposure to the mosquito that transmits yellow fever.

selected areas. Volunteers received a per diem, and those that came from other locations in the country received transportation and accommodation costs.

As the operation was coordinated from the national headquarters in Río de Janeiro, the National Society hired full-time staff to oversee the monitoring and reporting activities during the operation. The staff included a field coordinator for the implementation of the operation, a designer to produce all the graphic materials, a logistics coordinator that was also the driver and an assistant to support the purchasing processes and the implementation of logistical actions.

As part of the IFRC's contribution, it mobilized a health RIT to support the assessment actions, and the IFRC mobilized another health RIT for the intervention component.

Logistics and supply chain

The National Society made 100 per cent of the planned purchases. It sent the required relief items to the geographical areas where the operation was implemented. This operation covered transportation costs of the materials purchased and distributed to the target population.

Information Technology (IT)

As part of the activities carried out by the BRC's IT department, the National Society developed a manual on the use of the ODK application.

Additionally, the BRC shared lesson plans for training sessions on conducting evaluations with its Minas Gerais and São Paulo branches' IT department.

The BRC trained 193 volunteers and health promoters on the use of ODK for the community interventions in Belo Horizonte, Governado Valadares and São Paulo and the branches in Cearea and Marañon.

A Dashboard was created and used to monitor activities.

Communications

The National Society activated its national communication network, which was managed by the national communications department. The network consisted of 17 state partner agencies, all of which already possessed the operation's communication materials.

The communications actions also focused on the dissemination of key messages about yellow fever.

The BRC produced the following materials:

- 3 types of posters on yellow fever
- 3 types of banners with key messages
- 2 types of psychosocial support banners
- 2 types of manuals (one for adults and another specifically for children)
- 2 types of psychosocial support manuals
- 2 radio spots
- 3 public service announcements with key messages
- 13 types of digital banners with key messages for use on the National Society's website and social networks

The national communications team provided guidance to the operation's technical staff during the activities that required this support, allowing the public to be continuously informed through the National Society's social networks about the BRC's yellow fever operation.

Security

Because of the level of insecurity and violence in Brazil, all National Society staff that participated in operation activities received safety-related instructions from the National Society's Risk Management office, in accordance with BRC's Stay Safe Manual. Furthermore, the BRC developed a security plan for the operation, and all volunteers who participated in field activities were insured.

Given the risk of contracting yellow fever, all staff who participated in field operations were vaccinated against the

disease. In addition, all staff members wore the proper uniforms (including boots), were duly insured and used personal protective gear (see list below) while conducting their activities, which took place during daytime hours.

The individual protective gear for the 275 volunteers that conducted the community activities consisted of:

- BRC cap
- BRC long sleeve polo
- Face masks
- Nitrile gloves
- Sun screen
- Repellent

The BRC carried out all activities in coordination with the participating communities, departments and local health authorities. Finally, since some of the activities took place in remote municipalities and rural areas, the field teams carried first aid kits in case of emergency with them.

Planning, monitoring, evaluation and reporting (PMER)

The National Society's Humanitarian Programs and Risk Management Department, branches and Volunteer and Youth Departments, and the operations team conducted the operation's planning, monitoring and evaluation activities. They were also responsible for reports. The IFRC's Zika team and the health RIT members also provided PMER support as required.

The BRC conducted satisfaction surveys with beneficiaries to evaluate the operation's effectiveness and to adjust the operational strategy.

Administration and finances

The Brazilian Red Cross has a permanent Administration and Finances Department and an internal auditor to ensure the adequate management of financial resources in accordance with the memorandum of understanding between the National Society and the IFRC. Moreover, the BRC managed its financial resources in accordance with its regulations, as well as the DREF guidelines.

C. DETAILED OPERATIONAL PLAN

Health and Care

Needs Analysis:

The health authorities' actions required strengthening to raise awareness of the affected population regarding the importance of vaccinations against yellow fever and seeking rapid care if they recognize symptoms of yellow fever.

The following actions were conducted to reduce the transmission of yellow fever and other diseases transmitted by mosquitos:

- Inform people about the importance of vaccination, knowing the signs and symptoms of the disease and accessing health institutions to reduce mortality and morbidity when a person is presenting signs of the disease.
- Training of community health agents in health departments on yellow fever control and bolstering their actions in urban and rural areas.
- Identification and mapping of people who had yet to be vaccinated against yellow fever; reinforcement of community-based monitoring strategies within the affected communities; these actions were carried out in coordination with the Ministry of Health.
- Conduct prevention campaigns in schools, as children can multiply prevention messages in their homes.
- Train community health agents in health departments on psychosocial support during epidemics.
- Improve individual and family protection measures for vulnerable populations through the provision of repellent, LLITNs and protective netting for water containers to prevent mosquitos from laying eggs there.
- During the activities, many mosquito-breeding places were found in homes, the BRC discovered that dissemination of false information regarding the transmission of yellow fever was being disseminated and many people were unvaccinated, resulting in BRC actions to share this information with the local health system.
- The National Society established alliances with health secretariats to work jointly on yellow fever control and strengthen the actions carried out by their community health agents and endemics agents in urban and rural areas.

As time passed, the epidemic outbreak entered a stage of geographical dispersion affecting even more municipalities in the states of Sao Paulo, Minas Gerais, Espiritu Santo and Rio de Janeiro.

Given this scenario, the National Society decided to expand the DREF's geographical coverage, aiming to improve the positive impact of the operation's activities towards the most vulnerable communities facing this disease. BRC branches in São Paulo and Minas Gerais continued to carry out PSS and health promotion activities in schools, employing educational games and promoting cleaning campaigns and changes in practices that would remain beyond the end of the operation.

Population to be assisted:

At least 26,100 people (6,525 families) in the most affected municipalities have their risk of yellow fever and diseases transmitted by *Aedes aegypti* reduced. Of these beneficiaries, at least 650 families (2,600 people or 10 per cent of the beneficiary families) received psychosocial support through epidemics messages.

Outcome 1 The risk of yellow fever and diseases transmitted by *Aedes*[5] is reduced through key messages about prevention and control measures, and people affected by yellow fever receive psycho-social support messages.	**Products**		**% reached**
	Output 1.1 At least 6,525 families improve their prevention and control measures against yellow fever.		166%[6]
	Output 1.2 At least 650 families (2,600 people) receive psychosocial support messages in the affected communities.		150%
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		233%*
Home visits on yellow fever prevention and control measures	X		103%
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%[7]
Distribute individual and family protection measures (repellent, LLITNs and protective netting for water containers)[8]	X		235%[9]
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 workshops originally planned.*

Achievements

- **Volunteer training in control of epidemics**

[5] Please note that this type of mosquito was not involved in this outbreak as originally thought, which meant that the activities to remove risks related to *Aedes aegypti* were to either prevent all mosquito-related risks or to prevent transmission if yellow fever moved to an urban cycle.
[6] This percentage reflects the total number of people reached through this sector's the activities.
[7] This percentage is based on the quantity of material distributed by branches.
[8] Acquisition, sending and distribution of materials to the branches have been completed.
[9] This activity is related to health promotion.

Training sessions for volunteers from the branches covered epidemic control, psychosocial support, ODK, Safe Access, work with youth and reporting; the BRC also conducted training of trainers workshops, which were established within the son first aid training. The following table details the total number of volunteers trained:

Region	State	Branch	Workshops	Volunteers
Southeast	Rio de Janeiro	Petropolis	1	2
		San Juan de Meriti		1
		Mage		1
		Rio de Janeiro		1
	Minas Gerais	Belo Horizonte	1	30
	São Paulo	São Paulo	2	161
		Bragança Paulista	1	26
		Santos	1	20
		San Jose dos Campos	1	28
		São Vicente	1	33
Northeast	Ceará	Fortaleza	1	8
Total	**4**	**11**	**9**	**311**

Training was also provided in yellow fever, using the methodology of the Reference Centre for Institutional Disaster Preparedness (CREPD). The BRC conducted these training sessions in state and municipal branches in Ceará, Minas Gerais, Río de Janeiro and Sao Paulo, training a total of 311 volunteers.

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

The BRC held training sessions with 1,426 people, community leaders, health promoters, teachers and health care students in 10 municipalities in 3 states, with the purpose of converting them into agents of change that work in their communities to implement yellow fever prevention activities. The following details provides information on the people reached:

Region	State	Municipality	Community	People
Southeast	Espiritu Santo	Ibatiba	Dores de Rio Petro	14
	Minas Gerais	Gobernador Valadares	Gobernador Valadares	48
			Gobernador Valadares Turmalina 1 – 3	81
		Teofilo Otoni	Teofilo Otoni	9
		Belo Horizonte	Nazia	95
	São Paulo	São Paulo	Ensino Fundamental – Almirante Ary Parreiras Municipal School	20
			University of São Paulo (UNIESP)	290
			Machado de Assis School	28
			Community health agents Santa Catarina	26
			Community health agents Santa Catarina (group 2)	33
			Sao Paulo Branch of the VRC School	140
			Vila Maria Basic Health Unit	33
		Bragança Paulista	Community health agents in Toledo	22
			Basic Health Unit Água Comprida	80
		Franca	Basic health unit	40
		Santos	368º Sea Scouts - Cooper Ben - Cooperativa de Beneficiamentos	48
			Rotary for Social Action	64
			University of Santa Cecilia	40
			Community health agents in Valongo	7
			Marksman's Club in São José	100

		São José	Beira Rio community	70
		São Vicente	Community health agents in São Vicente	138
Total	**3**	**10**	**22**	**1,426**

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

BRC volunteers conducted of 7,052 home visits in the following 33 communities:

Region	State	Municipality	Community	Families	People
Southeast	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 de las Flores	27	135
			Tio Dongo II	27	135
			Lagao Seca	42	210
			Benfica	23	115
	Minas Gerais	Gobernador Valladares	Turbalina 1	260	1,385
			Turbalina 3	333	1,665
			Gobernador Valladares	2,500	12,500
		Belo Horizonte	Dendara I	1,502	7,502
			Dendara II		
			Dendara III		
			Dendara IV		
			Nazia	95	475
	Sao Paulo	São Paulo	Anita Garibalde	150	750
			Jardin Damasceno	100	500
			Vietnam	100	500
			Jardim Pantanal	110	550
			Limao	100	500
		Braganza	Piracaia	94	470
			Pinhal Grande	100	500
		San Jose	San Jose	150	750
		Santos	Morro de Pacheco	100	500
		Franca	Franca	197	985
Northeast	Ceará	Fortaleza	Fortaleza	249	1,245
Total	**4**	**9**	**33**	**7,052**	**35,379**

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

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

Region	State	Municipality	Community	People
Southeast	Espiritu Santo	Ibatiba	School Pedro de Alcantará	415
	Minas Gerais	Belo Horizonte	School Presidente Tancredo Neves	470

			School Aníbal Machado	720
			School Sebastião Fernandes	626
			School Francisco Tibúrcio de Oliveira	1,200
		Itambacurí	School Madre Serafina de Jesús	2,000
			School Ramiro Souza	60
		Teofilo Otoni	School Altino Barbosa	100
	São Paulo	São Paulo	School Valentin Gentil	650
			Youth Christian Association	380
			School Machado de Asis	541
		Braganza	CMEI Sagrada Familia childcare centre, Municipal School Simão de Toledo Pisa, State school Raimundo Correia	920
			Toledo city	277
		Santos	School Omega	63
			Rotary centre and childcare centre Paulo Alexandre Barbosa	64
		San Jose	Joaquin Andrade de Meirelles School	60
			Pastoral de Crianzas	100
			Plaza Gunther Zolco	70
		San Vicente	Sharpshooter's Club	41
	Rio de Janeiro	Nueva Friburgo	Friburgo educational institute	430
Total	**4**	**10**	**23**	**9,187**

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

BRC branches worked on mass communication campaigns that promoted key operational messages through the distribution of graphic materials during events in plazas and other places with high circulation of people as part of a community communication strategy for the promotion of health, sanitation and disease prevention; the branches provided material and used graphic material in public spaces to prevent yellow fever and other vector-borne illnesses:

Region	State	Municipality	People
Southeast	Espírito Santo	Ibatiba	100
		Colatina	100
	Minas Gerais	Belo Horizonte	2,000
		Governador Valadares	500
		Caratinga	150
		Teofilo Otoni	5,500
		Poté	1,000
		Novo Cruzeiro	5,500
		Setubinha	400
		Ladainha	400

	Sao Paulo	Bragança Paulista	500
		São Paulo	2,000
		Santos	800
		São Vicente	300
		São José dos Campos	200
		Jacareí	150
		Franca	300
	Rio de Janeiro	Nueva Friburgo	22,900
Total	**4**	**18**	**42,800**

- **Distribute individual and family protection measures**

In coordination with the Ministry of Health, the BRC distributed LLITNs, aerosol repellent and water container protectors in three states. The Nueva Friburgo branch in Rio de Janeiro state used material that it had in stock from the Zika operation for the distributions. The following table details the type and quantity of protection measures distributed:

Region	State	Municipality	Community	Families	People	Distributed materials		
						Repellent	LLITNs	Water container protectors
Southeast	Minas Gerais	Gobernador Valadares	Turbalina 1	30	150			30
			Turbalina 3	30	150			30
		Belo Horizonte	Dendara I	243	1,215		486	100
			Dendara II	250	1,250		500	
			Dendara III	287	1,435			277
			Dendara IV	172	860		60	172
			Nazia	95	475			95
	Sao Paulo	São Paulo	Anita Garibaldi	100	300		100	100
			Jardin Damasceno					
			Vietnam					
			Jardim Pantanal					
			Limao					
		Santos	Morro do Pacheco					
	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**	**5**	**27**	**2,119**	**10,437**	**912**	**2,058**	**804**

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

The BRC's workshops in Minas Gerais and Sao Paulo reached 313 of its volunteers, as detailed below:

Region	State	Branch	Workshops	Volunteers
Southeast	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**

- **Psychosocial support activities for the affected communities**

The BRC conducted psychosocial support activities in schools and other educational centres in Minas Gerais (Belo Horizonte and Itambacurí), Espiritu Santo (Ibativa) and Sao Paulo (Sao Paulo, Barganza and San Jose), reaching 5,938 people; these activities were based on recreational activities to strengthen psychological resilience in the face of yellow fever. The following table provides details on the people reached:

Region	State	Municipality	Community	People
Southeast	Minas Gerais	Belo Horizonte	School Presidente Tancredo Neves	470
			School Aníbal Machado	720
			School Sebastião Fernandes	626
			School Francisco Tibúrcio de Oliveira.	1,200
		Itambacuri	School Ramiro Souza	60
	Espiritu Santo	Ibativa	School Pedro de Alcantará	16
	Sao Paulo	Sao Paulo	School Valentin Gentil	650
			ACM Sao Paulo	380
			School Machado de Asis	541
			Coexistence shool	35
			Social Assistance Jose Gaspar	23
		Braganza	Toledo	277
			CMEI Sagrada Familia	920
		San Jose	Pastoral de Crianzas	20
Total	**3**	**6**	**14**	**5,938**

Challenges

- The BRC encountered challenges to report efficiently on achievements and share the materials produced.
- The spread of the outbreak to other municipalities affected planned activities, which required an expanded response to better respond to the actual needs.
- The logistics process was delayed because the suppliers did not comply with the expected time of delivery.

Lessons Learned

- The alliances established with key actors (health secretariats, school directors, civil defence, community leaders, community health agents, endemics agents, among others) facilitated the execution of activities to prevent epidemics, educate and change behaviours.
- The production of the materials used during trainings (epidemiological bulletin), which focused on epidemiological data provided by the Ministry of Health, encouraged participants to seek accurate information throughout the operation.

Water, sanitation and hygiene promotion

Needs analysis:

The rainy season in south-eastern Brazil occurs in the first months of each year, and this period generates conditions that lead to the proliferation of mosquitoes both in natural deposits and man-made containers. This climatic situation, which is exacerbated by socioeconomic inequalities and chronically deficient sanitation conditions in the municipalities where the operation worked, exponentially increased the risk of contracting yellow fever. Therefore, the operation prioritized actions aimed at mitigating the risk of contracting yellow fever through sanitation activities and the elimination of mosquito-breeding grounds, thereby fulfilling the activities established in the plan of action aimed at preventing new cases of yellow fever and other arboviruses.

Population to be assisted:

At least 26,100 people (6,525 families) in the most affected municipalities reduce their risk of yellow fever and diseases transmitted by the *Aedes aegypti* mosquito through sanitation activities and the elimination of the mosquito-breeding grounds, with the support of volunteers and community health agents.

Outcome 2 The risk of transmission of yellow fever and other diseases transmitted by the *Aedes aegypti* 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 *Aedes aegypti* mosquito through sanitation and vector control activities and the elimination of the mosquito-breeding grounds.	101%[10]

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		115%
Purchase and delivery of vector control kits to 200 community health agents	X		100%
Sanitation campaigns in schools	X		123%
Sanitation campaigns in communities	X		131%
Sanitation campaigns in BRC branches	X		116%

Achievements

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

Each BRC branch received one kit, as detailed below:

Region	State	City/Branch
Southeast	Minas Gerais	Belo Horizonte
	São Paulo	Bragança Paulista
		Santos
		Bragança
		São José dos Campos
		São Paulo
		São Vicente
Total	**2**	**7**

The BRC also distributed kits in the schools, as detailed below:

Region	State	Municipality	Community
Southeast	Espiritu Santo	Ibativa	School Pedro de Alcantará
	Minas Gerais	Belo Horizonte	School Tancredo Neves
			School Aníbal Machado
			School Joaquim dos Santos
			School Machado de Assis
			School Milton Campos
			School Isabel Silva
			School Coexistence
			School Francisco Tiburcio
			School Sebastián Fernandez
			Dandara I
			Dandara II

[10] This is the sum of the total number of people reached directly through activities. (Purchases and delivery of vector control kits to 200 community health agents = 120 | Sanitation campaigns in schools = 6,073 | Sanitation campaigns in communities = 26,842 | Sanitation campaigns in BRC branches = 73 | TOTAL= people 33,235 families =6,647

			Dandara III
			Dandara IV
		Gobernador Valadares	Turmalina I
			Turmalina III
			School Ivo de Tasis
	São Paulo	São Paulo	School Valentin Gentil
			EMEI Machado de Assis
			Vietnam
			Limão
			Jaragua indigenous group
			Reluz association
			Acción e Protección institute
			Criança Carente association
			Anita Garibaldi
			Tribo Damasceno
			Jd Pantanal
		Santos	Morro Pacheco
Total	**3**	**5**	**29**

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

National Society headquarters and state branches coordinated the distribution of these kits to community health agents in municipal health systems. The BRC distributed more materials in Gobernador Valladares due to the established partnership with the health secretariat in this municipality. This entity is interested in implementing the work methodology used during the operation in municipal districts from now on, thus strengthening its vector entomological surveillance systems and yellow fever epidemiological surveillance.

State	Municipality	Quantity
Minas Gerais	Belo Horizonte	20
	Gobernador Valadares	160
São Paulo	São Paulo	20
2	**3**	**200**

- **Sanitation campaigns in schools**

During this operation, the BRC established strong partnerships with schools. This activity included cleaning campaigns in the schools to ensure vector-breeding grounds were eliminated, reaching10,682 people in 17 schools, as detailed below:

Region	State	Municipality	School	People
Southeast	Espiritu Santo	Ibativa	School Pedro de Alcantará	415
	São Paulo	São Paulo	School Machado de Assis	600
			School João Batista	250
		San Jose	School Joaquin Andrade de Meireles	866
	Minas Gerais	Belo Horizonte	School Tancredo Neves	470
			School Aníbal Machado	378
			School Joaquim dos Santos	780
			School Machado de Assis	948
			School Milton Campos	660
			School Isabel Silva	732
			School Convivir	170
			School Francisco Tiburcio	783
			School Sebastián Fernandez	628
		Itambacuri	School Madre Serafina de Jesús	2,000
			School Ramiro Souza	60
		Gobernador Valadares	School Ivo de Tasis	842

		Teofilo Otoni	School Altino Barbosa	100
Total	**3**	**7**	**17**	**10,682**

- **Sanitation campaigns in communities**

The BRC carried out 21 campaigns in all the affected municipalities in three States, reaching 42,853 people, as detailed below:

Region	State	Municipality	Community	Campaigns	Beneficiaries
Southeast	São Paulo	Sao Paulo	Jaragua indigenous group	1	700
		Santos	368º Sea Scouts	1	500
			Morro de Pacheco	1	1,810
			Plaza Washington	1	500
		São José	Plaza Guntes Zoko	1	70
			Joaquim Andrade de Meirelles school	1	131
			Beira Rio	1	70
		São Vicente	Escoteiros do Ar	1	41
			Hist e Geografia São Vic Institute	1	300
	Rio de Janeiro	Nueva Friburgo	Olaria	1	7,308
			Jardinlandia	1	1,737
			Conselheiro Paulino	1	6,088
			Bela Vista	1	3,000
			Centro	1	3,530
			Riograndina	1	2,058
	Minas Gerais	Belo Horizonte	Dendara I	1	2,500
			Dendara II	1	2,505
			Dendara III	1	2,505
			Dendara IV	1	2,500
		Gobernador Valladares	Turmalina I	1	2,500
			Turmalina III	1	2,500
Total				**21**	**42,853**

- **Sanitation campaigns in BRC branches**

The cleaning campaigns all followed similar modalities. In this case, the BRC volunteers engaged in cleaning campaigns in its own branches, reaching 73 of its volunteers, as detailed below:

Region	State	Branches	Campaigns	People reached
South-east	Minas Gerais	Belo Horizonte	**1**	**30**
	São Paulo	Bragança Paulista	**1**	**43**
		Santos	**1**	
		São José dos Campos	**1**	
		São Paulo	**1**	
		São Vicente	**1**	
Total	**2**	**6**	**6**	**73**

Challenges

- The challenges faced in this sector were the same as the health sector.

Lessons Learned

- All the educational graphic materials that were produced and printed by the National Society for the yellow fever operation supported activities involving dynamic games in schools and ensured the continuity of the yellow fever prevention campaigns.
- Cleaning campaigns and practices in schools and communities promoted changes in behaviour in the most vulnerable settings.

Quality programming / common areas in all sectors

	Products	% reached
Outcome 3: Ongoing and detailed assessment and analysis of the operation's design and implementation.	**Output 3.1** Assessment of initial needs carried out in consultation with beneficiaries	100%
	Output 3.2 The operation is continuously monitored and updated.	100%
	Output 4.1: At least 50,000 people are sensitized in a direct manner through yellow fever prevention and control messages.	100%
	Output 5.1 Through ODK, unvaccinated people will be identified and mosquito-breeding grounds in risk zones will be identified and mapped.	100%

Activities	Implementation on time?		% of progress
	Yes	No	
Implementation of a rapid assessment during the emergency	X		100%
Coordination with health authorities and community leaders to facilitate and ensure community access	X		100%
Detailed assessment of affected communities	X		100%
Hiring of the operational team by the National Society	X		100%
Development of an operations and institutional security plan to implement the plan of action	X		100%
Development of a Dashboard to monitor the operation	X		100%
Write and reproduce information and communications materials on yellow fever prevention and control measures	X		100%
Develop a community-based epidemiological monitoring strategy with ODK	X		100%
Support and monitoring carried out by the RIT, disaster manager and/or IFRC regional operations team.	X		100%
Surveys with beneficiaries	X		100%

Achievements

- **Implementation of a rapid assessment during the emergency.**

The National Society and the health RIT, who was deployed by the Colombian Red Cross Society, carried out the first epidemic outbreak assessment in February 2017. The Canadian Red Cross Society financed this deployment. Field assessments, meetings with key actors and support for the National Society were among the main actions, and the BRC evaluated the disease assessments.

- **Coordination with health authorities and community leaders to facilitate and ensure community access.**

The BRC coordinated with health authorities and leaders in the affected communities, particularly educational staff, from when the outbreak was first detected. These partnerships produced important synergies with the university sector (School of Health Science from the Universidad Federal Juiz de Fora - Minas Gerais) and non-profit entities (Fundación Coronel Leyte – Minas Gerais), which strengthened the organization and implementation of the activities in Minas Gerais. In addition, meetings were held with the Pan-American Health Organization and Ministry of Health agencies.

At the state health system level, there was strong coordination with the health secretariats in Gobernador Valadares, Nueva Friburgo and Itambacuri; this municipality received guidance and support from Civil Defence for the activities conducted.

In the state of São Paulo, the BRC's relationships with community leaders enabled it to implement activities in neighbourhoods with moderate levels of insecurity (Santos and Braganza municipalities); furthermore, its São Paulo branch coordinated the implementation of yellow fever prevention activities with community leaders in indigenous populations, which have had limited access to the state health care system historically.

- **Detailed assessment of the affected communities.**

In May 2017, the National Society and the health RIT carried out a second field assessment, visiting and evaluating the municipalities in which the operation was being implemented. In accordance with the Ministry of Health's epidemiological bulletins, this assessment verified the geographic dispersion of the epidemic outbreak in the states of São Paulo and Río de Janeiro and in municipalities in the state of Minas Gerais; the results from the second assessment were the basis for the National Society deciding to expand the geographical coverage of the operation's planned activities. Affected targeted areas were monitored during the operation, as was the epidemiological surveillance at the national level.

- **Hiring of the operational team by the National Society.**

In line with the plan of action and to achieve the operation's objectives, the National Society hired the following staff for this operation:

- Operation Coordinator
- Finance and Reporting Officer
- Logistics Officer
- Driver
- Graphic Designer

The National Society has made the following technical personnel available to assist the team hired by the operation:

- Person responsible for community communications
- Person responsible for information technology
- Person responsible for psychosocial support
- Person responsible for field activities at the Sao Paulo branch
- Person responsible for reporting at the Sao Paulo branch
- Person responsible for field activities at the Belo Horizonte branch

- **Develop an operational and institutional security plan to implement the action plan.**

Since Brazil is a country with high levels of insecurity, the National Society employed its security plan, which was designed in coordination with the IFRC and the ICRC, for all its field activities. This security plan, based on "Safe Access", has a mandatory training process for all staff and volunteers that work with the Brazilian Red Cross. This operation complied with the standards and procedures established in the security plan for all the implemented activities.

- **Develop a Dashboard to monitor the operation.**

Since it was the first time the BRC had worked with this type of information platform, the National Society's Department of Information Technology developed a beta version based on the IFRC's platform to upload the information generated by the operation to the Dashboard. Moreover, the corresponding license was purchased to work with the same platform that the IFRC uses.

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

The BRC reported on the materials produced and the communication coverage in Operations Update no. 1. Since that time, three commercials for national, state and regional channels were produced. Additionally, the BRC's dissemination of information on social network reached up to 1.34 million people via internet, television, radio and print media. Web counts in one of the news outlets (Noticia Capital) indicated that over 10,000 people accessed information on how to combat yellow fever.

The National Society's Communications Department produced three TV public service announcements (PSAs) and key messages in the media, which were broadcast by various national, state and regional media.

Key messages in the media reached an estimated 3.38 million people, as detailed below:

Media	Means of Communication	Link:	Estimated reached	Coverage
Internet	BRC social networks	https://goo.gl/7Hxm7K	86,300	National
Internet	BRC website	https://goo.gl/2UaPxr	40,000	National
Internet	National news portal	https://goo.gl/Jo2Ahr	10,000	National
Internet	Various	https://goo.gl/yxMHwF	70,000	National
TV	Record News		3,000,000	National
Radio	98 FM	https://goo.gl/fMtPyz	30,000	Minas Gerais
Radio	Community in MG		8,000	Minas Gerais
Radio	Various		15,000	National
Newspaper	Various	https://goo.gl/xG6FDg	40,000	Rio de Janeiro
Radio	98 FM		70,000	Teófilo Ottoni
Carro Som	Community Communications		9,000	Poté
Internet	Site - Diário do Rio Doce	https://goo.gl/Ba9egj	9,000	Minas Gerais
Internet	Facebook - Diário do Rio Doce	https://goo.gl/Z2JbwN	20.000	Minas Gerais
Jornal	Diário do Rio Doce		10.000	Minas Gerais
Carro Som	Community Communications		4.000	Itambacuri
Radio	Prefecture		20.000	Itambacuri
TOTAL	**16**		**3,387,354**	**16**

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

The BRC developed an electronic spread sheet form that uses ODK software to help create a monitoring system to assess a community's vulnerability to yellow fever.

The BRC used these forms during visits to homes in the states of Minas Gerais (Belo Horizonte and Gobernador Valadares), Sao Paulo (communities in Sao Paulo, San Jose and Santos) and Cerea (Fortaleza).

Gobernador Valadares' health secretariat expressed interest in applying this tool within its epidemiological surveillance system. It facilitated the training of its health personnel working in different municipal health centres, who later used these forms in geographical areas covered by the Turbalina 1 and Turbalina 3 Health Centres.

The BRC shared the surveillance results, which were intended to strengthen the local epidemiology surveillance system, with local health systems through epidemiological reports generated by the operation's coordinator.

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

The support from IFRC staff (disaster management coordinator and RIT) in the operation has been continuous and constructive. Coordination with the disaster management coordinator for South America was fluid and positive, as the constant monitoring he provided allowed the operation to develop properly despite the great challenges of working in a country as immense as Brazil.

As for the deployed health RIT, his actions helped guide and facilitate the fulfilment of the activities in the plan of action and build the National Society staff that worked on the operation's capacity.

The disaster management coordinator conducted a monitoring visit to state branches in San Pablo and Minas Gerais, during which he checked on the activities' progress and provided relevant recommendations that allowed for the achievement of the DREF's objectives.

- **Surveys with beneficiaries.**

The BRC used ODK to carry out this activity, surveying 821 people with a short and practical form that covered the operation's intervention areas. The satisfaction survey's results are as follows:

- 98 per cent of respondents stated that the information provided on yellow fever prevention was clear.
- 99 per cent of respondents mentioned that the messages promoted changes in prevention practices.
- Regarding yellow fever prevention information, it was determined that 50 per cent of respondents said that they received it through television, 33 per cent through flyers, 32 per cent during home visits, and the remaining respondents received it through radio, social networks, schools and lectures.
- 97 per cent of respondents believed that the quality of the materials received was good, 2 per cent believed it was fair and 1 per cent considered it insufficient.
- 99.8 per cent of respondents rated Brazilian Red Cross' efforts as good and 0.2 per cent believed it was fair.

Challenges

- Greater dialogue and advocacy was required with local authorities and the community to be able to implement epidemiological outbreak prevention measures.
- Many implementing branches found it challenging to manage an emergency operation; however, the National Society's headquarters provided support to BRC branches throughout the process.
- The distance between communities was also a challenge.
- In terms of procurement processes, there were many delays and suppliers failed to deliver relief items
- The visits to Minas Gerais had to be rescheduled to address some of the areas initially assessed.

Lessons Learned

- The training provided to volunteers was an opportunity to build the branches' capacity and it kept volunteers heading in the right direction and active during all the operation's activities.
- The support provided by school and community leaders through the alliances that were established bolstered the field activities planned and coordinated by the Red Cross operational team.
- Branches require greater guidance and strengthening on the drafting of their narrative and financial reports.

Contact information

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

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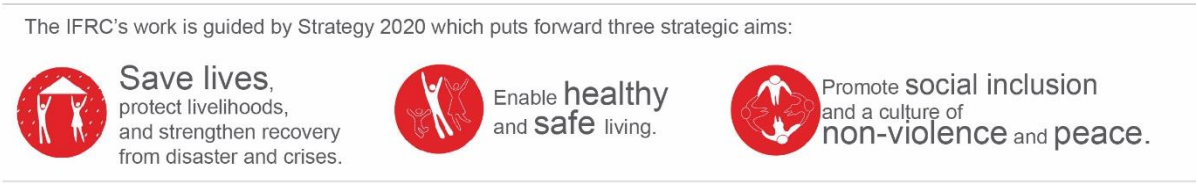
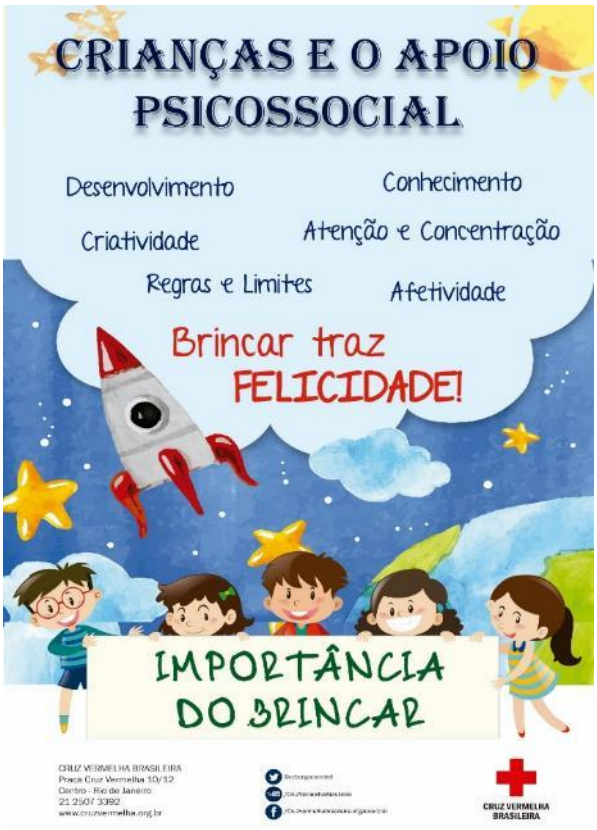
How we work

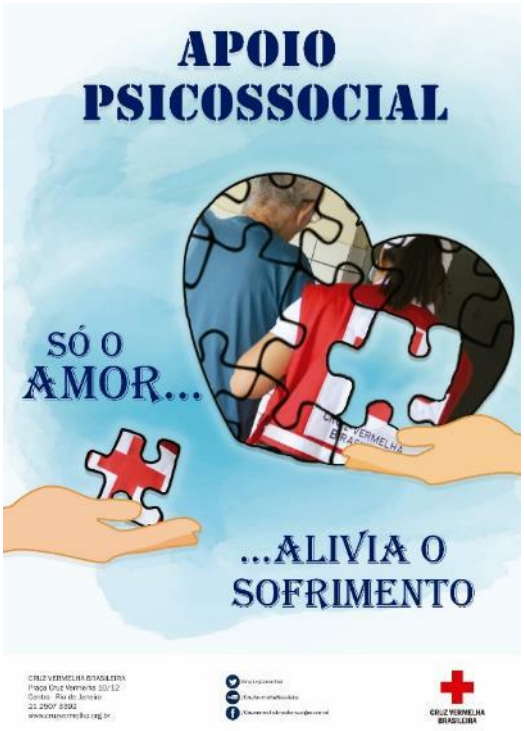
All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the 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.

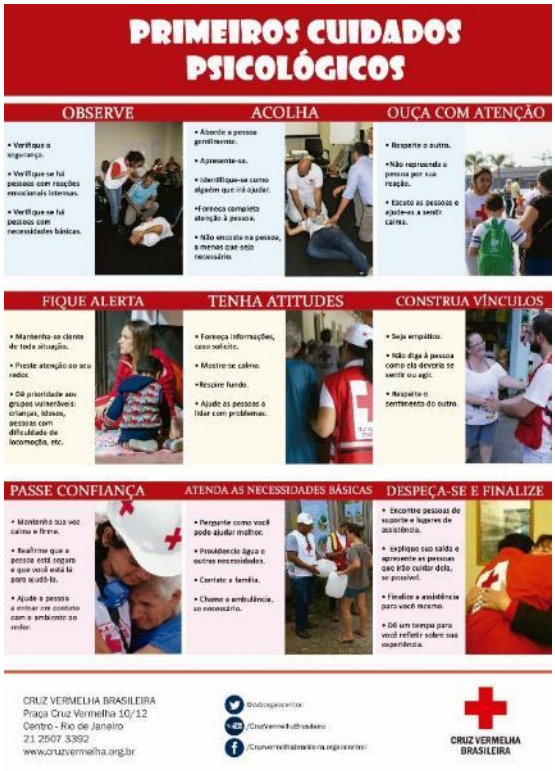


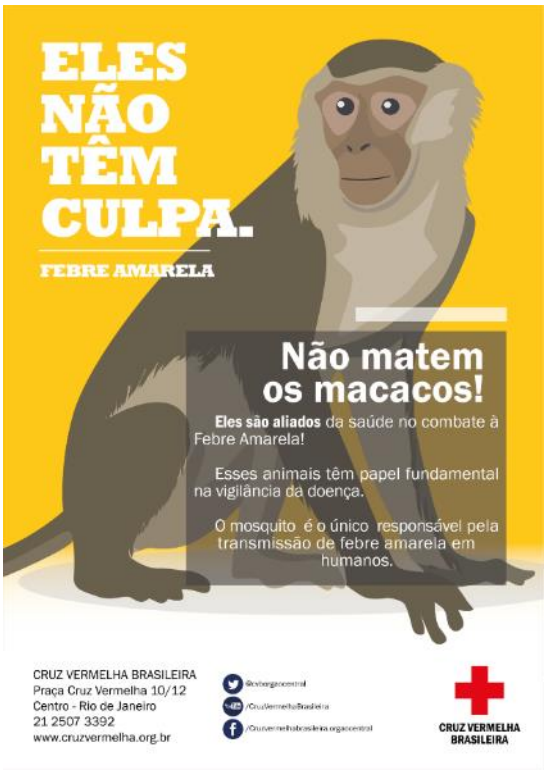
Annexes

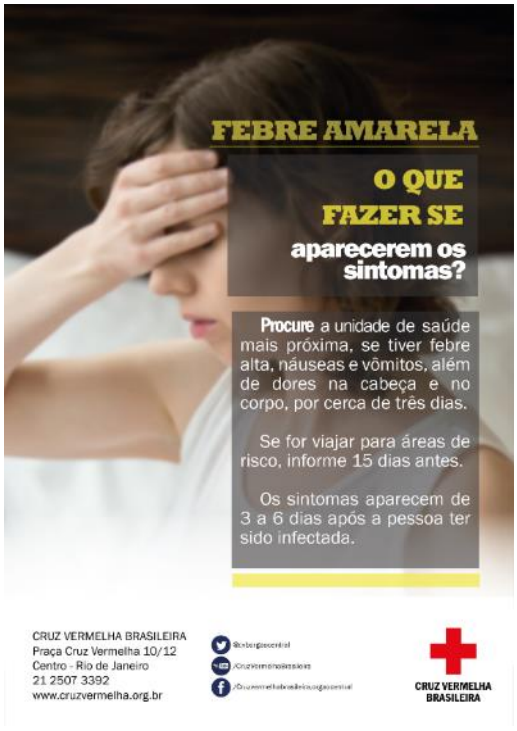
Materials produced

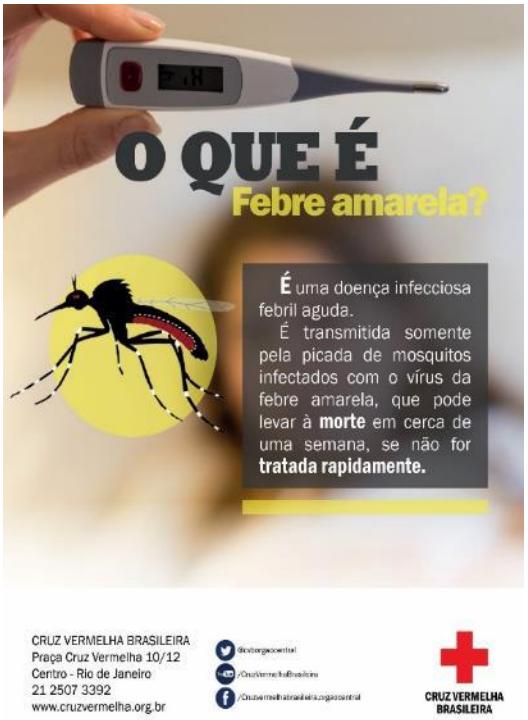












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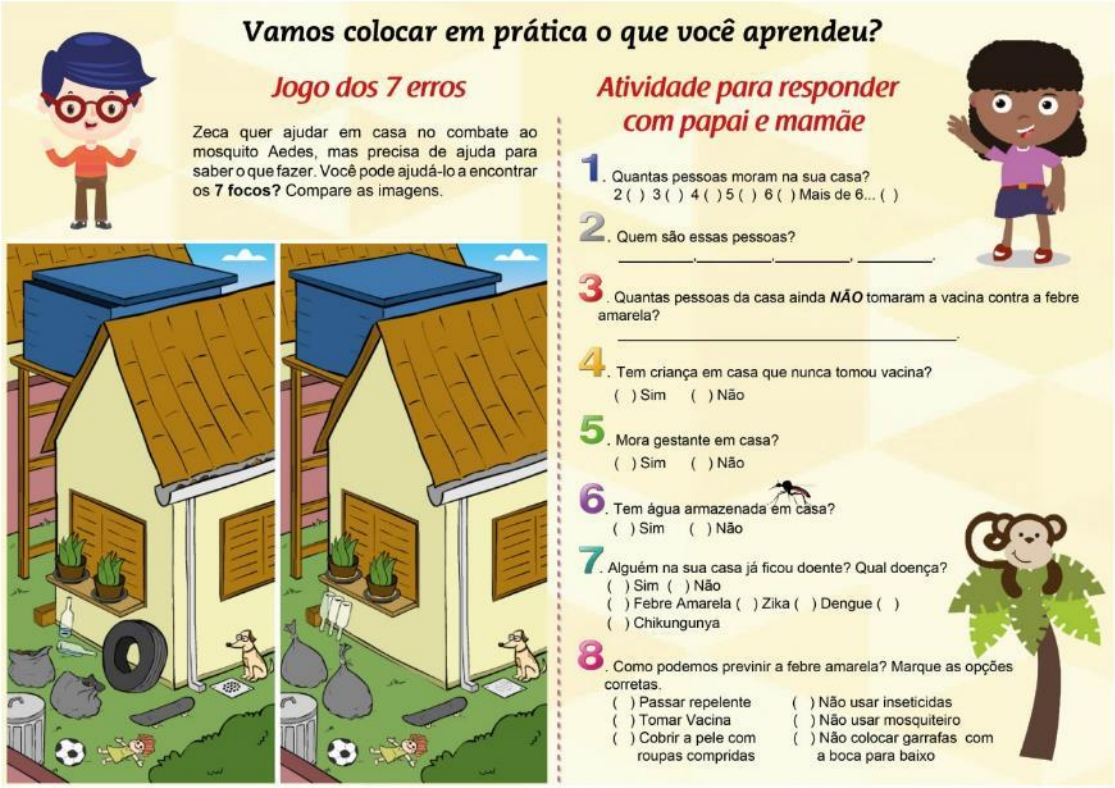

Links to articles on the Red Cross' efforts to eradicate yellow fever

- Questions and answers about yellow fever

http://www.cruzvermelha.org.br/pb/perguntas-e-respostas-sobre-febre-amarela/

- Red Cross begins a study on the impact of yellow fever in Brazil

http://www.cruzvermelha.org.br/pb/cruz-vermelha-inicia-estudo-sobre-impacto-da-febre-amarela-no-

brasil/#ixzz4ar3HXaXf

- The Red Cross team carries out humanitarian work in the region of Mucuri.
https://www.facebook.com/98FmTeofiloOtoniMg/videos/1671811379501362/

- Exclusive interview with the Brazilian Red Cross team on Radio 98 FM
https://www.facebook.com/98FmTeofiloOtoniMg/videos/1674113572604476/

- SES-MG and Red Cross discuss strategies of the control of yellow fever and other diseases transmitted by the *Aedes* mosquito
http://www.saude.mg.gov.br/component/gmg/story/9157-ses-mg-e-cruz-vermelha-discutem-estrategias-de-controle-da-febre-amarela-e-outras-doencas-transmitidas-pelo-aedes

- After the first death from yellow fever, 12 cities from the mountains of Rio de Janeiro will be vaccinated.
http://g1.globo.com/rj/regiao-serrana/noticia/2017/03/apos-1-morte-por-febre-amarela-doze-cidade-da-serra-do-rj-terao-vacinacao.html

- Red Cross arrives to the municipality to fight against yellow fever
http://www.casimirodeabreu.rj.gov.br/2017/03/17/cruz-vermelha-chega-ao-municipio-para-combate-contra-a-febre-amarela/

- Casimiro de Abreu vaccinates 80% of its population against yellow fever
http://www.jb.com.br/rio/noticias/2017/03/18/casimiro-de-abreu-vacina-80-da-populacao-contra-febre-amarela/?from_rss=copa-das-confederacoes-2013

- Brazilian Red Cross is helping the fight against yellow fever in Rio
http://extra.globo.com/noticias/rio/cruz-vermelha-vai-ajudar-no-combate-febre-amarela-no-rio-21083186.html#ixzz4btqnr2qE

- Petrópolis, Rio de Janeiro, begins vaccinations against yellow fever in 50 businesses
http://g1.globo.com/rj/regiao-serrana/noticia/2017/03/petropolis-rj-inicia-vacinacao-contra-febre-amarela-em-50-locais.html

- The state of Rio de Janeiro registers its fifth case of yellow fever
http://tomartvinfo.com/2017/03/24/estado-do-rio-de-janeiro-registra-quinto-caso-de-febre/

- Vaccinations in the rural zone of Friburgo will be increased
http://g1.globo.com/rj/regiao-serrana/noticia/2017/03/estado-pede-que-vacinacao-na-zona-rural-de-friburgo-seja-intensificada.html

Video Links:

https://www.youtube.com/watch?v=JBQxiyFlpsg

https://drive.google.com/file/d/0B_MRpLt0DH0tU0d2TUhLdjY0aFE/view?usp=drivesdk

https://drive.google.com/file/d/0B_MRpLt0DH0taEdCSG13alFKdEk/view?usp=drivesdk

https://drive.google.com/file/d/0B_MRpLt0DH0tSVl6ZHgwdzhNR0E/view?usp=drivesdk

Disaster Response Financial Report

MDRBR008 - Brazil - Yellow Fever

Timeframe: 19 Mar 17 to 19 Aug 17

Appeal Launch Date: 19 Mar 17

Final Report

Selected Parameters			
Reporting Timeframe	2017/3-2017/12	Programme	MDRBR008
Budget Timeframe	2017/3-2017/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		**200,791**				**200,791**	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		*200,791*				*200,791*	
C4. Other Income		***200,791***				***200,791***	
C. Total Income = SUM(C1..C4)		**200,791**				**200,791**	
D. Total Funding = B +C		**200,791**				**200,791**	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		200,791				**200,791**	
E. Expenditure		-167,883				**-167,883**	
F. Closing Balance = (B + C + E)		32,908				**32,908**	

Disaster Response Financial Report

MDRBR008 - Brazil - Yellow Fever

Timeframe: 19 Mar 17 to 19 Aug 17

Appeal Launch Date: 19 Mar 17

Final Report

Selected Parameters			
Reporting Timeframe	2017/3-2017/12	Programme	MDRBR008
Budget Timeframe	2017/3-2017/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)			**200,791**				**200,791**	
Relief items, Construction, Supplies								
Clothing & Textiles	18,206		13,016				**13,016**	**5,190**
Water, Sanitation & Hygiene	33,378		29,759				**29,759**	**3,619**
Medical & First Aid	1,821							**1,821**
Teaching Materials	47,437		29,679				**29,679**	**17,759**
Total Relief items, Construction, Sup	100,843		72,454				**72,454**	**28,389**
Logistics, Transport & Storage								
Distribution & Monitoring	4,046		1,976				**1,976**	**2,070**
Transport & Vehicles Costs	10,013		8,615				**8,615**	**1,399**
Total Logistics, Transport & Storage	14,059		10,591				**10,591**	**3,468**
Personnel								
International Staff	5,563		11,426				**11,426**	**-5,863**
National Society Staff	26,096		28,465				**28,465**	**-2,369**
Volunteers	19,319		8,412				**8,412**	**10,907**
Total Personnel	50,978		48,303				**48,303**	**2,675**
Consultants & Professional Fees								
Professional Fees	3,034		1,697				**1,697**	**1,337**
Total Consultants & Professional Fee	3,034		1,697				**1,697**	**1,337**
Workshops & Training								
Workshops & Training	7,283		12,704				**12,704**	**-5,422**
Total Workshops & Training	7,283		12,704				**12,704**	**-5,422**
General Expenditure								
Travel	6,069		5,378				**5,378**	**691**
Information & Public Relations	1,062		1,341				**1,341**	**-279**
Office Costs	3,186		1,649				**1,649**	**1,537**
Communications	1,517		580				**580**	**937**
Financial Charges	506		2,940				**2,940**	**-2,434**
Total General Expenditure	12,340		11,888				**11,888**	**452**
Indirect Costs								
Programme & Services Support Recove	12,255		10,246				**10,246**	**2,008**
Total Indirect Costs	12,255		10,246				**10,246**	**2,008**
TOTAL EXPENDITURE (D)	**200,791**		**167,883**				**167,883**	**32,908**
VARIANCE (C - D)			**32,908**				**32,908**	

Disaster Response Financial Report

MDRBR008 - Brazil - Yellow Fever

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Final Report

Selected Parameters			
Reporting Timeframe	2017/3-2017/12	Programme	MDRBR008
Budget Timeframe	2017/3-2017/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	200,791		200,791	200,791	167,883	32,908	
Subtotal BL2	200,791		200,791	200,791	167,883	32,908	
GRAND TOTAL	**200,791**		**200,791**	**200,791**	**167,883**	**32,908**	