

OPERATION UPDATE

Argentina | Economic Crisis

Emergency appeal No: MDRAR022 Emergency appeal launched: 17/09/2024 Operational Strategy published: 03/11/2024	Glide No: N/A
Operation update #3 Date of issue: 22/08/25	Timeframe covered by this update: From 17/09/2024 to 25/06/2025
Operation timeframe: 12 months (17/09/2024 - 30/09/2025)	Number of people being assisted: 20,000
Funding requirements (CHF): CHF 3 million through the IFRC Emergency Appeal CHF 3 million Federation-wide	DREF amount initially allocated: CHF 500,000

To date, this Emergency Appeal, which seeks CHF 3,000,000, is 4.18 percent funded. Further funding contributions are needed to enable the Argentine Red Cross, 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 activities to distribute hygiene and individual dengue kits with homeless people in San Andrés, Province of Buenos Aires.

A. SITUATION ANALYSIS

Description of the crisis¹

Argentina is facing one of the most serious economic and social crises in recent decades, marked by high initial inflation, loss of purchasing power, limitations in access to health and coverage, job insecurity and consolidation of structural poverty. During 2024, the situation worsened significantly, affecting several sectors of the population, especially the most vulnerable.

From April 2024 to the present, the deepening of inequality in income distribution stands out. Despite certain signs of macroeconomic recovery, key social indicators show a persistence of structural poverty, a deterioration in real incomes with an increase in labor informality and widening of gaps in access to basic rights, with a strong impact at the community level and serious consequences for the most vulnerable individuals and families.

During the first quarter of 2025, although a slight recovery in economic activity was observed (year-on-year increase of 6.5%), this macroeconomic improvement did not translate into an increase in consumption².

The employment rate remained stable, with general unemployment of 6.4% (a slight decline compared to the same period in 2023). However, the year-on-year loss of formal private employment reached 182,000 positions, also considering the public sector, the high levels of labor informality with more than 36% of the employed population without making pension contributions.

Inequalities in income distribution persist and are accentuated. The Minimum Living and Mobile Wage (SMVM by its initials in Spanish) for March 2025 fell by 30% compared to November 2023. For its part, the wage gap between registered and unregistered workers stood at 76%, strongly affecting those who enter the informal market. This disparity is reflected in a profoundly unequal income structure: 40% of the population with the lowest income receive, on average, less than the SMVM, while the highest income sectors can earn up to 13 times more. This scenario consolidates a structural inequality that translates into a high Gini index (0.430), confirming the concentration of wealth. The precariousness of income is also evident when comparing the SMVM with the individual Total Basic Basket (CBT by its initials in Spanish) (+15% gap), which prevents an effective recovery of consumption in the most affected households and consolidates a structural poverty base.

This structural reality is reflected in the evolution of the poverty rate: although poverty measured by income shows a slight downward trend compared to 2023, structural poverty of a multidimensional nature persists, including shortcomings in access to health services, water and sanitation, social security, decent housing, and quality employment. This is especially evident in younger people: while 52% of children and adolescents (0-14 years old) and 45% of young people between 15 and 29 years old are below the poverty line, both populations show strong limitations in their access to basic services, low school infrastructure and educational completion of their homes. This reinforces a cycle of exclusion and vulnerability.

In the case of the elderly, despite the increase in the minimum pension, basic pensions continue to be below the CBT when extraordinary bonuses are not considered. More than 5.4 million older people receive incomes of less than \$400,000, which reveals the fragility of the pension system. Added to this is a 261.6% increase in the PAMI (National Retirement and Pension Institute) basket of medicines, well above the inflationary average. This deterioration in living conditions generated a growing mobilization of the sector, with weekly protests in different cities, many of them repressed with strong security devices, which shows the level of social tension that this segment of the population is going through.

Finally, although no specific research (public or private) has been generated, a large part of the conditions described continued to impact the health sector. Cuts in the public health budget and limited access to medicines aggravated the general health situation of the population. Food insecurity, a product of the increase in the social gap that affected the poorest communities, had a direct impact on the health of these people, increasing their vulnerability to diseases and adverse health conditions.

Despite some signs of macroeconomic recovery, key social indicators show a persistence of structural inequalities. Improvements in employment and poverty must be analyzed from a complex perspective, considering the evolution of variables on job quality, informality, and loss of purchasing power. The most vulnerable populations – children, the elderly and informal workers – continue to be the most affected by the crisis, and the State's responses, although they show some reinforcement in social programs, have not managed to reverse the effects of the deterioration accumulated since 2023.

¹ Argentine Red Cross. (2024, 2025)

² [Infobae](#) (15/3/2025)

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 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).

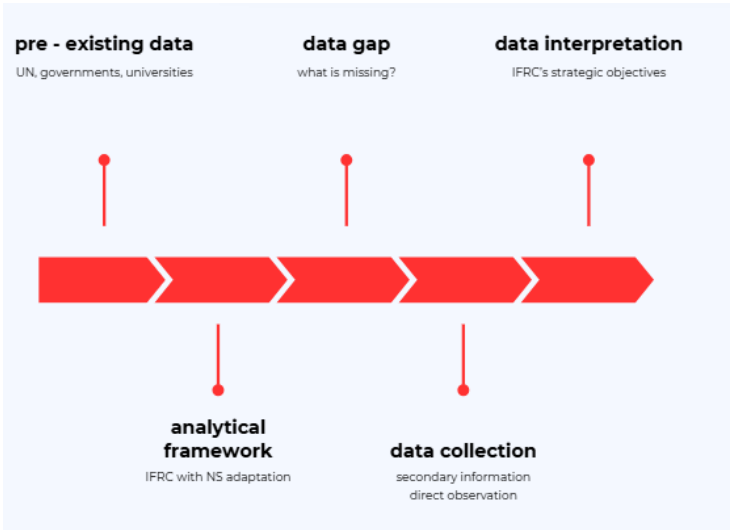
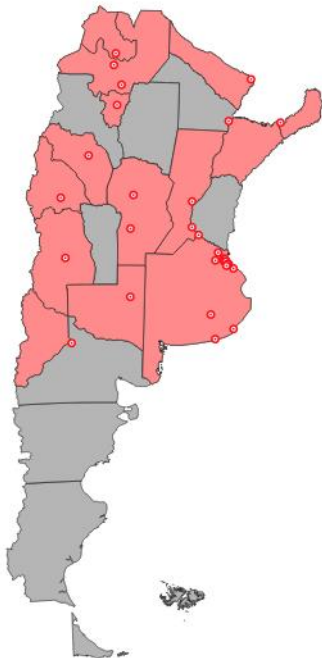


Figure 1. Analytical pipeline. 2024. Source: Argentine Red Cross.

At the close of this report, the multisectoral assessment 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, Luján, Moreno, San Martín, San Fernando, San Isidro, Tres de Febrero and 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.

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 - primary health care center	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 Device for Addressing Problematic Consumption	1
ROSARY	Communal President	1
ROSARIO DE LA FRONTERA	Local Organization Referent	1
SAAVEDRA	Local Organization Referent	2
SALTA	Community Leader	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
HOLY PLACES	Community Reference	2
TANDIL	Community Reference	1
	Local Organization Referent	2
TIGER	Coordinator of Social Work of the Ministry of Health	1
	Local Organization Referent	1
VILLA CRESPO	Community Reference	2
	Local Organization Referent	2
TOTAL		86

Currently, the assessment coordination team has completed the general analysis³ of the data collected, the results of which are presented in the corresponding report. As a first conclusion, the expansion of the intervention area has been defined in agreement with the IFRC Secretariat due to the identification of needs in all the communities assessed. In this context, the cities of Quilmes (Buenos Aires) and Córdoba (Córdoba) have gone through particular situations. Although both had branches incorporated into the initial operational strategy, they faced a number of constraints that have made it difficult to meet the deadlines established for the multisectoral evaluation. Considering that the crisis has negatively affected the sustainability of the branches, they have been forced to concentrate their efforts on their main source of livelihood: school. For this reason, these locations will be analyzed taking into account operational constraints.

2. Distributions of Hygiene and Dengue Kits

Within the framework of the humanitarian response, progress has been made in the distribution of Hygiene and Dengue Kits to meet the priority needs of the affected communities. So far, **13 distributions have been carried out** (3 Provinces and CABA) in the towns of Córdoba, Corrientes, Esteban Echeverría, La Plata, Moreno, San Martín, Tres de Febrero and the Autonomous City of Buenos Aires, providing direct assistance to **507 people**. These actions have made it possible to strengthen hygiene and disease prevention conditions in the prioritized territories.

Within the framework of these activities, the branches of Corrientes and La Plata have articulated with local organizations that are working with homeless people. In this sense, the Corrientes branch has carried out a training in First Aid with the participation of the staff of the "Mi Cristo Roto" shelter and assisted people, reaching a total of 7 people trained. For its part, the La Plata branch has trained 23 people on the same subject.

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 reached. 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 personnel, from 24 branches and Central Headquarters. Currently, the 34 branches have carried out **30 activities**, reaching a total of **858 boys and girls** between 6 and 12 years old in the towns of Almirante Brown, Corrientes, La Plata, La Rioja, Mendoza, Neuquén, Posadas, Rosario de la Frontera, Salta, San Andrés, San Juan, San Rafael, San Salvador de Jujuy and Tigre.

4. Active purchasing processes

³ **Argentine Red Cross.** (2025, March). Emergency Needs Assessment: General Partial Report. Emergency Secretariat of the Argentine Red Cross. https://drive.google.com/open?id=10-HWcn4Dqt5YZEaYgbqU7afhPGZbsBU4&usp=drive_fs

First Aid Items: The receipt of the first aid supplies has been completed, which will be distributed in the form of two kits⁴ to all the branches of the National Society involved in the implementation of activities within the framework of this Appeal.

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

Visibility of Volunteers: The purchase process of 825 vests for volunteers participating in the activities of this operation has been carried out, to ensure their proper identification and visibility.

Livelihood Kits: The process of acquiring vocational training kits has been launched, considering the specific characteristics and needs of each community.

5. Contact with potential donors.

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.

Needs analysis

An updated 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:

- **Infrastructure 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

⁴ 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.

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 livelihood strategy. "Odd jobs" and temporary jobs predominate especially in urban and peri-urban areas of the AMBA, NOA and NEA regions. 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 Universal Child Allowance (AUH by its initials in Spanish) 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 the reduction in purchasing power.
- **Housing and Basic Services:** Housing precariousness (including the impossibility of accessing housing) and difficulties in accessing basic services such as drinking water and sanitation are recurrent, especially in the NEA and NOA regions.
- **Training and Job Training:** There is an urgent demand for vocational training programs with real prospects of labor insertion. Current initiatives often lack continuity, sufficient resources, and effective articulation between institutional actors.
- **Vulnerable Groups:** Elderly 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 up to date.

Risk	Probability	Impact	Palliative measures	Current situation
1. Situations of political tension with the National Government	Medium	High	<ul style="list-style-type: none"> • Maintain open and regular communication with the government to manage expectations, report on the progress of operations and avoid misunderstandings that could generate tensions. • Ensure collaboration with local and regional authorities, which can facilitate the execution of operations. 	<ul style="list-style-type: none"> • 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.
2. Duplication of efforts among humanitarian actors	Medium	Medium	<ul style="list-style-type: none"> • Establish coordination mechanisms with local and international actors, and ensure clear and continuous communication to avoid duplication. 	<ul style="list-style-type: none"> • 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.
3. Exhaustion and fatigue of staff and volunteers.	Medium	High	<ul style="list-style-type: none"> • Implement a staff turnover system and provide psychosocial support for the well-being of the teams. 	<ul style="list-style-type: none"> • Establishment of daily communication channels with local focal points. • A specific incident reporting form has been created for boarding.

				<ul style="list-style-type: none"> • A feedback mechanism for volunteering has been created. • Virtual support conferences are being developed to accompany the branches and individual bilateral spaces for the management of particular events. • The National Society has support mechanisms through specialized teams.
4. Emergence of new situations generated by the current crisis, such as contexts of social tension	High	High	<ul style="list-style-type: none"> • Provision of contribution mechanisms for the attention of these situations, including the mobilization of response teams to them. 	<ul style="list-style-type: none"> • The national society has activated its ENMO to follow up on events of social tension. • A virtual training has been carried out at ENMO to deepen the capacities to monitor events of social tension. • The Delicate and Insecure Contexts Team (CDI by its initials in Spanish) has been prepared on two occasions. • Activation of response mechanisms due to the floods experienced in Bahía Blanca during 2025.
5. The number of people affected is large	High	High	<ul style="list-style-type: none"> • Review of the strategy and evaluate the possibility of expanding it. 	<ul style="list-style-type: none"> • It has been agreed to expand the intervention areas to 35 branches.

B. OPERATIONAL STRATEGY

Update on the strategy

Based on the technical analysis carried out by the health area and the current socioeconomic and seasonal context, it was decided to make the following adjustments to the response strategy:

1. Replacement of MHPSS kits with shelter kits for homeless people:

Given the winter season and considering the low temperatures and the situation of high vulnerability of homeless people, priority is given to the provision of warm kits that include essential elements such as collars, socks, gloves, blankets and thermoses to protect people from the weather effects. This decision is based on the technical team's analysis and on the survey carried out in the communities, which identified the cold as an aggravating factor of exposure to health risks.

2. Replacement of classroom kits with vocational training kits:

Based on the results of the Multisectoral Needs Assessment and the identification of local needs and capacities of the branches, it was determined that the classroom kits should be replaced by vocational training kits. This change will allow the branches to adapt training to the specific demands of each community and strengthen opportunities for labor insertion, considering the productive and socioeconomic characteristics of each territory.


Topic	Branches
Sewing	Clorinda, Posadas, San Rafael, Santa Rosa, Corrientes, Necochea and San Juan
Electricity	Saavedra
Bicycles	Villa Crespo
Classroom	Luján, San Andrés, Santa Fe, La Rioja, Rosario, San Fernando, Salta, Tucumán, Jujuy, Santos Lugares and Santa Victoria Este
Gastronomy and Bakery	Rosario de la Frontera, Esteban Echeverría, Río Cuarto and Tandil
Hair salon	Campana, Mendoza, La Plata, Tigre, San Isidro and Mar del Plata
Gardening and Vegetable Garden	San Nicolás and Santa Victoria Este
Sublimation	Quilmes
First Aid Private Homes	Moreno

3. Expansion of the branches participating in the intervention:

As a result of the Multisectoral Assessment, the number and location of participating branches has been increased to 35.

C. DETAILED OPERATIONAL REPORT


STRATEGIC SECTORS OF INTERVENTION

 Livelihoods	Female > 18: 0	Female < 18: 0
	Male > 18: 0	Male < 18: 0
Objective:	Promote the diversification of sources of income through the development of job skills for people in vulnerable situations, facilitating their access to professional training opportunities and the labour market, and guaranteeing an inclusive and equitable environment	

	Indicator	Actual	Target
Key indicators:	# of people reached with livelihood training activities to strengthen the family economy.	0	10,200 people
	# of people trained in the "mobile classroom" in itinerant activities.	0	300 people
	# of people reached with essential income-generating services/information.	0	10,200 people
	# of families (and individuals) reached with essential services/information for employment opportunities, including self-employment.	0	10,200 people
	# of families (and individuals) reached who have completed training in improved production practices.	0	10,200 people

As a result of the multisectoral assessment in 35 communities, other areas impacted on their local livelihoods have been prioritized. This makes it possible to guarantee a contextualized response to the identified needs.

Likewise, actions in the field of health are being prioritized based on the preliminary results of these evaluations, incorporating criteria of vulnerability and accessibility, to ensure effective articulation with the components of livelihoods, promoting a comprehensive approach to the affected communities.

 Health & Care (Mental Health and psychosocial support / Community Health / Medical Services)	Female > 18: 153	Female < 18: 450
	Male > 18: 335	Male < 18: 427

Objective:	<i>Improve access to health controls for priority communities. Improve the nutritional quality of food and improve hygiene for target communities. Increase vaccination. Prevent the spread of seasonal diseases such as dengue. Provide MHPSS.</i>
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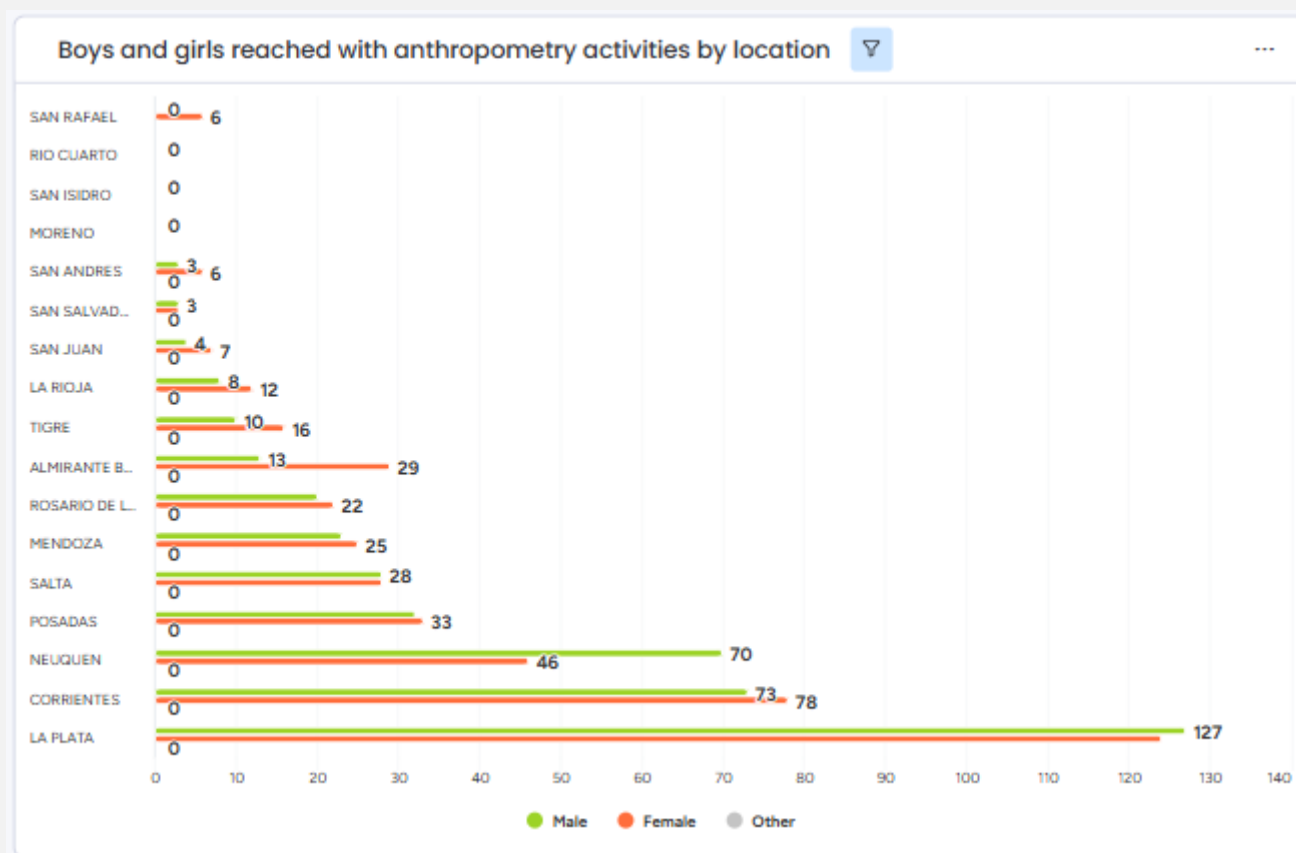
	Indicator	Actual	Target
Key indicators:	# of people receiving mental health and psychosocial support (MHPSS) in emergency situations.	0	1,520 people
	# of people assisted in the mobile health units sent to vulnerable communities.	0	1,840 people
	# of kits distributed and people reached with humanitarian aid.	507	1,500 people
	# of children aged 0 to 5 years reached by neurodevelopmental stimulation activities in community kitchens, educational institutions and other community spaces.	0	6,800 people
	# of children from 6 to 12 years old with anthropometric evaluation carried out in community kitchens, educational institutions and other community spaces.	858	6,800 people
	# of children ages 6-10 with vaccination compliance assessment for school enrollment.	0	5,400 people

of people receiving first aid.

0

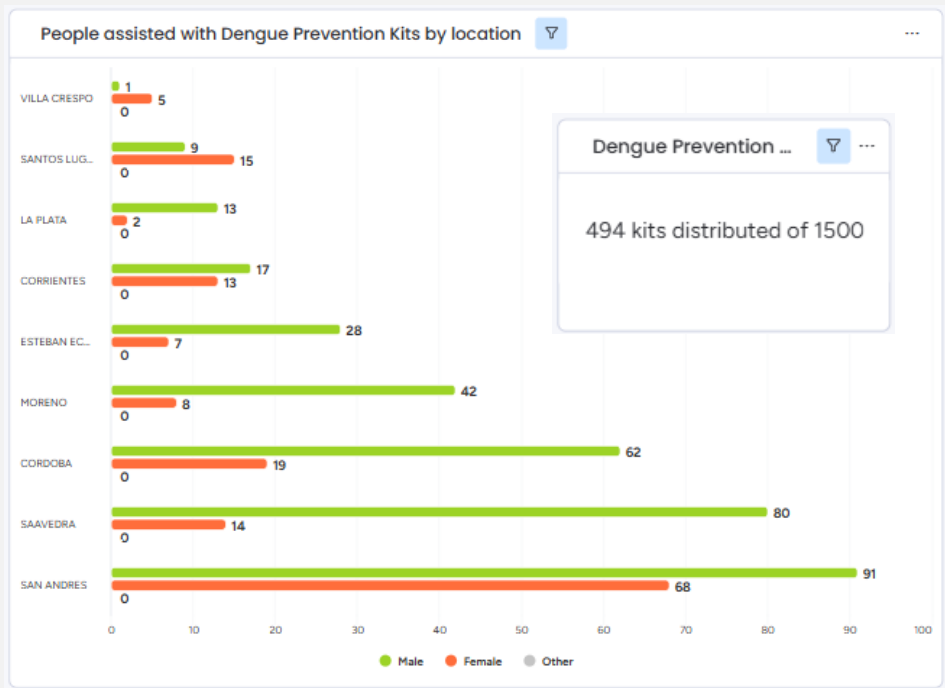
500 people

Thirty anthropometric evaluation activities **have been carried out** in communities in the towns of Almirante Brown, Corrientes, La Plata, La Rioja, Mendoza, Neuquén, Posadas, Rosario de la Frontera, Salta, San Andrés, San Juan, San Rafael, San Salvador de Jujuy and Tigre. Activities have also been carried out in Quilmes, Rio Cuarto, Moreno and San Isidro still in the process of reporting. These actions were carried out in community kitchens, educational institutions and other neighborhood reference spaces, reaching a total of 858 children between 6 and 12 years old, contributing to the early identification of nutritional risks and the strengthening of community health surveillance. There were 211 voluntary participations and 30 personnel participations.



In addition, **thirteen humanitarian aid distribution activities** were carried out in the communities of Villa Crespo, La Plata, San Andrés, Moreno, Córdoba, Esteban Echeverría and Corrientes. Within the framework of these actions, a total of 507 personal hygiene kits⁵ and 494 dengue prevention kits were distributed, contributing to improving sanitary and prevention conditions in contexts with high levels of vulnerability. There were 108 voluntary participations.

⁵ 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).





Protection, Gender and Inclusion

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

Promote an inclusive and equitable environment in all activities and programmes of the Argentine Red Cross, integrating PGI and ensuring protection of and support to vulnerable groups and people

Key indicators:

Indicator

Actual

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.

Enabling approaches



National Society Strengthening

Objective:

The Argentine Red Cross strengthens and develops its capacities for efficient management of the economic crisis, promoting the sustainability of its humanitarian actions

During the reporting period, virtual training was designed and implemented with 147 volunteers and 5 personnel from 24 branches and the headquarters, focused on the proper use of equipment in the Health area and the guidelines for the development of activities in the territory. This training strengthened the capacities of the branches when making distributions in communities affected by the economic crisis.



Community Engagement and Accountability

Objective:

Ensure that the needs, interests, context and capacities of the target communities are considered and prioritized throughout implementation, including necessary adjustments and lessons learned

Key indicators:	Indicator	Actual	Target
	# of people trained in operational communication and CEA.	0	400
	# of feedback instances received and responded to.	58	2,500
	# of accountability documents prepared and disseminated to stakeholders.	0	2

As part of the commitment to accountability and continuous improvement of interventions, feedback tools and satisfaction surveys have been applied to participants in different activities. In the province of Corrientes, 6 satisfaction surveys were carried out linked to training and community awareness activities. Likewise, 13 surveys were applied in the context of anthropometric evaluation activities, and 39 more surveys related to the distribution of personal hygiene and dengue prevention kits, in Corrientes and San Andrés.

On the other hand, 11 satisfaction and feedback surveys were carried out aimed at participants of face-to-face internal training carried out in the Moreno and Posadas branches. These actions make it possible to strengthen active listening mechanisms and adjust intervention strategies based on the perceptions and needs expressed by communities and operational teams.



Coordination and Partnerships

Objective:

Strengthen coordination within the IFRC membership and the Movement to bring technical and operational complementarity and enhance cooperation with external partners

During the first 6 months 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:**

Strengthen management capacity of the IFRC Country Cluster Delegation (CCD) to provide support to the Argentine Red Cross for implementation as part of the Emergency Appeal.

During the implementation period, the IFRC Southern Cone Delegation supported the National Society in the following areas

- Guidance in compliance with financial procedures, ensuring transparency and accountability.
- Adaptation of the Appeal monitoring process, integrating IFRC and National Society information sources into a single dashboard.
- Advice on the development of the terms of reference for the multisectoral assessment.
- Support in the execution of monitoring and reporting of the actions, products and results achieved.

D. FUNDING

At the close of this report, the National Society received a first disbursement from the DREF fund for CHF 300,000; Currently, more than US\$ 100,000 are in the process of execution within the framework of the current purchase processes.

Contributions have also been received from the Japanese Red Cross (CHF 28,432) and Monaco Red Cross (CHF 9,399) for lessons learned, final evaluation and audit.

Contact information

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

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For In-Kind donations and Mobilization table support:

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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.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/9-2025/6	Operation	MDRAR022
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 21 Aug 2025

All figures are in Swiss Francs (CHF)

MDRAR022 - Argentina - Economic Crisis

Operating Timeframe: 17 Sep 2024 to 30 Sep 2025; appeal launch date: 17 Sep 2024

I. Emergency Appeal Funding Requirements

Total Funding Requirements	3,000,000
Donor Response* as per 21 Aug 2025	125,398
Appeal Coverage	4.18%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	0	0
PO02 - Livelihoods	105,262	112,104	-6,842
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	151,697	161,557	-9,860
PO05 - Water, Sanitation & Hygiene	0	0	0
PO06 - Protection, Gender and Inclusion	0	0	0
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	29,702	0	29,702
PO10 - Community Engagement and Accountability	12,733	0	12,733
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	299,395	273,661	25,733
EA01 - Coordination and Partnerships	0	0	0
EA02 - Secretariat Services	2,547	0	2,547
EA03 - National Society Strengthening	184,718	45,839	138,880
Enabling Approaches Total	187,265	45,839	141,426
Grand Total	486,660	319,500	167,160

III. Operating Movement & Closing Balance per 2025/06

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	537,933
Expenditure	-319,500
Closing Balance	218,433
Deferred Income	0
Funds Available	218,433

IV. DREF Loan

* not included in Donor Response	Loan :	500,000	Reimbursed :	0	Outstanding :	500,000
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Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/9-2025/6	Operation	MDRAR022
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 21 Aug 2025

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MDRAR022 - Argentina - Economic Crisis

Operating Timeframe: 17 Sep 2024 to 30 Sep 2025; appeal launch date: 17 Sep 2024

V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
DREF Response Pillar				500,000	500,000	
Japanese Red Cross Society	28,432				28,432	
On Line donations	102				102	
Red Cross of Monaco	9,399				9,399	
Total Contributions and Other Income	37,933	0	0	500,000	537,933	0
Total Income and Deferred Income					537,933	0