OPERATION UPDATE

Iran | Complex Emergency

Emergency appeal №: MDRIR018 **Emergency appeal launched:** 06/03/2026 **Operational Strategy published:** DD/MM/YYYY	**Glide №:** **CE-26-000026-IRN**
Operation update #1 **Date of issue:** 05/08/2026	**Timeframe covered by this update:** From 06/03/2026 to 31/05/2026
Operation timeframe: 22 months (28/02/2026 – 31/12/2027)	**Number of people being assisted:** 10,000,000 people targeted; more than 7,000,000 people reached to date with life-saving services through IRCS response activities
Funding requirements (CHF): CHF 120 million through the IFRC Emergency Appeal	**DREF amount initially allocated:** CHF 2 million

To date, this Emergency Appeal, which seeks CHF 120 million, is approximately 5 per cent funded. Additional flexible funding and coordinated in-kind contributions are urgently required to enable the Iranian Red Crescent Society, with the support of the IFRC Network, to sustain life-saving assistance, maintain operational readiness, restore critical response capacities, and progressively expand community-based recovery and preparedness activities for the most vulnerable people affected by the complex emergency in Iran.

Iranian Red Crescent Society search and rescue teams respond in the aftermath of the 2026 regional escalation, conducting life-saving operations to rescue people trapped beneath collapsed structures.

A. SITUATION ANALYSIS

Description of the crisis

Since the escalation of hostilities on 28 February 2026, the Islamic Republic of Iran has experienced a nationwide complex emergency with severe humanitarian, social and economic consequences. What began as an acute conflict emergency rapidly expanded across the country, with incidents reported across 30 of 31 provinces and 275 counties, and with 262 districts affected. Following 40 consecutive days of strikes, a ceasefire reduced the immediate intensity of hostilities; however, the situation remains fragile and humanitarian needs continue to deepen.

The direct impact of the crisis has been severe. By the end of May 2026, approximately 60 million people were considered affected, of whom 10 million are among the most vulnerable and targeted through the Emergency Appeal. Reported casualties include more than 3,465 deaths, including approximately 1,460 civilians, and more than 34,000 people injured. Around 3.2 million people are estimated to have been internally displaced, placing additional pressure on host communities, urban infrastructure, public services and local economies.

The crisis has also caused widespread damage to civilian and humanitarian infrastructure. More than 149,000 civilian units have been damaged, including over 123,000 residential units, more than 24,000 commercial or business units,

over 350 health facilities, 993 schools and 32 universities or research institutions. IRCS assets were also directly affected, including Red Crescent centres, logistics assets, ambulances and helicopters. Damage to homes, health facilities, schools, water and electricity systems, and humanitarian infrastructure has disrupted access to essential services and increased exposure to health, protection and socioeconomic risks.

While active hostilities have decreased under the ceasefire, the crisis is increasingly defined by indirect socioeconomic impacts. Inflation, food price increases, currency depreciation, disruption of trade and supply chains, unemployment, reduced household purchasing power, and constrained access to medicines and medical equipment are eroding coping capacities. These pressures are particularly severe for displaced people, low-income households, informal workers, women-headed households, migrants and refugees, older people, youth, persons with disabilities and people living with chronic illness.

The operational environment remains highly constrained. Sanctions-related restrictions, financial and banking limitations, procurement delays, shipping constraints, supplier hesitancy, damaged infrastructure, communications disruptions and the fragile security situation continue to affect the timely delivery of assistance. At the same time, the risk of renewed escalation remains present, requiring IRCS and IFRC to maintain full emergency response readiness while progressively expanding recovery-oriented and community-based interventions where conditions allow.

Summary of response

Overview of the host National Society and ongoing response

The Iranian Red Crescent Society is the principal humanitarian actor in Iran and serves as auxiliary to the public authorities in the humanitarian field. With a nationwide presence, including 579 branches, 7,897 local units, 650 relief and rescue bases, 7,600 Red Crescent Houses, more than 7,400 staff and more than 5.5 million volunteers, the IRCS has the scale, access and community acceptance required to respond rapidly and at national level.

Following the escalation of hostilities, the IRCS activated its emergency response structures and placed its relief and rescue system on high alert. The National Society mobilized nearly 8,000 relief and rescue teams and more than 28,000 staff and volunteers across affected provinces. IRCS response operations included search and rescue, evacuation and referral of injured people, emergency medical care, first aid, ambulance services, relief distributions, hotline services, psychological first aid, psychosocial support, rehabilitation services, public communication and community-based assistance.

During the reporting period, IRCS conducted 6,003 search and rescue missions and rescued more than 7,300 people, with more than 7,100 people transferred to medical centres. Emergency medical and mobile units provided on-site treatment to more than 10,000 people. IRCS also maintained extensive psychosocial support services: the national hotline managed more than 7.25 million calls, with approximately 199,000 referrals to psychosocial counselling, while SAHAR psychosocial support teams reached approximately 242,000 people directly through outreach.

The IRCS also continued to provide health and rehabilitation services through its national health infrastructure, including health centres, rehabilitation centres, pharmacies and medical production capacities. Reported services included more than 340,000 prescriptions dispensed, 39,770 physiotherapy sessions, orthotics and prosthetics support, occupational therapy and other rehabilitation services. These capacities are particularly important in the current context, where sanctions, supply chain disruption, inflation and reduced household purchasing power are limiting access to healthcare, medicines, medical supplies and assistive devices.

With the ceasefire in place but the situation still fragile, IRCS and IFRC are maintaining readiness to reactivate full emergency response capacities if hostilities resume, while progressively shifting towards community action, recovery, health care access, livelihoods, WASH, protection, risk reduction and National Society strengthening. The response is structured around the revised “3+2” framework: three operational pillars — Relief and Emergency Response,

Community Action, and Health Care — supported by two enablers: Advocacy and Humanitarian Diplomacy; and Readiness, Recovery and Institutional Strengthening.

Needs analysis

Humanitarian needs remain significant and continue to evolve. The immediate consequences of the conflict - casualties, displacement, damage to homes and infrastructure, loss of assets, and service disruption - are now compounded by worsening socioeconomic vulnerability. Affected households are facing inflation, rising food and fuel costs, loss of livelihoods, reduced income, debt, market disruption and declining access to essential goods and services.

Health needs remain a priority. Damaged health facilities, high trauma caseloads, shortages of medicines and medical equipment, rising treatment costs and reduced household purchasing power are limiting access to care. People requiring chronic, specialized or long-term care, including people with disabilities, people with cancer, kidney failure, chronic diseases and rehabilitation needs, are particularly exposed. Continued support is required for emergency medical services, first aid, mobile medical care, referral systems, rehabilitation, medicines, assistive devices and support to IRCS health facilities.

Mental health and psychosocial needs are widespread. Children, displaced families, bereaved households, economically vulnerable people, frontline responders and communities exposed to insecurity and uncertainty require psychological first aid, counselling, community-based psychosocial support, safe spaces and referral to specialized services. Continued investment in IRCS hotline services, SAHAR teams, community-level MHPSS, support to staff and volunteers, and school-based psychosocial activities remains essential.

Shelter, household items, livelihoods, food security and WASH needs remain acute. Damage to homes and commercial assets has left many families without adequate housing or income sources, while displacement and rising rental costs increase the risk of overcrowding, informal settlement and premature or unsafe returns. Vulnerable households require shelter recovery - essential household items, rental support, housing repair assistance – as well as food assistance, livelihood recovery and, where feasible, multipurpose cash. Damage to water systems, sanitation infrastructure and public services also requires emergency and recovery WASH interventions, including safe water provision, hygiene items, dignity kits, sanitation facilities and hygiene promotion.

Protection, gender and inclusion risks remain heightened. Displacement, economic hardship, service disruption and weakened household coping capacities increase risks of family separation, gender-based violence, exploitation, abuse, discrimination, exclusion, child protection concerns and reduced access to assistance. Particular attention is required for women and girls, children, older people, persons with disabilities, migrants and refugees, displaced people, low-income households and people living with chronic illness.

Operational risk assessment

The main operational risks remain valid and continue to require active mitigation. The ceasefire has reduced the immediate intensity of hostilities but has not eliminated the risk of renewed escalation. IRCS and IFRC therefore need to maintain readiness for rapid reactivation of search and rescue, emergency medical services, first aid, psychological first aid, relief distributions and operational coordination.

Operational delivery continues to be affected by sanctions-related restrictions, financial transfer constraints, procurement and shipping delays, supplier hesitancy, currency depreciation, inflation and rising logistics costs. These constraints increase the cost and complexity of procurement, limit operational flexibility, and slow the replenishment of essential relief, medical, search and rescue and rehabilitation items.

Access, communications and information management risks also remain significant. Damage to infrastructure, movement restrictions, communications disruption and internet outages can delay assessments, reporting, coordination and operational decision-making. To mitigate these constraints, the operation will continue to rely on localized IRCS structures, alternative communication channels, offline-capable data collection, decentralized data consolidation and support from the IFRC MENA Regional Office.

The emergency context also increases safeguarding and protection risks, child safeguarding concerns, unequal access to services and risks linked to rapid scale-up and volunteer-led delivery in insecure environments. Strengthened safeguarding systems, safe reporting channels, PGI mainstreaming, staff and volunteer orientation, and community feedback mechanisms will remain central to risk mitigation.

B. OPERATIONAL STRATEGY

Update on the strategy

The revised Operational Strategy for MDRIR018 was published in May 2026 and reflects the significant scale-up of the operation. The funding requirement increased from CHF 40 million to CHF 120 million, the target population increased from 5 million to 10 million people, and the operational timeframe was extended until 31 December 2027. These changes reflect the expansion of the crisis into a nationwide complex emergency, the scale of displacement and infrastructure damage, the deterioration of socioeconomic conditions, and the need to combine life-saving assistance with community recovery and institutional strengthening.

The response remains guided by the "3+2" framework agreed between IRCS and IFRC. Pillar 1, Relief and Emergency Response, focuses on search and rescue, emergency medical care, first aid, psychological first aid, emergency relief, emergency WASH and readiness for renewed escalation. Pillar 2, Community Action, leverages the IRCS network of Red Crescent Houses, schools, volunteers and branches to deliver localized support in food assistance, livelihoods, multipurpose cash, WASH, education, risk reduction, climate adaptation and recovery. Pillar 3, Health Care, focuses on access to essential and specialized health services, rehabilitation, continuity of care, medicines and support to IRCS health facilities.

The two enabling components remain essential to implementation. Advocacy and Humanitarian Diplomacy focuses on maintaining a principled humanitarian space, facilitating access, addressing financial and logistics constraints, supporting sanctions navigation and mobilizing international solidarity. Readiness, Recovery and Institutional Strengthening focuses on maintaining IRCS operational capacity, strengthening search and rescue, ambulance, fleet, logistics, warehouse, emergency operations, branch, volunteer and preparedness systems.

During the reporting period, the operation could not fully transition from emergency response to recovery due to the fragility of the ceasefire, the risk of renewed escalation and the limited funding visibility. The strategic direction therefore remains adaptive: maintaining Pillar 1 readiness while progressively expanding Pillars 2 and 3 where conditions and resources allow. Immediate priorities are sustaining emergency medical, MHPSS and rehabilitation services; replenishing and replacing critical IRCS response assets; scaling community-based assistance through Red Crescent Houses; strengthening livelihoods, shelter, WASH and cash readiness; maintaining Movement coordination; and accelerating resource mobilization for the underfunded Emergency Appeal.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	**Shelter, Housing and Settlements**	Female > 18: **53,760**	Female < 18: 56,000
		Male > 18: **58,240**	Male < 18: 56,000

Objective:	*Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of households receiving emergency shelter assistance	0	*56,000*
	Number of households receiving essential household items	0	*56,000*
	Number of households receiving rental assistance	0	*46,000*
	Number of households supported with cash for house repairs	0	*5,000*
	Number of volunteers trained on PASSA	0	*2,000*
	Number of households supported with safer and durable shelter solutions	0	*5,000*

Needs

Shelter needs remained significant due to the scale of residential damage, displacement and pressure on host families. Damage assessments indicate more than 123,000 residential units and more than 24,000 commercial units were damaged, while approximately 3.2 million people were displaced. Many families initially sought refuge with relatives, host communities or temporary arrangements, including in peri-urban and rural areas. As returns begin, households are expected to face additional financial pressure linked to rent, repairs, replacement of basic household items and re-establishing safe living conditions.

Achievements and progress

IRCS relief teams were present in affected areas and maintained immediate readiness to support emergency shelter. Where municipalities prepared locations for the settlement of war-displaced people, IRCS remained available to support emergency shelter set-up and relief. The National Society also strengthened relief warehouses across the country through the timely purchase of emergency living and food items, excluding existing warehouse stocks, including 600,000 household relief tents, 100,000 metal-frame travel tents, 1,000,000 moquette/carpet pieces, 1,000,000 blankets. These preparedness stocks strengthen the response capacity for potential renewed displacement or requests from public authorities.

Challenges
Although preparedness capacity was in place, no formal request was made to IRCS during the reporting period for large-scale distribution of essential household items. Household-level shelter and displacement statistics are held primarily by the Government's Housing Foundation and municipalities, requiring further coordination before final beneficiary figures can be reported against appeal indicators. Implementation of rental assistance, cash-for-repair and durable shelter support also remains constrained by limited appeal funding, cash feasibility considerations, market volatility, sanctions-related banking restrictions and the fragile security environment.

Next steps
IRCS and IFRC will continue coordinating with the Housing Foundation, municipalities and relevant authorities to validate shelter caseloads, clarify priority locations and confirm beneficiary selection criteria. Subject to funding and feasibility, the next phase will support targeted emergency shelter, household items, rental assistance and cash-for-repair options, complemented by market and shelter assessments, PASSA training for staff and volunteers, post-distribution monitoring and continued replenishment of relief stocks.

Livelihoods

Female > 18: **24,000**	Female < 18: 25,000
Male > 18: 26,000	Male < 18: 25,000

Objective:	*Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people receiving food assistance	1,200,000	*100,000*
	Number of households receiving support to IGA	0	*5,000*

Needs
The livelihoods situation deteriorated as conflict impacts combined with inflation, supply chain disruption, unemployment, market volatility and reduced household purchasing power. Damage to commercial infrastructure and interruption of economic activity affected small businesses, informal workers, traders, transport workers and low-income households. Many families face reduced income, rising food and fuel costs, debt, depleted savings and increasing reliance on negative coping mechanisms.

Achievements and progress
IRCS continued providing food and basic relief assistance to affected people through its branches, volunteers and community structures, distributing 1,2 million food packages to 300,000 households (although this was not funded through the IFRC supported emergency appeal). The revised strategy foresees the use of up to 500 selected Helal Houses to provide food or meals to vulnerable people over a three-month period, while also using these community platforms for outreach, referral and identification of households requiring additional support. IRCS also strengthened its preparedness capacity through the procurement and pre-positioning of additional 1,200,000 food packages.

Challenges
Implementation of livelihoods recovery and income-generating activities has not yet started under the appeal due to the limited funding available and the need for rapid MSME and livelihoods assessments. Broader economic deterioration, high inflation, damaged commercial assets, sanctions-related financial constraints and uncertainty over market functionality complicate the design of grant values and feasible recovery options.

Next steps
IRCS and IFRC will identify priority Helal Houses and target groups and prepare livelihoods assessments to identify disrupted income sources and feasible recovery sectors. Subject to funding, the response will provide small grants and technical support to up to 5,000 families to restart or recover income-generating activities, with clear targeting criteria, market monitoring, protection safeguards and links to rehabilitation and community recovery support.

Multi-purpose Cash

Female > 18: 30,000	Female < 18: 31,250	
Male > 18: 32,500	Male < 18: 31,250	

Objective:	*Households are provided with unconditional/multipurpose cash grants to address their basic needs*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of households receiving MPC assistance	0	*25,000*

Needs
Multipurpose cash assistance remains a strategic priority under Pillar 2 as affected households face rising costs, reduced income, disrupted livelihoods and declining purchasing power. Cash may also support other planned assistance streams, including rental assistance, housing repair support and livelihood recovery, where markets and financial channels are functional and risks can be managed.

Achievements and progress
No MPC transfers were done under the IFRC Appeal during the reporting period due to lack of confirmed funding and the need to clarify feasibility in a sanctions-affected banking environment. The revised strategy nevertheless establishes MPC as a modality for up to 25,000 households over three months and positions CVA as a multipurpose delivery option for basic needs assistance where appropriate, while sector specific cash grants may be provided for shelter and livelihoods (as described in the respective sections).

Challenges
Cash programming faces significant constraints, including sanctions-related banking restrictions, financial transfer limitations, inflation, currency volatility, uncertain market functionality, data protection requirements and the need to coordinate transfer values and targeting with relevant cash actors. These factors require phased implementation and strong risk mitigation before cash can be scaled.

Next steps
IRCS and IFRC will initiate light preparedness immediately using existing capacity, including desk review, coordination with relevant cash actors, preliminary risk analysis and alignment of cash-based shelter, livelihoods and MPC options. More detailed cash feasibility assessments, market functionality analysis, financial service provider mapping, minimum expenditure basket calculation and transfer-value setting will begin once minimum funding is confirmed and priority geographic areas are selected. A feedback and complaint mechanism will be integrated before distributions start.

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: 1,956,000	Female < 18: 2,037,500
		Male > 18: 2,119,000	Male < 18: 2,037,500

Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people receiving PSS counselling (hotline)	7,256,000	*8 million*
	Number of people receiving psychosocial support services (outreach)	242,000	*500,000*
	Number of people reached with community health and public health in emergencies activities	12,200,000[1]	*50,500*
	Number of people provided with emergency medical services (EMS)	10,382	*20,000*
	Number of people supported with physical rehabilitation services	11,181	*20,000*
	Number of IRCS Volunteers and Staff supported with PSS sessions	2,187	*500*
	Number of IRCS health facilities and response units supported to deliver health services	88	*30*

Needs

Health remained one of the most critical areas of intervention. The crisis generated high trauma caseloads, disrupted access to healthcare, damaged health infrastructure and increased demand for emergency medical, rehabilitation and psychosocial support services. The health system continued to face shortages and rising costs of medicines and medical equipment, reduced household purchasing power and supply chain disruptions. People requiring chronic or specialized treatment, including dialysis, cancer care, rehabilitation, prosthetics and long-term medication, remain particularly vulnerable.

Achievements and progress

IRCS emergency medical services were activated across affected areas. By the end of the reporting period, IRCS had provided on-site emergency treatment to 10,382 people through mobile medical units and emergency medical services. In addition, 252 emergency treatment teams were organized and 88 were deployed, reaching 1,232 beneficiaries. Search and rescue teams rescued 7,315 people, with 7,144 transferred to medical facilities. IRCS also established 109 rest areas for rescuers and operational personnel, each supported by a physician and psychologist, reaching 2,187 people and referring 99 to treatment centres.

[1] At least 12.2M health awareness/education contacts (not deduplicated): 8M virtual audience, 3M face-to-face, 1.2M certified; plus 120,000 staff/operational personnel trained.

MHPSS, public health and rehabilitation.
MHPSS remained one of the largest response areas. The IRCS national hotline handled more than 7.25 million calls during the active conflict period, while the 4030-counselling system reported 163,709 answered counselling calls and 841,131 minutes of counselling time by 14 April, supported by 2,049 counsellors. SAHAR teams reached approximately 242,000 people directly through psychosocial outreach. Community health and public health awareness also scaled significantly through approximately 8 million virtual audience members, 3 million people reached through face-to-face education in squares, mosques and busy routes, 1.2 million members of the public completing virtual education leading to certification, daily national media education, 15,000 instructors, smart bots and response systems, and more than 3,000 written, visual and audio educational contents. Rehabilitation services continued nationally, with 11,181 clients and 45,461 sessions reported across orthotics and prosthetics, physiotherapy, occupational therapy, speech therapy, audiology and vision services.

Challenges
Health delivery was constrained by damaged facilities, shortages of imported medical supplies, rising costs, sanctions-related procurement and banking restrictions, access and communications disruptions, and the need to protect and support staff and volunteers working under high stress. The Comprehensive Rehabilitation Centre building was destroyed on the second day of the war, causing a two-week interruption before reconstruction and resumption of activities. Data also requires further deduplication across hotline calls, counselling referrals, service users and rehabilitation sessions before final reporting against Appeal indicators.

Next steps
IRCS and IFRC will continue prioritizing emergency medical readiness, MHPSS, rehabilitation, support to chronic and specialized care, and replacement of damaged response assets. IFRC procurement and pipeline support will continue for advanced trauma kits, splint sets, evacuation chairs, helmets with headlamps, AEDs, search and rescue equipment, medical items and rehabilitation-related supplies. The next phase will also strengthen staff and volunteer care, consolidate health indicator data, expand community health messaging and support IRCS health facilities and response units where funding allows.

Water, Sanitation and Hygiene

Female > 18: 480,000	Female < 18: 500,000
Male > 18: 520,000	Male < 18: 500,000

Objective:	*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people reached with safe water provision	0	*500,000*
	Number of water treatment and storage containers distributed	0	*56,000*
	Number of Sanitation Facilities installed	0	*1,000*
	Number of households receiving jerry cans (1 can per household)	0	*56,000*
	Number of households receiving dignity kits (2 kits per household)	0	*56,000*

	Number of households receiving hygiene kits (1 kit per household)	0	*56,000*
	Number of people reached through hygiene awareness campaigns	ND	*2 million*

Needs
WASH needs remained significant due to damage to infrastructure, disruption of services, displacement, overcrowding and pre-existing water scarcity. Damage to water and electricity systems affected service delivery in multiple locations, increasing public health risks and the need for safe water provision, emergency sanitation, hygiene supplies and hygiene promotion. Drought, water scarcity and climate stress further reinforce the need to connect emergency WASH with recovery and resilience measures.

Achievements and progress.
IRCS maintained preparedness to provide water, sanitation and hygiene support and remained available to respond where requested. During the reporting period, however, no formal request was made to IRCS for large-scale WASH distributions or installation of sanitation facilities. The National Society demonstrated strong health and water-awareness capacity through its network of volunteers, specialists, media channels and education teams, including the production and dissemination of announcements, infographics, podcasts, instructional clips and other educational materials relevant to hygiene, safe water use, consumption management and prevention of waterborne disease.

Challenges
The main constraint was the absence of a formal request to activate WASH assistance, combined with the need to validate priority locations with the relevant authorities and to disaggregate WASH-specific reach from broader health and public awareness activities. Implementation remains further affected by underfunding, damaged infrastructure, water scarcity, access limitations, supply chain constraints and the need to align any infrastructure repair with local authorities and technical service providers.

Next steps
IRCS and IFRC will confirm if there are priority locations for WASH support, validate whether water, hygiene or sanitation assistance has been delivered through other national channels, and prepare to activate safe water provision, hygiene kits, dignity kits, jerry cans, water treatment and storage containers, sanitation facilities and hygiene promotion if requested and funded. Hygiene promotion will be integrated with community health, risk communication and Helal House outreach, with particular attention to displaced households, host communities, women and girls, older people, persons with disabilities and communities affected by water scarcity.

Protection, Gender and Inclusion		Female > 18: 480,000	Female < 18: 500,000
		Male > 18: 520,000	Male < 18: 500,000

Objective:	*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of staff and volunteers receiving PGI training sessions (covering PSEA, child safeguarding, safe complaint handling, etc.)	PGI/PSEA preparedness and mainstreaming continued; training count pending.	*20,000*
	Number of established child-friendly spaces	52	*100*
	Number of established women safe places	0	*100*
	Number of RFL missions conducted	76	*TBD*
	Number of families re-unified	55	*TBD*

Needs

Protection risks increased as a result of displacement, family separation risks, damage to housing and services, economic stress, loss of livelihoods and reduced access to assistance. Women and girls, children, older people, persons with disabilities, migrants, refugees, displaced people, people with chronic illnesses and low-income households face heightened risks of exclusion, exploitation, gender-based violence, safeguarding concerns and reduced access to essential services.

Achievements and progress

PGI was mainstreamed across the response through inclusive targeting, community-based outreach, psychosocial support and safe access to services. SAHAR psychosocial support teams were deployed to conflict-affected areas to provide psychological first aid, establish or operate child-friendly spaces, and conduct recreational and psychosocial activities for children affected by the conflict. RFL-related work continued, with 74 messages pending updates, including 30 concerning Iranian nationals, 39 concerning Afghan nationals and five miscellaneous cases, originating from 16 National Societies and four ICRC delegations. Sixteen communication packages were prepared for the most vulnerable individuals, and 55 successful family reunification cases were reported.

Challenges.

Dedicated PGI training, women safe spaces and child-friendly space counts still require consolidation. The response environment continues to create safeguarding risks linked to displacement, unequal access to assistance, communications disruptions and reliance on rapid volunteer-led delivery. Some protection-related data is held across different IRCS services or Movement partners, requiring further coordination with ICRC and relevant departments to avoid under- or over-reporting.

Next steps.

The next phase should strengthen PGI focal points, safeguarding and PSEA orientation, safe referral pathways, sex-age-disability disaggregated data collection, confidential complaints channels and coordination with ICRC on

RFL. Child-friendly spaces and women safe spaces should be prioritized in areas with displacement, overcrowding, trauma and service disruption, subject to confirmed needs, funding and access.

Community Engagement and Accountability

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Percent of feedback integrated into programme design	50%	*50%*
	Number of feedback calls received through IRCS hotline	7,256,000	*TBD*

Needs
Affected communities require timely, trusted and accessible information on available services, eligibility, referral pathways and safe ways to provide feedback or raise concerns. Communications disruptions and movement constraints increased the importance of IRCS hotlines, branches, Red Crescent Houses, volunteers and media channels.

Achievements and progress
CEA remained central to the response through trusted IRCS communication channels, community-based structures and hotlines. The IRCS hotline handled more than 7.25 million calls during the active conflict period, demonstrating the extent to which people relied on IRCS for information, support and referral. IRCS also communicated through branches, volunteers, Red Crescent Houses, official media, digital platforms and community outreach. The integration of feedback into programme design is reported at 50 per cent, while more detailed feedback categorization is still being consolidated.

Challenges
Feedback and complaint data is not yet sufficiently disaggregated from broader hotline, counselling and referral data. Connectivity disruptions, security constraints and the rapid scale of response have limited systematic closing of the feedback loop and documentation of how feedback influenced sector-level decisions.

Next steps
The next phase will strengthen feedback categorization, safe and confidential complaint handling, referral tracking, closing of the feedback loop and systematic use of community insights in shelter, cash, livelihoods, WASH, health and protection planning. CEA systems will also be linked to MPC and cash-for-rent or repair assistance before distributions begin.

Risk Reduction, climate adaptation and Recovery	Female > 18:	Female < 18:
	Male > 18:	Male < 18:

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people reached with risk reduction, climate adaptation, and recovery awareness activities	ND[2]	*400,000*
	Number of eVCAs conducted with communities	0	*120*
	Number of contingency plans developed with communities	0	*120*
	Number of community-based sessions conducted on debris management and risk awareness	0	*120*
	Number of trees planted with YRCS Youth Organisation	9,916,092[3]	*5M*

Needs

Risk reduction, recovery and climate adaptation needs are increasing as communities face overlapping risks linked to conflict damage, displacement, damaged infrastructure, environmental hazards, water scarcity, drought, extreme heat, sand and dust storms, flash floods and economic vulnerability. The current crisis reinforces the need to combine emergency response with community recovery, preparedness and climate-informed resilience.

Achievements and progress

IRCS maintained community-level preparedness and awareness through Red Crescent Houses, the youth organization, volunteers, media and education teams. From 28 February to 10 April, IRCS appeared in 1,113 radio and television programmes with 4,934 minutes of airtime, equivalent to 82 hours and 14 minutes. IRCS activities were reflected in approximately 8,200 news reports and media features, and 2,728 media products were published, including 1,554 audio-visual productions, 589 educational and awareness-raising materials and 585 news or media coverage items. Media and Education Teams produced 3,570 additional products, including podcasts, motion graphics, posters, infographics, service stories, video reports and clips. In parallel, afforestation activities reached 9,916,092 seedlings planted, verified by the Natural Resources Department, exceeding the Appeal target for tree planting.

Challenges

Population reach for risk reduction and recovery awareness is not yet deduplicated, and eVCAs, contingency plans and community-based debris management sessions have not yet been fully reported against Appeal indicators. Operational challenges include security volatility, damaged infrastructure, ERW/UXO risks, environmental hazards, limited funding and the need to align community-level plans with local authorities and other sectors.

Next steps

The next phase will select priority communities, roll out eVCAs, develop community contingency plans, document debris and risk awareness sessions, and link risk reduction actions with shelter, WASH, health, livelihoods and

[2] Mass awareness outputs delivered do not allow for adequate tracking. 1,113 radio/TV programmes, 8,200 media reports, 2,728 media products and 3,570 media/education products.

[3] Number of seedlings planted as verified by the Natural Resources Department.

education interventions. IRCS and IFRC will also improve reporting on population reach, community-level outputs and youth-led climate and ecosystem restoration activities.

Education	Female > 18:	Female < 18:
	Male > 18:	Male < 18:

Objective:	*To be completed*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of safe spaces created for learning and psychosocial support	52[4]	*30*
	Number of education kits provided to students	ND	*1,000*
	Number of inclusive devices provided to students	0	*1,000*

Needs.
The education sector was affected by damage to schools, displacement, insecurity, psychological distress and disruption of services. A total of 993 schools and 32 universities or research institutions were reported damaged, affecting continuity of education and the wellbeing of children and adolescents. Education-related needs are closely linked to psychosocial support, protection and community recovery.

Achievements and progress.
IRCS school programmes and community-based structures remain available to support continuity in education, protection and psychosocial wellbeing. SAHAR teams conduct recreational and psychosocial activities for children in affected communities, and these activities provide an entry point for 52 education-related safe spaces once locations and education partners are confirmed. The 109 rest areas reported for rescuers and operational personnel are reflected under health and staff support and are not counted as education safe learning spaces.

Challenges.
Education-specific indicator data is still limited. No consolidated count of safe spaces for learning and psychosocial support, education kits or inclusive devices was available for this reporting period. Implementation is constrained by damaged education infrastructure, displacement, security concerns, funding gaps and the need to coordinate with education authorities and other actors.

Next steps.
The next phase should prioritize establishment of safe learning and psychosocial support spaces, distribution of education and recreational kits, provision of assistive and inclusive devices for students with disabilities, and integration of MHPSS sessions in schools. Activities should prioritize children affected by displacement, trauma, disability, poverty or loss of access to formal education.

[4] These are the same safe spaces reported under the PGI sector.

Enabling approaches

National Society Strengthening

Objective:	*The Iranian Red Crescent Society is supported to effectively respond to the crisis and the evolving humanitarian situation, with its auxiliary role clearly defined and recognized, and with strengthened operational readiness and institutional capacity.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of IRCS staff and volunteers supported through capacity strengthening initiatives	120,000 relief workers / 8,200 response teams	*20,000*
	Number of IRCS branches supported to deliver response activities	579	*31*
	Percentage of targeted preparedness and institutional strengthening actions implemented	30%[5]	*100%*

Needs
National Society strengthening remained a core priority given the scale of the response, damage to IRCS assets, the extended operational timeframe and the need to maintain readiness for renewed escalation. The crisis directly affected IRCS capacity, with 56 Red Crescent centres, 49 relief and logistics assets, 43 ambulances and three helicopters damaged or destroyed, creating urgent needs for replacement, repair and operational continuity.

Achievements and progress.
IRCS continued to operate as the lead humanitarian actor in the country, supported by 579 branches, 7,897 local units, 650 relief bases, 7,600 rescue vehicles, 2,515 ambulances, 19 of 22 operational helicopters, 120,000 trained relief workers and 8,200 response teams. During the war, continuous specialized training was provided for 120,000 headquarters, relief and operational staff. IRCS also mobilized 15,000 instructors for face-to-face and one-on-one training, created smart bots on *Bale* messenger, established smart response systems through Raychat on the Red Crescent educational reference site, and produced more than 3,000 written, visual and audio educational contents through Bavar teams and educational groups.

Challenges
Sustaining this level of readiness requires significant investment in personnel, damaged facilities, ambulances, logistics assets, search and rescue equipment, warehousing, EOC capacity, fleet management, volunteer duty of care and data systems. Underfunding, sanctions-related procurement constraints, inflation, communications disruptions and the extended timeframe to December 2027 place sustained pressure on IRCS institutional systems.

Next steps.

[5] Partial implementation ongoing: emergency readiness, training, IM, procurement pipeline and stock replenishment advanced; full percentage pending tracking.

The next phase should prioritize restoration of damaged branches, warehouses and response assets; EOC strengthening; logistics and fleet systems; volunteer management and safety; PER-related actions; CVA preparedness; PMER and information management systems; safeguarding; and branch-level capacity to deliver community-based recovery. IFRC support will continue through procurement, supply chain, information management, communications, resource mobilization, operational coordination and National Society strengthening initiatives.

Coordination and Partnerships

Objective:	*Achieve an effective, coherent and well-coordinated humanitarian response through strengthened collaboration between IRCS, Movement partners, national authorities and external stakeholders, aligned with IRCS leadership and priorities.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Movement coordination meetings organized, and updates provided to Movement partners	3	12

Coordination and partnerships remained essential during the reporting period due to the scale of humanitarian needs, operational constraints, limited international presence and the importance of ensuring coherent support to the IRCS-led response. The IFRC Country Delegation continued to work closely with IRCS leadership and technical departments, including operations, relief and rescue, logistics, communications and international operations.

Movement coordination continued with ICRC, including reactivated tripartite meetings and the establishment of a Logs movement tracker. IFRC also supported membership coordination through briefings, information sharing, resource mobilization, mobilization table updates and engagement with Partner National Societies. IRCS leadership visited IFRC Headquarters in Geneva at the end of May, engaging senior IFRC leadership, interested National Societies, the ICG and Permanent Missions to reinforce strategic alignment and mobilize support.

Coordination with external partners and diplomatic actors also continued, including engagement with embassies in Iran, Partner National Societies and humanitarian stakeholders. Given the highly constrained operating environment, continued coordination is required to support humanitarian diplomacy, sanctions navigation, procurement, in-kind contributions, operational facilitation and alignment of bilateral and multilateral support with the IRCS-led response.

Secretariat Services

Objective:	*The IFRC Secretariat provides effective operational, technical, coordination, information management, logistics, communications, humanitarian diplomacy and resource mobilization support to enable the IRCS-led response.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of surge missions or deployments	10	10
	Number of key information products produced to support decision making	5	12

The IFRC Secretariat provided operational and technical support to the IRCS-led response through the IFRC Country Delegation to IR Iran, MENA Regional Office and Geneva. During the reporting period, ten surge profiles were ongoing: Procurement Coordinator, Procurement Officer, SPRM Coordinator, Information Management Coordinator, IM Logs, Supply Chain Coordinator, Regional Communications Coordinator and Global Communications Coordinator, Humanitarian Diplomacy. A new request for an HR Officer was also identified to support the extended operation.

Secretariat support focused on procurement, supply chain coordination, mobilization table management, information management, communications, humanitarian diplomacy, resource mobilization, operational planning and membership coordination. Key information products included SitReps, humanitarian analysis, operational briefings, the revised mobilization table, IFRC GO updates, communications outputs and fact sheets under development on Helal Houses and health impacts, including dialysis.

Supply chain support progressed during the reporting period despite sanctions, freight and access constraints. Items delivered or advanced through the pipeline included advanced trauma kits, splint sets, evacuation chairs, safety helmets with headlamps and AEDs. Further search and rescue equipment and ambulance procurement remained under review, pending confirmation of quantities and procurement processes.

The next phase will focus on sustaining information management and analysis, strengthening PMER and reporting, accelerating procurement and logistics pipelines, supporting resource mobilization and donor engagement, and maintaining readiness for rapid scale-up if the ceasefire breaks down.

D. FUNDING

The financial report was not available for inclusion with this Operations Update, as financial data for the reporting period was still undergoing consolidation and validation. The report will be generated during the next reporting period and, once finalized, may be shared separately with partners upon request.

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Reference documents

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Click here for:

- Emergency Details
- Reports and Documents Published

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.