



EUROPEAN COMMISSION

DIRECTORATE-GENERAL FOR HUMANITARIAN AID AND CIVIL PROTECTION - ECHO  
**SINGLE FORM FOR HUMANITARIAN AID ACTIONS**

(Offline Work Document: Request (RQ))

## 1. GENERAL INFORMATION

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### 1.2 Title of the Action

Brazil Emergency Response Project

### 1.3 Area of intervention

**World area :**

America

**Country :**

Brazil

**Region :**

Southeast region in the state of Rio de Janeiro

### 1.4 Start date of the Action

**Start date** 24/01/2011

**If the Action has already started explain the reason that justifies this situation (urgent Action or other reason)**

N/A

### 1.5 Duration of the Action in months

**Months**

6

**Days**

0

### 1.6 Start date for eligibility of expenditure

**Is the start date for eligibility of expenditure equal to the date of submission of the initial proposal ?**

yes

**Explain expenses charged to the budget between date of submission of the initial proposal and start date of the action**

N/A

**If no, enter the start date for eligibility and explain above**

### 1.7 Requested funding modalities for this agreement

**Requested funding**

100% financing

**In case of 100% financing, justify the request**

At the time of proposal writing there was no further information from ECHO regarding co-financing requirements

### 1.8 Urgent action

**Is urgent?**

yes

**if yes :**

Urgent action in the framework of another ECHO decision

**In case of urgent action in the framework of another ECHO decision, Please justify**

Ad hoc decision Small Scale Response

## 2. NEEDS ASSESSMENT

### 2.1 Date(s) of assessment; methodology and sources of information used; organisation/person(s) responsible for the assessment

CARE Brazil and Save the Children Brazil - with the support of their respective regional emergencies coordinators for Latin America - conducted a needs assessment in the area of Petropolis, Teresopolis and Nova Friburgo during the period of 15 - 22 of January 2011. The assessment included site visits using Save the Children's and CARE's global standards and checklist (for example Emergency Standard Operating Procedures - ESOP) and visits and interviews with local authorities. In the Municipalities, the team met with local authorities to collect and confirm data. At the national level, the CEO of Save the Children met with Civil Defence to coordinate participation of Civil Defence in the needs assessment.

The people responsible for the assessment were:

- José Claudio Barros - Programme Manager, CARE Brazil, 00 55 11 3226 0081, [jbarros@br.care.org](mailto:jbarros@br.care.org)
- Hauke Hoops - Regional Emergencies Coordinator, CARE Latin America and Caribbean [hoops@careinternational.org](mailto:hoops@careinternational.org)
- Leila Menezes - Emergencies Coordinator, CARE Brazil, 00 55 11 3226 0081, [lmenezes@br.care.org](mailto:lmenezes@br.care.org)
- Marcelo Arana - Project Officer Rio de Janeiro, CARE Brazil, 00 55 11 3226 0081, [marana@br.care.org](mailto:marana@br.care.org)
- Stijn DeLameillieure- Regional Program Manager SC UK, 00 44 7917599796, [s.delameillieure@savethechildren.org.uk](mailto:s.delameillieure@savethechildren.org.uk)
- Heloísa Oliveira - CEO - Save the Children Brazil, 00 55 11 6432-0049 [heloisa@fundabring.org.br](mailto:heloisa@fundabring.org.br)
- Denise Cesário - Program Director - Save the Children Brazil, 00 55 11 8699-3472, [gpp@fundabring.org.br](mailto:gpp@fundabring.org.br)
- Fernanda Ferreira. -Save the Children Brazil CRE Focal Point 55 81 99243785, [f.ferreira@fundabring.org.br](mailto:f.ferreira@fundabring.org.br)
- Emilio Boyago Jardim - Technical Assistant - Save the Children Brazil 55 11 38484893

### 2.2 Problem statement and stakeholder analysis

th Toll Rises up to 777 in Brazil Mudslides of which Save the Children and CARE fear up to 30% could be children. More rain is to be expected over the coming months (Source: Civil Defence). Total of people disappeared is 479 of which 48 are children (Public Ministry State of Rio de Janeiro, 21/01/2011).

The storms dumped the equivalent of a month's rain on the disaster zone in recent days, leaving a trail of destruction through the Serrana region near Rio. Especially the towns of Teresopolis, Petropolis and Nova Friburgo are seriously hit. Access to Nova Friburgo remains very complicated. The situation is being described as one of the country's worst natural disasters (VOA, 140111).

The total population of these three towns is 641,865 of which 182,339 are children (28%). A large % of this population is affected. Most of the population live in urban areas (91%), which are the areas most affected by the mudslides (Source: IBGE).

The government has allocated some \$460 million in emergency aid for the affected areas, but it is clear from the assessment that municipalities lack coordination and organisation to access fully these funds Both Civil Defence and Army (up to 500 soldiers) are still conducting rescue works.

Estimated total of displaced people living in families/friends and shelters (This is based on various sources as accurate data is still difficult to obtain).

In Petropolis, 66 people are confirmed to have died and up to 4,000 people have lost their homes of which approximately 1700 are children. However, the total is expected to increase. People who lost their homes are living in shelters and houses of friends and family.

In Teresopolis 324 people are confirmed to have died, but the total is expected to rise. Local authorities and Civil Defence estimate the total of people who lost their homes to be around 10,500 of which up to 30% are estimated to be children. Approximately 2,841 are living in shelters.

In Nova Friburgo, the number of persons confirmed dead rose to 387, with more than 4,500 persons having lost their homes and are living with families or in shelters.

The heavy rainfall has caused rivers to flood, cutting off towns from access, destroying roads and bridges,

complicating supplies of water and food (Source: Civil Defence). In general, the heavy rains at the beginning of each year are expected to occur until April.

The school year in Brazil is starting on February 1<sup>st</sup>, but many schools will not be able to open due to damage. Only in Petropolis the assessment team confirmed that in total 6 schools will not be able to open in February, making it difficult to for about 1700 students to access education.

The organisation present in the area, other that CARE and Save the Children, are the Brazilian government bodies as civil defence and the Brazilian Red Cross. Both agencies are working jointly together, very close and well articulated with the relevant government entities.

### 2.3 Summarise findings of the assessment (include full report in annex, if relevant) and link these to the Action

Seeannex1 There is an urgent need to improve hygiene conditions for families (women, men, and children) which are relocated either with family members or friends or in the shelters mainly offered by municipalities or by local churches. There is also an urgent need for immediate protection for children in shelters and activate wider protection mechanism for children in the affected areas. In addition, there is lack of coordination within the emergency response. Better emergency planning at community and governmental level is needed. Discussions with Civil Defence have showed a clear interest in this and action will focus to provide capacity building and training on emergency planning including the application of SPHERE standards. The immediate response would be the procurement and distribution of hygiene kits. The criteria for distribution would be to participatory identify the most vulnerable people in coordination with the municipalities, civil defence, local partners, and affected persons comities. Immediate purchase of family hygiene kits should be arranged to be able to start distributions asap, meanwhile the exact numbers of the specific gender & vulnerable sensitive kits will be determined. The distribution of the kits should be supported by local civil society and in coordination with the municipality. The added value would be to enable the municipality to replicate the distribution of hygiene kits, then facilitated by their funds available from the central government. Many persons with lost their homes have found shelter with family members or friends, and the registration process is slow and not accurate. It is important to mention that access to hygiene articles and promotion should be done. This is challenging the registration of affected persons. Although there are many goods coming in, the needs of the affected persons for immediate relief are only partly met. The municipalities are working with voluntaries to receive the items in storage places, and distribute them from there. But the capacity of storage space and manpower seem to be limited. Also, specific kits, gender sensitive, and for specific groups as elderly people are not provided. Municipalities expressed that they lack items like towels, hygiene items, among others. In Teresopolis, the municipality is planning to relocate the persons in public shelters to a unique temporary shelter composed of tents on the area of a former farm. The purpose is to ensure that public buildings and schools can function as such. Simultaneously, the municipalities are promising to address the issue of permanent housing. The relocation to the tents is likely to take place very quickly, as tents are provided by "Shelterbox". According to other experiences in Brazil, the permanent housing will probably take many month or likely years. The presence of humanitarian agencies to proactively influence the authorities on long term risk management as well as to provide areas for settlement for the housing in no-risk areas would be a priority. In addition, the application of existing laws as for example the formation of emergency comities, or to ensure that high risk areas will not be used for settlement. Persons in shelters are not well organized, and it may have an added value to facilitate (public health) promoters to the shelters to ensure organization of beneficiaries through formation of shelter comities. A comity for each shelter would be recommendable, to ensure people can coordinate their needs and that especially the vulnerable persons live in safe conditions. The existing comities were overloaded with work. A general lack of coordination among government authorities has been observed. The activities of the involved municipality bodies are mostly not coordinated with their peers. In order with Brazil laws it is indicated to form local emergency committees. But the municipal civil defences do not have the capacity and knowledge to support formation of the local committees.

The tables ( if necessary ) must be annexed.

#### Tables with additional information

City/Data	Hab (1)	Deaths (2)	Identified (3)	&lt; 18 years identified (3)
Nova Friburgo	173.321	387	339	103
Petropolis	296.044	66	65	14
Teresopolis	138.081	324	245	69
<b>Total</b>	<b>607.446</b>	<b>777</b>	<b>649</b>	<b>186</b>

City/Data	Dissappeared (4)	Children Dissappeared (4)	Impacted(5)	Displaced (families/friends) (5)	Displaced Shelters (5)
Nova Friburgo	142	14	18.000	3220	1323
Petropolis	48	1	15.000	3600	318
Teresopolis	178	40	17.000	960	1200
<b>Total</b>	<b>368</b>	<b>55</b>	<b>50.000</b>	<b>7780</b>	<b>2841</b>

### 3. HUMANITARIAN ORGANISATION IN THE AREA OF INTERVENTION

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#### 3.1 Humanitarian Organisation's presence in the area of intervention

##### brief overview of strategy and current or recent activities in the country

South-America is CARE Nederland's focus region, with disaster risk reduction and climate change adaptation, emergency response and rehabilitation, environment and natural resource management as the thematic areas for strategic programming. In the region, CARE has engaged in several disaster response projects, jointly with other partners, within the framework of several ECHO calls. CARE Brazil has been operational in Brazil since 2001 and in the State of Rio de Janeiro since 2003. CARE's approach involves 'local development', a holistic response to poverty, and emergency response. Since 2010, CARE has established a team dedicated specifically to finding long-term solutions to natural disasters and climate change in Brazil, specifically through prevention activities, and with the capacity to respond directly and immediately to natural disasters as and when they occur. CARE Brazil is a member of CARE International and has been working closely with the regional emergencies unit for Latin America, in order to devise appropriate emergency response strategies. CARE Brazil also has a long history of working with the European Union and is currently implementing a three year project in the State of Piauí aimed at finding durable solutions to rural poverty. In the Rio de Janeiro State, CARE's work has focussed on urban favelas (generally used term for a shanty town in Brazil, notably in the Maré, and on improving the quality of education in the urban periphery of Rio city, in the municipality of Duque de Caxias. Save the Children has been working in Brazil since 1990 defending the rights of children particularly those affected by conflict and violence. The two principal areas of focus have been in protection and education (including early childhood development), but also include advocacy (at national and local level), emergency response, livelihoods and health. Save the Children's mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. SC has been working in Brazil since 1990 defending the rights of children particularly those affected by conflict and violence. The two principal areas of focus have been in protection and education (including early childhood development), but also include advocacy (at national and local level), emergency response, livelihoods and health. Since 2004 Save the Children International (SCI) entered in partnership with Fundação Abrinq to establish Save the Children Brazil (SCBR), the 28th member of SCI which became reality in 2010. SCBR continues to be supported by SCI its respective members, both in program development and emergency response. Save the Children also has experience in responding to natural disasters in Brazil, including the following: 2004 "Respuesta enfocada en derechos de la niñez, a las inundaciones en los Estados de Pernambuco y Bahia, Brasil" 2005 "Fortalecimiento de las Brigadas de Jóvenes, para la prevención, preparación y respuesta a emergencias" 2009 Respuesta humanitaria a los afectados por inundaciones en Noreste de Brasil (Ceara) 2009 Response to severe flooding in the Maciço do Baturité Region of Ceará State, Northeast Region of Brazil. Save the Children, since 2002, has worked with the support and technical assistance of CRE-Brazil (CRE-Brazil is a NGO (non-government organization) chartered under the laws of Brazil and is dedicated to increasing the transparency and quality of Brazilian regulations) to strengthen the capacity of Save the Children at the local level to respond to and mitigate the effects of disasters. CRE supports Save the Children in 17 countries in Latin America. Save the Children has been working with ECHO in South America, for the last 6 years in projects related to Disasters Preparedness and Emergencies response.

#### 3.2 Actions currently on-going and funding requests submitted to other donors (including other EC services) in the same area of intervention - indicate how overlap and double funding would be avoided

In addition to the Brazilian government bodies as civil defence and the Brazilian Red Cross, the main Humanitarian agencies present in the region are Save the Children Brazil and CARE Brazil. World Vision has a small response program (1 or 2 safe play areas in Nova Friburgo).

Both agencies are working jointly together, very close and well articulated with the relevant government entities.

The emergency response of CARE Brazil and of Save the Children Brazil will be supported by national society of both agencies networks.

Save the Children UK will provide to support to Save the Children Brazil in relation to Child Protection.

Save the Children UK is providing at least EURO 20000 to the response having financed the needs assessment

and started already the distribution of Safe Play Area kits in Petropolis.

CARE Brazil has received in-kind donations from private donors: 1000 hygiene kits for a total of 2400 persons (to be assembled according to needs of families, women, babies, elderly), and 300 cleaning kits. These in-kind donations will be part of the CARE response in the 3 target municipalities of the ECHO proposal.

CARE International is contributing at least EURO 35000, via affiliates as CARE Germany, and CARE US.

## 4. OPERATIONAL FRAMEWORK

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### 4.1 Exact location of the Action (include map of action location)

<u>World area</u>	<u>Country</u>	<u>Region</u>	<u>Location</u>
America	Brazil	Southeast region in the state of Rio de Janeiro	The municipalities of Petropolis, Teresopolis, and Nova Friburgo

#### Map of action location (reference)

Please find a map of action location in Annex 2.

### 4.2 Beneficiaries

#### 4.2.1 Total number of direct beneficiaries

**Total number** 6,842

#### Comments

The total numbers of beneficiaries that will benefit from the action are:6842 persons (men, women and children).

#### Tables with additional information

#### 4.2.2 Status of the direct beneficiaries (multiple options possible)

- IDPs
- Refugees
- Returnees
- Local population
- Others

#### 4.2.3 Specificities of direct beneficiaries (please elaborate, refer to groups as appropriate, e.g. unaccompanied minors, disabled, children, ex-combatants ...)

Direct beneficiaries include children (0-18 years old) in shelters and houses of families/friends, social workers, local NGOs, volunteers and civil servants.

#### 4.2.4 Direct beneficiary identification mechanisms and criteria

Direct beneficiaries have been identified through the needs assessment and based on available data of the civil defence and municipalities.

#### 4.2.5 Describe to what extent and how the direct beneficiaries were involved in the design of the Action

Local NGOs and authorities in both Petropolis and Teresopolis have been involved in discussions on the design of the project. Civil Defence has been consulted as well to assure their interest in the preparedness activities of the project. Save the children conducted a meeting at national level with the Civil Defence prior to the needs assessment to discuss the situation in the Serrana Region and the current response. One of the outcomes of this meeting has been a confirmed interest in support to improve emergency preparedness planning.

#### 4.2.6 Other potential beneficiaries (indirect, "catchment", etc.)

Number of other potential beneficiaries

640,000

**Comment**

Other potential beneficiaries of the action are:  
 - Children benefitting from the child protection networks;  
 - Parents of children receiving "school in a bag" kits;  
 - Population of the 3 municipalities of the project will benefit from the disaster preparedness component (>640.000 persons, of which 28% are children).

**4.2.7 Direct beneficiaries per sector**

**Comments**

Sector	Number of beneficiaries
<b>Relief</b>	
Distribution of family hygiene kits	2500 persons (625 families)
Distribution of specific hygiene kits to elderly, mother & baby	2000 persons
<b>Protection</b>	
Education kits	1862 children
Safe play areas	150 children
Trained persons for implementing protection activities	30 civil servants and social workers trained
<b>Disaster Preparedness</b>	
Civil defence, municipality workers, voluntaries, local committee members	300 persons

**Sector name**

**Number of beneficiaries per sector**

**Target**

Water, sanitation and hygiene promotion	4,500
Protection	2,042
Disaster preparedness	300

## 4.3.1 OPERATIONAL OVERVIEW OF THE ACTION : LOGICAL FRAMEWORK

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### Principal objective

To facilitate the short term recovery of flood affected populations in most affected populations in the state of Rio de Janeiro, Brazil and to reduce vulnerability and strengthen their capacities against floods and mudslides.

### Risks and assumptions

Risk = Further severe weather disturbances may hamper implementation

Assumption (A) = Direct beneficiaries and other stakeholders will fully support the project's strategy

### Preconditions

1. Project beneficiaries are enthusiastic and ready to participate in the project
2. Staff with required knowledge and skills are available for timely recruitment
3. Availability of ECHO funding

### Specific objective

To contribute to the provision of stable hygiene conditions and protection for most affected populations affected by mudslides and flooding in the area of intervention and increased capacities of all stakeholders in coping with mudslides and flooding.

#### indicator 1 of specific objective

The hygiene conditions of 4500 persons have been improved.

**target value** 4500 persons

**source of verification**

1. Distribution lists
2. Attendance sheets
3. Financial records and reports
4. Monitoring and 'community audit' reports

#### indicator 2 of specific objective

Access to education for 1862 children has been facilitated

**target value** 1862 children

**source of verification**

1. Distribution lists
2. Attendance sheets
3. Financial records and reports
4. Monitoring and 'community audit' reports

#### indicator 3 of specific objective

150 children in shelters/families enjoy improved protection and psychosocial support

**target value** 150 children

**source of verification**

1. Distribution lists
2. Attendance sheets
3. Financial records and reports
4. Monitoring and 'community audit' reports

#### **indicator 4 of specific objective**

30 persons have received health promotion training and are trained for implementing protection activities

**target value** 30 persons

**source of verification**

1. Distribution lists
2. Attendance sheets
3. Financial records and reports
4. Monitoring and 'community audit' reports

#### **indicator 5 of specific objective**

At least 80% of the target population participates in hygiene education activities

**target value** At least 80% of the target population

**source of verification**

1. Distribution lists
2. Attendance sheets
3. Financial records and reports
4. Monitoring and 'community audit' reports

#### **indicator 6 of specific objective**

At least 300 persons from civil defence, municipality workers, voluntaries and local committee members have strengthened capacity for emergency response and preparedness.

**target value** At least 300 persons

**source of verification**

1. Distribution lists
2. Attendance sheets
3. Financial records and reports
4. Monitoring and 'community audit' reports

#### **■ result - 1**

**Result's short description**

The hygiene conditions of people living in shelters (public & private) have been improved.

**global cost** : 54.205,00 Eur

**number of beneficiaries** : 4,500

#### **■ result - 2**

**Result's short description**

Children (0-18 years old) living in shelters and host families are protected from physical harm and psychological distress and continue learning and developing during the emergency

**global cost** : 65.118,00 Eur

**number of beneficiaries** : 2,042

■ **result - 3**

**Result's short description**

Capacity for emergency preparedness planning has been strengthened at local and municipal level.

**global cost : 31.545,00 Eur**

**number of beneficiaries : 300**

**result (1) - Details****Result's short description**

The hygiene conditions of people living in shelters (public & private) have been improved.

**Total cost (eur)** 54.205,00 **Eur**

**Sectors** Water, sanitation and hygiene promotion

**Sub-sectors** Hygiene promotion

**number of beneficiaries** 4,500

**status of beneficiaries** IDP  population  refugees  returnees  others

**Detailed description****Risks and Assumptions:**

A = direct beneficiaries will accept the improvement of hygiene conditions food as a key implementation strategy

A = cooperation of village officials and school authorities will facilitate identification of the most affected populations and specific vulnerable groups

**General comment:**

The project will purchase and distribute of hygiene kits assembled according to the specific needs of families, mother with children, babies, and elderly. The criteria for distribution would be to complete a survey on the affected population and a participatory identification of the most vulnerable persons among the men, women and children living in shelters or with families (with the additional burden). This would happen in coordination with the municipalities, civil defence, local partners, and affected persons committees.

Immediate purchase and distribution of family hygiene kits is about to be arranged asap, meanwhile the exact numbers of the specific gender & vulnerable sensitive kits will be determined. The project aims to support the formation of shelter or neighbourhood comities. The distribution of the kits will be supported by local civil society and in coordination with the municipality, in order to maintain the areas in better shape and to help articulate the displaced population. The added value would be to enable the municipality to replicate the distribution of hygiene kits, keep on facilitating by their funds available from the central government.

Training events would support the formation of the comities, which would also contribute to be better prepared for likely additional rains during the next weeks.

**result (1) - Objectively verifiable indicators****result (1) - indicator 1****Short description**

2500 persons (750 families of 4 persons) have received hygiene kits

**Sources of verification**

Results of household survey of vulnerable households and at-risk groups, Distribution lists, Attendance sheets, Financial records (purchase orders,delivery receipts,invoices, etc.),Photo documentation

**target value** 2500 persons (750 families of 4 persons)

**Detailed description**

N/A

**result (1) - indicator 2**

**Short description**

2000 most vulnerable persons (elderly, mother & baby) have received specific hygiene kits

**Sources of verification**

Results of household survey of vulnerable households and at-risk groups, Distribution lists, Attendance sheets, Financial records (purchase orders,delivery receipts,invoices, etc.),Photo documentation

**target value** 2000 most vulnerable persons

**Detailed description**

N/A

**result (1) - indicator 3**

**Short description**

Beneficiaries comities have been formed

**Sources of verification**

Results of household survey of vulnerable households and at-risk groups, Distribution lists, Attendance sheets, Financial records (purchase orders,delivery receipts,invoices, etc.),Photo documentation

**target value** Beneficiaries comities

**Detailed description**

N/A

**result (1) - indicator 4**

**Short description**

At least 80% of the target population participates in hygiene education activities (including the safe play areas - see R 2)

**Sources of verification**

Results of household survey of vulnerable households and at-risk groups, Distribution lists, Attendance sheets, Financial records (purchase orders,delivery receipts,invoices, etc.),Photo documentation

**target value** At least 80% of the target population

**Detailed description**

N/A

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**result (1) - Activities**

**result (1) - activity 1**

**Start date**

**End date**

### Short description

Identification of most affected populations and assessment of stability of hygiene conditions

### Detailed description

Identification of most affected populations through household survey of vulnerable households and at-risk groups and assessment of stability of hygiene conditions

### result (1) - activity 2

#### Start date

#### End date

#### Short description

Identification of specific vulnerable groups

#### Detailed description

Presentation of the project to the beneficiaries jointly with the municipality to the affected population in shelters and neighbourhoods to identify local committees to coordinate the process of the distribution with the beneficiaries.

### result (1) - activity 3

#### Start date

#### End date

#### Short description

Distribution of hygiene kits

#### Detailed description

One time Distribution of a set of NFI containing hygiene items such as soap, sanitary napkins, tooth brushes and paste, bed sheets for families, single headed households, elderly, mothers with child, for 6000 persons. Please note that 25% of this amount will be paid from in-kind distribution.

### result (1) - activity 4

#### Start date

#### End date

#### Short description

Hygiene education activities, including hand washing

#### Detailed description

Implementation of basic hygiene education events with the municipality to the affected population in shelters and neighbourhoods in order to monitor hygiene conditions in the area of intervention and follow up of the municipalities.

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### result (1) - Means and costs

#### result (1) - means 1

cost 12.682,00 Eur

#### Short description

Direct staff

#### Detailed description

#### result (1) - means 2

cost 720,00 Eur

#### Short description

Support Services

#### Detailed description

Office cost, Communication, Visibility

#### result (1) - means 3

<b>cost</b>	<b>3.273,00 Eur</b>
<b>Short description</b>	
Training	
<b>Detailed description</b>	
Trainings of distribution and hygiene	

**result (1) - means 4**

<b>cost</b>	<b>7.707,00 Eur</b>
<b>Short description</b>	
Transport/ logistics	
<b>Detailed description</b>	

**result (1) - means 5**

<b>cost</b>	<b>29.823,00 Eur</b>
<b>Short description</b>	
Supplies	
<b>Detailed description</b>	
Purchase and distribution of hygiene kits	

**result (2) - Details**

**Result's short description**

Children (0-18 years old) living in shelters and host families are protected from physical harm and psychological distress and continue learning and developing during the emergency

**Total cost (eur)** 65.118,00 **Eur**

**Sectors** Protection

**Sub-sectors** Child Protection

**number of beneficiaries** 2,042

**status of beneficiaries** IDP  population  refugees  returnees  others

**Detailed description**

Risks and Assumptions:

A = direct beneficiaries will accept improved protection and psychosocial support as a key implementation strategy

A = existing participatory mechanisms in schools and communities will facilitate project implementation

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**result (2) - Objectively verifiable indicators**

**result (2) - indicator 1**

**Short description**

1862 children (6-14 years) have received primary school education kits

**Sources of verification**

Distribution lists,Attendance sheets,Monitoring reports,Financial records and reports,Photo documentation,Register of Child Protection Network,Referral protocol

**target value** 1862 children (6-14 years)

**Detailed description**

N/A

**result (2) - indicator 2**

**Short description**

150 children have access to safe play areas, child protection networks and services

**Sources of verification**

Distribution lists,Attendance sheets,Monitoring reports,Financial records and reports,Photo documentation,Register of Child Protection Network,Referral protocol

**target value** 150 children

**Detailed description**

N/A

**result (2) - indicator 3**

**Short description**

30 persons are trained on Child Protection and Psycho-Social support and safe play area management in emergencies and for implementing protection

**Sources of verification**

Distribution lists, Attendance sheets, Monitoring reports, Financial records and reports, Photo documentation, Register of Child Protection Network, Referral protocol

**target value** 30 persons

**Detailed description**

N/A

**result (2) - indicator 4**

**Short description**

# of cases referred through child protection network

**Sources of verification**

Distribution lists, Attendance sheets, Monitoring reports, Financial records and reports, Photo documentation, Register of Child Protection Network, Referral protocol

**target value** Children

**Detailed description**

N/A

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**result (2) - Activities**

**result (2) - activity 1**

**Start date**

**End date**

**Short description**

Identification of children who will participate in safe play areas, crèches and received education kit (this will serve as baseline for the project).

**Detailed description**

N/A

**result (2) - activity 2**

**Start date**

**End date**

**Short description**

Distribution of education kits (schoolbags kit and "school in a box" kits) to children from affected communities to facilitate return to school

**Detailed description**

Distribution of education kits (schoolbags kit and "school in a box" kits) to children from affected communities to facilitate return to school and provide children with a protective environment

**result (2) - activity 3**

**Start date**

**End date****Short description**

Establishment of 5 (mobile) safe play areas benefiting 6-14 years, distribution of safe play area kits and continued training of social workers

**Detailed description**

N/A

**result (2) - activity 4****Start date****End date****Short description**

Train professionals and provide advisory services to strengthen existing child protection networks in the affected areas and referral mechanisms for children in need of psycho-social service and establish referral protocols

**Detailed description**

N/A

**result (2) - Means and costs****result (2) - means 1**

**cost** 16.718,00 **Eur**

**Short description**

Direct staff

**Detailed description**

N/A

**result (2) - means 2**

**cost** 720,00 **Eur**

**Short description**

Support services

**Detailed description**

Office cost, Communication, Visibility

**result (2) - means 3**

**cost** 11.364,00 **Eur**

**Short description**

Training

**Detailed description**

Child protection training

**result (2) - means 4**

**cost** 9.425,00 **Eur**

**Short description**

Transport/ logistics

**Detailed description**

N/A

**result (2) - means 5**

**cost** 26.891,00 **Eur**

**Short description**

Supplies

**Detailed description**



**result (3) - Details**

**Result's short description**

Capacity for emergency preparedness planning has been strengthened at local and municipal level.

**Total cost (eur)**                      31.545,00 **Eur**

**Sectors**            Disaster preparedness

**Sub-sectors**    Local disaster management components

**number of beneficiaries**    300

**status of beneficiaries**    IDP  population  refugees  returnees  others

**Detailed description**

Risks and Assumptions:  
 A = persons from local and municipality level will fully support the project  
 A = existing participatory mechanisms at local and municipal level will facilitate project implementation

General comment:  
 At this stage it is difficult to see exactly what kind of contents will be most appropriate in capacity building of local authorities especially in the topic of risk management. The project management will inform ECHO about a more specific DRR approach once the needs have been identified in coordination with the authorities and under the light of the lessons learnt. The diagnosis will be elaborated by an expert in coordination with the local representatives, and authorities at municipal and state level. Specific training workshops are likely to result and will be planned according to the findings. A presentation of the results to the authorities and relevant entities at state and national level is foreseen as well

**result (3) - Objectively verifiable indicators**

**result (3) - indicator 1**

**Short description**  
 Report has been produced on DRR SWOT

**Sources of verification**  
 Attendance sheets, Copies of DRR action plan, Photo documentation

**target value**    Local and municipal level

**Detailed description**

N/A

**result (3) - indicator 2**

**Short description**  
 At least 300 authorities and persons from civil defence, municipality workers, voluntaries and local committee members have strengthened capacity for emergency preparedness planning/DRR

**Sources of verification**  
 Attendance sheets, Copies of DRR action plan, Photo documentation

**target value** Local and municipal level

**Detailed description**

N/A

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**result (3) - Activities**

**result (3) - activity 1**

**Start date**

**End date**

**Short description**

Implementation of a risk management diagnosis in the project area for example using lessons learned and / or SWOT methodology

**Detailed description**

N/A

**result (3) - activity 2**

**Start date**

**End date**

**Short description**

Joined identification of measures to improve risk management on short, medium and long term

**Detailed description**

N/A

**result (3) - activity 3**

**Start date**

**End date**

**Short description**

Contribute to the short term measure as identified by results 3.1. and 3.2. for example through trainings at local and municipal level (for example DRR, Sphere, etc.)

**Detailed description**

N/A

**result (3) - activity 4**

**Start date**

**End date**

**Short description**

Presentation of risk management analyses to wider audience at state and national level

**Detailed description**

N/A

---

**result (3) - Means and costs**

**result (3) - means 1**

**cost**

12.600,00 **Eur**

**Short description**

Direct Staff

**Detailed description**

N/A

**result (3) - means 2**

<b>cost</b>	742,00 <b>Eur</b>
<b>Short description</b>	
Support Services	
<b>Detailed description</b>	
Office cost, Communication, Visibility	

**result (3) - means 3**

<b>cost</b>	9.454,00 <b>Eur</b>
<b>Short description</b>	
Training and workshops	
<b>Detailed description</b>	
N/A	

**result (3) - means 4**

<b>cost</b>	8.749,00 <b>Eur</b>
<b>Short description</b>	
Transport/ logistics	
<b>Detailed description</b>	
N/A	

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#### 4.3.2.4 OTHER COSTS

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<b>Other costs</b>	<b>Initial amount</b>
institutional visibility/communication Visibilité institutionnelle/communication	8.412,00
Staff	10.636,00
Equipment	4.909,00
Monitoring and Evaluation costs	12.091,00
<b>Total other costs</b>	<b>36.048,00</b>

## 4.4 WORKPLAN

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### 4.4 Workplan

Please see ANNEX 3: Work plan

## 4.5 MONITORING, EVALUATION, AUDIT AND OTHER STUDIES

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### 4.5.1 Monitoring of activities (explain how, by whom)

Monitoring of activities will be done by the respective implementing partners within their assigned areas. A full-time M&E staff will ensure that the implementing partners achieve quality performance and project outputs. These partners will continuously exchange information with CARE Nederland, especially with the CARE Nederland Representative and the Project Director, about the status of their activities throughout the Action's duration.

Monthly reports will be produced by partners and consolidated by the M&E staff. Monitoring and evaluation of Action activities will go beyond what is stipulated in the log frame. As advocates of reflection and learning, CARE Nederland and its partners will employ tools that will evaluate the impact of the project at different levels (i.e., project staff, community, and partner organisations). Monitoring reports will contain qualitative data describing the process the project staff underwent to accomplish the Action goals. Regular discussions and reflections on the field will be done by the Action staff, project partners, and other stakeholders. Focus group discussions, key informant interviews, and informal group discussions will be done at the end of the Action to determine the factors facilitating the achievement of the project goals, why certain activities were/were not applicable, what strategies are effective, and what lessons were learnt from Action.

CARE Nederland staff will provide constant monitoring of project progress, while also ensuring that all procurement rules are kept, reports are prepared consistent with ECHO reporting guidelines, etc.

### 4.5.2 Tick the box if one of the following studies will be undertaken:

#### External evaluation during the Action

no

#### External evaluation after the Action

no

#### External audit during the Action

no

#### External audit after the Action

no

#### Internal evaluation or internal audit related to the Action

no

### 4.5.3 Other studies

no

#### If yes, please elaborate

N/A

## 5. CROSS-CUTTING ISSUES

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### 5.1 Describe the expected level of sustainability and/or connectedness

The centrepiece of the Action's exit strategy, introducing direct beneficiaries and their respective communities to disaster risk reduction will increase the likelihood of sustainability and will allow direct beneficiaries to look beyond the immediate requirements of emergency response. Introduction to disaster risk reduction will enable the direct beneficiaries, as well as the Action's indirect beneficiaries to also look at longer-term concerns such as vulnerability reduction, climate change adaptation, sustainable resource management and environmental protection, and eventually at human development. DRR action planning will provide direct beneficiaries practical steps towards actually realizing simple risk reduction actions that can be done beyond the duration of the Action.

One of the important criteria in targeting communities for relief distribution is the presence of partners, be it people's organizations, village councils or reliable groups within the community. Project handover to local authorities, and to people's organizations, village councils and active groups within the communities will enhance sustainability, especially since project assets, albeit limited, as well as DRR plans, will be part of what will be handed over to these community-based partners.

Participatory approaches and methods will be applied throughout the duration of the Action. Community participation is a strong factor in building ownership of the project. Ownership in turn will encourage direct beneficiaries to sustain what was started by the Action. Lessons on community empowerment learnt from the Action can be applied by the beneficiaries in other initiatives, be it relief, disaster risk reduction or development.

### 5.2 Continuum strategy (Linking Relief, Rehabilitation and Development)

After the relief and early recovery efforts, the direct beneficiaries will be assisted with identifying partners that can help them in their rehabilitation and development needs. CARE Nederland will actively seek funding for rehabilitation projects. Handover to local authorities will also improve chances of direct beneficiaries benefiting from rehabilitation and development projects.

CARE considers DRR one of the pillars of poverty alleviation, effectively linking relief and development by providing significant added value in the analysis of the underlying causes of poverty from both needs- and rights-based angles, leading to strategies towards improved Human Conditions, Improved Social Positions and the creation of a Sound Enabling Environment (CARE's Unifying Framework for Poverty Eradication & Social Justice). CARE in Partnership with Save the Children will assure that DRR actions take also into account a focus on women and children, one of most vulnerable population groups in emergencies. Furthermore, CARE International supports and adheres to various international DRR frameworks, most importantly the Hyogo Framework of Action, aiming for the integration of DRR in local development policies, planning and programming; developing early warning capabilities of communities; enhancing disaster preparedness for effective response of communities and local governments; working with schools to contribute to the development of a culture of safety and resilience; public-private partnership in DRR; and "disaster-proofing" community economic development to reduce poverty, an underlying risk factor.

In order to link relief, with rehabilitation and development, CARE seeks cooperation with other actors. By encouraging responsibility and ownership of local (government) actors a window of opportunities is opened towards structural consideration of disaster risks, not only in emergencies, but in wise rehabilitation and sustainable development practices. Local capacity will be built to respond in emergency relief, to prepare for more sustainable rehabilitation by building back better, and by preparing and involving actors at local, regional, national level to take up on sustainable development.

### 5.3 Mainstreaming

The Action contributes to mainstreaming DRR by placing it at the centre of its sustainability and exit strategy. Limited DRR interventions incorporated into the design of the Action will eventually lead to full-blown DRR programming where opportunities make it possible. Risk reduction mechanisms were likewise incorporated into the Action design such that futures risks will not be able to setback or adversely impact the implementation of the Action.

Inclusion of disadvantaged groups or most vulnerable groups including women, disabled and elderly in the benefits from the Action will be ensured. The assessments backed up by household surveys will identify these

most vulnerable groups. Further, these assessments and surveys will determine their specific needs. In community consultations and in planning activities, the Action will make sure that the most vulnerable groups will participate, and that their voices will be heard in decisions, especially those that will directly affect them.

CARE has undertaken steps globally to better understand the overall humanitarian, political, and security impact of its work. CARE and its partners will ensure that the Action will do no harm to the communities by strengthening their culture of analysis and reflection and push all staff to take responsibility for the overall impact of the Action.

## **6. FIELD COORDINATION**

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### **6.1 Field co-ordination**

In addition to the Brazilian government bodies as civil defence and the Brazilian Red Cross, the only Humanitarian agencies present in the region are Save the Children and CARE. Both agencies are working jointly together, very close and well articulated with the relevant government entities.

### **6.2 National and local authorities (relations established, authorisations, coordination)**

All activities are coordinated with local authorities, especially at the municipal and village levels. Coordination ensures that the Action will be supported by local authorities during various stages of implementation. Working relationships established through coordination activities become useful when unanticipated problems in implementation are encountered. Coordination activities will also ensure that the Action will not be subjected to undue interference by local authorities.

### **6.3 Co-ordination with DG ECHO (indicate the Humanitarian Organisation's contacts with DG ECHO and its technical assistants in the field)**

CARE representatives in the field and at headquarters have communicated with DG ECHO in Quito and in Brussels several times regarding the present emergency. CARE will continue to communicate with DG ECHO and its technical assistants in the field on matters pertinent to the current emergency the corresponding plans of CARE and its local partners.

## 7. IMPLEMENTING PARTNERS

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### 7.1 Name and address of implementing partner(s)

**CARE Brasil**

Rua 24 de Maio, 104  
2º Andar  
01041 - 000 São Paulo  
Brazil

Tel: + (55) 11 3226 0092  
Fax: + (55) 11 3226 0082  
Email: carebrasil@care.org.br  
Website: www.care.org.br

## Executive Director:

Markus Brose

Tel: + (55) 11 3226 0098  
Mob: + (55) 11 8753 9514  
Email: mbrose@br.care.org

**Save the Children Brazil- Fundação Abrinq**

Santo Amaro, 1386  
Vila Nova Conceição  
04206-001 São Paulo

Tel: + (55) 11 3848 8799

### 7.2 Status of implementing partners (e.g. NGO, local authorities, etc.) and their role

CARE International has a Humanitarian Mandate, aligned with a wide range of quality and accountability standards and strategies, applicable to all country offices, including the use of Sphere, Humanitarian Accountability Partnership, as well as internal Codes of Conduct for personnel, protection and prevention of exploitation. CARE's Emergency Group (CEG) has produced an on-line CARE Emergency Toolkit accessible to Emergency Teams in all countries where CARE intervenes. Besides, CARE Academy has on-line and face-to face training courses addressed to strengthen Emergency Teams in country offices both in Humanitarian Aid in Emergency Response and to mainstream DRR in regular development programmes.

CARE International has identified DRR as one of its priorities within the organization's mandate regarding humanitarian assistance, reconstruction and development. Within CARE International, CARE Nederland is the centre of expertise in the field of DRR. At field level, CARE International has implemented specific DRR programmes worldwide, amongst others in partnership with ECHO. Besides explicit DRR programming, CARE International has mainstreamed DRR considerations in a wide range of projects and programmes, in all the realms of emergency response, rehabilitation and sustainable development.

In this action, CARE is primarily focussing on health, while Save the Children is primarily focussing on protection. Disaster preparedness is a focus of both partners. Both agencies are coordinating their activities in the areas of intervention and are jointly deciding where and how to intervene according to their teams. That does not mean that all activities are addressing the same neighbourhoods and shelters, as some needs may be covered and other not. In that way the project remains the flexibility to address the needs where most needed according to the findings and the quickly changing environment on the ground.

### 7.3 Type of relationship with implementing partner(s) and the expected reporting by the implementing partner

CARE International is a confederation of 12 members, working worldwide to fight poverty and protect and enhance human dignity. Country offices are situated in more than 65 countries, where programmes are implemented. The CARE International network provides a valuable base for worldwide sharing of knowledge, exchange of experiences and network for cooperation for all members and country offices. While being part of one family, the CARE member (CARE Nederland) is mainly involved in fundraising, advocacy, lobby, and has the overall monitoring, evaluation and reporting responsibility, in close communication with the country office (CARE Brazil). It also provides technical assistance and linkages with other organisations.

CARE Brazil is the main implementer and has strong local presence in the country, and linkages with local organisations, CBO's, government and other institutions. The country office, together with local partners, is responsible for implementation, everyday monitoring and reporting.

Save the Children in Brazil mobilize the society for rights issues of childhood and adolescence. Its work is guided by the Convention on the Rights of the Child (UN, 1989), Brazilian Federal Constitution (1988) and the Child and Adolescent (1990).

## 8. SECURITY AND CONTINGENCY MEASURES

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### 8.1 Contingency measures (Plan B/ mitigating actions to be taken if risks and assumptions spelled out in the log-frame materialised)

Should the risks associated with the project materialize, CARE will put primary importance on guaranteeing the continuity of the project's actions.

Ongoing and dynamic coordination with government authorities will help to ensure the required level of ownership and sustainability in the various areas of work that the project will be engaged in. The coordinator and technical staff will create spaces for dialogue, coordination and participation with representatives of local government and other institutions, and will fully integrate them into the project management cycle.

The project coordinator, in coordination with local and provincial authorities, will define the appropriate strategies to continue the efforts being made in disastrous events affecting the target communities, and will adapt activity timelines, training sites, the issues being addressed and the project methodology in order to meet the established objectives. The project staff will also make any modifications needed to adapt to sudden changes in community-level scenarios due to the fact that altered topographic or weather conditions or human activity could result in new landslide risks.

If the security conditions on the ground become unstable or risky, the project will work with authorities to make sure that the activities can continue without exposing the beneficiaries or the project staff to unnecessary risks, by modifying transportation routes, changing training venues, schedules, or other elements.

### 8.2 Security considerations

#### 8.2.1 Security situation in the field, describe briefly

There is no security problem foreseen in the areas where the Action will be implemented. However, in the event that such events should occur, the project coordinator will follow the corresponding recommendations, and avoid putting beneficiaries or project staff at risk. All project staff must be aware of and follow security protocol. They will stay informed of these kinds of events and will coordinate with authorities and the CARE Emergency Response Coordinator.

#### 8.2.2 Has a specific security protocol for this Action been established?

##### Yes/No/Standard procedures

Standard procedure

##### If yes please elaborate

N/A

#### 8.2.3 Are field staff and expatriates informed of and trained in these procedures? (Yes/No)

yes

## 9. COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES

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### 9.1 Planned communication activities (in field and/or in Europe)

The project's activities will be published, both to inform the general public as well as to mobilize interested sectors through informative newsletters, press releases and the websites of CARE and the provincial governments.

### 9.2 Visibility on durable equipment, major supplies, and at action locations

As is common, the training material, various plans and documents, as well as office and other equipment will be identified with the ECHO logo.

### 9.3 Planned publication activities

N/A

## 10. HUMAN RESOURCES

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### 10.1 Indicate global figures per function and status

<b>Title/Function</b>	<b>Status</b>	<b>Number of persons</b>	<b>Person/month per project</b>	<b>Comments</b>
Project Manager	Expatriate staff	1	3	Will ensure capacity building for staff in Brazil
Project Officer (DRR & Relief)	Local staff	1	6	N/A
Child Protection Coordinator	Local staff	1	6	N/A
Finance / Admin	Local staff	1	6	CARE, 50% of time
Finance / Admin	Local staff	1	6	StCH, 15% of time
Child Protection Expert	Local staff	1	1	N/A
DRR Expert	Expatriate staff	1	2	Will ensure capacity building for staff in Brazil

Comments :

## 11. FINANCIAL OVERVIEW OF THE ACTION

<b>Financial overview of the action</b>	<b>Initial Budget</b>	<b>Intermediate Committed Amount</b>	<b>Final Committed Amount</b>
Personnel cost	52.636,00	0,00	0,00
Support Services (Office cost, Communication, Visibility)	10.593,00	0,00	0,00
Equipment cost	4.909,00	0,00	0,00
Training	24.091,00	0,00	0,00
Transport, freight and storage cost	25.882,00	0,00	0,00
Supply and Equipment deliveries	56.714,00	0,00	0,00
Evaluation cost	12.091,00	0,00	0,00
Subtotal direct eligible costs	186.916,00	0,00	0,00
Direct eligible costs = Sum of amount per result + Other costs = 186.916,00			
Indirect costs (max. 7%) =( 13.084,12 )	13.084,00	0,00	0,00
<b>Total Costs</b>	<b>200.000,00</b>	<b>0,00</b>	<b>0,00</b>
<b>Funding of action</b>	<b>Initial</b>		<b>Final state</b>
Direct revenue from Action	0,00		0,00
Contribution by applicant	0,00		0,00
Contribution by other donors	0,00		0,00
Contribution requested from ECHO	200.000,00		0,00
% of total funding	100,00		0,00
<b>Total Funding</b>	<b>200.000,00</b>		<b>0,00</b>

## 12. ADMINISTRATIVE INFORMATION

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### 12.1 FPA number (if applicable)

### 12.2 Name and title of legal representative signing the Agreement

to be completed online

### 12.3 Name, telephone, e-mail and title of the person(s) to be mentioned in Article 7 of the Agreement

<b>Name</b>	<b>Title</b>	<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>
Mr. Nok van de Langenberg	Senior Programme Coordinator	+31 (0)70 310 50 61	+31 (0)70 356 07 53	nok@carenederland.org

### 12.4 Name, telephone, fax and e-mail of the representative in the area of intervention

<b>Name</b>	<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	<b>Address</b>
Mr. Markus Brose	+(55) 11 3266 0098	+ (55) 11 3226 0082	mbose@br.care.org	CARE Brasil Rua 24 de Maio, 104 2° Andar 01041 - 000 Sao Paulo Brazil

## ANNEX A: PROCUREMENT TABLE

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### Supplies, services or works

Description	Quantity	Amount (EUR)	Procurement procedure	Derogation (Y/N)	(Forecast) Launch date procedure	duration (weeks)	(Forecast) Contracting date	duration (weeks)
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### Procurement comments

N/A
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## PARTNER INTERNAL FOLLOW-UP INFORMATIONS

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### Tracks

Date	Action	Description	User Id
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### Other comments

N/A
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