

# EMERGENCY APPEAL

## REVISED OPERATIONAL STRATEGY

Iran, MENA | Complex Emergency



Iranian Red Crescent Society (IRCS) search and rescue teams look for survivors under the debris. (Source: IRCS, March 2026).

Appeal No: <b>MDRIR018</b>	To be assisted: <b>10,000,000 people</b>	Appeal launched: <b>06/03/2026</b>
Glide No: <b>CE-26-000026-IRN</b>	DREF allocated: <b>CHF 2M</b>	Disaster Categorisation:
Operation start date: <b>28/02/2026</b>	Operation end date: <b>31/12/2027</b>	<b>RED</b>
<b>Operational Strategy Revision</b>	<b>Revision #: 1</b>	<b>Date: 04/05/2026</b>

**IFRC Secretariat Funding requirement: CHF 120 million**

# TIMELINE

## IRAN ESCALATION 2026: KEY EVENTS FEB 28 - APR 20



KEY STATISTICS: 60M AFFECTED | 10M TO ASSIST | CHF 120M APPEAL | CHF 2,000,000 DREF ALLOCATED



# OPERATIONAL STRATEGY REVISION

The revision of the Operational Strategy is driven by the continued escalation of hostilities, the widening geographical scope of the crisis, and the significant increase in the number of people affected across the country. What was initially presented as a more localised emergency has evolved into a nationwide complex crisis, placing sustained pressure on essential services, humanitarian access, and response capacities. As the leading humanitarian actor in Iran, the Iranian Red Crescent Society (IRCS) continues to deliver life-saving assistance at scale under highly complex and constrained operational conditions.

This evolving context has resulted in humanitarian needs that substantially exceed those identified in the initial Emergency Appeal, both in scale and complexity, necessitating a significant scale-up of the operation. Increased displacement, widespread infrastructure damage, disruptions to essential services, and growing psychosocial needs have required a reassessment of the operational scope and priorities. At the same time, operational constraints, including access limitations, supply chain disruptions, and financial and banking restrictions, continue to shape the delivery of assistance and require strengthened systems and capacities.

The revision also reflects a shift from a primarily emergency response posture towards a more integrated approach that combines relief, recovery, and institutional strengthening.

Accordingly, the funding requirement has been revised from CHF 40 million to CHF 120 million to support the expanded scope of humanitarian and community recovery interventions. The target population has increased from five million to approximately ten million people, and the operational timeframe has been extended until 31 December 2027 to ensure continuity of life-saving assistance while enabling a progressive shift towards recovery-oriented interventions.

The revised Operational Strategy maintains a strong focus on sustaining capacity for immediate life-saving response, including search and rescue, psychological first aid, and emergency medical services. At the same time, it expands support for community-level action and recovery, including shelter and essential household items, food and livelihoods assistance, WASH, multipurpose cash assistance, education support, and expanded health interventions, including rehabilitation services.

In parallel, greater emphasis is placed on strengthening the operational capacity and sustainability of the IRCS, including the rehabilitation of damaged branches, health facilities, and critical operational assets affected since 28 February. This scale-up is necessary not only to sustain response delivery at scale under current conditions, but to also support the recovery, maintain readiness for future shocks, and ensure the continuity and effectiveness of the National Society's response.



# Severity of the humanitarian conditions

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

The crisis has had a severe and widespread impact on the accessibility, availability, and quality of essential goods and services across the country. Thousands of attacks have led to population movements from Tehran and other urban centres to perceived safer areas. Extensive damage to infrastructure, including over 350 health facilities (hospitals, clinics, health centres, pharmaceutical and medical equipment factories), 993 schools, 32 universities and research institutions, and critical water and electricity systems, has significantly disrupted service delivery, particularly in densely populated urban areas. Health services are overwhelmed by trauma cases while facing shortages of medicines, damaged facilities, and intermittent power supply. Water supply systems remain disrupted in multiple locations, increasing public health risks. A total of 123,647 residential units have been destroyed or damaged and 24,450 commercial and industrial sites have been targeted. People have found refuge in IRCS facilities or with relatives, while livelihoods have been destroyed and market functionality and supply chains continue to be affected by transport restrictions and insecurity. Telecommunications outages and limited internet access have further reduced public awareness and hindered access to life-saving information and services.

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

The impact on the physical and mental well-being of the affected population has been severe, with over 34,000 civilian injured and 3,468 fatalities, including 383 children. Eighteen IRCS relief workers were also injured, and four died during relief operations. The IRCS conducted 6,003 search and rescue missions, rescuing 7,215 people, of whom 7,144 were transferred to medical centres, while its medical mobile units provided outpatient treatment to 10,382 people.

The IRCS national hotline handled 7,256,000 calls during the active conflict period up to 8 April. Of these, approximately 199,000 were referred to PSS counselling services, which have so far delivered 952,000 minutes of support. PSS rapid response

teams supported an additional 242,000 people directly during search and rescue operations.

Physical recovery continues to be supported through IRCS rehabilitation and prosthetics centres, while addressing psychological distress remains a priority through Helal Houses, Sahar (PSS) teams, and child-friendly spaces. The scale of destruction and displacement has increased exposure to injury, communicable diseases, and untreated chronic conditions. Psychological distress is widespread, driven by ongoing insecurity, loss, and repeated exposure to violence.

## 3. Risks and vulnerabilities

The crisis has intensified pre-existing vulnerabilities and created new risks, particularly for low-income households, displaced populations, women and girls, children, older persons, persons with disabilities, and the approximately 3.5 million refugees hosted in the country. Displacement and service disruption have increased the risks of family separation, gender-based violence, exploitation, and reduced access to assistance. Humanitarian access remains constrained by insecurity, movement restrictions, and damage to operational assets, limiting the ability to reach those most in need and exacerbating inequalities in access to essential services. The situation remains highly volatile and continues to place significant pressure on the population. The risk of renewed hostilities remains high and could have a devastating impact across the country. In parallel, sanctions and naval restrictions are reducing commercial activity and further straining the economy, with direct repercussions for the most vulnerable groups.

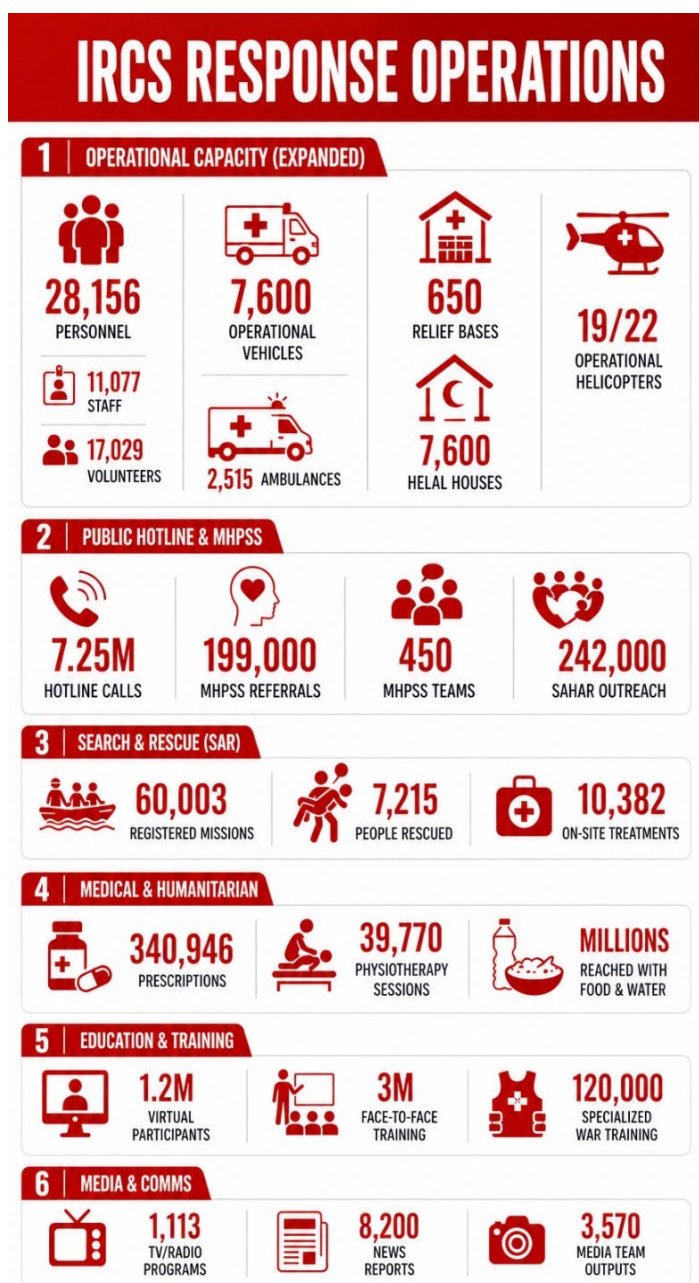
Afghan nationals of varying legal and socioeconomic status, including registered refugees and undocumented individuals, as well as those facing loss of livelihoods and increased risk of forced return or deportation, face compounded challenges in accessing safe shelter, health care, water, and dignified sanitation. Older persons and populations in high impact provinces are also particularly affected. Internal displacement from major cities is increasing exposure to protection risks, family separation, and lack of access to services. Humanitarian operations continue to face constraints due to insecurity, airspace closures, restricted movement, and damage to IRCS infrastructure, limiting the timely delivery of assistance. The disruption of services and displacement are also heightening the risks of gender-based violence, exploitation and abuse, including sexual exploitation

and abuse (SEA), underscoring the need for 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 (IRCS) was established in 1922 and admitted to the International Federation of the Red Cross and Red Crescent Societies (IFRC) in 1929. The IRCS is the main humanitarian actor in Iran and the only organisation with nationwide community reach and access, playing a pivotal role as auxiliary to the public authorities in relief and rescue operations, emergency health and medical services, and community and social empowerment. The IRCS has also recently been strengthening its capacity in anticipatory action and climate and environment programmes, supported by an extensive nationwide network of 579 branches, 7,897 local units, over 7,400 staff, and more than 5.5 million volunteers. In regard to search and rescue operations, the IRCS has 120,000 trained relief workers organised into 8,200 teams across 650 relief bases nationwide. It operates 7,600 rescue vehicles and 2,515 ambulances, supported by 22 helicopters, of which three are non-operational, as well as specialised experts with search and rescue dogs and horseback units. Women play a significant role in these operations through 500 SAHAR (PSS) teams comprising 7,000 female specialists, YAS teams with over 80,000 members, and 500 TAVANA teams of women rescuers. The IRCS also operates a broad health infrastructure domestically and internationally, including 339 health centres and 200 rehabilitation centres, some of which have integrated prosthetics production capacity. Its learning, development, and research functions support the manufacturing of medicines and medical equipment, and it manages 14 hospitals and clinics abroad. At the community level, the IRCS has a well-established presence across Iranian society through a network of 7,600 Helal Houses (Red Crescent Houses). These volunteer-run centres at the village and neighbourhood levels implement a wide range of social

programmes, promote volunteerism, peace, and community resilience, and serve as hubs for training and organising local response teams. In addition, the IRCS runs educational programmes to support the inclusion of underprivileged groups through a network of 993 schools, while its youth organisation engages over three million young volunteers. Climate action was recently introduced as a strategic pillar of youth programming, focusing on environmental protection and disaster preparedness, including anticipatory action for climate hazards. Ongoing response operations include search and rescue, emergency medical services, evacuations, relief distributions, and psychosocial support.

## 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 of hostilities, national authorities activated civil-defence and emergency protocols, deploying services in affected areas and coordinating closely with the IRCS for 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, collaborative response efforts.

## 2. International capacity and response

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

#### **IFRC membership**

The International Federation of Red Cross and Red Crescent Societies maintains a presence in Iran through its Country Delegation in Tehran, working in close partnership with the Iranian Red Crescent Society to support the ongoing response. IRCS priorities are supported through the IFRC Iran Complex Emergency Appeal, launched at the onset of hostilities, including a DREF loan of CHF 1.5 million, now scaled up to CHF 2 million, to support initial response efforts and subsequent scale-up with contributions under the Emergency Appeal. The IFRC's Iran Delegation works in very close contact with various IRCS departments involved in the response, including the Office of the President and Secretary General, Operations, Relief and Rescue, Communications, and Logistics, ensuring alignment of priorities across international support provided by the Secretariat and members. The IFRC provides operational, technical, financial, logistics, communications, and information management assistance, coordinated across country, regional, and global levels. The IFRC Middle East and North Africa (MENA) Regional Office complements this support through strategic guidance, operational coordination, planning, communications, and humanitarian diplomacy, and supply chain services. In addition to the Emergency Appeal, the IFRC continues to support responses to other hazards through the DREF and longer-term programmes, particularly in water and health, resilience, and peace. National Society readiness, preparedness, and development remain key areas of engagement, building on the IRCS's extensive surge capacity, as well as its research and learning programmes, and income-generating activities.

At present, no Participating National Societies (PNSs) have an in-country presence in Iran. As such, the IFRC plays a central operational coordination role, ensuring alignment across the wider membership through remote engagement, information sharing, and resource mobilisation. The IFRC engages its members through standard emergency mechanisms, such as the surge system and mobilisation table. This approach ensures coherent and coordinated support to the IRCS, reinforcing its leadership while enabling timely and effective assistance from the wider IFRC membership.

#### **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 IFRC. The ICRC participates in a strategic coordination platform with the IRCS and IFRC, enabling regular exchanges and joint decision-making. The ICRC has expressed its readiness to support the IRCS as needed during the current response in areas consistent with its humanitarian mandate, particularly in 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. The IFRC and ICRC have also agreed to coordinate their

respective international mobilisation efforts in support of the IRCS, ensuring a harmonised approach to the international supply of humanitarian and relief items.

## 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 IRCS 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 the 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 the Iranian Red Crescent Society's unprecedented mobilisation and response over the past two months, reaching more than seven million people with life-saving services, significant humanitarian gaps persist. These continue to disproportionately affect the most vulnerable groups and require sustained, targeted intervention.

Beyond the direct impacts of the conflict, these gaps are increasingly compounded by broader socioeconomic pressures, including inflation, rising fuel and food costs, supply-chain disruptions, and reduced household purchasing power. These dynamics are deepening vulnerabilities, eroding coping capacities, and affecting both humanitarian needs and the feasibility and cost of response delivery, reinforcing the need for integrated relief, recovery, and resilience-oriented interventions.

### Health and WASH

Health services remain critically overstretched. This is driven by sustained high trauma caseloads, damage to more than 300 health facilities, and disruptions to pharmaceutical production and supply chains, all of which severely limit access to essential and chronic care. Outpatient and mobile health services remain indispensable to reach vulnerable groups, including older persons, people with disabilities, pregnant and lactating women, and individuals living with chronic illnesses in remote and underserved areas. In parallel, there is a continued need to scale up rehabilitation services for those injured during the hostilities, as well as mental health and psychosocial support (MHPSS), including the establishment and maintenance of safe spaces for children.

Significant gaps also persist in water, sanitation, and hygiene (WASH). Damage to water systems, combined with flooding and infrastructure degradation, has reduced access to safe drinking water and increased the risk of contamination and waterborne diseases.

Immediate restoration efforts and preventive public health measures remain critical.

### Shelter and Household Items

The widespread destruction of residential areas has left more than 150,000 people without adequate housing or

basic household belongings. In the immediate aftermath, many families sought refuge with relatives and host communities, often in peri-urban or rural areas. However, as returns begin, affected households are likely to face significant additional financial burdens related to repairs, reconstruction, and re-establishing basic living conditions. Particular attention must be given to migrants and refugees, who may lack access to social support networks and face heightened risks of exclusion. These groups are especially vulnerable to inadequate shelter, forced or premature returns, and limited access to livelihoods and services.

### **Livelihoods and Basic Needs**

The conflict has led to a near-total disruption of economic activity across the country, leaving millions of households without reliable sources of income. The destruction of businesses and commercial infrastructure continues to undermine the economic recovery and prolong household vulnerabilities. These gaps are further intensified by broader socioeconomic shocks linked to inflation, fuel and commodity price volatility, and disruptions to trade and supply chains, which are reducing affordability and increasing pressure on household budgets. Declining purchasing power and income erosion are increasing dependence on humanitarian assistance, reinforcing the need for food assistance, livelihoods support, and cash-based interventions as part of the response. These pressures are compounded by pre-existing economic fragility, including high unemployment and the cumulative impact of prolonged sanctions and financial constraints. As a result, many households are struggling to meet even their most basic needs, including access to food and water. Negative coping mechanisms are already emerging, such as reduced food consumption, depletion of savings, and increased reliance on informal or precarious income sources. These dynamics are exacerbating protection risks, including gender-based violence, child protection concerns, and heightened vulnerabilities for persons with disabilities, migrants, and refugees. At the same time, access to specialised protection services and referral pathways remains limited and requires urgent strengthening.

### **Readiness and Preparedness**

The situation remains highly volatile and unpredictable, with multiple scenarios still possible. As such, maintaining a strong state of readiness and community-level preparedness is therefore essential, including keeping search and rescue teams on standby and fully equipped, alongside ensuring the deployment readiness of emergency medical teams and psychological first aid (PFA)/psychosocial support (PSS) counsellors. Critical equipment damaged or lost during the response must be rapidly replaced to prevent operational gaps. Continued investment in preparedness capacities, at both institutional and community levels, will be key to ensuring a timely and effective response to any further escalation, while also supporting early recovery efforts.

## **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.

Humanitarian assets, including warehouses, ambulances, operational bases, and critical infrastructure, have been damaged, causing additional delays.

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. Evolving environmental hazards, including toxic smoke and acidic rainfall following strikes on fuel depots, also creates unsafe conditions for responders and may restrict field presence.

Sanctions-related restrictions complicate international financial transfers and procurement processes, slowing the replenishment of supplies, equipment, and relief items and disrupting supply chains. Damaged warehouses, ambulance bases, and critical infrastructure add additional operational delays.

Telecommunications disruptions, including near-total internet outages, further constrain coordination by limiting real-time communication between the National Society and IFRC delegation, affecting assessments, reporting, and operational oversight.

Information management is similarly affected by connectivity challenges, limiting real-time communication and data sharing. To mitigate these constraints, 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 maintain continuity of information flow and operational monitoring.

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 address these constraints, the IFRC and IRCS are enhancing remote coordination, strengthening localised response capacities, pre-positioning supplies where possible, adapting 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 capacity, 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 the 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 revised 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 of the IRCS two months after the onset of hostilities, amid the intensifying impact of the crisis, its expanding geographical reach, and a sharp increase in the number of people

affected nationwide. As the country's principal humanitarian actor, the IRCS remains at the forefront of humanitarian and recovery efforts under highly complex and constrained operational conditions.

This requires a significant scale-up of the operation, not only to sustain immediate response capacities, but also to progressively transition towards a more structured recovery phase, which will be further refined as access improves and the context stabilises. Accordingly, the funding requirement has been revised from CHF 40 million to CHF 120 million to support an expanded package of humanitarian and community recovery interventions, in line with the "3+2" framework outlined below.

The target population has correspondingly increased from five million to approximately ten million people. In addition, the operational timeframe has been extended until 31 December 2027 to ensure continuity and adequate coverage of recovery-oriented services.

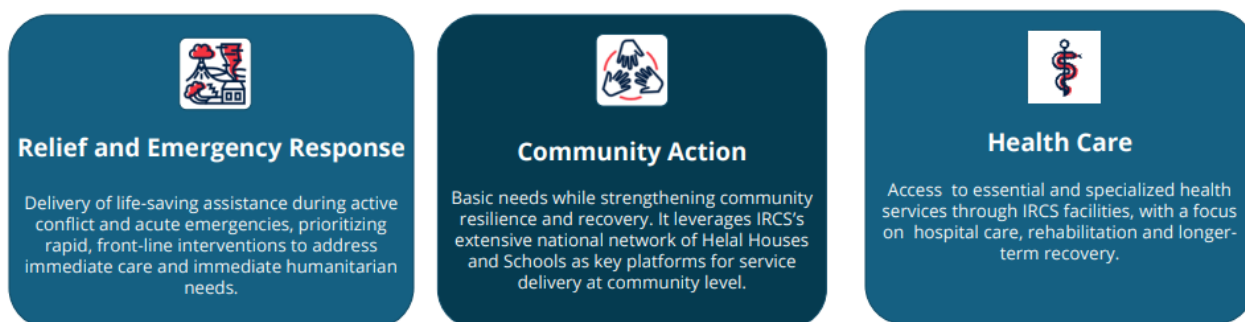
## Vision

To reduce the severe humanitarian impact of a nationwide complex emergency marked by widespread conflict, acute humanitarian needs, and critical disruption of essential services across Iran, and to support essential IRCS community action and medical services, the IFRC and IRCS have agreed on a "3+2" plan, comprising three strategic pillars of action and two enablers as the foundation underpinning the IRCS's actions.



### Three Pillars of Action

The core framework that guides our humanitarian response and community engagement



### Enablers : the Foundation

Two Critical enablers that strengthen and connect all pillars of our action



- **Pillar 1 – Relief and Emergency Response**

This pillar focuses on search and rescue and the delivery of life-saving assistance during active conflict and acute emergencies, prioritising rapid, front-line interventions to address immediate humanitarian needs,

including pre-hospital emergency health services, first aid, and immediate trauma response, alongside PFA, shelter, emergency WASH, and protection support.

- **Pillar 2 – Community Action**

This pillar addresses humanitarian needs while strengthening community resilience and setting the path to recovery. It leverages the IRCS's extensive national network of Helal Houses (Red Crescent Houses) and schools as key platforms for service delivery at the community level. Sectoral areas may include food security and livelihoods (including multi-purpose cash), recovery, WASH, DRR, and climate action, as well as education.

- **Pillar 3 – Health Care**

This pillar focuses on facility-based, specialised, and recovery-oriented health services through the IRCS's facilities, including hospital care, rehabilitation, and continuity of care.

- **Enabler 1 – Advocacy and Humanitarian Diplomacy**

This component aims to strengthen the enabling environment for humanitarian action by focusing on logistics and financial constraints and ensuring safe access for humanitarian operations.

- **Enabler 2 – Readiness, Recovery, and Institutional Strengthening**

This component underpins the operational capacity, sustainability, and scale of the response. It includes investments in search and rescue equipment, as well as strengthening ambulance services, fleet management, and supply chain systems (e.g. warehouses and logistics infrastructure).

The 3+2 plan will support the IRCS in delivering timely, principled, and large-scale life-saving assistance and early recovery support through its extensive volunteer network, nationwide branches and Red Crescent Houses, and operational and medical capacities. The operation will ensure that assistance reaches the populations most at risk, particularly children, women, older persons, persons with disabilities, displaced persons and refugees, and low-income households, while restoring and strengthening the continuity of essential services.

The Emergency Appeal will also reinforce contingency planning, anticipatory action, and overall preparedness for potential future shocks, in line with risks identified in close consultation with communities. This approach supports the ambition of the IRCS to strengthen its capacity to act ahead of crises and mitigate the impact of multiple, compounding hazards. It is important to note that this framework does not strictly align with sectoral interventions, which are not confined to a single Pillar or Enabler. Instead, multiple sectors contribute across different Pillars and Enablers, reflecting the integrated and multi-sectoral approach of the operation. Detailed sectoral activities are therefore presented under the relevant Pillars and Enablers in the Planned Operations section, illustrating how each sector supports the broader strategic vision of the operation.

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

Given the highly dynamic and uncertain nature of the crisis, this Operational Strategy represents a flexible framework that will be continuously reviewed and adapted as the situation evolves. The scale and duration of the conflict remain uncertain, requiring scenario-based planning and readiness to adjust the response to emerging needs, including potential large-scale population movements within and beyond Iran.

The operation also integrates climate and environmental risk considerations. Iran is increasingly exposed to extreme heat, drought, water scarcity, sand and dust storms, and flash floods, all of which may exacerbate humanitarian needs and operational challenges. The response will incorporate climate adaptive measures, including duty-of-care protocols for staff and volunteers, seasonal preparedness, and the pre-positioning of supplies to address climate-related risks.

In addition, environmental and public health risks associated with damage to industrial and energy infrastructure will be monitored and addressed through contingency planning, preparedness measures, and strengthened branch-level readiness. These efforts will support the continuity of essential services and ensure that the response remains effective and resilient in the face of compounding risks.

# Targeting

## 1. People to be assisted

Group	Percentage of the total caseload	Estimated number
Women (18+)	24%	2,400,000
Men (18+)	26%	2,600,000
Girls (0–17)	25%	2,500,000
Boys (0–17)	25%	2,500,000
Total	100%	10,000,000

During the first two months of the response, the Iranian Red Crescent Society has provided critical support to affected populations through search and rescue operations, relief assistance, PFA, and PSS, as well as emergency and pre-hospital health services. Notably, the IRCS hotline has received and processed over seven million calls, reflecting both the scale of needs and the population's reliance on IRCS services. Building on this initial response, the Emergency Appeal will enable the IRCS to sustain and expand its assistance across key sectors, following the "3+2" plan mentioned above.

- **Pillar 1 – Relief and Response**

- MHPSS/PFA (eight million people) – the IRCS managed over seven million requests and provided direct outpatient support to 242,000 people through their SAHAR teams. An additional one million people are expected to be reached through the IRCS's hotline services, and SAHAR PSS outpatient consultations.
- Emergency Health/Pre-Hospital Care (50,500 people) – 10,382 people benefited from the IRCS's emergency health services via the mobile units (EMUs) and access to a network of 339 health facilities. The Emergency Appeal will allocate resources to serve approximately 40,000 people who could benefit from these services.
- Search and Rescue Operations (22,500 people) – IRCS search and rescue teams reached 7,315 people during the 40 days of active conflict. Through the appeal, resources will be allocated to reach an additional 15,000 people, if and when necessary.
- Other Relief Assistance (224,000 people) – so far, the IRCS has reached over 100,000 people with essential household items, including tents, blankets, and jerry cans, as well as food parcels and water for 30 days. An additional 124,000 people can be reached through the support of the appeal, if required.

- **Pillar 2 – Community Action**

- FS and MPC: more than 100,000 people are expected to be supported through the IRCS's extensive network of Helal Houses (7,600). Assistance will include food distribution and multipurpose cash programming, tailored to meet diverse household needs and support early recovery.
- Livelihood Support – 5,000 families will be supported through business grants to recover or restart income-generation activities, with technical assistance from IRCS experts.
- Community WASH – water supply for 500,000 people will be restored or increased through repairs in selected communities, alongside hygiene and behavioural change activities.
- School Programme - up to one million students will benefit from the resumption and strengthening of IRCS school programmes, contributing to continuity in education, protection, and psychosocial well-being for children and adolescents.
- DRR and Climate Action – the IRCS's youth organisation will support up to 40 communities (approximately 400,000 people) to design their DRR plans, supported by eVCA assessments. In parallel, ecosystem restoration and tree planting will continue to raise awareness of environmental issues.

- **Pillar 3 – Health Care**

- Rehabilitation Services: approximately 100,000 people are expected to benefit from specialised services provided through IRCS rehabilitation centres, including physical rehabilitation for those injured during the crisis and longer-term recovery support.

Through the enablers, the IRCS will maintain a high level of operational readiness, ensuring that search and rescue teams and medical emergency services can be rapidly reactivated at any stage during the implementation of the Emergency Appeal, should the situation deteriorate or new shocks occur.


The IRCS's assistance will focus on heavily affected urban areas in the provinces where incidents have been reported, with particular attention to vulnerable groups, including children, women and girls, older persons, persons with disabilities, and socially-deprived and excluded groups.

## **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 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 expected standards of behaviour for staff and volunteers, as well as confidential reporting channels.

# PLANNED OPERATIONS


## INTEGRATED ASSISTANCE

 <p><b>Shelter, Housing, and Settlements</b></p>	Female > 18: <b>53,760</b>	Female < 18: <b>56,000</b>	<b>CHF 45,873,000</b>
<p><b>Objective:</b></p>	Ensure that affected and displaced households have access to timely emergency shelter, essential household items, and support for safer shelter solutions, enabling both immediate protection and early recovery of basic living conditions.		
<p><b>Priority Actions:</b></p>	<p>Through this revised Emergency Appeal, the IRCS will be supported in replenishing and maintaining its capacity to respond to large-scale shelter and housing needs for affected and displaced populations and host families. The most appropriate solutions will be based on shelter assessments and developed in consultation with communities, and may vary depending on population groups and location (urban, peri-urban, or rural).</p> <p><b>Pillar 1 - Relief and Response</b></p> <p>Assistance modalities will be adapted based on context, with in-kind support prioritised where markets are disrupted, and cash-based support applied where feasible and appropriate.</p> <ul style="list-style-type: none"> <li>○ Emergency family tents (one per up to 10,000 households), or</li> <li>○ Cash for rent (three instalments for up to 46,000 households)</li> </ul> <ul style="list-style-type: none"> <li>● Procurement and distribution of essential household items:             <ul style="list-style-type: none"> <li>○ Blankets (three pieces per household) for 56,000 households</li> <li>○ Mattresses (three pieces per household) for 56,000 households</li> <li>○ Kitchen sets (one per household) for 56,000 households</li> <li>○ Ventilators (one per household) for 56,000 households</li> <li>○ Cooking stoves (one per household) for 56,000 households</li> </ul> </li> <li>● Post-distribution monitoring.</li> <li>● Shelter damage and market assessments in affected areas.</li> <li>● Support for distribution activities, including volunteer mobilisation, transport, and operational costs.</li> <li>● Vehicle and fuel for the transportation of household items from branches to field locations.</li> </ul>		


### Pillar 2 - Community Action

The identified households will be assisted in repairing or rehabilitating their houses. Displaced and host families may be eligible for cash assistance, with distribution criteria defined in consultation with relevant authorities.

- Definition of the cash criteria, assessment, and targeting.
- Cash for housing repairs (three instalments for 5,000 households):  
Monitoring teams will ensure that households are using the cash for repairs before the second instalment is released in their name through the designated banking system.
- Participatory Approach for Safe Shelter Awareness (PASSA) training for IRCS staff and volunteers.


 <b>Livelihoods/Multipurpose Cash</b>	Female > 18: <b>24,000</b>	Female < 18: <b>25,000</b>	<b>CHF 12,535,000</b>
	Male > 18: <b>26,000</b>	Male < 18: <b>25,000</b>	<b>Total target: 100,000</b>
<b>Objective:</b>	<p>1. Provide households affected by the hostilities with sufficient and appropriate food assistance to meet their immediate basic needs.</p> <p>2. Support the restart or recovery of small businesses for families whose livelihoods have been lost or disrupted.</p>		
<b>Priority Actions:</b>	<p>The IRCS will continue to support vulnerable households through food assistance and small grants to restart and/or recover livelihoods and income-generating activities.</p> <p><b>Pillar 2 - Community Action</b> This is a complementary approach reaching up to 100,000 people:</p> <ul style="list-style-type: none"> <li>• Provision of meals or food at 500 selected Helal Houses over three months for up to 100,000 people.</li> <li>• Training of IRCS staff and volunteers on livelihoods and micro, small, and medium-sized enterprises (MSMEs) programming.</li> <li>• Rapid assessment of livelihoods and MSMEs to identify disrupted income sources, priority sectors, and feasible recovery options under current operational constraints.</li> <li>• Defining criteria for the target population to receive small grants for small businesses and income-generating activities.</li> <li>• Distribution of cash grants for income-generating activities to 5,000 families based on needs, including physical rehabilitation, equipment and inventory replacement, rent, etc.</li> </ul>		

- Technical support for business recovery through community-based approaches adapted to the operational context

 <b>Multi-purpose Cash</b>	Female > 18: <b>30,000</b>	Female < 18: <b>31,250</b>	<b>CHF 8,025,000</b>
	Male > 18: <b>32,500</b>	Male < 18: <b>31,250</b>	<b>Total target: 125,000</b>
<b>Objective:</b>	1. Support households with multi-purpose cash assistance where feasible, using a flexible approach that allows them to purchase basic food items from local markets according to their preferences.		
<b>Priority Actions:</b>	<p><b>Pillar 2 - Community Action</b></p> <ul style="list-style-type: none"> <li>• Conduct a cash feasibility study in the targeted areas, including assessments of delivery modalities, market functionality, financial service provider (FSP) capacities, and operational constraints.</li> <li>• Consult and coordinate with the Iran Cash Working Group and relevant actors on contextual guidance, transfer values, targeting criteria, harmonisation, and de-duplication approaches.</li> <li>• Develop a cash and voucher assistance (CVA) strategy for the response, including operational modalities, risk mitigation measures, delivery mechanisms, and the progressive use of CVA as an enabler of early recovery and recovery interventions.</li> <li>• Define the minimum expenditure basket (MEB), transfer values, and targeting criteria for multi-purpose cash assistance, including using social protection and safety net mechanisms to support targeting, where feasible.</li> <li>• Conduct needs assessments, targeting, and distribution of multipurpose cash assistance to 25,000 households over a period of three months.</li> <li>• Activate and maintain an MPC assistance hotline and feedback mechanism to support two-way communication, complaint handling, and accountability to affected populations.</li> <li>• Conduct regular market monitoring, including tracking prices, market functionality, and financial service provider performance, to inform transfer values and programme adaptation.</li> <li>• Establish information and data flows for CVA within existing data management systems to support registration, monitoring, reporting, and operational decision-making.</li> <li>• Conduct capacity building for CVA within the IRCS, including systems strengthening, staff and volunteer training, and support for implementation and monitoring.</li> <li>• Conduct post-distribution monitoring (PDM) to verify receipt of assistance through the banking system, assess utilisation, satisfaction, and inform programme adjustments.</li> </ul>		

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

## (MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)

 <p><b>Health and Care</b> (Mental Health and Psychosocial Support/ Community Health/Medical Services)</p>	<p>Female &gt; 18: <b>1,956,000</b></p>	<p>Female &lt; 18: <b>2,037,500</b></p>	<p><b>CHF</b> <b>13,806,000</b></p>
	<p>Male &gt; 18: <b>2,119,000</b></p>	<p>Male &lt; 18: <b>2,037,500</b></p>	<p><b>Total target:</b> <b>8,150,000</b></p>
<p><b>Objective:</b></p>	<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 timely first aid, pre-hospital care, and primary healthcare services.</li> <li>3. Ensure continuity and restoration of essential and specialised health services, including rehabilitation, through support to IRCS health facilities and systems.</li> </ol>		
<p><b>Priority Actions:</b></p>	<p>Health interventions are structured across the response pillars, with Pillar 1 focusing on front-line emergency and pre-hospital care, and Pillar 3 focusing on facility-based, specialised and recovery-oriented health services.</p> <p><b>Pillar 1 - Relief and Response</b></p> <p><u>MHPSS and psychosocial support</u> The IRCS will continue providing PFA and MHPSS support to impacted individuals and communities through specialised teams, via the IRCS dedicated hotline, outpatient services (SAHAR teams), and specialised services in health facilities.</p> <ul style="list-style-type: none"> <li>• Provide PFA to affected individuals and families through the dedicated PSS hotline.</li> <li>• Deploy mobile and outpatient psychosocial support teams (SAHAR) to deliver MHPSS services.</li> <li>• Identify and refer individuals requiring specialised mental health and psychosocial support to appropriate providers.</li> <li>• Organise community-based psychosocial activities to promote coping mechanisms, resilience, and social cohesion.</li> <li>• Provide MHPSS support to IRCS staff and volunteers.</li> <li>• Ensure that community feedback mechanisms are in place to continually adapt MHPSS service provision to evolving needs.</li> </ul>		

### Emergency Medical Services

During the first weeks of the response, emergency medical services were activated across the country. These teams are comprised of doctors and nurses who can provide first aid, pre-hospital stabilisation, and trauma care.

- Provide first aid and emergency medical care through IRCS emergency response teams, health facilities, and mobile medical units.
- Strengthen ambulance services, including pre-hospital care, triage, and referral of patients to the appropriate facilities.
- Establish and operationalise referral systems for secondary and tertiary care in line with national protocols.

### **Pillar 3 - Health Care**

Under Pillar 3, the operation will support continuity of care through facility-based and specialised health services, including rehabilitation and recovery-oriented interventions.

#### Medical Rehabilitation

- Support physical rehabilitation services for injured individuals to ensure continuity of care.
- Provide prosthetic and assistive devices for persons with injuries and disabilities

#### Medical Procurement


To support health service delivery across the response, the following medical procurement actions will be implemented:

- Procure essential medical equipment and medical supplies to support the delivery of healthcare services.
- Procure physical rehabilitation equipment to support rehabilitation services at IRCS branch facilities.
- Procure and distribute first aid kits, medical consumables, stretchers, splints, and other emergency medical equipment to support response teams and safe patient transport.

### **Enabler 2 - Readiness and Preparedness**


#### Rehabilitation of IRCS health facilities

- Procure assets (ambulances damaged in airstrikes).
- Repair and reconstruction of damaged IRCS health facilities.

 <b>Water, Sanitation, and Hygiene</b>	Female > 18: <b>480,000</b>	Female < 18: <b>500,000</b>	<b>CHF 4,957,000</b>
	Male > 18: <b>520,000</b>	Male < 18: <b>500,000</b>	<b>Total target: 2 million</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>	<p><b>Pillar 1 – Relief and Response</b></p> <p>Emergency WASH interventions will focus on restoring access to safe water, ensuring basic sanitation, and reducing immediate public health risks in affected and displacement settings.</p> <p><u>Emergency WASH</u></p> <ul style="list-style-type: none"> <li>• Installation of water tanks and the provision of water where water networks were damaged or are no longer functional.</li> <li>• Provision of household water treatment solutions, including chlorine tablets, filters, and safe storage containers, as required.</li> <li>• Installation of emergency sanitation facilities in displacement and shelter areas to ensure safe and dignified access.</li> <li>• Procurement and distribution of hygiene kits for 56,000 households.</li> <li>• Procurement and distribution of jerrycans for 56,000 households.</li> <li>• Procurement and distribution of culturally appropriate dignity kits for 56,000 households (two per household).</li> <li>• Promote hygiene behaviour change and community awareness through hygiene promotion activities focused on water-related diseases (diarrheal diseases and vector control).</li> </ul> <p><b>Pillar 2 – Community Action</b></p> <p>Under Pillar 2, WASH interventions will support recovery by restoring water and sanitation systems and strengthening community resilience.</p> <p><u>Recovery WASH</u></p> <ul style="list-style-type: none"> <li>• Assess water and sanitation infrastructure and identify repair and rehabilitation requirements.</li> <li>• Rehabilitate or construct water supply systems and sanitation facilities using sustainable and context-appropriate technologies.</li> <li>• Conduct rapid repairs and temporary fixes to water and sanitation networks to restore services as quickly as possible.</li> <li>• Ensure that all WASH interventions integrate environmental considerations and sustainability principles.</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>480,000</b>	Female < 18: <b>500,000</b>	<b>CHF 493,000</b>
	Male > 18: <b>520,000</b>	Male < 18: <b>500,000</b>	<b>Total target: 2 million</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>	<p><b>PGI Mainstreaming (Across Pillars)</b> PGI interventions will be implemented as a cross-cutting priority across all pillars, while also including targeted actions to address specific protection risks and vulnerabilities.</p> <ul style="list-style-type: none"> <li>• Continuously assess existing PGI and safeguarding risks across the response and design appropriate mitigation measures.</li> <li>• 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>• 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>• 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>• Operationalise child protection by strengthening reporting mechanisms, disseminating policies, raising community awareness on safe reporting, and reinforcing referral pathways.</li> <li>• Strengthen inclusive and safe service delivery by identifying and supporting accessible safe spaces for at-risk groups, such as children and women, and applying the dignity, access, participation and safety (DAPS) framework across interventions.</li> <li>• Promote social inclusion through community engagement and awareness to reduce discrimination and secure equitable access to services.</li> </ul> <p><b>Pillar 1 - Relief and Response</b></p> <ul style="list-style-type: none"> <li>• Deploy and equip child and women-friendly spaces in affected areas.</li> </ul>		



## Community Engagement and Accountability


Female > 18: <b>2,400,000</b>	Female < 18: <b>2,500,000</b>	<b>CHF 77,000</b>
Male > 18: <b>2,600,000</b>	Male < 18: <b>2,500,000</b>	<b>Total target: 10 million</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 the implementation.


### Priority Actions:

- 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.
- Integrate CEA approaches into assessments and response analysis, including understanding community priorities, risks, concerns, trusted information sources, preferred communication channels, and participation mechanisms.
- 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.
- Ensure clear, timely, and accessible communication with communities on the response activities, available services, targeting criteria, distribution mechanisms, and any changes or delays, using trusted and context appropriate channels.
- 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.
- 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.
- 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.
- Ensure that community perspectives and evidence generated through CEA inform broader humanitarian communication, advocacy, and humanitarian diplomacy efforts, where relevant.


 <b>Migration</b>	Female > 18:	Female < 18:	<b>CHF</b>
	Male > 18:	Male < 18:	<b>Total target:</b>
<b>Objective:</b>	Ensure effective integration of migration and displacement considerations across the response, with strengthened monitoring and cross-border coordination.		
<b>Priority Actions:</b>	Migration and displacement are mainstreamed across the operation, with internally displaced populations reflected as a priority group across multiple sectoral interventions. Complementary activities related to population movement monitoring and cross-border coordination with neighbouring National Societies are incorporated under IFRC Secretariat Services, ensuring migration and displacement considerations are addressed through both programmatic and coordination support.		

 <b>Risk Reduction, Climate Adaptation and Recovery</b>	Female > 18: <b>96,000</b>	Female < 18: <b>100,000</b>	<b>CHF 8,460,000</b>
	Male > 18: <b>104,000</b>	Male < 18: <b>100,000</b>	<b>Total target: 400,000</b>
<b>Objective:</b>	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.		
<b>Priority Actions:</b>	<p><b>Pillar 2 – Community Action</b></p> <p>Under Pillar 2, these interventions will support community recovery, reduce risk exposure, and strengthen resilience to future shocks.</p> <p><u>Early Recovery and Community Stabilisation</u></p> <ul style="list-style-type: none"> <li>• Rollout eVCAs in selected communities (those at risk of multiple hazards) to understand the vulnerabilities and build on community capacities when designing recovery and stabilisation activities.</li> <li>• Support community-based, multi-sectoral recovery initiatives based on eVCAs to stabilise living conditions and restore essential services across shelter, WASH, health, and livelihoods, where feasible, while strengthening community capacities through community-based approaches and existing IRCS structures.</li> </ul> <p><u>Risk Reduction and Environmental Safety</u></p> <ul style="list-style-type: none"> <li>• Promote environmental risk awareness in areas affected by infrastructure damage and hazardous materials, including the safe handling of debris, hazardous substances, and contaminated sites.</li> <li>• Support community-based risk reduction measures to help households and communities reduce their exposure to</li> </ul>		

	<p>environmental and infrastructure-related hazards and better prepare for future shocks.</p> <ul style="list-style-type: none"> <li>• Conduct community-based disaster risk awareness sessions.</li> </ul> <p><u>Climate Adaptation</u></p> <ul style="list-style-type: none"> <li>• Through the IRCS Youth Organisation, conduct public awareness sessions on climate change adaptation and related risks.</li> <li>• Pilot tree-planting initiatives with the IRCS Youth Organisation.</li> </ul>
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 <p><b>Education</b></p>	<p>Female &gt; 18: <b>240,000</b></p>	<p>Female &lt; 18: <b>250,000</b></p>	<p><b>CHF 533,000</b></p>
	<p>Male &gt; 18: <b>260,000</b></p>	<p>Male &lt; 18: <b>250,000</b></p>	<p><b>Total target: 1 million</b></p>
<p><b>Objective:</b></p>	<p>Ensure and support safe, continued, and equitable access to education for affected populations, especially children and young people, and vulnerable and marginalised groups, through the IRCS's vast network of schools.</p>		
<p><b>Priority Actions:</b></p>	<p><b>Pillar 2 – Community Action</b></p> <ul style="list-style-type: none"> <li>• Set up temporary safe spaces for learning, psychosocial support, and protection purposes.</li> <li>• Provide assistance for education (e.g. educational or recreational kits, supplies, and equipment, including distance learning materials, assistive devices, didactic resources, transportation services, etc).</li> <li>• Provide MHPSS sessions in schools.</li> </ul>		

## Enabling approaches

 <b>National Society Strengthening</b>	Female > 18: <b>3,120</b>	Female < 18: <b>3,250</b>	<b>CHF 23,263,000</b>
	Male > 18: <b>3,380</b>	Male < 18: <b>3,250</b>	<b>Total target: 13,000</b>
<b>Objective:</b>	<ol style="list-style-type: none"> <li>1. The IRCS is supported in effectively responding to the crisis and the evolving humanitarian situation, with its auxiliary role clearly defined and recognised.</li> <li>2. Rehabilitation and repair or maintenance of IRCS branches, field offices, and warehouses damaged by airstrikes.</li> </ol>		
<b>Priority Actions:</b>	<p><b>Leadership, Coordination, and Auxiliary Role</b></p> <ul style="list-style-type: none"> <li>• 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>• Support coordination mechanisms, including Movement coordination meetings at headquarters and emergency coordination meetings for staff and volunteers at the branch level.</li> </ul> <p><b>Preparedness and Institutional Strengthening</b></p> <ul style="list-style-type: none"> <li>• Provide technical support and resources for the implementation of the Preparedness for Effective Response (PER) Plan of Action.</li> <li>• Update IRCS Emergency Response Procedures, the Emergency Operations Centre (EOC), and contingency plans.</li> <li>• Enhance branch capacities to effectively deliver the response activities.</li> </ul> <p><b>Capacity Strengthening and Preparedness</b></p> <ol style="list-style-type: none"> <li>a. Implement PER-related activities in line with the IRCS Plan of Action, including training at headquarters and branch levels.</li> <li>b. Provide search and rescue equipment to Relief and Rescue (RARO) response teams.</li> <li>c. Provide technical support and guidance on IFRC tools and systems for this and future operations.</li> </ol> <p><b>Operational Capacity and Response Readiness</b></p> <ol 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> <li>d. Invest in CVA preparedness and capacity building within the IRCS, and develop CVA SOPs.</li> </ol>		

### Planning, Monitoring, Evaluation, and Learning (PMER)

- Strengthen PMER capacities within the IRCS to support effective planning, monitoring, and reporting.
- Support monitoring and evaluation activities, including PDM.
- Conduct lessons learned workshops to inform and guide continuous improvement of the response.

### Communication, Information Management, and IT Systems

- Support the development and implementation of the National Society's communications strategy, including visibility at headquarters and field levels.
- Facilitate information sharing and contribute to regional situational analysis in coordination with the IFRC Country Delegation and MENA Regional Office.
- Ensure alignment of key information products and operational updates with the IFRC's standards and platforms.
- 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

- 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

- Support the maintenance and rehabilitation of IRCS facilities affected by the crisis.



## Coordination and Partnerships

Female > 18:

Female < 18:

**CHF  
336,000**


Male > 18:

Male < 18:

### Objective:

1. 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.
2. 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 National Society is well-positioned to lead and coordinate operations at the national and sub-national levels.
3. 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.

<p><b>Priority Actions:</b></p>	<p><b>Membership Coordination</b></p> <ul style="list-style-type: none"> <li>• Convene regular membership coordination at the regional level, led by the IFRC's MENA Regional Office to align multilateral and bilateral support under the IRCS-led plan, including contributions towards the Mobilisation Table.</li> <li>• Strengthen regional operational membership coordination and information sharing, and ensure close links with the IFRC Europe Regional Office and IFRC Asia-Pacific Regional Office as well as IFRC Geneva for streamlined and continuous information sharing with the IFRC membership.</li> </ul> <p><b>Engagement with external partners</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Engage with UN and INGO coordination platforms (e.g. Humanitarian Country Team and relevant technical working groups) to maintain complementarity, address operational bottlenecks, such as import and financial channels, and support humanitarian access.</li> <li>• Adapt coordination modalities as the situation evolves to enable timely decision-making and an effective response.</li> </ul> <p><b>Movement Cooperation</b></p> <ul style="list-style-type: none"> <li>• Maintain a joint IRCS–IFRC–ICRC platform for strategic, operational, and technical coordination.</li> <li>• Clarify and maintain complementary roles across Movement partners, with the IRCS leading operations, the IFRC coordinating the membership, and the ICRC focusing on its mandate areas.</li> <li>• Support a pragmatic and flexible approach to collaboration among Movement partners, centred on enabling and strengthening the IRCS response to meet humanitarian needs, maximise collective impact, and strengthen transparency and trust.</li> <li>• 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.</li> </ul>
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 <p><b>IFRC Secretariat Services</b></p>	Female > 18:	Female < 18:	<p><b>CHF</b> <b>1,645,000</b></p>
	Male > 18:	Male < 18:	
<p><b>Objective:</b></p>	<p>Refer to <a href="#">technical guidance</a></p>		

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:**

**Security Management**

- Implement Movement-wide coordinated security management in close collaboration with the IRCS and ICRC, including regular updates to area-specific risk assessments in a high-volatility, multi-province operating environment.
- Formalise a security agreement between the IFRC and ICRC to strengthen joint preparedness, coordination, and response capacities.
- Continuously monitor the security situation, including risks related to airstrikes, explosive remnants of war (ERW), criminality, and evolving armed-conflict dynamics, and provide regular security updates to the delegation and the Regional Office (RO).
- Update and apply IFRC Minimum Security Requirements (MSR) for all personnel, including contingency planning, movement control measures, and adaptive approaches to operational constraints such as telecommunications disruptions and access limitations.
- Ensure that all personnel complete the mandatory IFRC security training and comply with established security policies and MSR.
- Maintain active coordination with humanitarian partners, relevant authorities, and IRCS branches to support effective information sharing and collective safety measures. Identify a Security Focal Point (SFP) for the delegation and strengthen their capacities.
- Deploy surge security capacity, as required, to reinforce risk management, security oversight, and operational support, and procure the necessary equipment (e.g. telecommunications and hibernation supplies) to enhance delegation preparedness.

**Compliance and Risk Management**

- Maintain and update a country risk register in line with the IFRC Risk Management Framework, including operational, fiduciary, compliance, and reputational risks.
- Conduct compliance monitoring and spot checks to identify gaps and trigger corrective actions.
- Ensure adherence to safeguarding and PSEA standards, including risk assessments, reporting pathways, and monitoring of compliance.
- Regularly review risk thresholds and adjust approaches in line with evolving conflict dynamics.

**Communication and Humanitarian Diplomacy**

- Position the IRCS as the leading national humanitarian actor through coordinated communication, visibility, and digital outreach.

- Amplify local voices and community-based evidence to inform communication, advocacy, humanitarian diplomacy, and resource mobilisation efforts.
- Support external, public advocacy and communication as well as humanitarian diplomacy to reinforce principled humanitarian action in support of the IRCS's work.
- Address any misinformation and maintain clear, consistent messaging in a highly politicised environment.
- Engage proactively with donors and international partners to mobilise support for the response.
- Support communications and visibility aligned with the priorities outlined in the Operational Strategy and those of the IRCS and broader Movement partners.
- Continue updating the key messages of the IRCS response, amplifying the work of the National Society's staff and volunteers.
- Deploy surge communication and Humanitarian Diplomacy capacity to strengthen advocacy at the regional and global levels.

#### **Planning, Monitoring, Evaluation, and Learning (PMER)**

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

#### **Resource Mobilisation**

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

#### **Supply Chain and Logistics**

- Support the IRCS in international procurement and supply chain operations, including navigating sanctions and export controls .
- Develop and post a mobilisation table for in-kind contributions.
- Facilitate compliant procurement processes and coordinate cross-border transportation.

- Strengthen national logistics capacities, including warehousing, fleet management, and local sourcing.
- Coordinate with Movement partners to identify and implement appropriate supply chain strategies and routes.
- Deploy surge supply chain and procurement personnel to strengthen operational capacity.

#### **Information Management**

- Deploy a surge Information Management (IM) Coordinator to support the Iran emergency operation.
- 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.
- Coordinate the IM functions between the IFRC Country Delegation and the MENA Regional Office.
- Produce key analytical products, including situational updates, humanitarian impact analysis, and mapping outputs, to monitor the evolving situation and its regional implications.
- Maintain IFRC platforms, including the GO emergency page, to promote visibility of the operation among IFRC membership and partners.
- 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.
- Apply the triangulation of available data sources in light of limited primary data, ensuring that analysis is informed by multiple inputs, including Movement partners, humanitarian actors, the media, and open sources.
- Align all information management activities with IFRC data responsibility standards and support the tracking of key developments and operational context.

#### **Human Resources and Operational Support**

- 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.
- Support volunteer and workforce mobilisation across sectors.
- Provide essential operational support, including IT equipment, digital tools, and delegation running costs.
- Support the strengthening of IT and digital systems to maintain business continuity and operational resilience.

#### **Environmental Sustainability**

- Conduct compliance and due diligence checks on suppliers' code of conduct and general terms and conditions, with particular attention to environmental standards.
- Undertake needs-based planning, sourcing, and mobilisation, including prioritising local production with environmental and ethical standards, where possible.
- Carry out environmental screenings 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.

- Raise awareness within the IRCS of Green Response principles and the practical actions that can be taken.

#### Migration and Displacement

- 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.
- 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.

#### Integrated Assistance support

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

## 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
• Access and security volatility across affected provinces	High	High	• Localised delivery via branches/Hehal Houses; route risk assessments; no-go thresholds; security protocols; alternative delivery windows.
• Mass internal displacement/population movement	High	High	• 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.
<ul style="list-style-type: none"> <li>Health system overload/disruption of health services</li> </ul>	High	High	<ul style="list-style-type: none"> <li>Support the continuous monitoring of health service functionality and priority gaps; prioritise timely procurement and the 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>
<ul style="list-style-type: none"> <li>Sanctions-linked financial transfers/import constraints</li> </ul>	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>
<ul style="list-style-type: none"> <li>Telecom outages impeding coordination</li> </ul>	High	High	<ul style="list-style-type: none"> <li>VSAT services, alternative telecom tools; power redundancy.</li> </ul>
<ul style="list-style-type: none"> <li>Supply chain delays and market volatility</li> </ul>	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>
<ul style="list-style-type: none"> <li>Duty of care (stress, exposure, movement)</li> </ul>	Medium	High	<ul style="list-style-type: none"> <li>Security briefings; PSS for responders; PPE including for air quality and CBRN contexts.</li> </ul>
<ul style="list-style-type: none"> <li>Reputational/communications and misinformation risks</li> </ul>	Medium	Medium	<ul style="list-style-type: none"> <li>Proactive communications; harmonised messaging; transparent data; coordination of Movement efforts to systematically gather, analyse, and share information, enabling joint messaging and aligned action to proactively address misinformation.</li> </ul>
<ul style="list-style-type: none"> <li>Environmental/CBRN exposure (toxic smoke, acid rain)</li> </ul>	Medium	High	<ul style="list-style-type: none"> <li>RCCE with actionable guidance; PPE; coordination with environmental and health authorities.</li> </ul>
<ul style="list-style-type: none"> <li>Sexual exploitation, abuse, or safeguarding incidents linked to humanitarian assistance</li> </ul>	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>

• Cyberattack, data leakage	Medium	High	• Data leakage and protection, data backup and encryption measures.
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## Quality and accountability

A key area in Quality and Accountability will be to note what safeguarding measures are in place and what actions will be taken to meet requirements for Protection from Sexual Exploitation and Abuse (PSEA) and around Child Safeguarding. Actions can include completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; and ensuring community feedback mechanisms and child friendly information and participation.

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 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 made aware of 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 referrals to specialised services, where available.

Sector/Area	Response Indicators <sup>1</sup>	Target
Shelter, Housing, and Settlements	Number of households receiving emergency shelter assistance	56,000
	Number of households receiving essential household items	56,000
	Number of households receiving rental assistance	46,000

<sup>1</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.

	Number of households supported with cash for house repairs	5,000
	Number of volunteers trained on PASSA	2,000
	Number of households supported with safer and durable shelter solutions	5,000
<b>Food Security and Livelihoods</b>	Number of people receiving food assistance	100,000
	Number of households receiving support to IGA	5,000
<b>Multi-purpose Cash</b>	Number of households receiving MPC assistance	25,000
<b>Health and Care</b>	Number of people receiving PSS counselling (hotline)	8 million
	Number of people receiving psychosocial support services (outreach)	500,000
	Number of people reached with community health and public health in emergencies activities	50,500
	Number of people provided with emergency medical services (EMS)	20,000
	Number of people supported with physical rehabilitation services	20,000
	Number of IRCS Volunteers and Staff supported with PSS sessions	500
	Number of IRCS health facilities and response units supported to deliver health services	30
<b>WASH</b>	Number of people reached with safe water provision	500,000
	Number of water treatment and storage containers distributed	56,000
	Number of Sanitation Facilities installed	1,000
	Number of households receiving jerry cans (1 can per household)	56,000
	Number of households receiving dignity kits (2 kits per household)	56,000
	Number of households receiving hygiene kits (1 kit per household)	56,000
	Number of people reached through hygiene awareness campaigns	2 million
<b>Protection, Gender, and Inclusion</b>	Number of staff and volunteers receiving PGI training sessions (covering PSEA, child safeguarding, safe complaint handling, etc.)	20,000
	Number of established child-friendly spaces	100
	Number of established women safe places	100
	Number of RFL missions conducted	<i>TBD</i>
	Number of families re-unified	<i>TBD</i>
	Percent of feedback integrated into programme design	50%

<b>Community, Engagement and Accountability</b>	Number of feedback calls received through IRCS hotline	<i>TBD</i>
<b>Risk Reduction, Climate Adaptation and Recovery</b>	Number of people reached with risk reduction, climate adaptation, and recovery awareness activities	400,000
	Number of eVCAs conducted with communities	120
	Number of contingency plans developed with communities	120
	Number of community-based sessions conducted on debris management and risk awareness	120
	Number of trees planted with YRCS Youth Organisation	5M
<b>Education</b>	Number of safe spaces created for learning and psychosocial support	30
	Number of education kits provided to students	1,000
	Number of inclusive devices provided to students	1,000
<b>National Society Strengthening</b>	Number of IRCS staff and volunteers supported through capacity strengthening initiatives	20,000
	Number of IRCS branches supported to deliver response activities	31
	Percentage of targeted preparedness and institutional strengthening actions implemented	100%
<b>Coordination and Partnerships</b>	Movement coordination meetings organised, and updates provided to Movement partners	12
<b>IFRC Secretariat Services</b>	Number of surge missions or deployments	10
	Number of key information products produced to support decision-making	12

## FUNDING REQUIREMENT

IFRC Secretariat Funding Requirement

**CHF 120 million**

### 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>94,759,000</b>
Shelter and Basic Household Items	45,873,000
Livelihoods	12,535,000
Multi-purpose Cash	8,025,000
Health	13,806,000
Water, Sanitation & Hygiene	4,957,000
Protection, Gender and Inclusion	493,000
Education	533,000
Migration	0
Risk Reduction, Climate Adaptation and Recovery	8,460,000
Community Engagement and Accountability	77,000
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>25,244,000</b>
Coordination and Partnerships	336,000
Secretariat Services	1,645,000
National Society Strengthening	23,263,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>120,003,000</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:

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### 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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