

World Vision Emergency Response Reduce the prevalence of the disease to save lives while building community resilience,

| 50  | 4    |  |  |  |  |
|-----|------|--|--|--|--|
|     |      | Intermediate result 1  | Intermediate result II   | Intermediate result III  | Intermediate result IV   |
| 1   |      | Reduce the mosquito vector population to levels at which the transmission of the virus is reduced or prevented.          | Increase public awareness of the disease Zika through education<br>and community actions   | Expand surveillance and monitoring of the mosquito Aedes Aegypti,<br>along with health authorities to record and report cases. | Support the protection of people at risk, especially pregnant<br>women, through the use of pre-positioning equipment for<br>protection measures against mosquito.  |
| 1 1 | L    | Country capacity, improved to reduce the prevalence of breeding sites and virus-borne diseases.                          | Increased community understanding, acceptance and support of<br>efforts to control the vectors through communicating health<br>risks and prevention strategies.  | Support the response to the event, providing the tools and guidance for proper management of the response                      | Increased risk perception by individuals for behavioral change.  |
|     |      | Activities   | Activities   | Activities   | Activities   |
| 1 1 |      | schools, public areas and churches to prevent or minimize the spread   | Use several means of communication channels (App / game,<br>SMS) to disseminate information through media and straightly<br>to the public on preventive measures.                                      | Foster local groups in creative solutions for response to zika.  | Continuous tracking of pregnant women and girls, children with microcephaly.   |
| 1 1 |      | Build capacity in World Vision staff for the understanding of the disease<br>and create an internal prevention campaign. | Dissemination through media and local networks the official protocols of prevention and patients care.   |  | Therapeutic groups with pregnant women.  |
| 1 1 | L 3  |  | Production of videos, stories, radio spots and educational materiais.  |  | Directing pregnant women and adolescents and children with microcephaly to specialized services.   |
| 1 1 | L 4  |  | Mobilization of national and local churches, community groups,<br>sectors of public services and coordination of community<br>volunteers to committees (Fraternity Campaign and/or Channel<br>of Hope) |  | Perform monitoring and home visits to pregnant women<br>(especially cases of high-risk adolescents and pregnant women,<br>children under 6 and disabled people) in coordination with health<br>services. |
| 1 1 | L 5  |  | Carry out participatory rapid assessments for construcion of local action plans with community commitees.  |  | Capacity building for Public Technical Staff on emotional support<br>to pregnant women.  |
| 1 1 | L 6  |  | Develop public actions with young people in the Olympics gaming sites.   |  |  |
| 1 1 | L 7  |  | Campaign aimed at tourists and athletes at the airport and the bus station in Rio de Janeiro.  |  |  |
| 1 1 | L 8  |  | Conduct public hearing with parliamentarians, in the city of Rio de Janeiro (Olympics).  |  |  |
| 1 1 | L 9  |  | Work closely with the Health Ministry and other authorities to assess the situation, join forces and prepare public statements.  |  |  |
| 1 1 | L 10 |  | Develop ongoing awareness activities in schools located in the<br>areas of influence of ADOs in coordination with school<br>authorities.   |  |  |