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DREF Final Report

Brazil: Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation MDRBR009	Glide n° FL-2017-000067-BRA
Date of issue: 24 March 2020	Date of the disaster: 14 June 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)
Operation start date: 14 June 2017	Expected timeframe: 3 months
Overall operations budget: 233,561 Swiss francs	
Number of people affected: 104,140 people	Number of people to be reached: 9,000 people
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: The International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Civil Defence, Secretariat of Government, National Secretariat of Social Assistance, Ministry of Health, Ministry of Transport and non-governmental organizations: Civilian Fire Department and the Boy Scouts.	

<For the final financial report, click [here](#). For the contact information, click [here](#).>

A. Situation Analysis

A.1 Description of the Disaster

Heavy rains affected the Northeast Region of Brazil in June 2017, the main states affected were Alagoas and Pernambuco. These states recorded historical rainfall levels in a 24-hour period. In Alagoas, the Maceió station registered 152.4 mm on 27 May, exceeding the previous record. In Pernambuco, the Joao Pessoa station 129.8 mm on 29 May.

In the state of Alagoas, there were seven days of intense rains. The municipalities belonging to the Metropolitan Region, Maceió, Valle de Paraiba, Valle de Mundau, al Litoral Norte, Grota de Santo, Marechal suffered severe flooding affecting 53,453 people and more than 22 municipalities. Likewise, 29 cities and 47,477 people were affected by heavy rains and related landslides in the state of Pernambuco, mainly affecting their homes, causing internal displacement during the first weeks.

At the close of the operation, the rains had fallen significantly, facilitating response and recovery actions by the municipalities and authorities of both states. In Alagoas, the Army provided care through its field hospitals while health centres affected by the floods were recovering, and the local



The Brazilian Red Cross distributed food aid for families affected by flooding in Pernambuco. Source: BRC.

government authorized the occupation of popular houses in order to demobilize the shelters. Similarly, in Pernambuco families returned to their homes and have progressively recovered with the support of the authorities, self-management and response institutions.

A.2 Summary of response

Overview of the National Society

The Brazilian Red Cross, through the national headquarters and its state branches, monitored the emergency, the situation in the affected cities, as well as the decisions and activities of the governments in the face of the emergency. The operational response was provided by the Pernambuco and Alagoas branches from aid collected in collection centres and assistance provided with funds from this DREF operation.

This operation had the following achievements:

- Damage assessments and needs analysis were done by two BRC teams and a Regional Intervention Team (RIT) member specialized in health.
- Humanitarian aid distributed to 3,632 people (approximately 726 families) in 11 municipalities.
- Distribution of 3,000 mosquito repellents to combat the expected proliferation of aedes aegypti mosquito, which increased the risk of dengue, Zika and Chikungunya.
- Coordination with Civil Defence, municipalities, environmental police, civil firefighters, Scouts and community actors.
- First aid attention in collective centres.
- Training for volunteers in institutional and sectorial issues for intervention.
- Communication campaign to promote actions in the consumption of safe water and activities related to health promotion.

Summary of the Red Cross Red Crescent Movement in the country

The head of the IFRC country cluster support team (CCST) office for Argentina, Brazil, Chile, Paraguay and Uruguay, located in Buenos Aires and the regional disaster management coordinator for South America The head of the IFRC country cluster support team (CCST) office for Argentina, Brazil, Chile, Paraguay and Uruguay, located in Buenos Aires, and the regional disaster management (DM) coordinator for South America provided technical support and guidance for this operation. Two reports on the floods were prepared on 30 May and 5 June for the DMIS website. The DM coordinator accompanied the last distribution conducted in Alagoas.

A regional intervention team (RIT) member specialized in health who was in country to support the DREF Brazil: Yellow Fever operation (MDRBR008) was deployed to the affected regions to assist the National Society team with the field assessments. Following this, a RIT member was mobilized to accompany the National Society team in the identification, selection and distribution of humanitarian aid to the communities of Alagoas and Pernambuco. The RIT was in a large part of the distributions and activities implemented by the BRC.

In addition to the IFRC disaster management coordinator for South America, the disaster and crisis department from the Americas Regional Office (ARO) monitored the situation starting from the assessments through the response activities.

The National Society maintained fluid communication with the International Committee of the Red Cross (ICRC), which is also located in country.

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

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

The Brazilian Armed Forces installed field hospitals in the municipalities of Marechal Deodoro (Alagoas) and in the municipality of Rio Formoso (Pernambuco), which provided medical care in contingency to the effects of flooding in health centres. These hospitals were strategically located to be accessible to the affected population in other municipalities.

The Ministry of National Integration of the Federal Government allocated economic funds to the State Governments of Alagoas and Pernambuco to carry out response actions (R\$ 13.3 million for Alagoas and R\$ 17.5 million for

Pernambuco).

The Civil Defence managed the collective centres in both states, as well as coordinating the distribution of humanitarian aid to the affected populations.

The Boy Scouts, in coordination with response institutions, supported the actions of aid distribution and training days for the population.

Municipal and state governments restored water access in flood-affected communities through tanker trucks to homes and in collective centres. Humanitarian aid institutions distributed bottled water to the affected population.

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

Brazilian Red Cross, in the fulfilment of its role of auxiliary to public authorities in humanitarian issues, worked in coordination with both states' civil defence institutions to identify target areas. The National Society selected three municipalities in Pernambuco (Belém de Maria, Caruaru and Barreiras) and one in the municipality of Marechal in Alagoas were identified due to their high level of vulnerability and not having received government aid.

Livelihood and food security

The floods had an impact on their livelihoods in several municipalities in both states, due to damage to homes, businesses, and main roads, paralyzing labour activities, commerce, and limiting purchasing power during the first weeks of the emergency. Water pollution caused the temporary suspension of subsistence fishing and also led to the loss of subsistence crops.

Flood-affected families reduced the quantity and quality of food that families regularly consume, causing difficulties in food access, due to a significant decrease in their economic capacity to purchase basic food items and necessities.

Following the emergency phase, the delivery of food aid and the recovery of regular economic activities in the flood-affected municipalities, families returned to their normal activities.

Health

The heavy rains and the sanitary conditions in the affected municipalities created a favourable environment for an increase in diseases such as diarrhoea, leptospirosis, and skin diseases, in addition to the risk of cases of Zika, Dengue and Yellow Fever. The local health system was affected by the disaster in all those areas near rivers and lakes, reducing the capacity for outpatient consultations, as well as basic care for disease prevention.

At the community level, vaccination campaigns were carried out on domestic animals to prevent them from becoming vectors of the leptospirosis disease, in addition to actions to eliminate breeding grounds for the *Aedes Aegypti* mosquito, which transmits dengue, Zika and chikungunya. Health promotion actions were reinforced in temporary shelters to improve the health conditions of the population, and vaccinations against tetanus and seasonal influenza were also carried out. At the end of the operation, cases of acute illness decreased, while the affected health centres were able to resume services.

Water and sanitation

The sudden increase in the level of lakes and rivers caused water pollution in both states, resulting in difficulties in access to drinking water. Solid waste collection was also affected during the emergency, generating secondary problems such as rapid proliferation of vectors, partial contamination of food sources and water containers.

In both states, the municipal and state governments mobilized in a coordinated manner to restore water access through the distribution of water trucks for residences and shelters, as well as efforts to clean up wells. Humanitarian aid institutions also helped distribute water and hygiene products to the affected population. At the end of the operation, water service was restored.

Risk Assessment

No security incidents involving personnel were reported during the operation. Seasonal rains in Pernambuco made

access to communities difficult and planned actions that had to be readjusted. Volunteer protection teams facilitated these missions.

When the operation ended, in the upper areas of the Belém de Maria municipality, landslides affected the houses of families that were not affected by the flood; there was still a high risk of landslides in the municipality due to fissures in these areas.

Protection (personal protection equipment- PPE and vaccines) for volunteers and staff was provided so they could avoid contracting diseases in flood areas or collective centres: boots, gloves, masks, repellent, rain ponchos, shirts, caps with emblem, sunscreen and bag for materials. Insurance was provided to the volunteers.

All the personnel received training in Stay Safe, the mobilization to the distribution points was done in convoy, it was always ensured to have the documentation of the transport load. The BRC notified authorities, civil defence, prefecture and civil firefighters of the operation. During the mobilizations to the communities, the volunteers received security briefings and debriefing upon their return. A first aid kit was available in all mobilizations to the field and a person responsible for its use was appointed. At the distribution point, vehicles were parked in the exit position and information was always provided to those in the community who requested it.

B. OPERATIONAL STRATEGY

Overall objective

Contribute to meeting the priority humanitarian needs of 9,000 people in Alagoas and Pernambuco states through the provision of information on health issues and water, sanitation and hygiene promotion; of this target group, 3,000 people (600 families) receive direct humanitarian assistance.

Proposed strategy

Damage assessments and needs analyses were conducted to understand the nature and magnitude of the disaster, identify who and how people had been affected, particularly to identify their needs. The design of the response strategy was based on the needs assessment and the analysis of the context, risks and capacities of the affected population. The initial and detailed assessment were conducted with support from the National Society team and specialized technicians. BRC branches from the flood-affected zones were involved in the assessments and response.

The initial field assessment carried out during the first phase in the municipalities of Marechal in Alagoas determined that the main changes to people's quality of life were primarily related to their food security, loss of goods and items, as well as the emotional impact and the great risk of contracting diseases.

The BRC used a community focus in which trainings on different topics were provided to community leaders, via megaphones that were purchased in this operation. These leaders could then cascade this information down to other members of the affected communities.

Aligned with these findings, as mentioned in the Emergency Plan of Action (EPoA), the Brazilian Red Cross actions focused on:

- **Health promotion and disease prevention:** Brazilian Red Cross conducted a health promotion campaign with the implementation of a methodology to promote the adoption of healthy behaviours related to the post-flooding environment and provided technical support so community leaders can learn about health promotion and transmit this knowledge to the people in the process of return to their homes, as well as in collective centres.
- **Psychosocial support (PSS):** This addressed the psychological and social needs of individuals, families and communities, with the aim of improving their quality of life and building resilience. Coexistence and occupational therapy activities, especially for children and the elderly, were conducted.
- **Water, sanitation and hygiene promotion:** Efforts focused on trainings and campaigns aimed at safe water handling, management and consumption combined with the elimination of vector breeding grounds. In addition to chlorine water purification tablets, protective mesh for water containers and repellent were distributed.

The BRC supported community members in their collective cleaning activities in educational centres and in

community areas, as well in the BRC branches. These were conducted to reduce the risk of vector-borne diseases, in addition to the prevention of possible cases of dengue, Zika and chikungunya.

The BRC also distributed community cleaning kits to the selected communities, including educational centres and family hygiene kits.

- **Food Security:** BRC provided a basic food kit that helped affected families to balance their calorie intake, proteins and vitamins according to Sphere standards.
- **Shelter and settlements and household items:** The families reached by this operation lost their basic household goods. They were provided with a kitchen kit and blankets (2 per family) to assist in the return to their homes.

Selection of target population and vulnerability criteria

This operation of the Brazilian Red Cross aimed to reach 600 families (3,000 people directly) affected by the floods and by the loss of their homes and sources of water. The following selection criteria were used for the operation at the community and family levels:

- Families affected by the event in critical areas (structural damage or homes rendered uninhabitable, access to basic services, damage to family members' lives and health)
- Families with children under the age of five, older adults, pregnant women, people with disabilities.
- Exposure to health and survival risks
- Families whose livelihoods have been affected
- Families who have not received similar assistance from another institution.

At least 3,000 people received assistance in health, psychosocial support, food security, shelter and water and sanitation. An additional 6,000 people (9,000 people in total) received information on health issues and water, sanitation and hygiene promotion.

C. Detailed Operational Plan

Health and Care

Needs Analysis:

Flood-affected communities in Alagoas and Pernambuco states had a number of socioeconomic and structural elements that made them vulnerable to outbreaks of waterborne diseases, diseases transmitted by the Aedes mosquito and acute respiratory diseases.

During assessments, the team found that no disease prevention information or communications activities had been carried out because the health system was entirely focused on providing in-hospital care to emergencies caused by the flood.

Regarding mental health and psychosocial support, people were greatly affected by their losses, which led to feelings of sadness and anxiety.

Population to be assisted:

A total of 9,000 people affected by floods reduced their vulnerability to possible outbreaks through health prevention and promotion activities, particularly focused on water- borne and vector-borne diseases. Of these, at least 600 families (3,000 people), in collective centres or their own homes, received psychosocial support.

Outcome 1: The adverse effects of flooding on the affected population's health are reduced through disease	Products	% reached
	Output 1.1: At least 9,000 people have access to more information on how to prevent diseases existing in their community, with special emphasis on preventing	293%

prevention, health and psychosocial support.	leptospirosis, water-borne diseases and vector-borne diseases transmitted by the Aedes aegypti mosquito.			
	Output 1.2: At least 9,000 people are directly reached with awareness-raising activities for the prevention of diarrheal diseases and leptospirosis	293%		
	Output 1.3: At least 600 affected families have psychological first aid and psychosocial support activities with a differentiated approach	150%		
Activities		Implementation on time?	% of progress	
		Yes	No	
Adaptation of existent key disease prevention messages	X		100%	
Dissemination of a communications campaign that socializes key messages identified	X		293%	
Conduct prevention campaigns in eight schools and communities	X		100%	
Radio messages	X		100%	
Psychosocial support activity for health agents and community leaders	X		100%	
Two psychosocial support workshops to volunteers	X		50%	
Ten psychosocial support activities in affected communities	X		150%*	

Achievements

- Adaptation of existent key disease prevention messages**

The national communication department together with the CRB's health reference have analysed and adapted the key messages for health promotion. The BRC's already existing materials were used.



The materials focused on water education materials, basic sanitation and hygiene promotion, basic post-flood care and water care, sanitation, vector control and hygiene promotion.

- Dissemination of a communications campaign that socializes key messages identified**

From the first moment of the emergency, the national department of communication, together with the health

referent, have started a campaign to spread information in the social media about the necessary care in case of floods, also encouraging conscious donation. During this process, a video to encourage donations was produced with the voice of a well-known national actress who volunteered her service.

Key Messages	Media Type	People	Coverage
FABIANA KARLA PARTICIPA DE CAMPANHA DA CRUZ VERMELHA BRASILEIRA : https://www.facebook.com/cruzvermelhabrasileira/videos/1808513316129690/	Facebook and WhatsApp	14,626	National
CRUZ VERMELHA BRASILEIRA PEDE AJUDA PARA VÍTIMAS DAS ENCHENTES https://www.facebook.com/cruzvermelhabrasileira/videos/1796347977346224/	Facebook and WhatsApp	4,315	National
SHOPPINGS DO RIO PARTICIPAM DE CAMPANHA DA CRUZ VERMELHA BRASILEIRA PARA VÍTIMAS DAS ENCHENTES NO SUL, NORTE E NORDESTE https://www.facebook.com/cruzvermelhabrasileira/posts/1804014356579586	Facebook	218	Rio de Janeiro and National
CRUZ VERMELHA BRASILEIRA PEDE AJUDA PARA VÍTIMAS DAS ENCHENTES NO SUL, NORTE E NORDESTE https://www.facebook.com/cruzvermelhabrasileira/posts/1797325473915141	Facebook	1,051	Nacional
CRUZ VERMELHA BRASILEIRA PRESTA AJUDA HUMANITÁRIA EM MARECHAL DEODORO https://www.facebook.com/cruzvermelhabrasileira/posts/1830164393964582	Facebook	1,098	Nacional
CRUZ VERMELHA BRASILEIRA ENTREGA DOAÇÕES EM CARUARU https://www.facebook.com/cruzvermelhabrasileira/posts/1830015710646117	Facebook	1,288	Nacional
CRUZ VERMELHA BRASILEIRA PROSEGUE COM AÇÕES DE AJUDA HUMANITÁRIA NO NORDESTE https://www.facebook.com/cruzvermelhabrasileira/posts/1823027921344896	Facebook	1,091	Nacional
CRUZ VERMELHA BRASILEIRA RECRUTA VOLUNTÁRIOS EM PERNAMBUCO https://www.facebook.com/cruzvermelhabrasileira/posts/1794269847554037	Facebook	2,689	Nacional
Total		26.376	

- **Conduct prevention campaigns in eight schools and communities**

Throughout the process of distributing the kits, the Brazilian Red Cross encouraged the implementation of clean-up campaigns in targeted communities and schools. This is already a frequent practice of the National Society and its branches, considering that vector-related diseases are one of the major health problems in the country. Community clean-up kits were distributed in both Alagoas and Pernambuco as an incentive for these. In Alagoas, clean-up campaigns were carried out with student participation. All the communities/schools worked on were oriented on how to conduct clean-up campaigns and on the importance of involving the local population in their execution.

State	Municipality	Schools/Communities	People
Alagoas	Marechal Deodoro	Municipal School Altina Ribeiro Toledo	115
		Condominium Maria Edilene Mateus	2,185
		Beco das Virgens community	270
		Condominium Erick Ferraz	545
		State School Professor Sebastião da Hora	396
	Maceió	State School Moreira e Silva	1,000
Pernambuco	Barreiros	Affected communities	207
	Belém de Maria		187
	Caruaru		98
Total	05	09	5,003

- **Radio messages**

The National Department of Communication produced 4 radio spots with the key messages on the care needed after a

flood situation. In order to enhance the scope of these messages, the same text of the posters was used with the themes: water, diseases, food and hygiene and cleanliness. The same text also aimed at reaching people who are illiterate.

Key messages	Link	Type of media
Post-flood care: Diseases	https://drive.google.com/file/d/0Bzt_t06aJhaKaUI0ajNOR0dDTjQ/view	Audio messages
Post-flood care: Water	https://drive.google.com/file/d/0Bzt_t06aJhaKU3JsOTNJYV9xVmc/view	Audio messages
Post-flood care: Hygiene and Cleaning	https://drive.google.com/file/d/0Bzt_t06aJhaKZmNhbW83aGJyMkU/view	Audio messages
Post-Flood Care: Food	https://drive.google.com/file/d/0Bzt_t06aJhaKdGNOYIhMRTZGaE0/view	Audio messages

- **Psychosocial support activity for health agents and community leaders**

Seventy community leaders and local health personnel were reached with PSS during the delivery of the water containers.

State	Municipality	Community / School	# of Activities	People
Alagoas	Marechal Deodoro	Municipal School Altina Ribeiro Toledo	2	4
		Condominium Maria Edilene Mateus	11	11
		Beco das Virgens community	5	10
		Condominium Erick Ferraz	4	8
	Maceió	State School Professor Sebastião da Hora	6	12
		State School Moreira e Silva	7	14
Total	2	6	35	70

- **Two psychosocial support workshops to volunteers**

Seeking a more complete training for volunteers in the area of PSS, the trainings had one day of theory with three days of practical activities (one in a school and two in the community). One afternoon was also dedicated to motivational activities with the volunteers, as recommended by the RIT member in health who had been mobilized for the operation.

The training in PSS was given in Alagoas for 15 branch-level volunteers who cascaded this knowledge. At the end of the training, a volunteer from the branch was named as the focal point for PSS in the state to carry out coordination and cascading of the training.

- **Ten psychosocial support activities in affected communities**

During the two days of distribution of the water containers, families who had already been registered and met the vulnerability criteria were reached with PSS activities. A total of 4,511 people participated in practical activities with the branch's trained PSS team. For the final stage of the PSS activities with the communities of Alagoas, 2 volunteers from the São Paulo branch were mobilized to work together with the team of the Alagoas branch, thus facilitating an exchange of experiences and strengthening the BRC's psychosocial unit.

State	Municipality	Community / School	# of Activities	People
Alagoas	Marechal Deodoro	Municipal School Altina Ribeiro Toledo	2	115
		Condominium Maria Edilene Mateus	11	2,185
		Beco das Virgens community	5	270
		Condominium Erick Ferraz	4	545
	Maceió	State School Professor Sebastião da Hora	6	396
		State School Moreira e Silva	7	1,000
Total	2	6	35	4,511

The programmed activities for PSS in Pernambuco were limited due to the difficulties to reach the population.

Challenges

- Operational and access difficulties in Pernambuco did not allow for the implementation of psychosocial activities in the state.
- Not having a previously trained team.

Lessons Learned

- The mobilization of volunteers from another branch was important for the exchange of experiences. Both the team of volunteers from the Alagoas branch and the volunteers mobilized from the São Paulo branch evaluated the experience exchange as very positive.
- It was noted that it is important that PSS activities begin to be rolled out as soon as possible after the declaration of an emergency.

Water, sanitation and hygiene promotion

Needs analysis:

With the rise in water levels in rivers and flooding, the risk of food and water contamination considerably increased. Many areas did not have access to drinking water because the distribution systems were affected; many people were forced to consume water from unsafe sources. The lack of water also affected personal hygiene habits.

Some homes in rural areas do not have access to domestic sewage systems, resulting in unsanitary manners to be used for garbage disposal.

Actions were required to diminish the breeding grounds of the *Aedes aegypti* mosquito and the emergence of vector-borne diseases such as dengue fever, Zika and chikungunya.

Population to be assisted:

A total of 9,000 people affected by floods received guidance on hygiene promotion and safe water use, management and storage, with a focus on water-borne diseases and vector-borne diseases transmitted by the *Aedes aegypti* mosquito.

Of which, a total of 3,000 people (600 families) received hygiene kits and water purification tablets (one-month supply) to support the safe use, management and storage of water. In the areas where these selected families live, this operation distributed community cleaning kits for campaigns at the community level and in educational centres.

Outcome 2: Reduction of diseases cause by water and inadequate sanitation and hygiene in targeted families	Products		% reached
	Output 2.1: A total of 9,000 people affected by floods receive guidance on hygiene promotion and safe water use.		226%
	Output 2.2: Hygiene habits are promoted with 600 families through the delivery of family hygiene kits.		127%
Activities	Implemented on time?		% of progress achieved
	Yes	No	
Production and distribution of information material	X		100%
Deployment and training in water, sanitation and hygiene promotion for volunteers	X		100%
Training in water, sanitation and hygiene promotion for community leaders and health promoters	X		100%
Acquisition and distribution of 600 family hygiene kits	X		127%
Hygiene promotion activities	X		226%
Acquisition and distribution of chlorine tablets to 600 families	X		101%

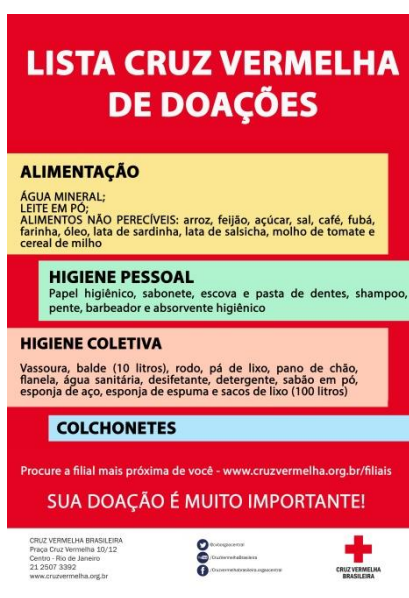
Repellents for families	X		101%
Acquisition and distribution protective mesh for water containers	X		182%
Acquisition and distribution of community and branches cleaning kits	X		100%
Educational sanitation campaigns and cleaning in schools, communities and branches	X		100%

Achievements

- Production and distribution of information material**

The BRC national communication department and health sector adapted materials on post-flood care, hygiene promotion, water care, sanitation and vector control. These messages were transmitted in the form of educational banners (hanging and on the ground for larger groups), folders and posters. A water care booklet on hygiene promotion and sanitation was also produced; this was based on a Colombian Red Cross Society product that was translated into Portuguese.

The informational material focused on handwashing, basic sanitation, water management, sanitation, vector control and hygiene promotion.



- Deployment of and training in water, sanitation and hygiene promotion for volunteers**

Both states have had specialists in water, sanitation and hygiene promotion from the BRC's national intervention team (NIT) during all phases of the emergency. Four NIT members were mobilized from national headquarters and the Sao Paulo Branch.

- Training in water, sanitation and hygiene promotion for community leaders and health promoters**

Key trainings and information were conducted for community leaders, health staff and targeted population on the subject during the distributions of WASH kits and materials. The BRC conducted the community trainings

Region	State	Municipality	Community / School	People / leaders
Nordeste	Alagoas	Marechal Deodoro	Condominium Maria Edilene Mateus	6
			Municipal School Altina Ribeiro Toledo	8
			Fazenda Aparecida community	4
		Municipal School Dr Joviniano de Almeida Rodas	7	
		Maceió	State School Professor Sebastião da Hora	3
	Pernambuco	Barreiros	State School Moreira e Silva	10
			Barreiros	14

		Belém de Maria	Belém de Maria	20
		Caruaru	Caruaru	9
Total	2	5	9	81

- **Acquisition and distribution of 600 family hygiene kits**

The BRC and the IFRC-oriented purchasing processes were combined for the acquisition of the hygiene kits and the selection criteria. To protect the local market and respect local customs, a company was selected from the region that fulfilled the BRC's quality criteria. The kits have been distributed in the states of Alagoas and Pernambuco. As foreseen in the Operational Plan, ODK and Mega V tools have been used as mechanisms for transparency and control of the delivery of the donations.

State	Municipality	Kits	Families
Pernambuco	Barreiros	207	207
	Belém de Maria	187	187
	Caruaru	68	68
Alagoas	Marechal Deodoro	300	300
Total	4	762	762

- **Hygiene promotion activities**

WASH trainings were given to the population to improve their hygiene, cleanliness and water use skills. Through this activity, 4,062 families were reached:

Training on water purification, sanitation and hygiene promotion					Reached with information
Region	State	Municipality	Community / School	Families	People indirectly
Nordeste	Alagoas	Marechal Deodoro	Condominium Maria Edilene Mateus	600	3,000
			Municipal School Altina Ribeiro Toledo	830	4,150
			Fazenda Aparecida community	40	200
			Municipal School Dr Joviniano de Almeida Rodas	750	3,750
		Maceió	State School Professor Sebastião da Hora	396	1,980
			State School Moreira e Silva	1,000	5,000
	Pernambuco	Barreiros	Barreiros	147	735
		Belém de Maria	Belém de Maria	201	1,005
		Caruaru	Caruaru	98	490
Total	2	5	9	4,062	20,310

- **Acquisition and distribution of chlorine tablets to 600 families**

The company that makes chlorine tablets did not have a sufficient quantity for a prompt delivery in the Northeast region. Thus, these were bought in the city of Rio de Janeiro and sent to the region alongside the first components of the kits. Each family received 50 tablets that could filter one litre of water each. In the distribution process, all of the target population received guidance on the proper use of the tablets.

State	Municipality	Quantity	Families
Pernambuco	Barreiros	5,750	115
	Belém de Maria	6,050	121
	Caruaru	3,400	68
Alagoas	Marechal Deodoro	15,000	300
Total	4	30,200	604

- **Repellents for families**

All 600 families received repellents. These were purchased for Pernambuco, while the Alagoas branch had the necessary quantity for distribution, as well as for the volunteers.

State	Municipality	Quantity	Families
Alagoas	Marechal Deodoro	678	300
Pernambuco	Barreiros	345	115
	Belém de Maria	363	121
	Caruaru	204	68
Total	4	1,590	604

- **Acquisition and distribution protective mesh for water containers**

The selection criteria of the BRC and the IFRC purchasing processes were combined. The Alagoas branch obtained the donation of 6,000 litres of mineral water for distribution alongside the water containers for 600 families.

State	Municipality	Quantity	Families
Alagoas	Marechal Deodoro	600	600
Pernambuco	Barreiros	207	207
	Belém de Maria	187	187
	Caruaru	98	98
Total	4	1,092	1,092

- **Acquisition and distribution of community and branches cleaning kits**

For the acquisition of the community cleaning kits, the selection criteria of the BRC and the IFRC-oriented procurement processes were combined. As a measure of protection of the local market, and also seeking to respect local customs, a company from the region was selected that corresponded to the quality criteria of the BRC. The kits were distributed in Alagoas and Pernambuco states.

State	Municipality	Quantity	Community
Alagoas	Maceió	2	BRC Alagoas branch
	Marechal Deodoro	1	Municipal Civil Defence
		1	Municipal School Dr Joviniano de Almeida Rodas
		1	Fazenda Aparecida community
		1	Municipal School Altina Ribeiro Toledo
Pernambuco	Belém de Maria	1	Secretariat of Assistance Social
	Barreiro	1	Municipal Civil Defence
	Caruaru	1	Municipal Guard
	Recife	1	BRC Pernambuco branches
Total	6	9	9

- **Educational sanitation campaigns and cleaning in schools, communities and branches**

During all the activities with the communities and schools, the volunteers of the BRC have guided and encouraged the promotion of clean-up campaigns. By delivering the community and school kits, the people responsible have received guidance on how to promote regular clean-up campaigns.

State	Municipality	Community / School	People
Alagoas	Marechal Deodoro	Municipal School Altina Ribeiro Toledo	115
		Condominium Maria Edilene Mateus	2,185
		Beco das Virgens community	270
		Condominium Erick Ferraz	545
		State School Professor Sebastião da Hora	396
	Maceió	State School Moreira e Silva	1,000
Pernambuco	Barreiros	Barreiros	207
	Belém de Maria	Belém de Maria	187
	Caruaru	Caruaru	98
Total	5	9	5,003

Challenges

- The visits to remote rural communities to carry out clean-up campaigns in Alagoas were challenging due to access issues.
- Support for three cities in Pernambuco to carry out the clean-up campaigns since there was not a BRC branch in

these cities. The challenges faced in this sector were the same as those in the health sector.

Lessons Learned

- The integrated work with the civil defence in the two states permitted a better BRC response.
- The use of different members of the NIT team for the water issue has allowed a more complete approach together with the communities.

Food Security, nutrition and livelihoods

Needs analysis:

Increased rainfall in municipalities and affected areas had an impact on the population's livelihoods. This situation increased vulnerability in terms of availability and access to food. Some sources of income were affected such as local fishing that had to be suspended due to water pollution. The loss of sugar cane harvests forced people to change their eating habits, putting at risk their nutritional status and health. With rising prices, the population's purchasing power dropped significantly. Lost food also provoked changes in food habits.

Population to be assisted:

Brazilian Red Cross assisted 600 families affected by the floods in three municipalities in Pernambuco and in one municipality in Alagoas.

Outcome 3: Affected families have immediate access to food.	Products		% reached
		Output 3.1: 600 families have received food aid items	
Activities	Implemented on time?		% of progress achieved
	Yes	No	
Acquisition of 600 food kits	X		101%
Targeting and distribution using ODK and Mega V	X		100%
Distribution report	X		100%

Achievements

- Acquisition of 600 food kits

The selection criteria of the BRC and the IFRC-oriented procurement processes were combined in the procurement process of the basic food baskets. As a measure to protect the local market, and to respect the food habits of the affected population, the basic food baskets were tendered with local suppliers, thus facilitating transport logistics and protecting the market. A total of 670 families received one kit each.

Product	Quantity for Kits
Beans	5 kg
Rice	5 kg
Sugar	3 kg
Spaghetti	500 gr
Cassava flour	2 kg
Sardine (125 gr)	5 units
Soybean oil (900 ml)	3 units
Salt	1 kg

State	Municipality	Quantity	Families
Alagoas	Marechal Deodoro	300	300

Pernambuco	Barreiros	115	115
	Belém de Maria	187	187
	Caruaru	68	68
Total	4	670	670

- **Targeting and distribution using ODK and Mega V**

In the preparation process for the start of the planned activities, all volunteers from Alagoas and Pernambuco were trained in ODK and Mega V tools. The Alagoas branch already had the experience of using the ODK tool during a project on Zika in 2016. The branches' acceptance of the use of the tools was extremely positive. The reception sheet was adapted so that two people responsible for the distribution signed all the reports generated by Mega V for each of the distributions.

- **Distribution report**

All distribution reports were analysed and finalized as soon as the BRC headquarters team has returned from its field missions. In support of the activity reports, letters signed by the leaders of the schools and communities were collected to validate the activities carried out by the Brazilian Red Cross and its volunteers.

Challenges

- Transport logistics
- Identification of local suppliers
- Some of the supplementary kits were not been distributed using Mega V, which led to reporting challenges.

Lessons Learned

- Conducting purchases from local suppliers has made it easier in terms of logistics.
- The use of technological tools for distribution control was very important for the dynamics of the reports.
- Not having used Mega V in all the distributions of the supplementary kits has made the final control of the distributions challenging. In the future, the tool is recommended for all distributions.

Shelter and settlements

Needs analysis:

The floods and/or landslides provoked damage to the homes of the affected population in both states. Families lost household goods and materials, including kitchen items and bedding. The affected families aimed to return to their homes, attempting to recover their normal daily life.

Population to be assisted:

This operation provided 600 kits of non-food items (NFIs) in the form of kitchen kits and blankets to the targeted population.

Outcome 4: The affected families have immediate access to non-food items kitchen kits and blankets to support their recovery needs	Products		% reached
	Output 4.1 600 families have received non-food items		101%
Activities	Implemented on time?		% of progress achieved
	Yes	No	
Purchase of 600 kitchen kits	X		101%

Purchase of 1,200 blankets	X		100%
Targeting and distribution using ODK and Mega V	X		100%
Distribution report	X		100%

Achievements

- Purchase of 600 kitchen kits**

The selection criteria of the BRC and the IFRC-oriented procurement processes were combined for the procurement process of the kitchen kits. As a measure of protection of the local market, and also seeking to respect local customs, regional suppliers of kitchen supplies were selected.

Contents Kitchen Kit	
Item	
Pot P	1
Pot M	1
Casserole	1
Dairy	1
Covered	5
Dishes	5
Glasses	5

State	Municipality	Quantity	Families
Alagoas	Marechal Deodoro	300	300
Pernambuco	Barreiros	115	115
	Belém de Maria	121	121
	Caruaru	68	68
Total	4	604	604*

** The Pernambuco Branch received 4 additional kits as a donation*

- Purchase of 1,200 blankets**

As it is a region of consumers and not suppliers of blankets, these were purchased in the state of São Paulo, where the textile industry is located. For the purchase process, the selection criteria of the BRC and the IFRC processes were combined. The 600 families received the kit according to the selection and delivery criteria. Each kit contained two blankets for two people.

State	Municipality	Quantity	Families
Alagoas	Marechal Deodoro	600	300
Pernambuco	Barreiros	230	115
	Belém de Maria	242	121
	Caruaru	136	68
Total	04	1.208*	604*

** The Pernambuco Branch received 4 additional kits as a donation*

- Targeting and distribution using ODK and Mega V**

In the preparation process for the start of the planned activities, all volunteers from Alagoas and Pernambuco were trained in ODK and Mega V tools. The Alagoas branch already had the experience of using the ODK tool during a project on Zika in 2016. The branches' acceptance of the use of the tools was extremely positive. The reception sheet was adapted so that two people responsible for the distribution signed all the reports generated by Mega V for each of the distributions.

- Distribution report**

All distribution reports were analysed and finalized as soon as the headquarters team returned from its field missions.

In support of the activity reports, letters signed by the leaders of the schools and communities were collected to validate the activities carried out by the Brazilian Red Cross and its volunteers.

Quality programming / common areas in all sectors

Outcome 5: Continuous and detailed assessment and analysis is used to inform programme design and implementation	Products		% reached
	Output 5.1 Initial needs assessments are conducted in consultation with beneficiaries and authorities		100%
	Output 5.2 The operation is continuously monitored and updated		100%
Activities	Implementation on time?		% of progress
	Yes	No	
Rapid emergency assessment	X		100%
Detailed sectorial assessment and identification	X		100%
Beneficiary registration	X		100%
Tracking and monitoring by IFRC	X		100%
RIT mobilization	X		100%
Hiring of operation personnel	X		100%
Monitoring visits to targeted communities	X		100%
Assessment visits	X		100%
Beneficiary satisfaction survey	X		100%
Dashboard development	X		100%

Achievements

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

The BRC National Intervention Team, with a RIT member who was mobilized for the Yellow Fever operation, conducted rapid assessments in a visit to the state of Alagoas. In the state of Alagoas, an NIT in Epidemic Control for Volunteers, who is also the information technology focal point for the BRC, led the assessment. In Pernambuco, an NIT in Sanitation and Hygiene Promotion, who is also the focal point for first aid in the BRC, led the assessment.

- **Detailed sectorial assessment and identification**

All communities were evaluated by the local and national team. For this purpose, talks were held with key actors from the communities and the government.

- **Beneficiary registration**

All records of potential people to be reached and the selection process were done using ODK, as a way of ensuring sensitive data and transparency of actions.

- **Tracking and monitoring by IFRC**

The support from IFRC staff (disaster management coordinator and RIT) in the operation was 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.

The deployed RIT member helped guide and facilitate the fulfilment of the activities in the plan of action and strengthen the capacity of the National Society staff and volunteers.

The disaster management coordinator conducted a monitoring visit to state branches in Alagoas, during which he checked on the activities' progress and provided relevant recommendations that contributed to the achievement of the DREF operation's objectives.

- **RIT mobilization**

A member of the regional intervention team, from the Salvadoran Red Cross, was mobilized to support this operation. The participation of RIT was of great importance for the activities, assisting in the use of Mega V tool and supporting the elaboration of strategies for better practices during distributions. As mentioned above a Health RIT of the Yellow Fever DREF operation supported the initial assessment actions.

- **Hiring of operation personnel**

Considering that the number of employees at both headquarters and subsidiaries is small, the recruitment of people specifically dedicated to the DREF operation was crucial for the operation. For that purpose, four more people were hired for the headquarters and one local coordinator for each state.

- **Assessment and monitoring visits to targeted communities**

As a practice of the BRC, all representatives sent by the headquarters carry out monitoring activities of the branches; actions. Eight monitoring visits were conducted (Alagoas: 5 and Pernambuco: 3).

- **Beneficiary satisfaction survey**

Satisfaction surveys were conducted with people reached during the delivery of humanitarian assistance. The main results are presented below:

Indicator	Yes	No
Think that the message about post-flood care was clear	353	8
Believe that these messages promoted changes in practices	354	7
Have had a fever or diarrhoea in the last 3 months (after the floods)	106	255

Indicator	Very Good	Good	Regular	Bad	Very Bad
How do you consider the quality of post-flood care information in the media (TV, Radio, Other)	222	90	27	11	11
How was the quality of the graphic material received	269	84	5	00	3
How was the quality of the kits received	249	76	18	18	9

*It was noted that those who considered the quality as bad had not received help from the Red Cross in the past.

- **Dashboard development**

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](#).

Challenges

- Selection of a person with the profile to manage the dashboard. The klipfolio tool is not well known in Brazil, so the identification and selection of a person was one of the challenges of the operation.
- Identification of a person to locally coordinate the project in Pernambuco. As the branch was not well structured and did not have a physical location as its headquarters.
- Due to operational difficulties, it was not possible to conduct satisfaction surveys in Pernambuco, although there were volunteers who could do so.

Lessons Learned

-
- The team's monitoring visits enabled the adaptation of the response to the changes in the scenario.
 - For future actions, it is best that professionals in these areas remain at least one month after the end of the field activities for better results.
 - The representatives of the branches should be requested to sign an agreement for the emergency response activities/ projects prior to the start of activities. This is a condition that is required for the reception of emergency funds.

Contact information

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

In Brazil:

- Julio Cals de Alencar, President of the Brazilian Red Cross; email: presidencia@cvb.org.br, gabinete@cvb.org.br

In IFRC office in South America:

- Alexandre Claudon de VERNISY, head of country cluster for the Southern Cone and Brazil; email: alexandre.claudon@ifrc.org
- Pabel Angeles, regional disaster management coordinator for South America; email: pabel.angeles@ifrc.org

In IFRC Regional Office for the Americas:

- Jono Anzalone, Head of the Disaster and Crisis Department; email: jono.anzalone@ifrc.org
- Felipe Del Cid, Continental Operations Coordinator for Disaster and Crisis Department; email: felipe.delcid@ifrc.org
- Diana Medina, Communications Unit Coordinator for the Americas; email: diana.medina@ifrc.org

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

- Sandra Romero; Planning, Evaluation, Monitoring and Reporting Team Coordinator (acting) ; email: sandra.romero@ifrc.org

In Geneva:

- Antoine Belair, Senior Officer for Operations Coordination for the Disaster and Crisis (Prevention, Response and Recovery); email: antoine.belair@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**.

Materials produced

CRIANÇAS E O APOIO PSICOSSOCIAL

Desenvolvimento

Criatividade

Regras e Limites

Conhecimento

Atenção e Concentração

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 organização. • Verifique se há pessoas com necessidades especiais. • Verifique se há pessoas com necessidades básicas. 	<ul style="list-style-type: none"> • Aberte a pessoa gentilmente. • Apresente-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 reproduza a pessoa por sua reação. • Escute as pessoas e ajude-as a sentir calma.
<ul style="list-style-type: none"> • Mantenha-se calmo de toda situação. • Preste atenção ao seu estado. • Dê prioridade aos grupos vulneráveis: crianças, idosos, pessoas com dificuldade 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.
<ul style="list-style-type: none"> • Mantenha sua voz calma e firme. • Realize 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. • Providencie água e outras necessidades. • Cante para a família. • Chame a ambulância, se necessário. 	<ul style="list-style-type: none"> • Encontre pessoas do mesmo e mesmo de assistência. • Verifique seu estado e apresente as pessoas que não estiverem bem, 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

d

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=JBQxiyFlpsq>

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

https://drive.google.com/file/d/0B_MRpLt0DH0taEdCSG13aIFKdEk/view?usp=drivesdk

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

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/06-2020/02	Operation	MDRBR009
Budget Timeframe	2017/06-2017/09	Budget	APPROVED

Prepared on 18/Mar/2020

All figures are in Swiss Francs (CHF)

MDRBR009 - Brazil - Floods

Operating Timeframe: 14 Jun 2017 to 14 Sep 2017

I. Summary

Opening Balance	0
Funds & Other Income	233,561
DREF Allocations	233,561
Expenditure	-152,501
Closing Balance	81,060

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	27,097	30,583	-3,486
AOF3 - Livelihoods and basic needs	33,256	19,823	13,433
AOF4 - Health	36,951	15,676	21,275
AOF5 - Water, sanitation and hygiene	58,506	22,655	35,851
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	155,810	88,737	67,073
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management	77,751	63,764	13,987
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	77,751	63,764	13,987
Grand Total	233,561	152,501	81,060

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/06-2020/02	Operation	MDRBR009
Budget Timeframe	2017/06-2017/09	Budget	APPROVED

Prepared on 18/Mar/2020

All figures are in Swiss Francs (CHF)

MDRBR009 - Brazil - Floods

Operating Timeframe: 14 Jun 2017 to 14 Sep 2017

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	138,975	75,042	63,933
Clothing & Textiles	5,783	5,746	36
Food	28,913	17,130	11,783
Water, Sanitation & Hygiene	22,552	16,578	5,974
Medical & First Aid	2,891	222	2,669
Teaching Materials	49,152	15,207	33,945
Utensils & Tools	17,348	19,009	-1,661
Other Supplies & Services	12,336	1,149	11,187
Logistics, Transport & Storage	17,348	15,898	1,450
Distribution & Monitoring	9,252	10,883	-1,630
Transport & Vehicles Costs	8,096	5,015	3,080
Personnel	50,068	37,675	12,392
International Staff	5,301	5,394	-93
National Society Staff	33,057	23,496	9,561
Volunteers	11,710	8,785	2,924
Consultants & Professional Fees		1,873	-1,873
Professional Fees		1,873	-1,873
General Expenditure	12,915	12,705	210
Travel	5,783	4,478	1,305
Information & Public Relations	2,265	2,911	-646
Office Costs	3,229	3,169	59
Communications	1,157	687	470
Financial Charges	482	1,460	-978
Indirect Costs	14,255	9,308	4,947
Programme & Services Support Recover	14,255	9,308	4,947
Grand Total	233,561	152,501	81,060