



PALESTINE COUNTRY REPORT

THE STATE OF THE
HUMANITARIAN SYSTEM 2026

ACKNOWLEDGEMENTS

The research team extends its deepest gratitude to the people of Gaza, who have endured unimaginable suffering. They have shared their experiences with courage, honesty and dignity – first and foremost, this report is a reflection of their voices.

We are also sincerely grateful to the humanitarian organisations and practitioners who contributed their testimonies and perspectives on how they have navigated an exceptionally constrained and challenging operating environment. While this report critically examines systemic performance, it equally recognises the extraordinary efforts of many actors working under extreme conditions.

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ABOUT AWRAD

AWRAD is a leading independent research and evaluation organisation based in Palestine, with a strong operational presence across Gaza and the West Bank. AWRAD operates through field teams across all governorates, delivering timely, high-quality and ethically grounded data in a highly constrained environment. With deep local roots and established trust within communities, AWRAD supports humanitarian actors, United Nations (UN) agencies and development partners with reliable evidence to inform response, even amid active conflict, displacement and access restrictions.

Disclaimer: This report was wholly authored by our research partners. The contents, conclusions and recommendations contained herein reflect the opinion of the authors and their interpretation of the data collected in each country, not necessarily those of ALNAP.

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About ALNAP's State of the Humanitarian System report

Humanitarian action can be a lifeline to people experiencing the worst that conflict and disaster can inflict. For over a decade, ALNAP's **State of the Humanitarian System report (SOHS)** has provided a unique, evidence-based understanding of the system and how well it works for affected people. Based on a huge body of evidence including exclusive research with crisis-affected people and practitioners, SOHS addresses key questions about performance and effectiveness in areas such as hunger and mortality reduction, as well as giving a comprehensive picture of funding, resource flows, staffing and organisations. Consultations with people affected by crises were central to the research from the outset, and shaped the focus of the report.

TABLE OF CONTENTS

Executive Summary	iii
1. Introduction	1
1.1 Methodology	1
1.2 Study limitations	3
2. Gaza's crisis context and structural drivers	4
2.1 Cycles of conflict	4
2.2 Gaza under blockade before October 2023	4
2.3 The October 2023 war and its humanitarian impact	5
2.4 Humanitarian access	6
3. Humanitarian caseload	8
3.1 Humanitarian planning and sectoral requirements	8
3.2 Implementing partners and delivery capacity	8
3.3 Funding shortfalls and implications for coverage	9
4. The humanitarian system in Gaza	10
4.1 Architecture of the humanitarian system and coordination	10
4.2 Cluster system and division of roles	10
4.3 Private-sector involvement in humanitarian delivery	11
4.4 Local actors and parallel response systems	11
5. System response under extreme constraints	14
5.1 Collapse of protection and civilian safety	14
5.2 Politicised humanitarian action and the breakdown of principles	16
5.3 Inequitable coverage, exclusion and the erosion of dignity	18
5.4 Community resilience and self-organisation as a system function	21
6. Conclusions and learning considerations	23
6.1 System-level findings	23
6.2 Learning considerations	25
References	28
Annex 1: Methodology and analytical framework	30

LIST OF FIGURES

Figure 1: Research phases and stakeholder engagement	2
Figure 2: Demographics of respondents	2
Figure 3: Occupied Palestinian Territory flash appeal for 2026	9

ACRONYMS

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Performance
AWRAD	Arab World for Research and Development
FGD	Focus group discussions
GHF	Gaza Humanitarian Fund
INGO	International non-governmental organisation
KII	key informant interview
oPt	Occupied Palestinian Territory
SOHS	State of the Humanitarian System report
UN	United Nations
WASH	Water, sanitation and hygiene

EXECUTIVE SUMMARY

Marked by a prolonged blockade, repeated cycles of violence and deepening humanitarian need, Gaza represents a critical test case for the effectiveness and integrity of humanitarian action. Drawing on the perspectives of affected populations and frontline responders, this country report contributes to the sixth edition of the **State of the Humanitarian System (SOHS) 2026**, highlighting systemic challenges and lessons for future responses.

Severe and sustained access restrictions have shaped humanitarian action in Gaza. From October 2023, and most acutely between March and October 2025, the closure of entry points halted aid delivery. Supplies were stranded, which contributed to widespread famine conditions. Administrative measures further limited humanitarian presence. The ceasefire in October 2025 brought only marginal improvements.

These constraints exist alongside overwhelming need. The humanitarian response targets Gaza's entire population yet it remains critically underfunded, forcing organisations to reduce coverage and prioritise caseloads. Simultaneously, the collapse of protection systems, widespread destruction and repeated displacement have created an environment where civilians face constant risk with limited access to basic services. The conditions in Gaza reflect a systemic crisis: needs are escalating while response capacity remains structurally restricted.

UN agencies lead the response, with clusters serving as the main platform for operational coordination. While this structure effectively facilitates information-sharing and the division of roles, decision-making power is concentrated among international actors.

Palestinian organisations form the operational backbone of the response, sustaining service delivery under extreme constraints; however, their role is limited by funding structures and by restricted participation in strategic decision-making. Humanitarian actors also rely on private-sector partnerships to sustain operations, though concerns have been raised around accountability and adherence to humanitarian standards. Meanwhile, communities support aid distributions and maintain social order – this reflects their own resilience but also coverage gaps in the formal response.

The erosion of humanitarian principles under conditions of extreme violence and politicisation has also shaped the response in Gaza. The emergence of militarised aid delivery models, such as the Gaza Humanitarian Fund (GHF), exemplify the instrumentalisation of aid. These models have exposed civilians to significant harm, prompting widespread rejection by humanitarian actors.

Organisations have adapted through local partnerships and by modifying modalities, but assistance has not met needs. Prioritisation has focused narrowly on

survival, leaving critical sectors such as protection and psychosocial support underserved.

At the household level, aid has been inconsistent and poorly adapted to prolonged displacement, with uneven targeting and the exclusion of vulnerable groups. Consequently, trust has declined, resource competition has increased and social tensions have grown.

Recommendations

The findings highlight particular learning considerations for humanitarian response actors, international organisations and donors to address structural constraints, improve coordination and localisation dynamics, and safeguard dignity and protection.

- **Address access constraints:** Advocate to remove barriers to aid entry, ensure sustained access, and limit 'dual-use' restrictions.
- **Strengthen coordination:** Expand the participation of national actors, improve data systems and ensure oversight of private-sector engagement.
- **Advance localisation:** Increase direct, flexible funding to Palestinian organisations and strengthen their role in decision-making.
- **Safeguard dignity and humanitarian principles:** Scale dignified delivery practices, strengthen accountability and reject militarised aid modalities.

1. INTRODUCTION

Gaza is one of the most acute and complex humanitarian contexts globally due to decades of protracted crisis, escalating violence and a prolonged blockade. This environment has generated persistent, large-scale needs while placing sustained pressure on core humanitarian principles.

As such, Gaza provides a critical lens through which to examine the performance and limits of the global humanitarian system. Failures in this setting have far-reaching implications. When the humanitarian system cannot uphold its commitments to prevent and alleviate human suffering impartially, broader questions are raised about the consistency and credibility of humanitarian action elsewhere.

'If the Red Cross is not respected in Gaza, then the whole humanitarian order is at risk. What happens here reverberates far beyond these borders. Leaders must act as if Gaza is a precedent, not an exception.'

(key informant interview (KII), international non-governmental organisation)

Long-term exposure to assistance has shaped how populations affected by the crisis engage with and assess the humanitarian response, influencing their expectations and critiques around service quality, transparency, accountability and dignity. For these reasons, Gaza shows too how humanitarian principles, coordination mechanisms and localisation commitments operate in a highly constrained and politicised environment.

This Palestine country report summarises research conducted between 2022 and 2025 as a contribution to the *SOHS 2026*. The global report assesses needs, evaluates performance and analyses adaptations to the humanitarian system in different crisis settings over that period. This country-specific analysis draws on the perspectives of affected populations and frontline responders to examine systemic challenges, identify lessons and emerging practices, and provide insights for national stakeholders in Gaza.

1.1 Methodology

Seventeen KIIs were conducted with humanitarian practitioners involved in the Gaza response, including representatives from UN agencies, international and local non-governmental organisations (NGOs), civil society organisations and other humanitarian actors. Additionally, five focus group discussions (FGDs) were held

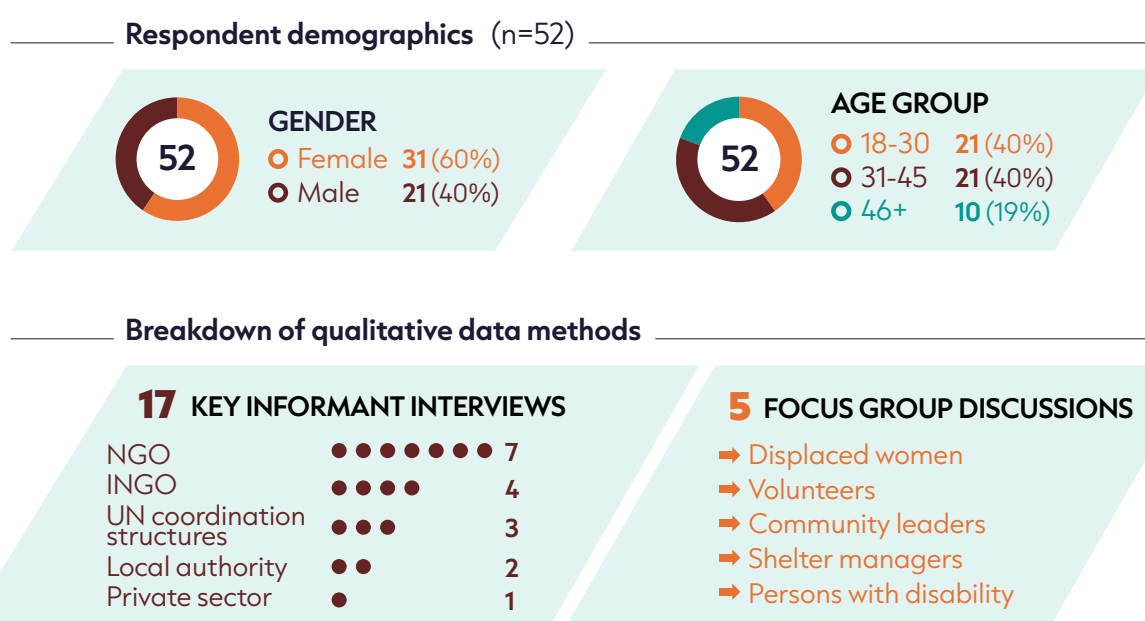
with populations affected by the crisis and with community representatives to capture lived experiences and perceptions of humanitarian assistance.

Data was collected over three iterative phases to enable emerging themes and gaps from earlier rounds to inform subsequent data collection and analysis. Figure 1 shows the research phases and engagements with different stakeholder groups; Figure 2 shows the demographics of respondents. For more detail, see [Annex 1](#).

Figure 1: Research phases and stakeholder engagement

Stakeholder group	50%	75%	100%	Total
Community leaders	1			1
Displaced women	1			1
INGO		3	1	4
Local authority	2			2
NGO	1		6	7
Persons with disability	1			1
Private sector			1	1
Shelter managers		1		1
UN coordination structures	3			3
Volunteers	1			1
Total engagements	10	4	8	22

Figure 2: Demographics of respondents



1.2 Study limitations

Data collection was constrained by insecurity, access restrictions and communication disruptions, which likely resulted in underrepresentation of the most isolated and inaccessible populations. Sampling was based on access and operational networks, thereby introducing selection bias towards connected and more visible groups.

Response bias may have affected the findings of this research as well. Despite assurances of anonymity, some participants may have limited their disclosures due to fear of repercussions and concerns about losing their access to assistance. Humanitarian practitioners may have moderated their disclosures due to organisational mandates, institutional positioning or political sensitivities that shape how operational realities are discussed.

2. GAZA'S CRISIS CONTEXT AND STRUCTURAL DRIVERS

2.1 Cycles of conflict

The Gaza Strip has experienced recurrent cycles of armed hostilities for more than a decade. This has led to a protracted humanitarian crisis and repeated destruction of civilian infrastructure. Although Israel withdrew its settlers from Gaza in 2005, the UN still regards the territory as occupied due to the control Israel maintains over Gaza's borders, airspace, territorial waters, and the movement of people and goods (HRW, 2004).

Violence has escalated repeatedly in Gaza since 2007, when Hamas took control of the territory and Israel imposed a land, air and sea blockade. Major hostilities occurred in 2008–2009, 2012 and the seven-week war of 2014, as well as during border protests in 2018 and further confrontations in May 2021. These episodes caused significant civilian casualties and widespread destruction across the Strip (Al Jazeera, 2022).

Gaza spans only 365 km², yet in 2023 it was home to approximately 2.1 million people, making it one of the most densely populated areas globally with an average of 6,085 people per km². Restrictions on land access have intensified these pressures – areas along the perimeter fence that represent roughly 24% of the territory are largely inaccessible to Palestinians, limiting agriculture, economic activity and development (UNCTAD, 2024).

These conditions have progressively weakened Gaza's infrastructure, economy and social systems. Consequently, communities were increasingly vulnerable and dependent on humanitarian assistance even before the latest escalation in October 2023.



Any assessment of the humanitarian system in Gaza must be grounded in the long-standing blockade.

2.2 Gaza under blockade before October 2023

Any assessment of the humanitarian system in Gaza must be grounded in the long-standing blockade. All other operational challenges are secondary to the

constraints imposed on access, movement, and the flow of goods and people.

Before October 2023, Gaza was already experiencing a severe and protracted humanitarian crisis from 16 years of blockade and longstanding movement restrictions. Since the early 1990s, Palestinians in Gaza have faced strict limitations on movement in and out of the Strip, alongside policies separating Gaza from the occupied West Bank, including East Jerusalem (ibid.). Israel has controlled exports and imports, limiting or prohibiting essential production inputs and technologies under 'dual-use' classifications (ibid.). Therefore, most international organisations reported being unable to import materials critical for shelter and infrastructure development. Gaza has also been prevented from operating or constructing airports and seaports, which has deepened its economic isolation and limited long-term development prospects.

That said, Gaza maintained elements of everyday urban life prior to the 2023 war. Markets, restaurants and hotels still operated, and households relied on small-scale agriculture, fishing and local businesses to sustain their livelihoods. Poverty and unemployment were widespread though, with 80% of the population depending on international humanitarian assistance (UNCTAD, 2023). Public services were under sustained pressure too: infrastructure and service delivery systems were weak, causing chronic shortages in electricity, safe drinking water and healthcare.

Combined with the psychological impact of repeated conflicts, this environment meant the humanitarian system was chronically vulnerable even before October 2023.

2.3 The October 2023 war and its humanitarian impact

The escalation that began on 7 October 2023 represents the longest and deadliest period of hostilities in Gaza (Diakonia International Humanitarian Law Centre, 2023). It has caused unprecedented deaths, destruction and displacement and has dramatically worsened an already fragile humanitarian situation. As of early December 2025, more than 70,000 Palestinians had been killed and over 170,000 injured, including at least 10,427 women, 4,813 older persons and 20,179 children (Gaza Ministry of Health, cited in OCHA, 2025a).

The violence has also driven mass and repeated displacement. By October 2025, nearly the entire population of Gaza had been displaced multiple times due to ongoing hostilities and successive displacement orders. Many families now live in overcrowded tents and makeshift shelters across the Strip (ibid.).

Critical infrastructure and essential services have been devastated. Approximately 81% of structures in Gaza have been damaged and more than 77% of roads destroyed, generating 60 million tons of debris (ibid.). This contains unexploded ordnance, hazardous materials and human remains, complicating recovery and reconstruction efforts. Gaza's development has been set back by an estimated 69 years (ibid.).

The collapse of public services has further intensified humanitarian needs. Severe

shortages of shelter, food, healthcare, clean water, education and livelihood opportunities have left civilians facing conditions incompatible with human survival. For much of the current conflict, there has been no safe place within Gaza and extremely limited opportunity for civilians to leave.

2.4 Humanitarian access

Humanitarian access has been the primary constraint shaping the response since October 2023. The complete closure of all entry points over March–October 2025 effectively halted aid delivery. Despite available supplies and funding at the borders, humanitarian actors reported being deliberately prevented from reaching affected populations. This contributed directly to widespread famine conditions because communities faced empty markets and acute shortages.

New registration requirements imposed by Israel were widely rejected by international NGOs (INGOs) due to risks to local staff, including potential targeting (MSF, 2026). Threats then made by Israel to revoke operating licences further constrained humanitarian presence. Large volumes of aid remained stranded at borders and significant funding went unused, underscoring how administrative measures restricted the scale and delivery of assistance.

The ceasefire announced on 10 October 2025 improved market availability, movement and public order to a degree. However, structural access constraints were largely unchanged. Organisations still faced severe restrictions on imports, registration and operational clarity, preventing any meaningful scale-up of assistance.



Severe shortages of shelter, food, healthcare, clean water, education and livelihood opportunities have left civilians facing conditions incompatible with human survival.



3. HUMANITARIAN CASELOAD

3.1 Humanitarian planning and sectoral requirements

The humanitarian response plan for Gaza spans sectors with a combined funding requirement of \$3.58 billion. It targets up to 2.1 million people – effectively the entire population of the Gaza Strip. Food security constitutes the largest share of required funding (\$1.11 billion), reflecting the near-total collapse of local food production and supply chains; multi-purpose cash assistance (\$579 million) and health (\$451 million) are second and third (OCHA, 2025a).

3.2 Implementing partners and delivery capacity

The implementing-partner landscape shows the breadth of the response but uneven distribution. Within food security and within water, sanitation and hygiene (WASH), 77 and 68 partners have been mobilised, respectively.¹ Yet shelter and non-food items operates with only 20 implementing partners – the lowest of any sector – despite targeting 1.5 million people with a \$165 million requirement. Such imbalances suggest that, even where needs are clearly identified, delivery capacity remains uneven across sectors.

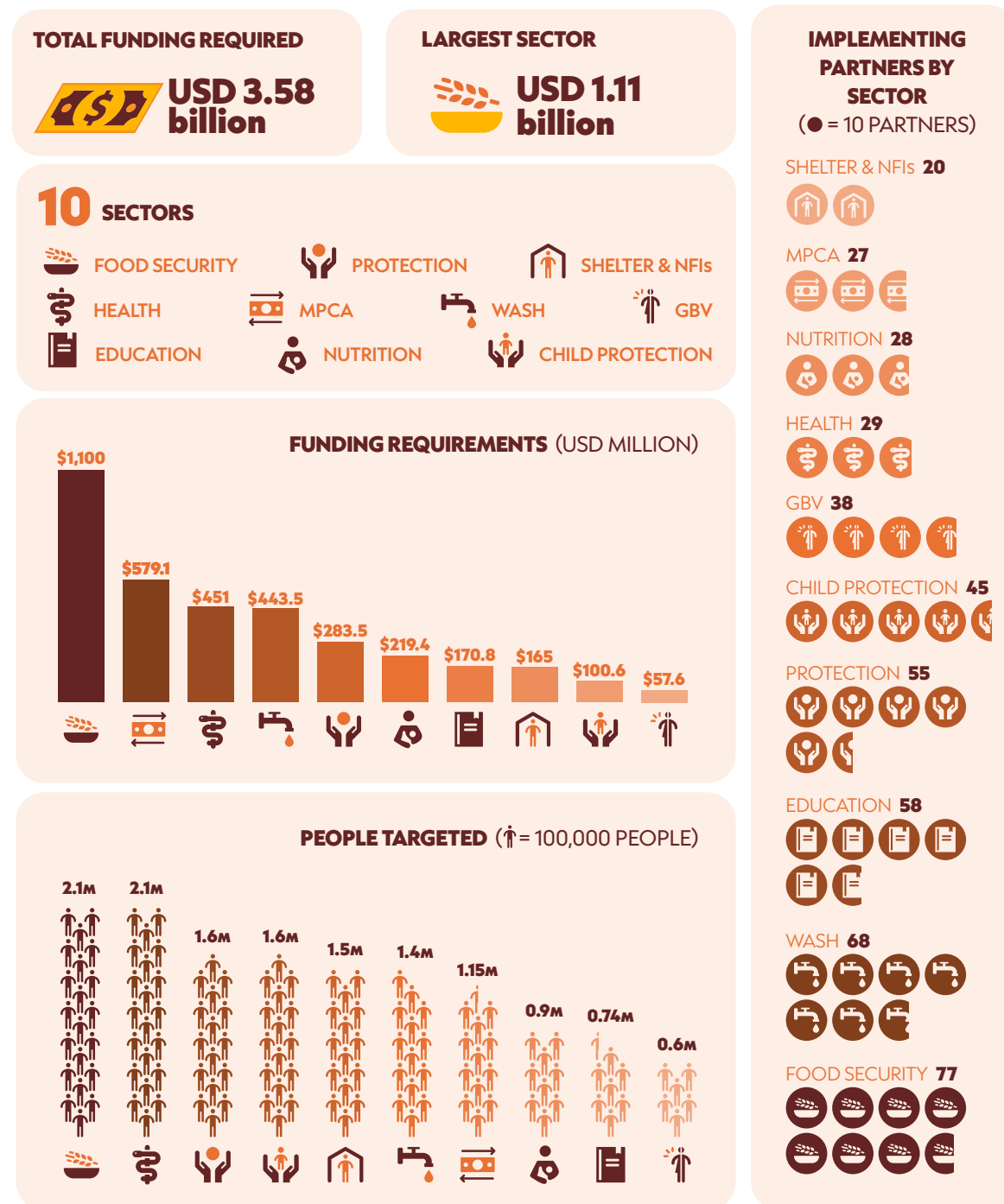
3.3 Funding shortfalls and implications for coverage

Despite this scale of need, the Gaza and West Bank response received only approximately 30% of required funding in 2025.² The funding shortfall has forced organisations to prioritise limited caseloads, reduce assistance packages or delay interventions. Consequently, the gap between planned reach and actual delivery is likely to persist.

1 A total of 201 UN agencies, international and national NGOs, and the International Red Cross/Red Crescent Movement are represented in this appeal.

2 Figures calculated from OCHA (2025).

Figure 3: Occupied Palestinian Territory flash appeal for 2026



Source: OCHA (2025) Occupied Palestinian Territory: flash appeal. Geneva: <https://www.unocha.org/publications/report/occupied-palestinian-territory/flash-appeal-occupied-palestinian-territory-2026-issued-december-2025>

Note: These figures do not include all sectors included in the flash appeal.

4. THE HUMANITARIAN SYSTEM IN GAZA

4.1 Architecture of the humanitarian system and coordination

The humanitarian response in Palestine is organised through a coordination system bringing together UN agencies, international and national NGOs and other actors (OCHA oPt, n.d.). The Humanitarian Country Team assumes a central leadership role, setting overall response priorities and direction. Operationally, groups (or clusters) coordinate by sector, where organisations share information, plan activities and align their work. Palestinian NGOs and community actors are sometimes part of these coordination structures, contributing mainly to implementation at the operational level and to local coordination at the cluster level.

Primary evidence suggests that the most effective coordination takes place at the operational level, within clusters and working groups where information exchange and day-to-day alignment occur. These are also the primary entry points for local actors – though, in 2024, no local or national actors were included in the Inter Cluster Coordination Group (ICCG) (Humanitarian Action, 2025). This distribution of influence reflects underlying power asymmetries: strategic decision-making is concentrated at higher levels, limiting the ability of national actors to shape priorities and resource allocation.



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4.2 Cluster system and division of roles

Key informants consistently described clusters as the central platform for information-sharing, joint planning and alignment of sectoral responses. Within the highly constrained operating environment, these clusters enable organisations to exchange needs assessments and operational updates to coordinate interventions. Area-based coordination and sectoral working groups also reduce duplication through shared lists, site-based targeting and cluster-level checks, so agencies can stagger services and avoid overlaps.

However, the effectiveness of the cluster system is uneven in practice. Variations in participation, targeting criteria and vulnerability frameworks across actors reportedly contribute to inconsistent assistance, duplication and exclusion at the community level.



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Community representatives explained that different organisations focus on distinct services or target groups – food provision, hygiene support or psychosocial services, for example. Under siege conditions, humanitarian actors in Gaza have adapted to maximise coverage and efficiency through a functional division of roles. Organisations specialise in certain populations, sectors or modalities, relying on partners to address complementary needs.

This approach supports broader coverage and it reinforces interdependence among actors. But it demands effective coordination to ensure that needs falling across sectors are adequately addressed.

4.3 Private-sector involvement in humanitarian delivery

Private-sector actors have become increasingly involved in Gaza's humanitarian landscape. Reinforcing reports from OCHA (2025b), humanitarian actors described how Israeli border restrictions and delays have often favoured the entry of commercial goods over humanitarian consignments. This has prompted organisations to contract private companies to import supplies through commercial channels and then transfer them to humanitarian actors inside Gaza.

In practice, this has meant working with traders and importers to bring in food and non-food items, with transport companies to move goods within Gaza, and with private security firms to accompany aid convoys and reduce the risk of looting. Humanitarian organisations have also partnered with local bakeries to produce bread, with water trucking companies to distribute water and with desalination plants to supply clean water to communities.

The growing reliance on private actors represents a direct coping mechanism under conditions of restricted humanitarian access and the prioritisation of commercial flows. But this has shifted parts of the response outside formal humanitarian accountability structures. Respondents often associated the reliance on private contractors with increased risks around diversion, oversight, protection standards, inequitable access and undignified or poorly regulated distributions.



Israeli border restrictions and delays have often favoured the entry of commercial goods over humanitarian consignments.

4.4 Local actors and parallel response systems

Local actors constitute the operational backbone of the humanitarian response in Gaza, particularly when access by international actors has been heavily restricted. Palestinian NGOs, community-based organisations, municipalities and volunteer

networks have drawn on their contextual knowledge and ability to operate under shifting security conditions. In many cases, they remained the last responders on the ground when international staff withdrew. International organisations frequently rely on these actors to navigate local dynamics, identify needs and maintain communication with communities.

The role of Palestinian actors within the formal humanitarian system remains uneven though. Donor funding structures privilege UN agencies and INGOs, while local organisations are positioned as implementing partners not primary decision-makers. Compliance requirements and donor risk perceptions often limit direct funding to local organisations – in 2024, only about 38.5% of humanitarian funding was channeled through local and national organisations directly, constraining how they could shape response priorities (OCHA oPt, 2024).

At the same time, local NGOs have strengthened their participation in coordination spaces through closer engagement with UN-led mechanisms. As international actors have lost their offices and faced access and mobility constraints, Palestinian organisations have established shared hubs for cluster meetings, training and coordination activities. Although this has enabled more meaningful collaboration, significant structural barriers remain to equitable participation and decision-making: donor funding architectures position local NGOs as implementing subcontractors with limited strategic influence, while restrictive compliance and vetting requirements render local organisations ineligible for direct funding.



Local actors constitute the operational backbone of the humanitarian response in Gaza.



A distributing centre of hot meals to residents amidst the rubble of destroyed homes in the Al-Amal neighborhood of Khan Yunis, 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.



Civilians have limited safeguards, displacement does not reduce risk and humanitarian presence does not ensure safety.

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.



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.

'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.



Dignity is consistently compromised in how aid is delivered and in the conditions it sustains.

'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.



Distribution sites increasingly function as spaces of frustration rather than relief.

'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.

6. CONCLUSIONS AND LEARNING CONSIDERATIONS

6.1 System-level findings

Gaza shows how humanitarian systems perform under extreme access constraints and politicisation, where neutrality is fundamentally challenged and local systems compensate for systemic collapse. These conditions are increasingly mirrored across protracted and highly politicised crises globally.

Access constraints and politicisation of aid

Humanitarian access is the primary determinant of system performance in Gaza, with administrative and military restrictions overriding needs-based delivery and directly shaping humanitarian outcomes, including famine conditions. Aid delivery is constrained and politicised, and assistance is instrumentalised at times to serve military and geopolitical objectives. This undermines neutrality. Collective resistance by humanitarian actors and communities has partially moderated this, preventing the normalisation of harmful or non-principled aid models.

System capacity, funding and structural constraints

Chronic underfunding structurally limits response coverage, forcing organisations to reduce caseloads, scale down assistance and delay interventions. This sustains the gap between planned and actual reach. Uneven delivery capacity across sectors and a systematic narrowing of the response towards immediate survival needs compound this, leaving critical protection and resilience services underprovided. As a result, the system operates through continuous rationing, embedding trade-offs and limiting its ability to meet the scale and diversity of needs.



Gaza shows how humanitarian systems perform under extreme access constraints and politicisation, where neutrality is fundamentally challenged and local systems compensate for systemic collapse.

Coordination, power and system architecture

Operational-level coordination, particularly through clusters, is the most functional component of the system, enabling information-sharing, alignment and engagement with local actors. However, inconsistent participation and divergent targeting approaches cause duplication and exclusion. The functional division of roles increases interdependence across actors, so effective coordination is essential to address cross-sectoral needs.



Decision-making remains centralised, despite the indispensable role of local actors and their increased participation in coordination spaces.

Localisation and the role of national actors

Local actors sustain delivery under access constraints and maintain a presence when international actors cannot. However, decision-making remains centralised, despite the indispensable role of local actors and their increased participation in coordination spaces. This reflects persistent power asymmetries in priority-setting and resource allocation. Funding structures and compliance requirements further constrain local leadership, positioning national actors primarily as implementers not decision-makers.

Adaptation through informal and private systems

Reliance on private-sector actors has emerged as a key system adaptation to bypass access restrictions and sustain supply chains. But this shifts aspects of the response outside formal humanitarian accountability frameworks, increasing risks of diversion, weak oversight and inconsistent adherence to protection and delivery standards.

Protection as a system failure

Protection has shifted from a delivered outcome to a systemic gap. Civilians navigate life-threatening conditions without reliable safeguards, and a humanitarian presence no longer guarantees safety. Displacement reproduces risk rather than mitigates it, exposing populations to continuous harm across the displacement cycle and reflecting the limits of the system under extreme conditions.

Structural exclusion

Targeting approaches systematically favour accessible populations and those physically able to reach aid. Women, older people, persons living with disability, children, host communities, those residing outside formal shelters and even aid workers are disadvantaged. Administrative barriers, including loss of documentation and fragmented



Dignity is consistently undermined across delivery processes and living conditions.

beneficiary systems, contribute to gaps in coverage and perceptions of inequity.

Quality, appropriateness and dignity of assistance

The quality of assistance is constrained by supply limitations and weak contextual adaptation, resulting in repetitive and often unsuitable aid. Programmes have also failed to adjust to prolonged and repeated displacement, reducing their relevance over time. Dignity is consistently undermined across delivery processes and living conditions, while overcrowding, unsafe environments and chaotic distributions shape how aid is accessed.

Social outcomes and system legitimacy

Scarcity and uneven distribution of aid have eroded social cohesion by increasing competition and tensions between communities. Simultaneously, weak transparency in targeting and perceived inequities have undermined trust in humanitarian actors. This sentiment has been reinforced by reports of diversion and favouritism.

Community systems core to humanitarian function

Community self-organisation functions as a de facto extension of the humanitarian system, sustaining delivery and governance under extreme constraints. This means local coordination capacity directly shapes aid effectiveness and distribution patterns. Assistance flows are influenced not only by need, therefore, but also by operational feasibility, favouring more organised and accessible communities. Marginalised or less organised groups thus face exclusion.

6.2 Learning considerations

The findings of this research highlight particular learning considerations around structural constraints, coordination and localisation dynamics, and the safeguarding of dignity and protection.

Addressing access constraints

For the international community and humanitarian advocacy actors

- Recognise the importance of advocacy for civilian protection, compliance with international humanitarian law, humanitarian principles and safe humanitarian access.
- Support efforts to secure predictable and sustained access for humanitarian goods and personnel.
- Advocate for narrowing restrictions and clarity on so-called 'dual-use' items (Gisha, n.d.; Gisha, 2026) to allow the entry of materials essential for shelter, WASH and health interventions.

For humanitarian response actors

- Design assistance modalities that are durable, culturally appropriate and adaptable to repeated displacement and fluctuating access conditions.

STRENGTHENING COORDINATION AND SYSTEM EFFECTIVENESS**For humanitarian coordination structures**

- Strengthen coordination mechanisms to improve information-sharing and harmonisation across actors.
- Invest in unified and secure beneficiary databases and strengthen deduplication systems to reduce overlap and improve equitable targeting.
- Ensure targeting frameworks are flexible and responsive to evolving vulnerabilities and displacement patterns.

For humanitarian response actors

- Strengthen outreach approaches to reach populations in informal or unstructured displacement sites.
- Improve frontline monitoring and feedback mechanisms to identify coverage gaps and exclusion risks.

ADVANCING LOCALISATION**For donors**

- Increase direct and flexible funding to Palestinian and national humanitarian actors.
- Support longer-term partnership models that strengthen institutional sustainability and local leadership.

For international humanitarian organisations

- Expand the role of Palestinian actors within coordination and decision-making structures.
- Invest in equitable partnerships that recognise the operational leadership and contextual expertise of national actors.
- Strengthen capacity-sharing approaches beyond short-term subcontracting arrangements.

For humanitarian coordination structures

- Ensure local actors are meaningfully represented in coordination forums and strategic planning processes.

SAFEGUARDING PROTECTION, DIGNITY AND HUMANITARIAN PRINCIPLES

For humanitarian response actors

- Reject militarised aid delivery modalities that expose civilians to harm or undermine humanitarian trust and neutrality.
- Systematically embed dignity and protection considerations into programme design and delivery.
- Ensure shelter and assistance interventions align with cultural norms around privacy, safety and living conditions.
- Scale staggered distributions, gender-sensitive services and direct support to vulnerable households.
- Strengthen frontline monitoring and standardise referral pathways for protection concerns.
- Improve documentation and follow-up systems related to protection risks and vulnerable cases.

For humanitarian response actors engaging private-sector actors

- Ensure private-sector partners adhere to humanitarian protection and accountability standards through appropriate training, monitoring and oversight mechanisms.

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ANNEX 1: METHODOLOGY AND ANALYTICAL FRAMEWORK

Analytical approach and development

The research was conducted in three iterative phases (50%, 75% and 100%), allowing emerging themes and gaps identified in earlier rounds to inform subsequent data collection and participant selection. After each phase, qualitative data were coded and analysed thematically using MAXQDA, guided by the research questions and aligned with evaluation criteria of the Organisation for Economic Co-operation and Development. In total, 22 engagements were conducted across FGDs and KIs with humanitarian practitioners, community representatives and affected populations, ensuring diverse perspectives and progressively deeper analysis.

Data collection methods

The report draws on a combination of desk review, KIs and FGDs. Together, these methods enabled the triangulation of perspectives from humanitarian practitioners and communities affected by crisis, ensuring that the analysis reflects both operational realities and lived experiences.

Desk review

A literature and documentation review was conducted to provide contextual background and identify key trends in the humanitarian response. This encompassed humanitarian response plans and other reports relevant to the Gaza crisis and the broader Palestinian humanitarian context. The review identified existing knowledge gaps and informed the design of the primary data collection tools.

Key informant interviews (KIs)

Semi-structured interviews were conducted with diverse stakeholders involved in the humanitarian response. Participants included representatives from UN agencies,

international and local NGOs, and civil society organisations. Seventeen key informants were interviewed, providing insights into coordination mechanisms, operational challenges and response strategies.

Focus group discussions (FGDs)

Five FGDs were conducted with populations affected by crisis and community representatives to capture perceptions of humanitarian assistance, including access, service quality, coping strategies and engagement with aid actors. Each FGD included 8–10 participants and followed a semi-structured format with open-ended questions. Participants were selected purposively to ensure inclusion of diverse and marginalised groups, including displaced women, youth and persons living with disability.

Ethical considerations

Informed consent was obtained from all respondents. Participation was strictly voluntary and all individuals had the right to withdraw, pause, redirect or end interviews at any time. All responses were fully anonymised to protect participants and the organisations they represent. Data were stored securely with controlled access to ensure confidentiality. The study adopted a do-no-harm and trauma-informed approach, ensuring that distressing experiences were only discussed at the comfort of participants, without pressure to provide details or examples. Researchers remained attentive to potential distress throughout interviews and conducted post-interview debriefs; no participants reported distress related to participation. The research team also maintained reflexive awareness of positionality, recognising the severity of the context and the importance of faithfully representing participants' lived experiences while maintaining analytical rigour.

