

BRAZIL

HEALTH

Sectoral and OR + (Thematic) Report

January to December 2016



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**Prepared by:
UNICEF Brazil
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Programme Summary Sheet

Country	Brazil
Programme Name	Child Survival & Development
Donor	Global - Health THEMATIC FUND
Grant Reference	SC149901
Total Contribution	153,003.08
Programmable amount	145,718.23
Funds used as of March, 2017	145,718.23
Unspent Balance	0.00
Duration of Grant	01/10/2013 to 31/12/2017
Report Type	Country-level Thematic Report
Reporting Period	January to December 2016
Report Due Date	March, 2017
Report Prepared on	March, 2017
Strategic Programme Outcome	<p>1 - SURVIVE AND DEVELOP - By 2016 infant mortality, maternal mortality, chronic malnutrition and early pregnancy are reduced in Brazil, especially in the Amazon and Semiarid regions and among indigenous and afro-Brazilians; and a comprehensive National Policy for Early Childhood created and implemented with good practices and lessons learned systematized and disseminated in Brazil.</p> <p>7 -Advocacy, Knowledge, Communication - By 2016, governments at national and sub-national levels, media, corporate sector and civil society with increased capacities and knowledge on the most disadvantaged children, contributing to the universalization of Child Rights, supporting specific public policies addressing inequities and prioritizing boys and girls in public budgets.</p>

<p>Expected Results</p>	<p>Output 1: By 2016, Semi-arid and Amazon municipalities enrolled in the UNICEF Municipal Seal of Approval - Seal and large urban centres enrolled in the Urban Centre Platform - PCU have access to gender sensitive international standard tools or methodologies, culturally adapted to improve vulnerable families' competencies in breastfeeding, complementary and healthy food, normal delivery benefits and emergency preparedness to care for children 0 to 6 years.</p> <p>Output 2: By 2016, Federal, State and Municipal governments and social actors of 50 per cent of the municipalities of the States in the Semi-arid and Amazon Regions, and large urban centres enrolled in the Urban Centre Platform, are using methodologies and tools to promote early childhood policies and are implementing an Integrated Policy for ECD prioritizing actions aimed at accelerating the reduction of maternal and neonatal mortality and early pregnancy.</p>
<p>Geographic Focus Area</p>	<p>National; Amazon and Semi-arid regions, and eight large urban centres</p>
<p>Focus Population</p>	<p>Federal, state and municipal managers; civil society; children and adolescents; women; families and pregnant women.</p>
<p>Implementing Partners</p>	<p>Peabiru Institute (Communication activities in Amazon Region); Altino Ventura Foundation (Network of Inclusion implementation); NUTEP - Treatment and Early Stimulation Centre (NGO, development of an innovative early intervention initiative centred around families with babies with Zika Virus Congenital Syndrome); National Council of Municipal Health Secretariats – CONASEMS (mobilization of local health managers); Institute for Research and Support for Social Development - IPADS (health professionals capacity building); PAHO/WHO (families psychosocial social support); and the private sector: Johnson & Johnson, Google and US Fund.</p>
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Abbreviations and Acronyms

Acronym	Definition
BCC	Behaviour Change Communication
CONASEMS	National Council of Municipal Health Secretariats
C4D	Communication for Development
FAV	Altino Ventura Foundation -
IPADS	Institute for Research and Support for Social Development
MoH	Ministry of Health
NGO	Non-Government Organization
NUTEP	Treatment and Early Stimulation Centre
PAHO	Pan American Health Organization
PCU	Urban Centre Platform
SAB	Semiarid region
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations Children's Fund
WHO	World Health Organization
Seal	UNICEF Municipal Seal of Approval
PCU	Urban Centre Platform
OR	Other Resources
RR	Regular Resources

Executive Summary

“Not even the family supports, not even my mother, whenever I ask her for support she keeps saying to me: it’s your child! My mother doesn’t even hold him. Neither do my sisters.” Mother of a baby with Zika virus syndrome”.



The outbreak of the Zika virus in 2015 and 2016 has brought several challenges for children, adolescents and their families in Brazil, demanding a rapid response from different levels of government, civil society, the private sector and the United Nations System.

The Zika virus affects pregnancy and can cause microcephaly and other neurological disorders in new-borns and children.

In November 2015, the Ministry of Health declared a state of “Emergency in Public Health of National Importance”. As a result, a national action plan was launched to combat the mosquito *Aedes aegypti* and protocols for emergency response and guidelines for early stimulation were created.

In January 2016, UNICEF joined the Brazilian government’s efforts to reduce the mosquito breeding sites. Throughout the year, UNICEF’s key action in Brazil was focused on vector control, by joining forces to eliminate breeding sites of the *Aedes aegypti* in close collaboration with all levels of governments to reach vulnerable communities in regions of high risks of infection by Zika virus and providing them with the knowledge on how to reduce mosquito-breeding sites.

UNICEF is present in 84 per cent of the municipalities classified at high-risk of mosquito infection. To date, the project achieved the following direct results:

- ➡ The local UNICEF presence facilitated the mobilization and capacity building of 1,134 municipalities located in the Semiarid region (SAB) the most affected area, in order to reduce breeding sites of the *Aedes aegypti*;
- ➡ More than 85, 4 million people were reached by awareness-raising messages on Zika virus prevention through mass media, social and digital media communication campaigns in order to strengthen community knowledge and change behaviours and practices with a focus on vector

control. Over 1.35 million people were engaged through social media channels. Analyses indicate that Facebook users exposed to UNICEF content increased their understanding of Zika virus prevention;

- ➡ A total of 991 (76 per cent) municipalities in the UNICEF prioritized regions (SAB and Amazon regions, and eight large urban centres) reported the implementation of communication strategies for individual and community empowerment on vector control and prevention of Zika virus infection;
- ➡ In order to support families with children with Congenital Zika Syndrome and other deficiencies, UNICEF created the *Networks of Inclusion*¹ project, which is an effective example of integration and cross-sectoral intervention inside and outside UNICEF. Currently, the project has 10 partner institutions at the federal, state and municipal levels, from different areas of expertise and sectors such as health, education and protection, NGOs, universities, and civil society organizations. Mothers and care providers of children with congenital Zika virus Syndrome were actively incorporated into the project.

The project was implemented in the municipalities of Recife, state of Pernambuco, and Campina Grande, state of Paraíba, both located in the Northeast Region (the most affected region in Brazil). It aimed at creating and validating a comprehensive methodology to strengthen the competences of the families' and caregivers, to support health, protection and education policies, and to create a strong integrated network, bringing together families, communities and the government. In 2017, this intervention will be evaluated, documented and disseminated in all over Brazil.

According to a local government partner from Recife, "the Networks is considered a landmark, by promoting an inter-sectoral approach to support vulnerable families not only affected by the Zika virus epidemic". After the implementation period, the intervention will be evaluated and disseminated all over the country.

The mosquito *Aedes aegypti* is the same vector that transmits Chikungunya and Dengue besides Zika virus infection. Despite of all actions taken to reduce the mosquito breeding sites in 2015 and 2016, the number of Chikungunya cases grew by 850 per cent in 2016 compared with 26,435 in 2015. It is important to mention that, in 2016, 1,496.282 cases of Dengue were also confirmed in Brazil. Most cases of Dengue, Chikungunya, and Zika infections occurred in the most vulnerable areas of the country.

The set of actions and activities implemented by the Networks of Inclusion project were embedded into the National *Aedes aegypti* Response Plan, the Zika virus emergency response protocols, and the priorities of the UN agencies in support of the Brazilian government.

¹ "Networks of Inclusion" is an UNICEF initiative to support and guarantee the rights of families with children with the Congenital Zika Syndrome and other disabilities.

The Zika virus epidemic will have a long-term impact on the most vulnerable children, adolescents and families in Brazil and across the Latin American region and will demand a very strong and inclusive policy for people with disabilities.

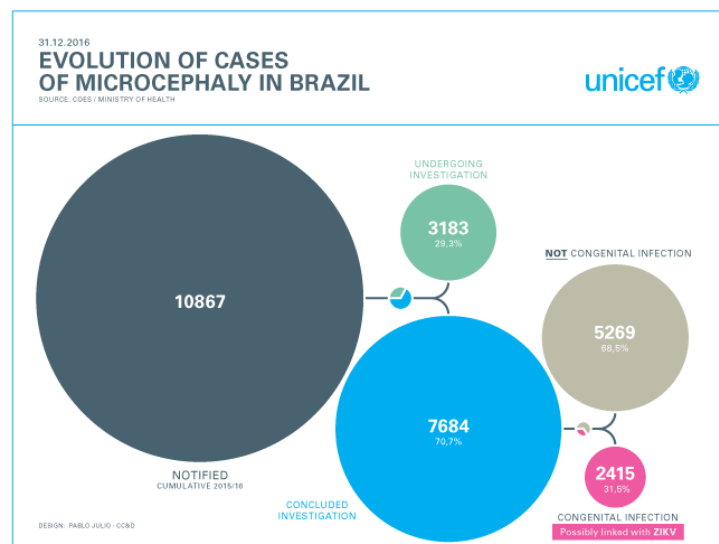
In 2017, UNICEF will continue to work on behaviour change communication (BCC) with a focus on the reduction and control of domestic breeding sites. However, the dialogue with the governments will be intensified in order **to increase the access of disadvantaged population to clean water and sanitation**. Other important issues related to **indigenous child mortality and nutrition, child obesity and maternal health** will be addressed during the next two years.

1. Strategic Context of 2016

CHALLENGES

In November 2015, the MoH (Ministry of Health) declared a national public health emergency due to the increasing cases of new-borns with microcephaly in the Semiarid region. Zika virus infections in pregnant women were suspected to be associated with the birth defects.

In December 2015, the MoH requested UNICEF's support to connect with the most affected municipalities to help deliver messages about preventing new Zika virus infections. Upon analysis, it was found that there was 84 per cent overlap between the municipalities most affected and those ones located in UNICEF's programme areas. UNICEF deployed a rapid-response plan in coordination with WHO/PAHO, the MoH, the affected states' directorates of health and civil society. Year-long actions focused on:



1. Advocacy with local communities to eliminate mosquito breeding grounds, plus personal prevention and care;
2. Traditional media and digital media dissemination of prevention messages enhanced by digital media monitoring to listen to the public's concerns and respond with time-relevant information. UNICEF boosted the digital monitoring in partnership with Google and Facebook;
3. Weekly monitoring of the situation using available data; and

4. Working with health authorities and civil society to support families and children born with Zika virus Congenital Syndrome and other disabilities to ensure their rights.

According to MoH's last bulletin from December 2016, there are 2,415 confirmed cases of children with Zika virus Congenital Syndrome and 3,183 undergoing investigation. The confirmed cases are spread in 751 municipalities. The Northeast region concentrates 76 per cent of all cases.

In 2017, the intervention of the project *Network of Inclusion* will be evaluated and disseminated to other municipalities and other affected countries.

SHORTFALLS

The Zika outbreak demanded an extra effort from the UNICEF' team considering the planned activities already established for 2016 and the limited field staff. Notwithstanding, UNICEF achieved important results for children.

UNICEF's response to the Zika virus outbreak in the SAB was also affected by two other factors: the local elections and the severe drought that is hitting the region in the last five years.

The concluding year of UNICEF's *Seal* in the Amazon region and SAB² coincided with the municipal elections, thus affecting mobilization in the final phase. Some government counterparts that actively participated in the *Seal*'s inter-sectorial commissions, were either fully involved with electoral campaigns or resigned from their positions, as soon as new representatives were appointed, thus affecting the continuity of planned activities.

Municipalities located in the SAB region were hardly affected by environmental issues. The harsh drought that hit the region limited their full participation in the *Seal* certification process.

Reduced municipal income has resulted in increasingly limited financial resources for many municipalities thus affecting their levels of participation and implementation. The national economic crisis has also resulted in decreased financial allocations to municipalities as well as technical support.

² The UNICEF Municipal *Seal* of Approval is a strategy to make children and adolescents a priority in public policies across the Brazilian Semi-arid and Amazon Regions, by building and strengthening the capacities of duty bearers and rights holders at the municipal level.

RESPONSE

UNICEF will continue to work at the municipal level and engaging with mayors, local managers and civil society for an on-going and prioritized dialogue and actions to advance children's rights in the most vulnerable regions of Brazil. Health (including protection from *Aedes aegypti*) will continue to be part of the key areas and indicators addressed in such multi-sectoral programmes as the *Seal* and the Urban Centres Platform initiative (PCU)³.

In addition, as of 2017, UNICEF will be expanding its contribution with other UN agencies on the topic of public financing, particularly at the local level. The new editions of the UNICEF *Seal* and Platform for the Urban Centres will foresee actions addressing the preparation of equity-focused municipal action plans, including strategies to influence local public budgeting, with a view to prioritizing investments in children.

2. Results in the Outcome Area

2.1 Importance of Flexible Funds (RR; thematic/OR+) for Delivery

The Zika virus epidemic arrived in period that the country was going through an economic downturn. Hence, since 2015, Brazil has been facing reduction in the public budget at all government levels.

Despite the political and economic situation, the National Action Plan of the Brazilian Government in Response to the Zika virus epidemic continued to be a priority.

UNICEF was the first Country Office in the world to prepare a work plan to support the government to respond to the Zika virus epidemic. The "Response to *Aedes Aegypti* in Brazil 2016" was actually agreed in 2015 with the Government based on priorities set at the national level.

UNICEF's comparative advantage is underpinned in a strong partnership with the Governmentthe presence in more than 2,000 municipalities from both the Legal Amazon and Semiarid regions, and also in the eight largest urban centres.

The OR / Thematic emergency resources were essential for the achievement of the results not only related to the Zika virus epidemic, but also to all programmatic results. The combination of OR+ / Thematic emergency funds with UNICEF's strategies in the field (UNICEF Municipal *Seal* of Approval and Urban Centres Platform) made possible to undertake large-scale actions. OR+ funds were also especially important to implement innovative activities and methodologies.

³ The Urban Centres Platform initiative (PCU) is a UNICEF contribution to the definition of an inclusive development model for large cities capable of reducing inequalities affecting the lives of their children and adolescents, quality education, health, protection and opportunities for participation.

In 2016, UNICEF used U-Report (UNICEF's text-message based innovation that amplifies the voices and views of young people in developing countries through Facebook, SMS and Twitter) to check adolescents' perception of the Zika virus and to engage them in preventive actions.

To face the Zika virus epidemic, it is important to mention UNICEF's work with other UN agencies. UNICEF, PAHO, and UN Women worked together to create and implement a methodology to support families with children with Zika virus syndrome and other disabilities.

2.2 Results Assessment Framework

Outcome statement: PCR 1 Survive and Develop



UNICEF programme in Brazil is carried out in more than 1,700 vulnerable municipalities located in the Legal Amazon and Semiarid regions, and in the poor communities of eight large urban centres. In order to promoting children's rights, UNICEF works in partnership with the government, civil societies, UN agencies, media, universities, private sector, and with children, adolescents and families.

During 2016, UNICEF worked through six programme components (Survive & Develop; Learn; Protect and be protected from

HIV/AIDS; Grow up free from violence; Be an adolescent; and Advocate, generate knowledge, communicate & unite for children's rights) in order to reach the Country Programme goals.

The health-oriented activities fell under the following Outcomes of UNICEF Brazil's Country Programme:

Survive & Development

Programme Component Outcome 1: By 2016, infant mortality, maternal mortality, chronic malnutrition and early pregnancy are reduced in Brazil, especially in the Amazon and Semiarid regions and among indigenous and Afro-Brazilians; and a comprehensive National Policy for Early Childhood is created and implemented with good practices and lessons learned systematized and disseminated in Brazil and in other countries.

As 2016 was the last year of implementation of the Brazil Country Programme 2012-2016, important results were obtained in the health thematic area related to early child survival and development. The work plan “Response to *Aedes aegypti* in Brazil 2016” results is related to this Outcome.

One of the most important achievement of the Outcome was related to the reduction of child mortality. Comparing Brazil’s Programme baseline, the child mortality rate dropped 26, 7 per cent at the national level, 32 per cent and 33 per cent in the Amazon and the Northeast region, respectively.

However, the goals of reducing maternal death, teenage pregnancy and chronic malnutrition among indigenous children have not been met. These themes will be prioritized in the new country program 2017-2021, the most important feature of which is the focus on women, pregnant women, adolescents and children excluded or in situations of vulnerability. The strategies of the BCO’s new CPD were specially designed for this audience.

In 2016, UNICEF’s main results were:

- The Strengthened Brazilian Families Kit (FBF Kit)⁴ was adopted in more than a half of the *Seal* participating municipalities, benefiting more than 337,000 children up to 4 years old;
- The FBF Kit is being adopted as a toll for *Criança Feliz* (Happy Child), a new federal programme aiming to promote the full development of children in early childhood. *Criança Feliz* will work with more than 700,000 children up to 6 years old from vulnerable families, benefitted with *Bolsa Família* (cash transfer programme for poor families);
- A total of 943 municipalities participating in the UNICEF Municipal *Seal* of Approval in the Amazon and Semiarid regions, and six capitals carried out Baby Weeks⁵;
- A total of 471 participants of UNICEF *Seal* municipalities, reported the conclusion of their Early Childhood Municipal Plans⁶, approved by the Municipal Child Rights Council; 57 per cent by municipal law;
- A total of 4 states of the Amazon Region finalized their Early Childhood State Plans, covering more than 1.5 million of children;
- UNICEF, in partnership with the Federal government and the state government of Bahia, adapted the national methodology “*Feeding and Breastfeeding Brazil*” to the indigenous reality. The methodology will be

⁴ The kit, a set of five albums targeting parents of children aged 0 – 6, particularly in low-income areas, took a rights-based approach, addressing issues such as health, education, development, child protection and participation in decision-making.

⁵ The Baby Week is a component of social mobilization of UNICEF Municipal Seal of Approval and large urban centres employed as a strategy to prioritize early childhood in each participating municipality.

⁶ The Municipal Plans are an important tool to spell out the commitment of policy makers to addressing the main local challenges related to early childhood.

adopted by the National Indigenous Health Department and will be used in other villages with the highest prevalence of undernutrition in children up to 5 years old.

Advocacy, Knowledge, Communication

The Communication Plans were based in the Outcome 7 of the 2012/2016 Country Programme, which is: By 2016, governments at national and sub-national levels, media, corporate sector and civil society with increased capacities and knowledge on the most disadvantaged children, contributing to the universalization of Child Rights, supporting specific public policies addressing inequities and prioritizing boys and girls in public budgets.

UNICEF Work Plan: Response to *Aedes aegypti* in Brazil 2016.

Monitoring and Surveillance

UNICEF strengthened the mechanisms for surveillance and timely data reporting, including facility-based and community event-based surveillance, on Zika virus, microcephaly, Guillain–Barré syndrome and other possible clinical outcomes.

1 During 2016, UNICEF Brazil produced 35 Situation Reports, aimed to disseminate data and knowledge. Based on official data by the Ministry of Health and administrative records, it provides updated, real-time information on: i) epidemiological data and situation monitoring; ii) news and response strategies; iii) and results achieved by response strategies (UNICEF and partners).

Community Engagement & Risk Communication

1 UNICEF conducted social science research to understand individual, family and community perceptions, attitudes, expectations, and behavioural responses about the Zika epidemic, and care of infants and young children with disabilities.

UNICEF commissioned and participated in three qualitative research studies:

- i. Focus groups with community managers, pregnant women, adolescents and community leaders from the municipalities with worst *Aedes aegypti* infestation rates;
- ii. Digital monitoring of digital channels to understand how social media users and online news were framing the discussion around the Zika fever and Congenital Zika Syndrome;
- iii. Focus groups with parents of babies with Congenital Zika Syndrome

2 UNICEF engaged communities to communicate the risks associated with Zika virus disease and promote vector control, personal protection measures, reduce anxiety and cultural misperceptions.

- Based on the research, UNICEF developed and disseminated 132 content pieces, reaching 23 million people and engaging 1.35 million people on social media. We also engaged digital influencers to extend UNICEF's reach throughout digital channels;
- In addition, UNICEF developed a media campaign starred by Mr. Renato Aragão, a famous nationally comedian and one of UNICEF's most popular Ambassadors. The campaign was recorded a radio spot, talked about vector control and was disseminated to 16.4 million people. From June to December, the results of UNICEF's Networks of Inclusion initiative⁷ were the main subject of 41 media articles, published in the press, internet and television, reaching 46 million people.

Vector Control & Personal Protection

- 1 UNICEF engaged in and strengthened inter-sectoral coordination mechanism for vector control, including the Ministry of Health, Ministries of Education, water & waste management, environment, communication/health promotion departments and media to conduct community level vector control activities.
 - In 2016, only in seven weeks, UNICEF updated its *Seal* methodology, produced guidance materials and disseminated then to all 1,745 municipalities enrolled in the initiative;
 - UNICEF also performed 31 capacity-building sessions where 3,011 mobilizers from 991 municipalities in 19 states were trained on what to do to halt mosquito proliferation. These events, organized under the umbrella of UNICEF's territories strategies, were a unique opportunity to reinforce vector control messages at the local level. The mobilization of these municipalities, located in one of the most vulnerable regions of Brazil, was key to add value to UNICEF's response in Brazil;
 - A total of 991 (76 per cent) municipalities from the Semiarid and Amazon Regions and 8 large urban centres reported the implementation of communication strategies for individual and community empowerment on vector control and prevention of the Zika virus infection;
 - UNICEF applied U-Report to 500 adolescents to check their perception of the Zika virus epidemic. A total of 85 per cent of respondents know how Zika, Chikungunya and Dengue are transmitted, 73 per cent are aware that the *Aedes aegypti* mosquito affects their family health, but only 2 per cent of respondents participated in actions to combat the mosquito in their schools. These results pointed to the need to mobilize and involve more adolescents in the prevention actions, especially in schools;

⁷ Networks of Inclusion" is an UNICEF initiative to support and guarantee the rights of families with children with the Congenital Zika Syndrome and other disabilities.

- In the Semiarid region, 5,311 posts were received using the Growing Together Platform⁸ documenting actions to influence vector control aimed at reducing the probability of infection in pregnant women. Infection in pregnant women.

2 UNICEF supported the Ministry of Education and the Ministry of Health to conduct vector control and promote personal protection measures in schools.

- UNICEF Brazil signed a national pact with the Ministry of Education to prepare children and adolescents in schools to mobilize their communities in order to reduce breeding sites. During 2016, UNICEF worked in primary and secondary schools located in the Semiarid and Amazon Regions;
- UNICEF worked closely with eight urban centre capitals (PCU) during the Zika virus outbreak. In Belém, capital of Pará state (in the Amazon Region), UNICEF organized workshops in schools, reaching over 800 adolescents.

3 UNICEF promoted the participation of all family members, including boys and girls, in the development and implementation of communication and educational family activities and other response strategies related to vector control around homes and care seeking behaviour.

- Using a child-to-child approach, a total of 1,003 children and adolescents received direct training in order to share knowledge with other 10,000 children, acting as agents for social mobilization in their communities.

Care & Support for those affected

Support to families with children with microcephaly and other neurological disorders.

1 Semiarid-region:

- In the Semiarid region, a total of 600 professionals were trained in one on-line format course to strengthen families' competences for Zika prevention, care and support for affected babies and families;
- In the Ceará state, UNICEF is supporting the NGO NUTEP in the development of an innovative early interventions initiative with an ongoing longitudinal follow-up study of 22 families and their babies.

2 Networks of Inclusion project (Recife, state of Pernambuco, and Campina Grande, state of Paraíba):

⁸ UNICEF Municipal Seal of Approval reporting platform

- ↳ UNICEF established local Inter-sectoral Committees of Networks of Inclusion in the municipalities of Campina Grande (state of Paraíba) and Recife (state of Pernambuco);
- ↳ UNICEF developed home-based care guidelines developed for stimulation of children with developmental delay in home and school environments;
- ↳ UNICEF created a methodology to train health professionals, early child educators and social workers in strategies to stimulate children with developmental delay in home and school environments;
- ↳ UNICEF developed a training methodology for the stimulation of child development in the home and school environment, validated by 60 specialist in the areas of health, education, and social protection;
- ↳ WHO, in partnership with UNICEF, developed a guide for psychosocial support to pregnant women, families and caregivers of children with Zika virus Congenital Syndrome and other disabilities, adapted to the Brazilian context;
- ↳ UNICEF, in partnership with PAHO and MoH, designed a methodology for the training of health and education professionals and social workers on the psychosocial approach to support pregnant women, families and caregivers of children with Zika virus and other disabilities;
- ↳ UNICEF delivered 380 multisensory kits to the municipal managers of Campina Grande and Recife;
- ↳ A total 100 professionals of health, education and social protection participating in the implementation process in the municipalities of Recife and Campina Grande;
- ↳ A total of 380 families/caregivers participated in the Inclusion Networks project. It represented 100 per cent of all families supported by the municipalities of Recife and Campina Grande in the public health system;
- ↳ A total of 402 primary health care professionals trained in the clinical management and rehabilitation of children, and for the follow-up of pregnant women in Campina Grande and Recife, as a result of the partnership between UNICEF and the ZIKALab Project, coordinated by the Institute for Research and Social Development - IPADS.

Coordination:

UNICEF coordinated and supported country/sub-regional preparedness activities such as:

- ↳ UNICEF participated in the coordination of the response on local level and in control rooms to face the Aedes aegypti and monitor microcephaly and other neurological disorders cases;

UNICEF supported the creation of 455 municipal inter-sectoral committees to face the challenges of the Zika epidemic.

Highlights of the Legal Amazon region

The work plan “Response to Aedes Aegypti in Brazil 2016” to reduce Aedes aegypti breeding sites prepared by UNICEF was presented and approved by all nine states of the Amazon Region.

UNICEF supported about 55 per cent of the development of the State Contingency Plans on control of Zika, Chikungunya and Dengue infectious in Amazon region.

A total of 304 out of 699 municipalities participating in the UNICEF *Seal* were trained to implement Municipal Action Plans to reduce Aedes aegypti breeding sites.

A total of 174 municipalities (57 per cent) participating in the *Seal*, implemented activities to reduce breeding sites.

From the total of 117 prioritized municipalities⁹, 78 per cent organized “the epidemiological situation rooms”, 92 per cent using child-to-child approach in education plans, and 87 per cent organized community task forces to reduce breeding sites.

A total of 822 youth and adolescents were trained to mobilize communities and families and raised awareness on reduction of the Aedes aegypti breeding sites.

A total of 275 health professionals trained as train of trainers on the Kit Strengthen Brazilian Families content related to Aedes aegypti control.

The majority of municipalities (91 per cent) certified with the UNICEF *Seal* did not present a mosquito risk situation in the last quarter of 2016.

A guide on how to combat the mosquito Aedes aegypti was developed and distributed to all Amazon states.

A total of 1,210 people received weekly newsletters on Zika virus epidemic situation.



• ⁹ A total of 117 municipalities in the Amazon region were prioritized based on case numbers and the incidence of diseases transmitted by Aedes aegypti, as well as the indexes of outbreaks of municipal mosquito infestation.

3. Financial Analysis

During 2016, the Health thematic funds were used to implement the activities under the Survive and Develop programme component.

The funding available in 2016 was fundamental to achieve the following:

- Support to 471 participants of the *Seal* in PAM and SAB, to elaborate their Early Childhood Municipal Plans
- Support to four states of the Amazon Region to finalize their Early Childhood State Plans
- U-Report survey applied to 500 adolescents to check their perception of the Zika virus epidemic.
- A total of 600 professionals were trained through one on-line format course to strengthen families' competences for Zika prevention, care and support for affected babies and their families.
- A total of 31 capacity-building sessions where 3,011 mobilizers from 991 municipalities in 19 states were trained on to halt mosquito proliferation.
- Delivery of 380 multisensory kits to the municipal managers of Campina Grande, state of Paraíba and Recife, state of Pernambuco
- A total of 304 out of 699 municipalities participating in the *Seal* were trained to implement Municipal Action Plans to reduce *Aedes aegypti* breeding sites.
- In the Amazon region, a total of 822 youth and adolescents were trained to mobilize communities and families and raised awareness on reduction of the *Aedes aegypti* breeding sites.
- A total of 275 health professionals trained as trainers on the Kit Strengthen Brazilian Families content related to *Aedes aegypti* control.

The Thematic/OR funding was essential to achieve set programme results, contributing to the reduction of existing funding gaps that risked planned interventions. Therefore, due to the limitation of funds the following results could not be entirely achieved:

- Reduction of indigenous children undernutrition;
- Reduction of child obesity;
- Reduction of C-sections;
- Strengthening of the Aedes aegypti prevention and increasing of families and babies care and support.

In order to address the unfinished business of the previous Country Programme, UNICEF look forward to receiving of further resources to continue implementing the activities and develop more actions in favour of children's rights.

Table 1 - Planned budget = expenses by Outcome Area

Outcome Area 1: Health – Brazil

Planned and Funded for the Country Programme 2016 (in US Dollar)

Intermediate Results	Funding Type	Planned Budget = expenses
01-04 Child health	RR	5,270
	ORR	44,523
01-05 Health systems strengthening	RR	8,873
	ORR	287,158
01-07 Health # General	RR	85,340
	ORR	950,095
Total Budget		1,381,259

Table 2: Country-level thematic contributions to outcome area received in 2016

Outcome Area 1: Health – Brazil

Thematic Contributions Received for Outcome Area 1 by UNICEF Brazil in 2016

(in US Dollars)

Donors	Grant Number	Contribution Amount	Programmable Amount
United States Fund for UNICEF	SC1499010104	100,000	95,238
Total		100,000	95,238

Table 3: Expenditures in the Outcome Area

Outcome Area 1: Health – Brazil

2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-04 Child health	-	44,523	5,270	49,793
01-05 Health systems strengthening	-	287,158	8,873	296,031
01-07 Health # General	-	950,095	85,340	1,035,435
Total	-	1,281,776	99,483	1,381,259

Table 4 - Thematic Expenses by Programme Area

Outcome Area 1: Health - Brazil

Fund Category	All Programme Accounts
Year	2016
Business Area	Brazil - 0540
Prorated Outcome Area	01 Health
Donor Class Level2	Thematic

Row Labels	Expense
Other Resources - Regular	46,467
01-04 Child health	37,480
01-05 Health systems strengthening	7,007
01-07 Health # General	1,980
Grand Total	46,467

Table 5 - Expenses by Specific Intervention Codes

Outcome Area 1: Health - Brazil

Fund Category	All Programme Accounts
Year	2016
Business Area	Brazil - 0540
Prorated Outcome Area	01 Health

Row Labels	Expense
01-04-13 Child health # General	33,588
01-05-02 Health # MIS	348
01-05-05 Health systems strengthening # General	56,207
01-07-05 Health technical assistance to regional and country offices	543,945
08-01-06 Planning # General	3,468
08-02-08 Monitoring # General	12,695
08-03-01 Cross-sectoral Communication for Development	88,773
08-03-03 C4D # training and curriculum development	376
08-04-01 Parenting programmes / parenting education and support	37,632
08-04-03 Early Childhood Development # General	127,493
08-07-01 Adolescent development # General	62,489
08-09-01 Innovation activities	79
08-09-06 Other # non-classifiable cross-sectoral activities	196,860
08-09-07 Public Advocacy	23
08-09-11 Emergency preparedness and response (General)	27
12-02-01 Private sector fundraising (Offset budget)	117,774
7921 Operations # financial and administration	99,483
Grand Total	1,381,260

Future Work

4. Plan

All the thematic areas below are established in the UNICEF Country Programme 2017-2021 and approved by the Federal government, based on strong situation analyses, gaps identified in the public policies and the vulnerabilities of excluded women, girls and boys. The funds to support the development of the activities will be maximized considering the way UNICEF works in Brazil, its huge presence in the field, power of convening and credibility. On the other hand, the number of funds available will determine the size and scope of the activities to be carried out as well as the expected results.

1 - Dengue, Chikungunya, Zika and Yellow fever: and now what?

Chikungunya, Dengue, Zika and Yellow Fever (Yellow Fever only in urban areas) are diseases transmitted by the *Aedes aegypti* mosquito.

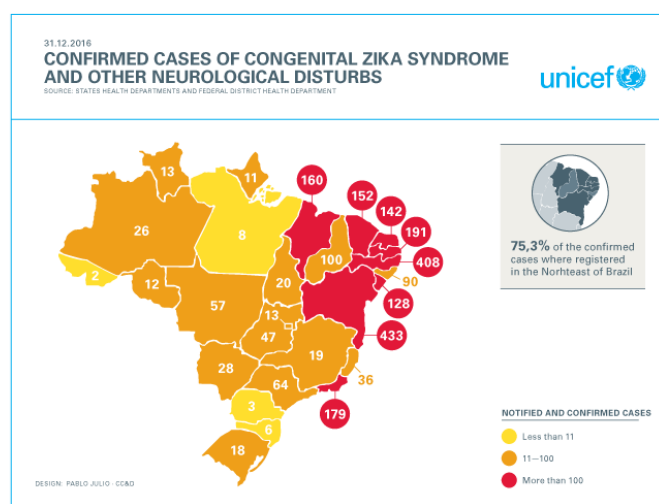
According to the Fast Index Survey for *Aedes aegypti* (LIRAA), disclosed by the MoH, **Chikungunya** cases grew by **850 per cent** in 2016 compared to 2015.

In 2016, **1,496.282 cases of Dengue** were confirmed in Brazil. Dengue cases grew by 61 per cent in 2016 compared to 2014. Most cases occurred in the Northeast region causing more than 600 deaths among the most vulnerable population.

Besides, **2,415 cases** of children with microcephaly and other neurological disorders affected by **Zika virus** were confirmed, 77,3 per cent of which were in the Northeast region.

Yellow Fever is a serious disease transmitted by mosquitoes in urban or sylvan areas. In the sylvan cycle, in forest areas, the Yellow Fever vector is mainly the *Haemagogus* mosquito. In the urban area, the transmission occurs through the *Aedes aegypti* mosquito. To date, 1,500 suspected cases have been reported in 176 municipalities, with 127 confirmed deaths. States and federal government health teams are investigating all cases. Vaccination against Yellow Fever is being carried out on people living in rural areas of the municipalities with suspected cases. The World Health Organization believes that only one dose of the vaccine is enough for lifelong protection. Although the last cases of urban yellow fever were recorded in 1942 in the Northern region of Brazil, the endemic presence of the *Aedes aegypti* mosquito in urban areas puts health authorities on alert.

At this moment, as there are no available vaccines and specific treatment for Dengue, Chikungunya and Zika fever, the most effective way to prevent these illnesses is to empower poor people to protect themselves and reduce the *Aedes aegypti* breeding sites.



The Network of Inclusion project will continue to be implemented. An international seminar will be held in the second semester to bring together all partners in order to present the results and establish the dissemination among the country.

In 2017, UNICEF will continue to work on behaviour change communication (BCC) with a focus on the reduction and control of domestic breeding sites. However, the dialogue with Federal, state and municipal governments must be intensified in order to increase the access of disadvantage population to clean water and sanitation.

Response to Aedes Aegypti in Brazil budget for 2017: U\$ 250,000.00

2 - Children dying from chronic hunger versus children growing obese

According to the Ministry of Health, between 1990 and 2012, the infant mortality rate fell by 68,4 per cent, achieving the MDG goals three years before the deadline. Nevertheless, indigenous children are still the main victims of child mortality. Malnutrition in this population group is associated with deaths from diarrhoea and respiratory infections. Among children under five years old living in the North region, 40 per cent suffer from chronic malnutrition. In some ethnic groups the percentage reaches 83 per cent. While indigenous children are dying from malnutrition, there is an increase in children who are overweight and obese, thus favouring the occurrence of non-communicable diseases.

UNICEF Health Food and Nutrition activities: U\$800,000.00

3 – Maternal Health

Antenatal care also goes hand in hand with quality in birth assistance: in this area, Brazil holds the alarming record of caesarean section deliveries in the world, with recent evidence showing possible links between this type of delivery and prematurity (the main cause of infant mortality in Brazil).

Another challenge for Brazil is to reduce maternal mortality. The country did not achieve the Millennium Development Goal 5.

UNICEF Maternal Health activities: U\$700,000.00

5. Expression of Thanks

UNICEF Brazil acknowledges the contributions from resources partners that allowed the implementation of actions that have brought results in the lives of thousands of vulnerable children and adolescents living in such poor areas as the Amazon and Semiarid regions and in large urban centres. Beyond the fund amount, the flexibility of thematic support allowed UNICEF to achieve the results planned for 2016.

UNICEF Brazil takes this opportunity to express its sincere thanks to all partners for their collaboration and financial support to date, which has given an essential opportunity to fulfil children's rights to survive and develop, helping to develop an environment increasingly conducive to the implementation of the rights of each and every child in Brazil.

Annex 1 – Human Interest Stories

The story of Livia: a family effort to care for a baby

Eight months ago, Amanda's life changed completely with the arrival of Livia. The baby girl, who has Zika's Congenital Syndrome, is now her family's reason to live

"I always took precaution measures to avoid the Zika. Even before I got pregnant, I was already careful, fearing the disease. During pregnancy, I would use insect repellent every day, I did everything right, but always felt that constant fear".

"Everything was going well until the 7th month of my pregnancy, when I felt the symptoms of Zika. I had been infected. Two weeks later, I went for a routine ultrasound exam and found out that Livia was getting microcephaly and her head was smaller than the standard size. I was alone at the time and felt terrible. Your world falls apart at the moment of the news. Like a flush of emotions. You idealize a perfect child, you dream about it. Moreover, suddenly, you discover that you are going to have a child with special needs and your life will not ever be the same".

"My first reaction was to rebel against the world. I felt powerless and unprotected. I just thought: I'm going to have my daughter with microcephaly, without a vaccine, or anything. I'll have to wait, with bound hands, to see how far the virus will calcify her brain. And that is what it did".

"The days before her birth were very difficult. I thought I'd reject her. I wanted to get depressed, I did not want to end my prenatal care, and I closed myself to the world".

"Then I heard that there was a solution: the Pedro I Hospital, here in Campina Grande (Paraíba State), which is part of the UNICEF Networks of Inclusion Project. I found the courage to go there and, when I arrived, the doctors welcomed me. They talked about the Congenital Zika Syndrome, explaining how to care for my daughter, and telling me that they would support me in everything. Their reception was crucial and this gave me strength to continue".



A family effort to care for a baby

“It has been eight months since Livia was born and our life has changed completely. I had to quit my job and the situation tightened a bit. In the beginning, they denied her the Continuous Assistance Benefit. My husband earns a minimum wage (U\$ 245.00) and Livia takes four pills a day, one of which costs U\$ 92.00 alone. We were using our food money to buy her medication”.

“But then we got the benefit and things got better. It is not a lot of money, but enough to pay for the drugs. Most of them are not yet available in the public network, so we have to buy them”.

“On the other hand, I am so happy with all the support we are receiving from the Networks of Inclusion Project. Twice a week, Livia sees a doctor at the Pedro I Hospital and twice a week at the university. My daughter has access to all the stimulation processes and we can see the results”.

"In addition to the medical care, the project gave us a multisensory kit to increase the stimulation at home. We already have some objects, but the kit is different: it was designed for children like Livia, has contrasting colour and sounds. With it, Livia will develop even more".

"Our routine at home has also changed a lot. When we are eating, I bring Livia closer, pick up a spoon from the kit, knock, and make random noises to stimulate her. My husband arrives from work, sometimes very tired, but he knows Livia needs attention. We sit on the floor, pick up the coloured objects, and stay up until 10 p.m. stimulation her".



“All of this has brought many results; Nowadays, my daughter already holds her head, she stands. If we call her, she looks. This is a victory! We recently bought her glasses, because she does not see very well. With her glasses, she developed even more. I feel like a rich woman just by seeing my daughter like that, growing and developing!”

About the project

The Networks of Inclusion Project, a UNICEF initiative, is a coordinated action with the Federal, state and municipal government levels, civil society (Altino Ventura Foundation - FAV, the National Council of Municipal Health Secretariats (CONASEMS), the Institute for Research and Support for Social Development -IPADS), other international organizations such as PAHO / WHO, UN Women and the private sector (Johnson & Johnson) to guarantee the rights of children with the Zika Syndrome and other disabilities.

The project is being carried out in Recife, the capital of the Pernambuco state and Campina Grande, in the state of Paraíba, municipalities with high risk for Zika virus infection and among the most critical in relation to the number of cases of Congenital Zika Syndrome.

Little Environmental Guardians: All the students against the Zika fever and in favour of the Amazon forest



Students in the Goiás Municipal School, a Quilombo¹⁰ school located in the rural area of Macapá (state of Amapá), north of Brazil, learn from an early age how to tackle the mosquito and care for the environment. Located close to a river and the Amazon forest, the school was always immersed in environmental and cultural matters.

Four years ago, thinking about the difference these children can make acting as change agents, Benivaldo, the school principal for the past 16 years, started a project called “Little Environmental Guardians”. The main idea of the School principal was to create a group of students in different grades for long-term education in environmental education subjects. These children start to gather periodically to talk about a wide range of subjects, which go from the right way to discard residues to global warming. From the start of the project 4 years ago, the Goiás School has a real squad of 80 nature defenders. They are 8 to 11 year old boys and girls capable of bringing awareness to friends, communities and any visitor to the region.

Among the major subjects discussed by the children is the malaria mosquito. “Our community is the biggest focus of malaria in the Macapá State”, says the principal. “The disease, unfortunately, is part of our student’s life. So they learn early how to identify the malaria mosquito”.

A more beautiful Macapá, with no Dengue, and no Zika fever.

In 2016, another mosquito started to worry students in this region: the *Aedes aegypti*. The Municipal Education Secretariat of Macapá launched a project called “A more beautiful Macapá, with no Dengue and no Zika” and the Goiás Municipal School was invited to be part of it.

¹⁰ Quilombos are Brazilian community settlements founded by afro descendants.

This initiative taken by the local government is part of the UNICEF Municipal *Seal of Approval*¹¹ actions and has as its main objective to mobilize and empower children. “We offered training to the educators and we gave them autonomy and support for each school to develop their own action plans, based on their local context”. In the Goiás Municipal School, this campaign came to add to the ‘Little Environment Guardians’ project. “Just by looking, children here were already capable of identifying the Malaria mosquito and the strategies to combat it. When we started to talk about the *Aedes aegypti*, they started to learn the differences between both mosquitos, expanding their knowledge”, explains Benivaldo.

The success of the initiative was clear in the children’s speech. When asked about the *Aedes*, they promptly start to explain: “The problem with this mosquito is still water. Differing from the Malaria mosquito, it does not live in the forest, but it can thrive in a small bottle cap like this



one! The only way to expel it is by not leaving any still water in recipients. We also need to look at the recipients with close attention because if we see some little balls, those are mosquito eggs. They lay eggs that can survive even with no water, did you know that? But if we join forces, we can get rid of them!”

¹¹ The UNICEF Municipal Seal of Approval is a strategy to make children and adolescents a priority in public policies across the Brazilian Semi-arid and Amazon Regions, by building and strengthening the capacities of duty bearers and rights holders at the municipal level.

Annex II – Donor Feedback Form

Title of Report/Project:

UNICEF Office:

Donor:

Date:

Donor Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the Public Sector Alliances and Resource Mobilization Office (PARMO) who will share your input with relevant colleagues in the field and in headquarters. Thank you!

Please return the completed form back to UNICEF by email to:

Name:

Email:

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?
