DISASTERS EMERGENCY COMMITTEE

HUMANITARIAN COALITION

MIDDLE EAST HUMANITARIAN APPEAL

REAL TIME RESPONSE REVIEW

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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

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	Pscyhosocial 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 uprooted[4] and nearly 1 million returning to struggling communities[5]. 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 2024[6], while 7.4 million remain displaced[7].

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.

Introduction

Contextual Background

Gaza

Approximately six million Palestinian refugees have been registered across the Middle East, many residing in overcrowded camps,[9] a situation already dire before the current military offensives in Gaza, Lebanon and the West Bank.[10] As of March 2025, the escalation in Gaza has alone resulted in 48,503 deaths and 111,injuries[11]. At least 1.9 million people – approximately 90% of Gaza's population – have been displaced, many repeatedly, with some forced to flee ten times or more.[12]

In attempting to respond to the humanitarian crisis in Gaza, 390 humanitarian workers have been killed as of March 2025. A blockade on assistance has caused severe shortages of essentials such as medical care, food, water and other critical supplies. Since the closure of Gaza's cargo crossings on 2nd March 2025, the delivery of humanitarian aid – already hampered since the 15 January ceasefire – has effectively stalled.[13]

The border closure, combined with the widespread destruction of medical infrastructure, has severely restricted access to healthcare, including life-saving medical services. Medical evacuations remain blocked, leaving between 11,000 and 13,000 people, including over 4,500 children, in urgent need of evacuation for specialised care.[14]

Food shortages continue to worsen. Food prices have surged by up to 200%, while the risks posed by ongoing food insecurity and malnutrition are growing, especially among children and pregnant women. Even with limited screening available, 10% and 20% of pregnant and breastfeeding women show signs of malnutrition.[15] On 9 March 2025, the Southern Gaza Desalination Plant was disconnected, reducing daily water production from 17,000-18,000 cubic metres to just 2,500. The already strained water supply has now reached critical levels.[16]

West Bank

The large-scale Israeli military operation which began on 21 January 2025 in Jenin camp and across northern West Bank has triggered the most significant population displacement since the 1967 war.[17] Having extended to the Tulkarm, Nur Shams and El Far'a refugee camps, the operation led to the displacement of 40,000 Palestinian refugees.[18] Since October 2023, 804 Palestinians have been killed in the West Bank,[19] approximately 21% of them children.[20]

[9] https://www.unrwa.org/palestine-refugees

[10] https://www.unrwa.org/resources/fact-sheet/unrwa-emergency-response-ongoing-humanitarian-crisis-occupied-palestinian-territory?

[11] https://www.unrwa.org/resources/reports/unrwa-situation-report-163-situation-gaza-strip-and-west-bank-including-east-jerusalem

[12] https://www.unrwa.org/resources/reports/unrwa-situation-report-163-situation-gaza-strip-and-west-bank-including-east-jerusalem

[13] 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/

[14] 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/

[15] https://www.ochaopt.org/content/gaza-humanitarian-response-update-2-15-march-2025

[16] https://www.ochaopt.org/content/gaza-humanitarian-response-update-2-15-march-2025

[17] 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/

[18] https://www.unrwa.org/newsroom/official-statements/large-scale-forced-displacement-west-bank-impacts-40000-people

[19] 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/

[20] https://reliefweb.int/report/occupied-palestinian-territory/occupied-palestinian-territory-opt-west-bank-protection-analysis-update-march-2025

Violence by both state and settler forces has surged over the past year, subjecting Palestinian communities to unprecedented levels of threat and abuse.[21] Widening movement restrictions have sharply reduced Palestinians' access to essential services such as education, healthcare and water. The constraints have also cut off access to farmland and roads, further undermining livelihoods and deepening economic hardship. The compounded instability has increased the risk of gender-based violence and left the communities increasingly vulnerable.[22]

Lebanon

The situation in Lebanon remains precarious. Ongoing military operations have endangered civilians, destroyed infrastructure and increased humanitarian needs. The escalated conflict in southern Lebanon has caused widespread damage, disrupted essential services and displaced hundreds of thousands of people.[23] As of March 12, 92,825 people (51% women, 49% men) remain displaced, while 957,604 have returned to their original communities.[24]

Lebanon was already grappling with a prolonged financial crisis before the 2023/2024 conflict, which further weakened the state's ability to provide basic services.[25] This economic collapse, compounded by conflict-related damage, has severely constrained public service delivery. Lebanon continues to host approximately 1.5 million Syrian refugees.[26] While an estimated 354,900 Syrians have returned home since the fall of the Assad regime,[27] 90% of those remaining rely on humanitarian assistance to cover their basic needs.[28]

Syria

As of 2025, the protracted crisis of Syria has entered its 14th year, continuing to inflict unspeakable suffering. By March 20, 2025, approximately 717,017 Syrians had returned from countries – primarily Lebanon, followed by Türkiye, Jordan, Iraq and Egypt.[29] UNHCR estimates that up to 3.5 million refugees and IDPs could return this year, highlighting the critical need for recovery and reintegration support.[30]

In December 2024, the regime change marked a turning point in conflict. The collapse of President Bashar al-Assad's government, following a rapid offensive by opposition forces including Hay'at Tahrir al-Sham (HTS) led to capture of major cities such as Aleppo, Hama, Homs and Damascus. This led to Assad's flight to Russia on December 8, 2024. The offensive triggered mass displacement, peaking at 1.1 million in mid-December 2024 and later decreasing to 627,000, primarily in Idlib. Thousands remain without adequate shelter, necessitating urgent housing solutions.[31]

The upheaval comes on top of more than 7.4 million Syrians already displaced inside Syria since the beginning of the conflict. The situation remains dire, with inadequate housing, limited job opportunities and severely disrupted essential services[32]. A new wave of violence in coastal governorates - Hama, Homs, Latakia and Tartous - as of March has killed more than 1,000 civilians, including women and

[21] https://reliefweb.int/report/occupied-palestinian-territory/occupied-palestinian-territory-opt-west-bank-protection-analysis-update-march-2025

[22] https://reliefweb.int/report/occupied-palestinian-territory/occupied-palestinian-territory-opt-west-bank-protection-analysis-update-march-2025

[23] https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-63-escalation-hostilities-lebanon-13-march-2025

[24] https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-63-escalation-hostilities-lebanon-13-march-2025

[25] AP, Battered by war and divisions, Lebanon faces a long list of challenges after ceasefire deal 29 Nov 2024

[26] https://www.unhcr.org/lb/about-us/unhcr-lebanon-glance

[27] https://reliefweb.int/report/lebanon/unhcr-lebanon-flash-update-february-march-2025

[28] https://www.unhcr.org/lb/about-us/unhcr-lebanon-glance

[29] https://reliefweb.int/report/syrian-arab-republic/unhcr-regional-flash-update-19-syria-situation-crisis-21-march-2025

[30] https://news.un.org/en/story/2025/03/1161326

[31] https://www.securitycouncilreport.org/whatsinblue/2025/01/syria-briefing-and-consultations-9.php

[32] https://www.unhcr.org/news/stories/displaced-syrians-return-home-others-wait-and-hope-more-aid

children, further worsening the humanitarian landscape[33].

Even prior to the regime's fall, Syria faced one of the world's most severe humanitarian crises. The cost of living has surged, with the minimum wage now covering only 16% of the food component of the minimum expenditure basket.[34] This has pushed families into deeper poverty and increased their dependence on assistance. Vulnerable groups, particularly female-headed households, women, girls, and persons living with disabilities, face elevated risks of gender-based violence. Many are resorting to negative coping mechanisms, such as child marriage and child labour[35].

The Responses of DEC and Humanitarian Coalition

In response to the ongoing humanitarian crises across these regions, the Disasters Emergency Committee (DEC) and Humanitarian Coalition (HC) have established their coordinated appeals to fund urgent, lifesaving humanitarian support for conflict affected communities.

The DEC launched MEHA in October 2024, providing two years of funding (phase one covered the first six months), throughout Lebanon, Gaza, West Bank and Syria. Fifteen member organisations[36] have since delivered providing humanitarian assistance across various sectors with these funds. The main priorities of the response to date have included Multi-Purpose Cash Assistance (MPC) at, Food Assistance and Shelter/non-food item Activities.

The HC launched two separate appeals in response to escalating needs: The Gaza Appeal in October 2023 and the Lebanon Appeal in October 2024. These mobilised 12 leading humanitarian organisations[37], focusing on critical sectors including Food Security, Health, Nutrition, Non-Food Items, Shelter, Protection and WASH. The Appeals have a strong emphasis on gender-responsive programming, with gender equity objectives integrated across all interventions. Implementation timelines in Gaza varied, running from four to 15 months, while those in Lebanon were implemented over six to nine months. This reflects both the urgency and evolving complexity of the crises.

The Purpose of the RTRR

This RTRR is designed to support adaptive management and foster continuous learning across the responses led by the DEC and the HC members and the partners that they work with. Drawing on insights from the initial response phase, the RTRR aims to inform real-time adjustments and shape the next phase of programming.

Given overlaps in member organizations[38], geographic focus, and thematic sectors, the DEC and the HC have initiated a joint RTRR at the appeal level. Beyond learning, the RTRR also plays a key accountability role, ensuring transparency to both the affected communities, the UK and Canadian public, and other stakeholders engaged in the HC Funds and the DEC MEHA Appeal.

RTRR Objectives:

- → Operational Learning: Extract key operational lessons that can inform real-time adjustments and support the effective implementation of the DEC Phase 2 programmes.
- → Response Assessment: Provide an overall evaluation of the response to date as per selected Core Humanitarian Standards (CHS) commitments.

[33] https://www.unfpa.org/resources/flash-update-1-coastal-area-violence-syria-march-2025

[34] https://www.unocha.org/syrian-arab-republic

[35] Ibid.,

[36] ActionAid, Action Against Hunger, British Red Cross, CAFOD, CARE International, Christian Aid, Concern, Age International, International Rescue Committee, Islamic Relief, Oxfam, Plan International, Save the Children, Tearfund and World Vision.

[37] Action Against Hunger, Canadian Foodgrains Bank, Canadian Lutheran World Relief, CARE Canada, Doctors of the World, Humanity & Inclusion, Islamic Relief Canada, Oxfam Canada, Oxfam-Québec, Plan International Canada, Save the Children Canada and World Vision Canada.

[38] DEC and Humanitarian Coalition have seven overlapping members.

Methodology

The RTRR employed a layered methodological approach to explore core themes and deliver on its overarching objectives. The Operational Response Analysis (ORA) focused on priority sectors (MPC, WASH, Food Assistance, Health, Shelter and Protection) – using a mix of qualitative and secondary data sources. Primary data collection involved:

- → In-depth Interviews (IDIs) with sectoral leads and implementing agency representatives.
- → Focus group discussions (FGDs) with affected communities to gather contextual insights.
- → Secondary data reviews to triangulate findings and contextualise the response landscape.

The RTRR assessed the DEC and HC-funded activities in Gaza, the West Bank, Syria, and Lebanon.

Additionally, HII also applied its own Localisation Maturity Model (LMM) to evaluate progress on localisation within member organizations. This included assessment of context sensitivity, power shifting practices and capacity exchange between international and local actors.

The review design adhered to international standards, including the Bond Evidence Principles[39] and upheld robust ethical safeguards throughout. All data protection followed strict protocols to ensure data protection, confidentiality and alignment with the "Do No Harm" principle.

The RTRR has assessed key focus areas under selected CHS commitments, identified by the DEC and HC as of particular interest for assessing in this response. These priorities were selected based on their strategic importance to the humanitarian approach and operational learning across both appeals.

These are summarised as:

- → Quality and Equity of Partnerships (CHS 6): Assessed the extent to which partnerships supported locally led humanitarian responses, with a focus on the fair distribution of knowledge, power, and resources across the humanitarian system.
- → Complaint and Feedback Mechanisms; Community Engagement (CHS 5, 7): Evaluated the availability and uptake of complaints and feedback mechanisms, the level of community participation in service design and delivery, and the responsiveness of programmes to evolving needs in volatile contexts.
- → Duty of Care, Safeguarding, and Trauma-Informed Approaches (CHS 4, 8): Reviewed current practices related to duty of care for staff and volunteers, particularly those from crisis-affected communities, including the integration of safeguarding and trauma-informed approaches in high-risk environments.
- → Conflict Sensitivity and Social Cohesion (CHS 4): Analysed how well conflict-sensitive programming was integrated to prevent harm and reinforce social cohesion, especially in displacement-affected areas.
- → Inclusiveness of the Response: Examined the extent to which marginalised groups – including persons with disabilities, children, and older people – were reached and how programming was adapted to meet their specific needs.

Data Collection

Secondary Data and Desk Review

The RTRR team conducted a comprehensive review of key documents to verify data, identify gaps in secondary sources, and deepen the overall understanding of both the DEC MEHA and the HC Fund.

The reviewed materials included member organisations' response plans, narrative reports, the HC Gaza and Lebanon

[39] https://www.bond.org.uk/resources/evidence-principles/

Emergency Fund documents, and the DEC MEHA Theory of Change (ToC). This process informed analysis across thematic areas and supported triangulation with field data.

Primary Data Collection

IDIs and FGDs were conducted in Gaza, West Bank, Lebanon and Syria with the affected communities, the DEC staff, the HC staff, member organisations, local partners and local stakeholders. The data collection took place between January 20, 2025, and February 21, 2025, during a period of reduced hostilities following a declared ceasefire. In total, 13 FGDs and 71 IDIs were held with 161 participants—49% of whom were women. These included 17 interviews with affected community members, 6 with the DEC and the HC staff, 25 with representatives from the DEC and the HC member organisations, 15 with local partners, and 8 with other stakeholders.

In-Depth Interviews with the DEC and HC Canada

The HII conducted six remote IDIs with the DEC and the HC Canada staff, focusing on key learnings, constraints, opportunities and best practices at the operational, managerial and strategic levels of the appeal and broader humanitarian response. The discussions encompassed monitoring and accountability mechanisms, the appeal process, coordination with partners, localisation efforts, risk-reduction strategies, advocacy initiatives, duty of care in high-risk settings, inclusion of marginalised groups, as well as conflict sensitivity in programme design and implementation.

In-Depth Interviews with Members

HII conducted 25 IDIs with the DEC and the HC members, both remotely and in-person, with a specific focus on implementation. These interviews provided rich, targeted insights aligned Evaluation Questions – particularly regarding operationalisation of localisation efforts, duty of care and practical challenges and successes encountered throughout the responses.

In-Depth Interviews with Local Partners

HII conducted 15 IDIs with a stratified sample of local partners of the DEC and the HC members. These IDIs offered valuable insights into operational challenges, partnership dynamics, community engagement, risk reduction and needs. All interviews were conducted either remotely or at the preferred location of the local partner in Gaza, Lebanon, Syria, West Bank.

In-Depth Interviews with Stakeholders

HII conducted eight IDIs with key stakeholders – seven in Gaza and one in Syria - to gain a deeper understanding of needs, progress, coordination, constraints. The discussions also explored best practices, sector-specific and cross-sectoral gaps, and emerging opportunities to inform Phase 2 of the MEHA.

Affected Population FGDs and IDIs

HII conducted 15 FGDs (11 in Gaza; two in the West Bank; two in Syria) and 17 IDIs in Lebanon with affected communities. Where participants preferred not to engage in group discussions, individual interviews were offered. Each FGD consisted of four to eight selected participants who received DEC or HC funded humanitarian assistance. This ensured the views of communities were included in the RTRR. Sampling was guided by three criteria: prioritising advanced-stage projects for participant relevance, considering location and accessibility for logistical feasibility, as well as maintaining sectoral quotas to capture learning across all implementation sectors. Sampling quotas increased the proportion of female-headed households, internally displaced persons (IDPs), refugee communities, and older people in the FGDs.

FGDs were conducted in person whenever security and travel conditions allowed. In high-risk or inaccessible areas, remote FGDs and IDIs were conducted via video or audio conferencing, with participant consent. The RTRR team worked closely with local

partners to secure safe venues, while travel and accommodation arrangements were informed by security assessments to ensure the safety and smooth operation of the data collection process.[40]

Table 1: FGDs in Gaza

Location	Sector	Activity	Number of FGDs
Deir Al-Balah	Food Security & WASH	Distribution of Food Baskets & Hygiene kits	2 (6 men; 6 women)
	Shelter & MPC	Distribution of Winterisation Kits & MPC	2 (6 men; 7 women)
	Health & WASH	Health Awareness & Hygiene Kits	2 (6 men; 6 women)
Gaza	MPC	MPC	2 (4 men; 5 women)
	WASH	Drinking Water Distribution	1 (2 men; 4 women)
	Protection	Psychosocial Support (PSS) Sessions	1 (5 men; 2 women)
	Shelter	Winterisation	1 (5 women)

Table 2: FGDs in West Bank

Location	Sector	Activity	Number of FGDs
Ramallah, West Bank	Shelter, Disaster Risk Reduction (DRR)	Provision of winterisation kits, school bags, crutches, hearing aid, first aid	2 (4 men; 4 women)

Table 3: IDIs in Lebanon

Location	Sector	Activity	Number of IDIs
Beirut	Food & WASH	Distribution of Food & Hygiene Kits	10 (5 men; 5 women)
	Food	Distribution of Food Baskets	7 (3 men; 4 women)

Table 4: FGDs in Syria

Location	Sector	Activity	Number of FGDs
Khan Sheikhoun, Idlib (Al Marra)	Shelter & WASH	Winterisation & Hygiene Kits	2 (8 men; 6 women)

[40] No safeguarding concerns or reports were received in connection with the data collection process from staff, partners, or community members.

Data Analysis, Reporting and Validation

Following the primary data collection, the RTRR team systematically analysed the data against key questions outlined in the Review Matrix. Triangulation across secondary documents, IDIs, FGDs and four validation sessions with members strengthened the accuracy of the findings. A thematic analysis approach was applied to IDIs and FGDs transcripts, enabling a structured examination of implementation dynamics. Transcripts were reviewed for accuracy, coded to identify recurring themes and organized under overarching topics.

Post- analysis, the RTRR team validated the findings through online workshops with the DEC, HC and member organisations, providing stakeholders with the opportunity to review and provide feedback. Revisions were made as needed to ensure accuracy and contextual relevance. A two-page summary highlighting key findings and recommendations was shared with the DEC to inform Phase 2, followed by the submission of a comprehensive final report to inform future programming.

Limitations

The desk review was constrained by insufficient secondary quantitative data from members and/or local partners, upon which to conduct meaningful quantitative analysis.[41] This limited triangulation in a small number of areas of the findings where depth of secondary analysis was thereby somewhat constrained.

Planned IDIs with some local partners and members could not be conducted due to non-responsiveness, limited contact information, unwillingness to participate or delays in implementation, across all locations. In some cases, alternative partners were interviewed instead. While understandable given the operational pressure these organisations face, this resulted in the absence of some operational voices from the RTRR.

Post-ceasefire displacement further complicated the organization of FGDs in Gaza,[42] the West Bank and Lebanon, as many affected communities had relocated. In Lebanon, access to affected communities residing in collective shelters was limited. As a result, only individuals who received assistance from January onward–after the ceasefire period–were interviewed, as organizations lacked access to information on those who had received assistance in collective shelters during the conflict due to DRR restrictions on data sharing. Given the access and participation challenges, FGDs in Lebanon were replaced with IDIs, and different local partners were engaged than originally planned.

In Syria, Lebanon and the West Bank, some members had not yet started implementation at the time of data collection. Consequently, the RTRR team were unable to gather relevant primary data on their response activity.

The review spans 15 DEC members and 8 HC members, alongside a number of local partners with different ways of working, responding across four diverse and dynamic contexts. This variability limited the ability to conduct cross-context comparisons and might impact generalisability of the findings.

Finally, the time-sensitive nature of the review and the fluidity of the situation – particularly the shift from ceasefire to renewed conflict – may affect the ongoing relevance and applicability of some findings and recommendations in Gaza, Lebanon and Syria.

[41] At the early stage of the DEC-funded response, there was limited reporting documentation available.

[42] FGDs in Gaza were modified due to changes in local partners, who were unresponsive and lacked the time to review the process. Moreover, a total of 10 FGDs were initially planned in Gaza, but 11 were conducted to ensure higher data quality. The decision to hold an additional FGD was made in order to gather more valuable information.

Findings of RTRR

Finding 1 – Sectoral Analysis

Sector: WASH

Summary

The majority of WASH programming for MEHA was in Gaza, where extreme conditions simultaneously increased needs while constricting the ability of members and partners to meet those needs.

The water distribution efforts directly provided access to clean drinking water for IDPs through water trucking and emergency water tanks. This was achieved in a context of widespread infrastructure damage and blocked roads. There was coordination with local authorities and WASH partners, with pre-established supplier agreements being a key factor in ensuring a steady supply. While successful overall, key challenges included overcrowding at distribution points, limited supply on Fridays and the high cost of local water vendors.

Hygiene promotion was conducted through culturally sensitive and gender-segregated awareness campaigns and the distribution of customised hygiene kits. Challenges included limited kit availability due to market shortages, import restrictions, and logistical constraints–further compounded by the lack of adequate space to conduct hygiene awareness sessions in overcrowded shelters. Overcrowding at distribution points also created safety and access concerns. Affected communities reported the need for customised hygiene kits per different groups.

Water Distribution

Access to clean, safe water remains one of the most acute humanitarian needs for IDPs in Gaza. One DEC member noted the exceptionally high demand for drinking and domestic water in Gaza City, requiring immediate, well-organized interventions to prevent severe shortages and protect public health. The rapid mobilization of resources, swift deployment of water distribution teams, and close coordination with local authorities and the WASH Cluster were critical to ensuring continuity of supply.

> "Water is the most urgent need for displaced populations, so organizing distribution and ensuring sufficient supply, especially in northern Gaza, is critical."
>
> – IDI, DEC Member, Gaza

In response, member organizations, in collaboration with local partners, launched WASH interventions centred on water trucking, rehabilitation and hygiene activities. The members provided timely water delivery to IDP shelters, particularly in Gaza City and the south. Pre-existing agreements with water suppliers enabled these organizations to act swiftly, bypassing procedural delays even in unstable conditions.

> "This project has saved me 10 NIS[43] per day and relieved me of the burden of traveling long distances to fill water.

[43] 10 NIS is equivalent to 2.38 EUR or 2.36 GBP.

Carrying 2–3 gallons with my young children was very difficult. I'm very grateful for this project and hope it continues."

– FGD female participant, Gaza

Community feedback consistently reflected high levels of satisfaction with the quality, reliability, and predictability of water deliveries. Many respondents shared that they no longer had to walk long distances or wait for hours at public water stations–a process that was not only exhausting but also unsafe. Advance notice from local representatives helped make the collection process more efficient and better organized.

With municipal water systems–wells, pipelines, and pumping stations–severely damaged, communities became increasingly dependent on emergency water trucking. However, damaged roads and debris initially limited access for large trucks. In areas where infrastructure was completely non-functional, some members installed emergency water tanks at shelters and community centers. These tanks were regularly refilled through coordinated efforts with other members and Cluster partners, ensuring a steady supply.

Members implemented distinctive methods to overcome challenges. For instance, one DEC member worked with other organisations (such as the United Nations [UN] agencies) and local suppliers to secure emergency fuel allocations. The organization also integrated road clearance into Phase 1 implementation, clearing key routes in Gaza City and the north to ensure continued humanitarian access. With these pre-existing supplier arrangements, the DEC members were able to procure water, dispatch trucks, and adjust delivery logistics.

"The ability to provide sufficient water quantities that meet the growing needs, particularly in areas with rising populations due to new displacement after the ceasefire [...] Water trucking is a key solution to ensure the availability of water."

– IDI, DEC Member, Gaza

During the data collection, overcrowding at distribution points was noted as a significant challenge by the affected communities in Gaza, as acknowledged by the DEC/HC members. This made it difficult for women and vulnerable individuals to access water.

"Water distribution in open communities, especially after people have returned to their neighbourhoods and homes, posed challenges."

– IDI, DEC Member, Gaza

Similarly, lack of water delivery on Fridays has caused IDPs to either ration their supply or seek water from external sources, such as costly local water vendors, nearby wells with limited water availability, municipal water supply with poor water quality or distant water stations. This has led IDPs to either ration their supply or seek water from other sources such as local vendors or distant stations.

"I feel at ease when the water truck delivers water to the shelter. It's not a big problem for me, as I can fill enough water every day, except on Fridays."

– FGD, Male participant, Gaza

Hygiene Promotion

Hygiene promotion has been a key part of the response through awareness campaigns and hygiene kit distribution to improve health and prevent disease in Gaza and Lebanon. Community-based hygiene awareness sessions were conducted with IDPs, focusing on handwashing, safe water storage and sanitation practices by deploying trained hygiene promoters with strong technical expertise.

"[...] it increased knowledge about diseases, personal hygiene, and self-care. It also educated us on disease transmission. The hygiene kit helped meet my family's needs for cleaning supplies, shampoo, soap, and toothpaste, encouraging better oral hygiene."

– FGD, Female participant, Gaza

Given the heightened risk of waterborne diseases in overcrowded shelters, members and local partners prioritized hygiene awareness to mitigate the spread of illnesses like diarrhea and cholera in Gaza.

In Lebanon, kit distributions were well-coordinated. Kits were clearly labeled, affected communities knew what to expect, and staff assisted in transporting items. Distribution events were orderly and safe, supported by effective crowd management.

Despite these efforts, communities highlighted several challenges: the quantity of kits was often insufficient, the needs of vulnerable groups were not always addressed, and there was limited space to conduct hygiene workshops. Participants emphasized the importance of adapting generic kits to better serve diverse groups such as older adults, persons with disabilities, children (e.g., diapers, milk, tissues), and pregnant women (e.g., cotton wool and personal hygiene items). Additionally, the lack of adequate space in crowded shelters limited the ability to conduct hygiene workshops effectively.

"The organization should prioritize vulnerable groups, consider their circumstances and needs, allocate more time for them, and possibly assign a specialized team for persons with disabilities to raise awareness and provide more personal hygiene supplies to meet their needs for an extended period."

– FGD, Female participant, Gaza

Procurement of hygiene kits proved difficult due to market shortages, import restrictions, and the ongoing blockade in Gaza and Lebanon. For example, one member originally intended to procure kits via the Egyptian and Jordanian corridors for distribution in Gaza's Middle-South and North. However, due to logistical and cost constraints, they prioritized the Middle-South and sourced all kits from Egypt.

In Lebanon, most hygiene promotion activities were suspended due to ceasefire and return. However, targeted initiatives–such as door-to-door hygiene kit delivery for pregnant women–were successfully implemented. Still, community members in Beirut noted that overcrowding at distribution points remained a concern, suggesting the need for more decentralized or scheduled delivery models.

Sector: Shelter

Summary

The winterisation and clothing efforts in Gaza, Syria and Lebanon targeted the urgent needs of IDPs, particularly marginalised women, through the distribution of essential winter items such as clothing kits, blankets and mattresses. Successes included the use of clothing vouchers, which allowed displaced families to choose their preferred items, and strategic sourcing, such as decision to import clothing from Jordan to avoid local market inflation.

There were some challenges that hindered timely delivery caused by market scarcity, inflated prices and delays in procurement due to political restrictions. Challenges in enabling procurement to take place during the cold months impacted members' ability to timely reach and service delivery. Standardized distributions often did not match community needs. Some affected community members in Gaza and Syria expressed dissatisfaction with the quality and relevance of the clothing provided, citing incorrect sizes and unsuitable materials. Other members of the affected community requested more flexible funding and distribution strategies, including closer distribution points and the option for alternative assistance modalities.

Winterisation and Clothing

As part of the shelter response, members and local partners distributed essential supplies based on needs assessments, including winter NFIs, such as clothing kits, tarps, tents, fences, winter blankets and mattresses, to provide immediate relief to displaced individuals facing harsh winter conditions. The assistance particularly prioritized those displaced multiple times without the means to carry their belongings and aimed to restore their dignity and well-being.

In Gaza, some DEC members focused on providing clothing kits for women in response to resource scarcity and winter, facilitated assistance to vulnerable groups in winter conditions.

> "The project targets the marginalized women who are the most affected by the crisis through losing their houses and clothes. Also, the women are displaced many times where they couldn't carry their clothes with them and their inability to buy new clothes many times especially in winter."
>
> – IDI, DEC Member, Gaza

Members and local partners adopted diverse strategies to procure and distribute effectively. For instance, one DEC member adapted its intervention to capitalise on post-ceasefire price drops, enabling expanded winter clothing distribution. The clothing voucher system gave displaced families flexibility in choosing clothing, though securing merchants for bank transfers was challenging. Another member distributed emergency shelter materials, such as mattresses, overcoming border restrictions that sometimes resulted in rejected shipments.

Pallets of clothing were transported from Jordan and distributed through a secure site in Gaza City to prevent disruptions in the local market. Procuring goods locally would have further depleted scarce resources, increased prices, and risked creating

tensions within the broader community, which some members sought to avoid.

Members reported using strategic sourcing for maximizing the impact of available funds. Clothing vouchers provided were redeemable at contracted stores and provided flexibility for affected communities to select their preferred items based on size and need. The decision to procure clothing kits from Jordan, instead of relying on the local market, allowed for better quality goods and helped avoid further price inflation within Gaza.

Lebanon's response focused on providing winterisation items to the people in shelters. Members and local partners successfully distributed NFIs, particularly blankets, despite challenges in identifying specific vulnerabilities.

The FGD participants emphasised that the services were of high significance for meeting their critical needs, especially as they had no other means of reaching winterisation items in in the market.

> "The clothing bag was incredibly important because it provided clothes for my wife and children and also offered financial support, helping me meet my family's needs since I lost my job because of the conflict in Gaza."
>
> – FGD, Male Participant, Gaza

Challenges

A key challenge noted by some DEC members was the scarcity and inflated prices in the local Gaza market. A market survey conducted by a DEC member in Gaza showed a shortage of winter clothes and high prices. The decision to import clothing from Jordan aimed to address this gap, but the procurement process faced delays and complex coordination due to the political situation and restrictions on crossings.

Timely procurement and delivery of items have been a significant challenge in Gaza. The closure of crossings with Egypt meant goods had to be imported from Jordan, delaying procurement.

Moreover, the complexity of coordination for entry permits from the Israeli side further hindered the timely arrival of goods in Gaza. The scarcity of fuel and available vehicles in Gaza caused delays in both the assessment and monitoring phases of some interventions, including the distribution of winterization items.

> "The most challenge we face was the limited resources such as food items, non-food items and shelter materials in the local market while the Israeli authorities ban entering these items into Gaza."
>
> – IDI, Local Partner, Gaza

In Lebanon, escalating hostilities in late 2024 led to a spike in demand for NFIs–particularly mattresses–causing procurement bottlenecks. Members and local partners had to rapidly identify alternative suppliers while maintaining quality. Meanwhile, identifying and responding to specific vulnerabilities during distribution proved difficult. As populations moved back, the need shifted toward long-term shelter solutions, which existing frameworks struggled to accommodate.

Some members appeared to have a misunderstanding about the extent of the flexibility of DEC funding. For example, one member had understood that they could not adjust their plans to move funding from one sector to another. DEC is clear this is possible. Similarly, several members also emphasised the pressure of needing to spend 30% of the total budget within a six-month window.[44] However, before the MEHA was launched, members were consulted extensively on their ability to do this and confirmed it was possible and the amount of funds required to be spent in the first phase (£3m in Gaza between 15 members) is quite modest and more than appropriate. The reservations raised

[44] In practice, this requirement applied to the first allocation of £16 million, meaning a minimum spend of £4.8 million–of which £3.3 million was to be spent in Gaza – within six months across 15 members.

therefore suggest an underestimation of the difficulty of responding in Gaza with so little access and so many military imposed restrictions. As this is an emergency response, the need to deliver support quickly is appropriate and most members either managed to do this or were close.

Affected Community Satisfaction

In both Gaza and Syria, political and logistical constraints have impacted the relevance and timeliness of humanitarian support. In Gaza, restricted border crossings, permit delays and fuel shortages slowed the procurement and delivery of essential items. As a result, distributions were often standardised, limiting the ability to tailor some aspects of support to diverse community needs.

Several affected groups expressed dissatisfactions with the quality and relevance of winterisation items. Specifically, the clothing provided was found to be poor in quality, of incorrect sizes, or made from unsuitable materials. For instance, children in Syria were given clothing that was larger than their required size, and women in Gaza were not given the opportunity to select clothing sizes or items based on their specific needs.

> "As for the coats, people benefited from them, but we can't give all the children coats in the same colour. As mentioned earlier, only the younger children benefited. As for the socks, the younger children benefited from them the most, while the older ones didn't benefit at all. Clothing is important, but it should not be uniform. It should be appropriate for the sizes"
>
> – FGD, Male Participant, Syria

Similarly, one member discussed the challenge of catering for the variety of different cultures in Lebanon and their associated clothing expectations at scale and speed without prior planning.

In Gaza, the FGD participants have requested the establishment of distribution points closer to residents' locations to improve accessibility. Meanwhile, in Syria, communities who has received in-kind support, has asked for financial assistance to provide greater flexibility in purchasing the specific items they require.

> "The support should have been provided through cards so that each person could get what suited their needs. The aid given did not fully address the diverse needs of the people."
>
> – FGD, Male Participant, Syria

> "The institution could provide multiple distribution points that are close to the residents' locations."
>
> – FGD, Female Participant, Gaza

Sector: Health

Summary

Members and local partners delivered essential medicines and medical supplies to Gaza, benefiting tens of thousands of patients. Mobile health teams and field hospitals played a crucial role, especially in supporting older individuals, pregnant women, and children, by providing care through home-based consultations.

However, significant regulatory and logistical challenges, including shifting restrictions, extensive documentation requirements, and customs delays, affected timely deliveries. Security risks such as theft and looting necessitated stricter protocols to protect medical supplies.

Field staff, often working under extreme pressure due to displacement, personal loss, and security threats, have taken on multiple roles. Meanwhile, many local health workers, coping with severe trauma, have struggled to deliver timely health interventions.

Access to Medical Supplies and Assistance

Member organisations sent essential medicines and medical supplies to Gaza, supporting ongoing health services. For instance, one DEC member programmed the shipment of essential medicines, benefitting thousands of patients, while another member delivered chronic illness medications to Al Amal Hospital. Wound dressings and other supplies were distributed to field hospitals and partially operational facilities to support ongoing healthcare services.

However, members continued to face significant regulatory and logistical barriers. Constantly changing rules and bans – such as restrictions on multivitamins and specific medical supplies - created major disruptions. Stringent documentation requirements, including item-by-item photographic approvals, delayed deliveries. For instance, one local partner struggled to transfer the field hospital kit from West Bank to Gaza – (including medical equipment, tents, beds, etc.) - due to the Israeli regulations requiring every item to be photographed and approved before entry. This regulation makes the process very slow and difficult, especially when dealing with large or urgent shipments like an entire hospital setup.

> "Also, the rules are constantly changing about, you know, random things get banned. Suddenly, multivitamins are not allowed because they are a weapon and so on and so forth. It's been very, very difficult."
>
> – IDI, DEC Member, Gaza

Delays at customs further hindered the flow of assistance. Shipments via Jordan, Israel, or the West Bank often got stuck due to unpredictable border rejections, pallet size restrictions, or other arbitrary barriers. In some cases, theft and looting of supplies led to the introduction of tighter security protocols.

> "We've had shipments that have got stuck at customs for long periods of time. We've sent some things via Jordan. We sent some things directly from Israel. Sometimes things have been stored in the West Bank and then moved over and we've gone through different gates and things depending on what's been the most

effective and sometimes safe thing to do."

– IDI, DEC Member, Gaza

Healthcare Service Delivery and Adaptability

Healthcare members and local partners prioritised flexible inclusive care to respond to changing needs. Mobile health teams, field hospitals and door-to-door care helped reach vulnerable populations - older individuals, people with disabilities, pregnant women, as well as children.

One member offered home-based consultations, while another member conducted medical consultations, addressing minor injuries, non-communicable diseases (NCDs) and reproductive health. In collaboration with a DEC member, one partner established a sub-clinic, assessed older individuals and supplied NCD medication to elderly patients in Gaza City.

As the crisis evolved, so did service priorities. Initially, wound care dominated. Later, focus shifted to pediatric services and chronic illness management. One local partner relocated medical points from the South and Central Strip to the North, aligning with population movement and needs.

Some DEC members modified clinic infrastructure – such as installing safer flooring for injured patients – to improve access. Mobile medical teams played a key role in reaching remote and high-risk areas, particularly as security conditions fluctuate. Health staff often worked under extreme conditions, juggling multiple roles while dealing with displacement, personal loss, and trauma. These stresses also affected the ability to deliver timely care.

"We've also been dealing with the fact that I can't think of any other response where we work with partners in a disaster, who where our partner staff themselves are so badly affected by the crisis. All of our partner staff have been displaced [...] Partner staff themselves that have unfortunately lost their lives. It's been incredibly difficult in terms of security and well-being, and the response has been difficult."

– IDI, DEC Member, Gaza

The Ministry of Health together with a local partner conducted security trainings, risk assessments, and safeguarding protocols. These measures helped protect frontline staff and support their mental well-being, reducing burnout.

However, many hospitals and clinics continued to operate well beyond capacity. Limited personnel, equipment, and supplies strained the system further–especially after the ceasefire, when many IDPs returned to northern Gaza, overwhelming already stretched facilities.

Sector: Food Security

Summary

Food vouchers provided flexibility to affected communities, especially in Gaza and Lebanon, allowing families to buy what they needed. In Gaza, availability improved post-ceasefire as prices dropped, though access remained uneven due to market instability and supply chain disruptions. In the West Bank, targeting efforts were supported by local structures like village councils and Community Development Monitors (CDMs), but limited resources led to unmet needs despite clear vulnerability criteria.

Food parcels and hot meals were essential, especially where cooking was not possible. In Lebanon, hot meal distribution through community kitchens was culturally appropriate and supported local economies. In Gaza, repeated displacement and damaged infrastructure made such efforts harder to sustain.

Vulnerable groups, such as the elderly and pregnant women, struggled with access to distribution points, reporting the need for closer locations or direct delivery. Security concerns and price fluctuations further complicated food assistance efforts.

Food Vouchers

Food vouchers were proven crucial in restoring autonomy and dignity of affected communities in Gaza and Lebanon. By enabling families to choose food based on their own needs – especially when markets were accessible – member organizations supported a more dignified and adaptable form of assistance. In Gaza, availability of vouchers increased following the ceasefire, while falling food prices allowed for improved access and helped ease food insecurity.

"After the ceasefire, meal prices decreased, and the partners are working to increase the portion sizes for each family."

– IDI, DEC Member, Gaza

Local structures like village councils and CDMs were central in the West Bank. Their involvement helped ensure transparent distribution and better targeting, boosting community trust and participation.

"This activity success lies in the transparent, inclusive, and data-driven selection process. By collaborating with village councils and leveraging CDMs for data collection, the project ensured that assistance reached the most vulnerable households."

– IDI, Local Partner, Gaza

However, in the West Bank, needs often outweighed available resources. Despite using clear vulnerability scoring, the high demand led to frustration among households not selected for support.

Limited market access, fluctuating prices and supply chain disruptions undermined food voucher reliability. In Gaza, most DEC/HC members faced delays due to material shortages. One DEC member noted that food scarcity and rising prices weakened the e-voucher system, prompting the Food Security Cluster to recommend its temporary suspension until markets stabilized.

In Lebanon, while food vouchers were not as prominent, the flexibility in assistance—shifting between cash, vouchers, and food parcels—was a key strategy. As in Gaza, partners in Lebanon faced regional procurement and logistical challenges, which affected how and when aid could be delivered to displaced and vulnerable communities.

Food Parcels and Hot Meals Distribution

The food assistance remained a lifeline for communities in Gaza and Lebanon. Members in Gaza managed to distribute food parcels effectively, even as fluctuating prices and material shortages created obstacles. Ready-to-eat parcels proved essential, especially for displaced families in shelters without cooking facilities. In Lebanon, local organisations provided hot meals aligned with cultural and dietary preferences, using community kitchens to support both IDPs and host communities economically.

Gaza's response was shaped by local market restrictions, import delays, and high costs of alternate supply routes through Egypt. Unpredictable border controls and repeated displacements disrupted delivery schedules and infrastructure, making hot meal distribution difficult. Instead, efforts focused on ready-to-eat meals and food parcels to meet urgent needs.

In Lebanon, food distribution was hindered by procurement delays, price fluctuations, and security concerns. Coordination with local authorities and different sectors such as DRR was key to adjusting plans as needs evolved. After the ceasefire, many displaced families returned home, prompting a shift in focus to delivering food baskets to new locations.

During early displacement in Lebanon, teams prioritized ready-to-eat food in shelters, later transitioning to dry food once cooking became possible. However, the food kit procurement process faced ongoing issues—short shelf life, high costs, and halal certification requirements. Sector consultations suggested that continuing this approach would require a lengthy procurement process, leading to delays and inefficiencies, and reinforcing the case for shifting to food baskets.

The community feedback was positive. Food assistance helped families navigate rising costs and shortages. Affected communities valued both the quality and nutritional value of the meals, noting their appropriateness and timeliness.

> "Very important, because there is no source of income for the family, and it helped us survive given the lack of available food supplies and high prices."
>
> – FGD, Female Participant, Gaza

However, access remained an issue. Vulnerable groups such as the elderly, people with disabilities, and pregnant women often struggled to reach distribution points. They called for delivery services or closer pickup locations to ease the burden.

> "For pregnant women, it would be difficult to carry the box because it's heavy, so they would need someone to help. Older people and persons with disabilities also won't be able to go, it's better if they can deliver it to their places."
>
> – IDI, Female Participant, Lebanon

Sector: Multi-Purpose Cash

Summary

Multi-Purpose Cash (MPC) provided flexible support to the most vulnerable, including female-headed households, persons with disabilities, and displaced individuals. Delivered largely through e-wallets, it allowed recipients to meet urgent needs—such as food, water, medicine, and shelter—on their own terms. The use of digital platforms reduced logistical barriers, with orientation and activation support ensuring secure access to funds.

Coordination with the Cash Working Group (CWG) in Gaza and the Ministry of Social Affairs (MoSA) and local municipalities in Lebanon streamlined targeting, reduced duplication, and adapted coverage as displacement evolved. In Lebanon, however, list approvals and de-duplication caused delivery delays despite improved targeting.

In Gaza, banking disruptions and liquidity shortages made accessing transferred funds difficult. In Lebanon, frequent displacement after the ceasefire complicated tracking and delayed distribution, requiring ongoing coordination with local actors.

High commission fees (10–40%) and vendor deductions reduced the cash recipients received, reportedly affected over 65%. Combined with inflation and economic instability, this weakened MPC's purchasing power and effectiveness in Gaza.

Flexible Cash Support

The ability of members and local partners to deliver MPC rapidly and flexibly, particularly through digital platforms like e-wallets was a successful method in Gaza and Lebanon. The DEC members underlined the efficiency of cash delivery via e-wallets which enabled access to funds with no expiration on the grant. Detailed orientation sessions and e-wallet activation support facilitated affected communities' secure access and use their funds when most needed.

The use of e-wallets and cash grants has reduced logistical barriers in areas with limited banking infrastructure. In Gaza, mobile money facilitated vulnerable families' access to assistance despite movement restrictions and damaged infrastructure, while in Lebanon, it allowed families to manage funds at their own pace.

> "Families are required to have an e-wallet to receive payments via the Pal-Pay application, allowing them to store funds and use them at their convenience."
>
> – IDI, DEC Member, Gaza

Two members reported difficulties in some community members receiving their MPCA payments on the first attempt. It seems likely, and analysis conducted by one member supports this, that digital literacy (specifically, familiarity with payment systems) played at least a contributory part in this. In addition, one post distribution monitoring (PDM) revealed that some MPC recipients were unclear about the amounts they were entitled to.

In addition, some recipients who lost or damaged their phones were unable to access their entitlements via PalPay, while

other recipients faced network problems, which further limited their ability to receive updates or use mobile-based systems.

All FGD participants mentioned the critical role the cash assistance played in their lives, particularly in securing essential needs, such as food, water and clothing. Many of them faced economic hardship due to conflict, displacement and loss of income.

MPC helped affected communities–particularly widows, divorcees, and displaced persons–meet essential needs like food, water, and clothing amid conflict and displacement. The support enabled independent decision-making and gave affected communities control over their own lives.

> "I am 45 years old, a widow, and have seven children, two of whom are severely injured. I lost my home and am now displaced in the south. This project helps me buy food, water and medicine for my children."
>
> – FGD, Widow Participant, Gaza

Multiple DEC members developed clear vulnerability criteria and proactively adjusted targeting as displacement patterns evolved. For example, after recipients in Khan Younis and Deir Al-Balah began returning home, one member expanded coverage to include more HHs in Gaza City. In Lebanon, similar flexibility was shown when the number of targeted households was halved, but the cash transfer value was doubled to reflect increased need.

Coordination with Key Actors

Coordination with the Cash Working Group (CWG) in Gaza streamlined the MPC distribution processes, reduced duplication and adapted the distribution to the evolving needs of the affected communities. The DEC members also noted that guidance of CWG allowed for targeting updates, location changes, and expanded coverage.

The coordination with the CWG particularly helped standardise the identification process, prioritising those in greatest need, including female-headed households, families with young children, pregnant and lactating women, individuals with disabilities and the elderly.

> "A member and its partners supported 237 vulnerable displaced families (170 in the south and 67 in the north) from the same targeted shelters. The families were selected in collaboration with shelter management and in coordination with the CWG, based on vulnerability criteria."
>
> – IDI, DEC Member, Gaza

In Lebanon, similar efforts to prevent duplication involved partners cross-checking household lists with the MoSA. While this improved targeting, the list approval and de-duplication processes caused delays in cash disbursement. Still, coordination with local municipalities and DRR units proved critical–particularly after the ceasefire, when tracking displaced families became difficult. For example, one local partner initially faced challenges locating households in Akkar but, through local coordination, successfully reached the remaining families in need.

Financial Access and Commission Fees

The conflict in Gaza has completely disrupted the banking system which no longer functions. Because of this, market forces have created a very limited supply of cash, which can only be accessed through a small number of money exchangers. These money exchangers now play a cornerstone role in financial liquidity in Gaza due to the conflict's impact on formal banking systems.

This forces affected communities to use the services of merchants and money exchanges as intermediaries to withdraw cash. This method of cash withdrawal often results in high commission fees ranging from 10% to 40%. These fees significantly reduced the value of the support received. According to one DEC member's interim report, 65% of the affected communities noted vendors either deducted a commission or failed to disburse the full amount.

"I didn't face any problems with the organization, but the biggest difficulty was the 30% fee to withdraw the cash. This meant I only received 700 NIS instead of the full 1000 NIS, which was a considerable reduction. Given the circumstances, I had no other option but to accept the heavy fee, as I urgently needed the money."

– FGD, Female Participant, Gaza

These commissions do not meet the definition of aid diversion, but are the direct result of the dismantling of a functioning financial system in a devastated conflict-based economy. It also echoes similar experiences from Afghanistan after the Taliban takeover in August 2021 resulting in the exclusion of Afghanistan from the global banking sector.

According to DG ECHO's definition of aid diversion, for these commissions to equate to aid diversion, they would need to be "targeted only towards the humanitarian or international aid community (e.g., applied only to NGO workers or transactions in certain currencies)".[45] In Gaza these commissions are applied to all cash withdrawals no matter the source. Similarly, one common definition of aid diversion requires specific diversion to political and conflict participants, which is not the case with these commissions.

Members used PDM surveys to track cash usage, revealing issues such as high commission fees and informing solutions. These surveys also provided real-time market data, helping adjust transfer values to maintain the effectiveness of cash support amid inflation and liquidity shortages.

Members highlighted that the lack of liquidity in the local market poses a significant challenge for both institutions and individuals. Additionally, the rising inflation and the unstable economic situation have weakened the purchasing power of MPC, making it increasingly difficult for families to meet their basic needs with the allocated cash support.

[45] According to DG ECHO, "aid diversion occurs when, due to the action or inaction of actor/s external to DG ECHO's partner, its staff or its implementing partner(s), aid is prevented from reaching the action's intended beneficiaries or activities. " https://www.dgecho-partners-helpdesk.eu/ngo/actions-implementation/aid-diversion

Sector: Protection

Summary

Protection programs successfully created safe spaces and delivered family-focused mental health support that improved coping and reduced conflict.

However, security conditions, repeated displacement, and ongoing trauma limited consistent participation. Community feedback highlighted that current PSS sessions—often limited in number and duration—were not enough, especially for children facing acute psychological distress. While MHPSS and protection support can help manage acute distress, they cannot resolve mental health or wellbeing needs amid ongoing traumatisation. Recovery is not possible while traumatic conditions continue.

Overall, program capacity remains far below the scale of need.

Protection Programmes and Implementation

The protection programs prioritised the creation of safe (within the context of being designed to be free from abuse or discrimination, and of promoting psychosocial wellbeing) spaces and essential support. These include shelters, trauma-informed counseling, case management, and community activities, designed to help communities cope with trauma, anxiety and stress. The initiatives targeting entire families (including parents and children), particularly helped reduce conflicts and strengthen familial bonds by promoting shared coping mechanisms and collective recovery.

In Gaza, PSS services had a particularly strong impact. One member reported that expanded case management, group therapy, and peer support improved coping for 71.3% of recipients, with 66.2% noting stronger family cohesion. Local partners enhanced mental well-being through PSS, counseling, and case management, with participants praising the interactive sessions led by experienced counselors.

> "My sister's introversion has improved, and she no longer isolates herself... The sessions have significantly improved her overall well-being".
>
> – FGD, Female Participant, Gaza

Protection programmes typically included identifying safe locations for programme implementation, engaging local stakeholders (e.g., community leaders, schools) and providing services that would meet the specific needs of displaced families. Additionally, adapting programmes to local cultural norms, such as ensuring gender-sensitive activities and involving families in choosing session formats, encouraged participation and acceptance.

A major challenge in protection programs was delays caused by security conditions, requiring programs to wait for ceasefires or stability before families could resettle. Constant displacement and military operations disrupted activities, while identifying safe locations, such as social development centres or schools, was further delayed by the unstable environment, necessitating flexible planning.

On the other hand, ongoing instability, including the threat of further attacks or loss of family members, exacerbated the trauma experienced by the affected communities. Heightened vulnerability made it difficult for families to consistently engage in sessions—especially while grappling with grief and the ongoing re-traumatisation from external threats. Without a sense of psychological

safety, deeper processing of trauma remains out of reach, and interventions are often delivered amid ongoing exposure to distress.

Gaps in Protection Services

Member organisations and local partners noted that protection interventions remain inadequate due to the overwhelming demand, with the number of displaced individuals far exceeding programme capacity. In FGD, participants benefited from protection activities expressed that four one-hour PSS sessions were insufficient to address the intense stress and varying psychosocial needs of children, youth and adults.

> "My children require more comprehensive PSS sessions to address issues, such as nightmares, aggressive behaviour, withdrawal, loss of appetite and the fear of losing family members due to the conflict and the loss of their father."
>
> – FGD, Female Participant, Gaza

Finding 2 – Quality & Equity of Partnership

Summary

Members demonstrated a commitment to partner equity in the predominant way in which the partnerships were conducted. Local partners appreciated their partnership with DEC/HC members for the autonomy they had in decision-making and administrative burden reductions by members.

These approaches enabled partners (who constituted the majority of direct implementers for the DEC), to access hard-to-reach areas and maintain frontline operations despite severe constraints. In Gaza and the West Bank particularly, local organisations played a critical role, leveraging their contextual knowledge and networks to sustain assistance.

However, while this approach reinforced local leadership, it fell short in addressing key structural challenges. Local partners faced overwhelming workloads, contributing to high staff turnover, particularly as skilled personnel were recruited by INGOs.

Q1. To what extent have recommendations from the 'Towards Transformation' partnerships study commissioned by the DEC in 2024 been actioned for quality partnerships?

The study Towards Transformation: Progressing Partnerships was conducted for DEC to review partnership practices in the DEC appeals in Afghanistan, Pakistan, and the Türkiye-Syria response. Its aim was to develop a shared understanding of equitable and transformational partnerships for the DEC Secretariat and its members.[46]

None of the key informants were aware of this study, likely due to their more operational positions. However, the study generated many recommendations for more equitable partnerships that have been incorporated into internal management response processes within the DEC, including prioritising partnership quality reviews within all future responses. The RTRR team observed that multiple recommendations from the study were actioned.

In the short term (six months), the study determined that key actions were needed to establish a foundation for change. This included defining partnership terms, revising proposal and reporting templates to reflect localisation commitments, measuring the effectiveness of partnership approaches, and mapping partnerships to enhance collaboration. It also called for greater local leadership in communications and project extensions when contextual delays occurred.

Several of these short-term recommendations have been actioned. The DEC secretariat members reported that the proposal templates have been revised, and multiple simplifications took place in reporting. Additionally, the reporting templates were updated to track progress on commitments made in proposals.

[46] Towards Transformation: Progressing Partnerships within the DEC (2024) https://www.dec.org.uk/sites/default/files/media/document/2024-07/Towards%20Transformation%20-%20DEC%20Partnerships%20Review.pdf

In the medium term (12 months), the study outlined that further structural changes were necessary. This involved setting partnership benchmarks, allocating dedicated funding for capacity strengthening, improving financial tracking on fund transfers to local and national partners, and increasing the visibility of local actors in public reporting. It also recommended embedding local expertise in the DEC-supported research and developing exit plans to ensure sustainability beyond the appeal period.

The study advised the DEC Secretariat to conduct partnership mapping at the start of appeals to encourage collaboration among members and reduce duplication. The DEC secretariat reports that this was done at the commencement of the MEHA.

The inclusion of local voices and expertise in the DEC-supported appeals have made progress in prioritising local expertise and leadership. As an example, the team for this RTRR was led by local team members, ensuring that local perspectives and insights were at the forefront of the analysis. In further support of these recommendations, initiatives such as the establishment of a Local Partner Forum aimed to improve coordination and elevate local input.

The DEC secretariat has emphasized the importance of capacity strengthening as part of their funding strategy. However, while capacity bridging is often incorporated into responses, there is still room for improvement. In particular, the focus on mutual learning and the transfer of knowledge–especially in designing and reporting on programs–is seen as an essential component of this process by DEC members.

However, the DEC secretariat also clarified that they are not currently in a position to mandate partners to move forward or measure the success of partnerships through specific indicators. This reflects the challenge of balancing support with flexibility, recognizing that each partner's capacity and needs may vary across different contexts.

In the long term (24 months), the study emphasised the need for institutional transformation. This included embedding localisation commitments into the DEC strategies, mandating funding allocations for local partnerships, streamlining due diligence processes, and establishing partner accountability mechanisms.

Additionally, it recommended ensuring minimum overhead costs for local partners, implementing ethical recruitment practices to prevent staff poaching, and prioritising local expertise in technical support and evaluations. Some actions are reported as still under development. For instance, the establishment of shared principles and parameters for partnerships, which would serve as benchmarks for the DEC members, has not yet been fully completed. While the importance of long-term partnerships is recognized beyond the appeal timeframes, more work is needed to create concrete mechanisms for leveraging appeal funding beyond these timelines.

Q2. To what extent do the members implement equal partnership approaches, supported by novel localisation models? Q3. What is the overall quality of these partnerships?

Members working in the MEHA are almost exclusively working through local partners except for on member who has elected to implement directly.

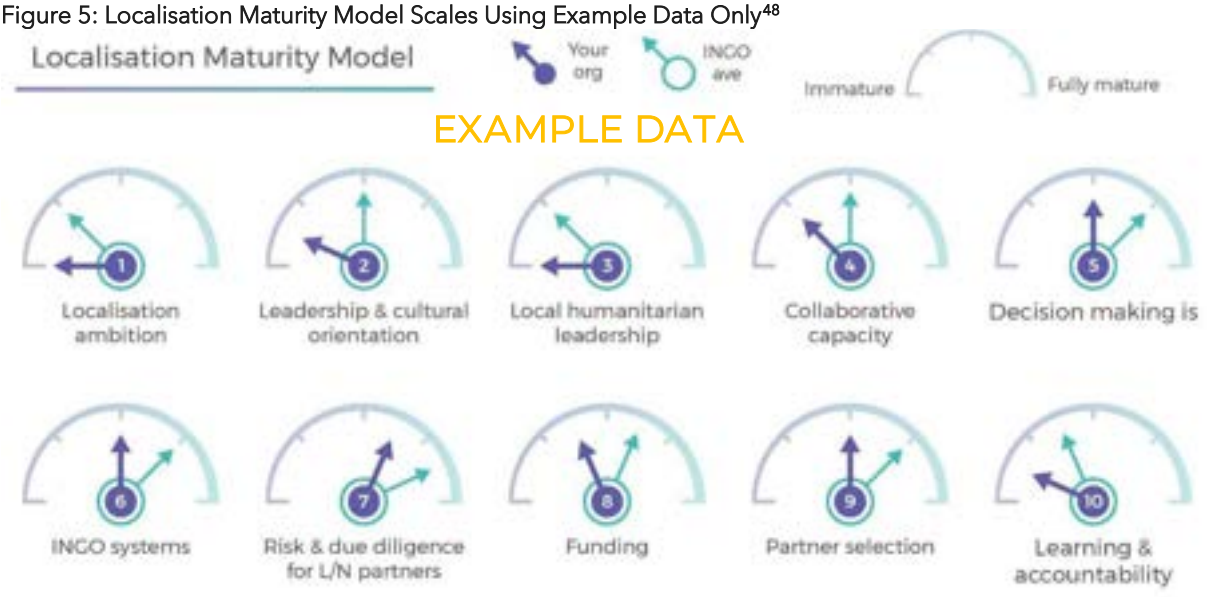
True localisation is however, not the same as implementation through local partners. HII therefore is using the Localisation Maturity

Model[47] as a foundation for understanding the key elements of equitable partnership approaches and the appropriateness of novel localisation models within the Appeal.

The LMM outlines 10 attributes of localisation that INGOs need to make progress in, in order to develop the most effective (but unique) models of localisation. The more advanced an INGO is on each of these attributes, the more likely they are delivering equitable, partner-led programming.

Because this RTRR considers the Appeal level, HII is unable to conduct an INGO-by-INGO LMM Assessment. We instead use the model as a framework for understanding equity and localisation and a lens through which to make more detailed observations.

Figure 5: Localisation Maturity Model Scales Using Example Data Only[48]



Localisation Ambition

This attribute of the LMM considers whether INGOs individually have a clear and intentional localisation ambition that is precise enough to guide their responses in MEHA. A mature ambition would state the types of partners, funding amounts, decision making equity standards and objectives for capacity sharing and joint decision making.

While the DEC members and the HC appeals did not explicitly report having a specific localisation agenda for MEHA, members demonstrated in practice, strong alignment with localisation best practices in their approaches.[49]

- → Majority of the members prioritised working with local partners, ensuring local actors played a key role in the response, with many partners actively involved in planning and implementation.
- → Several members referred to commitments to localisation in their project plans and narrative reports, noting the intention to support local

[47] Localisation Maturity Model, https://www.hi-institute.org/localisation-maturity-assessments

[48] The scale presented here is to show how INGOs and UN agencies are rated against each criteria. No ratings are made for the MEHA due to the number of members making accurate assessment impossible.

[49] Precision, in this context, refers to an organisation's ability to clearly define its localisation ambition in a way that is well-understood across the organisation. This means the implications are thought-through and clear; most staff and all leaders can articulate the high-level principles and justifications for the ambition; and it is supported by a connected, resourced strategy with sufficient leadership sponsorship to ensure its realisation.

partners and promote their participation in decision-making processes.

→ Interviews with local partners revealed that they were largely aware of the localisation ambition, recognising the focus on working with them and their autonomy.

Leadership & Cultural Orientation

This attribute of the LMM considers whether the leaders of the MEHA response and their INGO teams are supportive of localised implementation approaches.

The overall quality of member partnerships reflects a strong commitment to localisation, with particularly effective collaboration in contexts, like Gaza and Syria, where local partners were already highly mobilised and deeply embedded in communities. Their pre-existing operational presence and strong community ties allowed for swift, contextually grounded responses.

In the MEHA context, partners were consistently appreciative of the flexibility in partnership that was shown to them. This included funding mechanisms and operational expectations, as it allowed local organisations to navigate uncertainty and sustain their response efforts. There was also a clear sense of members making efforts to reduce the burden on local partners and being highly attuned to this and partner needs.

Local Humanitarian Leadership

This attribute of the LMM considers whether INGOs are supporting (those of their partners who have the ambition) to participate meaningfully in coordination forums.

Achievement of LMM varied across the response locations.

In Gaza, local partners participated actively in humanitarian coordination forums, including clusters, and working groups. During the interviews, the majority of the local partners reported using coordination mechanisms during the design of the field activities and avoiding duplication of assistance. However, despite their involvement, the strategic decision-making within these clusters largely remained with the international organisations, including INGOs and UN bodies. The local partners did not report engaging in key decision-making processes, including funding allocations, agenda-setting within coordination meetings or contributing at policy level. Many described their roles as limited to implementation, rather than participation as equal partners. These coordination platforms did not necessarily translate into actual power-sharing. This centralised approach largely meant that the overall direction of the response was shaped by international priorities, with local actors primarily contributing to the operational aspects.

In contrast, the local partners in Lebanon presented a more prominent role in coordination and decision-making. A few examples included active participation of a local partner in working Groups at the national level and coordinated directly with government ministries and civil society actors.

The level of local partner engagement also appeared to be sector dependent. In Gaza, sectors like WASH, which require significant technical expertise and resources, were predominantly led by INGOs. On the other hand, sectors such as education, which can leverage local community networks and organisations, saw a stronger presence from local actors. This sectoral variation highlights how the dynamics of coordination and leadership can be influenced by the nature of the humanitarian response required, with some sectors allowing for more local agency while others are more internationally driven.

The scale of demand has placed local partners under significant pressure. Many are engaged with multiple DEC members simultaneously, leading to high workloads, limited capacity for strategic planning, and operational strain. All partners for example have had to constantly navigate movement restrictions, security risks and changing humanitarian needs effectively. In highly

volatile contexts, such as Gaza, partners face additional challenges due to the destruction of offices, loss of trained staff, and disruptions in procurement and supply chains.

Collaborative Capacity Sharing

This attribute of the LMM assesses how collaborative capacity sharing is along with how well adapted capacity development is to the unique needs and ambitions of partners.

Capacity development was a consideration for members, and the DEC/HC can encourage and welcome DEC funds to be spent on capacity bridging and transformative partnership approaches. However, two-way, collective capacity sharing mostly remained limited. Capacity-building primarily took the form of short training sessions, which were often insufficient for creating long-term impact or significantly enhancing the capabilities of local partners.

The challenging context, marked by instability, security concerns and movement, made it difficult to implement more comprehensive capacity-sharing initiatives. Local partners, often overwhelmed by operational demands, had limited capacity to engage in capacity-building activities.

However, some members did perform better in this regard, finding ways to provide more sustained support or engage in more effective capacity exchange. These instances of two-way capacity sharing, although limited, showcased the potential for more meaningful collaboration and learning between INGOs and local partners.

Decision Making is Collaborative

This attribute of the LMM considers the extent to which partners are involved in response decision making – at the INGO and the MEHA level.

In terms of activities such as security assessments, program planning, and operational decisions, decision-making between INGOs and local partners was highly collaborative. INGOs actively included local partners in these critical decisions, ensuring that their local knowledge and understanding of context were reflected in the planning and execution of interventions. For example, security assessments were often conducted jointly, with local partners playing an integral role in identifying and assessing risks based on contextual updates.

INGO Systems & Processes Support Localisation

This attribute of the LMM considers the extent to which INGO systems are barriers or enablers of localised ways of working. This attribute is not considered in this RTRR as it is too unique to each INGO.

Risk and Due Diligence

This attribute of the LMM assesses the extent to which INGOs are adapting their risk management controls and mitigations to localised ways of working.

Members of the DEC/HC utilised streamlined due diligence methods, such as the due diligence passport, and simplified risk management procedures. The process of assessing partner capacity before selection and defining roles and procedures in signed agreements, and connecting partners with monitoring teams showed that a due diligence system was in place. This included processes like risk assessments and flexible reporting from partners to members, which allowed for a more efficient response without placing undue burden on local partners. Replacing or supplementing written reports with verbal updates, allowing partner-led templates, and offering flexibility around deadlines helped ease reporting during acute emergencies.

The DEC/HC allowed members to manage and control the risks, without requiring local partners to submit additional documentation. Interviewed members and local partners reported that this facilitated a more flexible and adaptive response to evolving situations.

However, despite these efforts, the balance of risk management remained skewed. Local partners were often left to bear the operational risks, including challenges related to logistics, security, and implementation, while members-maintained control over strategic and financial risks. Strengthening this aspect could improve partnership equity and sustainability.

Funding

This attribute of the LMM considers the extent to which funding is allocated equitably between INGOs and their partners.

The DEC and its members have institutionalised tangible resource and decision-making transfers to local partners, evidenced by some members channeling over 75% of their Phase 1 budgets through local or national partners and leadership roles in programme design. Local partners across the project locations reported that the member agencies completely entrusted them with programme implementation, granting them decision-making authority and financial autonomy.

Partner Selection

This attribute of the LMM assesses whether INGOs have selected partners that match their stated Localisation Ambition and whether those partners match the capacity and likelihood of INGO to adapt their systems to the partner. For example, high compliance INGOs should not partners with small community-based organisations, while INGOs with ambitions to support feminist principles should be prioritising women-led organisations.
This attribute is not considered in this RTRR as it is too unique to each INGO.

Learning & Accountability

This attribute of the LMM considers how accountable the INGO is to their partners and how well the INGOs is able to generate and internally share learnings on localisation to improve.

There is evidence of learning within the members, although this learning is not always systematically structured. While partners feel heard and valued in their interactions, the process of sharing and applying lessons learned could be more formalised to drive continuous improvement. Currently, learning tends to happen on an ad hoc basis rather than through structured feedback loops.

In terms of accountability, there are limited examples of formal accountability channels towards partners. While relationships between members and local partners are generally positive and collaborative, the absence of clear, transparent mechanisms for accountability could benefit the organisations by creating a deeper trust and mutual responsibility.

Finding 3 – Meaningful Community Engagement

Summary

Despite the widespread existence of CFMs among the DEC/HC members, awareness and consistent usage among affected communities remain low.

Vulnerable groups face higher access barriers and while some mechanisms are responsive, feedback resolution was often delayed due to the demands on partners to meet the unprecedented levels of need – responding to feedback is necessarily a lower priority in Gaza in particular.

In Gaza and the West Bank, security risks and limited resources further constrain the functionality of CFMs, resulting in fragmented engagement and gaps in accountability.

Q4. To what extent are CFMs accessible, trusted and used by affected communities? How effectively are complaints and feedback processed, resolved and communicated back to communities?

CFMs among the DEC/HC members and local partners demonstrate a structured yet unevenly effective system. While multiple channels – such as hotlines, WhatsApp, suggestion boxes and community focal points – exist, the majority of the people are unaware of the mechanisms. CFM is limited due to ongoing displacement, insecurity and instability which disrupted the consistent communication and outreach efforts.

Some mechanisms show responsiveness, with feedback integrated into programme adjustments. However, communication gaps and logistical challenges remain in collecting CFM particularly in hard-to-reach areas.

Efforts to mitigate barriers – awareness campaigns, community liaison and staff training – exist but require scaling. PDM reveals persistent gaps in affected communities' understanding of CFMs, indicating a need for more face-to-face solutions. While the partners reported these exist at the ground level – it is quite unclear on how these translate to implementation.

For example, during the course of this RTRR, seven of the 17 FGDs recorded the affected communities stated some levels of dissatisfaction with the assistance (e.g., the winterisation assistance, cash assistance, food assistance), however, none of these cases were submitted as feedback through dedicated CFM channels to the members or partners about their dissatisfaction.

In Gaza and West Bank, the challenges faced by local partners in effectively implementing CFMs are compounded by security, logistical issues, and limited resources. These factors can restrict the ability to gather comprehensive feedback from affected populations and increase a double the workload for the local partners. Despite these challenges, the need for community input remains paramount. In such cases,

third-party monitoring (TPM)[50] or INGO efforts could play a larger role in facilitating the collection of feedback and ensuring that affected populations' voices are still heard.

Q5. How effectively do members use feedback and learning from communities to improve the relevance and quality of their response?

Interviews with the DEC/HC members demonstrated commitment to incorporating community feedback into their responses, with several providing concrete examples of how this input has improved their services. For example, one local partner adjusted water delivery schedules based on CFM records, while some members modified distribution point accessibility and operating hours in response to community needs. These adaptations show that feedback mechanisms can effectively inform operational decisions when properly utilised.

The types of complaints received follow predictable patterns – primarily concerning service delays, accessibility challenges, requests for additional support and safety issues. In most cases, the DEC members report making corresponding adjustments to distribution logistics, resource allocation and security protocols. This suggests a minimum level of responsiveness to community concerns.

However, the RTRR revealed limitations. Without independent verification of these feedback mechanisms, it remains difficult to assess their true effectiveness in ensuring accountability. Furthermore, persistent challenges including technological barriers and uneven community awareness, impact the collection of comprehensive feedback – especially from highly vulnerable groups.

Q6 What mechanisms are in place to promote learning and sharing of good practices between members, local partners and communities?

Discussions with the DEC members and the desk review of member documentation demonstrated a significant integration of lessons learned from past crises. These members have systematically woven insights from previous emergencies, such as the Ukraine, Türkiye-Syria and Beirut responses, into their current interventions. For example, several DEC members adapted their cash assistance approaches based on experiences from the Ukraine response, ensuring more efficient targeting and faster disbursement mechanisms.

In the Türkiye-Syria earthquake response, organisations refined their localisation strategies, leading to stronger partnerships with national actors in the current crisis.

However, the IDIs with the DEC members showed that there are gaps when it comes to inter-organisational learning and accountability and learning from INGOs to partners. Apart from the workshops and reports, no formal mechanisms exist for learning and sharing good practices directly between members. There are limited interactions and formalised channels dedicated to this purpose.

In addition, limited involvement of local field staff from the DEC members in decision-making meetings at higher levels mean that local insights and best practices from those

[50] TPMs seem appropriate in these specific circumstances, however they also have limitations and should be designed as such .

working directly with communities are underutilised.

Collaboration does occur more consistently at the sector cluster level, with information shared primarily within those circles. While these members do actively promote learning and knowledge exchange within clusters, this engagement seems primarily focused on sector-specific operational aspects, rather than broader organisational practices.

MEHA/HC appeal locations present a valuable opportunity for regional learning, allowing organisations to benefit significantly from sharing experience. The operations are highly localised and operate under extremely challenging conditions.

In some instances, the DEC members and local partners in appeal locations have strong local networks, allowing them to exchange information and share experiences in Gaza. For example, some members reported that they use forms of informal information sharing. HC also shared informal updates from Members.

Local partners also shared concerns about information sharing/learning, noting that the lack of clear coordination across DEC members and implementing partners. Interviews with implementing partners revealed that coordinated decision-making among the DEC members in Gaza may have resulted in some partners acting independently, with limited oversight or alignment on shared goals. One partner, for instance, reported minimal coordination even with the member agency partnered.

In areas like Lebanon, and Syria, where local partners have established networks and experience, there is potential for more intentional and deliberate sharing of learning between the DEC members and local organisations. This could involve regular, structured forums or workshops to discuss key lessons from past and ongoing interventions, ensuring that both members and partners benefit from each other's expertise.

Finding 4 – Duty of care, safeguarding and trauma-informed approaches

Summary

DEC/HC funds and support mechanisms primarily focus on staff welfare but do not adequately extend to local partners, despite their (often more) challenging working conditions. Several members emphasised the provision of MHPSS services for their staff, including psychosocial support, debriefing, and counselling sessions for those affected by stress, trauma and continuous exposure to challenging situations. The recognition of displaced trauma and the emotional toll of working in these environments is a recurring theme.

While some local partners have their own mental health and duty of care programs, there is no clear evidence that the DEC members consistently support these initiatives. While some DEC members have internal duty of care and mental health support mechanisms, this support is not uniformly or systematically provided across all members.This gap in support raises moral concerns, as local partners face high stress and trauma but often lack the necessary resources for adequate mental health care.

DEC members have used various communication strategies to inform affected populations, but challenges such as low literacy, infrastructure issues, and displacement limit effectiveness. While some targeted approaches have worked, inconsistencies in coordination and information delivery remain.

Q7. To what extent are members, staff and partners supported through appropriate duty-of-care policies, including mental health and trauma-informed approaches?

The desk review of the DEC members' proposals and narrative interim reports revealed a clear emphasis on prioritising the safety and well-being of staff. This duty of care encompasses several elements, from providing PSS to ensuring physical security measures are in place. The DEC members have created detailed safety and protection policies, tailored to the specific and unpredictable conditions in the Appeal locations.

Several members emphasised the provision of MHPSS services for their staff, including PSS, debriefing, and counselling sessions for those affected by stress, trauma and continuous exposure to challenging situations. The recognition of displaced trauma and the emotional toll of working in these environments is a recurring theme.

For one DEC member's staff who have been forced to evacuate, psychological support services have been provided to both staff and their families, ensuring that emotional well-being is prioritised even in the face of displacement. Similarly, one DEC member has appointed a dedicated Duty of Care Senior Manager to oversee the implementation of Duty of Care policies. This includes promoting awareness of free counselling services, organising caregiver support sessions and ensuring the provision of appropriate duty of care leave to assist staff.

Many local partners conducted regular mental health and well-being activities for their staff, recognising the stressful nature of working in crisis-affected regions. These activities focus on providing PSS to help staff

cope with the trauma and stress associated with working in high-risk environments. Some partners offer access to specialised counselling services, supporting staff mental health and providing them with coping mechanisms for dealing with the emotional toll of their work.

Other partners provide regular mental health training for staff to build resilience and prevent burnout. One DEC member and local partner have supported staff welfare during the response by offering free counselling services, specialised training on vicarious trauma, and assistance from a team of mental health first-aiders.

Also, most members stressed the importance of mandatory safety training, including hostile environment awareness (HEAT) training. These sessions equip staff with the skills needed to respond to security incidents, manage emergencies and navigate complex, high-risk environments.

The IDIs with the local partners showed that they participated actively in security management working groups (SMWG) under the Joint Humanitarian Operations Committee (JHOC). This membership allows them to align their safety measures with best practices and receive guidance on evolving security conditions. This participation ensures that their operations are regularly assessed and adjusted based on the current security context.

Local partner staff members are generally equipped with necessary personal protective equipment (PPE), suited for conflict zones and for the field conditions.

Most members coordinate with local authorities and international security networks and other actors (e.g., UN Office for the Coordination of Humanitarian Affairs [OCHA], Israeli authorities) to monitor security developments and identify safe operational zones. For example, one DEC member monitors conflict dynamics, collaborates with OCHA, AIDA and UN agencies, as well as follows deconfliction protocols to ensure the safety of both staff and affected communities.

DEC members are addressing staff displacement and security concerns, particularly in Gaza, where destroyed homes have left many without shelter. Some members provide relocation support, housing allowances and temporary accommodation. One DEC member offers guesthouses to reduce commuting risks in conflict zones. Another member offers hardship allowances to retain staff and safeguard their well-being.

Local partners receive financial, psychological and security support, including transportation, PPE and coordination with authorities. However, concerns remain over fragmented coordination and inconsistent access to safety measures. Despite these efforts, several challenges were observed:

- → Staff face constant security threats, movement restrictions and logistical hurdles, with Israeli raids and road closures in the West Bank, further complicating access.
- → Political and logistical constraints prevent staff rotation, increasing burnout.
- → Exposure to conflict takes a toll on mental health. While counselling and debriefing exist, long-term psychological effects remain unaddressed.
- → Secure transport and safe movement remain critical gaps despite existing security measures.

Members therefore report they seek:

- → Increased funding for well-being initiatives, including staff retreats.
- → Support for rebuilding homes lost in conflict.
- → Enhanced training in safety, security and trauma care.

While the DEC members and local partners have made significant strides in staff safety and security, persistent gaps highlight the need for increased mental health support, structured rotation policies and long-term assistance, including housing recovery and family support.

Q8. How effectively are safeguarding policies implemented to prevent harm and ensure accountability?

The DEC members have reportedly established safeguarding frameworks, including Safeguarding Policies, Protection from Sexual Exploitation and Abuse (PSEA) Policies and Codes of Conduct. These frameworks are operationalised through case management systems, mandatory training and confidential reporting mechanisms. A zero-tolerance approach to PSEA is emphasised across the operations of all members interviewed. However, the extent of their effectiveness depends on how well they are implemented on the ground, which for most members means through partners.

Partners report having safeguarding policies that outline prevention and response measures. For instance, some local partners integrate child-centred and survivor-focused approaches, ensuring regular staff training. Across Gaza and the West Bank, safeguarding officers actively monitor implementation. Some local partners use the same safeguarding policies as the member organisations.

Some members have dedicated safeguarding teams to oversee policy implementation and investigate complaints. These teams collaborate within the Safeguarding Expert Group for Gaza and coordinate risk mitigation efforts with local actors and UN representatives. One member integrates PSEA considerations into partner assessments and project risk evaluations.

Community members participating in the FGDs expressed trust in local partners, citing transparency, professionalism and reliability in service delivery. No safeguarding concerns were raised during the RTRR's data collection.

Despite strong commitments to safeguarding, the DEC members face several challenges in ensuring consistent and effective implementation.

These include:

- → Operating in emergency settings with evolving risks, such as Gaza and the West Bank, presents movement restrictions, security concerns and limited access to affected populations. This hinders training, monitoring and supervision efforts, making policy enforcement and reporting more difficult.
- → While local partners receive safeguarding training, variations in capacity and resources can impact the consistent application of policies. Some staff and volunteers were reported to have a limited understanding of safeguarding principles compared to those from international organisations.
- → Although no safeguarding incidents have been reported, the absence of cases may indicate underreporting rather than a lack of issues. Cultural barriers, fear of retaliation and limited awareness of reporting mechanisms may prevent individuals from coming forward, particularly in areas with restricted communication.
- → Establishing trust with affected populations is critical to effective safeguarding. In displacement camps and conflict settings, historical mistrust of humanitarian organisations or concerns about confidentiality may deter individuals from reporting incidents.

Q9. To what extent do members ensure effective communication with affected populations about their rights, entitlements and available services?

The desk review of the DEC members' narrative interim reports highlights that, community participation has been emphasised, the level of meaningful involvement varies. Ensuring that individuals understand their rights, entitlements and available services is critical for fostering transparency and accountability.

DEC members have employed multiple communication strategies using a mix of community meetings, printed materials, social media, SMS notifications and radio broadcasts to reach a broad audience. Some DEC members targeted approaches have been effective in improving access to information for marginalised groups through simplified messaging, translations and visual aids.

While these efforts indicate progress, the extent to which communication has influenced decision-making and improved service uptake remains unclear. The consistency and quality of implementation also varies across organisations and locations. While some members have integrated communication practices in a systematic and inclusive manner, others use more ad hoc approaches.

The degree to which communication efforts have been inclusive and accessible is also mixed. Some members have taken steps to clarify programme details and entitlements through multiple formats, including orientations, leaflets and SMS updates. This has helped affected communities navigate assistance more effectively.

However, challenges persist, particularly for individuals with low literacy or limited access to the deployed communication channels. There is limited evidence on whether the channels used have led to improved engagement or increased awareness among affected populations.

Some members have engaged local leaders and community representatives to shape interventions, whereas others have primarily relied on one-way information-sharing rather than fostering dialogue. For example; one DEC member's consultations with vulnerable groups demonstrate a strong example of participatory communication, but similar practices are not consistently applied across all responses.

Despite efforts to improve communication, several structural barriers remain. Security and mobility restrictions in conflict-affected areas continue to limit outreach, particularly in hard-to-reach locations. While digital tools, such as SMS and social media, offer alternative solutions, their effectiveness is constrained by infrastructure challenges, including limited internet access and unreliable mobile networks. Additionally, the frequent displacement of populations disrupts communication efforts as individuals may move between locations without receiving critical updates. While some DEC members have attempted to address these gaps through diversified communication channels, there is limited evidence of a coordinated approach to overcoming these systemic constraints.

Interviews indicated that many affected individuals were not fully aware of their rights (across all locations) or how to access available support. However, these findings are based on a limited sample and would require further validation to determine the extent of the issue.

Also, communication efforts largely took place at the local partner level, which has been effective in some cases but has not always ensured that information reaches the wider community. As a result, gaps in awareness persist, particularly among vulnerable groups. Additionally, the continuous movement of displaced populations further complicates communication, as individuals frequently relocate and may miss critical updates on their entitlements and available services.

Finding 5 – Inclusiveness of the Response

Summary

The DEC/HC members have prioritised marginalised and vulnerable groups such as persons living with a disability, older people, female-headed households and IDPs. This was clear from the needs assessments and vulnerability criteria applied.

Several members also worked to provide more accessible services, such as cash assistance via e-wallets and the installation of accessible latrines. However, barriers remain, such as transportation challenges for those with mobility issues, distribution points being located far from where vulnerable individuals reside, and limited access for the older people and pregnant women.

The DEC/HC members and partners do, however, face significant challenges in identifying and addressing the specific needs of vulnerable groups. Key difficulties include the inability to collect accurate disaggregated disability data and challenges in identifying vulnerabilities due to the rapidly changing context. Data collection is often done on paper, which, combined with poor connectivity and limited tools or training, makes it difficult to maintain accurate records. Likewise, frequent displacement and the destruction of offices (including the records stored within) contribute to patchy data collection and hinder the effective identification of specific needs.

Q10. To what extent are members ensuring the response reaches marginalised or vulnerable groups, such as persons with disabilities, the older people or minority groups?

The DEC members reported prioritising vulnerable groups, such as IDPs, persons living with a disability, older people and female-headed households. These groups were identified using needs assessments and clear vulnerability criteria. For example, two DEC members reported providing e-wallet access for cash assistance to ensure easier access for these groups. Another member reported using a scoring matrix to identify the most vulnerable, including female-headed households and individuals with disabilities.

The DEC members also engaged in consultations with marginalised groups or local representatives to understand their needs. For example:

- → Home visits were conducted to provide medical consultations tailored to the needs of older people.
- → Plans were in place to install accessible latrines for persons with disabilities in displacement sites.
- → Mobile medical teams delivered healthcare in hard-to-reach areas to ensure vulnerable individuals received necessary care.
- → Some DEC members planned to improve sanitation conditions in IDP sites by installing latrines made from corrugated steel sheets, designed to ensure accessibility for persons living with a disability.

That said, affected groups across all locations reported that certain precautions are necessary to expand the reach. People

with specific vulnerabilities still face many barriers reaching the DEC assistance.

Ensuring transportation for those with mobility challenges or giving priority in the distribution process to vulnerable individuals is essential to address barriers to access in Gaza and the West Bank.

Additionally, where possible distribution points should be located closer to areas where these individuals reside, and special time slots for the older people and pregnant women could further reduce congestion and ensure their needs are met. In Lebanon, some affected community members reported difficulties carrying the distributed food kits.

In Syria, an FGD with the recipients of winterisation assistance in one area revealed that affected communities found the assistance poorly matched to their needs. Clothing distributions had sizing and appropriateness issues, with some items not fitting household members, while hygiene kits were deemed inadequate in both quantity and quality. There was also a strong preference for financial assistance over in-kind assistance, as it allowed families to address their specific needs.

Q11. How are specific needs and barriers faced by these groups identified and addressed in programme design and delivery?

The DEC/HC members and local partners reported challenges in providing targeted services that address the specific needs and barriers faced by vulnerable groups. While many members consider specific vulnerabilities in their service provision, they encounter difficulties in accurately identifying these needs.

In Gaza, many local partners reported making efforts to implement inclusion strategies, targeting vulnerable groups, such as women, PWDs, older people and minority groups. Some members noted that they have not yet collected disaggregated distribution data but plan to begin doing so with future reports. One local partner also reported that they have faced significant challenges in maintaining consistent documentation, particularly with disaggregated data on those receiving relief and services.

For instance, a local partner in Gaza reported that they could not collect accurate data on disabilities, and that impacted the implementation. While many individuals required glasses or assistive devices, only about 15 people were originally documented as having a disability.

Members explained that the rapidly changing context, coupled with challenges in having adequate tools, systems, and training in place, contributes to difficulties in identifying the specific needs of vulnerable groups. In many cases, data is collected on paper, which can lead to issues with accurate tracking and documentation, especially when there are connectivity challenges in remote areas. The lack of real-time data collection tools, combined with limited training for field staff on identifying and addressing diverse vulnerabilities, makes it harder to conduct precise needs assessments. The delay in collecting disaggregated data is not acceptable in 2024/25 and should really be a non-negotiable minimum program element globally for all NGOs. However, the context is important in understanding these challenges. The severity of needs, frequent household displacement, loss of paper records due to office destruction, displacement of staff and volunteers, and difficulties in equipping teams with tablets for electronic data recording due to import restrictions all contribute to the issue.

Finding 6 – Conflict Sensitivity

Summary

The DEC members and local partners incorporated conflict sensitivity into their response, though it was not always explicitly documented in reports. Monitoring and evaluation approaches varied, with some organisations using structured feedback mechanisms while others adapted based on observations and complaints.

Despite efforts, conflict-sensitive programming was often reactive rather than proactive, with adjustments made in response to emerging issues like tensions at distribution points. The rapidly changing context in the appeal locations made it difficult to implement structured conflict mitigation strategies consistently, leading organisations to prioritise immediate needs over pre-emptive conflict-sensitive actions. Coordination and collaboration were key, with partners sharing information and adjusting assistance plans in real-time.

Q12 & 13. To what extent has conflict sensitivity been integrated into programme design, implementation and monitoring to ensure responses do not exacerbate tensions? How is the effectiveness of conflict-sensitive programming monitored and evaluated, and what adaptations have been made based on emerging conflict-related challenges?

During implementation, DEC members and local partners considered conflict sensitivity when delivering the response. However, an analysis of DEC members' interim narrative reports found that conflict sensitivity was not explicitly documented.

For example:

- → Community representatives and shelter managers were engaged in the selection process to support equitable distribution of assistance.
- → Emphasis on transparency and fairness in distribution helped reduce tensions.

→ Clear and transparent selection criteria were highlighted as key to ensuring fairness.

Many local partners actively engage with communities to identify needs and ensure local ownership of assistance delivery. This inclusive approach builds trust and reduces tensions by involving affected populations in decision-making.

DEC members have integrated various approaches to monitor and evaluate the effectiveness of conflict-sensitive programming, though the level of consistency and depth varies across organisations. While some members have established structured feedback and monitoring mechanisms, others rely on ad hoc adaptations driven by partner observations and affected communities' feedback and complaints. The most commonly used methods include community consultations, direct community feedback and engagement with local leadership structures.

In several cases, members have adjusted programme design based on conflict-related challenges. For instance, some members and local partners have incorporated community mediation committees to address emerging tensions around humanitarian distribution. These adaptations have been largely reactive, responding to reported grievances rather than stemming from proactive conflict monitoring. Similarly, another DEC member has modified water distribution schedules in response to overcrowding and tensions at collection points.

Organisations that have embedded conflict sensitivity more effectively have integrated risk analysis into programme monitoring. Some organisations had structured risk assessments to anticipate potential flashpoints, allowing for adjustments before tensions escalate. These practices are not consistently applied across all members, leading to gaps in pre-emptive conflict mitigation. However, the situation in the appeal locations makes it difficult to implement conflict-sensitive measures consistently. The rapidly evolving situation means organisations often have to prioritise immediate response over structured conflict mitigation strategies, leading to reactive, rather than proactive, approaches.

Partners reported doing multiple coordination activities, such as rapid information sharing in cluster meetings, real-time adjustments to assistance distribution plans based on feedback, as well as direct collaboration with local authorities to address emerging challenges. They also relied on quick referrals between organisations to fill gaps and prevent duplication, while maintaining continuous communication with community representatives to adapt to shifting needs.

Conclusion

The DEC/HC appeals were implemented in highly challenging conditions, and while operational successes were achieved or in the process of being achieved, several recurring issues highlighted key lessons for future responses. The consistent logistical challenges–such as delayed shipments, roadblocks, and supply chain breakdowns–underscore the importance of flexible contingency planning. While the unpredictable nature of the context in Gaza and similar areas makes it difficult to fully prepare for all disruptions, the DEC/HC members should continue focusing on continuing to preserve operational systems that are as resilient as possible and can adapt quickly.

The operational flexibility and adjustment of requirements were clearly a significant success throughout the response. Given the volatility and rapidly changing conditions in Gaza and the West Bank, the ability to quickly adapt to shifting needs and logistical challenges allowed the DEC/HC members and partners to continue providing essential services. This flexibility was particularly important in managing unpredictable disruptions, such as security and access issues, supply chain breakdowns, and movement restrictions.

There were multiple mutual learnings and adaptabilities demonstrated throughout the response, particularly in Gaza and the West Bank. The ability to adapt procurement structures was a key area of success, with local procurement being increasingly used to overcome supply chain issues and ensure timely deliveries. This also extended to project locations, where constant adjustments were made to ensure the delivery of services in hard-to-reach areas, as security conditions and access points shifted. Collaborations with local partners played a crucial role in navigating these challenges, ensuring continued access even when border crossings were heavily restricted. These adaptations showcased the value of flexibility and the ability to innovate under pressure, allowing for more effective responses in highly constrained environments.

Several members emphasised the importance of provision of MHPSS services for their staff debriefing, and counselling sessions for those affected by stress, trauma and continuous exposure to challenging situations. The recognition of displaced trauma and the emotional toll of working in these environments is a recurring theme. While local partners demonstrated resilience in maintaining operations under severe constraints, there was nonetheless substantial repeated strain on staff. It's critical that the DEC/HC assesses how to better support local partners, not only by providing additional resources but also by actively reducing their burdens and ensuring the duty of care support extends to the local partners.

The response also occasionally fell short in reaching the most vulnerable, including older people living with a disability and pregnant women. Even when targeting efforts were in place, reaching the most marginalised groups was inconsistent. This was largely due to transportation challenges, distant distribution points, and data collection limitations that hindered accurate identification and tracking of these populations.

Local partners have expressed a high level of satisfaction with the autonomy granted to them, highlighting the positive impact of their increased decision-making power in the response. There is a clear sense of synergy between members and local partners, which has been instrumental in maintaining operations in challenging contexts. However, despite this positive collaboration, local partners continue to face overwhelming workloads, which strains their capacity and well-being. The levels of local leadership also vary across appeal locations, with Lebanon seeing more active involvement of local actors in working groups and decision-making processes.

In conclusion, the response demonstrated significant adaptability and collaboration, with local partners playing a significant role in delivering the assistance. However, the ongoing strain on local staff, along with inconsistent access to the most vulnerable groups, revealed areas of improvement. Moving forward, strengthening support for local partners, ensuring more inclusive outreach, and refining contingency planning will be essential to enhancing the effectiveness and sustainability of future humanitarian responses. While the situation in Gaza and the West Bank is now significantly more challenging than at the time of the data collection for this RTRR, it remains crucial to pursue these efforts to ensure meaningful and equitable assistance for those most in need.

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.

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