



PALESTINE COUNTRY REPORT

THE STATE OF THE
HUMANITARIAN SYSTEM 2026

A photograph showing a man in a black t-shirt and a brown cap pouring a thick, red soup from a large metal ladle into a large, shallow metal pot. Another man in a white t-shirt and a brown cap is partially visible on the left, holding a long-handled spoon. The background is a simple, light-colored wall with some text and a sign. The scene is set in a makeshift kitchen or food distribution center.

A distributing centre of hot meals to residents amidst the rubble of destroyed homes in the Al-Amal neighborhood of Khan Younis, in the southern Gaza Strip.
[Anas-Mohammed/Shutterstock](#)

5. SYSTEM RESPONSE UNDER EXTREME CONSTRAINTS

5.1 Collapse of protection and civilian safety



'Nowhere was protected – not homes, not hospitals, not shelters.'

(KII, local authority representative)

For civilians in Gaza, current conditions reflect both the intensity of the conflict and also the inability of the humanitarian system to uphold its core protection function. Interviews and FGDs consistently revealed that protection risks have escalated beyond the system's capacity to prevent, mitigate or respond.

Spaces traditionally associated with safety – homes, hospitals, shelters – have been repeatedly damaged or destroyed, leaving civilians exposed to continuous cycles of harm. Protection hotlines, referrals and psychosocial support have persisted but they do not meet the scale and severity of violations. This includes for gender-based violence, child protection risks and exploitation.

This protection failure is evident in mass and repeated displacement. Nearly the entire population has been displaced multiple times, often under unsafe conditions and without viable alternatives. Displacement itself exposes civilians to immediate risk, while conditions in displacement sites – overcrowding, lack of sanitation and poor management – create ongoing exposure to violence, exploitation and disease.



'The last place we fled to is this one. Even getting transportation to evacuate was very difficult. We ended up stuck on the road under bombardment for a whole night, me and my children, living through fear and terror.'

(FGD, displaced woman)

FGDs revealed that households have adopted harmful coping strategies, including food rationing, early marriage and returning to unsafe areas to retrieve belongings. These are not isolated choices but responses to the absence of effective protection and safe alternatives.

'When we were displaced to Rafah, I used blankets that had been used to cover martyrs³... there was no water to wash them, but I had no choice.'

(FGD, displaced woman)

Humanitarian workers themselves have not been spared. UN agencies, international organisations and local NGOs have faced repeated attacks, arrests and fatalities, which has severely undermined operational capacity and eroded the humanitarian principle of protection. The scale and pattern of these incidents indicate heightened risk and also a breakdown of deconfliction mechanisms and the protections typically afforded to humanitarian actors. Between 7 October 2023 and 3 December 2025, at least 578 aid workers were killed, including some in the line of duty (OCHA, 2025a). As violence escalated during this time and services collapsed, civilians were increasingly left to navigate life-threatening conditions without reliable assistance.

'As for the challenges related to coordination with the occupation, there is no deconfliction. We have been directly targeted dozens of times. Once in Khan Yunis, after coordinating with the Red Cross to retrieve bodies, even though they had sent them our names and photos, the ambulance was struck as soon as we arrived, before we could begin. One of my colleagues was killed. Personally, I survived only by curling up beside the ambulance because of my small frame, staying hidden until the planes left, and then I ran for my life.'

(FGD, community leader)

Taken together, these dynamics point to a shift from protection as a delivered outcome to protection as a systemic gap. Civilians have limited safeguards, displacement does not reduce risk and humanitarian presence does not ensure safety.



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3 'Martyrs' is commonly used in the Palestinian context to refer to individuals killed during conflict or military violence.



Respondents highlighted growing tensions in how neutrality is understood and applied in contexts of mass civilian harm and alleged systematic targeting.

5.2 Politicised humanitarian action and the breakdown of principles

The genocide in Gaza (UN, 2025) has profoundly challenged the ability of the humanitarian system to operate according to its core principles of humanity and neutrality. Respondents highlighted growing tensions in how neutrality is understood and applied in contexts of mass civilian harm and alleged systematic targeting. Rather than being treated as a fixed principle, some practitioners described neutrality as increasingly difficult to operationalise where the

asymmetry of power and harm is perceived to be extreme. This raises questions about whether this principle can or should be applied in the same way across all actors and contexts.

'The issue is neutrality and how the principle of neutrality applies here. We cannot take humanitarian principles exactly as they are written. For example, how do I apply neutrality in Palestine? How can I commit to treating Palestinians who are being exterminated in the same way I treat the oppressor?'

(KII, INGO)

Tensions between humanitarian principles and operational realities in Gaza are also evident in the use of militarised aid delivery modalities. The GHF was established in February 2025 by Israel, with support from the United States, during extreme access restrictions and famine conditions. Four-hundred aid distribution points across the Strip were closed and replaced by just four GHF sites (Various authors, 2025). GHF was presented as an ostensibly independent humanitarian initiative but, from its inception, the Fund was highly controversial.

Operations were coordinated with the Israeli military and exposed many civilians to open fire. Distribution sites required civilians to travel long distances through exposed areas, placing them at direct risk. Several community accounts have referred to the GHF aid as a "death trap". These militarised delivery modalities repeatedly resulted in mass casualties – as of October 2025, at least 2,435 Palestinians were killed while attempting to access aid (OCHA, 2025a). The design of the GHF further reinforced patterns of exclusion, as distribution sites were deliberately placed far from population centres and were largely inaccessible to the most vulnerable, including women, children, older persons and those living with disability.

The GHF model illustrates how humanitarian assistance can be instrumentalised to serve military and geopolitical objectives, in ways that erode the integrity of humanitarian action. Framing this model as 'humanitarian' functioned as a form of

camouflage, obscuring harm while normalising practices that contravene core humanitarian principles.

Communities, humanitarian partners and UN agencies widely condemned the GHF. Over 200 NGOs issued a joint public statement rejecting the scheme and calling for a return to UN-led coordination mechanisms (Various authors, 2025). This collective rejection prevented the normalisation of the model, preserved the integrity of the humanitarian system, and ultimately contributed to the closure of the GHF on 24 November 2025.

'Aid is distributed late at night in small quantities that people have to fight over. We do not support it, it is a trap for the Palestinian people that has caused injuries and deaths. It is humiliating, dangerous, and creates conditions where thieves and armed men spread.'

(FGD, displaced woman)

Historically, international actors have dominated Gaza's humanitarian narrative, often sidelining Palestinian voices. Yet the current crisis has seen local civil society assert their voice, grounding public discourse in locally generated evidence and mobilising global solidarity through advocacy, networks and digital platforms. While this signals a shift towards more Palestinian-led storytelling, increased visibility and advocacy have rarely translated into meaningful political change or improved protection for civilians, however.

'During the war, the Palestinian narrative reached the entire world. Local NGOs played a major role, issuing regular reports on famine, water and food shortages, and destruction highlighting these realities and amplifying the voices of affected communities.'

(KII, INGO)

Greater attention has also been drawn to the inactivity – and sometimes perceived complicity – of global actors in sustaining Gaza's humanitarian crisis. This includes failures by some governments and institutions to uphold humanitarian principles through political positioning, funding decisions, diplomatic inaction and their limited use of political leverage to challenge restrictions affecting humanitarian operations and civilian protection.

'Over the coming years, I think the society really needs to reckon with how they've allowed this [genocide] to happen.'

(KII, INGO)

5.3 Inequitable coverage, exclusion and the erosion of dignity

Politically constrained access and an overstretched system

Israel controls who can operate, what can enter and how assistance is delivered in Gaza, forcing organisations to align with regulatory permissions rather than humanitarian imperatives. This has caused the systematic exclusion of areas such as North Gaza, where some of the most vulnerable populations are effectively unreachable.

These constraints are compounded by severe operational limitations, including fuel shortages, communication blackouts, attacks on staff and the destruction of infrastructure. Meanwhile, repeated displacement has further weakened organisational presence and continuity.

Humanitarian actors have adapted through remote programming, partnerships with local actors and by shifting their geographic focus, but these measures have only partially mitigated the gap between needs and response capacity.



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'The scale of the disaster, the scale of the damage, and the dynamic changes that were taking place in very limited times, were far greater than the combined capacity of organisations.'

(KII, NGO)

Multi-dimensional constraints: sectoral prioritisation and exclusion within coverage

Extreme resource scarcity and donor conditionalities limit which sectors are prioritised and who is reached within those sectors.

Sectorally, the response has narrowed to immediate survival needs, with assistance largely focused on food, water, sanitation, shelter and essential medicine. Education, psychosocial support, gender-based violence response and broader protection programming have been deprioritised, creating significant gaps in how longer-term and non-visible vulnerabilities are addressed.

Within prioritised sectors, coverage remains partial and uneven still. Food assistance has helped households endure acute deprivation, yet the essential needs of specific groups (particularly older people, children, women and persons living with disability) are inadequately addressed. In the health sector, adaptive measures such as field hospitals and expanded emergency transport have temporarily increased life-saving capacity but needs far exceed available services.

Targeting approaches reinforce exclusion. Limited resources have led to intermittent distributions and partial coverage, so agencies often reach only segments of populations affected by crisis. While vulnerability-based targeting has been applied where possible, this has been combined with geographic coverage or ad hoc decision-making around urgent cases.

These dynamics have created implicit eligibility hierarchies. The prioritisation of formal shelters has excluded host communities, those displaced outside camps and humanitarian workers from accessing assistance. Distribution systems have also favoured those who are physically able to reach and compete for aid, creating additional barriers for women, older people, persons living with disability and children.

'When I lost my tent, I didn't find any help. My manager refused to assist me, explaining that as a staff member I did not have priority.'

(FGD, aid worker)



Trade-offs are structural, not incidental. They reflect a system forced to ration assistance under extreme constraints.

Meanwhile, administrative barriers deepen exclusion. The loss of personal identification documents and the collapse of civil registries prevent many from meeting verification requirements. At the same time, the absence of a unified beneficiary database has resulted in fragmented registration systems, duplication and widespread perceptions of inequity.

These trade-offs are structural, not incidental. They reflect a system forced to ration assistance under extreme constraints.

'It became a matter of "trade-offs". There would be 400–700 casualties, and we could do nothing but transport them to the hospital without being able to treat them.'

(FGD, community leader)

Inadequate and inappropriate assistance

The quality and appropriateness of assistance have been significantly undermined by supply constraints and limited contextual adaptation. Households frequently receive the same or unsuitable items that do not meet their diverse or evolving needs, forcing them to sell or exchange aid to access essential items.

'We long for foods like vegetables, fruits, and chicken. I feel helpless and sad when my daughter asks for foods like fruits or sweets.'

(FGD, displaced woman)

Assistance has also struggled to keep pace with the realities of prolonged and repeated displacement. The Integrated Food Security Phase Classification (IPC, 2025) and UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA, 2025) report repetitive displacements of up to 10 times. Notably, some respondents reported over 20 displacements since 2023. Yet shelter solutions remain temporary and inadequate: poor-quality tents deteriorate quickly, while overcrowded conditions fail to meet basic standards of safety, privacy and hygiene.

'The tents have become worn and damaged due to repeated displacement. We need lined tents.'

(FGD, displaced woman)

Erosion of dignity in delivery and living conditions

Dignity is consistently compromised in how aid is delivered and in the conditions it sustains. Overcrowded shelters, chaotic distributions and insufficient protection staffing force people to endure degrading conditions to access assistance. In displacement settings, the absence of privacy, inadequate sanitation and unsafe environments expose individuals – particularly women and girls – to heightened protection risks.



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'Maybe sitting on the street is more private than the tent, this situation is very psychologically exhausting.'

(FGD, volunteer)

Daily survival strategies reflect this erosion of dignity. Households restrict food and water intake to avoid unsafe or inaccessible sanitation facilities, and they live in conditions that undermine basic social and religious practices. These conditions also fail to meet cultural expectations around privacy, dignity and family life, further reducing the acceptability and effectiveness of assistance.

Operational choices shape dignity too. For example, staggered distributions, gender-sensitive service design, direct delivery to vulnerable households and the presence of trained frontline staff can mitigate harm. Stronger accountability mechanisms and engagement with local and women-led organisations have been

particularly effective in aligning assistance with community norms and expectations.

'When it comes to cash assistance, embedding staff at the vendors is very important ... having staff present helps hold them accountable.'

(KII, INGO)

Social fragmentation and loss of trust

Inequitable coverage, exclusion and inconsistent delivery of humanitarian assistance have had profound social consequences. As aid becomes scarce and unevenly distributed, competition intensifies within communities, eroding social cohesion and increasing tensions between displaced and host communities.

Weak transparency in targeting and perceptions of favouritism have undermined trust in humanitarian actors, while reports of diversion and theft reinforce grievances. Distribution sites increasingly function as spaces of frustration rather than relief.



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'People reached a point where they were starving and desperate ... These are not criminals ... they are people trying to find food for their families.'

(KII, INGO)

5.4 Community resilience and self-organisation as a system function

Community self-organisation has functioned as a de facto extension of the humanitarian system, compensating for gaps in formal response capacity. Civilians have adapted to crisis conditions and they have actively sustained core functions typically associated with humanitarian and governance systems.

Across Gaza, communities have consistently moved, reorganised and re-established basic systems of support faster than formal actors could respond. Families have relocated repeatedly without waiting for assistance, often becoming the first to settle in new areas, while local volunteers have remained until the last moment. This shows resilience and also a shift in who initiates and sustains response functions under siege conditions.

At the community level, informal leadership structures have assumed key operational roles, including organising distributions, registering displaced households and verifying beneficiary lists. These systems sustain assistance where formal mechanisms are delayed or overstretched, and they directly influence its effectiveness. Camp managers, volunteers and community members said that coordination, targeting and communication improved when leadership structures were present, resulting in more regular and orderly distributions. In contrast, less organised sites received less consistent support, despite equal or greater need. This suggests aid flows are shaped by need and also by local coordination capacity. However, this reliance is uneven and it can reinforce inequities: more organised communities are more visible and accessible, while marginalised groups face greater risk of exclusion.



Under siege conditions, the humanitarian system does not operate as a standalone structure. Instead, it relies on, adapts to and partially encompasses community-led systems.

Communities have also absorbed governance functions. For example, as formal institutions weakened, local leaders and community members established mediation mechanisms to resolve disputes and manage tensions within overcrowded displacement settings. These informal systems have helped maintain social order in the absence of courts and formal authorities, demonstrating a transfer of governance responsibilities to community-level actors.

Overall, these dynamics suggest that, under siege conditions, the humanitarian system does not operate as a standalone structure. Instead, it relies on, adapts to and partially encompasses community-led systems, which perform critical functions in access, targeting, delivery and governance.

