Emergency Response Plan: Zika Virus Pandemic
Status of Zika Virus in Brazil

**Impact overview:**

- In 2015, 1,669,669 probable cases of these infections were registered in the country.
- In 2016, there were more 300,980 probable registered cases.
  - This data includes infections caused by dengue fever, Chikungunya and Zika.
- The peak incidence of the infections occurs in the rainy season.
- According to the Brazilian government, Zika virus transmission was confirmed in the country from April 2015.

**Concerns:**

- Brazilian Health Secretariat is still performing studies to confirm a probable association between Zika virus and cases of fetuses with microcephaly, a neurological malformation.
- Due to the increasing number of infected people reported, there is a growing demand for repellents, provoking higher prices. The same logic is noticed for mosquito nets around the country.
Status of Zika Virus in Brazil

Cases of Microcephaly:

By March 19, 2016 (Source: Health Ministry).

- Number of reported cases: 6,671
- Confirmed cases: 907
- Cases under investigation: 4,293
- Cases dropped: 1,471
- Deaths reported: 198 (The cases that progressed to stillbirth or neonatal)
- The Northeast region has the highest number of confirmed cases of microcephaly. Pernambuco is the state with the highest number of cases with 268 confirmations, followed by Bahia (170), Paraíba (91), Rio Grande do Norte (81), Ceará (68) and Piauí (52).

Sponsored or registered children affected:

- # affected by the mosquito: 114
- # suspected cases affected by the mosquito: 13
- # suspected cases of microcephaly: 2
- # cases with microcephaly: 10
- # cases of pregnant teens: 22
Where we are
Action Plan
45 Days (Just finished)
6 Months (Expansion of Activities)
### Action Plan for 45 days

<table>
<thead>
<tr>
<th>Programming</th>
<th>Advocacy</th>
<th>Comunicação e Sustentabilidade</th>
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<tbody>
<tr>
<td>Objective: To develop educational actions towards the prevention of new Zika cases, especially for pregnant women and children.</td>
<td>Objective: Incidence so that the guidelines against Zika virus established by the Federal Government become effective at municipal level.</td>
<td>Objective: Dissemination of educational information and guidelines among professionals who provide assistance to the population.</td>
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#### 45 days

- Prioritization of urban contexts.
- Identification of the areas of greatest risk in the project areas.
- Conduct weekly task forces: Government campaign called Saturday's Cleaners to eliminate breeding sites.
- Development of monitoring tools.
- Delivery repellents and mosquito nets for pregnant women of the communities and to the employees of the team.

- Articulation of actors from different sectors.
- Training of the teams in the ADPs.
- Hiring a local technical coordinator.
- Conduct a quick diagnosis together with leaders: screening of pregnant women and adolescents, children with microcephaly.
- Construction of a Local Action Plan
- Search insertion in the State Committees.
- Mobilization strategic Churches.

- Weekly reports.
- Video production.
- Production of stories about Zika theme.
- Dissemination of information through the social media.
- Creation of graphic materials.
- Radio spot.
- Text messages with information of the means of preventing the diseases caused by the Aedes Aegypti mosquito.
### Action Plan for 06 months

#### World Vision Emergency Response

Reduce the prevalence of the disease to save lives while building community resilience.

Contribute to the control and elimination of mosquito breeding places of Aedes Aegypti in areas of high prevalence in Honduras, Guatemala, El Salvador, Colombia, and Brazil.

<table>
<thead>
<tr>
<th>Intermediate result 1</th>
<th>Intermediate result 2</th>
<th>Intermediate result 3</th>
<th>Intermediate result 4</th>
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<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>Reduce the mosquito vector population to levels at which the transmission of the virus is reduced or prevented. Increase public awareness of the disease Zils through education and community actions. Expand surveillance and monitoring of the mosquito Aedes Aegypti, along with health authorities to record and report cases. Support the protection of people at risk, especially pregnant women, through the use of preexisting equipment for protection measures against mosquitoes.</td>
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<tr>
<td>Country capacity. Improved to reduce the prevalence of breeding sites and strain-based diseases. Increased community understanding, acceptance and support of efforts to control the vectors through communicating health risks and prevention measures. Support the response to the event, providing the tools and guidelines for proper management of the response. Increased risk perception by individuals for behavioral change.</td>
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<td>Organize weekly WASH activities in the communities of the 10 priority FCOs where there is a high prevalence of mosquito in homes, schools, public areas and churches to prevent or minimize the spread of vector and human contact with the mosquito.</td>
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<td>Build capacity in World Vision staff for the understanding of the disease and create a national prevention campaign.</td>
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<td>Dissemination through media and local networks the official protocols of prevention and patient care.</td>
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<td>Production of videos, stories, radio spots and educational materials.</td>
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<td>Mobilization of local leaders, community groups, sectors of public service and coordination of community volunteers to committees (Presence in Campaign and/or Channel of Hope).</td>
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<td>Carry out participatory rapid assessments for construction of local action plans with community committees.</td>
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<td>Develop public actions with young people in the Olympic organizing time.</td>
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<td>Campaign stressed on courtesy and attendance at the airport and the bus station in Rio de Janeiro.</td>
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<td>Conduct public hearing with authorities in the city of Rio de Janeiro (Olympics).</td>
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<td>Work closely with the Health Ministry and other authorities to assess the situation, plan forms and prepare public statements.</td>
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<td>Develop ongoing awareness activities in schools located in the areas of influence of ACOs in coordination with school authorities.</td>
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Main Results

World Vision Brazil is present in 23 cities in 10 states, in the care and monitoring of 68,200 children. We are working in three (3) capitals: Fortaleza, Recife and Rio de Janeiro, targeting a population of 308,990 people.

Figures:

1) Number of beneficiaries: 25,420 families in communities and 200,000 people through prevention guidelines via SMS.
2) Repellents: 6,000 units for children, adolescents and pregnant women.
3) Mosquito nets to pregnant women: 1,500 units.
4) Identification material for teams: 350 vests, badges and caps.
5) Number of workshops: 22 for teams of 11 ADP. Broadly there were 275 people trained by the end of the action plan.
6) Number of workshops and WASH task forces: 27 for the teams.
7) Number of partner churches: 24.
8) Number of trained community committees: 01.
9) Number of mobilized public schools: 06.
Nexts Steps

With the increase of financial resources, in addition to the three aforementioned cities it will be included Salvador, São Paulo and Maceió, for the period from April to September. The actions will be carried out as follows:

1. Continuity of activities for prevention and raising awareness within communities.
2. Capacity building of primary care health teams of Recife for the realization of “psycho-social support for pregnant women and families with children with microcephalhy and other complications resulting from zika virus”.
3. Implementation of Caixa do Saber (Knowledge Box) methodology for children, using technological means to promote health and prevent the mosquito and arboviruses.
4. Create an APP: a creative game aiming to mobilize health promotion and prevention Mosquito and arboviruses. The proposal is to bring about changes in individual behavior patterns and collective.
5. Support for Innovative Actions: recognizing the Community creative practices, World Vision reserve a resource to support innovative actions to combat mosquito.
**Necessary Support**

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<thead>
<tr>
<th>What we have achieved</th>
<th>What we need</th>
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<tr>
<td>Inputs for individual protection for a predetermined population (repellents, mosquito nets)</td>
<td>Increase in the number of inputs in proportion to the population we want to achieve.</td>
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<td>Personal protective equipment and identification for the team and Volunteers</td>
<td>Acquisition of new items that support protection measures such as sealing screens of water tanks, thermometers for delivery kits for pregnant women and children under 6 years, screens for sealing windows.</td>
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<td>Production of printed materials for dissemination of joint efforts and with the official protocols to combat the mosquito and personal care.</td>
<td>Creating an APP to support the disclosures especially among young people.</td>
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<td>Dissemination of activities in various broadcast media (radio, community bikes).</td>
<td>Expansion of Knowledge Box (Caixa do Saber) to other locations.</td>
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<td>Training of teams to work in schools and community associations, discussing the disease, ways of transmission and prevention measures.</td>
<td>Reproduction of promotional materials, print and external media.</td>
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<td>Implementation of a Knowledge Box (Caixa do Saber), containing technological equipment, library and intuitive software and appropriate child language (Fortaleza).</td>
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Photos
Thank you!