



IRCS volunteers conducting search and rescue operations in a damaged building following the recent escalations in hostilities.








Appeal No: <b>MDRIR018</b>	To be assisted: <b>5,000,000 people</b>	Appeal launched: <b>06/03/2026</b>
Glide No: <b>CE-2026-000026-IRN</b>	DREF allocated: <b>CHF 1,525,304</b>	Disaster Categorisation: <b>RED</b>
Operation start date: <b>28/02/2026</b>	Operation end date: <b>30/06/2027</b>	

**IFRC Secretariat Funding requirement: CHF 40 million**



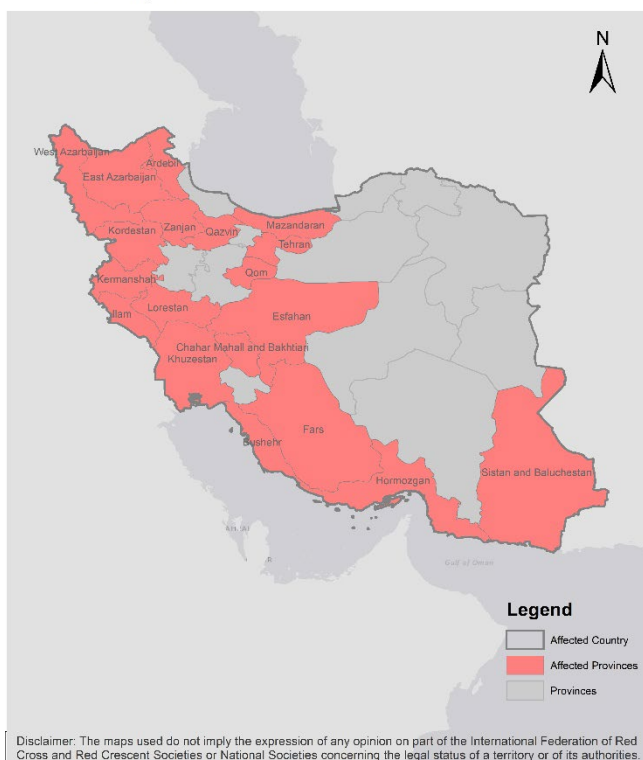
An Iranian Red Crescent Society volunteer provides psychosocial support to a woman.

## TIMELINE

-  **Pre-Crisis Context: (2024-Feb 2026):** Strikes are exchanged during a series of proxy confrontations, including the **June 2025 escalation**, the **“Twelve-Day War,”** and attacks on nuclear facilities.
-  **February 2026:** Movement Contingency Planning is initiated.
-  **28 February 2026:** Large-scale strikes across Iran mark the start of the current crisis, triggering a sharp deterioration in the humanitarian situation and the immediate mobilisation of the Iranian Red Crescent Society (IRCS).
-  **1 March 2026:** CHF 1,525,304 is allocated from the IFRC’s Disaster Response Emergency Fund (DREF).
-  **6-7 March 2026:** An Emergency Appeal is launched for CHF 40 million targeting 5M people.
-  **12 March 2026:** IFRC supply chain, procurement, and logistics surge mechanisms are activated.
-  **20 March 2026:** The crisis remains active, with sustained humanitarian needs linked to casualties, displacement, damaged homes and services, and the need for continued large-scale emergency health, relief, shelter, WASH, and protection support.

# DESCRIPTION OF THE EVENT

 **Iran, Islamic Republic of: Complex Emergency**  
IFRC February 2026



Since 28 February 2026, military strikes have impacted strategic sites across Iran, escalating to widespread attacks across more than 130 cities and counties by early March. Between 28 February and 7 March, attacks were reported across more than 30 provinces, resulting in more than 1,300 deaths and several thousand injuries. The geographic scope spans nationwide coverage, indicating a national-scale emergency. Significant damage to physical infrastructure has been reported, affecting 105 critical facilities, with particular impact on 14 health facilities, schools, and essential services, including water supply in 30 villages. A freshwater desalination plant on Qeshm Island in southern Iran was also reportedly attacked. Seven Iranian Red Crescent Society (IRCS) bases and branches were damaged, reducing humanitarian response capacity. System disruptions have been severe: electricity outages have undermined healthcare continuity, while airspace closures have constrained supply chains and personnel mobility.

The escalation has resulted in large-scale population displacement, with estimates ranging between 600,000 and one million households (approximately 1.9 to 3.2 million people) displaced across affected areas, according to Government of Iran figures reported by UNHCR (Middle East Situation Report, 16 March 2026). Overall, approximately 60 million people

are estimated to be directly affected by the crisis. The escalation has disrupted essential systems including health, education, water and sanitation, and food supply nationwide. The Government of Iran has activated national crisis management mechanisms, working through civil defence structures and in coordination with the IRCS, which is leading frontline humanitarian response efforts.

Iran entered the February 2026 escalation with significant pre-existing socioeconomic and environmental stresses, including long-standing economic fragility, sanctions-related financial restrictions, high inflation, and limited access to essential goods and services, all of which had already eroded household coping capacities. The country also faced chronic water scarcity with persistent underproduction in agricultural output, infrastructural fragility, and pressure to the health system, with hospitals and emergency services operating under strain due to financial restrictions limiting imports of essential medicines and medical equipment even prior to the strikes. These vulnerabilities heightened the population's exposure to the unfolding crisis. The escalation rapidly expanded across more than 30 provinces, impacting densely populated urban centres such as Tehran, Isfahan, Kermanshah, and Hormozgan, where strikes destroyed residential buildings, schools, health facilities, warehouses, ambulance bases, and critical infrastructure, causing widespread system disruption. Damage to water, electricity, and sanitation systems further exacerbated health risks, while toxic smoke and acidic rainfall from strikes on oil depots created acute environmental health hazards. Population movements intensified, with internal displacement reported from major cities and growing anxiety among already vulnerable groups, including women, children, older persons, persons with disabilities and the 3.5 million refugees hosted in Iran.

## Severity of humanitarian conditions

### 1. Impact on accessibility, availability, quality, use, and awareness of goods and services

The crisis has severely disrupted access to essential goods and services nationwide, with large-scale population movements placing additional strain on already fragile systems.

Health services face unprecedented demand from conflict-related trauma cases while simultaneously contending with infrastructure damage, staff shortages, and power outages that undermine service continuity and quality of care. Pre-escalation medicine shortages linked to sanctions have been compounded by supply chain disruptions, resulting in reduced availability of life-saving treatments, particularly for chronic conditions. Water systems have suffered severe disruptions, with some communities left without water for days, creating acute public health risks – particularly in refugee-hosting and low-income areas. This situation has been exacerbated by pre-existing water scarcity, with shortages and pressure reductions already reported in major cities, including Tehran, prior to the escalation. Food market functioning has collapsed in affected urban centres, with recent oil price increases (a 5.5 percent jump on 3 March 2026) further disrupting availability. Nationwide strikes have affected over 30 provinces, damaging urban infrastructure, health facilities, warehouses, ambulance bases, telecommunications systems, electricity networks, and water and sanitation services. These disruptions significantly hinder access to essential services and reduce the availability and quality of relief, health care, and basic utilities. Internet connectivity collapsed to four per cent, severely limiting information flows and population awareness, and impeding humanitarian assessments.

## **2. Impact on physical and mental well-being**

The strikes resulted in high civilian casualties, with deaths and injuries reported across numerous provinces. Over 3,500 people have required search-and-rescue support, including 397 technical rescues and more than 3,100 first aid interventions from IRCS teams. Mental health needs are acute, evidenced by 24,000 calls to the IRCS MHPSS hotline, reflecting widespread distress linked to trauma,

displacement, uncertainty, and recurrent air-raid alarms. Pressure on health services, combined with interrupted medication access and infrastructure breakdowns, further threatens the well-being of persons with chronic illnesses, people with disabilities, the elderly, and children. Children exposed to repeated airstrikes and sudden explosions face heightened risks of long-term mental health impacts affecting learning, family relations, and social stability. The airstrike on a girls' school in Minab that killed more than 100 children, exemplifies the acute physical threats facing vulnerable populations.

## **3. Risks and vulnerabilities**

The crisis heightens risks for vulnerable groups, including low-income households, children, persons with disabilities, women and girls, migrants – particularly Afghan nationals of varying legal and socioeconomic status, including registered refugees, undocumented individuals – and those facing loss of livelihoods and increased risk of forced return or deportation, older persons, and people in high-impact provinces, all of whom face compounded challenges in accessing safe shelter, health care, water, and dignified sanitation. Internal displacement from major cities increases exposure to protection risks, family separation, and lack of services. Humanitarian operations face constraints due to insecurity, airspace closures, restricted movement, and damage to IRCS infrastructure, limiting timely assistance. The disruption of services and displacement may also increase risks of gender-based violence, exploitation, and abuse, including sexual exploitation and abuse (SEA), requiring strengthened safeguarding measures and safe access to assistance.

# CAPACITIES AND RESPONSE

## 1. National Society response capacity

### 1.1 National Society capacity and ongoing response

The Red Crescent Society of the Islamic Republic of Iran (Iranian Red Crescent Society) was established in 1922 and admitted to the International Federation of the Red Cross and Red Crescent Societies (IFRC) in 1929. It is the only local organisation in Iran with nationwide community reach and access and is well-respected. The National Society plays a pivotal role as an auxiliary to the public authorities in humanitarian response.

The National Society also provides relief, basic emergency health care units during national and international disasters, rapid response field hospitals, medical equipment and supplies, procurement, and the production of both specialised and non-specialised medicines. In the area of preventive health care, the Iranian Red Crescent Society provides assistance with reproductive health, vaccination campaigns, HIV awareness-raising, and pilgrimage season health awareness-raising.

According to its statutes, the objectives of the Iranian Red Crescent Society (IRCS) are to promote human dignity, establish sustainable friendship, peace, and mutual understanding among nations, strive to alleviate human suffering, and support the life and well-being of humans without discrimination. The IRCS's Strategic Plan 2023-2028 outlines a vision for "safe, resilient, prepared communities in disasters that care for protecting human dignity and promoting peace, friendship, and voluntary service both in Iran and around the globe."

The National Society is mandated by Iranian law to lead national emergency operations, conduct search-and-rescue activities, relief services, and provide emergency health and shelter services. It is also responsible for raising public awareness around disasters and crisis and organising related educational activities. The IRCS plays a vital role in contingency planning at the national and local levels in cooperation with the authorities and other stakeholders. It has considerable experience in responding and operating in urban settings and has considerable technical expertise in urban disaster risk reduction.

The IRCS consists of 579 National Society Branches across the country, 7,897 local units, more than 7,454 staff, and more than three million volunteers.

Over the years, the National Society has developed substantial capabilities in information technology, telecommunications, and digital transformation by leveraging internal expertise and resources, in addition to establishing strong partnerships with academic institutions, research centres, and corporate organisations. Despite these self-driven initiatives and significant achievements, the IRCS continues to face challenges in accessing the latest technologies and critical infrastructure due to imposed sanctions.

To ensure uninterrupted service delivery and maintain business continuity, it is essential to proactively address these constraints. Providing alternative support mechanisms, resilient technological solutions, and sustainable digital transformation pathways will be vital for safeguarding the National Society's operations and enabling it to effectively fulfil its mission.

The IRCS maintains significant national response capacity during the current response, having mobilised 8,200 relief and rescue personnel, including search-and-rescue, sniffer-dog, assessment, and debris-removal teams during recent emergencies. In parallel, the IRCS has deployed 200 specialised response teams across affected areas, delivering emergency medical assistance, casualty evacuation, and immediate relief. Thousands of trained volunteers and specialised units, logistics, medical services, rapid response teams, and pharmacies, operate nationwide, supporting rapid and sustained operational reach. The National Society also benefits from well-established logistics pipelines and pre-positioned relief items, enabling swift mobilisation and distribution during crises. Strong acceptance among authorities and communities further supports broad access to affected provinces, strengthening the IRCS's ability to respond effectively. IRCS teams continue to conduct search-and-rescue operations, medical evacuations, relief distribution, and psychosocial support across the impacted regions, utilising their existing

preparedness systems and volunteer network. To reinforce these efforts, the IFRC's DREF has allocated CHF 1,525,304 to support the National Society's immediate response activities.

## 1.2 Capacity and response at the national level

The IRCS, as auxiliary to the public authorities in the humanitarian field, plays a central role in national disaster management, working in structured coordination with the National Disaster Management Organisation (NDMO), the governmental body mandated to lead multi-sector disaster coordination. Within this framework, the IRCS leads relief and rescue operations while line ministries deliver sectoral services, often supported by UN agencies. With nationwide coverage through branches, volunteers, relief bases and operational facilities, the IRCS is the primary humanitarian responder and maintains strong partnerships with national authorities and international actors, including UNICEF, WFP, WHO, UNHCR, UNFPA and INGOs.

Following the recent escalation in hostilities, national authorities activated civil-defence and emergency protocols, deploying services in affected areas and coordinating closely with the IRCS on medical response, first aid, and family support. Coordination with international organisations ensures complementarity and alignment with national priorities, while the IFRC engages regionally with UN agencies, regional bodies, and NGOs to maintain coherent and collaborative response efforts.

## 2. International capacity and response

### 2.1 Red Cross Red Crescent Movement capacity and response

#### **IFRC membership**

The IFRC maintains a strong presence in Iran through its Country Delegation in Tehran, which works closely with the IRCS and coordinates with the IFRC MENA Regional Office to provide technical, financial, and operational support during the response. The IFRC MENA Regional Office supports the delegation through regional strategic and operational coordination, direct operational and technical support, surge capacity, supply-chain support and technical guidance, enabling effective engagement with Movement partners.

The IFRC is also ensuring strategic coordination with Participating National Societies (PNSs) across the region and beyond to support the IRCS in a coherent and aligned manner, through regular information sharing and operational coordination meetings that enhance visibility on interventions, promote complementarity of support, and contribute to a unified and effective Movement response to maximise collective impact.

Operational membership coordination remains essential to ensuring that the collective capacities of the IFRC network are mobilised in a timely, coherent, and strategically aligned manner in support of the Operating National Society. It also strengthens the link between country-level realities, regional coordination mechanisms and broader membership engagement, ensuring that information, capacities, technical expertise, and resources are channelled where they are most needed. In this regard, the IFRC plays a central convening and enabling role by facilitating principled coordination, information sharing supporting informed decision-making, and reinforcing a predictable and effective collective response architecture anchored in the Operating National Society's leadership and Movement-wide coherence. The German Red Cross has supported the IRCS in previous years, focusing on longer-term capacity strengthening in search and rescue. While it does not maintain a presence in Iran, it has continued to support the IRCS through long-term programming and technical cooperation.

#### **ICRC**

The International Committee of the Red Cross (ICRC) maintains a presence in Iran and is actively engaged in Movement coordination alongside the IRCS and the IFRC. The ICRC participates in a strategic coordination platform with the IRCS and IFRC, enabling regular exchanges and joint decision-making in line with SMCC principles and the Seville Agreement 2.0. The ICRC has expressed its readiness to support the IRCS as needed

during the current response. Its focus includes areas consistent with its humanitarian mandate, particularly protection-related activities, support to health services, and ensuring respect for International Humanitarian Law in the context of escalating hostilities. As part of Movement coordination, the ICRC's engagement complements IRCS-led emergency operations and IFRC-supported response mechanisms, ensuring coherent and principled humanitarian action across affected areas.

## 2.2 International Humanitarian Stakeholder capacity and response

The IRCS maintains strong operational partnerships with national authorities and international actors present in Iran and regularly collaborates with United Nations agencies and international organisations, including UNICEF, WFP, WHO, UNHCR, and UNFPA, as well as several international NGOs, in the delivery of humanitarian programmes and services. This extensive operational footprint and established coordination mechanisms position the Iranian Red Crescent Society as the key national actor supporting affected communities and facilitating humanitarian action during large-scale emergencies.

International humanitarian organisations are maintaining critical operations in Iran despite severe access and security constraints. UNHCR, the largest UN agency in the country, continues providing protection services, operating reception centres, helplines, and delivering assistance to Iran's 1.65 million refugees, while reinforcing preparedness at border points amid rising internal displacement and communication disruptions. Médecins Sans Frontières (MSF) has adapted its activities, keeping clinics in Mashhad and Kerman operational with reduced staff, while its Tehran clinic remains closed due to heavy bombing; MSF is also seeking authorisation to scale up emergency medical support. WFP warns that escalating hostilities are impacting regional supply chains and humanitarian access, including into Iran, and is activating preparedness measures in anticipation of increased needs. UN Women highlights heightened risks for women and girls in Iran due to disrupted essential services and increased exposure to gender-based violence.

Collectively, these international actors are coordinating with national structures to sustain essential humanitarian services under rapidly deteriorating conditions.

## 3. Gaps in the response

Despite extensive national response efforts, significant gaps persist across sectors. Health services remain overstretched due to trauma caseloads, damaged medical facilities, supply-chain disruptions, and shortages exacerbated by long-standing sanctions-related restrictions, which limit access to medicines, equipment, and international supply chains. Power disruptions have undermined continuity of both emergency and chronic healthcare services. The health system is already strained by the burden of a large refugee population. Vulnerable groups including older persons, people with disabilities, migrants and low-income households face heightened barriers to adequate healthcare, while severe gaps exist in mental health and psychosocial support services. An estimated 40 percent of children and adolescents in previously affected areas require MHPSS, yet services remain severely limited. Repeated airstrikes and explosions are leaving lasting psychological scars on children, disrupting their development, education, and social stability.

Protection systems and specialised services remain limited in several affected areas, including services addressing gender-based violence, child protection, and safe referral pathways. The scale of the displacement and disruption of community networks increases risks of family separation, exploitation, and abuse. Strengthened community-based protection mechanisms, safe feedback channels, and safeguarding awareness are required to reduce risks and maintain safe access to assistance.

Search and rescue (SAR) needs outpace capacity, with extensive building collapses leaving people trapped under rubble, while damaged roads and ongoing strikes slow operations. The widespread geographic footprint incidents across more than 130 cities and counties exceed current SAR capacity, particularly given the ongoing airstrikes and air defence activity that create unpredictable operating conditions. Continued escalation may increase casualties and require rapid scaling of SAR operations.

Environmental health risks are critically under-addressed. Strikes on oil depots have produced toxic black smoke and acidic rainfall containing hydrocarbons, PM2.5, sulphur/nitrogen oxides, and heavy metals, posing severe respiratory and skin-related hazards. Public awareness remains a priority, requiring urgent risk communication.

WASH infrastructure damage has had severe effects on affected areas where WASH services were already under heavy pressure before the escalation. Officials have warned that Tehran and other major cities could face emergency rationing or even partial evacuation if poor rainfall persists. Large-scale population displacement has created additional pressure on WASH services in the receiving areas, further straining already limited water supply and sanitation systems. Besides the ongoing water shortages, some villages have been directly affected by the ongoing conflict, in addition to the damage of a water desalination plant.

In addition to those above-mentioned gaps, widespread displacement within Iran further increases the need for the provision of basic essential goods. Displaced families will need shelter support, along with access to essential household items, such as mattresses, blankets, and kitchen sets.

These gaps justify Red Crescent prioritisation of shelter, health, SAR, MHPSS, WASH, protection, and environmental-risk awareness.

## **OPERATIONAL CONSTRAINTS**

Operational delivery is significantly constrained by a combination of security, logistical, financial, and infrastructural barriers. Continued missile strikes, air-defence activity, and hostilities across more than 30 provinces impede safe access to affected areas and disrupt essential services, including transportation networks, telecommunications, and health facilities. Airspace closures and movement restrictions further limit the ability of humanitarian personnel to deploy or rotate staff.

In addition, once active hostilities subside, the presence of explosive remnants of war (ERW), including unexploded ordnance (UXO) and abandoned explosive ordnance (AXO), will pose significant risks to affected populations and responders. These hazards may restrict access to impacted areas, delay recovery efforts, and require specific risk mitigation measures and community awareness to support safe humanitarian operations.

Sanctions-related financial restrictions complicate international financial transfers and challenge procurement of medical supplies, equipment, and relief items, slowing replenishment and supply-chain flow. Damaged warehouses, ambulance bases, and critical infrastructure add additional operational delays. However, the IFRC Secretariat has implemented mitigation measures, ensuring that bank transfers can take place, as well as provided a sanctions analysis on all items for procurement.

Telecommunications disruptions, including near-total internet outages, limit communication with the National Society and IFRC delegation, impeding real-time sharing of information on assessments and progress, and constrains coordination. The evolving environmental situation, including toxic smoke and acidic rainfall following strikes on fuel depots, also creates unsafe conditions for responders and may restrict field presence.

Information management constraints, including telecommunications disruptions and internet outages, may limit real-time communication and data sharing. To mitigate these challenges, the operation will rely on offline-capable data collection tools and decentralised data consolidation through local IRCS structures where possible. The MENA Regional Office will provide remote analytical support and contribute to information products. Alternative communication channels and regular data backups will be used to ensure continuity of information flow and operational monitoring despite connectivity limitations.

The emergency context also increases safeguarding risks, including sexual exploitation and abuse, child safeguarding concerns, and risks related to unequal access to services. The rapid scale-up of humanitarian activities, reliance on volunteers, and limited oversight in insecure environments require strengthened safeguarding systems, clear reporting mechanisms, and consistent staff and volunteer awareness to mitigate risks and allow for safe programming.

To mitigate these constraints, the IFRC and IRCS are enhancing remote coordination, strengthening localised response capacities, pre-positioning supplies where possible, adapting security protocols under the IFRC security protocols, and leveraging regional support through the MENA Regional Office to maintain operational continuity despite restricted access.

## FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will facilitate linkages between all the response activities (including bilateral activities and activities funded domestically).

The Emergency Appeal does not outline any Federation-wide funding requirement as there is no membership active in-country at the time of its launch. However, should any bilateral contributions be provided to support the IRCS response, the IFRC will support the National Society in monitoring and consolidating these contributions to maintain appropriate Federation-wide visibility and reporting.

Operational membership coordination is being strengthened to keep the Federation-wide response coherent, complementary, and firmly anchored in the leadership and priorities of the IRCS. In this regard, the IFRC continues to facilitate structured engagement across the membership, including with Participating National Societies providing in-country support, surge capacities and technical assistance. At the broader level, the IFRC is supporting an overall coordination architecture that enables a single Federation-wide approach, based on the priorities identified by the IRCS and reflected in common planning and reporting processes. This includes the use of coordinated tools and mechanisms to consolidate partner inputs, monitor activities, support risk-informed decision-making and enhance visibility of the response among membership. Particular emphasis is placed on maintaining the visibility and leadership of the IRCS, while also demonstrating the added value of a coordinated Federation-wide effort. In this context, the IFRC's role remains central in promoting operational coherence, strengthening accountability across partners and ensuring that international support is mobilised and delivered in a manner that is principled, predictable, and supportive of nationally led action.

As the escalation carries broader regional implications, the IFRC MENA Regional Office will support membership coordination at the regional level, building on existing operational structures and scaling-up mechanisms to strengthen this effort.

## OPERATIONAL STRATEGY

This Operational Strategy outlines the IFRC's support to the IRCS in responding to the humanitarian impacts of the ongoing crisis in Iran. It reflects the priorities identified during the initial weeks of the response, and has been developed in a highly and rapidly evolving context; it may be revised as the scope and humanitarian needs evolve.

The Operational Strategy focuses on providing immediate support to the IRCS to scale-up life-saving assistance and services to people affected by the conflict. It should be noted that the IRCS response extends beyond the scope of this Operational Strategy. The National Society is mobilising significant national resources and is expected to receive additional contributions outside the framework of this IFRC-supported operation. Therefore, this Operational Strategy complements the broader IRCS response plan.

## Vision

The vision of the operation is to contribute to meeting the humanitarian needs of up to five million people affected by the crisis across Iran. This will be achieved by supporting the IRCS in delivering timely and coordinated assistance within the country through its extensive volunteer network, operational capacities, and community presence.

Priority areas of the short-term intervention include:

- Search and rescue: To support life-saving operations and the immediate rescue of people trapped or injured in affected areas.
- Emergency health services: First aid, emergency medical care, and mental health and psychosocial support (MHPSS) for affected populations and responders.
- Shelter and basic needs: Support to households impacted by damage or displacement.

- Risk communication and community engagement (RCCE): Nationwide information dissemination and awareness raising on hazards (including CBRN), health risks, available services such as emergency water supply, and guidance on water quality and emergency sanitation options for people on the move and those hosted in emergency settlements.

All interventions will be guided by PGI and safeguarding principles, ensuring that assistance is delivered safely, equitably, and with particular attention to protection risks including sexual exploitation and abuse, child safeguarding, and barriers faced by marginalised groups.

The operation will also prioritise strengthening the readiness and operational capacity of the IRCS to respond to the evolving situation and potential future shocks in a rapidly changing context. Across all interventions, the operation will prioritise the dignity, safety, access, participation, and protection of vulnerable people, keeping them at the centre of the response.

To address the widespread humanitarian impact caused by the nationwide escalation in hostilities, the operation aims to reduce immediate suffering and mitigate the deteriorating conditions faced by affected populations. This will be achieved by strengthening life-saving response capacities, restoring access to essential services, and delivering protection-focused assistance to people at heightened risk, including children, women, older persons, persons with disabilities, migrants, refugees, including Afghan nationals, and low-income households.

The operation will ensure that critical needs in health, MHPSS, WASH, and relief assistance are met, while also reinforcing coordination mechanisms, safeguarding humanitarian access, and supporting the resilience of communities facing continuing insecurity, infrastructure disruption, and movement constraints. It will further uphold humanitarian principles, inclusion, and accountability across all actions, reducing disparities in assistance and prioritising the most vulnerable and marginalised groups across affected provinces.

### **Anticipated climate-related risks and adjustments in the operation**

Given the highly dynamic nature of the crisis, the Operational Strategy represents a short-to-medium term framework. The IFRC and IRCS will continue to monitor the evolving situation and regularly review and update the strategy as the outline of the crisis becomes clearer, including the scale of the humanitarian needs and the operational capacities to address them.

The duration of the conflict remains uncertain, and several future scenarios may influence the scope of the operation. Therefore, the response will require ongoing flexibility and adaptation to emerging needs and operational realities. A key scenario is the possibility of significant population movement or displacement beyond Iran's borders. Should this occur, the IFRC will work with affected National Societies in neighbouring or receiving countries to assess the humanitarian needs and determine appropriate support mechanisms. Such developments may be reflected in future revisions of the Emergency Appeal and Operational Strategy, ensuring that the response remains aligned with the evolving humanitarian context.

Iran faces rising extreme heat and heatwaves, multi-year drought and water scarcity reaching critical levels, sand and dust storms, and flash floods from intense rainfall events; these risks are expected to intensify with warming and shifting seasonal patterns with projections indicating continued temperature increases, altered precipitation, and worsening service disruptions.

The operation will integrate climate-adaptation measures by reinforcing duty-of-care protocols to safeguard staff as well as orient support to affected communities during periods of extreme heat, dust storms, and poor air quality, as projected in Iran's evolving climate context. The operation will also take into account environmental and health risks linked to the damage to refineries and fuel storage facilities, which may have severe impacts. Anticipated hazards will guide the pre-positioning of supplies, particularly for heat-related illness, water scarcity, and flood-prone areas, and will inform continuous updates to contingency planning, seasonal readiness, and the mapping of potentially affected districts amid shifting rainfall patterns and intensifying drought conditions. The operation will also strengthen branch preparedness by improving localised storage capacity, ensuring alternative power and water sources where needed, and enhancing scenario-based planning so that essential services can continue even under climate-driven shocks.

# Targeting

## 1. People to be assisted

Group	Percentage of the total caseload	Estimated number
Women (18+)	24%	1,216,875
Men (18+)	26%	1,287,875
Girls (0–17)	25%	1,241,250
Boys (0–17)	25%	1,254,000
Total	100%	5,000,000

The operation aims to reach 5,000,000 people affected by the nationwide escalation, prioritising those facing the highest risks due to displacement, loss of essential services, exposure to violence, and barriers to accessing assistance. Targeting will give particular attention to women, children, older persons, people with disabilities, low-income households, migrants, and communities in heavily impacted urban provinces.

Assistance will prioritise:

- People injured, displaced, or directly affected by the hostilities and infrastructure loss, or indirectly affected by displaced people in host communities.
- Women and girls who face heightened protection and health risks.
- Children, including those affected by school attacks and psychosocial distress.
- People with disabilities, older persons, and chronically ill individuals at risk due to service disruptions.
- Low-income and socially marginalised households with limited coping capacity.
- Refugees and migrants facing movement restrictions and service exclusion.


## 2. Considerations for protection, gender, and inclusion and community engagement and accountability

Targeting and selection criteria will be discussed with communities through transparent and trusted channels, accessible communication channels, including hotlines, community focal points and adapted messaging to overcome connectivity disruptions. Clear explanations of who is prioritised and why, will be shared, ensuring inclusion and safeguarding concerns. Two-way feedback mechanisms will remain active even under restricted movement, enabling communities to raise their concerns, verify eligibility, and shape assistance while ensuring dignity, non-discrimination,

and accountability throughout the response. Safeguarding considerations will be integrated into community engagement approaches to ensure the safe reporting of sensitive concerns, including sexual exploitation and abuse. Communities will receive clear information on the expected standards of behaviour for staff and volunteers and on confidential reporting channels.


## PLANNED OPERATIONS <sup>1</sup>

### INTEGRATED ASSISTANCE

 <b>Shelter, Housing, and Settlements</b>	Female > 18: <b>480,200</b>	Female < 18: <b>499,800</b>	<b>CHF 24,964,000</b>
	Male > 18: <b>520,200</b>	Male < 18: <b>499,800</b>	<b>Total target: 2M</b>
<b>Objective:</b>	<ol style="list-style-type: none"> <li>1. Ensure that households (HHs) affected or displaced have access to timely emergency shelter, essential household items, and support for safer shelter solutions to meet their immediate basic living needs.</li> </ol>		
<b>Priority Actions:</b>	<p><b>Emergency Response phase activities</b></p> <ol style="list-style-type: none"> <li>a. The emergency response phase will provide shelter and essential household items to 38,000 HHs in 15 provinces in the first phase. These provinces are Tehran (5,000 HHs), East Azerbaijan (3,000 HHs), West Azerbaijan (2,000 HHs), Khuzistan (2,000 HHs), Hormuzgan (2,000 HHs), Kirmanshah (2,000 HHs), Ilam (1,000 HHs), Zanjan (2,000 HHs), Boshor (2,000 HHs), Quom (3,000 HHs), Al Bourz (5,000 HHs), Kurdistan (2,000 HHs), Khurasan Razavi (2,000 HHs), Loristan (2,000 HHs), and Fars (3,000 HHs).</li> <li>b. Procurement and distribution of blankets (10 pcs per household) for 38,000 HHs.</li> <li>c. Procurement and distribution of ground matts (one piece per household) for 38,000 HHs.</li> <li>d. Procurement and distribution of kitchen set (one set per household) for 38,000 HHs.</li> <li>e. Emergency tents (4 x 3 metre)/one per HH.</li> <li>f. Procurement and distribution of electric heaters (one piece per HH).</li> <li>g. Assessment and distribution of essential household items (volunteer incentive, transport, banners, printing, etc.).</li> <li>h. Fuel for transportation of household items from branches to field locations.</li> <li>i. Shelter damage assessment in highly affected areas.</li> </ol> <p><b>Recovery Phase Activities</b> <i>(this section will be expanded as the situation stabilises and allows for clearer planning):</i></p>		


<sup>1</sup> Please note that all recovery-related activities will be revised at a later stage once the needs are clear and the situation allows for more appropriate recovery planning.

- a. Facilitation and provision of permanent shelters (construction) to 4,000 HHs.
- b. Participatory Approach for Safe Shelter Awareness (PASSA) training for IRCS staff and volunteers.

 <b>Livelihoods</b>	Female > 18: <b>240,100</b>	Female < 18: <b>249,900</b>	<b>CHF 2,130,000</b>
	Male > 18: <b>260,100</b>	Male < 18: <b>249,900</b>	<b>Total target: 1,000,000</b>
<b>Objective:</b>	<ol style="list-style-type: none"> <li>1. Provide households affected by the hostilities with sufficient and appropriate food assistance to meet their immediate basic needs.</li> <li>2. Support access to essential food commodities through engagement with local markets and vendors in affected areas.</li> </ol>		
<b>Priority Actions:</b>	<ol style="list-style-type: none"> <li>a. Conduct assessments and verification of affected households to identify those most in need of food assistance.</li> <li>b. Provide emergency food assistance through the distribution of food baskets to approximately 80,000 households, ensuring appropriate nutritional standards.</li> <li>c. Engage with local vendors and market actors to support the availability and access to essential food commodities in affected areas.</li> <li>d. Assess the feasibility of cash interventions as a means of supporting affected households and undergo cash assistance as required.</li> </ol>		

## HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(HEALTH AND CARE, INCLUDING WASH, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, AND SEARCH AND RESCUE)


 <b>Health and Care</b> <i>(Mental Health and Psychosocial Support/ Community Health/ Medical Services)</i>	Female > 18: <b>845,600</b>	Female < 18: <b>862,100</b>	<b>CHF 8,818,000</b>
	Male > 18: <b>911,000</b>	Male < 18: <b>881,300</b>	<b>Total target: 3.5M</b>
<b>Objective:</b>	<ol style="list-style-type: none"> <li>1. Protect and improve the psychosocial well-being of crisis-affected individuals, families, staff, and volunteers through the provision of psychological first aid, community-based MHPSS services, and referral to specialised care.</li> <li>2. Reduce morbidity and mortality among crisis-affected populations through the provision of timely first aid, pre-hospital care, and primary healthcare services.</li> </ol>		

- **Community Health and Public Health in Emergencies, including MHPSS and psychosocial support**
  - a. Implement community-based health and health promotion activities, including community-based health and first aid (CBHFA).
  - b. Conduct risk communication and community engagement (RCCE) activities to raise awareness on health risks, prevention measures, available services, and CBRN-related risks and protective measures.
  - c. Provide psychological first aid (PFA) to affected individuals and families.
  - d. Deploy mobile psychosocial support teams to deliver community-based MHPSS services.
  - e. Identify and refer individuals requiring specialised mental health and psychosocial support to appropriate providers.
  - f. Organise community-based psychosocial activities to promote coping mechanisms, resilience, and social cohesion.
  - g. Provide MHPSS support to IRCS staff and volunteers.
  - h. Strengthen the capacity of staff and volunteers in MHPSS and PFA.
  - i. Ensure that community feedback mechanisms are in place to continually adapt MHPSS service provision to evolving needs.

**Priority Actions:**


- **Emergency Medical Services**
  - a. Provide first aid and emergency medical care through IRCS emergency response teams, health facilities, and mobile medical units.
  - b. Operate mobile clinics and health teams to deliver primary healthcare services to affected and hard-to-reach communities.
  - c. Strengthen ambulance services, including pre-hospital care, triage, and referral of patients to appropriate facilities.
  - d. Establish and operationalise referral systems for secondary and tertiary care in line with national protocols.
  - e. Support physical rehabilitation services for injured individuals to maintain continuity of care.
  - f. Establish and operationalise a referral system to identify and refer individuals requiring secondary and tertiary care, ensuring timely access in line with national protocols and pathways.
  - g. Integrate community feedback to adapt health information and activities, addressing beliefs, fears, rumours, and concerns.
  - h. Establish feedback mechanisms to continuously improve the delivery of emergency medical services.
- **Medical Procurement**

	<ul style="list-style-type: none"> <li>a. Procure essential medical equipment, medical supplies, personal protective equipment (PPE), and medicines to support the delivery of healthcare services.</li> <li>b. Procure emergency health items, including trauma kits and first aid kits, to support medical assistance for affected populations.</li> <li>c. Procure essential epidemic control items and hygiene kits to prevent and mitigate the spread of diseases in affected communities.</li> <li>d. Procure physical rehabilitation equipment to support rehabilitation services at IRCS branch facilities.</li> <li>e. Procure and distribute first aid kits, medical consumables, stretchers, splints, and other emergency medical equipment to support response teams and safe patient transport.</li> </ul>
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 <b>Water, Sanitation, and Hygiene</b>	Female > 18: <b>374,600</b>	Female < 18: <b>387,200</b>	<b>CHF 1,223,000</b>
	Male > 18: <b>374,600</b>	Male < 18: <b>363,600</b>	<b>Total target: 1.5M</b>
<b>Objective:</b>	Reduce water-related risks and ensure safe and dignified access to water, sanitation, and hygiene services for crisis-affected populations.		
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>a. Promote hygiene behaviour change and community awareness through hygiene promotion activities.</li> <li>b. Conduct cleaning campaigns in highly affected areas, including debris removal and drainage system cleaning.</li> <li>c. Procure and distribute hygiene kits to approximately 38,000 households.</li> <li>d. Procure and distribute plastic jerry cans (10L) to approximately 38,000 households.</li> <li>e. Procure and distribute dignity kits to 25,000 women and girls.</li> <li>f. Ensure that all WASH interventions integrate environmental considerations and sustainability principles.</li> <li>g. Assessments related to safe drinking water as part of relief efforts.</li> </ul>		

# PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

	<b>Protection, Gender, and Inclusion</b>	Female > 18: <b>250,000</b>	Female < 18: <b>240,000</b>	<b>CHF 26,000</b>
		Male > 18: <b>252,500</b>	Male < 18: <b>257,500</b>	<b>Total target: 1M</b>
<b>Objective:</b>		Address the diverse needs of crisis-affected populations at risk of, or surviving, harm, discrimination, and exclusion through inclusive and sensitive delivery of all assistance.		
<b>Priority Actions:</b>		<ol style="list-style-type: none"> <li>a. Assess existing PGI and safeguarding practices across sectors within the IRCS, in coordination with the Iran Delegation and relevant National Society staff to inform prioritisation based on operational feasibility and access constraints.</li> <li>b. Integrate PGI into assessments by collecting and analysing sex, age, and disability disaggregated data (SADD) and identifying barriers and risks through Helal Houses and existing or newly identified community focal points.</li> <li>c. Mainstream PGI minimum standards and “do no harm” in all activities across sectors (e.g. DM, Health, and WASH) and make sure that sectoral workplans address identified protection risks and barriers.</li> <li>d. Strengthen field capacity by providing targeted PGI and safeguarding training and refresher sessions and identifying PGI focal points within the branches, Helal Houses, and mobile teams.</li> <li>e. Operationalise child safeguarding and PSEA by strengthening reporting mechanisms, disseminating policies, raising community awareness on safe reporting, and reinforcing referral pathways.</li> <li>f. Strengthen inclusive and safe service delivery by identifying and supporting accessible safe spaces for at-risk groups, such as children and women, and applying dignity, access, participation and safety (DAPS) across interventions.</li> <li>g. Promote social inclusion through community engagement and awareness to reduce discrimination and secure equitable access to services.</li> </ol>		



## Community Engagement and Accountability

Female > 18: <b>250,000</b>	Female < 18: <b>240,000</b>	<b>CHF 13,000</b>
Male > 18: <b>252,500</b>	Male < 18: <b>257,500</b>	<b>Total target: 1M</b>

### Objective:

Ensure that the response is informed by community needs, priorities, and risks; enables inclusive participation in decision-making; maintains clear, timely, and accessible two-way communication; and establishes safe and effective mechanisms to receive, analyse, and act on community feedback throughout implementation.

### Priority Actions:

- a. Mainstream community engagement and accountability (CEA) across all sectors, and equip staff and volunteers with orientation on CEA, the code of conduct, PSEA, and safe community engagement practices.
- b. Integrate CEA approaches into assessments and response analysis, including understanding community priorities, risks, concerns, trusted information sources, preferred communication channels, and participation mechanisms.
- c. Establish participatory and inclusive approaches that enable diverse community groups to influence planning and decision-making, including selection criteria, targeting, aid eligibility, and delivery arrangements.
- d. Ensure clear, timely, and accessible communication with communities on response activities, available services, targeting criteria, distribution mechanisms, and any changes or delays, using trusted and context-appropriate channels.
- e. Use a mix of communication and engagement methods, including community meetings, small-group discussions, and existing IRCS channels, to promote inclusive outreach across affected areas.
- f. Maintain and promote safe, accessible, and confidential feedback and complaints mechanisms across all response activities, including existing IRCS systems such as the 112 hotline, and inform communities on how to access and use them.
- g. Apply standard operating procedures for feedback and complaints handling, ensuring that sensitive cases, including safeguarding and PSEA concerns, are managed confidentially and referred appropriately.
- h. Collect, analyse, and respond to community feedback, and use it to adapt programming, improve service quality, address concerns and rumours, and close the feedback loop with communities.
- i. Ensure that community perspectives and evidence generated through CEA inform broader humanitarian communication, advocacy, and humanitarian diplomacy efforts where relevant.



**Risk Reduction,  
Climate  
Adaptation and  
Recovery**

Female > 18:  
**480,000**

Female < 18:  
**500,000**

**CHF 409,000**

Male > 18: **520,000**

Male < 18: **500,000**

**Total target: 2M**


**Objective:**

Support early recovery and strengthen community resilience by enabling conflict-affected communities to restore essential services, reduce environmental and infrastructure-related risks, and promote safer recovery practices where conditions allow.

**Priority Actions:**

- **Early Recovery and Community Stabilisation**
  - a. Support early recovery efforts by assisting affected communities in restoring access to basic services and community infrastructure where feasible.
  - b. Support community-based, multi-sectoral recovery initiatives to stabilise living conditions and restore essential services, including community clean-up activities, improvement of communal spaces, and integrated support across shelter, WASH, health, and livelihoods where feasible.
- **Risk Reduction and Environmental Safety**
  - a. Promote safe debris management and environmental risk awareness in areas affected by infrastructure damage and hazardous materials, including the safe handling of debris, hazardous substances, and contaminated areas.
  - b. Support community-based risk reduction measures to help households and communities reduce their exposure to environmental and infrastructure-related hazards and better prepare for future shocks.
  - c. Conduct community-based disaster risk awareness sessions.
- **Climate Adaptation**
  - a. Conduct public awareness sessions on climate change adaptation and related risks.
- **Capacity Strengthening and Preparedness**
  - a. Implement PER-related activities in line with the Plan of Action, including training at headquarters and branch levels.
  - b. Provide search and rescue equipment to Relief and Rescue (RARO) response teams.
  - c. Provide survival kits and equipment to RARO disaster response teams.

## Enabling approaches

 <b>National Society Strengthening</b>	Female > 18: <b>7,000</b>	Female < 18:	<b>CHF 1,592,000</b>
	Male > 18: <b>6,000</b>	Male < 18:	<b>Total target: 13,000</b>
<b>Objective:</b>	The IRCS is supported to effectively respond to the crisis and the evolving humanitarian situation, with its auxiliary role clearly defined and recognised.		
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>- <b>Leadership, Coordination, and Auxiliary Role</b> <ul style="list-style-type: none"> <li>a. Reinforce the National Society's auxiliary role and partnerships, positioning the IRCS as a key humanitarian actor with decision-makers and relevant coordination platforms.</li> <li>b. Support strengthened leadership in strategic decision-making and coordination.</li> <li>c. Accompany the IRCS in its engagement with national and local authorities to ensure it is granted the legal facilities required to fulfil its auxiliary role.</li> <li>d. Support coordination mechanisms, including Movement coordination meetings at headquarters and emergency coordination meetings for staff and volunteers at the branch level.</li> </ul> </li> <li>- <b>Preparedness and Institutional Strengthening</b> <ul style="list-style-type: none"> <li>a. Provide technical support and resources for the implementation of the Preparedness for Effective Response (PER) Plan of Action.</li> <li>b. Update IRCS Emergency Response Procedures, Emergency Operations Centre (EOC), and contingency plans.</li> <li>c. Support the development and dissemination of the IRCS Disaster Management Policy.</li> <li>d. Enhance branch capacities to effectively deliver response activities.</li> </ul> </li> <li>- <b>Operational Capacity and Response Readiness</b> <ul style="list-style-type: none"> <li>a. Support the deployment and operational readiness of IRCS Search and Rescue (SAR) teams, including the provision of survival kits and equipment for RARO disaster response teams.</li> <li>b. Support the deployment of trained volunteers across sectors, including disaster management, health, and WASH.</li> <li>c. Strengthen volunteer management systems, including measures to promote safety, protection, and the provision of personal protective equipment (PPE).</li> </ul> </li> <li>- <b>Planning, Monitoring, Evaluation, and Learning (PMER)</b></li> </ul>		

- a. Strengthen PMER capacities within the IRCS to support effective planning, monitoring, and reporting.
- b. Support monitoring and evaluation activities, including post-distribution monitoring (PDMs).
- c. Conduct lessons learned workshops to inform and guide continuous improvement of the response.
- **Communication, Information Management, and IT Systems**
  - a. Support the development and implementation of the National Society's communications strategy, including visibility at headquarters and field levels.
  - b. Facilitate information sharing and contribute to regional situational analysis in coordination with the IFRC Country Delegation and MENA Regional Office.
  - c. Ensure alignment of key information products and operational updates with IFRC standards and platforms.
  - d. Provide technical support to strengthen IT, telecommunications, and digital systems, including access to necessary technologies to support business continuity and digital resilience.
- **Safeguarding and Protection**
  - a. Strengthen safeguarding systems, including staff and volunteer screening, safeguarding focal points, training on PSEA and child safeguarding, and safe reporting and case management procedures.
- **Logistics and Infrastructure Support**
  - a. Support the maintenance and rehabilitation of IRCS facilities affected by the crisis.



**Coordination and Partnerships**

Female > 18:

Female < 18:

**CHF**

Male > 18:

Male < 18:

**Total target:**

**Objective:**

Achieve an effective, coherent, and well-coordinated humanitarian response through strengthened collaboration between the IRCS, Movement partners, national authorities, and external stakeholders, aligned with IRCS leadership and priorities.

The response is led by the IRCS, in its auxiliary role to the public authorities, with a strong nationwide network of branches, volunteers, and specialised response units. The IRCS is well-positioned to lead and coordinate operations at the national and sub-national levels.

Coordination will be strengthened through structured collaboration between the IRCS, IFRC network, and ICRC to enable complementarity of mandates and capacities, alignment with national priorities, and avoidance of duplication and operational gaps.

**Priority Actions:**

- **Membership Coordination**
  - a. Convene regular Movement membership coordination, led by the IFRC Country Delegation to align multilateral and bilateral PNS support under a single IRCS-led plan, with agreed priorities, shared indicators, and harmonised reporting.
  - b. Strengthen regional operational membership coordination to facilitate streamlined support.
- **Engagement with National Authorities and External Partners**
  - a. Maintain structured coordination with national authorities (e.g. NDMO and relevant ministries) to align assessments, operational priorities, access arrangements, standards and reporting, in line with the auxiliary role of the IRCS.
  - b. Engage with UN and INGO coordination platforms (e.g. Humanitarian Country Team and relevant technical working groups) to maintain complementarity, address operational bottlenecks (e.g. import and financial channels), and support humanitarian access.
  - c. Adapt coordination modalities as the situation evolves to enable timely decision-making and an effective response.
- **Movement Coordination**
  - a. Operate in line with SMCC and the Seville Agreement 2.0, maintaining a joint IRCS-IFRC-ICRC platform for strategic, operational, and technical coordination.
  - b. Clarify and maintain complementary roles across Movement partners, with the IRCS leading operations, the IFRC convening the membership, and the ICRC focusing on its mandate areas.
  - c. Identify and track cross-cutting operational constraints (e.g. access, security, import, and financial challenges), agree on mitigation measures, and monitor progress through shared coordination mechanisms.



**IFRC Secretariat Services**

Female > 18:

Female < 18:

**CHF 825,000**

Male > 18:

Male < 18:

**Objective:**

Strengthen the capacity of the IRCS to deliver at scale by mobilising IFRC assets and surge support and ensuring coherent, accountable, Federation-wide implementation aligned with the IRCS's auxiliary role in addition to Movement and national coordination.

**Priority Actions:**

- **1. Security Management**
  - a. Implement Movement-coordinated security management in collaboration with the IRCS and ICRC, including regular updates of area-specific risk assessments in a high-volatility, multi-province context.
  - b. Continuously monitor security developments, including risks related to airstrikes, explosive remnants of war (ERW), and evolving conflict dynamics, with regular security updates to personnel.
  - c. Apply IFRC security frameworks and mitigation measures for all personnel, including contingency planning, movement restrictions, and adaptation to operational constraints, such as telecom disruptions and access limitations.
  - d. Require all personnel to complete the mandatory IFRC security training sessions and adhere to established security protocols.
  - e. Maintain coordination with humanitarian actors, authorities, and IRCS branches to support effective information flows and safety measures.
  - f. Deploy surge security capacity to strengthen risk management and oversight.
  
- **2. Compliance and Risk Management**
  - a. Maintain and update a country risk register in line with the IFRC Risk Management Framework, including operational, fiduciary, compliance, and reputational risks.
  - b. Conduct compliance monitoring and spot checks to identify gaps and trigger corrective actions.
  - c. Ensure adherence to safeguarding and PSEA standards, including risk assessments, reporting pathways, and monitoring of compliance.
  - d. Regularly review risk thresholds and adjust approaches in line with evolving conflict dynamics.
  
- **3. Communication and Humanitarian Diplomacy**
  - a. Position the IRCS as the leading national humanitarian actor through coordinated communication, visibility, and digital outreach.

- b. Amplify local voices and community-based evidence to inform communication, advocacy, and humanitarian diplomacy efforts.
- c. Support external communication and humanitarian diplomacy to reinforce principled humanitarian action and the auxiliary role of the IRCS.
- d. Address misinformation and maintain clear, consistent messaging in a highly politicised environment.
- e. Engage proactively with donors and international partners to mobilise support for the response.
- f. Deploy surge communication capacity to strengthen operational communications at the regional and global levels.

- **4. Planning, Monitoring, Evaluation, and Learning (PMER)**

- a. Facilitate the timely production and dissemination of operational updates, reports, and information products.
- b. Strengthen data collection systems and enable the systematic capture of operational data to support monitoring, reporting, and decision-making.
- c. Strengthen knowledge management and documentation of lessons learned.
- d. Identify and document good practices and support real-time evaluations to inform adaptive management.

- **5. Resource Mobilisation**

- a. Support the IRCS in mobilising international resources to complement domestic fundraising efforts.
- b. Coordinate resource mobilisation across the Movement, including engagement with Participating National Societies and institutional donors.
- c. Promote coordinated, transparent, and flexible funding through the Emergency Appeal framework.
- d. Provide regular donor briefings, operational updates, and financial reporting.
- e. Identify funding gaps and facilitate complementary contributions.
- f. Deploy surge capacity to support partnerships and resource mobilisation.

- **6. Supply Chain and Logistics**

- a. Support the IRCS in international procurement and supply chain operations, including navigating sanctions-related constraints.
- b. Develop and post a mobilisation table for in-kind contributions.
- c. Facilitate compliant procurement processes and coordinate cross-border transportation.
- d. Strengthen national logistics capacities, including warehousing, fleet management, and local sourcing.

- e. Coordinate with Movement partners to identify and implement appropriate supply chain strategies and routes.
- f. Deploy surge supply chain and procurement personnel to strengthen operational capacity.

- **7. Information Management**

- a. Deploy a surge Information Management (IM) Coordinator to support the Iran emergency operation.
- b. Support the operation by consolidating and analysing information from the IRCS, Movement partners, humanitarian actors, and publicly available sources to inform operational decision-making and regional situational awareness.
- c. Coordinate the IM functions between the IFRC Country Delegation and the MENA Regional Office.
- d. Produce key analytical products, including situational updates, humanitarian impact analysis, and mapping outputs, to monitor the evolving situation and its regional implications.
- e. Maintain IFRC platforms, including the GO emergency page, to promote visibility of the operation among IFRC membership and partners.
- f. Strengthen scenario-based analysis and operational tracking on displacement patterns, service disruptions, access constraints, and population movements to support risk-informed decision-making and operational prioritisation.
- g. Apply triangulation of available data sources in light of limited primary data, ensuring that analysis is informed by multiple inputs, including Movement partners, humanitarian actors, media, and open sources.
- h. Align all information management activities with IFRC data responsibility standards and support the tracking of key developments and operational context.

- **8. Human Resources and Operational Support**

- a. Strengthen the IFRC's delegation capacity through the deployment of key profiles, including Operations Manager, Finance, Procurement, Supply Chain, NSD/Branch, Programme, and PMER surge support.
- b. Support volunteer and workforce mobilisation across sectors.
- c. Provide essential operational support, including IT equipment, digital tools, and delegation running costs.
- d. Support the strengthening of IT and digital systems to maintain business continuity and operational resilience.

- **9. Environmental Sustainability**

- a. Conduct compliance and due diligence checks on suppliers' code of conduct and general terms and

conditions, with particular attention to environmental standards.

- b. Undertake needs-based planning, sources, and mobilisation, including prioritising local production with environmental and ethical standards where possible.
- c. Carry out environmental screening of longer-term sectoral interventions, especially shelter and WASH, to minimise impacts on the local environment once the situation allows for more detailed recovery planning.
- d. Raise awareness within the IRCS of Green Response principles and the practical actions they can take.

- **10. Migration and Displacement**

- a. Monitor and analyse population movements, including internal displacement and cross-border movements, as well as the trends, profiles, and needs and vulnerabilities of IDPs, migrants, refugees, and affected populations.
- b. Facilitate cross-border coordination among neighbouring National Societies to align and complement services for people moving across borders, and to share information to maintain continuity of care.

- **11. Integrated Assistance support**

- a. Work with the IRCS on approaches to integrated assistance and recovery once the situation allows
- b. Support on advocacy and assessment on cash feasibility with the IRCS

## Risk management

The IFRC is adopting a proactive and structured approach to risk management to ensure the effectiveness, accountability, and efficiency of its operations in Iran. A comprehensive Strategic Risk Register is maintained at the regional level to guide oversight of the overall operation, while at the country level, the IFRC Head of Delegation manages a dedicated Country Risk Register specific to the Iran operation.

These registers outline the key risks, corresponding mitigation measures, assigned risk owners, and residual risk levels after mitigation actions are applied. This risk management structure forms part of the broader Risk Management Plan established for the IFRC's operations in Iran. The plan includes clear procedures for reporting, escalation pathways for emerging risks, and defined roles and responsibilities to support consistent and timely risk oversight across all levels of the operation.

Risk	Likelihood	Impact	Mitigating actions
1. Access and security volatility across affected provinces	High	High	<ul style="list-style-type: none"> <li>• Localised delivery via branches/Helal Houses; route risk assessments; no-go thresholds; security protocols; alternative delivery windows.</li> </ul>

2. Mass internal displacement/population movement	High	High	<ul style="list-style-type: none"> <li>Strengthen coordination with the IRCS and Movement partners on displacement tracking and response planning; regularly update scenario-based caseload estimates and operational priorities; pre-position relief stocks where feasible; integrate protection, referral, and restoring family links considerations into the response; and maintain close monitoring of population movement trends to adapt operational coverage, access planning, and regional contingency measures as needed,</li> </ul>
3. Health system overload/disruption of health services	High	High	<ul style="list-style-type: none"> <li>Support continuous monitoring of health service functionality and priority gaps; prioritise timely procurement and delivery of essential medicines, consumables, and emergency health items; strengthen coordination with health authorities and partners on referrals and service continuity; and adapt operational planning to support overstretched health facilities, emergency medical response, and community-level health service delivery where feasible.</li> </ul>
4. Sanctions-linked financial transfers/import constraints	High	High	<ul style="list-style-type: none"> <li>International procurement; pre-clearance for critical items; advocacy with authorities.</li> <li>Supply chain coordination with Movement partners.</li> <li>Needs prioritisation on a continuous basis to maintain focus on the most critical items.</li> </ul>
5. Telecom outages impeding coordination	High	High	<ul style="list-style-type: none"> <li>VSAT services, alternative telecom tools, power redundancy.</li> </ul>
6. Supply chain delays and market volatility	High	Medium	<ul style="list-style-type: none"> <li>Framework agreements; multi-supplier strategy; buffer stocks; pipeline monitoring; contingency routing.</li> <li>Movement coordination.</li> <li>Dedicated IFRC SCM staff.</li> </ul>

7. Duty of care (stress, exposure, movement)	Medium	High	<ul style="list-style-type: none"> <li>• Security briefings; PSS for responders; PPE including for air quality and CBRN contexts.</li> </ul>
8. Reputational/communications and misinformation risks	Medium	Medium	<ul style="list-style-type: none"> <li>• Proactive communications; harmonised messaging; transparent data; coordinated Movement efforts to systematically gather, analyse, and share information, enabling joint messaging and aligned action to proactively address misinformation.</li> </ul>
9. Environmental/CBRN exposure (toxic smoke/acid rain)	Medium	High	<ul style="list-style-type: none"> <li>• RCCE with actionable guidance; PPE; coordination with environmental and health authorities.</li> </ul>
10. Sexual exploitation, abuse, or safeguarding incidents linked to humanitarian assistance	Medium	High	<ul style="list-style-type: none"> <li>• Staff and volunteer code of conduct briefings, safeguarding awareness, confidential reporting channels, monitoring of field activities, coordination with safeguarding focal points.</li> </ul>
11. Cyberattack, data leakage	Medium	High	<ul style="list-style-type: none"> <li>• Data leakage and protection, data backup and encryption measures.</li> </ul>

## Quality and accountability

The operation will be guided by Results-Based Management (RBM) principles to ensure that assistance is relevant, effective, timely, and accountable to affected populations and stakeholders. Planning and implementation will be aligned with clearly defined objectives and expected results, informed by ongoing assessments and analysis to remain responsive to evolving needs.

Monitoring systems will be established across all sectors to track progress against the planned activities and results. This will include a combination of remote monitoring, triangulation of data sources, and post-distribution monitoring where feasible, adapted to access and security constraints. Monitoring findings will be used to identify gaps, guide decision-making, and adjust implementation approaches to improve the quality and effectiveness of the response.

Information management (IM) will support the operation by consolidating and analysing data from the IRCS, Movement partners, and external sources to inform operational decision-making and situational awareness. Given the constraints in primary data collection, triangulation of available information will be applied to support reliable findings. Analytical outputs will support risk-informed planning, operational prioritisation, and adaptive management.

Community feedback will be collected, analysed, and used to inform programming decisions and improve service delivery. Feedback mechanisms will be integrated across sectors so that community perspectives, concerns, and suggestions are systematically captured and addressed, strengthening accountability to affected populations.

Safeguarding and protection from sexual exploitation and abuse (PSEA) will be systematically integrated across the operation. All staff and volunteers engaged in the response will be screened and required to adhere to the IFRC Code

of Conduct and safeguarding standards. Briefings and refresher sessions on safeguarding, child protection, and PSEA will be conducted to reinforce understanding of expected behaviours and reporting procedures.

A child safeguarding risk analysis (CSRA) was conducted in December 2025 for a DREF operation in Iran. Gaps that need to be addressed were identified as well as strengths and opportunities that can be further expanded. Given the wider scope of the Emergency Appeal, a more in-depth analysis will be conducted to identify and mitigate potential risks to children associated with humanitarian activities and operational environments specific to this Appeal. Accordingly, findings will inform risk mitigation measures, operational planning, and staff guidance to support the safe implementation of activities involving or affecting children.

The operation will maintain confidential and accessible reporting channels for safeguarding concerns, including sexual exploitation and abuse. Communities will be informed about these mechanisms through community engagement activities and communication materials. Where safeguarding incidents are reported, they will be handled in accordance with IFRC safeguarding procedures, ensuring survivor-centred approaches, confidentiality, and appropriate referral to specialised services where available.

Sector/Area	Response Indicators <sup>2</sup>
<b>Shelter, Housing and Settlements</b>	Number of households receiving emergency shelter assistance
	Number of households receiving essential household items
	Number of households supported with safer or more durable shelter solutions
<b>Food Security and Livelihoods</b>	Number of households receiving food assistance
<b>Health and Care</b>	Number of people reached with primary healthcare services
	Number of people receiving psychosocial support services
	Number of people reached with community health and public health in emergencies activities
	Number of people provided with emergency medical services (EMS)
	Number of IRCS health facilities and response units supported to deliver health services
<b>WASH</b>	Number of households receiving hygiene kits
	Number of people reached through hygiene awareness campaigns.
<b>Protection, Gender and Inclusion</b>	Number of staff and volunteers receiving PGI training sessions (covering PSEA, Child Safeguarding, safe complaint handling, etc.).
<b>Community, Engagement and Accountability</b>	Number of programme adjustments informed by community feedback
<b>Risk Reduction, Climate Adaptation and Recovery</b>	Number of people reached with risk reduction, climate adaptation, and recovery awareness activities
<b>National Society Strengthening</b>	Number of IRCS staff and volunteers supported through capacity strengthening initiatives
	Number of IRCS branches supported to deliver response activities
	Percentage of targeted preparedness and institutional strengthening actions implemented

<sup>2</sup> Indicators will be continuously reviewed and updated throughout the emergency response to ensure their continued relevance and alignment with Results-Based Management (RBM) principles, as feasible within the evolving operational context.

<b>Coordination and Partnerships</b>	Movement coordination meetings organized, and updates are provided to the Movement partners
<b>IFRC Secretariat Services</b>	Number of surge missions or deployments
	Number of key information products produced to support decision-making

## FUNDING REQUIREMENT

IFRC Secretariat Funding Requirement  
in support of the Federation-wide funding ask

CHF 40 million

*\*For more information on the Federation-wide funding requirement, refer to the section: Federation-wide Approach*

## Federation-wide funding requirement\*

# Breakdown of the IFRC secretariat funding requirement



## OPERATIONAL STRATEGY

MDRIR018 - IRAN RED CRESCENT SOCIETY  
Iran Complex Emergency 2026

### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>37,583,000</b>
Shelter and Basic Household Items	24,964,000
Livelihoods	2,130,000
Multi-purpose Cash	0
Health	8,818,000
Water, Sanitation & Hygiene	1,223,000
Protection, Gender and Inclusion	26,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	409,000
Community Engagement and Accountability	13,000
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>2,417,000</b>
Coordination and Partnerships	0
Secretariat Services	825,000
National Society Strengthening	1,592,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>40,000,000</b>

*all amounts in Swiss Francs (CHF)*

## Contact information

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

### At the Iranian Red Crescent Society:

- **Head of International Operations:** Dr. Danial Tabatabaee; email: [int\\_operations@rcs.ir](mailto:int_operations@rcs.ir), phone: +989121820042

### At the IFRC:

- **IFRC Regional Office for Disasters, Climate & Crises (DCC) Unit:** Raja Assaf, acting Regional Head of Disasters, Climate & Crises (DCC) Unit – MENA; [email: raja.assaf@ifrc.org](mailto:raja.assaf@ifrc.org), phone: +961 71 910896
- **IFRC Head of Country Delegation – Iran:** Maria Mercedes Martinez; email: [maria.martinez@ifrc.org](mailto:maria.martinez@ifrc.org)
- **IFRC Geneva:** Lea Christensen Nielsen, Senior Officer Operations Coordination; email: [lea.nielsen@ifrc.org](mailto:lea.nielsen@ifrc.org)

### For IFRC Resource Mobilisation and Pledges support:

- **IFRC Regional Office for MENA:** Yara Yassine, Regional Head of Strategic Partnerships and Resource Mobilisation; email: [yara.yassine@ifrc.org](mailto:yara.yassine@ifrc.org)

### For In-Kind Donations and Mobilisation table support:

- **Global Humanitarian Services and Supply Chain Management Unit, MENA Regional Office:** Cornelis Jan Dees, Regional Head of GHS & SCM; email: [cornelis.dees@ifrc.org](mailto:cornelis.dees@ifrc.org)

### Reference



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