

OPERATION UPDATE

Argentina | Economic Crisis

Emergency appeal №: MDRAR022 Emergency appeal launched: 17/09/2024 Operational Strategy published: 03/11/2024	Glide №: N/A
Operation update #4 Date of issue: 01/10/2025	Timeframe covered by this update: From 17/09/2024 to 17/09/2025
Operation timeframe: 14 months (2-month extension) (17/09/2024 - 30/11/2025)	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 4.2 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 affected.



Volunteers from the Argentine Red Cross carry out activities distributing hygiene kits and individual dengue kits to people experiencing homelessness in San Andrés, Buenos Aires Province. Source: Argentine Red Cross.

A. SITUATION ANALYSIS

Description of the crisis¹

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

Since April 2024, there has been a deepening of inequality in income distribution. Despite some signs of macroeconomic recovery, key social indicators show persistent structural poverty, a deterioration in real incomes with increased labor informality, and widening gaps in access to basic rights, with a strong impact at the community level and serious consequences for people and families in the most vulnerable situations.

During the first quarter of 2025, although there was a slight recovery in economic activity (a year-on-year increase of 6.5%), this macroeconomic improvement did not translate into increased consumption². The employment rate remained stable, with an overall unemployment rate of 6.4% (a slight decrease compared to the same period in 2023). However, the year-on-year loss of formal private sector jobs reached 182,000 positions, also considering the public sector, with high levels of labor informality—more than 36% of the employed population does not make pension contributions.

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

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, there remains a multidimensional structural poverty involving shortages in access to health services, water and sanitation, social security, decent housing, and employment. This is especially evident among younger people: while 52% of children and adolescents (0-14 years) and 45% of young people aged 15 to 29 are below the poverty line, both groups face significant limitations in access to basic services, poor school infrastructure, and incomplete educational cycles in their households. This reinforces a cycle of exclusion and vulnerability.

For older adults, despite an increase in the minimum pension, basic benefits remain below the CBT when extraordinary bonuses are not considered. More than 5.4 million older adults receive incomes below \$400,000, revealing the fragility of the pension system. Additionally, there has been a 261.6% increase in the cost of the National Retirement and Pension Institute's (PAMI) medications, far above the average inflation rate. This deterioration in living conditions has led to growing mobilization of this sector, with weekly protests in various cities, many of which have been repressed with strong security measures, highlighting the level of social tension affecting them.

¹ Argentine Red Cross. (2024, 2025)

² [Infobae](#) (15/3/2025)

Finally, although no specific public or private studies have been conducted, most of the conditions described have continued to impact the health sector. Cuts to the public health budget and limited access to medications have worsened the general health situation of the population. Food insecurity, resulting from the widening social gap affecting the poorest communities, has had a direct impact on the health of these individuals, increasing their vulnerability to diseases and adverse health conditions.

Despite some signs of macroeconomic recovery, key social indicators show persistent structural inequalities. Improvements in employment and poverty must be analyzed from a complex perspective, considering the evolution of variables such as job quality, informality, and loss of purchasing power. The most vulnerable populations—children, older adults, and informal workers—continue to be the most affected by the crisis, and State responses, while showing some reinforcement in social programs, have not succeeded in reversing the effects of the accumulated deterioration since 2023.

Summary of response

1. Multisectoral Emergency Needs Assessment

Through coordinated work between the Humanitarian Observatory (OH by its initials in Spanish) and the National Team for Risk, Emergency, and Disaster Monitoring (ENMO by its initials in Spanish) of the Argentine Red Cross, a planning and development of the Multisectoral Emergency Needs Assessment (ENA) was carried out. Due to the unique characteristics of the economic crisis compared to traditional disasters, the National Society made adjustments to the ENA procedure to ensure that the real impact of the crisis on communities was accurately represented (Figure 1).

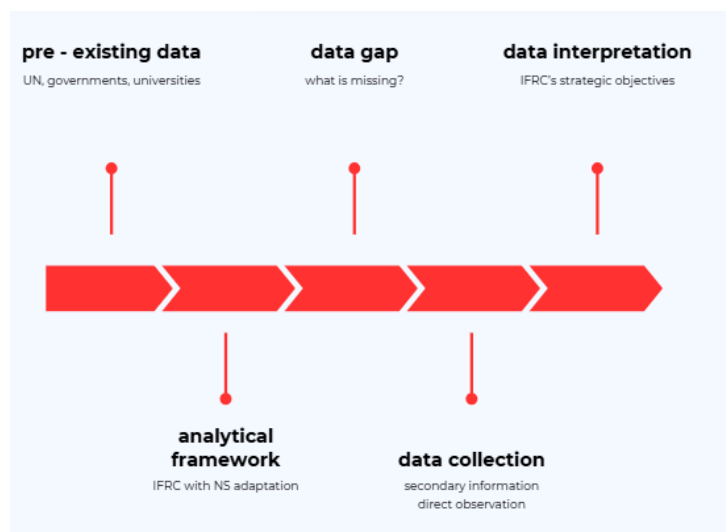


Figure 1. Analytical pipeline. 2024. Source: Argentine Red Cross.

This approach has made it possible to conduct 86 key informant interviews in 33 cities across 14 provinces and 1 autonomous city. Based on the results obtained³, and in agreement with the IFRC Secretariat, the intervention area has been expanded due to the identification of needs in all the communities assessed. In this context, it was taken into account that the local branches in Quilmes (Buenos Aires) and Córdoba (Córdoba) have faced sustainability challenges, which has led them to redirect their focus toward their main source of income: education activities.

³ **Argentine Red Cross.** (2025, march). Emergency Needs Assessment: General Report Emergency Secretariat. https://drive.google.com/open?id=10-HWcn4Dgt5YZEaYgbqU7afhPGZbsBU4&usp=drive_fs

2. Distribution of hygiene, warmth and dengue kits

As part of the humanitarian response, progress has been made in distributing Hygiene, warmth and dengue kits to address the priority needs of affected communities. So far, 1946 hygiene kits, 728 warmth kits and 533 dengue kits have been distributed in the localities 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 response to the identified needs, anthropometric assessment kits have been sent to 34 involved branches, with the aim of facilitating anthropometric evaluation activities and monitoring the health status of the communities served. In this context, the Central Headquarters Health Subsecretariat conducted a training session on the use of the kits, attended by 147 volunteers and 5 paid staff members from 24 branches and the Central Headquarters. Currently, the 34 branches have carried out 82 activities, reaching a total of 3,816 boys and girls between the ages of 6 and 12 in the localities of Almirante Brown, Campana, San Andrés, 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.

4. Livelihood Training Activities.

As part of the livelihoods strategy and based on the needs analysis, 36 kits for vocational and livelihoods training have been distributed in 33 branches for 383 people. So far, 37 training sessions have been implemented in the localities of San Salvador de Jujuy, San Juan, Posadas, San Andrés, Quilmes, Corrientes, Esteban Echeverría, Rosario de la Frontera, San Isidro, Moreno and Río Cuarto, reaching a total of 383 participants. These actions are ongoing to ensure the strengthening of local livelihoods, taking into account the specific characteristics of each community.

5. Mobile Health Unit.

As part of the health strategy, 15 activities involving the mobile health unit have been carried out in La Plata, reaching a total of 410 people. The Mobile Health Unit has also been deployed to support anthropometric assessment activities in Almirante Brown.

6. Communication and accountability.

Six social media posts have been published, sharing information about the actions of the Argentine Red Cross within the framework of the appeal, both at the national and local levels.



7. Active purchasing processes.

- **First Aid Supplies:** The reception of first aid supplies has been completed, which will be distributed in the form of two first aid kits to the 35 branches of the National Society involved in the implementation of activities within the framework of this International Appeal. The implementation will last until November.
- **Personal Hygiene Kits:** The procurement process to replenish 1,500 personal hygiene kits has been finalized, as the pre-positioned kits by the National Society at its Humanitarian Hub have already been used.
- **Volunteer Visibility:** The purchase of 825 vests for volunteers participating in the activities of this operation has been completed, ensuring proper identification and visibility.
- **Mobile Health Unit:** All tools and supplies for equipping a Mobile Health Unit have been acquired. In addition, an ambulance has been purchased and paid for in full, and is currently in production with estimated delivery in November.
- **Livelihood Kits:** Forty vocational training kits have been acquired, taking into account the specific characteristics and needs of each community.
- **Gazebos:** The purchase of livelihood kits has been complemented with 22 gazebos (32 projected in total), which will facilitate the implementation of these activities in outdoor spaces. At present, the acquisition is still underway, pending delivery by the supplier.

6. Contact with potential donors.

During the reporting period, 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 noteworthy were approaches to the National Societies of Japan, Saudi Arabia, Switzerland, Italy, Israel, and Turkey. In addition, institutional ties have been maintained with the Embassy of Israel in Buenos Aires and with companies grouped in the LIDE association. Notably, thanks to the support of the Saudi Red Crescent, funding was obtained for the acquisition of an ambulance-type vehicle.

Needs analysis

1. Health Needs

The economic crisis has significantly worsened the difficulties in accessing and maintaining the quality of health services nationwide. Among the most pressing challenges are:

- **Infrastructure and Human Resources:** There is a marked insufficiency in healthcare infrastructure, particularly in rural and peri-urban areas, where primary care centres face critical shortages of medical supplies, essential medicines and trained personnel. In urban areas, hospital and health centre overcrowding results in prolonged waiting times and a shortage of hospital beds.
- **Access to Medicines and Specialised Care:** The high cost and scarcity of essential medicines represent a significant barrier for the population, especially in regions such as northeastern Argentina (NEA) and the Buenos Aires Metropolitan Area (AMBA). Additionally, difficulties in securing medical appointments and accessing specialised care further deepen health inequalities.
- **Mental Health:** Mental health needs have increased considerably, particularly in communities exposed to recurrent emergencies and in overcrowded urban contexts. The lack of specialised services leaves people affected by stress, anxiety and other psychosocial conditions resulting from the economic crisis, material losses and recurring adverse events without adequate support.
- **Vulnerable Groups:** Older adults, children and adolescents, female-headed households, informal workers, people with disabilities and indigenous communities are particularly affected by difficulties in accessing appropriate and timely health services.

2. Livelihood and Basic Needs

The economic impact of the crisis has led to a significant deterioration in living conditions for communities, primarily reflected in the loss of formal employment, growth of informal work and increased dependence on social subsidies. The ENA indicates that 61.4% of participants perceive a significant worsening of their economic situation, directly affecting their ability to meet basic needs such as food, housing and education.

- **Employment and Labour Informality:** The loss of formal jobs and closure of businesses have increased informal labor as the main subsistence strategy. “Changas” (odd jobs) and temporary labor predominate, especially in urban and peri-urban areas of AMBA, northwestern Argentina (NOA) and NEA. This situation generates economic insecurity and limits access to basic services such as food, health, housing and education.
- **Food Security:** There has been a considerable increase in food insecurity, with many families reducing both the frequency and quality of daily meals. Community kitchens have seen a notable rise in demand, reflecting the severity of the food crisis.
- **Access to Social Programmes:** Although programmes such as the Universal Child Allowance (AUH by its initials in Spanish) and the Food Card remain active, increasing difficulties in accessing them have been reported due to bureaucracy, reduced coverage and insufficient amounts given the decline in purchasing power.
- **Housing and Basic Services:** Housing precariousness (including the inability to access housing) and difficulties in accessing basic services such as drinking water and sanitation are recurring issues, particularly in NEA and NOA.
- **Training and Vocational Education:** There is an urgent demand for training vocational programmes with realistic job placement prospects. Current initiatives often lack continuity, sufficient resources and effective coordination between institutional stakeholders.
- **Vulnerable Groups:** Older adults, female-headed households and informal workers are particularly affected by difficulties in accessing decent and sustainable livelihoods.

Operational risk assessment

The operational risk assessment remains valid.

Risk	Probability	Impact	Mitigating activities	Current situation
Situations of political tension with the National Government	Medium	High	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 implementation of operations.	No challenges have been reported in this regard by the territorial network during the development of activities, although through the National Directorate of Communication, publications on social media, communication guidelines, introduction letters, and specific training in operational communication have been carried out to address this risk at all levels.
Duplication of efforts among humanitarian actors	Medium	Medium	Establish coordination mechanisms with local and international actors and ensure clear and ongoing communication to avoid duplications.	At the local level, in communities where the participation of other actors has been identified, coordination with them is being developed to ensure complementarity in addressing the crisis.
Staff and volunteer exhaustion and fatigue	Medium	High	Implement a personnel turnover system and provide psychosocial support for team well-being.	Establishment of daily communication channels with local focal points. A specific incident reporting form has been created to address this

				A feedback mechanism for volunteers has been set up. Biweekly virtual support sessions for branches and individual bilateral spaces for the management of particular events are being developed. The National Society has support mechanisms through specialized teams.
Emergence of new situations caused by the current crisis, such as social tension contexts	High	High	Availability of mechanisms to address these situations, including the mobilization of response teams for them.	The National Society has activated its ENMO to monitor events of social tension A virtual training for ENMO has been conducted to strengthen the capacity to monitor social tension events. The Delicate and Insecure Contexts Team (CDI by its initials in Spanish) has been put on standby on two occasions. Activation of response mechanisms due to floods experienced in Bahía Blanca during 2025.
The number of people affected is large	High	High	Review the strategy and evaluate the possibility of expanding it.	The expansion of intervention areas to 35 branches has been agreed upon.

B. OPERATIONAL STRATEGY

Update on the strategy

Due to operational needs arising from delays in procurement and item acquisition during the Appeal period, the implementation timeline has been extended by two months at no additional cost. This adjustment will enable the completion of planned deliveries and related monitoring, safeguarding quality and accountability.

1. Acquisition of the ambulance: Following the August contribution from the Saudi Red Crescent, procurement was initiated. Standard lead times for tendering, contracting, and factory fit-out mean the ambulance is scheduled for handover to the National Society around mid-November.

2. Vocational training activities: Due to delays in the delivery of vocational kits and the need to distribute them to 33 branches of the territorial network, several of these branches will continue implementing training activities over the next two months.

3. Shipments for replenishment of supplies: Considering logistical challenges and procurement delays, shipments will be made to the branches of the territorial network with first aid supplies, clothing, and the gazebos pending receipt as previously mentioned.

C. DETAILED OPERATIONAL REPORT⁴

STRATEGIC SECTORS OF INTERVENTION

⁴ Currently, the data of people reached is being updated.



Livelihoods

Female > 18:

307

Female < 18: **0**

Male > 18: **76**

Male < 18: **0**

Objective:

Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions

Key indicators:

Indicator

Actual

Target

of people reached with livelihood training activities to strengthen the family economy.

383

10,200

of people trained in the "mobile classroom" in itinerant activities.

0

300

of people reached with essential income-generating services/information.

0

10,200

of families (and individuals) reached with essential services/information for employment opportunities, including self-employment.

0

10,200

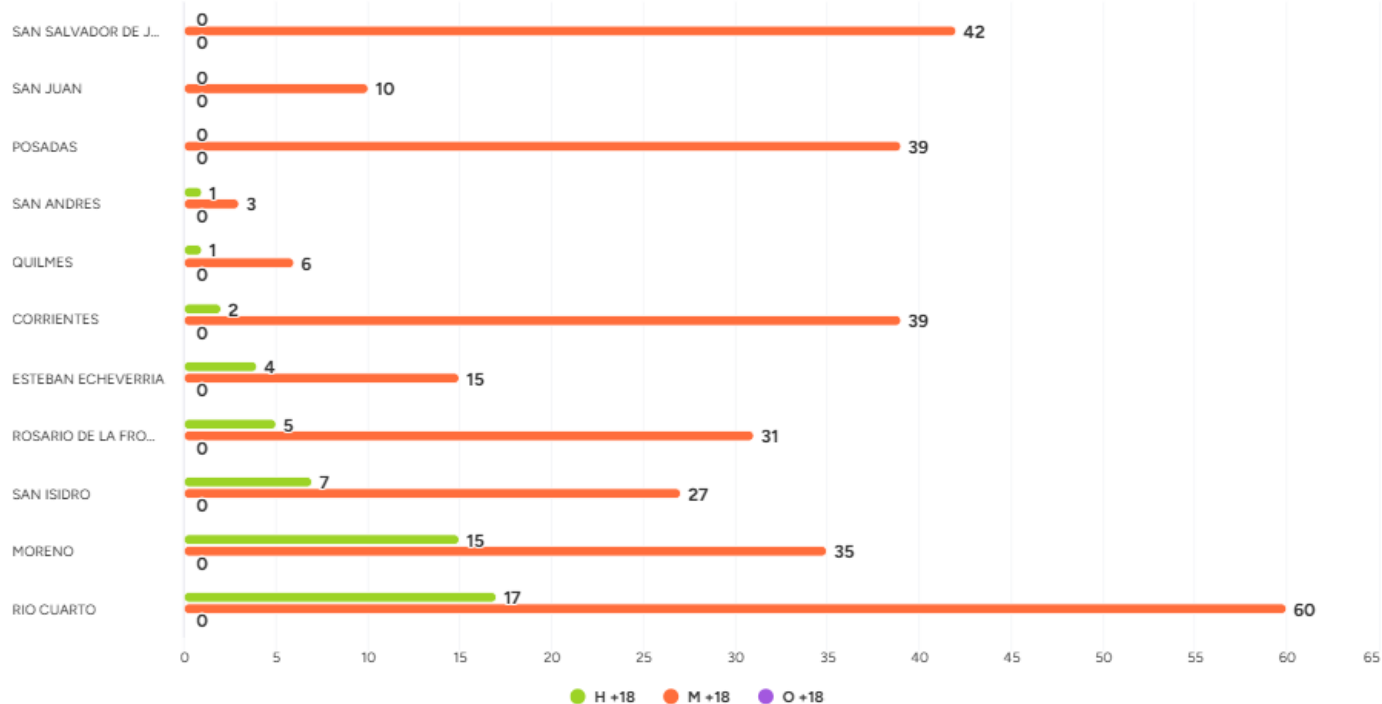
of families (and individuals) reached who have completed training in improved production practices.

0

10,200

Thirty-seven vocational training activities have been carried out in communities in the localities of San Salvador de Jujuy, San Juan, Posadas, San Andrés, Quilmes, Corrientes, Esteban Echeverría, Rosario de la Frontera, San Isidro, Moreno, and Río Cuarto. These actions reached a total of 383 participants, contributing to the strengthening of livelihoods. There were 109 volunteer participations and 20 participations from paid staff. Each branch has carried out a local process to identify the most vulnerable and disadvantaged communities in this socio-economic crisis and has coordinated with local organizations to define the target community or communities in each location.

People reached with livelihoods activities



Health & Care

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

Female > 18:

853

Female < 18:

1,882

Male > 18: **1,549**

Male < 18: **1,994**

Objective:

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

Key indicators:

Indicator

Actual

Target

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.

410

1,840 people

of kits distributed and people reached with humanitarian aid.

1,946

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

3,816

5,400 people

	<i>institutions and other community spaces.</i>		
	<i># of people receiving first aid.</i>	95	500 people

The main result of the health and wellbeing activities is that a total of 6,278 people have been reached. The breakdown is as follows.

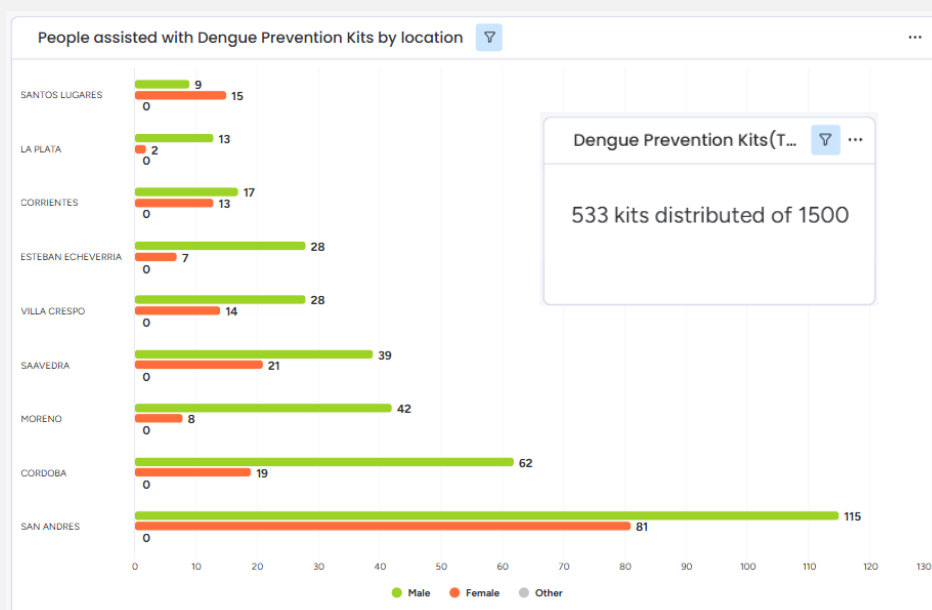
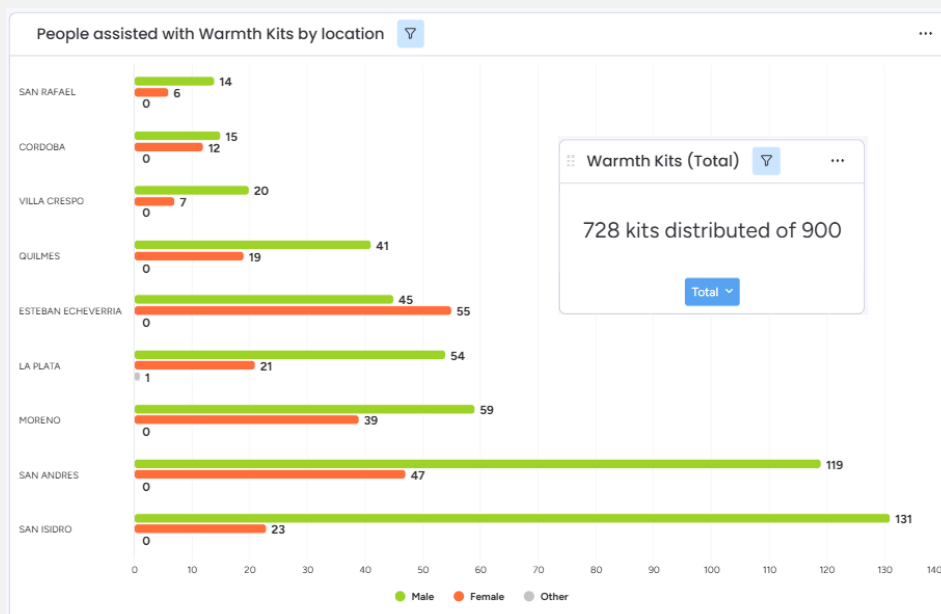
There have been 82 anthropometric evaluation activities carried out in communities, with the results being processed. These actions took place in community kitchens, educational institutions, and other neighborhood reference spaces, reaching a total of 3,816 children between 6 and 12 years old. This contributed to the early identification of nutritional risks and to strengthening community health surveillance. There were 628 voluntary participations and 57 participations from paid staff.

Community	Female	Male	Total
ALMIRANTE BROWN	56	45	101
CAMPANA	19	18	37
CLORINDA	20	17	37
CORDOBA	51	178	229
CORRIENTES	82	82	164
ESTEBAN ECHEVERRIA	17	31	48
LA PLATA	238	253	491
LA RIOJA	27	28	55
LUJAN	94	87	181
MAR DEL PLATA	36	39	75
MENDOZA	21	19	40
MORENO	25	16	41
NECOCHEA	27	29	56
NEUQUEN	265	322	587
POSADAS	32	31	63
QUILMES	96	87	183
RIO CUARTO	57	40	97
ROSARIO	83	73	156
ROSARIO DE LA FRONTERA	61	50	111
SAAVEDRA	14	16	30
SALTA	59	43	102
SAN FERNANDO	97	105	202
SAN ISIDRO	14	14	28
SAN JUAN	7	5	12
SAN MIGUEL DE TUCUMAN	73	77	150
SAN NICOLAS	21	14	35
SAN RAFAEL	6	0	6
SAN SALVADOR DE JUJUY	73	80	153
SANTA FE	62	84	146
SANTA ROSA	13	16	29
SANTOS LUGARES	69	45	114

TIGRE	20	16	36
VILLA CRESPO	17	4	21
Total	1,852	1,964	3,816

Additionally, 78 humanitarian aid distribution activities were carried out in the communities of Tigre, Salta, San Rafael, Santos Lugares, San Miguel de Tucumán, Saavedra, San Isidro, Corrientes, Quilmes, Villa Crespo, Córdoba, Esteban Echeverría, Moreno, La Plata and San Andrés. As part of these actions, a total of 1,946 personal hygiene kits, 533 dengue prevention kits, and 728 winter kits were distributed, helping to improve sanitary and prevention conditions in contexts with high levels of vulnerability. There were 559 voluntary participations and 27 participations by paid staff.





Mobile Health Unit: The National Society has equipped a medical trailer and various stations (gazebos) for care, and has been deployed in 15 activities in localities of the Greater Buenos Aires Area (AMBA), where interventions identified 410 people (mainly those experiencing homelessness) with various health problems, primarily cardiovascular and dermatological issues. This unit has been mobilized with the equipment acquired, in addition to the National Society's own logistical support, and through joint work with volunteer doctors and medical personnel from different municipalities.



Protection, Gender and Inclusion

Female > 18:

Female < 18:

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>		
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Key indicators:	Indicator	Actual	Target
	<i># of sectoral or PGI assessments conducted using PGI Minimum Standards.</i>	1	1
	<i># of people reached by PGI</i>	0	1,500
	<i># of people trained in the implementation of PGI's Minimum Standards</i>	0	200
	<i># of referrals made (GBV, Child Protection or others)</i>	0	100

In the planning and implementation process of the Multisectoral Assessment, the Minimum Standards for Protection, Gender, and Inclusion (PGI) have been incorporated, ensuring an approach that is sensitive to the specific needs of people in situations of greater vulnerability and promoting the collection of data that guide a more inclusive and evidence-based response.

The National Society's PGI standards, which are universal in an Action Protocol and in the SN's Strategic Plan, are taken into account across all activities. A specific report on PGI is currently being prepared.

Enabling approaches



National Society Strengthening

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>
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During the reporting period, biweekly meetings were held with the focal points of each branch to monitor the activities implemented at the local level. Additionally, weekly meetings were conducted with Central Headquarters staff involved in the implementation of field activities and support for the operation.

It's worth mentioning that a 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: <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			
Key indicators:	Indicator	Actual	Target
	# of people trained in operational communication and CEA.	0	400
	# of feedback instances received and responded to	499	2,500
	# of accountability documents prepared and disseminated to stakeholders.	0	2

As part of our commitment to accountability and continuous improvement of interventions, various feedback tools and satisfaction surveys have been implemented for participants in different activities.

In total, 68 satisfaction surveys related to internal trainings of the Argentine Red Cross were conducted at the branches of Almirante Brown, Tigre, La Plata, Moreno, Necochea, Posadas, Rosario, Salta, San Fernando, San Isidro, San Juan, and Tigre. Additionally, 348 feedback instances related to the distribution of Humanitarian Aid Kits were carried out, 15 instances were linked to community training activities, and 68 instances were conducted in the context of health care services. A report with the survey results is being prepared and its content will be presented in the next Ops Update.



Coordination and Partnerships

Objective: <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>	
<p>During the reporting period, 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</p>	



Secretariat Services

Objective: <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>	
<p>During the reporting period, the IFRC Southern Cone Delegation supported the National Society in the following areas</p> <ul style="list-style-type: none"> • 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

During the reporting period, the National Society received an initial disbursement from the DREF fund amounting to CHF 300,000; currently, more than 90% has already been spent, and the National Society is awaiting the second disbursement.

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

Contact information

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

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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	2024/9-2025/8	Operation	MDRAR022
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 30 Sep 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 30 Sep 2025	126,110
Appeal Coverage	4.20%

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	251,697	161,557	90,140
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	37,502	0	37,502
PO10 - Community Engagement and Accountability	12,733	0	12,733
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	407,195	273,661	133,533
EA01 - Coordination and Partnerships	0	0	0
EA02 - Secretariat Services	22,547	0	22,547
EA03 - National Society Strengthening	184,718	45,839	138,880
Enabling Approaches Total	207,265	45,839	161,426
Grand Total	614,460	319,500	294,960

III. Operating Movement & Closing Balance per 2025/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	626,110
Expenditure	-319,500
Closing Balance	306,610
Deferred Income	0
Funds Available	306,610

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	2024/9-2025/8	Operation	MDRAR022
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 30 Sep 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

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	127				127	
Red Cross of Monaco	9,399				9,399	
Saudi Red Crescent Authority	88,152				88,152	
Total Contributions and Other Income	126,110	0	0	500,000	626,110	0
Total Income and Deferred Income					626,110	0