

Emergency appeal №: MDRBR011 Emergency appeal launched: 11/05/2024 Operational Strategy published: 04/06/2024	Glide №: FL-2024-000063-BRA
Operation update #2 Date of issue: 27/07/2024	Timeframe covered by this update: From 11/05/2024 to 18/06/2024
Operation timeframe: 12 months (11/05/2024 - 31/05/2025)	Number of people being assisted: 63,412
Funding requirements (CHF): CHF 8 million through the IFRC Emergency Appeal CHF 8 million Federation-wide	DREF amount initially allocated: CHF 1,000,000

To date, this Emergency Appeal, which seeks CHF 8,000,000, is 14% funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the relief efforts and provide humanitarian assistance and protection to people affected and displaced by the floods.

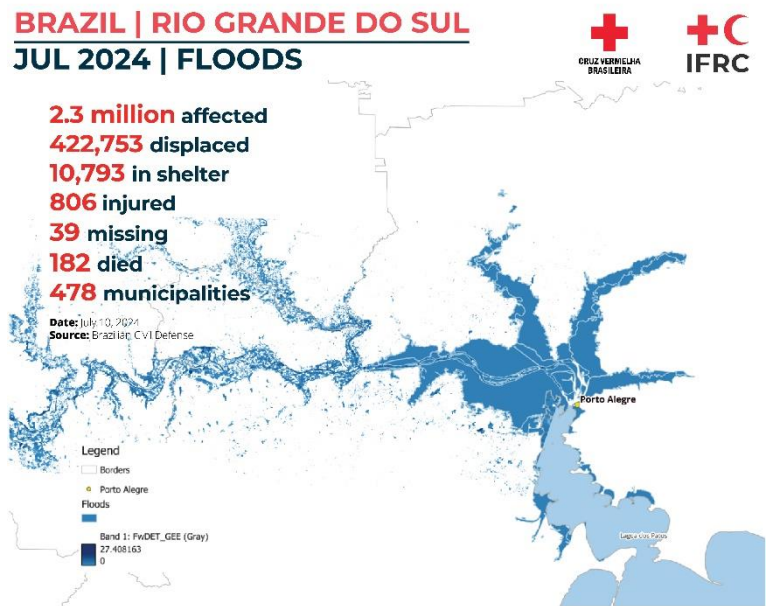


Relief items distribution in Sao Sebastiao do Caí community, affected by floods in the south of Brazil. IFRC.

A. SITUATION ANALYSIS

Description of the crisis

Between 29 April and 4 May, heavy rainfalls devastated Rio Grande do Sul, Brazil, causing floods, landslides, and mudslides. This catastrophic event, the worst climate disaster in the state's history, affected 478 out of 496 municipalities. Over 1,000 millimetres of rain fell during this period, leading to significant destruction.¹ By 10 July, the Brazilian Civil Defense reported that 2,398,255 people were affected, with 806 injuries and 182 deaths.² The disaster displaced 422,753 people, with 10,793 still residing in temporary shelters as of 14 June.³ Along the first month of the crisis, water levels decreased in most areas, allowing some displaced families to return home and begin cleaning up their houses.



However, on 16 June, new floods and heavy rains hit the state, with an average of 200mm of rainfall in 24 hours. Further floods affected 19 municipalities along the Caí, Cadeia, and Sinos rivers, prompting evacuation messages. In some municipalities, such as Porto Alegre, the percentage of people in shelters rose again to 20% of its citizens nearly 2 months after the crisis. Besides basic needs such as clothes, food, hygiene and cleaning items, the prolonged period in shelters adds a heavy psychological toll on the affected communities.

Despite the challenging conditions and re-start of the floods, two months after the disaster date, there have been some signs of recovery. Based on figures from the Rio Grande do Sul Government, the number of people displaced in shelters has decreased by 64% from the previous reporting period, reflecting a gradual return to normalcy for some families.⁴ However, as of 16 July, 3,915 individuals remain in temporary shelters, highlighting the ongoing need for humanitarian assistance.⁵

As water levels have decreased and most families have returned from shelters and restarted to clean their houses, there is an increased risk of waterborne diseases due to contact with sewage and contaminated water. Until 15 July⁶, the Ministry of Health reported 24 deaths from leptospirosis, 610 confirmed cases and 6,916 suspected cases as of the latest update. Additionally, there have been 10 official reports of acute diarrhoea in the region since the crisis began.

On 2 July, the Brazilian Army announced at the state's weekly coordination meeting a formal Government request asking people not to send water or clothes as the supply of these items has been met in most areas, to prevent bottlenecks. However, the Government continues to request donations of food baskets, cleaning materials, and hygiene items. The same day, the Brazilian Meteorological Institute released an alert for a cold wave in the state over

¹ <https://www.estado.rs.gov.br/defesa-civil-atualiza-balanco-das-enchentes-no-rs-10-6-9h>

² <https://defesacivil.rs.gov.br/defesa-civil-atualiza-balanco-das-enchentes-no-rs-10-7>

³ <https://defesacivil.rs.gov.br/defesa-civil-atualiza-balanco-das-enchentes-no-rs-10-6-9h-666c88c935ebc>

⁴ <https://app.powerbi.com/view?r=eyJrIjojNTlhYTZmMGMtZDhkNy00OTEyLTkzNmEtYjU1NWlyMTZmNTVjIiwidCI6IjE1ZGNkOTA5LThkYzAtNDI0OS1hMWU1LWNIY2lwNTNjZGQxYSJ9>

⁵ <https://app.powerbi.com/view?r=eyJrIjojNTlhYTZmMGMtZDhkNy00OTEyLTkzNmEtYjU1NWlyMTZmNTVjIiwidCI6IjE1ZGNkOTA5LThkYzAtNDI0OS1hMWU1LWNIY2lwNTNjZGQxYSJ9>

⁶ <https://saude.rs.gov.br/leptospirose>

the next weeks, with temperatures reaching -3 degrees Celsius in some areas.⁷ The Brazilian Ministry of Health alerted that this cold wave could deteriorate the precarious health situation in the shelters and increase the risk of viruses such as flu and COVID-19.⁸ This is particularly concerning for the thousands of families still residing in shelters across 38 cities as a consequence of the rains.

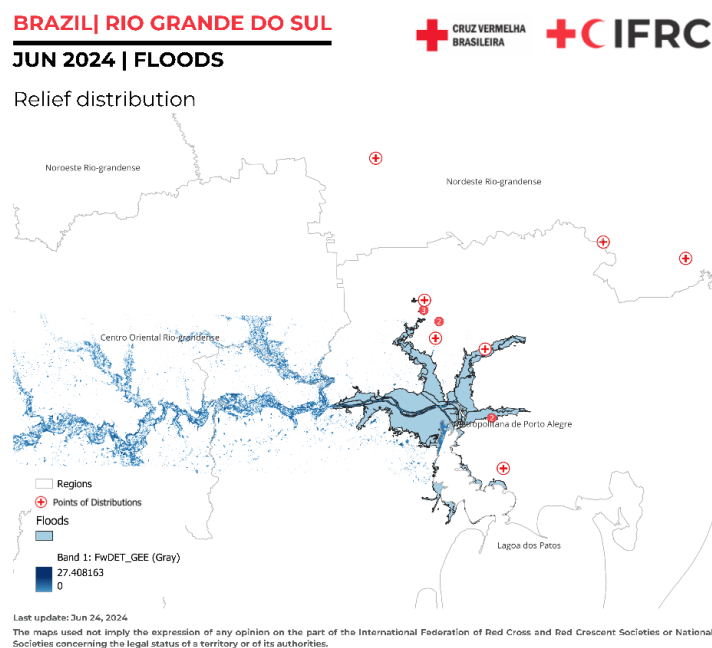
The economic impacts of the floods have also been severe, particularly in the metropolitan region of Porto Alegre, which has seen an inflation rate twice that of the rest of the country. Food prices have surged by 250%, exacerbating the challenges faced by affected families.⁹ As a consequence, many have lost their means of livelihood, including crops and livestock, adding to the socio-economic toll of the disaster.

Significant needs persist in the humanitarian response. Mental health support, access to cleaning and hygiene materials, and water quality remain critical concerns. Evaluations in newly affected municipalities have identified more remote communities requiring basic items, while WASH assessments have highlighted poor water quality in many areas.

Summary of response

The Brazilian Red Cross (CVB) has been monitoring the rainfalls in the Rio Grande do Sul state since 24 May, rapidly starting its immediate response mobilizing its teams on the ground and coordinating with the authorities to identify needs and map impacted areas. On 1 May, the disaster and risk reduction (DRR) team began activities to support local forces in risk areas, working directly in the affected communities and with the public command of the operation to identify needs and map the most impacted areas. On 17 July, a team of new 7 national response team volunteers were deployed to provide support on the field as sector coordinators for disaster response, health, and logistics.

Two operational centres of the Brazilian Red Cross were established to support the large geographic coverage of the affected zones – Serra Region, and Metropolitan Area. Based on the initial assessment, the municipality of Caxias do Sul (Serra Region) has a Logistical Centre for the actions in the region. A national Emergencies Operation Center was established since the early onset of the operation, to coordinate the actions of the Brazilian Red Cross regarding the emergency response and coordination with authorities. A warehouse has been in place in Caxias mobilizing volunteers to collect, sort, and distribute the donations. In Porto Alegre, a warehouse was also established in Gravataí, where the damage is largely concentrated, for the collection and distribution of items.



Relief distributions in Rio Grande do Sul, as of 24 June.

During the first month of the operation, CVB teams conducted daily induction trainings for new volunteers to mobilize new teams and prepare all volunteers supporting the distribution center. With a total of 824 new people trained

⁷ <https://defesacivil.rs.gov.br/baixas-temperaturas-retornam-ao-rs>

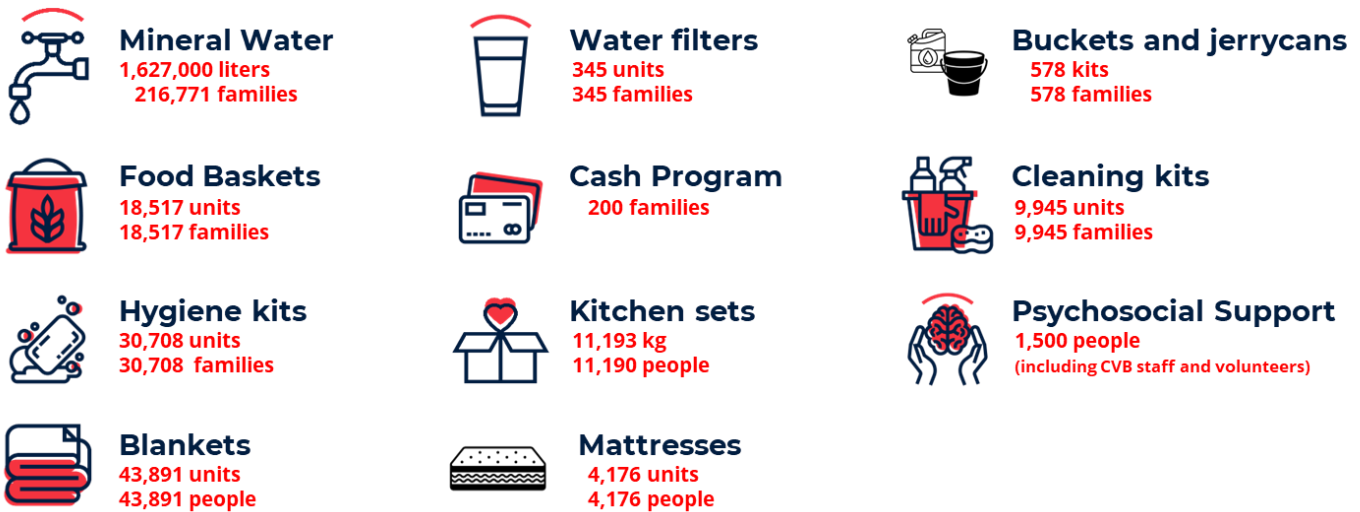
⁸ <https://www.gov.br/saude/pt-br/assuntos/noticias/2024/julho/baixas-temperaturas-na-regiao-sul-saiba-como-se-proteger-do-frio-intenso>

⁹ [Índice Nacional de Preços ao Consumidor Amplo | IBGE](#)

during the first two months of the operation, the new volunteers have been fully integrated, expanding the reach of the Red Cross and its principles.

As a consequence of the new rains and floods on 16 June, IFRC and CVB teams undertook one rapid assessment in the riverine municipality of São Sebastião do Caí, and four aerial assessments of the affected areas on 18 June, 22 June, 23 June, and 29 June. At that stage, the planned interventions were reviewed to address the immediate needs.

As part of the response implemented by the Brazilian Red Cross with resources mobilized through this Emergency Appeal and direct donations from civil society and other organizations, some of the distributions and actions undertaken by CVB since the start of the crisis include:



CVB distributions and actions between May – 11 June 2024. Source: CVB.

Moreover, during the first month of the crisis the mobile health clinic (Health Bus- *Onibus da Saude*), provided by the Brazilian Red Cross, was utilized as a vaccination site in Caxias do Sul through a partnership with the local Department of Health. In coordination with NGO Xingu+Catu, CVB remobilized its mobile health clinic in July, to deliver health activities to indigenous and *Quilombola* communities on July 7-21. Based in Canoas, the *Onibus da Saude* has offered direct consultations to 130 people across 9 communities (as of 15 July), including check-ups and online consultations.

In addition to providing medical services, CVB teams assessed the targeted communities to collect key information on needs, and donated food, clothing, and hygiene kits. The visits identified urgent needs for continuous medical support, improved access to specialized exams and medications, updated vaccinations, mental health services, and enhanced living conditions. Significant communication and logistical challenges were noted, including difficulties accessing urgent health services and coordinating with local health agents. Phase 1, in Viamão municipality, addressed key medical issues such as respiratory infections, vitamin deficiencies, pneumonia, and mental health concerns. Phase 2 started on 15 July, targeting communities in Barra do Ribeiro.



CVB Medical volunteers delivering consultations at Via Mão municipality, July 2024. Photo: IFRC.

Needs analysis

The floods in Rio Grande do Sul have caused widespread devastation in several cities, while essential services remained disrupted weeks after the disaster. As water levels have receded and enabled the reopening of basic services, including the main bus terminal, the international airport of Porto Alegre is expected to remain inoperative until December. With new heavy rainfall on the week of 14 June, CVB and IFRC teams conducted rapid assessments in São Sebastião do Caí, Serra Region, identifying the recurrence of floods in the municipality, with at least 200 riverine families displaced to 6 shelters in the municipality. Three aerial assessments took place on 22 June along Lagoa dos Patos, on 23 June along the Jacui River, and on 26 June towards the municipality of Mariante. These activities aimed to assess the impact of the rains and identify new areas for intervention and support.

1. Shelter and livelihoods:

The floods caused extensive damage, leading to the complete or partial destruction of many homes, businesses, and infrastructure, the loss of personal belongings such as clothes, furniture, personal documents, agricultural fields and livestock, severely impacting livelihoods. However, over the past two months, the majority of families have left shelters – decreasing from 78,165 people in official shelters at the peak of the crisis, to 3,915 as of 16 July.¹⁰ With that, shelter and livelihood needs have evolved towards longer term recovery, such as re-construction materials and reopening of businesses, and basic household items such as furniture and blankets.



Flooded communities in Dorado do Sul. Photo: IFRC.

2. Health

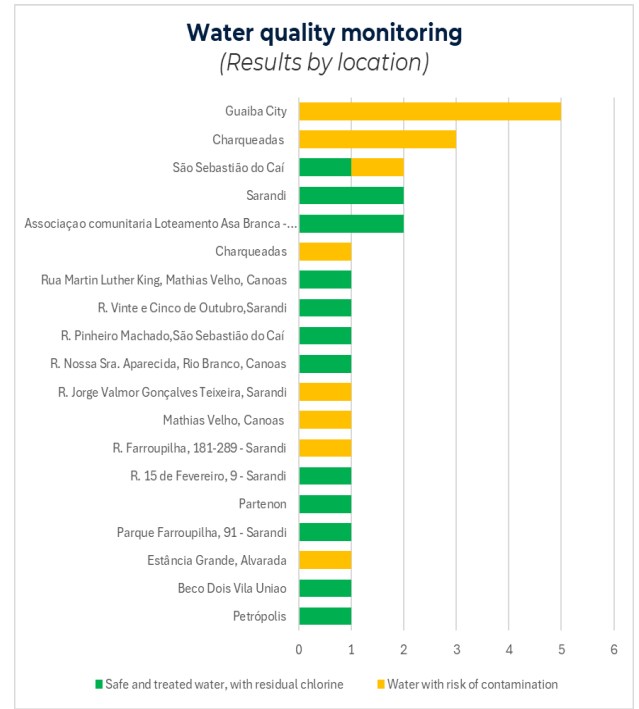
The 182 deaths during the floods, and the trauma experienced by survivors have caused deep distress and need for grief counselling and emotional support. Two months into the emergency, water levels have decreased, making more areas accessible for humanitarian support. The affected population is cleaning their homes, and streets are filled with household items lost to the floods, creating a risk of vector-borne and waterborne diseases. Although dengue and leptospirosis cases have significantly decreased since the peak of the crisis, after a forecast from INMET on the cold wave,¹¹ the Brazilian Ministry of Health alerted for the risks of the cold wave started in July, as it could deteriorate the precarious health situation in the shelters and increase the risk of viruses such as flu and COVID-19.³

¹⁰<https://app.powerbi.com/view?r=eyJrIjojNTlhYTZmMGMtZDhkNy00OTEyLTkzNmEtYjU1NWlyMTZmNTVjliwidCI6IjE1ZGNkOTA5LTkYzAtNDBlOS1hMWU1LWNIY2lwNTNjZGQxYSJ9>

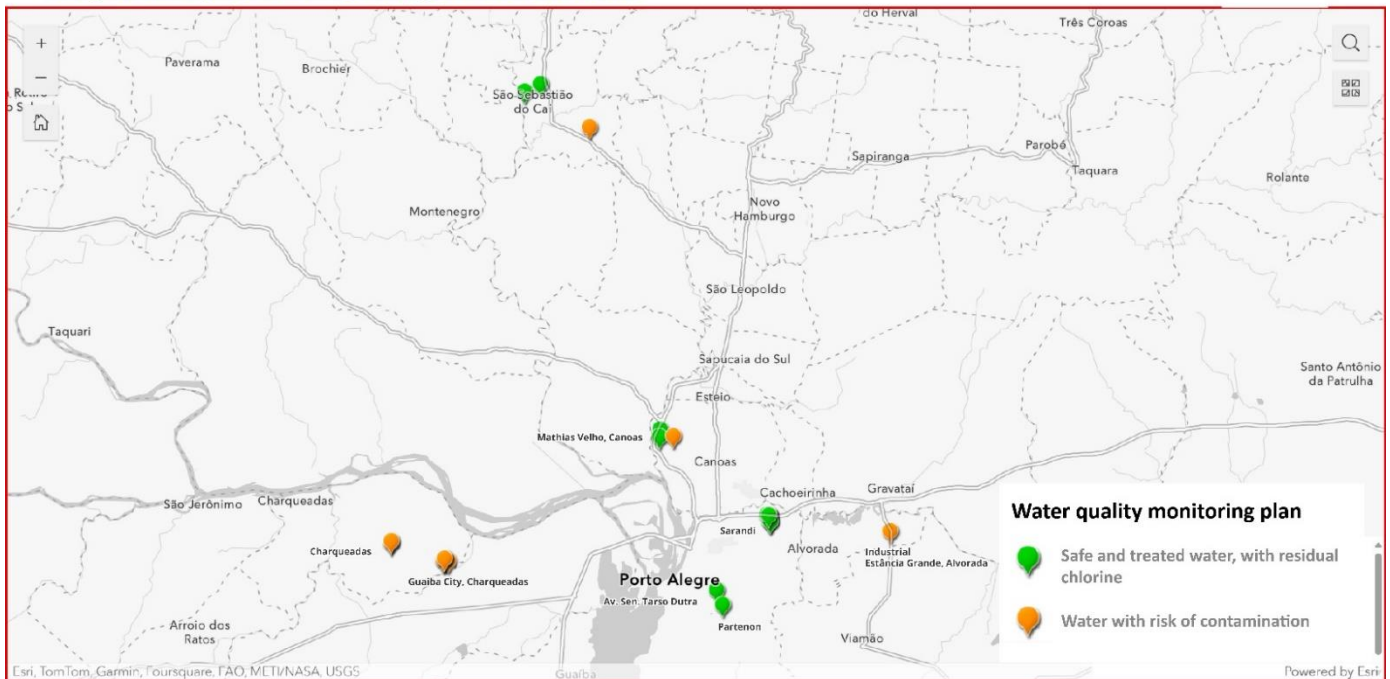
¹¹ <https://defesacivil.rs.gov.br/baixas-temperaturas-retornam-ao-rs>

3. Water, Sanitation, and Hygiene (WASH)

The floods have created urgent needs for clean water and sanitation. Damaged water infrastructure has disrupted supply, increasing the risk of waterborne diseases. Despite the restoration of the water supply, many families still refuse to drink the water, fearing its quality. The WASH team assessed the indigenous communities of Kaigang Oré Kupri (28 families) and Charrua Polidoro (24 families), identifying needs for water treatment, shelter kits, and sanitation.



Brazil | Rio Grande do Sul July 2024 | Water Quality Assessment



Water quality assessment, Rio Grande do Sul July 2024.¹²

¹² <https://experience.arcgis.com/experience/dca8e9dc0ebc46e3bc2e5b3457600824>

Operational risk assessment

Operational risk assessment remains broadly unchanged. The winter season officially started on 20 June and will continue until the start of spring on 22 September.¹³ The risk of new rains remains, while the ongoing winter season may exacerbate the living conditions of the affected people due to the cold temperatures.

Concerns include inadequate shelter conditions resulting in subsequent exacerbation of chronic diseases, increased morbidity due to acute respiratory infections, and the adverse impact of inappropriate indoor heating.

B. OPERATIONAL STRATEGY

Update on the strategy

In line with the development of the overall situation and with governmental requirements, the Operational Strategy has been slightly amended in order to align activities with current unmet needs.

1. WASH ERU phase out and transition

Since its arrival on 14 June, the WASH ERU has been actively involved in providing safe water solutions, hygiene promotion, and health in both urban and rural areas. As the ERU prepares to phase out its operations on 14 August, a comprehensive exit strategy has been developed to ensure the continuity of WASH activities. This strategy emphasizes the vital role of Cruz Vermelha Brasileira (CVB) and the importance of capacity strengthening to sustain the IFRC efforts. On 14 July, 42 CVB volunteers have been trained in WASH and more sessions have been already planned for an equal number of additional volunteers.

WASH Exit Strategy Components	
Continuous Training and Mentoring	Strengthen the capabilities of CVB volunteers through ongoing training sessions, focusing on WASH hardware and hygiene promotion components. Establish a mentoring system where experienced volunteers guide new recruits.
Knowledge and Resource Transfer	Develop operational procedures, best practices, and technical guidelines for WASH activities and ensure CVB volunteers have access to them.
Strengthening Coordination, Communication and Reporting	Regular coordination meetings including local associations and networks, engagement with local water and health authorities to ensure alignment of activities. Reporting system for volunteers to document activities, outcomes, and any issues encountered.
Community Engagement and Hygiene Promotion:	Establish workgroups within the community to collaborate with CVB volunteers. Organize community-wide campaigns to raise awareness about proper hygiene practices and the importance of safe water, utilizing local media and events. Encourage community members to volunteer in WASH activities, enhancing local capacity and sustainability.
Ongoing Monitoring and Evaluation	Track Key Indicators; conduct regular surveys and interviews with community members to gather feedback; review and adapt the program to meet evolving needs and challenges.

¹³ <https://portal.inmet.gov.br/paginas/estacoes>

Financial Sustainability Plan	Identify potential local funds, including government grants and partnerships with local businesses; establish partnerships with local NGOs, businesses, and community organizations to secure financial and in-kind support; organize community events to raise funds and increase public awareness about the importance of WASH activities.
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2. Public health in emergencies after rapid response exit:

The Public Health in Emergencies rapid response personnel finished their mission on 4 July, after a 6-week deployment. Much work was done in capacity building of CVB staff and volunteers on mental health in emergencies and primary care, and coordination with the WASH team on the dissemination of disease prevention messages. As a second rotation for the position was deprioritized due to funding constraints, IFRC is supporting through this appeal health activities planned and led by CVB using their capacity in place – such as the mobile health unit *Ônibus da Saúde*, detailed on the sectors, below.

DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION



Shelter, Housing and Settlements

Objective:	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	Number of families reached with essential household items	1,384	2,500
	Needs assessment including assessing shelter needs completed	Yes	Yes
	Households received shelter support through CVA vouchers	Yes	Yes
	Number of families trained on the best use of in-kind assistance and safe sheltering practices	1,384	15,000

Since the start of the emergency, the Brazilian Red Cross (CVB) has supported the most affected communities across 60 municipalities areas by providing blankets, mattresses, pillows, filters, and lamps, among others. With resources mobilized by CVB from Brazilian civil society and different organizations, CVB managed to reach 14,630 affected families (43,891 people) with essential household items such as blankets (43,891 units), and mattresses (4,176 units), respectively.

On the first four weeks of the emergency, CVB teams conducted rapid assessments in Cruzeiro do Sul, Encantado, Arroio do Meio, and Santa Teresa. These visits mapped the official shelters and urgent needs of the families at the start of the crisis. During this reporting period, 1,384 families have been supported with IFRC kits distributed across 9 municipalities Capela de Santana, Porto Alegre, Bento Gonçalves, São Francisco de Paula, Canela, São Sebastião do Caí, Charqueadas, Guaíba, and Venâncio Aires:

Item	Quantity distributed	People reached
Mosquito Nets	316	316
Tarpaulins	351	1,053
Solar Lamps	333	999
Kitchen Sets	226	678
Blankets	1500	1500
Shelter Tool	168	504

Regarding the arrival of the household items and hygiene items covered with kick-start funds from this emergency appeal, two cargo plane shipments from the IFRC warehouses in Argentina and Panama have delivered shelter tool kits, kitchen sets, hygiene kits, cleaning sets, tarpaulins, solar lamps, jerry cans, family water filters, and blankets. Additionally, a cargo ship with further materials arrived in Brazil on 22 June, including hygiene kits, kitchen sets, cleaning kits, jerrycans, and water filters for 500 families. The material from the ship is still in Santos Port, São Paulo, waiting for the authorities' clearance. On top of these, two additional cargo planes with 500 wound care kits and 5,000 hygiene kits of the International Medical Corps arrived at the operation's warehouse on 16 July.



Mariante community and Taquari River. Photos: IFRC.



Livelihoods

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective: *Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*

Key indicators:	Indicator	Actual	Target
		Needs assessment for livelihoods and food security is used to generate criteria for targeting the most at-risk people/households	Yes
	Number of volunteers and staff trained on LPC and ERLA	0	100
	People reached through livelihood activities	0	18,000

With food baskets donated by the Brazilian civil society and different organizations, the Brazilian Red Cross has ensured the food security of 18,517 families (55,553 people), distributed across 60 municipalities. Further livelihood needs will be covered through multipurpose cash assistance to cover the basic needs of 6,000 households, as detailed in the next section.

The training of staff and volunteers on LPC and ERLA was deprioritized.



Multi-purpose Cash

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective: *Households are provided with unconditional/multipurpose cash grants to address their basic needs*

Key indicators:	Indicator	Actual	Target
		Percentage of targeted households who identify as being from socially vulnerable groups who are able to access household goods and services through CVA.	88%
	Conduct market and feasibility studies	Yes	Yes
	Number of families who successfully received cash for household needs after being identified and processed for transfers	183	6,000
	Number of volunteers trained on cash	0	100
	Percentage of households receiving cash transfers from the RCRC are satisfied with the amount received	0	70%
	Number of Post-Distribution Monitoring (PDM) surveys conducted	0	1,000


The program setup began with three training courses to four Rapid Response Staff on a Red Rose (RR) demo platform, to guide them on the flow of beneficiary data. This enabled the test of the registration process using the RR Collect app. After refining the application form, the first family was registered on the 3 July, with progress

discussed with community leaders. Bank transfers were identified as an adequate payment mechanism. Additionally, PIX was also identified as an alternative payment mechanism for faster delivery. A payment system developed and managed by the Central Bank of Brazil, Pix allows users to make transfers and payments using various identifiers such as mobile numbers, email addresses, or individual taxpayer registry identification (CPF) numbers.

By collaborating with IFRC, community leaders from Sarandí neighbourhood, in Porto Alegre, proposed a first list of 200 potential recipients based on selection criteria. On 6 July, the first 70 selected families were registered, followed by 130 families the next day. This strategy will continue to include more minority groups. During the reporting period, 183 households out of 200 registered for the pilot of the payment method (Bank transfer) have confirmed encashment (88% of the families). The cash transfer of R\$ 1,400 (CHF 222,00) will allow the most vulnerable families to meet their basic needs in a dignified way.

The active involvement of community leaders ensured events were accessible and safe from a PGI perspective. The IFRC team successfully set up CEA components for the cash program, including a WhatsApp support line and a feedback box that collected 141 answers evaluating the registration process for the program. The results show high overall satisfaction, while most respondents rated the dissemination of information, waiting time, registration efficiency, and staff reception as excellent, with median ratings of 4 (Highest grade possible). Females, made up 77.27% of respondents, rated their experiences slightly higher than males, particularly in information dissemination and registration efficiency. Gratitude was a common theme in qualitative feedback, with few complaints or suggestions for improvement – two of the comments left were asking for more attention and support to the migrant population. This indicates successful program implementation and positive reception among the families, though there is a noted desire for increased support for the immigrant communities.

Operational delays in the payment pipeline, mainly due to the ERP transition have impacted the time when the test payment was conducted. This issue will be resolved in the next reporting period, with future processes starting earlier. The operation is now moving forward with the next set of transfers to nearly 200 eligible families.

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators:	Indicator	Actual	Target
	Conduct a health needs assessment	Yes	Yes
	Number of volunteers trained on community-based health, epidemics prevention, and mental health in emergencies	17	100
	Number of people sensitized on health promotion and disease prevention	968	63,421
	Number of people reached with primary care, orientation on first medical aid or wound care.	347	5,000
	Number of people reached with psychosocial support	30	5,000


To enhance the dissemination of key health messages to prevent leptospirosis, waterborne, and vector diseases, an assessment was conducted on the feasibility of using social media for health promotion. Messages on leptospirosis prevention specific to flood contexts were delivered to 30 Venezuelan and Haitian migrants in Sarandí, Porto Alegre. Additionally, the Public Health in Emergencies surge has provided technical support to the Red Cross health community dispensary and mobile health clinics in Roca Sales and Canoas. Health activities were implemented closely with the WASH sector and in cooperation with the Ministry of Health.

On 22 June, the IFRC HQ and IFRC Reference Centre for Psychosocial Support trained 17 pre-selected volunteers on mental health in emergencies. These volunteers, all professionals from the medical sector, received specialized training to enhance their ability to provide psychosocial support in crisis situations. Strategic guidance was provided to volunteers to develop an action plan for health and psychosocial support.

First aid trainings and the distribution of 47 wound care kits were carried out across three shelters in Sao Sebastian do Cai, and in the community of Mariante. Community visits identified targets for hygiene and disease prevention activities, and key information on prevalent diseases during floods was identified as a priority for hygiene and disease prevention activities during community visits. Additionally, first aid content was translated into Portuguese and adapted. Further dissemination of health promotion and disease prevention messages was done in collaboration with the WASH team, detailed in the respective section.

CVB's mobile health unit *Ônibus da Saúde* was remobilized in Canoas, supported by appeal funds. The goal is to deliver quality primary care services to indigenous communities in Rio Grande do Sul and vulnerable populations in remote areas often excluded from public health services. Upon a request from DSEI (Indigenous Health), the focus was the most impacted communities in Barra do Ribeiro and Viamão/Itapuã. This led to a two-phase plan: Phase 1 in Viamão (July 8-12) and Phase 2 in Barra do Ribeiro (July 15-19). The focus was on health services and needs assessment, making future health, donation, WASH, and infrastructure actions more feasible. The visits from CVB teams on the nine indigenous and *Quilombola* communities targeted by the mobile health clinic (*Onibus da saúde*) identified and addressed pediatric and general clinic needs, identifying issues such as upper respiratory infections, vitamin deficiencies, pneumonia, worm infestations, and mental health concerns.

Institutions involved included the Brazilian Red Cross for logistical support, Xingu+Catu for health team management and coordination, and Bandeira Científica (FM USP) providing voluntary medical staff. In Phase 1, the medical team addressed pediatric and general clinic needs, identifying issues such as respiratory infections, vitamin deficiencies, pneumonia, worm infestations, and mental health concerns. Recommendations include revisiting the vulnerable community of "Retomada de Viamão," where families live in makeshift shelters without basic sanitation and infrequent health visits. For Phase 2, a feedback system was set up with the IFRC PMER team to account for the services provided.

	Water, Sanitation and Hygiene	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective: <i>Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions</i>			
	Indicator	Actual	Target

Key indicators:	Number of communities/sites with WASH situation assessments conducted at least once	18	10
	Number of people provided with essential items for personal hygiene and household cleaning/disinfection	3,480	21,000
	Number of people reached with effective water treatment materials	581	7,500
	Number of people with households and water systems rehabilitated/disinfected	48	600
	Number of people reached with hygiene promotion activities	925	60,000
	Number of volunteers involved in WASH activities	46	20

Initial assessments were conducted on-site and via helicopter in various indigenous communities, in the Metropolitan Region, Serra Region, Vale do Cai, and rural areas (listed below). These assessments identified urgent needs for access to safe water, sanitation, hygiene practices, and WASH items. Further assessments revealed that while the urban water distribution system had been re-established and the water was deemed drinkable, affected communities were hesitant to consume it due to its taste and occasional turbidity. Data from the Brazilian Ministry of Health highlighted debris cleanup as a primary concern, as people were handling debris and waste without proper decontamination processes. In contrast, some rural communities and small villages relied on unsafe water from shallow boreholes and wells contaminated by floodwater.

An Emergency Response Unit (ERU) arrived in the country on 14 June, to focus on the treatment and safe storage of water at household level (HWTS). To prevent and reduce the risk of WASH-related diseases, in coordination with the Public Health in Emergencies rapid response, the activities focused on supporting flood-affected communities by:

Activity	Location
<p>Safe and dignified return home:</p> <ul style="list-style-type: none"> - Support of cleaning premises and homes campaigns - Distribution of hygiene and cleaning kits adjusted to special needs (Return cleaning kit) <p>The engagement with local associations and networks was critical to mobilize community and external volunteers and target the most vulnerable communities in the vast affected Metropolitan Area.</p>	<p>Sarandí community (Metropolitan Area of Porto Alegre)</p>
<p>Ensuring access to safe water at household level:</p> <ul style="list-style-type: none"> - Distribution of bottled mineral water and WASH treatment items (water filters). - Training on the treatment by filtering and disinfection of water sources with identified risk of microbiological contamination. 	<p>Rural areas (Charqueadas) and urban centres with water supply systems still affected (Porto Alegre, Venancio Aires)</p>

<ul style="list-style-type: none"> - Cleaning and disinfection of boreholes and storage tanks. <p>The water treatment methodologies adopted in the WASH activities follow the Brazilian guidelines on the use of underground water for human drinking purposes. The community trainings are being carried out by CVB and community volunteers while using the reagents specifically provided by the Brazilian Health Authorities.</p>	
<p>Enabling the adoption of safe hygiene practices</p> <ul style="list-style-type: none"> - Distribution of personal hygiene kits - Hygiene and health promotion campaigns (including campaigns with a Circus at schools and communication via Radio broadcasting) <ul style="list-style-type: none"> o Orientation on safe use of water treatment items 	<p>Rural areas (Charqueadas) and urban centres with water supply systems still affected (Porto Alegre, Venancio Aires)</p>

The development and dissemination of promotional materials is in line with the guidelines of the State Health Surveillance Center (CESV) and based on the 5 topics identified as priorities in the sector coordination organized by the prefecture of Porto Alegre: Handwashing, Leptospirosis, Dengue, Safe water management, Cleaning of houses and water tanks. The communication channels range from door to door, during distributions of WASH items, at school level with the participation of a Circus and mass communication via Radio. IFRC Rapid Response audiovisual officer produced a social media video on the circus activity, available [here](#).

A total of 1,160 families were reached with distribution of WASH items:

Item	Quantity distributed	People reached
Water filters	581	1,743
Hygiene kits	534	1,602
Cleaning kits	449	1,347
Jerrycans	511	1,533

These items were distributed to the most affected communities in Porto Alegre, Canoas, Charqueadas, Bento Gonçalves, São Francisco de Paula, Canela, and São Sebastião do Caí, Mariante, and including two shelters and three indigenous communities: *Kaingang Oré Kupri, Xokleng Konglui, and Kurity*.

The CVB has provided constant support in the distribution activities and, in addition, managed to mobilize resources from the Brazilian civil society and various organizations, reaching a total of 216,771 affected families (650,315 people) with distributions of mineral water, cleaning and hygiene kits.

Next Immediate Steps:

Based on assessments of peri-urban areas, the urgent needs are to ensure a safe and dignified return home and to continue providing access to safe water. To achieve this, a comprehensive WASH/Public Health intervention will be implemented in collaboration with local actors in both Serra and Metropolitan regions. Continued distribution of remaining IFRC stock will promote a safe and dignified return home for the remaining people displaced to shelters and the access to water treatment options. Further assessments and mapping of vulnerable areas are planned for the upcoming weeks, including surface cleaning, water sources cleaning and disinfection, and post-distribution monitoring from affected localities.

Female > 18:

Female < 18:



Protection, Gender and Inclusion

Male > 18:

Male < 18:

Objective:	<i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i>		
Key indicators:	Indicator	Actual	Target
	Number of people reached by protection, gender, and inclusion services	0	63,142
	Needs assessment on protection, gender, and inclusion	Yes	Yes
	Number of RCRC staff and volunteers trained on prevention and protection of sexual exploitation and abuse, and child safeguarding	19	100

Throughout the response, the most vulnerable population, in particular Afro-descent communities, and migrants have been transversally targeted throughout all sectors. The map of functioning referral pathways for victims of gender-based violence in shelters is underway. The PGI Coordinator for the Americas will be in country in mid-July to support the Operation and support capacity building in the sector.

On 26 June, 19 rapid response staff members delegated to the operation received a session on PGI.



Community Engagement and Accountability

Objective:			
Key indicators:	Indicator	Actual	Target
	Number of complaints received through feedback mechanisms (% of total)	69%	70%
	Needs assessment on community engagement and accountability	0	1
	Number of volunteers trained on CEA	0	100
	Percentage of people surveyed who report receiving useful and actionable information through different trusted channels	0	100%
	Percentage of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	100%	100%


Since the start of the response, the Brazilian Red Cross has kept a significant presence on social media, using frequent Instagram posts to alert the communities on the identification of volunteers and the use of the Red Cross Red Crescent logo and promote donations.

CEA has been strongly integrated in the CASH Program. Through the Afro descendent group (Concelho Municipal Negro) IFRC Team managed to involve community leaders from Sarandí neighbourhood in Porto Alegre on the selection of families to be initially targeted by the program. A feedback system was designed and implemented during the registration for the multipurpose cash program and collected answers from 69% of the registered families on the registration process. A WhatsApp hotline is in place to address questions from the registered families.

In the context of the ongoing Emergency Appeal, an exit strategy is being planned to ensure sustainable outcomes and empower the affected communities. As the immediate relief phase transitions, the focus will be on transparent communication and active participation from the community in planning the handover of activities and resources. Community members will be engaged in discussions about the program's closure, ensuring they understand which services will end and what alternative supports are available.

A key component of the strategy involves investing in the knowledge of community volunteers and local leaders to continue critical activities. Additionally, the feedback from community members will provide input throughout the process. The goal is to leave the community with strengthened resilience and the capacity to manage their recovery, while maintaining ongoing support and communication channels to address any emerging needs. This approach ensures that the progress made during the intervention is sustained and fosters ownership and self-reliance among the affected populations.

Post-Distribution Monitoring (PDM) mechanisms have been created during this period, according to IFRC CEA standards. Satisfaction surveys in Spanish and Portuguese have been included, and two survey methods have been implemented in the most recent activities.

 Risk Reduction, climate adaptation and Recovery		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:			
Key indicators:	Indicator	Actual	Target
	Number of people reached by the RCRC through disaster risk reduction (DRR) and climate change adaptation activities	0	63,412
	Needs assessment on DRR and Climate Change Adaptation (CCA)	Yes	Yes
	Environmental baseline of the operation has been assessed using an appropriate environmental screening tool (e.g. the NEAT+), and progress against recommendations has been tracked	No	Yes

Activities were conducted before the new rains on 14 June, aimed to mitigate health risks and ensure communities are better equipped to handle the challenges posed by the upcoming rains. Discussions have been held to explore ways to improve overall preparedness. These discussions have involved various stakeholders, focusing on enhancing community engagement and identifying areas for improvement in current practices.

CVB has no contingency plan, but discussions were undertaken in developing one for the region specifically for heavy rains and floods as every year there are floodings in September in this region. The Extended Vulnerability and Capacity Assessment (EVCA) training would provide the essential abilities to work on such a plan. These efforts are designed to anticipate potential challenges and ensure a swift and effective response to any arising emergencies. The comprehensive planning process includes detailed risk assessments and the establishment of clear action plans to address various scenarios. A request for resilient programs with schools has been presented to the team in the field, to ensure that students are prepared for future climate-related events.

These coordinated efforts in disaster risk reduction underscore IFRC's commitment to building resilient communities, capable of withstanding and recovering from the impacts of natural disasters.

Workshop activities such as EVCA, NEAT+, and others are currently in the revision phase between the parties.

Enabling approaches



National Society Strengthening

Objective:			
Key indicators:	Indicator	Actual	Target
	Number of volunteers involved in the response operation that have increased their skills in response and management of operations	159	100
	Number of volunteers provided with equipment for protection, safety and support (e.g., PSS) appropriate to the emergency	0	100
	National Society has National Disaster Response teams trained and management systems in place	Yes	Yes
	National Society has in place capacities to conduct Emergency Needs Assessment	Yes	Yes

A plan for recruitment of new volunteers and volunteer management has been developed by the National Society, encompassing National Society Development (NSD) initiatives, and providing strategic advice on operations management. National Disaster Response Team (NDRT) colleagues are set to come and support the response, providing valuable expertise and assistance. To further bolster operational capabilities, the acquisition of laptops, tablets, and phones has been undertaken, equipping teams with the necessary tools to enhance communication and efficiency.

In addition to the 17 CVB volunteers trained on mental health in emergencies, a trainings menu was developed by the operation team, to train CVB staff and volunteers on sectors relevant to the operation:

Date	Topic	Status
11 July	Induction on IM and PMER	Delivered online – 37 participants
13 July	Induction on WASH	Delivered in-person – 42 participants
15 July	Communications in emergencies	Delivered online – 80 participants
19 July	Stay Safe	Planned (Online)
21 July	Data Collection	Planned (Face-to-face)
22 July	Induction to WASH and Hygiene promotion	Planned (Face-to-face)
23 July	Community Engagement and Accountability	Planned (Face-to-face)
5 August	Non-violent communication	Planned (Online)
12 August	Managing ticketing with Kobo	Planned (Face-to-face)



Coordination and Partnerships

Objective:

Key indicators:

Indicator

Movement coordination meetings are organized, and updates are provided to Movement partners

Actual

Yes

Target

Yes

IFRC actively participates in external coordination meetings, having strengthened contact with SOS Village, UNHCR, and Doctors Without Borders (Médecins Sans Frontières), as well as the Health Secretariat on health activities. A cooperation agreement with the Brazilian Pontifical Catholic University (PUC) has been established for effective data collection.

ICRC has been a great cooperation agent for this operation since its beginning, providing logistical support to the importation and clearance of shipments of cargo planes and dispatched by boats. Also, local debit cards are being facilitated transferring funds to ICRCs bank account enabling the IFRC in executing local purchases and payments. ICRC is providing as well technical support on the programs with their experience in Brazil.

Emergency Response Unit (ERU) deployments to the operation from the Spanish Red Cross & Swiss Red Cross for Logistics and WASH have played a pivotal role in bolstering emergency response efforts. The logistics ERU from the Spanish Red Cross and the Swiss Red Cross have provided technical support and advice on the management of CVB's warehouses. The WASH ERU has engaged in tests of drinking water and preparing activities on clean-ups and hygiene promotion.

Moreover, a humanitarian flight funded by the Solidaire Foundation facilitated the mobilization of WASH Response Personnel and the transportation of 11 Tons of essential supplies, including kitchen kits, hygiene and cleaning supplies, water filters, jerry cans, blankets, shelter tool kits, tarpaulins, and mosquito nets. These supplies were sent from the IFRC Humanitarian Hub in Buenos Aires to the airport of Canoas on the outskirts of Porto Alegre and have allowed immediate assistance to over 1,000 people. On top of these, two additional cargo planes with 500 wound care kits and 5,000 hygiene kits of the International Medical Corps arrived at the operation's warehouse on 16 July.

Coordination has also been established with the ABC (Brazilian Agency for Cooperation), keeping the Government informed of all IFRC assistance in Rio Grande do Sul.



Secretariat Services

Objective:

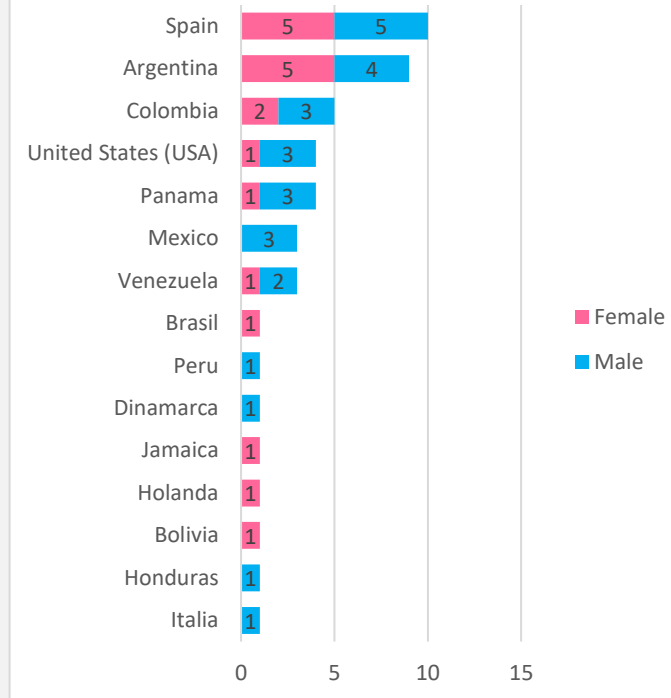
Key indicators:	Indicator	Actual	Target
	Number of surge missions or deployments	46	-
	Development of articles, press releases, and interviews is supported by the Communications team	Yes	Yes
	Number of IFRC monitoring and support missions	1	15
	Number of IFRC field missions	0	15

IFRC's Country Cluster Delegation (CCD) response team collaborated closely with CVB in formulating the response plan for the ongoing emergency. The IFRC Americas Regional Office (ARO) played a pivotal role by offering technical guidance and support to both the Country Cluster Delegation and CVB. Since the early onset of the operation, IFRC has supported the Brazilian Red Cross communications' team, providing recommendations on the management of communications for the operation. IFRC has been providing support to the Brazilian Red Cross in logistics; warehousing and procurement. IFRC has also provided coaching to the National Society on how to better organize distributions.

Throughout the reporting period, 46 Rapid Response members were deployed for different timeframes to bolster the Emergency Appeal operation. Currently, the following 12 profiles are in-country: Operations Manager, WASH coordinator, Audiovisual, ERU WASH, Finance Officer, CVA coordinator, CVA Officer, PMER coordinator, IM coordinator, and Deputy Ops Manager.

SURGE deployed

(Disaggregated by country and gender)



IFRC has been working on a strategy to recruit staff locally to support the operation in the medium and long term.

C. FUNDING

Emergency Appeal INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/5-2025/5	Operation	MDRBR011
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 17 Jul 2024

All figures are in Swiss Francs (CHF)

MDRBR011 - Brazil - Floods

Operating Timeframe: 11 May 2024 to 31 May 2025; appeal launch date: 11 May 2024

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	0
Donor Response* as per 17 Jul 2024	1,156,067
Appeal Coverage	

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	370,461	49,178	321,283
AOF2 - Shelter	17,353	0	17,353
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	167,631	0	167,631
AOF5 - Water, sanitation and hygiene	444,554	762	443,793
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	0	0	0
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	27,139	-27,139
Grand Total	1,000,000	77,079	922,921

III. Operating Movement & Closing Balance per 2025/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,066,011
Expenditure	-77,079
Closing Balance	1,988,932
Deferred Income	0
Funds Available	1,988,932

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	0	Outstanding :	1,000,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/5-2025/5	Operation Budget	MDRBR011 APPROVED
Budget Timeframe	2024-2025		

Prepared on 17 Jul 2024

All figures are in Swiss Francs (CHF)

MDRBR011 - Brazil - Floods

Operating Timeframe: 11 May 2024 to 31 May 2025; appeal launch date: 11 May 2024

V. Contributions by Donor and Other Income

Opening Balance						
						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Red Cross	178,862				178,862	
DREF Response Pillar				1,000,000	1,000,000	
Japanese Red Cross Society	29,142				29,142	
Luxembourg Government	194,433				194,433	
Spanish Government	496,122				496,122	
The Canadian Red Cross Society (from Canadian Gov	167,452				167,452	
Total Contributions and Other Income	1,066,011	0	0	1,000,000	2,066,011	0
Total Income and Deferred Income					2,066,011	0

Contact information

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

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In the IFRC

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For In-Kind donations and Mobilization table support:

- **Regional Head, Global Supply Chain:** Jose Fernando Giraldo; fernando.giraldo@ifrc.org
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Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Operational Strategy](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.