



**Responding to
emergency needs amidst
shrinking humanitarian
space in the Occupied
Palestinian Territory**

JANUARY – JUNE 2024

Table of Contents

Introduction.....	3
Challenges and Obstacles	4
Intersectoral Response and Coordination	6
Responding to Humanitarian Needs.....	7
Health	8
Nutrition	10
Protection.....	11
Education	16
Food Security	18
Water And Sanitation.....	20
Shelter NFIs.....	21
Logistics.....	22
Emergency Telecommunications	23
Multipurpose Cash Assistance.....	24
Site Management	26
Accountability to Affected People.....	27
Prevention of Sexual Abuse and Exploitation.....	28

Front cover

May 26, 2024, Rafah: A staff member from the UNRWA Health Team at the Tel Al-Sultan Health Center in Rafah area conducts a medical examination for a displaced child.© 2024 UNRWA Photo by Mohammed Hinnawi

Introduction

In 2024 the UN and partners called for a total of US \$3.42 billion to address the most urgent needs of more than three million people in the Gaza Strip (Gaza) and the West Bank, including East Jerusalem¹.

[The Flash Appeal](#) outlined the estimated resource requirements to reduce human suffering and prevent further loss of life in Gaza and the West Bank, including East Jerusalem, based on the best available information at the time. The document assumed that security concerns and access limitations would continue through mid-2024, then improve incrementally, and that efforts to implement Security Council Resolution 2720 (2023) would bear fruit.

This document highlights some of the work that was done by humanitarian actors in the Occupied Palestinian Territory (OPT) between January and June 2024. It is not a comprehensive report on all activities. Instead, it aims to spotlight some of the innovations and personal stories of how the UN, INGOs and NGOs have influenced the lives of people we seek to assist.

The landscape in the OPT has fundamentally changed since 7 October 2023. Decades of occupation, political instability, and isolation due to the Gaza blockade, barrier wall and movement restrictions had left the population heavily reliant on aid to meet basic needs. In both Gaza and the West Bank, the ability of Palestinians to access lifesaving services has dramatically decreased while protection concerns have exponentially increased.

In Gaza, the Israeli bombardment and ground incursions have exacerbated the humanitarian crisis, resulting in significant civilian casualties, widespread displacement, and the destruction of critical infrastructure. As of 30 June 2024, at least 37,718 Palestinian fatalities and 85,523 injuries had been reported by the Ministry of Health. At the time of writing, evacuation orders issued by the Israeli military covered approximately 85 per cent of Gaza. 1.9 million people, or approximately 90 per cent of the population have been displaced, often many multiple times.

In the West Bank, this period has seen increased settler violence, demolitions and restriction of movement in the West Bank, leading to further displacement, disruption of livelihoods and unsafe living conditions. Between October 7, 2023, and June 30, 2024, the conflict in the West Bank resulted in the deaths of at least 587 Palestinians, including 143 children, who were killed at an average rate of one every two days, according to OCHA and UNICEF.

Over the first half of 2024, humanitarian actors saw their operating space significantly contract. Access and movement restrictions of people and humanitarian cargo in and/or out of Gaza, and within Gaza, remain fundamental impediments to the provision of humanitarian assistance, along with security impediments arising from the ongoing hostilities and breakdown of law and order within Gaza. During this period, 273 humanitarian workers were killed in Gaza, 200 UNRWA staff members.

Gaza remains a war zone with active and ongoing military operations. Evacuation orders are near daily occurrences, resulting in a population that is constantly on the move, which means operations need to also move. Asset losses are high, and the psychological impact is great. Amidst unprecedented challenges, humanitarian actors have continued to operate. To do so has required that they constantly adapt, innovate and identify creative solutions to complex problems on a daily basis.

1. Whenever reference is made to the West Bank, it includes East Jerusalem.

Challenges and Obstacles

Humanitarian operations in the OPT face a perfect storm of challenges and obstacles that are unprecedented.

- **Shrinking humanitarian space** exacerbated by increasingly hostile political environment, and increasingly volatile security situation undermined the ability of humanitarian actors to operate and deliver safely in Gaza and the West Bank. The ongoing conflict has made it difficult to ensure consistent and comprehensive community engagement.
- **Restricted access into Gaza** caused disruption to the humanitarian supply chain hindering the urgent delivery of life-saving assistance. The supply chain issue starts with the importation restrictions and the inability to import items characterized as potentially 'dual use'. For instance, importation of telecommunications equipment into Gaza is restricted and prolonged. Distribution efforts were constrained by the limited number of entry points, sub-optimal operating hours at crossings and checkpoints, and the limited number of trucks allowed access. The closure of Rafah Crossing in May, for example, led to a 40 per cent decrease in the number of Emergency Medical Teams (EMTs).
- **Complete destruction of the energy sector** has left Gaza reliant on fuel and cooking gas, both of which are made available in insufficient quantities. Limited supply has hindered the operation of all humanitarian programmes, including but not limited to community kitchens and bakeries, health facilities, educational activities, Gender Based Violence (GBV) and legal aid services.
- **Infrastructure damage is extensive.** [The Gaza Strip Interim Damage Assessment](#) published in March 2024 estimated that at least 60 per cent of the physical infrastructure of all sectors had been damaged or destroyed, including homes. More than 70 per cent in the health and communications sectors were affected, and 93 per cent of schools sustaining some form of damage, limiting space through which humanitarian actors can provide services.
- **Insecurity and the collapse of the Rule of Law** became more acute during this period, notably after the Rafah incursion in May 2024 which saw the closure of the main crossing for people and aid. Looting of humanitarian assistance emerged as a critical problem, particularly near the Kerem Shalom/Kerem Abu Salem crossing, driving a significant decrease in aid reaching the southern governorates. This has also left survivors of violence without access to justice or recourse.
- **Poor telecommunications** disrupted referral mechanisms, hotlines, remote counselling, and telemedicine services with widespread communication blackouts. Limited phone and internet coverage is connected to lack of fuel that continues to severely compromise the operation of critical telecommunications infrastructure, causing mobile network operators and internet service providers to operate at a limited capacity and pushing them to the verge of shutting down their services completely.
- **The lack of access to water, sanitation, and hygiene (WASH) needs, including proper waste management, negatively impacted public health** in both health facilities and the community. Over 350,000 tons of solid waste is multiplying across hundreds of sites, mixing with debris, UXO and fecal matter encouraging breeding grounds for a wide range of vectors.
- **Extreme market fluctuations, constraints on the commercial sector and the collapse of formal economic structures further** complicated efforts to provide predictable humanitarian assistance. Difficulties in maintaining consistent aid delivery compounded by the high prices and fluctuating availability of goods meant people either could not access or could not afford basic items.

- **Recurring displacement** due to frequent evacuation orders, leading to changes in the location of resources but also in the loss of prepositioned resources. In the case of Site Management Working Group (SMWG), repeated displacements or returns complicate site management, making it difficult to build social structures and community engagement. Additionally, school buildings are either hosting displaced families or are damaged, and child friendly spaces looted during forced evacuations.
- **In the West Bank**, movement restrictions, increased violence, military operations, and settler violence since 7 October impacted accessibility, and movement of services, service providers, and response actors. This has led to hundreds of families, primarily in Area C, to be forcibly displaced. Sub-standard shelters in Area C and East Jerusalem require rehabilitation and upgrading to meet minimum standards.

The escalation has posed additional challenges to accessing safe education in many areas of the West Bank. The response in the West Bank remains constrained by funding limitations affecting cluster preparedness.

- **Lack of permits for Palestinian employees** to access East Jerusalem for all humanitarian actors. Staff from the West Bank with valid permits have been unable to reach their duty stations in East Jerusalem.
- **Legislative bills aimed at banning UNRWA activities**, revoking UN Privileges and Immunities, and designating UNRWA as a terrorist organization pose serious risks to the staff and the Agency's mandate. These actions undermine UNRWA's operations, create staff security risks, and obstruct the Agency's mandate as well as the entire UN community and operation in OPT.



Palestinian children wait for free food to be cooked in the city of Khan Yunis © 2024 UNICEF Photo by Eyad ElBaba

Intersectoral Response and Coordination

The events of 7 October 2023 and what has followed has dramatically changed the operational landscape in the OPT. UN and partner facilities were destroyed, staff devastated through the loss of family members and their homes, and operations forced to relocate. The coordination structures were similarly destroyed and had to be reconstructed in a manner that was fit for purpose in the changed operating environment.

A Joint Humanitarian Operation Center (JHOC) was established in Gaza based in the UNRWA Tal Al Sultan facility serving as a common meeting and workspace hub with connectivity for humanitarian organizations. Specific effort was dedicated to increasing engagement by national NGOs including supporting the Palestinian NGO network to establish a working space with internet connectivity for national NGOs through which the JHOC meetings could be accessed.

Area-based coordination meetings were initiated in March 2024 to facilitate engagement with local actors and better capture the Gaza clusters needs at the neighborhood or site level to inform immediate responses and ensure local actors are aware of the ongoing humanitarian efforts.

To address the changed operational environment, additional clusters and working groups were established, notably Logistics, Nutrition and Emergency Telecommunications clusters, as well as the Site Management Working Group, which is unique to Gaza and serves as an alternate to Camp Coordination and Camp Management.

UNRWA's Unique Role in the Occupied Palestinian Territory

UNRWA, as the largest humanitarian organization on the ground with the highest reach to displaced communities in Gaza and West Bank, serves as the backbone of the whole humanitarian response. Before the war, UNRWA served as a major provider of education, health, WASH and nutrition services supporting two-thirds of the population, in addition to food and cash assistance. When the conflict began, the Agency significantly scaled up its operations, reaching over 1.8 million vulnerable individuals, including both refugees and non-refugees. Over 1 million displaced people have been sheltering in and around UNRWA facilities across the Gaza Strip. Its ties and presence in the community has served to widely support the overall logistics of the entire response. The Agency's extensive infrastructure, community trust, and experienced frontline staff continue to enable an adaptive response to growing humanitarian needs amid increasingly challenging circumstances.

The Agency is responsible for receiving, storing, and distributing all fuel entering the Gaza Strip. UNRWA staff and assets, including vehicles and facilities, manage fuel distribution to vital services such as hospitals, water desalination plants, sewage treatment centers, and other critical humanitarian providers across Gaza.

Responding to Humanitarian Needs



The rubble of Khan Younes @ 2024 OCHA Photo by Mustafa Al Halabi

Explore more
response.reliefweb.int/palestine/health

Explore more
[Health Cluster Dashboard](#)

Key Figures

	Gaza	West Bank	Total
• Primary healthcare consultations	4,836,686	294,655	5,131,341
• Trauma-related consultations	303,409	4,174	307,583
• Consultations related to basic psychological support and psychological first aid	735,024	28,593	763,617
• Rehabilitation-related consultations	33,747	8,583	42,330
• NCD consultations	797,644	111,323	908,967
• Ante-natal and postpartum consultations	245,091	34,873	279,964

The war in Gaza has devastated the health system. Through the Health Cluster, the UN, INGOs and NGOs in partnership have managed to support the Gaza health system to avoid a complete collapse and continue to provide critical health services.

- Over 87,000 injured individuals in Gaza and more than 5,000 in the West Bank received critical care, with timely emergency medical interventions following repeated mass casualty incidents.
- At the height of the crisis, 27 EMTs were deployed across the Gaza Strip, conducting over 894,000 consultations and significantly bolstering the local healthcare workforce.
- To support inpatient care, eight field hospitals were established, while resources were mobilized to expand primary healthcare services through the creation of medical points and temporary facilities.
- Two sexual reproductive health containerized clinics were deployed to ensure the provision of comprehensive emergency obstetric and newborn care services. In addition, 1.38 million doses of vaccines were delivered for routine immunization across Gaza.
- Partners also contributed medicines and medical supplies worth \$43 million, further strengthening the response. A robust medical referral system was established across hospitals in the southern governorates of Gaza to ensure seamless patient care, and critical services were restored in key hospitals like Nasser Medical Complex and Al Shifa Hospital, which had previously gone out of service.

In the West Bank, primary healthcare services continued to reach 275,000 people living in UNRWA refugee camps and 84,000 individuals in 115 marginalized communities in Area C, ensuring sustained access to essential care amidst ongoing challenges.

Preparing for the Worst-Case Scenario: The Rafah Incursion

As the situation in Khan Younis stabilized, the Health Cluster redirected its efforts to prepare for a potential incursion in Rafah. With over 1 million people living in Rafah between January and March 2024, the health partners had 88 health service points. A potential incursion in Rafah posed a dire threat to the health system, jeopardizing the provision of life-saving healthcare interventions for over one million people. Specifically, women would

be denied access to safe delivery services. Patients requiring tertiary care would be unable to receive medical referrals, and the importation of medicines and medical supplies via the Rafah crossing would cease. In response, the Health Cluster swiftly mobilized its partners in late March to develop a comprehensive Health Service Continuity Plan for an incursion. By the end of April 2024, partners had implemented the plan, which included scenarios anticipating that those displaced from Rafah would relocate to either Khan Younis or Deir Al-Balah.

The plan focused on establishing field hospitals, restoring health services in major hospitals and primary healthcare centers in Khan Younis, as well as fully equipping health facilities in Deir Al-Balah to cater for at least 600,000 people and ensuring a stock of medicine and medical supplies that would cater for 2 million people for 7 weeks.



PMRS Clinician conducting wound dressing on a child in the dark due to no electricity in Gaza - Photo by PMRS



Prior to October 2023, the prevalence of acute malnutrition in Gaza was low. The heavy impact of the high intensity conflict on food security, access to hygiene and water and access health care rapidly impacted the nutrition situation, especially small children.

In response to the emergence of emergency nutrition needs, the cluster was activated in October 2023 and rapidly developed and implemented a customized comprehensive Nutrition in Emergencies Programme, targeting prevention, early detection and treatment of malnutrition in an active conflict zone. Standard Operating Procedures, technical guidance and training packages were developed which allowed for health workers and community health workers to be trained on early detection and treatment of acute malnutrition, and infant and young child feeding.

By the end of June, nutrition services had been delivered through almost 300 supplementary feeding sites, more than 100 outpatient sites for wasting management, and four stabilization centers

Key Figures

- **438** health workers and **838** community health workers trained on the early detection and treatment of acute malnutrition
- **106** health workers and **677** community health workers trained on infant and young child feeding
- **10,465** children admitted for treatment of malnutrition
- **99,000** maximum monthly number of children reached with blanked supplementary feeding
- **163,063** children screened for acute malnutrition

for children with severe acute malnutrition in need of hospitalization. The cluster also established a nutrition information system to monitor the prevalence of malnutrition when surveys are not possible, through the scale up of middle-upper arm circumference (MUAC) screening, and data collection on key nutrition drivers conducted through inter-sectoral partnerships, to better enable preventative and rapid response.



Leen, 2-year-old, is getting her middle-upper-arm-circumference (MUAC) measured, her MUAC reads less than 10cm, indicating severe acute malnutrition and drastic weight loss and muscle atrophy. ©UNICEF-SoP/2024/EyadElBaba

 Explore more
Protection Analysis Update

 Explore more
Child Protection AoR Dashboard

The current situation of Gaza is unprecedented in scale and scope of stressors which exist simultaneously and continuously. The Protection Cluster and its Areas of Responsibility (AoRs) were able to reconstitute in Gaza in January 2024, as service providers and partners gradually re-established presence and reactivated services primarily in Rafah governorate. Partners lost their offices, and staff lost their homes multiple times over, but in the face of this adversity managed to adapt and address the increasingly desperate protection needs and activate priority specialized services and responses across child protection, gender-based violence, mine action and legal aid.

Aligned with its core response framework, the Cluster has made considerable progress in several key areas. Service and case management have been resumed and scaled up across all AoRs, with over 60 active partners contributing to the Protection Cluster’s efforts. Proactive protection approaches have been a focus, including support for community-led initiatives, community protection planning, and cash-based assistance to those in need. Frontline protection responders have strengthened capacity and engagement across all sectors.

Key Figures

- **168,285** people received Menstrual Health Management items including dignity kits, MHM kits, sanitary pads
- **6** safe spaces for women and girls established
- **4,788** women and girls assisted via safe spaces
- **245,230** people reached with GBV services
- **114** people trained on GBV in emergencies
- **190,555** children (**102,126** girls/**88,429** boys) and **77,537** caregivers reached with mental health and psychosocial support (MHPSS)
- **209** explosive hazard assessments conducted of humanitarian sites and routes
- **474,169** individuals, **397** humanitarians and **178** local partners attended Explosive Ordinance Risk Education – Conflict Preparedness and Protection session



Photo by Women’s Affairs center WAC

The expansion of proactive protection approaches, comprehensive case management frameworks, and mental health and psychosocial support services has been central to the protection response in the West Bank. Protection partners have adapted to the deteriorating context, managing to sustain critical activities, notably in hard-to-reach areas. This includes the use of remote modalities, prepositioned material assistance, and increasingly localized community-led emergency response plans.

Gender Based Violence (GBV) Area of Responsibility (AoR)

The GBV AoR established six safe spaces in the Middle and Mawasi areas to create a supportive environment for women and adolescent girls, including survivors of GBV, allowing 4,788 women and girls to seek the limited lifesaving support available, including healthcare, psychosocial support and legal aid. Safe Spaces have proven critical for the dissemination of information on constantly changing available resources and services in the safe zone areas. They also help reduce the risk of gender-based violence, support recovery and resilience, and promote the overall well-being and dignity of women and girls. In Gaza city and northern areas, GBV protection focal points were identified to facilitate effective referrals and support for survivors.

West Bank GBV AoR partners continuously provided life-saving GBV services by flexibly adapting service modalities, such as online/virtual services, to overcome challenges like imposed movement restrictions. Several hotlines were crucial for supporting GBV survivors and those at risk of GBV, responding appropriately to each case and reaching 17,577 women with GBV services. Around 4,000 women received services at safe spaces across the West Bank, and partners successfully expanded lifesaving GBV services in areas affected by repeated military operations, providing MHPSS, counselling, and awareness-raising for GBV survivors and women at risk of GBV.

Providing Safe Spaces and Psychosocial Support for Women and Girls in Mawasi

M. is 39 years old: *"We thought that the worst thing for a woman was to live in the family's home, but*

we found that the most difficult is to live in a tent in the middle of the family's tents, or in a shared tent with my husband's family. We suffered from the stress of working all day long, preparing food, washing, and all the necessities of daily life. After all this, we faced beatings, humiliation, degrading and disrespectful treatment by our husbands. I lost my appetite, pleasure in life, and feelings of sadness and depression appeared."

After enduring this daily struggle, M. discovered the safe space established by the GBV actor CFTA. She found the support and resources she desperately needed. In the safe space, M. received psychosocial support that helped her rebuild her self-esteem and regain a sense of control over her life. She was provided with hygiene materials and Dignity kits M. participated in awareness activities that informed her of her rights and provided her with strategies to cope with and address the abuse she faced.

The safe space also offered M. a group of women who had experienced similar challenges. Together, they shared their stories, supported one another, and worked towards healing. This sense of solidarity helped M. realize she was not alone and that her feelings of sadness and depression were valid and could be addressed. M is now a strong advocate for the safe spaces in her displacement sites and support and refer her neighborhood and relative to the safe space.

"The safe space was my safe place. It provided me with the tools and support to reclaim my dignity and build a better future for myself and my kids. I am now helping other women in similar situations."

Mine Action Area of Responsibility

Operational mine action partners in the Gaza Strip conducted Explosive Hazard Assessments (EHA) of humanitarian sites, as prioritised by clusters, to ensure that a location is free from the threat of explosive ordnance (EO) and can be safely used by the clusters for their respective activities. In parallel, Explosive Ordnance Disposal (EOD) experts also assessed routes in support of inter-agency missions through the Gaza Strip and advised on safe itineraries, enabling the convoys to reach their destination without incident. The convoys brought essential supplies including fuel, food and medical supplies and equipment.

To complement EHA-related activities, Explosive Ordnance Risk Education – Conflict Preparedness and Protection (EORE-CPP) was delivered in key locations, predominantly in areas where the population was seeking refuge. Given the limited EOD response in Gaza due to active hostilities and the inability to import equipment, effective EORE-CPP activities are critical to raise awareness and inform communities of the risks of EO, equipping them with the knowledge to identify potential dangers, and safe practices when encountering explosive hazards.

Protecting the people of Gaza and humanitarian staff from explosive threats

In May 2024, EOD specialists conducted an emergency hazard assessment at three facilities - the Maghazi and Nuseirat Health Centers as well as the Nuseirat Prep Girls School - to ensure that the buildings, which had sustained different level of damages during the ongoing conflict were not contaminated with EO.

"We assessed each floor to check for unexploded ordnance and take the necessary preventive measures. After confirming that all three locations were free from explosive ordnance, humanitarian

partners were able to use these installations to support the provision of healthcare services, shelter and/or assistance to displaced people." Carlos, EOD Technical Advisor.

"My family and I were profoundly impacted by explosive ordnance. Tragically, I lost my father, mother, and brother while they were trying to escape the bombing. Overwhelmed by fear, they made the fatal mistake of heading towards the bombing in the Nuseirat market, resulting in their car being directly hit." – female participant of an EORE-CPP session delivered by Mine Action partners.

"Thank you for providing us with such information, my son got injured because of a projectile. He is here listening to you and I'm sure he won't touch any object after what he learned from you". - explains a mother who participated in an EORE-CPP session delivered by Mine Action partners on 5 May in the Middle Area.

Child Protection Area of Responsibility

A key area of work in Gaza has been to support the identification, documentation, tracing and reunification of unaccompanied and separated children, in addition to the prevention of family



UNMAS staff in action in Dier Balah - Photo by UNMAS

separation through distribution of child identity bracelets. Child protection actors quickly scaled up the provision of alternative care arrangements for unaccompanied children and support for children that are separated from their families.

Ahmed and Safa'

Ahmed (14) and Safa¹ ⁽⁸⁾ grew up with their parents in Gaza city. Despite multiple escalations of hostilities throughout their childhood, their loving parents managed to provide them with a happy upbringing. But it all fell apart during this escalation. In April, their home was bombed, immediately killing Ahmed and Safa's father. The rest of the family were taken to the nearby hospital – Al Shifa – but finding it overrun they had no choice but to flee south through the military checkpoint. As they crossed, their mother was held back for security checks and Ahmed and Safa were forced to continue their journey to Rafah without her.

After finally being released from the checkpoint the mother said, *"I was wandering aimlessly, crying and shouting my children's names, asking people around me, but I couldn't find them. I gathered my strength and went to my family in Khan Younis and continued searching for my children everywhere for two months. Those were the hardest two months of my life. I looked for my children's faces among the displaced children in the streets and camps. I saw children with sunburned faces, exhausted by harsh conditions and lack of food and water, and I thought of my children, feeling they might be suffering more without parents and care."*

When the children arrived in Rafah, they waited for their mother for hours, hoping she would arrive, but she never did. All alone, at high risk of exploitation and abuse, the children were luckily found by an elderly lady who cared for them for a month until they were identified by a community child protection network and referred to a child protection partner. A social worker immediately responded to assess the children's needs, and took them to the alternative care centre, providing basic needs, individual counseling sessions, and integrating them with other children through psychosocial support activities.

Meanwhile, the family reunification team were working hard to trace Ahmed and Safa's mother. Within three weeks they managed to reunify the children with her. A care provider from the partner organisation said, *"the reunion was emotional – everyone cried seeing the intense emotions of the mother and children in their first meeting after months of separation"*. Their mother said, *"When I first saw my children, I felt happy to see them again and happy that they were in better condition than I expected. Their clothes were clean, and their faces were bright."*

Child Protection actors working on the caseload of unaccompanied and separated children continue to provide services even after reunification by providing tents for families, holding mentoring visits for children and parental care awareness for caregivers. They referred Ahmed and Safa's mother to other humanitarian actors to receive further support, and she is now starting a small home-based income-generating project by baking and selling homemade pastries, trying to do whatever she can to continue to support her children.

In the West Bank, Child Protection partners have focused on addressing the severe psychological distress faced by children, due to protection risks and violations including military incursions, settler violence, and forced displacements. Key efforts include case management, MHPSS services for children and caregivers, and the distribution of emergency child protection supplies, particularly for children with disabilities. Despite access challenges, partners have scaled up interventions in high-risk areas. Community-led initiatives have also strengthened localized care for unaccompanied and separated children, ensuring ongoing support for families impacted by the conflict.

Legal Task Force

In Gaza, the Legal Task Force (LTF) has focused on providing displaced Palestinians with alternative civil documents (i.e. IDs, Birth Certificates, Marriage Certificates), as well as assisting with custodianship; and supporting documents to safeguard Housing, Land and Property (HLP) rights post-conflict. Notably, the development

of a Guidance Note on Civil Documentation and Birth Registration has proven critical, and partners are providing information sessions, counselling sessions, paralegal services and trainings on this basis, as well as helping displaced Palestinians document their housing, land and property (HLP).

Efforts to track and protect prisoners and detainees from inhumane treatment have included the filing by partners of three separate petitions before the Israeli High Court of Justice: one petition demanding the reinstatement of information-sharing with the ICRC as well as ICRC detention facility visits; a successful petition demanding the closure of the detention facility at Sde Teiman military base; and another successful pending petition demanding that security prisoners be provided with food of adequate quantity and composition, and identical to that supplied to the

other prisoners. Moreover, the Incarceration of Unlawful Combatants Law has been challenged in Israeli courts, and because of litigation and amendments to the law, it is now possible for lawyers to visit Gaza detainees after 90 days in detention. Furthermore, Gisha has a pending High Court Petition calling on Israel to allow unhindered access for humanitarian aid to enter Gaza; and Physicians for Human Rights Israel (PHRI) has a petition calling upon Israel to establish a transparent mechanism to facilitate medical evacuations out of Gaza.

In the West Bank, the LTF has been focused on: lifting closures imposed by Israeli Forces and settlers; curbing settler violence and settlement expansion; and mitigating demolitions in both East Jerusalem and Area C.



Credit: UNICEF-State of Palestine/2024



Over the past six months, the Education Cluster has focused on finding innovative ways to continue education, such as setting up temporary learning spaces (TLS). By the end of June, these efforts enabled 7,300 displaced children to resume learning and participate in educational activities while permanent educational structures were being repaired or rebuilt. As of June, 43 TLS had been established, and the Cluster aims to create an additional 200 by the end of the year, especially considering UNRWA's announcement of the back-to-learning initiative. Cluster members have also invested in providing educational and recreational supplies and organizing large-scale recreational activities for children.

Additionally, sustained efforts have been made to support the mental health and well-being of children and teachers affected by the hostilities. In the first few months of the crisis, the Cluster focused on providing recreational activities, emergency learning kits, and Mental Health and Psychosocial

Key Figures

- **234,044** school-age children provided with recreational activities to support well-being
- **92,095** to school-age children and teachers/other educational personnel provided with psychosocial support
- **14,647** recreational/MHPSS kits/materials provided
- **7,300** students provided with multi-channel learning opportunities, including accelerated learning programs for school-age children in TLSs and catch-up classes, and compensate learning loss approaches 7,300
- **3,550** assistive devices provided to teachers and children with disabilities

Support (MHPSS) to children, youth, caregivers, and teachers in shelters, reaching 234,000 individuals. Since early 2024, the Cluster partners have concentrated on the continuity and restoration of learning in non-formal settings, alongside MHPSS.



"Play and Learn" Initiative - Photo by UNICEF

Ola and the “Play and Learn” Initiative

Ola launched the “Play and Learn” initiative on May 5, 2024, in the Al-Nakhil shelter camp. Initially, the program began with fewer than 20 children, but within two months, it grew to serve over 160 children in primary education. The children showed great enthusiasm and eagerness to learn, and there was significant engagement from both the children and their families.

The strategy involves implementing an emergency response plan along with teaching basic skills in Arabic, English, and math. This includes working on modifying values and behaviours while promoting positive ones. The positive reaction from parents has been evident, with many advocating for the return of education and emphasizing the importance of regaining the basic skills lost due to prolonged absence from the educational process.

The impact of conflict, destruction, and loss has left many children struggling with fundamental skills such as holding a pencil, writing, and reading. These challenges, combined with the trauma of war and displacement, have created a critical situation that concerns both parents and caregivers. As a result, the camp residents have actively collaborated and assisted in raising awareness about the importance of returning to education. They engage with their children to complete assignments and monitor the skills acquired through the “Play and Learn” initiative.

Notably, the initiative has achieved significant success with special needs children. For instance, Mohammad, a child with autism, faced considerable challenges within his family due to the stress of the war and displacement. However, Mohammad’s participation in classroom sessions led to noticeable improvements in his behaviour. Initially, he struggled with activities such as colouring within the lines, but with consistent attendance and

personalised support, Mohammad improved his focus and ability to colour within the lines. He also began participating with his colleagues in reading, writing, singing the alphabet sounds in Arabic, and counting in math. His progress is considered a significant achievement in integrating children with special needs under challenging circumstances.

“Another success story involves Mansour, a child with a hearing impairment. Mansour exhibited exceptional dedication and punctuality, often arriving before the class started. His consistent engagement and participation motivated further efforts. The children’s positive responses and love for learning continuously drive me to contribute my best efforts to support their development and well-being, even without financial compensation. Unfortunately, I had to relocate from the Al-Nakhil camp for personal reasons. Despite this, the spirit of giving and the memories of the children’s smiles during the activities have fueled my determination to continue my mission. I have started a new initiative in my current location, forming new educational teams and adopting an active learning approach. This includes incorporating recreational activities to help children channel negative energy into positive outcomes.”
(Ola)

The ongoing efforts reflect a commitment to education and the well-being of children, and the transition to a new location has allowed for further development of the methodology and approach to meet the evolving needs of these children.

Since January, education partners in the West Bank have reached approximately 20,000 students and teachers with psychosocial support, emergency learning, school rehabilitation, recreational supplies, and activities. This represents only 27.5 per cent of the Cluster’s Flash Appeal target for the West Bank.



In the past six months, the Food Security Sector (FSS) in Palestine has made significant efforts to adapt to the challenging conditions in both Gaza and the West Bank, remaining committed to improving food security for Gaza's 2.2 million residents and over 600,000 people in the West Bank. The escalation of hostilities and mass displacements have led to severe food shortages across Gaza, where the food system has collapsed or barely survives through informal markets. In response, humanitarian organizations have provided extensive in-kind support to bakeries and community kitchens for bread and hot meal distribution, as well as directly to families through ready-to-eat food parcels. While airdrops have been used, details of their reach are unclear. Over this period, FSS operations in Gaza have evolved significantly, shifting from household-level food parcel distributions to community-driven solutions, such as scaling up food distribution through community kitchens as the situation worsened.

Lifeline and Hope Through Community Kitchens

In the first half of 2024, Food Security Sector partners in Gaza reached a significant milestone by

Key Figures

- **1.8 million** people received food assistance
- **6,195,767** hot meals provided
- **4,100** breeders received emergency animal fodder
- **67** community kitchen/cooking points provided cooked meals

establishing over 65 community kitchens across the Gaza Strip. These kitchens, or takayas, have become essential lifelines, serving approximately 1.1 million hot meals each month. They have addressed the nutritional needs of residents across all ages and regions, especially as the conflict has intensified. However, the distribution of cooking points has highlighted notable disparities. While Khan Yunis has been able to effectively support food preparation and distribution due to its robust infrastructure, areas like Gaza, North Gaza, and Rafah have faced severe limitations, with inadequate cooking points relative to their high number of beneficiaries. This



Community kitchen in Dier Balah - Photo by Islamic Relief

disparity has impacted the overall effectiveness of food security interventions.

Amid the intensifying conflict and ongoing evacuation orders, these kitchens have adapted to provide crucial support, moving beyond reliance on canned goods to offer freshly prepared meals. For the Palestinian community, especially children, these kitchens have become a daily source of hope and nourishment. What began as small-scale charitable efforts in places like Al-Shaboura camp has evolved into a comprehensive network supporting displaced individuals across Gaza.

Women have played a central role. Initiatives like the Women-Led Bread Baking Initiative have not only provided economic empowerment to women and youth but have also contributed to the resilience of entire communities. Women have been at the forefront of these kitchens, managing the preparation of meals and ensuring the continuation of food distribution despite the challenges posed by the ongoing conflict and resource shortages. Their efforts have extended beyond food provision, fostering social cohesion and supporting the well-being of displaced families.

A poignant example of the kitchens' impact is illustrated by the experience of a young boy during Ramadan. At just six years old, he was delighted to receive a hot meal after a long day of fasting. He eagerly carried a small pot to collect his meal and was thrilled by the quick service. However, with hopeful anticipation, he asked one of the kitchen staff if they could have fish the next day, recalling how fish was a cherished part of Ramadan meals. His mother, aware of the blockade's impact, which had made fishing impossible, gently reminded him that having any food was the primary concern. Despite this, she supported her son's optimism, letting him hold onto the hope that future donations might still provide for their needs.

These community kitchens exemplify the spirit of solidarity and resilience in Gaza. Through their unwavering commitment, and with women playing a critical role, they have become symbols of collective effort and shared humanity. Even in the most challenging times, the strength of community, cooperation, and gender inclusion shines brightly, offering not just sustenance but hope for the future.



Father cooking for his children in a UNWA shelter - Photo by UNRWA

Water, Sanitation and Hygiene



Explore more
response.reliefweb.int/palestine/water-sanitation-and-hygiene



Explore more
[WASH Cluster Dashboard](#)

Despite all obstacles, the cluster has continued to deliver WASH services throughout the successive waves of evacuations. The single greatest achievement is that WASH partners have transferred service delivery for one million people from Rafah to Deir Al Balah and Al Mawasi, from a location relatively well covered for water production and distribution to an area described as an infrastructure desert, devoid of wells, pipes and infrastructure.

This is despite severe constraints on the importation of globally standard WASH response equipment, supplies and materials, including critical fuel, generators and pumps that are the foundation for a public health-oriented emergency WASH response. Overall, in late January 58 per cent of WASH assets were damaged or destroyed; by late June this had risen to 84 per cent. The quantification of destruction of piped water networks, sewage lines and storm drains remain uncalculated. No wastewater treatment is taking place, sewage pumping is reduced to a minimal level to avoid effluent in populated locations, solid waste collection mechanism has no safe final disposal location and most communal waste bins and vehicles are damaged or destroyed. Thousands of hygiene kits and cleaning kits are queued to enter Gaza however the trickle of items is insufficient to cover needs.

WASH on the move: Maintaining the provision of water and sanitation services under fire

How can humanitarians ensure access to clean water during an active conflict situation characterized by large-scale population movements

Key Figures

- **120,000** hygiene kits and institutional cleaning kits distributed and 9% of target achieved
- Average daily production of water **71,166** m³ compared to **375,000** m³ pre crisis production
- **6,000** latrines built for people living in spontaneous sites
- **12.5** kilometres of water and wastewater networks are under rehabilitation in refugee camps, and the cluster has completed 10 kilometres of infrastructure rehabilitation across Areas A, B and C

where most of the basic infrastructure has been destroyed? In Gaza, when an evacuation order is issued, there are between two and 24 hours to identify equipment that can be moved and to transport it to a perceived safer area. The Rafah incursion saw one million people move from Rafah to the coastal regions of the Central Area, many of whom subsequently moved to Deir Al Balah as the military operation spread.

Still, WASH partners organized more than 750 community water points with 25 partners supporting water trucking to facilitate safe and organized distribution of water. One million people who had previously had universal household coverage were now dependent on these community water points, many collecting water in bowls and buckets from NGO partner trucks.

There has been a chronic shortage of shelter items in Gaza since 7 October, at a time of vast demand and need. Shelter Cluster partners have remained flexible and innovative, looking beyond traditional options. As well as focusing on tents, the most visible and obvious solution, partners have distributed sealing off kits (SOKs). These kits, containing essential items such as tarpaulins, plastic sheeting, ropes, and duct tape, offer versatile solutions for a variety of shelter-related needs. SOKs are used to reinforce self-built shelters, create partitions in collective centres, provide extra shading during hot summer months, seal openings in damaged or unfinished buildings, and even create waterproof flooring. In this context where shelter resources are scarce and assessments are difficult, SOKs provide a versatile and flexible solution which covers a wide range of needs.

However, the effectiveness of these kits is limited without tools and fastening materials for proper installation. While toolkits would typically be a standard part of the response, obtaining approval for their entry into Gaza has been a significant challenge. Through a concerted advocacy effort by UN partners and donors cluster partners managed to get approval for toolkits and brought them into Gaza. This achievement allows for more secure installation of tarpaulins, further enhancing the response on the ground.

Key Figures

- **293,000** household NFI kits distributed
- **73,600** tents distributed
- **81,800** sealing-off kits distributed
- **500** households supported with cash assistance to repair damaged shelters in the West Bank

The cluster has also focused on producing concise, simple and yet relevant guidance to support partners in their work, to cut out the need for organisations to sift through extensive guidance. In collaboration with other clusters, the cluster has produced streamlined guidance on topics such as the standards for Humanitarian Tents, which vulnerable groups should be assisted first, and how to approach Housing, Land and Property issues in an emergency context where people are moving very quickly and repeatedly.

Innovation and flexibility are an approach that the shelter cluster is continuing with, continuing to produce simple guidance for partners, to advocate for “framing kits” which consist of timber and fixings which, again, can be used for multiple interventions, and designing winterisation mitigation plans with materials that can be found in Gaza.



Children sitting in a destroyed building in Khan Younes ©Photo by UNICEF/ El Baba

The Logistics Cluster was activated on 16 October 2023, adopting a regional operational and coordination approach with a presence across Gaza, Jerusalem, Cairo, Al Arish, and Amman and has been instrumental in mitigating bottlenecks for the humanitarian community by enhancing logistics capacity, providing common services, and ensuring coordination among various stakeholders.

Logistics Partnerships: Support to the Egyptian Red Crescent

The Egyptian Red Crescent's (ERC) has been a central partner in the transfer of humanitarian cargo from Egypt to Gaza. To support ERCS logistical capacity, the Logistics Cluster provided ERC with trucks, generators, forklifts in Al Arish, and 29 mobile storage units and temperature-controlled units totalling almost 9,000 m² to enhance its ability to manage and dispatch the steady flow of aid from Egypt to Gaza, despite logistical and security challenges. The support also included informing partners about the status of their cargo in coordination with ERC and assisting the WFP supply chain unit with truck tracking.

Logistical Partnerships: the Jordan Corridor

Between January-June 2024, the Logistics Cluster in close cooperation with the Jordan Hashemite Charity Organization (JHCO) coordinated 59

Key Figures

- **227** humanitarian organisations supported.
- 50 coordination meetings held in Gaza, Jerusalem, Cairo and Amman, both virtual and in person
- **83** information management products published on the Palestine dedicated webpage
- **362** consignments for common services were accepted
- **37,421** m³ of humanitarian cargo received for storage in Logistics Cluster common warehouse in Deir al Balah
- **59** Inter-Agency convoys supported through the Jordan corridor

Inter-Agency Convoys through the Jordan corridor, delivering almost 20,000 MT of essential humanitarian aid through 1,437 trucks, including food, shelter, nutrition, protection, health, logistics, and WASH supplies. This effort utilized both back-to-back and direct government-to-government convoy modalities. The first direct convoy was dispatched on April 8, marking a significant milestone in logistics operations in Gaza response. A dedicated IA Convoy Tracker was implemented and is updated on a regular basis.



©Photo by WFP/Logistics Cluster

Emergency Telecommunications



Explore more
etcluster.org/emergency/palestine-conflict



Explore more
[ETC Cluster Dashboard](#)

The Emergency Telecommunications Cluster (ETC) was activated on 31 October 2023 to meet the urgent need to support humanitarian responders and affected populations to access reliable and shared communications services in Gaza. The ETC's mission is to provide vital connectivity and coordination mechanisms to facilitate the delivery of life-saving assistance and enhance the effectiveness of humanitarian response efforts.

To date, the ETC has successfully imported 20 satellite phones, 30 digital VHF radios and four solar-powered solutions to contribute to enabling lead UN agencies to coordinate and establish security communications systems (SCS) in Gaza. ETC works closely with UNDSS to ensure staff safety and security in the field. A needs assessment has been conducted, and measures are being implemented to strengthen procedures, utilizing available resources.

ETC is engaged with telecommunications and internet service providers to raise awareness and advocate for their challenges in fuel allocation,

Key Figures

- Conducted **24** ICT assessments and supported 19 partners and agencies in four locations across Gaza.
- Imported **20** satellite phones into Gaza to facilitate and allow UN agencies' staff to communicate while in Gaza.
- Procured ICT equipment to strengthen the capacity of the Security Operations Centers (SOCs) in Gaza and Jerusalem. The team is following up with COGAT to secure the approval of the importation of ICT equipment into Gaza.
- Imported **30** VHF digital radios into Gaza on 14 June. These radios are assigned to facilitate WFP and other UN agencies' operations in Gaza.
- Relocated the VHF repeater site and solar-powered solution to Deir Al Balah, following the incursion in Gaza. The site is operational at a limited coverage and capacity.

spare parts availability, and safe access for repairs. Telecommunications services act as a lifeline for humanitarians to communicate and coordinate life-saving activities in Gaza.



OCHA Photo by Mustafa Al Halabi



Multipurpose Cash Assistance



Explore more
etcluster.org/emergency/palestine-conflict

“Some of most urgent needs at household level are not met by the food or in-kind assistance that we receive. [...]. The cash we received from UNICEF allowed us to buy the medicines needed for one family member with a heart condition. Since we moved from the north of Gaza without most of our belongings, we also need winter clothes for the children.” MPCA recipient in Rafah:

Since the beginning of the year, the delivery of Emergency Multipurpose Cash Assistance (MPCA) in Gaza has undergone significant changes to adapt to the evolving crisis and economic conditions, yet has continued to be delivered without interruption, reaching 87,410 households and benefiting approximately 605,000 individuals. 67,000 households also received a second payment, several hundred received a third, and over 13,000 cases received vulnerability and sector specific top-ups.

Cash assistance in Gaza has proven to be a powerful equalizer, complementing other in-kind aid

Key Figures

	Gaza	West Bank
• Number of HHs assisted with emergency MPC to cover their most urgent needs	87,410	2,298
• Percentage of recipients reporting that MPC contributed to accessing their basic needs	82%	69%
• Percentage of recipients satisfied with the modality of assistance received	94%	98%

and enabling people to purchase, sell, and exchange goods and services according to their priorities.

Issues around movement of liquidity remained a persistent problem, impacting the ability of cash recipients to redeem and affecting both humanitarian aid and local economic activities. Extreme market fluctuations and the collapse of formal economic structures further complicated efforts to monitor



Children sitting in a destroyed building in Khan Younes ©Photo by UNICEF/ El Baba

and maintain stable assistance. Fluidity of context and multiple displacements led to a fragile and very unpredictable operational environment improvements made in previous periods can be suddenly lost.

A notable shift in operations has been the integration of digital cash transfers through mobile money and digital wallets. Faced with ongoing liquidity challenges that affected physical cash distribution, MPCA actors embraced e-wallets as a solution to ensure the continuation of cash assistance. By June 2024, assistance through e-wallets had reached tens of thousands of households, with an impressive 80% redemption rate for initial distributions. This digital approach not only alleviated liquidity problems but also reduced the demand for physical cash and minimized illegal fees associated with traditional cash transfers.

One of the main changes from January to June 2024 was the increase in the transfer value of EMPCA from 754 NIS to 1000 NIS in April, as well as providing up to three transfers per households accommodating the rising cost of living and continued needs for humanitarian assistance in Gaza. This adjustment ensured that assistance remained relevant and effective despite escalating prices.

Despite the severity and duration of the conflict and the limited import of goods, markets across the Gaza Strip have proven resilient. The collapse of the formal economic structure has given way to informal market setups, which continue to provide a critical point of access for the exchange of goods and services. With humanitarian aid representing the backbone of economic activity in Gaza, cash assistance has been vital, not only to boost recipients' purchasing power, thereby contributing to economic recovery and improvement, but as well to the survival of market operations.

In the West Bank, MPCA focused on supporting those displaced by security incidents, ensuring a rapid injection of resources when such events occur, as well as for cases impacted by the escalation of violence or witnessing worsening of their capacities to meet basic needs. 2,300 HHs (10,000 individuals) were supported since the beginning of the year with MPCA. However, the recurrent nature of these incidents poses severe challenges to the sustained impact of emergency cash assistance. Multisectoral coordination has proven essential to ensure that assistance is not siloed and contributes to longer-term impact, emphasizing the need for integrated support systems to address both immediate and ongoing needs effectively.



The UNRWA Social Work Team organizes recreational activities for displaced children in Khan Younis area. July 3, 2024.

© 2024 UNRWA Photo by Mohammed Hinnawi



Site Management



Explore more

ccmcluster.org/where-we-work/occupied-palestinian-territory

The Site Management Working Group (SMWG) was activated in response to the massive population displacements emanating from the Israeli military response to 7 October 2023. The scale and successive waves of displacements due to insecurity and frequent evacuation orders necessitated a dedicated coordination body.

Since February 2024, UNRWA and ACTED have led the SMWG. This group is unique to Gaza, which has required innovative approaches to tracking population movements, profiling informal and formal sites, and supporting coordination of assistance in these sites. To date, the group has focused on improving humanitarian coordination and information management at the site level and ensuring service provision meets minimum standards, targets those most in need, and is delivered in a timely and coordinated manner. With extremely limited relevant technical capacity on the ground, the SMWG created site-level systems to support delivery of life saving assistance to the over 1.5 million people in Gaza currently living in displacement sites.

Coordinating assistance for a highly mobile population

The SMWG maintains a comprehensive master list of 2,390 known displacement sites in Gaza (as of 30 June 2024). Using an SMWG tool developed in collaboration with other clusters and IMPACT Initiatives, partners conducted 204 site assessments to identify priority needs and gaps. These tools have enabled life-saving service

Key Figures

- **245** site monitoring assessments conducted
- **1,555,101** people living in all site master list sites as of 30 June 2024
- **150** people trained on site management and related topics

delivery to sites. OCHA uses the site master list to generate analysis on people affected by evacuation orders an important source of information for guiding service delivery and advocacy. The Health Cluster uses the site master list and population figures to identify gaps in health points/ facilities with respect to site level population. -The Shelter/ NFI and Food Security Clusters are currently using site monitoring data on fuel sources to develop a strategy on safe access to fuel. The WG is also finalizing a streamlined system for referring site-level gaps to Cluster Coordinators.

Since the onset of the Rafah incursion, the SMWG shared daily and aggregated displacement numbers. Daily email updates, factsheets, and 30 site extent maps inform operational partners' emergency assistance. The International Court of Justice also used displacement tracking data in its decision on Rafah.

To support ongoing identification of priority needs and safe and coordinated provision of assistance, the SMWG has trained 150 individuals building on partners' existing experience while providing contextualized site management training.



Accountability to Affected People



Explore more
[Accountability to Affected People Webpage](#)



Explore more
[APP Dashboard](#)

Communicating with Communities: Enabling a Safe Delivery Amidst Conflict

Batoul (fictional name), a 23-year-old woman, faced a high-risk pregnancy at 36 weeks, having already endured two previous miscarriages. Before the conflict began on October 7, Batoul and her husband lived in Gaza City. However, the onset of war forced them to flee to Deir Al Balah, where they sought shelter with relatives.

Like the 2.4 million residents of Gaza, Batoul's access to essential healthcare was severely disrupted, the availability of services was highly volatile, with information changing overnight due to bombardments. The regular weekly checkups she relied on at Al Quds Hospital in Gaza were no longer possible. With no access to medical care, Batoul and her husband were left in a state of anxiety, relying only on the baby's movements for reassurance. Her husband expressed the gravity of their situation, saying, "It's like we are back in the stone age."

Despite these challenges, Batoul's husband focused on finding a safe solution for her delivery, and through his company reached members of OCHA, who in turn referred the case to the health cluster working group. Given the extensive number of severe cases in Gaza, this case did not qualify for a referral outside of Gaza. Through the health cluster coordination, UNFPA provided information on Al Awda Hospital in Nuseirat, the only hospital in the area providing comprehensive maternity and obstetric services, remained operational. The hospital had the capacity to perform all necessary operations, including caesarean sections, and offered these services free of charge. Moreover, in critical cases, the hospital could dispatch an ambulance through a call to 101, ensuring that

patients like Batoul could reach the care they desperately needed.

Batoul had a safe delivery only a few days before Al Awda Hospital was struck and rendered out of service.

From January to June 2024, the Accountability to the Affected People (AAP) Working Group, led by OCHA, has focused on enabling communication with communities. Establishing effective feedback mechanisms and communications channels required innovating thinking and approaches. Since October 2023, all communications channels have been significantly impaired and traditional approaches to ensuring community awareness of and feedback on humanitarian operations were rendered inoperable.

Efforts are underway to develop a Common Feedback Mechanism for the whole of OPT, drawing upon CERF funding that was secured by OCHA and UN Women. In the interim, the AAP and Risk Communications and Community Engagement coordination fora have brought together partners to develop common messages on the provision of humanitarian assistance and critical protection information.

Through direct work with cellular service providers, OCHA has been able to successfully track cellphone connectivity by region in Gaza, and, as accessibility has increased, to send broadcast messages providing important humanitarian information. Helplines have been established, feedback from which AAP focal points support responses and analysis of trends.



Prevention of Sexual Abuse and Exploitation



Explore more
[ShabkatSanad](#), [Instagram](#), [Facebook](#), [Telegram](#)

Emphasis since 7 October has been on enhancing access to safe reporting channels; capacity building for organizations; awareness for staff and service providers; risks assessments; and mitigation.

An online and offline communications campaign was launched along with visual identity for the PSEA Network under the brand SANAD. This includes online outreach and a community of practice through Instagram, Facebook and Telegram. Offline outreach is done through community-based organizations and volunteers using [tailored materials](#) to promote protection principles. Partner organizations use adapted materials and [storytelling](#) to promote safeguarding principles and connect the audience to safe reporting channels.

Training and peer to peer support to promote and support the use of safe reporting channels and helplines in Gaza and the West Bank, including East Jerusalem. The helpline offers a safe space to report allegations of sexual abuse and exploitation (SEA) and acts as a comprehensive service that responds to the immediate needs of the community: psychological first aid, MHPSS counseling, remote

Key Figures

- **50,417** helpline calls answered
- **31,698** helpline counselling sessions
- **10,300** referral for other services
- **305,601** people reached with awareness activities

medical and legal consultations, and referrals for available services. The helpline also monitors emerging issues that need urgent attention.

[Risk Assessment workshops](#) have been undertaken to define a risk registry tailored to the specific activities and operations of each cluster. The PSEA Network, in collaboration with the Protection and other clusters, is also investing in the establishment of community led initiatives that can act as frontline protection respondents.



©Photo by Save Youth Future Society in Gaza, as part of the Sanad Network activities promoting community safeguarding

