



HUMANITARIAN
COALITION

MIDDLE EAST HUMANITARIAN APPEAL

REALTIME RESPONSE REVIEW



HUMANITARIAN
IMPACT INSTITUTE
Inclusive Learning



HUMANITARIAN
IMPACT INSTITUTE
Inclusive Learning

The Humanitarian Impact Institute would like to thank the staff at the Disasters Emergency Committee and the Humanitarian Coalition, the member organisations, their local partners, and stakeholders for their professional engagement and support throughout the Middle East Humanitarian Appeal Real-Time Response Review.

This Real-Time Response Review is intended to support and strengthen the ongoing, life-saving work of those responding to the crisis.

Contents

Acronyms	2
Executive Summary	3
Contextual Overview	3
Key Findings.....	4
Sectoral Overview.....	4
Quality and Equity of Partnerships.....	4
Meaningful Community Engagement.....	5
Duty of Care, Staff Wellbeing and Trauma-Informed Approaches.....	5
Inclusiveness of the Response	5
Conflict Sensitivity.....	5
Recommendations.....	7
WASH.....	7
Shelter	7
Health	7
Multi-Purpose Cash.....	7
Food Security	8
Protection	8
CHS Recommendations.....	8





Acronyms

AIDA	Association of International Development Agencies
CDM	Community Development Monitor
CFM	Complaint and Feedback Mechanism
CHS	Core Humanitarian Standard
CWG	Cash Working Group
DEC	Disaster Emergency Committee
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
HAG	Humanitarian Advisory Group
HC	Humanitarian Coalition
HEAT	Hostile Environment Awareness Training
HII	Humanitarian Impact Institute
HTS	Hay'at Tahrir al-Sham
IDP	Internally Displaced Person
IDI	In-Depth Interviews
INGO	International Non-Governmental Organization
JHOC	Joint Humanitarian Operations Committee
KII	Key Informant Interviews
LMM	Localisation Maturity Model
MEHA	Middle East Humanitarian Appeal
MoH	Ministry of Health
MoSA	Ministry of Social Affairs
MPC	Multi-Purpose Cash
MHPSS	Mental Health & Psychosocial Support
NCD	Non-Communicable Disease
NFI	Non-Food Item
NIS	New Israeli Shekel
OCHA	UN Office for the Coordination of Humanitarian Affairs
ODK	Open Data Kit
ORA	Operational Response Analysis
PDM	Post-Distribution Monitoring
PPE	Personal Protective Equipment
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial Support
RTRR	Real-Time Response Review
SMWG	Security Management Working Groups
SMS	Short Message Service
TPM	Third Party Monitoring
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene



Executive Summary

Contextual Overview

The Disasters Emergency Committee (DEC) and the Humanitarian Coalition (HC) have launched humanitarian appeals to support conflict-affected communities in the Middle East. The DEC's Middle East Humanitarian Appeal (MEHA), launched in October 2024, funds 15 member organizations providing humanitarian response and assistance in Lebanon, Gaza, the West Bank, and Syria, with key allocations to multi-purpose cash assistance (MPC), Food Assistance and Shelter. The HC launched its funding in October 2023 in Gaza and in October 2024 in Lebanon, supporting 12 organizations across critical sectors, including Food Security, Health, Nutrition, Non-Food Items, Shelter, Protection and WASH, with a strong emphasis on gender-responsive programming.

The humanitarian crises in Gaza, the West Bank, Lebanon, and Syria have escalated at an unprecedented scale, with each region facing mounting conflict and humanitarian needs. As of March 2025, military offensives in Gaza since October 2023 have resulted in 48,503 deaths, 111,927 injuries, and the displacement of 1.9 million people—90% of the population—amid severe shortages of food, water, and medical supplies.¹

The West Bank has seen 40,000 refugees forcibly displaced since January 2025, with 804 Palestinians killed,² 21% of them children, as settler violence and movement restrictions worsen economic hardship.³ Lebanon, already in economic collapse, faces further strain with 92,825 people still uprooted⁴ and nearly 1 million returning to

struggling communities⁵. Meanwhile, Syria's crisis has deepened following the fall of the Assad regime, driving mass displacement and economic instability; 717,017 Syrians have returned since early 2024⁶, while 7.4 million remain displaced⁷.

Amid these growing needs, DEC and HC member organisations, working with 32 local partners, have been delivering lifesaving humanitarian support. Their coordinated efforts provide urgent assistance for helping conflict-affected communities alleviate suffering, restore safety, and rebuild their ability to meet basic needs. This is being done in some of the most restricted, complex, difficult and dangerous humanitarian conditions of recent times.

The data collection for this Real Time Response Review (RTRR) was conducted between mid-January and mid-February 2025, during a period of reduced hostilities following a declared ceasefire, with the inception phase beginning in December 2024. It aimed to support adaptive management and continuous learning across the DEC and the HC humanitarian responses.

Designed as a joint initiative, the RTRR aimed to inform real-time program adjustments while promoting accountability and transparency to affected communities and stakeholders. Using a layered methodology, the review combined in-depth interviews, focus group discussions, and secondary data analysis, focusing on priority sectors including MPC, Water, Sanitation and Hygiene (WASH), Food Assistance, Health,

¹ <https://www.unrwa.org/resources/reports/unrwa-situation-report-163-situation-gaza-strip-and-west-bank-including-east-jerusalem>

² <https://www.unrwa.org/newsroom/official-statements/large-scale-forced-displacement-west-bank-impacts-40000-people>

³ <https://www.un.org/unispal/document/unrwa-situation-report-163-on-the-situation-in-the-gaza-strip-and-the-west-bank-including-east-jerusalem-all-information-updated-for-5-11-march-2025/>

⁴ <https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-63-escalation-hostilities-lebanon-13-march-2025>

⁵ <https://reliefweb.int/report/lebanon/unhcr-lebanon-flash-update-february-march-2025>

⁶ <https://reliefweb.int/report/syrian-arab-republic/unhcr-regional-flash-update-19-syria-situation-crisis-21-march-2025>

⁷ <https://www.unhcr.org/news/stories/displaced-syrians-return-home-others-wait-and-hope-more-aid>



Shelter and Protection. The assessment spanned Gaza, the West Bank, Syria and Lebanon. At the time of publishing, the response contexts have once again changed significantly.

Key Findings

Sectoral Overview

Operational flexibility was a key success across sectors, enabling DEC/HC members and local partners to adapt procurement strategies and shift approaches in response to logistical constraints. Increased reliance on local procurement, such as sourcing water tanks through municipal partnerships, helped overcome supply chain disruptions.

Adaptability in service delivery was also significant, with members and partners adjusting project locations to distribute winter non-food items (NFIs) in hard-to-reach areas as security conditions changed. Strong partnerships with local actors ensured continued humanitarian efforts, particularly in the food security sector, where hot meals and food parcels were distributed despite market access restrictions. Innovative solutions, such as the use of e-wallets in the MPC sector, provided displaced populations with secure, flexible means to manage cash assistance despite banking infrastructure challenges.

Nonetheless, the response was implemented in a highly complex and constrained operating environment. Logistical barriers and security/access, including roadblocks, damaged infrastructure and import restrictions, delayed assistance. Damaged infrastructure particularly complicated the WASH sector, where road blockages hindered water trucking and required emergency road clearance.

Supply shortages, exacerbated by import restrictions and local procurement challenges, further delayed the distribution

of winter NFIs. Instability and security concerns delayed psychosocial support programs, leading to a reliance on digital tools to continue services. The overall ability to innovate and collaborate with local partners allowed for continued support in evolving and complex environments.

Quality and Equity of Partnerships

DEC/HC members demonstrated a solid commitment to local partnership equity, reflected in their collaborative approach and respect for local autonomy. Local partners played a significant role in reaching hard-to-access areas, with many taking on frontline operations in Gaza and the West Bank. Their contextual knowledge and networks were paramount for the implementation.

On the other hand, local partners faced significant challenges, including high workloads and staff turnover, especially as skilled personnel were recruited by international non-governmental organization (INGOs).

The recommendations from a previous study commissioned by the DEC titled [Towards Transformation: Progression Partnerships Within the DEC](#)⁸, particularly around



⁸<https://www.dec.org.uk/sites/default/files/media/document/2024-07/Towards%20Transformation%20-%20DEC%20Partnerships%20Review.pdf>



enhancing local capacity and collaboration, were actioned in part, though some longer-term actions, such as embedding local leadership in all aspects of the DEC strategies, are still in progress. While funding and decision-making were increasingly decentralized, further steps are needed to ensure the sustainability and capacity development of local partners beyond immediate operational needs.

Meaningful Community Engagement

Complaints and Feedback Mechanisms (CFMs) exist across the DEC/HC members but are often underutilized due to limited awareness among affected communities. Affected communities, in particular, faced higher barriers to accessing these mechanisms, and while some systems showed responsiveness, delays in feedback resolution were common, especially in Gaza. Security and resource constraints in Gaza and the West Bank further limited the effectiveness of CFMs. Despite efforts to raise awareness, challenges persisted for a consistent use and timely resolution of feedback. While feedback was used to inform operational decisions, more comprehensive efforts are needed to facilitate effective community engagement and improve responsiveness.

Duty of Care, Staff Wellbeing and Trauma-Informed Approaches

The DEC/HC secretariats had a focus on personnel welfare for implementers. While mental health and psychosocial support (MHPSS) services were provided to staff, local partners faced gaps in mental health care, raising ethical concerns. Duty-of-care policies were in place, but issues like burnout, lack of staff rotation, and long-term psychological effects remained, especially in high-risk environments like Gaza and the West Bank.

While safeguarding policies were operational, the consistency and effectiveness of their implementation varied,

with some local partners struggling to apply policies due to limited resources and training. Communication with affected populations was also inconsistent, with barriers such as low literacy, displacement, and limited infrastructure impeding access to critical information. Although some organizations have had success with targeted communication approaches such as simplified messaging, translations, visual aids, and community leader engagement, gaps persisted, particularly among vulnerable groups who may not have fully understood their rights or available services due to logistical challenges and ongoing population movement.

Inclusiveness of the Response

Members and local partners prioritized vulnerable groups such as persons with disabilities, female-headed households and internally displaced persons (IDPs) through their assessments and targeting criteria. Inclusion efforts included providing accessible services like e-wallet cash assistance, accessible latrines and mobile medical teams. On the other hand, transportation challenges, distant distribution points, and limited access for groups such as pregnant women and older persons persisted. Issues such as the difficulty in collecting disaggregated data (in some situations) complicated targeted service delivery. Data collection was also hindered by reliance on paper records, poor connectivity and limited tools or training. While some members plan to collect better disaggregated data in the future, the absence of real-time tracking and the ongoing context of instability hindered effective needs assessments and response design. Addressing data gaps would require improved data management systems and tools for accurate, timely identification of vulnerable groups.

Conflict Sensitivity

DEC/HC members and their partners made efforts to incorporate conflict sensitivity into their humanitarian response. While not always formally documented, many organizations adapted their approaches



based on feedback, observations, and complaints. However, programming tended to be reactive—responding to emerging tensions, particularly at distribution sites—rather than proactively mitigating conflict risks.

The fast-changing conditions in affected areas made it challenging to apply consistent conflict mitigation strategies. As a

result, organisations often prioritized urgent needs over structured, pre-emptive actions. Despite these challenges, coordination played a crucial role. Partners shared real-time information and adjusted their support strategies accordingly, enabling more responsive and context-aware assistance.



Humanitarian Catastrophe: Hundreds of thousands of people returning to a devastated northern Gaza following the March 2025 ceasefire.

Recommendations

These recommendations are made as applicable across the MEHA countries unless specifically identified for one country.

WASH

Recommendation 1: To reduce overcrowding at water distribution points in Gaza and ensure supply for communities:

- a. Establish multiple smaller distribution points and roll out staggered schedules by assigning specific times or days for different communities to prevent overcrowding.
- b. Increase community outreach to inform affected populations about distribution schedules.
- c. Deliver water every day of the week including Fridays.
- d. Provide drinking water to guest communities around the shelters to reduce community tensions.

Recommendation 2: Consult with the community on the optimal contents of the hygiene kits and then re-design the kits based on the community identified needs. This consultation and design should take account of the differing needs of older people, pregnant women and infants.

Shelter

Recommendation 3: Ensure clothing and NFI distributions are based on community consultation and reflect appropriate sizing, age differentiation and cultural needs. Avoid distributing identical clothing items with logos or the same colour.

Recommendation 4: Expand voucher programs where markets function and collectively pre-negotiate agreements with local vendors including on size, variety and return policies and prioritise the use of local markets for clothing provision in order to strengthen markets, reduce delays and increase choice/dignity.

Health

Recommendation 5: Establish flexible supply chains with backup suppliers and collective lists of already vetted vendors to reduce the effects of shifting regulations and customs barriers.

Recommendation 6: Extend psychosocial support to implementing partners, perhaps through a collective mechanism.

Multi-Purpose Cash

Recommendation 7: Continue prioritising cash activities during the Phase II as communities suggested cash is the most useful form of assistance in all Appeal locations.

Recommendation 8: Collectively develop a clear contingency plan if digital banking is “switched off”.



Food Security

Recommendation 9: Adapt food assistance modalities based on market conditions, household needs and local context and increase flexibility to ensure purchases match household choices.

Recommendation 10: Improve delivery services for vulnerable groups, such as older people, pregnant women and people living with disabilities, to enhance access and reduce barriers to assistance.

Recommendation 11: Leverage local structures and community participation for better alignment with community needs. In areas like the West Bank, enhance collaboration with local entities such as village councils and Community Development Monitors (CDMs) to ensure targeting is accurate, transparent and inclusive.

Protection

Recommendation 12: Increase the number of protection and PSS sessions to meet the scale of need, particularly for children and vulnerable individuals.

Recommendation 13: Continue and scale up the integration of protection services with food voucher programs, MPCA, and health services, as this holistic approach has proven effective in improving the socioeconomic and psychosocial well-being of affected populations.

Recommendation 14: Recruit and deploy both male and female counsellors to meet the diverse needs of different groups—girls, boys, men, and women—while respecting the cultural norms and privacy expectations within the socially conservative context of Gaza.

Recommendation 15: Provide ongoing training and resources to protection teams to enhance their skills in culturally sensitive counselling, trauma-informed care, and case management, ensuring consistent and high-quality service delivery.

Recommendation 16: Protection programs should incorporate contingency planning to account for unpredictable security conditions and ongoing instability such as:

- a. Ensure that protection services can be quickly deployed to safe zones and adapted based on shifting ceasefire and security conditions.
- b. Establish mobile PSS services or temporary safe spaces for families in high-risk areas where infrastructure (e.g., community centres or schools) may be unavailable or unstable.
- c. These mobile services can ensure that vulnerable groups continue to receive support during periods of displacement.

CHS Recommendations

Recommendation 17: Members to improve vulnerability data collection by equipping teams with offline data collection tools (i.e., devices with pre-installed data collection apps like ODK or Kobo Toolbox).

Recommendation 18: Increase efforts to meet the specific needs of groups facing access barriers, particularly persons living with a disability and older people.

- a. Offer customized services such as mobility aids and assistive technologies



- b. Create dedicated health and awareness programs for older adults who may face challenges in accessing basic services.

Recommendation 19: Use a shared CFM between local partners and members and increase awareness raising and face-to-face engagement to ensure communities, especially in hard-to-reach or high-risk areas, understand and trust CFMs. Invest in partner capacity to implement and manage these systems effectively.

Recommendation 20: Ensure financing to partners contains sufficient overheads to build long-term sustainability and to increase staff welfare.

Recommendation 21: replace short-term training with mutual capacity exchange that matches local partners' strategic goals and operational realities.

Recommendation 22: Members should establish clear and consistent accountability mechanisms to receive partner feedback, formalise internal learning processes on equitable partnerships and promote inclusive dialogue.

Recommendation 23: Embed structured risk assessments and conflict mapping into regular monitoring cycles.

Recommendation 24: Members to train their staff and local partners to identify early signs of conflict or tension within communities.

- a. Provide practical tools and scenarios to help them spot risks – such as community grievances, unequal assistance delivery or growing mistrust.
- b. Cover how to report these early signs and take timely, appropriate action to prevent escalation.





HUMANITARIAN IMPACT INSTITUTE

Inclusive Learning

hi-institute.org/feedback