

# OPERATION UPDATE

## Argentina | Economic Crisis

<b>Emergency appeal No: MDRAR022</b> <b>Emergency appeal launched: 17/09/2024</b> <b>Operational Strategy published: 03/11/2024</b>	<b>Glide No:</b> <b>N/A</b>
<b>Operation update #5</b> <b>Date of issue: 04/12/2025</b>	<b>Timeframe covered by this update:</b> From 17/09/2024 to 15/11/2025
<b>Operation timeframe:</b> 16 months (2-month extension) (17/09/2024 - 31/01/2026)	<b>Number of people being assisted:</b> 6,500
<b>Funding requirements (CHF):</b> CHF 3 million through the IFRC Emergency Appeal CHF 3 million Federation-wide	<b>DREF amount initially allocated:</b> CHF 500,000

To date, this Emergency Appeal, which seeks CHF 3,000,000, is 4.2 percent funded. Further funding contributions are needed to enable Cruz Roja Argentina, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move.



Volunteers from the Argentine Red Cross carry out training to strengthen livelihoods in San Rafael, Province of Mendoza. Source: Argentine Red Cross

# A. SITUATION ANALYSIS

## Description of the crisis<sup>1</sup>

Argentina continues to go through a social stagnation, characterized by a sharp loss of purchasing power, setbacks in working conditions, growing inequality and the persistence of structural poverty. From mid-2024 to the present, there has been a deepening of distribution gaps and a marked asymmetry in the country's economic recovery. Even though the aggregate product of the economy shows an increase of 5.2%<sup>2</sup>, the consumption rate continues at 2017 levels. Furthermore, this rebound in economic production contrasted with the contraction of the manufacturing industry, which presented a year-on-year decline of 0.7% in September<sup>3</sup>. The labor market showed a regressive dynamic: the unemployment rate stood at 7.6% in the second quarter of 2025<sup>4</sup>, while informality reached 43.2%<sup>5</sup>. At the same time, since November 2023, the country has lost approximately 30 employers per day and more than 276,000 registered workers, configuring a sustained setback in the productive structure and formal employment<sup>6</sup>.

In terms of revenues, the real deterioration continues to be pronounced. The Minimum Living and Mobile Wage (SMVM) has been accumulating a real drop of 31% since November 2023 and inequality in income distribution remains high, with a gap between the top 10% and the bottom 10% that remains at 13 times. Regarding the evolution of poverty and indigence, it needs to be considered that although there has been a drop in the number of people living in poverty and indigence vis a vis 2023, the aggregate situation remains at 2018 levels<sup>7</sup>. Among the elderly, the scenario also shows significant deterioration, as the minimum pension only covers 28% of the Retiree's Basket<sup>8</sup>. Children and adolescents continue to be one of the groups most affected by the crisis, with 35.5% of them who have shown food insecurity during the last year, notably in the Buenos Aires Metropolitan Area, the most populous in the country<sup>9</sup>.

In this context, it is evident that the partial macroeconomic recovery did not translate into an increase in social welfare. Structural inequalities remain intact, informality and job insecurity are consolidated, and large sectors continue to be unable to cover their basic needs. The most exposed sectors – children, the elderly, informal workers and indebted households – continue to be the most affected, and the measures implemented are insufficient to reverse the deterioration accumulated since 2023.

## Summary of response

### 1. Multisectoral Emergency Needs Assessment

Coordinated work has been carried out between the Humanitarian Observatory (OH) and the National Risk, Emergency and Disaster Monitoring Team (ENMO) of the Argentine Red Cross for the planning and development of the Multisectoral Emergency Needs Assessment (ENA). As a result of the unique characteristics of the economic crisis

---

<sup>1</sup> Humanitarian Observatory of the Argentine Red Cross. (2024, 2025A, 2025B)

<sup>2</sup> [National Institute of Statistics \(2025\)](#)

<sup>3</sup> [National Institute of Statistics \(2025\)](#)

<sup>4</sup> [National Institute of Statistics \(2025\)](#)

<sup>5</sup> [National Institute of Statistics \(2025\)](#)

<sup>6</sup> [Center for Argentine Political Economy \(2025\)](#)

<sup>7</sup> [Chequeado \(2025\)](#)

<sup>8</sup> [El Auditor \(2025\)](#)

<sup>9</sup> [Social Debt Observatory \(2025\)](#)

in relation to traditional disasters, the National Society made an adjustment to the ENA procedure to ensure that the real impact of the crisis on communities is represented (Figure 1).

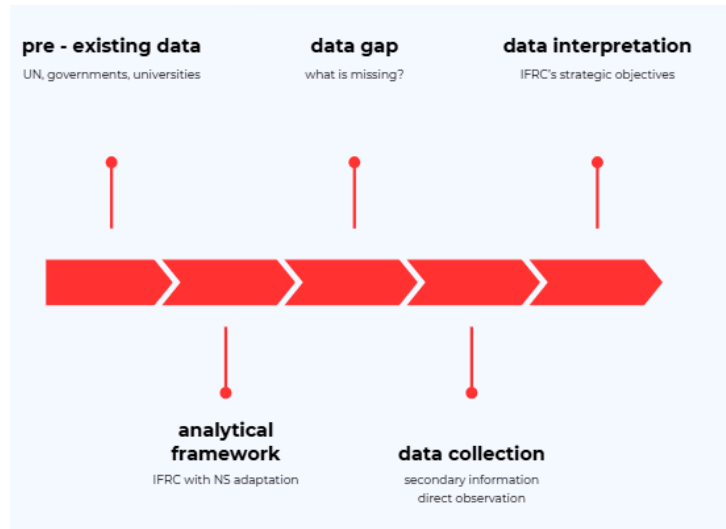
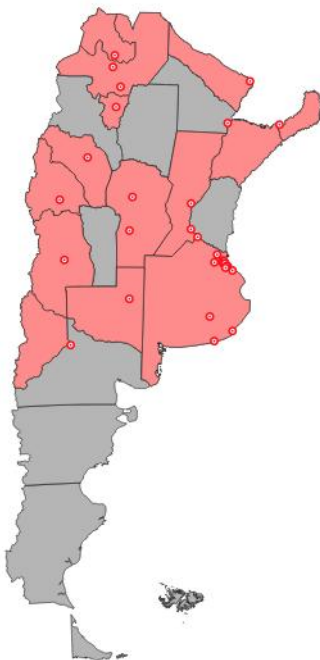


Figure 1. Analytical pipeline. 2024. Source: Argentine Red Cross.

At the close of this report, the multisectoral evaluation has been implemented through interviews with key informants in **33 cities** in **14 provinces** and **1 autonomous city**:



**Buenos Aires Metropolitan Area Region (AMBA)**

*Autonomous City of Buenos Aires; Avellaneda, Campana, Esteban Echeverria, La Plata, Lujan, Moreno, San Martín, San Fernando, San Isidro, Tres de Febrero Tigre (Province of Buenos Aires).*

**Northwest Argentine Region (NOA)**

*Rosario de La Frontera, Salta (Province of Salta); San Miguel de Tucumán (Province of Tucumán) and San Salvador de Jujuy (Province of Jujuy), La Rioja (Province of La Rioja)*

**Northeast Argentine Region (NEA)**

*Clorinda (Province of Formosa); Corrientes (Province of Corrientes); Posadas (Province of Misiones); Santa Fe, Rosario (Province of Santa Fe)*

**Central Region**

*Luján; Mar del Plata, Necochea, San Nicolás, Tandil (Province of Buenos Aires); Córdoba, Río Cuarto (Province of Córdoba); Santa Rosa (Province of La Pampa).*

**Cuyo Region**

*Mendoza, San Rafael (Province of Mendoza); San Juan (Province of San Juan).*

**Patagonia Region**

*Neuquén (Province of Neuquén).*

In this process, **86 interviews** were conducted with key informants, including community leaders, institutional representatives, and strategic partners.

Currently, the Evaluation coordination team has completed the general analysis of the data collected, the results of which are presented in the corresponding report.<sup>10</sup> As a first conclusion, the expansion of the intervention area has

<sup>10</sup> [Argentine Red Cross. \(2025, March\). Emergency Needs Assessment: General Partial Report. Emergency Secretariat of the Argentine Red Cross.](#)

been defined in agreement with the IFRC Secretariat due to the identification of needs in all the communities assessed. In this context, the branches of Quilmes (Buenos Aires) and Córdoba (Córdoba) faced a number of constraints that have made it difficult to meet the deadlines established for the multisectoral evaluation and have been forced to concentrate their efforts on training programs. Both branches were addressed taking into account these operational limitations.

## 2. Distributions of Hygiene, Dengue and Shelter Kits

As part of the humanitarian response, progress has been made in the distribution of hygiene, shelter, and dengue kits to meet the priority needs of affected communities. So far, **2,010 hygiene kits, 738 shelter kits and 539 dengue kits** have been distributed in the towns of Córdoba, Corrientes, Esteban Echeverría, La Plata, Moreno, Quilmes, Salta, San Andrés, San Isidro, San Miguel de Tucumán, San Rafael, Santos Lugares, Saavedra, Tigre and Villa Crespo.

## 3. Anthropometric assessment activities

As part of the health strategy and in view of the needs identified, anthropometry kits have been sent to 34 branches involved, with the aim of facilitating anthropometric assessment activities and monitoring the health status of the communities served. In this framework, the Undersecretary of Health of the Central Headquarters carried out training on the use of the kits, in which 147 volunteers participated, along with 5 rented people, from 24 branches and the Central Headquarters. Currently, the 34 branches have carried out **87 activities** reaching a total of **3,816 boys and girls** between 6 and 12 years old in the towns of Almirante Brown, Campana, Clorinda, Córdoba, Corrientes, Don Torcuato, Esteban Echeverría, La Plata, La Rioja, Luján, Mar del Plata, Mendoza, Moreno, Necochea, Neuquén, Posadas, Quilmes, Río Cuarto, Rosario, Rosario de la Frontera, Salta, San Fernando, San Isidro, San Juan, San Miguel de Tucumán, San Nicolás, San Rafael, San Salvador de Jujuy, Santa Fe, Santa Rosa, Santos Lugares, Saavedra, Tigre and Villa Crespo.<sup>11</sup>

## 4. Training activities in Livelihoods.

Within the framework of the livelihoods strategy and anchored in the needs analysis, 36 kits for skills and livelihood training have been distributed to **33 branches**. At the close of the report, **118 trainings** have been implemented in the towns of Corrientes, Esteban Echeverría, Moreno, Posadas, Quilmes, Río Cuarto, Rosario de la Frontera, San Andrés, San Isidro, San Juan, San Salvador de Jujuy, reaching a total of **1,085 participations**. These actions continue to be ongoing to ensure the strengthening of local livelihoods considering the characteristics of each community.

## 5. Mobile Health Unit.

Within the framework of the health strategy, **15 mobile health activities have been implemented** in La Plata, reaching a total of **410 people**. The Mobile Health Unit has also been mobilized to support anthropometric evaluation activities in Almirante Brown.

## 6. Communication and accountability.

6 publications have been made **on social networks** disseminating the actions of the Argentine Red Cross within the framework of the appeal both nationally and locally.<sup>12</sup>

---

<sup>11</sup> A report of the anthropometric measurements is in the process of being prepared.

<sup>12</sup> [Livelihoods](#), [Mobile Health Unit](#), [Shelter Kits](#), [Anthropometry](#), [Hygiene Kits](#), [Anthropometry](#)



Instagram dissemination of the Appeal. Source: Argentine Red Cross

## 7. Active purchasing processes

**First Aid Items:** The receipt of first aid supplies has been completed. Two kits are being sent to all National Society branches involved in the implementation of activities within the framework of this operation.<sup>13</sup>

**Personal Hygiene Kits:** The procurement process to replace 1,500 personal hygiene kits has been completed, since the kits pre-positioned by the National Society in its Humanitarian Hub have been used.

**Visibility of Volunteers:** All vests have been acquired for volunteers participating in the activities of this operation, to ensure their proper identification and visibility.

**Mobile Health Unit:** All the tools and supplies for the equipment of a Mobile Health Unit have been acquired.

**Livelihood Kits:** All vocational training kits have been purchased, considering the specific characteristics and needs of each community.

**Gazebos:** The purchase of livelihood kits has been complemented with gazebos, which will facilitate the implementation of these activities in outdoor spaces. Currently, the acquisition is still in progress, awaiting delivery by the supplier.

**Ambulance:** A Mobile Intensive Care Unit (UTIM) ambulance was purchased, which is being equipped and in the process of National Homologation to accompany the actions of the Mobile Health Unit. This vehicle is a 4x4 and there will be a professional team of doctors and nurses to support the activities of the branches.

## 6. Contact with potential donors.

<sup>13</sup> Content per first aid kit: Latex gloves size S x 1 pair, Latex gloves size M x 1 pair, Latex gloves size L x 1 pair, Aneroid blood pressure monitor with stethoscope, Povidone iodine between 60 and 125cc., Sachet sachet solution x 250cc., Ethyl alcohol (70%) x 150cc. o 500cc., Adhesive dressing (band-aids) x 10 units, Disposable surgical masks, Hypoallergenic adhesive tape or traspore or paper x 25mm., Hypoallergenic adhesive tape or traspore or paper x 50mm., Gauze 10x10cm. in individual envelope, Cambric type bandage x 7cm., Cambric type bandage x 10cm., Cambric type bandage x 20cm., Small or medium trauma scissors, Small LED flashlight with battery or rechargeable batteries, Pen/pen, Surgical forceps between 13 and 15cm., Care sheets (Form No. 1), Table for support of care sheets, Disposable cup of 160 or 200cc., Syringe (without needle) of 5 or 10cm., Safety glasses, Starter bags for waste x unit (10x15cm.), Digital thermometer, Saturometer/oximeter, Sugar sachet x unit, Disposable stirrers, Tongue drop x unit, Mineral water x 500cc.

During the period covered by this report, various cooperation and outreach actions were carried out with potential donors to strengthen the humanitarian response within the framework of the Appeal. Among the most prominent are rapprochements with the National Societies of Japan, Saudi Arabia, Switzerland, Italy, Israel and Turkey. Institutional links have also been maintained with the Israeli embassy in Buenos Aires and with the companies grouped in the LIDE association. It should be noted that, thanks to the support of the Saudi Arabian Red Crescent, funding was obtained for the purchase of an ambulance-type vehicle.

## Needs analysis

A needs analysis is presented based on the results obtained in the Multisectoral Emergency Needs Assessment.

### 1. Health Needs

The economic crisis has significantly exacerbated the difficulties in access to and quality of health services at the national level. Among the most important challenges, the following stand out:

- **Supplies and Human Resources:** There is a marked insufficiency in health infrastructure, especially in rural and peri-urban areas, where primary health care centers have critical shortages of medical supplies, essential medicines and trained personnel. In urban areas, the saturation of hospitals and health centers generates long waiting times and a deficit of hospital beds.
- **Access to Medicines and Specialized Care:** The high cost and shortage of essential medicines represent a significant barrier for the population, especially in regions such as the NEA and AMBA. Likewise, the difficulty in obtaining medical appointments and accessing specialized care deepens the gaps in health.
- **Mental Health:** Mental health needs have increased considerably, particularly in communities exposed to recurrent emergencies and in saturated urban contexts. The lack of specialized services leaves people affected by stress, anxiety and other psychosocial effects derived from the economic crisis, material losses and recurrent adverse events without an adequate response.
- **Vulnerable Groups:** Older adults, children, adolescents, women heads of household, informal workers, people with disabilities and indigenous peoples are groups particularly affected by difficulties in accessing adequate and timely health services.

### 2. Livelihood Needs and Basic Needs

The economic impact of the crisis has generated significant deterioration in the living conditions of communities, mainly reflected in the loss of formal jobs, growth in informal work and increased dependence on social subsidies. The interviews conducted indicate that 61.4% of the participants perceive a significant worsening in their economic situation, which directly affects the ability to cover basic needs such as food, housing and education.

- **Employment and Labor Informality:** The loss of formal jobs and the closure of businesses have increased informal work as the main subsistence strategy. Informal and temporary jobs predominate especially in urban and peri-urban areas of the AMBA, NOA and NEA. This situation generates economic insecurity and limits access to basic services such as food, health, housing and education.
- **Food Security:** A considerable increase in food insecurity has been observed, with many families reducing the frequency and quality of daily meals. Community kitchens have significantly increased their demand, reflecting the seriousness of the food problem.
- **Access to Social Programs:** Although programs such as the AUH and the Food Card are still active, growing difficulties are reported to be in accessing them due to bureaucratization, reduced coverage and insufficient amounts in the face of reduced purchasing power.

- **Housing and Basic Services:** Housing precariousness and difficulties in accessing basic services such as drinking water and sanitation are recurrent, especially in the NEA and NOA.
- **Training and Job Training:** There is an urgent need for skills training programmes that offer genuine employment opportunities. Current initiatives often lack continuity, sufficient resources, and effective articulation between institutional actors.
- **Vulnerable Groups:** Older adults, women heads of household, informal workers are groups particularly affected by the difficulties in accessing decent and sustainable livelihoods.

## Operational risk assessment

The operational risk assessment remains in force.

Risk	Probability	Impact	Palliative measures	Current situation
1. Situations of political tension with the National Government	Medium	High	<ul style="list-style-type: none"> <li>● Maintain open and regular communication with the government to manage expectations, report on the progress of operations and avoid misunderstandings that could generate tensions.</li> <li>● Ensure collaboration with local and regional authorities, which can facilitate the execution of operations.</li> </ul>	<ul style="list-style-type: none"> <li>● No challenge has been reported in this aspect by the territorial network in the development of activities, although through the National Directorate of Communication, publications have been developed on social networks, communication guidelines, cover letters, and specific training in operational communication to address this risk at all levels.</li> </ul>
2. Duplication of efforts among humanitarian actors	Medium	Medium	<ul style="list-style-type: none"> <li>● Establish coordination mechanisms with local and international actors, and ensure clear and continuous communication to avoid duplication.</li> </ul>	<ul style="list-style-type: none"> <li>● At the local level, in those communities where the participation of other actors has been identified, coordination with them is being developed to ensure complementarity in addressing the crisis.</li> </ul>
3. Exhaustion and fatigue of staff and volunteers.	Medium	High	<ul style="list-style-type: none"> <li>● Implement a staff turnover system and provide psychosocial support for the well-being of the teams.</li> </ul>	<ul style="list-style-type: none"> <li>● Establishment of daily communication channels with local focal points.</li> <li>● A specific incident reporting form has been created for boarding.</li> <li>● A feedback mechanism for volunteering has been created.</li> <li>● Virtual conferences are being developed to</li> </ul>

				<p>accompany the branches and individual bilateral spaces for the management of particular events.</p> <ul style="list-style-type: none"> <li>• The National Society has support mechanisms through specialized teams.</li> </ul>
4. Emergence of new situations generated by the current crisis, such as contexts of social tension	High	High	<ul style="list-style-type: none"> <li>• Deployment of response teams to address the emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>• The national society has activated its ENMO to follow up on events of social tension.</li> <li>• A virtual training has been carried out at ENMO to deepen the capacities to monitor events of social tension.</li> <li>• The Delicate and Insecure Contexts Team (CDI) has been prepared on two occasions.</li> <li>• Activation of response mechanisms due to the floods experienced in Bahía Blanca during 2025.</li> </ul>
5. The number of people affected continues to increase	High	High	<ul style="list-style-type: none"> <li>• Review the strategy and evaluate the possibility of scaling up.</li> </ul>	<ul style="list-style-type: none"> <li>• The intervention areas have been expanded to 35 branches.</li> </ul>


## B. OPERATIONAL STRATEGY

### Update on the strategy

Due to a combination of administrative/financial challenges within the operation and evolving operational needs, a second no-cost extension was requested. This extension will allow for the full implementation of the budget, including the completion of planned procurements and the delivery of services as outlined in the action plan and in line with the available resources.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

 <b>Livelihoods</b>		Female > 18: <b>934</b>	Female < 18: <b>0</b>
		Male > 18: <b>151</b>	Male < 18: <b>0</b>
<b>Objective:</b>	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Current</b>	<b>Target</b>
	<i># of people reached with livelihood training activities to strengthen the family economy.</i>	1,085	10,200
	<i># of people trained in the "mobile classroom" in itinerant activities.</i>	0	300
	<i># of people reached with essential income-generating services/information.</i>	0	10,200
	<i># of families (and individuals) reached with essential services/information for employment opportunities, including self-employment.</i>	0	10,200
	<i># of families (and individuals) reached who have completed training in improved production practices.</i>	0	10,200
<p><i>118 vocational training activities have been carried out in communities in the towns of Clorinda, Corrientes, Esteban Echeverría, Moreno, Necochea, Posadas, Quilmes, Río Cuarto, Rosario de la Frontera, San Andrés, San Fernando, San Isidro, San Juan, San Salvador de Jujuy. These actions reached a total of <b>1,085 participants</b>, contributing to the strengthening of livelihoods. There were 332 voluntary participants and 54 participants of rented people. Regarding the existing gaps after the closure of this operation, they will continue to be addressed by the National Livelihoods Program of the Argentine Red Cross.</i></p>			



## Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18:  
**887**

Female < 18:  
**1,883**

Male > 18: **1,565**

Male<sup>14</sup> < 18:  
**1,996**

### Objective:

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

	Indicator	Current	Target
Key indicators:	# of people receiving psychological and psychosocial support (MHPSS) in emergency situations.	0	1,520
	# of people assisted in the mobile health units sent to vulnerable communities.	410	1,840
	# of kits distributed and people reached with humanitarian aid.	2,010	1,500
	# of children aged 0 to 5 years reached by neurodevelopmental stimulation activities in community kitchens, educational institutions and other community spaces.	0	6,800
	# of children from 6 to 12 years old with anthropometric evaluation carried out in community kitchens, educational institutions and other community spaces.	3,816	6,800
	# of children ages 6-10 with vaccination compliance assessment for school enrollment.	0	5,400
	# of people receiving first aid.	100	500

*Within the framework of the intervention of the Mobile Health Unit in the City of La Plata, a total of 410 services have been carried out. In turn, 100 First Aid services were carried out in Rosario de la Frontera, Quilmes and La Plata.*

*87 anthropometric evaluation activities **have been carried out** in communities in the towns of Almirante Brown, Campana, Clorinda, Córdoba, Corrientes, Esteban Echeverría, La Plata, La Rioja, Mar del Plata, Mendoza, Moreno, Necochea, Neuquén, Posadas, Quilmes, Río Cuarto, Rosario, Rosario de la Frontera, Salta, San Fernando, San Isidro, San Juan, San Miguel de Tucumán, San Nicolás, San Rafael, San Salvador de Jujuy, Santa Rosa, Tigre and Villa Crespo. These actions were carried out in community kitchens, educational institutions and other neighborhood reference spaces, reaching a total of 3816 children between 6 and 12 years old, contributing to the early identification of nutritional risks and the strengthening of community health surveillance. There were 628 voluntary participants and 57 participants of rented people.*

*In addition, **89 humanitarian aid distribution activities** were carried out in the communities of Córdoba, Corrientes, Esteban Echeverría, La Plata, Moreno, Quilmes, Saavedra, Salta, San Andrés, San Isidro, San Miguel de Tucumán, San*

<sup>14</sup> Here the difference refers to the number of people who identify with other genders.

Rafael, Santos Lugares and Villa Crespo. Within the framework of these actions, a total of 2010 personal hygiene kits<sup>15</sup>, 539 dengue prevention kits and 738 shelter kits were distributed, contributing to improving sanitary and prevention conditions in contexts with high levels of vulnerability. A total of 588 volunteers and 30 hired personnel took part. Regarding the existing gaps after the closure of this operation, they will continue to be addressed by the "Elijo Ayudar" Program of the Argentine Red Cross.



## Protection, Gender and Inclusion

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

### Objective:

*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*

### Key indicators:

#### Indicator

**Current**

**Target**

*# of sectoral or PGI assessments conducted using PGI Minimum Standards.*

1

1

*# of people reached by PGI.*

0

1,500

*# of people trained in the implementation of PGI's Minimum Standards.*

0

200

*# of referrals made (GBV, Child Protection or others).*

0

100

*The Minimum Standards for Protection, Gender and Inclusion (PGI) have been incorporated into the planning and implementation process of the Multisectoral Evaluation, ensuring an approach that is sensitive to the specific needs of the most vulnerable people and promoting data collection to guide a more inclusive and evidence-based response.*

*The Argentine Red Cross, under the leadership of the Undersecretariat for Human Development and the Secretariat for Emergencies, has worked together with the technical staff of the Regional Office for the Americas to develop a Guide for the use of minimum PGI standards in Emergency Operations, framed in its National Emergency Response Plan and adapted to the practices of the SN. In its participatory instances of elaboration and dissemination, several of the experiences in the implementation of the sectoral activities of this operational strategy have been capitalized.*

<sup>15</sup> Contents of the individual hygiene kit: Toilet paper roll (2), sponge (2), toothbrush (1), shampoo envelope (10), conditioner envelope (10), toilet soap (6), moisturizing cream (1), toothpaste (1), disposable shavers (2), menstrual dressings (4), comb (1), towel (1), hand towel (1), tweezers (1), pliers (1).

## Enabling approaches



### National Society Strengthening

#### Objective:

*Communities in high-risk areas are prepared for and able to respond to disaster*

During the reporting period, biweekly meetings were implemented with the focal points of each branch to follow up on activities implemented at the local level. In addition, weekly meetings were held with Headquarters staff involved in implementing field activities and supporting the operation. This included inducting and using reporting mechanisms and instruments via the Monday Platform. There were also more than 30 training sessions (general and individual per branch) for volunteers and personnel on health (anthropometric controls) and livelihoods.

The Lessons Learned process, led by the Undersecretary of Organisational Development at Central Headquarters, has been initiated with the aim of identifying, analysing and systematising the lessons learned from the operation from the perspective of the National Society. This process recognises the strengths and opportunities for improvement that strengthen the Argentine Red Cross Humanitarian Response System and its institutional preventive preparation.

Additionally, within the framework of developing an institutional development policy for the National Society, findings and lessons learned relating to community integration are being incorporated, primarily arising from the practices themselves and the implementation of sectoral activities by the branches involved in this operational strategy.



### Community Engagement and Accountability

#### Objective:

*Communities in high-risk areas are prepared for and able to respond to disaster*

	Indicator	Current	Target
Key indicators:	<i># of people trained in operational communication and CEA.</i>	0	400
	<i># of feedback instances received and responded to.</i>	499	2,500
	<i># of accountability documents prepared and disseminated to stakeholders.</i>	0	2

*As part of the commitment to accountability and continuous improvement of interventions, various feedback tools and satisfaction surveys have been applied to participants in different activities.*

*In total, 68 satisfaction surveys linked to internal training of the Argentine Red Cross were implemented in the branches of Almirante Brown, Don Torcuato, La Plata, Moreno, Necochea, Posadas, Rosario, Salta, San Fernando, San Isidro, San Juan and Tigre. In addition, 348 instances of feedback related to the distribution of Humanitarian Aid Kits, 15 instances linked to community training activities and 68 instances in the framework of health care were carried out.*



## Coordination and Partnerships

### Objective:

*Communities in high-risk areas are prepared for and able to respond to disaster*

During the period of the operation, institutional approaches have been made with the National Societies of Japan, Saudi Arabia, Switzerland, Italy, Israel and Turkey. Institutional links have also been maintained with the Israeli embassy in Buenos Aires and with the companies grouped in the LIDE association.



## Secretariat Services

### Objective:

*Communities in high-risk areas are prepared for and able to respond to disaster*

During the reporting period, the IFRC supported the National Society in the following areas:

- Guidance in compliance with financial procedures, ensuring transparency and accountability.
- Adaptation of the process of monitoring operational processes, integrating information sources from the IFRC and the National Society into a single dashboard.
- Advice on the development of the terms of reference for multisectoral evaluation.
- Support in the implementation of monitoring and reporting of actions, outputs and results achieved
- Advice on the terms of reference and methodological outline of the lessons learned workshop.

## D. FUNDING

During the reporting period, the National Society received an initial disbursement from the DREF fund in the amount of 500,000 Swiss francs; to date, more than 400,000 Swiss francs have already been spent, and the National Society has recently received the second disbursement.

In addition, contributions have been received from the Japanese Red Cross (28,432 Swiss francs), the Monaco Red Cross (9,399 Swiss francs) for lessons learned, final evaluation and audit, and the Saudi Arabian Red Crescent Society (87,440.77 Swiss francs) for the purchase of a mobile ambulance unit.

## Contact information

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

### In the Argentine Red Cross

**General Secretary:** Dr. María Cecilia Villafañe; email: [mwillafane@cuzroja.org.ar](mailto:mwillafane@cuzroja.org.ar), phone: +54 9 11 5753-4365

**Operational Coordination:** Cristian D. Bolado, Undersecretary of Emergencies; email: [emergencias@cuzroja.org.ar](mailto:emergencias@cuzroja.org.ar), phone: +54 9 221 58 60606

**National Communications Director:** Noelia Mendilarzu; email: [nmendilarzu@cuzroja.org.ar](mailto:nmendilarzu@cuzroja.org.ar), phone: +54 9 11 6808-7504

### In the IFRC

**Head of Southern Cone Country Cluster Delegation:** Daniel Bolaños; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)

**Programmes and Operations Coordinator – IFRC Southern Cone Country Cluster Delegation:** Virginia Laino; email: [virginia.laino@ifrc.org](mailto:virginia.laino@ifrc.org)

**Regional Office – Head of Health, Disasters, Climate and Crisis:** Marianna Kuttothara; email: [mariana.kuttothara@ifrc.org](mailto:mariana.kuttothara@ifrc.org)

**Regional Office - Operations, Evolving Crisis and Disasters Manager:** Maria Martha Tuna; email: [maria.tuna@ifrc.org](mailto:maria.tuna@ifrc.org)

**Communications Manager:** Susana Arroyo; email: [susana.arroyo@ifrc.org](mailto:susana.arroyo@ifrc.org)

**Planning, Evaluation, Monitoring and Reporting Regional Head:** Pradiip Alvarez; email: [pradiip.alvarez@ifrc.org](mailto:pradiip.alvarez@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

**IFRC Regional Office for the Americas:** Monica Portilla; email: [monica.portilla@ifrc.org](mailto:monica.portilla@ifrc.org)

**Strategic Partnerships and Resource Mobilisation in Emergencies Manager:** Mei Lin Leon; email: [meilin.leon@ifrc.org](mailto:meilin.leon@ifrc.org)

### For In-Kind donations and Mobilization table support:

**Regional Head, Global Supply Chain:** Jose Fernando Giraldo; email: [fernando.giraldo@ifrc.org](mailto:fernando.giraldo@ifrc.org)

**Regional Logistics Manager:** Stephany Murillo; email: [Stephany.murillo@ifrc.org](mailto:Stephany.murillo@ifrc.org)

### Reference documents

Click here for:

- [Emergency Appeal](#)
- [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.

## E. ANNEX

### 1. Key informants of the Multisectoral Needs Assessment by city

City	Number of Key Informants	
ALMIRANTE BROWN	Community Reference	1
AVELLANEDA	Community Reference	3
CAMPANA	Local Organization Referent	2
CLORINDA	Community Reference	2
	Local Organization Referent	1
CORRIENTES	Zone Coordinator	1
	Local Organization Referent	1
ESTEBAN ECHEVERRIA	Local Organization Referent	2
LA PLATA	Community Reference	4
	Local Organization Referent	1
LA RIOJA	Community Reference	1
	Local Organization Referent	1
LUJAN	Local Organization Referent	1
MENDOZA	Community Reference	1
	Local Organization Referent	1
MORENO	Community Reference	1
	Local Organization Referent	1
NECOCHEA	Local Nurse	1
	Bachelor of Social Work CAPS	1
	Bachelor's Degree in Local Social Work	1
	Local Psychologist	1
NEUQUÉN	Director General of Disability	1
	Community Reference	5
	Local Organization Referent	3
	Municipal Worker	1
POSADAS	Community Reference	1
	Local Organization Referent	3
RIO CUARTO	Coordination of the Community Integration Center	1
	Coordinator of the Program for Addressing Problematic Consumption	1
ROSARIO	Communal President	1
ROSARIO DE LA FRONTERA	Local Organization Referent	1
SAAVEDRA	Local Organization Referent	2
SALTA	Local native authority	1
	Local Nurse	1

SAN ANDRES	Local Organization Referent	1
SAN FERNANDO	Community Reference	3
	Local Organization Referent	1
SAN ISIDRO	Community Reference	1
	Local Organization Referent	4
SAN JUAN	Community Reference	1
	Local Organization Referent	1
SAN MIGUEL DE TUCUMÁN	Community Reference	2
SAN NICOLAS	Local Organization Referent	2
SAN RAFAEL	Community Reference	1
	Local Organization Referent	1
SAN SALVADOR DE JUJUY	Community Reference	2
SANTA FE	Community Reference	1
	Local Organization Referent	1
SANTA ROSA	Community Reference	2
SANTOS LUGARES	Community Reference	2
TANDIL	Community Reference	1
	Local Organization Referent	2
TIGRE	Coordinator of Social Work of the Ministry of Health	1
	Local Organization Referent	1
VILLA CRESPO	Community Reference	2
	Local Organization Referent	2
<b>TOTAL</b>		<b>86</b>

Source: Argentine Red Cross

## 2. People reached in Livelihoods

People Reached with Livelihoods Activities <sup>16</sup>				
City	M +18	W+18	O +18	Total
San Salvador de Jujuy	0	42	0	<b>42</b>
Posadas	0	39	0	<b>39</b>
Necochea	0	120	0	<b>120</b>
San Juan	1	25	0	<b>26</b>
La Rioja	1	3	0	<b>4</b>
San Fernando	3	28	0	<b>31</b>
San Andrés	4	29	0	<b>33</b>
Rosario de la Frontera	6	35	0	<b>41</b>
Esteban Echeverría	7	8	0	<b>15</b>

<sup>16</sup> In all tables, the initials M, W and O refer to Men, Women and Other genders respectively.

Santa Rosa	7	34	0	<b>41</b>
Clorinda	8	35	0	<b>43</b>
San Isidro	10	45	0	<b>55</b>
Currents	10	267	0	<b>277</b>
Quilmes	13	39	0	<b>52</b>
Río Cuarto	25	94	0	<b>119</b>
Mar del Plata	25	31	0	<b>56</b>
Moreno	31	60	0	<b>91</b>
<b>Total</b>	<b>151</b>	<b>934</b>	<b>0</b>	<b>1,085</b>

Source: Argentine Red Cross.

### 3. People reached in Health & Care

People reached with the Mobile Health Unit							
City	M +18	M -18	W +18	W -18	O +18	O -18	Total
La Plata	322	4	78	6	0	0	<b>410</b>

Source: Argentine Red Cross

People Reached with First Aid							
City	M +18	M -18	W+1 8	W -18	O +18	O -18	Total
Rosario de la Frontera	0	0	7	0	0	0	<b>7</b>
Quilmes	2	0	2	0	0	0	<b>4</b>
La Plata	73	1	14	0	1	0	<b>89</b>
<b>Total</b>	<b>75</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>100</b>

Source: Argentine Red Cross

People reached with anthropometric controls							
City	M +18	M -18	W+18	W -18	O +18	O -18	Total
ALMIRANTE BROWN	0	45	0	56	0	0	<b>101</b>
BELL	0	18	0	19	0	0	<b>37</b>
CLORINDA	0	17	0	20	0	0	<b>37</b>
CORDOBA	0	178	0	51	0	0	<b>229</b>
CORRIENTES	0	82	0	82	0	0	<b>164</b>
ESTEBAN ECHEVERRIA	0	31	0	17	0	0	<b>48</b>
LA PLATA	0	253	0	238	0	0	<b>491</b>
LA RIOJA	0	28	0	27	0	0	<b>55</b>
LUJAN	0	87	0	94	0	0	<b>181</b>
MAR DEL PLATA	0	39	0	36	0	0	<b>75</b>
MENDOZA	0	19	0	21	0	0	<b>40</b>
MORENO	0	16	0	25	0	0	<b>41</b>
NECOCHEA	0	29	0	27	0	0	<b>56</b>

NEUQUÉN	0	322	0	265	0	0	<b>587</b>
POSADAS	0	31	0	32	0	0	<b>63</b>
QUILMES	0	87	0	96	0	0	<b>183</b>
RIO CUARTO	0	40	0	57	0	0	<b>97</b>
ROSARIO	0	73	0	83	0	0	<b>156</b>
ROSARIO DE LA FRONTERA	0	50	0	61	0	0	<b>111</b>
SAAVEDRA	0	16	0	14	0	0	<b>30</b>
SALTA	0	43	0	59	0	0	<b>102</b>
SAN FERNANDO	0	105	0	97	0	0	<b>202</b>
SAN ISIDRO	0	14	0	14	0	0	<b>28</b>
SAN JUAN	0	5	0	7	0	0	<b>12</b>
SAN MIGUEL DE TUCUMÁN	0	77	0	73	0	0	<b>150</b>
SAN NICOLAS	0	14	0	21	0	0	<b>35</b>
SAN RAFAEL	0	0	0	6	0	0	<b>6</b>
SAN SALVADOR DE JUJUY	0	80	0	73	0	0	<b>153</b>
SANTA FE	0	84	0	62	0	0	<b>146</b>
SANTA ROSA	0	16	0	13	0	0	<b>29</b>
SANTOS LUGARES	0	45	0	69	0	0	<b>114</b>
TIGRE	0	16	0	20	0	0	<b>36</b>
VILLA CRESPO	0	4	0	17	0	0	<b>21</b>
<b>Total</b>	<b>0</b>	<b>1,964</b>	<b>0</b>	<b>1,852</b>	<b>0</b>	<b>0</b>	<b>3,816</b>

Source: Argentine Red Cross

People reached with Hygiene Kits							
City	M +18	M -18	W+18	W -18	O +18	O -18	Total
Salta	6	0	44	0	0	0	<b>50</b>
San Rafael	17	0	43	3	0	0	<b>63</b>
Tiger	24	2	7	0	0	0	<b>33</b>
Santos Lugares	27	0	70	0	0	0	<b>97</b>
San Miguel de Tucumán	37	0	63	0	0	0	<b>100</b>
Saavedra	38	1	18	3	0	0	<b>60</b>
San Isidro	46	1	101	3	0	0	<b>151</b>
Quilmes	51	2	31	1	0	0	<b>85</b>
Corrientes	54	1	29	0	3	0	<b>87</b>
Córdoba	58	4	14	5	0	0	<b>81</b>
Villa Crespo	63	0	41	0	0	0	<b>104</b>
Esteban Echeverría	88	0	56	0	0	0	<b>144</b>
Moreno	171	2	69	5	0	0	<b>247</b>
La Plata	197	7	47	2	1	0	<b>254</b>
San Andrés	291	7	153	3	0	0	<b>454</b>
<b>Total</b>	<b>1,168</b>	<b>27</b>	<b>786</b>	<b>25</b>	<b>4</b>	<b>0</b>	<b>2,010</b>
People reached with Dengue Kits							
Locality	M +18	M -18	W+18	W -18	O +18	O -18	Total

Santos Lugares	9	0	15	0	0	0	<b>24</b>
La Plata	11	2	2	0	0	0	<b>15</b>
Corrientes	16	1	13	0	0	0	<b>30</b>
Esteban Echeverría	28	0	7	0	0	0	<b>35</b>
Villa Crespo	32	0	16	0	0	0	<b>48</b>
Saavedra	38	1	18	3	0	0	<b>60</b>
Moreno	42	0	8	0	0	0	<b>50</b>
Córdoba	58	4	14	5	0	0	<b>81</b>
San Andrés	111	4	79	2	0	0	<b>196</b>
<b>Total</b>	<b>345</b>	<b>12</b>	<b>172</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>539</b>
<b>People Reached with warm clothing Kits</b>							
<b>City</b>	<b>M +18</b>	<b>M -18</b>	<b>W+18</b>	<b>W 18</b>	<b>O +18</b>	<b>O 18</b>	<b>Total</b>
Córdoba	14	1	11	1	0	0	<b>27</b>
San Rafael	14	0	4	2	0	0	<b>20</b>
Villa Crespo	23	0	9	0	0	0	<b>32</b>
Quilmes	39	2	19	0	0	0	<b>60</b>
Esteban Echeverría	45	0	54	1	0	0	<b>100</b>
La Plata	50	4	18	3	1	0	<b>76</b>
Moreno	58	1	38	1	0	0	<b>98</b>
San Andrés	123	1	48	0	0	0	<b>172</b>
San Isidro	130	1	22	0	0	0	<b>153</b>
<b>Total</b>	<b>496</b>	<b>10</b>	<b>223</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>738</b>

Source: Argentine Red Cross