



OCHA

Islamic Republic of Iran

Humanitarian Update

Issue No. 02 | As of 3 April 2026

This Humanitarian Update is produced by OCHA Regional Office for the Middle East and North Africa (ROMENA) on behalf of and in collaboration with UN agencies and humanitarian organisations. It covers the period from 18 March to 3 April 2026.

Highlights

- Intense airstrikes in several provinces have caused high numbers of civilian casualties and extensive damage to civilian infrastructure including homes, schools and health facilities.
- Strikes on critical infrastructure and industrial sites have disrupted basic services including electricity, water and telecommunications, also leading to increasing immediate and longer term environmental and health risks.
- Seasonal flooding caused additional casualties and damage in several conflict-affected areas.
- Reports of population movements have increased as ongoing conflict-related insecurity and flooding continue to trigger further relocations and evacuations across multiple provinces.
- Government entities continue to implement large scale emergency responses, with the support of the IRCS, to ensure continuity of services and provision of emergency assistance to affected people.
- UN agencies and international non-governmental organisations (INGOs) continue to provide critical services to refugees and to support Government-led efforts to provide humanitarian assistance for those affected by the hostilities.



Source: OCHA
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

KEY FIGURES



2.1K+

Civilians killed¹



27.9K+

Injured²



3.8M+

Impacted³



115K+

Civilian units damaged⁴

¹ Iranian Ministry of Health and Medical Education (MoHME), from 28 February and as of 30 March 2026.

² MoHME, from 28 February and as of 30 March 2026.

³ Estimation based on an analysis combining public data on strike locations with population data sets, of people living within a 500m-radius of reported impact zones from 28 February and as of 30 March 2026.

⁴ Iranian Red Crescent Society (IRCS), from 28 February and as of 1 April 2026, including residential, commercial units (often several units in one strike location), education and health facilities.

SITUATION OVERVIEW

Between 17 March and 3 April, the humanitarian situation in the Islamic Republic of Iran worsened as hostilities expanded across a broader geographic area, with airstrikes affecting Tehran, Isfahan, Khuzestan, Fars, Markazi, Yazd, Bushehr, East Azerbaijan, West Azerbaijan, Kurdistan, Lorestan, Ilam, and Kermanshah provinces. At the same time, heavy rainfall and flooding between 25 and 30 March impacted Lorestan, Hormozgan, Khuzestan, Mazandaran, Semnan, Fars, North Khorasan, Ilam, Bushehr, and Sistan and Baluchestan provinces, compounding the effects of ongoing hostilities and disrupting access and movement for already-affected communities.

Civilian casualties continued to rise sharply as strikes were reported on airports, hospitals, residential areas, markets, schools, industrial sites, and cultural heritage locations across nearly all affected provinces. Since the start of the conflict and as of 3 April, Iran Ministry of Health and Medical Education (MoHME) reported 216 children, 251 women and 24 health workers killed and 1,881 children, 4,610 women and 116 health workers injured.⁵

As of 3 April, the Iranian Red Crescent Society (IRCS) reported three of its emergency personnel had been killed, and 15 injured, and over 334 health and emergency centres damaged (316 pharmaceutical, medical, health, and emergency centres and 18 IRCS centres).⁶ On 3 April, IRCS reported extensive damage to a relief warehouse in Choghadak city (Bushehr Province).⁷ Overall and as of 1 April, IRCS reported 18 IRCS bases and branches damaged by strikes. Between 1 March and 2 April, WHO surveillance system verified a total of 23 attacks on health care in Iran, resulting in 9 deaths.

As of 3 April, the IRCS reported 115,193 civilian units had been damaged, including 763 schools.⁸ Additional damage was reported in several locations to special care facilities for persons with disabilities, medical warehouses, psychiatric facilities, and airport infrastructure. This included the civilian international airport in Tehran, a power plant in Khorramshahr (Khuzestan), and water reservoirs in Fars and Khuzestan. The International Atomic Energy Agency (IAEA) confirmed strikes had affected nuclear facilities in Khondab (Markazi), Yazd and Bushehr, the latter now struck for the fourth time, with one physical protection staff member reportedly killed by a projectile fragment and a building on site affected by shockwaves and fragments. No increase in radiation levels was reported.

Basic service disruptions continued to be reported across multiple provinces due to ongoing hostilities, compounded by severe weather and flooding between 25 and 28 March, including repeated electricity and telecommunications outages. Flooding further damaged roads, agricultural land, and transport routes in Markazi, Mazandaran, Fars, and Semnan.

Reports point towards the continued displacement of hundreds of thousands of people. UNHCR reported that currently, there are no indications that Afghan refugees intend to return to Afghanistan in larger

⁵ Reported by MoHME on 1 April. The total number of casualties has not been updated since 11 March.

⁶ Reported by IRCS on 1 April.

⁷ Reported by IRCS on 3 April.

⁸ Reported by IRCS on 1 April.

numbers. Flooding between 25 and 30 March compounded humanitarian needs across 24 provinces, notably leading to more people evacuated or temporarily relocated. Severe weather also stranded many people in North Khorasan, Ilam, and Bushehr.

Third country nationals continue to be reportedly stranded in the country due to the airspace closures.

HUMANITARIAN IMPACT AND NEEDS

Airstrikes across the country have resulted in widespread destruction and humanitarian consequences. Civilian populations face mounting risks from increasing needs to security and environmental hazards, besides disruptions to essential services.

Health

According to MoHME, as of 3 April, at least 315 medical and emergency facilities, including seven hospitals, 54 emergency bases, 45 medical centres, 41 ambulances, and medical warehouses, have been damaged, severely limiting access to primary health care and secondary and tertiary health care, while surges in trauma cases have further strained health-system capacity. As of 3 of April, 476 injured people remain hospitalized while 31,076 were treated and discharged. This pressure on the public health system has increased demand for emergency surgery, paediatric services, trauma management, and mental health and psychosocial support (MHPSS) for affected patients and families. The reported destruction of eight pharmaceutical factories and an infant-formula warehouse in Hamadan have further disrupted access to medicines, including for non-communicable diseases, medical supplies, and specialized nutritional products.

Priority needs include establishment of temporary health facilities where primary health facilities are damaged or destroyed, including mobile clinics, the provision of essential medicines and medical supplies and vaccine, cold-chain equipment including refrigerated vehicles and generators, re-establishment of storage facilities, debris removal in and around impacted health facilities, and MHPSS for impacted families and healthcare workers.

Water, Sanitation and Hygiene

Water and sewer systems suffered significant damage from both airstrikes and severe weather, including in East and West Azerbaijan, Hamedan, Lorestan, Tehran, Bushehr, and Markazi provinces. Damage and power outages are limiting water supply and increasing contamination risks, with shortages of equipment and spare parts and overstretched services widely reported, particularly in the north. As of 28 March, nearly 200 health-care facilities, particularly in Khuzestan, Kermanshah, Lorestan, and Kurdistan, were reportedly non-functional due to damage to water and sanitation systems, further constraining continuity of health service delivery. Flooding between 24 and 30 March further damaged household water systems, sanitation facilities, and piped networks across Lorestan, Hormozgan, Mazandaran, Fars, Semnan, and North Khorasan, heightening contamination risks and reducing access to safe water for drinking and hygiene. Reported population influx into Gilan, Mazandaran, and Golestan has further strained overstretched WASH services in host communities. Damage to homes and dislodged storage tanks in several provinces compounded household-level water shortages and need for hygiene materials, while increasing health related risks.

Priority needs include the restoration of basic services—such as water purification, desalination, chlorination, and the continuity of water supply—as well as repairs to damaged water and sewer networks and the provision of water-quality testing kits. At the household level, affected populations require support for water purification and treatment solutions, emergency hygiene and dignity kits for people sheltering in temporary sites, and hygiene and IPC supplies, including PPE and disinfectants. Strengthened WASH support is also required for health-care and temporary primary-health-care facilities to mitigate public-health risks in areas experiencing contamination and sanitation disruptions.

Food Security

Damage to markets, commercial areas and food-related production and storage facilities (e.g., for flour) in several affected provinces disrupted access to essential goods. Flooding further reduced food availability by damaging agricultural land in Mazandaran and limiting access to local markets in parts of Fars, Khuzestan, and Semnan. Despite these localized disruptions, government reported stable national supplies of essential goods, including bread, fuel, and basic commodities. According to WFP, markets remain functional and food availability appears stabilised by the end of March. Supply routes continue to face pressure from damaged infrastructure and electricity disruptions, leaving an estimated 400,000 people in need of food security assistance in Tehran alone, according to local authorities. Inflation reached 71.8 per cent nationally (more than 112.7 % for food items) which risks eroding purchasing power, particularly among low-income and vulnerable households. Many vulnerable Afghan refugees and others in need of international protection have lost their livelihoods and will find themselves in need of assistance.

Priority needs include improved access to affordable food, and support for the restoration of local market functionality where supply chains have been disrupted due to the ongoing conflict.

Protection

Harm to civilians intensified, with increasing number of women and children affected as residential areas, apartment blocks, marketplaces, and public buildings were reportedly hit. Damage to homes hosting persons with disabilities and State Welfare Organization (SWO)–managed residential centres for children without caregivers, including children with disabilities, reportedly led to casualties and further heightened protection risks. As of 17 March, SWO confirmed the relocation to safer locations of 57 such residential centers and reported that 2,629 children without effective caregivers were receiving family-based care through kinship care, adoption, or temporary foster arrangements. Children with disabilities face severe shortages of medicines, food, and assistive devices. Strikes reportedly continued to directly or indirectly affect schools, universities, and psychiatric care facilities, including the reported destruction of Delaram Sina Psychiatric Hospital in Tehran on 29 March.

The situation has left scores of people in fear, with reported growing need for MHPSS support. Growing anxiety among refugees was also reported alongside increased needs for legal assistance, cash support, child protection and GBV related assistance.

Priority needs include targeted protection support for vulnerable groups, including unaccompanied and separated children, people with disabilities, and refugee populations, including expanded MHPSS, as well as reinforced systems to safeguard access to critical social and protection services.

Education

About 760 educational facilities, 51 administrative offices, 15 cultural centres, 32 sport halls and 7 student camps have been reported as damaged by the Ministry of Education,⁹ with several sustaining severe structural impacts that led to prolonged closures across multiple provinces. At least 234 students and 56 education staff were reported killed,¹⁰ and widespread destruction of classrooms, learning materials, school infrastructure, and digital infrastructure, combined with extensive internet disruptions, has further interrupted continuity of education for thousands of children. Many school-aged children are exhibiting trauma-related symptoms. In numerous locations, schools and dormitories have been repurposed as temporary shelters, reducing available learning spaces and prolonging education interruptions for affected students.

Immediate needs include safe temporary learning spaces, rehabilitation or reconstruction of damaged facilities, education materials, teacher support (including psychological), and strengthened systems to maintain continuity of learning for learners unable to access destroyed or unsafe education facilities.

Shelter and Non-Food Items

Nationwide and by 1 April, more than 91,498 residential and 22,580 commercial units have reportedly been damaged by strikes, including 44,391 units in Tehran.¹¹ Flooding caused further destruction in Khuzestan, Sistan and Baluchistan, Fars, Ilam, Markazi, and Bushehr, leaving many households with partially destroyed or uninhabitable homes. OCHA estimates that 3.8 million people live within 500 meters radius of reported strikes. Reported damage to homes hosting persons with disabilities, as well as to student dormitories and worker housing, has created acute shelter needs in densely populated urban areas. Civilians relocating to safer areas during intensified hostilities, as well as floods have led to increased reports of displacement across affected provinces, in the backdrop of large-scale Nowruz population movements. Families displaced by both conflict and flooding lack basic household essentials, including bedding, clothing, heating, lighting, and safe living spaces.

Priority needs include support to Government identified safe temporary shelters, household-level rehabilitation support, and structural assessments for damaged buildings, alongside increased provision of relief tents for households, blankets, maquettes (ground mats), kitchen sets, electric heaters, hygiene kits, shelter kits, dignity kits, and jerry cans.

⁹ Reported by Ministry of Education on 2 March.

¹⁰ Reported by Ministry of Education on 30 March.

¹¹ Reported by IRCS on 1 April.

Emergency Livelihoods

Reported strikes on major industrial and commercial sites have disrupted employment for thousands of workers and reduced income sources across several provinces. Flooding compounded losses by damaging agricultural land, destroying livestock in Ilam, and interrupting transport and market access in Fars, Khuzestan, Semnan, and North Khorasan, further weakening household economic resilience. UNDP simulations indicate that a 28-day conflict disruption could reduce Iran's real GDP growth by 8.8–10.4 percentage points, with an additional 3.5–4.1 million people falling below the poverty line and up to 304,000 pushed into extreme poverty, significantly increasing the vulnerability of low-income households. These impacts fall hardest on informal workers (approximately 39% of the workforce) and poorer households, who already spend nearly 45% of their income on food amid sharply rising living costs. Female-headed households, concentrated in the lowest income deciles, remain disproportionately affected as informal work opportunities decline and caregiving burdens rise.

Priority needs include income recovery support, restoration of agricultural and small business assets, and livelihood assistance for workers whose employment and productive activities have been disrupted by conflict and flooding.

RESPONSE

Government authorities at central, provincial, and municipal levels continued search and rescue (SAR) operations, emergency medical services (EMS) and health care, provision of temporary shelter, and have maintained essential services and support to affected people, including through financial support, interest-free loans for housing repairs, and assistance to damaged production units and small businesses. Government entities are further monitoring damage to cultural, environmental, and industrial sites, and are reporting impacts for documentation and follow-up. Authorities also report maintaining stability in power supply through rapid repairs. Additionally, the Ministry of Interior has authorized NGOs and civil society organizations to continue operating under extended licences during the crisis.

The IRCS has led frontline emergency operations in coordination with national authorities since 28 February, providing services to 1,228 affected areas, with 6,908 search and rescue teams mobilized.¹² IRCS teams, with the support of IFRC, carried out technical rescues and first aid interventions, providing casualty evacuation, triage, and emergency medical assistance to people injured in airstrikes, building collapses, and flooding. Throughout the response, IRCS also documented attacks on civilian and medical sites, monitored population displacement and supported family reunification.

The United Nations (UN) team in Iran - including resident and non-resident agencies - is coordinating a scaling up of humanitarian response efforts in consultation with the government. UN agencies and international non-governmental organisations (INGOs) remain operational, notably ensuring the continuity of critical refugee services, and increasing as feasible humanitarian and early recovery assistance in protection, health, WASH, food security, and shelter.

¹² Reported by IRCS on 1 April.

Health

MoHME continued leading the health response with support from health partners. MoHME maintained public-health advisories, activated crisis-nutrition protocols, deployed specialized teams to emergency centres, and worked to secure strategic medicine reserves. IRCS operated mobile clinics, first aid points, and emergency medical services. Psychological hotlines managed by MoHME, SWO and IRCS were activated, with the IRCS hotline receiving over 130,521 calls as of 31 March. Community-based teams keep delivering psychological first aid to affected families and first responders.

UNICEF, in coordination with WHO and in consultation with MoHME, provided temporary health facilities, including tents and mobile clinics, and delivered emergency medical backpacks for frontline health teams. UNHCR has continued its support for inclusive primary health-care services for refugees and host communities countrywide, worked to expand health-insurance access for the most vulnerable refugees, and continued to scale up protection support including legal and psycho-social counselling support as well as multi-purpose cash assistance in response to rising needs. UNHCR also focused on ensuring continuity of care for serious medical conditions and began exploring possible importation of medical items/ medicines, noting logistic challenges may arise given current situation regionally. Relief International is starting a countrywide MHPSS project for children and adolescents in collaboration with local partners. INTERSOS is planning an Emergency Health & Protection Response Programme.

Water, Sanitation and Hygiene

Government authorities reported restoring access to water following localized disruptions, while undertaking flood-related water-removal and drainage operations across several provinces and maintaining sanitation services despite infrastructure damage. The Ministry of Energy completed an assessment on energy and water infrastructure which has been shared with humanitarian partners. Humanitarian partners continued supporting continuity of WASH services in affected provinces in consultation with authorities. UNHCR continued efforts to ensure access to safe water and sanitation for affected refugees and host communities, including the pre-positioning of hygiene supplies and coordination with national WASH systems, while noting that assessments in the current security environment remain difficult and time-consuming. Relief International is planning the distribution of hygiene kits to displaced and vulnerable households.

Food Security

Government authorities reported stable availability of essential goods, including bread and basic commodities and ongoing market-stabilization measures, including increased flour quotas in affected provinces, and market inspections to reinforce price control. WFP continued assisting approximately 33,500 refugees in settlements as of end March with food and cash transfers, including daily bread through WFP-supported bakeries and wheat flour distributions for home-based baking. In parallel, settlement authorities resumed take-home school rations for around 9,000 children after Nowruz holidays. WFP also reported 7,000 newly referred refugees receiving bread and wheat flour since late March pending verification for cash-card issuance. Finally, WFP is working with authorities and IRCS to prepare in-kind food distribution to conflict-impacted populations in Tehran.

Protection

SWO, the national body responsible for social protection and services for vulnerable groups, assessed damage to residences hosting persons with disabilities. It also supported centres caring for children without parental care that were damaged or had to relocate. As of 2 April, SWO relocated over 27,000 people with disabilities and elderly to safe locations, provided rehabilitation services to 30,000 individuals with severe disabilities and elderly people and it distributed hygiene items to 157,000 persons with disabilities. In addition, it delivered medical assistance and transport allowances to 30,000 beneficiaries. The agency further expanded psychosocial and social-protection services through hotlines and 3,000 community-based groups comprising 3,000 volunteers nationwide. Protection partners maintained essential services across affected provinces despite constrained operating conditions. UNICEF provided support packages to 210 residential centres hosting 2,800 children without effective caregivers across 10 provinces, and expanded MHPSS programming, including online and group counselling in Tehran, Lorestan, Khuzestan, Kurdistan, and Gilan. UNICEF's SMS-based mental-health screening system targeted some 50,000 people, and population-level MHPSS is forthcoming in Minab City, with prioritization focusing on students and their family, reaching approximately 250,000 individuals. UNICEF will support the operationalization of MoHME's hotline 190, including a dedicated child and adolescent line. NRC is rolling out psychosocial support for children, parents, and teachers. UNHCR continued to provide protection services through its front-line presence in Tehran, Esfahan, Shiraz, Mashhad, Dogharoun, and Kerman, ensuring functionality of communication-with communities channels, including helplines, reception areas, help pages, and mailbox systems, while sustaining case management, legal assistance through hired lawyers, psychosocial counselling, and ongoing referral pathways and resettlement submissions. UNHCR also adapted operations through offline modalities and provided legal support as part of the refugee response. IOM supported protection activities through assistance to 363 households (1,701 individuals) via multi-purpose cash assistance (MPCA), Cash for Protection, Universal Public Health Insurance services, and transportation support since 28 February 2026, in collaboration with the Centre for Aliens and Foreign Immigrants' Affairs (CAFIA) and UNHCR expanded MPCA to support vulnerable refugees and other Afghans who lost access to livelihoods. The Norwegian Refugee Council (NRC) reported progress in securing referrals for MPCA for affected families in Tehran, Hormozgan, Yazd, and Kerman, receiving more than 4,000 household referrals and initiating verification. IOM also facilitated the safe voluntary return of nearly 200 third-country nationals stranded in country due to airspace closures, ensuring dignified and coordinated humanitarian return in partnership with CAFIA, the Ministry of Foreign Affairs, the Immigration and Passport Police, and relevant embassies.

Education

The Ministry of Education reported monitoring damage assessments across affected provinces and coordinated school closures where buildings were unsafe, as well as transformation of schools into temporary shelters. UNHCR worked to maintain access to the national education system for refugee and host-community learners through the provision of equipment and support for internet connectivity, while initiating the rehabilitation of affected schools in refugee-populated areas. NRC began securing emergency funding to establish temporary learning spaces and equip damaged schools, while delivering non-formal classes, and providing education cash assistance where needed. NRC is coordinating closely with CAFIA and the Ministry of Education to ensure Iranian and Afghan children retain access to learning during the crisis.

Shelter and Non-Food Items

The government turned many schools, welfare centres, and public buildings, including two thirds of the accommodation centres dedicated to Nowruz travellers, into temporary shelters for temporarily displaced households. Shelter partners continued supporting displaced families in affected areas in coordination with national authorities. IRCS led relief distributions including tents for households, blankets, ground mats, kitchen sets, heaters, hygiene kits, dignity kits, and jerry cans. UNHCR provided cash assistance to help vulnerable households meet urgent shelter-related expenses and coordinated with authorities to identify and prepare reception capacity in key locations. UNHCR also pre-positioned emergency shelter materials for use in temporary and emergency shelters, while noting that local procurement of emergency kits may become increasingly challenging due to market constraints and inflation.